

ANNUAL REPORT TEMPLATE AY2017-2018 (Appendix A in Handbook)

NAME OF PROGRAM: Clinical Mental Health Counseling, MA

UNIVERSITY OR INDIVIDUAL REPORT LEVEL: Online Campus

DATE: 11/26/17

Section 1: Learning Outcome Section

INSTITUTIONAL LEARNING OUTCOMES (ILOS) [BoT Approved 09/30/2016]	Professional Practice Graduates will be able to demonstrate attainment in the areas of competency (as reflected in knowledge, skills and attitudes) required by their area of education and training. Examples include evaluation, intervention, consultation, teaching, and supervision.	Diversity Graduates will respect the value and dignity of individuals and groups across all cultural contexts, and advocate for inclusion and equity. They will demonstrate intercultural competence in domestic and international contexts with people who have ideas, beliefs, worldviews, experiences, and behaviors that are different from their own.	Professional Behavior Graduates will be able to demonstrate by their values, beliefs and behaviors adherence to the highest ethical and professional standards in their personal and professional lives.	Scholarship: Graduates will be able to integrate scientific research and theory, as broadly defined, to enhance their professional and scholarly endeavors.
PROGRAM LEARNING OUTCOMES (PLOs)	<p>PLO 3: Counseling, Prevention, and Intervention: Graduates will demonstrate the knowledge, skills, and practices of culturally appropriate diagnosis, treatment, referral, and prevention of mental and emotional disorders.</p> <p>PLO 4: Assessment: Graduates will demonstrate the knowledge, skills, and practices of culturally appropriate and holistic clinical evaluation and assessment of normalcy and psychopathology.</p> <p>PLO 5: Diagnosis: Graduates will demonstrate the knowledge, skills, and practices of culturally</p>	<p>PLO 1: Diversity and Advocacy: Graduates will demonstrate the knowledge, skills, and practices to deliver culturally appropriate counseling services, advocate for clients, and understand how to influence policy to enhance the practice of clinical mental health counseling.</p>	<p>PLO 2: Foundations: Graduates will show a commitment to their identity as counselors through membership and activities in professional organizations, and through ethical behavior in their work with clients and other professionals.</p>	<p>PLO 6: Research and Evaluation: Graduates will competently and critically evaluate clinical mental health counseling research, demonstrate understanding of evidence-based treatments and outcome evaluation, and apply appropriate models of program evaluation.</p>

	appropriate diagnosis of both psychopathology and normal developmental challenges, including appropriate use of diagnosis during trauma-causing events.			
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Assessed Outcomes <i>Data from AY 2016-17</i>	Assessment Methods and Minimum Outcomes <i>Describe methods used and include minimum outcomes(A-Plan) expected for each PLO.</i>	Data Reviewed and Findings <i>Provide a description of the data reviewed and a summary of the findings. Describe the process for evaluating/ analyzing the findings.</i>	Action Steps <i>Describe implemented or planned actions based on findings; i.e., include actions that should be started, stopped, or continued. Include budget implications, if any.</i>
PLO #1 <i>Diversity and Advocacy</i>	<ul style="list-style-type: none"> ○ The CMHC Online collects a variety of data on student learning across multiple points in time, including the Dispositions, Skills, and Knowledge Competency Assessment (DSKCA); the Capstone (Exit Symposium, Exam, and exit survey that occur during Internship 2); and student grades (GPA). The faculty evaluate student dispositions after every course, during and after residency, and during and after each fieldwork course. The faculty evaluate student skills and knowledge in each signature assessment course. ○ Signature courses: <ul style="list-style-type: none"> ○ PLO 1: CM 528, 530, 550, 592, 605, 614, and 619 ○ PLO 2: CM 500, 528, 530, 550, 578, 592, 605, 614, and 619 ○ PLO 3: CM 500, 528, 530, 578, 592, 605, 614, and 619 ○ PLO 4: CM 528, 530, 605, 614, and 619 ○ PLO 5: CM 530, 605, 614, and 619 	<ul style="list-style-type: none"> ○ Data reviewed: For PLO 1, the CMHC team evaluated the DSKCA data and the GPAs for courses that included PLO 1 content from Fall 1 2016 through Summer 2 2017. In addition, the Department Manager and Chair evaluated the exit surveys for all students who graduated in the academic year. The Director of APP evaluated site supervisor and student surveys related to fieldwork. <ul style="list-style-type: none"> ○ Data Finding PLO 1.1: Overall, students’ progress on PLO 1 as expected. At the Basic Assessment level, students had a mean average score of 2.75 on the DSKCA, which exceeds the required benchmark score. ○ Data Finding PLO 1.2: Overall, students’ progress on PLO 1 as expected. At the Intermediate Assessment level, students had a mean average score of 3.21 on the DSKCA, which exceeds the required benchmark score. ○ Data Finding PLO 1.3: Overall, students’ progress on PLO 1 as expected. At the Advanced Assessment level, students had a mean average score of 3.61 on the DSKCA, which exceeds the required benchmark score. 	<ul style="list-style-type: none"> ○ PLO Goal 1.1: Enhance data collection and analysis process for all PLOs. <ul style="list-style-type: none"> ○ Provide at least one Clinical Training Manager and DSKCA training per semester. ○ Create job aids for Clinical Training Manager and student development processes to support students and faculty. ○ Analyze data from surveys and assessments within four weeks of the end of the term during which data collection occurs.
PLO #2 <i>Foundations</i>		<ul style="list-style-type: none"> ○ Data reviewed: For PLO 2, the CMHC team evaluated the DSKCA data and the GPAs for courses that included PLO 2 content from Fall 1 2016 through Summer 2 2017. In 	<ul style="list-style-type: none"> ○ PLO Goal 2.1: Enhance data collection and analysis process for all PLOs.

	<ul style="list-style-type: none"> ○ PLO 6: CM 578, 605, 614, and 619 ○ Data tables from DSKCA analysis: <ul style="list-style-type: none"> ○ Table 1: GPA Analysis by PLO ○ Table 2: Mean PLO from DSKCA by Class ○ Table 3: Quantitative Analysis of Average of All PLO findings Across Academic Years: Basic, Intermediate, and Advanced Assessments ○ Expected outcomes: For all assessments, students must achieve specific benchmarks related to student learning throughout the program that reflect the developmental nature of the CMHC Online. The benchmarks provide guidance on when faculty members should refer students for further 	<p>addition, the Department Manager and Chair evaluated the exit surveys for all students who graduated in the academic year. The Director of APP evaluated site supervisor and student surveys related to fieldwork.</p> <ul style="list-style-type: none"> ○ Data Finding PLO 2.1: Overall, students' progress on PLO 2 as expected. At the Basic Assessment level, students had a mean average score of 2.85 on the DSKCA, which exceeds the required benchmark score. ○ Data Finding PLO 2.2: Overall, students' progress on PLO 2 as expected. At the Intermediate Assessment level, students had a mean average score of 3.39 on the DSKCA, which exceeds the required benchmark score. ○ Data Finding PLO 2.3: Overall, students' progress on PLO 2 as expected. At the Advanced Assessment level, students had a mean average score of 3.71 on the DSKCA, which exceeds the required benchmark score. 	<ul style="list-style-type: none"> ○ Provide at least one Clinical Training Manager and DSKCA training per semester. ○ Create job aids for Clinical Training Manager and student development processes to support students and faculty. ○ Analyze data from surveys and assessments within four weeks of the end of the term during which data collection occurs.
<p>PLO #3 <i>Counseling, Prevention, and Intervention</i></p>	<p>remediation and support. The Director of APP and the Department Chair review the faculty referrals from the previous term during the first week of each term. If faculty members rate students below what is developmentally appropriate for the student's stage in the program on the DSKCA, an Academic Development Plan (Table 6) or</p>	<p>○ Data reviewed: For PLO 3, the CMHC team evaluated the DSKCA data and the GPAs for courses that included PLO 3 content from Fall 1 2016 through Summer 2 2017. In addition, the Department Manager and Chair evaluated the exit surveys for all students who graduated in the academic year. The Director of APP evaluated site supervisor and student surveys related to fieldwork.</p> <ul style="list-style-type: none"> ○ Data Finding PLO 3.1: Overall, students' progress on PLO 3 as expected. At the Basic Assessment 	<ul style="list-style-type: none"> ○ PLO Goal 3.1: Enhance data collection and analysis process for all PLOs. <ul style="list-style-type: none"> ○ Provide at least one Clinical Training Manager and DSKCA training per semester. ○ Create job aids for Clinical Training Manager and student development processes to support students and faculty. ○ Analyze data from surveys and assessments within four weeks

	<p>a Disposition/Skills Plan (Table 7) will be developed with the student, assessing faculty member, the student's faculty advisor, and the Department Chair or Director of APP.</p> <ul style="list-style-type: none"> ○ The benchmark for Basic courses, such as CM 500, 528, and 592 is 1. ○ The benchmark for Intermediate courses, such as CM 530, 550, and 578 is 2. ○ The benchmark for Advanced courses, such as CM 605, 614, and 619 is 3. 	<p>level, students had a mean average score of 2.67 on the DSKCA, which exceeds the required benchmark score.</p> <ul style="list-style-type: none"> ○ Data Finding PLO 3.2: Overall, students' progress on PLO 3 as expected. At the Intermediate Assessment level, students had a mean average score of 2.93 on the DSKCA, which exceeds the required benchmark score. ○ Data Finding PLO 3.3: Overall, students' progress on PLO 1 as expected. At the Advanced Assessment level, students had a mean average score of 3.42 on the DSKCA, which exceeds the required benchmark score. 	<p>of the end of the term during which data collection occurs.</p>
<p>PLO #4 <i>Assessment</i></p>		<ul style="list-style-type: none"> ○ Data reviewed: For PLO 4, the CMHC team evaluated the DSKCA data and the GPAs for courses that included PLO 4 content from Fall 1 2016 through Summer 2 2017. In addition, the Department Manager and Chair evaluated the exit surveys for all students who graduated in the academic year. The Director of APP evaluated site supervisor and student surveys related to fieldwork. <ul style="list-style-type: none"> ○ Data Finding PLO 4.1: Overall, students' progress on PLO 4 as expected. At the Basic Assessment level, students had a mean average score of 2.22 on the DSKCA, which exceeds the required benchmark score. ○ Data Finding PLO 4.2: Overall, students' progress on PLO 4 as expected. At the Intermediate Assessment level, students had a 	<ul style="list-style-type: none"> ○ PLO Goal 4.1: Enhance data collection and analysis process for all PLOs. <ul style="list-style-type: none"> ○ Provide at least one Clinical Training Manager and DSKCA training per semester. ○ Create job aids for Clinical Training Manager and student development processes to support students and faculty. ○ Analyze data from surveys and assessments within four weeks of the end of the term during which data collection occurs.

