

Part 2 – Comprehensive Program Review

Fall 2010

Program Name:

A. PAST: Review of Program Performance, Objectives, and Outcomes for the Two Previous Academic Years: 2008-09, 2009-10

1. List the objectives developed for this program during the last comprehensive program review.

Objective #1: Students will develop an understanding of resources available at IVC.

Objective #2: Students will demonstrate skills to effectively plan, organize, and facilitate meetings.

Objective #3: Student Affairs will organize outreach on campus and community.

Objective #4: Student Affairs will practice and uphold student code of conduct and college and district policies.

2. Present program performance data in tabular form for the previous two years that demonstrates the program's performance toward meeting the previous objectives. Include the following standard program performance metrics as well additional program specific metrics, if any.

In the Fall of 2008, Student Affairs conducted a survey to assess whether or not students would be interested in receiving mental health services on campus as part of the Student Health services. A survey was conducted to determine the interest level and allow students to report personal or mental health issues interfering with their academic success. The survey was administered to 562 students. The results showed that 431 students (77%) stated that they would use mental health services if they were struggling with a mental health issues. Based on the large percentage of students who were both 1) interested in services and 2) struggling with mental health issues, the program instituted a mental health counseling component to the Student Health services in Fall of 2009.

MENTAL HEALTH SERVICES SURVEY | SPRING 2009

Answer	ESL	Regular Classes	Totals
Question #1			
boyfriend/girlfriend	5	285	290
relationship violence	2	54	56
family	3	295	298
Marriage	3	77	80
Children	2	58	60
Drug/Alcohol Abuse	1	79	80
Finances	7	281	288
Eating Disorder/Weight Management	8	140	148
Question #2			
Depressed	8	425	433
Anxious	3	330	333
Suicidal	2	73	75
Stressed	13	504	517
Hopeless	8	180	188
Question #3			
Yes	7	249	256
No	19	331	350
Question #4			
Yes	3	241	244
No	22	349	371
Question #5			
Talked to a friend or family member	4	197	201
Went to a Therapist	3	76	79
Spoke with my IVC Counselor	0	11	11
Kept my problems to myself	0	112	112
Question #6			
Therapist	1	93	94
Psychiatrist	1	73	74
Psychologist	3	121	124
I.C. Behavioral Health Services	2	36	38
Free Mental Health at IVC	2	167	169

Nowhere	5	132	137
Question #7			
Yes	16	317	333
No	10	227	237
Question #8			
Yes	5	155	160
No	21	370	391
<i>Of the 333 students that marked YES on Question #7, 189 specified that they could not afford Counseling</i>			
Question #9			
Yes	20	411	431
No	6	125	131

Students were made aware of the Health Services offered through classroom presentations, campus flyers, posters, and staff/faculty referrals. During Spring of 2010, Student Affairs began to survey students at the bi-annual Student Health Fair in order to assess whether or not students were aware of the Student Health Center and the physical and mental health services it provides. In the Spring of 2010, 78 students completed surveys at the Student Health Fair. 83% of students stated they were aware of the Student Health Center. 74% of students were aware of the physical health services the center provides. Only 20% of students had actually used the physical health services. 70% of students were aware of the personal/mental health counseling services the center provides. 20% of student had used personal counseling services provide by the center.

HEALTH FAIR SURVEY: FALL 2010

AGE: 20 & under	21-25	25-30	30-35	Over 35	MALE	FEMALE
42	17	8	4	6	32	46

1) I am aware that IVC has a Student Health Center	YES: 65	NO: 11
2) I am aware of the health services that the IVC nurse provides:	YES: 58	NO: 19
3) I am aware of the personal counseling services that IVC therapist provides.	YES: 55	NO: 21
4) I have used the health services from the nurse in the past:	YES: 16	NO: 61
5) I would consider using the health services from the nurse in the future:	YES: 67	NO: 9
6) I have used the personal counseling services in the past:	YES: 16	NO: 59
7) I would consider using the personal counseling services from the therapist in the future:	YES: 61	NO: 15
Depression: 9	Anxiety: 9	Relationship: 9 Stress: 41 OTHER: 13

Additionally, the mental health clinician assessed students during intake appointments as to their understanding of the type and scope of counseling services provided. 100% of students (15/15) assessed during Summer of 2010 reported an understanding of the type of services offered (individual, couples, and family therapy), the number of sessions offered (brief therapy consisting of approximately 8-10 sessions), the frequency of sessions (once per week for 50 minutes) and the scope of services (addressing personal/mental health issues affecting academic functioning).

