

Comprehensive Standard

3.3.1 *The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of improvement based on analysis of the results in each of the following areas (**Institutional Effectiveness**):*

3.3.1.2 Administrative Support Services

The institution has identified expected outcomes for the Division of Business Affairs, the Division of Technology, Innovation & Economic Development, the Department of Athletics, Informational Services, and University Police for academic years 2014-2015 and 2015-2016. The expected outcomes for each unit, achievement expectations, achievement assessment, reported information collected, and the use of the information for improvement were provided. However, the section entitled “Information collected about achieving the outcome” provides general summative information and lacks specific evidence in support of the stated “information collected.” Evidence of analysis leading to actions for improvement was not evident to the Off-Site Reaffirmation Committee.

The following are examples:

- (1) The Department of Athletics indicated: “The Northwestern State University of Louisiana Athletic Department performed over 4,200 hours of community service during the 2015-16 year. Northwestern State University of Louisiana was runner-up for the ‘Southland Strong’ Community Service Award for the 2015-16 year.” However, no evidence to support this assertion (e.g. list of community service activities or sites, information about the number of students participating or dates for the activities) was provided.
- (2) The Informational Services unit asserted that: “Improved best practices increased awareness of campus news, events, etc. Marketing/Informational Services developed strategies to work in tandem through social media, web advertising and traditional print, radio, and television. Northwestern State University of Louisiana’s regional audience expanded 25 percent and the web audience an estimated 22 million households. That this is evidence of a website traffic increase by 5%.” Again, there was no evidence presented to support that the regional audience expanded 25% and the web audience to 22 million households.

In addition, a rationale for the reasonable and representativeness of the sampling of units was not provided for the consideration of the Off-Site Reaffirmation Committee.

After a review of the Focused Report and supporting documentation, the On-Site Reaffirmation Committee finds the institution gives appropriate rationale for the sampling provided. The institution also provided supporting evidence for the assertion of community service hours by the Department of Athletics by way of a spreadsheet detailing hours by each sports program supported by the institution.

The institution has named a Director of Institutional Effectiveness to demonstrate commitment to university-wide involvement and oversight with a multifaceted, systematic approach to measuring performance and a cyclical process for continuous improvement. During an interview with the IE committee, members indicated that assessment results have been gathered by individual units and used to impact practices; however, no documentation was provided. In addition, the institution's new IE model, which includes an IE policy, strategic plan, strategic planning and budgeting process, and IE assessment process, should have the capability to provide the institution with the tools and structure necessary to assist the institution in systematically identifying outcomes, assessing the extent to which it achieves these outcomes, and providing evidence of improvement based on analysis of the results.

However, the institution's process is immature and, therefore, the institution was unable at the time of the On-Site Review to provide sufficient evidence that it identifies expected outcomes for each of its administrative support service areas, assesses those outcomes and makes improvements based on those assessments.

Recommendation 3: The Committee recommends that the institution provide evidence that it assesses the extent to which it achieves the articulated program outcomes, and provide evidence of improvement based on analysis of the results for each of its administrative support services units.

University Response:

Note: All supporting documents referenced in this response are located at <https://www.nsula.edu/institutionaleffectiveness/>. In most cases, a link to each supporting document is located directly below the link to the narrative University response. Please download the response so that you can easily navigate between it and its supporting documents. The supporting documents are in numerical order in accordance with the sequence in which they appear in the response. If the documents referenced are located at another location on the institutional effectiveness website, they are listed by category name (i.e., STRATEGIC PLANNING); sub-category name (i.e., Strategic Communications); and the cited name of the reference (i.e., "1 - Dr. Henderson - Week of 2 February 2015").

Northwestern State University has established uniform processes for developing and assessing outcomes for its administrative support services through its Strategic Plan and Institutional Effectiveness Model. These processes, with their attendant oversight structures, were refined as part of the development of the current strategic plan for 2016-21. In 2017, the University completed the most recent cycle of this Institution-Wide Assessment Process for all academic programs and administrative, student, and academic support units. This process provides evidence that the University assesses articulated program outcomes and makes improvements based on analysis of assessment results.