		<p>mean average score of 3.38 on the DSKCA, which exceeds the required benchmark score.</p> <ul style="list-style-type: none"> ○ Data Finding PLO 4.3: Overall, students' progress on PLO 4 as expected. At the Advanced Assessment level, students had a mean average score of 3.48 on the DSKCA, which exceeds the required benchmark score. 	
<p>PLO #5 <i>Diagnosis</i></p>		<ul style="list-style-type: none"> ○ Data reviewed: For PLO 5, the CMHC team evaluated the DSKCA data and the GPAs for courses that included PLO 5 content from Fall 1 2016 through Summer 2 2017. In addition, the Department Manager and Chair evaluated the exit surveys for all students who graduated in the academic year. The Director of APP evaluated site supervisor and student surveys related to fieldwork. <ul style="list-style-type: none"> ○ Data Finding PLO 5.1: Students are not currently evaluated for PLO 5 at the Basic or Intermediate level as diagnosis is an advanced skill. ○ Data Finding PLO 5.2: Overall, students' progress on PLO 5 as expected. At the Advanced Assessment level, students had a mean average score of 3.07 on the DSKCA, which exceeds the required benchmark score. 	<ul style="list-style-type: none"> ○ PLO Goal 5.1: Enhance data collection and analysis process for all PLOs. <ul style="list-style-type: none"> ○ Provide at least one Clinical Training Manager and DSKCA training per semester. ○ Create job aids for Clinical Training Manager and student development processes to support students and faculty. ○ Analyze data from surveys and assessments within four weeks of the end of the term during which data collection occurs. ○ PLO Goal 5.2: Identify a Basic Assessment course during which PLO 5 can be assessed at the Basic Assessment level. ○ PLO Goal 5.2: Identify an Intermediate Assessment course during which PLO 5 can be assessed at the Intermediate Assessment level.

<p>PLO #6 <i>Research and Evaluation</i></p>		<ul style="list-style-type: none"> ○ Data reviewed: For PLO 6, the CMHC team evaluated the DSKCA data and the GPAs for courses that included PLO 6 content from Fall 1 2016 through Summer 2 2017. In addition, the Department Manager and Chair evaluated the exit surveys for all students who graduated in the academic year. The Director of APP evaluated site supervisor and student surveys related to fieldwork. ○ Data Finding PLO 6.1: Students are not currently evaluated for PLO 6 at the Basic level. ○ Data Finding PLO 6.2: Overall, students' progress on PLO 6 as expected. At the Intermediate Assessment level, students had a mean average score of 3.24 on the DSKCA, which exceeds the required benchmark score. ○ Data Finding PLO 6.3: Overall, students' progress on PLO 6 as expected. At the Advanced Assessment level, students had a mean average score of 3.39 on the DSKCA, which exceeds the required benchmark score. ○ Data Finding PLO 6.4: Much of the DSKCA data collected from CM 578 was unusable due to an adjunct instructor selecting "Did Not Observe" for all dispositional questions on the DSKCA. 	<ul style="list-style-type: none"> ○ PLO Goal 6.1: Enhance data collection and analysis process for all PLOs. <ul style="list-style-type: none"> ○ Provide at least one Clinical Training Manager and DSKCA training per semester. ○ Create job aids for Clinical Training Manager and student development processes to support students and faculty. ○ Analyze data from surveys and assessments within four weeks of the end of the term during which data collection occurs. ○ Examine adjunct onboarding process and enhance the process to ensure appropriate acculturation to the department. ○ PLO Goal 6.2: Identify a Basic Assessment course during which PLO 6 can be assessed at the Basic Assessment level. ○ PLO Goal 6.3: Adjunct faculty who are not providing complete DSKCA ratings will be required to attend a competency training and will team teach with a core faculty member a minimum of two terms. The quality of assessment input will be re-evaluated and future course assignments will be contingent on quality assessment data.
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		<ul style="list-style-type: none"> ○ PLO Goal 7 (PLO 1 – 6: Clinical Skills) <ul style="list-style-type: none"> ○ The clinical side of CMHC Online saw many changes during the 2016-17 Academic year. Notably, one hundred percent of all students ($n = 15$) were placed in a suitable fieldwork placement, the CACREP self-study was completed and clinical processes moved from Tk20 to Clinical Training Manager. ○ Site and Supervisor Information <ul style="list-style-type: none"> ○ As per CACREP standards, all site supervisors must hold counseling related licenses, have a minimum of two years in the field, and have or be willing to take supervision training. Table 8 provides details about the CMHC site supervisors who supervised interns during the 2016-17 AY. The specific licenses, supervision training and years of clinical practice are noted. ○ The data indicated all site supervisors ($n= 20$) had relevant, current state approved licenses with 70% holding a Licensed Professional Counselor (LPC) Licensed Mental Health Counselor (LMHC) or Licensed Professional Counselor/Supervisor (LPCS). The remaining 30% held degrees related closely to counseling i.e., Marriage and Family Therapist (MFT) or Licensed Clinical Social Worker (LCSW/LCS). The Director of Applied Professional Practice interviewed each supervisor prior to approval to ensure each held a 	<ul style="list-style-type: none"> ● PLO Goal 7.1: Enhance data collection process for clinical skills courses. <ul style="list-style-type: none"> ○ Consolidate all clinical skills course data collection to Clinical Training Manager. ○ Ensure that surveys are easy to use and collect required data for CACREP and licensure/certification, and provide data to inform student progress and program modification. ○ Add site and client demographic data to the Supervisor Registry and agreement. ● PLO Goal 7.2: Provide training and support to university and site supervisors. <ul style="list-style-type: none"> ○ Offer consistent support meetings to university supervisors. ○ Provide at least one Clinical Training Manager and fieldwork training process training per semester. ○ Create job aids for Clinical Training Manager and other fieldwork processes to support students and supervisors. ○ Analyze data from surveys and assessments within four weeks of the end of the term during which data collection occurs.
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		<p>strong counselor identity and that the site itself met all CACREP criteria. Data further indicated site supervisors averaged 12.1 years of clinical experience and 95% had previous supervision training. The remaining 5% without training were offered supervision training provided by the CMHC program in an online format.</p> <ul style="list-style-type: none"> ○ Student Data on Fieldwork Experiences <ul style="list-style-type: none"> ○ Students graduating from the CMHC program are required to complete an anonymous fieldwork evaluation. The evaluation contains data on many program related areas including fieldwork. The first CMHC online program cohort matriculated in Summer 2017. Table 9 describes the fieldwork evaluations. ○ The data indicated a pattern of high satisfaction with the fieldwork experiences and programmatic support for the fieldwork process. The data also indicated a strong pattern of engagement with diverse populations during the field experiences. ○ Site Supervisor End of Term Survey <ul style="list-style-type: none"> ○ At the end of each term, the site supervisors complete an end of term survey on their experiences with the CMHC Online campus students and program. The response rate for this survey was 	
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		<p>less than desirable in the 2016-17 AY partially due to lack of easy access, and partly due to lack of University Supervisor training. Table 4 summarized the collected data.</p> <ul style="list-style-type: none"> ○ The data reveals site supervisors had high level of satisfaction with their primary faculty contacts. Qualitative comments about the site supervisor included “Wonderfully engaging and supportive contacts!” and “The supervisor was supportive; however, the systems were unfriendly and required me to repeat and redo the same tasks.” Qualitative comments regarding the Director of APP included “Dr. Soli was supportive and available to assist when needed. I found her to be very helpful” and “Everything is very nicely organized”. Notable as well is the fact that if supervisors did encounter difficulties with the supervisee or systems, the concerns were addressed to their satisfaction. ○ The CMHC Interns were lauded. The 100% rating on hiring or keeping the current intern and qualitative comments included “X was a delight to supervise. S/He was ethical, compassionate, and innovative. It's hard to find all of those qualities in students” were prevalent. Further qualitative 	
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		<p>comments noted the level of engagement the school had with students was impressive; however, there were two mentions of challenges with the technology, which was also addressed in another question. Unfortunately, the survey flaw did not allow us to measure the important data regarding taking another intern from the CMHC Online campus.</p> <ul style="list-style-type: none"> ○ The responses regarding the systems and processes yielded the areas ripe for improvement. While 60% of respondents indicated a high level of overall satisfaction, with the lowest 10% being neutral, the qualitative comments illustrate challenges. Less paperwork, kinks in the system, and frustration with access to forms and unnecessary duplication were noted. ● End of Term Student Site Data <ul style="list-style-type: none"> ○ Students complete an anonymous Site Survey at the end of each term of fieldwork. The survey is very long and the questions are repetitive. Table 5 summarizes the most relevant data to the program. ○ The data indicates the CACREP requirement of 1-1 or triadic supervision provision is consistently met. Some data indicates a challenge with direct hours; however, this was due to the student's limited availability. 	
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		<p>The students who reached out to the Director of Applied Professional Practice did so for reasons ranging from site supervisors leaving to challenges with hours to a need to change sites.</p> <ul style="list-style-type: none">○ The most concerning data point was the number of students unable to record with an actual client. The recordings are used in university supervision to provide the student opportunities for instructor and peer feedback. Unfortunately, several sites simply do not permit recordings due to the nature of the site or population. Additionally, the original alternative the program devised (having the university supervisor complete a live observation using Bluejeans) was not permitted by any of the sites. Students were given permission to complete role-plays with supervisors who emulated client concerns.	
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Quantitative Analysis of PLO findings

Table 1: GPA Analysis by PLO (Fall 2016 – Summer 2017)

	PLO 1: Diversity and Advocacy	PLO 2: Foundations	PLO 3: Counseling, Prevention, and Intervention	PLO 4: Assessment	PLO 5: Diagnosis	PLO 6: Research and Evaluation
Cohort 1 Fall 2014	3.82	3.87	3.82	3.87	3.82	3.87
Cohort 2 Spring 2015	3.00	3.50	3.50	3.50	3.00*	3.67
Cohort 3 Summer 2015	3.30	3.53	3.15	3.34	-	3.44
Cohort 4 Fall 2015	-	3.95	3.77	3.95	-	3.86
Cohort 5 Spring 2016	3.28	3.41	3.56	3.65	-	3.83
Cohort 6 Summer 2016	3.77	3.06*	2.52*	4.00	-	4.00
Cohort 7 Fall 2016	3.77	3.77	3.79	3.91	-	-
Cohort 8 Spring 2017	3.71	3.72	3.87	3.74	-	-
Cohort 9 Summer 2017	-	2.97*	2.97*	-	-	-

* GPA skewed due to one student failing course

- Cohort did not take signature courses covering PLO during 2016-17 academic year

Table 2: Mean PLO from DSKCA by Class (Academic Year 2016-17)

	PLO 1: Diversity and Advocacy	PLO 2: Foundations	PLO 3: Counseling, prevention, and Intervention	PLO 4: Assessment	PLO 5: Diagnosis	PLO 6: Research and Evaluation
Basic						
CM500						
CM528	2.29	2.5	2.24	2.22		
CM592	3.2	3.2	3.1			
Intermediate						
CM530	3	3	3	3		
CM543			2.86			2.73
CM550	3.41	3.41				
CM578		3.75		3.75		3.75
Advanced *						
CM605	3.48	3.53	3.29	3.36	3.04	3.4
CM614	3.52	3.79	3.29	3.23	3.23	3.14
CM619	3.83	3.8	3.67	3.84	2.94	3.64

*Data collected from students, university supervisors, and site supervisors.

Table 3: Quantitative Analysis of Average of All PLO findings Across Academic Years: Basic, Intermediate, and Advanced Assessments

	Academic Year (AY)	PLO 1: Diversity and Advocacy	PLO 2: Foundations	PLO 3: Counseling, Prevention, and Intervention	PLO 4: Assessment	PLO 5: Diagnosis	PLO 6: Research and Evaluation
<i>Basic Assessment</i>							
Year 1	2014-15	2.39	2.57	2.14	-	-	-
Year 2	2015-16	2.59	2.58	2.81	2.1	-	-
Year 3	2016-17	2.75	2.85	2.67	2.22	-	-
<i>Intermediate Assessment</i>							
Year 1	2014-15	2.25	2.25	-	-		
Year 2	2015-16	2.74	2.35	3.15	-	2.86	3.4
Year 3	2016-17	3.21	3.39	2.93	3.38	-	3.24
<i>Advanced Assessment</i>							
Year 1	2014-15	-	-	-	-	-	-
Year 2	2015-16	-	-	-	-	-	-
Year 3	2016-17	3.61	3.71	3.42	3.48	3.07	3.39

* 2013 -14 was the launch year and no courses were offered during that year. The first cohort began September 2, 2014.