Counseling Services Intake Survey
N=15

	Understands Type of Service	Understands Length of Service	Understand Lengths of Sessions	Understands Scope of Services
YES	15	15	15	15
NO	0	0	0	0

During the Spring of 2010, the Dean of Student Development assessed Associated Students Government participants in their ability to effectively plan, organize, and facilitate ASG planning meetings. Students were expected to demonstrate an ability to plan and implement a meeting agenda, follow parliamentary procedure, command presence as the meeting leader, and use their voice to effectively communicate during the meeting. Students were rated on a 5-point Likert scale. Students demonstrated success in these areas by scoring a 4 (proficient) or 5 (skilled) as rated by the Dean. In the area of agenda planning and implementation, 80% of students (8/10) earned a 4 or 5. 80% of students successfully followed parliamentary procedure. 60% (6/10) of students were successful in demonstrating leadership presence. Finally, 80% of students effectively used their voices to lead the meeting.

ASG Student Evaluations
N=10

	AGENDA PLANNING	PARLIAMENTARY PROCEDURE	LEADERSHIP PRESENCE	USE OF VOICE
BELOW EXPECTATION (1)	0	0	0	0
BELOW AVERAGE (2)	0	0	1	0
AVERAGE (3)	2	2	3	2
PROFICIENT (4)	4	5	6	6
SKILLED (5)	4	3	0	2

In the Spring of 2009, Student Affairs modified the program objectives and replaced objective 3 with objective 4. Student Affairs did not assess the organization of outreach on campus and in the community, as staff efforts were focused on the other three objectives. Instead, the program focused efforts on practicing and upholding student code of conduct and college and district policies. From Fall of 2009 to Spring 2010, 172 students were referred to the Dean of Student Development for disciplinary issues. 25 students were referred for cheating/plagiarism and 143 were referred for smoking. 4 were referred for other disciplinary issues. 100% of these students referred were found to be in violation of the Student Code of Conduct and were placed on either disciplinary probation or were suspended from classes.

Students Caught Smoking

	Students Caught Smoking	Repeat Offenders Caught Smoking	Smokers SUSPENDED (Caught a 3 rd Time)
FALL 09	76	2	0
WINTER/SPRING 10	67	3	0
SUM/FALL 10	SUM= 5 FALL = 33	3	1

Students Referred for Discipline

FALL 09	WINT/SPRING 10	SUM/FALL 10
3	1	SUM= 2 / FALL = 13

Students Referred for Cheating/Plagiarism:

FALL 09	CHEATING	Repeat Offenders (Cheaters)
		16
WINTER/SPRING 10	9	8
SUM/FALL 10	SUM = 3 FALL = 8	2

- Present student learning or service area outcomes data that demonstrate the program's continuous educational and/or service quality improvement. Include the following standard information and metrics as well as additional program specific metrics, if any.

List the program level outcomes, goals or objectives and show how these support the Institutional Student Learning Outcomes. Identify the method(s) of assessment used for each of the program level outcomes. Provide a summary of the outcome data for the program, including course and program level data as appropriate.

Program Service Area Outcome #1: Students participating in Counseling Services at the Student Health Center will address personal/mental health issues that may be impacting academic functioning. After the 4th session, students were asked to report whether or not, on a scale of 1 to 5, they felt more capable of performing well academically since participating in the Mental Health Counseling Services program. Out of 9 students assessed, 100% reported that they either somewhat (4) or strongly agreed (5) that they were more capable of performing well academically since participating in the program. This data indicates that this program outcome supports several institutional outcomes. During counseling sessions, students are provided with information regarding their presenting problems (ex. diagnostic criteria for major depressive disorder) and outside community resources, which supports information literacy (ISLO4). Additionally, students are encouraged to reflect on ways in which previous experiences have impacted their current level of functioning, which requires critical thinking skills (ISLO2). Personal responsibility (ISLO3) is supported through the exploration of the student's role in both maladaptive relationship patterns, and in achieving his or her own treatment goals. Finally, a large portion of treatment is focused on supporting the student in developing more clear and accurate communication skills (ISLO1) with others.

