

## **PEER REVIEW TEAM REPORT**

Mt. San Antonio College  
1100 N. Grand Avenue  
Walnut, CA 91789

This report represents the findings of the Peer Review Team that conducted a focused site visit to Mt. San Antonio College on February 28 – 29, 2024. The Commission acted on the accredited status of the institution during its June 2024 meeting and this team report must be reviewed in conjunction with the Commission’s Action letter.

Matthew Wetstein, Team Chair

## Table of Contents

Summary of Focused Site Visit .....	6
Commendations .....	7
Recommendations .....	7
Introduction.....	8
Eligibility Requirements .....	10
Checklist for Evaluating Compliance with Federal Regulations and Related Commission Policies .....	12
Public Notification of a Peer Review Team Visit and Third Party Comment.....	12
Standards and Performance with Respect to Student Achievement .....	12
Credits, Program Length, and Tuition .....	13
Transfer Policies .....	15
Distance Education and Correspondence Education .....	16
Student Complaints.....	17
Institutional Disclosure and Advertising and Recruitment Materials.....	19
Title IV Compliance .....	19
Standard I.....	21
I.A. Mission .....	21
I.B. Assuring Academic Quality and Institutional Effectiveness .....	22
I.C. Institutional Integrity .....	24
Standard II.....	26
II.A. Instructional Programs .....	26
II.B. Library and Learning Support Services.....	30
II.C. Student Support Services.....	31
Standard III .....	34
III.A. Human Resources .....	34
III.B. Physical Resources .....	36
III.C. Technology Resources .....	38
III.D. Financial Resources .....	40
Standard IV .....	45
IV.A. Decision-Making Roles & Processes.....	45
IV.B. Chief Executive Officer .....	47
IV.C. Governing Board.....	49
Quality Focus Essay.....	52
Appendix A: Core Inquiries.....	53



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## Summary of Focused Site Visit

INSTITUTION: Mt. San Antonio College  
DATES OF VISIT: Feb. 28 – 29, 2024  
TEAM CHAIR: Dr. Matt Wetstein, Cabrillo College

This Peer Review Team Report is based on the formative and summative components of the comprehensive peer review process. In October 2023, the team conducted Team ISER Review (formative component) to identify where the college meets Standards and to identify areas of attention for the Focused Site Visit (summative component) by providing Core Inquiries that the team will pursue to validate compliance, improvement, or areas of excellence. The Core Inquiries are appended to this report.

A four-member peer review team conducted a Focused Site Visit to Mt. San Antonio College February 28 and 29, 2024 for the purpose of completing its Peer Review Team Report and determination of whether the College continues to meet Accreditation Standards, Eligibility Requirements, Commission Policies, and U.S. Department of Education regulations.

The team chair and vice chair held a pre-Focused Site Visit meeting with the college CEO on January 31, 2024, to discuss updates since the Team ISER Review and to plan for the Focused Site Visit. During the Focused Site Visit, team members met with approximately 80 faculty, administrators, classified staff and students in formal meetings, group interviews and individual interviews. The team held one open forum, which was attended by 65 people, and provided the College community and others an opportunity to share their thoughts with members of the Focused Site Visit team. The team evaluated how well the College is achieving its stated purposes, providing recommendations for quality assurance and institutional improvement. The team thanks the College staff for coordinating and hosting the Focused Site Visit meetings and interviews, and for ensuring a smooth and collegial process.

## **Major Findings and Recommendations of the Peer Review Team Report**

### **Commendations**

Commendation 1: The team commends the College for its student-centric approach to support services and engagement in co-curricular and athletic programs, which has resulted in significant increases in student success outcomes. (II.C.4)

### **Recommendations**

#### **Recommendations to Meet Standards:**

Recommendation 1: In order to meet the standard, the team recommends that the college ensure that regular and substantive interaction takes place in distance education courses. (II.A.7 and Policy on Commission Distance Education and Correspondence Education).

#### **Recommendations to Improve Quality:**

None.

## Introduction

Mt. San Antonio College (Mt. SAC) was created in 1946 on land that was historically the domain of the Gabrieliño Band-Kizh Nation and Chumash who are the original caretakers of Tovaangar (the area commonly known as the Los Angeles Basin and South Channel Islands). In December of 1945, voters from four local high school districts approved the formation of the district, which was initially named the Eastern Los Angeles County Community College. Mt. SAC draws its modern name from the nearby snow-capped mountain often called Mt. Baldy.

