

REPORT OF THE WSCUC TEAM
SPECIAL VISIT

To West Coast University

March 5 – 6, 2020

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The team evaluated the institution under the 2013 Standards of Accreditation and prepared this report containing its collective evaluation for consideration and action by the institution and by the WASC Senior College and University Commission (WSCUC). The formal action concerning the institution's status is taken by the Commission and is described in a letter from the Commission to the institution. This report and the Commission letter are made available to the public by publication on the WSCUC website.

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SECTION I – OVERVIEW AND CONTEXT

A. Description of Institution, Accreditation History, as relevant, and Visit

West Coast University (WCU) is a private, for-profit institution of higher education currently offering associate, bachelor's, master's, and doctoral degrees in health-care related fields. Academic programs are offered at six campus locations and one learning center in California, Texas, and Florida and through a distance education modality. The mission of the institution affirms support of students' professional success through market-responsive programs.

WCU was founded in 1909 in Los Angeles, California as an ophthalmology school. In 1997, the institution was reorganized and in 2004 adopted a singular focus of educating healthcare professionals, after which several focused degree programs in health care were implemented. Enrollments in fall 2018 totaled 9,243 students (unduplicated headcount): 7,919 on-site and 1,324 online.

WCU was granted initial accreditation by the WASC Senior College and University Commission (WSCUC) in 2011, and accreditation was reaffirmed in 2016 for a period of eight years in March 2017. The Commission action letter required the submission of a Progress Report, Special Visit Report, and one-day Special Visit in spring 2020 with a focus on the Commission's four recommendations and six issues. Recommendations addressed faculty and student space, senior administrative reporting structures, shared services, and board infrastructure. Issues covered compliance documentation, clinical syllabi, faculty workloads, planning and resource allocation, use of data, and facilities.

Follow-up related to substantive change was not conducted in connection with this visit, nor was a focused review of off-campus locations or distance education.

B. Description of Team's Review Process

The Special Visit focused specifically on the four recommendations and the six issues noted in the most recent WSCUC action letter dated March 9, 2017. The Special Visit team was comprised of five team members, including three who participated in the most recent Reaffirmation of Accreditation site visit (2016). Team members reviewed the Special Visit Report and supporting attachments submitted December 2019. This report was then discussed during a team conference call in February 2020, and additional evidence was requested prior to the site visit. The team met in executive session on March 4, 2020, to refine lines of inquiry and finalize the site visit schedule. During the campus visit March 5 – 6, 2020, team members met with senior leadership, board members, administrators, students, and faculty, and a tour of the Orange County, Manchester facility building was conducted. For those unable to participate in a meeting or interview, a confidential email account was made available to all students and employees, and the account was monitored by the assistant chair during the visit. Concluding team meetings refined the team's commendations and recommendations for the Commission.

C. Institution's Special Report: Quality and Rigor of the Report and Supporting Evidence

The WCU Special Visit Report addressed the institution's response to the four recommendations and six issues identified in the March 2017 action letter, and the report's conclusions were supported by 20 attachments. WCU's nineteen-member WSCUC steering committee – including representatives from functional areas, academics, and senior leadership -- prepared the report, resulting in a well-organized and clearly written document with a consistent voice. The team found through interviews and review of additional evidence that the report accurately portrayed the changes made at the institution since the last site visit.

The report reflected varying levels of inquiry and analysis for the different recommendations and issues. Some areas, such as facilities planning, credit hour, data analysis, and strategic planning, were described in detail with extensive supporting evidence. Other areas, such as board processes and

the shared services model, did not include an equal level of depth, requiring the team to request additional evidence related to these topics. Overall, the institution's conclusions aligned with the evidence provided in the report. WCU is in the early stages of evaluating the effectiveness of their actions in response to the 2017 action letter.

SECTION II – EVALUATION OF ISSUES UNDER THE STANDARDS

A. Recommendation 1: Adequate space to ensure that students and faculty have the appropriate spaces for study, meeting, convening and collaborating. (CFR 3.5)

Accreditation reviewers noted during the 2016 reaffirmation site visit that there was inadequate space for students to study individually or in small groups and to meet privately with faculty.

