

# Administrative Unit Assessment Report

**Assessment** is a term commonly used to encompass the process of gathering and using evidence to guide improvements.

SACSCOC requires that "The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of seeking improvement based on analysis of the results".

## Be sure to **SAVE** your progress as you work!

### Administrative Unit

Student Affairs – Wellness and Holistic Support

### Submission Year

2023-2024

### Assessment Coordinator Name

Jalya Green

### Enter Assessment Coordinator Email

jgreen@lander.edu

## Unit Goal

### Goal

#### Goal 1

**Unit Goals** are broad statements that describe the overarching long-range intended outcomes of an administrative unit. They support the Institution's Mission/Goals.

#### Unit Goal

Students and faculty members will have improved access to information about disability services.

#### Pillar of Success Supported

Robust Student Experience

## Outcomes

### Outcome 1

**Outcomes** are specific, **measurable** statements that reflect the broader goals. They will primarily describe what the unit is going to do and what its impact will be on students and other key stakeholders (alumni, parents, employers, etc.).

Most administrative units measure **Operational Outcomes** which describe the level of performance of an operational aspect of a program or office (ex. number of services provided, timeliness of a process).

Some units may measure **Student Learning Outcomes** which describe knowledge, skills, and values that students are expected to gain as a result of their educational experiences (ex. Student Wellness Program may measure student knowledge of healthy habits.)

#### What type of Outcome would you like to add?

Operational Outcome

Enter Outcome

Students are familiar with the disability services available and know how to access them accordingly.

### **Timeframe for this Outcome**

2022-2023 Academic Year

### **Performance Target for "Met"**

Between 85% and 100% of responses indicate "familiar" or "somewhat familiar."

### **Performance Target for "Partially Met"**

Between 70% and 84.9% of responses indicate "familiar" or "somewhat familiar."

### **Performance Target for "Not Met"**

Less than 70% of responses indicate "familiar" or "somewhat familiar."

### **Assessment Measure Used**

Student Survey

### **Frequency of Assessment**

Student survey at the end of each semester.

### **Data Collected for this Timeframe (Results)**

89% of students that utilized Disability Services reported being familiar or somewhat familiar with the services available and knew how to access them accordingly.

### **Score (Met=3, Partially Met=2, Not Met=1)**

3

.05% were neutral or unfamiliar.

### **Comments/Narrative**

There were 191 established Disability Services for the year 2022-2023 and only 19 students responded to the survey. There was a decrease in respondents compared to the 2021-2022 data collected. The threshold for the outcome of "Students are familiar with the disability services available and know how to access them accordingly" was met (89%). Only .05% of participants indicated they were neutral or unfamiliar. It is noteworthy to mention that there were 191 established Disability Services cases for 2022-2023, and only 19 students (9% of disability clients) responded to the survey. The target goals are still being maintained.

### **Resources Needed to Meet/Sustain Results**

More employees in the Office of Disability Services. As a department under the sole operation of one employee. It is becoming increasingly difficult to achieve all tasks. Continue professional development and a software system to support and manage cases.

### **Explanation of How Resources Will Be Used**

Information about laws and best practices will ensure the department is providing students with all the necessary information to be successful. Additionally, professional staff would be better prepared to communicate with students about accommodations and promote overall better understanding. Software management is necessary to decrease the chances of error and provide a more reliable tracking system.

## **Outcome 2**

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Most administrative units measure **Operational Outcomes** which describe the level of performance of

an operational aspect of a program or office (ex. number of services provided, timeliness of a process).

Some units may measure **Student Learning Outcomes** which describe knowledge, skills, and values that students are expected to gain as a result of their educational experiences (ex. Student Wellness Program may measure student knowledge of healthy habits.)

**What type of Outcome would you like to add?**

Operational Outcome

**Enter Outcome**

Faculty demonstrate an understanding of their role and the guidelines in place for student disability accommodations in the classroom.

**Timeframe for this Outcome**

2022-2023 Academic Year

**Performance Target for "Met"**

Between 85% and 100% of responses indicate "strongly agree" or "agree."

**Performance Target for "Partially Met"**

Between 70% and 84.9% of responses indicate "strongly agree" or "agree."

**Performance Target for "Not Met"**

Less than 70% of responses indicate "strongly agree" or "agree."

