

**Human Services**

**and Behavioral Health**

**(HSBH)**

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| **Department Review** | 2015 |

**Self-Study & Appendix**

**Department/Program Review**

**Self-Study Report Template**

**2014 - 2015**

**Department: 0619 – Human Services & Behavioral Health**

**Section I: Annually Reviewed Information**

**A: 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: 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?

Please be sure to address strategies you are currently implementing to increase completions of degrees and certificates. What plans are you developing for improving student success in this regard?

**Interpretation and Analysis:** Following the big push to completion (FY 11-12, FY 12-13) in preparation of semester conversion, the HSBH department has returned to a steady, yet somewhat higher, level of completion.

Historically, students rarely considered the completion the second of two degrees offered by our program. They simply finished their major and moved on. We are seeing an increase in the number of students who decide to complete an additional two (2) semesters to complete the Chemical Dependency degree (MHTCD.AAS) after completing the MHT.AAS degree and vice versa. In other words, students came seeking one degree and realized a second degree was within easy grasp.

In Fall 2013 we offered six sections of MHT 1130 *Introduction to Addictive Illness* in prisons around the state. Completion of MHT 1130 qualifies students to apply for the Chemical Dependency Counselor Assistant (CDCA) credential through the State of Ohio Chemical Dependency Professionals Board. We found that many incarcerated students were unable to secure the CDCA credential due to their active and extensive criminal backgrounds. Therefore, the usefulness of this course, aside from personal benefits, has decreased markedly. Enrollment in MHT 1130 in the prison program in Fall 2014 dropped 42% from the previous fall semester, 107 to 62 headcount. The delivery of MHT 1130 to students in prison is winding down and may stop. Consultations with Cheryl Taylor, SCC Correctional Facilities Coordinator, have not led to any new ideas but we’re not letting go of possibilities just yet.

Every student in the MHT.S.AAS and MHTCD.S.AAS programs has an HSBH faculty advisor. We believe that utilizing the MAP/SSP application has simplified and clarified the path toward completion. Therefore students have been less likely to miss required courses or take unnecessary courses. We have utilized completion-focused language to support students toward success.

The role of associate-degree human service professionals in the unfolding federal healthcare paradigm appears very promising. There will be a place for us in the national movement toward wellness and prevention. Our successful partnership with Sinclair’s Exercise, Wellness, and Sports Science department, to develop a new Lifestyle Wellness Coaching short-term certificate (LWC.STC) will begin to meet this emerging need. This new certificate will be offered beginning Fall 2015.

Due to higher enrollment in HSBH courses, more adjunct faculty are needed to cover courses, especially our first-tier courses MHT 1101 *Introduction to Human Services* and MHT 1130 *Introduction to Addictive Illness*. Recruiting adjunct faculty to teach introductory courses has been extremely easy because these courses do not require as much clinical expertise. The challenge has been in recruiting adjunct faculty to teach our second-tier skill-building courses because clinical precision is imperative. Most adjunct faculty qualified to teach the higher level courses are not available to teach during the highly desirable late morning and afternoon time slots.

Growth of the HSBH program is being hindered by the lack of resources. All four tenure-track faculty are teaching at or near the maximum load allowed, 25 hours per semester and 45 hours per year. At one point in time, the full-time faculty taught first-tier (introductory) and second-tier (pre-practicum skill-building) courses. For the past two decades, we ran 3 sections of *Group Dynamics I and II* and 3 sections of *Practicum I and II* each quarter. We are in the third year of holding 4 sections of these courses during the academic year. The full-time faculty now spends most of their time teaching the third-tier courses including the clinical practica which requires time for clinical coordination (matching students with practicum sites).

The offering of higher level HSBH courses at Courseview is not moving quickly because adjunct faculty cannot carry primary responsibility for program management, academic advising, and clinical practicum coordination. The payload for each practicum course exceeds the allowable 11 credit hours.

A full-time faculty person, an ACF for example, is needed to teach the middle tier courses in our program and to assist in the development of the HSBH program at Courseview. A request has been made to the dean of Health Sciences division for FY 16 for an ACF with a human services background and we are waiting on budget approval.

**Course Success Trend Data – OVERALL SUMMARY**

Please provide an interpretation and analysis of the Course Success Trend Data. Please discuss trends for high enrollment courses, courses used extensively by other departments, and courses where there have been substantial changes in success.

Please be sure to address strategies you are currently implementing to increase course success rates. What plans are you developing for improving student success in this regard?

Completion rates for most required second-year courses exceed 85% and we are generally pleased with this result. Expectations of student performance are higher in our second-year courses and we believe that graduates are prepared for employment and transfer to four-year institutions when they succeed in our second-year courses.

Two areas of concern still exist. These are the low success rate of our non-restricted MHT 1101 *Introduction to Human Services* and the online MHT 2250 *Child and Adolescent Mental Health* courses. MHT 1101 has both online and face-to-face sections. Success in our online courses is lower than we’d like and this mirrors what is happening campus-wide in distance learning.

Clearly, we expect attrition in our unrestricted MHT 1101 course since many of these students don’t intend to pursue the Mental Health Technology or Chemical Dependency programs. These include students taking the course for personal reasons and those exploring majors. The likelihood of under-prepared students taking MHT 1101 is also high since it is unrestricted.

**Strategies:** Since the success rates of the online sections of MHT 1101 and MHT 2250 are consistently low, we plan to meet with those in Distance Learning department to discuss solutions for improvement.

Beginning in Fall 2014, we require that students declare their intentions of entering our programs while enrolled in the MHT 1101 *Introduction to Human Services* course. In recent years we did not make contact with students regarding admission to our programs or begin faculty advising until the second semester MHT 1200 *Social Casework* course. We believe this engagement earlier in each student’s academic career will increase course completion rates, aid in early detection of academic or behavioral problems, provide for earlier supports and interventions, and help students move through our curriculum successfully or move out of our programs toward another major.

