Staff Advisory Committee
Saint Louis University

Meeting Minutes for Thursday September 17, 2020
VIA ZOOM

Members and Guests Present:

Call to Order 12:02 and Reflection:
Thank you all for joining us. Our reflection for today is from Joshua Marine “Changes are what make life interesting and overcoming them is what makes life meaningful”.

Approval of minutes:
Approved

Announcements/ Q & A:
We have a few announcements next month’s Spotlight will be Libby Gallogly from human resources to give us a benefits update for what we can expect in the upcoming calendar year. Open enrollment this year is going to be October 21 through November 6. Just a reminder that tuition exchange and FACHEX application deadlines are due October 1. If that's something that you're interested in, please make sure that you're aware of those deadlines. Also, if you look at the HR bulletin you've probably heard about the payroll tax deferrals on the news, the HR bulletin talks about that. They also have a guide to remote working in the HR bulletin that's something else you might be interested in. (https://sites.google.com/slu.edu/new-oneslu-community/home) And they also are recommending Skillsoft, that's “Leading Virtual Teams”. Those are all very good useful resources.
Any other questions that we can answer for you today, or any other topics that you want to discuss in the upcoming meetings?

Did we get volunteers for the daycare interview?

Yes, I have. But if you're still interested, let me know we've actually had a really good response so, not everyone will be able to participate.

Will HR talk about the screening?

I'm assuming you mean the biometric screening. It's my understanding that they will be discussing that as well.

What does the daycare option mean is SLU getting a daycare?
I don't know the answer to that question.
All I know is we got a request for volunteers to help screen daycares. I know that Dr. Pestello has said previously, that it takes a lot of time and a lot of work, and a lot of money to have a daycare on campus. I'm sure you're all aware there's a lot of regulations that go into daycare. Libby asked for volunteers didn't
really articulate what was happening with that committee.

Are we going to recruit for the open positions for grassroots working committee and the workday transition committee, are those committees still in existence?

I'm not sure if those committees are still in existence. Is anyone in the audience aware?

Heidi Moore & Sue: I think it was disbanded although not formally. Amy Russell and Scott Bambrick are the main contacts. They were working on a proposal for an ombudsman. They are not, Amy stepped down. Sherrie Anderson was working on it. So it might be something that we can ask other people and see if there is anything that's actually going on with the grassroots effort and get back to everybody next month.

Have you heard anything definitive or not about flu shots?

Sue: I'm assuming that they will end up having to do flu shots because it's mandatory for the practice, as far as I know they will be doing those soon.

Sue: There other topics that you all want to hear about. During the SAC meetings, always open for suggestions. One thing that has been suggested to help grow the membership base is that we actually go to the different colleges and do listening sessions. So we can hear what you're all thinking.

Any more questions? It would be nice to know that some of the things... have rewards tied to them, regular employee evaluations this year were completed knowing that we will not be getting any raises. I think actually the raise performance appraisals were finished before they realized that we weren't getting any increases I think that's all been a part of COVID unfortunately. It’s hard to say if they're going to know by the time our performance reviews are due, again at the beginning of 2021. I don't know if they're going to know if a merit increase this will be a possibility or not. I haven't heard an enrollment update, you know, originally the university seemed like they were doing better than expected, given COVID as far as the enrollment but I don't have any data on that right now. That should be out within the next couple of weeks.

Questions? Comments, concerns?

Kristin said we're receiving an enrollment update in the next week's marketing and branding committee meeting. I would assume, Kristin that that would be made public in Newslink? She said she’ll ask Jeff.

