Ohlone College Midterm Report

Rendering of the College's New Academic Core Buildings

A World of Cultures
United in Learning

OHLONE
COLLEGE

Midterm Report Certification Page

TO: Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges

From: Gari Browning, Ph.D. President/Superintendent, Ohlone Community College District

I certify there was broad participation by the campus and community, and believe this Mid-Term Report accurately reflects the nature and substance of this institution.

Signatures:

Gari Browning

Gari Browning, Ph.D.
President/Superintendent

Richard Watters

Richard Watters
President, Board of Trustees
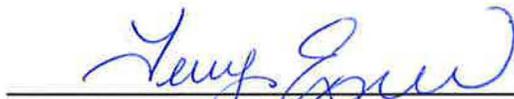
Terry Exner

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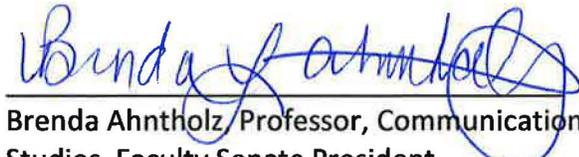
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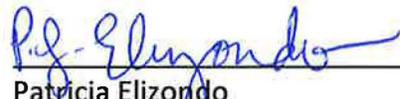
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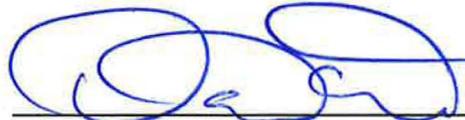
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Report Preparation

In early July 2016, the College President and the Accreditation Liaison Officer prepared a process timeline and draft outline of the Midterm Report format.

The College's governance and strategic planning body, the College Council, serves as the Accreditation Steering Committee. The committee has representation from faculty, staff, students, and administration and is co-chaired by a faculty member along with the College President. All College Council meetings are open to everyone in the college community and public comment is welcome at every meeting. In August of 2016, the College Council reviewed all the recommendations noted in the March 2014 External Team Report, the self-identified actionable improvement plans and the Midterm Report format and timeline for preparing and completing the report.

Throughout the fall 2016 semester, the college community was engaged in dialogue and data review to respond to the four team recommendations meant to increase institutional effectiveness and the 16 self-identified actionable improvement plans. The Student Services Management Team and the Student Success and Support Program Committee reviewed the latest data related to student success and services. The committee chairs and co-chairs for the Curriculum Committee, the General Education Committee, and the Student Learning Outcome and Assessment Committee reviewed and reassessed the use of General Education Student Learning Outcomes as the Institutional Student Learning Outcomes.

In November 2016, the Vice President of Academic Affairs/ALO reviewed the initial draft of the Midterm Report with the members of the College Council and the Faculty Senate. In January 2017, a second draft report was placed on the College's website for review by the campus community. Faculty Senate reviewed the report at their February 1, 2017 meeting and endorsed the report at their February 15, 2017 meeting. The College Council reviewed the latest version of the Midterm Report at their February 8, 2017 meeting and took action on the report at the February 27, 2017 meeting. During their February 8, 2017 Board meeting, the Board of Trustees was updated on the new Midterm Report format and received the draft Midterm Report for a first reading. The Board approved the Midterm Report at their March 8, 2017 meeting.

Response to Team Recommendations for Improvement

RECOMMENDATION 4:

In order to improve institutional effectiveness, the team recommends that the College develop and implement data-driven, systematic follow-up procedures that communicate quality assurance to the entire campus community on college planning, program review, unit planning, and resource allocation processes. The team further recommends that the College include evaluation of these follow-up procedures as part of the annual evaluation of planning processes. (Standard I.B.4, I.B.6, I.B.7, III.A.6, III.B.2.a, III.B.2.B, III.C.2, III.D.4, IV.B.2.b)

DESCRIPTION OF ACTIONS TAKEN

The College planning process is inclusive and broadly informed. As noted in the self-evaluation, the College integrates extensive data and analysis, planning, resource allocation, and assessment. This includes data-driven systematic follow-up procedures that communicate quality assurance to the entire college community.

One of the requirements of program review is to review and assess data in light of the College's strategic goals and objectives, and institutional set standards. Areas where performance is below those standards require a response and a Program Improvement Objective (PIO) focused on improving performance. As a part of the program review process, the Research and Planning Office collects and analyzes the data for each department and creates prompts in the form of research questions to which each department responds. These prompts alert faculty and staff who complete program review to any instances of below-standard performance or any cases where there may be disproportionately impacted student groups. (4.1)

Because the Research and Planning Office has been collecting data reflective of institution set standards for multiple years, each department has the opportunity to examine trends across multiple semesters. Departmental data includes course completion, program awards, enrollment and FTES trends, faculty load, and, for high-enrolled courses, course-specific outcomes. The data is disaggregated for ethnicity, age, and gender. (4.2)

Included in the program review process, departments align departmental objectives and action plans with the College's goals and objectives to validate departmental support of the College Strategic Plan. Program Improvement Objectives are created to address any performance issues revealed by the data. Particularly, PIOs are created when performance in the department is below the institutional set standards. Additionally, the Research and Planning Office staff personally meet with those doing program review to ensure that the data and analysis are understood, below-standard performance is addressed, and there are plans to effectively assess the results of improvement interventions.

The College's institution set standards address several performance areas, including course completion, degree and certificate completion, transfer, basic skills improvement, licensure and placement rates, and success metrics for under-represented students. The College has over 20

institution set standards, each with a minimum performance level below which the College does not desire to fall and with an aspirational benchmark which the College seeks to attain. Annual performance data for each of these standards is provided to the College community and may be incorporated into program review as appropriate. This same data also informs the creation and assessment of Institutional Improvement Objectives (IIOs), as much of the data reflects institution-wide performance, not just department-specific performance. (4.3)

Integral to planning and implementing improvements is the follow-up necessary to ensure the efficacy of whatever interventions have been inaugurated. This process of follow-up includes the annual assessment of PIOs by each department. Although comprehensive program review is done only every third year, departments receive data and assess, revise, and re-create PIOs annually.

The Research and Planning Office is responsible for reviewing all of the PIO assessments to determine the levels of improvement attained and the effectiveness of the PIO in addressing and resolving the identified need. It is also the task of the Research and Planning staff to consolidate information about performance levels and planned interventions for each of the departments that are performing below institutional set standards. This will maintain ongoing and consistent response over time to those areas where institution set standards are not being met.