In the past two years, we have implemented an advising system emphasizing personal and emotional safety and professional conduct for students in our department. We had a weak dismissal policy regarding problematic behaviors in the classroom and at the practicum site. Our *Minimum Behavioral Expectations* guidelines had been rarely discussed and rarely enforced over the years **[Appendix 1]**. In the past 18 months we have rewritten our dismissal and reinstatement policies. As a result, for the past 2 academic years, the number of dismissals from the program has doubled. Reports of cheating, plagiarism, harassment, and unprofessional behavior have dropped sharply. In short, we used to take a generous attitude with students who created problems and, after providing guidance and advising, we’d hope they’d become more cooperative but rarely would we have enough documented data to dismiss them from our programs. For the past 18 months, while still maintaining a caring attitude we have been proactive about advising students of behavioral expectations, helping those willing to make adjustments, and dismissing those who do not meet behavioral standards. Those dismissed from HSBH degree programs have been directed to the new Health Sciences AAS when appropriate.

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.)

One result of our recent program reaccreditation process is the need for us to develop a degree program that is specifically focused on Human Services rather than the traditional clinical mental health. We were cautioned by our accrediting body that our long-standing Mental Health Technology program was too focused on the treatment of mental and emotional disorders rather than addressing broader spectrum social service issues like meeting the needs of the homeless, working with child foster care and adoptions, hunger, domestic violence, poverty issues, and those children and adults with literacy needs. While we’ve always utilized non-treatment social service agencies for practicum training, our accrediting body believes our philosophy, nomenclature, and approach is still too medical in nature. They believe we have a strong identification with psychiatry, psychology, and social work rather than the more generic human services. A requirement for re-accreditation in 2019 is the development of a Human Services AAS degree program. **[Appendix 2a and 2b]**

**B: 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 five years since the most recent Program Review.

|  |  |  |
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| **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 | Since 2007 we have been assessing all 10 of our program outcomes on an annual basis through our capstone course. We also assess 2 general education outcomes every year. We recently completed our re-accreditation self-study in September 2014 which brought numerous strengths and opportunities to our awareness. Our biggest challenge is tracking and assessing our graduates. The College’s *Recent Graduate Survey* yields very few responses from MHT graduates. Going forward we plan to utilize Facebook and Survey Monkey to reach graduates and increase response rates. |
| **Goal:** Increase courses at Courseview and the learning centers. **Rationale:** Base increase on regional demands and improve enrollment. | In progress  Completed  No longer applicable | First-tier (introductory) MHT courses have been offered at Courseview nearly every semester for the past couple of years. However, these courses have had very low enrollment; generally less than 10. Second-tier courses have also been offered but have been cancelled due to low enrollment. The highest level MHT courses have not been offered. We'll continue to offer introductory MHT courses at Englewood Learning Center. Working closely with Scott Markland and DeAnn Hurtado, we have invited community groups and human service agencies to the Courseview campus to talk about needs and partnerships. The MHT department chair has also attended board meetings of community groups in Warren County to generate interest. Two new practicum training sites have been developed in Warren and Butler counties which were utilized in Fall 2014. Construction was completed in November 2014 of the adjacent observation room and sound system for Room B-131 at Courseview and now we can consider offering MHT 2111 & MHT 2211 *Group Dynamics I & II*. |
| **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 *Activity Programming* short-term certificate (ACP.STC) was expanded to 12 credit hours by adding a third 4 credit hour course. All 3 courses are available in face-to-face and online delivery. Enrollment is low yet steady. The online section of MHT 1130 *Introduction to Addictive Illness* has been developed and has been taught every semester for more than a year. MHT 1130 has also been offered through distance learning in the 3 to 5 sections offered through the prison program each semester. |
| **Goal:** New course(s) in motivational interviewing. **Rationale:** To meet the demands of regional employers. | In progress  Completed  No longer applicable | MHT 1202 *Motivational Interviewing* has been developed and approved. This course can be used as an elective for the MHT.AAS and has been included in the recently approved Lifestyle Wellness Coaching short-term certificate (LWC.STC) in conjunction with the Exercise, Wellness, and Sports Science department. |

Below are the Recommendations for Action made by the review team. Describe the progress or changes made toward meeting each recommendation over the five years since the most recent Program Review.