Recommendation 1 deals with the provision of adequate space for students and faculty for studying and collaboration. Issue 6 relates to implementation of appropriate spaces for students and faculty. The Special Visit Report clearly describes the increase in study space created on all campuses. The process begins with the director of facilities who identifies and defines the need and specifies how to meet the need. Space needs are considered on a regular basis as part of continuous improvement. The annual, inclusive WCU Institutional Effectiveness Review is involved in providing data related to the need for additional student study space. Once the need is determined it proceeds to capital budget planning.

In 2017 only 33% of students on the Dallas campus had access to study space; today the percent of available seating capacity is 70% of students. While an increase in seating capacity and number of power outlets has been implemented on all campuses, the Director of Facilities stated that future redesign of campus classrooms (such as recent request from one of the local campuses) will also include the addition of student study space. New furniture, such as tables, now includes power outlets. In addition to providing study space, the institution provides technological capability to increase available faculty and student collaboration through 25Live and Blackboard Collaborate. During campus meetings, both students and faculty described an increase in campus study and/or space achieved through additional

seating, designated study rooms, and a dynamic room reservation system allowing reservations of available classroom and/or meeting spaces.

B. Recommendation 2: Senior administrative reporting structures ensure compliance with WSCUC Standards, with specific attention to the role of the chief financial officer. (CFRs 3.6, 3.7, and 3.8)

At the time of the reaffirmation visit in 2016, the visiting team found the responsibilities of then-CFO and president of shared services for the organization did not constitute her “primary or full-time” role for WCU. (CFR 3.8) Accordingly, the institution was asked to revisit its senior administrative reporting structures to ensure compliance with WSCUC Standards with specific attention to the role of the CFO.

To evaluate the senior administrative reporting structures of the institution, the Special Visit team reviewed the organizational chart showing direct and indirect reporting lines, as well as the respective resumes of the co-presidents, the CFO and the director of finance. The team also interviewed these officers as well as six members of the board of trustees.

To address the recommendation regarding leadership structure and full-time CFO, the director of finance was appointed as a dedicated resource to WCU. The organizational chart shows that the director of finance reports directly to the current CFO for the University, and also reports indirectly to the co-presidents. According to their respective resumes, the CFO and director of finance both have the requisite qualifications and experience to ensure high performance, responsibility and accountability. (CFR 3.6, 3.7, 3.8)

The institution’s extensive Institutional Effectiveness Review (IER) process, a process utilizing input from stakeholders across the institution to drive strategic planning, budgeting and performance expectations, serves as additional evidence of high performance, responsibility and accountability. (CFR 1.7, 3.6, 3.7) Performance and accountability under the IER, as well as the day-to-day operations of the institution, is guided and managed by the Executive Committee. Comprised of the co-presidents, the

CFO, legal counsel, the provost, human resources, and the organization's shareholder, the Executive Committee meets monthly and reports to the board of trustees. The decision making of the Executive Committee is aided and made more effective through the different perspectives offered by the members representing various constituencies across the institution. (CFR 1.7, 3.6, 3.7) The Special Visit team encourages the institution to continue to clarify the respective roles of the Executive Committee members as well as the alignment of decision making with both the mission of the institution and the decisions of the board of trustees.

