Using Results to Improve Institutional Planning and Effectiveness for Administrative Units

Office of Institutional Effectiveness and Student Success
June 23, 2020

Overview of Presentation

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Part I.
Context for Institutional Planning and Effectiveness

Mission of SACSCOC

The Commission's mission is the **enhancement of education quality** throughout the region and the improvement of the effectiveness of institutions by **ensuring that they meet standards established by the higher education community** that address the needs of society and students.

http://www.sacscoc.org/pdf/2018PrinciplesOfAcreditation.pdf

SACSCOC Revised *Principles of Accreditation:* *(Dec. 2017)*

Section 7 of the revised Principles is primarily relevant to this discussion:

Section 7: Institutional Planning and Effectiveness

Sources:
http://www.sacscoc.org/pdf/2018PrinciplesOfAcredation.pdf
http://www.sacscoc.org/pdf/2018%20POA%20Resource%20Manual.pdf

Section 7: Institutional Planning and Effectiveness

Effective institutions demonstrate a commitment to principles of continuous improvement, based on a <u>systematic and documented process of assessing institutional performance with respect to mission in all aspects of the institution</u>. An institutional planning and effectiveness process involves all programs, services, and constituencies; is linked to the decision-making process at all levels; and provides a sound basis for budgetary decisions and resource allocations.

Sources:
http://www.sacscoc.org/pdf/2018PrinciplesOfAcreditation.pdf
http://www.sacscoc.org/pdf/2018%20POA%20Resource%20Manual.pdf

Section 7.3 Administrative Effectiveness

The institution identifies expected outcomes of its administrative support services and demonstrates the extent to which the outcomes are achieved.

Sources:
http://www.sacscoc.org/pdf/2018PrinciplesOfAcreditation.pdf
http://www.sacscoc.org/pdf/2018%20POA%20Resource%20Manual.pdf

Loss-Momentum Framework

The Loss-Momentum Framework developed by the Completion by Design initiative helps colleges identify where students meet their greatest obstacles to persistence and completion. By doing this, colleges can map their student success efforts to the key stages of the student experience to ensure they are providing the necessary supports to students throughout their full experience.

Source: https://www.achievingthedream.org/resource/15146/loss-momentum-framework-revised

VCCS Performance Funding Measures

By 2020, the VCCS will award 20% of the annual state allocation funding to colleges based on performance funding measures based on the Loss-Momentum Framework. Colleges are awarded points based on the **progress**, **retention**, **completion**, and **transfer** of their students.

Source: http://trcenter.vccs.edu/data/

LOSS-MOMENTUM FRAMEWORK

CONNECTION
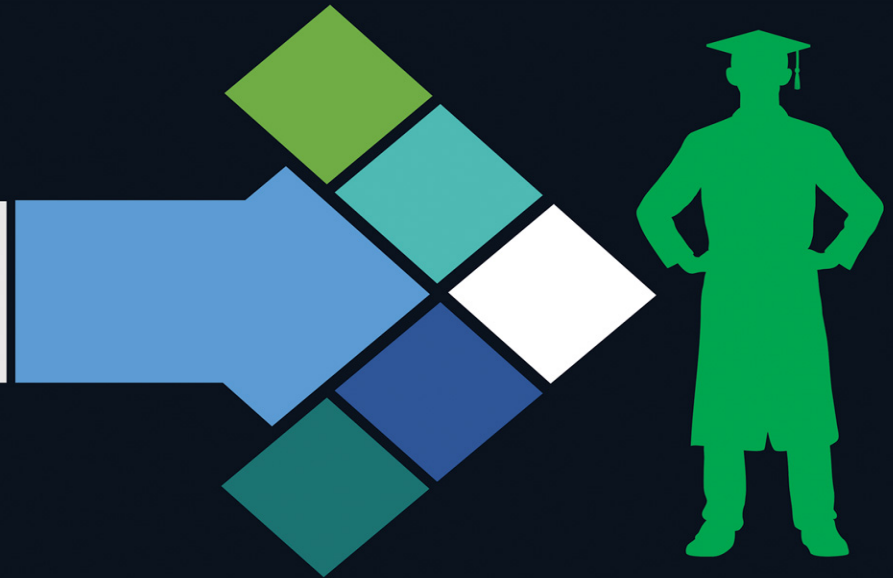From interest to application

ENTRY
From entry to passing program gatekeeper courses

PROGRESS
From entry to completion of program requirements

COMPLETION
Completion of credential of value for further education & labor market advancement

