FOLLOW-UP VISIT REPORT

Date: November 23, 2013

To: Accrediting Commission for Community and Junior Colleges

From: Douglas B. Houston, Team Chair

Subject: Report of Follow-Up Visit Team to Victor Valley College,
November 4, 2013

Introduction:

A comprehensive visit was conducted of Victor Valley College in March 2011. At its meeting of June 8-10, 2011, the Commission acted to require Victor Valley to submit a Follow-Up Report by March 15, 2012, followed by a visit of Commission representatives. The visiting team, Mr. Michael Carley and Mr. Gary Whitfield, conducted the site visit to Victor Valley College on April 19, 2012. At the June 6-8, 2012 meeting, the Commission decided to continue Victor Valley College on Probation on the basis of a Follow-Up Report and visit and require another Follow-Up Report and visit in October 2012. The visiting team, Dr. Henry Shannon, Mr. Michael Carley, Ms. Virginia Guleff and Mr. Gary Whitfield, conducted a site visit to Victor Valley College on November 7, 2012. At the January 9-11, 2013 meeting, the Commission decided to continue Victor Valley College on Probation on the basis of a Follow-Up Report and visit and require another Follow-Up Report and visit in October 2013.

The Follow-Up Report was completed and submitted on October 14, 2013. The current visiting team consisted of: Dr. Douglas Houston, Mr. Michael Carley, Ms. Virginia Guleff and Mr. Gary Whitfield. The purpose of the visit was to verify that the Follow-Up Report prepared by the institution was accurate through the examination of evidence; to determine if sustained, continuous and positive improvements had been made at the institution; and to determine that the institution had had addressed the recommendations made by evaluation teams, resolved deficiencies noted in those recommendations and now meets the Eligibility Requirements, Accreditation Standards and Commission policies.

The team found that the institution was well prepared for the site visit by arranging interviews with various individuals and groups, and by assembling and providing access to appropriate documents on various electronic platforms including the website and the TRACDAT system. Over the course of the day (November 4, 2012), the team met with the Superintendent/President, the Vice President Administrative Services, the Vice President of Instruction (and Accreditation Liaison Officer), the Vice President of Administrative Services, the Academic Senate President, the Institutional Effectiveness Dean, the Student Learning Outcomes Assessment Committee (SLOAC) Chair, the Curriculum Committee Chair, the Institutional Program Review Committee (IPRC) Chair, the Non-Instructional Program Review Committee (NIPRC) Chair, the Finance

Follow-up Report

Victor Valley College
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The report represents the findings of the External Evaluation Team that visited
Victor Valley College on November 4, 2013

Submitted to:
The Accrediting Commission for Community and Junior Colleges

Team Chair:
Dr. Douglas Houston, Chancellor, Yuba Community College District

Team Members:
Mr. Michael Carley, Associate Director of Institutional Research and Reporting, Kern CCD
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Budget & Planning Committee (FBPC) Chair, the Full-time Faculty Union President, the Part-time Faculty Union President, the Classified Union Vice President and two trustees including Board President and the institution's Accreditation Steering Committee.

The team observed that the institution has accomplished a significant amount of work to address the remaining recommendations and commends the administration, faculty and staff for their efforts. That being said, the institution's report was incomplete in several areas, as noted elsewhere in this report; it had failed to identify several practices as evidence of meeting the standards; the team discovered the evidence through interviews and considered it in its evaluation despite the institution's failing to realize their pivotal role in demonstrating having addressed recommendations. The team assumed that this oversight was as a result of an incomplete knowledge of the ACCJC processes. The institution has experienced a significant change in administrative leadership since the time of the comprehensive visit with a new interim President (the former Vice President of Instruction), a new Vice President of Instruction and the retirement of the former Vice President of Human Resources. Further, the duties of Accreditation Liaison Officer (ALO) have been assigned to three different individuals over the past three years.

To be clear, the team found that these new leaders were viewed by trustees, faculty and staff alike as providing much needed direction and support to the institution. That being said, the team feels strongly that the institution will benefit by developing a deeper institutional competency with the accreditation process and in particular with ACCJC standards. The team also suggests that the institution encourage administrative and faculty leaders, and trustees, to serve on visiting teams to sustain these competencies.

