

KAUA‘I COMMUNITY COLLEGE

Review of Established Programs

1. Purpose

This policy addresses that portion of the University of Hawai‘i Systemwide Executive Policy E5.202 which concerns established program reviews and delineates the relationship among annual and periodic reviews of institutional effectiveness to operational decision making and resource allocation.

2. Policy

Kaua‘i Community College’s academic programs and non-instructional units shall undergo an Annual Program Review Update (APRU) and a Comprehensive Program Review (CPR) on a regular basis to assess effectiveness so as to incorporate improvements or to inform other decisions related to the program.

3. Related University Policies

- A. Board of Regents Policy 5.201 Instructional Programs
- B. University of Hawai‘i Systemwide Executive Policy E5.202, Review of Established Programs
- C. University of Hawai‘i Community Colleges Policy (UHCCP) 5.202 Review of Established Programs
- D. Kaua‘i Community College Policy Guideline 1-8 Procedures for New or Revised Mission Statement and for Integrated Planning.

4. Definitions

- A. Established programs include academic programs which have received final approval by the Board of Regents following the provisional cycle, and those programs offered prior to 1974 and continuously thereafter.
- B. Any coherent set of services or courses may also be defined as a program for review purposes by the appropriate Administrator upon review of the College Council and approval of the Chancellor. See the *Comprehensive Program Review Schedule* on the Institutional Effectiveness Website for currently defined programs.
- C. The CPR cycle for established programs is a five-year cycle with annual updates of action plans and an analysis of program health indicator data.

D. The APRUs are annual reviews of program health indicators and progress on action plans from full program reviews, which provide feedback directly into budgeting, staffing, and other resource allocation decisions.

5. Responsibilities

A. Chancellor

- i. Submits to the Board of Regents via the Vice President for Academic Planning and Policy an annual report on the program review process including action memorandum and review documents when recommending termination.
- ii. Ensures that program review data and action plans are incorporated into campus budget, staffing, facilities, and other resource allocation decisions.
- iii. Reads all CPRs and together with Vice Chancellors and Directors present a *Findings and Recommendation* report on CPRs to College Council ensuring that all areas of the college are aware of the impact of the programs' plans on that area of the college.
- iv. Publicizes all College Council meetings where APRUs and CPRs are to be discussed.
- v. Disseminates to the campus the APRU rankings and budget decisions made as a result of those rankings.
- vi. Ensures College Council members complete assigned program reviews each cycle.

B. Vice Chancellor and/or Directors

- i. Ensure that programs and units complete the APRU and CPR on schedule.
- ii. Submit an annual summary report of program(s) progress toward program goals and identified action steps to UHCC as an Executive Summary.
- iii. Review and discuss all CPRs with other Executive Cabinet members within two months of review by College Council and collectively meet with programs to discuss these findings and recommendations. A summary of the discussion will be shared with the Division Chair and Program Coordinator.
- iv. Participate in the evaluation of the program review processes.

C. Institutional Effectiveness and University Center Unit

- i. Maintains the program review website.
- ii. Communicates appropriate annual program health indicator data to the Vice Chancellors, Directors, and Division Chairs/Unit Heads.

- iii. Initiates the evaluation of local program review processes.
- iv. Develops the APRU and CPR review schedule for College Council in collaboration with the Chancellor.
- v. Provides ad hoc data, when requested, to further support program review.
- vi. Updates the program review calendar to reflect new programs and other changes as directed by the Chancellor or a Vice Chancellor/Director.

D. College Council

- i. Reviews the action plans of all APRUs and CPRs for consistency with college mission and strategic goals.
- ii. Prioritizes program review action plans and accompanying resource requests in accordance with college priority goals and recommends allocations to the Chancellor for approval using the guidelines set forth in *Guidelines for Program Review Action Plans and Resource Allocation* (Appendix A).
- iii. Participates in the evaluation of the program review processes.
- iv. Reviews assigned program reviews and provides timely feedback.

E. Division Chairs

- i. Ensure that all APRUs and CPRs accurately reflect the programs and program needs of the division.
- ii. Participate in the evaluation of the program review processes with the College Council and the Executive Cabinet for CPRs.
- iii. Ensure that all action items from program reviews are addressed.