The Loss-Momentum Framework **is designed to help colleges better understand their students' experiences through the four main stages of their interaction with the college.**

The Framework is a tool for evaluating college policies and assessing student data outcomes to identify where students stumble or become sidetracked and where there are opportunities to prevent students from dropping out and improve their momentum toward program completion.

In Summary, On-going, Systematic Planning and Evaluation:

- Provides evidence of how well units are advancing:
    - NOVA's mission and strategic plan
    - The VCCS *Complete 2021* strategic plan https://www.vccs.edu/about/#strategic-plan
    - SCHEV's goal to make Virginia the "*best educated state by 2030*"
- Enhances unit's effectiveness and the College's effectiveness
- Improves the unit's administration/staff KSAs and subsequently the unit's services
- Improves student success

Part II.
Rubric Scores for the 2018-2019 APER

Purpose of Providing Rubric Scores

- Feedback to subunits for continuous improvement
- Rubric scores highlight areas needing improvement
- Subunits can use annual rubric scores to observe reporting over time
- Office of Planning and Evaluation (OPE) uses the rubric scores to write the Institutional Effectiveness Audit for NOVA and SACSCOC
  - To highlight operational efficiencies and institutional effectiveness
  - To determine areas needing improvement as a College

Rubric Key

Rubric Key		
Color	**Score**	**Performance Level**
Dark Green	90%-100%	Meeting expectations
Light Green	80-89%	Mostly meeting expectations
Yellow	70%-79%	Partially meeting expectations
Red	Below 70%	Not meeting expectations

Rubric Scores

2: provided all information in prompt
1: provided partial information in prompt
0: did not provide information

College-Wide Rubric Score for
2018-2019 Administrative Unit APER

		Expected Outcomes	Measure with Target	Results	Use of Results	Total 2018-19
College-Wide Average Scores	2018-19	100.0%	99.2%	87.8%	91.4%	94.1%

Criteria for APER Follow-Up Meeting

Criteria for APER Follow-Up	Meeting with Office of Planning and Evaluation
Report has at least one red square (which is a score below 70% = not meeting expectations).	Strongly Recommended
Report has a yellow square (partially meeting expectations) for results or use of results criteria.	Strongly Recommended
Report is missing one or more expected outcomes.	Strongly Recommended
Report has at least two light green squares (mostly meeting expectations).	Suggested
Report has a yellow square for expected outcome or measure criteria.	Suggested
Report has only dark green squares (meeting expectations).	Optional

Rubric Score Categories for Results

Subunit									
Scoring of Results	Time-frame	Data Provided	Data Disaggregated by Campus/ Demographic/ Topic/etc.	Provided Total Population Number, Sample Number, and Percentage	Appropriate Evaluation Sample	Provided Data from Previous Years	Discussed Strengths/ Weaknesses	TOTAL POINTS EARNED	TOTAL POSSIBLE POINTS
Point Totals	0	0	0	0	0	0	0	0	0
Expected Outcome 1									
Expected Outcome 2									
Expected Outcome 3									

Rubric Score Categories for Use of Results

Scoring of Use of Results	Changes Made Since Previous Evaluation	When Previous Actions were Implemented	Impact of Previous Changes	Current Results Improved	Indicated if Target and Threshold were Met	Current Areas Needing Improvement	Current/New Actions to Improve Expected Outcome	Current and Future Actions Included When/Who	Next Evaluation Provided and When	TOTAL POINTS EARNED	TOTAL POSSIBLE POINTS
Subunit											
Point Totals	0	0	0	0	0	0	0	0	0	0	0
Expected Outcome 1											
Expected Outcome 2											
Expected Outcome 3											

Using Feedback for the 2019-2020 APER

- 2018-2019 APER are now compiled into a final report.
- You do not need to edit the 2018-2019 APER.
- Feedback on the 2018-2019 APER should be used to write the 2019-2020 APER.
- Review feedback to consider what improvements can be made for the 2019-2020 APER.