**Monthly Spotlight:**  **Steven Sanchez and Kim Watts**

Steven Sanchez: Thanks for giving me a little bit of time. I think my colleague, Miriam Joseph is also on somewhere here. So Miriam and I are helping co-chair our 10 year, institutional re accreditation process. So many of you know that SLU, as an institution, holistically, is accredited by the Higher Learning Commission, which is one of the major accrediting bodies in the United States. And we're going through what's called a 10 year comprehensive evaluation. And it's going to end up resulting in a site visit from the accrediting body to our campus next November of 2021. And what we're here doing is just giving every folks a little bit of orientation to the work that we're doing and the accreditation process. We will be back probably next spring, with the staff Advisory Council to do another update as to where we're at. This will not be the only visit that the only visit that we have regarding this. I'm just a very, very broad level, the 10 year comprehensive review consists of four basic elements of the first one is a biggie as an assurance
argument or what you might otherwise know as a self study, and the corresponding evidence file. We're going to talk a little bit about that in detail. There's also what's called a federal compliance review, a survey of students. And as I just mentioned, briefly an onsite, campus visit from the accreditation team. We're going to talk about all those things real briefly. That assurance argument is the biggest element. It's the it's a big self-study that's going to enable us to demonstrate that we meet all five of the HLC criteria for accreditation. Now, it says five criteria for accreditation, we're not going to go through those. But if you can imagine one, basically about our fidelity to our mission, one about the quality of our teaching and learning, one about assessment of student learning, one about financial resources, our planning processes, and the integration of those, and another one about integrity of our research operations are general operations, etc. But under each of those five, there are four or five other sub components. It's not five criteria. It's a whole bunch of criteria. And the self-study is our mechanism via which we can present an argument and lots of evidence showing that are that we're meeting those criteria, it'll probably end up being about 125 -130 pages of text. That will include hundreds of web links, screen captures from things, lots of attachments, reports. Everything you can measure; minutes from committees like the Board of Trustees, and some of our curriculum committees, etc, things like that. The criteria are basically the same as what we did the last time we did this was actually not 10, full years ago was actually in our fourth year of that 10-year cycle, so about six years ago, we have they have what's called a mid-cycle assurance review. And we wrote a self-study to what are similar criteria back then. One of the things I wanted to mention that second, the last bullet there says that our self-study has to be really evidence based and evaluative, not just descriptive. The example I often use is that there might be a criterion that we have to show that we have conflict of interest policies in our Board of Trustees, to evidence that we can't just say that we have conflict of interest policies, and that's not enough. What we generally need to do is show examples of those conflict of interest policies inaction. For example, we might have to provide minutes from the Board of Trustees that demonstrate that on a certain date, a conflict of interest issue came up and the conflict of interest policies were invoked and this is what the resolution of that concern was. That's good evidence that we have a policy that we use it and that the policy is working for us. If you can think sort of like a standard of evidence, it's just not enough to show people a policy and say, “Well, look, I've got this, I think I meet your criterion” it’s not that, it's a lot more than that. And then finally, a there's an emphasis on systemic and systematic action. When we think about those examples, and things we're going to cite that demonstrate our compliance with these criteria, we're not going to look towards sort of one time one off, things that we did, “Oh, that one year, we did something” while we're there trying to look at ways that all of this good work that we're doing that meets the criteria is embedded, and it's systemic in the institution. It's part of our institutional processes year after year. Those are the kinds of examples that they're looking for, and that we're going to try and provide.

