Texas A&M International University
Annual Institutional Effectiveness Review (AIER)
for Administrative or Educational Support Units

Unit Name:

Student Counseling Services/Disabled Student Services

Unit Type:
___ Administrative Unit   _x__ Educational Support Unit

Assessment Period Covered:

January 1, 2008 to December 31, 2008

Unit Coordinator (Preparer of Report):

Dr. J. Aros

List Other Report Contributors (if applicable):

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Rebecca Currie.

The annual review is directed at the following goals of the Texas A&M International University 2006-2010 Strategic Plan. Please list goals below:

Goal 1.8 Provide support programs, services, and activities that promote student learning, enhance student development, and advance campus internationalization.

Goal 3 Maintain, strengthen, and expand service to all University stakeholders.
Goal 4.1 Identify, obtain, and retain financial support from a variety of sources to supplement State of Texas funding.

Goal 5.3 Support the professional development of faculty and staff.

Institutional Mission

Texas A&M International University, a Member of The Texas A&M University System, prepares students for leadership roles in their chosen profession in an increasingly complex, culturally diverse state, national, and global society … Through instruction, faculty and student research, and public service, Texas A&M International University embodies a strategic point of delivery for well-defined programs and services that improve the quality of life for citizens of the border region, the State of Texas, and national and international communities.

Administrative or Educational Support Unit Mission

Inter alia, DSS works to promote a supportive learning community to empower students with disabilities and SCS works to empower TAMIU students to be capable and competent adults while adjusting to the challenges and transitions of University life in a multicultural and polylingual setting.

Provide summary of the last cycle's use of results and changes implemented
This statement should specify if the outcomes addressed were a continuation of previous ones, new outcomes, or modified versions of previous outcomes. In addition, the statement should include a concise analysis of the assessment data collected during the previous year, a brief explanation of actions taken to address specific outcomes, an evaluation of how these actions contributed to the improvement of the unit,

and any recommendations formulated. Assessment data must be viewed and discussed by the unit during this process.

> Last year's annual report for SCS was the focus of the department. Management assistance was sought early on and a plan based on "Good to Great (2001) was implemented. The goal was to increase productivity and service to the students as an outcome. This changed as new staff and reorganization occurred.

List of unit-level outcomes
It is recommended that units rotate through their entire set of outcomes over a multi-year period. Units may focus on one or two outcomes each year, as deemed appropriate.

1. Outreach success is operationalized at 50% or more of TAMIU enrollment.
2. SCS clinical success is defined by clinic usage set at 5%, with multiple counts.
3. DSS prepares for separation from SCS umbrella in near future
4. Licensing of new clinical staff and new position for DSS in near future.
5.
6.

Section I: Planning and Implementation

Outcome(s): *Identify the outcome(s) that will be focused upon this year.*

> Outcomes 1 & 2:
> 1. Outreach success is operationalized at 50% or more of TAMIU enrollment.
> 2. SCS clinical success is defined by clinic usage set at 5%, with multiple counts.

Methods of assessment to be used:
Identify and describe the type of assessment(s) that will be used and how the data will be obtained. During this assessment period, has your unit used any of the following measures for assessment of outcomes? Indicate "Y" if currently being used; "N" if not currently being used but interested in using; and "NA" if not applicable.

Type of Measure	Y	N	NA	Specify which type of measure was used and what outcome the measure was applied to:
Volume of Activity: (Number of clients served, circulation data, etc.)	Y			Monthly report data, and annual/quarterly reports that concatenate the above. Applied to outcomes 1&2.
Efficiency: (Turnaround time for filling requests, timely service or prompt response, etc.)	Y			Employee feedback formative and summary and formal, see staff evaluation
Service Quality: (Error rates, accuracy of information provided, etc)	Y			Student Satisfaction Survey
Client Satisfaction Survey (Student, employer, alumni, customer, etc.)	Y			Yes, see prior info on this here in service quality

Feedback: (Suggestion box, focus groups, evaluation forms, etc.)	Y			Case conference and staff meetings, later is operationalized by minutes. Former process is tersely documented in supervision notes
Review of existing data: (Routine records or reports, institutional data, audits, etc.)	Y			See file and form reviews/procedures tweaking. Dr R did provide SCS/DSs with an informal audit process, SCS/DSS reorganization underway based on that.
Staff discussions or evaluations of services to clients	Y			See informed consent, waivers, and related operationalizations of consent, confidentiality, and limits.
Standards/guidelines provided by professional associations	Y			IACS, APA/ACA/NASW and related ethics standards.
Standards set by federal, state, county, city or system regulations	Y			WASC, TX Mental Health Law (i.e. 611.004); ADA/504; waiting to hear on Exmpt vs Non-Exempt Ruling re: FERPA
External evaluations or auditors	Y			See "Review of Existing Data…audits" above…
Benchmarks or comparisons with peer institutions	Y			See AUCCCD data
Other	Y			Monitoring by director and staff on the above

Criteria/Benchmark(s):
Specify, if deemed appropriate to assess outcome(s). Criteria/ benchmark(s) may be optional, especially if qualitative measures are used for data collection.

See 50%+ of Fall enrollment to operationalize "success in outreach for SCS/DSS; and 5% of in-house clinical headcount (attenuated/with multiple counts) as definition of success in center impact.

Section II: Analysis of Results

What were the results attained?
Describe the primary results or findings from your analysis of the information collected. Were the results used to improve the unit services or operations? Please specify:

Both were met for 2008, still some discussion needed on using multiple versus single count data on counseling center usage numbers.

What were the conclusions reached?
Include a brief description of the procedure used for reaching the conclusion(s) based on the evidence collected and describe the process used to disseminate the information to other individuals.   For example, if the discussion took place during the annual retreat, include a summary from those deliberations using the Meeting Minutes template found on the Project Integrate web page at http://www.tamiu.edu/integrate/docs/Minutes-Template.doc. Once completed, submit the minutes to assessment_@tamiu.edu.

Monthly report data, SCS/DSS staff meeting discussions, case conference, and 1:1 supervision sessions

Describe the action plan formulated. (The plan may be multi-year in nature.)
Based on the conclusion(s), describe the action plan to be implemented to improve or maintain unit services and operations, including resources needed and a timeline for implementation.

1. Reorganize SCS/DSS with student health, presided by an executive over all three units at present (until DSS) morphs into separate, freestanding structure complete with dedicated space, tech ass't, etc).   2. Revisit management from the proposed "UTSA" model file leadership has adopted.   3. Stabilize with long term staffing/consistency in expectations.

Section III: Resources

Resource(s) to implement action plan: *Describe the resources that will be needed to implement the action plan. Also indicate if the resources are currently available, or if additional funds will be needed to obtain these resources.*

Funding
□ New Resources Required
X Reallocation of current funds

Physical
□ New or reallocated space

Other
□ Primarily faculty/staff time
X University rule/procedure change only

Provide a narrative description and justification for requested resources (include linkage to Strategic Plan – or Compact, if relevant)

Division of Student Success strategic plan is linked to this here, please refer to prn.

Identify proposed outcomes for the next assessment cycle:

Continuation of present outcome(s) – (Indicate reason for continuation):

Yes, see utility of outcome 1&2 as ready operationalizations based in existing monthly reporting structures. (Some discussion (again) may be needed on the in-house center utilization metric, but incoming executive director and staff should decide.

New Outcome(s) – (List outcomes below):

TBA by new executive director as well as Dean of Student Success

Modification of present outcome(s) – (Indicate reason for modification):

TBA

Date Completed:

Materials for 2008 gathered on/before 12/15/08. Analyses completed on/around 2/10/09.