The Follow-Up Report and Visit were expected to demonstrate resolution of the following:

Recommendation 2: As noted in recommendations 1 and 6 of the 2005 Accreditation Evaluation Report, and in recommendations from the reports of 1993 and 1999, and in order to meet the Standards and the Eligibility Requirements, the College should establish and maintain an ongoing, collegial, self-reflective dialog about the continuous improvement of student learning and institutional processes. (I.B.1, ER19) This process should include:

- Goals to improve effectiveness that are stated in measurable terms so that the degree to which they are achieved can be determined and widely discussed. (I.B.2)
- An evaluation of all programs throughout the College so that it assesses progress toward those goals and ensures that participation is broad-based throughout the College. (I.B.3, I.B.4)
- Documented assessment results for all courses, programs, and the institution. (I.B.5, II.A.1.a, II.B.4)
- Formal processes to evaluate the effectiveness of its ongoing planning and resource allocation processes. (I.B.6, I.B.7)
- Integration of planning with decision-making and budgeting processes to ensure that decisions to allocate staff, equipment, resources, and facilities throughout the College are based on identified strategic priorities and to ensure a continuous cycle of evaluation and improvement based upon data. (I.B.2, I.B.3, I.B.6, III.C.2, IV.B.2.b)
- An integration of the total cost of facilities ownership in both the short and long term planning processes. (III.B.1.c) [NOTE: III.B.1.c does not exist; the team probably meant III.B.2.a, given context]
- An assessment of physical resource planning with the involvement of the campus community. (III.B.1.a, III.B.2.a, III.B.2.b)
- A systematic assessment of the effective use of financial resources, with particular regard to meeting the needs of Library materials and technological resources, and the use of the results of this assessment as the basis for improvement. (II.C.1, II.C.2, III.D.3)

Recommendation 3: As noted in recommendation 2 of the 2005 Accreditation Evaluation Report, and in order to meet the Standards and the Eligibility Requirements, the College should complete the development of student learning outcomes for all programs and ensure that student learning outcomes found on course syllabi are the same as the student learning outcomes found on the approved course outlines of record. The institution must accelerate its efforts to assess all student learning outcomes for every course, instructional and student support program, and incorporate analysis of student learning outcomes into course and program improvements. This effort must be accomplished by fall 2012 as a result of broad-based dialog with administrative, institutional and research support. Student learning outcomes need to become an integral part of the program review process, including incorporating detailed documented analysis from SLO assessments and data-based research. Additionally, faculty and others directly responsible for student progress toward achieving stated learning outcomes should have, as a component of their evaluation, effectiveness in producing those learning outcomes (I.B.1-7, II.A.1.c, II.A.2.a-b, II.A.2.e-f, II.B.4, II.C.2, III.A.1.c, Eligibility Requirement 10).

Recommendation 6: In order to meet the Standards, the College should develop long-term fiscal plans that support student learning programs and services that will not rely on using unrestricted

reserves to cover deficits. Additionally, the College should provide timely, accurate and comprehensive financial data and budget projections for review and discussion throughout the institution. (III.D, III.D.1.a, III.D.1.c, III.D.2.b, III.D.2.c, Eligibility Requirement 17)

College Responses to the 2011 External Evaluation Team Recommendations

<u>Recommendation 2</u>: **As noted in recommendations 1 and 6 of the 2005 Accreditation Evaluation Report, and in recommendations from the reports of 1993 and 1999, and in order to meet the Standards and the Eligibility Requirements, the College should establish and maintain an ongoing, collegial, self-reflective dialogue about the continuous improvement of student learning and institutional processes. (I.B.1, E.R. 19) This process should include:**

- **Goals to improve effectiveness that are stated in measurable terms so that the degree to which they are achieved can be determined and widely discussed. (I.B.2)**
- **An evaluation of all programs throughout the College so that it assesses progress toward those goals and ensures that participation is broad-based throughout the College. (I.B.3, I.B.4)**
- **Documented assessment results for all courses, programs, and the institution. (I.B.5, II.A.1.a, II.B.4)**
- **Formal processes to evaluate the effectiveness of its ongoing planning and resource allocation processes. (I.B.6, I.B.7)**
- **Integration of planning with decision-making and budgeting processes to ensure that decisions to allocate staff, equipment, resources, and facilities throughout the College are based on identified strategic priorities and to ensure a continuous cycle of evaluation and improvement based upon data. (I.B.2, I.B.3, I.B.6, III.C.2, IV.B.2.b)**
- **An integration of the total cost of facilities ownership in both the short and long term planning processes. (III.B.1.c)**
- **An assessment of physical resource planning with the involvement of the campus community. (III.B.1.a, III.B.2.a, III.B.2.b)**
- **A systematic assessment of the effective use of financial resources, with particular regard to meeting the needs of Library materials and technological resources, and the use of the results of this assessment as the basis for improvement. (II.C.1, II.C.2, III.D.3)**