Similarly, IIOs are annually assessed. IIOs are incorporated into the College's Strategic Plan, and every year each of the Strategic Plan objectives and action plans are collegially reviewed at the College Council retreat. The objectives and action plans are revised or updated as necessary in response to the analysis of the annual assessment data, and assessment and revisions to the Strategic Plan are shared college-wide during the President's State of the College address at the start of each semester.

PIOs and IIOs become a part of the budget development process and therein undergo substantial scrutiny and discussion. Budget development is an open process, and has included budget forums and opportunities for widespread participation. In the process of assigning priority for revenue allocation to support PIOs and IIOs, attention will be given especially to those PIOs and IIOs that foster improvement in areas where institution set standards are not being met. (4.4)

The focus of the College's comprehensive data collection, analysis, and assessment is student achievement. The purpose of having institution set standards is to provoke a culture of attainment and an awareness of performance. The College, according to the California Community Colleges Chancellor's Office's Student Success Scorecard, is among the highest performing community colleges in the state. On six of the thirteen performance metrics that comprise the Scorecard, the College has the highest performance rate of all its peer colleges, and the College is near the top on the other metrics. Therefore, as a part of the College-wide data analysis, not only does the College alert departments that may be performing below institution set standards, but the College also provokes raising aspirational benchmarks as

those goals have been met. The most recent set of institution set standards approved by Faculty Senate in 2016 include increasing nine of the benchmarks to set even higher aspirational goals. (4.5)

Integral to the process of planning, program review, and resource allocation, the College evaluates the planning and assessment processes for each of the major plans. This evaluation of planning processes is the purview of the Process Assessment Committee (PAC). Recently the committee has revised its own evaluation process to include in-person dialogue during each of the respective planning committee meetings. This is intended to help planning committees assess—and perhaps revise—the processes that were used to develop college plans. Representatives from PAC will meet with each of the major planning committees—Strategic Plan, Educational Master Plan, Facilities Master Plan, Technology Plan, Program Review, Budget Planning, Equal Employment Opportunity Plan, Student Equity Plan, and Student Success and Support Plan—to facilitate the dialogue, evaluate effectiveness, and explore possible improvements to the respective planning processes.

The PAC piloted a survey instrument in 2016 asking planning committee members to assess the planning process for planning committees of which they were a part. This survey included questions about involvement and roles, use of data, input and vetting, integration with other college plans, sustainability, and recommended improvements. The timing of the survey, however—distributed just prior to summer break when many faculty committee members were away from campus—moderated the number of responses, but important insights were captured, nevertheless.

As an additional check on the program review process, the PAC will also review departmental PIOs and their planned assessment processes to ensure the feasibility and effectiveness of planned interventions and the validity of assessments. This will provide an additional level of integration by a collection of peers who are knowledgeable of all the College's plans and assessment processes.

Recommendation 5:
In order to improve institutional effectiveness, the team recommends that the cost of regularly replacing and updating library and learning resources be institutionalized in the College's budget rather than relying on one-time funding and/or donations. (Standard II.C.1)

Description of Actions taken
The College has consistently budgeted general fund resources for replacing and updating library and learning resources. The table below summarizes the amount budgeted for the Library Services Activity Center and the actual amount expended for the past three fiscal years. In addition, the table includes the amount budgeted for the current fiscal year and the YTD expenditures.

Library and Learning Resource Budget Summary

Fiscal Year	Periodicals and Magazines Allocated Budget	Periodicals and Magazines Actual	Library Books Allocated Budget	Library Books Actual
2013-2014	51,649.00	14,094.50	8,703.00	6,914.44
2014-2015	64,100.00	62,307.07	9,400.00	4,655.21
2015-2016	61,500.00	55,926.91	15,000.00	15,098.51
2016-2017	63,000.00		15,000.00	

In addition to the general fund commitment, $30,000 from Student Equity Plan (SEP) funding for 2015-2016 and 2016-2017 has been allocated and is an ongoing plan priority. (5.1 Student Equity Plan pg. 152) These funds are available for the Library to purchase textbooks and course materials for the expansion of the Library's reserve section and for books and materials that can be checked out by students.

General fund allocations for library and learning resources have been consistently allocated to facilitate student learning across the curriculum and support instructional programs. The current budget including general fund and SEP contributes to funding learning resources regardless of location or means of instructional delivery.

RECOMMENDATION 6:

In order to improve institutional effectiveness, the team recommends the coordination of all tutorial services incorporating mandatory tutor training, faculty outreach and referral processes, tracking of sessions and an assessment of the effectiveness of the services. (Standard II.C.2)

DESCRIPTION OF ACTIONS TAKEN

In spring 2015, the College hired a full-time Director of Tutoring (DoT) with the responsibility of coordinating tutoring services, tutor training, faculty outreach and implementing a web-based software program that could track tutor sessions and assimilate data to determine usage and effectiveness of services. (6.1) The DoT is also working directly with the staff of the learning centers to discuss issues such as tutor training and tutor pay, and has created a structure to provide embedded tutoring for all academic disciplines.

The use of embedded tutoring has expanded greatly in the last year as the College has embarked on a multi-semester pilot project that embeds tutors in every beginning algebra class and every ENGL 151A developmental English class (two levels below Freshman Composition), a total of 14 sections of beginning algebra and 15 sections of ENGL 151A sections. In addition to these basic skills classes, embedded tutors were also placed in 37 other classes which include 16 computer science classes. The project incorporates not only the selection of students to serve as embedded tutors but also their training. At this point, all embedded tutors undergo a

subset of the modules required for College Reading and Learning Association (CRLA) tutor certification with plans to put together a training program flexible enough to allow for certification in spite of students' varying schedules. The DoT also provides a more limited training for the faculty and embedded tutors of the classes that the tutors will serve prior to the beginning of each semester.

The College recently submitted its renewal to be certified to offer CRLA tutor at levels one and two. The DoT has also worked with faculty and staff on the application to offer level three certification. The DoT has researched tutoring materials from a variety of sources to employ in tutor training, including videos, references, and manipulatives.