Okay, I said at the outset that in addition to the self-study, or that assurance argument, there's also a federal compliance review. These accrediting bodies, they also kind of serve as subcontractors to the US Department of Education. Think about all of that student loan money that comes to SLU via the students, right, the both of the loan money and the grants that go to our students, and then think about the grants that go to our faculty for all of their research and scholarship. None (most) of those don’t happen without the US Department of Education, and so the US Department of Ed has a pretty keen interest in the quality of our services and our programs, etc. And so, they don't actually want to do the quality control themselves. And they already know that accreditors are doing this kind of quality assurance and improvement work anyway, as a part of regular accreditation. And we've been accredited by the HLC, by the way, since 1916, over 100 years, so it's a little crazy. What the government does is then they just decide, well, let's tag on with these accrediting bodies. Let's use them as subcontractors for us to get answers to certain things we care about, as the US Department of Ed, the list of things you see here, all these bulleted items. These are things that the HLC will investigate about SLU. And do so as a responsibility to the US Department of Ed. Everything from our credit our policies, transfer, student policies, publication of certain student data, financial aid, program, compliance, athletics, compliance, etc. All of that as part of that. I mentioned also that there's a student survey. Before the HLC, and their team, will probably be about four or five people, before they come here in November of 2021. They will have read our assurance argument, and all that evidence and all those links and all of the reports. But they will also have looked through the responses from students who respond to a survey from the HLC. The HLC is going to survey students a couple months prior to our visit. They asked them 15 questions on a pretty standard Likert scale, you know, strongly agree/agree kind of scale. There's also an open text box so all students have the opportunity to weigh in, in whatever way they want. If they want to talk about x, they can talk about x doesn't matter what it is. And I serve as one of those HLC reviewers, peer reviewers for other colleges. And I can tell you that we always read all of all of the student comments and we are very interested in using those because they also typically prompt us to ask
certain questions when we arrive on campus for that site visit. Because we're going to meet with students and everybody else. When that site visit comes, as I said, it's going to be November 15, and 16th of 2021. It's likely they're just coming to our St. Louis campus, but it's possible that they could go to our Madrid campus as well. Our Madrid colleagues have been informed that it'll be a group of about four or five people. Like I said, I'm one of those people who serves on these kinds of committees at other schools. Some of you may know some of these other folks. Tony Breitbach, in athletic training, John Buerck in SPS, Tracy Chapman, the Dean of SPS, Lisa Dorsey, and Doisy college, Mardell Wilson, outgoing Dean, in Doisy college. We're all HLC reviewers. The accrediting body essentially has people like the folks who work here at SLU, whether we're faculty or staff, with some expertise that go out and do this kind of work. So sometimes people think of this sort of big, bad third party accrediting body. The reality is, it's just a peer review process. And all of us are involved or could be involved, many of you could probably be in this. When the HLC team comes in November of 2021, they're going to meet with Board of Trustee members, they're going to meet with President Pestello, the provost, all VP's, deans; they will have meetings, especially set up for faculty, open meetings for any faculty that want to come, meetings for students, they will have meetings for staff, they'll also have meetings with the major committees, oftentimes, like a curriculum committee or leadership, committee, etc. When the team is here, they're seeking confirmation of all that evidence that they saw in that assurance arguments. And they want to find maybe some additional data and conversation with people that provide additional examples of what they've seen in that. How do we go about doing all this work? The prep of the assurance argument, etc. We set up a bunch of committees. These committees have faculty and staff members on them, and I'll show you the membership in a few minutes. But you know, I said there were five criteria major criteria for compliance with the accrediting body requirements. We've set up a committee that is preparing a chapter for each of those criteria We have those committees, five committees, we have a Madrid committee, we have a special federal compliance subcommittee, because it's pretty specialized work. And then we have a steering committee, which is a broad oversight committee includes a couple of dean reps and some others just so that there's broader understanding of what all the work of these folks is going on. We're hoping to hold open fora for campus wide open for next month in October to solicit faculty, staff and student input, anything folks want to tell us that they think we should be highlighting in the study, maybe things that ways they think we are either meeting well, the criteria or maybe not meeting so well, the HLC criteria, that these open for our chance, are one way, we're also going to open up a dedicated email account via which faculty, staff, students, anybody can solicit comments, to help guide all of these teams that are doing this work. We will likely engage the services of couple external consultants and certainly other slim faculty and staff who serve as peer reviewers for HLC, kind of the experts in the in the field, so to speak. And our schedule of process, which you're going to see here in a second and includes some dedicated reviews by the deans, VP's, Provost, the President, you know, as you might expect, and just to note there at the bottom that says we're leading with and proclaiming our strengths, there's no doubt about it. But we're also going to be pretty forthright in identifying the challenges that we have things that don't go so well or that we struggle to do as well as our plans for addressing those. I can assure you of Miriam and I did this six years ago. We also did it in 2012. We don't sugarcoat things, we don't hide things, because the reality is the HLC reviewers will figure it all out. They'll figure it out from the documentation we provide. They'll figure it out from the students and the staff and the faculty that they meet with when they come to the review. It doesn't do us a whole lot of good to sugarcoat or to hide things. But it is important that when we highlight challenges, we also talk about the recognition of those and what we're currently working on to meet those challenges. Okay, timeline for all this work? Well, we've been doing it for a little bit already. We've already had meetings of our steering committee and our subcommittee meetings are already up and running. One of those things we did was review good assurance arguments from other schools that have recently gone through this process. And of course, we went back and looked at our own work from years ago as well. We've done presentations like this to the ULC, to the CAD, faculty senate, student government and the Board of Trustees, I spoke at the May board trustee meeting and I'll speak again at the December board of trustees to give them an update of where we're at for September 2020. We're here talking to the SAC group and as I mentioned we're going to have some open forum we will look to help first drafts of the assurance argument done by December so we're getting moved going towards the writing stage and like it there'll be a progress report board. Spring we'll do new drafts and we'll share those with some of our consultants that we engage we'll keep updating groups, by late spring, we should be knocking on SAC’s door again to provide an update again along with SGA, Faculty Senate, all those groups so that everybody's aware of where we're at and everybody can have some input to what we're doing. Eventually, by next summer, we should be starting to wrap things up getting final reviews by the president Provost by mid-August, you're hoping we'd love to submit this by September 15. It's actually not due till October 15. But trying to set things the
schedule up a little bit in advance. And like I said, the visit is actually in November 15, and 16th. And then what will happen after that, it'll probably be four to six months before we fully hear back from the HLC about what their sort of final verdict is on our reaccreditation. Last time, we certainly had a strong response from the HLC. We were fully reaccredited. However, they did cite concerns related to our assessment of student learning. They required us to do like an interim report, which we've done, and that was all completed successfully back in 2018. We'll see what they say after this. Before I go to questions and comments, I mentioned that I had a list of folks who are serving on some of these committees. I mentioned we have a steering committee. These include all the chairs of our subcommittees, as well as a few other folks that you'll see there's a SAC rep: Rachel Young from the Department of Physical Therapy. I think she's on our call today. And then for each of the subcommittees I mentioned that there were a subcommittee three to the five primary criteria. These are the current members of those subcommittees and you'll see faculty and staff throughout even a board of trustee member and we're going to get another board of trustee number for the criterion five committee. Alright, with that I will sort of stop things there and see if folks have questions have anything to discuss here?