Part III.
2019-2020 APERs for Administrative Units

Annual Planning and Evaluation Report for Administrative Units: 2019-2020
Unit:
Subunit:

NOVA Mission Statement: With commitment to the values of access, opportunity, student success, and excellence, the mission of Northern Virginia Community College is to deliver world-class in-person and online post-secondary teaching, learning, and workforce development to ensure our region and the Commonwealth of Virginia have an educated population and globally competitive workforce.

Subunit Purpose Statement:

Expected Outcome (L) Learning [ ] (O) Operational [ ]	Expected Outcome: Strategic Plan Objective(s) #:	
Measure with Target	**Results**	**Use of Results**
Measure: Target: Acceptable Threshold: Justification for Threshold: (ex. Based on last year's data. Based on national data. Data will be collected this year to set a benchmark.)	Academic or Fiscal Year Current Data Collected: **Table Title (Disaggregate Data): Year/Term** (see table below) *N=Total population Strengths of Results: Weaknesses of Results:	Previous Actions(s) to Improve Unit Services Related to this Outcome (What? Who? How? When?): Current Results Improved: [ ] Yes [ ] No [ ] Partially [ ] N/A Explain impact of previous changes/ actions: Target Met: [ ] Yes [ ] No [ ] Partially [ ] N/A Acceptable Threshold Met: [ ] Yes [ ] No [ ] Partially [ ] N/A Areas Needing Improvement Based on Current Results: Action Plan Based on Current Results (What? Who? How? When?): Next Evaluation of this Expected Outcome (Academic or Fiscal Year):

Sub-Categories	2015-16 *N=	2016-17 *N=	2017-18 *N=	2018-19 *N=	2019-20 *N=	Change from X Year #	Change from X Year %
Total							

Areas to Consider for the Upcoming 2019-2020 APER

1. **Expected Outcomes** were created to last the length of the Strategic Plan to 2023. If a subunit needs to change the expected outcome, please send it to us for review.

2. **Measures and Targets** can be changed to enhance and produce more useful and meaningful data collection. If a subunit would like to discuss measures and targets, please contact us. If an expected outcome uses multiple measures, report results for each measure in a separate row. Use last year's action plan to guide measures and targets.

Areas to Consider for the Upcoming 2019-2020 APER, Cont'd

3. The **Results** criterion supports the other three rubric criteria to meet expectations. To improve the analysis of results:

    A. Provide 5 years of trend data, if available.
    B. Disaggregate the data by demographic, campus, topic, etc.
    C. Describe the population and sample size, if appropriate.

4. **Use of Results**: Subunits should use their evaluation results to determine specific action plans to improve administrative effectiveness in the future, as well as report past actions which impacted the current results. The 2018-2019 **Action Plan** should be included as the **Previous Action** taken in the 2019-2020 APER.

Part IV.
Examples of Disaggregating Data

Disaggregating Data: Limited Data

Lacks usefulness - does not indicate strengths or areas needing improvement

Required Courses Applied to Program of Study: 2018-2019

Checklist Criteria	2018-2019
Percent of required courses applied to program of study	**93%**

- Provide total number of courses and data for five years
- Disaggregate by Pathway
- Disaggregate by Race/Ethnicity, Gender, etc.

Disaggregating Data: Comparative Years

Better… but still does not indicate "what" NOVA is improving on and "what" still needs improvement.

Findings and Timeliness: FY 2017 - 2019

Checklist	FY 2016-2017	FY 2017-2018	Change from 2017-2018	
			#	%
Audit Findings	4	7	3	+75
Compliance Findings	1	3	2	+200
	FY 2018	**FY 2019**		
Submitted on time	Yes	Yes	N/A	N/A

- Provide total number of possible findings (N=)
- Include types of findings
- Include 5 of years of data for trend analysis

Disaggregating Data: Disaggregated Data

Data indicate what is working and what needs improvement.

