**Sinclair Community College**

**Continuous Improvement Annual Update 2012-13**

**Please submit to your dean and the Provost’s Office no later than Oct. 1, 2012**

**Department:** 0619 – Mental Health Technology

Year of Last Program Review: FY 2007-2008

Year of Next Program Review: FY 2014-2015

**Section I: Department Trend Data, Interpretation, and Analysis**

**Degree and Certificate Completion Trend Data – OVERALL SUMMARY**

Please provide an interpretation and analysis of the Degree and Certificate Completion Trend Data (Raw Data is located in Appendix A*): i.e. What trends do you see in the above data? Are there internal or external factors that account for these trends? What are the implications for the department? What actions have the department taken that have influenced these trends? What strategies will the department implement as a result of this data?*

External factors that can be affecting trends.

Factor 1: Increased requirement for a background check and screening of practicum students and employees based on their criminal history. Many students in Human Services and Behavioral Health (HSBH) have criminal histories. They tend to be students who are recovering from addiction and have changed their lives. However the community has been less accepting of theses students that previously. The department has worked with the agencies to establish relationships and discuss students strengths to help place them for practicum.

Factor 2: Public Financing of non profit agencies has decreased and students hear that jobs may not be available. Although we don't have data about where our students are working, they continue to report that they are being employed.

Internal factors include:

1. The transition from quarters to semesters has created some confusion. Advising issues have arisen as a result of students seeing advisors who are not familiar with programs. As chair I have reviewed all our MHT 101 students from 2011-2012 to see if their maps were accurate. Although most MAPS were accurate there were some significant errors that would have pushed a student back a year to graduate. In addition students complained that they saw a different advisor everytime they went to the adivising center. There was no chance to set up a positive relationship and follow through. I have expressed my concerns to Phyllis Salter. As chair, I have emailed individual advisors when they make an error on the MAP or misadvise. The department will also be setting up advising interviews with department faculty advisors in the second course in our sequence. This course would either be taken B term of the first semester or B term of the second semester. Hopefully, early intervention by the department and setting up a relationship with these students will improve their success.

2. Although Financial Aid representatives have met with chairs to explain changes, on a student by student basis there are still some communication problems. Students are sent to a department to get their map or have a form completed without any direct communication from Financial Aid. As chair, I am not certain what Financial Aid needs to hear from me regarding their maps or what form they are requesting. They don't communicate with the department directly but expect the student to do so. Students are often confused about what is needed. I know we have lost some students because of financial aid issues. As chair I am willing to do all I can do to help these students. Last spring, fellow students have even raised funds for someone so that they could finish spring quarter. I believe this is not a department strategy issue but an institutional issue.

Factor 3: Many of our students are seeking both the MHT.AAS and the MHT/CD.AAS. We need to see how this impacts our completion rates. For example, the student may have completed the MHT.AAS but are continuing to pursue the MHT/CD.AAS. We need to see if it affects the completion rate data.

Factor 4: We need to look at completion of the individual programs: MHT.AAS, MHTCD.AAS, ACP.STC and CDC.STC. The ACP.STC has online courses and we need to examine the success of those courses versus those in traditional classroom.s

Factor 5: We have hired more adjuncts and we are seeing some problems in communication and continuity from course to course in our department. The full time faculty have always been aware of what knowledge and skills students need to proceed through the program and have taught the core courses. Now we are using adjuncts for some of the these courses and we are seeing student that are not prepared for their subsequent core courses.

**Course Success Trend Data – OVERALL SUMMARY**

Please provide an interpretation and analysis of the Course Success Trend Data (Raw Data is located in Appendix A). Looking at the success rate data provided in the Appendix for each course, please discuss trends for high enrollment courses, courses used extensively by other departments, and courses where there have been substantial changes in success.

For the last three years, department success rates have exceeded division success rates.

Factor 1: Practicum issues. 2011-2012 we found it necessary to add sections of second year courses, MHT 202, 211, 212, 205. We also intially had 58 students enrolled in practicum. his number is significantly higher than years past. This number decreased over the summer of 2011. Generally the reason was because students had registered for more classes than they could handle. As they realized the demands of practicum, they rearranged their schedules. This is common with students every year. Success rates in second year courses remain high. One policy of the department that can effect success in second year courses is that a student failing a second year course must also drop practicum, MHT 202, 203 204. Practicum must be the final course(s) and students must successfully complete all other required courses either before or during the semesters when they are in practicum.