What can staff do to help?

Well, certainly, when we get start to advertise the open forum, which we're hoping to hold in October, come out and participate. And of course, when I say come out, I probably mean via distance since I assume that's how things will be at that point, unfortunately, but participated in that. One of the things we'll do when we send that invite out is we will be sharing the HLC criteria. Of course, anybody who wants to look those up or contact me for those, I can always get them to you but we'll send them out and make them available university wide. Looking at those criteria of either in preparation for an open fora question that you might want to raise; comments; but also it just might mean sort of thinking in your own area about how we, what we do and what we don't do, perhaps well. And then and then sharing those concerns with us, like I said, we'll have a dedicated email line that will get out or frankly, you can just call or email any of us who are on the committee's we're happy to discuss any of this. It's a pretty open, transparent process staff can certainly get involved that way. The other actually really important way for them to be involved is to come out and this is a year in advance, but to be part of the site visit we are hoping by then that it is not a virtual site visit, because that's what they're doing this fall for the most part, but being involved in the site visit so when there's a when there are a couple sessions that are scheduled for staff and they're publicized and we'll make a big deal out of publicizing those sessions come and participate. The HLC reviewers, I can tell you, they really do want to hear from folks, as many different folks from different departments and all of that as possible. I'd encourage folks to get involved that way.

Sue: Will you share the HLC criteria details with SAC?

Sure. And in fact, we won't even need to wait until the open fora scheduled. Miriam has provided this information: Here's the link to the criteria: https://www.hlcommission.org/Policies/criteria-and-core-components.html At some point very soon, I'll be adding info re: the 2021 evaluation to the provost's website: https://www.slu.edu/provost/accreditation-compliance/accreditation.php

We do have an accreditation website. And that website also includes all of the information and reports from previous accreditation. So, like I said the criteria the current criteria are not all that different from what they were in 2016. So, you could familiarize yourself with our previous report that we did in 2016, there's a lot that will be similar; a lot will be different too, a lot has changed at the institution since then. But if you sort of want to get a feel for what an assurance argument looks like, and how does SLU respond to that, if you go to our accreditation website, which is on the Provost site, but just look at it you’ll get it. And that'd be a great way to, to get a feel for all of this as well. And it might it might spur some questions for folks amongst the staff, questions or comments about what we should or shouldn't do in this next round that we're that we're currently engaged in.

No other questions.

Sue: Thank you very much for presenting today. All very interesting and hopefully things will go well. We're hoping so we anticipate that they will. But we look forward to everybody's help throughout the campus as we go through this for the next year, pretty hardcore. And with that, Miriam, any other final thoughts?

Miriam: There is another question: Will there be an option to provide feedback anonymously? And yeah, well, we are going to set up an email box. I'm thinking that won't be anonymous, though. Maybe a Qualtrics? form?

Steve: Sure.

Yeah, we can always have a truly anonymous Qualtrics form.

Miriam: Maybe that would be the better way to do it. And just names option of instead of an email box.

Steve: Yeah. Any anybody who wants us to follow up with them, we can do that.
Miriam: then that will be anonymous. And they don't have to be identified if they don't wish to.
Steve: Correct Yeah, so let's take care of that as well.
All right, thanks so much for giving us a little time at your meeting. We will bug out and we'll talk to you later.

**Kim Watts**

Sue:
The next spotlight is Kim Watts and Kim is the Director of Clinical Operations for SLUCare, and recently opened the Center for Specialized Medicine along with the new hospital. Kim is going to talk to us today about the new center and telehealth Kim.

Kim:
Good afternoon. I'm just going to show a quick video first.

