

Internal Program Review Report to the Office of the Commissioner of Higher Education and the Montana Board of Regents

Prioritization: The GFC MSU Experience

"The most likely source for needed resources is reallocation of existing resources."

"Most institutions can no longer afford to be what they've become."

- Bob Dickeson

Introduction

During the academic year 2015-2016, Great Falls College MSU (GFC MSU) secured approval from the Office of the Commissioner of Higher Education (OCHE) to forego the internal program review process for their campus in lieu of a campus-wide academic program prioritization and a revision of the current internal program review protocol. The internal program review committee is a standing committee of the Faculty Senate at GFC MSU.

Both academic prioritization and the full revision of the existing internal program review protocol (see Attachment) were completed successfully. A full report on the college's experience with academic program prioritization and the revision of the internal program review process was delivered to the full Montana Board of Regents (the Board) at their March 2016 meeting. In addition, at the May pre-Board of Regent's meetings, both GFC MSU and MSU Billings reported on their academic prioritization processes to interested campus leadership.

As requested by OCHE, this brief overview is submitted as a replacement for of the annual report to the Board on the internal program review process.

Overview

The Executive Team (ET) of Great Falls College MSU sent a team to the *Prioritizing Academic and Administrative Programs Conference* held March 30 - 31, 2015, in Phoenix, Arizona. This training was provided by Academic Impressions and was led by Dr. Robert C. Dickeson, President Emeritus of University of Northern Colorado. The following personnel attended: Dr. Heidi Pasek, Chief Academic Officer (CAO); Dr. Camille Consolvo, Chief Student Affairs Officer (SAO); Mary Kay Bonilla, Executive Director of Human Resources; Susan Cooper, Faculty Representative; and Dr. Darryl Stevens, Chief Financial Officer (CFO).

Upon the return of the five trained prioritization team members (referred to as the Phoenix 5), the college established a goal of reallocating \$250,000 through the prioritization process. From the outset, the CEO/Dean emphasized the prioritization process was focused upon a reallocation of funds and not an effort to balance the budget. This fact was reiterated at every external and internal meeting. The two Dickeson quotes (noted at the beginning of this document) were presented in every discussion.

Additionally, it was the recommendation of the Phoenix 5 that the campus redesign its internal program review process with two main goals in mind: 1. to mirror the prioritization process so as to eliminate the need to repeat prioritization on a regular cycle; and, 2. to grant more authority to the internal program review committee to make recommendations about continuation of programs with expectation in three areas: sustained performance; continuation of program with modification; or program recommended for discontinuation. These changes would mean the College Planning Budget and Assessment Committee (the CPBAC) could better decide upon the appropriate allocation of resources through a regular yearly review.

Determining the original financial goal was a difficult process. The reallocation process could not reduce operational expenses to a level that would have detrimentally affect college operations. In the previous year, the CPBAC had voted to freeze selected administrative positions across campus with the understanding that not filling those positions could (and probably would) affect enrollment. The CPBAC did not want to cause further enrollment issues by cutting "too deeply." Alternatively, the goal had to be substantial in order for the difficult process to be perceived as worthwhile.

Two other important foundational rules were put in place: 1. the decisions regarding modification or cessation of programs would rest with the CEO/Dean alone; and 2. once the CEO/Dean made final decisions, impacted employees were to be notified in private meetings. Once those two actions were taken, the decisions were announced in a series of meetings involving both internal and external constituents.

The Process

With the foundation place, two task forces, one ranking all academic programs and a second ranking all administrative programs, were formed. Each task force worked with criteria they created. Again, these task forces were clear that their role was to rank the programs and not make the final decisions regarding whether to continue, modify, or terminate them.

The academic task force was comprised solely of faculty pulled from the entire faculty population. A campus-wide nomination process was implemented to populate the task force. Only faculty could nominate fellow faculty members. There were no administrators on the task force. The task force leader had been previously selected and had attended the initial training led by Dr. Dickson. That appointment was vetted with the Faculty Senate.