6. Guidelines

The process of ongoing program review for established programs and services should be:

- Objective and data-informed
- Collegial, inclusive, and collaborative
- Focused on improvement of outcomes
- Consistent and openly communicated to both internal and external audiences

- Closely tied to operational and strategic planning and decision making

A. CPR

The CPRs should address not only program data and analysis to establish the current state of the program, but also an action plan for the future that is linked to the college mission and goals. The general format for instructional programs is located in UHCCP 5.202 Attachment 1-B. Kaua‘i Community College provides a more detailed Comprehensive Program Review Outline which is located on the Program Review webpage. Programs will address all applicable program criteria questions as an aid to addressing Part IV of UHCCP 5.202, Attachment 1-B. Alternate components and measurements for non-instructional programs and services are located in UHCCP 5.202, Attachment 2, 3, or 4.

B. APRU

The APRU for established programs and services will include an update on the progress made on action plans from past reviews, an analysis of program health indicators, and resource and allocations requests. The general format for the annual program review update for instructional programs is located in UHCCP 5.202, Attachment 1-A or on the UHCC Annual Report of Program Data (ARPD) website. Kaua‘i Community College provides a more detailed Annual Program Review Update Outline which is located on the Program Review webpage. Alternate components and measurements for the annual program review update for non-instructional programs and services will be the same as that of the CPR (UHCCP 5.202, Attachment 2, 3, or 4) or can be found on the ARPD website.

C. Prioritizing, Integrating, and Quality Assurance

Programs will use the APRU Status Report and Resource Request Form included in the Kaua‘i Community College APRU and CPR outlines to report on the status of their action plans and resource allocations from the previous year(s) as well as present the current years’ resource request. The program review process will be reviewed by the college at least every five years via an ad hoc committee and/or College Council, with improvements implemented the following year. When changes are made to the CPR template, programs have the option to pilot revised CPR template prior to the effective date.

College Council will prioritize the current years’ resource requests according to the Guidelines for Program Review Action Plans and Resource Allocation Decisions (Appendix A). College Council will also review the prioritizing and decision-making process annually every spring and improvements implemented in the following year.

Annually, in the fall semester, the college will assess the status of college goals and priorities through the measurement of performance indicators, program and institutional student learning outcomes, and other data (e.g. CCSSE, surveys, etc.).

Progress towards program goals as detailed in APRUs and CPRs are an integral part of this review. Identified changes will be incorporated into the goals and strategic priorities once the college discussion is completed.

APPENDIX A: GUIDELINES FOR PROGRAM REVIEW, ACTION PLANS, AND RESOURCE ALLOCATION DECISIONS

1. APRU/CPR Action Plans

The final step in the program review process that links data analysis and decision making to resource allocation is the review of the CPR and APRU action plans and resource requests. The CPR cycle is 5 years with APRUs during the intervening years. Every program completes either a CPR **or** an APRU each fall semester. Based upon the analysis of data of such factors as enrollment, workforce needs, transfer rates, program efficiency, student achievement, and student learning outcomes, programs develop a set of action plans and associated resource requests in their program reviews. These action plans then become the basis of the annual status reports embodied in the APRUs.

This document describes the overall process and the specific procedure followed by College Council in evaluating and recommending priorities among the various resource requests.

2. Levels of Review

The action plans and requests for resources are reviewed and prioritized on four levels:

- Program
 - Division/Unit
 - College Council
 - Chancellor, Vice Chancellors, and Directors
- A. Each **program** will update its action plan and prioritize its requests as it prepares its APRU or CPR. The plan should address the status of the prior requests and college priorities.
- B. Each **division/unit**, which contains two or more programs will review the resource requests contained in the APRU/CPR action plans and prioritize the list of terms according to the division/unit process.
- C. **College Council** will review all APRU/CPR action plans and the itemized resource requests using a set of priorities and criteria that are reviewed each year. The priorities are identified through broad-based internal and external feedback of the college's mission

and strategic goals. The criteria are reflective of the elements expected in the program review process (i.e., alignment with strategic goals, outcomes-oriented, data-informed, and focus on student learning).