In support of the tutoring program, the DoT also does outreach. He has worked with the Office of College Advancement to advertise the tutoring program, both to instructors and potential student clients and to potential tutors. He has also worked with instructors to identify potential tutors from current and past students. Advertising to recruit tutors was also done through student clubs and with the Tri-Cities One-Stop Career Center. (6.2)

A missing key element from previous tutoring efforts was the systematic collection of data related to the program. Under the DoT, the College adopted Accudemia to collect information about each tutoring session including information about the student and which specific section of a course the student sought tutoring. Accudemia was piloted in summer 2015 and deployed college-wide in fall 2015. Using the information collected, the DoT has worked closely with the College's research department to examine the correlation between tutoring and success in a class. While one-on-one tutoring data is too scant to be analyzed in such a way, the relatively large-scale embedded tutoring pilot project has provided a means to obtain larger data sets for analysis of the impact of tutoring on student success. Accudemia has also allowed the College to collect usage statistics for the various learning centers.

The DoT regularly assesses the effectiveness of tutor training and data collection. Tutor training is now available to more students, and tutor training sessions have increased in size. The result is more consistent quality tutoring across learning centers. Data collection through Accudemia has had its challenges (including a four-week problem in connecting to the College's EMS), and at this point, it looks like the College will transition to Hobson's Starfish in the next few months. Starfish appears to have better communication tools to connect tutors and the instructors of the tutees, and students to advisors, along with a strong student alert system.

Preliminary data on the English Learning Center show that the success rate of students tutored in college level English in spring 2015 was 88.1% compared with 92.2% in spring 2016. The success rates of students tutored in basic skills English remained the same at 91.5%. Overall withdraw rates of all students tutored in English during the spring 2015 semester was 2.8% compared with 18.5% of students who were not tutored. In the spring 2016 semester the withdraw percentages were 2.0% and 17.5%, respectively. (6.3)

In terms of the Math Learning Center, data shows that the success rate of students tutored in

college level Math in spring 2015 was 77.8% compared with 71.8% in spring 2016. The success rates of students tutored in basic skills Math in spring 2015 was 70.8% compared with 72.5% in spring 2016. Overall withdraw rates of all students tutored in Math during the spring 2015 semester was 10.2% compared with 17.1% of students who were not tutored. One conclusion for the decrease in the success rates noted in 2016 may have been the result of a decrease in the number of student tutors who underwent training and were therefore available to provide tutoring services.

Data from the ENGL 151RW (Introduction to College Reading & Writing) classes that had embedded tutors showed an overall success rate of 88.8% and a withdraw rate of 8.3%. Data for spring 2015 and other basic skills English classes is forthcoming.

Data from all Math 151, 151A, 151B, 152A, 152B, 190A, and 190B classes that had embedded tutors showed an overall success rate of 53.7% in spring 2016 and a withdraw rate of 22.3%. Data for other math courses as well as for spring 2015 is forthcoming.

Data from all Computer Science 101A, 105, 116, 118, 124, 170 classes that had embedded tutors showed an overall success rate of 73.6% in Spring 16 with a withdraw rate of 18.9%. Data for spring 2015 is forthcoming.

In spring 2016 embedded tutors first started being placed in selected engineering classes to support women and minorities in the sciences. Data from the Engineering 130 classes in which embedded tutors were placed had a success rate of 88.8% and a withdraw rate of 7.3%.

RECOMMENDATION 7:

In order to improve institutional effectiveness, the team recommends that the College continue to work on implementing the staffing plan in order to ensure a sufficient number of full-time faculty to support all of the College's educational programs and services. (Standard IIIA.2., ER 14 – Faculty)

DESCRIPTION OF ACTIONS TAKEN

During the 2013-2014 academic year, around the time the College wrote its Self-Evaluation Report, the College had a contingent of 113 full-time (FT) faculty. (7.1 pg. 232) This was significantly lower than our 151 in 2003-2004 and 139 during the 2009-2010 academic years. This initial drop occurred because of a lowering of our Faculty Obligation Number (FON) to 124 from the Chancellor's Office in 2006 coupled with budget decisions to keep positions vacant in response to severe cuts in state funding support. The drop in the FON to 124 by the Chancellor's Office was due to the College reporting of 1,100 FTES fewer for 2004-2005 as part of a planned strategy to go into enrollment restoration for 2005-2006. The budget crises and workload reductions during 2010-2013 led the College to offer early retirement incentive programs which further reduced the full time faculty ranks by another 12 to 128 positions in 2010-2011 and to 113 positions at the start of the 2013-2014 academic year.

Although the Chancellor's Office assigns a FON to the College, we view that as a "floor" – minimum we must not drop below. (See Table 7.1 below) As noted in our Educational Master Plan (7.2 pg. 28), we believe FT faculty are the backbone of our College. The establishment of and support for a strong and vibrant core of FT faculty members are critical to the quality and effectiveness of the teaching and learning process. This is particularly true for community colleges given the unique diversity of our student body, the breadth of our mission, and the importance of our commitment to shared governance.

Faculty Data

Academic Year	FON	FT Faculty start of academic year	Plan to rebuild FT Faculty positions	Funded positions	Vacancies due to Retirement or Resignations	FT Faculty Hired
2013-14	106.2	113	0	118	3	4
2014-15	107.2	115	0	118	4	5
2015-16	113.2	115	10	120	6	5
2016-17	117.6	123	2	130	TBD	13
2017-18	TBD	TBD	2	132	TBD	8
2018-19	TBD	TBD	2	134	TBD	TBD
2019-20	TBD	TBD	TBD	136	TBD	TBD

To build back the contingent of FT faculty the College has implemented the following strategies:
- Added two new faculty positons per year from 2014 -2017 to the annual budget. The 2016-2017 budget identifies funding for 130 full-time faculty. (7.3)
- Committed ongoing funding from the Chancellor's Office in 2015-2016 to hire 10 additional FT faculty to start the 2016-2017 academic year.
- Linked the staffing plan to Goal 6 of the College's strategic plan by creating the following objective: Work to implement a staffing plan in order to ensure a sufficient number of full-time faculty to support all of the College's education programs and services.
- Integrated a plan within the Educational Master Plan focused on building back the contingent of FT faculty based on statewide FTF/FTES ratio.
- Established the Faculty Positon Prioritization Advisory Committee to the President. The committee is charged with reviewing and prioritizing positions and establishing a recommended list of faculty positions to hire. The list is an advisory to the President who will make the final decision on what positions will be recruited and hired. (7.4)

The District's commitment to rebuild full-time faculty is supported by the College's constituent groups and the Board of Trustees. By setting aside funding to add an additional 2 new faculty full-time positions each academic year from 2016-17 to 2018-19, demonstrates that ongoing commitment. The ideal number for full-time faculty given the District's overall workload reduction has been re-benched to 136. The College will continue to monitor its staffing plan and modify as funding or enrollment patterns change.

