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MAY 13 2014

*Accrediting Commission for
Community and Junior Colleges*

FOLLOW-UP REPORT

Los Angeles Mission College

13356 Eldridge Avenue
Sylmar, California 91352

A Confidential Report Prepared for the Accrediting Commission
For Community and Junior Colleges

This report represents the findings of the evaluation team that visited
Los Angeles Mission College
April 24 through 25, 2014

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Introduction

An External Evaluation Team visit was conducted to Los Angeles Mission College in March 2013. At its meeting of June 2013, the Commission acted to require a Follow-up Report followed by a visit. The visiting team conducted the site visit to Los Angeles Mission College April 24-25, 2014. The purpose of the team visit was to verify that the Follow-up Report prepared by the college was accurate through evaluation of evidence, to determine if sustained, continuous and positive improvements had been made at the institution, and that the institution has addressed the recommendations made by the External Evaluation Team, resolved the deficiencies noted in those recommendations, and meets the Eligibility Requirements, Accreditation Standards and Commission Policies.

The Team found that the college was well prepared for the visit. The college prepared a detailed report of its activities and accomplishments that focused on resolving the recommendations from the Comprehensive Evaluation visit in 2013. The report was supplemented with a document that provided direct electronic links to each of the extensive list of evidentiary documents cited in the finished report. The team reviewed numerous committee minutes, reports, plans and resource allocation documents related to each of the specific recommendations. This enabled the team members to prepare a preliminary report and follow-up questions well in advance of the on-site visit.

The college organized a schedule of meetings that allowed the members of the team to meet with all the individuals who had responsibility for the resolution of the specific recommendation. These individuals included the President, Vice Presidents, deans, faculty and staff. The dialog from each of the fourteen different meetings contributed to the conclusions reached in the team report.

The Follow-up Report and visit were expected to document the resolution of the following recommendations:

Recommendation # 1: To meet the Standards, the team recommends the college develop and institute a formal process utilizing its established governance and decision making processes for reviewing its mission on a regular basis and making revisions as necessary. (I.A.3)

Recommendation #2: To meet the Standards, the team recommends the college assess the achievement and learning outcomes for each of the past five years by programs and the college, set standards for student success including student achievement and student learning, accelerate its efforts to assess outcomes in all courses, programs, degrees and certificates and assess how findings have led to improved student learning and the achievement of the college mission, and widely distribute the results so they may be used as the basis for all constituent groups to engage in self-reflective dialog about the continuous improvement of student learning and institutional processes. (I.B; II. A; II.B; I.B.2; I.B.6; II.A.1.c; II.A.2; ER 10)

With regard to ER 10, the Self Evaluation Report stated, "at least one outcome for each course, certificate, and program has been assessed." The team's review of the College's online SLO

management system, however, indicated that this was not accurate. A number of courses across the curriculum have yet to enter any assessments for their stated SLOs.

Recommendation #3: To meet the Standards, the team recommends the college develop and implement a comprehensive program of research and evaluation to support the assessment of student, program and institutional learning outcomes, and program review; support ongoing engagement in a collegial, self-reflective dialogue about the continuous improvement of student learning and institutional processes; and support collection and analyses of data related to the needs and goals of its diverse student populations. (I.A.1; I.B.1; I.B.2; I.B.6; II.A.1.a; II.A.1.c; II.A.2; II.A.2.d; II.A.2.f)

Recommendation #4: To meet the Standards, the team recommends the college develop and implement a plan for Distance Education that includes an evaluation of Distance Education for alignment with the needs of the college's intended student population, an assessment of the quality of instruction and compliance with US Department of Education regulations, infrastructure to support online teaching and learning, and a systematic assessment of student learning and achievement outcomes in order to ascertain how well students are learning in distance education courses. Such a plan should be integrated with other college planning efforts and linked to the resource allocation process. (I.B.1; I.B.2; I.B.4; I.B.5; I.B.7; II.A.1; II.A.2; II.A.3; II.A.6; II.A.7; II.A.8; and II.B.3.c)

Recommendation #5: To meet the Standards, the team recommends the college adopt mechanisms for assessing: student learning styles and needs, the alignment of instructional delivery and pedagogical approaches with student learning styles and needs, and how instructional delivery and pedagogical approaches are related to achievement of student learning outcomes. (II.A.2.d)

Recommendation #6: To meet the Standards, the team recommends the college develop a set of metrics and performance standards to better monitor the effectiveness of its planning and resource allocation decisions in achieving improvements in student learning. (I.A.1; II.A.1; and II.A.2.f)

Recommendation #7: To meet the Standards, the team recommends the college undertake an overall assessment of its student support service offerings to determine the full scope of services it needs to offer to meet the diverse needs of its students as well as all federal and state requirements. The assessment should also determine the level of staffing needed to deliver an acceptable level of services based on its budgeted student enrollment, and develop the resources needed to employ the staff required to deliver the planned services. (II.B.1; ER 14)

With regard to ER 14, the College has left positions unfilled and allowed serious gaps in student services in the wake of budget reductions. Student Support Services staffing has not been sufficient to provide services to students for lengthy periods. Further, the team found a lack of action steps for how to offer services at an acceptable level as required by the Standards.