Factor 2: Success continues to be low in MHT 101 and 140. MHT 101 has online sections and MHT 140 is completely online. Online course success has always been more difficult. MHT 101 is also a course that is chosen by students to see if Human Services and Behavioral Health is a field of interest. So students who choose to not continue in the our department is not necessarily a negative. They may choose another field of study.

Please provide any additional data and analysis that illustrates what is going on in the department (examples might include accreditation data, program data, benchmark data from national exams, course sequence completion, retention, demographic data, data on placement of graduates, graduate survey data, etc.)

The department will be assessing the semester curriculum to determine if any adjustments need to be made.

**Section II: Progress Since the Most Recent Review**

Below are the goals from Section IV part E of your last Program Review Self-Study. Describe progress or changes made toward meeting each goal over the last year.

|  |  |  |
| --- | --- | --- |
| **GOALS** | **Status** | **Progress or Rationale for No Longer Applicable** |
| **Goal:** Continuous review of assessment process and data. **Rationale:** Since we are just beginning this process, the department has much to learn about our assessment process. | In progress  Completed  No longer applicable | The department examines the process annually and adjusts rubrics and assessment collection to obtain a more accurate picture of our success with teaching program outcomes. For two years, the chair has met with the division learning liaison toe discuss improvements in both assessment and annual update report. |
| **Goal:** Increase courses at Courseview and the learning centers. **Rationale:** Base increase on regional demands and improve enrollment. | In progress  Completed  No longer applicable | The department has offered # courses at Courseview but enrollment has been very low. We have offered the Chemical Dependency Certificate for the last two years. We also are exploring offering the MHT and MHT.CD AAS degrees at Courseview. We completed a feasibility study and based on community response, determined to wait. It is our belief that the region around Courseview does not have an awareness of the value of the graduates from these programs. The Dayton area has a 40 year history of hiring our graduates and valuing their knowledge and skills. |
| **Goal:** Offer chemical dependency and activity program certificate courses through distance learning. **Rationale:** To remain competitive in community college and university enrollment and to respond to projected increased needs of students. | In progress  Completed  No longer applicable | The acitivity program certificate is not completely available online.  The distance learning department has not agreed to offer our chemical dependency certificate through distance learning. Since it has been several years since the initial proposal to offer the CD certificate, others have stepped in to offer the equivalent. At this point feasibility would have to be revisited. |
| **Goal:** New course(s) in motivational interviewing. **Rationale:** To meet the demands of regional employers. | In progress  Completed  No longer applicable | We have integrated Motivational Interviewing (MI) into MHT 1200, 2105 and 2137. Our new faculty is a trainor in MI and has advised ways to integrate into the curriculum. Motivational Interviewing is now a part of the healthcare field beyond Mental Health and Chemical Dependency. We also plan to discuss offering a course through our deparmtment to other healthcare workers or offering the course through ALH. |

Below are the Recommendations for Action made by the review team. Describe the progress or changes made toward meeting each recommendation over the last year.