**Assessment Measure Used**

Faculty Survey

**Frequency of Assessment**

Annually

**Data Collected for this Timeframe (Results)**

95% of faculty strongly agreed or agreed that Disability Services assisted them in working with students.

**Score (Met=3, Partially Met=2, Not Met=1)**

3

**Comments/Narrative**

The threshold for the outcome of "Faculty demonstrated an understanding of their role, and the guidelines for accommodations were met at 95.5%. There was an increase in the 2022-2023 from the 2021-2022 academic year, where it was 92%. There were more respondents in the 2022-2023 survey compared to previous years. The faculty is still receiving monthly education information about typical accommodations.

**Resources Needed to Meet/Sustain Results**

Informational pamphlets. Lunch N' Learn Sessions, Guest Speakers and continued access to monthly and requested information (\$1000+)

**Explanation of How Resources Will Be Used**

University-wide training is necessary, so the importance and responsibility are with all university personnel, not just the Director of Disability Services. The Lunch & Learn Sessions will provide education and a safe space for faculty to introduce their questions throughout the year. Guest speakers or trainers will allow university personnel to gain additional insight from others aside from their standard point of contact.

**Goal Summary**

### **Goal Summary/Comments**

As indicated by the data, Disability Services has made great strides in providing increased information to students, faculty, and staff. However, it is noteworthy to mention that Disability Services is a one-staff department. Additional personnel would enhance the resources and education the department could feasibly provide.

### **Changes Made/Proposed Related to Goal**

Disability Services lacks several key components to remain a successful department. There is an increased need for students who utilize ASL as a first language. The University should consider hiring an interpreter to retain financial resources.

Additionally, professional staff would be better prepared to communicate with students about accommodations and promote overall better understanding to the campus community.

The Director of Disability Services can be held liable for testing issues if they arise. Testing Services should be relocated from the Student Success Center to the Disability Services department.

Consider rebranding the department's name from "Disability Services" to "Accessibility Services" to be reflective of inclusivity.

### **Upload Files (if needed)**

## **Goal 2**

**Unit Goals** are broad statements that describe the overarching long-range intended outcomes of an administrative unit. They support the Institution's Mission/Goals.

### **Unit Goal**

Disability Services will provide students with the quality of support needed to matriculate and graduate from Lander University.

### **Pillar of Success Supported**

Selective, Competitive Recruitment and Enrollment of Ambitious and Talented Students

## **Outcomes**

### **Outcome 1**

**Outcomes** are specific, **measurable** statements that reflect the broader goals. They will primarily describe what the unit is going to do and what its impact will be on students and other key stakeholders (alumni, parents, employers, etc.).

Most administrative units measure **Operational Outcomes** which describe the level of performance of an operational aspect of a program or office (ex. number of services provided, timeliness of a process).

Some units may measure **Student Learning Outcomes** which describe knowledge, skills, and values that students are expected to gain as a result of their educational experiences (ex. Student Wellness Program may measure student knowledge of healthy habits.)

### **What type of Outcome would you like to add?**

Operational Outcome

### **Enter Outcome**

Students are satisfied with the quality of accommodations provided by the Office of Disability Services.

**Timeframe for this Outcome**

2022-2023 Academic Year

**Performance Target for "Met"**

Between 85% and 100% of responses indicate "agree" or "strongly agree."

**Performance Target for "Partially Met"**

Between 70% and 84.9% of responses indicate "agree" or "strongly agree."

**Performance Target for "Not Met"**

Less than 70% of responses indicate "agree" or "strongly agree."

**Assessment Measure Used**

Student Survey

**Frequency of Assessment**

The conclusion of each semester.

**Data Collected for this Timeframe (Results)**

The matriculation of the students with cases was 81.1%. At the end of the Spring 2022 semester, 249 students used accommodation. These included housing, dining services, and academic accommodations.

**Score (Met=3, Partially Met=2, Not Met=1)**

2

**Comments/Narrative**

The threshold for the outcome of "Students are satisfied with the quality of accommodations provided by the Office of Disability Services" was partially met at 81%.

There were 42 first-year students at the start of the Fall 2022 semester. In the Fall 2023 enrollment report:

22 matriculated to Sophomores, and 19 were still enrolled at Lander University, lacking credits to be classified as a sophomore.

From the established cases, it is noteworthy to mention that one first-year student did not return to Lander.

