Northern Wyoming Community College District
Systems Portfolio 2017

Sheridan College

1948

GilletteCollege

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Institutional Overview

Our mission – *creating student success and making a difference in our communities through educational leadership* – reflects our commitment to (1) help our students succeed in their lives and careers and (2) be an active and vibrant player in our communities. Our core values are integrity, respect, excellence and learning.

Our vision reflects our strategic plan and our commitment to student success and community needs: *NWCCD will help fill the Wyoming skills gap by producing 1,000 graduation awards per year by 2020. We will align our programs to the local and regional economies and ensure our curricula, schedules, campus environment and services help students graduate on time with minimal debt and multiple job opportunities.*

Strategy 2020 embraces the national completion agenda and centers on improving student success. It has two main elements: Student Success and Organizational Health.

Our unduplicated student headcount for 2016-17 was 5,722; of these 2,486 were degree seeking and 3,236 were non-degree seeking. As of April 2017, we employed 298 individuals full-time: 99 faculty, 98 staff, and 99 executives and administrators.

We offer 9 AA degree programs, 2 AFA programs, 21 AS programs, 25 AAS programs, 1 ADN program, and 31 Certificates of Completion.

We are the only public provider of higher education for northeast Wyoming, serving Sheridan, Johnson and Campbell Counties with residential campuses in Sheridan and Gillette, a downtown branch in Sheridan, and an outreach center in Johnson County. Our service area encompasses over 11,000 square miles. We deliver most instruction face-to-face on our campuses in Sheridan and Gillette; Johnson County students can complete a general studies degree by combining onsite and online courses. Distance delivery courses serve our degree-seeking students who need a flexible schedule and enable us to combine low enrollment courses across the District.

Our Sheridan campus comprises 44 buildings on 150 acres for a total of 597,159 square feet; of this, 136,638 square feet is dedicated to student housing. Other facilities include an outdoor arena, a sports dome, and dedicated facilities for various professional programs. Three downtown sites house offices, classrooms, and hands-on learning labs; total square footage is 26,844. A 40-acre agricultural research center is located on the north side of Sheridan. Our classes in Johnson County are located in the Bomber Mountain Civic Center; our space comprises 2 offices, 4 classrooms, a conference room and an adjunct area in approximately 6,357 square feet of leased space. Our Gillette campus sits on 130 acres; 10 buildings total 411,339 square feet, of which 77,285 is student housing.

Our programs and resources focus on our academic mission. Our well-equipped campuses are a paramount resource in their communities and residents often come on campus to attend events or to use facilities. Simulation labs on both campuses serve health science students and local hospitals; the Sheridan Agripark's indoor and outdoor rodeo facilities serve our agriculture students, our rodeo team, and the community. Sheridan's 422-seat concert hall and arts facility

supports our academic programs; community members attend our events and community organizations produce events there.

Our quality improvement journey began when we joined AQIP in 2005. Our 2007 Systems Portfolio reported numbers but lacked measures. The 2008 Feedback Report identified five strategic issues, four involving measurement. By 2011, every category reported measured outcomes and 2012 strategic issues were two: (1) move beyond data gathering to intentional assessment with targets and a formalized cycle of review concluding with plans for ongoing improvement; (2) focus on permeating a culture of quality throughout all levels of the organization.

By 2015, our process maturity was predominantly systematic and, in some cases, aligned. Strategic challenges in 2016 focused on process weaknesses: connect co-curricular programming to our Core Abilities model; continue to strengthen and refine our complaint processes; and strengthen employee communication and engagement. We have broadened our understanding of student complaints processes, and experience with the complaints model developed in 2015 has produced a process that closes the loop and engages Trustees and employees. We spent a year gathering input from faculty about communication and leadership concerns and then at the beginning of Fall Semester 2016 we launched a reorganization of the Division of Academic Affairs, created department chairs, and offered a leadership academy to train them in their responsibilities and build skills. We also launched a yearlong manager training initiative the same semester, which included academic leadership at all levels. We have done preliminary work toward measuring co-curricular learning, and will have an assessment plan by Fall Semester 2018.

We left Strategy Forum 2016 with the elements of a vision of an enhanced culture of inquiry and since then have developed an increasingly clear understanding of the steps we must take to achieve our vision; the Culture of Inquiry Action Project is discussed in Category Six.

We show the highest maturity and sophistication in systems and processes where we can apply business principles. Our strategic planning process and associated projects are increasingly goal-oriented and driven by analysis and the application of principles of operation. Our highest operating priority is manager development focused on communication and leadership, and we are working steadily and consistently to improve communication and carry out recurring assessment.

We show our lowest maturity in academics. Developing processes to assess student learning has been challenging and frustrating for us, although faculty have worked at it persistently, beginning with an Action Project in 2008. This continues to be a top priority.

We believe we have made good progress, given the difficulty of introducing CQI into an academic setting in a time of great change. We successfully weathered a period of great growth in student numbers; we now seek growth in specific programs under a conscious enrollment strategy. Our new challenge is financial, due to budget constraints resulting from Wyoming reliance on mineral extraction fees. We made a number of administrative layoffs at the end of

2016, as did the other Wyoming colleges, and that has led to a certain amount of employee dissatisfaction, as has the lack of a wage increase for the past ten years.

Our priorities going forward are to: build our managerial capacity; ensure all employees are engaged and playing an active role on the institutional team; become sophisticated in terms of information-supported decision-making; and invest resources of all kinds in support of clear goals that are pragmatic, hopeful, and ethical.

Category One - Helping Students Learn

1.1 - Common Learning Outcomes

Common Learning Outcomes focuses on the knowledge, skills and abilities expected of graduates from all programs. The institution should provide evidence for Core Components 3.B., 3.E. and 4.B. in this section.

1P1: PROCESSES

Describe the processes for determining, communicating and ensuring the stated common learning outcomes, and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- *Aligning common outcomes (institutional or general education goals) to the mission, educational offerings and degree levels of the institution (3.B.1, 3.E.2)*
- *Determining common outcomes (3.B.2, 4.B.4)*
- *Articulating the purposes, content and level of achievement of the outcomes (3.B.2, 4.B.1)*
- *Incorporating into the curriculum opportunities for all students to achieve the outcomes (3.B.3, 3.B.5)*
- *Ensuring the outcomes remain relevant and aligned with student, workplace and societal needs (3.B.4)*
- *Designing, aligning and delivering cocurricular activities to support learning (3.E.1, 4.B.2)*
- *Selecting the tools, methods and instruments used to assess attainment of common learning outcomes (4.B.2)*
- *Assessing common learning outcomes (4.B.1, 4.B.2, 4.B.4)*

1R1: RESULTS

What are the results for determining if students possess the knowledge, skills and abilities that are expected at each degree level? The results presented should be for the processes identified in 1P1. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- *Summary results of measures (include tables and figures when possible)*
- *Comparison of results with internal targets and external benchmarks*
- *Interpretation of results and insights gained*

1I1: IMPROVEMENT

Based on 1R1, what process improvements have been implemented or will be implemented in the next one to three years? (4.B.3)

Institutional Responses

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PROCESS

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1P1.A. Processes for aligning common outcomes (institutional or general education goals) to the mission, educational offerings and degree levels of the institution (3.B.1, 3.E.2)

As a community college, our mission focuses on service to our region and state. We align our academic program offerings with the needs of our local communities to promote economic development and provide employment opportunities to students (discussed further in 2P3). We offer certificates and degrees in career and technical education fields (CTE). The certificate provides basic skills for the student who wants to enter the job market as soon as possible, while the Associate of Applied Science (AAS) and Associate Degree in Nursing (ADN) degrees include additional skills training and general education (GenEd) to prepare students for positions in the skilled trades and for career advancement. Many of our students plan to pursue a bachelor's degree, and we articulate our Associate of Science (AS), Associate of Arts (AA), and Associate of Fine Arts (AFA) degree programs with the University of Wyoming (UW) and other institutions to facilitate transfer. (3.B.1)

Our process to align common outcomes with our degrees includes the following steps. We gather and review current information on student needs and on industry needs and study demographic and economic trends. We compare our GenEd standards with those of our dominant transfer institution, UW. We review and update our GenEd model for transfer students, tailor it to our AA, AS, and AFA degree requirements, and faculty in the discipline then create specific plans for each major. Finally, we develop a model for each of our two terminal degrees, the AAS and the ADN. (3.B.1)

1P1.B. Processes for determining common outcomes (3.B.2, 4.B.4)

Our process for determining common outcomes is faculty driven and broadly inclusive. A 2008-2010 action project team led a process that included all-faculty in-service days as well as smaller group meetings and made use of both models from other institutions as well as literature in the field. Faculty determined that all degree-earning graduates should possess demonstrable skill in effective communication, critical thinking, and acquiring and applying knowledge. (3.B.2, 4.B.4)

Since that time, we have made minor changes to the model, primarily in conjunction with efforts to assess student learning. These changes follow a similar process: a faculty committee works with a member of the senior administration to develop recommendations, after which all faculty review and provide feedback on the plan. Depending on the scope of the change, we may gather feedback in a general assembly of all full-time faculty, or, in the case of smaller changes or refinements, feedback may cascade up through unit meetings. The full process may take several iterations of the review-revision cycle. Once faculty agree upon the common outcomes, we use a process such as curriculum mapping to cross-check coverage and ensure faculty and administration have the same understanding. (4.B.4)

1P1.C. Processes for articulating the purposes, content and level of achievement of the outcomes (3.B.2, 4.B.1)

Our process for articulating the purposes, content and level of achievement of GenEd outcomes includes the following:

1. We articulate the purpose of our GenEd requirements in our philosophy statement: "An education at Northern Wyoming Community College District encompasses both general and specialized components. NWCCD's general education curriculum serves as a foundation for its associate degrees, presenting an integrated, well-rounded set of intellectual, cultural, and civic experiences. These valuable cornerstones serve as a basis for lifelong learning and the pursuit of academic and personal excellence. Upon completion of their programs, NWCCD graduates will possess the ability to acquire and apply knowledge, think critically, and communicate effectively." (3.B.2, 4.B.1)

2. We publish the statement in our online catalog and we document its application to specific degree levels and major programs through program requirements.

3. Faculty submit the general education requirement designation review form to the Curriculum and Standards (C&S) committee to propose a specific course as meeting a GenEd requirement.

4. We document the level of achievement for each of the three common outcomes in the core ability assessment rubrics. Faculty also may refer to the rubrics as they develop or update specific courses or curricula. (4.B.1)

5. We review recruiting and advising materials and work with our advising and public information offices to update as needed.

1P1.D. Processes for incorporating into the curriculum opportunities for all students to achieve the outcomes (3.B.3, 3.B.5)

Faculty carefully review requirements for every major and its concentrations and create a map documenting where each program introduces or reinforces the core abilities. We completed this process most recently in 2016-2017. We carefully review new programs to ensure the curriculum includes appropriate GenEd requirements and integrates opportunities to reinforce core ability learning. Series 6010 of NWCCD Policies and Procedures details our GenEd requirements and our program approval flowchart shows our process. (3.B.3, 3.B.5)

1P1.E. Processes for ensuring outcomes remain relevant and aligned with student, workplace, and societal needs (3.B.4)

Our GenEd requirements expose degree-earning students to a range of coursework distributed across categories of knowledge that include communication, mathematics, science and cultural studies (global diversity, humanities, social & behavioral sciences, visual & performing arts, and foreign languages). (3.B.4)

Our CTE programs work closely with industry advisory boards and regularly discuss critical skills and techniques as well as industry interest in the core abilities of communication and critical thinking. Boards generally have twelve members and meet biannually.   Faculty also contact members individually, arrange for student tours, and may ask members to serve on hiring committees.

As noted in 1P3.D, faculty review both program and course outcomes as part of the program self-study; this process includes a review of current practices and developments in the field. Regular review of articulation agreements also helps ensure that our requirements are current with our primary transfer institutions.

An action project team (2016-2017) reviewed all the currently approved GenEd courses and removed from the list any that are inactive or no longer relevant; they also will develop a process to routinize such reviews.

1P1.F. Processes for designing, aligning and delivering co-curricular activities to support learning (3.E.1, 4.B.2)

The median age of our students is 21.5, and approximately 25% of our students live in campus housing. Most of our students are from our largely rural tri-county service area. We offer a co-curricular program similar to that of a small public four-year institution: residential life, intercollegiate athletics, fine and performing arts, and student organizations. Over 25 student clubs and organizations are available, and organizations such as SKILLS USA, Diesel Club, Nursing Club, Welding Club, and Art Club, directly align with academic programming and have faculty mentors. (3.E.1)

1P1.G. Processes for selecting the tools, methods and instruments used to assess attainment of common learning outcomes (4.B.2)

Faculty and administrators work together to identify efficient methods and instruments that will produce results faculty can use to adjust instruction and improve student learning. SPAL works with a member of academic administration as it designs core abilities assessment methods and rubrics. SPAL develops ability indicators with faculty in the discipline involved. For instance, SPAL worked with English faculty to design the rubrics for writing based core abilities, and with math faculty to develop math rubrics. Faculty as a whole give feedback on the overall model, and faculty in each program select artifacts for assessment based on their curriculum maps. (4.B.2, 4.B.3)

1P1.H. Processes for assessing common learning outcomes (4.B.1, 4.B.2, 4.B.4)

We work to assess common learning outcomes across all degree programs, and recognize an opportunity to expand assessment to co-curricular learning (addressed in 1I1). Our assessment process for course-based learning is:

1. Each of the three core abilities has two to four specific indicators. For instance, critical thinking includes a math indicator ("apply appropriate mathematical strategies to problem

solving") and a writing indicator ("apply appropriate reasoning skills to develop opinions and conclusions"). (4.B.1, 4.B.2)

2. Each major program has mapped to its curriculum at least one indicator for each core ability. Faculty select artifacts of student learning from coursework in the major field. All artifacts are anonymous and housed in a secure environment available to faculty evaluators. (4.B.4)

3. We assess all three of the core abilities each year, and all indicators every two years. Faculty evaluators go through a training program designed to ensure acceptable interrater reliability. The training also serves as a check on the rubric and its accuracy. (4.B.2, 4.B.4)

4. Evaluators randomly select artifacts for the indicator they are assessing, perform the evaluations, and then report results to faculty and administrators. (4.B.2, 4.B.4)

RESULTS

In Fall Semester 2010, we piloted a new model for core abilities and began assessment. While results suggested that most students meet our standards, the scale employed failed to provide sufficient information for faculty to plan course or curriculum changes. We began work on new assessment processes in Fall 2014 with an initial focus on core ability indicator C2 ("applying appropriate mathematical strategies in problem solving"). Math faculty developed a rubric with a five-point scale from zero for *no attempt to solve problem* to four for *correct attempt with results extended*. The target score is three, indicating *appropriate concepts, skills, properties and/or relationships selected and accurately applied*. Math faculty have shared these results with some academic departments, and will share the results with all academic faculty at the Fall Semester 2017 in-service in an effort to encourage faculty to design problems that allow students to show all their work rather than just a final answer. As shown in Table 1.1, students demonstrated generally positive mathematical thinking abilities. Note that the results for science, mathematics, and agriculture in Spring 2016 are of limited interpretability due to small sample size.

During Spring Semester 2016, we carried out a small pilot assessment of the factor, "Apply appropriate reasoning skills to develop opinions and conclusions." Although we suspended writing- and math-based assessment 2016-17 to allow for development of new methodology, they helped to inform the revised processes.

Table 1.1. Assessment results for core ability to think critically	Mean rating		Sample size	
	Spring 2015	Spring 2016	Spring 2015	Spring 2016
Technical and Culinary	2.5	2.8	54	51
Science, Math, Agriculture	2.7	2.1	51	7
Arts, Humanities, Social Sciences	2.6	2.7	111	106
Health Sciences	2.7	3.5	33	30
Total	2.6	2.8	294	194
Source: Internal assessment of the factor: "Apply appropriate mathematical strategies in problem solving"				

IMPROVEMENT

The Division of Student Affairs will develop a timeline and implementation plan to assess learning outcomes in co-curricular programming and pilot the process in 2017-2018 using the residential experience.

We have designed a new process to assess core abilities in coursework, including new rubrics for the nine indicators. We employed Association of American Colleges and Universities value rubrics as a framework. Our timeline for implementation, below, is very ambitious, and if necessary, we will slow the pace while still ensuring a continuous effort. (4.B.3)

Table 1.2. Timeline for assessment implementation	
Core ability	**Anticipated term**
A. Critical thinking	
1. Apply appropriate reasoning skills to develop opinions and conclusions	Fall 2017
2. Apply subject area appropriate strategies in problem solving situations	Spring 2018
3. Apply appropriate mathematical strategies in problem solving	Fall 2018
B. Acquire and apply knowledge	
1. Conduct subject area research using discipline-appropriate sources	Spring 2019
2. Synthesize knowledge appropriately	Fall 2017
C. Communicate effectively	
1. Convey and draw meaning through speaking	Fall 2017
2. Convey and draw meaning through active listening	Spring 2018
3. Convey and draw meaning through writing	Fall 2018
4. Communicate through means other than speaking and writing	Spring 2019

1.2 - Program Learning Outcomes

Program Learning Outcomes focuses on the knowledge, skills and abilities graduates from particular programs are expected to possess. The institution should provide evidence for Core Components 3.B., 3.E. and 4.B. in this section.

1P2: PROCESSES

Describe the processes for determining, communicating and ensuring the stated program learning outcomes and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- *Aligning learning outcomes for programs (e.g., nursing, business administration, elementary teaching, etc.) to the mission, educational offerings and degree levels of the institution (3.E.2)*
- *Determining program outcomes (4.B.4)*
- *Articulating the purposes, content and level of achievement of the outcomes (4.B.1)*
- *Ensuring the outcomes remain relevant and aligned with student, workplace and societal needs (3.B.4)*
- *Designing, aligning and delivering cocurricular activities to support learning (3.E.1, 4.B.2)*
- *Selecting the tools, methods and instruments used to assess attainment of program learning outcomes (4.B.2)*
- *Assessing program learning outcomes (4.B.1, 4.B.2, 4.B.4)*

1R2: RESULTS

What are the results for determining if students possess the knowledge, skills and abilities that are expected in programs? The results presented should be for the processes identified in 1P2. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- *Overall levels of deployment of the program assessment processes within the institution (i.e., how many programs are/not assessing program goals)*
- *Summary results of assessments (include tables and figures when possible)*
- *Comparison of results with internal targets and external benchmarks*
- *Interpretation of assessment results and insights gained*

1I2: IMPROVEMENT

Based on 1R2, what process improvements have been implemented or will be implemented in the next one to three years? (4.B.3)

Institutional Responses

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1P2.A. Processes for aligning program learning outcomes with mission, educational offerings and degree levels of the institution (3.E.2)

Our process for aligning program learning outcomes with mission, offerings, and degree levels is similar to that for common outcomes. We align career and technical education (CTE) offerings with the industries in our region and ensure that transfer majors satisfy our articulation agreement with the University of Wyoming (UW). As discussed above, CTE certificates provide students with basic skills, while our AAS and ADN provide entry-level skills as well as general education. The creation of new academic programs is a response to economic changes, student demand, new articulation opportunities, or new industries moving to our region. A complex review process ensures alignment with mission and our degree scope; we document the steps in our program approval flowchart. (3.E.2)

1P2.B. Processes for determining program outcomes (4.B.4)

Development of program-specific learning objectives is the responsibility of the full-time faculty in the major. Our development process is iterative. Faculty in the discipline begin by discussing ideal outcomes, which often are aspirational and not amenable to measurement. However, the conversation clarifies what matters and faculty then break down the ideals to more specific skills, expressed behaviorally. Faculty then observe students and continue to refine outcome statements until they focus on measurable critical skills or knowledge sets. Our professionally accredited programs in nursing and dental hygiene follow a similar process, in addition to guidance prescribed by their national and state boards. (4.B.4)

C. Processes for articulating the purposes, content and level of achievement of program outcomes (4.B.1)

We document program outcomes in our catalog, and describe them on our website. We make them concrete in the tools and rubrics faculty use to assess program outcomes. Specific course competencies are part of common course syllabi and faculty review them with students in the classroom. The level of achievement for program outcomes – that is, the degree of proficiency a student must achieve to satisfy the outcome – is communicated to students through feedback and grading standards documented in syllabi. (4.B.1)

D. Processes for ensuring program outcomes remain relevant and aligned with student, workplace and societal needs (3.B.4)

Three regularly scheduled processes help our programs remain current:

1. Our program self-study process (see 1P3) sets up regularly recurring in-depth discussion of program outcomes, how they are measured, and results.

2. Our CTE programs have specific industry standards and work with industry through annual or biannual advisory committee meetings.

3. The seven Wyoming community colleges and UW hold annual articulation meetings to ensure course content and numbering at the lower division level are consistent across all eight institutions to facilitate and promote ease of transfer. This process includes regular evaluation of the most important coursework to ensure standards are current and meaningful. The Wyoming Transfer Catalog (maintained by UW) enables students to search for any course and identify its equivalents.

In addition to these regularly scheduled processes, episodic actions on the part of the legislature or UW can initiate program review and update activities. For example, in 2014 the legislature tasked UW and the seven Wyoming community colleges to create 2 + 2 agreements for all transfer programs, with the goal of reducing the number of lower division credits that did not count toward the bachelor's degree. This process led to program changes as well as changes in GenEd requirements.

E. Processes for designing, aligning and delivering co-curricular activities to support learning (3.E.1, 4.B.2)

Nine student organizations associated with academic programs and advised by faculty carry out activities that directly engage students with their field of interest; for instance, those in the health sciences emphasize service learning in settings such as our free health clinic, while horticulture students compete at the National Post-Secondary Agriculture Society. Welding, diesel, machine tool, and construction technology programs send student teams to the Wyoming SkillsUSA competitions, and winners compete at the national level. (3.E.1)

F. Processes for selecting the tools, methods and instruments used to assess attainment of program learning outcomes (4.B.2)

Program faculty work with their chair or director to develop measures of program learning outcomes based on standard practices of the discipline; outside experts may participate in the process. (4.B.2)

G. Processes for assessing program learning outcomes (4.B.1, 4.B.2, 4.B.4)

Faculty generally carry out assessment during a class period and focus on students who are close to program completion. Some programs also assess entry-level students to generate information about learning during the program. Programs that base assessment on a student portfolio carry

out their review near the end of the final semester. We prefer measures we can repeat regularly and administer efficiently, and that produce results faculty can use to adjust instruction and coursework and improve student learning. Where possible we seek externally developed assessments that enable us to compare our results to other institutions or groups. Currently most of the programs doing outcome assessment are in CTE areas, where such instruments exist. When instruments are unavailable, faculty consult professional standards and develop a unique process. Programs that do not have an existing assessment method, or wish to amend their existing method, work through a program outcomes worksheet, which helps them determine the assessment method for each outcome. (4.B.1, 4.B.2, 4.B.4)

Nursing assessment takes the form of the NCLEX, a national licensure exam taken by students after they complete their degree. Dental hygiene assessment includes the National Board Dental Hygiene Exam and the Dental Hygiene Regional Clinical Board Exam. (4.B.1, 4.B.2, 4.B.4)

RESULTS

While many individual transfer programs employ capstone courses, student portfolios, or other cumulative requirements, we recognize an opportunity to use these as a base for learning assessment independent of course instructor grading. Currently, we compare the mean first fall semester GPA of our transfers to UW to the average for all seven Wyoming community colleges.

For the period 2003 through 2015, the mean first fall semester GPA for NWCCD transfer students was higher than the average for all seven of the Wyoming Community Colleges. Our goal is to meet or exceed the mean. Table 1.3 shows detail for 2013 through 2015.

Table 1.3. First fall semester GPA of University of Wyoming transfer students						
Year of entry	2013		2014		2015	
	NWCCD	**WY**	**NWCCD**	**WY**	**NWCCD**	**WY** [a]
Mean GPA	2.82	2.80	2.85	2.80	2.93	2.90
Student count	68	663	92	635	90	619
Source: University of Wyoming Office of Institutional Analysis report. [a] Wyoming (WY) means reflect performance of all Wyoming community college transfer students, including NWCCD.						

Health science programs carry out assessment in the form of licensure exams. We use results from these licensure exams to help us to understand student achievement and update courses or curricula. Our goal is for 100% of students to pass on their first attempt.

As shown in Table 1.4, registered nurse pass rates have exceeded both Wyoming and national rates for the previous five years. Licensed practical nurse pass rates exceeded national rates for the previous five years, and are comparable to state pass rates for those years. Dental hygiene students may have three attempts before required remediation; all students re-taking the exam have passed in three or fewer attempts.

Table 1.4. NWCCD health science programs					
	% of graduates passing licensure exam on first attempt				
	2012	**2013**	**2014**	**2015**	**2016**
Dental Hygiene National Written Board Exam	100	96	86	100	100
Dental Hygiene Regional Clinical Board Exam	95	100	90	94	80
RN Program State Board of Nursing	96.2	97.7	94	94	86.8
LPN Program State Board of Nursing	100	96.0	100	93.8	100

Construction technology has administered tests developed by the National Center for Construction Education and Research (NCCER) since 2011. In response to low scores on the test module for commercial drawing in 2013, faculty increased coverage by bringing drawings from actual projects into class and making drawings more readily available to students on a job site or in lab projects. As shown in Figure 1.1, scores improved through 2016, but then dropped; this may be due to the small number (generally fewer than 10) students participating.

Figure 1.1
NCCER Commercial Drawing Module
Mean student score
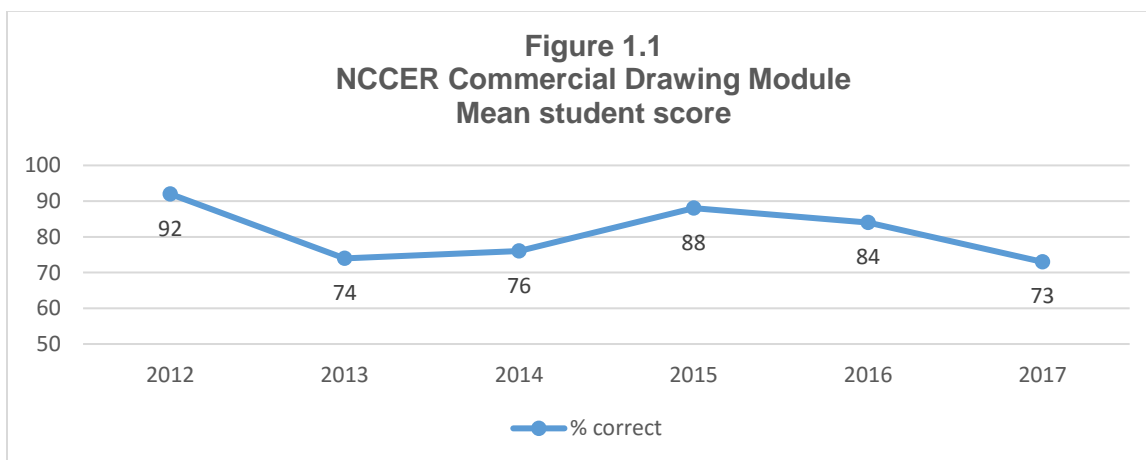
Culinary arts uses instruments developed by the National Occupational Competency Testing Institute (NOCTI). In Spring Semester 2015, 4 of the 15 outcome areas tested produced average scores lower than the faculty target. The specific outcome chosen for attention was "creating a menu with the appropriate aesthetic plate presentation". Faculty added a requirement that first year students plate and present dishes for a daily grade and ensured ongoing practice for second year students. The goal is for second year students to achieve a mean score of 90% on this outcome. As shown in Table 1.5, second-year student scores met or approached the target in 2016.

Table 1.5. NOCTI Culinary Arts exam average student score		NWCCD mean	
		2015	**2016**
Demonstrate proper kitchen equipment operation and maintenance skills	79.7	81.7	77.8
Create a menu with the appropriate aesthetic plate presentation	75.6	73.6	76.9
Prepare menu items in a restaurant industry setting	79.7	83.7	82.2
Perform decision making and leadership skills to function effectively in the hospitality industry	77.9	81.7	80.6

Diesel technology administers a ten-module NOCTI exam; the goal is to exceed the national mean on all items. We offer the program on both campuses and faculty analyze campus results in detail. As shown in Table 1.6, District-wide Fall Semester 2014 scores were higher than national on five items, slightly under on two, and of the remaining three items, one is not part of our program. Lowest scores were on the brake systems and air conditioning modules.

Faculty moved testing to spring to capture a more complete knowledge base and reviewed course and testing materials for the Heavy Duty Air-Conditioning Systems course to ensure consistency with industry standards. As shown in Table 1.6, Spring Semester 2016 District-wide scores were higher than national on all nine modules that cover areas taught in the program. Students did not score above the national average in Heavy Equipment Undercarriage, but this is largely attributable to the lack of equipment to deliver instruction for this topic. We recently added two new air conditioning training units, which we expect to improve A/C scores. We also will add NC3 certification, which should improve Electrical and General Shop practices scores.

Education faculty on our Sheridan campus began program assessment by reviewing and updating program outcomes to be consistent with standards of the Interstate Teacher Assessment and Support Consortium of the National Council for Accreditation of Teacher Education. In Spring Semester 2015, they developed a set of rubrics and carried out a pilot assessment in the practicum course. Students' highest overall performance was in "leadership and ethical practice", while the lowest was in "creating an effective learning environment". Faculty increased exposure to research-based classroom management practices throughout the program and increased opportunities to generate proactive lesson plan designs incorporating appropriate instructional pacing while utilizing best practices to maximize student engagement.

As shown in Table 1.7, students demonstrated proficiency (score of 2.0 or higher) in all program outcomes. Beginning in 2017-2018 we will add our Gillette campus to the process, thereby increasing numbers of students and assessors.

Table 1.6. NOCTI Diesel Technology exam		NWCCD mean score		
Module	**National mean (2016)**	**2014**	**2015**	**2016**
Maintain and Repair Engine	70.0	66.3	73.3	77.6
Maintain and Repair Power Train	72.6	63.9	81.2	84.9
Maintain and Repair Electrical System	70.5	71.0	74.8	77.8
Maintain and Repair Brake System	60.7	54.3	53.0	65.8
Welding	67.6	68.2	71.1	81.6
Preventative Maintenance	76.4	74.6	78.9	79.9
Maintain and Repair Hydraulic System	64.0	60.0	67.4	80.9
General Shop Practices	73.9	71.5	83.3	78.6
Air Conditioning	72.5	62.5	75.8	82.6
Heavy Equipment Undercarriage	55.7	50.4	55.8	51.5
Overall mean score	68.8	64.8	71.8	76.5

Table 1.7. Program assessment results for education Assessment of EDUC 2100: Practicum in Teaching	Mean rating		
	2015	**2016**	**2017**
Student Development and Individual Learning Differences	2.3	2.4	2.6
The Learning Environment	2.1	2.4	2.5
Application of Content Knowledge	2.6	2.3	2.5
Assessment	2.3	2.2	2.0
Instructional Strategies	2.4	2.3	2.5
Leadership and Ethical Practice	3.0	2.4	2.5
Scaled rubric: 0=Unsatisfactory, 1=Basic, 2=Proficient, 3=Advanced			

Exercise science faculty use personal trainer experience service-learning project standards to assess student portfolios in their capstone course. They define proficiency as earning of 80% of possible points. In 2015, five of the six students were proficient in all outcomes, but faculty agreed most students would benefit from increased attention to the design outcome, which is the most difficult and complex. Changes included: (1) Add to the Fall semester prerequisite course mock workout plans based on an average client profile, which will provide practice writing, refining, and progressing workout plans. (2) Provide students with a variety of sample design

formats to review before they draft their own plan for a client. (3) Add to both the Capstone and the prerequisite a learning module in which students critique sample workout plans.   As shown in Table 1.8, nine of ten students were proficient in Spring 2016.