|  |  |  |
| --- | --- | --- |
| **RECOMMENDATIONS** | **Status** | **Progress or Rationale for No Longer Applicable** |
| Regarding transfer:   * Initiate new collaborations with baccalaureate degree programs at universities in the region to facilitate transfer of students, and establish written articulation agreements. * Include transfer as part of the departmental mission. * Review the data on the program’s relatively low transfer rate to understand more fully student patterns. | In progress  Completed  No longer applicable | The department developed a booklet that provides universities with our program and curriculum information. Wright State University, University of Cincinnati Addictions Studies, Capital University, and Brescia University have copies of the booklet. The next step is to meet with representatives from those institutions to work out articulation for either MHT, MHT/CD or both degrees.  The chair discussed how to get accurate treatment data from Wright State about transfer of MHT students to the Social Work program and the success of those students. The chair of that department has been contacted to see if he can provide the data. |
| The department is strongly encouraged to more fully explore the issues that lead to poor performance in MHT 101 and evaluate how to improve retention and success within that course. While possible solutions might include pre-requisites, a placement questionnaire and online course development were discussed. Any decisions regarding action should be supported by data, which can be provided to the department by Research, Analytics and Reporting upon request. | In progress  Completed  No longer applicable | Factor 2 in internal course success factors: Success continues to be low in MHT 101 and 140. MHT 101 has online sections and MHT 140 is completely online. Online course success has always been more difficult. MHT 101 is also a course that is chosen by students to see if Human Services and Behavioral Health is a field of interest. So students who choose to not continue in the our department is not necessarily a negative. We could ask RAR if they can provide data on whether students may choose another field of study. |
| While the numbers and types of assessment are commendable, the next step is to better ‘close the loop’ – apply findings to make changes in program, curriculum and/or service, and reassess the impact of changes. The department is encouraged to document the changes made to program outcomes or the curriculum as a result of assessment and to report these changes in annual updates and the next self-study report. | In progress  Completed  No longer applicable | This year we have standardized teaching of assignments in MHT 2121 and 2222. We have improved instruction to address outcomes: 2 and 3 through standardization of the treatment plan assignment instruction and integration of advisory committee input on priorities to incorporate in that assignment. We are now working on improvement in the prerequisite courses MHT 1201 and 1203 so that students are prepared for second year courses. |
| Explore the feasibility of offering the program in Warren County. | In progress  Completed  No longer applicable | See Section II Goal 2. |
| With revision of the institution’s website, revise marketing efforts for programs, using EMAS for marketing and recruitment. | In progress  Completed  No longer applicable | We did not address this issue this year. We needed to make sure all semester changes are made. Then we can address marketing. |
| Review the projected ACS with actual and adjust projections to more accurately reflect actual. | In progress  Completed  No longer applicable | The department ACS is .43 lower that collegewide for Fall 2011, for spring of 2012 it was .2 lower. During this academic year, we had to offer several low enrollment courses for students finishing up on the quarter system. 2012-2013 should be a better reflection of typical average class size for our department. |
| More aggressively pursue the use of part time faculty. | In progress  Completed  No longer applicable | In the last year we added two new part time faculty. One is predominantly at Courseview. We have experienced some issues of quality and continuity of instruction having adjuncts whose full time priority is not instruction in the Human Services and Behavioral Health department. The department is addressing these issues and this had been reported in other sections of this document. |

**Section III: Assessment of General Education & Degree Program Outcomes**

The Program Outcomes for the degrees are listed below. **All program outcomes must be assessed at least once during the 5 year Program Review cycle, and assessment of program outcomes must occur each year**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **General Education Outcomes** | To which degree(s) is this program outcome related? | Year assessed or to be assessed. | Assessment Methods  Used | What were the assessment results?  (Please provide brief summary data) |
| Oral Communication | | All programs | **2011-2012** | practicum supervisor rubric | Score on rubric in the 83.75% |
| Written Communication | | All programs | **2011-2012** | practicum supervisor rubric | Score on rubric in the 82.67% |
| Critical Thinking/Problem Solving | | All programs | **2012-2013** |  |  |
| Values/Citizenship/Community | | All programs | **2013-2014** |  |  |
| Computer Literacy | | All programs | **2014-2015** |  |  |
| Information Literacy | | All programs | **2015-2016** |  |  |
|  | |  |  |  |  |
| **Program Outcomes** | | To which course(s) is this program outcome related? | Year assessed or to be assessed. | Assessment Methods  Used | What were the assessment results?  (Please provide brief summary data) |
| Accurately gather information through clinical interviews and observation. | | MHT 1200, 1201, 2121, ENG1101, ENG 1201 | 2012 | practicum supervisor rubric | Score on rubric in the 79.47% |
| Assess and prioritize client needs. | | MHT 1200, 1130, 1201, 2121, 2222,PSY1100, PSY2217 | 2012 | practicum supervisor rubric | Score on rubric in the 79.44% |
| Plan effective intervention strategies. | | MHT 1200, 2121, 2222,2205;ALH1101, | 2012 | practicum supervisor rubric | Score on rubric in the 81.05% |
| Demonstrate interventions to meet client needs. | | MHT 2121, 2222, 2105, 2111, 2211,MAT OTM elective | 2012 | practicum supervisor rubric | Score on rubric in the 89.58% |
| Establish/maintain effective therapeutic relationships. | | MHT 1200, 1201, 2121, 2222, 2111, 2211 | 2012 | practicum supervisor rubric | Score on rubric in the 84.37% |
| Demonstrate professional and ethical practice with a sensitivity to and respect for cultural, ethnic and life-style diversity. | | MHT 1101, 1200, 1201, 2121, 2222, 2111, 2211, 2245 ALH 1101 | 2012 | practicum supervisor rubric | Score on rubric in the 84.37% |
| Demonstrate self-awareness and effective self-management. | | MHT 1101, 1200, 1130, 1201, 2121, 2222, 2205, 2111, 2211,COM2206 or 2211 | 2012 | practicum supervisor rubric | Score on rubric in the 80% |
| Facilitate group interactions reflecting a knowledge and understanding of group dynamics. | | MHT 2121, 2222, 2111, 2211 | 2012 | practicum supervisor rubric, group dynamics checklist | Score on rubric in the 88.75% |
| Demonstrate effective oral and written reporting skills. | | MHT 1101, 1200, 1130, 1201, 2121, 2222, 2205, 2111, 2211, 2245 ENG 1101, 1201 | 2012 | practicum supervisor rubric  mean scores for written assignments in MHT 2121 and 2222 | Score on rubric in the 85.97% |
| Demonstrate an understanding of the dynamics and patterns contributing to the development of an individual’s current functioning. | | MHT 1101, 1130, 1201, 2121, 2222, 2105, 2111, 2211, 2245 SOC1101,BIO1107 | 2012 | practicum supervisor rubric | Score on rubric in the 83.5% |