Data Trends from the Annual Reports and Annual Fiscal Reports

ACCJC
MIDTERM REPORT
DATA REPORTING TEMPLATE

ANNUAL REPORT

INSTITUTION-SET STANDARDS

Category	Reporting year		
	2014	2015	2016
STUDENT COURSE COMPLETION **(Definition: The course completion rate is calculated based on the number of student completions with a grade of C or better divided by the number of student enrollments)**			
Standard	71.2	69.1	69.1
Performance	72.1	74.1	73.2
Difference between Standard and Performance	+.9	+5	+4.1
Analysis of the data: The performance trend data indicates the College has performed above the set standard for the 2014-2016 reporting period. During the 2017-2018 academic year the College will relook at the trend data to determine if the current standard needs to be revised. Note: the 2014 standard was originally set as an aspirational goal rather than a minimum standard and was adjusted in 2015 to reflect the College's understanding of this new metric.			

Category	Reporting year		
	2014	2015	2016
DEGREE COMPLETION **(Students who receive one or more degrees may be counted once)**			
Standard	291	291	500
Performance	545	685	891
Difference	+254	+394	+391
Analysis of the data: The performance trend data indicates a consistent increase in the College's Degree Completion performance rate over the 2014-2016 reporting period. Much of this increase can be attributed to the development of twenty-three new Associate Degrees for Transfer and to their emerging popularity – particularly in disciplines where there had not previously been a major. Another factor contributing to the increase in degrees awarded may be the increasing popularity of the Human Development degree, which alone has 100+ completers each year. The performance rate is significantly above the College set standard. In 2016 the College approved a new standard. During the 2017-2018 academic year, the College will relook at the trend data to determine if the current standard needs to be revised again.			

Category	Reporting year		
	2014	2015	2016
CERTIFICATE COMPLETION **(Students who receive one or more certificates may be counted once)**			
Standard	16	16	25
Performance	59	61	51
Difference	+43	+45	+26
Analysis of the data: The range for financial aid-approved certificates has been 33-89 over the past five years. The numbers have stabilized in the past three years which would indicate consideration of revising this institution-set standard upward. This will be considered in 2017-2018 when standards are reviewed.			

Category	Reporting year		
	2014	2015	2016
TRANSFER			
Standard	479	479	750
Performance	607	891	869
Difference	+128	+412	+119
Analysis of the data: The increase in the number of transfers may also be attributed to the development and popularity of the new Associate Degrees for Transfer. The recent revision of the standard is in line with recent performance.			

LICENSURE PASS RATE
(Definition: The rate is determined by dividing the number of students that passed the licensure examination divided by the number of students that took the examination)

Program Name	CIP Code	Institution Set Standard	Performance			Difference		
			2013-2014	2014-2015	2015-2016	2014	2015	2016
Nursing	51.16	85%	95%	96%	89%	+10	+11	+4
Physical Therapist Assistant	51.08	80%	100%	100%	100%	+20	+20	+20
Respiratory Therapist	51.09	80%	100%	100%	100%	+20	+20	+20

Analysis of Data: Although the 2015-2016 performance trend data for Nursing shows a six percent decrease in the passing rate compared to the 2013-2014 data and a seven percent decrease from the 2014-2015 data, the pass rate is above the institution set standard. The Nursing program is addressing the 2015-2016 decline in pass rates through Program Improvement Objectives within their 2016-2017 Program Review. The Physical Therapist Assistant and Respiratory Therapist pass rates have been sustainable at 100% for the 2013-2016 reporting period. During the 2017-2018 academic year the College will relook at the trend data to determine if any of the current licensure pass rate standards need to be revised.

JOB PLACEMENT RATE

(Definition: The placement rate is defined as the number of students employed in the year following graduation divided by the number of students who completed the program.)

Program Name	CIP Code	Institution Set Standard	Performance			Difference		
			2013-2014	2014-2015	2015-2016	2013-2014	2014-2015	2015-2016
Accounting	52.03	65%	70%	67%	58%	+5	+2	-7
Interpreting Preparation Program	16.16	70%	80%	38%	90%	+10	-32	+20
Nursing	51.16	70%	90%	65%	77%	+20	-5	+7
Physical Therapist Assistant	51.08	85%	85%	93%	73%	0	+8	-12
Respiratory Therapist	51.09	90%	73%	61%	-17%	-17%	-29%	-28%

Analysis of Data: The College is working towards developing a process for accurate tracking of graduates and their eventual placement in the workforce. This is currently hindered by the fact that almost one-third of our students do not have social security numbers on file and cannot be tracked. The numbers reported here are from the Perkins Core Indicators data. These numbers seem to indicate that the institution set standard for respiratory therapy may be unrealistically high, and this standard may have to be addressed when standards are reviewed in 2017-2018.

	Reporting Year		
STUDENT LEARNING OUTCOMES ASSESSMENT	2013-2014	2014-2015	2015-2016
Number of Courses	320	347	347
Number of Courses Assessed	205	296	327
Number of Programs	61	61	60
Number of Programs Assessed	29	30	27
Number of Institutional Outcomes	18	18	18
Number of Outcomes Assessed	18	18	18

Analysis of the data: Total number of courses refers to courses identified by the College as being regularly offered and requiring SLO assessment. The College established a goal to have all courses assessed at least once during our four-year cycle. The performance trend for SLO assessment indicates a 94% achievement rate. The College is on track to reach 100% SLO course assessment completion for the first four-year cycle by the end of the fall 2016. Comprehensive Program and Service Review (PSR) is completed on a three-year cycle with Career Technical Education Programs on a two-year cycle. The performance trend for Program and Service Review indicates the College consistently maintains the PSR schedule to ensure that all programs are assessed within the assigned review cycle. The College has identified 31 target general education courses to assess the 18 Institutional Learning Outcomes (ILOs). As noted in the trend analysis, the College has assessed all of the ILOs for the past three years.