Recommendation #8: To meet the Standards, the team recommends the college develop and make available to visiting teams a report of student complaints/grievances that details the date of

the complaint/ grievance, the name of the individual filing the complaint/grievance, the nature of the complaint/grievance, the disposition of the complaint/grievance, and the date of the disposition. The report should cover a five year period and be updated annually. (II.B; II.B.2.c; II.B.3.a; II.B.4; ER 20)

Recommendation #9: To meet the Standards, the team recommends the college ensure that all student support programs, including counseling for distance education students, are actively engaged in the program review and outcomes assessment process to determine how they contribute to the institutional student learning outcomes. All of the student services programs and services should complete a full cycle of review and assessment which includes gathering of data, analysis of data, implementation of program changes for improvement and the re-evaluation of implemented improvements. (II.B.3; II.B.3.c; and II.B.4)

Recommendation #10: To meet the Standards, the team recommends the college assess how effective the collegiality efforts have been in promoting a productive collegial workplace, how it subscribes to, advocates, and demonstrates integrity in the treatment of all employees, and then implement improvements based on the outcomes of the assessments. It also should complete the code of conduct approval process, and demonstrate that the college is upholding its code of conduct. (III.A.1.d; III.A.4.c)

Recommendation # 11: To meet the Standards, the team recommends the college integrate human resources planning into its institutional planning in order to maintain a sufficient number of qualified faculty, staff, and administrators to support the college's mission, purposes and programs. (III.A.2; III.A.6)

Recommendation # 12: To improve its established budget development practices, the team recommends the college determine the cost of maintaining and periodically replacing the technology acquired through grant funding and factor those costs into their planning and budgeting process. (III.C.1.c; III.C.2; III.D.1.d)

Recommendation #13: To meet the Standards, the team recommends the college provide appropriate training to staff on the proper documentation procedures identified in the audit for: "To Be Arranged" (TBA) courses, eligibility verification for college categorical programs, and verification of census reporting documents. The college also must establish internal controls to ensure that audit findings are resolved prior to the subsequent audit. (III.D.2.a; III.D.2.d; III.D.2.e)

Recommendation# 14: To meet the Standards, the team recommends the college undertake an evaluation of its collegial governance and decision-making processes, as well as the overall effectiveness of the current administrative structure, and that it widely communicate the results of these evaluations and uses them as the basis for improvement. (IV.A.5; IV.B.2.a)

College Responses to the 2013 External Evaluation Team Recommendations

Recommendation # 1: To meet the Standards, the team recommends the college develop and institute a formal process utilizing its established governance and decision making processes for reviewing its mission on a regular basis and making revisions as necessary. (I.A.3)

Findings and Evidence: The team reviewed documentation regarding the college's formal process for reviewing the mission statement by shared governance groups. The process was developed by College Council at the annual College Council Retreat (August 2013) and reviewed and approved by Budget and Planning, Educational Planning, Student Support Services Committees, the Academic Senate, AFT faculty and staff guilds and the president. The college conducted a review of the mission statement using the formal process concurrent with developing the new process, all in fall 2013. As per the evidence and the Follow-Up Report, the final process approval was in December 2013 as was final approval of the mission statement.

The college provided evidence supporting the development of the process and the review of the college mission with documentation from the retreat agendas and minutes, shared governance committee minutes, Academic Senate and College Council minutes, a written copy of the review process, presidential approval documents, and the statement itself.

The Follow-Up Report indicates that recommendations for changes were made only by the Student Support Committee. The College Council reviewed feedback and recommended that the current mission statement be retained. The Academic Senate minutes from December 5, 2013 indicate that the Student Support Committee revisions to the mission statement were proposed and considered but the Senate voted to approve the original, or un-revised, mission statement.

The College Council evaluated the process for reviewing the mission and modified the review, vetting and approval process. The president approved the revisions to the process. The Follow-Up Report indicated that the mission statement was not reviewed in 2014 but would go through the formal review process again in spring 2015. However, interviews revealed that the process had begun in spring 2014 in order to complete the process for the upcoming publication of the catalog and to insure that the mission drives this cycle of the planning process.

Evidence of the process and the revised process appears in the February 4, 2014 retreat minutes, in Academic Senate minutes and in the Follow-Up Report but the process does not appear to be recorded formally in the governance handbook, MOU, or policies and procedures. As explained in interviews, the college is developing a master calendar (spring/summer 2014) that will include the timeline for review and approval of the mission statement.

Conclusion: The College has developed a formal process for reviewing its mission on a regular basis and making revisions as necessary. It has implemented a process for reviewing the mission and evaluated and revised the process. Committee minutes indicate that careful thought went into discussions about the mission and how it reflects the college and its constituents. The college has set a timeline for review of the mission statement that insures the process will be

completed in time for the mission statement to be published in yearly catalogs and insuring that the mission will drive planning.

The college has fully addressed the recommendation and now meets the Accreditation Standard.

Recommendation #2: To meet the Standards, the team recommends the college assess the achievement and learning outcomes for each of the past five years by programs and the college, set standards for student success including student achievement and student learning, accelerate its efforts to assess outcomes in all courses, programs, degrees and certificates and assess how findings have led to improved student learning and the achievement of the college mission, and widely distribute the results so they may be used as the basis for all constituent groups to engage in self-reflective dialog about the continuous improvement of student learning and institutional processes. (I.B; II. A; II.B; I.B.2; I.B.6; II.A.1.c; II.A.2; ER 10)

With regard to ER 10, the Self Evaluation Report stated, "at least one outcome for each course, certificate, and program has been assessed." The team's review of the College's online SLO management system, however, indicated that this was not accurate. A number of courses across the curriculum have yet to enter any assessments for their stated SLOs.

Findings and Evidence: The College has designed and implemented a strategy to assess the achievement and learning outcomes for each of the past five years by programs and the institution, and the college has set standards for student success, including student achievement and student learning. The college set standards for completion rates, retention rates, degree and certificate completions, and transfers. In addition, the college chose to set a standard for course retention. The college assessed outcomes at the program and college level for each of the past five years. A Research and Evaluation Theme Team has been established and the Dean of Institutional Effectiveness analyzed data on the six student achievement outcomes by college and program for five years. Data were then evaluated and discussed by the Council of Instruction (COI) and COI proposed performance standards to the Educational Planning Committee, which then discussed and refined the standards. These standards were then presented to the Academic Senate and College Council for approval December 2013. The existing program review self-evaluation process was expanded to include the evaluation of programs against these standards. Application of the standards as part of the program review process is being implemented spring 2014. Programs are expected to discuss their performance on these measures, to develop and implement strategies and/or interventions, and to assess interventions in the next year's program review. As of February 2014, the college has drafted a process for annually evaluating the college's performance on institution-set standards. Additional evidence provided the team subsequent to the visit shows that the original 2015 implementation date had been moved up to spring 2014.