**General Education Outcomes**

1. Are changes planned as a result of the assessment of general education outcomes? If so, what are those changes?

We are developing rubrics for our video assignments to measure oral communication skills.

in MHT 1201, 2121, and 2222. Students will be able to use the feedback from the rubrics to improve on subsequent interviews.

1. How will you determine whether those changes had an impact?

Improvement in mean scores for the video assignments in MHT 1201, 2121 and 2222 would indicate improved learning of the oral communication skills.

**Program Outcomes**

1. Are changes planned as a result of the assessment of program outcomes? If so, what are those changes?

We are continuing to develop rubrics for assignments in MHT 1201 and 1203. We also are continuing to improve instruction of treatment planning which is a tool that demonstrates two of our program outcomes: Assess and prioritize client needs and Plan effective intervention strategies.

1. How will you determine whether those changes had an impact?

Improved mean scores on treatment planning assignments in MHT 2121 and MHT 2222.

**Improvement Efforts**

1. What were the results of changes that were planned in the last Annual Update? Are further changes needed based on these results?

We have standardized instruction of assignments for MHT 2121 and 2222 (formerly MHT 202, 203 and 204) We will be comparing mean scores for these assignments with last year scores to determine if there is improved learning.

We introduced self evaluation rubrics to the students. We will compare the results with the rubrics completed by site supervisors.

1. Are there any other improvement efforts that have not been discussed in this Annual Update submission?

None

**APPENDIX – PROGRAM COMPLETION AND SUCCESS RATE DATA**

**Degree and Certificate Completion**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Department | Department Name | Program | FY 07-08 | FY 08-09 | FY 09-10 | FY 10-11 |
| 0619 | Mental Health Tech | ACP.STC | . | 18 | 16 | 5 |
| 0619 | Mental Health Tech | CDC.STC | . | 2 | 3 | 4 |
| 0619 | Mental Health Tech | MHT.AAS | 29 | 17 | 26 | 22 |
| 0619 | Mental Health Tech | MHTCD.AAS | 3 | 10 | 5 | 11 |
| 0619 | Mental Health Tech | SAST.STC | 2 | . | . | . |