The administrative task force was comprised of administrative and mid-level management personnel only. There were no faculty members on this task force. This differs from the recommendation provided by Dr. Dickson during the initial training attended by the Phoenix 5. The co-chairs were director level employees but they were the only members who had supervisory responsibilities as a part of their normal workload. This task force was also populated based on nominations from across campus.

Two coordinators for the entire process were selected. Those two were Dr. Heidi Pasek, the CAO and Dr. Darryl Stevens, the CFO. Their function was to serve as “point persons” for questions and removed the CEO/Dean from the daily tasks and decisions. At the end of the task force deliberations, the CEO/Dean was able to examine all accumulated internal data and several local, regional, state, and national economic and educational reports with a completely unbiased perspective, in order to make her decisions.

A facilitation team was then identified. This team consisted of Dr. Grace Anderson, Research Analyst; Mary Kay Bonilla, Executive Director of Human Resources and Student Affairs Officer; Dean Wagner-Fossen, Registrar; and Carmen Roberts, Budget Analyst. This team was essential in gathering appropriate data, answering questions for the task forces and providing support to program directors as they completed departmental information sheets. It was beneficial to create a neutral facilitation team to gather data and provide guidance to the task forces.

A communications coordinator for the process was also assigned. Lewis Card, the Executive Director of Marketing and Communications took this role and his job was to meet on a weekly basis with the coordinators (the CAO and CFO) to ensure that all relevant information was posted on the website. The website allowed information to be disseminated to internal and external constituents regarding the process as it was implemented. The coordinators and the Executive Director of Marketing and Communications worked diligently to ensure that internal and external users felt comfortable asking questions and were satisfied with the method employed to answer those questions.

Results

The two task forces ranked each program in their respective areas. The programs were then placed in quintiles based on budgetary expenses for the past fiscal year by the office of the CFO. Each quintile had roughly the same overall expense. This procedure was communicated to all internal and external users from the beginning. The programs in the fourth and fifth quintile were selected for scrutiny. However, another theme that was consistently communicated was that the decisions to modify or end a program rested with the Dean/CEO alone.

The final quintile list was placed in alphabetical order within the quintiles and presented to the campus and community leaders. The list was also posted in the prioritization section of the campus website at:

A period of public comment was opened for one week. Division directors were encouraged to provide the CEO/Dean with additional information if needed. Guidelines were established for internal comment to attempt to limit “politicking” for particular programs. All communication went through the communications coordinator, the facilitation team, or the prioritization coordinators. One of the results of the level of transparency created through the website was the surprising level of advocating that came from external constituents such as program advisory boards and local employers. But, this allowed the communication director to keep them informed on the process.

The quintiles were presented to the CEO/Dean for final consideration along with explanations for each scoring criteria. While it was difficult to not pass along opinion to the CEO, it was critical that the facilitation team and coordinators provide only additional data and date interpretations with as little commentary as possible. This allowed the CEO to have a better picture of the programs, but allowed for an independent decision. If the CEO/Dean desired clarification, more information was provided. Program directors were also asked for clarification by the CEO.

Once the CEO made final decisions, impacted employees were notified in private meetings. Decisions were announced in a series of meetings involving both internal and external constituents. This, of course, was the most emotional part of the process. Comments were not accepted during the public presentation in order to prevent immediate emotional reactions. The CEO/Dean and Executive Director of Human Resources met with each person affected by the decision. In addition, the CEO/Dean and coordinators met with each department/division and with external partners to provide opportunity for questions. Program directors met with their staff separately to address any concerns.

On the CGF MSU campus, there is a strategic enrollment management communications team (SEM-team), which coordinates all external and internal communications regarding changes in processes or programs. This team did not address the concerns of the affected employees, but did prepare talking points and other communications for the programs that were identified as changing or closing.

Ten academic programs were placed into moratorium as a result of the prioritization process:

Business Entrepreneurship A.A.S.
Business Fundamentals C.A.S.
Business Management A.A.S.
Graphic Design A.A.S.
Web Design A.A.S.
Healthcare Office C.T.S.
Medical Billing & Coding Specialist A.A.S.
Medical Billing Specialist C.A.S.
Medical Transcription C.A.S.
Medical Transcription A.A.S.