ANNUAL FISCAL REPORT

General Fund Performance	Reporting year		
	2013-2014	2014-2015	2015-2016
Revenues	54,601,471	59,108,846	69,781,828
Expenditures	53,884,582	57,627,496	62,577,936
Expenditures for Salaries and Benefits	45,615,867	48,818,702	52,171,265
Surplus/Deficit	716,889	1,481,350	7,203,892
Surplus/Deficit as % Revenues (Net Operating Revenue Ratio)	1.31%	2.51%	10.3%
Reserve (Primary Reserve Ratio)	22.67%	22.18%	30.83%

Analysis of the data: Revenues increased by $15.2 million from 2013-14 to 2015-16 due to the improved financial outlook in California and the state budget. State apportionment increased by $4.6 million between 2013-14 and 2015-16, and one-time state mandated payments increased by $4.5 million. In 2014-15, the District received $349,000 for COLA. In 2015-16, the District received a $2 million base increase, $435,000 for additional full-time faculty, and a $1.1 million STRS on-behalf payment was for the first time shown as revenue on the district's financial statements. Enrollment growth in the International Students program also increased revenue.

As revenues went up, the District's expenditures increased by $8.5 million. Salaries increased approximately $3.9 million due to the COLA, step and column increases, and the refilling of vacant positions. Contributions to both PERS and STRS increased and the STRS on-behalf payment (shown as an expenditure in the District's financial statements for the first time) resulted in increased expenditures of $2.7 million. Operating expenditures increased $1.1 million due to increased spending on categorical and grant program areas, hazardous material compliance, and additional FTES for the South Bay Regional Public Safety Training Consortium. Additionally, the College increased expenditures for computer equipment by $1.2 million.

Other Post Employment Benefits	Reporting year		
	2013-2014	2014-2015	2015-2016
Actuarial Accrued Liability (AAL) for OPEB	7,250,590	7,381,848	7,381,848
Funded Ratio (Actuarial Value of plan Assets/AAL)	29%	45%	48%
Annual Required Contribution (ARC)	774,114	630,510	630,510
Amount of Contribution to ARC	774,114	630,510	630,510

Analysis of the data: The District implemented the OPEB program several years ago. Based on the current actuarial study, the Annual Required Contribution is approximately $630,000 per year. The District currently has $3.6 million of assets in the Benefit Trust fund. The District will be completing a new actuarial study in February 2017 in compliance with GASB 45 and then doing a "roll-forward" valuation as of June 30, 2017 to satisfy the implementation requirements for the District's OPEB trust.

Enrollment	Reporting year		
	2013-2014	2014-2015	2015-2016
Actual Full Time Equivalent Enrollment (FTES)	7892	8070	8132

Analysis of the data: The performance for the College's FTES indicates a year to year FTES increase for the 2013-2016 reporting year. Although the College is reporting 8132 FTES (current cap) for the 2015-2016 academic year, the College met this metric by claiming restoration. The College may fall short of meeting the enrollment target of 8132 for the 2016-2017 academic year. The College has engaged the assistance of the Chancellor's Office IEPI team to provide professional assistance in assessing our current enrollment management practices and processes, and has contracted with a marketing consulting firm to look at rebranding and other opportunities to drive enrollment. The College is currently in the midst of a major construction project, which may also be contributing to our enrollment decline for the 2015-2016 academic year.

Financial Aid	Reporting year		
	2010-2011	2011-2012	2012-2013
USDE official cohort Student Loan Default Rate (FSLD - 3 year rate)	10.7	12.9	18.9

Analysis of the data: When the Department of Education went from a 2-year cohort to a 3-year cohort, all colleges saw an increase in default rates across the board. The 2010 and 2011 rates are based on 2-year cohort; the 2012 year saw the switch to 3-year rates. During the 2011-12 year, there were 184 students who borrowed $1,176,197. During 2012-13, 139 students borrowed $948,384. During 2013-2014, 117 students borrowed $763,093 and during 2015-16, 99 students borrowed $608,404. The College has seen a decrease in the number of students borrowing over the past four years. However, those students, when reaching the time of repayment, are defaulting (not able to pay back) loans.

Ohlone has a very aggressive default prevention plan that was put into place a number of years ago. The College works closely with the guarantor agencies in identifying students who are about to go into default and follows-up with them on their status and with providing lender contact information to establish arrangements. The College also works with guarantor agencies that need assistance with "skip tracing" to provide the most recent contact information we have as they are also trying to contact students who have defaulted on loans.

Actionable Improvement Plans

Standard	Actionable Improvement Plan	Planning and Implementation Process	Outcome
1.B.3	To further improve the assessment of PIO outcomes, the College is incorporating the results of PIO assessment into the regular report that is generated through CurricUNET at the end of each Program and Services Review cycle. The Office of Research and Planning will review each of the PIO assessments for completion and validity, and the results of this initial analysis will be forwarded to appropriate administrators responsible for each Program and Services Review. In this way the College will have a process to regularly check the active involvement in assessing PIO outcomes and the success of individual PIOs.	During the fall 2015 semester the College revised the Program Improvement Objectives (PIO) section of the CurricUNET Program and Services Review (PSR) program. Assessment data for the first year cycle has been included in PSR and the Office of Research and Planning has implemented their review process. The College's Process Assessment Committee is reviewing all planning processes during the fall 2016 semester and will determine if any addition modification to the PIO process needs to be implemented for the start of the 2017-2018 cycle.	During the 2016-2017 program review cycle, the Research and Planning (RP) Office assessed 275 PIOs for completion and validity. Eighteen percent were completed, 30 % are in-progress, 14% revised, 31 % new and 7% discontinued. The RP Office will continue to assess and revise the PIO Process during the 2017-2018 program review cycle.