Strategic Planning

In January 2017, Northwestern State University transitioned from its Strategic Plan 2011-2018, *Go for Greatness* (1: [NSU Strategic-Plan-2011 – 2018, Jan 2011](#)), to its current five-year plan, *Strategic Plan 2016-2021* (2: [Strategic Plan 2016-2021, 23 Jan 2016](#)). This transition was the culmination of six academic years of ongoing, integrated, and institution-wide research-based planning and evaluation processes that engaged the entire University community. In June 2017, the University completed the first year of this assessment cycle (3: [Assessment Cycle 2016 – 2017, Setting the Benchmark, 5 July 2017](#)), which contributed to the refinement of objectives that drive the process of continuous improvement of institutional quality and demonstrate that the University is effectively accomplishing its mission.

Strategic Plan 2016-2021 emphasizes five Strategic Focus Areas (SFAs): The Student Experience, Academic Excellence, Market Responsiveness, Athletic Prominence, and Community Enrichment. The Leadership Team, which includes faculty and student representation, determined that it was important to ascertain the University's status for each SFA. The University completed the first phase of its strategic plan on June 15, 2017, as reported in the document, *Assessment Cycle 2016-2017, Setting the Benchmark*. This document identifies specific benchmarks, metrics, and targets for each SFA. The benchmarks establish a baseline for measuring continuous improvement in each annual assessment of the strategic plan, and the metrics describe how each SFA will measure change over the course of the strategic plan. For example, in the "Market Responsiveness" SFA, one metric concerns the "Number of departments that have active advisory councils" and includes a benchmark of 77% and a target of 100%. This process ensures the University is using a responsive, data-driven model to establish objectives and drive strategic planning and decision-making in support of its mission.

Institution-Wide Assessment Process

The University's current Institutional Effectiveness (IE) Model evolved from the systematic review of institutional mission, goals, and outcomes dating to the University's "Go for Greatness 2011-2018" strategic plan. The University's Institutional Effectiveness Policy codifies this model, which includes a uniform Institution-Wide Assessment Process for academic program student learning outcomes (SLOs) and administrative unit service outcomes (SOs). The Northwestern IE Model Timeline graphically reflects the integrated nature of the University's IE process. Please note the activities reflected on the timeline will apply to each upcoming academic year. (4: [Institutional Effectiveness Policy signed 27 January 2017](#) and 5: [IE Model laid out over time 4 May 2017](#)).

The Institution-Wide Assessment Process completed under this plan in 2016-17 engaged one-hundred and sixteen (116) academic programs and administrative units (See [ASSESSMENT CYCLE AY 2016-2017 REPORTS](#)). The document, *Assessment Cycle 2016 – 2017, Setting the Benchmark*, leverages the assessment results of the University's sixty-six (66) academic programs, twenty-six (26) administrative support services units, and twenty-four (24) academic and student support services units. These assessment reports provide evidence that the University's academic programs and administrative units have capitalized on their respective findings and analyses to make decisions and take actions that lead to improvement and mission accomplishment. Examples are provided at the end of this document. Assessment plans for 2017-2018 incorporate these refinements.

The University took a deliberate approach to the structure of its assessment process particularly regarding the identification of outcome measures. The Office of Institutional Effectiveness provided faculty and staff with a guide to assist in standardizing the development of academic program Student Learning Outcomes (SLOs) and Service Outcomes (SOs) (See 6: [Guide to Outcome - Measure Development 15 April 2017](#)).

According to the University's *Guide to Outcome – Measure Development*, SOs should be specific, measurable, attainable, results-oriented, and tied to a specific timeframe. Each outcome addresses what the administrative unit intends to do, achieve, or accomplish. The policy (or model) also requires that outcome statements specify what a unit intends to do, achieve, or accomplish through certain activities or experiences (what a unit accomplishes for its students, faculty/staff or institution).

As described in the University's *Guide to Outcome – Measure Development*, measures combine the assessment methodology and the target for the outcome. A direct measure, which is preferred, requires a unit to demonstrate the achievement of stated outcomes. An indirect assessment measure addresses perceptions of or satisfaction with the extent to which the unit accomplishes its intended outcomes. The University encourages setting targets that are difficult to attain so that there is a constant pursuit of improvement.