Conclusion

The academic and administrative prioritization process was extremely successful. The main reason for this was the foundation of transparency and effective communication with both internal and external constituents. And, tasking the internal program review committee to redevelop their protocol was another important result of prioritization. Now, the review process more closely mirrors an objective process that will help the college conduct valid measurement of program success in the future.

To keep this report brief, attachments have not been provided. The reader can locate detailed information about the GFC MSU Academic and Administrative Prioritization Process and all referenced materials at:



GREAT FALLS COLLEGE
MONTANA STATE UNIVERSITY

INTERNAL ACADEMIC PROGRAM REVIEW PROCESS

Updated September 2016

INTRODUCTION AND OVERVIEW

In accordance with The Montana Board of Regents of Higher Education Policy 303.3 – Program Review, these procedures are provided for the internal review of Certificate of General Studies, Certificate of Technical Studies, Certificate of Applied Science, Associate of Applied Science, Associate of Arts, and Associate of Science degrees at Great Falls College MSU.

Internal program review's primary goals are to enhance the alignment of the College's academic programs with the College's own core indicators and core themes, community needs and MUS initiatives. To achieve this purpose, these internal program review procedures encourage strategic self-study and planning.

The internal program review process at Great Falls College MSU is based on a cycle of self-inquiry, review, and improvement. The basic components of internal program review include the following:

- A self-study, report, and presentation to the Internal Academic Program Review Committee (IAPRC) completed by the Program Director in consultation with the Division Director;
- Review of the self-study report and presentation by the College's IAPRC;
- A recommendation by the IAPRC based on the report and presentation forwarded to the Program Director, Division Director, Executive Team, and CPBAC via the CAO's office;
- Informational reports both during the review process and after its completion to Faculty Senate by the IAPRC chair;
- An improvement plan to address any necessary modifications written by the Program Director in consultation with the Division Director and CAO in the case that a program is recommended to be continued with modification;
- Follow-up on improvement plan implementation and progress by the Program Director, overseen by the Division Director and CAO; and
- A summary report to the Board of Regents given by the CAO regarding the findings of the IAPRC for the programs reviewed within a specific academic year.

I. COMMITTEE COMPOSITION, COMMITTEE MISSION STATEMENT, AND COMMITTEE CHARGE

Committee Membership

CAO

Controller

Four faculty members, including the Chair of the committee

Institutional Researcher

Registrar

Mission Statement

The Internal Academic Program Review Committee will support the mission of Great Falls College MSU by evaluating campus academic programs using established criteria in accordance with the program review schedule.

Committee Charge

The Internal Academic Program Review Committee (IAPRC), a committee of the Faculty Senate, guides the self-assessment of academic programs at Great Falls College MSU by developing processes, tools, and guidance for reflective practice and internal accountability. The IAPRC provides critical information for decision making regarding program continuation and resource allocation. The major tasks of the IAPRC are

- Assessing the efficiency and effectiveness of program delivery by considering the self-study, the presentation of the program, and the data upon which the self-study are based,
- Evaluating program self-studies to determine if programs meet a need or exploit an opportunity,
- Making a recommendation for program continuation, discontinuation, or continuation with modification to the CAO based on the assessment of programs, and
- Improving its own processes in order to meet the needs of College programs and reporting lines.

II. ROLES AND TIMELINE

The following stakeholders take an active role in the program review process

- Program Directors: conduct the self-study, compile and submit the self-study report, prepare and deliver the presentation, and create, implement, and track improvement plans.
- Division Directors: support Program Directors as they conduct the self-study and compile the report, attend the presentation of the report to IAPRC, and have some involvement in the creation, implementation, and tracking of the improvement plans.
- CAO: attends presentation of the reports to IAPRC, disseminates IAPRC findings to CPBAC and ET, tracks improvement plan progress, and prepares and delivers a summary report to the BOR about program review findings.
- IAPRC: collects and reviews self-study reports, listens to presentations, prepares a recommendation (program continuation, discontinuation, continuation with modification) for the CAO, and reviews and improves IAPRC processes (forms, procedures, training materials)

The following chart explains the roles, responsibilities, and deadlines for all program review-related activities in far greater detail.