Unique to the institution is the structure of co-presidents. In 2017 and in support of creating organizational structures and decision-making processes that "place priority on sustaining institutional capacity and educational effectiveness," the board of trustees of WCU appointed two co-presidents. The board believes, in alignment with other constituents across the institution, that this shared governance model provides additional capacity and breadth to the office of president. There was consensus among all groups and individuals interviewed that this unique structure maximizes the talents of the co-presidents to optimize leadership capacity, effective decision making and accountability. (CFR 3.6, 3.7, 3.8) It was also agreed that this structure is consistent with the institution's "team-based" and collaborative decision-making values. While not typical in a higher education setting, there is precedence for this innovative structure in other sectors such as the healthcare industry. To further support its decision, the board of trustees reviewed research conducted on the co-president structure and consulted with WSCUC regarding permissibility of such a structure under the standards. While the feedback regarding this structure was generally very positive, the co-presidents did acknowledge that disadvantages of this structure include speed to decision and challenges in ensuring open communication lines. The disadvantages, however, are countered by the suitability of the structure for complex decision making and the quality of decisions that are based on different yet complimentary perspectives. (CFR 3.7)

C. Recommendation 3: Alignment of Shared Services Agreement with the intent of the WSCUC policy and guidelines on “agreements with unaccredited entities.” (CFR 3.7)

At the time of the 2016 visit, WCU relied on a related party shared services entity for certain functions that would fall under the WSCUC policy of services provided by an unaccredited entity. To address Recommendation 3, the shared services function was moved into WCU. In December 2019, a memo of understanding was executed between WCU and American Career College (ACC) with an effective date in 2017 to have the shared services be administered by WCU for ACC instead of the shared services entity providing services to both WCU and ACC. The MOU primarily covers the services to be provided by WCU to ACC, cost allocation, and reporting.

To assess this recommendation, the team reviewed the Special Visit Report and the MOU, and interviewed key personnel who provide support services directly to WCU. Interviewees included the director of finance, director of student affairs, the vice president of admissions, the vice president of financial aid as well as vital personnel who provide essential support services to both WCU and ACC (the vice president of compliance, chief financial officer, vice president of marketing, vice president of human resources and chief information officer). All individuals in shared departments noted that, given its size and complexity, most of their focus is on WCU. A subset of WCU services are provided to ACC based upon their needs. Directly attributable costs are charged to each institution and shared costs are allocated based upon a consistent methodology as a percentage of revenue. Service level reporting is provided by shared services departments to each institution based upon departmental needs, but no overall reporting is provided. Since financial aid is provided by each institution under a dedicated financial aid director, and is not part of the shared services, no third-party reporting is required with the U.S. Department of Education.

This solution addresses the previous recommendation but creates a potential new risk to WCU, which is ensuring that the shared services are provided appropriately with the correct charges to ensure

that WCU is not unduly harmed financially in providing the services to ACC. WCU and ACC are owned by the same shareholder but have separate legal entities, audits and accreditations; thus, each institution must ensure its own sustainability. WCU should implement enhanced governance around these shared services, which includes formally documenting shared services processes (e.g., reporting, cost allocation, leadership structures) to identify any potential risk to the institution and to ensure long-term sustainability (CFRs 1.7, 3.7). The MOU should be updated to address the discrepancy between the effective date in 2017 and the execution date in 2019. The team recommends regular reporting reviewed by the co-presidents and the WCU board and discussed with ACC leadership to ensure service levels to ACC are being met. There should be an annual analysis of the WCU costs to support ACC to ensure the percent of revenue methodology is appropriate or identify a different means of allocation. There should be greater transparency in the organizational chart about which roles are shared versus institution specific and ongoing reviews to ensure appropriate leadership structures. The goal out of this enhanced governance is to ensure there is no harm to WCU and that the appropriate services and charges are being provided to ACC.

D. Recommendation 4: Board of Trustees expand WCU's bylaws, policies, and practices to reflect formally its on-going commitment to assessing the performance of the president, board development, and other steps to achieve long-term institutional sustainability. As part of that activity, clarify the role of the board in determining annual contributions to non-profit agencies. (CFRs 1.7, 3.9, 4.7)

In response to the recommendation that the board of trustees expand the bylaws, policies and practices, the institution modified its bylaws slightly in October 2019 in three key areas to reflect a commitment to the annual performance review of the co-presidents, annual review of the conflict-of-interest policy, and clarification of the board's role in approving annual contributions to non-profit agencies and philanthropic donations.