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| **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 | An articulation agreement with Wright State University Social Work program was developed in Spring 2013. An agreement with the Substance Abuse Counseling program at the University of Cincinnati is in place. Our next step is to initiate conversation with the Rehabilitation Services program at Wright State University and the Social Work program at Capital University in Columbus. Contact with Indiana Wesleyan University was made months ago and there was no follow-up on either part as yet. Information about transfer is given to students upon interview and acceptance into the MHT and MHTCD programs. Transfer is now part of our department mission statement. A Wright State University professor of Social Work is now a member of our Advisory Committee. Representatives from Wright State and Capital come once a year to meet with our students as invited guests in the classroom and between classes. We do not know the rate of transfer due to a lack of graduate data. Obtaining this data will be a goal in the coming year. |
| 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 | Success in MHT 1101 *Introduction to Human Services and Behavioral Health* varies between 55% and 63% for the past several years. This course is unrestricted and we’ve found that students have not yet developed adequate study skills and are taking the course out of curiosity about the human service field. They withdraw or receive poor grades due to failing to withdraw when the course does not meet their expectations. Also, so many students struggle with the online section of MHT 1101. According to RAR reports, success rates for the face-to-face sections of MHT 1101 hover between 65 and 80% and the success rates for the online sections have been in the 40% range. Beginning Summer 2014, the department chair visits every face-to-face section of MHT 1101 to extend a welcome, answer questions, and to steer students interested in the MHT and MHT/CD program toward a HSBH faculty advisor for MAPPING. We hope this personal approach leads to course completion and retention. Beginning Fall 2014, we moved our selective enrollment interview requirement from second semester MHT 1200 to first semester MHT 1101 in order to build a relationship with the students to provide support, detect problems earlier, and provide remedies sooner. |
| 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 | No changes in program outcomes have been made. Employer survey results (Fall 2014) yield a 91% rate of agreement that our program outcomes are on target with community needs. Several changes to course assignments and instructional methods have been made in the past year based on formative and summative assessments. Chiefly, a Capstone Research Project was created and added to MHT 2222 *Practicum II* in Spring 2013 in order to provide students with the opportunity to write a research paper and to demonstrate proficiency of several important general education and program outcomes. In one particular course, MHT 1130 *Introduction to Addictive Illness*, by reviewing data from RAR, we found a great deal of variability in completion and success rates among the 7 different adjunct instructors teaching the course every year. In 2014 the department chair appointed one full-time faculty member to coordinate this course and she communicates with MHT 1130 adjunct faculty every semester to standardize course materials and convey uniform expectations. |
| Explore the feasibility of offering the program in Warren County. | In progress  Completed  No longer applicable | In 2012 a feasibility study was conducted and many in the human services field agreed that a training program in human services in Warren Co. is needed. We sponsored a meet and greet at Courseview and invited 40+ mental health/human service agencies and providers and no one showed up for the event. Breaking into the Warren Co. market and introducing ourselves will take a great deal of effort. As indicated above, the department chair continues to meet with S. Markland and D. Hurtado to develop marketing strategies. |
| 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 currently have no information and no understanding of this recommendation. Conversations with the division dean yielded no additional understanding. We review periodically and update our department website as needed. In addition to marketing efforts for Courseview, moving forward we look to promote the newly developed Residential Technician STC and the Activity Programming STC. |
| Review the projected ACS with actual and adjust projections to more accurately reflect actual. | In progress  Completed  No longer applicable | Average class size in all MHT courses has been between 13.0 and 15.5 for the past several semester/quarters. While some sections of MHT courses average 22 to 25, we have been encouraged to run smaller classes at the Learning Centers in order to build our presence at Courseview and Englewood. These classes average 5 students for the past year. We have a cap of 16 in our practicum courses and our Group Dynamics labs. We have no control over the enrollment in the MHT courses offered at the prisons and these courses run with as few as 8 students. ACS in our online sections is generally higher than our face-to-face sections. The new HSBH department chair has attended the training sessions about using the ACS visual analytics tool in order to increase efficiency. |
| More aggressively pursue the use of part time faculty. | In progress  Completed  No longer applicable | The percentage of MHT course sections taught by adjunct faculty in the HSBH department in Fall 2008 and Fall 2009 was 42% and 48% respectively. In Fall 2013 and Fall 2014, 71% and 69% of MHT course sections, respectively, were taught by adjunct faculty. One recommendation from our recent accreditation site visitation was to recruit faculty with graduate degrees in human services, specifically, rather than social work, counseling, psychology, or substance abuse counseling. |

**C: Assessment of General Education & Degree Program Outcomes**

Sinclair General Education Outcomes are listed below. Please report assessment work that has been done in these areas since the last Program Review. *It is recommended that General Education assessment work that has been reported in department Annual Updates for the past several years form the basis for this section, although departments are strongly encouraged to include any General Education assessment that was not previously reported in Annual Update reports*.

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| **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) |
| Critical Thinking/Problem Solving | All programs | **2013-2014** | Practicum supervisor rubric | Score on rubric = 87.50% |
| Values/Citizenship/Community | All programs | **2013-2014** | Practicum supervisor rubric | Score on rubric = 93.75% |
| Computer Literacy | All programs | **last 09/SP**    **next 2014-15** | Self-assessment rubric | Score on rubric = 84.65% |
| Information Literacy | All programs | **last 09/WI**  **next 2015-16** | MHT 2245 instructor rubric | Score on rubric = 96.42% |
| Oral Communication | All programs | **last 07/SP**  **next 2017-18** | Practicum supervisor rubric | Score on rubric = 90.15% |
| Written Communication | All programs | **last 07/SP**  **next 2017-18** | Practicum supervisor rubric | Score on rubric = 88.32% |
| **Are changes planned as a result of the assessment of general education outcomes? If so, what are those changes?** | No changes planned. We are satisfied with our “mid-B” to “mid-A” grades on the assessment rubrics. The reliability of scores on Computer Literacy is, naturally, suspect because of self-report. | | | |
| **How will you determine whether those changes had an impact?** |  | | | |

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**.