Month	Program Directors	Division Directors	CAO	IAPRC
January (calendar year of review)	Receive notification of program review (scheduled for coming academic year)	Receive notification of program review (scheduled for coming academic year)	Notify Program and Division Directors of next year's reviews	IAPRC Chair Requests to be on Faculty Senate Agenda NO LATER THAN 2/15 Meeting
March (calendar year of review)	Receive invitation to attend training to discuss self-study, review process, and timeline	Receive invitation to attend training to discuss self-study, review process, and timeline	Send calendar invitation to Program Directors and Division Directors for April's training NO LATER THAN Spring Break	
April (calendar year of review)	Attend training to discuss self-study, review process, and timeline	Attend training to discuss self-study, review process, and timeline		IAPRC Chair + mentors Provide training to Program and Division Directors to discuss self-study, review process, and timeline
July (calendar year of review)	Receive enrollment, graduate and financial data from institutional researcher by mid-July (about the 15 th) Review as soon as possible.			
August (calendar year of review)	Translate Financial and enrollment data to self-study NO LATER THAN 30 August			Controller and IR Prepare financial and enrollment data for Program Directors NO LATER THAN 7/15
September (calendar year of review)	Receive reminder about IAPRC deadlines Submit self-study NO LATER THAN 15 September	Receive reminder about IAPRC deadlines Fill IAPRC vacancies	Email reminders to Division and Program Directors about report deadlines	IAPRC Chair Orient new members to IAPRC self-study, review process, and timeline

October (calendar year of review)	Present to IAPRC committee	Attend IAPRC presentations by Prog Directors	Attend IAPRC presentations by Prog Directors	Whole committee Attend IAPRC presentations by Prog Directors to review current year's reports IAPRC Chair Requests to be on Faculty Senate Agenda NO LATER THAN 11/30 Meeting
November (calendar year of review)	Present to IAPRC committee	Attend IAPRC presentations by Prog Directors	Attend IAPRC presentations by Prog Directors	Whole committee Attend IAPRC presentations by Prog Directors to review current year's reports; Finalize decisions about recommendations (Continue, Discontinue, Continue with Modification); Finalize reports NO LATER THAN last week of November IAPRC Chair Report to Faculty Senate on progress (information item)
December (calendar year of review)	Receive final IAPRC report	Receive final IAPRC report	Notify Program and Division Directors that final reports are available	IAPRC Chair Copy final drafts of reports to shares; notify CAO of completion of current year's reports; forward completed reports to CPBAC, Division Directors, and Program directors

January (follow-up year)	Write improvement plan based on final report in consultation with Div Director and CAO	Consult with Prog Directors to craft improvement plan		IAPRC Chair Send survey to previous years Program Directors
February (follow-up year)	Submit improvement plan to Div Director/CAO (as an action plan) and IPRC (as an information item)		Routes funding requests to CPBAC; routes supervisory issues to Div Director; presents recommendation from final reports (continuation, continuation with modification, discontinuation) to ET CAO's office may recommend a program be reviewed sooner than its next scheduled 5-year review to check progress on improvement plans or at the request of the CAO, i.e., items identified by snapshot review.	IAPRC Chair Present previous year's final reports to Faculty Senate: continuation, continuation with modification, discontinuation Whole committee Discuss previous year's process; review results of Program Directors' surveys; make changes as necessary
March (follow-up year)	Implement improvement plan or establish alternative timeline with Div Director/CAO			
May (follow-up year)	Meet with Div Director/CAO to discuss improvement plan progress			
September (follow-up year)	Brief Div Director/CAO on intermediate progress			

November (follow-up year)			Annual summary report submitted to BOR for previous year's reports	
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III. TIMEFRAME FOR REVIEW

The Montana Board of Regents of Higher Education requires that each campus review all of its programs at least once every seven years. At Great Falls College MSU, programs are internally reviewed on a five-year cycle. This schedule may be accelerated in individual cases at the discretion of the CAO based on a need identified in the annual review of program snapshot data.