Table 1.8. Exercise science student proficiency in program outcomes		
Outcomes	**2015**	**2016**
Interpret client behavior, health status, and risk stratification data accurately	100%	90%
Perform industry-standard fitness assessments and exercise tests for individuals of all ages and fitness levels	100%	90%
Design individual programs for diverse populations utilizing appropriate principles for safe and effective exercise.	83%	90%
Number of student portfolios assessed	*6*	*10*

Hospitality administers a 100-item test prepared and graded by the American Hotel and Lodging Educational Institute to assess student ability to differentiate between legal and illegal practices and standards in the workplace.   As shown in Table 1.9, average student scores vary considerably. A change to a hybrid course model in 2014 provided increased discussion through online forums, and we added guest presentations. In Fall Semester 2015, faculty provided formal instruction in note taking; increased the frequency of opportunities for self- and peer-evaluation of progress; and provided students with specific questions to focus on in their journals. In 2016, nine students were enrolled the class with only eight completing the exam; the average score for those who completed the exam was 85.2%   Going forward, we have dropped the guest speakers, but the discussion forum has proven to be very helpful. In addition, we are working to improve note-taking skills by conducting a question review at the end of each chapter.

Table 1.9. Hospitality student mean scores: Legal Practices and Standards					
Year	**2012**	**2013**	**2014**	**2015**	**2016**
Course format	Lecture	Lecture	Lecture/ Hybrid	Lecture/ Hybrid	Lecture/ Hybrid
Average score	68.9	65.9	82	60	76.7

Industrial electrical technology administers a thirteen-module NOCTI test covering most key program outcomes; our goal is to exceed the national norm on all items. A pilot assessment in Fall Semester 2014 resulted in student scores near or higher than the national average on 11 modules, with larger gaps in AC theory and motors. Faculty increased demonstration time for the AC portion of the AC/DC Electric Circuit Theory class, increased student practice time, added specific examples of motors theory in the Motors and Generators course, and moved the exam to spring. As shown in Table 1.10, student performance improved, although overall scores tend to be relatively consistent. Going forward, we will continue the improvements already made, continue to review course materials for consistency with industry standards, and change lab methods in the PLCs course.

Table 1.10. NOCTI Industrial Electricity exam					
		NWCCD Mean Score			
Module	**National mean (2017)**	**2014**	**2015**	**2016**	**2017**
DC Theory	59.9	65.4	64.1	65.6	64.8
AC Theory	48.9	47.0	47.6	52.0	55.1
Test Equipment	76.8	90.2	89.6	83.6	87.7
Electrical Drawings	66.7	70.8	72.5	76.4	77.0
General Wiring	45.7	49.0	46.4	47.9	50.9
National Electrical Code	49.8	54.2	56.3	50.0	62.5
Electrical Controls	54.8	67.1	63.0	61.9	64.3
Generators	61.7	73.3	73.3	75.2	81.4
Motors	46.8	44.0	44.9	46.9	58.5
Transformers	52.7	51.9	55.3	60.1	64.3
Variable Frequency Drives	54.7	55.6	58.2	56.6	65.1
Programmable Logic	47.4	61.5	51.9	44.2	53.3
Safety	57.5	56.7	58.4	58.4	60.5
Overall mean score	54.7	59.7	58.7	58.6	63.8

Machine tool technology administers a ten-module NOCTI exam. As shown in Table 1.11, scores have generally exceeded the national mean, measurement and inspection scores dropped and faculty are reviewing course materials to ensure they cover all needed material.

Welding technology uses American Welding Society standards and students obtain certification from faculty who hold Certified Welding Educator/Certified Welding Inspector (CWE/CWI) credentials. In 2014, 30% of student welding failures occurred as lack of fusion at the root or face of the weld. Faculty set a goal to reduce fusion errors to 15%. To achieve this goal, faculty increased classroom time emphasizing proper amperage settings and welding techniques needed to assure sufficient heat in the weld and reduce fusion failures, and reinforced this learning with lab practice. Faculty collected samples from all seven classes in 2015-2016 and 29% of weld failures were due to lack of fusion. In 2016-2017 faculty changed the focus to the number of welds passing the 3G, 4G and 5/6G bend tests and collected samples only in spring to show end of program skills. The 2017 assessment will include the total number of tests passed and failed and the number of attempts required to pass. Faculty will continue to emphasize correct amperage and weld techniques.

Table 1.11. NOCTI Machine Tool Technology Exam				
		NWCCD Mean Score		
Module	**National mean (2016)**	**2014**	**2016**	**2017**
Organization and Shop Practices	87.2	91.1	90.5	84.1
Measurement and Inspection	76.5	91.1	71.4	76.3
Metallurgical Processes and Heat Treating	75.9	80.6	85.7	86.0
Blueprint Interpretation and Process Planning	71.0	87.8	84.3	82.0
Layout and Bench Work	75.3	93.7	83.7	75.4
Band Saw Machines	74.6	92.6	92.1	79.0
Lathes	75.9	91.2	91.8	83.3
Milling Machines	73.4	88.4	86.9	73.1
Surface Grinder	66.7	94.4	76.7	72.3
Computer Numerical Control (CNC) Programming	77.0	83.8	87.0	87.1
Drill Press (added 2016)	76.1			83.4
Overall mean score	75.7	89.0	86.3	79.8

IMPROVEMENT

In Fall Semester 2014, we began a process to extend assessment to all programs, and nine program assessment leaders (PALS) were the spearhead of that effort. Our goal was to have all programs assessing outcomes by Spring 2017. The original group (PALS, Nursing and Dental Hygiene) has continued assessment and shown good CQI processes, including steady improvements, which we document in the results for each program. (4.B.3)

Starting Fall Semester 2017, we will expand the number of programs involved, beginning with business and general studies, both of which serve large numbers of students. Next, we will add agriculture, a cluster of closely related majors. We have many relatively small programs where sample size is an issue; we will develop a separate model for these programs once all larger programs are successfully engaged in program assessment.

We will begin development of processes to assess learning in co-curricular organizations, beginning with PALS programs in 2017-2018.

1.3 - Academic Program Design

Academic Program Design focuses on developing and revising programs to meet stakeholders' needs. The institution should provide evidence for Core Components 1.C. and 4.A. in this section.

1P3: PROCESSES

Describe the processes for ensuring new and current programs meet the needs of the institution and its diverse stakeholders. This includes, but is not limited to, descriptions of key processes for the following:

- *Identifying student stakeholder groups and determining their educational needs (1.C.1, 1.C.2)*
- *Identifying other key stakeholder groups and determining their needs (1.C.1, 1.C.2)*
- *Developing and improving responsive programming to meet all stakeholders' needs (1.C.1, 1.C.2)*
- *Selecting the tools, methods and instruments used to assess the currency and effectiveness of academic programs*
- *Reviewing the viability of courses and programs and changing or discontinuing when necessary (4.A.1)*

1R3: RESULTS

What are the results for determining if programs are current and meet the needs of the institution's diverse stakeholders? The results presented should be for the processes identified in 1P3. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- *Summary results of assessments (include tables and figures when possible)*
- *Comparison of results with internal targets and external benchmarks*
- *Interpretation of results and insights gained*

1I3: IMPROVEMENT

Based on 1R3, what process improvements have been implemented or will be implemented in the next one to three years?

Institutional Responses

PROCESS

1P3.A. Processes for identifying student stakeholder groups and determining their educational needs (1.C.1, 1.C.2)

Wyoming is a sparsely populated largely rural state with a highly homogeneous population; 86% of our student body self-identifies as white, non-Hispanic, and our largest underrepresented group, 6.7%, identify as Hispanic. Our full-time bilingual retention coordinator in Gillette, which has the highest population of Spanish speakers in the region, supports students identified as high risk, and works closely with all student affairs functions, including recruiting. We regularly offer a noncredit English as a Second Language (ESL) course in Gillette. Students receive ongoing support from the ESL instructors and have access to computers and websites such as Learning Chocolate, USA Learns, and Learn American English. We discuss our services for veterans, students with special needs, and first-generation learners in 2P1.G.

Student Affairs also coordinates spring break international service projects. (1.C.1, 1.C.2)

Our students fall into two main academic populations: students preparing for transfer to a bachelor-level institution, and students preparing for immediate entry into the workforce. Our AA, AS and AFA degrees are designed to facilitate transfer, while our AAS and certificate programs provide occupational and career training. We articulate with the University of Wyoming (UW) to ensure they will accept our transfer degrees as a block of credits.

Approximately three-quarters of our degree-seeking headcount are commuter students. We reviewed our course scheduling processes in 2016-2017 with the goal of reducing scheduling conflicts for all students; we implemented a new schedule in Gillette effective Fall Semester 2017, and we will extend the process to Sheridan in Spring Semester 2018. Our online offerings also serve this population.

1P3.B. Processes for identifying other key stakeholder groups and determining their needs (1.C.1, 1.C.2)

All professional programs have an external advisory committee drawn from our service area. These committees help keep us informed about employer and industry needs, and sometimes request specific education opportunities. For example, an industry partner might request a special section of English for employees; in that case, we would create the class and assign teaching responsibility to a member of our faculty. We also increase program capacities and change course content to meet the needs of our community stakeholders. For example, over the past 10 years, we have increased capacity in key industry-related programs such as industrial electric, diesel, and welding; we also created a new major program in mining technology. Further, we administer Occupational Safety and Health Administration and Mine Safety and Health Administration required training for local employers.

1P3.C. Processes for developing and improving responsive programming to meet all stakeholder needs (1.C.1, 1.C.2)

We deliver most of our courses through face-to-face instruction supported by instructional technology that allows instructors flexibility in configuring various computing, audio, and video devices to enhance the learning environment. We also offer online and video-conference courses to serve students with diverse needs. Independent study is available if there is a clear and compelling need; such courses require a customized syllabus for each student, an individualized plan of study, an academic rationale, and approval by the dean or associate vice president of academic affairs for the area. (1.C.2)

In September 2013, C&S endorsed a process for granting credit for prior learning when documented by a portfolio; we also accept specific CLEP and challenge exams. Veterans automatically receive two credits (fitness and wellness) based on proof of military service since 2009. Many Army veterans have also received experience-based credits for diesel technology. (1.C.2)

1P3.D. Processes for selecting the tools, methods and instruments used to assess currency and effectiveness of academic programs

Academic administrators worked with SPAL to develop our process for program self-study, which programs carry out every seven years. The process includes: (1) program purpose and rationale; (2) content currency analysis; (3) program outcomes and measures; (4) completion rates and targets; (5) strengths, opportunities, aspirations, and results analysis; and (6) peer and external feedback. Faculty present their self-study results to executive staff, after which SPAL archives it. In 2016-2017, we added a critical analysis focused on improvements in curriculum and teaching methods.

Nursing (most recently in 2011) and dental hygiene (2017) accreditation reviews help us monitor program currency, as does constant monitoring of licensure pass rates. Both programs track student employment after graduation, student and employer satisfaction with preparation for work, and transferability of coursework to other institutions. Other CTE programs emphasize direct contact with advisory board members, which allows us to gather feedback about both graduates' performance in the local market and our responsiveness to local market demands.

1P3.E. Processes for reviewing the viability of courses/programs and changing/discontinuing when necessary (4.A.1)

All academic programs carry out a self-study process every seven years. The process includes: (1) program purpose and rationale; (2) content currency analysis; (3) program outcomes and measures; (4) completion rates and targets; (5) strengths, opportunities, aspirations, and results analysis; and (6) peer and external feedback.   In cases where courses or program areas show lack of activity or insufficient teaching load to support a full-time faculty member, the administration engages faculty in discussing closure. A decision to close involves a formal approval process that includes C&S, academic administration, the president's executive staff,

and the Board of Trustees.   If there are students in the program at the time of closure, we develop a teach-out plan. (4.A.1)

RESULTS

1R3.A. Responsive programming

We administer the Noel-Levitz Student Satisfaction Inventory (SSI) biennially. As shown in Table 1.12, two items failed to meet the national mean, and one was significantly ($p < .001$) below.   As described in 1I3, we are implementing new scheduling processes with the goal of reducing conflicts and improving access.

Table 1.12. Student satisfaction with responsiveness of academic programming		
	Mean response	
	NWCCD	National
Classes are scheduled at times that are convenient for me	5.43	5.55
I am able to register for classes I need with few conflicts	5.58	5.53
There is a good variety of courses provided on this campus	5.47*	5.76
Source: 2016 Noel-Levitz Student Satisfaction Inventory. Means based on seven-point scale, with seven being the most positive response. * significant difference ($p < .001$)		

1R3.B. Online programming

Online and video-conference courses have increased steadily from 11 sections with 133 enrollments in 2000-2001 to 217 sections with 3,555 enrollments in 2016-2017. We benchmark distance learning outcomes using the NCCBP median; their reports are based on data two years in arrears. Although enrollee success rates for distance courses historically lagged both institution-wide outcomes and NCCBP median results, as shown in Table 1.13, distance learning outcomes continue to improve steadily and the two most recent falls exceeded the 2014 NCCBP median, which is the most recent available.

Table 1.13. NWCCD distance learning outcomes compared to all credit grades								
Fall semester	2012		2013		2014		2015 [a]	2016 [a]
	NW	National	NW	National	NW	National	NW	National
% enrollee success [b]								
All credit grades	79.29	74.43	80.34	74.97	81.99	75.50	81.37	83.78
Distance learning	55.98	66.44	67.63	66.34	72.26	67.17	71.86	75.36
Distance learning as a % of total								
Credit hours	9.06	14.22	10.86	15.03	11.86	15.68	11.79	14.01
Credit sections	8.85	12.86	12.22	13.35	8.64	14.60	9.68	13.20

Source: National Community College Bechmarking Project (NCCBP) survey national results.
[a] NCCBP reports data two years in arrears. As a result, national data is not yet available for 2015 or 2016; these columns reflect institutional data.
[b] Success is defined as a grade of C or S or better.

1R3.C. Program self-studies

We track consistency of the program self-study process. We established a seven-year cycle in 2008 and in each of the next two years seven programs completed the process. In 2011 and in 2013 only three programs completed reviews because faculty focused on learning assessment. The program resumed in 2014; eight programs filed reports in 2015, three in 2016, and we expect eleven in 2017.

IMPROVEMENT

Responsive programming. In Fall Semester 2017, our Gillette campus faculty and administration created a new course scheduling process. Goals were to establish scheduling protocols, design a time zone grid to ensure course distribution throughout the day and week, ensure that course scheduling accounts for student needs, and identify measures to assess effectiveness of course scheduling. The new schedule will operate on our Gillette campus as a pilot in 2017- 2018; we will implement on our Sheridan campus Spring Semester 2018. A standing committee, the course scheduling workgroup will handle requests for scheduling outside the guidelines and will assess effectiveness compared to the Higher Education Scheduling Index, a set of nationally benchmarked scheduling standards. We plan to have a two-year schedule for both campuses in place Spring Semester 2019. This will enable full utilization of the Colleague student planning module, and entering students will be able to plot a full two-year program of study by semester at the time of first registration.

Program self-study. A faculty committee will begin updating the self-study process in summer 2017 with the goal of integrating it with core ability learning assessment and program learning assessment to form an overarching model of assessment. They will streamline the self-study and focus it on student and program outcomes.

1.4 - Academic Program Quality

Academic Program Quality focuses on ensuring quality across all programs, modalities and locations. The institution should provide evidence for Core Components 3.A. and 4.A. in this section.

1P4: PROCESSES

Describe the processes for ensuring quality academic programming. This includes, but is not limited to, descriptions of key processes for the following:

- *Determining and communicating the preparation required of students for the specific curricula, programs, courses and learning they will pursue (4.A.4)*
- *Evaluating and ensuring program rigor for all modalities, locations, consortia and dual-credit programs (3.A.1, 3.A.3, 4.A.4)*
- *Awarding prior learning and transfer credits (4.A.2, 4.A.3)*
- *Selecting, implementing and maintaining specialized accreditation(s) (4.A.5)*
- *Assessing the level of outcomes attainment by graduates at all levels (3.A.2, 4.A.6)*
- *Selecting the tools, methods and instruments used to assess program rigor across all modalities*

1R4: RESULTS

What are the results for determining the quality of academic programs? The results presented should be for the processes identified in 1P4. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- *Summary results of assessments (include tables and figures when possible)*
- *Comparison of results with internal targets and external benchmarks*
- *Interpretation of results and insights gained*

1I4: IMPROVEMENT

Based on 1R4, what process improvements have been implemented or will be implemented in the next one to three years?

Institutional Responses

PROCESS

1P4.A. Processes for determining and communicating preparation required of students for the specific curricula, programs, courses and learning they will pursue (4.A.4)

Faculty members in each discipline determine the preparation required for their courses and majors using criteria such as standard practices in the discipline, requirements of accrediting and licensing bodies, evaluation by professional colleagues, and input from program advisory committees. We use prerequisites to ensure basic preparedness while minimizing obstacles to progress. For example, to enroll in our basic psychology course, which requires mature writing skills, students must have completed college-level English or take it concurrently. We are careful to ensure that concurrent enrollment students have met the prerequisites. (4.A.4)

Our online catalog documents preparation requirements and enrollment advisors discuss requirements and options with prospective students. The most intensive advising effort occurs when a new student meets with a professional advisor to develop a program plan from start to finish and to register for the first semester of study. After the initial advising, advisors and faculty continue to provide information about courses and requirements in advising sessions, and/or informally in connection with a class. (4.A.4)

1P4.B. Processes for evaluating and ensuring program rigor for all modalities, locations, consortia and dual credit programs (3.A.1, 3.A.3, 4.A.4)

We ensure that our courses meet our standards for rigor and consistency across modalities through the following processes:

Online programming. The distance education committee reviews all distance courses, and faculty must complete formal instruction in online delivery and/or have a history of online teaching at the college level. Instructors who request a stipend for course development must undergo an internal Quality Matters review that applies external standards and criteria to ensure sound instructional design principles. Once a full-time faculty member receives approval for an online course, the discipline head may select it for observation and review during the standard evaluation process; discipline heads must carry out ongoing observation and evaluation of adjunct faculty. (3.A.1, 3.A.3, 4.A.4)

Concurrent enrollment. In spring 2017, we documented mission, vision, and outcomes statements for our concurrent enrollment program and created an annual evaluation model based on National Alliance for Concurrent Enrollment Partnerships (NACEP) Standards, which include five areas: curriculum, faculty, student, assessment, and program evaluation. We also established a formal process for approving concurrent course offerings, and designed an in-depth constructive annual meeting agenda for concurrent enrollment adjunct faculty. Common Blackboard courses for college and high school faculty will support collaboration and ensure the sharing of assessment practices and artifacts. We have a formal process for high school site

visits for concurrent classes as well as annual updates to the NWCCD Concurrent Enrollment Faculty Handbook. (3.A.1, 3.A.3, 4.A.4)

We have implemented an efficient, college-friendly process to evaluate adjunct faculty, as well as a formal process for student course evaluations in the high schools. Evaluation of the concurrent program will include the NACEP annual concurrent enrollment program stakeholders' survey, administered to alumni one year out of high school, as well as a triennial survey administered to high school instructors, principals, and guidance counselors. (4.A.4)

A consortium agreement with the University of Wyoming (UW) allows our dental hygiene students to complete both an AAS and a BS degree on campus. As discussed in 1R2, we assess dental hygiene results through licensure exams. We also have an agreement with UW that enables us to offer an AAS in survey technology on-campus, although this program is under review because of low enrollments. Faculty communicate regularly with their counterparts at UW and develop courses collaboratively; we review common course syllabi using our C&S process. Conversations about outcomes and learning objectives occur during both during initial development and updating of courses. (3.A.1, 3.A.3, 4.A.4)

Locations. Locations that offer 50% or more of an academic program and are not located on campus are not currently part of our delivery system.

1P4.C. Processes for awarding prior learning and transfer credits (4.A.2, 4.A.3)

We accept transfer credits from regionally accredited institutions in the United States upon evaluation of the transcript by the associate registrar. We verify accreditation status using the American Council on Education Accredited Institutions of Postsecondary Education. We assess course equivalencies using course descriptions provided by the CollegeSource Transfer Evaluation Center, or for international transcripts, World Educational Services. Once evaluation is complete, we send the applicant a transfer course equivalency report. Course-to-course equivalencies are stored within our enterprise system for automatic translation once documented. We enter transfer courses as electives if they lack equivalency. (4.A.2, 4.A.3)

We ensure credit for prior learning quality by using the National Criteria for Quality Assurance standards, limiting the number of possible non-classroom credits to 24 for degree candidates, and requiring that faculty, or a specially qualified professional, assess the portfolio. Our Credit for Prior Learning Handbook documents background and requirements and specifies the departmental process a discipline must use in establishing minimum standards and evaluation. (4.A.2, 4.A.3)

1P4.D. Processes for selecting, implementing and maintaining specialized accreditations (4.A.5)

We seek specialized accreditation when it is determined that a program would benefit from industry, transfer, or recruiter recognition of such endorsement. We analyze the costs and requirements of accreditation versus the potential benefit to students before making a decision to proceed. As noted above, we hold specialized accreditations for our nursing (reaffirmed in 2011)

and dental hygiene (reaffirmed in 2017) programs. We first offered a practical nursing program in 1978, and added the AAS in 1982; our initial National League for Nursing review occurred in 1986, and we have maintained continuous accreditation since that time. Our dental hygiene program has been fully accredited continuously since 1972. (4.A.5)

1P4.E. Processes for assessing the level of outcomes attainment by graduates at all levels (3.A.2, 4.A.6)

We offer associate's degrees and certificates. Certificates provide basic skills for the student who wants to enter the job market as soon as possible, while the Associate of Applied Science (AAS) and Associate Degree in Nursing (ADN) degrees include additional skills training and general education (GenEd) to prepare students for positions in the skilled trades and for career advancement. Our transfer degrees (AA, AS and AFA) are designed to provide a broad general education and to prepare students for upper division study in a discipline of their choice. (3.A.2.)

As shown in Table 1.14, we assess transfer student performance at UW using first fall GPA. For students who do not go on to further study, we track employment rates; a summary is part of our Student Right to Know information. The Wyoming Community College Commission recently entered into an agreement with the Wyoming Department of Workforce Services to provide access to employment data; this will enable us track graduate employment more effectively (see 1I4). (4.A.6)

1P4.F. Processes for selecting tools, methods, and instruments used to assess program rigor across all modalities

Faculty and administration select the methods used to assess program rigor.

RESULTS

1R4.A. Placement in college-level courses

In 2013, we launched a project to reduce the number of pre-college registrations and encourage full-time students to complete their math and writing requirements in their first year of study. We set 2012-2013 as our baseline, because it was the last year we placed all students based on COMPASS or ACT alone. In that year, 65% of first-time math registrations were in pre-college level courses, and 59% of all enrollees earned a grade of C or higher. We set the following outcome targets: (1) 59% of alternatively placed students will earn a grade of C or better; (2) pre-college level registrations will decline. Results (presented in Table 1.14) suggest that alternatively placed students perform as well as or better than traditionally placed students in fall semester, but not in spring. Math pre-college enrollments dropped from 65% in 2012 to 47% in 2016; this outcome resulted from reducing the number of pre-college courses as well as from the new placement model. Data for percentage of students placed alternatively reflects coding errors and should not be interpreted.

Table 1.14. Success rates in math courses by placement method										
Semester	Fall 2012	Spring 2013	Fall 2013	Spring 2014	Fall 2014	Spring 2015	Fall 2015	Spring 2016	Fall 2016	Spring 2017
Total math enrollments	762	605	839	526	732	475	687	465	777	563
% earned C or higher	59	58	65	55	61	59	57	60	66	62
% enrolled pre-college level courses	65	63	54	36	40	34	45	42	45	40
% placed alternatively			6	29	8	8	9	5	9	7
% placed alternatively earned C or higher			65	44	64	53	62	57	72	60
% placed traditionally earned C or higher			65	60	61	59	56	60	65	62
Note: Analysis covers only pre-college and first-college-level courses; courses with a first-college-level prerequisite are not included. Data are from on-campus courses only.										

We launched alternative placement for writing courses as a pilot in Spring Semester 2014 using a number of different teaching models. English faculty adopted the outcome goals established for math. Because of the complexity of offerings, outcomes are difficult to assess, but success rates (earning a C or higher) have been high, and pre-college enrollments dropped from a high of 37% in Spring 2013 to a low of 10% in Spring 2016. Full results are available in Table 1.15.

1R4.B. Employment rates for graduates

Tracking employment rates is difficult because, although we survey graduates, we receive very few responses. Potential enhancements to obtaining this information are outlined in 1I4. The National Student Clearinghouse allows us to identify students who are continuing their education. We post student right-to-know reports on our website as required.

The nursing department has a long history of tracking employment data by surveying graduates and seeking employer satisfaction feedback. The employment rate for 2016 graduates was 98.2%, which is typical. Because employer survey responses are limited, the Director of Nursing on each campus personally interviews major employers and that feedback is then part of the annual review of curriculum and courses.

1R4.C. Online and concurrent programming

We discuss assessment of on-line programming in 1R3; data are in Table 1.13. We will begin assessment of concurrent enrollment in 2017- 2018 using NACEP assessment standards.

Table 1.15. Success rates in writing courses by placement method								
Semester	**Fall 2012**	**Spring 2013**	**Fall 2013**	**Spring 2014**	**Fall 2014**	**Spring 2015**	**Fall 2015**	**Spring 2016**
Total pre-college and first-college-level English enrollments	699	356	668	322	551	234	565	268
% Pre-college and first-college English enrollments with a grade of C or higher	69	56	67	65	69	57	65	56
% Pre-college level enrollments	31	37	30	28	12	19	16	10
% Enrollments based on new criteria				10	23	32	24	19
% Traditionally placed students who earned C or higher	69	56	67	62	71	59	67	54
% Students placed under new criteria who earned a C or higher				84	64	53	58	63
% Students traditionally placed in first-college-level English only who earned C or higher (1010)	67	50	67	64	73	59	66	53
% Students placed in first-college-level English only, using new model, earned C or higher (1010)					68	44	59	0
% Students placed in pre-college level English only, using new model, who earned C or higher (950, 700)				80	70	47	68	100
% Students placed in first-college-level English (new model) with a co-requisite earned C or higher in their college-level course (1010)				91	50	58	51	64
% Students placed in first-college-level English with a co-requisite earned a C or higher in their pre-college course (950, 725)				82	50	75	63	68
Note: Data are from on-campus courses only. Traditionally placed includes all students placed in 1010 based on COMPASS only, and some students placed in 600 and 610 in the period F12 through S15. All other students are placed using new criteria								

IMPROVEMENT

As described above in 1P4.B, we have formalized our concurrent enrollment program and established protocols for ongoing monitoring of quality standards and outcomes.

We expect the Wyoming Community College Commission to finalize an agreement with the Wyoming Department of Workforce Services by spring 2018 that will provide access to Individual record-level data including employee name, employer name, and quarterly wages. Institutional researchers at each community college will be able to query the data and track graduates' employment. While employment data will be limited to those students who

pursue employment within Wyoming, this will enable us to assess student employment outcomes more effectively.

Based on very positive results in the alternative placement model, we will launch a full review in 2017-2018 that will integrate improvements to our processes for tracking students, and seek to expand the process to more students.

1.5 - Academic Integrity

Academic Integrity focuses on ethical practices while pursuing knowledge. The institution should provide evidence for Core Components 2.D. and 2.E. in this section.

1P5: PROCESSES

Describe the processes for supporting ethical scholarly practices by students and faculty. This includes, but is not limited to, descriptions of key processes for the following:

- *Ensuring freedom of expression and the integrity of research and scholarly practice (2.D., 2.E.1, 2.E.3)*
- *Ensuring ethical learning and research practices of students (2.E.2, 2.E.3)*
- *Ensuring ethical teaching and research practices of faculty (2.E.2, 2.E.3)*
- *Selecting the tools, methods and instruments used to evaluate the effectiveness and comprehensiveness of supporting academic integrity*

1R5: RESULTS

What are the results for determining the quality of academic integrity? The results presented should be for the processes identified in 1P5. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- *Summary results of measures (include tables and figures where appropriate)*
- *Comparison of results with internal targets and external benchmarks*
- *Interpretation of results and insights gained*

1I5: IMPROVEMENT

Based on 1R5, what process improvements have been implemented or will be implemented in the next one to three years?

Institutional Responses

PROCESS

1P5.A. Processes for ensuring freedom of expression and integrity of research and scholarly practice (2.D, 2.E.1, 2.E.3)

Our Faculty Handbook states: "Professional development is intended to build instructional, collegial, and scholarly skills to cultivate a healthy institution that encourages inquiry, freedom and competence to articulate positions, and academic freedom." As documented in our Policy Handbook Series 4000, faculty and staff may render professional and technical services outside the college, provided they do not interfere with teaching effectiveness or discredit the institution. Faculty are encouraged to create from such activities opportunities for scholarly activity. We also provide for professional leave to attend activities related to teaching or scholarship. Qualified faculty may receive tenure after four years of full-time employment. (2.D)

Our Academic Code of Conduct also states our commitment to integrity and scholarly activity: "Academic integrity is the pursuit of scholarly activity in an open, honest and responsible manner. Academic integrity is a basic guiding principle for all academic activity at NWCCD, and all members of the NWCCD community are expected to act in accordance with this principle." (2.D)

We rely on the University of Wyoming Institutional Review Board to evaluate research in which we participate. At this time, a limited number of our faculty participate in select research programs with the University and some include students in their projects. (2.E.1)

1P5.B. Processes for ensuring learning and research practices of students (2.E.2, 2.E.3)

Policy Handbook Section 6005 addresses academic honesty among students and includes a Student Code of Conduct. All common course syllabi include an academic honesty statement: (2.E.3)

Students are expected to maintain the highest standards of academic honesty and integrity. Academic honesty means performing all academic work without lying, cheating, deceit, plagiarism, misrepresentation, or unfairly gaining advantage over any other student. Violations of academic honesty are in violation of District standards for student conduct and shall result in disciplinary action.

Online course syllabi include a statement that outlines rules of conduct for participating in discussion boards, speaking style requirements, and expectations for tone and civility used in communicating with the instructor and fellow students. Online course syllabi also document proctoring requirements. Off-campus proctors must complete an application and be approved by the instructor. (2.E.3)

All students receive training in the use of published information as a component of their required writing course. In addition, our librarians help students as needed. Courses that engage students

in field research include research method training. Faculty monitor all student research papers to ensure appropriate research methods and citations, and many use Turnitin to detect and deter plagiarism and make comments. (2.E.2)

We approved a new academic code of conduct and supporting policies in spring 2017. They clearly define forms of academic misconduct and categorize sanctions as Lesser or Greater. Students, faculty, or staff can initiate our academic dishonesty procedure. We also established a student-initiated instructional complaint procedure. All decisions within the academic honesty and instructional complaint procedures have three levels of appeals, up to and including the chair and VPAA. The VPAA team reviews all data and documents annually. (2.E.3)

1P5.C. Processes for ensuring ethical teaching and research practices of faculty (2.E.2, 2.E.3)

Our Policy Handbook Series 4000 includes a formal statement of ethics for all employees. Our new process for student-initiated instructional complaints is part of the broader complaint processes described in 2P4. The Human Resource department delivers Title IX awareness training to all employees annually.   We do not require formal research and publication of faculty; however, as noted in 1P5, we rely on the UW Institutional Review Board to review faculty projects. (2.E.3)

1P5.D. Processes for selecting tools, methods and instruments to evaluate effectiveness and comprehensiveness of supporting academic integrity

Our new academic code of conduct, developed by faculty and academic administration, documents how we will evaluate our effectiveness of supporting academic integrity.

RESULTS

A log of student dishonesty incidents for the period Spring Semester 2010 through Spring Semester 2013 included 64 reported incidents; some involved two or more students (for instance turning in the same work) and some students received more than one citation.   In 78% of the cases, the penalty involved a failing grade on the assignment; in 16% of the cases the penalty was course failure; the remaining 6% of reports did not describe a penalty.