The College's service area includes the communities of Baldwin Park, Bassett, Charter Oak, Covina, Diamond Bar, Glendora, Hacienda Heights, City of Industry, Irwindale, La Puente, La Verne, Pomona, Rowland Heights, San Dimas, Valinda, Walnut, and West Covina. However, only 56% of its students reside within its District boundaries.

While pre-pandemic student population peaked at 71,110 in 2019-2020, COVID –19 negatively impacted student enrollment. At its low point, student population dropped to 63,176 in 2020-2021. The pandemic impacted service modalities as well. Prior to the pandemic, most courses were offered in person. However, by 2021-2022 online courses accounted for 45% of all courses offered.

The College has a diverse student body. The largest ethnic groups are Hispanic (63%), Asian (15%), White non-Hispanic (9%), African-American (4%), and Filipino (4%). Additionally, 53% of the students are female and 45% are male.

As the peer review team completed its ISER review and the focused site visit, it was impressed with several practices that are in place at Mt. SAC that document high impact practices to support student success and/or continuous improvement. They included:

- An impressive ISER that features the thematic element of "weaving our story together" and an inclusive and broad participatory approach to the writing and evidence gathering process.
- A strong commitment to sustainability is featured in new college buildings, distinctive campus features, and awards provided to student sustainability champions. (III.B.2)
- A recently revamped mission and vision statement that highlights the college's efforts to promote economic and social mobility for its students, and a deep commitment to fighting racism, promoting equity, and celebrating diversity. The new mission and vision align well with the commission's Policy on Social justice. (I.A.1)
- A dedicated approach to providing technology services that meet the needs of students on campus (in well-resourced computer labs) or at home (through college distribution of technology resources during the COVID-19 pandemic). (III.C.1)



- A commitment to governance transparency that includes the posting of Cabinet meeting notes, easy web-based access to student learning outcomes, and governance committee documents. (IV.A.4)
- A willingness to focus on self-improvement plans that will strengthen college governance processes, such as the review and revision of the program review process and assessment of governance roles and responsibilities. (IV.A.7)
- Comprehensive student support services, including the college's high-quality support for student athletes. (II.C.4)

# **Eligibility Requirements**

## **1. Authority**

The team confirmed that Mt. San Antonio College has authority to operate as a post-secondary institution of higher education in the State of California. The college has been in continuous operation since 1946 under the authority of the California Education Code (Section 70902) and is governed by an elected board of trustees. It is accredited by the Accrediting Commission of Community and Junior Colleges (ACCJC) of the Western Association of Schools and Colleges.

## **2. Operational Status**

The college has been operating since 1946, offering associate degrees and certificates as well as programs of study that lead to transfer and lifelong learning for community members. In 2021-22, the college offered services to 62,326 students. The team confirmed that course sections published in its schedule of classes are being offered, further confirming its ongoing operational status.

## **3. Degrees**

The college offers courses that lead to associate degrees and has recently earned approval for the offering of a bachelor's degree in Histotechnology that has yet to be officially launched. Nearly all of the college's course offerings are degree applicable: 96 percent of the course sections offered in Fall 2022 were degree applicable courses and 99 percent of head count enrollment was in those sections. All of the college's degree programs are at least two years in program length.

## **4. Chief Executive Officer**

The team confirmed that the President/Chief Executive Officer (CEO) of Mt. San Antonio College is appointed by the governing board per Board Policy 2430 and does not serve as the chair of the governing Board. The President/CEO administers Board Policies and serves as the secretary to the governing board. President/CEO Dr. William T. Scroggins served as CEO from 2011 until 2023. Following the tenure of Dr. Scroggins, the College notified the Commission of the newly selected President/CEO, Dr. Martha Garcia, who began her presidency in July 2023.

## **5. Financial Accountability**

The team confirmed that the college undergoes an annual external audit by an independent, certified public accountant and makes the results of the audit publicly available to relevant agencies and the public. The college has a record of receiving clean, unmodified audit opinions over the last three years. As a Title IV eligible institution, the team confirmed that the college remains in compliance with federal requirements, as evidenced by no federal audit findings over

the last three years. The college makes regular reports to the Board of Trustees on its fiscal standing and annual audits are reviewed and approved by the Board.