The team's review of the College's online SLO management system indicates that some of the data reported is not accurate or out of sync with data reported elsewhere and does not reflect the work reported in disparate sources and through interviews. When considering all sources, the vast majority of the 354 active courses have had at least one SLO assessed (95.5%), and courses have been through one, and in some cases, two full cycles of SLOs assessment.

The CORs include SLOs and a system is in place for updating COR SLOs between six-year curriculum review by adding an addendum to the COR so that course syllabi have SLOs consistent with the COR. Program review includes prompts for SLO assessment status, changes implemented as a result of SLO/PLO assessments, and improvements in student learning. The Follow-Up Report indicates that 78% of courses have had assessments evaluated and 59% have had changes implemented as a result of SLO assessment, with some programs more actively involved in the assessment/intervention process than others.

The college has begun efforts to assess outcomes in programs, degrees and certificates. Currently, 66.3% of programs have documented ongoing assessment of program learning outcomes recorded in the online system. A comprehensive Summary Assessment Report on SLOs and PLOs is online through the SLO home page and includes an extensive narrative about assessment findings, interventions and improvements to student learning. The report indicates that findings have led to improved student learning and the achievement of the college mission. The SLO Coordinators and the Dean of Institutional Effectiveness are developing enhancements to the online SLO system to improve the reporting of PLOs and ILOs mapped to specific SLOs. Training is scheduled for fall 2014 with an implementation target date of October 2014. Improving the reporting mechanism does not address the fact that 33% of the programs have not documented ongoing assessment of PLOs and that using achievement data alone at the program level does not meet expectations.

The college has held flex day SLO discussions, trainings, and an SLO Summit, with broad participation. All constituent groups have had the opportunity to engage in self-reflective dialog about the continuous improvement of student learning and institutional processes. The college is planning to publish a report that will summarize institution-set standards for student achievement and findings on learning outcomes. The outline for the report is underway and the report will be completed fall 2014. Other data on SLO assessment is available on the college SLO web page.

To support work on this recommendation, the college provided evidence of minutes from the Accreditation Steering Committee Research and Evaluation Theme Team minutes, data summaries for Institution-Set Standards, minutes from the Council of Instruction, EPC, Academic Senate, College Council retreat summary and meeting minutes, presidential approval, the Strategic Master Plan, presentation of the district Strategic Plan, and the revised goals alignment with DSP Goals.

Conclusion: The college is working hard to develop a comprehensive system that is broad-based, with college wide engagement and broadly distributed results.

The college has designed and implemented a strategy to assess the achievement and learning outcomes on set standards, a portion of which has been implemented.

The college sets assessment dates for course level outcomes beginning a new cycle in spring 2014 for courses that appear on the Master Schedule. 95.5% of courses have had at least one SLO assessed. 78% of courses have had assessments evaluated and 59% have had changes implemented as a result of SLO assessment.

The college is in the process of assessing its ILOs and tracking assessments. It has assessed six and the seventh is being assessed spring 2014.

The college has 95 programs of which 63 have ongoing outcomes assessment. Work still needs to be done to insure that all programs have ongoing PLO assessment and that PLOs mapped to SLOs are assessed using tools that yield cross-curriculum data, and that programs are not relying solely on achievement data to assess PLOs. Additionally, programs vary with respect to the analysis and use of the achievement data.

Because of the variable or uneven implementation with respect to outcomes assessment, analysis of results, and use of results to improve pedagogy, the college does not yet meet the proficiency level. A continuous process of assessment will require a broader and deeper evaluation of reliable assessment data, implementation of interventions, and the assessment of intervention strategies.

The College is in the process of addressing the recommendation and correcting deficiencies, but is not yet in full compliance with Eligibility Requirement 10 and the Accreditation Standards.

Recommendation #3: To meet the Standards, the team recommends the college develop and implement a comprehensive program of research and evaluation to support the assessment of student, program and institutional learning outcomes, and program review; support ongoing engagement in a collegial, self-reflective dialogue about the continuous improvement of student learning and institutional processes; and support collection and analyses of data related to the needs and goals of its diverse student populations. (I.A.1; I.B.1; I.B.2; I.B.6; II.A.1.a; II.A.1.c; II.A.2; II.A.2.d; II.A.2.f)

Findings and Evidence: The College has hired a permanent Dean of Institutional Effectiveness and a permanent full-time research analyst and has supplemented its existing program review information system to incorporate internal standards of performance and outcomes assessment information. There is evidence of a wide variety of research and analysis being performed and utilized for program improvement and for the benefit of students. There is also evidence of broad based dialogue around assessment results and results from other research studies in various committees including the College Council, Program Review Oversight Committee, and the Educational Planning Committee.

Additionally, internal standards of performance have been set at the institutional level and within each program; the latter being incorporated into the program review process. The college has also done substantive work in assessing student learning styles, improving the quality of its assessment reports, and developing a process to review and revise its mission statement.

To improve their practices, the college may wish to pursue deeper evaluations of institutional processes. For example, the college spends a great deal of time surveying committee members regarding their perceptions of how committees are functioning. Other data collection methods may reveal actionable areas of improvement that are not revealed by a survey.

Examination of the research calendar also reveals that significant resources are used to support operational reporting and enrollment planning. Enrollment planning at the college encompasses trying to better align scheduled course offerings with the needs of incoming students.

Conclusion: The College has made significant progress in a relatively short period of time in establishing the infrastructure to facilitate a culture of inquiry and continuous improvement. Going forward, the college will need to think about ways to sustain its efforts in institutional effectiveness. The college may want to think about other research methods, such as qualitative approaches, to gather rich information about how processes function and how they can be improved.

The college has fully addressed the recommendation and now meets the Accreditation Standard.