In 2016-17, we began using Maxient software to track incidents of student dishonesty; we recorded 70 incidents for the year.

There has been a steady increase in the number of faculty using the Turnitin software, which shows faculty attention to educating students about, and tracking instances of, plagiarism. For example, in 2010-2011, 43 faculty submitted 1,372 documents. By 2016-17, virtually all faculty participated, submitting in excess of 6,000 documents.

IMPROVEMENT

As described above, we have a new and rigorous process for academic misconduct that includes consistent definitions, sanctions, reporting, and review and improvement.

Category Two - Meeting Student and Other Key Stakeholder Needs

2.1 - Current and Prospective Student Need

Current and Prospective Student Need focuses on determining, understanding and meeting the academic and non-academic needs of current and prospective students. The institution should provide evidence for Core Components 3.C. and 3.D in this section.

2P1: PROCESSES

Describe the processes for serving the academic and non-academic needs of current and prospective students. This includes, but is not limited to, descriptions of key processes for the following:

- *Identifying underprepared and at-risk students, and determining their academic support needs (3.D.1)*
- *Deploying academic support services to help students select and successfully complete courses and programs (3.D.2)*
- *Ensuring faculty are available for student inquiry (3.C.5)*
- *Determining and addressing the learning support needs (tutoring, advising, library, laboratories, research, etc.) of students and faculty (3.D.1, 3.D.3, 3.D.4, 3.D.5)*
- *Determining new student groups to target for educational offerings and services*
- *Meeting changing student needs*
- *Identifying and supporting student subgroups with distinctive needs (e.g., seniors, commuters, distance learners, military veterans) (3.D.1)*
- *Deploying non-academic support services to help students be successful (3.D.2)*
- *Ensuring staff members who provide non-academic student support services are qualified, trained and supported (3.C.6)*
- *Communicating the availability of non-academic support services (3.D.2)*
- *Selecting the tools, methods and instruments to assess student needs*
- *Assessing the degree to which student needs are met*

2R1: RESULTS

What are the results for determining if current and prospective students' needs are being met? The results presented should be for the processes identified in 2P1. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- *Summary results of measures (include tables and figures when possible)*
- *Comparison of results with internal targets and external benchmarks*
- *Interpretation of results and insights gained*

2I1: IMPROVEMENT

Based on 2R1, what process improvements have been implemented or will be implemented in the next one to three years?

Institutional Responses

PROCESS

2P1.A. Processes for identifying underprepared and at-risk students and determining their academic support needs (3.D.1)

We use a combination of ACT scores, placement exam scores, and high school transcript analysis to identify students who may be underprepared academically in mathematics or English; we place them in courses appropriate to their skill levels and provide tutoring support (see 1P4.A). We identify first-generation and low-income students using information from the FAFSA, which includes parental educational attainment and Pell grant eligibility. These students are eligible to receive student support services under a federal TRIO grant (in place since Fall Semester 2010). (3.D.1)

Any member of the college community may refer students directly to Advising Services or to our Campus Assessment, Response, and Evaluation (CARE) team for extra support. CARE members may provide support directly, or refer a student to counseling or another service. (3.D.1)

Advising staff review mid-term grades and send each student a text recommending contacting an advisor. Professional staff reach out to specific sub-groups – athletes, TRIO students, veterans and residential students – to discuss academic support services and, if appropriate, changes to the major. At semester end, the Registrar sends the advising office a list of students on probation; staff reach out to them and offer to help them develop an academic plan that will put them back on track to success. (3.D.1)

2P1.B. Processes for deploying academic support to help students to select and successfully complete courses and programs (3.D.2)

Academic advising is available to students from their initial institutional contact through graduation. Enrollment staff describe degree and program options and associated requirements to potential students. Upon entry, students take any necessary placement tests and then work with an advisor who confirms choice of major, reviews requirements, and develops a plan of study. Most Sheridan students are assigned a faculty advisor, while most Gillette students work with a professional advisor. (3.D.2)

As described in 1R4, advisors take special care in placing entering students in the math and writing courses appropriate for their skill level. We redesigned our developmental course sequences in both disciplines, and place students in courses based on placement tests, ACT scores, and the high school transcript. Students placed in college-level courses based on transcript rather than testing receive special support. (3.D.2)

We deploy tutoring across both campuses; services include a math lab, a writing center, and a tutoring center where students may receive help in any area. All students are encouraged to use these services; the math lab is a requirement in many math classes, as is the writing center in

writing intensive courses. A strong communication campaign ensures students are aware of the services we offer (see 2P1.J). (3.D.2)

2P1.C. Processes for ensuring faculty are accessible for student inquiry (3.C.5)

Our Faculty Handbook states: "Faculty are partners in creating an academic and collegiate culture which draws students into college engagement and learning beyond coursework … institutional citizenship outside of classroom instruction is an essential function of faculty. " Our Policy Handbook, Series 4025 requires that faculty spend time teaching, maintain office hours, maintain accessibility to students, maintain an office schedule for class preparation and advising; it sets the expectation that faculty schedule a minimum of one office hour daily. There are no formal requirements for adjunct faculty members, but their hiring and orientation processes emphasize being available to students before and after class. (3.C.5)

We encourage a culture of student engagement and many faculty mentor student clubs, coordinate student attendance at conferences, supervise student research projects, host study sessions, and organize student events and performances.   We are working to emphasize the expectation that faculty will support student success through regular communication of grades, frequent feedback, and outreach to students who are struggling or not attending class. (3.C.5)

2P1.D. Processes for determining and addressing learning support needs (tutoring, advising, library, laboratories, research, etc.) of students and faculty (3.D.1, 3.D.3, 3.D.4, 3.D.5)

We assess academic support needs by tracking historical usage of academic supports and by surveying student satisfaction using the Noel-Levitz Student Satisfaction Inventory (SSI). Where evidence suggests a concern we perform additional analysis and make adjustments as appropriate. Faculty can communicate needs directly to the library or Information Technology Services (ITS), or make budget requests through their division head. (3.D.1, 3.D.4)

As fully described in 2P1.B, we provide academic advising to students from their first contact through graduation; both professional advisors and faculty advisors work with students. (3.D.3)

Our policy is to provide modern and efficient technology, and ITS regularly evaluates equipment and maintains a high standard of performance. We provide students with computer labs, printing services from any lab or personal device, and campus-wide Wi-Fi. A centralized help desk serves all students, faculty, and staff throughout the district. Students may use our student portal to access information related to individual needs (i.e. course scheduling, billing, or grades) as well as campus announcements and information. Our standard classroom presentation system offers smartboard displays and campuses have videoconferencing spaces. Our learning management system, Blackboard, allows for web-based enhancement for on-campus courses such as discussion boards and assignment submissions. (3.D.4)

We consider program and student needs when planning new or renovated physical space. Our construction planning process solicits feedback from relevant users through planning sessions

with the architectural and construction management teams. We also comply with Wyoming Department of Education Capital Construction guidelines. (3.D.4)

Gillette and Sheridan libraries offer research help and extended hours. Librarians provide assistance face-to-face or through phone, chat, and text messaging. Students and employees may suggest purchases through our portal, and librarians meet with individual faculty members and departments to identify needs for materials and services. Students receive training in the use of published information as a component of their required writing course, and librarians offer customized information literacy instruction, including the ethical use of information. (3.D.4, 3.D.5)

2P1.E. Processes for determining new student groups to target for educational offerings and services

We strive to match our program offerings with the needs of the community. As discussed in 2P3, we use information from Sheridan and Gillette planning documents, local and state employment data, the *Wyoming Labor Trends* forecast, and analysis services provided by Economic Modeling Specialists, Inc. to understand local needs.   We also monitor national trends in higher education and follow demographic changes that can affect the institution. Once we identify an opportunity, we use a set of six criteria (outlined in 2P5A.1) to determine feasibility and appropriateness.

2P1.F. Processes for meeting changing student needs

We analyze SSI results for sub-populations such as residential and part-time students. Campus life and housing staff serve as advisors to the Student Government Association and the Residence Hall Association on each campus, supervise resident assistants, and act as conduct officers; such frequent and personal contact provides valuable information. The Vice President of Student Affairs (VPSA) meets monthly with student government leaders and attends student government meetings and residence hall meeting on each campus at least once per semester. Student Issues and Concerns Committee has both student and faculty representatives, and discusses broad issues identified as areas of concern by students. The VPSA also brings them trends or concerns identified in the complaint log. We file all committee minutes and agendas in our portal so they are accessible by the NWCCD community. All this information informs the student affairs directors' annual planning session.

We annually review developments in federal and state laws related to college students and we stay up to date on industry trends. For example, a 2015 report from the Center for Collegiate Mental Health showed the number of students seeking help increased at five times the rate of new students starting college. We have licensed professional counselors present on each campus and have built relationships with local care providers to meet student demand. CARE teams address nearly 400 individual cases each year. Moreover, we have enhanced the training provided to resident assistants to include Question, Persuade, and Refer (QPR) training for suicide prevention, building cultural competency, conflict resolution, and Title IX compliance.

2P1.G. Processes for identifying and supporting student subgroups with distinctive needs (3.D.1)

We use student records to identify residential students, who comprise over 25% of our degree-seeking student population. We provide a wide variety of student life services, similar to what one might find on a public four-year campus; while such services are available to all students, primary users are full-time and residential students. We provide non-residential students with a commuter success guide and offices and services extend operating hours in times of high need. (3.D.1)

U.S. census data show Gillette has a growing Hispanic population. We provide English as a Second Language services, and many Hispanic students qualify for TRIO services. Our full-time bilingual retention coordinator in Gillette, which has the highest population of Spanish speakers in the region, works closely with all student affairs functions, including recruiting. (3.D.1)

Veterans comprise approximately 9% of the total state population; campus Veterans' Centers provide admissions support, advising, financial counseling, personal support, career advising, resume writing, and advocacy, as well as space for study and relaxation to support community building within this group. (3.D.1)

Current and prospective students who identify as having a disability are encouraged to meet with the disability services coordinator on their campus. Our disability services welcome packet includes information about how to obtain services from the college, community resources, and other pertinent information to support success. The student and coordinator jointly plan needed accommodations such as a distraction-reduced testing environment, extra time to complete exams, sign language interpreters, and/or assistive technology tools. (3.D.1)

Delivering adult basic and secondary education (Career & College Readiness) is an important community college function in Wyoming funded by a federally supported and state-allocated grant. We provide such coursework and individuals who earn their high school equivalency certificate may take part in our commencement. Our professional advisors provide support for their transition to college. (3.D.1)

2P1.H. Processes for deploying non-academic support services to help students be successful (3.D.2)

We deploy our non-academic support services on both campuses and locate services in convenient and accessible locations with appropriate signage. Both campuses have a Financial Aid Office, a licensed psychological counselor, a Title IX investigator and a CARE team. Both have NJCAA Division I athletic teams and activities such as intramural sports and a variety of clubs. Sheridan also offers music and theatre performances. Offices are open during normal daytime hours and extended hours based on the time of semester or need. A strong communication campaign ensures students are aware of the services we offer (see 2P1.J). (3.D.2)

2P1.I. Processes for ensuring staff who provide non-academic student support services are qualified, trained and supported (3.C.6)

Our hiring and screening processes ensure we have qualified student support personnel (see 3P1.A, 3P1.C), and our Human Resources Office maintains documentation of degrees and training. Full-time professional counselors hold master's degrees and have appropriate professional experience. Full-time financial aid staff have bachelor's degrees and specific training in financial aid counseling. Co-curricular activities fall under the supervision of the masters' credentialed Director for Campus Life and Housing. (3.C.6)

We screen CARE Team members (professional and administrative staff and faculty) for appropriate background and experience and provide annual training plus monthly professional development. Student resident assistants participate in weeklong intensive training focused on awareness of self and others that includes recognizing signs of distressed or disturbed students and taking appropriate action (i.e., calling housing staff or 911), QPR suicide prevention training, and information about resources on campus and in the community. (3.C.6)

Title IX investigators and advisors participate in annual training administered by the Association of Title IX Administrators. Athletic coaches must complete annual Title IX training and ensure that student athletes participate in training related to sexual assault and sexual misconduct. Job descriptions for all athletic coaches clearly delineate their responsibility for Title IX and Clery Act Campus Security Authority compliance. (3.C.6)

All staff have access to professional development funds. During the past year, staff have participated in the annual Gehring Institute sponsored by the Association of Student Conduct Administrators, a regional National Academic Advising Association regional conference, QPR train the trainer programs, and 16 individuals have completed comprehensive Title IX training. Several student affairs staff are working on advanced degrees to support their continued growth and development (see 3P3). (3.C.6)

2P1.J. Processes for communicating the availability of non-academic support services (3.D.2)

Each campus has active Facebook, Twitter, and Snapchat accounts with hundreds of followers and active posters. Each sports team has the same with hundreds, and in some cases thousands, of followers. We send text reminders about preregistration advising, FAFSA deadlines, scholarship opportunities, final payment dates, and other important deadlines. Campus Life & Housing manages a social media presence and regularly posts services and program information.

Weekly tables in our dining halls feature professional staff and community members interacting with students and providing resources. Topics are scheduled based on opportunities for student success interventions (reminders about advising and payment deadlines), national recognition weeks/months (domestic violence or Black History Month), and developing trends on campus (diversity, health/wellness activities). (3.D.2)

We also employ more traditional communication methods such as table tents in the dining halls, electronic message boards, posters, and word of mouth started by resident assistants and student leaders. These methods also inform students about academic support services (see 2P1.B). (3.D.2)

2P1.K. Processes for selecting tools, methods and instruments to assess student needs are met

The VPSA consults with Institutional Research (IR) to identify tools, methods and instruments to assess student needs.   Criteria include, but are not limited to, accuracy, timely information, comparison population or benchmarks, and use of standard definitions.

2P1.L. Assessing the degree to which students needs are met

We assess service to underprepared and at-risk students by tracking TRIO goal achievement. We assess academic support services using data from our biennial administrations of the SSI and the Community College Survey of Student Engagement (CCSSE). We assess faculty accessibility and non-academic support services using data from the SSI.

RESULTS

2R1.A. Serving underprepared and at-risk students

Our TRIO program has met its overall program goals, as shown in Table 2.1. Although our graduation rate is low and our transfer rate is high, we consider pursuing additional higher education a positive outcome.

Table 2.1. TRIO program goal attainment				
Goal	**2013-14**	**2014-15**	**2015-16**	**Target**
Cohort size	133	140	140	140
Persistence/retention	71%	76%	80%*	80%
Students in good standing	85%	89%	89%*	85%
Graduation rate	36%	41%	30%*	52%
Transfer rate to 4-year institution	38%	42%	39%*	20%
Source: U.S. Department of Education reporting (* indicates internal data).				

2R1.B. Academic support services

We administered the SSI to approximately 85% of degree-seeking students in 2016. As shown in Table 2.2, satisfaction with academic advising was significantly ($p < .001$) higher than the national mean on four of the five items, and at the mean for the fifth. Results for tutoring services and library services were at or near the mean with no significant differences.

Table 2.2. Student satisfaction with selected areas	Mean Satisfaction [a]	
	NWCCD	National
Academic support services		
My academic advisor is approachable	5.86*	5.52
My academic advisor helps me set goals to work toward	5.37*	5.18
My academic advisor is concerned about my success as an individual	5.42*	6.10
My academic advisor is knowledgeable about my program requirements.	5.72*	5.52
My academic advisor is knowledgeable about transfer requirements of other schools.	5.27	5.28
Tutoring services are readily available.	5.53	5.65
Academic support services adequately meet the needs of students.	5.35	5.45
Library resources and services are adequate.	5.75	5.80
Library staff are helpful and approachable	5.75	5.75
Non-academic support services		
Adequate financial aid is available for most students.	5.25*	5.34
Financial aid awards are announced to students in time to be helpful in college planning.	4.96*	5.17
Financial aid counselors are helpful	5.32	5.24
Policies and procedures regarding registration and course selection are clear and well publicized.	5.26*	5.56
Class change (drop/add) policies are reasonable.	5.47*	5.63
There are convenient ways of paying my school bill.	5.46*	5.65
Billing policies are reasonable.	5.29*	5.52
The student center is a comfortable place to spend leisure time.	5.28*	5.45
I generally know what is happening on campus.	5.12	5.19
I find it easy to meet and engage with other students outside of class.	5.01	[b]
There are a wide variety of clubs and activities on campus.	5.14	[b]
Faculty interest and accessibility		
Faculty are interested in my academic problems.	5.26	5.32
Faculty are usually available after class and during office hours.	5.64	5.74
Source: Noel-Levitz Student Satisfaction Inventory, 2016 administration. [a] Mean based on a seven-point scale, with seven being the most positive response. [b] Custom institutional questions, for which no comparison is available. * Difference from national mean is significant (p < .001).		

Tutoring usage increased 10.7% between 2013-14 and 2015-16 (from 7,575 to 8,657 total hours). As shown in Table 2.3, CCSSE results suggest students use our tutoring services and skills labs at a rate comparable to our national peers.

Table 2.3. Student utilization of tutoring services	Mean satisfaction [a]	
	NWCCD	National
Peer or other tutoring	1.57	1.53
Skill labs (writing, math, etc.)	1.80	1.75
Source: Community College Survey of Student Engagement, 2015 administration. [a] Mean based on three-point scale: *1 – rarely or never, 2 – sometimes, 3 – often.*		

2R1.C. Ensuring faculty accessibility

As shown in Table 2.2, students report that faculty are interested and available.

2R1.D. Non-academic support services

As shown in Table 2.2, student satisfaction with financial aid, registration policies, drop/add policies and payment options was significantly ($p < .001$) lower than national averages. Based on these results, as well as comments from students and faculty, we commissioned a review by the American Association of College Registrars and Admissions Officers. Results also suggest opportunities for improvement in the out-of-classroom experience.

We discuss student satisfaction with residence facilities and dining services in Section 5R3.C.

IMPROVEMENT

Academic support services. A student success center will open on our Sheridan campus Fall Semester 2017 and will bring peer mentoring, tutoring, career exploration, and financial literacy development into a single location. We will target at-risk students at the start of each semester and then add students based on referrals, early alerts, and mid-term grade reviews.

Our TRIO program will carry out a self-study and work with a TRIO consultant to explore possible improvements based on national best practices.

We are developing methods to track interventions and their outcomes for students who receive low grades at mid-term or are on probation at the end of the semester.

Non-academic support services. During summer 2017, we reconfigured student affairs office spaces on our Sheridan campus to improve accessibility for our students. Going forward, we will revise job descriptions, train front-line staff, and review office procedures to create consistency in the application and communication of our policies to students. In Spring Semester 2017, we improved the process and timeline for scholarship awards and began offering payment plans.

We have created new supervisory positions to ensure that Student Affairs, Business Operations, and Enrollment Services have on-campus supervisors in both Sheridan and Gillette. We are developing key performance indicators to assess effectiveness of programs and services.

We opened two new facilities on our Gillette campus in January 2017. The Pronghorn Activity Center includes a gym, fitness, center, and offices for Veteran Services and Student Government. We also opened a new residence hall.

 We will purchase software (Adirondack) to manage residential operations; its communication module will allow us to text residential students collectively or by floor or facility, thus improving our processes for communicating availability of services to students.

As described in 1P1.E, in 2017-2018 we will map learning outcomes for our primary co-curricular programs, beginning with the residential experience.

2.2 - Retention, Persistence, and Completion

Retention, Persistence and Completion focuses on the approach to collecting, analyzing and distributing data on retention, persistence and completion to stakeholders for decision making. The institution should provide evidence for Core Component 4.C. in this section.

2P2: PROCESSES

Describe the processes for collecting, analyzing and distributing data on retention, persistence and completion. This includes, but is not limited to, descriptions of key processes for the following:

- *Collecting student retention, persistence and completion data (4.C.2, 4.C.4)*
- *Determining targets for student retention, persistence and completion (4.C.1, 4.C.4)*
- *Analyzing information on student retention, persistence and completion*
- *Meeting targets for retention, persistence and completion (4.C.1)*
- *Selecting the tools, methods and instruments to assess retention, persistence and completion (4.C.4)*

2R2: RESULTS

What are the results for student retention, persistence and completion? The results presented should be for the processes identified in 2P2. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- *Summary results of measures (include tables and figures when possible)*
- *Comparison of results with internal targets and external benchmarks*
- *Interpretation of results and insights gained*

2I2: IMPROVEMENT

Based on 2R2, what process improvements have been implemented or will be implemented in the next one to three years? (4.C.3)

Institutional Responses

PROCESS

2P2.A. Processes for collecting student retention, persistence, and completion data (4.C.2, 4.C.4)

The Office of Institutional Research (IR) analyzes student retention and completion data using application, enrollment, and completion information from our student information system. We focus on degree-seeking student semester-to-semester and fall-to-fall retention and break down retention by student sub-groups. We define completion as earning a certificate or degree, and track total awards as well as award earners per academic year. At the institutional level, we report retention and completion for the IPEDS cohort and for all degree-seeking students; we compare results to external benchmarks including National Community College Benchmarking Project (NCCBP) surveys and IPEDS special reports. (4.C.2, 4.C.4)

We also track course completion, a fundamental measure of student success for our diverse student population. The overall course completion rate is the percentage of all students enrolled in credit courses (including developmental studies and workforce training) as of the end of the first week of instruction who earn a final grade other than AU (auditing), I (incomplete), or W (withdrawal). We define the course success rate as the percentage of students enrolled in credit-bearing courses who earn a grade of A, B, C or S. Our stretch goal for this measure is an 85% success rate. Our definitions are consistent with NCCBP usage. (4.C.2, 4.C.4)

2P2.B. Processes for determining targets for student retention, persistence, and completion (4.C.1, 4.C.4)

The national completion agenda calls for the addition of five million individuals with some college or an associate's degree to the United States workforce by 2020. We estimated the Wyoming portion, and then derived a specific contribution that NWCCD, as one of seven community colleges, should target. This is the foundation of our Goal 1,000 initiative (1,000 awards per year by 2020). (4C1, 4C4)

We used linear regression to analyze the relationship between annualized degree-seeking enrollment and awards over the past five years and then set incremental targets. We base other retention and completion targets on external benchmarks, generally aiming to be at the median or above. (4.C.1, 4.C.4)

2P2.C. Processes for analyzing information on student retention, persistence, and completion

IR works with senior administrators to develop research questions and establish methods and then carries out quantitative analyses using standard statistical methods. We analyze by subgroups to identify additional insights. IR staff deliver reports to the requesting unit and are available to support interpretation and decision-making.

The Executive Team reviews institution-level data on retention and completion to assess progress toward Goal 1,000 and to ensure we are serving students effectively. Individual operating units analyze their results. For instance, academic programs study their own completion rates, and enrollment staff track a variety of progress reports about new student enrollments.

2P2.D. Processes for meeting targets for retention, persistence, and completion (4.C.1)

Once high-level targets are set, operating departments identify process improvements and new initiatives and set goals for the initiatives that support one or more high-level targets. They identify areas of underperformance based on external comparisons of outcome or observation of opportunities to implement best practices. (4.C.1)

For example, as discussed in 2P1, many student affairs functions support retention and completion, and directors of the various units work with their own teams as well as with the student affairs team, to define goals and plan initiatives for improvement. They identify relevant data, track progress, trouble-shoot, and assess progress at the end semester and year. (4.C.1)

The Division of Academic Affairs is working to reduce pre-college level enrollments in math and writing, based on the Complete College America finding that the time and money spent on coursework that does not directly support completion of a specific major is an obstacle to persistence and completion. This project, its goals, and its results are discussed in Sections 1P3 and 1R3. (4.C.1)

2P2.E. Processes for selecting tools, methods and instruments to assess retention, persistence, and completion (4.C.4)

We assess our high-level goals using standard measures as defined by IPEDS, NCCBP, and the Wyoming Community College Commission, and generally work with three to five years of data so that we can examine trends. We have long-term data for some key measures, which we may analyze to show historical trends, but we consider the recent past to be most useful for operating purposes. (4.C.4)

<div align="center">

RESULTS

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2R2.A. Retention

As shown in Table 2.4, our fall-to-fall retention rate is comparable to the NCCBP median. Our next-term retention rate falls below the national median; however, NCCBP includes all credit registrations in measuring retention (excluding concurrent registrations). Our credit enrollment includes significant numbers of non-degree-seeking individuals who register for a one-credit mine safety course each fall.

Table 2.4 NWCCD retention rates					
		Retention percentage			
		Next-term		Fall-to-fall	
Students enrolled fall term	Student group	NWCCD	National [a]	NWCCD	National [a]
2012	All students	58.91	70.98	43.77	47.45
2013	All students	57.16	71.75	48.89	48.78
2014	All students	53.58	71.67	48.30	48.18
2014	Full-time students	84.63	82.09	53.42	55.47
2014	Part-time students	29.24	62.71	45.14	42.97
Source: 2016 National Community College Benchmarking Project (NCCBP) results. Note: NCCBP reports results two years in arrears (2016 NCCBP results reflect Fall Semester 2014 data). [a] National values represent NCCBP median responses for participant institutions.					

2R2.B. Course completion, course success

As shown in Table 2.5, our course completion rate was comparable to the NCCBP median for each of the past five years, while our enrollee success rate has exceeded the NCCBP median and is approaching our stretch goal of 85%.

Table 2.5. Credit course completion and course success rates			
	Course completion (%)		Enrollee success rate (%)
	NWCCD	National [a]	NWCCD	National [a]
2010	89	90	79	74
2011	89	90	80	75
2012	92	91	80	76
2013	91	91	80	75
2014	93	92	82	76
Source: 2016 National Community College Benchmarking Project (NCCBP) results. Note: NCCBP reports results two years in arrears (2016 NCCBP results reflect Fall Semester 2014 data). [a] National values represent NCCBP median responses for participant institutions.			

2R2.C. Enrollments and awards

In 2012, we set targets for enrollments and awards based on estimates of growth required to reach Goal 1,000 by 2020. Over time, it became clear that awards were increasing more rapidly than expected and that enrollments tended to remain relatively stable. Awards as a percentage of annualized degree-seeking enrollment increased from 30% in 2013-14 to 36.41% in 2016-17. We used regression to analysis to examine the relationship between annualized degree-seeking enrollment and awards for the past five years. We adjusted the coefficient based on awards as a percentage of annualized FTE stabilizing at 36 to 37%. As shown in Table 2.6, our present forecast suggests that an annualized FTE enrollment of 2,702 will allow us to meet our goal. We will continue to monitor this relationship and will recalculate our projections annually.

Table 2.6. Credentials awarded relative to annualized degree-seeking enrollment		
Academic year	Annualized enrollment [a,b]	Credentials awarded
Past performance		
2012-13	2,221	659
2013-14	2,255	695
2014-15	2,093	759
2015-16	2,115	782
2016-17	2,186	796
Future projection		
2017-18	2,296	844
2018-19	2,424	894
2019-20	2,702	1,000
Source: Wyoming Community College Commission reporting. [a] Annualized is defined as summer, fall, and spring enrollments for the academic year divided by two. [b] Enrollment refers to degree-seeking headcount enrolled in greater than zero credit hours per year.		

As shown in Table 2.7, our first-time full-time student three-year graduation rate has exceeded the NCCBP median.

Table 2.7. Three-year graduation rate (first-time, full-time students)		
Cohort entering fall	NWCCD [a]	National [b]
2008	31.1	20.2
2009	25.6	19.1
2010	27.5	18.9
2011	31.8	21.4
2012	34.3	21.5
Source: 2016 National Community College Benchmarking Project (NCCBP) results. [a] First-time, full-time college students who received a degree or certificate within three years of enrollment. [b] National values represent NCCBP median responses for participant institutions.		

IMPROVEMENT

We made unexpectedly rapid progress toward our awards goal, and our admissions goals proved to be unrealistic. We have revised our targets based on experience. (4.C.3)

We are developing a strategic enrollment plan to help us reach Goal 1,000. During Spring Semester 2017, we analyzed program capacity, local needs, and regional economic development forecasts for high priority programs. Our next step is to work with faculty and recruiters to develop realistic recruiting targets for these programs. We also have set goals for recruiting students from local high schools, with a particular focus on concurrent enrollment students**. (4.C.3)

We will open a student success center on our Sheridan campus; services will include peer mentoring, tutoring, career exploration, and financial literacy development. We will actively target student potentially at risk at semester start and then continue to add clients based on referrals, early alerts, and mid-term grade reviews. We will set retention goals by student sub-groups and for priority programs. (4.C.3)

2.3 - Key Stakeholder Needs

Key Stakeholder Needs focuses on determining, understanding and meeting needs of key stakeholder groups, including alumni and community partners.

2P3: PROCESSES

Describe the processes for serving the needs of key external stakeholder groups. This includes, but is not limited to, descriptions of key processes for the following:

- *Determining key external stakeholder groups (e.g., alumni, employers, community)*
- *Determining new stakeholders to target for services or partnership*
- *Meeting the changing needs of key stakeholders*
- *Selecting the tools, methods and instruments to assess key stakeholder needs*
- *Assessing the degree to which key stakeholder needs are met*

2R3: RESULTS

What are the results for determining if key stakeholder needs are being met? The results presented should be for the processes identified in 2P3. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- *Summary results of measures (include tables and figures when possible)*
- *Comparison of results with internal targets and external benchmarks*
- *Interpretation of results and insights gained*

2I3: IMPROVEMENT

Based on 2R3, what process improvements have been implemented or will be implemented in the next one to three years?

Institutional Responses

PROCESS

2P3.A. Processes for determining key external stakeholder groups

A 2013 action project reviewed all external relationships and defined key stakeholders as those central to our mission of student success: significant influence on our entering student pipeline, employment or transfer for our graduates, or access to resources that support our academic mission. As a state-funded community college, we also define the governor and the members of the legislature as key stakeholders. Trustees and the President review and update the list of key stakeholders annually.

2P3.B. Processes for determining new stakeholders to target for services or partnership

Our communities are relatively stable at the leadership level and change in the pool of high influence individuals is limited. Because we participate in all local economic development organizations and Chambers of Commerce, we become involved well before any public announcement of a new entity coming to the region.

We also review lists of employers from sources such as the University of Wyoming (UW) research office, which lists companies by sector and number of employees, and the State Oil and Gas Commission database, which identifies companies drilling in Campbell County. We use available federal and state databases, and data subscriptions for labor market analysis including the U.S. Bureau of Labor Statistics, Wyoming Department of Workforce Services Research and Planning, EMSI Analyst, and Synchronist surveys for Business Retention and Expansion. Once we are aware of a new entity we reach out and seek ways to serve their needs.

In the case of groups such as the legislature, we track changes in memberships and committee leadership and offer information sessions, either individually or for a group (e.g. freshmen legislators).

2P3.C. Processes for determining and meeting the changing needs of key stakeholders

Our key stakeholders are leading figures in our local communities and we work with them to support economic growth in our region. The President and the Vice President for Gillette work closely with individual donors, corporations, non-profits and government agencies. Our core process is relationship building accomplished through steady and consistent personal interaction. We listen to their ideas and we bring our own economic analysis to the conversation, maintaining a steady focus on our mission while being opportunistic regarding unexpected opportunities and risks.

As noted in 2P3.B, we use a variety of sources to understand the demand for occupational programs and join with local entities to commission special assessments of our region.

We respond to community needs by aligning our academic program areas with regional economic needs.   The three largest employment sectors in Sheridan County are government (particularly health care), culture and entertainment, and retail.   Our programs in the health sciences have been strong since we first offered a nursing certificate in Sheridan in 1978. Arts programming was not an area of emphasis for us. However, in response to community feedback, in 2005 we sponsored a lecture by Richard Florida, author of *The Creative Economy*. Since then we have partnered with local foundations, donors, and government to build and support the arts in Sheridan County. We made music, fine arts and theater special focus programs, brought in a critical mass of faculty, and built a special facility, the Whitney Center for the Arts, to house the programs and provide both learning and performance spaces.