**Course Success Rates**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Department | Department Name | Course | FY 07-08 | FY 08-09 | FY 09-10 | FY 10-11 | FY 11-12 (excludes Spring) |
| 619 | Mental Health Tech | MHT-101 | 57.0% | 52.9% | 58.6% | 58.6% | 63.1% |
| 619 | Mental Health Tech | MHT-115 | 89.6% | 86.4% | 91.7% | 89.9% | 89.3% |
| 619 | Mental Health Tech | MHT-120 | 85.7% | 88.9% | . | . | . |
| 619 | Mental Health Tech | MHT-121 | . | 92.7% | 82.4% | 94.7% | . |
| 619 | Mental Health Tech | MHT-122 | 72.7% | 71.4% | 80.0% | . | . |
| 619 | Mental Health Tech | MHT-123 | 100.0% | 86.4% | 97.0% | 93.6% | 92.8% |
| 619 | Mental Health Tech | MHT-126 | 82.6% | 77.2% | 80.0% | 80.6% | 81.3% |
| 619 | Mental Health Tech | MHT-128 | 73.1% | 90.0% | . | . | . |
| 619 | Mental Health Tech | MHT-130 | 100.0% | 77.8% | . | . | . |
| 619 | Mental Health Tech | MHT-132 | 100.0% | . | . | . | . |
| 619 | Mental Health Tech | MHT-135 | 80.0% | . | . | . | . |
| 619 | Mental Health Tech | MHT-136 | 84.6% | . | . | . | . |
| 619 | Mental Health Tech | MHT-137 | . | . | . | 90.9% | . |
| 619 | Mental Health Tech | MHT-138 | 81.3% | . | . | . | . |
| 619 | Mental Health Tech | MHT-139 | . | . | 92.5% | 86.6% | 97.2% |
| 619 | Mental Health Tech | MHT-140 | 63.8% | 65.2% | 56.3% | 54.2% | 62.7% |
| 619 | Mental Health Tech | MHT-141 | 100.0% | 100.0% | 100.0% | . | . |
| 619 | Mental Health Tech | MHT-142 | 100.0% | 100.0% | 88.9% | . | . |
| 619 | Mental Health Tech | MHT-143 | 55.0% | 87.9% | 88.9% | 83.8% | 75.0% |
| 619 | Mental Health Tech | MHT-144 | 87.0% | . | . | . | . |
| 619 | Mental Health Tech | MHT-151 | 62.5% | 66.7% | 55.6% | 85.7% | . |
| 619 | Mental Health Tech | MHT-155 | 88.9% | 66.7% | 95.7% | 63.6% | 87.5% |
| 619 | Mental Health Tech | MHT-156 | 100.0% | 92.9% | 100.0% | 91.7% | 100.0% |
| 619 | Mental Health Tech | MHT-157 | . | 100.0% | 100.0% | 100.0% | 100.0% |
| 619 | Mental Health Tech | MHT-201 | 83.3% | 78.0% | 93.4% | 87.1% | 80.6% |
| 619 | Mental Health Tech | MHT-202 | 92.5% | 83.9% | 92.2% | 92.5% | 92.2% |
| 619 | Mental Health Tech | MHT-203 | 97.3% | 100.0% | 100.0% | 87.5% | 93.9% |
| 619 | Mental Health Tech | MHT-204 | 100.0% | 100.0% | 100.0% | 100.0% | . |
| 619 | Mental Health Tech | MHT-205 | 86.5% | 79.1% | 93.9% | 98.1% | 89.3% |
| 619 | Mental Health Tech | MHT-206 | 93.3% | 90.5% | 100.0% | 88.5% | . |
| 619 | Mental Health Tech | MHT-209 | 100.0% | 60.0% | 88.4% | 90.7% | 93.8% |
| 619 | Mental Health Tech | MHT-211 | 86.0% | 73.2% | 85.5% | 86.8% | 85.9% |
| 619 | Mental Health Tech | MHT-212 | 94.6% | 93.1% | 97.7% | 88.9% | 96.2% |
| 619 | Mental Health Tech | MHT-213 | 100.0% | 100.0% | 100.0% | 100.0% | . |
| 619 | Mental Health Tech | MHT-217 | . | . | . | . | . |
| 619 | Mental Health Tech | MHT-218 | . | . | . | . | . |
| 619 | Mental Health Tech | MHT-235 | . | 71.4% | 85.3% | 89.4% | 95.0% |
| 619 | Mental Health Tech | MHT-236 | . | 93.3% | 95.8% | 91.1% | 91.1% |
| 619 | Mental Health Tech | MHT-237 | . | 77.8% | 100.0% | 87.9% | 87.5% |
| 619 | Mental Health Tech | MHT-238 | . | 80.0% | 88.6% | 91.8% | 84.8% |
| 619 | Mental Health Tech | MHT-239 | . | 81.0% | 87.5% | 91.7% | 78.3% |
| 619 | Mental Health Tech | MHT-245 | 100.0% | 95.8% | 96.9% | 91.2% | 92.9% |
| 619 | Mental Health Tech | MHT-264 | . | 100.0% | 92.5% | 91.7% | 94.3% |
| 619 | Mental Health Tech | MHT-265 | . | . | 100.0% | 100.0% | 100.0% |
| 619 | Mental Health Tech | MHT-296 | 75.8% | 77.6% | 74.2% | . | 60.0% |