**Northern Michigan University**

**OUTCOMES ASSESSMENT PLAN/REPORT FORM**

**Administrative or Educational Support Unit**

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| Name of Department or Unit | | Counseling and Consultation Services | | | |
| This document is the |  PLAN or ⌧ REPORT for July 1, 2011 to June 30, 2012 | | | Date Submitted: | 05-17-2012 |
| Submitted by (Unit Representative) | | | Marie Aho, Ph.D. | | |

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| **Department or Unit Mission Statement: Was this mission statement revised this year? Yes ⌧No** |
| The mission of Counseling and Consultation Services is to provide high quality professional services which promote mental health, personal growth and development and crisis stabilization, while supporting student access and engagement in learning and academic excellence. |

**Functions within the University:**

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| In addition to being part of NMU’s continuous improvement process, outcomes assessment plays a direct role with the AQIP Systems Portfolio (100-page document submitted every four years). To increase awareness and help gather Portfolio information, **please type “X” for all AQIP categories directly related to your unit’s core mission**. Some functions appear in more than one category. This is a first round collection of this information so do the best you can with the selection; if you want help, ask S. Poindexter. (Note: this section of the form is short-term; it will be deleted once functions have been mapped between units and the Systems Portfolio.)  **🞎** AQIP Category 1: Helping Students Learn documents the curricular and co-curricular processes and student learning support.  **🞎** AQIP Category 2: Accomplishing Other Distinctive Objectives documents the key non-curricular functions by which NMU serves the region, e.g. community engagement initiatives of students and employees, and department outreach.  **⌧** AQIP Category 3: Understanding Students’ and Other Stakeholders’ Needs documents how NMU builds relationships with students, alumni and employers and identifies, targets and meets their needs.  **🞎** AQIP Category 4: Valuing People documents NMU personnel recruitment, training, satisfaction, services and programs.  **🞎** AQIP Category 5: Leading and Communicating documents processes that guide NMU in setting directions, making decisions, seeking future opportunities, and communicating decisions and actions.  **⌧** AQIP Category 6: Supporting Institutional Operations documents student and administrative support services, safety, and facilities.  **🞎** AQIP Category 7: Measuring Effectiveness documents IT systems and institutional research NMU employs to collect, analyze, and distribute, and how departments use them to manage improvement, e.g. use of charts, “cubes,” dashboards.  **🞎** AQIP Category 8: Planning Continuous Improvement documents NMU’s strategic and administrative planning processes.  **🞎** AQIP Category 9: Building Collaborative Relationships documents how NMU works with external organizations from which we receive students (school systems) or goods and services (vendors and utilities), send our graduates (schools and employers), and support or regulate our programs (agencies).  (A full description of the Portfolio’s categories and its detailed topics are available at [www.nmu.edu/aqip](http://www.nmu.edu/aqip) under the Current Document tab.) |