- Indicates no data due to courses assessing this PLO not being offered in this academic year.

Note: DSKCA is on a 4-point scale.

Table 4: Site Supervisor End of Term Survey

Questions	n = 10	9-10 very satisfied	7-8 fairly satisfied	Neutral
Please rate the quality and frequency of contact and support from your intern's University Supervisor		60%	40%	
Please rate the quality of your interactions with and support from the Director of Applied Professional Practice (Dr. Soli).		90%	10%	
Please rate the quality and workflow of required paperwork and student assessments (e.g., time logs, DSKCA, recording reviews).		60%	30%	10%
	Yes	No	NA	
If you experienced any difficulties with your intern, the internship placement, or internship processes, were your concerns addressed to your satisfaction?	30%		70%	
	Yes	No	Maybe	
Based on your experiences in the last semester, would you keep or hire your current CMHC intern? Please provide comments if you answer No or Maybe.	100%			
Based on your experiences in the last semester, would you take another intern from the CMHC (Online Campus)?	No Data, Logic in survey was coded incorrectly.			
	Yes	No		
Would you like Dr. Soli, Director of APP, to contact you regarding your responses?			100%	

Table 5: End of Term Student Site Data

Student Site Survey Responses	
<i>n</i> Student Reports (reflects multiple responses to same site).	32
<i>n</i> Site Assessed	15
Provided 1 hour/week 1-1 or Triadic Supervision	100%
Difficulty obtaining direct contact hours	6%
Difficulty with supervisor completing assignments	3%
Reached out to APP	27%
Site helped develop clinical skills	100%
Site allowed client video recording	73%

Table 6: ADP Outcomes (Fall 2016 – Summer 2017)

	New ADPs offered to students	ADP invitation accepted by student	Students who have left the program before accepting ADP	Students who left the program with ADP in progress	Students with a successful ADP completion
Fall I 2016	3	0	0	0	1
Fall II 2016	6	1	3	0	0
Spring I 2017	2	1	0	1	1 in progress
Spring II 2017	1	1	0	0	1; 1 in progress
Summer I 2017	2	2	0	0	1; 3 in progress
Summer II 2017	5	2	2	1	1; 4 in progress
Totals	19	7	5	2	4 complete; 4 in progress at end of Summer II 2017

Table 7: DSDP Outcomes (Fall 2016 – Summer 2017)

	Students starting DSDP	Students currently progressing in DSDP	Students who left the program during this term before completing DSDP	Students who successfully completed DSDP during term	Total on DSDP at Term End
Fall I 2016	0	6	0	0	6
Fall II 2016	1	6	0	0	7
Spring I 2017	1	7	0	0	8
Spring II 2017	2	8	0	0	10

Summer I 2017	1	10	0	7	4
Summer II 2017	3	4	2	1	4
Totals	8	7	0		

Table 8: Site Supervisor Demographics

License	Yrs. Clinical Experience	Degree	License State	Copy Current License	Supervision Training
LCSW	10	MSW	IN	Yes	CMHC-Online
LCSW	6	MSW	NM	Yes	Yes
LCSW	16	MSW	GA MO	Yes	Yes
LMHC	9	MA Counseling	FL	Yes	Yes
LMHC	4	MA CMHC	WA	Yes	Yes
LMHC	18	MA Counseling	MA	Yes	Yes
LMHC	3	MS MHC	WA	Yes	Yes
LPC	3	MEd	TX	Yes	Yes
LPC	28	MS Counseling	GA	Yes	Yes
LPC	7	MS Counseling	GA	Yes	Yes
LPC	15	MS Counseling	GA	Yes	CMHC-Online
LPC	2	MS Counselor Ed	NC	Yes	Yes
LPC	18	MS Community Counseling	GA	Yes	Yes
LPC	10	MS Counseling	GA	Yes	Yes
LPC	11	MS Counseling	VA	Yes	Yes
LPC	15	MS Counseling	VA	Yes	Yes
LPCS	20	PhD in Counselor Education and Supervision	NC	Yes	Yes
LSW	12	MSW	PA	Yes	Yes
MFT	12	EDS C/Ed Psych	NV	Yes	Yes
MFT	23	MA Transpersonal Psych	NV	Yes	Yes

Table 9: 2016-17 Student Fieldwork Evaluations

Question	<i>n</i> = 10	Strongly agree	Agree	Neutral	Somewhat Disagree	Disagree
My fieldwork experiences provided me with adequate training across a spectrum of competencies		8	2	0	0	0
My fieldwork experiences provided me with clinical assignments with a sufficient caseload to earn the required hours.		8	2	0	0	0
My fieldwork experiences provided me with adequate opportunities to engage in individual counseling and group counseling		8	2	0	0	0
My fieldwork experiences provided me with adequate opportunities to engage in intake evaluation and ongoing client assessments.		7	3	0	0	0
My fieldwork experiences provided me with adequate opportunities to engage in the diagnosis and treatment planning process.		8	2	0	0	0
My fieldwork experiences provided me with adequate opportunities to practice record keeping and other documentation.		10	0	0	0	0
My site supervisor provided an average of one hour per week of individual and/or triadic supervision, during which regular feedback on my developing skills and dispositions was provided which helped me become a more effective counselor.		9	1	0	0	0

My university supervisor provided feedback and guidance that helped me become a more effective counselor.		7	3	0	0	0
Overall I believe the Director of Applied Professional Practice was knowledgeable, supportive, and appropriately assisted with my fieldwork placement and process.		7	3	0	0	0
Overall, I am satisfied that my practicum and internship experiences prepared me for working as a counselor.		7	3	0	0	0
Please indicate the types of diversity you encountered in your field experience or internship: (select all that apply) n = 10						
Cultural		9				
Ability/disability		7				
Gender identity		5				
Sexual orientation		10				
Ethnicity		10				
National origin		7				
Race		10				
Socioeconomic		10				
Religion		9				
Reflecting on the diverse groups listed in the previous question, in your opinion, how diverse would you say your field experience or internship was?	n = 10	Very diverse	Diverse	Somewhat Diverse	Not Diverse	Very diverse
		7		3		

Please provide any additional feedback here. If you scored any areas with a Disagree or less, we would highly value your comments on how we might have improved your experience.

The diversity was among the clientele. Unfortunately, not with the staff within my program or within the entire facility.

Narrative:

Overall, CMHC Online students' progress through the program as expected. The CACREP site team recognized assessment as a strength of the program. However, we have identified several areas of opportunity for improving our assessment process. We need to assess PLO 5 and 6 earlier in the program. We are also in the process of creating a National CMHC Assessment Plan and aligning our signature assignments. In addition, we noted that several of our surveys need to be modified for ease of use and to collect the data we are seeking. We also need a single portal for assessment data collection and evaluation.

What change(s) have you made this year? (PMR):

We added CM 597 – Telebehavioral Health as an elective course.

Rationale:

The program added the CM 597 – Telebehavioral course to meet changes in licensure law and to provide the necessary training for students seeking to participate in the Virtual Clinical Training Center (VCTC).

Results expected next year:

The National CMHC Assessment Plan will allow the campuses to compare outcomes and utilize the knowledge of the full CMHC faculty. Simplifying the surveys and having a single portal for assessment will simplify the assessment process and increase efficiency. The CMHC Online faculty will be able to assess data in a timelier manner and adapt the policies, procedures, and courses in a timelier manner. The simplified assessment will also allow core and adjunct faculty to be more consistent in reporting data and will enhance the administration's ability to oversee the assessment process.

APPROVALS: Program/Curriculum Chair: *LoriAnn Stretch* **Date:** 12.1.2017 **Academic Dean:** **Date:** 08/01/17

Section 2: Program Effectiveness Section

PMOs	2016-17 Assessment Methods	Data Reviewed and Findings	Actions
<p>PMO # 1 Accreditation and Licensure Alignment</p>	<ul style="list-style-type: none"> • CACREP Self-study and site visit (See Appendix A) • State licensure review <ul style="list-style-type: none"> ○ Department chair reviewed licensure laws in fifty states, District of Columbia, Puerto Rico, and Guam. • Curriculum Development Overview and Critique 	<ul style="list-style-type: none"> • PMO Goal 1: CACREP Site Visit recommendations <ul style="list-style-type: none"> ○ Section 1 – Learning environment: <ul style="list-style-type: none"> ○ Allow leadership (Director of APP and Chair) time for rest and renewal in the same way faculty are given one term off to maintain ongoing effective leadership ○ Provide additional staff and administrative support at residencies to allow faculty to effectively teach during residency ○ Provide easier access to the required information on the website since it is difficult to locate (see PMO – Community for action plan). ○ Section 2 – Professional and Counseling Identity <ul style="list-style-type: none"> ○ Move university disability policy to front of syllabus ○ Provide opportunity for students and alumni to spend time together in non-program related activities at residency to enhance connections. ○ Add live and unscripted discussion time to courses ○ Host residencies at alternative sites to reduce expenses for students attending in Chicago ○ Section 4 - Evaluation in the Program <ul style="list-style-type: none"> ○ Reduce number of module learning outcomes as it detracts from the priority and alignment of signature assessments ○ Simplify assessment process and utilize one assessment program (Clinical Training Manager) 	<p>PMO Goal 1.1: Review CACREP site team suggestions and determine a plan of action for each suggestion that is viable.</p> <ul style="list-style-type: none"> ○ Create Associate Chair position to share administrative load with Chair and Director of APP. ○ Develop departmental committee system and distribute leadership roles across faculty. ○ Revise syllabi to include disability policy on the front page of the syllabus and on the front page of each course room. ○ Create alumni Third Residency program that will invite alumni to attend residencies as teaching assistants, guest speakers, and for advisory board meetings. Offer alumni NBCC-approved Continuing Education opportunities as part of Third Residency program. ○ Explore ways to add live, unstructured discussion time to courses. ○ Explore alternative sites, particularly in collaboration with TCS Education partners, for future residencies in 2019 and beyond. ○ Host a National CMHC faculty meeting in October 2017 to begin national alignment of signature courses and assessments. ○ Add DSKCA to Clinical Training Manager (CTM) and begin collecting all DSKAs via CTM by Summer 2018.