Findings and Evidence: The College has continued to make continued progress on this recommendation since the prior visit.

As of the Spring 2012 visit, the College had worked to refine the program review processes for clarity and to engender greater participation. At the time the team found reasons for optimism, as the college had adopted a definition of programs, created a list of programs to undergo review, and had established a cycle for review. The team was concerned however that the definition of programs remained vague, that the length of the cycle (six years with annual updates) was too long, and that many programs still did not appear to be participating in the program review

process. In addition many of the program reviews did not include assessment information. By the Fall 2012 visit, the College had made continued progress, clarifying aspects of their program review process, reducing the time period of the program review cycle from six years to three with annual updates for instructional programs and an annual process for non-instructional programs, and improving and clarifying the number of programs actually completing reviews.

As of the current visit, continued progress has been made. Further clarifications have been made to the definition of a program, and more importantly, the College has and is following an accurate list of programs that are expected to complete program review. The confusion observed in previous visits has been reduced or eliminated.

The greatest shortcoming however, observed with the Spring 2011 visit, was not one of process but of follow-through. Many programs were not completing program reviews and of those that did, many did not include assessment information, though it was required in the process even then. Now, follow-through is more evident. Almost all programs slated to undergo program review during the most recent academic year, both instructional and non-instructional, have completed the process. Furthermore, a sampling of those documents show that most include assessment information.

There does remain substantial variation in the quality of completed program review documents and the quality and consistency of assessment information included. However, the team believes that this quality will improve with continued practice. The College appears now to have an ongoing cycle of program review with substantial oversight for continued and continual improvement of both the process and the programs themselves.

The team also observed clear and sustained dialogue about these issues within various college committees and within programs. The college has implemented an assessment dialogue form in which instructional programs document assessment decision-making and the changes to curriculum, courses, and programs based on program discussions. While these do not document dialogue per se, they do document the decision-making processes that follow the faculty dialogue. The College intends to embed these questions in the instructional program review template; the team encourages the College to consider extending this to the non-instructional service area outcomes as well.

There remain some areas in which the College could improve effectiveness, including extracting information from program review documents for use by various committees (finance and budget, SLOs, etc). An effort is already under way in this regard with non-instructional program reviews; the team encourages the College to consider doing the same with instructional reviews. The College could also increase accountability in the program review process to improve the quality of future program reviews. The non-instructional program review committee is using rubrics that document how well each program meets a series of metrics, including those associated with the ACCJC program review rubric. There do not as yet, however, appear to be any consequences for a program that achieves a low score on this rubric. The team also encourages continued dialogue between the instructional and non-instructional program review committees and interaction between them. Cooperation has been mostly positive thus far, but as

processes and procedures have diverged somewhat, continued dialogue will be even more crucial.

Lastly, there is some excellent work being done by the Office of Institutional Effectiveness that is not yet utilized throughout the college. While cooperation between that department and the program review committees has improved since the previous visit, some work remains isolated, perhaps in part due to the energy that has necessarily been spent on accreditation recently. The Office of Institutional Effectiveness has also produced a draft college Scorecard that could be the starting point for college-wide discussions of improvement in student success that has not yet been implemented.

Conclusion: The College has fully met this recommendation. While there are some areas, noted above, in which continued improvement can still be made, the College is to be commended for the very substantial work that has been accomplished on this recommendation.