Standard	Actionable Improvement Plan	Planning and Implementation Process	Outcome
II.A.3.a	The SLOAC, GE Committee, and Curriculum Committee will reassess the GE/Institutional Student Learning Outcomes assessment framework and methodologies. Any recommended revisions and/or changes to the assessment processes will need to align with the College's 2015-2020 Strategic Plan. The assessment and planning processes for the College's 2015-2020 strategic goals and objectives will begin in fall 2014.	During the spring and fall 2016 semesters the Student Learning Outcomes Assessment (SLOAC), General Education (GE), and the Curriculum Committees reviewed GE SLO assessment data and discussed the framework and methodologies used to assess the College's Institutional Student Learning Outcomes. No revisions to the current process are recommended. Following up will continue through the College's Strategic Planning Goal #1 Program, and Services Review Process.	Completed Fall 2016. The Research and Planning Office completed a GE course taking pattern analysis of over 300 GE courses which indicated the current list of GE's for SLO assessment is valid.
II.B.3.c	The Student Success and Support Programs Committee is currently reviewing the data collection processes utilized by the Counseling Department. Data collecting processes utilizing Ellusion's Colleague® and the SARS® scheduling system (by SARS Software Products, Inc.) will be evaluated and modified in order to get a more accurate evaluation of how counseling and advising services enhance student success. Specifically, more accurate information is needed about how many students are	For the past year, the Dean of Counseling and the SSSP Coordinator have been working with the Research and Planning office to more accurately track data for orientations, placement testing and counseling services. Our orientation and placement testing data is now aligned with the data that is posted by the CCCCO on Datamart. We are also able to more accurately identify which students have completed Student Education Plans (SEP's). We are also able to identify which non-exempt students have not yet completed their SEP's, and to begin outreach efforts so these students can make SEP counseling appointments. We are continuing to work with the researchers and with IT to modify how SARS data is loaded into Colleague with the goal of providing more disaggregated counseling data. Disaggregated counseling data will enable us to identify which counseling services are most effective, and whether	Completed Fall 2016. The statewide student-to-counselor ratio for fall 2014 is at 657 to 1 and Ohlone College is at 624 to 1. Ohlone College's student-to-counselor ratio is comparable to other colleges but is higher as compared to the other 8 colleges in the Bay Area.

The Newark student population accessing counseling has increased from 2849 to 4007 (71%) between 2013 to 2015. The Newark only student |

Standard	Actionable Improvement Plan	Planning and Implementation Process	Outcome
	getting orientation, counseling, and advising, and how many students are completing initial and comprehensive student educational plans. One of the focuses of the Student Success and Support activities will be on how many students are completing Student Educational Plans, and how this affects student success.

Beginning in 2013-2014, the state will also be providing a new metric which will look at the ratio of counselors to students of each college. This information will be analyzed in terms of effective deployment of counselors to the general and special populations currently served. | there are particular student groups who are underutilizing counseling services.

Annual update will be completed based upon SSSP funding. A tracking system is in place to collect data on completion of educational plans and counseling contacts. | population has increased by 31% from 2013 to 2016. All of these increases have been intentional while the Fremont campus is under construction. There is a 9% increase in advising services, 42% increase in orientation services, 3% increase in DSPS, 3% increase in comprehensive educational plan services and 6% increase in transfer services comparing data from 2013 to 2016. |
| II.B.4 | Although the College has made progress in implementing Student Services Learning Outcomes, efforts to create and implement effective metrics to meaningfully assess the same should be redoubled. | The Vice President of Student Services uses her monthly manager's meetings to actively engage the deans and directors in continuous dialogue related to assessment of student services learning outcomes. The Office of Research and Planning has developed a data set for program and service reviews that is disaggregated by age, gender and ethnicity. The data is analyzed and program improvement objectives (PIOs) are established to respond to any disproportionally impacted groups. | On-going process. The Student Services Managers will continue to meet with the Research and Planning Office staff to interpret and incorporate college data on services accessibility, and student achievement and success. The Counseling |

Standard	Actionable Improvement Plan	Planning and Implementation Process	Outcome
		This actionable improvement plan will be integrated into the program and service review process.	program completed a SLO in the fall of 2016 and has included the outcome assessment in 2016-17 program review.
III.A	While some discussions have already occurred, the College administration will continue to work with the faculty, through the Faculty Senate and the faculty bargaining unit, on the inclusion of SLO assessment in faculty evaluations, ultimately developing an evaluation method that is mutually agreeable to all involved.	The College and United Faculty of Ohlone (UFO) strengthened the language during the July 1, 2015-June 30, 2016 UFO contract negotiations by modifying language to the contract under Article 18.7.2.3 Professional Responsibilities to include Student Learning Outcome assessment. 18.7.2.3.f. Participating in program and subject area improvement tasks, such as revising and developing curricula, Student Learning Outcome assessment, program review, articulation, or mentoring part-time faculty members. The College and the UFO also agreed to provide compensation to part-time faculty participating in the Student Learning Outcome assessment process. 8.10.3.3 The District will provide compensation of up to a maximum of three (3) hours per semester at the part-time faculty member's current hourly lab rate for SLO assessment work. To receive such compensation, approval must be granted by the Vice President of Academic Affairs prior to the start of the work.	Completed 2016. During the 2015-2016 academic year, language was completed in the UFO contract related to SLO assessment. To date, 15 part-time faculty have received compensation for their SLO assessment work.

Standard	Actionable Improvement Plan	Planning and Implementation Process	Outcome
III.B.1.a	The College will implement the ONUMA and FUSION upgrades.	The Chancellor's Office is upgrading the FUSION database system. The upgrade could include much of the functionality that overlaying the ONUMA software program over the College's data in FUSION will achieve.	The College has delayed this action pending completion of the Chancellor's Office upgrade during the 2016-2017 academic year.
III.B.2	The College will develop a facilities assessment component as part of the Program and Services Review.	The College has refined this Action Improvement Plan to develop a facilities assessment as part of the Program and Services Review process. The Foundation for the California Community Colleges has an assessment program in which Foundation personnel conduct an assessment of each community college district's facilities every three years. The Foundation suspended the assessment program until FUSION, the state's online database system, could be upgraded. However, the Foundation recently began scheduling assessments again and an assessment of the College's facilities was conducted on January 3-6, 2017. The assessment provided data as to the condition of the College's buildings which will be used to update the Facilities Master Plan, evaluate our deferred maintenance needs, and compile information about major equipment needs.	Completed 2017. An assessment of the College's facilities was conducted on January 3-6, 2017. The assessment provided data as to the condition of the College's buildings which will be used to update the Facilities Master Plan, evaluate our deferred maintenance needs, and compile information about major equipment needs.
III.B.2.a	The Improvement Plan needs to include ongoing planning for Measure G. The College will develop a facilities assessment component as part of the Program and Services Review module. This facilities assessment module will help to inform a process to make	The College has implemented weekly Measure G planning meetings attended by the College President and members of the Executive Management Team, the College's Measure G program director, and representatives from the program and construction management team.