		<p>Results from CACREP Self-study and Licensure Review completed in July 2017:</p> <p>PMO Goal 2 Add “0” credit courses for administrative and assessment purposes.</p> <ul style="list-style-type: none"> ○ CACREP site team recommended single location for fieldwork documentation and determination of readiness for fieldwork. ○ Capstone course will track completion of Capstone project, comprehensive exam, and exit interview. CACREP requires the program demonstrate benchmark assessments and show how those assessments inform student progress. ○ These changes will allow for greater efficiency in managing these significant assessment benchmarks in curriculum. <p>PMO Goal 3: Integrate Clinical Training Manager into the Online Campus CMHC curriculum.</p> <ul style="list-style-type: none"> ○ The CMHC Online has been piloting CTM for TCS since Spring 2017, with the objective of programmatic implementation at the onset of 2018. Pilot has progressed well. The pilot has been coordinated by Lori Soli and Dina Glaser. ○ The database used by other programs does not meet the site development needs of an online/hybrid campus. CTM provides a robust site development process, a full spectrum of assessment capabilities, lifetime access for students to their fieldwork time tracking logs with built in state licensure requirements/tracking, and the ability to integrate electronic health record keeping (EHR) training throughout the program. ○ Most of behavioral healthcare providers, including Blue Cross/Blue Shield, Aetna, Cigna, and United, are already or will soon utilize electronic health records for all client documentation and expect employee competence with EHR. Currently, the CMHC program discusses but does not 	<p>PMO Goal 1.2: Add “0” credit courses for administrative and assessment purposes.</p> <ul style="list-style-type: none"> ○ Add a zero credit hour Practicum Readiness Assessment course. ○ Add a zero credit hour Capstone course. <p>PMO Goal 1.3: Integrate Clinical Training Manager into the Online Campus CMHC curriculum.</p> <ul style="list-style-type: none"> ○ Charge a one-time technology fee of \$175.00 to each currently enrolled and incoming student to cover the cost of lifetime access to Clinical Training Manager (CTM) an online electronic records, assessment, and site development portal. The fee will be assessed at the beginning of Spring 1, 2018 to all students except for those enrolled in CM 614 and CM 619. Each term thereafter, the fee will be attached to the CM 500 Introduction to the Counseling Profession and Ethics ○ Add technology fee of \$175.00 to CM500 Introduction to the Counseling Profession and Ethics for online students only. ○ Transition Dispositions, Skills, and Knowledge Competency Assessment (DSKCA) to Clinical Training Manager. ○ All fieldwork administration will occur in CTM. ○ Faculty will determine a plan for integrating CTM into other skills courses between 2018 – 2020.
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		<p>experientially train students in EHR methodology; CTM allows for integrated EHR training across all courses.</p> <ul style="list-style-type: none"> ○ Currently, the central housing system for fieldwork records is SharePoint. CTM provides a cloud based, HIPAA compliant storage solution for all clinical records. ○ CTM can facilitate student assessment across program disposition, clinical skills, and knowledge competencies, replacing Tk20 and Survey Monkey in all CMHC Online courses. ○ CMHC Online students are geographically diverse, and state licensure requirements are inconsistent between states. CTM’s predesigned licensure tracking logs provide another layer of certainty student’s will meet state licensure requirements and allows students to seamlessly access and convert past time logs and transition to a different state’s log if applying for licensure in multiple states during their careers. <p>The National Strategic Planning Committee - Launch a National Training Office 1.1 met and discussed the PMR proposed by CMHC Online. The committee offered the following feedback:</p> <ul style="list-style-type: none"> ○ The Clinical Training Manager (CTM) program being utilized by CMHC Online has three unique features that serve the online program in a specific, meaningful way (Electronic Health Records, National Site Search Function, and Licensure Requirement assistance that is state specific per student). ○ CMHC Online should be able to continue utilizing this program until the institution makes a more formal decision for all programs around a database/training records shift ○ This will cause less disruption for their student experience, which is essential given that their 	<p>(Note: follow the PMSC pre-review meeting, OGC was consulted and confirmed that TCSPP can apply this fee. OGC recommends a formal notice be drafted and sent. This will be an action item during implementation.)</p> <p>PMO Goal 1.4: Align courses with CACREP and licensure requirements</p> <ul style="list-style-type: none"> ○ CM 521 – Lifespan Development (course description change) ○ CM 592 – Clinical Mental Health Counseling (course description change) ○ CM 507 – Theories of Counseling and Psychotherapy (course description change) ○ CM 530 – Advanced treatment Planning and Psychopharmacology to CM TBD Treatment Planning (course description change & title change) ○ CM TBD – Psychopharmacology (NEW elective course) ○ CM TBD – Advanced Ethics and Legal Considerations (NEW elective course) ○ CM 550 – Diversity & Multiculturalism (course description change) ○ CM 578 – Methods of Research and Program Evaluation (course description change) ○ CM 700 – Counseling Mature Adults to CM XXX Gerontological Counseling (course title change)
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		<p>students have been exposed to several different systems in their short academic careers already</p> <ul style="list-style-type: none"> ○ The committee recommends that the needs/fit of CTM be reassessed when the larger institution makes a decision about all programs transitioning to a new record storage system <p>Goal 4: Align course descriptions with CACREP and licensure requirements and adjust language of course descriptions.</p> <ul style="list-style-type: none"> ○ CM 521 – Lifespan Development: Wording change from “normal” to “typical” to reflect more accurate description of process. ○ CM 592 – Clinical Mental Health Counseling: The new description provides a more robust description of the Clinical Mental Health Counseling course and is reflective of the integrative health model toward which our profession is moving. The inclusion of consultation and an interpersonal approach better aligns with CACREP and state licensure requirements (e.g., Hawaii, Indiana, Maine, Massachusetts, Michigan, New York, Ohio, Oklahoma, Wisconsin, and West Virginia). A new description for CM 592 was originally approved in 2014, however, due to an administrative oversight the change was never implemented. This will also integrate Carroll University curriculum. The CMHC Online CACREP self-study identified this as a required change to fulfill CACREP Standard (2016) Sec 2, F.1.b. and F.5.c. and Sec 5, C.2.c. CACREP Sec 2, F.1.b. (2016, p. 8) requires students understand “the multiple professional roles and functions of counselors across specialty areas, and their relationships with human service and integrated behavioral health care systems, including interagency and interorganizational collaboration and consultation.” CACREP Standard (2016) Sec 2, F.5.c. and Sec 5, C.2.c. also reference consultation. 	<ul style="list-style-type: none"> ○ CM 616 Advanced Internship (course pre-requisite change) ○ MC 610 - Professional Military Ethics and Culture (course description & credit change) ○ MC 650 - Professional Military Ethics and Culture (course description & credit change) ○ MC 660 - Military Psychological Interventions (course description & credit change) <p>PMO Goal 1.5: Subsidize residency budget per budget recommendations from Business Operations.</p> <ul style="list-style-type: none"> ○ Add \$350 lab fee to CM 528 – Helping Relationship & Skill Development (Online Campus Only) to subsidize residency costs. ○ Add \$350 lab fee to CM 543 – Group Theories and Processes of counseling (Online Campus Only) to subsidize residency costs. <p>(Note: follow the PMSC pre-review meeting, OGC was consulted and confirmed that TCSPP can apply this fee. OGC recommends a formal notice be drafted and sent. This will be an action item during implementation.)</p> <p>PMO Goal 1.6: Enhance and clarify elective offerings.</p> <ul style="list-style-type: none"> ○ Create new elective course titled CM TBD – Grief Counseling (3 credit hours)
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		<p>The CACREP Standards specific to CMHC requires knowledge in “the principles of mental health, including prevention, intervention, consultation, education, and advocacy.” Consultation is not mentioned in any of the other course descriptions for CMHC.</p> <ul style="list-style-type: none"> ○ CM 507 – Theories of Counseling and Psychotherapy: During the CMHC Online CACREP self-study preparation, Dr. McGrath noted that the verb tense varied in course descriptions. The self-study team recommends changing all course descriptions to reflect a present verb tense. ○ CM 530 – Advanced treatment Planning and Psychopharmacology: Faculty and students have consistently reported that the CM 530 course has too much content and that students do not have enough of a foundation in treatment planning to successfully navigate an advance treatment planning course. This change separates the advanced Treatment Planning and Psychopharmacology content. A basic overview of psychopharmacology will remain to full CACREP Sec. 5.C.2.h. The more thorough psychopharmacology content will be offered as an elective course. ○ CM TBD – Psychopharmacology: Add elective course in psychopharmacology to meet licensure requirements in Arkansas, California, South Dakota, Vermont, and West Virginia. ○ CM 550 – Diversity & Multiculturalism: The new description provides a more robust description of the Clinical Mental Health Counseling course and is reflective of the integrative health model toward which our profession is moving. The CMHC Online CACREP self-study identified some areas in the CMHC Standards that were not overtly discussed in courses. This change more clearly identifies where the program addresses CACREP (2016) Sec 5, C.2.j., 	<ul style="list-style-type: none"> ○ Incorporate integrative health care elective into the elective pool (Online campus only). <ul style="list-style-type: none"> ○ CM TBD - Behavioral Health Care Strategies for the Care and Management of Severe Mental Illness (3 credit hours) <p>PMO Goal 1.7: Ensure students have individual, professional liability insurance and demonstrate counselor identity.</p> <ul style="list-style-type: none"> ○ Require ACA Membership throughout CMHC program across all three campuses. ○ Establish tracking system for ACA membership <p>PMO Goal 1.8: Evaluate existing CMHC curriculum and determine if an additional elective course is needed to complete curriculum requirements for CA.</p> <p>PMO Goal 1.9: Enhance and expedite the curriculum development and revision process.</p> <ul style="list-style-type: none"> ○ Establish an improved, collaborative process between the CMHC program and the Instructional Design program is needed. This collaboration should focus on improving the process for updating courses in a timely and accurate manner. While Course Maintenance forms may still be used for minor course errors, it is recommended that a more in-depth process is established to accommodate the
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		<p>“cultural factors relevant to clinical mental health counseling” and CACREP (2016) Sec 5, C.3.e., “strategies to advocate for persons with mental health issues.” During the CMHC Online CACREP self-study preparation, Dr. McGrath noted that the verb tense varied in course descriptions. The self-study team recommends changing all course descriptions to reflect a present verb tense. This change also integrates the Carroll University curriculum.</p> <ul style="list-style-type: none"> ○ CM 578 – Methods of Research and Program Evaluation: During the CMHC Online CACREP self-study preparation, Dr. McGrath noted that the verb tense varied in course descriptions. The self-study team recommends changing all course descriptions to reflect a present verb tense. ○ CM 700 – Counseling Mature Adults: Name change aligns course with acceptable terminology within profession and clarifies what is meant by “mature.” Gerontological counseling is a recognized specialty within the counseling field. ○ CM 616 Advanced Internship: Corrects pre-requisite for CM 616- Advanced Internship. Students must complete CM 619 – Internship 2 prior to enrolling in CM 616- Advanced Internship ○ MC 610 - Professional Military Ethics and Culture: Students want to take the military sequence; however, courses were originally approved as 2 credit courses. Most licensure boards require a minimum of 3 credits per course for courses to count toward licensure. Verb tense in original course descriptions were in future tense instead of present tense. ○ MC 650 - Professional Military Ethics and Culture: Students want to take the military sequence; however, courses were originally approved as 2 credit courses. Most licensure boards require a minimum of 3 credits per course for courses to 	<p>frequent and necessary curriculum updates needed to keep our curriculum current with the field.</p> <ul style="list-style-type: none"> ○ Establish a Curriculum Committee to manage the ongoing demands of maintaining current and innovative courses and to conduct an official curriculum-focused program evaluation. ○ Create an Official course revisions schedule to ensure that all courses that are older than two years are thoroughly updated and improved. This schedule should be added to the existing curriculum build / audit schedule ○ Create a realistic course development schedule for new courses, which will be included in Fall PMR: Advanced Ethics, Psychopharmacology, Gerontological Counseling, Professional Military Ethics and Culture, Military Psychological Interventions, Behavioral Health Care Strategies for the Care and Management of Severe Mental Illness. ○ Continue the use of Instructor Feedback in course editing through weekly instructional feedback surveys. ○ Develop a curriculum map specific to diversity in the curriculum. <p>PMO Goal 1.10: Create an international database for certification and licensure to support students living outside U.S.</p>
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		<p>count toward licensure. Verb tense in original course descriptions were in future tense instead of present tense.</p> <ul style="list-style-type: none"> ○ MC 660 - Military Psychological Interventions: Students want to take the military sequence; however, courses were originally approved as 2 credit courses. Most licensure boards require a minimum of 3 credits per course for courses to count toward licensure. Verb tense in original course descriptions were in future tense instead of present tense. <p>Goal 5: Subsidize residency budget per budget recommendations from Business Operations.</p> <ul style="list-style-type: none"> ○ Add \$350 lab fee for residencies, which are embedded in CM 528 and CM 543, to subsidize costs of faculty expenses, meals, and supplies. Clarifies requirement of residency. Aligns course description with licensure requirements for residency in Illinois. ○ The CMHC Online residencies require more faculty per student than most CMHC Online residencies (CM 528 requires a 1 faculty: 15 student ratio and CM 543 requires a 1 faculty: 12 students). The CMHC residencies are 4.5 days, which is longer than most other residencies offered by the Online Campus. The 4.5 days is the minimum time needed to provide a quality skills training experience. ○ The \$10,000 budget typically assigned to programs to support residency does not provide sufficient financial support for the residencies. Faculty housing alone in July 2018 exceeded \$13,000. ○ CM 543 only: Correct course number of prerequisite from CM 529 to CM 530 or Treatment Planning course (in this PMR), which was a change that should have occurred when CM 530 replaced CM 529 in 2014. 	
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		<p>Goal 6: Enhance and clarify elective offerings.</p> <ul style="list-style-type: none"> ○ CACREP requires that students be trained in “mental health service delivery modalities within the continuum of care, such as inpatient, outpatient, partial treatment and aftercare, and the mental health counseling services networks (Standards Sec. 5, C. CMHC, 2.c.). ○ CM TBD - Grief Counseling: Change course from CM 720: Current Topics course to its own elective course. Course has had consistent interest and enrollment at the Online Campus and is scheduled to run in Chicago in Summer 2018. The course has run twice at both campuses. Students consistently rate the course highly and note it adds value to their professional skills and preparation for the field. Course can also be used to fulfill treatment modality requirements for licensure in three states: Maine, Vermont, and West Virginia. ○ CM TBD - Behavioral Health Care Strategies for the Care And Management of Severe Mental Illness: This course will offer integrative health care elective options to students. The course also integrates the Carroll University curriculum. ○ Clarify program of study language with statement indicating elective course offerings vary by campus and some electives may only be offered in the online format. For example, CM 597 – Telebehavioral Health was approved to be delivered via the Online Campus only. <p>Goal 7: Ensure students have individual, professional liability insurance and demonstrate counselor identity.</p> <ul style="list-style-type: none"> ○ CACREP requires that “Students are covered by individual professional counseling liability insurance policies while enrolled in practicum and internship” (Section 3.A.). ○ CACREP (2016, p. 2) stresses that the CACREP Standards “are meant to ensure that students 	
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		<p>graduate with a strong professional counselor identity.” One way the CMHC program can develop a strong counselor identity is by requiring ACA membership and integrating the substantial members-only resources into all courses. CMHC Online received accolades from CACREP during their recent self-study for requiring ACA membership and integrating the organization’s resources into all courses.</p> <p>Goal 8: Expand curriculum to include California’s curriculum licensure requirements.</p> <ul style="list-style-type: none"> ○ California only has four CACREP accredited Clinical Mental Health Programs. ○ CMHC Online regularly receives admission inquiries from California. Between August 29, 2016 to August 28, 2017, CMHC Online received 113 admission inquiries from residents of California. ○ Graduates seeking CA licensure will need the following elective courses: Psychopharmacology (CM TBD), Addictions (CM 585), and Crisis and Trauma (CM 599). ○ California requires instruction in the following topics as part of the degree: ○ The understanding of human behavior within the social context of socioeconomic status and other contextual issues affecting social position. ○ The understanding of human behavior within the social context of a representative variety of the cultures found within California. ○ Cultural competency and sensitivity, including a familiarity with the racial, cultural, linguistic, and ethnic backgrounds of persons living in California. ○ An understanding of the effects of socioeconomic status on treatment and available resources. ○ Multicultural development and cross-cultural interaction, including experiences of race, ethnicity, class, spirituality, sexual orientation, gender, and 	
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		<p>disability and their incorporation into the psychotherapeutic process.</p> <ul style="list-style-type: none"> ○ Case management, systems of care for the severely mentally ill, public and private services for the severely mentally ill, community resources for victims of abuse, disaster and trauma response, advocacy for the severely mentally ill, and collaborative treatment. The instruction required in this paragraph may be provided either in credit level coursework or through extension programs offered by the degree-granting institution. ○ Human sexuality, including the study of the physiological, psychological, and social cultural variables associated with sexual behavior, gender identity, and the assessment and treatment of psychosexual dysfunction. ○ Spousal or partner abuse assessment, detection, intervention strategies, and same gender abuse dynamics. ○ A minimum of seven contact hours of training or coursework in child abuse assessment and reporting, as specified in Section 28, and any regulations promulgated thereunder. ○ Aging and long-term care, including biological, social, cognitive, and psychological aspects of aging. This coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect. ● Goal 9: Due to a late start on the original curriculum development in July 2014, CMHC has consistently run behind schedule on course development. In the 2016-17 academic year, we implemented a Curriculum Lead and conducted a Curriculum Development Overview and Critique. <ul style="list-style-type: none"> ○ Completed New Course Builds <ul style="list-style-type: none"> ○ Nine new courses were built and delivered during the 2016-17 academic year (see 	
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		<p>Table 10). The building of these courses utilized seven different subject matter experts, including both TCS and external SMES. Subject Matter Experts worked on a weekly basis with the CMHC Curriculum Lead, Kristy Eldredge, to design courses that met the four essential threads of the CMHC department, aligned learning outcomes with TCS and CACREP 2016 Standards, and provided innovative learning activities that reflect the current trends and topics in the counseling field.</p> <ul style="list-style-type: none">○ Course Audits and Chair Checklists Submitted<ul style="list-style-type: none">○ In the 2016-17 academic year, significant progress was made on course auditing and assessment (See Table 11). In the process of a course review and audit, both an internal CMHC reviewer and an external CMHC reviewer assessed each existing course in the CMHC curriculum. These assessments examined how well courses aligned with Quality Matters standards, CACREP standards, and overall quality of learning activities and materials. Once both reviewers completed assessment of a course, the review documents were sent to the CMHC Curriculum Lead for the next step in the course auditing process. The Curriculum Lead examined the evaluations, communicated the feedback to the respective SME, and assisted in the implementation of the feedback. In many cases, this required the submission of Course Maintenance Forms to the Instructional Design team for revisions to future courses. In some instances, this required coordination with the ID team to make immediate changes in live courses.	
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		<p>After the auditing process, final Chair Checklist documents were submitted to indicate the completion of the course build, review, and audit cycle. The following table illustrates the courses were review, auditing and final Chair Checklists were submitted.</p> <ul style="list-style-type: none"> ○ Official Course Revisions <ul style="list-style-type: none"> ○ Every three years, existing courses require an official review and revision. In the summer of 2017, the first course in the CMHC program came up for revision: CM 500 - Introduction to the Counseling Profession and Ethics. A SME was identified to complete the SME 101 course to assist in revising and updating the course beginning in the Summer 2 2017 term. ○ Syllabi Updates <ul style="list-style-type: none"> ○ Due to the revision of CACREP Standards to the 2016 standards, the CMHC CACREP Self-Study creation, the CMHC program's shift away from the use of TK20 and GoToMeeting, and changes made at the institutional level to the syllabus template, a major overhaul of course syllabi occurred during the 2016-17 academic year. All syllabi of existing courses were edited and updated to reflect these changes. In addition, syllabi edits are made to mirror course edits required through the course review and auditing process. ○ Additional Areas of Note <ul style="list-style-type: none"> ○ The CMHC department worked in conjunction with the TCS library to move all eReserve readings in courses to linked PDFs. ○ Upon thorough review of the TK20 competency assessment system, the CMHC program implemented the use of a Survey 	