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| **Administrative Objective #1** *(State an ongoing goal by which the unit gauges its overall performance in a key role year after year, i.e. your “bottom line” measure.)* |  | **Means/Evidence of Assessment for Objective** *(Describe the statistic or criteria that measures success in achieving this goal. What is the desired and/or minimum target you expect*? *What method is used to collect the data for the statistic*?) |
| The Counseling and Consultation Services (CCS) clients will report perceived confidence that their Counselor, other Counselors in the office, the Secretary, and the Student Assistants protect their confidentiality. |  | CCS clients complete a Feedback/Evaluation form after the 4th session and again upon termination of services. Item 10 involves rating general service and confidence in confidentiality per category of staff. Clients rate these items on a five point scale: 1 Poor; 2 Fair; 3 Good; 4 Very Good; 5 Excellent. The benchmark is that 90% of clients will rate confidence in confidentiality at Very Good (4) or Excellent (5). The Benchmark level of confidence in Student Assistants is a high standard to achieve considering that CCS clients may know one or more of the student assistants. However, CCS considers this benchmark critical to clinical operation. Data for students who received mandated assessments were removed. |
| **Summary of Data Collected** *(Provide trend data and summarize)* |  | **Describe how results were used to improve services** |
| The objective was not entirely met.  The data were removed for students who were mandated by the Dean of Students for an assessment for self- destructive behavior because they are required to sign a Release of Information so the counselor can talk to the Dean. Students are aware of significant limitations to confidentiality for the assessment information only.  The 2011-2012 Confidence in Confidentiality ratings per staff category:   |  |  |  |  | | --- | --- | --- | --- | |  | Very  Good (4) | Excellent (5) | Total (4+5) | | My Counselor | 18.63% | 76.91% | 95.55% | | Other Counselor | 21.81% | 65.17% | 86.99% | | Secretary | 22.40% | 69.32% | 91.72% | | Student Assistant | 25.06% | 64.79% | 89.85% |   Consistent with previous years, the benchmark for confidence in confidentiality was met for My Counselor. The improvement in scores for the Student Assistants is a reflection of the training and practice added. The benchmark for confidence was met for the Secretary and Student Assistants. The benchmark for “other counselors in the office” fell below the 90% benchmark for the first time.  For My Counselor, Secretary, and Student Assistant the mean score was 4 or higher. For Other Counselors the mean was 3.80. The median for all four staff categories was 5, and the mode for all four staff categories was 5.  There exists no industry standard for this item, but Counseling and Consultation Services has collected these data for five consecutive years. The 2011-2012 year is the first year where the data for students with Mandated Assessments has been removed:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Five Year Trend: Confidence in Confidentiality: | | | | | | |  | 2007 to 2008 | 2008 to 2009 | 2009 to 2010 | 2010 to 2011 | 2011 to  2012 | | My Counselor | 95% | 95% | 96% | 96% | 96% | | Other Counselors | 92% | 91% | 90% | 91% | 87% | | Secretary | 91% | 88% | 90% | 93% | 92% | | Student Assistants | 85% | 85% | 84% | 89% | 90% | |  | Confidentiality is the operational, legal, and ethical underpinning of Counseling and Consultation Services. The client’s perception of this confidentiality is essential to CCS practice, and essential to the student coming for services. CCS outcome data show that completing counseling directly impacts student well being, retention, and success at student life.  The Student Assistants received additional training on office practices conducive to client perception that files and information are kept confidential at all times. This training will be maintained and enhanced. Student assistants answer the phone and schedule appointments. As a result they do have limited access to confidential information e.g. names.  The 90% benchmark level of confidence in Student Assistants is an exceptional standard to achieve. This standard was met when the data were rounded up, as was done in previous years.  The Secretary rating met the 90% benchmark. Consistent with the previous four years, student’s confidence in the confidentiality of their own counselor was high and met the standard.  For the first time in five years the rating for Other Counselors did not meet the standard. The meaning of this is unclear. Over the course of their years at NMU students may work with more than one counselor. Also, Mandated Assessments are always conducted by a counselor who is not already working with the student receiving services.  Even so, many students may know nothing at all about the other counselors in the office.  There appears to be no consistent trends across counselors or across semesters for these data on Other Counselors. There have been no changes in professional practices to account for this finding. There appear to be no clear interventions or improvements to make to impact this item.  Given this situation, this item has ceased to be useful or relevant for CCS clinical operations. This part will be dropped from the feedback form for next year.  CCS considers this objective critical to effective clinical operations. This objective will be carried forward in the 2012 – 2013 plan, without the “other counselors” component. |
| **Administrative Objective #2** *(State a 1-2 year objective intended to improve a unit process, service, or output.)* |  | **Means/Evidence of Assessment for Objective** |