The results of the facilities assessment conducted by the Foundation for the California Community Colleges in | The Measure G planning meetings will continue until Measure G funds are expended in 2021.
A facilities assessment was completed in January 2017. The consultants submitted the report at the end of February 2017 for inclusion in |

Standard	Actionable Improvement Plan	Planning and Implementation Process	Outcome
	ongoing decisions about facilities use. The College will take lessons learned from this process and integrate some of these elements into an ongoing process that can be used to evaluate all of its physical resources, change of use decisions, and reassignment decisions for future needs during and after the major construction processes.	January 2016 will be incorporated into the Program and Services Review process ([AP 3250](AP 3250)).

In addition to the building assessment, the College has other documents that inform the facilities planning process, including the Ohlone Campus 15 Year Facilities Master Plan ([Facilities Master Plan)](Facilities Master Plan), 5-Year Capital Outlay Plan (compares existing capacity and capacity to be provided by proposed construction projects to projected enrollment for a 5-year period to determine space needs) and Space Inventory (documents existing district facilities, including room type and square footage for input into the annual 5-Year Capital Plan).

The College has resumed monthly meetings of the Facilities Committee which has been reorganized to include sustainability as part of its charge. The resulting Facilities and Sustainability Committee will use these documents to assist the committee in developing an evaluation and prioritization process for resource allocation to building repair or construction, scheduled maintenance, changes in use, or allocation of physical resources in support of Goal 6, #27-28 of the Ohlone Community College District Strategic Plan (2015-2020 Ohlone Community College District Strategic Plan). | the 2017-2018 Program and Services review process.

These items will be used on an ongoing basis to inform facilities decisions and, where applicable, be submitted to the Chancellor's Office on established due dates.

The Facilities & Sustainability Committee meets monthly and will continue to do so on an ongoing basis. |

Standard	Actionable Improvement Plan	Planning and Implementation Process	Outcome
III.D.2.c	To increase productivity and ease-of-use the College is exploring the implementation of a budget development module in Colleague® for all budget managers.	On June 10, 2015, the Board of Trustees approved the 2015-2020 Ohlone Community College District Strategic Plan. Goal 6 in the strategic plan focuses on the responsible, effective, efficient, and sustainable use of the College's human, fiscal, technological, and physical resources. Objective 6.25 is dedicated to the development and maintenance of the College's technology systems to support effectiveness and efficiency (2015-2020 Ohlone Community College District Strategic Plan). To achieve this objective, in June 2016, the College engaged Ellucian (the vendor who developed the College's Colleague student information, finance and accounting, and HR/payroll systems: www.ellucian.com) for an action planning activity. The Action Planning activity involved inviting focus groups – faculty, staff, students, and administrators – to help identify areas of improvement in student services, business services, human resources and payroll, academic affairs, administration, institutional research, and information technology. As a result of the Action Planning, the recommendation is to use the budget development module of Ellucian to improve the budget management processes of the College. The next step is to propose the implementation of the recommendations from the Action Planning activity through the College's established Program and Services Review process. Business Services will add the implementation of the budget development module in Colleague as a program improvement objective under	Implementation of the budget module has been included as a program improvement objective for Business Services under the 2016-2017 Program and Services Review cycle.

Standard	Actionable Improvement Plan	Planning and Implementation Process	Outcome
		the 16-17 Program and Services Review cycle (Program and Services Review).	
III.D.2.d	Complete an Administrative Procedure, in support of Board Policy 3280, with respect to Grant Management that allows for a refined process and enhanced involvement of the finance team in all College grant programs.	The College is in the process of evaluating its grant processes to develop an Administrative Procedure for grant management in support of Board Policy Board Policy 3820 Grants. There are increased grant funding opportunities from the state and federal governments which the College is actively pursuing and receiving resulting in the need to refine and streamline the grant process, as well as to enhance the involvement of the finance team in grant processing. The College is evaluating the staffing required to process the increased number of grants received by the College and planning to move the finance team from providing mainly technical assistance to a more consultative role that will interface with grant managers to assist them with understanding grant requirements. This will require refining the grant process to be more efficient and adopting a grant management software program that will assist in streamlining the grant process. The College currently has a project management module on its Ellucian system which will be assessed for use in streamlining the processes by which grants are submitted, managed, and reported upon throughout the fiscal year. Additionally, the College will consult with other similarly-sized colleges to benchmark best practices and potentially learn about new and innovative processes the College can adopt in refining the grant process. The results of these efforts will culminate in an Administrative Procedure supporting Board Policy 3280 Grants.	The development of a grants manual has been included as a program improvement objective for Business Services under the 2016-2017 Program and Services Review cycle. The grant process and staffing needs are still being evaluated.

Standard	Actionable Improvement Plan	Planning and Implementation Process	Outcome
IV.A.I	Continue to review methods of communicating information to ascertain which modalities are most effective for different purposes. In the case of committee meetings, review how to develop and maintain a central up-to-date listing of meeting dates, times, and locations.	The College has adopted the following process for communicating to the campus community the meeting times, dates, and locations for all committees. The committee co-chairs draft the proposed meeting schedule for the next semester. The committee approves the proposed schedule on or before the last committee meeting of the semester. • Co-chairs reserve a room for the scheduled meeting dates and times. • The Curriculum and Scheduling Office confirms availability of rooms through the Virtual EMS system. • The Virtual EMS system serves as a centralized way of listing all campus-related events and activities. One feature of this system is a built-in filtering of events and activities to view and to publish events and activities by type. The College created "Committee Meeting" as a type to differentiate other events from committee meetings for an easier search. • Co-chairs update the committee website with a semester-long schedule of meeting times, dates, venue. Agenda items and document materials are added at least 3 days before the scheduled meeting.	Completed. The web based EMS software is serving as a centralized site for the College's core shared governance committees to publish dates, time, and room locations. This information will be integrated in the new website, which is scheduled to launch in late 2017.