In Campbell County, the major economic driver is the extraction industry, which experienced great growth from 2005 to 2015. We increased capacity in key support programs such as industrial electrical, diesel and welding and opened a new major, Mining Technology, to help people with significant experience in the industry to move up in their careers. We added capacity in Occupational Safety and Health Administration training and put it, along with Mine Safety and Health Administration Training, in one Industry Safety Training Institute.

Labor market analysis and other input from stakeholders, along with feedback from faculty and staff, support our process to develop master plans for new and expanded facilities, program capacity, and private and public fundraising. For instance, occupational forecasts for job openings and program enrollment targets are part of the Trustees' annual master plan discussion.

2P3.D. Processes for selecting the tools, methods and instruments to assess key stakeholder needs

A 2013 action project team (see 2P3.A) first established the processes and instruments we use to assess key stakeholder needs. Since that time, we have continued to expand and improve our methods based on our experience, the quality of the results, and portfolio feedback.

2P3.E. Processes for assessing the degree to which key stakeholder needs are met

We assess key stakeholder communication and mission alignment through our Trustee Survey. We assessed stakeholder needs at community roundtables in our three communities and now assess general stakeholder communication and mission alignment by surveying members of civic organizations. We assess satisfaction with communication and mission alignment on the part of our academic advisory boards by surveying the members. We assess our success in matching program offerings and program outcomes to identified economic areas of current or potential importance by comparing labor market information to programs and graduates.

We discuss projects and partnerships that serve our stakeholders in Section 2P5; results are in Section 2R5.

RESULTS

2R3.A. Stakeholder communication and mission alignment

Trustee survey. In 2013, the Board of Trustees launched a process in which each member interviews a number of key stakeholders who have broad community knowledge and influence over decisions and resources. The interview generates valuable qualitative information that the Board uses to stay informed about community priorities and attitudes. Trustees use the data to prepare for their annual review of the President and for Board goal setting. In addition, each interview includes a structured satisfaction survey.

As shown in Table 2.8, satisfaction with the college as meeting community needs and being a positive community influence are consistently high. We attribute the increase from 2013 to 2014 as reflecting the Trustees' effort to reach out to key stakeholders in Sheridan and Campbell Counties. In 2015 and 2016, Trustees included key stakeholders from Johnson County, where we have been much less active and have limited programming; this change influenced the rates of agreement on the communication items. We recognize an opportunity to reach out more proactively to communicate about our plans and our successes. Our goal is 90% agreement on all items.

Table 2.8. Trustee survey of key stakeholders				
	Percent Agree [a]			
	2013	**2014**	**2015**	**2016**
Does the College nurture its relationship with you by maintaining contact and two-way communication?	100	100	95	86
Does the College meet the needs of the community?	88	94	91	100
Does the College keep you informed about the current state of the College as well as future plans?	88	100	86	85
Does the College effectively articulate its vision to the community?	76	94	68	71
Is the college a positive influence in the community?	100	100	100	100
Number of respondents	*17*	*18*	*22*	*21*

Source: Internal survey data.
[a] Responses are to a five-point Likert-type scale. Percent agreement includes those who agree or strongly agree with the survey item.

Community roundtables. We held our first community roundtable in Gillette in December 2014, inviting a cross-section of local business owners and managers working in local industry to the campus. We administered an individual survey and then engaged participants in a conversation based on a set of scripted questions. In 2015, the roundtable event moved to Johnson County, where we actively recruited community participants. In 2016, we held the roundtable in Sheridan County; we relied on indirect invitations to the business community through several civic organizations. The effect of the different recruiting methods is evident in the numbers of respondents. As shown in Table 2.9, participants ranked our degree program

areas as highly important, but workforce training is much more important in Campbell County, where heavy industry requires special safety training. These results reinforced two recent decisions on our Gillette campus: to hire a Director for Workforce Training and Community Education and to add a residence hall.

Although participants reviewed the roundtables positively, we decided to discontinue roundtables and survey members of local civic organizations in order to reach a larger and more diverse set of opinions.

Table 2.9. Community roundtable survey			
Item	**Percent agree** [a]		
	2014	**2015**	**2016**
	Campbell	**Johnson**	**Sheridan**
Help students gain skills and degrees in fields like nursing, welding, mining technology, industrial electric, diesel and machine tool technology/manufacturing.	84	82	90
Help students prepare for transfer to the University of Wyoming or another four-year college.	84	82	90
Provide customized training to meet workforce-training needs of local employers.	100	84	73
Provide athletic, intellectual and cultural opportunities for the community.	73	41	83
Number of respondents	*19*	*59*	*30*
Source: Internal survey data. [a] Responses are to a five-point Likert-type scale. Percent agreement includes those who agree or strongly agree with the survey item.			

Civic organization surveys. In spring 2017, we emailed a new survey to members of the Chambers of Commerce of Sheridan, Campbell and Johnson Counties. Response rates were good and demographics showed respondents were business owners, managers, and professionals, as we expected. Results represent a baseline from which to calculate improvement. Our goal going forward will be to reach 90% agreement on mission alignment and 60% on communication effectiveness.

As shown in Table 2.10, businesspeople and professionals from across our district agreed the college has a positive impact on the community, but there was less evidence they feel informed about current or planned activities. This indicates an opportunity to create more purposeful and methodical ways to communicate with our communities as a whole.

Table 2.10. 2017 Civic organization survey, communication and mission alignment items	Percent agree [a]
I feel informed about the College's current plans	41
I feel informed about the future plans and goals of the college	35
I feel that the College meets the needs of the community	68
I feel that the College positively impacts the community	92
I feel that the College maintains focus on its mission of creating student success and making a difference in our communities	79
Number of respondents	*245*
Source: Internal survey data. [a] Responses are to a five-point Likert-type scale. Percent agreement includes those who agree or strongly agree with the survey item.	

A survey of academic advisory board members gave a very different picture. We administered the survey at the fall advisory board meetings. As shown in Table 2.11, most agreed that they feel informed and believe that NWCCD maintains focus on its mission. This survey also asked if the academic program area the respondent was involved with meets the needs of the community, and there was 100 % agreement for diesel, welding, nursing, dental hygiene, massage therapy, and machine tool technology. Satisfaction with our business program was 62.5%, and we had previously identified this program as one to redesign and reorganize. Program communication satisfaction was high except in massage therapy.

Table 2.11. 2016 Academic advisory board responses, communication and mission alignment items	
Item	**Percent agree [a]**
Does the College as a whole keep you informed about the current state of the college as well as future plans?	80
Does the College as a effectively articulate its vision to the community?	87
Is the college a positive influence on the community?	97
Does the College maintain its focus on student and community success as stated by our Mission?	97
Number of respondents	*35*
Source: Internal survey data. [a] Questions presented in a binary (yes/no) format. Percent agree indicate those who responded favorably.	

Insights from survey efforts. We interpret our surveys as telling us that:

1. Community members see the institution as an asset and believe it acts in alignment with its mission of service to its students and communities.

2. We have an opportunity to communicate more regularly and purposefully with stakeholders who are already "on our side" and have the potential to help us reach our goals.

Aligning academic programs with regional economic needs.

We completed an internal review of economic studies and labor market information for our region in 2015. Results showed that our existing academic programs align in terms of focus and graduate numbers in eight high-demand-high-wage occupations, but there are opportunities for improvement in five areas. A study by EMSI, completed in 2016, identified nine programs where the demand for graduates is considerably higher than the number of graduates: building construction, early childhood education, electrician, business/commerce, and administrative assistant and secretarial science. The biggest gap was 40 graduates in building construction.

The study identified surpluses in nursing, diesel mechanics, elementary education, and dental hygiene, but we know that some graduates find employment out of the region or commute to neighboring areas.

<p align="center">**IMPROVEMENT**</p>

We expanded our process for gaining community input by launching surveys of academic advisory boards and members of members of chambers of commerce. We plan to continue to improve the survey design and process with the goal of increasing participation and improving the usefulness of results.

Based on the evidence that we are not communicating effectively with our communities, we will develop a systematic process to expand community participation and improve communication; this project will launch Fall Semester 2017.

We continue to improve our capacity to perform economic analysis. We joined with local economic development organizations and chambers of commerce to use Synchronist Survey and share interview data collected by others thereby increasing employer input. We also purchased an annual subscription to EMSI Analyst, a third-party labor marketing analysis and research tool that formalizes the process of interviewing major employers instead of relying on inconsistent and undocumented conversations.

2.4 - Complaint Processes

Complaint Processes focuses on collecting, analyzing and responding to complaints from students or key stakeholder groups.

2P4: PROCESSES

Describe the processes for collecting, analyzing and responding to complaints from students and stakeholder groups. This includes, but is not limited to, descriptions of key processes for the following:

- *Collecting complaint information from students*
- *Collecting complaint information from other key stakeholders*
- *Learning from complaint information and determining actions*
- *Communicating actions to students and other key stakeholders*
- *Selecting the tools, methods and instruments to evaluate complaint resolution*

2R4: RESULTS

What are the results for student and key stakeholder complaints? The results presented should be for the processes identified in 2P4. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- *Summary results of measures (include tables and figures when possible)*
- *Comparison of results with internal targets and external benchmarks*
- *Interpretation of results and insights gained*

2I4: IMPROVEMENT

Based on 2R4, what process improvements have been implemented or will be implemented in the next one to three years?

Institutional Responses

<div align="center">PROCESS</div>

2P4.A. Processes for collecting complaint information from students

We piloted a formal process for collecting student complaint information in 2015-2016. The following year we more clearly defined a complaint as a "formal statement that a situation is unsatisfactory or unacceptable." Examples include grievance, appeal, formal objection or concern submitted in writing or the District website, in-person, or over the phone. Our goals are to: (1) ensure every complainant feels respected, heard and understood; (2) provide appropriate response to complaints in a timely fashion; (3) ensure due process in formal proceedings; and (4) identify areas of institutional improvement.

Students (or parents) may express a complaint in any number of institutional service areas. We encourage students to use myVoice – an on-line anonymous submission resource in our student portal. Student Affairs documents and tracks all complaints to ensure timely resolution and appropriate response. We forward formal complaints such as conduct appeals, Title IX complaints, financial aid appeals, and grade appeals to the appropriate department or committee, which handles the matter and then forwards a summary to Student Affairs. Many complaints center on customer service and we forward them to the appropriate operating department.

The Office of Student Affairs archives complaint documentation in a campus portal site shared by the vice presidents and their administrative coordinators. Data include date complaint received, individual(s) identified with complaint, nature of the complaint, office or committee assigned to address the complaint, steps taken to resolve it, institution's final action, date of final resolution, and any external actions by complainant (e.g., lawsuit, EEOC, or OCR filing). Because some information is highly sensitive the site is not open to employees in general or to the public. However, as noted in 2P4.C, a summary report is shared with Trustees and with District Council.

2P4.B. Processes for collecting complaint information from other key stakeholders

Sheridan County voters elect Trustees in a competitive process that occurs every two years, and they respond to public complaints and concerns. Similarly, our senior administrators are familiar figures in small towns where people think nothing of phoning and stating their minds. Historically, we received complaints through these personal pathways, responded reactively, and did not record most informal complaints.

In 2015-2016, we developed a system similar to that for students, but with documentation and tracking administered by the Vice President of Administration (VPA). We also created a Contact Us link on our external website home page; it connects to a web form that forwards to the VPA's office, where the information is forwarded to the appropriate department for action. High-risk patterns can trigger immediate interventions if deemed appropriate by Executive Team.

2P4.C. Processes for learning from complaint information and determining actions

As outlined in Administrative Procedure 3000.2, the Vice President of Student Affairs (VPSA) reviews student complaint logs twice a year, and the VPA reviews stakeholder complaints on the same schedule. We forward operational and customer service complaints to appropriate work areas (e.g., Enrollment Services, Campus Life & Housing, Title IX & Conduct, Facilities, Food Services, Business Operations, Human Resources, Public Information, or Academics) for quality improvement planning. The VPSA and VPA report to Executive Team at the end of each semester, and in January prepare an executive summary (total complaints by source and type, trends and recommendations), which is taken to District Council for discussion and feedback. The executive summary is part of the Trustee's annual risk assessment workshop. Results of these reviews inform annual budgeting and planning.

2P4.D. Processes for communicating actions to students and other key stakeholders

If a complaint includes complainant's identity, we work directly with the person to resolve the complaint. The response may be in person or in writing. In the case of formal processes, such as a grievance or appeal, the response is in writing and follows appropriate procedures or in the case of Title IX, federal regulations.

2P4.E. Processes for selecting the tools, methods and instruments to evaluate complaint resolution

Executive Team selected the method of evaluating complaint resolution. We review and summarize data by the calendar year to coincide with the Annual Security/Fire Safety Report. This allows us to identify concerns early in the budget preparation cycle, and it aligns with the annual process for setting department goals and objectives.

<div align="center">

RESULTS

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Student complaints. In the calendar year ended December 2016, there were 74 student complaints made through myVoice or by direct report to the VPSA Office. Of these, 80% were customer service issues, and 60% of those concerned food service. Each campus has a Food Service Advisory Board (which includes students and employees) that reviews complaints monthly, and then discusses recommendations with our vendor.

The federal financial aid system allows only two forms of appeal: student has exceeded 150% of the credit hours required for the program of study and satisfactory academic progress. There were 63 financial aid appeals in 2016. Of these, 43% were about maximum time, 51% were about academic progress, and 6% were about both. We granted 87% of the student appeals. Resolution time averaged less than five days, with 45% of the issues resolved in one day or less.

Our Student Code of Conduct identifies three reasons for an appeal: procedural issues, severity of sanction, and new information. In 2015-2016, there was one appeal out of 213 cases.

Stakeholder complaints. We received 9 external complaints in 2015 and 22 in 2016. Customer service and public perception are the primary reasons for external complaints; they account for 72% of total complaints received.

IMPROVEMENT

We added to our complaint process an annual report to District Council that summarizes all complaints and the actions taken. This ensures that all constituent groups – faculty, students, administrative staff, and classified staff – receive information, discuss the actions taken, and provide feedback.

We changed the review cycle for complaints so that it aligns with planning processes, including budget planning and departmental goal setting.

We revised our Student Code of Conduct to ensure that there is a clear process for student appeals. Appeals are a way for students to learn from their mistakes, advocate for themselves, and experience appropriate due process.

Fall Semester 2017, the Division of Academic Affairs will launch a new process to track academic and grade appeals/complaints within our conduct software system, Maxient. This will provide systematic data collection and integrate such complaints into our overall student complaint analysis process.

Because 80% of student complaints involved customer service concerns, we carried out district-wide customer service training during Spring Break 2017. Nearly 40 staff members attended, and we will provide such training annually in the future.

2.5 - Building Collaborations and Partnerships

Building Collaborations and Partnerships focuses on aligning, building and determining the effectiveness of collaborations and partnerships to further the mission of the institution.

2P5: PROCESSES

Describe the processes for managing collaborations and partnerships to further the mission of the institution. This includes, but is not limited to, descriptions of key processes for the following:

- *Selecting partners for collaboration (e.g., other educational institutions, civic organizations, businesses)*
- *Building and maintaining relationships with partners*
- *Selecting the tools, methods and instruments to assess partnership effectiveness*
- *Evaluating the degree to which collaborations and partnerships are effective*

2R5: RESULTS

What are the results for determining the effectiveness of aligning and building collaborations and partnerships? The results presented should be for the processes identified in 2P5. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- *Summary results of measures (include tables and figures when possible)*
- *Comparison of results with internal targets and external benchmarks*
- *Interpretation of results and insights gained*

2I5: IMPROVEMENT

Based on 2R5, what process improvements have been implemented or will be implemented in the next one to three years?

Institutional Responses

PROCESS

2P5.A. Processes for selecting partners for collaboration (other educational institutions, civic organizations, businesses)

Selecting partners for projects or programs. As discussed in 2P3.C, we focus on contributing to economic development in our communities. We align academic programming with community needs and priorities, and we may undertake collaborative efforts with local agencies such as school districts and non-profits. Because we are the only higher education institution located in our region, and because we are a relatively large employer, our communities look to us as a valued source of expertise and external linkages. However, we recognize that we cannot respond to every opportunity. We select projects that fall within an area that is part of a critical mass of effort within the community and a critical mass of academic programming within our institution. For any specific project, we apply the following criteria:

1. There is a significant long-term need consistent with our educational mission and our strategic priorities

2. We are uniquely positioned to meet the need

3. There is a clear goal and related measures

4. We can establish a realistic time-frame (generally five years) within which specific performance targets must be met for the program to continue

5. There is external funding for start-up

6. Analyses of economic opportunities and cost/income analyses project independent sustainability over the long term

Once a project has launched, a member of senior administration is responsible for keeping Executive Team informed about progress and for maintaining active collaboration and oversight.

Selecting educational partners. We have ongoing relationships with three key public educational entities: University of Wyoming (UW), the Wyoming Community College Commission (WCCC), and BOCHES (Board of Cooperative Higher Education Services). Each is critical to our mission in a way that parallels our criteria for key stakeholders: (2P3.A)

1. UW is the state's only public four-year college and is our students' leading choice for transfer. UW and the Wyoming community colleges collaborate to facilitate transfer by ensuring courses at the 1000 and 2000 level have common numbering and content. We also have formal articulation agreements for specific programs.

2. WCCC is the governmental entity with statutory responsibility to coordinate Wyoming's community colleges. It manages the distribution of state funds to the individual

colleges. The Commission facilitates cooperation with our sister institutions on projects, sharing information, and pooling data to establish regional benchmarks.

3. BOCHES is an important source of funding for college operations in all three of our service counties and we work with them in offering concurrent enrollment courses in local high schools.

2P5.B. Processes for building and maintaining relationships with partners

We base our process for building and maintaining collaborations and partnerships on the principle that direct, regular, open communication and mutual benefit are essential. We encounter and talk to our partners and community leaders in many venues such as community boards, economic development agencies, and social events. Once we form a partnership around a specific project, we work together and build from success. Occasionally a project fails to meet expectations, and we agree to end it. Over the past ten years, we have built strong partnerships that endure and, as described below, create critical mass for significant community impact. Major donors are now asking for more documentation about return on investment, which matches with our own focus on improving how we measure success in this critical sphere.

Below are specific examples of strong and enduring partnerships.

Community partnerships. Our most robust and complex partnership is an interlocking set of initiatives in Sheridan County, where our institution was founded and where we have a number important long-term partnerships. The Whitney Benefits Foundation is a key force in the community and has long been a supporter of education and the arts. The City of Sheridan is a cultural and business center and a 2005 visit by Richard Florida led to forming a project group that secured grant funds to commission a study of the local economy, published in 2008. The impetus created by those early efforts led to a rejuvenated theatre, the WYO, which has its own management structure but is also the home of our Theatre Department.   In 2016, we opened a new wing on our main building; it houses a 422-seat concert hall as well as faculty offices, practice facilities for music students, and studios and display areas for visual arts students. We also, over a period of years, more than doubled the number of faculty in the arts, and they in turn expanded and strengthened our academic programs; enrollments in these areas continue to grow.

Another important area of partnership is the health sciences, particularly nursing, offered in both Sheridan and Gillette. This partnership takes the form of practica at local hospitals, shared resources in the form of our modern simulation centers on both campuses, and generous financial support from our local hospitals. This partnership also links in UW, and a grant from Whitney Benefits Foundation endowed a chair in nursing to provide advising to ADN to BSN students and teach upper division courses for the University. In Gillette, the local hospital funds the Nursing Director position.

In both of these examples, the relationship is nurtured by multiple personal relationships, faculty working with community peers in their disciplines, Trustees working with other community leaders, and our President working closely with major donors.

Educational partnerships. Our relationship with UW is foundational to our mission and closely entwined with our involvement with WCCC. Our most important collaboration takes the form of ensuring statewide consistency in programming at the introductory level. We participate in annual articulation meetings to ensure course content and numbering at the lower division level are consistent across all eight institutions to facilitate easy transfer. UW maintains the Wyoming Transfer Catalog, which enables students to search for any course and identify its equivalents. This process ensures that our transfer students are able to transfer a block of general education credits to satisfy University general education requirements. We also work on specific program articulations to ensure that our courses satisfy specific major requirements.

We provide UW with offices on our campuses and our advising staff meet with their staff routinely. As noted above, we have a special relationship with the UW nursing program. Our dental hygiene program, working with UW, can deliver a BS on campus. Both programs involve regular direct communication and cooperation, which continues to build our relationship with the University as an entity.

WCCC has a total of six councils (which include senior administrators and discuss policy issues) and nine committees (which include mostly middle managers and focus on implementation). These 15 entities coordinate efforts among the seven colleges and we participate actively in all. The Executive Vice President for Gillette represents the District on the Complete College Wyoming task force dealing with state-level policy that influences completion rates among college students. A new project with UW will develop accessible pathways for concurrent enrollment faculty across Wyoming to earn the discipline-specific credentials they need to qualify to teach transfer courses.

BOCHES is an agency comprising Johnson County School District #1, Campbell County School District #1, Sheridan County School District #1, and NWCCD. It meets regularly to develop new high school/college programs and is a very high priority relationship for the Executive Vice President for Gillette, who attends quarterly meetings and meets weekly with the Executive Director. He also works closely with the Johnson County and Campbell County School Boards and meets monthly with their respective superintendents.

Our Director for Dual and Concurrent Enrollment supports and expands that process by building relationships with local school districts throughout our three-county area. He visits high schools and works directly with principals and faculty. Our Trustees meet annually with the school boards of all three counties.

2P5.C. Processes for selecting the tools, methods and instruments to assess partnership effectiveness

Each project has an important outcome and the project team defines success. We are also developing an assessment process that will focus on each partnership area as a whole.

2P5.D. Processes for evaluating the degree to which collaborations and partnerships are effective

Our goal is to develop a matrix model that shows how a specific initiative or project contributes to a major area of community collaboration and partnership. We have identified four broad criteria, which apply to both specific initiatives and to broad collaborations.

1. Service – numbers of individuals or organizations served and stakeholder satisfaction. For academic programs this is measured as enrollments (degree and non-degree), persistence on the part of students, and measures of satisfaction such as the SSI.

2. Outcome – the initiative achieves its fundamental purposes. Academic programs measure numbers of graduates, their success in their next endeavor, and employer satisfaction.

3. Support – ongoing financial support from the community ensures we can add facilities and equipment to stay up-to-date with the field once an academic program or community initiative is established.

4. Persistence – the initiative or academic program sustains itself financially and in terms of utilization over the long haul.

We have applied this model to two of our most significant partnerships to date.

RESULTS

Sheridan County partnership to support the creative economy. Our academic programs in the arts – music, theatre and dance, and visual arts – have grown from 5 full-time faculty members and 47 majors in 2010 to 12 full-time faculty members and 71 majors in Fall Semester 2016. With generous support from the community, we have a new, state-of-the-art 422-seat concert hall, which offered 24 student and professional performances in its first year of operation, many of which sold out. The facility includes a professional gallery that features new installations monthly. Student performance opportunities include a Symphony Orchestra, a Gamba Consort specializing in early string music, a Flute Choir, a Jazztet, and a Wind Ensemble. The transfer opportunities available to our graduates testifies to the quality of our academic programming.

Our programs in the arts complement the existing creative economy and our teaching professionals are active in the community as artists, performers, judges, workshop facilitators, committee and board members. Community members participate in academic courses, in community bands, choirs, and ensembles, and in theater productions. Community members and cultural tourists from the region and beyond enjoy the performances and exhibits.

In partnership with the community, we offer outreach performances, students serve internships with local arts facilities, joint performances with community groups, and our music technology students will produce a CD for a local arts organization.

The WYO Theatre, once shuttered, now has a full-time director and houses a healthy variety of community offerings. A faculty member serves as director of the Wyoming Theater Festival,

which in its third season (2016) sold over 2,800 tickets. It employs our students as well as students from local and regional high schools and from other areas of the Northwest.

Funding from local foundations and major donors to this broad initiative totaled $10 million in the period from 2013 to 2015, including not only the State and major donors, but also many small donors, evidence of the breadth of support. The next phase, 2016 to 2018, has a goal of $3.8 million and will include restoration of another historic building and create a dance studio, lighting and sound labs to serve both college and community.

Our analysis shows this partnership exhibits the four criteria for success:

1. Service – our academic programs are showing steady growth in faculty and student numbers, and we anticipate continued growth. Projects such as the Wyoming Theatre Festival have grown in scale and audience.

2. Outcome – our purpose is to serve students, enrich cultural opportunities in the community, and benefit the local economy, and this is happening.

3. Support – we have had generous ongoing financial support and a recent grant of $12.3 million over seven years will support efforts to recruit and support students in fields important to the community, particularly the fine and performing arts, career technical education, and agriculture.

4. Persistence – this has been a long-term partnership, and while the arts often struggle to support themselves, trends suggest our academic programs will reach sustainable numbers.

Educational partnership with UW and WCCC. The University of Wyoming Scorecard for Transfer Articulations shows 15 program articulations with NWCCD, and similar numbers for our sister community colleges. Our number of students transferring to UW has grown from 68 in 2013 to 90 in 2015, the most recent year for which we have data. To improve measurement of outcomes, the seven community colleges have begun systematic collaboration to develop a shared base of longitudinal data to track progress of Wyoming graduates. The goal is to ensure that all eight educational entities are using common definitions so that we can compare statewide data to national results. This will greatly improve our ability to track our individual efforts to serve students and will put us in a stronger position with state and federal agencies. It also will help us collaborate on joint grant applications and ease the reporting burden. We are in the early stages of this very high priority collaboration.

This area also meets our criteria. Service and outcomes take the form of student transfers to UW, which continue to be strong. As shown by Table 1.3, our graduates do well at the University. This long-term partnership has existed for many years and is highly valued by all partners.

This partnership now provides us with access to the National Student Clearinghouse, whose services allow us to identify educational pursuits of students after they leave our institution. The

Clearinghouse tracks student enrollment across nearly all institutions of higher learning in the country, and can provide dates of enrollment and any credentials received by the student.

IMPROVEMENT

Our relationships with our community partners are among our most valuable assets, and Fall Semester 2017 we will develop ways to create an advisory board structure and improved communication processes.

We will continue to develop our model for assessing partnership success and work to apply it to key areas of collaboration and partnership.

Category Three - Valuing Employees

3.1 - Hiring

Hiring focuses on the acquisition of appropriately qualified/credentialed faculty, staff and administrators to ensure that effective, high-quality programs and student support services are provided. The institution should provide evidence for Core Component 3.C. in this section.

3P1: PROCESSES

Describe the process for hiring faculty, staff and administrators. This includes, but is not limited to, descriptions of key processes for the following:

- *Recruiting, hiring and orienting processes that result in staff and administrators who possess the required qualification, skills and values (3.C.6)*
- *Developing and meeting academic credentialing standards for faculty, including those in dual credit, contractual and consortia programs (3.C.1, 3.C.2)*
- *Ensuring the institution has sufficient numbers of faculty to carry out both classroom and non-classroom programs and activities (3.C.1)*
- *Ensuring the acquisition of sufficient numbers of staff to provide student support services*
- *Tracking outcomes/measures utilizing appropriate tools*

3R1: RESULTS

What are the results for determining if recruitment, hiring and orienting practices ensure effective provision for programs and services? The results presented should be for the processes identified in 3P1. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- *Summary results of measures (include tables and figures when possible)*
- *Comparison of results with internal targets and external benchmarks*
- *Interpretation of results and insights gained*

3I1: IMPROVEMENT

Based on 3R1, what process improvements have been implemented or will be implemented in the next one to three years?

Institutional Responses

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PROCESS

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3P1.A. Recruiting hiring, and orienting processes that result in staff and administrators who possess the required qualifications, skills, and values (3.C.6)

The President establishes requirements for credentials, skills, and values for senior administrators. All other administrative and staff position requirements are determined by the functional manager working with related staff or supervisors. Student support professional positions require a bachelor's degree, with preference afforded a master's degree. Mental health counselor positions require a master's degree, a professional license, and appropriate professional experience. (3.C.6)

We review and revise the job description when we advertise an available position to confirm that it clearly communicates expectations. We seek not only professional competency but also fit with our institutional culture and mission. We conduct a reference check on all finalists; this includes a criminal background check, social security number validation, and a sexual offender database search. Human resources requires a transcript for any position that includes a degree requirement in the job description.

We post job openings on both our internal and external websites. Employees may apply for any position for which they have appropriate training and experience. We advertise faculty and senior administrative positions via one or more of the following channels: *Chronicle for Higher Education*, appropriate professional journals, HigherEdJobs.com, professional associations, and regional and local newspapers. We advertise staff positions in local and regional newspapers, and HigherEdJobs.com as appropriate. Additionally, we rely on employees' personal and professional networks for all position levels and may retain a search firm for senior positions.

We also believe in fully utilizing the talent that exists within the organization. Therefore, we may make internal promotions or transfers for the good of the institution without a full search process. When we do not employ the standard posting process, we are as transparent as possible in our actions.

The department manager performs candidate screening for hourly positions. Most other position screenings involve a search committee that includes representatives from both campuses and key functional areas affected by the position. In 2013, we began employment of a third-party search firm to expand the candidate pool and/or conduct reference checks for senior positions. We also have added skill or aptitude tests to our screening for some administrative positions, using the services of Mountain States Employers Council or internally developed instruments. We ensure that any tests focus specifically on skills indicated in the position's job description.

New employees generally meet with a human resources specialist on their first day of work; they review the Employee Resource Guide, review and select benefit plans, tour the campus, and meet key personnel. The immediate supervisor then provides an extended orientation that covers topics such as safety procedures, information technology policies, motor vehicle policies, time

and attendance expectations, job expectations (including review of the job description and performance evaluation template), organizational chart, department goals, mission and values statements, any expectations for committee involvement, and other department guidelines.

3P1.B. Processes for developing and meeting academic credentialing standards for faculty, including those in dual credit, contractual, and consortia programs (3.C.1, 3.C.2)

The Vice President of Academic Affairs (VPAA) determines academic credentials, teaching, and work experience criteria for faculty positions, in consultation with deans, assistant vice presidents, department chairs, and veteran faculty within the discipline.   We also consult professionals and employers in the region, particularly for career and technical education areas. We document our standards for academic preparation required of all faculty and adjuncts (including instructors of dual credit courses, consortia faculty, and off-campus instructors) in our Faculty Credential Policies and Practices statement. We require a master's in the discipline to teach courses transferable to a four-year degree. For career and technical education courses, we expect academic preparation at or above the level of our credential, plus appropriate work experience and/or certifications. We may accept alternative credentials provided they meet our requirements for endorsement by equivalency or exception. (3.C.2)

In 2016, we implemented a formal process for documenting and approving faculty credentials.   Academic administration worked with faculty to document appropriate credentials for all offered courses and then developed a credential review sheet that lists attained credentials, conferring institutions, anticipated course offerings, and specific areas where the faculty member meets qualifications. The immediate supervisor and the senior administrator for the area sign the review and it becomes part of the personnel file. A faculty member who lacks credentials in a specific area may prepare a plan for attainment; the faculty member must evidence satisfactory progress at the annual performance review. (3.C.2)

Personnel files for all full-time and adjunct faculty must include a transcript. Human Resources will process new hire paperwork only upon receipt of a completed file (application, resume or curriculum vitae, transcripts and review form). In response to the recent clarification of credential expectations by the Higher Learning Commission, we reviewed all existing full-time and adjunct faculty to ensure that the personnel file was complete. We are working closely with local school districts to ensure dual-credit faculty have appropriate qualifications.

Screening for permanent faculty positions employs a search committee and includes a teaching demonstration. The VPAA or designee interviews candidates recommended by the search committee and grants final approval. The direct academic advisor for the discipline screen and hire adjunct faculty members.