Program Service Area Outcome #2: ASG students will transfer leadership skills developed in ASG meetings to institutional meetings where students are expected to participate. In the Fall of 2010, various committee

chairs were asked to report on ASG student participation in shared governance on campus. Students were assessed in the areas of attendance, organization, and active participation. Attendance supports personal responsibility (ISLO3) and information literacy (ISLO4), as students who regularly attend these meetings demonstrate the ability to adhere to commitments as well gain knowledge about the issues that affect the student body. Students who are organized for the meetings also reflect personal responsibility (ISLO3). Student who actively participate in meetings exhibit the ability to effectively communicate with committee members (ISLO1). This participation also requires critical thinking skills (ISLO2), as students must be able to process and synthesize the order of business that transpires during the meeting in order to make relevant comments or ask appropriate questions. Based on the 4 Shared Governance Representation Surveys returned for evaluation, 8/10 of students (80%) were rated as “exceptional” in the area of attendance. 90% (9/10) of students were rated as either “good” or “exceptional” in the area of organization. Finally, 90% (9/10) of students were rated as “good” or “exceptional” in the area of participation.

Program Service Area Outcome #3: The Dean of Student Development will provide faculty education and training on academic dishonesty and disruptive behavior in the classroom. This will be done to help faculty identify student code of conduct violations that disrupt the instructional process and support the program’s mission to uphold student code of conduct and college and district policies. In the Fall of 2010, the Dean of Student Development conducted 4 workshops that addressed academic dishonesty and disruptive behavior in the classroom. These workshops were conducted at adjunct faculty orientation, during an English as a Second Language department meeting, during an English department meeting, and on the campus Staff Development Day. A total of 84 participants have received the training. This training support the institutional learning outcomes by educating faculty as what behavior constituted a code of conduct violation. This information is then disseminated to students through the instructor’s syllabi and verbal presentation in the classroom (ISLO4). After receiving this information at the start of each course, students must then take personal responsibility for adhere to the college’s Student Code of Conduct (ISLO3).

4. Analyze the data presented visually (graphs, diagrams, etc.) and verbally (text) as appropriate, present any trends, anomalies, and conclusions. Explain the program’s success or failure in meeting the objectives presented above in item one. Explain the ways that the program utilized the student learning or service area outcome data presented in item three to improve the program (changes to curriculum, instructional methodology, support services, etc.)

The Student Health Counseling Services data suggests that students are becoming increasingly aware of the program’s existence and mission since its inception in Fall of 2009. Additionally, every student who completed at least 4 sessions of treatment reported that they felt more capable of performing well academically because of their participation. Based on these results, Counseling Services has appeared to have successfully developed,

implemented, and provided mental health services to students. This data has helped the program recognize that outreach and treatment efforts need to continue and be expanded in order to service even more students.

Counseling Services Effectiveness Evaluation

N=9

Question: Since participating in the counseling services program, I am more capable of performing well academically.

	QUESTION
STRONGLY DISAGREE (1)	0
SOMEWHAT DISAGREE (2)	0
NEUTRAL/NO OPINION (3)	0
SOMEWHAT AGREE (4)	2
STRONGLY AGREE (5)	7

The data gathered from the post-meeting surveys suggest that ASG students possess some skills in leading and participating in meetings. ASG student appear to be well-organized for both ASG and other campus committee meetings. The data does suggest, however, that these student need to improve in the areas of attendance and participation in shared governance meeting. Through feedback and mentorship, the Dean of Student Development will encourage attendance and participation through the continued use of surveys during ASG and other campus meetings.