- D. The **Chancellor, Vice Chancellors, and Directors** will review the recommendations of College Council and assign the funding source for each request. Funding sources may include Biennium and Supplemental Budget requests, current service base reallocations, external grant proposals, private fundraising or revenue generating activities by the programs themselves.
- E. The **Chancellor** will make the final decisions on resource allocations based on recommendations from College Council, the Vice Chancellors, and Directors and priorities set by the college, the UHCC System, and the UH System.

3. Review and Revision of the Action Plan and Resource Allocation Process

This process and the specific criteria and priorities will be reviewed and revised, as deemed appropriate by College Council, in each spring semester for implementation in the following fall semester. Any changes, especially in the priorities or criteria, will be communicated to the programs before the end of the spring semester, or as soon as the changes are approved.

4. Timeline

August – September

The UHCC Policy and Planning Office will assemble performance indicators, student learning outcomes data, and other metrics that measure college goals in preparation for the APRUs, CPRs, and college discussions. The Chancellor conducts a College Conversation to discuss progress toward college goals and strategic priorities. Input from the conversation may result in changes to priorities.

September – October

The APRU and CPR cycles begin in the fall semester. The APRU tracks and analyzes annual review of program data (ARPD), student learning outcomes, and other measurements that keep the college in alignment with the mission and goals. APRU and CPR reports are three to four weeks after UHCC posts finalized ARPD.

November – December

College Council reviews assigned APRU and CPR reports and ranks all resource requests by established criteria using a ranking rubric (Section 5 below).

January

The Chancellor, in consultation with the Executive Cabinet, approves the resource requests that are to be fulfilled and disseminates to College Council, programs, and divisions/units. APRU and CPR action plans are reviewed and readied for the UH System budgetary process. Administrative reviews of CPRs are completed and consultation with programs and division/units ensue.

February – May

The budget process for the system occurs from February to May. The Biennium or Supplemental Budget planning occurs in the spring semester. The Biennium Budget covers the following years: 2017-2019, 2019-2021, etc. The Supplemental Budget occurs if there is sufficient money in the state budget that will provide extra funding in the second year of the Biennium (2018-2019, 2020-2021, etc.).

April

VPCC visit with performance measure updates.

5. Resource Request Criteria Ranking Rubric

REPORT ELEMENTS	0 DOES NOT MEET	1 WEAK	2 GOOD	3 SUPERIOR
Alignment (20%)	The request is not aligned with one of the strategic goals or one of the priority goals.	The request is aligned with one of the strategic goals but not to one of the priority goals.	The request is aligned with only one priority goal.	The request is aligned with more than one priority goal.
Assessment (SLOs; 10%)	Assessments were not completed, as defined by program assessment cycle(s)/plans(s).	Some assessments were completed, as defined by program assessment cycle(s)/plan(s).	All assessments were completed, per program assessment cycle(s)/plan(s).	All assessments were completed per program assessment cycle(s)/plan(s) and results were used for program improvement and support the resource request.
Evidence (Other than Assessment data; 10%)	The program does not cite existing data to support its resource request.	The program reported existing data not specific to resource request.	The program analyzed at least one type of data to support its resource request.	The program analyzed more than one type of data to support its resource requests. Substantial

				justification was provided to support the request.
Impact (20%)	The expected outcomes will not affect any students on campus.	The expected outcomes will affect only a small number of students on campus or a small percentage of program students.	The expected outcomes will affect a large number of students on campus and/or most students in a program.	The expected outcomes will affect the majority of the student population in more than one program.
Collaboration (10%)	The request does not demonstrate collaboration with another department, division, advisory board, or community.	The request demonstrates no collaboration but has evidence of need.	The request demonstrates collaboration with an on-campus entity or community partner.	The request demonstrates collaboration with an on-campus entity OR community partner and has documented (need) support and an active advisory board.
Health & Safety Compliance (30%)	Does not have a clear Health & Safety compliance requirement.	Support Health & Safety compliance, but not urgent.	Health & Safety compliance is evident, with supported documentation.	Health & Safety compliance is evident and urgent, with supported quotes and bids.

**Effective types of data would include quantitative and/or qualitative data to systematically evaluate, plan, implement, and improve the quality of our educational programs and services.