In accordance with the *University Assessment Process Guide* and in coordination with the respective University Vice President, each administrative support service unit reviewed, amended, or revalidated their respective missions. The foundation of this assessment process emanates from the hierarchy of University, College, Department, Program and/or Unit mission. Twenty-six (26) administrative support service units participated in the assessment process. Each unit developed specific SOs and an associated assessment methodology from which they derive their findings. Each then analyzed their results, leading to decisions and or actions to promote organizational improvement ([See 7 - NSU Assessment Process Guide 6 April 2017](#)).

The University's assessment calendar is derived from the academic calendar. By 15 April of each year, each administrative support service unit must submit a draft of their assessment cycle plan for the upcoming year through their respective Administrative Review Committee Chair. The Vice President reviews and approves assessment plans before submitting them to the Office of the Director of Institutional Effectiveness (DIE). Revisions to assessment plans are completed prior to the beginning of the fall semester. The University will use Taskstream, an assessment management system, to house assessment plans once training is provided to ensure continuity.

Assessment data collection took place throughout the 2016-2017 academic year with spring commencement on May 12, 2017, ending the assessment cycle. Each unit identified its findings, completed an analysis, and collectively determined decisions/actions necessary to drive the improvement cycle. The unit compared current results to those of the previous year to refine plans for the upcoming year. Coordinators then submitted completed assessments, once approved by the respective Vice President, to the Director of Institutional Effectiveness (DIE) on 15 June 2017.

An Administrative Review Committee, composed of division, unit and office assessment coordinators, oversees the assessment process for the Office of Institutional Effectiveness and Human Resources; External Affairs; Technology, Innovation, and Economic Development; Information Technology Services; Business Affairs; University Affairs; and Athletics. Following the completion of all unit assessments, the seven (7) Administrative Review Committee Chairs coordinate the development of an annual assessment report. The report captures the most significant findings and decisions of the past academic year, including proposed and actual changes, an analytical assessment of the potential effects of the changes, and the status of new assessment plans. The DIE consolidates these reports into one executive presentation for the University President's review in the June-July timeframe. ([See 8: AY 2016-2017 Assessment Findings Report, 5 July 2017](#)).

Key Findings and Decisions, Administrative Support Service Units

Evidence that the University identifies expected outcomes, assesses outcomes and makes improvements based on assessment is available on the Institutional Effectiveness website. All twenty-six (26) unit assessments for AY 2016-17 are posted under the category heading "ASSESSMENT CYCLE AY 2016-2017 REPORTS" in the sub-category "ADMINISTRATIVE SUPPORT SERVICES" ([ASSESSMENT CYCLE AY 2016-2017 REPORTS - ADMINISTRATIVE SUPPORT SERVICES](#)). Below are examples of key findings and decisions from each Administrative Support Services unit.

Business Affairs. Service Outcome (SO) 1 "Provide increased online student bill view and payment process options while reducing the University's paper footprint." Measure 1.2 states "With the University transitioning from paper to electronic bills for students in spring 2017, the number of paper bills being processed and mailed, which currently averages 6,000 paper bills per month, will be reduced annually with the goal of 0 paper bills per month once the student population becomes accustomed to viewing the online system. This could take up to 5 years. The target is to decrease paper bills by 20% per year until 0% paper bills is reached. The number of paper bills generated will be quantitatively tracked for future outcome measures." The target was met. The analysis showed that for 2016-2017, the University printed approximately 6,000 paper bills per month. Beginning in March 2017 and in conjunction with printed bills, the University provided students with electronic bills through the MyNSU Portal. The 2,589 students with active account balances were billed electronically, and, of this population, 1,105 or 43% viewed their online electronic bills through the MyNSU portal. This resulting decision to go paperless is saving the University money while saving time and effort for our students. The University will continue to minimize paper bill usage by 20% per year until 0% paper bills is reached.