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		<p>Monkey assessment to better assess and document students' demonstrated competencies in each course. Courses and syllabi were updated to reflect this change.</p> <ul style="list-style-type: none"> ○ Faculty experts in various topics held consultation meetings to identify areas in curriculum that required updating, changes to content, or additions to content to remain current with the field. An example of this was with the CM 550 Diversity and Multicultural course. Since the initial development of the course, a new set of multicultural competencies was released by the American Counseling Association, thus requiring updates to the learning materials in the course. In addition, language utilized in the initial course build needed to be adjusted to be fully culturally competent and sensitive. ○ Based on the Program Director and APP's ongoing review of state licensure requirements, current curriculum changes were implemented and proposals for new curriculum were updated to ensure students in each state can meet the coursework required by students' respective state licensing boards. ○ The CMHC program initiated a weekly Instructional Feedback survey. One of the areas on this survey asks faculty to identify any curriculum-related issues or errors in the course the faculty ins currently teaching. The results of these surveys are communicated with the Curriculum Lead to allow her to facilitate the submission of Course Maintenance Forms. 	
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<p>PMO # 2 Community</p>	<ul style="list-style-type: none"> ○ TCSPP Student Experience Survey ○ Course Evaluations (Fall 1 2016 – Summer 2 2017) ○ TCSPP Orientation Survey Fall 2016 ○ Student Ambassador Annual Report ○ Theta Chi Sigma Annual Report ○ CMHC Online Admission Data 2014 – 2017 ○ Alumni Survey 2017 	<p>TCSPP Student Experience Survey</p> <ul style="list-style-type: none"> ○ Overall Satisfaction <ul style="list-style-type: none"> ● The Spring 2017 Student Experience Survey indicated that overall CMHC Online students were satisfied with their program. ● Sixty-two CMHC Online students, or 58% of the enrolled students participated in the study. ● When asked about their overall satisfaction 54.5% indicated Very Satisfied, 42.1% indicated Satisfied, with the remaining 3.5 % indicating neither satisfied nor dissatisfied. ● Almost ninety-four percent of CMHC Online students would recommend TCSPP to friends, family and colleagues. ○ Community <ul style="list-style-type: none"> ● Of the students participating in the survey, almost 90% believed their faculty had been instrumental in their student experience at TCSPP and over 92% had at least one faculty member to whom he or she could go to for support in their professional development. ● Likewise, 90% indicated they knew at least one faculty member to whom they could go to for career guidance. ● More than 83% of the students also indicated positive interactions with other students at TCSPP. ● Approximately 82.3% of the students surveyed felt they had adequate opportunities to connect with peers from TCSPPP and 82.3% indicated that they took advantage of the opportunities to connect with peers. ○ Scholarship <ul style="list-style-type: none"> ○ CMHC Online students reported feeling supported in their research endeavors. Almost eighty-seven percent (86.5%) endorsed having the needed supports to achieve their research goals. 	<p>PMO Goal 2.1: Utilize information from Student Experience and Orientation surveys to maintain existing community activities and examine opportunities for new community development activities.</p> <ul style="list-style-type: none"> ○ Update and revise CMHC Online Orientation. ○ Develop a new CMHC-Advising format that can also serve as program’s website. ○ Utilize marketing templates to create informational booklet highlighting faculty expertise. ○ Develop a co-advising model so that students have a faculty advising team who can provide continuous coverage while faculty members are on term off. ○ Enhance Career Services offerings by developing a fieldwork partnership with Career Services Office. ○ Expand Community Involvement point program to include professional identity seminar series that will also provide NBCC CE opportunities to alumni and site supervisors. ○ Recruit and launch CMHC Online Advisory Committee that consists of stakeholders such as alumni, students, adjunct faculty, and alumni. ○ Develop a system to track ACA membership throughout a student’s enrollment in CMHC.
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		<ul style="list-style-type: none"> ○ Ninety percent endorsed having a competency in using scientific research and theory to prepare scholarly work as a result of their education at TCSP. ○ Finally, ninety percent indicated a competency in using scientific research and theory to inform their practice secondary to their educational work at TCSP. ○ Co-Curricular experiences <ul style="list-style-type: none"> ○ Fifty-four students indicated which co-curricular experiences were most influential in helping create a student community. The top experiences were: Academic Resources (57.4%), New Student Programs (46.3%), Student Leadership (35.2%), Cultural Resources (31.5%), Community Partnerships (25.9%) and Applied Professional Practice tied with Training and development resources (24.1%). Services that were rated lowest included Career Services (18.5%), NCADE (16.7%), Wellness Resources and Health & Wellness both at (14.8%), Multicultural Programs (9.3%), International Education (5.6%) and Military & Veterans (3.7%). Eleven percent of students indicated “other”. ○ Feedback related to research was mixed. One weakness of the survey is there is no indication how long students had been enrolled in the program. Without this information, the research preparation results are nearly impossible to interpret because CMHC students are not formally trained on research until their second academic year. ○ Diversity in Curriculum <ul style="list-style-type: none"> ○ In terms of diversity, over 96.7% of the students indicated that studying at TCSP provided them with the opportunity to interact with people from a variety of backgrounds. Ninety-two percent of the 	<p>PMO Goal 2.2: Utilize course evaluations to inform curriculum modifications and course staffing decisions.</p> <ul style="list-style-type: none"> ○ Analyze course evaluations within three weeks of receiving course evaluation reports. ○ Utilize course evaluation data to inform faculty training and staffing. ○ Encourage faculty to remind students to participate in course evaluations each term and how valuable the student’s input is. <p>PMO Goal 2.3: Enhance the Student Ambassador Program and expand the support provided by the program.</p> <ul style="list-style-type: none"> ○ Provide one Student Ambassador for every 40 students in each of the four core first year courses: CM 500, CM 521, CM 507, and CM 550. <p>PMO Goal 2.4: Develop professional counseling student organization.</p> <ul style="list-style-type: none"> ○ Apply for status as a Registered Student Organization (RSO) in Fall 1 2017. ○ Once RSO status is granted, complete application for charter membership with the national honor society, Chi Sigma Iota International by Spring 2018. ○ Develop committees to address the various goals of the group including social activities, membership, technology, etc. by Spring 2018. ○ Develop and implement a membership drive. Welcome letters will be sent to potential members
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		<p>students noted that studying at TCSPP has increased their desire to work with underserved populations.</p> <ul style="list-style-type: none"> ○ Ninety-five percent of the CMHC Online students felt that studying at TCSPP had increased their respect for people with differences from their own lives. Multicultural competencies/cultural humility is an essential thread in the CMHC program, and the students are clearly evidencing this knowledge in their studies. Table 12 provides an overview of the areas of diversity students noted were covered in the curriculum. As previously noted, this study does not indicate the length of time for student matriculation. Inclusion of the length of time for student matriculation could reveal an interesting progression in diversity in the curriculum. ○ Overall, the CMHC Online students feel prepared to apply practical and theoretical knowledge in the areas of diversity noted in Table 13. ○ Ninety-three percent of the CMHC Online students reported development of competency to behave in a professional and ethical manner as a result of their TCSPP education. Over 96% of students noted that studying at TCSPP increased their motivation to grow professionally. At this point in their graduate career, 81% believe studying at TCSPP has increased their professional networking activities. The students reported that their education and training at TSCPP has involved the following: Critical thinking (90%), interpersonal skills (90%), research skills (84%), and communication skills (93.2%). ○ Professional Memberships <ul style="list-style-type: none"> ○ CMHC Online students must maintain membership in the American Counseling Association (ACA) throughout enrollment. Over 98% of the fifty-nine students who replied to the survey indicated a current membership. The CMHC faculty will be 	<p>which will include information on the SIG in general, meeting information, and opportunities for involvement. Leaders will attend residencies Spring 2018 and Summer 2018 to discuss the progress the group is making towards national charter status and the benefits of membership.</p> <ul style="list-style-type: none"> ○ Develop and implement an election process for officers and committee chairs. ○ Sponsor at least six organizational events (guest speakers, residency activities, etc.) during 2017-18 year. <p>PMO Goal 2.5: Analyze the CMHC Online Admission Data 2014 – 2017.</p> <ul style="list-style-type: none"> ○ Collect data into one data set. ○ Add GPA information for each term student has been enrolled. ○ Utilizing regression techniques, analyze data and determine variables in the admission process that best predict academic retention and success. ○ Modify admission process to include variables with significant predictive ability and adjust or eliminate variables that have no significant predictive ability. <p>PMO Goal 2.6: Utilize Alumni Survey results to maintain and improve CMHC Online.</p> <ul style="list-style-type: none"> ○ Maintain Residency experience, including the walk of discomfort, service learning, and group participation events.
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		<p>developing a tracking system for ACA membership that will track these memberships throughout the student's program of study. Students also belonged to several other counseling organizations: American Counseling Association (state or regional chapter); Association for Creativity in Counseling; Association for Gay, Lesbian, Bisexual, & Transgender Issues in Counseling; and only 1.7% report no involvement in a professional association.</p> <ul style="list-style-type: none"> ○ Services <ul style="list-style-type: none"> ○ Thirty CMHC Online students indicated they have used at least some of the available student support services. The most used services were Financial Aid (82.8%), the Library (81%), Information Technology (70.7%) and Community Partnerships- Service Learning (63.8%). Students rated the level of satisfaction of services favorably. Students responded favorably to: Applied Professional Practice (100%), Career Services (100%), Practical Training (90.5%), Financial Aid (100%), Health and Wellness (100%), Information Technology (95%), Library Resources (93.6%), NCADE (92.3%), Community Partnerships (100%) and Student Accounts (97.3%). Students endorsed lower ratings for Study Abroad (50%) and Accessibility Accommodations (50%). ○ One weakness of the survey is there is no indication of how long student had been in the program at the time of the survey. For example, 100% of CMHC Online students will interact with service learning by the end of their first year while in Residency 1. Similarly, students indicated a very low involvement with Applied Professional Practice (15.5%); however, all students are required to attend fieldwork and residency orientation. Applied professional practice involvement may have been 	<ul style="list-style-type: none"> ○ Offer CE opportunities for students, faculty, supervisor staff, etc. ○ Enhance career development services, including exposure to Career Hub. ○ Promote interaction as alumni with program and affiliate events. ○ Continue to diversify core faculty. ○ Provide more structured onboarding and orientation to CMHC culture to adjunct faculty to ensure consistency of CMHC Online experience for students. ○ Continue Exit Symposium and Exit Interview process with future graduates. ○ Provide student and alumni data and analysis to stakeholders.
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		<p>rated so low because students may not be aware that this category covers residency and fieldwork.</p> <ul style="list-style-type: none"> ○ School Resources <ul style="list-style-type: none"> ○ Students in the CMHC Online endorsed a range of opinions from satisfaction to neutrality on the number and frequency of co-curricular programs and events hosted by TCSPP. The same endorsement was made for options for involvement with student groups and organizations. ○ Students also indicated their preferences for how they receive official school information. Eighty-five percent reported a preference for email. Other endorsed preferences were Canvas announcements (56.7%), Classroom announcements (41.7%), Social Media (21.7%), Weekly email digests (20.0%), Flyers or Flat Screen Announcements (13.3%), Word of Mouth (11.7%) and other (placement on school calendar (3.3%). <p>Course Evaluations</p> <ul style="list-style-type: none"> ○ Students enrolled in CMHC Online courses completed course evaluations for each course. Students completed the evaluation during the final week of each course. Students responded to items using a 0-4 scale with 0 being the lowest possible score and an endorsement of 4 being the highest possible score. Students rated their satisfaction on twenty key items for each course in the program. ○ For Fall 2016, students were satisfied overall with the course learning. The average rating for all courses was 3.27 (range 1.0-4.0). Three courses: CM 536; CM 571, and CM 598 had overall ratings below 3.0. In CM 536 (n=6) students endorsed learning about professional practice (2.67); appreciation of student input and participation on the part of the instructor (2.5); applied examples in course content (2.67); the integration of learning objectives into 	
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		<p>coursework (2.2); integration of theory, scholarship and practice (2.67); reflection of diverse perspectives in coursework (2.67); contribution of course assignments into learning (2.17); contribution of assigned readings into course learning (2.5); adequacy of the amount of feedback (1.17); timeliness of work being returned (1.17), instructor response to communication (2.0); instructor command of technology (2.17); inclusion of interactive elements (2.5); organization of course page (2.5) and the appropriateness of course material covered (2.67) at a threshold below 3.0. The ratings for this course were unusual with only one other course CM 564 (n=1) receiving any item ratings below a 2.0. The same adjunct instructor taught CM536 and CM 564 in Fall 2016.</p> <ul style="list-style-type: none"> ○ For Spring 2017, students were satisfied overall with the course learning. The average rating for all courses was 3.64 (range 2.5-4.0). Only one course; CM 550 had an overall rating below 3.0. The students who completed ratings for that course (n=2; 28.5% of students in course) endorsed average ratings of 2.5 in the areas related to applied examples in course content; instructor knowledge of the subject; instructor use of applied examples in the discussion forum; adequate amount of feedback; timeliness of returned work and instructor response. The concerns related to this course are likely to the small number of responses for this particular course. Only two other course item ratings fell below 3.0. In CM 585, the average rating coursework reflecting diverse perspectives received a rating of 2.75, and in CM 614, the item surveying the integration of learning objectives into the coursework received a 2.67. <p>TCSPP Orientation Survey</p> <ul style="list-style-type: none"> ○ Sample of Fall 2016 cohort (n=3; 30%) 	
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		<ul style="list-style-type: none"> ○ 100% indicated satisfaction with overall academic experience ○ The number one reason students selected CMHC Online and TCSPP was the flexibility in class schedule followed by faculty expertise and academic rigor. ○ The students noted that the new student orientation was a good use of time, helped the student connect to TCSPP, and made the student feel valued. ○ Students felt that the admissions and registration processes were easy to understand and user-friendly. <p>Student Ambassador Report</p> <ul style="list-style-type: none"> ○ The student ambassadors supported students and faculty in the following courses during the 2016-17 academic year. <ul style="list-style-type: none"> ○ Fall I 2016: CM 500 ○ Fall II 2016: CM 521 ○ Spring I 2017: CM500 and CM 592 ○ Spring II 2017: CM 514 ○ Summer I 2017: CM 500 and CM550 ○ Summer II 2017: CM 507 ○ The Student Ambassador team (faculty advisor and ambassadors) created a term task list to be distributed to instructors teaching courses where student ambassadors were assisting students and faculty. The task list included the posting weekly announcements, monitoring the “Chat with an Ambassador” discussion forum, and meeting with students to assist with questions related to Canvas, APA style writing, creating presentations, and finding resources. Table 14 describes the hours spent completing each task and represent the combined hours of two ambassadors with multiple course assignments. 	
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		<ul style="list-style-type: none"> ○ The Student Ambassador team also created a handbook to assist new ambassadors acclimate to the position. The handbook is a dynamic document, which is continually updated with new resources. ○ The Student Ambassador program took a substantial hit in June 2017 when federal work study funds were significantly reduced. One Student Ambassador resigned due to the reduction of hours. <p>Theta Chi Sigma Annual Report</p> <ul style="list-style-type: none"> ○ During the Academic Year 2016-2017, CMHC Online students expressed an interest in creating a student group to afford opportunities for meetings, networking, training, academic support and program recognition. In the early Spring 2017, a group of five students began meeting and formulating the goals they wanted for the group. Students approached the Department Chair regarding the opportunity to form such a group. The Department Chair encouraged students to do so and assigned Faculty Co-Advisors to assist the students. ○ Students and Faculty Advisors reviewed the requirements for becoming a Student Interest Group (SIG). Students began meeting on a monthly basis, keeping track of attendance, drafting minutes, and working on the necessary steps of the application processes. The application for becoming a SIG was submitted on March 7, 2017, which included a list of interested members and an identification of the group with the name Theta Chi Sigma (TCS). On March 14, 2017, Theta Chi Sigma was approved by Student Life & Events as a Student Interest Group. ○ The students and Faculty Advisors began addressing the requirements to become a Recognized Student Organization (RSO) with TCSP. Steps were actively 	
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		<p>taken to begin the administrative paperwork including the application, the constitution, a budget, committee structure, and a schedule for both leadership meetings and member meetings. TCS set a goal of submitting the RSO application Fall 1 2017.</p> <ul style="list-style-type: none"> ○ TCS has recruited 20 members from within the CMHC Online program. On average, 10 members attend the monthly membership meeting which is held on the third Monday of the month at 7pm CT. TCS has five identified leaders on the board (2 Co-Leaders, a Vice Leader, a Secretary, and a Treasurer). The Leadership Board, along with Faculty Advisors, attend the monthly membership meetings as well as the Board meetings which are held on the first Monday of the month at 7:30pm CT. Chairpersons of established committees are invited to the Board meetings. The board meetings have a 90-100% attendance rate for the Leaders of the group. ○ As a SIG, TCS has hosted invited speakers to member meetings to talk about Professionalism. Dr. Sandra Logan-McKibben spoke at the July 2017 Member Meeting which was opened to all students, staff, and faculty of the Online CMHC program. Dr. Logan-McKibben is the Chi Sigma Iota (CSI) Faculty Advisor at Florida International University. Additionally, she is a previous CSI Fellow and was awarded Outstanding Doctoral Student in 2015. Other topics that have been addressed at TCS member meetings include networking, advocacy, and professional counselor identity. ○ During the Spring 2017 CMHC Residency, TCS hosted a social event with all Residency students. The event included a brief presentation on TCS as a SIG and the future goals of TCS. In addition, a game of Trivia was played with the students which reinforced the basics of TCS and their mission. 	
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		<p>Prizes were also given which included TCSPP mementos.</p> <ul style="list-style-type: none"> ○ During the Summer 2017 Residency, TCS hosted a social event with all Residency students. The event included a brief presentation on TCS as a SIG and the process of applying to become a RSO. In addition, a game of student group Bingo was played with donated prizes awarded. TCS also provided lanyards to every attendee at Summer 2017 Residency that were created by a leader of TCS with monies donated for supplies by one of the Co-Advisors. ○ TCS continues to recruit members and promote the monthly meetings through informative flyers and announcement reminders posted in the Advising forum as well as each course. A database for storing member information was created and is housed in BOX which assures privacy of member information. ○ Faculty Advisors and TCS leaders both attended and presented at local, state, and national conferences. Attendance at conferences spotlights the importance of continuing education as a means of remaining up-to-date in the field. Presenting at the conferences provides both Advisors and Leadership an opportunity to share their expertise and for mentoring of leaders within our group. <p>CMHC Online Admission Data 2014 – 2017</p> <ul style="list-style-type: none"> ○ CMHC Online has maintained data sheets on all applicants to the program since its inception. Currently, the data is in individual applicant sheets in Word or Excel format. ○ The data is currently being collected into one data set for analysis during the 2017-18 academic year. ○ The data includes CACREP required admission criteria such as undergraduate GPA, readiness for graduate work, an appreciate for multicultural work, and career alignment. 	
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Alumni Survey 2017