A special orientation for new faculty takes place the week before the start of semester, during which they meet key support personnel, academic leadership, and supervisors. Orientation includes an overview of important policies and procedures, governance structures, support services, and pertinent processes and functions. The overall goal of the orientation is to help new faculty prepare to teach in our learner-centered environment.

New adjunct faculty meet with discipline experts to review common course syllabi, specific course content, classroom resources and pedagogy. They also attend a meeting to become acquainted with key resources (including but not limited to the library, information technology, early alert, and CARE Teams). They tour the facility and receive a copy of the Adjunct Faculty Guide.

3P1.C. Processes for ensuring we have sufficient numbers of faculty to carry out both classroom and non-classroom programs and activities (3.C.1)

We are committed to high levels of faculty staffing for our larger programs, programs of major emphasis that are critical to our community, and majors such as mathematics or English that provide a critical service to most or all of our students. We document our staffing principles in Principles for Strategic Planning and Budget Alignment. (3.C.1)

These principles drive our decisions when an existing faculty position opens or when we create a new faculty position. They provide sufficient staffing in key areas to ensure tutoring support in math and writing, to provide faculty mentorship through discipline-related student organizations, and to enable faculty to perform their critical role in governance. (3.C.1)

3P1.D. Processes for ensuring the acquisition of sufficient numbers of staff to provide student support services

Our Principles for Strategic Planning and Budget Alignment also commit us to levels of student support staff necessary to serve student needs, with a particular focus on efforts that support completion and student engagement. We track both usage and student feedback and satisfaction data. A decrease in student satisfaction or long wait times trigger review of staffing levels. We also compare our staffing levels to national or regional benchmarks when available.

3P1.E. Processes for tracking outcomes/measures utilizing appropriate tools

We measure sufficient faculty using data from the National Community College Benchmarking Project (NCCBP) and progress toward fulfillment of Higher Learning Commission standards for faculty credentials. We measure sufficient student support staff using data from national professional associations. We assess new employee satisfaction with our orientation process using an internally developed survey. We continually seek new and improved ways to track outcomes and measures.

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RESULTS

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3R1.A. Sufficient faculty

We require a master's degree or higher for faculty teaching courses that transfer to a bachelor's degree granting institution and a bachelor's degree or higher for faculty teaching non-transfer courses. We accept an associate degree with certifications and experience for technology programs such as diesel and welding. Only 2 of our 99 full-time faculty need additional coursework and both will have fulfilled this requirement by December 2018

We expect to complete our review of adjunct faculty credentials by the end of fall 2017. We are working with local school districts to ensure all concurrent faculty have appropriate qualifications and expect this process to be complete no later than September 2022. (This complies with the extended timeframe for our concurrent credit instructors granted to us by the Higher Learning Commission.)

As shown in Table 3.1, our student-faculty ratio and average credit section size remain consistently below the national median, as is our goal. Our percentage of credit hours taught by full-time faculty is above the median, bettering our target.

Table 3.1. Faculty staffing compared to peer institutions		
NCCBP survey item [a]	**NWCCD results**	**NCCBP median**
Student to faculty ratio	13.52	16.57
Credit hours taught by full-time faculty	75%	55%
Average credit section size	16.44	18.00
Cost per credit hour	$258	$163
Source: 2016 National Community College Benchmarking Project (NCCBP) report. [a] The 2016 NCCBP report reflects Fall Semester 2014 data for participant institutions.		

3R1.B. Sufficient staff

Both our Sheridan and Gillette campuses employ a full set of student support services personnel. Sheridan has three full-time professional academic advisors, while Gillette has two; each campus has a mental health counselor. Seven individuals, five on our Sheridan campus and two on our Gillette campus, staff financial aid. The director for campus life and housing on each campus supervises co-curricular activities. Tutoring centers have a supervisor onsite, while faculty supervise the writing and math centers on each campus.

We compare our staffing level for professional advisors to National Academic Advising Association guidance. Their most recent national survey (conducted in 2011) indicated an average caseload for professional advisors in two-year schools of 441 advisers per advisor. Our Spring Semester 2017 advisor load was 432 advisees per advisor. Many students have a faculty advisor, and we are working to increase the number of trained faculty advisors.

The 2016 Association of University and College Counseling Directors annual survey shows an average staffing level of 1.38 for colleges with enrollments in the 2,500 to 5,000 range. We have one Counselor per campus, who also has responsibility for ADA services.

The 2015 Association of College and University Housing Officers operational survey indicates an average of one residence hall director for 7 to 15 residential advisors (RAs) and up to 400 residents. Our Sheridan campus has one hall director, 20 RAs, and 441 residents. Our Gillette campus has added a new residence hall, and in Fall Semester 2017, we will have one hall director, five to seven RA's, and 125 residents.

The 2017 National Association of Student Financial Aid Administrators Benchmarking Report (p. 18) shows an average of 1.7 financial aid staff per 1,000 financial aid applicants. We currently have 5.45 staff in Financial Aid, while this guidance would suggest a staff size of 6.46.

3R1.C. Orientation for new employees (non-faculty)

As shown in Table 3.2, most new employees agreed they participated in a formal orientation process and were satisfied with it. While supervisors are not required to assign a mentor, a majority do so, and we hope to see that expand. These data rely on relatively small numbers of responses because we had relatively few new employees. Additionally, as staff orientation is an ongoing process carried out by the immediate supervisor, some employees may not realize there is a specific plan and process in place or classify it as orientation. We believe, however, that replacing our former one-day orientation workshop with a personalized ongoing process provides information directly relevant to the employee's position.

Table 3.2. Participant satisfaction with new staff orientation	Percent agreed [a]	
	2015	2017
I participated in a formal new employee orientation process	89.7	78.6
My supervisor assigned someone to mentor me as a new employee	64.1	70.4
The orientation process provided for me was satisfactory	86.8	75.0
Number of respondents	*39*	*28*

Source: Internally developed orientation survey.

[a] Survey is a five-point Likert-type scale. "Agreed" refers to percent of respondents who agreed or strongly agreed with the statement.

IMPROVEMENT

Qualified faculty. We have collected and evaluated transcripts for all full-time instructional employees. Going forward, we will require transcripts and review forms at the time of hire.

Documentation of all current adjuncts will be complete by the end of Fall Semester 2017. Going forward, we will not hire adjuncts who fail to meet our credentialing standards. Our concurrent enrollment faculty documentation process will be complete by the end of Spring Semester 2018; any concurrent instructor who fails to meet qualifications but wishes to teach will be placed on an education plan. All concurrent instructors will meet our standards by 2022, which complies with an extension granted by the Higher Learning Commission. Our thinly populated rural state has limited numbers of high school teachers with credentials to teach coursework transferable to a bachelor's degree. The seven Wyoming community colleges and the University of Wyoming are working together to provide our high school teachers with access to needed coursework. Instructors who are in the process of completing credit hours must stay on plan to continue to teach.

Qualified staff. As noted in 2I1, the Division of Student Affairs is reconfiguring office space and revising job descriptions. At this time, we believe we have adequate staff in place, but this review will clarify responsibilities and look for efficiencies across divisional operations.

New employee orientation. Supervisor feedback indicated dissatisfaction with and resistance to certain elements of the orientation process. We discussed the extended orientation and its benefits in supervisor training and supervisors gave suggestions and feedback.   As a result, supervisors understand better the goals of the process, we added several items to the process, and adjusted timing on other elements.

3.2 - Evaluation and Recognition

Evaluation and Recognition focuses on the assessment and recognition of faculty, staff and administrators' contributions to the institution. The institution should provide evidence for Core Component 3.C. within this section.

3P2: PROCESSES

Describe the processes that assess and recognize faculty, staff and administrators' contributions to the institution. This includes, but is not limited to, descriptions of key processes for the following:

- *Designing performance evaluation systems for all employees*
- *Soliciting input from and communicating expectations to faculty, staff and administrators*
- *Aligning the evaluation system with institutional objectives for both instructional and non-instructional programs and services*
- *Utilizing established institutional policies and procedures to regularly evaluate all faculty, staff and administrators (3.C.3)*
- *Establishing employee recognition, compensation and benefit systems to promote retention and high performance*
- *Promoting employee satisfaction and engagement*
- *Tracking outcomes/measures utilizing appropriate tools*

3R2: RESULTS

What are the results for determining if evaluation processes assess employees' contributions to the institution? The results presented should be for the processes identified in 3P2. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- *Summary results of measures (include tables and figures when possible)*
- *Comparison of results with internal targets and external benchmarks*
- *Interpretation of results and insights gained*

3I2: IMPROVEMENT

Based on 3R2, what process improvements have been implemented or will be implemented in the next one to three years?

Institutional Responses

PROCESS

3P2.A. Processes for designing performance evaluation systems for all employees

Human resources is responsible for the personnel evaluation process for exempt and non-exempt staff. We updated our process as part of a 2012-2013 action project, which had broad and inclusive membership. We required training in the new process for supervisors and offered training to all other employees so that they would have an opportunity to understand the process and its goals.

A faculty committee designed a faculty evaluation process in 2006-07; it was updated in 2008 and again in 2013. Tenured faculty are evaluated every triennium, but complete the faculty responsibilities checklist and discuss it with a supervisor annually.

We evaluate tenure-track faculty annually. We assess effective teaching with a supervisor observation form that includes organization, classroom management, and ability to meet course objectives and connect learning to past lessons, among other criteria. Department chairs and program directors review scores on student course evaluations for faculty in their areas.

Directors and chairs evaluate adjunct faculty. A new process is in pilot for full implementation in 2017-2018. It will include a checklist of required materials, review of student evaluation reports, and comments by the supervisor. There also will be consideration of policy adherence and positive relationships with colleagues, students, and the district. Any full-time faculty member in the department may carry out a teaching observation if assigned by the supervisor. Our goal is to ensure that every adjunct receives an evaluation annually and there exists a process for developmental feedback.

3P2.B. Processes for soliciting input from and communicating expectations to faculty, staff, and administrators

Category Four discusses in detail how employees participate in institution-wide processes related to mission, vision, strategic planning, governance topics, and cross-unit cooperation. At the immediate level of supervisor-employee interaction in the work unit, communication is generally informal and can occur daily in reference to ongoing work. Work units at all levels also hold periodic team meetings to discuss updates and short-term planning. Many departments hold annual or biannual planning retreats.

The President carries out a number of structured events that provide opportunities for bilateral communication about topics of broad concern. All-employee events each semester provide opportunities to discuss specific issues and may include surveying participants. He also periodically meets with employees in smaller groups such as over lunch or by visiting department meetings.

We design the annual performance review as a conversation. We expect employees to arrive having thought about their own performance, development needs, and ambitions, and supervisors are to be prepared with their analysis. This establishes the basis for an exchange of thoughts and future planning.

As discussed in 4P4, we document expectations of all employees for honesty and ethical behavior through our NWCCD Policies and Procedures Handbook. We also embed these values in our core values statement, which we post on each campus and on the website and integrate in the performance review. We formally communicate expectations to faculty through the Faculty Handbook and Adjunct Faculty Handbook, which articulate expectations for teaching, promoting students' learning, and preserving academic freedom and freedom of speech. The handbooks are distributed and reviewed at the time of faculty orientation.

Job descriptions outline essential duties and responsibilities; required knowledge, skills, and abilities; and qualifications. Faculty job descriptions reflect general expectations outlined in the Faculty Handbook as well as specialized knowledge related to the discipline. Administrative and staff job descriptions are reviewed annually during the performance review process.

Disciplinary action is occasionally necessary. Our process requires face-to-face conversations about the relevant issues, documented in the personnel file. Although our standard process is progressive, a risk of harm to self or others may cause immediate termination.

3P2.C. Processes for aligning the evaluation system with institutional objectives for both instructional and non-instructional programs and services

We align non-faculty evaluation with institutional objectives by structuring the performance review form around defined competencies. Competencies aligned with institutional expectations and values are standard across all positions: teamwork, reliability, initiative, and core values. Other competencies are specific to the job description, including a section for managerial staff.

We align faculty evaluation with our mission and our student-centered educational model. The self-review portion provides instructors and supervisors the opportunity to discuss student comments and evaluations. Goal reviews and setting of new goals focus on improving teaching and learning. Where appropriate, the performance review includes discussion of documented plans to attain credentials to teach in specific fields.

3P2.D. Processes for utilizing established policies and procedures to evaluate all faculty, staff, and administrators regularly (3.C.3)

The evaluation process for non-faculty (all classified and professional staff, administrators, and executives) mandates an annual review cycle ending July 31. Human Resources manages the process, provides forms and training, and files completed evaluations in individual personnel files.

Chairs and program directors, overseen by associate vice presidents and deans, manage the faculty evaluation process. We evaluate all non-tenured faculty annually, and tenured faculty are evaluated triennially. In interim years, tenured faculty submit an instructional impact statement and a completed responsibilities checklist. Faculty evaluations must be complete by February 15, with any notification of non-renewal delivered prior to March 1. (3.C.3)

The adjunct evaluation process historically has been cumbersome, and departments have struggled to evaluate adjunct faculty effectively; we are piloting a new process with full implementation in 2017-2018. As described in 1P4.B, we have a new evaluation model for our concurrent enrollment program that includes five areas: curriculum, faculty, student, assessment, and program evaluation. Our model includes an annual meeting with concurrent enrollment faculty, a formal process for visiting classes, and a formal process for student course evaluations in the high schools. (3.C.3)

3P2.E. Processes for establishing employee recognition, compensation, and benefit systems to promote retention and high performance

For many years, we offered an annual event to present awards for outstanding employees and to recognize years of service. A 2017 internal survey suggests employees prefer consistent and immediate personal recognition to formal recognition events. A committee is studying alternative ways to recognize employees throughout the year. Our supervisor training program, with its emphasis on feedback, coaching, and communication, is in part an effort to strengthen informal recognition and encourage supervisors to make continuing efforts to recognize good work and individual contributions of employees. We will offer a special summer session focused on skills for providing more on-time positive feedback and recognition.

As a state institution, our compensation and benefits are largely dependent on the Wyoming State Legislature. Annually, the Vice President for Administration and Chief Financial Officer works with the Director of Human Resources and executive staff to develop a plan based on regional market trends and institutional resources for proposal to the Board of Trustees.

In 2012, we retained the services of the Segal Group to study compensation and staffing levels. We shared the results with trustees and all employees. At that time, 97% of all employees were within market range; those below received salary adjustments to the fall 2013 market range. The next year we made an additional adjustment for 8% of employees who were within market range but considered low based on internal equity. Supervisors and a human resources specialist met individually with each employee to explain results. While this project aligned wages internally, a 2015 analysis by our math faculty suggested our salaries and raises were not competitive compared to other community colleges in the region. We made a large salary adjustment in 2007, but budget constraints caused us to miss automatic increases over the next seven years. In 2015, the Board of Trustees approved a two-year plan that would provide increases to approximately 60% of existing faculty and increase starting salaries.

In fall 2016, the President charged the Personnel Committee to conduct a compensation review with the goal of ensuring salary schedules are within 95% of market average. The committee analyzed exempt, non-exempt, and faculty salaries using published and local data sources and

found that, overall, our salaries approximated 93% of market average, just under our target. However, starting salaries for faculty are considerably lower than market and some position groups are low. The committee recommended increasing the pay scale for all positions, making annual adjustments equaling the State's average increase, and annually reviewing salary scales to avoid future compression.

Employees generally recognize that we offer excellent benefits, including two retirement options: a defined benefit plan (pension) or a defined contribution plan that allows employees to select their investment options. In either plan, the college contributes 16.37% of the employee's total annual wages. The college also contributes approximately 85% of the health insurance premium for employees and their families. All full-time non-faculty employees receive four weeks of vacation leave, four personal days, and up to sixteen paid holidays each year. We also offer medical, emergency, and bereavement leave.

3P2.F. Processes for promoting employee satisfaction and engagement

We promote many factors known to foster employee satisfaction and engagement, including independence in one's job, creative ideas, open communication, and shared governance (see 4P3). We encourage employee engagement through regular one-on-one meetings with supervisors and ongoing training. We offer a flexible summer schedule to promote employee satisfaction. Some areas use instruments such as the DISC assessment to understand how best to communicate with one another.

Although survey data suggest very high satisfaction and engagement at the individual work unit level, we have struggled over the years to improve employee satisfaction with institution-wide communication and opportunities to influence decisions. Our current supervisor training initiative has a strong focus on the cascade of information throughout all levels, which we recognize as a significant opportunity for improvement. Another recent major initiative was the reorganization of the Division of Academic Affairs, which ensures every faculty member has an on-campus unit and an intellectual home. We created academic chairs to be first level supervisors, and faculty nominated candidates, who were subject to approval by the Vice President of Academic Affairs.

We are committed to incorporating employee feedback on issues that affect them. For example, in Spring Semester 2017, we proposed a change to the pay cycle for classified and administrative staff. Feedback from Administrative Staff Council, Classified Staff Council, and District Council was negative and we did not implement the change.

We encourage supervisors to be aware of how employees feel about the work environment and to work with any individuals who may have disassociated themselves from the institution. Supervisors who identify such a concern can work with their immediate manager or consult with human resources, and initiate a performance improvement plan if appropriate. Activities may include training, mentoring, or work adjustment.

We share with employees results from administrative services and climate surveys (such as the Personal Assessment of the College Environment survey) and seek their suggestions. All of our

efforts to improve supervisory leadership skills, build a shared leadership language, and promote communication support positive work climate and enhance employee engagement and satisfaction.

3P2.G. Tracking outcomes/measures using appropriate tools

We measure effectiveness of our staff performance review process by tracking distribution of ratings, percent of employees reviewed, and specific items on the Personal Assessment of the College Environment (PACE) survey. We assess compensation and benefits using national, regional and state data, as well as local data from school districts and other large employers. We assess employee satisfaction and engagement using items from our employee survey.

RESULTS

3R2.A. Performance evaluation

We define effectiveness for classified and administrative personnel using eight indicators for staff positions, and eleven for managerial positions. We score competencies on a five-point Likert-type scale, with values of three or greater considered acceptable. We assume that most employees perform acceptably, and that some will exceed expectations. As shown in Figure 3.3, the vast majority of staff perform at an acceptable level of effectiveness. We consider the percent of employees reviewed to be satisfactory. Note that the President's reviews of direct reports are on file in his office and not included in the reported data.

Figure 3.3. Employee effectiveness
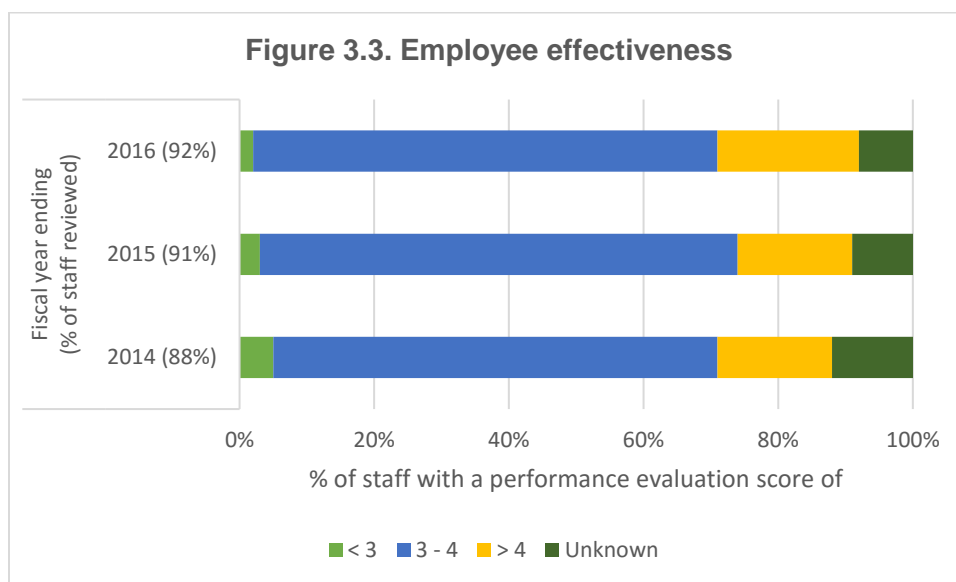
In 2017, we replaced our internally developed employee work climate survey with a nationally administered instrument, the PACE survey, developed by the National Initiative for Leadership and Institutional Effectiveness (NILIE). We were able to add a limited number of items from our internally developed climate survey, and the new survey includes many similar items.

Although the PACE survey does not have any items specifically related to the performance review process, a number of items measure degree to which employees agree work expectations are communicated and feedback is provided. As shown in Table 3.4, results were comparable to national averages.

3R2.B. Compensation

As noted above, our most recent compensation review shows that the overall market midpoint for NWCCD exempt and non-exempt positions is 93% of market, just under our target of 95%. However, starting salaries for faculty are considerably lower than market and some specific position groups are low.

3R2.C. Work motivation, job satisfaction, and engagement

Work motivation, job satisfaction, and engagement are closely related constructs. As shown in Table 3.4, agreement with the motivation item does not differ with statistical significance ($p < .001$) from the national mean. However, unique items (those adapted from our previous employee survey) show disturbing drops from the mean of the three prior administrations of the survey. We believe that a limited layoff of administrative personnel in spring 2016 is a major factor; employees perceived a lack of communication around this event and other organizational changes that included redistributing supervisory positions.

3R2.D. Recognition

Recognition has traditionally taken the form of an annual event for full-time employees. During Spring Semester 2017, the committee responsible for event planning surveyed all full- and part-time employees to gain their feedback. Only 35.8% of respondents indicated they enjoyed the recognition event, although 51.3% rated it valuable. A high percentage of respondents (64.5) rated recognition of their work as important, and a ranking of modes of recognition suggests a preference for personal recognition, in person or in writing. Based on the full analysis of results, we charged a committee to recommend changes.

Table 3.4. Selected survey results		
	Percent agreed [b]	
	NWCCD	National [c]
Performance and evaluation		
Positive work expectations are communicated to me.	70	68
Unacceptable behaviors are identified and communicated to me.	69	64
I receive timely feedback for my work.	65	65
I receive appropriate feedback for my work.	69	67
Work outcomes are clarified for me.	68	64
My supervisor helps me to improve my work.	76	66
Satisfaction and engagement		
This institution has been successful in positively motivating my performance	49	56
I am able to appropriately influence the direction of this institution	40	41
I am given the opportunity to be creative in my work [d]	77	77
I feel I have job security at the institution [d]	52	71
Employees have a good quality of work life in the organization [d]	59	75
I am overall satisfied with my job [d]	76	84
The organization is overall a good place to work [d]	70	86
Source: 2017 Personal Assessment of the College Environment survey administration. * Difference from national mean is significant (p < .001) with an effect size (Cohen's *d*) greater than .30. [a] Data from 2017 survey administration. [b] Survey is a five-point Likert-type scale. "Agreed" refers to percent of respondents who agreed or strongly agreed with the statement. [c] "National" represents the average PACE results of 105 participating community colleges. [d] NWCCD custom question, compared to a three-year rolling average.		

IMPROVEMENTS

3I2. Improvements to processes for evaluation and recognition of employee contributions

Although results (Table 3.4) suggest employees are receiving information about expectations and performance, we continue to provide training in this area and will revise our staff performance review form to require written comments for each competency next year. We believe this will promote specific examples and reviews that are more meaningful.

We are seeking cost-savings to free up funds for compensation. During Spring Semester 2017, District Council offered ideas for cost savings and the President engaged employees in discussing these ideas, and providing other ideas, as part of his spring all-campus events. Improvement recommendations from a representative committee of employees are currently under review by administration.

Nursing faculty piloted an online course evaluation system in Spring Semester 2015, and a few other departments have adopted the system. We will implement a refined online course evaluation process across the academic division Spring Semester 2018.

A representative committee of employees will recommend ways managers can recognize employees throughout the year. We anticipate implementing changes in Fall Semester 2017. We will continue to emphasize this responsibility in our supervisor training.

3.3 - Development

Development focuses on processes for continually training, educating and supporting employees to remain current in their methods and to contribute fully and effectively throughout their careers at the institution. The institution should provide evidence for Core Components 3.C. and 5.A. in this section.

3P3: PROCESSES

Describe the processes for training, educating and supporting the professional development of employees. This includes, but is not limited to, descriptions of key processes for the following:

- *Providing and supporting regular professional development for all employees (3.C.4, 5.A.4)*
- *Ensuring that instructors are current in instructional content in their disciplines and pedagogical processes (3.C.4)*
- *Supporting student support staff members to increase their skills and knowledge in their areas of expertise (e.g. advising, financial aid, etc.) (3.C.6)*
- *Aligning employee professional development activities with institutional objectives*
- *Tracking outcomes/measures utilizing appropriate tools*

3R3: RESULTS

What are the results for determining if employees are assisted and supported in their professional development? The results presented should be for the processes identified in 3P3. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- *Summary results of measures (include tables and figures when possible)*
- *Comparison of results with internal targets and external benchmarks*
- *Interpretation of results and insights gained*

3I3: IMPROVEMENT

Based on 3R3, what process improvements have been implemented or will be implemented in the next one to three years?

Institutional Responses

PROCESS

3P3.A. Processes for providing and supporting regular professional development for all employees (3.C.4, 5.A.4)

As described in 3P1.A and 3P1.B, our hiring processes ensure that we hire faculty and staff who are appropriately qualified and trained. (5.A.4)

Faculty have access to the Faculty Development Fund administered by a faculty committee; non-faculty may seek funds through the employee-managed Staff Development Fund. In both cases, a committee considers submitted requests and administers funds as available. Faculty on our Sheridan campus also can seek grants from the Sheridan College Foundation Innovation Fund.

Faculty receive advancement on the salary schedule by earning advanced degrees or for additional coursework in 15 credit-hour increments. Many faculty and staff choose to take advantage of our tuition benefit programs. They may take up to three credits per semester at the University of Wyoming (funded by the University); the NWCCD tuition waiver program allows them (and their dependents) to take our classes and pay only fees. (3.C.4, 5.A.4)

To support our student success strategy, we sent math and English faculty to conferences about new approaches to developmental education, and sent a cross-section of faculty to training about learning assessment. We are supporting the strategic goal of providing students with sound advising and support from their first contact to completion through a special advisor training process led by a committee of professional advisors and faculty. Our goal is that all full-time faculty complete advisor training within three years. Our supervisor training initiatives support our organizational health strategy. (3.C.4, 5.A.4)

We support ongoing competence by sending faculty and staff to conferences and workshops in their professional areas. For example, our delegation to the Higher Learning Commission annual conference includes faculty, who benefit from many of the workshops. Department budgets have funding for student support staff to attend professional conferences (see 3P3.C). (3.C.4, 5.A.4)

When we purchase new software, we retain outside experts to help with installation and train super users, who become our internal consultants. We also engage consultants for training on specific topics, as we did with the Covey training and the current supervisor training initiative.

From time to time, we face a new and urgent training need. For example, a major effort throughout the 2014-2015 academic year was training all employees and students to comply with Title IX requirements; all full-time employees completed an online training course.

3P3.B. Processes for ensuring that instructors are current in instructional content in their disciplines and pedagogical processes (3.C.4)

Academic chairs and directors work with faculty to identify and track professional development opportunities as part of the performance review. A defined process to record and track professional development is currently under consideration. Our new credential review process ensures that career and technical education and health sciences faculty have required certificates and licenses. (3.C.4)

3P3.C. Processes for supporting student support staff members to increase their skills and knowledge in their areas of expertise (3.C.6)

Department budgets cover: financial aid staff annual attendance at regional and national conferences addressing federal regulations and compliance; advising staff participation in National Academic Advising Association institutes; admissions and records staff activity in American Association of Collegiate Registrars and Admissions Officers and National Association for College Admission Counseling. Travel may be supplemented by staff development fund grants. (3.C.6)

3P3.D. Processes for aligning employee professional development activities with institutional objectives

Travel and training budget revisions for 2017-18 will encourage participation in focused professional development training rather than the general development represented by attending a conference. We have reduced the out-of-state travel budget due to budget constraints, and must carefully evaluate the benefits of travel to choose those opportunities most effective for our employees and organization. A new request form for travel and training will require applicants to identify the institutional strategy their travel will support and explain how the training will help the department and the college meet strategic goals.

3P3.E. Processes for tracking outcomes/measures using appropriate tools

Personal Assessment of the College Environment (PACE) survey items measure employee assessment of opportunity for advancement and professional development. National Community College Benchmarking Project (NCCBP) data rank actual development funding. A participant self-assessment provided a preliminary evaluation of our supervisor training. We track participation to measure progress toward training all faculty in advising.

RESULTS

3R3.A. Employee development opportunities

As shown in Table 3.5, three of the four PACE items relating to professional development were comparable to national averages. Only 55% of employees indicated professional development and training opportunities are available, however, which is significantly below the national mean ($p < .001$). We are located in a rural environment with limited proximity to these opportunities,

and travel is generally required to pursue additional training. Due to budget constraints, in 2016-2017 we reduced travel funding and limited employees to one out-of-state trip.

Table 3.5. Employee perception of professional development opportunities	Percent agreed [b]	
	NWCCD	National [c]
I have the opportunity for advancement within this institution	40	43
I am given the opportunity to be creative in my work	77	77
Professional development and training opportunities are available	55	70*
At our institution we have effective processes for creating opportunities for employees to learn and practice leadership skills [d]	50	52
Source: 2017 Personal Assessment of the College Environment survey administration. * Difference from national mean is significant ($p < .001$) with an effect size (Cohen's *d*) greater than .30. [a] Data from 2017 survey administration. [b] Survey is a five-point Likert-type scale. "Agreed" refers to percent of respondents who agreed or strongly agreed with the statement. [c] "National" represents the average PACE results of 105 participating community colleges. [d] NWCCD custom question, compared to a three-year rolling average.		

Our development spending per full-time equivalent employee put us at the 34th percentile on the NCCBP report for 2016 and the 34th percentile in 2015; this is slightly down from 2014 when we were at the 41st percentile. While we aspire to be at the national median, given our fiscal realities, our goal is to remain at the 30th percentile.

3R3.B. Supervisor training

At the beginning and at the end of the program, we asked participants to self-assess their knowledge of 25 areas of knowledge the training covered.   Although all supervisors completed the training (47 participants), 43 completed the self-assessment at the beginning of the program and only 35 completed the self-assessment at the end of the program. We recognize that this discrepancy makes it difficult to form firm conclusions, and plan to implement further assessment processes in the fall.

Our analysis shows that at the end of the training respondents felt more confident in 24 of the 25 areas; the outlying factor topic was balancing home and work life. Of the five lowest-rated areas of knowledge, two dealt with home/work balance and stress management, one dealt with budget, and two dealt with goal setting and data. We will integrate these topics in planning for next year.

3R3.C. Advisor training

Our goal is for 100% of full-time faculty to participate in advisor training by 2020. To date, 60% of current faculty have participated, and new faculty are participating in their first year of employment. A total of 104 faculty and staff had completed training as of the end of the 2016-2017 year.

IMPROVEMENT

We will slightly increase the amount of professional development funds available to employees and remove the one out-of-state trip restriction. This will provide employees with more flexibility in seeking needed training and development.

Our supervisor training has emphasized the role of the supervisor in supporting professional development and making this topic part of the annual review. We are revising our professional development travel request form to identify the strategic priority the travel will support. This will enable us to track alignment of training with institutional goals.

We are developing a supervisor training assessment process using subordinates' perceptions of behavior changes on the part of their managers; it will be administered in fall 2017.

We have developed a formal statement of Principles of a Healthy and Effective Institution, and a number of specific initiatives support professional development of employees. Key initiatives include continuing our supervisory skills training, launching formal leadership training for all employees, training committee chairs in leadership and communication, and creating ways to recognize staff for professional development. The full plan and a timeline for the initiatives is included in the principles document.

Category Four - Planning and Leading

4.1 - Mission and Vision

Mission and Vision focuses on how the institution develops, communicates and reviews its mission and vision. The institution should provide evidence for Core Components 1.A., 1.B. and 1.D. within this section.