Recommendation #4: To meet the Standards, the team recommends the college develop and implement a plan for Distance Education that includes an evaluation of Distance Education for alignment with the needs of the college's intended student population, an assessment of the quality of instruction and compliance with US Department of Education regulations, infrastructure to support online teaching and learning, and a systematic assessment of student learning and achievement outcomes in order to ascertain how well students are learning in distance education courses. Such a plan should be integrated with other college planning efforts and linked to the resource allocation process. (I.B.1; I.B.2; I.B.4; I.B.5; I.B.7; II.A.1; II.A.2; II.A.3; II.A.6; II.A.7; II.A.8; and II.B.3.c)

Findings and Evidence: The College is working diligently to create a sustainable infrastructure for distance education. A Distance Education Plan (DEP) has been prepared and is being implemented, although it is pending final approval. The Distance Education Committee recommended adoption in February 2014 and the DEP is circulating through the shared governance committees, College Council, and Academic Senate. It was approved by EPC in April and will go to the Academic Senate May 1st and then to College Council for final approval by the end of May.

The team confirmed that the DE plan details a program review process, analysis of student achievement and outcomes compared to face-to-face classes, improvements and assessment of counseling and support services, criteria and assessment for evaluating courses, and continual review of the DE plan and infrastructure on a three year cycle. This plan is in its first year of implementation. A survey of DE students has been conducted and improvements based on findings are being implemented. The DE Committee has strengthened infrastructure through collaboration with Student Services and Staff Development. The DE committee assembled an ad hoc committee for working with student services to provide on-line services for DE students. As a result, the college will roll out an on-line counseling service to assist on-line students in fall 2014 and other on-line services are under development.

The college has updated the website for filing student grievances/complaints, met requirements for student identification and authentication and met requirements for regular and effective contact through a Curriculum Committee approval process. A faculty resource center has been

created and the DE coordinator receives increased time for meeting student, instructional and service needs. The program review process is used for resource allocation for DE requests.

The DE plan is integrated with other college planning efforts and linked to the resource allocation process. The DE Plan is reviewed along with the EPC, Student Services Master Plan, and Strategic Plan at the May and August retreats, where goals and objectives are mapped and timelines set. Resources for DE are allocated through the program review process. As an example, DE in its last program review requested the Etudes Course Management System and has now transitioned to the new system.

Conclusion: The Distance Education Plan includes steps for sustained, long-term progress and continued compliance with federal, state and local regulations for distance education. Etudes is in place and faculty have opportunities for training while students and faculty have access to a helpdesk. The Plan is integrated into other college planning processes. The distance education program is stable at this time with about 1/5 of the students enrolled in any DE courses. There is no expectation of either substantially increasing or decreasing offerings in the next few years.

The college has fully addressed the recommendation and now meets the Accreditation Standards.

Recommendation #5: To meet the Standards, the team recommends the college adopt mechanisms for assessing: student learning styles and needs, the alignment of instructional delivery and pedagogical approaches with student learning styles and needs, and how instructional delivery and pedagogical approaches are related to achievement of student learning outcomes. (II.A.2.d)

Findings and Evidence: The College has made some progress in this area. There is evidence that a learning styles survey was distributed to students, and its results analyzed. Additionally, there is evidence in student learning assessment results that some departments are genuinely dialoguing about and implementing changes to pedagogical approaches as a result of their assessments. Additionally, some faculty seem to be connecting pedagogical approaches to student learning styles and improving student learning outcomes. Evidence in this area was noted in the assessment reports for Sociology, Biology, and Math. Additionally, there is evidence that the Vice President of Instruction has taken on a substantial leadership role in facilitating deep dialogue with respect to student learning styles and pedagogical approaches and has also, in collaboration with the faculty, worked to develop the Eagle's Nest, a center for professional development related to teaching and learning. However, these processes are not widespread throughout the curriculum.

Conclusion: The analysis and recommendations with respect to alignment of instructional delivery and pedagogical approaches does not appear to have filtered down and across a wide array of departments. In fact, examination of departmental assessment reports appears to indicate that many departments have not yet actively engaged in meaningful assessment practices nor have they dialogued significantly about how to improve student learning and pedagogy. There is certainly unevenness in the understanding of a quality assessment report and program review. The college is engaged and committed to deep dialogue related to teaching and learning

but needs to demonstrate broader understanding through the main mechanism it uses to achieve compliance -- program review and outcomes assessment reporting. The college might consider analyzing the quality of its program review and outcomes assessment reports and developing training materials to bring units in need of strengthening into compliance with the standards. This could be accomplished through workshops or by applying the Educational Planning Committee's comprehensive review process to those units with reviews or assessment reports that do not meet the standards.

The institution has made substantial progress in addressing the recommendation but is not yet in full compliance with Accreditation Standards.

Recommendation #6: To meet the Standards, the team recommends the college develop a set of metrics and performance standards to better monitor the effectiveness of its planning and resource allocation decisions in achieving improvements in student learning. (I.A.1; II.A.1; and II.A.2.f)

Findings and Evidence: Using its college committee and governance structure, the college has established institutional benchmarks and a method and process for evaluating resource requests. Committees participating in the development of these benchmarks and processes include: the Council of Instruction, Educational Planning Committee, Academic Senate, College Council, the Budget and Planning Committee, and the President.

There is also evidence that the program review process and material is regularly evaluated by the entire college community through solicitation of feedback from end users. Feedback is solicited on an annual basis and members of the PROC make recommendations for improvements to the process and to achieve improvements in the quality of the reviews that is submitted. In addition, all comprehensive reviews are assessed for quality by the Educational Planning Committee to ensure that appropriate data analyses are conducted, recommendations for improvement are made, and that there is follow through on the recommendations. Administrative Services assess the comprehensive reviews for their respective areas. All comprehensive reviews are validated by a program review validation team.

The college has also developed a rubric to assess and rank resource requests. Resource requests are tied to departmental program reviews. Thus, departments must update their program review each year in which a comprehensive review is not required in order to participate in the annual resource allocation process.