- Design
 - The program collected qualitative and quantitative data using Survey Monkey to distribute and collect the CMHC exit survey answers. Individual exit interviews were held through a teleconference service, BlueJeans, to collect the exit interview answers.
 - A 1-hour Blue Jeans meeting with each student after completion of their exit symposium. The CMHC Department Manager conducted the exit interviews. The initial prompt was “This is an informal conversation in which your honest feedback and candid answers are appreciated. We look to draw from your experience(s) to only improve the program for future students.”
- Demographics Overview
 - 7 self- identified female, 3 males, 1 transgender
 - 1 self- identified as lesbian, gay, bisexual, or queer
 - 3 self- identified as the first person or first generation in the family to attend college
 - Self- identified race/ ethnicity: 5 Black/ African American, 2 White, 1 Latino/Mexican American/Puerto Rican/Cuban/Central American/South American, 1 Black/ African American and Native American/Alaska Native, 1 Other
 - Self- identified age ranges: two 18-25 years old, seven 26-35 years old, one 46-55 years old
 - No international students and no students required access accommodations
- Theme: A sense of community within CMHC Online
 - The Exit Interview and Exit Survey results in a strong feeling of a sense of community.
 - Program Contributions: Residencies, especially the first. Group projects vital. Live discussions.

		<ul style="list-style-type: none"> ○ Faculty contributed to creating the climate within the program by: Being very attentive, very involved, and quick to respond and offer encouragement. Encourage students to reach out to each other first, rely on peers. Showing compassion and passion about the program. It is transparent and encourages students to do/ be the same. ○ Student Quotes: "...it seemed to be inherent in the counselor training model; as it's about connecting, training, being supportive, etc." ○ Faculty connected every term, checking in, supporting development as a counselor. At residency, faculty modeled what it means to be a counselor. Great mentorship ○ The Graduate Survey and the exit interview data collected support the theme <ul style="list-style-type: none"> ○ Quality of Faculty Advising: My faculty advisor electronically posted office hours and availability. ○ My faculty advisor returned calls, texts, and emails promptly. ○ My faculty advisor was knowledgeable of program policies, curricular requirements, and provided referrals to other resources when needed. ○ My faculty advisor was helpful and responsive and was interested in my well-being and in my concerns. ○ Overall, I am satisfied with the assistance provided by my faculty advisor. ● Theme: Strong core faculty performance <ul style="list-style-type: none"> ○ The Exit Interview and Exit Survey shows core faculty perform well. ○ Exit Interview data: <ul style="list-style-type: none"> ○ The participants were asked to 'grade' the faculty performance. All core faculty were given A's or A+'s. 	
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		<ul style="list-style-type: none"> ○ There were rough patches with the program developing, as it was the first time the program ran and the first cohort experienced unknowns. The faculty seemed to handle those hurdles as best they could, and faculty tried to eliminate the extra stress and pressure that may have brought to students. ○ Certain issues appeared only with adjunct faculty. They were addressed relatively quickly (ex. timeliness in grading, not understanding the culture of the program). ○ Student specific examples: <ul style="list-style-type: none"> ○ Dr. Stretch, it's noticed how you fight for the program. ○ Valuable that the student can go to anyone with outside-of-school issues, especially personal things going on in life so people knew the whole picture; not just all about school only. ○ The Graduate Survey and the exit interview data collected support the theme <ul style="list-style-type: none"> ○ Quality of Faculty Advising: My faculty advisor electronically posted office hours and availability. ○ My university supervisor provided feedback and guidance that helped me become a more effective counselor. ○ Overall, I believe the Director of Applied Professional Practice (DAPP) was knowledgeable, supportive, and appropriately assisted with fieldwork placement and process. ○ Overall, I believe the knowledge, skills, and dispositions of the core faculty positively 	
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		<p>contributed to my professional growth as a future counselor.</p> <ul style="list-style-type: none"> ○ Overall, I believe the Department Chair was knowledgeable, supportive, and provided appropriate assistance toward to my professional growth as a future counselor. ● Theme: CMHC Online is recommended to others <ul style="list-style-type: none"> ○ No student regretted completing the program. ○ Students would enroll in the program again because: <ul style="list-style-type: none"> ○ This program allows the students to be a counselor, which is what they want to do! ○ Program and education gained is invaluable. ○ Education was unique; there's an advantage completing this program. Students experiences this and has gotten that feedback at internship. ○ Personal and professional networks have grown ○ Student Reservations: <ul style="list-style-type: none"> ○ It's hard! ○ Financial commitments ○ Time commitment - it's a 3-year program ○ Student comment: "Working full time while enrolled in internship is one of the most challenging things I have ever had to do." ○ The Graduate Survey and the exit interview data collected support the theme <ul style="list-style-type: none"> ○ Quality of Programmatic Functioning: Overall, I am satisfied with the cohort model. ○ Overall, I experienced an inclusive and respectful learning environment in the CMHC Online 	
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		<ul style="list-style-type: none"> ○ Overall, I am satisfied with the level of involvement the program offered through resources such the newsletter, advising forum, and student groups. ○ Overall, I am satisfied with the residency experiences. ○ Overall, I was informed about University policy and opportunities (i.e. graduation paperwork and deadlines, financial aid, graduate assistantships) ○ Overall, I am satisfied with my experience at The Chicago School CMHC Online ● Theme: Preparedness <ul style="list-style-type: none"> ○ Current and continuing Professional Development: <ul style="list-style-type: none"> ○ Involvement with local branch of ACA ○ CE/ CEU opportunities ○ Professional Networks ○ Journal Subscriptions ○ Still determining how ○ Develop(ing) Professional Counselor Identity: <ul style="list-style-type: none"> ○ Program helped shape identity through different role plays and final project, fieldwork experience, etc. ○ The close, connectedness of the faculty because they modeled it so well. ○ Constant reflection within the program. ○ Workforce Preparedness: <ul style="list-style-type: none"> ○ Strong skill set. Internship was key in building the confidence to act on those skills. ○ Therapeutic alliance and group therapy, very strong. ○ Overall, very confident. ○ The Graduate Survey and the exit interview data collected support the theme 	
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		<ul style="list-style-type: none"> ○ Overall, I believe I am graduating from The Chicago School CMHC Online well trained in Clinical Mental Health Counseling. ○ Overall, I am satisfied that my practicum and internship experiences prepared me for working as a counselor. ○ Overall, I feel confident that I will get a job with my degree within the next three months. 	
PMO #3 - Innovation	<ul style="list-style-type: none"> ○ Virtual Clinical Training Center annual report ○ Virtual Conference update ○ Mental Health Facilitator Trainer training update ○ Service Learning data 	<ul style="list-style-type: none"> ○ Virtual Clinical Training Center (VCTC): CMHC Online recently launched the VCTC. The VCTC is an innovative, telebehavioral health program providing compassionate, affordable client-centered mental health services. The VCTC offers CMHC students, who have completed the required telebehavioral health training and who are enrolled in fieldwork, with the opportunity to provide telebehavioral health services to underserved populations. The pilot site was the Cape Fear Clinic in the Wilmington and New Hanover community in North Carolina. <ul style="list-style-type: none"> ○ Launched the VCTC with an inaugural group of five Clinical Mental Health Counseling students ○ Conducted training on electronic medical records ○ Developed a comprehensive assessment tool to include a biopsychosocial and global overview of clients ○ Developed some preliminary outcomes tools for data collection regarding student's and client's perception of student counselor and session ○ Drafted federal grant application for next call for proposals of the Behavioral Health Workforce Education and Training (BHWET) grant. <p>Virtual Conference</p>	<p>PMO Goal 3.1: Continue development of VCTC.</p> <ul style="list-style-type: none"> ○ Establish Consultative Groups to assist students to gain Group Experience in CM 564 - Career Development, and CM 514 - Diagnosis ○ Establish partnership with Born Free Clinic, an opioid facility, in Maryland to begin individual and family mental health and integrative consultation in January 2018. ○ Develop partnership with TCSP Career Services to offer psychoeducational seminars, facilitate career development groups, and offer individual career counseling and assessment. ○ Identify at least three additional agencies for future partnership with VCTC. ○ Diversify clinical opportunities as the VCTC adds partner sites. ○ Create unified agency policies and procedures, develop referral flow chart/process, and look for