Standard	Actionable Improvement Plan	Planning and Implementation Process	Outcome
IV.A.3	The College will examine how social media is being used throughout the College and using established planning processes, to determine how best to coordinate the use of social media for effective College communication, especially with students.	The College maintains a central [Social Media website](#) that connects various programs with Facebook, Twitter, YouTube and Instagram. During the fall 2016 semester the College contracted with a marketing consultant to relook at our current marketing processes and to develop a formal plan with proposed media to communicate to current and potential students. The plan identifies coordination of marketing and outreach activities and use of direct email and digital marketing materials to reach out to current and potential new students.	The marketing plan is in the implementation phase and will be assessed based on our bi-annual survey and enrollment numbers once complete.
IV.B.1.f	Increase the funding opportunities for Board development, including greater support for conference attendance and training webinars.	During the economic downturn, the College made efforts to keep travel and conference costs in check. Ohlone faculty and staff shared $25,000 in professional development funding annually, which supported conference travel and other expenses for approximately 700 employees. Travel allowances for administrators were centralized in the President's budget and severely curtailed as a result. The Board of Trustees shared $5,000 annually to support their conference attendance.

In 2015, the Board determined that their professional development allotment should be raised to $10,000. They also developed an annual process for selecting educational conferences to attend. This process has resulted in trustees attending the conference of their choice each of the last two years. They also submit a written report to the Board which allows conference sessions to be shared. | Since the increase in professional development funds for the Board and the implementation of the conference selection process, trustees have attended 8 conferences in 2015, 5 in 2016 and an estimated 5 conferences through May 2017, compared to an average of 4 conferences per year during 2012-2014. |

Standard	Actionable Improvement Plan	Planning and Implementation Process	Outcome
IV.B.1.h	The Board should move the steps to deal with violations of these policies from administrative procedure to Board Policy.	In 2007 the Board of Trustees had a two-part policy, BP 2715a Code of Ethics/Standards of Practice and BP 2715b Procedure to Address Violations of the Code of Ethics, Standards of Practice, Laws, or Regulations concerning Elected Board Members to specify a code of ethics and processes to deal with trustee behavior that did not conform the that code. In May of 2009, the Board separated these policies into a policy and a procedure. Owing to the fact that procedures technically fall within the purview of the President/Superintendent to establish and the appropriateness for the Board to determine a procedure that deals solely with a Board process, the Board and President/Superintendent decided to combine the BP and AP into a single policy.	Completed Spring 2014. On March 12, 2014, the Board approved the consolidation of BP2715 Code of Ethics/Standards of Practice and AP2715 into a policy that specifies the code of ethics and a process to address trustee behavior that does not conform to the code.

Standard	Actionable Improvement Plan	Planning and Implementation Process	Outcome
IV.b.1.j	Expand guidelines in the Board Member Guide and professional development for trustees to avoid micromanagement, and to address and caution against wordsmithing documents that lead to request for procedural changes outside of workshops devoted to their development.	At one point, new trustees were requesting changes to procedures and wording of college documents during Board meetings. In order to inform these and other new trustees, Actionable Improvement Plan IVB1j was created to address this issue. Each year the Board participates in a facilitated retreat to evaluate its performance over the previous year and that of the President/Superintendent. Several of these retreats have provided opportunities to discuss micromanagement and appropriate means for making suggestions regarding documents intended for college use and college procedures. Additionally, the topic of micromanagement is addressed in the new trustee orientation. The Board Member Guide was created in 2008 as part of the efforts to respond to accreditation recommendations regarding Board micromanagement of the District. The Board Chair and Vice Chair updated the guide in 2012, and the new version was approved in October of that year. No action has been taken to update this document since the self evaluation report was written. Although the Guide may benefit from another update, it is consensus that the issue of wordsmithing has been addressed sufficiently.	Completed Fall 2015. The issue prompting this Actionable Improvement Plan has been resolved.

Standard	Actionable Improvement Plan	Planning and Implementation Process	Outcome
IV.B.2.b	Assess and improve the use of technology to capture, analyze, and achieve course assessments and program reviews.	The College implemented a web based database-driven online form for submitting student learning outcome (SLO) assessments. This application transformed the "Course Assessment in a Box" MSword document the College had been using to a database-driven application available for faculty members to use anytime and anywhere. The application includes the standard SLO assessment inquiry questions and allows a faculty member to attach data and other documents related to the course assessment. The published SLOs are accessible at SLO Assessment Website. In January 2016, SLOAC piloted the use of the SLO on the Cloud during Learning College Week's Get It Done Day. As part of the roll out, IT Services developed training videos to assist faculty in using the new program. The link to the "How To" videos is included in the SLO on the Cloud application. The videos are also fully captioned to comply with the Americans with Disabilities Act. To integrate disaggregated data in a course assessment, a faculty member may run a report in Informer (the College's reporting tool) to generate disaggregated data. The report can then be exported as a PDF and attached to the SLO. All submitted SLO's are then published on the College's SLO website with an option for downloading the submitted assessment along with the attachment(s).	Completed Fall 2016. Eighty-five SLO course assessments have been entered into the new system.

Sources of Evidence

Recommendation 4
4.1 Mathematics Program Review
4.2 Program Review Data by Instructional Department
4.3 Performance Standards
4.4 Budget Committee Minutes May 3, 2016
4.5 Faculty Senate Committee Minutes March 16, 2016

Recommendation 5
5.1 Student Equity Plan Page 152

Recommendation 6
6.1 Director of Tutoring Job Description
6.2 Tutor Services Website
6.3 Tutor Preliminary Data

Recommendation 7
7.1 ACCJC Self Evaluation Report 2014 page 232
7.2 Educational Master Plan page 128
7.3 2016-2017 Annual Budget page 1
7.4 Faculty Position Planning Website

Actionable Improvement Plans
III.B.2.a Administrative Procedure 3250
III.B.2.a Facilities Master Plan
III.B.2.a 2015-2020 Ohlone Community College District Strategic Plan
III.D.2.c 2015-2020 Ohlone Community College District Strategic Plan
III.D.2.c Program and Services Review
III.D.2.d Board Policy 3280 Grants
IV.A.3   Social Media Website
IV.B.1.h Board Policy 2715 Code of Ethics/Standards of Practice
IV.B.1.j Board of Trustees Board Member Guide
IV.B.2.b Student Learning Outcomes Assessment Website