

Standing University Committees

The University-level standing committees are listed below. For all such committees, members are appointed by the University President in consultation with applicable stakeholder groups including the college deans. The President shall also appoint a member of each committee to serve as chair. The Chair of each committee shall be responsible for ensuring the committee is carrying out its mandates and shall periodically report the committee's work to the President.

Unless otherwise stated below, University committees are advisory to the President. The President may require any proposals or recommendations to be submitted for consideration by the President's Executive Council prior to final approval by the President. Each committee is required to conduct its activities in compliance with applicable law and University policy.

1. **University Wellness Committee (UWC)**

The Committee oversees the CHSU campus Wellness programming efforts. It is composed of students, faculty, and staff representatives from all professional programs on campus. The CHSU Wellness activities are developed with input solicited from students, faculty, and staff. Wellness activities are planned accordingly to promote and encourage healthy diet, physical activity, stress management, resilience, life balance, sleep and time management and fatigue mitigation, and other elements of a healthy lifestyle among the campus community. Some resources and events are specifically aimed at empowering medical students and pharmacy students to cultivate physical, emotional, and interpersonal/community wellness habits as part of their professional development. The CHSU Wellness Committee may also provide student life advising, wellness programming and learning environment initiatives to enable students to thrive academically and personally throughout their professional school experience and beyond.

2. **Research and Scholarship Committee (RSC)**

The RSC facilitates the development of the CHSU research strategic plan and infrastructure development in collaboration with the University's research administration. The RSC is charged with include:

- Working with college faculty development committees to help assure training for new faculty in research methodologies.
- Establishing and maintaining policies that allow for efficient decision making regarding the distribution of internal seed funding.
- Reviewing and recommending policies related to research activities by students, faculty and staff, in compliance with the University's policy development policy and procedures.
- Providing a forum to collaborate and organize and prioritize a primary research interest or focus for pursuing extramural research grant support.
- Collaborating with community partners to provide refereed research related events sponsored by the University. The RSC consults with Deans and faculty in all colleges to facilitate interdisciplinary and interprofessional scholarship and research collaboration and submits recommended announcements of scholarly work and similar accomplishments to the VP of communications for distribution to the campus community.

3. **Assessment and Outcomes Committee (AOC)**

AOC reviews policies and guidelines that help ensure all CHSU graduates achieve competency in the CHSU Global Learning Outcomes (GLOs) and makes general policy recommendations to the College Deans and faculty to guide the continuous quality improvement processes specific to education, research and service of all University resources and programs. AOC prioritizes and makes recommendations for the institution-wide performance improvement activities, such as quality improvement projects, institutional assessments and progress towards strategic plan goals.

With direction from the college Deans, the AOC is specifically responsible for ensuring that:

- The University GLOs are appropriate for professional and graduate-level health professions programs;
- The GLOs are current, challenging, and if achieved, likely to produce the kind of professional leaders to which all the programs aspire;
- The GLOs are assessable and that the instruments used for assessment and evaluation are valid, produce reliable results, and are understood and used;
- Assessment and evaluation of student performance of the GLOs is undertaken;
- The assessment of the GLOs plays a significant role in program review and improvement
- Work with the faculty of both colleges to improve GLO rubrics, through faculty input, and offer training in their use

- Develop and implement a strategy to ensure documentation of CQI
- 4. Enterprise Risk Management Council (ERMC)

The Enterprise Risk Management Council (ERMC) evaluates significant risks and exposures that CHSU might face and provides informed advice on which risks merit sustained high-level attention. In addition to identifying risks, the ERMC makes recommendations on managing and mitigating risks and determines whether the threat outlook for a particular risk should be downgraded or increased based on the effectiveness of risk mitigation efforts. In support of the risk evaluation process, the ERMC may consult with risk owners, faculty, staff, students, outside advisors and the Board of Trustees. The types of risks ERMC tracks include, but are not limited to, high level legal and compliance risks. The ERMC shall coordinate with the PDC when risk mitigation strategies include policy development work. Annual review of the risk register is a component of the CHSU assessment plan. High level risks are aligned with the University Strategic Plan to ensure the compatibility of action plans. The Committee is advisory to the President and the Board of Trustees' Audit and Compliance Committee. The Committee shall submit updates for the Board of Trustees to the President.

ERMC Charge, Approach and Methodology

- A. Charge:

As delegated by the Board of Trustees and charged by the President, the University Enterprise Risk Management (ERM) Council is responsible for providing oversight, guidance, and coordination of Universitywide efforts to identify, assess and reduce organizational risks that may jeopardize life and safety of individuals; and/or impact the financial, operational, reputational, and/or legal interests of the institution. The ERM Council assists the administrator(s) who manage risks within their assigned areas with monitoring risks, mitigation strategies, and accountability. The ERM Council advises the CHSU Board of Trustees concerning strategic risks to the institution and coordinates the presentation of an annual status report to the CHSU Board of Trustees. The ERM Council and Subcommittees consider legal and compliance requirements in executing their work, with support from the University's legal counsel who provides regular updates to members of the Council and other stakeholders on changes in law impacting university operations. The findings of the Council and its efforts at mitigation should inform the development of policies, procedures, trainings and other activities designed to minimize risk for CHSU.
- B. Approach:

The risk management process at CHSU undertakes a best practices approach. It focuses on analyzing exposure to key risks and managing them within acceptable levels through specific risk mitigation planning. Risk response plans are developed collaboratively with the stakeholders who understand the risks and are best able to manage them. The following steps outline the University's approach to risk management:

 - **Identify:** Assign Subcommittees for specific areas of operations to identify the most significant risks arising from operations on an on-going basis.
 - **Prioritize:** Prioritize risks based on the probability of occurrence and potential impact, giving each risk a numerical score.
 - **This is a two-step** process to first determine the "Current Risks" that are ranked based on the current conditions without any mitigation efforts.
 - Then the same risk is ranked for the "Residual Risk," which is the risk score that remains after the mitigation activities occur.
 - Only the "Current Risks" with scores of 9 have risk mitigation plan documents completed and are communicated to the Board of Trustees.
 - **Mitigate:** Develop a specific risk mitigation plan (e.g., policies, procedures, trainings, other activities) aimed at mitigating the occurrence or impact of the risk; Stakeholders implement the risk mitigation plan.
 - **Monitoring & Oversight:** ERM Council monitors the work performed at each of the above stages, including consulting with and taking advice from University legal counsel to ensure legal and compliance considerations are included in risk rankings, monitoring activities, and mitigation efforts.
 - **Annual Report:** ERM Council works on a January-December calendar year basis in consultation with legal counsel and the subcommittee members, then presents the above described process and information in an annual report. The report is presented in draft form to the CHSU Board of Trustees' Audit & Compliance subcommittee, and a final report is then submitted to the full CHSU Board of Trustees, typically in February of each year.

C. Methodology:

- **Identify** – Each Subcommittee is tasked with the on-going evaluation of risk in their area, with support from legal counsel, professional associations, accreditation resources, and licensure resources, such as the Higher Education Compliance Alliance matrix <http://higheredcompliance.org>. The Higher Education Compliance Alliance (HECA) provides the higher education community with a centralized repository of information and resources for compliance with federal laws and regulations. The alliance is intended to be an informational clearinghouse for laws, rules, and regulations that may impact colleges and universities. In addition to HECA, other materials from professional associations specific to the higher education sector which support the University's compliance programming are utilized by subcommittee members to identify risks. The University's legal counsel is made available to subcommittees at the outset of the process and advises each subcommittee on legal and compliance risk identification.
- **Prioritize** – Subcommittees maintain a master risk evaluation worksheet and risk mitigation plan documents to guide their work and share on the ERM Microsoft Teams channel.
 - **This is a two-step** process to first determine the "Current Risks" that are ranked based on the current conditions without any mitigation efforts.
 - Then the same risk is ranked for the "Residual Risk," which is the risk score that will remain after the mitigation activity(s) occurs.
 - Only the "Current Risks" with scores of 9 have risk mitigation plan documents completed and are communicated to the Board of Trustees.
- Annually, each risk is evaluated and scored on two criteria: Probability (P) and Impact (I):
 - Probability (P) relates to *likelihood and/or potential time frame of risk*.
 - Impact (I) relates to *severity of risk*.
- Probability and Impact scores are ranked on a scale of 1-3:
 - 1 = low or minor probability/impact; and/or may occur in 3-5 years.
 - 2 = medium or moderate probability/impact; and/or may occur in 1-2 years.
 - 3 = high or serious probability/impact; and/or likely to occur within 1 year.
 - NOTE: Score 0 (zero) can be used to track potential, future risks that are not applicable at this time.
- Probability (P) and Impact (I) scores are *multiplied together* to get the Total Risk Score.
 - Total Risk Scores are viewed in these three (3) risk categories:
 - Low Risk – Total Risk Score of 1, 2 or 3
 - Requires monitoring, but little or no mitigation efforts.
 - Medium Risk – Total Risk Score of 4 or 6
 - Requires monitoring and mitigation to ensure risk doesn't increase.
 - High Risk – Total Risk Score of 9
 - Requires frequent monitoring and mitigation efforts to reduce risk
 - Requires a risk mitigation plan document to be completed and updated quarterly.
 - "Current Risk" Scores of 9 are reported to the CHSU Board of Trustees
- **Mitigation** – The ERM Council, with the assistance of legal counsel, oversees each subcommittee's development of and implementation of specific risk mitigation plans for each identified risk. Risk mitigation planning includes identifying new or revised policies, procedures, internal protocols, staff or student training programs, or other activities aimed at reducing the likelihood and/or the impact of each risk to the University. After a plan is developed, the ERM Council serves an accountability function by requiring each subcommittee to provide ongoing progress reports on implementation of the risk mitigation plan developed for each identified risk. Adjustments are made to risk scores as needed as the mitigation plan is implemented.
- **Monitoring & Oversight** – The ERM Council, with the assistance of legal counsel, has an oversight role at each of the above stages of the ERM program. It accomplishes this oversight role by monitoring the work completed at each stage, consulting with legal counsel and campus stakeholders regarding the work, and holding each subcommittee accountable for identifying, prioritizing, and mitigating each risk.
- **Annual Report** – The ERM Council prepares an annual report summarizing the activities of the ERM Council and its subcommittees during the January-December calendar year. The report includes information regarding the committee's process and protocols and provides a list of risks identified as a level 9 for board review. A draft is reviewed by legal counsel who provides advice to the ERM council on recommended revisions to the report. The updated draft is then submitted to the President for delivery to the CHSU Board of Trustees' Audit and Compliance subcommittee for review. The Audit and Compliance Subcommittee then provides feedback to the