Requests for delaying a review are initiated by the Program Director to the Division Director, who determines whether or not to advance the recommendation to the CAO. The decision to delay a review rests with the CAO and normally is granted only in rare circumstances (e.g., normally to coordinate with a professional accreditation review process or to allow a new program sufficient time to conduct a review). Delays are granted normally for one year only.

The office of the CAO updates the program review schedule, and the schedule is maintained on the BOR website.

IV. SELF-STUDY OVERVIEW

The internal program review process provides a comprehensive, candid, data-driven self-study that focuses on future planning to enhance alignment of community need, MUS initiatives, the College's core indicators and core themes, and the program. The self-study criteria are explained in the following section. Whereas in the past the self-study included a narrative, the current program review process depends on the data and analysis provided by the Registrar and Institutional Researcher.

V. EVALUATIVE CRITERIA AND SCORING

The following criteria (see chart below) are addressed in data supplied by the Registrar and Institutional Researcher and constitute the bulk of the self-study report.

Internal Academic Program Review Scoring Matrix

Approved by Executive Team March 2016

Category	Approved Weight
Projected job openings/Job openings (AAS/CAS/CTS) OR Transfer rate (AA/AS/General Education Certificate)	10
Median wages for graduates employed all four quarters	15
Degrees/certificates production	30
Retention	30
Annual FTE	10
Financial Impact per FTE (Revenue minus Cost)/FTE	5

The evaluative criteria are drawn from the College's core indicators and core themes from the strategic planning process, plus campus priorities and MUS initiatives. Programs will be scored based on their ranking against other programs using these criteria and weights, reflecting institutional priorities and approved by the Executive Team.

For each criterion, a program will be assigned a score of 1-5. Much like through the Academic Prioritization Process, this will result in an overall ranking of programs into quintiles. The decision for continuation, discontinuation, or continuation with modification will rely on this ranking to establish the program's alignment with community need, MUS initiatives, and the core of the College's strategic plan.

VI. OUTCOMES OF THE SELF-STUDY AND PROGRAM REVIEW

Internal Program Review Recommendations for Program Continuation/Discontinuation

After consideration of the self-study report and presentation, the Internal Academic Program Review Committee recommends to the CAO one of the following actions as a result of the internal program review:

1. Program approved for continuation with expectation for sustained performance;
2. Program approved for continuation with modification; or
3. Program recommended for discontinuation.

In deciding on one of the above recommendations, the Committee will follow three steps:

1. Look at the overall program score/quintile placement
2. Review each of the sub-scores of the overall program score, in the order of the magnitude of their weight.
3. Consider the program director's presentation

The CAO, with delegated authority from the Dean/CEO, makes the final determination for program continuation.”

Improvement Plans

If a program is recommended for continuation with modification, the Program Director will create an improvement plan in consultation with the Division Director and CAO in order to address any needs, deficiencies, or problems with the program identified either through the self-study, through the review of annual program snapshots, or by the IAPRC.

The improvement plan includes the following elements:

1. Problems, deficiencies, or needs identified by the Program Director in the self-study;
2. Trends, problems, deficiencies, or needs identified by the Program Director, Division Director, or CAO in the annual review of program snapshot data;
3. Problems, deficiencies, or needs identified by the IAPRC in its final report;
4. A plan for corrective action to address any problems, deficiencies, or needs; An implementation timeline for corrective action; and
5. Types of human, fiscal, and physical resources needed to implement the improvement plan.

Timeline and responsibility for development and tracking of the improvement plan is spelled out within the timeline (above).

VII. UPDATE OF INTERNAL PROGRAM REVIEW PROCEDURES

The internal program review procedures are updated as necessary for currency and consistency with institutional changes in structure, strategic planning (core themes and core indicators), data and its availability, and academic programs. Draft changes are submitted by the IAPRC chairperson to the Faculty Senate, and CAO for review and action, as necessary. As with other parts of this process, the CAO's office is responsible for disseminating changes as an informational item to CPBAC and ET.