		<ul style="list-style-type: none"> ○ CMHC students approached faculty with the idea of a virtual conference in Spring of 2017. Dr. Denita Hudson hosted an informal discussion in the summer of 2017 and all CMHC students across all three campuses were invited to serve on the conference committee. ○ Ten students expressed an interest (1 from the DC campus, 1 from Chicago, and 8 from the online campus) and three committees were formed (development, marketing, technology). These committees will oversee the request for keynote speakers, call for proposals, the marketing of the conference, and the BlueJeans conference rooms the day of the event. ○ The theme of the conference is Clinical Mental Health Counseling and Beyond. The conference will explore information relevant to graduate students and new professionals, counseling theories and interventions, and an overview of doctoral work. ○ The highlight of the year for our planning committee was the acceptance of Dr. Nealon as a keynote speaker for the inaugural conference March 15 and 16 2017. <p>Mental Health Facilitators Training and Certification</p> <ul style="list-style-type: none"> ○ CMHC Online began discussions with the National Board of Certified Counselors-International about the possibility to integrating the Mental Health Facilitators training and certification into our CM 655 – Global Perspectives course. The faculty decided to offer the MHF certification in conjunction with a study in-broad and abroad program. On even years, an inbroad (within the U.S.) service learning trip will be offered as part of the CM 655 course, and on odd years, an abroad (outside the U.S.) service learning trip will be offered as part of the CM 655 course. During the 	<p>opportunities to enhance offerings at each partner site.</p> <ul style="list-style-type: none"> ○ Develop assessment and evaluation component to VCTC. ○ Collaborate with partner sites to develop marketing plan. ○ Provide training to partner site staff and interns. ○ Explore collaboration with Chicago CES program for doctoral students to receive supervision and administration training opportunities. ○ Seek additional grant and funding opportunities on both the local, state and federal levels. ○ Utilize data driven decisions (possibly from CDC of Office of Minority Health) to determine high-risk or needs areas that would benefit from telebehavioral health services. ○ Apply for innovation award through TCSPP. ○ Submit at least one article to a peer-reviewed journal. <p>PMO Goal 3.2: Host Virtual Counseling Conference in March 15 and 16, 2018.</p> <ul style="list-style-type: none"> ○ Issue a call for proposals with a December 2017 deadline. ○ Finalize keynote speakers and presenters by mid-December 2017. ○ Finalize topics/themes by mid-December 2017. ○ Send out acceptance/rejection letters to presenters by January 5, 2018.
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		<p>trips, the students will complete the MHF Trainer training and provide MHF training to the communities being visited.</p> <ul style="list-style-type: none"> ○ The MHF program is a two-day workshop designed to provide community-based helpers the training and skills to recognize and appropriately address topics in mental stress, distress, and disorders. ○ Participants will be able to <ul style="list-style-type: none"> ○ Recognize the five signs of emotional suffering (personality change, agitation, withdrawal, poor self-care, and hopelessness has promoted in the changedirection.org campaign. ○ Learn to connect local potential, needs, and resources. ○ Develop skills in empathetic listening for identifying problems and assisting other in designing possible solutions. ○ Provide support for those who need someone to listen and care. ○ Refer people who need help to resource while providing support and care as needed. ○ Dr. Denita Hudson completed her MHF Master Trainer course in Summer 2016. <p>Service Learning</p> <ul style="list-style-type: none"> ○ Spring 2017 <ul style="list-style-type: none"> ○ Two sites (10 am – 2pm) ○ JASC 7 students plus two faculty/staff members ○ CASA 15 students plus two faculty members ○ 104 service hours ○ Summer 2017 	<ul style="list-style-type: none"> ○ Request handout files from presenters and create individual folders by January 31, 2018. ○ Distribute marketing flyer and schedule of the conference by January 31, 2018. ○ Launch share folders for attendees to identify what material/presenter they hope to attend by January 31, 2018. ○ Run a technology test in February 2018. ○ Develop program evaluations and CE credit surveys in February 2018. ○ Summarize evaluations and provide recommendations for future conferences by April 30, 2018. <p>PMO Goal 3.3: Integrate Mental Health Facilitator Trainer certification into CM 655 – Global Perspective course.</p> <ul style="list-style-type: none"> ○ Apply for Faculty Internationalization Grant sponsored by International Programs & Services at TCSP. ○ Negotiate MHF training contract with NBCC-International. ○ Secure MHF master Training for two additional faculty members. ○ Offer first CM 655 – Global Perspectives course to include trip to Alaska and MHF Trainer training. ○ Develop CM 655SA – Special topics – Peru to include study abroad to Peru and MHF Trainer training. Apply for Study Abroad designation.
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		<ul style="list-style-type: none"> ○ YMCA/YMCA School (10 – 2 pm) <ul style="list-style-type: none"> ▪ 32 students (10 – 2 pm) served approximately 150 – 200 children ▪ Four faculty members ▪ 144 service hours ○ Kuumba Lynx (10 am – 1 pm) <ul style="list-style-type: none"> ▪ 11 students trained and performed with 30 – 35 adolescents ▪ One faculty member ▪ 36 service hours ○ Anixter (9:30 am – 1 pm) <ul style="list-style-type: none"> ▪ 6 students worked with 10 – 15 participants with mental and emotional disabilities ▪ One faculty member ▪ 24.5 service hours ○ 308.5 service learning hours during 2016-17 academic year 	<p>PMO Goal 3.4 – Maintain and expand service learning opportunities for students enrolled in CMHC Online.</p> <ul style="list-style-type: none"> ○ Explore online service learning opportunities. ○ Develop and launch MHF Trainer certification. ○ Identify potential service learning sites for residency service learning since Community Partnerships will not assist with CMHC Online model of one-day service learning.
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Table 10 – Course Builds for 2016-17