## **Checklist for Evaluating Compliance with Federal Regulations and Related Commission Policies**

The evaluation items detailed in this Checklist are those which fall specifically under federal regulations and related Commission policies, beyond what is articulated in the Accreditation Standards; other evaluation items under ACCJC standards may address the same or similar subject matter. The peer review team evaluated the institution’s compliance with Standards as well as the specific Checklist elements from federal regulations and related Commission policies noted here.

### **Public Notification of a Peer Review Team Visit and Third Party Comment**

**Evaluation Items:**

X	The institution has made an appropriate and timely effort to solicit third party comment in advance of a comprehensive review visit.
X	The institution cooperates with the review team in any necessary follow-up related to the third party comment.
X	The institution demonstrates compliance with the Commission <i>Policy on Rights, Responsibilities, and Good Practice in Relations with Member Institutions</i> as to third party comment.

[Regulation citation: 602.23(b).]

**Conclusion Check-Off (mark one):**

X	The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements.
	The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements, but that follow-up is recommended.
	The team has reviewed the elements of this component and found the institution does not meet the Commission’s requirements.

**Narrative:**

The Commission did not receive any applicable third-party comments.

### **Standards and Performance with Respect to Student Achievement**

**Evaluation Items:**

X	The institution has defined elements of student achievement performance across the institution, and has identified the expected measure of performance within each defined element. Course completion is included as one of these elements of student
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	achievement. Other elements of student achievement performance for measurement have been determined as appropriate to the institution's mission. (Standard I.B.3 and Section B. Presentation of Student Achievement Data and Institution-set Standards)
X	The institution has defined elements of student achievement performance within each instructional program, and has identified the expected measure of performance within each defined element. The defined elements include, but are not limited to, job placement rates for program completers, and for programs in fields where licensure is required, the licensure examination passage rates for program completers. (Standard I.B.3 and Section B. Presentation of Student Achievement Data and Institution-set Standards)
X	The institution-set standards for programs and across the institution are relevant to guide self-evaluation and institutional improvement; the defined elements and expected performance levels are appropriate within higher education; the results are reported regularly across the campus; and the definition of elements and results are used in program-level and institution-wide planning to evaluate how well the institution fulfills its mission, to determine needed changes, to allocating resources, and to make improvements. (Standard I.B.3, Standard I.B.9)
X	The institution analyzes its performance as to the institution-set standards and as to student achievement, and takes appropriate measures in areas where its performance is not at the expected level. (Standard I.B.4)

[Regulation citations: 602.16(a)(1)(i); 602.17(f); 602.19 (a-e).]

**Conclusion Check-Off (mark one):**

X	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

**Narrative:**

Mt. SAC has established appropriate institution-set standards for student learning and achievement. Data related to these standards are reviewed and disaggregated at appropriate levels to enhance program and institutional improvement. Where programs require licensure examinations, the College reports those data for easy public access. The College's website serves as a repository for program-specific and Institutional Student Learning Outcomes.

**Credits, Program Length, and Tuition**

**Evaluation Items:**

X	Credit hour assignments and degree program lengths are within the range of good practice in higher education (in policy and procedure). (Standard II.A.9)
X	The assignment of credit hours and degree program lengths is verified by the institution, and is reliable and accurate across classroom based courses, laboratory classes, distance education classes, and for courses that involve clinical practice (if applicable to the institution). (Standard II.A.9)
X	Tuition is consistent across degree programs (or there is a rational basis for any program-specific tuition). (Standard I.C.2)
X	Any clock hour conversions to credit hours adhere to the Department of Education's conversion formula, both in policy and procedure, and in practice. (Standard II.A.9)
X	The institution demonstrates compliance with the Commission <i>Policy on Credit Hour, Clock Hour, and Academic Year</i> .

[Regulation citations: 600.2 (definition of credit hour); 602.16(a)(1)(viii); 602.24(e), (f); 668.2; 668.9.]

**Conclusion Check-Off (mark one):**

X	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

**Narrative:**

Credit hour policies and practices conform with federal regulations and comport with practices found in U.S. higher education institutions. The granting of awards is consistent with credit unit policies and procedures. The College has published tuition policies for all of its programs and the costs are consistent across all degree and certificate programs. Clock hour to credit hour conversions are consistent with federal regulations and the Commission's *Policy on Clock Hour, Credit Hour, and Academic Year*.