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| **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, 1236, 2121, ENG 1101, ENG 1201 | Spring 2014 | Practicum supervisor rubric | Score on rubric = 79.02% |
| Assess and prioritize client needs. | MHT 1130, 1200, 1201, 1236, 2121, 2222, PSY 1100, PSY 2217 | Spring 2014 | Practicum supervisor rubric | Score on rubric = 78.12% |
| Plan effective intervention strategies. | MHT 1200, 1236, 2121, 2205, 2237, 2222, ALH 1101 | Spring 2014 | Practicum supervisor rubric | Score on rubric = 78.89% |
| Demonstrate interventions to meet client needs. | MHT 2121, 2222, 2105, 2111, 2112, 2211, 2212, 2237, MAT OTM elective | Spring 2014 | Practicum supervisor rubric | Score on rubric = 81.79% |
| Establish/maintain effective therapeutic relationships. | MHT 1200, 1201, 1236, 2121, 2222, 2111, 2112, 2211, 2212, 2237 | Spring 2014 | Practicum supervisor rubric | Score on rubric = 89.09% |
| Demonstrate professional and ethical practice with a sensitivity to and respect for cultural, ethnic and life-style diversity. | MHT 1101, 1200, 1201, 2138, 2121, 2222, 2111, 2211, 2237, 2245, ALH 1101 | Spring 2014 | Practicum supervisor rubric | Score on rubric = 90.85% |
| Demonstrate self-awareness and effective self-management. | MHT 1101, 1200, 1130, 1201, 2138 2121, 2222, 2205, 2111, 2211, 2237, COM 2206 or 2211 | Spring 2014 | Practicum supervisor rubric | Score on rubric = 77.32% |
| Facilitate group interactions reflecting a knowledge and understanding of group dynamics. | MHT 2121, 2222, 2111, 2112, 2211, 2212 | Spring 2014 | Group Leadership Checklist | Score on checklist = 86.30% |
| Demonstrate effective oral and written reporting skills. | MHT 1101, 1130, 1200, 1201, 1236, 2121, 2222, 2205, 2111, 2211, 2237, 2245, ENG 1101, 1201 | Spring 2014 | Practicum supervisor rubric | Score on rubric = 77.40% |
| Demonstrate an understanding of the dynamics and patterns contributing to the development of an individual’s current functioning. | MHT 1101, 1130, 1201, 1236, 2121, 2222, 2105, 2111, 2211, 2235, 2237, 2245, SOC 1101, BIO 1107 | Spring 2014 | Practicum supervisor rubric | Score on rubric = 77.40% |
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| **Are changes planned as a result of the assessment of program outcomes? If so, what are those changes?** | We want to maintain an average of 80% or higher (grade of “B” or higher). As a result of the current department review self-study we are now aware of the data; and plan to discuss with our advisory committee about steps that might be taken to improve scores on the assessment rubric **[Appendix 3]**. | | | |
| **How will you determine whether those changes had an impact?** | Results of yearly assessment of program outcomes will show scores of 80% or higher | | | |

**Use of common exams/assignments/activities.**

Describe any common exams/assignments/activities that are the same across all sections of a course that are used in your department. Is data from these currently being collected and used for assessment purposes? Having at least a few common exams/assignment/activities across multiple sections of the same course can be an essential component of assessment of general education and program outcomes. If your department does not currently have any common exams/assignments/activities for assessment purposes, are there plans to develop any?

* Exams and assignments are identical for all sections of every individual course. In recent years, by reviewing differing success rates between sections of the same course, we discovered that our adjunct faculty had highly variable expectations and interpretation of students’ performances on assignments. Inter-rater reliability was shaky in several of our courses (MHT 1101 *Introduction to Human Services*, MHT 1130 *Introduction to Addictive Illness*, and MHT 1203 *Professional Documentation*). Some instructors were very generous in their grading while others were more exacting. That is, a student may receive a grade of “A” on a written assignment from one adjunct instructor which might have received a grade of “B” according to another. Results on objective measures (i.e., multiple choice exams) were quite consistent however. As a result, in 2014 the department chair assigned each of the 4 full-time faculty as the Lead Instructor for a specific series of courses. With one person developing and distributing materials for a particular course and having responsibility for coaching adjunct faculty to assure standardized expectations our goal is to increase internal consistency. We look forward to increased scores on our yearly assessment rubric.

**Section II: Overview of Department**

1. **Mission of the department and its programs(s)**

What is the purpose of the department and its programs? What publics does the department serve through its instructional programs? What positive changes in students, the community and/or disciplines/professions is the department striving to effect?

* The purpose of the Human Services and Behavioral Health department is to prepare qualified individuals for employment in a wide variety of human service and behavioral healthcare settings within the Sinclair Community College region and for transfer to baccalaureate programs. With the cooperation of professionals in local agencies, the department provides opportunities for personal and professional growth through knowledge-based learning, experiential processes, community involvement, and practicum experience.
* Primarily, we serve the human services and behavioral healthcare community. This includes acute care psychiatric services, family counseling centers, drug and alcohol treatment centers, alternative schools, child and adolescent services, juvenile court, adult corrections, domestic violence shelters, residential services for those with developmental disabilities, homeless shelters and transitional housing programs, food banks, and programs for senior adults. Our graduates work in these settings. These community programs provide opportunities for our practicum students and we assist these community agencies in fulfilling their mission of providing services to the public.
* We also feed universities in the region, primarily Wright State   
  University and Capital University.
* Our impact on the community is extensive. We’ve been told that the number of graduates we provide and the quality of worker we train is a real asset to community human service agencies as they meet the ever-growing need for social services in our community. **[See Comments section of Employer Survey in Appendix 4a]**
* We also take pride as our students apply our mental health and chemical dependency technical information to their personal lives. On a regular basis, we hear stories from students about how they are becoming better parents to their children, maintaining abstinence from drug and alcohol abuse, contributing to their communities, holding jobs and getting off of public assistance, changing their health habits, and, overall, making wiser healthier choices on a daily basis. **[See Comments from Graduate Surveys in Appendix 5]**

1. **Description of the self-study process**

Briefly describe the process the department followed to examine its status and prepare for this review. What were the strengths of the process, and what would the department do differently in its next five-year review?

**Process:** Information gathering – HSBH department faculty meetings, advisory committee meetings, graduate survey, student feedback and practicum supervisor assessment rubrics, employer survey, program re-accreditation self-study and site visitation, meetings with division dean, provost’s office, Research, Analytics and Reporting (RAR), and the budget office.

**On-campus Resources:**

* RAR re: development of *Recent Graduate Survey* – chair and Chad Atkinson 12/3/13 for implementation in 2014
* Meetings with Dean, Rena Shuchat – 6/4/14, 12/2/14, and 12/18/14
* \*\*\*Re-accreditation Self-study (6/15/14) and Site Visit (9/18 and 9/19/14) by Council for Standards in Human Service Education (CSHSE)
* Meetings re: Courseview – chair and Scott Markland and/or DeAnn Hurtado 6/2/14, 8/29/14, 9/9/14
* Program Review Orientation – chair 9/8/14
* Department Orientation – chair and HSBH faculty and staff 8/19/14
* Environmental Scan – chair and Jared Cutler 9/15/14
* Department Meetings – 11/20/14, 1/8/15
* Budget Office – chair and Barb Lucente 12/1/14

**Review of documents:** 2014 program accreditation self-study (112 pgs.) and appendix (540 pgs.), 2013-14 department annual update, minutes of advisory committee meetings, and results of assessment rubrics for the past 5 years.