University Police. Service Outcome (SO) 1 - Campus Safety "First-year students and all employees will have a working knowledge of options available to survive an Active Shooter Situation. In addition, students will learn target-hardening practices to help secure their personal property." Measure 1.1. On a semester basis, students enrolled in University Studies 1000 will receive one day of campus safety instruction from a Certified Police Officer employed with the NSU Police Department. During this course, multiple campus safety issues will be discussed with the primary focus on Active Shooter Survival Training. A pretest and posttest will be administered to gauge the effectiveness of the training administered. At the end of the training, students should achieve a score of 70% showing an understanding of the material. The findings reflect the target was met. This measure is considered a success. Out of the tests submitted for grading 365 out of 450 students earned a 70% or above, which equates to 81% of students gained sufficient knowledge to pass the test. In the analysis, over 1,000 sheets of paper were used for the testing process, and some instructors did not provide the test to their students. While the results showed that we meet our outcome, the process needs to be streamlined for more efficient data collection. The department will develop an online process

to limit the number of paper copies generated and streamline the process for instructors to have the students access the test after the presentation. We will consider using Survey Monkey to complete this objective.

International Student Resource Center (IRSC). Service Outcome (SO) 2 “Increase awareness of Study Abroad opportunities available for NSU students that wish to participate in an exchange program through a NSU bilateral agreement with an institution of Higher Education abroad.” The findings reflect the target was met. Analysis. In fall 2016, the ISRC started initiatives to inform NSU students about opportunities available for them to study abroad through an NSU bilateral agreement. We made the information available on the ISRC website and publicized information on social media. Additionally, in conjunction with Dr. Keith Dromm, in charge of the International Student Exchange Program (ISEP), in fall 2016 we conducted an information session open to all students. However, only nine students attended. In spring 2017, we decided to change the venue to increase students’ attendance. We believed that if we held the event at the Student Union we would see an increase in students’ attendance. However, this time only one student came. We believe that since the event has held in a private room at the Student Union and at a specific time, it was difficult for the students to become aware of the information session, or to arrange their schedules around the designated time for the event. The ISRC was very successful in sending NSU students to study abroad through a NSU bilateral agreement. The goal was three students per academic year and we have exceeded the expectation. More work needs to be done to promote the programs at relevant venues. Decision. Future information sessions will be set up as a table outside different locations of heavy student traffic, at the Union outside the cafeteria, outside Russell Hall, Kyser Hall, and the Library. Instead of expecting the students to attend an information session, we will hand out flyers with information about opportunities to study abroad. We believe we will be able to inform more students if we give them information as they go, rather than try to make them attend an event in a room at a specific time.

Plant Services. Service Outcome (SO) 3 “Central Receiving Department aids Inventory Control Section by tagging all items that are placed in the Louisiana Property Assistance Agency (LPAA) Inventory Control Software.” Measure 3.1. Monthly Property Control Department accountability documents match the tagged items placed on inventory against Purchase Orders. Target is to have 100% accuracy in the current location of all university equipment. The findings reflect the target was met. All items over \$5000 dollars are placed on the banner module for depreciation purposes and on Louisiana Property Assistance Agency software. All items between \$1000 dollars and \$4999 are placed on the LPAA software and matched against Purchase Orders issued for the month. All these items are at a 100% accuracy at the end of each month, and the analysis reflects that checks and balances are in place to handle this accountability. The associated decision was to continue completing this procedure on a monthly basis with the process that is in place. So that at the end of the fiscal year, we are able to post yearly figures to Business Affairs Ledger in order to complete the year-end closing of the books.