Shared Governance Student Representation Survey

N=10

	ATTENDANCE	ORGANIZATION	ACTIVE PARTICIPATION
NEEDS HELP (1)	0	0	1
BELOW AVERAGE (2)	1	0	0
AVERAGE (3)	1	1	0
GOOD (4)	0	1	5
EXCEPTIONAL (5)	8	8	4

Upon conclusion of the Code of Conduct workshops, the Dean of Student Development received positive verbal feedback from attendees. Unfortunately, only 6 participants returned formal feedback forms. 83% of respondents rated the presenter and topic presentation as above average or excellent. This suggests that participants

appreciated the information presented by the Dean, and will use it to help the program reduce (and enforce) code of conduct violations. In the future, more concerted efforts need to be made to encourage faculty participants to rate the content of the presentation.

Faculty Workshops Feedback Survey Results
N=6

	Presenter	Topic	Information Received
Excellent	4	4	2
Above Average	1	1	3
Average	1	1	1
Below Average	0	0	0
Poor	0	0	0

B. PRESENT: Snapshot of the State of the Program in the Current Semester: Fall 2010

1. Give a verbal description of the program as it exists at the present time. Include information on current staffing levels, current student enrollments, student learning or service are outcome implementation, number of majors, and/or other data as appropriate.

The Student Health Center's Mental Health Counseling program is currently staffed by one part-time mental health clinician. The clinician is supervised by a contracted licensed clinician. The clinician provided brief individual and conjoint counseling to currently enrolled students. At the end of Fall 2010, 120 student have been in contact with the program. At present, this number has increased to 137. Treatment focuses on a student's personal/mental health issues that impede the student's academic functioning.

As of Fall 2010, thirteen ASG students have participated in meetings, conferences, trainings, and campus events as it relates to student government. The students attend trainings in the areas of parliamentary procedure, the Brown Act, and leadership. Students also attend leadership conferences, meet with State representatives, and advocate for issues that affect the constituency.

The program is also continuing to find ways to disseminate information regarding reporting procedures for code of conduct violations. During the 2009-2010 school year, a violation database was implemented and is currently being maintained in order to better identify and track students who have violated the code of conduct.

2. Verbally describe any outside factors that are currently affecting the program. (For example: changes in job market, changing technologies, changes in transfer destinations, etc.)

The mental health program generally begins to carry a waitlist for services by the second or third week of classes during each term. As outreach services are increased, so will the length of the waiting list for services until mental health clinician staffing is increased. Additionally, due to the high unemployment rate and current economic crisis in the area, an increasing number of students are seeking services due to financial and family stressors.

The ASG component of the program tends to experience senator attrition at the end of the Fall semester. This is due, in part, to the difficulty students have in balancing the demands of the program with academic responsibilities. When a student's GPA falls below a 2.0, the senator is no longer in good standing and is ineligible to participate in student government. Senators' academic standing can be affected by the participation requirements of the ASG program, as well as external personal and professional responsibilities.

Technological advances have brought on new challenges for faculty, as students have an increasing ability to access to internet sites that promote plagiarism on assignments. Additionally, students can communicate silently during tests using mobile phones to exchange answers.

3. List any significant issues or problems that the program is immediately facing.

The program would like to include additional pre-licensed and master's level clinicians as part of the staff to both increase provider services and allow for training of future licensed mental health professionals. Due to budget constraints, it will be difficult to provide the extra supervision required for pre-licensed professionals. Additionally, adding staff would require additional space to provide services for students. The physical space of the Student Health Center would need to be expanded as staffing and student services are increased.

The state budget crisis is consuming a major portion of the ASG students' time, in planning protests, disseminating election information to students related to political initiatives effecting community colleges, and organizing rallies. The time and money expended on these efforts reduces the resources available for social and recreational campus activities.

Addressing student discipline can be a challenge for the Dean of Student Development, as disciplinary issues can occur at any time during the school day. Because the Dean has other responsibilities on campus, it can become complicated to schedule discipline meetings and hearings for students when other campus issues need to be attended to. However, it is imperative that disciplinary issues be addressed swiftly, as investigations of allegation can be labor intensive.

C. FUTURE: Program Objectives for the Next Three Academic Years: 2010-11, 2011-12, 2012-2013

1. Identify the program objectives for the next three academic years, making sure these objectives are consistent with the college's Educational Master Plan goals. Include how accomplishment is to be identified or measured and identify the planned completion dates. If any objectives are anticipated to extend beyond this three-year period, identify how much is to be accomplished by the end of this review period and performance measures.