**Strengths of the Process:** As if our recent reaccreditation self-study process was not enough to inform our faculty and staff about the inner workings of our department, especially for two faculty in their second and third years, the Departmental Review process provided the opportunity to discuss data regarding the department’s contribution margin, success rates, completion numbers, and efficiency (ACS). We celebrate the work of our department where the data point to success, effectiveness, and efficiency.

**Changes for Next Review:** First, the full-time faculty in the department are teaching at or near the maximum (45 hours/year). They are doing intensive faculty advising on a daily basis (70+ students per faculty member) and also handling clinical coordination (practicum). This meant that the department chair was largely responsible for completion of the program review self-study. Much of the data for the department review was taken from our recent accreditation self-study where all faculty played a very large role in program evaluation and data collection. Next time, we’d like to engage the faculty and staff more fully in the department review process. Secondly, by the next department review, since we are not a cohort program, we will have tracked and surveyed graduates much more successfully through the use of social media and by obtaining their non-Sinclair email addresses prior to exiting.

**Section III: Overview of Program**

1. **Analysis of environmental factors**

This analysis, initially developed in a collaborative meeting between the Director of Curriculum and Assessment and the department chairperson, provides important background on the environmental factors surrounding the program. Department chairpersons and faculty members have an opportunity to revise and refine the analysis as part of the self-study process.

How well is the department responding to the (1) current and (2) emerging needs of the community? The college?

* The most important skill we teach in our HSBH programs is the art of listening. We are always looking and listening for feedback about our relationships with key stakeholders and we make changes when needs arise.
* The findings from our recent re-accreditation process will lead to major changes in our department as we move away Mental Health Technology (a name we’ve held since program inception in 1967) to Human Services AAS.
* Our advisory committee has warned us about the epidemic in opiate dependence in our community, especially heroin, and of an increasing number of deaths resulting from the misuse of prescription narcotics. Our community is seeing an influx of military personnel returning from war and the many needs they and their families encounter. The increase in gun violence and gang activity presents a challenge to community agencies. Finally, the needs of the ever-growing numbers of baby boomers in our community moving toward age 70 and the increased need for services for older adults.
* **[Environmental Scan in Appendix 6]**

1. **Admission requirements**

Do any of the programs in your department have admissions requirements?

\_\_\_**X**\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_ No

If yes, list any admission requirements specific to the department/program. How well have these requirements served the goals of the department/program? Are any changes in these requirements anticipated? If so, what is the rationale for these changes?

* A cumulative GPA of 2.00 is required, (2) a selective enrollment informational interview during MHT 1101 *Introduction to Human Services*, (3) once active in MHT.S.AAS or MHTCD.S.AAS, a grade of C or higher is required in all program courses, (4) compliance with the department’s *Minimum Behavioral Expectations*, (5) submission of an acceptable Health Certificate prior to practicum (negative for TB), and (6) submission of an BCI and FBI criminal background check which is acceptable to our community practicum sites in order to enter the practicum courses.
* The department has a packet of information for incoming students which is available on the department’s web page. This packet outlines career opportunities and curriculum, along with other college informational links.
* Prior to Fall 2014, we conducted selective enrollment informational interviews after completion of MHT 1101 *Introduction to Human Services*, usually in the second semester of the program. This meant that Central Advising was responsible for advising and MAPPING students taking our introductory courses. Many problems occurred with this arrangement. Chief among them, the acceptance of students into our programs without close consideration of their mental, emotional, and criminal background issues. In short, students inappropriate for our programs were accepted by those outside our program and false information and false assurances were given. Needless to say, many of these students were not successful. Students often come to our programs because of their own personal history of drug and alcohol abuse, mental illness, and other criminal/behavioral problems. Because of ineffective screening, dismissals for academic and behavioral problems have been at an all-time high in the past 2 years. Beginning Fall 2014, during MHT 1101, HSBH faculty advisors in our department assumed responsibility for meeting, screening, and mapping all students wanting to enter our programs. While adding significantly to our workload, we anticipate somewhat lower headcounts since not all students applying will be accepted but we expect much more successful completions in our first year courses from now on.
* We do not anticipate any changes in our admission requirements.

**Section IV: Department Quality**

1. **Evidence of student demand for the program**

How has/is student demand for the program changing? Why? Should the department take steps to increase the demand? Decrease the demand? Eliminate the program? What is the likely future demand for this program and why?