4P1: PROCESSES

Describe the processes for developing, communicating and reviewing the institution's mission, vision and values, and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- *Developing, deploying, and reviewing the institution's mission, vision and values (1.A.1, 1.D.2, 1.D.3)*
- *Ensuring that institutional actions reflect a commitment to its values*
- *Communicating the mission, vision and values (1.B.1,1.B.2, 1.B.3)*
- *Ensuring that academic programs and services are consistent with the institution's mission (1.A.2)*
- *Allocating resources to advance the institutions mission and vision, while upholding the institution's values (1.D.1, 1.A.3)*
- *Tracking outcomes/measures utilizing appropriate tools (e.g. brand studies, focus groups, community forums/studies and employee satisfaction surveys)*

4R1: RESULTS

What are the results for developing, communicating and reviewing the institution's mission, vision and values? The results presented should be for the processes identified in 4P1. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- *Summary results of measures (include tables and figures when possible)*
- *Comparison of results with internal targets and external benchmarks*
- *Interpretation of results and insights gained*

4I1: IMPROVEMENT

Based on 4R1, what process improvements have been implemented or will be implemented in the next one to three years?

Institutional Responses

RESULTS

4P1.A. Processes for developing, deploying and reviewing our mission, vision and values (1.A.1, 1.D.2, 1.D.3)

We are an open-access state-supported community college; our mission is "creating student success and making a difference in our communities through educational leadership." We see our highest purpose as serving our local communities in ways consistent with our role as the only institution of higher education in a large thinly populated geographic region. (1.D.2, 1.D.3)

Fifteen years ago, in response to community feedback, Trustees made community engagement and support for economic development and quality of life priorities for the institution. While service to community had always been implicit in the mission, our emphasis had been on student education and success. This launched an effort to bring more balance to the two elements of service. (1.D.2, 1.D.3)

Our process of mission development includes the following: discussion between Trustees and the President, review of mission by Executive Team, development of a draft proposal, review and discussion with all elements of the college community, a revised draft, a second round of review and feedback, final approval and adoption by the Board of Trustees. (1.A.1)

Our ongoing process for mission review ensures that Trustees review community feedback (see 4R1.A) about mission alignment as part of their annual self-evaluation and evaluation of the President. Administrators review mission as part of our annual strategic planning process. Because the mission statement is fundamental to our identity as a community college, it has been remarkably stable throughout the history of the institution. Our reviews focus on ensuring actions are in alignment. (1.A.1)

We developed our values statement in 2003 through college-wide discussion; we review it annually in conjunction with mission review.

4P1.B. Processes for ensuring institutional actions reflect a commitment to our values

Our stated values are Integrity, Respect, Excellence and Learning. They are an outgrowth of our commitment to learning and student success.

1. We keep them before students and employees by posting them on our website and at the entrances to our main buildings.

2. We make them a formal element of the performance review process (3P2.C).

3. Our processes for academic integrity and ethical practices on the part of faculty and students reinforce our commitment to integrity.

4. Our practices to protect student confidentiality and financial record keeping reflect integrity.

5. We aim for transparency about our operations and performance in our communications with Trustees and in the information on our public website. This reflects our commitment to both integrity and respect.

6. Integrity and respect, particularly in the supervisor-subordinate relationship, are a focus in our manager training.

7. Our commitment to continuous quality improvement supports institutional learning and excellence over the long term.

4P1.C. Processes for communicating mission, vision and values (1.B.1, 1.B.2, 1.B.3)

We communicate our mission, vision, values and strategy externally through our public website (located at http://www.sheridan.edu). We carry out additional communication when there is a significant change; methods include publication in local news outlets through both paid advertising and press releases. We also distribute our strategy brochure, updated biennially. The 2016-2017 strategy update will lead to a new brochure in 2017-2018. (1.B.1, 1.B.2)

Our mission statement clearly defines our nature as educational and our geographic focus as our communities, which we define as our tri-county region; the vast majority of our activities take place within that area. Small changes to the statement in 2008 added the word "community" to reflect heightened awareness of a broadened community role. (1.B.3)

Our strategic plan has two main elements, student success and institutional effectiveness. Under these are six high priority action areas: removing obstacles to completion, strengthening supports for completion, increasing enrollments, effective employee engagement, effective supervision and leadership, and developing a culture of inquiry. (1.B.2, 1.B.3)

Our online catalog clearly defines all of our educational programs.

In addition to the formal communication processes described above, the President and the Vice President for Gillette each meet personally with key community leaders on a regular basis to ensure they are not only informed about, but actively support, our strategic activities. They make presentations to civic organizations such as Rotary and Chamber of Commerce, and the President periodically appears on local news programs to answer questions and share information. Our Board-appointed county advisory boards and our elected Trustees personally carry our message to their respective constituents and networks throughout our region.

We consciously manage regular external communication to keep our communities updated about initiatives as well as campus events. The Director of Marketing and Communication reports directly to the President and communication with external stakeholders is a priority.

Our internal goal is to ensure broad understanding throughout the institution. The mission statement is at the top of every Trustee meeting agenda and is included in all discussions of

strategy at the employee level. Senior managers clarify values and mission routinely and they are criteria in annual staff performance reviews.

4P1.D. Processes for ensuring academic programs and services are consistent with our mission (1.A.2)

We serve our communities by aligning our career and technical education programs with regional economic priorities. At the same time, we offer a broad range of liberal arts majors to serve students who wish to transfer to a four-year institution; this group represents approximately two-thirds of our degree-seeking headcount. We offer concurrent enrollment options to serve high school students, and we provide our local energy industry with courses they require to meet safety standards; although non-degree-seeking, we regard these two populations as part of our service mission. (1.A.2)

Our approval process for new academic programs includes both internal and external review of fit with mission. Our decision process for community projects includes fit with mission, alignment with academic programs, and careful review of resource capacity (2P5.A). Our budget process (5P3.A) requires that all new initiatives support our strategic plan, which we align with our mission. These three formal processes together ensure that our academic programs and other initiatives are consistent with our mission.

Approximately 75% of our degree-seeking students are from our tri-county service area. We provide a full range of standard student support services (see 2P1) and offer residential options, because we are the only higher education entity in our large and thinly populated geographic service area. (1.A.2)

4P1.E. Processes for allocating resources to advance the mission and vision while upholding institutional values (1.D.1, 1.A.3)

As a state-supported community college, our mission and role is to serve the public, specifically our students and our District. Our highest priority as we develop strategic plans and create our budget is the success of our degree-seeking students. We are committed to providing them with a strong full-time faculty, up-to-date learning facilities, and the support they need to succeed. A formal set of principles establish how we align strategy and operations to mission and describe the principles underlying staffing decisions and the budget process, Principles for Strategic Planning and Budget Alignment. (1.D.1, 1.A.3)

Our budget process is in Section 5P3.A. We evaluate new initiatives for their fit with the mission and strategic plan and their impact on the five-year financial forecast. Capital construction projects focus on upgrading existing academic facilities and creating new ones. Our internal process maps to the Wyoming Community College Commission's (WCCC) construction approval criteria: (1) current amount and condition of physical facilities, (2) space utilization and anticipated future space needs, (3) changes in enrollment patterns, (4) population changes in the service area, and (5) capital project supports institutional and/or state strategic plans. (1.D.1, 1.A.3)

4P1.F. Processes for tracking outcomes/measures utilizing appropriate tools (e.g., brand studies, focus groups, community fora/studies and employee satisfaction surveys)

Surveys of key stakeholders, members of academic program advisory boards and members of civic organizations measure external communication about and alignment with our mission. Our employee work climate survey measures commitment to mission and values and understanding of mission. Budget analysis measures allocation of resources to mission.

RESULTS

4R1.A. External communication about and alignment with our mission

Trustees each interview a number of key stakeholders who have broad community knowledge and influence over decisions and resources. We describe this process in Section 2P3, and results are in Section 2R3. As noted in these sections, satisfaction with the college in terms of meeting community needs and being a positive community influence is consistently high. We are less successful at keeping this important group of individuals informed, particularly in Johnson County, where we have a limited presence.

Recognizing that key stakeholders represent only a segment of the community, in 2016 we surveyed members of Chambers of Commerce across the District. As shown in Table 2.10, this diverse selection of business and professional individuals showed high satisfaction with the District as a positive impact on the community, but there was little evidence that people feel informed about current or planned activities. Our survey of academic advisory board members had very different results. As shown in Table 2.11, these individuals felt informed and agreed that we maintain focus on our mission.

4R1.B. Internal communication about and alignment with our mission

Our employee climate study is administered biennially, and from 2009 through 2015 we employed an instrument unique to our organization. In 2017 we adopted a new, nationally normed survey, but were able to retain a number of unique items from our former survey. We calculate norms for unique items as a three-year rolling average of the most recent iterations of the survey. Our goal is to meet or exceed the norm on all items.

As shown in Table 4.1, we show some tendency to lag our norm base in items focused on mission clarity, but only one item, "the actions of this institution reflect its mission" was significant at the $p < .001$ level and showed an effect size greater than our cutoff of .30. A key element of our mission is "student success" and the mission items relating to student needs and learning showed agreement comparable to the norm. The divergence is confusing and we will probe further through our analysis of survey comments and in our conversations with employees.

4R1.C. Allocating resources to advance the mission

The National Community College Benchmarking Project (NCCBP) survey includes a number of data points relevant to our mission of student success. As shown in Table 3.1, our average credit section size and our student-to-faculty ratio are low in comparison to peers. We are above the 80th percentile in percent of credit hours taught by full-time faculty. These demonstrate our commitment to full-time faculty and small class sizes, which results in a relatively high cost-per-credit compared to our peers. Our goal is to balance class sizes and coverage by full-time faculty with keeping costs in a range we can afford.

<div align="center">

IMPROVEMENT

</div>

We expanded our processes for surveying external stakeholders to cover a broader and more diverse population. We changed our employee work climate survey to one that is nationally normed, allowing us to compare our results to an external benchmark. We will ensure that Board of Trustees minutes reflect their review of mission, strategy and other critical reports.

4.2 - Strategic Planning

Strategic Planning focuses on how the institution achieves its mission and vision. The institution should provide evidence for Core Components 5.B. and 5.C. in this section.

4P2: PROCESSES

Describe the processes for communicating, planning, implementing and reviewing the institution's plans and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- *Engaging internal and external stakeholders in strategic planning (5.C.3)*
- *Aligning operations with the institution's mission, vision and values (5.C.2)*
- *Aligning efforts across departments, divisions and colleges for optimum effectiveness and efficiency (5.B.3)*
- *Capitalizing on opportunities and institutional strengths and countering the impact of institutional weaknesses and potential threats (5.C.4, 5.C.5)*
- *Creating and implementing strategies and action plans that maximize current resources and meet future needs (5.C.1, 5.C.4)*
- *Tracking outcomes/measures utilizing appropriate tools (e.g. achievement of goals and/or satisfaction with process)*

4R2: RESULTS

What are the results for communicating, planning, implementing and reviewing the institution's operational plans? The results presented should be for the processes identified in 4P2. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- *Summary results of measures (include tables and figures when possible)*
- *Comparison of results with internal targets and external benchmarks*
- *Interpretation of results and insights gained*

4I2: IMPROVEMENT

Based on 4R2, what process improvements have been implemented or will be implemented in the next one to three years?

Institutional Responses

<div align="center">PROCESS</div>

4P1.A. Processes for engaging internal and external stakeholders in planning (5.C.3)

Our publicly elected Board of Trustees sets college policy. They define strategic direction, actively work with the President and the Chief Financial Officer (CFO) on budget development, and provide leadership and guidance whenever new initiatives are under consideration.

4P2A.1. External stakeholders

The Trustee process for engaging external stakeholders in planning includes a structured interview and short survey, administered in a one-on-one conversation annually with key stakeholders. Because we are located in small communities, Trustees have many informal contacts with these individuals and others, which provides recurring community feedback. This information influences the Board's own goal-setting process and the high-level policy direction they provide to the President. Trustees also review results from our surveys of community members and of academic advisory boards. (5.C.3)

The administration's process for engaging external stakeholders in planning also emphasizes personal contact along with structured data from surveys. The President and the Vice President for Gillette are on the boards of all key planning and economic development agencies in the region, which enables them to gather information from and influence others on the boards. They also work consistently to stay in touch with key stakeholders. We seek broader community input and structured feedback by surveying members of our academic program advisory boards as well as members of civic organizations; this process yielded feedback from 280 individuals in 2016-2017. (5.C.3)

We close the loop with external stakeholders regarding important initiatives and directions in a variety of ways. Trustees, the President, and the Vice-President Gillette directly inform key stakeholders through personal conversations. We distribute strategy brochures through local civic organizations and regularly report to the community at large through local media and by keeping our external website up to date. The President updates Trustees about planning and progress at monthly Trustee meetings, which are open to the public and frequently attended by the press. (5.C.3)

4P2A.2. Internal stakeholders

Our formal planning process engages employees and closes the feedback loop. The executive team develops high-level goals and Trustees review them; we then present the plan to employees through District Council and regular meetings of functional groups. The process includes discussion, and may include a survey. In the case of a major change, the feedback phase may include campus-wide conversations as well, typically led by the President. (5.C.3)

After considering all feedback, we adjust goals and plans as appropriate, and if necessary, carry out a second round of employee engagement. Once the planning cycle is complete, the President carries a final set of plans to Trustees to gain approval of policy recommendations and feedback on operational planning. Employees have access to the final high-level plan through our internal portal as well as through the sources available to external stakeholders (brochures, our website, and news releases). (5.C.3)

Once a strategic direction is set, employees participate in department-level planning, which provides an ongoing feedback loop to the executive team. The President also provides updates and receives feedback through his regular schedule of meetings with employee groups. (5.C.3)

4P2.B. Processes for aligning operations with the institution's mission, vision, values (5.C.2)

We align operations under our strategic plan, which we align with our mission. Our strategy has two elements – student success and institutional effectiveness – which influence budget decisions about new spending, based on our staffing principles. Specific goals under each strategy drive projects and initiatives. Our strategy and our staffing principles drive budget decisions; we describe our budgeting and fiscal management processes in 5P3.A and 5P3.B. (5.C.2)

Our highest strategic priority at this time is to improve student retention and degree attainment, both central to our mission. We have a long history of tracking student outcomes (see 2P2 and 2R2), and both internal review of student progress in developmental courses and the insights conveyed by Complete College America, were behind our decision to focus academic resources on changing how we place students in math and writing courses. We articulate the critical role of writing and math as supports for all other courses in Principles for Strategic Planning and Budget Alignment. (5.C.2)

4P2.C. Processes for aligning efforts across units for optimum effectiveness and efficiency (5.B.3)

Our processes for aligning efforts across units include the organization structure, the governance structure, regularly scheduled interactions that involve diverse functions and locations, and two-way communication.

Five vice presidents report to the President, who reports to the Board of Trustees. There are three functional units headed by a vice president: Academics, Student Affairs, and Administrative Services; each has staff on both campuses. The Vice President for External and Economic Development also reports to the President. A Vice President-Campus CEO heads the Gillette campus.   When the executive team works on strategic planning and implementation, it includes the Director of Institutional Research and the Director of Marketing and Communication. Functional department heads in Gillette have a matrix reporting structure. Our structure ensures every individual has a first-level manager on campus. This formal hierarchy supports communication, decision-making and accountability.

We restructured the Division of Academic Affairs in fall 2016 to improve communication and support faculty engagement in both academic and strategic planning. We created an associate

vice president for academic affairs on each campus, as well as a dean for technical education with responsibilities on both campuses. All faculty have a department chair or director who is responsible for direct communication; chairs and directors meet as a group to discuss issues and processes. (5.B.3)

Our Policy Handbook (Series 2000) documents our governance structure; there are currently 12 formal committees, all of which require representation from both campuses. Where appropriate we also require cross-functional representation. Academic committees include Faculty Senate, Curriculum & Standards (C&S) and SPAL (Student Progress and Learning). Students participate through Student Government, Student Issues & Concerns, and Student Appeals. The Registrar is a member of C&S and a senior academic administrator sits on all academic-related standing committees. We also create ad hoc teams for activities such as search committees and action projects. (5.B.3)

A new committee, District Council, facilitates cross-boundary communication by encouraging two-way conversations at various operating levels rather than forcing information to move up and down the hierarchy. Members also have a responsibility to cascade information to the groups they represent. The President chairs District Council, which includes the heads of our three employee associations, representatives of the faculty chairs' group, other faculty from each campus, the heads of our two student governments, and our five vice-presidents.

A full review of the governance structure is part of the process of updating our Policy Handbook, and will be complete by the end of the 2017-2018 academic year. It will include input from District Council and faculty; our goals are to improve and strengthen participation by all constituencies and to protect the fundamental principles of faculty leadership in academic matters.

4P2.D. Processes for capitalizing on opportunities and institutional strengths and countering the impact of weaknesses and potential threats (5.C.4, 5.C.5)

Our strategic planning process produces long-term strategies that maximize actual or potential strengths. We review internal data, particularly enrollment trends and student demographics, as well as academic program areas that show growth or decline. External data focus on broader trends, particularly long-term predictors of enrollments, important economic trends in the region, and national and international changes that may affect our region or budget. (5.C.4, 5.C.5)

Trustees are involved in fiscal planning at the level of strategic changes in overall priorities, risk assessment, and policy. They work with the President to create each year's operating budget and update our five-year financial forecast; scenarios show the effect of various assumptions on the operating budget. Should the five-year financial forecast predict short-term constraints, options include: (a) defer non-critical improvements and maintenance; (b) increase minimum class size for electives; and/or (c) temporarily fund expenditures from our two private foundations. In the event of long-term constraints, we can: (a) evaluate class sizes; (b) increase the proportion of adjunct faculty; and/or (c) adopt fees for expensive class offerings and/or majors. (5.C.4, 5.C.5)

Trustees carry out an annual risk assessment process in connection with budget planning. A continuing risk is the fact that over 60% of our operating budget is from the state, which relies on mineral revenues subject to wide fluctuation (see also 5P2.A). We address this risk by keeping our reserves at the maximum legal level and by turning to alternative sources of revenue, such as grant funding, private funding, and contributions from the City of Gillette and Campbell County. Because Wyoming operates on a biennial budget, we plan for two years; in the first year of the biennium, we are more conservative and in the second year, we adjust to balance our budget over the biennium while maintaining our reserves at the maximum allowable level. (5.C.4, 5.C.5)

Recent (2016 and 2017) risk analyses have used a matrix that integrates occurrence probability with impact severity. Key new risks include Title IX compliance, local revenue appropriation, employment issues, enrollment, and graduation rates. House Bill 80 for the 2019-2020 biennium will recalibrate and reallocate funding based on enrollment (inputs) and student success (outputs). We continue to work to increase enrollments, improve retention rates, and increase graduates (see 2P2). Our project to update policies and create an employee handbook will help us avoid and address employment issues. (5.C.4, 5.C.5)

4P2.E. Processes for creating and implementing strategies and action plans that maximize current resources and meet future needs (5.C.4, 5.C.1)

In addition to the strategic planning processes described above (4P2.A), our risk management processes (4P2.D), our budget process (5P3.A), and our statement of Principles for Strategic Planning and Budget Alignment, we consciously manage our community involvement to center on economic development, particularly as supported by academic programming. We do not have the human or financial resources to manage or fund community projects; we do have specialized professionals in areas such as grant writing and financial and economic analysis and can provide planning assistance. We target new academic programming to serve economic development needs, provided our screening process suggests the program can become self-sustaining in a reasonable time (see 2P.5A). (5.C.1)

Our strategic planning process results in a set of goals under which we list broad initiatives and specific action items. Operating units identify and implement projects that support a goal. For example, the Student Success Strategy goal, "Improve student retention by reducing obstacles to completion" has a list of initiatives developed by both the Division of Student Affairs and the Division of Academic Affairs. The Vice President of Academic Affairs and the Vice President of Student Affairs each work with their direct reports, who manage implementation on a day-to-day basis. (5.C.1)

Goals and initiatives have associated measures of success. Some action items have an outcome measure and others have criteria such as completion to a standard. We summarize quantitative measures in a report for regular review by the executive team. Trustees review all results at least annually.

4P2.F. Processes for tracking outcomes/measures utilizing appropriate tools (e.g., achievement of goals and/or satisfaction with process)

Items on the Trustees' Key Stakeholder Survey and our Community Survey measure community satisfaction with our communication about our strategic planning. Our biennial employee survey includes items that measure the degree to which they feel informed about and have a voice in decisions that affect them. Our employee survey includes items that measure success in aligning efforts across units. The Composite Financial Index (CFI) measures success maximizing current resources and countering risk. We measure planning effectiveness by progress on key outcomes for our strategies, goals and initiatives.

RESULTS

4R2.A. Engaging external stakeholders in strategic planning

We report results from surveys of stakeholders in Section 2R3. We interpret the results as showing that, while the public sees our institution as an asset and as acting in alignment with its mission, we have an opportunity to communicate more regularly and purposefully with stakeholders about our plans.

4R2.B. Engaging internal stakeholders in strategic planning

As shown in Table 4.1, results from our 2017 employee survey lag our norms somewhat; however, only one item ("decisions are made at the appropriate level") is statistically significant ($p < .001$), and the effect size is small. We are working to provide employees with more information and opportunities to provide feedback on plans and initiatives, and we aim to improve these results.

4R2.C. Aligning efforts across units

As shown in Table 4.1, employees believe their own work teams coordinate efforts with others, but are less positive about a broad "spirit of cooperation." Neither item differs significantly ($p < .001$) from the norm.

4R2.D. Maximizing current resources and countering risk

As discussed fully in 5R2.A, the target range for the CFI is 3.0 to 7.0. The 12-year average of our CFI is 4.36. This is near the lower end of our target, which reflects taking on appropriate risks, taking advantages of opportunities and meeting emerging needs, while maintaining sound fiscal health.

E. Planning effectiveness

We measure the effectiveness of planning by comparing outcomes to our long-term high-level goals. Among those measures are awards, enrollments, retention rates and institutional effectiveness. Outcomes are in 2R2, 4R2.1, 4R2.2, and 6R2.

Table 4.1. Institutional climate survey, selected items	Percent Agree	
	NWCCD	**National** [a]
Mission		
The actions of this institution reflect its mission	60	74***
Administrative leadership is focused on meeting the needs of students	60	67
Student needs are central to what we do	70	74
I feel my job is relevant to this institution's mission	90	89
This institution prepares students for a career	77	84
This institution prepares students for further learning	79	80
A clear and consistent set of values governs the way we operate	47	57 [b]
People who work here understand the organization's strategy and mission	58	62 [b]
Satisfaction with planning process		
Decisions are made at the appropriate level within this institution	40	50***
I am able to appropriately influence the direction of this institution	40	41
Employees impacted by change are actively involved in the change process	28	38
I have the opportunity to express my ideas in appropriate forums	62	64
People who work here understand the strategy and mission of the organization	58	62 [b]
Cross-unit coordination		
A spirit of cooperation exists at this institution	43	54
My work team coordinates its efforts with appropriate individuals and teams	73	72
Supervisory relationships and teamwork		
My supervisor expresses confidence in my work	86	81
My supervisor is open to the ideas, opinions, and beliefs of everyone	82	77
Positive work expectations are communicated to me	70	68
Unacceptable behaviors are identified and communicated to me	69	64
I receive timely feedback for my work	65	65
I receive appropriate feedback for my work	69	67
My supervisor actively seeks my ideas	73	66
My supervisor seriously considers my ideas	74	69
Work outcomes are clarified for me	68	64
My supervisor helps me to improve my work	76	66
I am given the opportunity to be creative in my work	77	77
I have the opportunity to express my ideas in appropriate forums	62	64
Professional development and training opportunities are available	55	70
There is a spirit of cooperation within my work team	76	74
My primary work team uses problem solving techniques	75	73
There is an opportunity for all ideas to be exchanged within my work team	73	70
My work team provides an environment for free and open expression of ideas, opinions, and beliefs	74	71
My work team coordinates its efforts with appropriate individuals and teams	73	72
A spirit of cooperation exists in my department	75	71
Communication		
I receive adequate information regarding important activities at this institution	58	66
Information is shared within the institution	39	49
Open and ethical communication is practiced at this institution	39	53***
Ethical practices		
Open and ethical communication is practiced at this institution	39	53***
A clear and consistent set of values governs the way we operate	47	59 [b]
Source: 2017 Personal Assessment of the College Environment (PACE) survey. [a] PACE comparative group is 105 community colleges.		

> [b] Internally developed items compared to a three-year rolling average of responses.
> *** Difference from norm group is significant p < .001 and effect size (Cohen's *d*) greater than .30.

IMPROVEMENT

Reviewers rated our strategic planning processes as strong in our previous two Systems Portfolios. We have continued to improve our process by creating formal mechanisms for employee input at the department level and through District Council.

We have continued to improve processes for structured data gathering from stakeholders by broadening structured feedback and input.

Our governance structure will undergo full review and revision in 2017-2018, and this process will engage District Council and academic chairs. Our goal is to ensure meaningful employee engagement in issues of importance to them.

We are developing a new management model to organize a number of important high-level functions. It will drive the agenda for executive team meetings focused on implementation of our strategic plan, and include a document that summarizes our highest priority outcomes and the initiatives that drive to those outcomes. The document will support reports to Trustees and to employees, and it will expand to include sub-measures for departmental initiatives. We hope to improve managerial effectiveness and facilitate communication with employees and stakeholders. We recognize that our hopes are ambitious and optimistic. As we implement the various elements over the coming year, the model will become increasingly concrete.

We have moved from informal manager training to a formal course using outside experts, and currently have 44 senior and middle managers enrolled. In 2017-2018, we will launch a new effort to train all employees to be more effective in facilitating bilateral communication and exercising influence within and across departmental units.

4.3 - Leadership

Leadership focuses on governance and leadership of the institution. The institution should provide evidence for Core Components 2.C. and 5.B. in this section.

4P3: PROCESSES

Describe the processes for ensuring sound and effective leadership of the institution, and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- *Establishing appropriate relationship between the institution and its governing board to support leadership and governance (2.C.4)*
- *Establishing oversight responsibilities and policies of the governing board (2.C.3, 5.B.1, 5.B.2)*
- *Maintaining board oversight, while delegating management responsibilities to administrators and academic matters to faculty (2.C.4)*
- *Ensuring open communication between and among all colleges, divisions and departments*
- *Collaborating across all units to ensure the maintenance of high academic standards (5.B.3)*
- *Providing effective leadership to all institutional stakeholders (2.C.1, 2.C.2)*
- *Developing leaders at all levels within the institution*
- *Ensuring the institution's ability to act in accordance with its mission and vision (2.C.3)*
- *Tracking outcomes/measures utilizing appropriate tools*

4R3: RESULTS

What are the results for ensuring long-term effective leadership of the institution? The results presented should be for the processes identified in 4P3. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- *Summary results of measures (include tables and figures when possible)*
- *Comparison of results with internal targets and external benchmarks*
- *Interpretation of results and insights gained*

4I3: IMPROVEMENT

Based on 4R3, what process improvements have been implemented or will be implemented in the next one to three years?

Institutional Responses

PROCESS

4P3.A. Processes for establishing appropriate board-institutional relationships to support leadership and governance (2.C.4)

The relationship between Board and District is established by the Wyoming Revised Statutes (Title 21, Section 18, Article 3), which define the organization, powers and duties of community college district governing boards. Trustees are Sheridan County legal residents elected to staggered four-year terms in accordance with the statute. The Board elects its own officers and establishes policies for the operation of the institution, which further delineate their relationship to the administration.

Our Board is a member of the Association of Community College Trustees (ACCT); at times of member transition, a special orientation includes training in ACCT principles for Board-institutional relationships.

Policy Handbook Series 8000 describes the role and responsibilities of the Board: "The two primary functions of the Board of Trustees shall be policy-making and appraisal of the President of the District. The President of the District is the executive officer of the District. The Board delegates the execution of Board Policy to the President. Instruction to employees as to the execution of their duties shall be implemented through the President." (2.C.4)

The Board is the highest-level appeal body; they may accept appeals or refer them to the administration except in the case of non-renewal of a tenured faculty member, which they cannot refer (Policy Handbook Series 4001).   (2.C.4)

4P3.B. Processes for establishing oversight responsibilities and policies of the governing board (2.C.3, 5.B.1, 5.B.2)

As noted above, the Wyoming Legislature establishes the responsibilities of the Board. As a state institution, we have no private ownership. Trustees can experience pressure from stakeholders to have the college participate in projects or initiatives that are not a good fit with our mission and strategy. We protect against that by ensuring our Trustees fully understand their role and our mission, by building good relationships with donors, and by keeping key stakeholders well informed about our strategies and the reasons behind them. (2.C.3)

Policy Handbook Series 2000 stipulates "the Board shall act in a fiduciary role to protect and assure the quality of the assets of the District." It does this through its involvement in budget development and by reviewing financial updates throughout the year. The Treasurer of the Board also randomly selects transactions for review each month and discusses them with the CFO. Finally, the Board annually hires an independent auditor to conduct a comprehensive examination and audit of the internal control system and financial reports and records. (5.B.1)

Trustees ensure they are knowledgeable about operations, including academics, by meeting monthly, receiving regular reports from the President and vice presidents, and through oversight of and engagement in fiscal planning. The Board approves new academic programs, faculty tenure decisions, requests for sabbaticals, and tenured faculty appeals. They also maintain general knowledge by membership in ACCT and by staying up to date with state and national news and trends. (5.B.1)

As discussed in 4P2.C, Trustees provide for employee and student participation in institutional governance in the Policy Handbook. Twelve committees ensure representation of all constituencies and levels. (5.B.2)

We will complete a full review and update of the governance structure by the end of 2017-2018, with participation on the part of District Council and faculty. Goals are to improve and strengthen participation by all constituencies and to protect the fundamental principles of faculty leadership in academic matters. (5.B.2)

4P3.C. Processes for maintaining board oversight while delegating management responsibilities to administrators and academic matters to faculty (2.C.4)

Policy Handbook Series 8000 describes how Trustees delegate *o*perating responsibilities to the President/CEO, who is the Board's sole employee. (2.C.4)

The Board exercises oversight of operations, including academic policy, through reports from the President at its regular meeting as well as special project reports given by other senior administrators. The Board approves strategic goals for the institution, and incorporates progress on goals in their annual review of the President; this review includes strategic planning and measures of performance, as well as results on our surveys of students and employees. (2.C.4)

Two important governance committees – C&S and SPAL - ensure faculty involvement in academic policy. The Board exercises oversight of academic matters by approving new academic programs, faculty tenure decisions, requests for sabbaticals, and tenured faculty appeals. (2.C.4)

4P3.D. Processes for ensuring open communication between and among all colleges, divisions and departments

We operate two campuses, and communication across campuses and across functions has been a high priority over the past several years. Our process for ensuring good communication centers on: developing an organization structure that ensures all employees have a supervisor on their campus, clearly defining managerial/supervisory roles, and training the individuals who fill the roles. We have made major progress; new organization structures for faculty and staff are in place and training for all managers (including academic chairs) is under way. In addition, a special Chairs' Academy covers leadership and administration of academic units. Two-way communication is central to both training programs.

We plan to define and implement processes to integrate role expectations into the annual performance review process and to develop performance measures to support the annual performance review. We also will develop a process to ensure ongoing training of supervisors and a process for training new supervisors (see sections 3P3 and 3I3).

Examples of how we ensure open communication are:

1. Our new District Council includes representatives of employee associations, faculty and administration.

2. Functional vice presidents meet weekly with direct reports who lead diverse functional units and operate on different campuses; the meetings encourage cross-unit and cross-campus information sharing and problem solving.

3. Middle managers (direct reports to a vice president) also hold regular meetings with their direct reports; these often involve representatives from both campuses.

4. All faculty have a department, which may include more than one academic discipline; in addition, disciplines (most of which have faculty on both campuses) meet regularly to deal with special concerns. Finally, the faculty as a whole meet at least twice a year to receive training and discuss policy.