President on the draft report to the ERM Council. The ERM Council finalizes the report, seeking additional input and review from legal counsel, subcommittee members and other stakeholders as appropriate. The final report is then submitted to the President for delivery to the Board of Trustees, generally in February of each year.

D. Policy Development Committee (PDC)

The Policy Development Committee's (PDC) goal is to administer a clear, coherent, and well-communicated process for creating new policy, and amending current policies, as a way to improve the University's agility, effectiveness, and compliance with law and accreditation standards. PDC guides best practices in university policy governance and ensures collaboration and consistency in university policy development. PDC tracks approval for all policies throughout the University and each college, including maintaining the RACI for each policy. RACI is a responsibility charting protocol used to ensure that appropriate parties have been involved in the development of or revision to a policy. Under RACI: R is the administrator ultimately responsible for the policy; A is the administrator accountable for implementation of the policy and is typically the policy owner responsible for drafting or revising a policy; C is those stakeholders that should be consulted on the policy and revisions to the policy; and I is those who should be informed following approval of the policy. Before a policy is presented to PDC for initiation of the approval and tracking process, the policy owner must identify a RACI and must ensure that the final draft has been reviewed and approved by the R, A, and C.

PDC is the collaborative body with the authority to:

- a. Inventory all institutional policies, including those contained in student and employee handbooks or similar documents.
 - b. Develop a process and governance framework through which institutional policies are formulated, vetted, approved, reviewed and maintained, communicated and enforced.
 - c. Review, approve, and recommend for adoption, new and significant changes to existing University policy to the President.
 - d. Advise the President and President's Executive Council regarding policy development protocols.
 - e. Serve as the final locus for dialogue in collaborative policy formulation after the opportunity for comment by key stakeholders.
 - f. Create a policy repository to serve as an authoritative source for policies, as well as maintain an archive of past policies.
 - g. Work collaboratively with department heads, Deans, committee chairs and others to ensure widespread understanding of the PDC process and the policies needed pursuant to law, accreditation standards or higher education best practices.
 - h. Assess and improve existing policies for consistency or conflict with other policies and evaluate current practice of compliance with the policies.
 - i. Manage responsibility charting for the university using the RACI or similar framework.
- Standing members of PDC shall include at least one representative from the Office of Human Resources, the Business Office, and each college. PDC is a management-level committee. As such, members of PDC shall not include employees who do not hold an administrative or management-level appointment.

E. Environmental Health and Safety Committee (EHSC)

The Environmental Health and Safety Committee ensures a safe and healthy work and learning environments for all members of the University community. The Committee promotes a safe work and campus environment by coordinating programs and services to improve safety and reduce health and environmental risks to the University in a manner consistent with responsible fiscal and environmental stewardship.

F. Diversity, Equity and Inclusion Committee (DEIC)

The Committee's purpose is to:

- a. Foster a climate that promotes a better understanding of, and an appreciation for, diversity within their sphere of influence of the CHSU community and encourage others to do the same;
 - b. Facilitate the implementation of existing diversity strategies, programs, and initiatives;
 - c. Develop programs that promote mutual respect, valuing differences, as well as cross-cultural understanding;
 - d. Assist in highlighting, recognizing, and publicizing diversity initiatives to promote campuswide cooperation and participation;
 - e. Share and vet diversity strategies, initiatives and information within their campus communities and constituents;
 - f. Prepare students for a leadership role in a competitive global community
- The Title IX, Diversity & Equity Coordinator, in collaboration with each college's student affairs offices and the Office of Human Resources, is required to approve any of the Committees recommended activities aimed at promoting diversity and inclusion efforts.

G. The Interprofessional Education Committee (IPEC)

The Interprofessional Education Committee works to promote and advance the educational mission to build an interprofessional health sciences program, deliberately developmental university, graduating principled, patient-centered, practice-ready clinicians for Central California.

The IPEC is responsible for:

- a. Ensuring opportunities exist that allow all CHSU graduates achieve competency in the CHSU Global Learning Outcome: Interprofessional Collaboration.
- b. Advising on budgets and resources for supporting IPE across the University.
- c. Promote faculty and staff development and engagement with IPE.
- d. Encourage scholarship in the area of IPE.
- e. Ensuring interprofessional education (IPE) is designed, delivered and assessed in a manner that aligns to best practices and outcomes that meet the accreditation requirements of our colleges and strategic partners.
- f. Coordinating curriculum and learning experiences where appropriate across the College's didactic, experiential/clinical/clerkships and co-curriculum and ensuring continuous quality improvement

This committee is advisory to the College Deans.