Recommendation 3: As noted in recommendation 2 of the 2005 Accreditation Evaluation Report, and in order to meet the Standards and the Eligibility Requirements, the College should complete the development of student learning outcomes for all programs and ensure that student learning outcomes found on course syllabi are the same as the student learning outcomes found on the approved course outlines of record. The institution must accelerate its efforts to assess all student learning outcomes for every course, instructional and student support program, and incorporate analysis of student learning outcomes into course and program improvements. This effort must be accomplished by fall 2012, as a result of broad-based dialogue with administrative, institutional and research support. Student learning outcomes need to become an integral part of the program review process, including incorporating detailed documented analysis from SLO assessments and data based research. Additionally, faculty and others directly responsible for student progress toward achieving stated learning outcomes should have, as a component of their evaluation, effectiveness in producing those learning outcomes. (I.B.1-7, II.A.1.c, II.A.2.a-b, II.A.2.e-f, II.B.4, III.A.1.c, E.R. 10)

Findings and Evidence: The College was not required by the Commission to respond to Recommendation 3 from the spring 2011 site visit until the fall of 2012. During the spring 2012 follow up visit, however, the visiting team noted that the College provided evidence of substantial effort in training and dialogue on outcomes and that assessment practices were in progress. However, the team also noted that the College needed a mechanism for storing and reviewing assessments and that there was a plan to adopt and implement TracDat for this purpose.

The Fall 2012 team observed that all courses had SLOs and all were on an assessment schedule; additionally, the course-level SLOs that appear on syllabi matched with those in the course outline of record. However, it was also noted that not all course-level SLOs had been assessed. In fact, for the institution as a whole, 51% of course-level SLOs had been assessed, based on a report from the TracDat report. At the time, only two programs were participating in assessment

of Program SLOs. Program-level SLOs did not appear in the catalog, nor did they consistently appear on program websites. There was no evidence of widespread discussion of SLO and PSLO assessment results.

The fall 2012 team also observed that non-instructional program-level SLO assessments were more robust, with student services noted as using results to create action plans and implement change. A review of the College catalog indicated that program-level student learning outcomes were not included. Additionally, effectiveness in producing learning outcomes as a component of evaluation had not been addressed. There was no evidence of clear mappings between program and course-level outcomes to specific Institutional and General Education Outcomes; the team also did not find evidence of widespread dialogue about assessment results was not observed nor was it clear how SLO assessment results were used in decision-making processes to ensure continuous improvement. The College had made significant progress but there were remaining components to address in this recommendation.

During this Fall 2013 visit, the team observed significant improvement in the tracking and completion of course-level student learning outcomes. 86% of all course-level SLOs have been assessed. The Student Learning Outcomes Assessment Cycle faculty coordinator has developed an Excel sheet, which pulls data from TracDat and provides a means for faculty on the SLOAC committee to follow up with colleagues who need to complete assessments. Additionally, courses which have not been assessed are tracked along with the last date the course was offered.

The team also observed significant improvement in the tracking and completion of program-level student learning outcome assessments. The College has identified 27 instructional programs. Of these 27, 23 have completed program-level assessments, which is an 85% assessment rate. Of the programs that have not been assessed, one is a new Associate Degree for Transfer and three are currently in revision to create capstone courses.

Finally, the team observed significant improvement in the assessment of Institutional Learning Outcomes. The College assessed all of its existing ISLOs in May 2013 using the ETS Proficiency Profile Exam. 260 students who were approaching graduation were contacted and participated in the assessment. Assessment results were compared with other two-year colleges and were discussed in the SLOAC committee.

Although the College's Follow-Up Report #3 did not include evidence to support its claims, the team did find ample evidence for the assessment of Institutional Learning Outcomes. The SLOAC coordinator and other members of the Steering Committee were encouraged to review the evidence requirements for claims in accreditation report and to build a more robust evidence vault in support of documenting their hard work.

Both course-level and program-level SLO assessment results are reported in program review documents. All instructional program review documents are available on the College's SharePoint site. The flow of program review information is documented in Administrative Procedure 6200. Specific reports can be generated for non-instructional program reviews; however, a mechanism for generating specific reports for instructional program reviews was not in place at the time of the fall 2013 follow up visit. Committee chairs must scan each program

review document to find assessment results and other requests. This could impede the dissemination of program review information.

To facilitate further discussion about SLO and PSLO assessment results, the SLOAC committee has developed an Assessment Dialog Form, which has been completed by all disciplines and is housed on the College's SharePoint site. This form summarizes key requests and findings from the program review documents. The SLOAC coordinator indicated that the Assessment Dialog Form would become part of next year's program review document. For this cycle, the completed forms exist separately and are used in conjunction with the existing program review forms. It is unclear at this point how the implementation of the Assessment Dialog Form will promote college-wide dialog regarding SLO assessment results.