There were 58 sophomores. 22 progressed to Juniors, and 26 are still enrolled as sophomores. It is also noteworthy to mention that 12 of those students were no longer enrolled, that is 46 of the 58.

There were 66 juniors. 16 progressed to Seniors, and 34 are still at Lander as sophomores. We lost 12 Students.

42 students that began in the Fall of 2022 graduated of the 83 classified as Seniors. There are 31 students that are still enrolled and are classified as seniors. There were 10 students that were lost.

249 student- (42 graduate) = 207

207 students -( 168 retained) = 81.15%

**Resources Needed to Meet/Sustain Results**

N/A

**Explanation of How Resources Will Be Used**

N/A

## Outcome 2

**Outcomes** are specific, **measurable** statements that reflect the broader goals. They will primarily

describe what the unit is going to do and what its impact will be on students and other key stakeholders (alumni, parents, employers, etc.).

Most administrative units measure **Operational Outcomes** which describe the level of performance of an operational aspect of a program or office (ex. number of services provided, timeliness of a process).

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### **What type of Outcome would you like to add?**

Operational Outcome

#### **Enter Outcome**

Disability accommodations, as coordinated by the Office of Disability Services, contribute to students' academic success and positively impact the graduation rates of those served.

#### **Timeframe for this Outcome**

2021-2022 Academic Year

#### **Performance Target for "Met"**

Between 85% and 100% of responses specific to graduating Seniors indicate "agree" or "strongly agree."

#### **Performance Target for "Partially Met"**

Between 70% and 84.9% of responses specific to graduating Seniors indicate "agree" or "strongly agree."

#### **Performance Target for "Not Met"**

Less than 70% of responses specific to graduating Seniors indicate "agree" or "strongly agree."

#### **Assessment Measure Used**

Student Survey and Graduation Report

#### **Frequency of Assessment**

Annually

#### **Data Collected for this Timeframe (Results)**

89% of graduates agreed their accommodations allowed them to fully participate in courses.

#### **Score (Met=3, Partially Met=2, Not Met=1)**

3

11% provided a neutral response

0% disagreed

#### **Comments/Narrative**

The threshold for the outcome of "Disability accommodations as coordinated by the Office of Disability Services contribute to students' academic success and positively impact the graduation rates of those served" was met. In 2020-2021, 89% of the students agreed their accommodations allowed them to fully participate in courses. In 2019-2020, 80% of survey participants agreed that the disability accommodations provided contributed to their academic success.

As shared in the 2020-2021 Unit Goal Report, it is noteworthy to mention that the wording of this question was previously adjusted to better gauge whether the accommodations provided allowed them to fully participate in their respective courses. Additionally, to better gauge the desired outcome, in

2021-2022, data specific to graduating Seniors was accounted for in the performance targets. While comparative data has been included as a point of reference in this summary, the means of collecting applicable data has been adjusted, so comparative analysis is not pertinent. In 2022-2023, data collection and comparative analysis will allow the department to identify patterns of success related to the outcome.

The purpose of this outcome is to determine the matriculation of students according to graduation records and pinpoint whether the accommodations contributed to their success and graduation from Lander University. As added point of reference, the timeline in which they established services was also tracked. Specific data for 2021-2022 is referenced below.

There were 12 graduates from the May 2022 class that had established cases with Disability Services. None of these students entered in Fall of 2018 (4 years), two entered in Fall of 2017 (5 Years), and one entered in Fall 2019 as a SC technical college transfer student. 100% of all the graduates established a case in their first semester at Lander. Twenty nine percent (29%) of the students who established cases in their first semester at Lander graduated in four years. One hundred percent (100%) of the graduates agreed or strongly agreed that they were satisfied with their accommodations and that their their accommodations allowed them to fully participate in courses.at Lander.

Lastly, the performance targets were adjusted upwardly of 10% to reflect greater expectations in meeting the desired outcome.

#### **Resources Needed to Meet/Sustain Results**

N/A

#### **Explanation of How Resources Will Be Used**

N/A

## **Goal Summary**

### **Goal Summary/Comments**

Student accommodations directly impact graduation rates among the cohort. The option to be virtual during the COVID-19 pandemic may have contributed, whether negatively or positively, to graduation rates, so this is undoubtedly a factor to consider. For instance, the accommodations and amount of time students were away from classes due to medical concerns likely impacted their success. Additionally, some students may have struggled in an online environment whereas other may have excelled.