* Enrollment in our Chemical Dependency AAS degree program now exceeds the Mental Health AAS degree program. Both programs swelled in the 2011-12 academic year, we believe, primarily because students wanted to complete prior to the conversion to semesters. Since the institution of Single Course of Study policy in Spring 2014, enrollments in the Mental Health AAS degree have decreased while numbers in the Chemical Dependency AAS have grown enormously. That is, numerous students were ‘active’ in both majors and most chose to remain with the Chemical Dependency AAS when forced to choose one course of study.
* According to the U.S. Bureau of Labor Statistics published in the Occupational Outlook Handbook, the job outlook for our graduates is very good. The national trend is to move away from hospital-based services to home-based services. Between now and 2022, the job outlook for hospital-based Psychiatric Technicians is expected to grow 5% (slower than average), for community-based Social and Human Service Assistants 22% (much faster than average), and for Substance Abuse and Behavioral Disorder Counselors 33% (much faster than average). This is great news about our future.**[Appendix 7a]**
* Locally, RAR’s ***10 Year Regional Healthcare Occupational Demand Projections*** (November 2014) **[Appendix 7b]** indicates a slow but growing need for Psychiatric Aides and Psychiatric Technician. The occupational groups of Human Service and Behavioral Healthcare Technician were not addressed in the RAR report and we suspect the demand for these job titles is higher.
* The new federal healthcare initiative focuses on prevention and holistic wellness. Behavioral healthcare is part of health care. Moving away from hospital-based services toward peer-support programs is taking place. New job classifications called *Behavioral Health Navigator* and *Behavioral Health Coach* are being developed across the country. In conjunction with the Exercise, Wellness, and Sports Science department, we will be offering the new Lifestyle Wellness Coaching short-term certificate (LWC.STC) starting Fall 2015.
* An increase in residential (at-home services) has been addressed with our offering the new Residential Technician short-term certificate (RTC.STC) starting in Fall 2014.
* Passage of the Human Services Levy by the citizens of Montgomery County in 2014 suggests that human and social services are very much needed and supported in our community. This means current programs can be maintained and new programs may develop; all leading to more jobs for graduates and more training opportunities for our students.

1. **Evidence of program quality from external sources (e.g., advisory committees, accrediting agencies, etc.)**

What evidence does the department have about evaluations or perceptions of department/program quality from sources outside the department? In addition to off-campus sources, include perceptions of quality by other departments/programs on campus where those departments are consumers of the instruction offered by the department.

Results from surveys of employers and rubric assessments of capstone practicum supervisors suggest that the department continues to do an excellent job in providing education and training experiences for students in our programs.

Summary of Employer Survey (December 2014) **[See Appendix 4b]**

63% of respondents rated the level of preparedness of our graduates as *Well Prepared* and the remaining 37% indicated *Prepared*. No one rated our graduates as *Somewhat Prepared* or *Under Prepared*.

Comments from employers include:

* “They are exceptionally well trained, and are on par with Bachelor level prepared folks.”
* “The overall credibility of the program in general is viewed as a strength. The high degree of professionalism among program staff is considered top-notch.”
* “Sinclair students are my favorite to work with over Wright State, Cedarville and UD grad students, because they put 110% into their work.”
* “Students are well educated and come knowing what is expected of them.”
* “Their students graduate prepared for employment with strong understanding of ethics, documentation, and group dynamics and leadership.”
* “Documentation! We get the best documentation from our staff who have graduated from the MHT program.”
* “Very well prepared to facilitate groups. Enthusiastic and ready to "hit the ground running." They are reliable.”
* “Professionalism, dependable.”
* “Keep up the great work!”
* “Excellent faculty, very supportive!”
* “Very pleased. We have hired several excellent employees!”
* “Faculty is very easy to work with, especially when there is a difficulty with a student.”
* “I have been pleased with the quality of students Sinclair produces.”

General Education and Program Outcomes Assessments **[Pages 12-14 of this Self-Study]**

Feedback on rubrics by capstone practicum supervisors indicates a high to very high level of demonstration of general education and program outcomes for the past several years.

Advisory Committee **[Appendix 8]**

The Advisory Committee meets in Fall and Spring Semesters to provide guidance to the department. Recent topics of discussion include the need for and the development of the Residential Technician short-term certificate, implementation of the new psychiatric diagnostic classification systems (DSM-5 and ICD-10), and the need for our students to be familiar with electronic medical records (EMR) systems.

Does your department have any departmental accreditations or other form of external review?

\_\_\_\_**X**\_\_\_\_ Yes \_\_\_\_\_\_\_\_ No

If yes, please briefly summarize any commendations or recommendations from your most recent accreditation or external review. Note any issues that the external review organization indicated need to be resolved.

Our most recent department re-accreditation by the Council for Standards in Human Service Education (CSHSE) took place in 2014. We were notified that we received a *Conditional Accreditation* pending the submission of a written plan by the provost outlining steps and the timeline to change the Mental Health Technology (MHT) program into a Human Services program. Our program has been fully accredited by CSHSE without interruption since 1984. However, national standards changed recently and two parts of our Mental Health Technology degree program were found to be non-compliant. Namely, our degree title needs to be changed to Human Services or Human Services Technology and we need to add more information about human services into our curriculum and be less identified with the medical model. As of 1/23/15, the submission date for this Department Review, a written plan has been submitted to our accreditation body, signed by the provost, outlining the creation of a Human Services AAS degree to replace the current MHT.S.AAS. We received excellent and superior ratings from our accrediting body in all other areas of our program, curriculum, College resources, community partnerships, and faculty & staff.

1. **Evidence of the placement/transfer of graduates**

What evidence does the department/program have regarding the extent to which its students transfer to other institutions? What evidence does the department have regarding the rate of employment of its graduates? What data is available regarding the performance of graduates who have transferred and/or become employed? What data is available from RAR graduate surveys?

* Very little data is available from graduates of our program regarding employment rates and transfer to other institutions. Response rates have been extremely low to the College’s regular *Recent Graduate Survey* conducted by RAR **[Appendix 5]**.
* Overall, however, qualitative ratings are very high for our program. Unfortunately, quantitative data about the rates of employment and transfer is lacking. We know from our recent Employer Survey that our graduates are highly desired.
* Moving forward we intend to remedy this by utilizing social media (Facebook) and electronic resources (Survey Monkey) to track graduates.

**Evidence of the cost-effectiveness of the department/program**

What is the department doing to manage costs? What additional efforts could be made to control costs? What factors drive the costs for the department, and how does that influence how resources are allocated? What has the Average Class Size been for the department since the last Program Review, and what are steps that the department could take to increase Average Class Size? Has the department experienced any challenges in following the Two-Year Course Planning Guide?