5. Our internal portal includes supports for cross-campus and cross-function teams of all kinds; these supports include the ability to share and archive documents as well as to carry out group editing and revision of documents.

4P3.E. Processes for collaborating across units to ensure maintenance of high academic standards (5.B.3)

Matters of curriculum and course design are the responsibility of faculty; C&S reviews all change proposals, which ensures input from the Registrar. Major changes to programs, or the creation of new programs, involves approval from senior administrators and Trustees. (5.B.3)

The President meets with faculty annually, with discussion focused on a key decision area involving academics, and all faculty come together twice a year, at semester opening, to participate in decision-making and problem solving. (5.B.3)

Academics develops administrative procedures using processes that involve department chairs from across both campuses, the elected Faculty Senate, and the Vice President and associate vice presidents of academic affairs. SPAL and C&S also develop procedures, and their process includes representatives of academic administration and, for C&S, the Registrar. (5.B.3)

Student Affairs units that provide academic support services to students have input into academic policy and procedures through the Joint Academic and Student Affairs Council, which includes the Vice President for Academic Affairs, the Vice President for Student Affairs, and their direct reports. (5.B.3)

Faculty and their chairs interact with students in the classroom, and advocate for their interests, but students are not formally part of the academic decision-making structure, except that the leaders of student government on both campuses are part of the District Council. Student governments work closely with Student Affairs and we seek student feedback through biennial administration of the Noel-Levitz Student Satisfaction Inventory (SSI), which includes items about faculty and learning resources. (5.B.3)

4P3.F. Processes for providing effective leadership to all institutional stakeholders (2.C.1, 2.C.2)

Policy Handbook Series 8000 states "the Wyoming Statutes place responsibility for operating and managing the District to an elected Board of Trustees of seven members which shall be in accordance with Wyoming State Laws. The Board of Trustees shall exercise general supervision of the District. It shall retain full legislative and judicial authority in accordance with the Statutes of the State of Wyoming. The Board shall delegate Executive authority to the President." Policy Handbook Series 2000 states "the Board shall comply with all Federal and State laws, regulations, and accreditation standards; [and] … shall act in a fiduciary role to protect and assure the quality of the assets of the District…"   These responsibilities to preserve and enhance the institution guide Trustees as they respond to institutional stakeholders. (2.C.1)

Trustees' primary stakeholders are the taxpayers of the District, the Governor, and the Legislature. Trustees make themselves available to taxpayers in a variety of ways. Monthly meetings are open to the public and the Board page on our website includes a link to agendas and meeting minutes. Trustees are accessible to any citizen and Trustee elections include public forums and other opportunities for debates and exchanges with local voters. (2.C.2)

The college administration provides leadership in many ways to both internal and external stakeholders. We discuss external relationships in 2P3 and 2P5, and internal relationships throughout Category Four. The Board evaluates administrative leadership through their annual performance review of the President. They survey themselves using a battery of questions designed to focus on key elements of leadership and review results from both the SSI and the employee climate survey. All these information sources provide insight into the effectiveness of administration leadership in general, but their review focuses on the President. (2.C.2)

The President evaluates leadership of his direct reports, and vice presidents evaluate leadership on the part of the managers who report to them. We recognize an opportunity to strengthen our processes for assessing leadership and integrating that information into regular coaching as well as the annual performance review.

4P3.G. Processes for developing leaders at all levels within the institution

Our governance structure provides all employees with opportunities to fill leadership roles and learn from experience. We recognize an opportunity to provide explicit training to committees; we will launch that process in 2018, once the revision of the governance structure is complete.

Our manager training initiative develops leadership at all managerial levels; the President and senior administrators attend, as do middle- and first-line-managers. The Chairs Academy also provides leadership training and policy implementation for academic leaders. Fall Semester 2017 we will launch an annual training event for all employees that includes outside resources and a curriculum.

Our processes to support development of leadership among students includes supporting the National Society of Leadership and Success on both campuses; it provides speaker broadcasts, networking teams, and a leadership development day. District-wide we have inducted 348 people to the society; current membership includes 145 Sheridan students and 53 Gillette students.

The Sheridan Office of Campus Life and Housing also hosts a professional development series for student leaders and student employees; it focuses on career readiness and strives to enhance the skills employers want in graduates. This program will begin in Gillette Fall Semester 2017.

A student from each campus joins Trustees in attending the ACCT National Legislative Summit and we send members of the Student Senate Executive Team to the Institute for Leadership Education and Development conference. Our many student clubs and organizations provide leadership opportunities, and student representatives sit on two governance committees (Student Issues and Concerns and Student Appeals), the Food Service Advisory Board, and the Bookstore Advisory Board. Other opportunities include serving as resident assistants, joining the Residence Hall Association, student employment, and serving as a student manager for an athletic team.

H. Processes for ensuring the institution's ability to act in accordance with its mission and vision (2.C.3)

Processes and characteristics that help us ensure our ability to act in accordance with our mission and vision include:

1. We are a public not-for-profit entity and Sheridan County voters elect Board members; this ensures independence from any entity that might seek to make a profit from our operations.

2. We have a formal process for orienting and training newly elected Trustees to promote understanding of the public college mission, our mission statement, the concept of academic freedom and confidentiality of student records.

3. The Board self-evaluation process specifically includes assessment of mission alignment and reinforces key concepts such as the fact that the Board acts as a whole for the benefit of our students

4. Our fiscal policies, including an annual risk assessment process, our inclusive budget process, maintaining high reserves, and our strong fund-raising all help ensure that we have the resources and plans to protect our ability to fulfill our mission and vision.

5. We can experience pressure from large donors to participate in projects or initiatives that are not a good fit with our mission and strategy. We protect against that by the strong

relationship between Trustees and administrators, by ensuring our Trustees fully understand their role and our mission, by building good relationships with donors, and by keeping major donors well informed about our strategies and the reasons behind them.

4P3.I. Processes for tracking outcomes/measures utilizing appropriate tools

The Board of Trustees assesses its effectiveness using a self-evaluation survey. We use items from our PACE survey to assess leadership effectiveness, communication, satisfaction with employee opportunity for engagement in decision-making and cross-unit coordination.

RESULTS

4R3.A. Board effectiveness

In 2014, Trustees created a 38-item self-evaluation, which each member completed. Because of the small number of respondents, we summarize results in Table 4.2 by category and overall results over three years. Most results were highly positive with 40% of means over 4.5 on a five-point scale. Only eight items received a mean response below four in at least one of the three years, and the lowest mean was 3.67.

The item "reviews and evaluates policies and procedures" was low all three years. Two items, "board ensure they are up to date on strategies, plans and progress" and "monitors organization climate," were low in 2016 only. "Board seeks community input" was low in 2016 only. Two items, "members are knowledgeable about state laws" and "knowledgeable about state and national education policy issues" were low two of the three years.   One item "Board requires and is involved in long-range fiscal planning" was low in 2016 only.

Table 4.2. Trustee self-evaluation (summary of results, 2014-2016)		Percent of items	
		Over 4.5	Under 4.0
Board leadership and relations with President	39	61.5	7.7
Strategic planning	15	20.0	13.3
Advocacy and service to stakeholders	33	24.2	21.2
Financial soundness – CFI, development contribution	12	50.0	8.3
Board education	15	26.7	0

4R3.B Leadership effectiveness

As shown in Table 4.1, employee attitudes about their relationships with their supervisors and the teamwork within their units are positive. All but one item met the norm score; the professional development item was statistically below the norm and the difference was also greater than our cutoff for effect size ($p < .001$, $d = .30$). As described in 3P3, we have funds for

professional development and tuition benefits, but employees would prefer more generous funding.

4R3.C. Communication

As shown in Table 4.1, communication items did not differ statistically from the norm except for the item "open and ethical communication," which was below the national norm both statistically and in terms of effect size ($p < .001$, $d = .30$). We have made a number of changes over the past two years to bring in new resources, create greater accountability, and respond to budget imperatives. Written comments suggest that we failed to provide sufficient timely information. There are hard feelings about a reorganization that reallocated manager positions to strengthen faculty engagement and communication, and we laid off several staff in 2016 because of a dramatic and unexpected drop in revenue from our primary source of funding, the State of Wyoming. We will continue our efforts to improve timely communication.

4R3.D. Opportunity for engagement in decision-making

As shown in Table 4.1, results from our 2017 employee survey lag our norms somewhat, but only one item "decisions are made at the appropriate level" was significantly lower ($p < .001$), and the effect size was small. We are working to provide employees with more information and opportunities to provide feedback on plans and initiatives, and we aim to improve these results.

4R3.E. Cross-unit coordination

As shown in Table 4.1, employees believe their own works teams coordinate efforts with others, but are less positive about a broad "spirit of cooperation." Neither item is significantly ($p < .001$) different from the norm.

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IMPROVEMENT

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In fall 2017, Trustees will work with a consultant experienced in ACCT standards and processes to develop new self-evaluation processes that reflect current national issues. The new process will include a formal review of any areas where there is not consensus and development of a set of goals for the coming year that will include action items for the President. They also will discuss progress on the prior year's goals, thus closing the loop. This project will include updating items on the survey they use to prepare their performance review of the President.

The Policy Handbook sections covering Board of Trustees, Administration and Decision Making, and District and Philosophy were revised and approved Fall Semester 2016. We will revise the Governance section in 2017-2018 with employee participation. Our goals include reducing committee sizes to ensure representation while also making faculty, in particular, available for ad hoc committees working on important academic improvements. We seek to ensure that committee work is meaningful and includes structures for important policy questions that are central to the institution. The revision process also will provide for leadership development within the committee context.

Our ongoing manager training effort transitioned from a twice-annual work session with the President to a formal training process with goals, a curriculum, and structured sessions featuring specialists in the topic. The Chair's Academy is also a formal training program, led by an outside expert in academic leadership.

4.4 - Integrity

Integrity focuses on how the institution ensures legal and ethical behavior and fulfills its societal responsibilities. The institution should provide evidence for Core Components 2.A. and 2.B. in this section.

4P4: PROCESSES

Describe the processes for developing and communicating legal and ethical standards and monitoring behavior to ensure standards are met. In addition, identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- *Developing and communicating standards*
- *Training employees and modeling for ethical and legal behavior across all levels of the institution*
- *Operating financial, academic, personnel and auxiliary functions with integrity, including following fair and ethical policies and adhering to processes for the governing board, administration, faculty and staff (2.A.)*
- *Making information about programs, requirements, faculty and staff, costs to students, control, and accreditation relationships readily and clearly available to all constituents (2.B.)*

4R4: RESULTS

What are the results for ensuring institutional integrity? The results presented should be for the processes identified in 4P4. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- *Summary results of measures (include tables and figures when possible)*
- *Comparison of results with internal targets and external benchmarks*
- *Interpretation of results and insights gained*

4I4: IMPROVEMENT

Based on 4R4, what process improvements have been implemented or will be implemented in the next one to three years?

Institutional Responses

<div align="center">

PROCESS

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4P4.A. Processes for developing and communicating legal and ethical standards

As described in Section 4P3.B, the Board of Trustees establishes policies and legal and ethical standards. Policy Handbook Series 1000 codifies the Trustees' code of ethics, which also lists our core values (respect, integrity, excellence, and learning). We post the core values at the entrances to the Gillette and Sheridan main buildings.

The Employee Code of Ethics is a component of Policy Handbook Series 4000; there are five elements:

1. Adhere to the highest ethical standards in the fulfillment of my job.

2. Honor Board of Trustees' decisions, college policies, procedures and/or Board directives and the authority delegated to the President.

3. Adhere to the mission and promote the goals and objectives of the College as stipulated by the Board of Trustees and administration.

4. Exercise responsibility and self-discipline in the matters of college affairs, strive to mold and maintain harmonious relations throughout the college.

5. Respect the positions and circumstances of the electorate and the Board of Trustees and honor my community, college and country.

The Faculty Handbook includes specific references to ethical practices.

4P4.B. Processes for training employees and modeling ethical and legal behavior across all levels of the institution

Ethics start at the top, and the seven-point Trustees' Code of Ethics hangs in the Board Room:

- "I will: have students as my priority; make informed decisions; be accountable to the people who elected me; vote my conscience; uphold board decisions; treat all situations from a fair and neutral viewpoint; fulfill my elected responsibilities."

As a state agency, we follow Wyoming sunshine laws, and Board members receive training in compliance. Their attorney attends meetings as needed and is available to advise the Board on legal implications of decisions. All meetings are open to the public.

Our policies cover all employees at all levels and senior administrators communicate and model ethical behavior.

Our enterprise system has a security authorization protocol and all employees complete Family Educational Rights and Privacy Act (FERPA) training before receiving access.

The Office of Human Resources regularly provides training about harassment and diversity issues, core values, policies and procedures, FERPA, performance evaluations, progressive discipline, and leadership. As directed by the U.S. Department of Education, we delivered Title IX awareness training to Trustees and all employees during the 2014-2015 academic year and again in fall 2016.

Values and ethics are part of the non-employee orientation process, manager training, and the annual performance review process (see Section 3P2.C).

4P4.C. Processes for operating financial, academic, personnel and auxiliary functions with integrity, including following fair and ethical policies and adhering to processes for the governing board, administration faculty and staff (2.A)

Financial integrity. Financial record keeping and reporting includes a set of redundant practices: Managers can pull reports of budget and actual expenses by month. Internal controls segregate the duties of authorizing, recording and disbursing funds; asset control and custody; and reconciliation. The Board retains an independent auditor to examine and audit the internal control system, financial reports and records, and financial aid annually. The audit covers the District and the Foundations, and includes compliance with Board policy, administrative procedures and federal, state, and local statutes. WCCC reviews our audits, which adds another level of accountability. Trustees put the audit out for bid at least every five years. The Board Treasurer randomly selects transactions for review each month. There is no limit on the number but it typically ranges from zero to 10. (2.A)

Academic/student integrity. The Student Code of Conduct is part of our Policy Handbook Series 4000, and covers a broad range of issues that include Title IX as well as topics such as alcohol, abuse, theft, violence, and how we deal with criminal complaints. Student Affairs administers this policy. Our newly updated Academic Code of Conduct covers academic misconduct (e.g., copying, cheating), sanctions, procedures for faculty to bring a complaint against a student, procedures for students to bring a complaint against an instructor, and an appeals process. It functions as an extension of the overall Student Code of Conduct. All common course syllabi include an Academic Honesty Statement. English faculty cover use of published material in the required writing course; other courses also reinforce this material. As a community college, we do not require formal research and publication of faculty; however, some faculty do participate in selected research projects with the University of Wyoming (UW). We rely on the UW Institutional Review Board to evaluate research in which we participate.   (2.A)

Human resource management integrity. Human Resources is involved in recruiting, training, evaluating, terminating and coaching employees; our processes, documented in Policy Handbook Series 4000, ensure ethical behavior. For example, our on-line applicant tracking system allows applicants to input all relevant information including demographic information for Equal Employment Opportunity Commission regulatory purposes; however, search committee

members do not have access to the information, which protects against the possibility of discrimination against a protected class. (2.A)

The 2016-2017 supervisor training included employment law and an intensive session on ethical practices that included role-play and thoughtful discussion of ethical decisions made in the work place. That training laid the groundwork for ethical practices in hiring, promoting and evaluating employees. During the 2017-2018 academic year, all employees will complete a one-hour online course titled *Ethics and Code of Conduct*. (2.A)

Auxiliary functions. Our two foundations have adopted the Association of Fundraising Professionals Donor Bill of Rights. Student housing follows the same ethical standards and processes as all other college units. Financial decisions and records are part of our annual external audit. (2.A)

4P4.D. Processes for making information about programs, requirements, faculty and staff, costs to students, control and accreditation readily and clearly available to all constituents (2.B)

Our website provides potential students easy access to information designed to be useful to them, including a catalog of academic programs, requirements and courses; a course schedule for the current semester by campus; and a full employee directory. The home page includes a search function, and "quick links" are at the bottom of every page. Cost of attendance information is on the consumer information page, which provides links to facts, figures, and policy outcomes as required by law. (2.B)

Our "about the District" page provides information about accreditation and the District offerings and service area. Gillette and Sheridan each have a customized "about" page. The "about" menu provides a link to the Accreditation page, which includes our Mark of Affiliation as well as information about AQIP, a link to our current Systems Portfolio, and information about action projects. Instructions and a link to the HLC website provide access to the final reports for completed action projects. The Trustee page includes names, photos, and links to Board agendas and minutes. (2.B)

RESULTS

Financial integrity. Our annual audit includes a review of compliance with legal and ethical principles. While our audits over the past 10 years have occasionally noted some compliance issues, we have consistently presented and implemented an acceptable corrective action plan, and there has been no recurrence of an identified compliance issue.

Academic integrity. Processes and related results for student academic integrity are discussed in portfolio Sections 1P5 and 1R5.

Administrative integrity. We measure administrative integrity using items from the PACE survey. As shown in Table 4.1, employee responses on the item "open and ethical communication" were significantly ($p < .001$) below the national norm, and the effect size was

greater than .30. Responses for the item "clear and consistent values" were below our internal benchmark. We attribute these ratings to changes over the past two years that included reallocating supervisory positions and a layoff of staff. Our communication efforts were insufficient and untimely and employees perceive a lack of transparency. We will continue our efforts to improve two-way communication.

IMPROVEMENT

A full revision of our Policies Handbook will be complete by the end of Spring Semester 2018; the process will include creation of an employee handbook.

Trustees will carry out a full review of their process of self-evaluation, which will include a new survey instrument, and expand the Trustee Code of Ethics to include areas such as conflict of interest and procedures for addressing ethical issues

We added review and discussion of the Code of Ethics to our new employee orientation process.

The Division of Academic Affairs developed a new student integrity definition and processes to track results.

We continue to improve our complaints processes to ensure that Trustees and administrators are cognizant of legal or ethical issues involving students or external stakeholders.

During the 2017-2018 academic year, all employees will complete a one-hour online course, *Ethics and Code of Conduct*.

We will implement a new annual process for reviewing public information compliance beginning Fall Semester 2017.

Category Five - Knowledge Management and Resource Stewardship

5.1 - Knowledge Management

Knowledge Management focuses on how data, information and performance results are used in decision-making processes at all levels and in all parts of the institution.

5P1: PROCESSES

Describe the processes for knowledge management, and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- *Selecting, organizing, analyzing and sharing data and performance information to support planning, process improvement and decision making*
- *Determining data, information and performance results that units and departments need to plan and manage effectively*
- *Making data, information and performance results readily and reliably available to the units and departments that depend upon this information for operational effectiveness, planning and improvements*
- *Ensuring the timeliness, accuracy, reliability and security of the institution's knowledge management system(s) and related processes*
- *Tracking outcomes/measures utilizing appropriate tools (including software platforms and/or contracted services)*

5R1: RESULTS

What are the results for determining how data, information and performance results are used in decision-making processes at all levels and in all parts of the institution? The results presented should be for the processes identified in 5P1. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- *Summary results of measures (include tables and figures when possible)*
- *Comparison of results with internal targets and external benchmarks*
- *Interpretation of results and insights gained*

5I1: IMPROVEMENT

Based on 5R1, what process improvements have been implemented or will be implemented in the next one to three years?

Institutional Responses

<div align="center">

PROCESS

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5P1.A. Processes for selecting, organizing, analyzing and sharing data and performance information to support planning, process improvement and decision-making

The Office of Institutional Research (IR) works with administrators and faculty to identify planning information that is relevant, timely and accurate. We aim to have at least one success measure per project analyzable by semester, thus enabling us to adjust plans in timely fashion. We use cohort or annual measures as high-level performance information. Combining the two supports short-term operational decisions and enables us to track trends over time.

Staff in admissions, advising, and registration enter student information into our student information system (Ellucian Colleague). IR manages state and federal compliance reporting, as well as internal and external survey processes. Once data are collected, IR manages data retrieval, analysis, and distribution and supports managers in the interpretation and application of data.

IR sets up routine reports, which authorized users can use to extract information directly. Some departments have specialized software that they manage independently – for instance, our Office of Admissions uses Ellucian Recruit, which tracks prospective students from inquiry to enrollment, and various administrative services use work management software to manage work requests and maintenance scheduling.

Regardless of the information source, administrators and faculty can work directly with IR to identify research questions that lead to special research projects carried out by IR in coordination with the requestor.

5P1.B. Processes for determining data, information, and performance results operating units and departments need to plan and manage effectively

Our strategic planning process is the primary determinant of data needs. This process, fully described in Category Four, sets high-level goals and measures, under which departments create project goals and measures, which may be short- or long-term. Secondarily, many units have routine performance data. For instance, our admissions office tracks progress toward recruiting goals, and all departments track budget to actual expenses. Finally, unique questions arise and call for a completely new research effort. In all cases, managers work with IR, which consults on research question definition, report scope, recurrence (if any), and appropriate data definitions.

5P1.C. Processes for making data, information, and performance results readily and reliably available to the units and departments that depend upon this information for operational effectiveness, planning and improvements

IR generates institution level data about enrollments, retention and persistence at the end of each semester, delivers the reports to executive leadership, and posts them in our portal, where they are accessible by all employees.

In 2013, Wyoming community colleges implemented the Colleague Reporting and Operational Analytics (CROA) application, intended to facilitate end user report development and retrieval. As described in 5I1, we will implement improved tools that will allow us to significantly enhance our capabilities by 2018.

The Vice President for Administration and CFO analyzes institution level data about financial performance and regularly reports to Trustees and executive staff. The primary users of this information are the CFO and Trustees, who make decisions such as adding debt, changing the level of student fees, and determining the budget for wage increases. Department managers independently generate monthly reports on budget and actual spending.

As noted above, Administrative Services manages its own work order system, and units pull data as needed. A calendar of events supports Facilities and the District as a whole. Facilities uses the work order module to create an annual schedule for recurring preventive maintenance and to project budget needs for the next year. Information Technology Services (ITS) uses the work order system to track help desk requests, identify general issues, evaluate reliability, and plan future purchases.

IR provides overall management of survey and benchmarking data. In the case of an internal survey, IR works with the manager on planning and design, and manages collection, analysis, and reporting. IR administers external surveys, analyzes sub-groups as appropriate, delivers reports to administrators, and supports interpretation of results. Administrators share results with employees through workshops, brown bag events, and posting in the portal.

5P1.D. Processes for ensuring timeliness, accuracy, reliability, and security of the institution's knowledge management systems and related processes

All user accounts are password protected; passwords must be changed every 180 days and meet a minimum strength requirement.   ITS assigns levels of access to *Colleague* data in consultation with application managers and based on job function. We maintain a production account for daily transactions and a clone (test) account for training and testing and use Orion to monitor uptime and reliability for networks and systems across the District.

We ensure system reliability by having a generator and a clean agent fire protection system in the ITS Core Room. We create software redundancy by using virtual servers or installing systems on both campuses.

The Registrar manages student data entered by admissions and records staff and by academic advisors. The system has a security authorization protocol and all users must complete FERPA (Family Educational Rights and Privacy Act) training before receiving a user ID. Most information is entered real time. For example, when a student visits campus for first enrollment, an advisor verifies the preliminary information entered by admission and adds information about

program and course choice. Records staff enter subsequent registrations directly into the system or students can self-register through WebAdvisor. Faculty submit grades within five days of semester end using WebAdvisor.

Records staff routinely run queries to check data consistency. ITS compares data elements to standardized code tables twice a month, and IR runs queries to validate data at semester end.

The Business Office, Records, Financial Aid, ITS, IR and HR have written documentation related to data entry and management, which supports consistent data entry. Departments use queries to check for inconsistencies in their data. IR reviews all external reports to ensure accuracy, and compliance with institutional, federal, and state reporting requirements.

5P1.E. Processes for tracking outcomes/measures utilizing appropriate tools (including software platforms and/or contracted services)

Wyoming Community College Commission (WCCC) audits assess accuracy of student and course records. ITS assesses system reliability, security, and accessibility by tracking system uptime, virus infestations, and time to completion for help desk requests. We retain an external consultant to assess vulnerability of our systems.

RESULTS

5R1.A. Student data

We submit enrollment reports to WCCC at the end of each semester; WCCC staff conduct two separate audits annually by generating output directly from our database and comparing key elements against submitted reports. We have had zero or insignificant variances between the audited output and reports submitted to IPEDS and the state, indicating a high level of accuracy. Our audit results have had "no recommendations."

5R1.B. Reliability, security and accessibility of knowledge management systems

Our goal is 24/7 uptime for VPN access, email, telephones, external website, internal portal, Colleague, WebAdvisor and Blackboard. We have approached 99.9% uptime since we began tracking seven years ago. We monitor virus/threat infestation daily and have met our target of 0% for the past 5 years. We have met our goal of completing help desk tickets within two business days since we began tracking in 2013.

An outside firm completed a vulnerability assessment and a black box network penetration test in January 2015, identifying one critical-risk and six high-risk items. We have addressed all critical- and high-risk items except that our local user account privileges are extensive. We accept and manage this risk in light of our responsibility to provide services to faculty and students.

IMPROVEMENT

Access to information. In summer 2017, WCCC launched a project to modernize the data reporting and analysis capabilities of both the Commission and the colleges. The WCCC steering committee has selected a vendor to implement a statewide data warehousing solution that will allow for point-in-time reporting on all elements contained within the colleges' student information systems, and has selected Tableau as a business intelligence reporting and visualization solution.   Our goal is to move from an environment where reports are periodic to one in which current and historical data are readily available on demand. We expect implementation to begin early in 2018.

Reliability and security. Consultants will carry out a security audit in fall 2017 and train ITS staff to test for hacking vulnerability. This will enable us to develop an internal process for more frequent assessments. We also will install Dynamic Management Views (DMV) software, which will enable us to monitor server health, diagnose problems, and maximize performance.

5.2 - Resource Management

Resource Management focuses on how the resource base of an institution supports and improves its educational programs and operations. The institution should provide evidence for Core Component 5.A. in this section.

5P2: PROCESSES

Describe the processes for managing resources, and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- *Maintaining fiscal, physical and technological infrastructures sufficient to support operations (5.A.1)*
- *Setting goals aligned with the institutional mission, resources, opportunities and emerging needs (5.A.3)*
- *Allocating and assigning resources to achieve organizational goals, while ensuring that educational purposes are not adversely affected (5.A.2)*
- *Tracking outcomes/measures utilizing appropriate tools*

5R2: RESULTS

What are the results for resource management? The results presented should be for the processes identified in 5P2. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- *Summary results of measures (include tables and figures when possible)*
- *Comparison of results with internal targets and external benchmarks*
- *Interpretation of results and insights gained*

5I2: IMPROVEMENT

Based on 5R2, what process improvements have been implemented or will be implemented in the next one to three years?

Institutional Responses

PROCESS

5P2.A. Processes for maintaining fiscal, physical and technological infrastructures sufficient to support operations (5.A.1)

Fiscal infrastructure. State funding currently covers 62% of our operating budget. On average, we allocate 75% of our operating budget to salaries and benefits, which we consider a semi-fixed cost. In order to ensure stability and free up operating dollars, the Trustees approved offering an early retirement incentive plan (ERIP) during Spring Semester 2017. Our goal is to reduce and reallocate dollars spent on staffing over the next five years. When current positions become open we evaluate our staffing priorities based on student needs, our Principles for Strategic Planning and Budget Alignment, and our strategic plan. If appropriate, we reallocate responsibilities. (5.A.1)

We regularly track, and adjust as needed, the percentage of total expenditures by functional area (instruction, public service, academic support, student services, institutional support, operation and maintenance of plant, and scholarships) and by type of expenditures (salaries and benefits and operating expenses). We track these percentages over time and compare to other community colleges in the State. (5.A.1)

Our tax district is Sheridan County, and we levy four mil of property tax, plus a one mil assessment that must be renewed every two years by Trustees. As a partner in BOCHES (Board of Cooperative Educational Services), we levy another half mil, also renewable by trustees every two years. Our BOCHES School District partners levy a half mil in their tax districts (Johnson County, Campbell County, Sheridan County School District #1) and allocate a significant portion to the college for services we deliver to them. With the exception of the BOCHES funds raised in Campbell County -- most of which we use to pay Gillette campus salaries -- we try to use optional tax revenue for one-time expenses to support our strategic plan. (5.A.1)

As our tax-based revenue has decreased, we have sought tuition and fee increases. We also have targets for contribution to operating budget from competitive funding sources, including our foundations (which manage our endowment) and grants. We spend from endowment funds prudently within guidelines established by the foundations. We are developing a base of multi-year federal grants that provide a steady revenue stream. We apply for grants that align with our strategic plan and expend awarded funds in a timely manner. We mitigate fluctuation risk by using a five-year high-level budget, maximizing our reserve funds, and managing debt conservatively. (5.A.1)

Physical infrastructure. We align master planning with our strategic planning process and Goal 1,000 to ensure that capital priorities respond not only to current needs but also to projected enrollments and program growth. We also refer to the Postsecondary Education Facilities Inventory and Classification Manual *(FICM)* to be sure we are meeting national standards in terms of space and room utilization standards. Master Plans for Sheridan and Gillette include

campus maps showing existing and planned facilities. Trustees annually review and approve any changes. (5.A.1)

A governance committee (Planning) provides advice and counsel on major repairs and maintenance. Major projects have a steering committee that helps make high-level decisions and consults with users, donors, and other key stakeholders to ensure we hear and meet their needs. The many capital construction projects over the past five years have made it possible to integrate major repair and maintenance within these projects. (5.A.1)

Technological infrastructure. We have a long-term replacement plan for servers, lab and staff computers, and other hardware based on normal life-cycle data, and are moving to virtual servers and virtual labs to reduce costs and improve efficiency and reliability.   We are a member of EDUCAUSE, which provides information about best practices. As construction has progressed throughout our campuses, we have added wireless capacity to ensure continued access, and have segregated access to limit risk from visitors. As noted in 5P1.D, we use a variety of means to ensure safety of hardware and software. (5.A.1)

We provide students with flexible resources that enable them to use their own devices. Campus-wide wireless Internet access is a priority along with computer labs and printer kiosks on both campuses. We provide faculty with personal computers as well as advanced classroom technology.

We regularly monitor our technological infrastructure in terms of our data storage capacity and server availability and adjust as appropriate. Over the past five years, we have moved student and retiree email accounts to the cloud and are planning to migrate employee accounts in the future. We have expanded our use of secure cloud based services and virtual servers and virtual computer labs, which has allowed us to maximize resources for available budget dollars. (5.A.1)

5P2.B. Processes for setting goals aligned with the institutional mission, resources, opportunities and emerging needs (5.A.3)

In Category Four, we discuss mission alignment as a function of strategic planning. Here we discuss how we ensure our goals are realistic given our resources.

We have specific processes to estimate costs for new initiatives; these become increasingly granular as a new project or academic program approaches approval. We consider the new human resources that may be required as well as facilities and equipment and plan for the likelihood that a new venture may take five years or more to become self-sustaining. We seek external funding to launch new ventures and carry out market analyses to estimate student interest and employment opportunities. (5.A.3)

Because of budget constraints caused by significant reductions in state funding, we are actively seeking ways to reduce our operating expenses. In Spring Semester 2016, we made limited layoffs of administrative staff while protecting faculty positions. In 2017, we implemented early retirement options that will reduce personnel costs over time. We also engaged all employees in

a discussion of funding risks and asked for ideas that might lead to cost savings or increased efficiency.

5P2.C. Allocating and assigning resources to achieve organizational goals, while ensuring that educational purposes are not adversely affected (5.A.2)

As a community college, we allocate all our financial resources toward supporting our educational mission. We regularly monitor the percentage of our budget spent on instruction, academic support, and institutional support; our goal is to ensure that educational functions are the highest priority. In recent years, student headcounts have risen while our funding has remained flat. In the face of this challenge, we are keeping academic expenditures constant while carefully trimming dollars spent on institutional support. We undertake initiatives with external partners to the extent that they align with our academic offerings and goals; decision criteria are outlined in 2P5. (5.A.2)

5P2.D. Tracking outcomes/measures utilizing appropriate tools

We measure the sufficiency of our fiscal resources by the Standard & Poor's rating of our debt, our consolidated financial index (CFI), and our ability to capture competitive funding. We assess need to increase physical capacity based on its ranking in state allocation of funds for capital construction. We compare our facility operating costs to APPA benchmarks. We assess adequacy of Sheridan parking by tracking usage of our main lot. We assess reliability and security of our ITS systems by tracking system uptime and virus infestations.