Number in Subcategories: Fall 2014 through Fall 2018

Subcategory	Fall 2014	Fall 2015	Fall 2016	Fall 2017	Fall 2018	Change from FA14 to FA18	
	#	#	#	#	#	#	%
Subcategory A	990	900	909	953	903	-87	-8.8%
Subcategory B	2,654	2,711	2,989	3,298	3,177	523	19.7%
Total	**3,644**	**3,611**	**3,898**	**4,251**	**4,080**	**436**	**12.0%**

- Include types of findings
- Include 5 of years of data for trend analysis

Part V.
Examples of Results

Results: Needs Improvement

Overall Results: N/A

Strengths of Results: N/A

Areas to Improve: N/A

Current Results Improved:
[ ] Yes [ ] No [ ] Partially [X] N/A

Explain: We have begun collecting data about how many trainings we perform. We need to collect better data about outcome of training.

- N/A is not acceptable in the 2019-2020 report as SACSCOC will be reviewing and can give NOVA a recommendation.
- Comparative data is required.
- If you do not have data for the measure planned, can you use another measure for the outcome?

Results Description: Good Example

Overall Results: Total number of Audits completed last year with no audit points and only minimal comments.

Strengths of Results: Based on results NOVA is meeting VCCS 27002:2013 industry standards for information security. This plan is reviewed yearly at various points throughout the year.

Areas to Improve: Educate the Faculty to adhere to VCCS policies to ensure standards are met as technology and standards change.

Current Results Improved: [X] Yes [ ] No [ ] Partially
Explain: We were able to complete additional audits with no issues or audit points this year.

- Provide total number of findings
- Include type of points/comments received
- Provide data for five years

Part VI.
Examples of Action Plans

Action Plan: Needs Improvement

Action Plan Based on Current Results (What? Who? How? When?):
We will set benchmarks for a target and an acceptable threshold for FY2021.

- Provide What, Who, How, and When
- Give details
- The purpose of the APER is to determine areas needing improvement in the subunit to **increase institutional effectiveness** and **operational efficiencies. The Action Plan should focus on this!**

Action Plan: Good Example

During the 2019-2020 performance evaluation cycle, the Employee Relations team will:
- ➤ Provide supervisors with training on completing classified staff evaluations.
- ➤ Be more proactive with reminders via the email and newsletter communications.
- ➤ Provide ways/tips for supervisors to collect evaluation data throughout the cycle.
- ➤ Begin electronic processing of faculty evaluations.
- ➤ Communicate non-compliance with leadership.

- Provide What, Who, How, and When
- Give details
- The purpose of the APER is to determine areas needing improvement in the subunit to **increase institutional effectiveness** and **enhance operational efficiencies.**

Summary

- Expected outcomes should last the length of the Strategic Plan (2023).
- If you change expected outcomes, send them to us for review.
- Populate all prompts.
- Do not delete prompts.
- Give details.
- Do not use acronyms.
- Provide 5 years of data.
- Disaggregate the data by demographic, campus, topic, etc.
- Describe the population and sample size, if appropriate.
- Provide What, Who, How, and When.
- Provide a detailed action plan for continuous improvement.
- **Submit the APER by July 13, 2020 – earlier is better so we can provide feedback.**
- Please contact us if you have any questions!

Part VII.
NOVA's Planning and Evaluation Timeline

Timeline

Timeframe	Action	Detail
July-August	Plan	Align expected outcomes with measures and set targets and acceptable thresholds
Fall/Spring	Implement	Collect data
		Analyze data
June/July	Evaluate	Use results to make improvements
		Submit report to the Office of Planning and Evaluation (July 13, 2020)
	Improve	Reassess for continuous improvement

Thank You!

Thank you for your dedication to the College and your efforts to continuously improve institutional effectiveness and student success at NOVA.

Questions?

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