Conclusion: The College has provided ample evidence with respect to the setting of internal standards of performance as well as evidence to support the fact that extensive dialogue occurred across the campus in establishing the standards. In addition, the college has integrated its internal standards of performance with its program review information system and reporting structure. Discipline specific performance is also compared across the district. Going forward, the college may want to ensure that it monitors systematic and regular use of the infrastructure that they have taken such care to implement. For example, the college may want to better

document and communicate more broadly the criteria used to evaluate program review reports for quality.

The college has fully addressed the recommendation and now meets the Accreditation Standard.

Recommendation #7: To meet the Standards, the team recommends the college undertake an overall assessment of its student support service offerings to determine the full scope of services it needs to offer to meet the diverse needs of its students as well as all federal and state requirements. The assessment should also determine the level of staffing needed to deliver an acceptable level of services based on its budgeted student enrollment, and develop the resources needed to employ the staff required to deliver the planned services. (II.B.1; ER 14)

With regard to ER 14, the College has left positions unfilled and allowed serious gaps in student services in the wake of budget reductions. Student Support Services staffing has not been sufficient to provide services to students for lengthy periods. Further, the team found a lack of action steps for how to offer services at an acceptable level as required by the Standards.

Findings and Evidence: Currently, the College has 4.5 full-time general counselors (six full-time general counselors with 1.5 FTEF release time for other necessary functions) to advise approximately 9,400 students. Adjunct faculty and classified substitute relief in Student Services were reduced to meet the reduction in funding targets specified by the State and the District. Fall 2012- 13 adjunct counseling faculty was reduced by 96.7%. Classified substitute relief was reduced by 72.4%.

During the 2013-2014 academic year, the college undertook a comprehensive research pertaining to the required level of student support services:

Staff Comparison Study - LAMC conducted an analysis of staffing levels in student service areas at two similar-sized colleges (West Los Angeles College and Los Angeles Harbor College) to determine how staffing levels at LAMC compared.

Comprehensive Faculty/Staff Survey - A comprehensive faculty/staff survey was administered to all LAMC faculty and staff during the fall 2013 term. One hundred thirty three responses were received from all employee groups, including full-time faculty, adjunct faculty, classified staff, administrators and unclassified staff.

Comprehensive Student Survey - A comprehensive, college-wide student survey was conducted during the fall 2013 term; 954 students (approximately 10 percent of the student population) responded.

Point of Service Surveys - The findings from the comprehensive student survey were further investigated using point of service surveys. These surveys were administered to students who had visited specific student support services units during the final two weeks of the fall 2013 term.

Student and Student Services Staff Focus Groups - LAMC partnered with California State University, Northridge (CSUN) to conduct focus groups with students and student services support staff. The CSUN team completed its report on the results of these focus groups and provided data that was used in the formulation of the Student Support Services Action Plan.

Federal and State Requirements Analysis - The Division of Student Services conducted an assessment to determine whether all departments were meeting all applicable Federal and State laws and requirements. An analysis of federal and state requirements for financial aid, EOPS/CARE, DSPS, and other student services programs found that without exception, all applicable Federal and State mandates are currently being met.

Based on the findings of all the research activities detailed above, the Vice President of Student Services, in consultation with the SSSC, developed a plan of action, including an augmentation of staffing and other resources. This plan targets improvements over a two year period that includes AY 14-15 and AY 15-16. Implementation of the plan will commence in spring 2014, and the target date for initial enhancements of service offerings is fall 2014. In an April 24 memo to the President, the VP detailed the following planned personnel expenditures for AY 14-15:

1. Admissions & Records: Student Support Services Representative; cost, \$36,000 plus benefits per year; We are not able to hire a SS Representative but we will be hiring an A & R Evaluator from General Fund. This will be posted early June '14.
2. DSPS: .5 FTEF for the position of DSPS Director, this would make the position 1.0 FTEF; cost, approximately \$50,000 annually; this position will be funded by the 2014 – 2015 Budget. It will be posted by May 22, 2014.
3. Counseling Department – 1 FTEF Counselor will be hired by August 01, 2014 funded by General Funds. 2 FT Limited Term or the equivalent, will be hired by August 01, 2014, funded by Student Services and Support Program (3SP) Funds.
4. Financial Aid Department: Accounting Technician position; this position will not be hired this year. Instead, an Evening Supervisor will be hired from General Funds by mid-August 2014.
5. Assessment Center: Student Services Assistant; this position will be hired in June '14 funded by 3SP Funds.
6. Dean of Student Services; this position will be posted by May 05, 2014 and hire by mid-July '14. The position will be funded, 75% 3SP Funds and 25% General Funds.
7. Outreach and Recruitment Coordinator; has been posted and is funded by the STEM and Title V programs.
8. International/Veteran Student Program Office Assistant Clerk position; will not be hired for AY '14 – '15.

Conclusion: The College undertook a systematic and detailed analysis of its student support service offerings to determine the full scope of services it needs to offer to meet the diverse needs of its students as well as all federal and state requirements. The analysis identified gaps in services and the staffing needed to implement its planned services. This is an important first step in successfully resolving the recommendation. However, unless the funding needed to employ

the qualified faculty and staff is allocated, and the individuals employed, the college will continue to be out of compliance with the Standard. The College projects that it will reach full resolution by spring 2015 through implementation of the Student Services Action Plan.

The College is in the process of addressing the recommendation and correcting deficiencies, but is not yet in full compliance with Eligibility Requirement 14 and the Accreditation Standards.

Recommendation #8: To meet the Standards, the team recommends the college develop and make available to visiting teams a report of student complaints/grievances that details the date of the complaint/ grievance, the name of the individual filing the complaint/grievance, the nature of the complaint/grievance, the disposition of the complaint/grievance, and the date of the disposition. The report should cover a five year period and be updated annually. (II.B; II.B.2.c; II.B.3.a; II.B.4; ER 20)

Findings and Evidence: As reported, the College has developed a formal computer log containing student complaints/grievances. The log includes the following information:

- Name of the individual filing the complaint/grievance;
- Student identification number;
- Nature of the complaint/grievance;
- Date of the complaint/grievance;
- Date of the disposition of the complaint/grievance;
- Final outcome.