Also noteworthy, the testing center is quickly becoming full within the allotted hours of operation, which could impact academic success. To mitigate any foreseeable obstacles, alternative hours/options will be explored. Lastly, many students submitted partial documentation, which led to a lag in receiving accommodations. The department intends to research remote documentation systems, which may help with ease of access and facilitate complete, timelier submission.

### **Changes Made/Proposed Related to Goal**

N/A

### **Upload Files (if needed)**

## **Goal 3**

**Unit Goals** are broad statements that describe the overarching long-range intended outcomes of an administrative unit. They support the Institution's Mission/Goals.

### **Unit Goal**

Health Services will provide students with quality, competent care.

### **Pillar of Success Supported**

Selective, Competitive Recruitment and Enrollment of Ambitious and Talented Students

## **Outcomes**

### **Outcome 1**

**Outcomes** are specific, **measurable** statements that reflect the broader goals. They will primarily describe what the unit is going to do and what its impact will be on students and other key stakeholders (alumni, parents, employers, etc.).

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#### **What type of Outcome would you like to add?**

Operational Outcome

#### **Enter Outcome**

Students are satisfied with the quality of care received from the Office of Health Services.

#### **Timeframe for this Outcome**

2022-2023 Academic Year

#### **Performance Target for "Met"**

Between 79% and 100% of responses indicate "agree" or "strongly agree."

#### **Performance Target for "Partially Met"**

Between 78% and 60% of responses indicate "agree" or "strongly agree."

#### **Performance Target for "Not Met"**

Less than 60% of responses indicate "agree" or "strongly agree."

#### **Assessment Measure Used**

Health Services Survey

#### **Frequency of Assessment**

Following services rendered

#### **Data Collected for this Timeframe (Results)**

Health Services provides students with quality, competent care. 97.3% (110/113)

#### **Score (Met=3, Partially Met=2, Not Met=1)**

3

#### **Comments/Narrative**

Health Services reached the threshold "met" with 97.3% of students reporting satisfaction with the quality of care provided during the 2022-2023 academic year. Survey data was collected from tools administered after each student encounter to determine overall satisfaction with quality and competence of the services rendered.

#### **Resources Needed to Meet/Sustain Results**

Fiscal year budgeting to increase free-of-charge services offered to students, and to fund continuing



education opportunities for professional staff to retain their credentials and remain current on best practice interventions. (\$8000)

#### **Explanation of How Resources Will Be Used**

Medical supplies, laboratory testing fees, training aids, professional conferences/development.

## **Outcome 2**

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Most administrative units measure **Operational Outcomes** which describe the level of performance of an operational aspect of a program or office (ex. number of services provided, timeliness of a process).

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#### **What type of Outcome would you like to add?**

Operational Outcome

#### **Enter Outcome**

Students are confident in the knowledge, skills, and abilities of nursing staff.

#### **Timeframe for this Outcome**

2022-2023 Academic Year

#### **Performance Target for "Met"**

Between 79% and 100% of responses indicate "agree" or "strongly agree."

#### **Performance Target for "Partially Met"**

Between 78% and 60% of responses indicate "agree" or "strongly agree."

#### **Performance Target for "Not Met"**

Less than 60% of responses indicate "agree" or "strongly agree."

#### **Assessment Measure Used**

Health Services Survey

#### **Frequency of Assessment**

Following services rendered

#### **Data Collected for this Timeframe (Results)**

Students are confident in the knowledge, skills, and abilities of nursing staff. 92.9% (105/123)

#### **Score (Met=3, Partially Met=2, Not Met=1)**

3

#### **Comments/Narrative**

Health Services reached the threshold "met" with 92.9% of students reporting satisfaction with the competence of the Health Services staff. Survey data was collected from tools administered after each student encounter to determine overall satisfaction with quality and competence of the services rendered. Competence data was extracted from one detailed question pertaining to how the student perceived the knowledge, skills, and abilities of professional nursing staff.

Competence data was extracted from two detailed questions pertaining to how the student perceived

the knowledge, skills, and abilities of professional nursing staff to provide care and positively direct the student's outcome after their visit. Students left comments such as:

"The Health Services are amazing at their job and helped me out tremendously."

"Nothing, the nurse very competent and helpful! She is awesome!"