* **[Appendix 9]** We believe we are excellent stewards of the College’s resources. The department positively contributes to the College. The budget for our department (minus staff and faculty salaries, incentive/merit pay, fringe benefits, insurance, and telephone equipment and service) is approximately $7,600. According to data supplied by RAR, our contribution margin has increased each year since 2010. In 2013, it appears that department revenues exceeded expenses by approximately $97,000 and the projections for 2014 lift that margin to over $115,000. Other than salary and benefits, the single largest department expenditure (27%) is duplicating. Second is travel. Our faculty teaching practicum (MHT 2121 and MHT 2222) visit students at their practicum sites regularly throughout Fall and Spring semesters. Also, typically, each year one full-time faculty attends a national out-of-state conference in order to meet with accreditation officials and receive mandatory continuing education in order to maintain state licensing.
* Concerning duplicating costs, we do not print as many copies of handouts for staff and faculty use in department meetings. Instead, we have discussions and make edits electronically by circulating documents by email or by projecting documents on the screen and making edits in the moment. We recycle all non-confidential paper waste.
* FTE has increased every year since 2010. We are growing. RAR notes a 34% increase in department FTE from 2010 to 2014. In Fall 2009, 52% of courses in our department were taught by full-time faculty. This number has decreased steadily in recent years and in Fall 2014 just 31% of HSBH courses were taught by full-time faculty. As we have taken on more FTE the load has been carried by our adjunct faculty.
* Concerning Average Class Size (ACS), we offer additional sections of some HSBH courses during some semesters in order to meet students’ needs and not necessarily because other sections of the same course have reached capacity. This increases our FTE and our ACS has decreased somewhat in recent years. We have no control over the number of students enrolled in the sections of MHT 1130 *Introduction to Addictive Illness* offered in the prisons. With a capacity of 25 in the prison course, some sections run with 20 to 24 while others run with less than 10 students. The biggest impact on ACS in our department, we believe, are the HSBH courses running at Courseview and Englewood Learning Center with 5 and fewer students. These courses run regularly and the directors at these two sites, with input from the department chair, make the call about whether to cancel or not. A second factor affecting ACS in our department is the need for many of our skill-building courses to have between 12 and 16 students because they are practicum courses (MHT 2121 and MHT 2222) or because they are lab courses (MHT 2111/2112 and MHT 2211/2212 *Group Dynamics I & II* and *Group Dynamics Lab I & II*). Our accreditation guidelines do not address class size requirements or faculty ratios.
* The ACS for our introductory MHT 1101 (taught face-to-face) has been approximately 22 while the online sections of the same course average half of that.
* Our plan to increase ACS includes becoming more familiar with the Visual Analytics Planning Tool. Since becoming chairperson in the past 18 months, Tom McElfresh is beginning to settle in to the point of being able to step back and look at the program as a whole in order to identify issues with efficiency.

**Section V: Department/Program Status and Goals**

1. **List the department’s/program’s strengths, weaknesses, opportunities, and threats (SWOT analysis).**

**Strengths**

* Faculty represent the major professional group; clinical psychology, counseling, social work, chemical dependency counseling.
* Adjunct faculty serve as human service practitioners and administrators for children and youth services, chemical dependency treatment, senior adult services, corrections, and mental health counselors.
* The full-time faculty perform very well as a team, collaborating through team-teaching, sharing resources, dividing job responsibilities, and mentoring new and adjunct faculty.
* Student diversity: (2014), African-American 24%, Caucasian 72%, Other 4% **[Appendix 10]**.
* Faculty demographics: 65.5% female, 34.5% male, 20.7% African-American, 79.3% Caucasian.
* Accessibility of courses: Classes are offered in multiple options - days and evenings, online, and at Courseview Campus and Englewood Learning Center.
* Active involvement of our Advisory Committee.
* Hiring of Sinclair HSBH graduates as adjunct and full-time faculty.
* HSBH department has low expenses beyond salaries & benefits - the department operates on less than $10,000 per year; very high contribution margin for the department.
* Each student in the Mental Health Technology (MHT.AAS) and Chemical Dependency (MHTCD.AAS) programs has a single designated HSBH faculty advisor.
* Use of experiential activities to promote learning such as Group Dynamics Lab, one-on-one simulation, video-recording and replay, community visitation, and 2 semesters of practicum.
* The HSBH department welcomes innovation, self-critique, and change.
* Reputation of the HSBH program in the community remains high according to our Employer Survey **[Appendix 4b]**.
* Activity Programming short-term certificate (ACP.STC) is face-to-face and online.
* Completion of chemical dependency courses leads to state-issued Chemical Dependency Counselor Assistant (CDCA) credential.
* Completion of either degree program leads to state-issued Social Work Assistant (SWA) credential.
* Regular assessment of outcomes, curricula, and activities.

**Weaknesses**

* Insufficient number of full-time faculty - all 4 tenure-track faculty are at or near the maximum of 45 hours taught per year; this creates significant time pressures to do student advising, clinical coordination (contracting with community practicum sites, orienting and placing of approximately 50 students at 40 different training sites), curriculum development, departmental meetings, and special projects like accreditation self-studies and departmental reviews. A request has been made to the dean of Health Sciences division for FY 16 for an ACF and we are awaiting budget approval.
* Inconsistency of grading expectations among newer adjunct faculty. Assigning a full-time faculty to coordinate and supervise a specific series of courses will provide for clearer and direct guidance in evaluation and assessment. The development of detailed rubrics will also standardize expectations and evaluation.
* Only 2 formalized articulation agreements have been developed; need to explore other opportunities.
* Wright State University Social Work program will not accept Sinclair MHT courses except as elective credit claiming accreditation restrictions whereas Capital University Social Work program accepts Sinclair MHT credit for technical courses and they are accredited by the same accrediting body.
* Unclear dismissal policy for students presenting behavioral problems in the classroom and at practicum training sites.
* Shortage of evening and weekend practicum sites.
* Minimal success in tracking graduates closely to determine satisfaction, transfer, and preparation for employment. Our efforts will include working more closely with RAR to track graduates in our non-cohort program.