To evaluate the response to this recommendation the Special Visit team interviewed select members of the board of trustees and the institution's general counsel. The members interviewed included the chair who has served on the board since 2011 and the vice-chair who is one of the original members of the board. Other members interviewed included independent members with multiple affiliations, including the Special Olympics. The team also reviewed the bylaws of the board of trustees of the West Coast University as amended in October 2019, conflict of interest statements, the 2018 performance reviews for co-presidents, as well as board self-assessments relevant to evaluation of the president.

In comparing the institution's organizational chart to the updated bylaws, the visit team noted that the "Corporate Board of Directors" referenced several times in the bylaws was not included on the organizational chart. Upon inquiry, the general counsel for the institution confirmed that the references to the "Corporate Board of Directors" were errors, and the board chair suggested that the bylaws be updated to reflect current practices. It was unanimously agreed that the bylaws will need to be updated again. One of the Special Visit team's recommendations relates directly to this issue and the need to update the board of trustees' bylaws to accurately reflect the current structure and governance of the institution. (CFR 3.7, 3.9)

Relative to assessing performance of the co-presidents, one of the board member's self-assessments indicated there have been no follow-ups to previous evaluations and one self-assessment indicated that the board member was not involved in the process. Also, while the updated bylaws confirm the role of the board regarding annual evaluation of the president ("... conduct periodic evaluation of BoT performance to ensure effective participation and leadership ...") (CFR 1.7, 3.9), the process and extent of the involvement of the board of trustees was unclear from the bylaws alone. Nonetheless, the board members interviewed indicated that annual review of performance conducted by their Governance Committee focuses on the "office" of the president which now includes co-

presidents. The evaluation utilizes an internal measurement tool with specific questions related to performance. It was also confirmed by the co-presidents that annual goals for the co-presidents are set by the board as aligned to the strategic plan and IER process. (CFR 3.9) The board acknowledged that evaluation of the co-presidents for 2019 has yet to be completed but is on the agenda for the next scheduled board meeting. Upon inquiry about other evaluation tools, the board confirmed that use of external tools such as a 360 review is under consideration. (CFR 1.7)

Regarding board development, the board members confirmed sharing of insights and current information from the higher education sector, attending an Association of Governing Boards (AGB) conference, retaining services of a leadership consultant and sharing and discussion of articles on trusteeship during board meetings. While the bylaws were updated to reference annual review of the conflicts of interest policy, the statements provided for review were dated 2015 and 2020. The board indicated that annual statements are obtained; however, the documents reviewed did not reflect this practice. The second recommendation of the visit team also addresses this issue.

The Special Visit team observed several areas where the WCU board could better align themselves with best practices in board governance. For example, the team noticed that at present the same individual serves on two board committees, which may result in a disproportionate amount of control among board members. The board recognized the need to augment its evaluation process against board best practices to achieve long-time institutional sustainability and increase capacity. In addition, the board acknowledged the need to augment succession planning, both at the level of the board as well as the senior leadership. While there is no formalized succession plan, the board has identified this issue as a priority for 2020. The board acknowledged that the process will take time to ensure that any replacement on the board or the senior leadership team is the right fit for the culture of the institution. (CFR 3.9) The second recommendation of the visit team also addresses this issue.

The updated bylaws indicate that the oversight role of the board related to financial stability includes approval of annual contributions to nonprofit agencies and philanthropic donations. While the bylaws are silent on process, during interviews it was determined that the philanthropy officer for the university presents suggested contributions for consideration to the Executive Committee, which in turn recommends to the board of trustees for final approval. No contribution exceeds \$10K per charitable gift. The board confirmed that request for any charitable donations are subject to stringent questioning and evaluation of intended outcomes to ensure alignment with the ethos of serving students in the communities in which they live and work. (CFRs 3.6, 3.7, 3.9)

Based on the foregoing, the visit team recommends that WCU continue to enhance its board of trustees' policies and practices in alignment with the WSCUC Governing Board Policy. The board should also formally document and implement actions to expand board capacity, develop a formal leadership succession plan, document annual conflict of interest statements, and augment the evaluation of board performance. (CFRs 1.7, 3.7, 3.9)