Since a formal log was not kept prior to the fall 2013 term, the Office of Student Services reviewed the applicable paper and electronic files from the past four years, entered the findings in the log described above, and compiled the data into a report. Beginning in fall 2013, all complaints/grievances have been entered directly into the log for tracking and monitoring.

A report of student complaints/grievances covering the five year period from spring 2009 through spring 2014 was available for the visiting team to review and will be updated annually.

Conclusion: The team reviewed the log and available multi-year report. It contains all the elements needed to determine the outcomes of student complaints/grievances.

The college has fully addressed the recommendation and now meets the Accreditation Standard.

Recommendation #9: To meet the Standards, the team recommends the college ensure that all student support programs, including counseling for distance education students, are actively engaged in the program review and outcomes assessment process to determine how they contribute to the institutional student learning outcomes. All of the student services programs and services should complete a full cycle of review and assessment which includes gathering of data, analysis of data, implementation of program changes for improvement and the re-evaluation of implemented improvements. (II.B.3; II.B.3.c; and II.B.4)

Findings and Evidence: The team found that student support programs, including counseling for distance education students, are actively engaged in the program review and an outcomes assessment process to determine how they contribute to the institutional student learning outcomes. Student Services have linked Institutional Learning Outcomes (ILOs) to their Service Area Outcomes (SAOs) – 70 of the 79 SAOs are linked to ILOs. In fall 2013 all student service areas completed an annual program review update and 1/3 will undergo a comprehensive review spring 2014.

For the review update, participation rates were high overall although not all 15 departments participated in all five steps of the process. Participation rates were high for initial steps, e.g. identifying assessment methods, and low for the final step, with 49% completing a re-evaluation of the improvement plans of action. Departments that did not conduct re-evaluation of implemented improvements are expected to complete this process by the end of spring 2014. Fall 2013 began initial discussion of a Division Service Area Outcome and its integration and alignment with SAOs and each unit has developed one or more SAO that links to the DSAO.

The Student Services program review process has been reviewed and updated and includes a method for addressing and reporting continuous improvement.

Conclusion: All support programs are engaged in the program review process and according to the Follow-Up Report, the comprehensive program reviews will be completed in a three year cycle going forward with 1/3 completing the comprehensive review fall 2013, spring 2014 and spring 2015. However, this planned cycle results in the college lagging significantly behind the Commissions published rubric calling for all colleges to be at the proficient level by now. Plans are in place to re-evaluate improved processes. Templates, rubrics, and training are in place.

The college has made some progress in meeting this standard. From meeting minutes, it is evident that there is engagement with the program review and assessment process. However, from the matrix provided not all programs have completed a full cycle of assessment. Evidence provided indicates partial engagement with the outcomes assessment process. Student Services needs to ensure that all outcomes are assessed and analyzed and recommendations are made for improvement for all programs in order to meet the proficiency level. There were still several outcomes that had yet to have outcomes assessment data analyzed. Additionally, there need to be outcomes assessed and addressed in the counseling area related to counseling of distance education students.

The college is in the process of addressing the recommendation but is not in full compliance with Accreditation Standards.

Recommendation #10: To meet the Standards, the team recommends the college assess how effective the collegiality efforts have been in promoting a productive collegial workplace, how it subscribes to, advocates, and demonstrates integrity in the treatment of all employees, and then implement improvements based on the outcomes of the assessments. It also should complete the code of conduct approval process, and demonstrate that the college is upholding its code of conduct. (III.A.1.d; III.A.4.c)

Findings and Evidence: The College has held focus groups and worked with governance committees to define collegiality, to create a common sense of collegial behavior, and adherence to the code of conduct. The code of conduct approval process has been completed. Complaints have been forwarded to the president and actions taken where warranted.

Mediation interventions were implemented based upon known concerns in specific departments. Departments where problems were identified met and follow-up meetings were conducted with a mediator. The president reported that the mediator made suggestions for follow-up activities and the college is pursuing these, although this was not addressed in the report but mentioned in interviews. Ten focus group meetings were held spring 2013 with about 4 to 6 faculty participants at each group. All but four full-time faculty attended at least one of the sessions.

The college assessed collegiality through a collegiality survey in fall 2013. The fall 2013 campus collegiality survey involved 133 respondents including full time and part time faculty, staff and administrators. Those who did participate felt that budget cuts and understaffing were impacting campus collegiality. Main themes were resources, communications, and part-time faculty concerns.

The Follow-up Report does not address outcomes assessments from the focus groups or plans to act upon specific findings from the collegiality survey, e.g. budget concerns, communications, the concerns of part-time faculty. However, in discussion with the president, staff and faculty, it is clear that the college has put into action specific steps to rectify problems associated with communications and the concerns of part-time faculty as well as addressing the concern expressed by faculty, students, and community members about the Chicano Studies Program access to space. According to the president, the college will repeat the collegiality survey once a year and the president is preparing an action plan, due the end of May 2014, that will respond to the survey results and set out specific plans to address respondents' concerns.

The college shows how it subscribes to, advocates, and demonstrates integrity in the treatment of all employees through its anti-bullying pledge and its reaffirmation of the Code of Conduct. The president affirmed in interviews that the district now has a system for holding people accountable for bullying or not following the Code of Conduct. The president reviews and responds to complaints brought for conduct code violations. However, a count of these complaints and examples of how they were handled was not reported in the Follow-Up report.