**Opportunities**

* Based on recommendations from our recent re-accreditation process, our current Mental Health AAS degree must be changed to a Human Services AAS degree in order to retain accreditation. We will be moving in this direction.
* We can add more online sections of our most popular chemical dependency courses. We’ll need faculty available to develop these courses.
* Warren and Butler counties remain essentially untapped as far as recruitment of students, adjunct faculty to teach at Courseview, and the development of clinical training sites. Having a 5th faculty member (ACF) to work in this area will help us expand more effectively and more rapidly.
* With the move to 65 credit hours, the HSBH department once again has the opportunity to design a curriculum which is more effective and efficient.
* Per accreditation standards, we need to recruit faculty with specific human service education and credentialing (not social workers or counselors).
* We need more time to meet as a department on a regular basis to focus on student needs and departmental activities.
* We intend to develop a new streamlined student screening and advising process.
* We need to market our short-term certificate programs actively.
* Since two of the newer faculty are becoming acclimated to our program and culture, now is the time for them to start generating new ideas and activities.
* In the changing landscape of healthcare in the United States there is an emphasis on behavioral healthcare and lower-level trained workers (associate degrees and certificates) although the demand for baccalaureate and doctoral level professionals will grow as well.

**Threats**

* HSBH program (located in Building 9) is isolated from the rest of campus and detached from other programs in our division, student services, and other departments with whom our students interface (students delay making the trip “all the way across campus” to get their needs met).
* The movement of HSBH programs to Courseview cannot be accomplished by adjunct faculty. All 4 full-time faculty are fully involved on the Dayton campus. MHT 2121 and MHT 2222 *Practicum I & II* cannot be offered at Courseview by adjunct faculty because payload for each course exceeds 11 hours per semester. Adjunct faculty are not to responsible for program development.

1. **List noteworthy innovations in instruction, curriculum and student learning over the last five years (including student awards, faculty awards, etc.).**

**HSBH department**

* Department name change from Mental Health Technology (MHT) to Human Services and Behavioral Health (HSBH) in Fall 2012.
* Re-accreditation by Council for Standards in Human Service Education in Fall 2014.
* Successful transition to semesters.
* Hiring of 2 new faculty (Fall 2012, Fall 2013) to replace 2 long-time faculty who retired.
* New chairperson effective June 2013.
* Offering of courses at Courseview and Englewood Learning Center.
* Development of Residential Technician (RTC.STC) short-term certificate - Fall 2014.
* Development of Lifestyle Wellness Coaching (LWC.STC) short-term certificate (with EWSS department) - Fall 2015.
* Creation of numerous assignment and grading rubrics.
* Development of a Capstone Research Project.

**Professor Thomas McElfresh**

* Hired September 1984.
* Promotion to department chair (6/1/13).
* Board Certification as Human Services Practitioner (HS-BCP - 2010).
* Three (3) publications in professional journals since last department review.

**Assistant Professor Kathy Elson**

* Hired as ACF January 2007, promoted to tenure-track faculty September 2011.
* Presentation at national conference of National Association of Alcohol and Drug Abuse Counselors (NAADAC) in 2012 - 2014.
* Current member of the board of the International Coalition of Addiction Studies Education (INCASE).

**Assistant Professor Sheryl Gould**

* Hired August 2012.
* Co-advisor of Mental Health Technology Club on campus.
* Completion of First-year Faculty Experience.
* Completion of *Educating for Life* certification program at Sinclair College.
* Certified Trainer by Motivational Interviewing Network of Trainers (MINT).

**Assistant Professor Gwen Helton**

* Hired August 2013.
* Co-advisor of Mental Health Technology Club on campus.
* Completion of First-year Faculty Experience.
* Implementation of *TED Ed* activities into classroom experience.
* Member of Sinclair’s BIT Team and the Holistic Advising Work Team.

1. **What are the department’s/program’s goals and rationale for expanding and improving student learning, including new courses, programs, delivery formats and locations? Please note that the department goals listed in this section will be reviewed for progress on Annual Updates and in your next Program Review.**

* Creation of a Human Services AAS degree program (possibly called HUS.S.AAS) to comply with accreditation standards for implementation by Fall 2016.
* Conversion from Mental Health Technology/Chemical Dependency (MHTCD.AAS) to a Chemical Dependency AAS degree program (possibly called CDC.S.AAS) and explore accreditation through the National Addiction Studies Accreditation Commission (NASAC).
* Secure articulation agreements with more 4-year universities; especially Capital University Social Work Program.
* Closely track graduates of HSBH programs on a yearly basis to obtain important data regarding program satisfaction, transfer, and employment for assessment and evaluation purposes.

1. **What resources and other assistance are needed to accomplish the department’s/program’s goals?**

* We need an additional full-time faculty member to accomplish these goals.

**Section VI: Appendices: Supporting Documentation**

01. Minimum Behavioral Expectations for HSBH Students

02a. November 2014 Letter from Accreditation Council

02b. January 2015 Letter from Provost to Accreditation Council

03a. Assessment Rubric for Program Outcomes

03b. Results of Assessment of Program Outcomes 2012 - 2014

03c. Results of Assessment of Practicum Sites by Students 2010 - 2014

04a. Employer Survey - December 2014 - Survey Monkey

04b. Results of Employer Survey - December 2014

05. Results of Recent Graduate Survey by RAR - 2013

06. Environmental Scan 2014

07a. Occupational Outlook - U.S. Dept. of Labor, Bureau of Labor Statistics

07b. RAR - 10 Year Regional Healthcare Occupational Demand Projections - Nov. 2014

08. HSBH Advisory Committee Membership

09. Contribution Margin

10. HSBH Student Demographics 2009 - 2013