"Like the positivity and grateful for the nurses doing their job"

#### **Resources Needed to Meet/Sustain Results**

Access to professional development for licensed staff to maintain competence with best practice interventions. (\$8000)

#### **Explanation of How Resources Will Be Used**

Educational material, professional conferences/courses.

## **Goal Summary**

### **Goal Summary/Comments**

As mentioned, Health Services reached the threshold "met" with 95.1% of students reporting satisfaction with the quality of care provided during the 2022-2023 academic year. Per the survey data collected the students were overall satisfied with the quality and competence of the services rendered by the nursing staff.

Though the satisfaction rating was higher than the 91.3% rating from 2021-2022, due to staffing inconsistencies, there were several missed opportunities in Health Services: Wellness Wednesdays, expansion of the fee-for-service program, and nurturing the relationship with the Montgomery Center for Family Medicine.

Prior to the COVID pandemic, Wellness Wednesdays was a well-utilized wellness campaign and partnership with the South Carolina Department of Health and Environmental Control (DHEC) that allowed students access to expanded sexual health education, contraceptives and family planning, and testing for sexually transmitted diseases and infections. Because sexual health remains a critical topic for the college-aged population, ideally this program would have recommenced.

The fee-for-service program that was implemented in 2020 offered an expanded order set for assessment and treatment. This model also offered exceptional growth potential while also providing Health Services with a revenue flow.

Following the COVID pandemic, students' views related to healthcare changed. Students are expecting quick and easy access to their medical provider, evening and weekend appointments, telehealth appointments, and onsite care from a physician are important to students. The relationship with the Montgomery Center for Family Medicine remained stagnant for the 2022-2023 academic year. There was no expansion to the current order set or any communication to address the concerns and needs of the student population.

### **Changes Made/Proposed Related to Goal**

To address the above goal, securing a full staff is critical. Once a staff nurse is hired, the initial focus should be to address student concerns related to the medical provider. Only then can options for the fee-for-service program be explored. Additional staff will also allow for reinstatement of the Wellness Wednesdays program.

### **Upload Files (if needed)**

## **Goal 4**

**Unit Goals** are broad statements that describe the overarching long-range intended outcomes of an administrative unit. They support the Institution's Mission/Goals.

### **Unit Goal**

Health Services will be perceived as a professional office that values and protects confidentiality.

### **Pillar of Success Supported**

Robust Student Experience

## **Outcomes**

### **Outcome 1**

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#### **What type of Outcome would you like to add?**

Operational Outcome

#### **Enter Outcome**

Students reported their confidentiality was safeguarded during visits to Health Services.

#### **Timeframe for this Outcome**

2022-2023

#### **Performance Target for "Met"**

Between 79% and 100% of responses indicate "agree."

#### **Performance Target for "Partially Met"**

Between 60% and 78% of responses indicate indicate "agree."

#### **Performance Target for "Not Met"**

Less than 60% of responses indicate indicate "agree."

#### **Assessment Measure Used**

Health Services Survey

#### **Frequency of Assessment**

Following services rendered

#### **Data Collected for this Timeframe (Results)**

Health Services is a professional office that values and protects confidentiality. 97.3% (110/113)

#### **Score (Met=3, Partially Met=2, Not Met=1)**

3

#### **Comments/Narrative**

Health Services reached the threshold "met" with students reporting 97.3% satisfaction with the competence of Health Services' staff to value and protect their confidentiality. This is an increase in satisfaction from 95.3% in 2021-2022. Survey data was collected from tools administered after each student encounter to determine overall satisfaction. Students were asked if Health Services was an office that values and protects confidentiality. Students left comments such as: "Very pleased with my visit."

“There isn’t anything I recommend you do to better serve me.”

“Service was great.”

Ensuring patients are aware of confidentiality practices and the protection of their health information is a critical component providing healthcare. For patients to feel comfortable utilizing resources, they must feel protected.

Health Services reached the threshold “met” with 87% of students reporting satisfaction with the level of confidentiality in Health Services. Survey data was collected from tools administered after each student encounter to determine overall satisfaction. This is the second year confidentiality was surveyed in this manner. In 2020-2021, the outcome was met with 95.3% of students reporting satisfaction with the level of confidentiality in Health Services. Although the outcome was met in 2021-2022, as indicated by the data, there was an 8% decrease in agreement. It is noteworthy to mention there was construction occurring directly beside the facility throughout much of the academic year, which may or may not have impacted the data collected. Ensuring patients are aware of confidentiality practices, and the protection of their health information is a critical component to providing healthcare. In order for patients to utilize available services, they must feel as though the details of their concern will be protected, regardless of characteristics and/or needs. The outcome will continue to be monitored to ensure progress is made in meeting/exceeding the outcome.