Objective #1: The program will continue to participate in student health outreach to students, provide effective counseling services, and increase qualified mental health clinician staffing in the program. Outreach will be increased by student health providers participating in classroom presentations about campus health services. Effectiveness of the presentations will be measured through student surveys. Additionally, the program will continue to present information to students at bi-annual Student Health Fairs. Data will be gathered during the Fairs to determine student awareness of mental health services on campus. Counseling services providers will continue to ask students to self-report on the effectiveness of the program through anonymous feedback. The program will increase staffing by recruiting, at minimum, one additional pre-licensed MFT intern or trainee. The additional clinician will be trained according to the policies and procedures to be established and documented for the mental health component of the Student Health Services. The new-hire or volunteer will demonstrate competency as a clinician by successfully interviewing with the program clinician, clinical supervisor, and Dean. Additionally, the new-hire will participate in an intensive orientation program in order to acclimate to the program environment. New clinicians will demonstrate an understanding of counseling policies and procedures by taking a post-orientation assessment.

Objective #2: Students will demonstrate skills to effectively plan, organize, and facilitate ASG senate and committee meetings, as well as actively attend and participate in shared governance meetings. Student will be assessed in ASG group functioning through a Dean developed assessment checklist, to be used as students are observed in group processes. Additionally, the Dean will develop a self-report student survey to encourage ASG student reflection of their effectiveness in groups. Shared governance participation and attendance will be assessed through a Dean developed survey to be completed by shared governance committee chairs.

Objective #3: Program will practice and uphold student code of conduct. The program will continue to record data on discipline issues related to student code of conduct violations. The program will assess trends by comparing data from semester to semester. The Dean will also increase and improve discipline workshop offerings by administering surveys to faculty on their interest level in various discipline related topics, as well as post-workshop reviews of information presented. Feedback will be elicited through the use of emails, electronic surveys and department meeting visits in order to help improve workshop offerings.

2. Identify how student learning or service area outcomes will be expanded and fully implemented into the program. Include a progress timeline for implementation and program improvement.

Student learning of general mental health issues facing college students will occur through contact with mental health providers in classrooms and during Student Health fairs. Additionally, the program will actively recruit additional pre-licensed providers to address the increase in the demand for services. Finally, the lead mental health clinician will continue to expand services offerings by creating therapeutic groups that may reduce the wait list time. Ideally, additional clinicians and expanded offerings will be implemented by Spring of 2012.

The Dean will continue to assess ASG students in group processes and asked shared governance chairs to continue to do so at the end of each semester. The Dean will develop a student self-reporting tool to be used beginning Fall of 2011, and continue to ask students to evaluate themselves upon completion of each semester.

The program will continue to gather and analyze student discipline data every semester. The Dean will attempt to present a discipline workshop during the faculty orientation in Fall of 2011. Additionally, in the Spring of 2010, the Dean will survey faculty members as to discipline topics they would like to learn more about. Workshops will continue to be presented at the beginning of each Fall semester for the next three years.

3. Identify any resources needed to accomplish these objectives. Identify any obstacles toward accomplishment and the plan to surmount these obstacles.

Additional funding will be required to support the expansion of staff and services in mental health counseling. In addition to applying for relevant grants, the program will seek an increase in Student Health Fees to support program objectives. Additionally, alternative spaces on campus will need to be identified if additional staff is to be hired to increase services.

The program does not foresee any obstacles that would impede the assessment of ASG students in group processes. The Dean, students, and shared governance committee chairs are eager to reflect and report on this objective.

Faculty return rates were low in response to feedback surveys for discipline workshops. This reduced participation could impede the development and improvement of future workshops. This issue could be addressed by asking faculty to complete surveys before the workshops are completed. Additionally, in-person visits to department meetings asking for participation could improve return rates.

4. Identify any outside factors that might influence your program during the next three years.

State budget woes may continue to adversely affect the delivery of adequate mental health services to support the student body. The recruitment of qualified pre-licensed professionals may also be hindered if the program cannot pay the interns the standard wage or stipend expected for the type of work required. Space limitation will continue to be an issue due to the financial crisis at the college, State, and national level.