E. Additional Issues

- a. Demonstrate that WCU has formally documented processes referenced in the self-study federal compliance worksheets, specifically a periodic review of the credit hour and internal management of student complaints.**

At the time of the 2016 reaffirmation site visit, WCU demonstrated compliance with the federal credit hour requirements; however, formal documentation of the review process was unclear (CFR 1.7). To assess this issue, the visit team interviewed faculty on their role in the credit hour review process and reviewed WCU's Credit Hour Tracking Procedure, Credit Hour Review Policies, Course Approval Form, and examples of completed credit hour reviews from dental hygiene and public health. Changes made since the 2016 site visit include the addition of the credit hour review process to the WCU catalog. The published review process notes that credit hour reviews occur during Annual Learning Outcomes Review

or Program Review processes or, for new or revised courses, using a course approval form. Supporting attachments in the reports provide evidence of the credit hour review in institutional processes. For example, training materials for credit hour compliance ask that the program director confirm that the “credit hour definition/policy is correctly applied to the course,” and faculty affirmed their input into these forms during the faculty meeting. In brief, documentation for credit hour review and supporting procedures have been established by the institution.

In addition, during the 2016 site visit the team found WCU had published policies for student complaints and grievances; however, formal documentation of the institution’s management of those complaints was unclear (CFR 1.7). The team reviewed student complaint logs, the grievance policy, and a flow chart capturing the process for student complaint management. In addition, students were asked about their experience with the complaint process. Documentation of internal management of student complaints was confirmed, and the student complaint log confirmed timely responses. Students noted that they know where to find information if they needed to submit a complaint, and one student noted that when he submitted a complaint it was appropriately addressed in the same day. In brief, WCU has documented their internal management of student complaints and evidence reviewed by the team reflects that defined procedures are followed.

b. Demonstrate that the syllabi for clinical experiences in the Master of Science in Occupational Therapy program specify the minimum number of hours the student spends at the clinical site so that compliance to the credit hour can be assessed.

Issue two addresses the minimum number of hours an occupational therapy student spends in the clinic. (CFR 1.7) Students in the Master of Science in Occupational Therapy (MSOT) program are considered pre-licensure and require supervision of a licensed Occupational Therapist while participating in a clinical experience. The website course description indicates 30 hours for all level I fieldwork classes. The credit hour policy for supervised clinic/practicum classes includes a range of “45-

60 clock hours of instruction.” Level I fieldwork classes apply an additional 15 hours on campus for debriefing and writing a reflection paper. Consequently, the total clinical hours for the classes are considered 45 hours. Two level II clinical experiences are 540 hours at 45 hours per week, which meets the credit hour policy. The range of hours for supervised clinic/practicum or externships/internships allows for differences in hours of clinical experience required by the program’s accrediting body. In conclusion, MSOT course syllabi now include the number of hours and course credit for all clinical experiences.

c. Demonstrate that progress has been made in calibrating teaching workloads for all faculty members.

This issue requests progress be made in calibrating teaching workload for full-time and adjunct faculty. Previously the method varied by program (points or credit hours). Now all programs use semester credit hours to calculate faculty teaching workloads, which is applied to both fulltime and adjunct faculty. This method is used regardless of length of the term, such as 8, 9, 10, or 15 weeks. For example, if a term is 10 weeks long, each weekly lecture is 1.5 hours to equal 15 hours for one semester credit value. Online courses are eight weeks in length with two eight-week periods comprising one term. Contact teaching hours vary based on whether students are in a pre- or post-licensure program. Full-time faculty teaching in undergraduate programs are required to carry 20-25 classroom contact hours that involve teaching multiple sections of one course per term rather than multiple courses. In addition to teaching hours, faculty members are credited with hours spent providing additional assistance to students who are at risk. Remaining hours are divided between service (committee/councils, professional organization, or clinical practice) and scholarly activities. Release time from teaching to pursue research or other activities may be negotiated with the program’s administrator. The institution also provides funding for research projects and faculty development. During the faculty meeting, faculty

reported feeling that the workload was equitable among faculty members, and it allowed time for service and scholarship in addition to instructional responsibilities.

d. Demonstrate that the process of planning and resource allocation for new programs is managed in balance with current program needs.