Video: [https://www.youtube.com/watch?v=DrYpEYoC01s](https://www.youtube.com/watch?v=DrYpEYoC01s)
I am fairly new to SLU and SLUCare. I came in April, so the end of April in the middle of all of the COVID hoohah and have really enjoyed my time here so far. One of the things of course I walked into was the opening and the build of the ambulatory care center. The formal name for the ambulatory care center is Center for Specialized Medicine and you'll, you'll hear folks call it CSM, and I had to really retrain my brain because I had gotten so used to calling it the ACC. I had to retrain myself to call it the CSM. There are lots of folks now, even when I say CSM. They don't know what I'm talking about, so trying to get that message out there, of what the formal name is. We had our grand opening August 31. It went really smooth, a lot smoother than I thought it would. Clinics from the doctor's office building, Salus building, ABI and West Pavilion relocated to the CSM. There are no clinics in the DOB at all anymore. It is completely empty except for Walgreens pharmacy, whose contract will end June of 2021 and then there will be nothing in that building. No word on what they're going to do with the building yet. The sleep center is the only clinic remaining in the Salus building. And then, ABI, we don't have any clinics there as well and then HEM/ONC and cancer surgeries remain in the West Pavilion, and that's it as far as on campus. In the CSM, we have four floors, we have the garden level, first, second, and third floor, and we have our ophthalmology and oto, which is ENT on our garden level we call that the sight and sound center. And then we have our orthopedics and neurology on the first floor. Second floor we have internal medicine and all of those subspecialty departments that are located there, as well as surgery and non-cancer surgery and neurosurgery and Family Care Medicine so it's a very packed on the second floor. It's definitely been a challenge to look at doctors schedules and figure out who's going to be there what days, we're making it work. Third floor we have dermatology also on third floor is the SSM based transplant clinic for GI and abdominal, so we have those on the third floor. One of the good things we have at CSM is registration via Odoro. Odoro is a registration system where folks get reminders on their cell phone, or via text or by email, they can actually go in and pre-register. We also have kiosks for registration on our garden and our first level, where patients can go in and they can register on the actual monitor at the kiosk and we have registration reps there to help them do that. So, versus the old model of where patients, you know would go to the clinic and say I'm here, and register, this has really made the workflow a lot smoother. We haven't rolled out Odoro on all of our clinics. We still have a few to go but it is a vital piece of the CSM and how we're functioning there in regards to efficiency and throughput. You probably saw on the video, some of the exam rooms, they're very large exam rooms. They have the barn style sliding door on one side which is the patient hall where the patients, enter, and then on the opposite side of the room there's a door where the medical assistants nurses and physicians go out that door into their pod. And in the middle of the exam rooms which are on both sides of the pod there's a big central area where everyone sits so that includes our MA’s, our nurses, our physicians, some patient care coordinators, our medical students, and they really have an area there to collaborate on patient care. And in the middle there's even an area for specifically for physicians and medical students and fellows to sit and be able to pull up a patient's x rays/imaging and really look at that and, you know, it just has a really good environment for learning, which is so important.
And then also a big thing in the CSM is that our patients have easy access to outpatient testing and hospital services, the outpatient testing and hospital services area is in between the CSM and the actual hospital. And we do have transporters in the CSM that are able to take our patients over so either walk them over. Or if you know they have issues with mobility we can take them right over to get their testing. We also have a really nice cafeteria and a sitting area. On the garden level we have a Starbucks coffee bar which has been extremely popular. This is just some of the SLUCare COVID precautions that we put into place, quite a while ago, but we've also carried them over to this building. I just want everybody to be aware that all faculty and staff have to wear a surgical mask at all times while in a SLUCare building. We do not allow
our clinic staff in the clinics working with the patients to wear a cloth mask. We require them to wear their surgical mask. We have plexiglass to act as a barrier. Our furniture is placed in our waiting areas to meet social distancing. We have markings on the floor to ensure the social distancing, and then all faculty, staff and patients are screened when they come into the clinic. We're trying to be as cognizant and careful as we possibly can. Patients also are required to wear surgical mask. We do allow them to wear cloth masks because many come in with those and Dr. Kennedy our infectious disease specialist, feels like we're okay with doing that. We are cleaning our waiting rooms in between patients and our common areas more frequently and thoroughly. We're also encouraging our SLUCare patients to take advantage of our virtual visit option, which I'll talk about next.