#### **Resources Needed to Meet/Sustain Results**

Adequate soundproofing throughout the Wellness Center (\$10,000)

#### **Explanation of How Resources Will Be Used**

Soundproofing is currently accomplished with sound machines, music, and air purifiers. These must be restarted periodically throughout the day. Providing permanent soundproofing would be optimal.

## **Goal Summary**

### **Goal Summary/Comments**

As stated previously, confidentiality will continue to be a goal for professional staff in Health Services. Professional staff will be encouraged to discuss confidentiality with their patients and address any related issues at the time of service.

Ensuring patients are aware of confidentiality practices and the protection of their health information is a critical component of providing healthcare. For patients to feel comfortable utilizing resources, they must feel protected.

### **Changes Made/Proposed Related to Goal**

N/A

### **Upload Files (if needed)**

## **Goal 5**

**Unit Goals** are broad statements that describe the overarching long-range intended outcomes of an administrative unit. They support the Institution's Mission/Goals.

### **Unit Goal**

Counseling Services will provide a supportive, trusting environment in which student are comfortable seeking assistance.

### **Pillar of Success Supported**

Robust Student Experience

# Outcomes

## Outcome 1

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### What type of Outcome would you like to add?

Operational Outcome

### Enter Outcome

Students that have received services report a willingness to seek future support from counseling center staff.

### Timeframe for this Outcome

2022-2023 Academic Year

### Performance Target for "Met"

Between 85% and 100% of responses indicate "agree."

### Performance Target for "Partially Met"

Between 70% and 84.9% of responses indicate indicate "agree."

### Performance Target for "Not Met"

Less than 70% of responses indicate indicate "agree."

### Assessment Measure Used

Electronic surveys (hosted on Microsoft Forms) sent only to students who received services

### Frequency of Assessment

Following services rendered and at the end of each semester

### Data Collected for this Timeframe (Results)

Question #6 of in-office electronic survey. "I would return to counseling in the future for help."

### Score (Met=3, Partially Met=2, Not Met=1)

3

88.3% indicated "agree"

### Comments/Narrative

The threshold for the outcome of "Students that have received services report a willingness to seek future support from Counseling Center staff" was met, with 88.3% of students indicating agree. This outcome has been met for the fourth year in a row, with a slight decrease from the 2021-2022 score of 89%. Scores from 2020 -2021 were 86% and 2019- 2020 were 84.3%. This outcome provides a direct link to the larger goal and indicates that students trust and find benefit from the services received through Counseling Services.

Additionally, the performance targets were adjusted upwardly by 10% to reflect greater expectations in

meeting the desired outcome.

**Resources Needed to Meet/Sustain Results**

N/A

**Explanation of How Resources Will Be Used**

N/A

**Outcome 2**

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Most administrative units measure **Operational Outcomes** which describe the level of performance of an operational aspect of a program or office (ex. number of services provided, timeliness of a process).

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**What type of Outcome would you like to add?**

Operational Outcome

**Enter Outcome**

Students feel comfortable in the Counseling Services waiting area.

**Timeframe for this Outcome**

2022-2023 Academic Year

**Performance Target for "Met"**

Between 75% and 100% of responses indicate "agree."

**Performance Target for "Partially Met"**

Between 60% and 74.9% of responses indicate "agree."

**Performance Target for "Not Met"**

Less than 60% of responses indicate "agree."

**Assessment Measure Used**

Electronic surveys (hosted on Microsoft Forms) sent only to students who received services

**Frequency of Assessment**

Following services rendered and at the end of each semester

**Data Collected for this Timeframe (Results)**

Question #10 of the in-office electronic survey.  
"The counseling waiting area was comfortable."