Conclusion: The spring 2013 survey will be repeated to determine how effective the collegiality efforts have been in promoting a productive collegial workplace. Anecdotal information demonstrates that the college is improving efforts to uphold its code of conduct. While the Follow-Up Report did not detail correctives action to hold employees accountable for adherence to the standards (Standard III.A.1.d) or plans for addressing issues raised in the spring 2013 survey, the team's follow-up discussion with the president, faculty and staff indicate that the college has addressed its global workplace issues as well as the specific conflicts within particular programs and departments. The college has actually worked on solving global problems of fair and professional treatment across the campus. An action plan responding to the survey results and setting out specific plans to address respondents' concerns is to be completed in May 2014.

The college has fully addressed the recommendation and now meets the Accreditation Standards.

Recommendation # 11: To meet the Standards, the team recommends the college integrate human resources planning into its institutional planning in order to maintain a sufficient number of qualified faculty, staff, and administrators to support the college's mission, purposes and programs. (III.A.2; III.A.6)

Findings and Evidence: The College describes its human resources planning as being integrated into its institutional planning through the following established processes:

Program Review - In the program review process, each program and/or unit engages in ongoing collegial, self-reflective dialogue, and develops objectives to support the College's mission, meet its strategic planning goals, and improve the quality of its programs and services. This process is integrated with the Budget and Planning Committee to determine allocation of appropriate resources, including human resources.

Faculty Hiring - Full Time Tenured Faculty Requests for faculty hires must be included within Program Review. In addition to the Program Review Process, an application must be submitted to the Faculty Hiring Prioritization Committee (FHPC). The FHPC, under the auspices of the Academic Senate, annually reviews departmental requests for full-time tenured probationary instructional and non-instructional (counselors, librarians) faculty positions.

Administrator Hiring - If a division determines that it needs an administrative hire (academic or classified), a corresponding request must be included in Program Review. The division Vice President prioritizes the request and ensures that it and all other resource requests are integrated with budget and planning and in line with institutional priorities and strategic planning goals. The Vice President submits the prioritized resource allocation requests using the Budget and Planning "Resource Request Rubric for Prioritization".

Classified Staff Hiring - Individual departments or areas may request classified positions (including Classified Management positions) through Program Review. If a division determines the need for a classified hire, the division Vice President prioritizes that resource request and ensures that it and all other resource requests are integrated with budget and planning and in line with institutional priorities and strategic planning goals. The Vice President submits the prioritized resource allocation requests using the Budget and Planning "Resource Request Rubric for Prioritization."

The planning and recommendations for hiring of full-time faculty members, adjuncts, classified staff and administrators are completed by March 30 as part of the College's program review and resource allocation process. Approved human resources are then submitted to the District as part of the College's annual budget request.

In response to Recommendation 7, the College also conducted a Student Support Services Assessment to evaluate the staffing needs in Student Services. The overall assessment found that Mission appears to have comparative staffing deficiencies in Admission and Records,

Assessment/Matriculation, Athletics, Child Development, Counseling, and International Students. This assessment will be completed in spring 2014, and will provide the College's institutional planning committees (e.g. Budget and Planning, Student Support Services Committee) and the Division of Student Services data that will be used to support their resource requests for fall 2014.

Base staffing at the College is determined by the Los Angeles Community College District based on head count and Full Time Equivalent Students (FTES). The current allocated staffing currently includes 8 Academic Administrators, 87 Full Time Faculty, 252 Part-Time (adjunct) Faculty, 1 Classified Administrator, 145 Classified Employees, 242 Unclassified Employees.

The College reported that it has completed a human resources comparison of LACCD colleges of similar size and a content analysis of what it takes to sufficiently staff the operations of the College. Currently, LAMC's staffing levels are comparably-staffed relative to its 8 sister-colleges. According to the March 13, 2014 College Financial Accountability Measures Report, LAMC has the second highest administrative cost of the 9 District colleges.

The process for assessing needs for hiring Full Time Faculty begins with the recommendations by the VP for Academic Affairs through consultation of the Enrollment Management Committee, Executive Staff, College Counsel; evaluating projected FTE, FON and budget allocation to support the hiring. Mission College is currently in the process of hiring 1 Academic Administrator, 7 Full Time Faculty, and 8 Classified positions. The College senior administration has determined that when the College is fully staffed with its District-allocated positions, it will have sufficient staff to meet the Standard.

Conclusion: The College has a level of funding and base position allocation that supports the maintenance of a sufficient number of qualified faculty, staff, and administrators needed to support the established mission and purposes. The College has established hiring policies and practices that are well integrated with its planning and prioritization process.

Unfortunately, despite the well-designed campus policies and procedures, the sharp decline in categorical funding imposed on the college, a hostile campus work environment, as well as a cumbersome and lengthy personnel search and selection process all contributed to a situation in March 2013 where the college was found to be critically short of student support and administrative personnel.

The State and District's improved financial position has resulted in a significant increase in the institution's personnel budget, the College has worked to improve the campus work climate, and the process of recruiting and filling vacant and new positions is underway. However, continued attention needs to be focused on the overall level of staffing and the decision process that lead to the severe reduction in student support services, a reduction that apparently did not take place at other similar sized colleges in the District according to the comparative staffing analysis reported in the response to Recommendation 7.

The college has fully addressed the recommendation but is not yet in full compliance with Accreditation Standards until it fills the vacant administrative and student support services positions.

Recommendation # 12: To improve its established budget development practices, the team recommends the college determine the cost of maintaining and periodically replacing the technology acquired through grant funding and factor those costs into their planning and budgeting process. (III.C.1.c; III.C.2; III.D.1.d)

Findings and Evidence: In the fall of 2013 the Vice President of Administrative Services and the Information Technology (IT) Manager conducted a campus wide technology assessment, determined the cost of maintaining and replacing the technology the College has acquired through grant funding, and developed a draft Technology Replacement Plan. It is a five-year plan, which includes a comprehensive set of budgetary recommendations for technology that is acquired through both grant funding and the College's general fund. The Plan was approved by the Technology Committee and College Council in fall 2013.