The College also provided evidence of widespread dialogue, related to student learning outcomes assessment results, at the August 2013 convocation day as well as previous campus communication days. During the Fall 2013 visit, the visiting team was provided with further documentation of the use of SLO assessment results in both a staffing prioritization project through the Academic Senate and in a prioritization process in the Finance, Budget and Planning Committee. In particular, the prioritization rubric from FBPC includes an evaluation of assessment results as a factor in determining resource allocation.

Regarding other remaining items from Recommendation 3, the team reviewed the College catalog and determined that, of the 27 identified programs, 22 have program-level student learning outcomes listed. This is an improvement from the previous visit, at which time no program-level outcomes were listed in the catalog.

Additionally, the College is in dialogue with the Full-time Faculty union regarding formal language to include student learning outcomes assessment in the evaluation process. Informally, part-time faculty who do not participate in the assessment process have been denied further assignments. Also, instructional deans ensure that participation in SLO assessment cycles is noted in evaluations through their oversight of the process.

Conclusion:
The College has fully addressed this recommendation. While there is some further work to be done on increasing institution-wide dialogue, the significant amount of work that has been done to address the recommendation is commendable.

Recommendation 6: In order to meet the Standards, the College should develop long-term fiscal plans that support student learning programs and services that will not rely on using unrestricted reserves to cover deficits. Additionally, the College should provide timely, accurate and comprehensive financial data and budget projections for review and discussion throughout the institution. (III.D, III.D.1.a, III.D.1.c, III.D.2.b, III.D.2.c, E.R. 17)

Findings and Evidence:
Following the Fall 2012 visit, the College commissioned a Fiscal Crisis and Management Assistant Team (FCMAT) Management Review and received the report in April 2013. The report's Executive Summary indicated the following "The district's reliance on these reserves (Guaranteed Investment Contract or GIC) has provided it with the opportunity to maintain current staffing and generous health and welfare benefits". The GIC is a $20 million dollar investment started in 1994 for a term of thirty years earning 7.75 % interest. The College's current year budget projects a fiscal deficit of $5 million.

During the Fall 2013 visit, the team observed that the different employee bargaining groups have a much different perception of the college's financial position. The bargaining groups perceive the GIC and a recent State-enacted cost of living apportionment adjustment (COLA) as available for salary increases and for securing fully paid benefits. There were several comments from the two faculty unions, CTA and ATF, that the College's quarterly annual reports reflect an increase in unrestricted fund balances over the past years, and the representatives felt the College's reserve was sufficient for concessions for salary increases.

The external audit for the 2012-2013 fiscal year was not complete at the time of the visit; an email update by the audit firm indicated that there were no material findings and that all prior year audit findings have been resolved. The email also indicated that there were no adjustments to the Districts funds or the annual financial report.

The college has developed a "Long-Range Financial Strategies & Action Plans" relying primarily on a strategy to "Re-negotiate all collective bargaining agreements." The FCMAT report recommended the following regarding areas for negotiation:
1. Consider increasing the qualifying district employment period from 10 to 20 years for retiree health and welfare benefits to recognize the value of a long term district employee.
2. Negotiate the removal of the provision of the 85% rule for full time faculty teaching the summer and winter sessions from the collective bargaining agreement.
3. Negotiate a cap on health and welfare benefits with all three collective bargaining units.
4. Consider negotiating additional ranges for the classified salary schedule to allow for a greater degree of differentiation between classifications and a more precise alignment of job requirements/skills and compensation.

On July 10, 2012 the College's Governing Board adopted resolution number 12-07 stating "the Superintendent/President of Victor Valley Community College District is hereby authorized and directed to establish a policy goal of balancing the District's budget by Fiscal Year 2015-2016". The college is currently in negotiations with the three bargaining groups; it has hired an attorney to represent it in negotiations because of the recent retirement of the Vice President of Human Resources.

Conclusion:
The college has addressed this recommendation; it has a plan to address the structural deficit through negotiations. The team notes, however, its concern that the success of this strategy relies on the employee bargaining groups developing an understanding of the College's long term deficits and agree to concessions.