Course Code	Course Name	Term Course Launched
CM 536	Couples and Family Counseling	Fall 2 2016
CM 564	Career Development and Counseling	Fall 1 2016
CM 595	Human Sexuality	Spring 2 2017
CM 614	Internship 1	Fall 2 2016
CM 619	Internship 2	Spring 2 2017
CM 585	Addictions and Substance Abuse	Spring 1 2017
CM 616	Advanced Internship	Summer 1 2017
CM 597	Telebehavioral Health	Summer 1 2017 (?)
CM 599	Traumatic Stress: Causes, Effects, and Contexts	Summer 1 2017

Table 11: Course Audits

Course Code	Course Name
CM 514	Diagnosis and Mental Health Issues
CM 521	Lifespan Development
CM 528	Helping Relationships and Skills Development in Counseling
CM 530	Advanced Treatment Planning and Psychopharmacology
CM 550	Diversity and Multiculturalism
CM 564	Career Counseling and Development
CM 571	Assessment of Individuals
CM 578	Methods of Research and Program Evaluation
CM 592	Clinical Mental Health Counseling
CM 585	Addictions and Substance Abuse
CM 595	Human Sexuality
CM 598	Psychopathology

Table 12: Student Ratings of Areas of Diversity in the Curriculum

Areas of Diversity	Percentage Satisfied
Age differences	80.3
Cultural Differences	93.4
Disability Differences	80.3
Ethnic Differences	100
Gender Differences	85.5
Racial Differences	90.2
Religious Differences	88.5
Sexual Orientation Differences	85.2
Socioeconomic Differences	88.5

Table 13: Student Efficacy to apply Practical and Theoretical Knowledge in the Areas of Diversity

	Feel capable to apply practical knowledge to areas of diversity in curriculum (n= 48 to 61)	Feel capable to apply theoretical knowledge to areas of diversity in curriculum (n= 48 to 60)
Age differences	89.6	87.5
Cultural Differences	94.8	96.5
Disability Differences	89.6	91.8
Ethnic Differences	95.1	96.7
Gender Differences	94.4	94.2
Racial Differences	98.2	92.8

Religious Differences	83.3	83.1
Sexual Orientation Differences	92.3	92.1
Socioeconomic Differences	94.2	94.1

APPROVALS: Program/Curriculum Chair: *LoriAnn Stretch* **Date:** 12.1.2017 **Academic Dean:** **Date:** 12/01/17

Appendix A: CACREP Self-Study and Site Visit Results

The 2016-17 academic year was very eventful from a CACREP perspective. Beginning with the self-study process, a team approach was taken to ensure collaborative efforts would be continuous. Collaborative efforts included all CMHC Online faculty, the department manager, graduate assistants, and several students. Graduate Assistants were guided to pull information together at the inception of the self-study, and remained an integral component while ongoing efforts were made to disseminate the process through newsletters, faculty meetings, town hall meetings, and advising forum announcements. Several of the graduate assistants also participated in some of the writing processes while responding to the 117 standards. Moreover, it was the graduate assistants under the direction of the CACREP liaison, who developed the informational content that would ultimately be disseminated amongst all students during several Town Hall meetings.

Full time faculty participated in the writing of each section of the self-study with many contributing to several narratives outside of the specific section they were involved with. This was especially evident when faculty expertise prevailed with sections that included the curriculum, student advising, fieldwork, and ADP process. The Department Chair and CACREP Liaison shared responsibilities with editing and formalizing content, with the Department Manager ensuring each section was held in the correct area.

The initial review letter was sent by CACREP on March 20, 2017 with only six standards needing additional clarification and acknowledgment the CMHC Online was ready for the site visit; however, the letter was lost and had to be resent via email by CACREP on April 11. This created a little longer time line for the site visit to be scheduled, creating even more need to continue with collaborative efforts. Following the response letter to CACREP on May 15, 2017 addressing the six standards as well as the potential list of preferred site visitors, the site visit planning was started.

Site visit planning began with the assistance of the Department Manager and Graduate Assistants pulling together an accommodations packet for the site visitors and securing hotel rooms. In addition, the Department Manager facilitated the mock site visit by identifying dates on the calendars of everyone who would be involved in the mock visit. The mock site visit conducted by Dr. Stretch (Department Chair), Dr. Smith (External Consultant), and Dr. Stower (CACREP Liaison) during month of June, 2017.

The official site visit was held from July 23 through July 25, 2017 during the CMHC Online Residency at the Chicago Campus. During the entire process, the site team was commented on the collaborative efforts noted throughout each discussion with the individuals they met with.

Following the site visit, the CACREP On-Site Team report was received August 2, 2017 noting all 117 standards were met with several strengths listed throughout report. The following suggestions were made to continue with our program improvement efforts:

Section 1 – Learning environment:

- Allow leadership (Director of APP and Chair) time for rest and renewal in the same way faculty are given one term off to maintain ongoing effective leadership
- Provide additional staff and administrative support at residencies to allow faculty to effectively teach during residency
- Provide easier access to the required information on the website since it is difficult to locate.

Section 2 – Professional and Counseling Identity

- Move university disability policy to front of syllabus
- Provide opportunity for students and alumni to spend time together in non-program related activities at residency to enhance connections
- Add live and unscripted discussion time to courses
- Host residencies at alternative sites to reduce expenses for students attending in Chicago

Section 4 - Evaluation in the Program

- Reduce number of module learning outcomes as it detracts from the priority and alignment of signature assessments
- Simplify assessment process and utilize one assessment program (Clinical Training Manager)

The CACREP Board received our institutional response from the site visit on August 22, 2017 where the CMHC Online acknowledged receipt of the site team report. We are now awaiting a formal CACREP response regarding our conferred accreditation and expect to hear from the Board by the end of January or beginning of February 2018.