During the 2016 site visit, WCU described a comprehensive review process for new programs; however, greater clarity was needed related to the connection between data analysis, planning and resource allocation. (CFRs 3.4, 3.5, 3.7) To assess this issue, the team reviewed the Special Visit Report and interviewed the chief financial officer and the directors of finance, educational effectiveness and innovation about how new programs needs are included in the budgeting process. The process starts with the Academic and Student Success Committee of the board approving the new program, the Finance Committee approving the new program business case and then the budget submissions in the annual budgeting process, including the necessary resources which receives annual budget approval from the board. The team was told there is regular reporting to the Finance Committee regarding new program performance.

The Special Visit Report provides evidence of the resource allocation between existing and new programs. In addition, the team interviewed support personnel, including the director of student affairs, the vice president of financial aid, the vice president of admissions and the chief information officer, stated that the resources they need are approved through the budget process. In brief, documentation for resource allocation for new programs has been embedded into the budget processes for the institution.

e. The use of data analysis and interpretation informs strategic planning, the establishing of priorities, and alignment of program goals.

The 2016 reaffirmation team report recommended that the institution “better demonstrate how data is used for strategic planning and the establishment of priorities and program goals.” (CFRs

4.1, 4.2) The team reviewed the Special Visit Report as well as presentations from WCU's Institutional Effectiveness Review (IER). The presentations from the IER, involving leadership from all campuses, functional areas, and academic programs, demonstrated that both academic and functional area assessment is based on data and used to recommend institutional priorities. Since the 2016 review, technology-forced ranking has been implemented in the IER to ensure broad-based engagement in the identification of 7 – 10 institutional priorities, and these priorities are then embedded into the strategic plan. Teams are created around each initiative to gather additional data and develop project plans. Budgets then incorporate financial needs for each initiative. Interviews with the co-presidents and chief financial officer confirmed multi-year budget allocations for strategic priorities. For example, the Clinical Enhancement Initiative emerged from data reviewed at the 2018 IER, the initiative was planned and budgeted, and its efficacy measured through a clinical education dashboard. In conclusion, the documentation provided by the institution, validated through interviews, demonstrated that the institution has documented the use of data for strategic planning and establishment of priorities and goals.

- f. The University has implemented the plans to ensure there are appropriate spaces for students and faculty to study and collaborate.**

Refer to Recommendation 1.

SECTION III – OTHER TOPICS, AS APPROPRIATE

None.

SECTION IV – FINDINGS, COMMENDATIONS, AND RECOMMENDATIONS

Commendations

The team commends West Coast University for:

1. Demonstrated improvement to student and faculty space in the support of teaching and learning.

2. Research-based decision to optimize the structure and capacity of senior leadership at the institution.
3. Shared commitment of the board of trustees to the mission of the institution with an emphasis on student success.
4. Extensive Institutional Effectiveness Review (IER) process which utilizes input from stakeholders across the institution to drive strategic planning, budgeting, and performance expectations.

Recommendations

The team recommends that West Coast University:

1. Correct and update the board of trustees' bylaws to accurately reflect the current structure and governance of the institution. (CFR 3.7, 3.9)
2. Continue to enhance its board of trustees' policies and practices in alignment with the WSCUC Governing Board Policy. The board should also formally document and implement actions to expand board capacity, develop a formal leadership succession plan, document annual conflict of interest statements, and augment the evaluation of board performance. (CFRs 1.7, 3.7, 3.9)
3. Formally document shared services processes (e.g., reporting, cost allocation, leadership structures) to identify any potential risk to the institution and to ensure long-term sustainability (CFRs 1.7, 3.7).

APPENDICES

None.