**Score (Met=3, Partially Met=2, Not Met=1)**

3

81% indicated "agree"

**Comments/Narrative**

The threshold for the outcome of "Students will feel comfortable in the counseling services waiting area" was met with 81% of students indicating agree on Question number 10 of the electronic survey. This outcome has been met for the third year in a row. A 1% decrease from the 2021-2022 score of 82% is

still likely attributable to the combined waiting space of health and counseling services. Limitations on space for staff offices and other work/meeting space mandates the ongoing combination of the waiting areas for these two departments and as a result the space is frequently more crowded and will likely prevent a return to the “agree” percentage of 86.9 seen in 2020-2021.

#### **Resources Needed to Meet/Sustain Results**

N/A

#### **Explanation of How Resources Will Be Used**

N/A

## **Goal Summary**

### **Goal Summary/Comments**

As student comfort with and willingness to access services is vital to the effectiveness of counseling services, the department will continue to prioritize this goal. As demand for services continues to increase monitoring student perceptions of department performance will become increasingly vital. Having met this goal each of the last several years indicates work being done with students continues to be effective. That outcome 2 has been met despite a less than ideal physical space speaks to the hard work of the staff to provide outstanding service to our students day in and day out.

### **Changes Made/Proposed Related to Goal**

Continue to monitor and adjust outcomes as needed for future reporting and make adjustments to facility as necessary.

### **Upload Files (if needed)**

## **Goal 6**

**Unit Goals** are broad statements that describe the overarching long-range intended outcomes of an administrative unit. They support the Institution's Mission/Goals.

### **Unit Goal**

Counseling Services will provide students with the coping skills, strategies, and emotional support needed to achieve personal goals.

### **Pillar of Success Supported**

Robust Student Experience

## **Outcomes**

### **Outcome 1**

**Outcomes** are specific, **measurable** statements that reflect the broader goals. They will primarily describe what the unit is going to do and what its impact will be on students and other key stakeholders (alumni, parents, employers, etc.).

Most administrative units measure **Operational Outcomes** which describe the level of performance of an operational aspect of a program or office (ex. number of services provided, timeliness of a process).

Some units may measure **Student Learning Outcomes** which describe knowledge, skills, and values that students are expected to gain as a result of their educational experiences (ex. Student Wellness Program may measure student knowledge of healthy habits.)

**What type of Outcome would you like to add?**

Operational Outcome

**Enter Outcome**

Students directly correlate attainment of personal goals with their counseling services experience.

**Timeframe for this Outcome**

2022-2023 Academic Year

**Performance Target for "Met"**

Between 75% and 100% of responses indicate "agree."

**Performance Target for "Partially Met"**

Between 60% and 74.9% of responses indicate "agree."

**Performance Target for "Not Met"**

Less than 60% of responses indicate "agree."

**Assessment Measure Used**

Electronic surveys (hosted on Microsoft Forms) sent only to students who received services

**Frequency of Assessment**

Following services rendered and at the end of each semester

**Data Collected for this Timeframe (Results)**

Question #4 from in-office electronic survey. "My counselor helped me to meet my goals."

**Score (Met=3, Partially Met=2, Not Met=1)**

3

84% indicated "agree"

**Comments/Narrative**

The threshold for the outcome of "Students directly correlate attainment of personal goals with their counseling services experience" was met with 84% of students indicating "agree" to the question on the electronic survey. The score represents a 2% increase from the 2021-2022 score of 82% and an increase of 1% from the 2020-2021 score of 83%. The department has maintained significant improvement over the last 3 years from the low of 70.3% in the 2019-2020 academic year.

**Resources Needed to Meet/Sustain Results**

Continuing education funding for clinical staff (\$12,000)

**Explanation of How Resources Will Be Used**

\$12,000 (\$3,000 per clinician) in additional funding for continuing education will be used to provide clinical staff with the means to obtain mandatory continuing education through national and state level conferences. This will allow staff to effectively maintain licensure and stay up-to-date on best practices and effective skills/intervention strategies.

## Goal Summary

**Goal Summary/Comments**

Counseling services saw minimal but positive improvement to the percentage of students indicating agree to this measure. Continued focus on individualized and goal driven services will be an on-going priority for the department. Regular review of the goals individual goals and progress will be monitored through weekly treatment team meetings and individual supervision with clinical staff. The Director of Counseling has instructed clinical staff to focus on the frequency of scheduled individual sessions with students to ensure demand for services is met in as timely a manner as possible while still helping



students make progress towards goals.

**Changes Made/Proposed Related to Goal**

N/A

**Upload Files (if needed)**