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| *Objective* :  Replicate the 2010 – 2011 baseline for the proportion of clients who completed the outcome/evaluation form, to assure identified process maximizes the data obtainable from students receiving services.  *Rationale (Why you are setting this objective; mark with “X”)*:  ⌧ Effectiveness/quality action Efficiency/cost action  Compliance issue Satisfaction measure ⌧ Create baseline  Other (explain):  *Does this objective relate to a Road Map goal? (Refer to last page for the Road Map goals). If yes, type the related Road Map codes here*: |  | *Describe timetable plans to achieve objective*.   1. Continue to maximize data collection by monitoring times of data collection, training faculty and staff, using software (Titanium) prompts, and reminding faculty. 2. Repeat protocol for data analysis and compare results. 3. Data collection results within ± 2% of 2010 – 2011 levels are judged to constitute a replicated standard for the proportion of outcome data collection from students, and no further refinements would be pursued.   *Beyond completing the above steps, how will you judge whether the objective was a success?[[1]](#endnote-1) Examples: If the rationale was Efficiency/cost, what is the desired and/or minimum target criteria for savings in time or cost? If the rationale was Satisfaction, what is the measure and what increase is desired*? |
| **Summary of Data Collected** (*Summarize the evidence)* |  | **Use of Results to Improve Unit Services** |
| The objective was met.  The proportion of clients who completed the feedback/evaluation form (outcome data) in Fall 2011 semester was 66.32%. In Winter 2012 semester this was 61.90% Overall for academic year 2011 – 2012 the baseline for proportion of completion of the outcome information was 65.50%  The operational practices put into place appear to have been effective in maximizing the proportion of clients who provided the requisite outcome data.  “Proportion completing outcome data” results within ± 2% of the 2010 – 2011 levels (66.95% overall) were judged to constitute a reliable replication of the original baseline data. This ± 2% (1.339%) range is 65.61% to 68.29% The actual results were 65.50%.  Students who drop out of counseling after only one or two sessions are not available to complete the feedback/outcome evaluation form. They were not included in the 2010 – 2011 data, and they are not included in the 2011 – 2012 data. |  | The reason CCS wished to replicate the baseline data was the need for assurance that the clients surveyed (providing outcome data) represent the population of clients as a whole. As such, the larger the proportion of clients completing outcome data the better for reliability and validity of the information obtained and used for improvement planning and reporting of results. e.g. data for objective #1.  These 2011 – 2012 results indicate that no further refinements to the process are needed at this time. This objective will not be carried forward into 2012 – 2013.  Each year these data will be calculated and compared to the baseline. Should results fall significantly below expectations, corrective actions would be instituted. |
| **Administrative Objective #3** *(State a 1-2 year objective intended to improve a unit process, service, or output.)* |  | **Means/Evidence of Assessment for Objective** |
| *Objective*:  CCS faculty as a whole assess campus mental health needs, then create and present one scholarly workshop training program campus – wide to students/faculty/staff each semester, on a topic judged to relate to a current campus mental health problem. One topic per academic year will be a new program offering in accordance with identified NMU mental health issues.  *Rationale (Why you are setting this objective? Mark with “X”)*:  Effectiveness/quality action Efficiency/cost action  Compliance issue Satisfaction measure Create baseline  Other (explain):  *Does this objective relate to a Road Map goal? (Refer to last page for the Road Map goals). If yes, type the related Road Map codes here*: |  | Describe timetable plans to achieve objective.   1. A minimum of one advertised program offered in Fall 2011. 2. A minimum of one advertised program offered in Winter 2012. 3. One of these offered workshops in 2011 – 2012 is about a new topic (offering) based on recent research and clinical interventions.   *Beyond completing the above steps, how will you judge whether the objective was a success*?1 |
| **Summary of Data Collected (**Summarize the evidence) |  | **Use of Results to Improve Unit Services** |
| The objective was not met:   1. No workshop was presented in Fall semester. 2. One Suicide Awareness and Prevention workshop was conducted in Winter semester. 3. No workshop was created or presented about a new topic of relevance to the NMU community.   The workshop that was conducted received excellent ratings from attendees. The percentage of participants reporting “very good” or “excellent” on the evaluation were:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Date** | **Attendance** | **Organized** | **Informative** | **Useful** | | **2/16/2012** | 12 | 100% | 100% | 100% |   Interest in this workshop was high, especially for those students personally affected by a family or friend suicide. |  | The availability of faculty to create and present workshops is a function of the amount of student demand for clinical counseling services. During Fall 2011 semester alone, there were 121 students who needed to be placed on the waiting list for counseling. Although CCS places a very high value on outreach and educational workshops, counseling services need to take precedence. As a result, CCS will continue to do the best possible to create and provide workshops within available time. However, the ratio of clinical workload to the number of counselors precludes this being a useful AQIP objective for the CCS department. It will not be carried forward into 2012 – 2013. |