Environmental Health and Safety-Emergency Preparedness Office (EHS-EP). Service Outcome (SO) 4. “EHS-EP will improve hazard or safety issue reporting by faculty and staff, through education of the various ways to report these issues. Fewer hazards mean less accidents. EHSEP works to provide a safer environment on all campuses for students, faculty, staff, and visitors. Education of employees to report hazards via University Police, the Work Control Center, by phone or e-mail, and through the online Work Order System. Reporting by one of these three methods will ensure that the hazard is documented.” Measure 4.1. Fewer hazards result in fewer accidents, which in turn result in a reduction in worker’s compensation and general liability claims. A reduction in claims means a reduction in premiums. EHS-EP Office is responsible for reporting all types of insurance claims to the Office of Risk Management and therefore will use that data to calculate if claims are increasing or decreasing by the number and type of claim filed. Increased safety and risk management awareness will result in less accidents, fewer injuries, less property damage and lower insurance premiums. Target: That 100% of all reported accidents are reported to the Office of Risk Management and that there is a decrease from the previous year. Findings reflect the target was met. The Environmental Health & Safety-Emergency Preparedness-Risk Management Office submits 100% of all reported accidents to the Office of Risk Management/Sedgwick Claims at the time they are reported. The accidents are reported via the online claim system website. Employees report accidents by using the DA-2000-State Employee Incident/Accident Investigation Form and the Supplemental Report to the DA-2000. Those reports are used for the online accident submittal. In the analysis, it was found that the documentation is kept within the files in the Environmental Health & Safety-Emergency Preparedness-Risk Management Office. Once the documentation is received, additional information is requested, such as photos, University Police Reports, if available, and other supplemental reports to document the accident. The information is submitted online for processing. The First Report of Injury is returned to the University via e-mail so that the accident is documented, and confirmed within the system. The First Report of Injury also contains the claim number, which is used throughout the remainder of the accident process. Post-Accident Drug Testing Policy has had an impact on the reporting of accidents. The associated decision was to not change policy or procedure at this time. Accidents are being reported, but some are not due to the Post-Accident Drug Testing Policy. All accidents that are reported to the Environmental Health & Safety-Emergency Preparedness Risk Management Office are submitted to the Office of Risk Management/Sedgwick Claims. The University is at 100% compliance with this measure.

Physical Plant. Service Outcome (SO) 1 “Ensure Physical Plant staff are trained for safety and risk management purposes.” Measure 1.1. All Physical Plant staff will complete ORM-mandated training and safety course. Target: 100% completion, as documented on file. Findings reflect the target met. All 38 of 38 employees have completed the ORM-mandated training and safety courses. The associated decision was to maintain current process and procedure while always looking for ways to gain efficiency.

Capital Outlay. Service Outcome (SO) 1 “Ensure institution identifies capital outlay needs and develops a five-year capital outlay plan responsive to the university’s Five Strategic Focus Areas (The Student Experience, Academic Excellence, Market Responsiveness, Athletic Prominence, and Community Enrichment).” Measure 1.1. The Capital Outlay Director develops and submits a comprehensive Five-Year Capital Outlay Plan. The target is to complete and submit a Five-Year plan by the University of Louisiana System (ULS) deadline. Findings reflect the target was met. The Capital Outlay Director submitted the Five-Year Capital Outlay Plan to the ULS system office for approval and submission to the Board of Regents. The Board of Regents included items they determined fundable in House Bill 2. The Five-Year Capital Outlay Plan was submitted by the deadline of November 1, 2016, for fiscal year 2017-18. The Five-Year Capital Outlay Plan is attached. The Plan was submitted by the deadline for approved projects to be included in the 2017 House Bill 2, currently under consideration by the Louisiana Legislature. The associated decision is to develop a new capital outlay plan for 2018-19 due November 1, 2017. Work with University President to establish a Facilities Committee to drive the development of the new Five-Year Plan.

Office of Sponsored Programs (OSP). Service Outcome (SO) 1 “OSP will work with faculty and administration to increase number of proposals submitted to external agencies.” Measure 1.1. OSP will provide administrative support to faculty/staff in an effort to increase number of proposals submitted for external funding each year. Support from OSP will come in various formats as described and measured in additional SOs of this Assessment Plan with the intention of increasing the number of proposals submitted to external agencies for FY 2016/17 (July 1, 2016 – June 30, 2017). Target goal of 48 proposals will be submitted for FY 2016/17 and FY 2017/18 goal of 10% increase will be determined at fiscal year-end building on FY 2016/17 results. Finding: Target met. As of June 1, 2017, 52 proposals have been submitted for external funding exceeding our target goal of 48, which was a 10% increase over FY 2015/16. Analysis reflects through OSP’s administrative support, the number of external proposals submitted for funding has continued to show an increase. This finding demonstrates the rise in submissions as the target goal was exceeded by reaching an actual 20% overall increase. Decision is to continue a 10% increase for FY 2017/18, as this goal was attainable for 2016/17. The target goal for FY 2017/18 will be 57 proposals as of data available June 1, 2017. Without additional staff or resources, it is imprudent to increase this goal at this time.