The Plan, driven primarily by the vendor's product road map and technical support guidelines, lists the replacement cycle for both hardware and software, beginning with the date of first installation. The Plan also includes the long-term costs to maintain, upgrade, and support the College's technology infrastructure.

The annual technology replacement budget, as outlined in the new Plan, will be requested through the program review process under the Information Technology unit beginning in spring 2014. The requests will follow the shared governance process for over-base budget allocations. The Technology Replacement Plan will guide the Technology Committee in the distribution of the allocated funds. If funds are limited, the distribution will be based on the criteria and priorities stated in the Technology Replacement Plan.

The College plan calls for the Technology Committee to schedule a systematic review of the Technology Replacement Plan each fall to review the equipment, evaluate the progress the College has made since the last review, and make budgetary recommendations in the Plan. Revisions to the Technology Replacement Plan will be based on this review and evaluation.

Conclusion: The college computing infrastructure is a mix of resources, some provided by the district such as accounting, student enrollment and management, students email, and human resources software, class management system and distance education systems; some provided by the college as part of its base funding; and some recently acquired by the college through grants. The Technology funding plan combines the newly acquired technology with its existing resources and projects a maintenance and replacement schedule for the next five years.

The College will fund the Technology Replacement Plan by increasing the IT general fund budget by \$20,000 per year. Additionally, the IT Department will have access to \$100,000 in "trust" accounts from entrepreneurial ventures to insure the five year plan is met.

The college has fully addressed the recommendation and now meets the Accreditation Standard.

Recommendation #13: To meet the Standards, the team recommends the college provide appropriate training to staff on the proper documentation procedures identified in the audit for: "To Be Arranged" (TBA) courses, eligibility verification for college categorical programs, and verification of census reporting documents. The college also must establish internal controls to ensure that audit findings are resolved prior to the subsequent audit. (III.D.2.a; III.D.2.d; III.D.2.e)

Findings and Evidence:

TBA Courses - The Vice President of Academic Affairs identified the fall 2013 WSCH (Weekly Student Contact Hours) course sections that were scheduled with a TBA designation (13.4).

On October 2, 2013, staff from the LACCD Attendance Accounting and Reporting Systems Office conducted a training session for the College's Council of Instruction (COI), Admissions and Records representatives, and the Academic Scheduling staff members (13.5). A follow-up meeting was held with the Vice President of Academic Affairs in November 2013, to establish a system to ensure that TBA hours are clearly published and that the process is in accordance with the District Audit Manual.

Eligibility Verification for Categorical Programs:

DSPS – Established a checklist for DSPS faculty members and staff to verify that eligibility requirements are met and completed. Training was conducted on the use of the established Checklist to verify eligibility documentation in the student file and is planned to be repeated once per semester.

EOPS/CARE – Established a common system to improve the documentation of the student files. Training was conducted at the 2012 Annual Staff Retreat on the common system established to improve documentation of the student files.

Census Reporting - To establish internal controls, the fall 2012 Census Roster cover memorandum was revised and distributed to provide more detailed instructions for faculty. The Admissions and Records (A&R) Senior Supervisor or designee was placed on the monthly Council of Instruction agenda to provide training on accurate Roster maintenance and updates on missing Rosters. The updated information was presented at Flex Day. The Admissions and Records Office reviews Census Rosters for accuracy and completeness upon receipt and report any incomplete or missing Census Rosters to Department Chairs or the appropriate Academic Affairs Administrator for follow-up.

On July 18, 2013, LACCD Administrative Regulation E-13 was revised to terminate use of paper Census Rosters. As a result of the established collaborative process with Academic Affairs and the implementation of electronic Census rosters, a limited-scope state audit conducted for the 2012-13 academic year; the College was 100 percent compliant in its maintenance of accurate attendance accounting records.

Conclusion: A review of the evidence demonstrated that appropriate actions were taken to successfully resolve the issues through training and the establishment of appropriate internal controls. This was verified in the limited scope audit conducted by the LA District.

The college has fully addressed the recommendation and now meets the Accreditation Standard.

Recommendation# 14: To meet the Standards, the team recommends the college undertake an evaluation of its collegial governance and decision-making processes, as well as the overall effectiveness of the current administrative structure, and that it widely communicate the results of these evaluations and uses them as the basis for improvement. (IV.A.5; IV.B.2.a)

Findings and Evidence: The College has developed a permanent subcommittee, the Shared Governance Oversight Committee, to ensure that all committees are abiding by their charter, are aligned with the College mission, and are actively participating in the process of planning and decision-making. The committee is also charged with evaluating the effectiveness of the overall collegial governance process, and confirms that the committees are working to meet their identified goals/objectives. Evaluation of the governance process takes place annually and recommendations for improvement and key issues facing committees are brought forward through the College Council. Efforts also are being made to ensure that the evaluation of the governance process is more inclusive and extends to students and classified staff rather than only faculty and administration. Additionally, a survey of faculty and staff was completed and analyzed in order to assess employee perceptions of the planning and decision making processes. The college has continued its practice of committee self-assessment through surveys.

With respect to the overall administrative structure, the college appears to be in better shape than a year ago. They have filled 3 of 4 dean level positions and intend to create and hire a Dean of Student Success in the coming year. However, the college has been unable to fill a key administrative position in the instructional area -- the dean charged with curriculum, catalog, and scheduling responsibilities. Additionally, many of the staff that have been hired to fill these critical roles have been hired over the course of the last year. Stability in administrative positions will be key to sustaining progress in collegial governance and institutional effectiveness.

Conclusion: The College has made some progress in addressing the recommendation; however, filling out the administrative structure and achieving stability in key leadership positions has yet to be demonstrated. The College will need to demonstrate a sustained commitment to its collegial governance process and the evaluation of those processes. Additionally, the college will need to follow through on the staffing of its key administrative positions and make every effort to retain key members of the administrative team in order to achieve stability in governance and maintain institutional effectiveness.

The college has made significant progress in addressing the recommendation but is not yet in full compliance with Accreditation Standards.