Prior to COVID, there was no telemedicine at SLUCare clinics. When COVID hit, it was obvious that SLUCare had to figure out something to do to take care of the patients, most importantly, and provide access to care for them. President Trump's emergency declaration allowed CMS to expand the benefit. Prior to the waiver, Medicare only paid for telehealth if the person was living in a designated rural area. And when they would leave their home and go to a clinic hospital, or maybe a psychiatry center to have that service. So, for example, think about Rolla Missouri, rural hospital, rural area, there were some telehealth/telemedicine options there for high risk OB patients where they would go to Phelps Regional Hospital, and they would have a telehealth visit and they would have an ultrasound, where the physician at our clinic could see the ultrasounds and assess the baby and so, things like that where what was paid for. So, by him doing the emergency declaration, it really helped to broaden that access so that they can receive the services they need. They don't have to travel to the health care facility, and we are able to get paid as we would a regular. We really need telehealth, it's the direction that we're going in and consumers really want telehealth. Some benefits of telemedicine are that it improves access for the patients. It improves quality, we can get them in faster and get them managed for folks that have chronic disease processes such as CHF, COPD, diabetes, when they start having issues. It helps us to manage exacerbations quickly reduces hospitalizations, which also affects the hospital's reimbursement for Medicare, depending on the rate of re-hospitalizations. It's much, much more convenient for the patient to be able to get on the video call. And then for us as well. It provides a stream of revenue for our physician clinics that helps us to take care of the patients better.

Do you have any questions for me?

Sue: Can you tell people how they can make an appointment?

Kim: Yes, Most of our clinics, go through our central scheduling departmentThe number is 314-977-4440.

Is there any reciprocal parking for SLU parking?

Kim: Parking is an issue. We have the new parking garage, which you know is for patients, but we do have on Vista, 120 spots, that I was able to get SSM to give us for faculty only. Even though you're a SLU employee, you can go and park in the garage and we will validate your ticket so it'll be no more than $2 for you to park, no matter how long you're there. If you want to use valet services you can, it costs $4 for valet to park.

Where are tickets validated?

Kim: When you walk in the front door, there's a desk there for validation and just ask in the clinics if you don't know where to go and they'll direct you. It is really the main entrance there where you would go in on the level where the parking garage is the first floor. The main desk is there! It's like a customer service desk/information desk and they'll be able to validate those.

Are the telehealth services available to local patients also?

Kim: Yes, they are available to anybody right now. At least until the pandemic is over or CMS changes that and I will tell you too a lot of insurance companies have a lot of them follow CMS recommendations. A lot of them are allowing the telehealth visits as well but yes they are available when you call in, all you need to do is let them know that you would like to do the telehealth visit. Some of them are doing them for new patients as well depending on if it's a specialty or kind of what's going on with your symptoms.

Sue: Okay, well thank you very much Kim it's been very informative. And it's a wonderful building and an opportunity for growing our patient base.
Kim: I agree. Thank you so much, you have a good day.

**Next Meeting:** Thursday, October 15, 2020
12:00 – 1:15 PM

**Adjournment:** By Sue Stevens at 1:02 P.M.
Staff Advisory Committees and Representatives – 2020 - 2021

- **Staff Advisory Executive Committee**
  Chair – Sue Stevens
  Past Chair – vacant
  Recording Secretary - Jenni Franey
  Corresponding Secretary – Kristin Hrasky
  Membership Coordinator – Rachel Young
  Treasurer – Kathy Barbeau

- **Staff Advisory Sub-Committees**
  By-Laws Committee – Kathy Barbeau, Sue Stevens, Rita Stites
  Service/Events Committee
    - Food Truck Rally – Stacy Mack

- **University Committees**
  Campus Recreation Advisory Committee – Robert Pampel
  Grassroots Working Committee – vacant
  HLC Re-Accreditation Steering Committee – Rachel Young
  Honorary Degrees & Special Recognition Committee – vacant
  Medical Ad Hoc – Sue Stevens
  Operational Excellence – Project Review Committee – Alexis Bruce-Staudt
  Policy Review Committee – Missi White-Luster
  Parking Issues – Matt Campbell
  President’s Diversity Council – Pamela Jackson
  Speech, Expression and Civil Discourse Committee – Anne Imlay, Bob McNair
  Tobacco Free Workforce – Ellen Weis
  University Leadership Council – Sue Stevens
  Workday Transition Committee – vacant

- **Board of Trustee Committees**
  Academic Affairs – Sharon Spicer
  Business & Administration – Sue Stevens
  Development – Rhonda Arl
  Marketing and Branding – Kristin Hrasky
  Mission and Identity – Christine Luebbert