RESULTS

5R2.A. Maintaining sufficient fiscal resources

In September 2013, Standard & Poor's assigned our revenue bonds an A+ rating with a stable outlook based on factors that included strong management, very solid financial operations on a full-accrual basis, strong revenue diversity, strong community relations, consistent support from two local foundations, growing enrollment over time, and short maturity schedule on outstanding debt. In March 2017, they reaffirmed our A+ rating based on improved full time equivalent (FTE) enrollment, consistent positive operations, and strong support from local foundations. We regard this as a very strong measure of our overall financial strength.

Our CFI has remained in our target range (3.0 to 7.0) since 2005. The 12-year average of the CFI is 4.36, at the lower end of our target, which reflects assumption of appropriate risks, taking advantages of opportunities, and meeting emerging needs. Our most recent CFI (2015-2016) dropped to 3.1 because of added debt for capital construction projects.

State funding per FTE continues to decrease, and we have looked to alternate sources of revenue to fill the gap. Grant and gift revenues have increased from $1.7 million in 2006 to $6.0 million in 2016. We ranked first in terms of total gifts received for fiscal year 2016 compared to other community colleges as reported by the Council for Aid to Education Voluntary Support for Education Survey (VSE).

Our short-term goals for competitive funding are an average contribution of 5% of the operating budget from our Foundations, and an average contribution of 10% of the operating budget from federal and state grants combined. As shown in Table 5.1, we have slightly exceeded those goals in terms of a five-year average, while yearly contributions fluctuated.

Table 5.1. Development contributions as a percentage of operating budget							
Source	**2012**	**2013**	**2014**	**2015**	**2016**	**5-year mean**	**Goal**
Foundation	3.40%	4.80%	10.50%	6.86%	9.30%	6.97%	5.00%
Grants	7.40%	22.90%	6.80%	9.33%	7.08%	10.70%	10.00%

We also track the size of the endowments managed by the college's foundations compared to VSE benchmarks. Our endowment per FTE increased steadily from $4,706 in 2010 to $11,962 in 2016, placing NWCCD sixth of 117 reporting two-year colleges in 2016.

5R2.B. Maintaining sufficient physical capacity

Over the past 10 years, our campuses have seen extensive growth in physical facilities. We use the statewide capital construction database to assess our physical needs based on factors including: current space, space utilization, and growth in student population. These factors, plus alignment with the Wyoming Community College System statewide strategic plan, determine state funding for capital construction. Our projects consistently ranked in the top three, with several projects ranked first.

Our average operating expenditure per square foot for all facilities is just over $5, which is at the mean for all APPA survey participants and 8% greater than the Rocky Mountain region. Our goal is to be at the mean.

Student complaints and Noel-Levitz Student Satisfaction Inventory (SSI) data showed dissatisfaction with Sheridan campus parking. We asked faculty and staff to park in ancillary lots, and carried out a parking availability study in November/December 2016 and again in March 2017. Space was available on campus all days and available adjacent to the main building on all but three days. Parking remains a problem, in part due to active construction projects; our master plans include additional parking.

5R2.C. Maintaining technological capacity

As reported in 5R1.B, system uptime meets our target, and we have had no virus infestation over the past five years. Our vulnerability is limited, and as noted in 5I1, we will add new capacity for internal monitoring in fall 2017.

IMPROVEMENT

In Spring Semester 2017, an early retirement option created opportunities to redirect expenses from salaries to other critical expenses.

We have contracted with the Wyoming Department of Homeland Security to assess campus security and emergency readiness. We expect a report on Sheridan campus in August 2017, after which they will assess the Gillette campus.

Although we have a regular cycle for replacing computers and other hardware, we now evaluate efficiency, cost, and performance on the cycle replacement date and extend hardware life when possible.

5.3 - Operational Effectiveness

Operational Effectiveness focuses on how an institution ensures effective management of its operations in the present and plans for continuity of operations into the future. The institution should provide evidence for Core Component 5.A. in this section.

5P3: PROCESSES

Describe the processes for operational effectiveness, and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- *Building budgets to accomplish institutional goals*
- *Monitoring financial position and adjusting budgets (5.A.5)*
- *Maintaining a technological infrastructure that is reliable, secure and user-friendly*
- *Maintaining a physical infrastructure that is reliable, secure and user-friendly*
- *Managing risks to ensure operational stability, including emergency preparedness*
- *Tracking outcomes/measures utilizing appropriate tools*

5R3: RESULTS

What are the results for ensuring effective management of operations on an ongoing basis and for the future? The results presented should be for the processes identified in 5P3. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

- *Summary results of measures (include tables and figures when possible)*
- *Comparison of results with internal targets and external benchmarks*
- *Interpretation of results and insights gained*

5I3: IMPROVEMENT

Based on 5R3, what process improvements have been implemented or will be implemented in the next one to three years?

Institutional Responses

PROCESS

5P3.A. Processes for building budgets to accomplish institutional goals

The CFO historically developed our budget in collaboration with executive staff for Trustee approval, but new steps will ensure employee awareness and input.

1. Vice-presidents work with their direct reports in late fall to identify new or changed staffing priorities and deliver recommendations to the CFO.
2. Executive Staff reviews new staff requests in February and creates a prioritized list.
3. In March, the CFO shares background budget information, staffing priorities, suggested cost savings and prioritized one-time funding requests, with District Council; members in turn share this information and solicit suggestions and feedback from their constituents.
4. In March or April, the President discusses the college budget with all employees as part of his Spring All-Campus meetings and solicits feedback on key decision topics.
5. By late March, we have initial estimates of the State appropriation and the President shares trends and expectations with all employees.
6. In early April, the CFO provides Executive Staff with workbooks that include budget and current year actuals through March 31. They work with their directors and managers to draft an operating budget, which must include justification for changes.
7. In mid-April the CFO presents a high-level preliminary budget to Trustees
8. In late April, Executive Staff determines staffing changes, dependent on final funding.
9. In early May, Executive Staff return their workbooks to the Controller, who complies the information.
10. The CFO refines the budget throughout May and June.
11. The third Wednesday in June Trustees hold a budget work session.
12. Trustees approve the final budget on the third Wednesday in July.

5P3.B. Processes for monitoring financial position and adjusting budgets (5.A.5)

The CFO monitors budget to actual spending monthly, and managers track their departmental budgets regularly. Our processes do not allow departmental purchases unless sufficient funds are available; the CFO can authorize an override. The Board of Trustees receives a financial update on a monthly basis and the Treasurer compares budget to actual and reviews the check register. (5.A.5)

The State of Wyoming budgets biennially, and we do as well. In the first year of the biennium, we prepare a two-year budget, and conservatively allocate funds to the first year. We track our position closely throughout the first year, then we repeat the budget process the second year to reflect actual expenses and to compensate for any significant change in revenues. At the beginning and end of each fiscal year, the state revises its allocations to community colleges based on changes in the assessed value of the counties that house them. We occasionally have had to tap our reserve to manage these fluctuations in state funding. (5.A.5)

5P3.C. Processes for maintaining a technological infrastructure that is reliable, secure, and user-friendly

ITS staff maintain our enterprise system and regularly attend technical training about the latest versions of all institutional software; they manage all software upgrades and provide technical support for users.

The Colleague Managers Team includes departments with extensive student information system interaction; it coordinates security, patch testing and approval, schedules for refreshing and upgrading, allocation of consulting budget, and project prioritization. This group also is a voice for end users and addresses training needs.   Routine maintenance, including security and server upgrades, is documented in an ITS work plan.

We have a long-term replacement plan for hardware, and we are moving to virtual servers and virtual labs to improve reliability.   We integrate technology, including wireless capacity, in new construction planning. As noted in 5P1.D, we use a variety of means to ensure safety of hardware and software.

5P3.D. Processes for maintaining a physical infrastructure that is reliable, secure, and user-friendly

We have carried out major construction of new buildings and renovated existing buildings over the past ten years. As a result, our campuses are in excellent condition. We have made conscious efforts to improve accessibly and user-friendliness. Multi-story buildings are equipped with elevators; we have added accessible restrooms in remodeled facilities and have accessible residence hall rooms on both campuses; we have used wayfinding principles to improve maps and signage for our campuses.

Departments responsible for physical safety and security include Facilities, Human Resources, and Campus Police; all report to the Vice President of Administrative Services. Employees and students can report safety concerns through our work order system; any request coded "safety" receives top priority. The Facilities Department safety coordinator for each campus is responsible for investigating safety concerns, near misses and safety hazards. Our work order system documents monthly, annual and quarterly maintenance of safety equipment such as fire extinguishers, automated external defibrillators, eyewash stations, fire alarms, sprinklers, and elevators.

Facilities manages snow removal and, if required, all facilities staff are on call to clear sidewalks and parking lots. In cases where construction or snow create temporary hazards, we communicate with all employees through email blasts and an automated text alert. We have a documented process to determine when to close a campus and how to inform users.

We have a Campus Police Office on each campus. A full-time certified officer resides on the Sheridan campus and part-time officers ensure coverage 24/7. Gillette has two full-time certified officers, one of whom lives next to campus. Both departments work with city police as appropriate and regularly train with the Sheridan and Gillette Police Departments. We are the

only two-year college in Wyoming to employ full-time post-certified police officers on our campuses. We regularly seek outside resources to help us assess the safety of our physical environment, using agencies such as the Wyoming Department of Homeland Security, Wyoming OSHA, and the Wyoming Department of Education.

5P3.E. Processes for managing risks to ensure operational stability, including emergency preparedness

Our Crisis Management leadership team meets monthly and plans responses to physical risks to operational stability, including emergency preparedness. They design and maintain safety support practices, review the log of incident reports and safety concerns, and make decisions about systems, processes and education. A larger group, the Crisis Management Team (CMT), includes Facilities, Student Affairs, and Campus Police representatives from both campuses. As recommended by best practices, we employ a multiple channel communication approach for emergencies. A primary messaging system sends text and/or email alerts; fire alarm panels and speakers in buildings create an emergency broadcast system; CMT members trained in emergency preparedness and equipped with handheld megaphones and radios guide employees on-site, and we post notifications on our portal and website as appropriate.

To prepare for a violent threat, CMT provided ALICE (alert, lockdown, inform, counter, evacuate) training to all employees and distributed laminated instruction cards. We carry out residence hall fire drills several times a semester and a crisis drill at least once a year.

We protect our technology and data from physical threat by regular backups and by the redundancy created by housing our critical enterprise systems in both Sheridan and Gillette.

5P3.F. Processes for tracking outcomes/measures utilizing appropriate tools

We measure the effectiveness of our budget process by our ability to operate consistently in the black, maintain our reserves at the maximum allowed, and by the outcome of our annual external financial audit. We measure reliability, security, and user-friendliness of our technology by tracking uptime, vulnerability to hacks and viruses, and by surveying student and employee satisfaction. We assess security and user-friendliness of our physical environment by surveying students and employees and by tracking incident reports.

RESULTS

5R3.A. Financial monitoring

Data on the sufficiency of our fiscal resources are in 5R2.1. We track budgeted revenue and expenditures against actual results on a monthly basis, investigating and addressing any year-to-date variance over 25%. Over the past 12 years, we have ended a fiscal year with a deficit only two times.

We rely on our annual external audit to assess our internal control and compliance processes. While auditors have occasionally identified issues, we have addressed them and have not received the same finding in a subsequent audit.

5R3.B. Reliability, security, and user-friendliness of our technology

As reported in 5R1.B, system uptime meets our target, and we have had no virus infestation over the past five years. Our vulnerability is limited, and as noted in 5I1, we will add new capacity for internal monitoring Fall Semester 2017.

Our 2016 administrative services survey showed that employees are highly satisfied with timeliness of ITS response to service requests (response mean of 4.2 on a five-point scale), but the online service request process is not considered easy to use (response mean of 3.7).   ITS gladly accepts phone requests for services and enters requests into the work order system for tracking purposes.

Results from the 2016 Noel-Levitz Student Satisfaction Inventory (SSI) suggest some dissatisfaction with the availability of computer labs on the Sheridan campus (response mean of 5.08 compared to national mean of 5.79). We believe the problem is not resource adequacy, but difficulty locating an open lab; ITS now posts a lab availability schedule on computer lab doors and on the portal.

5R3.C. Security and user-friendliness of physical environment

As shown in Table 5.2, student satisfaction with safety is of concern. However, scores improved between 2014 and 2016, and low ratings tended to be on the Sheridan campus, which has undergone major construction over the past seven years. We have made improvements to parking and lighting, but we recognize that continued improvement is necessary.

Table 5.2. Items relevant to safety of physical environment	Mean satisfaction	
	NWCCD	National
Security staff are helpful.	4.94*	5.26
Security staff respond quickly in emergencies.	4.96*	5.24
Parking lots are well-lighted and secure.	5.14*	5.39
The campus is safe and secure for all students.	5.60*	5.79
On the whole, the campus is well-maintained.	5.92	5.93
Source: 2016 Noel-Levitz Student Satisfaction Inventory Responses are to a 7-point Likert-type scale; *indicates significant (p < .001) difference from the norm.		

Campus Police documented 678 calls for service in 2016, a 44.2% increase over 2015, which we regard as a sign of increased awareness and better relations. Two issues, "unsecure premises" and "information report" increased significantly. Records show the highest level of calls occurs

just after school starts in September. Calls taper off throughout the semester, and increase slightly at the start of spring semester and then again taper. Only 28% of service requests were in person at the police office or to an officer on patrol. This suggests we can improve our level of visibility and accessibility around campus.

Administrative Services units and the Division of Student Affairs share concern for student satisfaction with residence halls and dining facilities. Because the community college version of the SSI does not include these topics we elected to add items from the four-year college version and use four-year public colleges as our comparison group. We analyze responses from residential students, who are the primary users. As shown in Table 5.3, we met or exceeded the mean on two of the three items. Although the national mean is low for satisfaction with variety of food, we recognize opportunity to improve.

Table 5.3. Residential student satisfaction with residence halls and dining	Mean satisfaction	
	NWCCD	National
Living conditions in the residence halls are comfortable (adequate space, lighting, heat, air conditioning, etc.).	4.84	4.84
Residence hall staff are concerned about me as an individual.	5.05	4.92
There is an adequate variety of food available in the cafeteria.	4.02	4.56
Responses are to a 7-point Likert-type scale. Because of small sample size we do not report significance for these items.		

Feedback on campus safety from the 2016 administrative services survey of employees showed that 75% of respondents felt prepared to act in an emergency situation, and that 82% have signed up for the new NWCCD Alert system. Comments suggested interest in additional training in ALICE procedures.

As shown in Table 5.4, most respondents rated facilities services above our target of 4.0. Lower responses about restrooms and vacuuming are of concern, but written comments provided suggestions, which we will implement.

Table 5.4. Employee satisfaction with facilities	Mean response
Campus grounds are attractive.	4.4
Campus streets and walkways are well maintained.	4.2
Facilities staff respond timely.	4.1
My trash is removed daily.	4.2
Restrooms are well maintained.	3.9
My work area is vacuumed when needed.	3.8

IMPROVEMENT

We have made our budget process more inclusive in an effort to raise employee awareness and provide additional input into decision-making.

Campus police are making a concerted effort to be more visible and accessible around campus.

In 2016, CMT implemented a new emergency notification system, NWCCD Alert, which includes a smart phone app with a "panic button" to call for immediate help, facilitated by sharing the location of your phone with campus police, and "friend watch," which notifies a friend if you have not checked in by an agreed-upon time. The app also contains a campus map, services, tips for what to do in an emergency, and contacts.

CMT offered refresher training in ALICE in April 2017 that included a discussion of specific evacuation routes and areas to hide as well as updated emergency cards.

In October 2016, the Wyoming Department of Homeland Security (DHS) conducted an on-site survey and assessment of Sheridan campus. Prior to the assessment, campus police submitted a questionnaire, building floor plans, and a campus map. DHS also will video the exterior of the campus. We will receive an assessment by September 2017, and DHS will begin the process on the Gillette campus.

Facilities staff will implement improvements to address the low satisfaction with restroom maintenance and work area vacuuming.

6 - Quality Overview

6.1 - Quality Improvement Initiatives

Quality Improvement Initiatives focuses on the Continuous Quality Improvement (CQI) initiatives the institution is engaged in and how they work together within the institution.

6P1: PROCESSES

Describe the processes for determining and integrating CQI initiatives, and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for the following:

- *Selecting, deploying and evaluating quality improvement initiatives*
- *Aligning the Systems Portfolio, Action Projects, Comprehensive Quality Review and Strategy Forums*

6R1: RESULTS

What are the results for continuous quality improvement initiatives? The results presented should be for the processes identified in 6P1. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared.

6I1

Based on 6R1, what quality improvement initiatives have been implemented or will be implemented in the next one to three years?

Institutional Responses

PROCESS

6P1.A. Processes for selecting, deploying and evaluating quality improvement initiatives

As the preceding categories demonstrate, we have a variety of ongoing processes that help us identify need for improvement. These include:

1. Employee input, for instance through our biennial employee survey (see Categories Three and Four),

2. Student input, for instance through the SSI or complaints (see Categories Two and Five),

3. Analysis of success data (see Category Two)

4. Awareness of national issues (e.g. Complete College America) and our math and writing initiatives (see Category One)

5. Stakeholder input, directly and through surveys (see Categories Two and Four)

6. Portfolio biennial updates, internal review of processes, and quadrennial Feedback

7. Strategic planning and review of initiatives

Regardless of the original impetus, our senior team evaluates ideas and designates appropriate initiatives for implementation under a functional or a cross-functional team. Final responsibility resides with one of the President's direct reports, who delegates implementation to the next level down with responsibility for outcomes and employee engagement. Our new model will focus on ensuring both engagement and education at lower organizational levels. To close the loop and keep information flowing, senior management as a team will review major initiatives at least quarterly, and the President will track critical initiatives in his weekly one-on-one meetings with direct reports. Evaluation will focus on progress, goal accomplishment, and results.

6P1.B. Processes for aligning Systems Portfolio, Action Projects, Comprehensive Quality Review and Strategy Forums

We update our Systems Portfolio every two years to assess and document progress on quality improvement efforts and systems maturity; every fourth year the Systems Feedback Report provides external assessment and advice that we carefully review with particular attention to the Strategic Issues; this supports our preparation for Strategy Forum. The Portfolio operates in parallel with our annual Strategic Planning process; the two together integrate new initiatives, some of which become formal Action Projects. (This Systems Portfolio comes two years after the previous one, in part to prepare for a Quality Review Visit in fall 2018, and in part to bring us onto the new eight-year AQIP timeline.)

Our fall 2010 Quality Check-Up preceded Reaffirmation of Accreditation in 2011; both processes relied on the 2007 Portfolio, which was by that time out of date, and we experienced the alignment as awkward. However, our work on the documents preceding the Visit was valuable, as was the Visit itself. The Visit report affirmed strengths and opportunities we had identified; was largely consistent with the 2012 Feedback Report; and conversations with the Visit Team helped us structure our thinking in several areas. A number of formal initiatives resulted, including an action project to define key stakeholders and identify ways to measure their satisfaction, and an action project to develop internal CQI consultants to support project teams.

RESULTS

Our current action projects are:

1. Supervisor Training, which is a major leadership development project emphasizing communication (also a strategic initiative)

2. Assessing and Evaluating General Education Course Requirements, which is an operating improvement that supports efforts to assess shared learning outcomes

3. Fostering a Culture of Inquiry, planning for which began at Strategy Forum 2016 (also a strategic initiative).

Additional strategic initiatives include:

4. Reducing obstacles to completion that increase credit loads beyond the number required

5. Supporting retention/completion through student out-of-classroom engagement

6. Aligning academic programming and enrollments with state and regional priorities

7. Developing leadership capacity across the institution

6R1.A. Action projects

Supervisor Training. The committee has completed a full year of supervisor training with considerable success. As noted in 3R3.B, participants' self-assessment of learning is positive; the committee is working on plans to strengthen assessment methods and is planning next year's training. It is worth noting that, as shown in Table 4R3.2, 2017 employee survey results show very positive ratings of work relations and communication at the level of the immediate work unit. This action project has another full year of operation, and we expect it to complete on time with positive outcomes.

Evaluating General Education Course Requirements. The committee carried out a needed review of our list of courses to fulfill general education requirements. The project includes setting up an ongoing process of review. With eight months yet to go, the project has made

considerable progress and we expect it to complete on time. Although it had limited objectives, they support a more complex effort to assess student learning.

Fostering a Culture of Inquiry. We chartered this complex and ambitious project in connection with Strategy Forum 2016, where we grappled with the big question of how to move our culture from passive acceptance of data to one in which all levels actively reach out for information and use it effectively. Team members started two pilot projects, and we expect one to continue; in addition, a major initiative in conjunction with implementation of a new data warehouse will launch in Fall Semester 2017. We are pleased with our progress, but we recognize the need to revise or replace the action project of record and create new projects with clear goals, measures and timelines.

6R1.B. Strategic goals

Reducing obstacles to completion. We have succeeded in reducing the percentage of pre-college level math and writing enrollments, which are a significant obstacle to completion (See Section 1R4).

Support retention/completion through student out-of-classroom engagement. Student Affairs units will lead efforts including community service projects for students, increased student employment opportunities, advising and mentoring efforts directed toward increased numbers of potentially at risk students, and the creation of annual inaugural celebrations for each campus.

Aligning academic programming and enrollments with state and regional needs. We are developing enrollment targets that align with our economic analyses of the region and state (see 2I2). We have identified gaps where our output of graduates is not sufficient to meet local needs as well as where our graduate numbers exceed what the local economy can absorb (see 2R3)

IMPROVEMENT

Action projects. We recognize that a significant opportunity for improvement lies in ensuring that leaders – both action project sponsors and senior management as a whole – provide these projects the ongoing monitoring and coaching necessary to keep teams on task and making progress. We have assigned responsibility for project monitoring to a staff member who reviews all projects monthly with our ALO, the Director of Institutional Research. The Director in turn reports monthly to senior management and each quarter one team makes a presentation. Fall Semester 2017 we will implement an Action Project Newsletter for distribution to all employees. We believe routine review, coupled with regular updates to all employees, will improve overall awareness of action projects and help keep them moving forward.

Strategic initiatives. A new management model calls for structured, regular and frequent attention to strategic planning and progress on key initiatives on the part of senior administration as well as improved communication at all levels.

Closing the loop. We added a broadly representative District Council to our governance structure, and are ensuring that all major initiatives are reviewed by this body and that members gather feedback from their constituents. This will help us close the loop with employees and improve our awareness of potential problems earlier in our planning cycle. .

We also recognize the importance of closing the loop upward, to ensure we provide Trustees with important information. Our new management model will include a summary document that integrates key high-level measures and our strategic plan. We also improved our complaints processes to include Trustee review of a summary. This information will support Trustees as they carry out their own goal setting and their review of the President.

6.2 - Culture of Quality

Culture of Quality focuses on how the institution integrates continuous quality improvement into its culture. The institution should provide evidence for Core Component 5.D. in this section.

6P2: PROCESSES

Describe how a culture of quality is ensured within the institution. This includes, but is not limited to, descriptions of key processes for the following:

- *Developing an infrastructure and providing resources to support a culture of quality*
- *Ensuring continuous quality improvement is making an evident and widely understood impact on institutional culture and operations (5.D.1)*
- *Ensuring the institution learns from its experiences with CQI initiatives (5.D.2)*
- *Reviewing, reaffirming and understanding the role and vitality of the AQIP Pathway within the institution*

6R2: RESULTS

What are the results for continuous quality improvement to evidence a culture of quality? The results presented should be for the processes identified in 6P2. All data presented should include the population studied, the response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared.

6I2: IMPROVEMENT

Based on 6R2, what process improvements to the quality culture have been implemented or will be implemented in the next one to three years?

Institutional Responses

PROCESS

6P2.A. Processes for developing an infrastructure and providing resources to support a culture of quality

We have made significant progress toward an infrastructure with the resources necessary to support a culture of quality. We added a full-time Director of Institutional Research in fall 2016, and, as described in 5I1, a data warehouse, which we expect to be operational early in 2018, will greatly improve data retrieval capacity.

As previously discussed, we are committed to regular tracking and discussion of key initiatives. The IR Director is now responsible for ensuring regular progress reports on action projects; this has been a significant process gap in the past, but the combination of reports to senior

administration and a newsletter to all employees will provide necessary infrastructure and supports broad awareness. The Director of Marketing and Communication now has responsibility to ensure that key issues remain on the Executive Team agenda and come up for discussion regularly at that level as well as at the level of campus operating teams. These processes will launch formally in August 2017.

Our supervisor training process will turn its attention to building better CQI skills at the supervisor level and the IR Director will provide three training sessions per year to key users.

The addition of a District Council has provided a venue for engaging first-line managers and seeking feedback on both plans and results. A key function of this committee is to see that information is shared with employees and feedback carried back to administration.

6P2B. Processes for ensuring that continuous quality improvement is making an evident and widely understood impact on institutional culture and operations (5.D.1)

CQI is now a strong and evident driver of action at senior levels, and performance results appear throughout this Portfolio. We have had less success in terms of ensuring widespread understanding of CQI's importance and impact. As discussed in 4P2 and 4R2, employees understand and support our mission, but we must improve how we engage with them and keep them informed.   We will add an action project newsletter in fall 2017, and expect that to enhance awareness, as will the evolving elements of our Culture of Inquiry action project. (5.D.1)

6P2.C. Processes for ensuring the institution learns from its experiences with CQI initiatives (5.D.2)

Improvement sections throughout this Portfolio document how performance data from CQI initiatives as well as data from assessment of ongoing operations has helped us better understand our strengths and opportunities and plan improvement. As noted above, our biennial Portfolio cycle and the quadrennial Feedback/Forum cycle structure also support assessment and planning. Our annual strategy retreat is a key structural element in terms of ensuring review, analysis, and planning. Administrative Services and Student Affairs have made solid progress in structuring review and planning; and we believe the new structure in the Division of Academic Affairs, along with continued training, will improve progress in that area. (5.D.2)

6P2.D. Processes for reviewing, reaffirming, and understanding the role and vitality of the AQIP Pathway within the institution

When we joined AQIP in 2005, we worked hard to communicate to employees about AQIP and about AQIP action projects. Unfortunately, many people responded by seeing AQIP as an external driver requiring extra work rather than a way to support behaviors with intrinsic value for the institution. Over the past eight years, we have emphasized the usefulness of clear goals and measurable outcomes and the value of data in directing action.

We consistently send a delegation to the HLC Annual Conference. Workshops and sessions focused on AQIP are valuable to the ALO and others directly concerned with accreditation. Faculty find sessions on assessment and teaching of interest. We broadly engage all areas as we update our Portfolio biennially. Trustees review Portfolio content and the Feedback Report. We make the Portfolio and Feedback Report available to all employees by posting in our internal portal. We see the Check-Up Visit as an opportunity for all employees to engage personally with representatives of AQIP.

The AQIP Pathway brought us to CQI, we value the structure the Pathway provides, and we place high priority on meeting its requirements. We are strongly committed to the beliefs, behaviors, and skills central to CQI. Our goal is to make those qualities so central to our culture that AQIP endorses positive behaviors rather than existing as a set of requirements.

RESULTS

As shown in Table 6.1, data from our most recent employee survey suggest employee attitudes about CQI and supporting behaviors are less positive than our benchmarks. Over the past two years, we made a number of changes designed to bring in new resources, create greater accountability, and respond to budget imperatives. Rapid change is hard on any organization, and written comments on the Personal Assessment of the College Environment (PACE) survey suggest that we failed to provide sufficient timely information. In addition, there have been ongoing salary issues and we had to lay off a number of staff in 2016 because of a dramatic and unexpected drop in revenue from our primary funding source, the State of Wyoming.

Over the period from 2009 to 2015, attitudes toward CQI steadily grew more positive, as shown in by the three-year-rolling average for four of the items in Table 6.1. We believe that the 2017 results reflect discomfort with all change, regardless of the impetus. We will continue our efforts to improve communication of key information and to expand understanding of our CQI culture.

We have many positive accomplishments that testify to the spread of a CQI culture within our institution. Below is a selection of important examples from this Portfolio.

Category One. Assessment of student learning continues to struggle in terms of common learning outcomes, but each new effort has been better than the ones before. Our program assessment leadership group, the 11 PALS, have maintained their assessment efforts over the past three years and are using the data to improve their teaching and curriculum. We believe their leadership will help us expand this effort to additional programs over the next few years.

Category Two. Moving from understanding students based on personal experiences and anecdotal information to a structured survey like the Noel-Levitz Student Satisfaction Inventory was a major step forward. In addition, the Student Affairs team is greatly expanding its use of measures and data to support planning. The complaints process for both student and community stakeholders launched in 2015 has been refined and strengthened to produce useful data. Understanding community needs has evolved from a pure reliance on personal interaction to an array of surveys, and our efforts to align academic programs with community needs has strengthened.

Category Three. We introduced a new, nationally administered, employee survey and were able to retain 11 items from the internal survey used from 2009 to 2015. We created a norm base for the internal survey items (three-year-rolling-average), which gives us valuable historical context. The Human Resources function is data-conscious and improvement-oriented with a focus on incremental change to fundamental processes. Three action projects have come out of HR: Orientation of New Employees, Performance Review, and Supervisor Training.

Category Four. Strategy development was the first area where we significantly engaged with defining goals and setting targets. Our current plan has reached the point where initiatives are generating data to support systematic review for the purpose on ongoing improvement and progress has been so significant that we are completing a formal update with broad participation on the part of employees.

We are proud to say our Trustees have embraced the CQI culture and demand and use performance data in their leadership of the organization. We have systematically worked to improve processes for two-way communication throughout all organizational levels and, while we have not reached our goals, we have made good use of CQI principles and are seeing progress.

Category Five. Our operating and budgeting processes are very strong, and information management processes are poised to make significant strides over the coming year. This Category also covers a number of Administrative Services functions, where units have made good progress integrating CQI principles at the middle manager level.

Table 6.1 Employee perceptions of continuous improvement		
	Percent agreed [b]	
	NWCCD	**National [c]**
Our organization seeks new and improved ways to do work [d]	53	65
Our organization values continuous efforts to improve how we do things [d]	53	69
NWCCD's continuous quality improvement initiative has positively affected college performance [d]	54	64
At our institution we have effective processes for translating our strategic objectives into concrete, achievable action plans [d]	41	49
Institutional teams use problem-solving techniques	41	53
My primary team uses problem-solving techniques	75	73
Source: 2017 Personal Assessment of the College Environment survey administration. [a] Data from 2017 survey administration. [b] Survey is a five-point Likert-type scale. "Agreed" refers to percent of respondents who agreed or strongly agreed with the statement. [c] "National" represents the average PACE results of 105 participating community colleges. [d] NWCCD custom question, compared to a three-year rolling average.		

IMPROVEMENT

We have increased our institutional research strength by transitioning leadership and data management responsibilities from an element of the Dean Enrollment Services' portfolio to a full-time Institutional Research Director with responsibility for increasing our sophistication in measurement, moving from a focus on compliance to a focus on analysis and application, and building the CQI culture. A representative cross-functional team will work with IR to pilot use of the new data warehouse in a project to improve retention and completion. A different group, including academic chairs, directors, and other interested staff/faculty will meet three times a year to learn skills and provide feedback on data accessibility and use.

We now emphasize measurement awareness and sophistication in all new senior positions, with particular attention to academics and student services.