Leesville Instructional Site. Service Outcome (SO) 1 “The Leesville Instructional Site will increase student enrollment at the Leesville Instructional Site each academic year.” Measure 1.1. Numbers of students who attend the Leesville Instructional Site will be collected every semester from Institutional Research and then added to provide a total number of students enrolled at the Leesville Instructional Site for the academic year. Student count numbers will be derived from adding summer, fall, and spring semester totals, with the summer, included being the summer prior to the start of the current academic year. (Ex. 2016-17 student count consists of student totals from summer 2016, fall 2016, and spring 2017.) Ensuring growth is occurring will provide insight into the

Instructional Site's capacity to expand course offerings to a larger population within the region. The goal is to see a 5% increase in number of students each academic year in comparison to the previous year. Findings reflect the target was met. The Leesville student count for 2016-17 (summer 2016, fall 2016, spring 2017) totaled 540. This has established solid baseline for measuring student count increases for the 2017-18 reporting cycle. *Analysis* determined this baseline called for calculating student enrollment for each semester spanning from summer 2016-spring 2017. Based on the comprehensive 14-day counts for each of those semesters, the baseline was established at 540 students for 2016-17. Based on current course offerings, available space, and class capacities at the Leesville Instructional Site, it is still feasible to aim for a student count increase of 5% in the coming year. The resulting decision is to increase enrollment target at Leesville Instructional Site by 5% (567) for 2017-18.

Louisiana Small Business Development Center (LSBDC). Service Outcome (SO) 1 "NWCR LSBDC will improve information dissemination to stakeholders, resource partners, and public in region." Measure 1.1. To improve information dissemination to stakeholders, resource partners, and public in region, the NWCR staff has utilized social media outlets. Facebook has been the primary social media source for information dissemination to these groups. Through the use of weekly social media posts and blasts, information regarding SBDC events, news, and happenings will be distributed to stakeholders, resource partners, and the public with the aim of increasing visibility of SBDC happenings for the FY2016-17 (Oct 16- Sept 17). Findings reflect the target was met. For FY 2016-17, there has been an increase in page followers by 10.5% as of date since the beginning of fiscal year October 1, 2016 (534 to 590). We have reached 5,673 new prospects in the community with the last four (4) Facebook ads by targeting new demographics in the region. We have set aside a marginal budget to accomplish this task. The Small Business Administration does not allow dollars to be allocated to marketing; therefore, the Regional Director must find other means of paying for "Boosting" ads for maximum effect based on the non-restricted dollars available to the department. Analysis shows that while the use of Facebook as a means to disburse information is currently being utilized by the SBDC, trends indicate the posted messages are not reaching the target audience of bankers, stakeholders, and resource partners. This deficit in reaching the target audience should be compensated for through alternative means of information dissemination. As a result, the decision is to try a new initiative in FY 2017-18 (Oct 17- Sept 18) aimed at ensuring a predictable and steady flow of information is made available to the target audience of stakeholders, resource partners, and public in region. This new information outlet will be a newsletter developed bi-monthly and shared with resource partners via eMerge. This initiative will ensure a predictable and steady flow of information is made available to the target audience of stakeholders, resource partners, and public in region. The aim will be to publish a minimum of six newsletters annually and to establish a recipient base of at least 25 during first year of newsletter disbursement with an intent to increase recipient base by 10% annually. A database of emails and contact names has been developed to help with the process of disseminating the regional newsletter beginning October 1, 2017.

Athletics Department - Marketing/Development Division. Service Outcome (SO) 2 “Improve self-generated revenues.” Measure 2.1: The Marketing and Development staff provided annual report of self-generated revenues and compared to previous year’s report. A goal of 10% increase from the previous year was established. Findings reflect the target was met with the Demons Unlimited Foundation showing an increase in revenue from the 2014-15 to 2015-16 fiscal year. Analysis reflects revenues rose by \$789,106 during 2015-16 fiscal year for the Demons Unlimited Foundation, which is an increase of 39.4% from the previous year. The resulting decision was to maintain a goal of 10% increase from year-to-year.