Many service units already use an evaluative measure and this approach is now more common in assessment theory– not everything we try works out the way as hoped and creating a target and/or success/bail out threshold is appropriate. In cases where this is a new approach for a unit, in the 2011-12 Plan consider how you *might* measure the added value of an objective; however, it is not yet a requirement. The OA committee will provide suggestions in its feedback for this year. During the year, dialogues, additional resources, one-on-one meetings and/or seminars will be held to evolve our OA process.

**Road Map Codes to Tie to Unit Objectives**

Some unit objectives may address specific operational issues. Other unit objectives are strategic initiatives that align with goals in the University strategic plan - Road Map to 2015. These latter unit objectives are potential AQIP Action Projects – giving a little more recognition to unit efforts. Listed below are Road Map categories and goals, preceded with a code. Use these codes when describing Objectives #2 and #3. (Note: Even if your objective is not an exactly itemized as a Road Map priority, still use the code if it applies to that goal.) The full Road Map is at [www.nmu.edu/roadmap2015](http://www.nmu.edu/roadmap2015).

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| ***Road Map to 2015 Goals*** | |
| ***Code*** | ***Innovation Goals*** |
| **I-1** | Balance successful programs with new offerings |
| **I-2** | Professional development program that rewards innovation and collaboration |
| **I-3** | A growing portfolio of corporate collaborations that exploit NMU’s technical expertise, enhance academic programs and facilitate global engagement for students and faculty both on campus and abroad |
| **I-4** | Develop the financial resources to support innovation and student success |
|  | ***Meaningful Lives Goals*** |
| **ML-1** | A Liberal Studies Program that provides students with the abilities and knowledge necessary for lifelong learning and effective citizenship in a challenging and rapidly changing world |
| **ML-2** | Develop a new academic advising system that integrates the advising assets of academic departments and student services to contribute to a new, effective retention management network—similar to our enrollment management network |
| **ML-3** | Integrate the highest possible level of information technology skills and competencies throughout the university |
|  | ***Campus Attributes Goals*** |
| **CA-1** | Utilize the Campus Master Plan and related initiatives to continue to build and develop a greener and more learner-centered campus |
| **CA-2** | Enhance processes throughout campus operations to guide the use of resources and inform resource allocation |
| **CA-3** | Enhance the portfolio of academic programs, research and other activities that leverage the university’s location |
| **CA-4** | Be a model community for sustainable education and practices |
|  | ***Community Engagement Goals*** |
| **CE-1** | Include all units of the campus in the process of community engagement for the mutually beneficial exchange of knowledge and resources in a context of partnership and reciprocity. |
| **CE-2** | Increase faculty, staff and student involvement in the Superior Edge program, academic service learning and other community engagement and leadership development initiatives. |
| **CE-3** | Put into action a commitment to be an inclusive community where differences are recognized as assets of the institution, respected attributes of the person and a valuable part of the university experience |
| **CE-4** | Increase collaboration with local communities, schools, governments, development groups and other partners to enhance community and economic development in the Upper Peninsula. |

1. [↑](#endnote-ref-1)