## **Transfer Policies**

### **Evaluation Items:**

X	Transfer policies are appropriately disclosed to students and to the public. (Standard II.A.10)
X	Policies contain information about the criteria the institution uses to accept credits for transfer, and any types of institutions or sources from which the institution will not accept credits. (Standard II.A.10)
X	Transfer of credit policies identify a list of institutions with which it has established an articulation agreement.
X	Transfer of credit policies include written criteria used to evaluate and award credit for prior learning experience including, but not limited to, service in the armed forces, paid or unpaid employment, or other demonstrated competency or learning.
X	The institution complies with the Commission <i>Policy on Transfer of Credit</i> .

[Regulation citations: 602.16(a)(1)(viii); 602.17(a)(3); 602.24(e); 668.43(a)(11).]

### **Conclusion Check-Off (mark one):**

X	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

### **Narrative:**

As noted in the narrative for Standard II.C, the College's transfer policies are widely available and clearly articulated for students. Articulation agreements that allow for transfer of credit are clearly identified for students in the Catalog. The College provides avenues for credit for prior learning (for military veterans for example), and for credit by examination. The institution complies with the Commission's *Policy on Transfer of Credit*.

**Distance Education and Correspondence Education**

**Evaluation Items:**

<b>For Distance Education:</b>	
	The institution demonstrates regular and substantive interaction between students and the instructor in at least two of the methods outlined in the Commission <i>Policy on Distance Education and Correspondence Education</i> .
	The institution ensures, through the methods outlined in the Commission <i>Policy on Distance Education and Correspondence Education</i> , regular interaction between a student and an instructor or instructors prior to the student’s completion of a course or competency.
X	The institution demonstrates comparable learning support services and student support services for distance education students. (Standards II.B.1, II.C.1)
X	The institution verifies that the student who registers in a distance education program is the same person who participates every time and completes the course or program and receives the academic credit.
<b>For Correspondence Education:</b>	
NA	The institution demonstrates comparable learning support services and student support services for correspondence education students. (Standards II.B.1, II.C.1)
Na	The institution verifies that the student who registers in a correspondence education program is the same person who participates every time and completes the course or program and receives the academic credit.
<b>Overall:</b>	
X	The technology infrastructure is sufficient to maintain and sustain the distance education and correspondence education offerings. (Standard III.C.1)
	The institution demonstrates compliance with the Commission <i>Policy on Distance Education and Correspondence Education</i> .

[Regulation citations: 602.16(a)(1)(iv), (vi); 602.17(g); 668.38.]

**Conclusion Check-Off (mark one):**

	The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements.
	The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements, but that follow-up is recommended.
X	The team has reviewed the elements of this component and found the Institution does not meet the Commission’s requirements.
	The college does not offer Distance Education or Correspondence Education.



**Narrative:**

The college conducts courses in distance education formats. Team review of 100 randomly selected class sections from spring and fall of 2023 uncovered evidence that many courses did not provide regular and substantive interaction between faculty and students. While college faculty and managers are working diligently to address improvements in online professional development and evaluation processes related to these issues, at the time of the focused site visit, substantial numbers of course sections did not meet the Commission's *Policy on Distance Education and Correspondence Education* (see further narrative discussion in II.A.7).

**Student Complaints**

**Evaluation Items:**

X	The institution has clear policies and procedures for handling student complaints, and the current policies and procedures are accessible to students in the college catalog and online.
X	The student complaint files for the previous seven years (since the last comprehensive review) are available; the files demonstrate accurate implementation of the complaint policies and procedures.
X	The team analysis of the student complaint files identifies any issues that may be indicative of the institution's noncompliance with any Accreditation Standards.
X	The institution posts on its website the names of associations, agencies and governmental bodies that accredit, approve, or license the institution and any of its programs, and provides contact information for filing complaints with such entities. (Standard I.C.1)
X	The institution demonstrates compliance with the Commission <i>Policy on Representation of Accredited Status</i> and the <i>Policy on Student and Public Complaints Against Institutions</i> .

[Regulation citations: 602.16(a)(1)(ix); 668.43.]

**Conclusion Check-Off (mark one):**

X	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

**Narrative:** During the Site Review Visit, the Team confirmed a clearly defined student complaint process that is well documented and available to students in multiple ways. In a

review of the student complaint files, evidence was found demonstrating proper maintenance of records and timely communication to the student.

**Institutional Disclosure and Advertising and Recruitment Materials**

**Evaluation Items:**

X	The institution provides accurate, timely (current), and appropriately detailed information to students and the public about its programs, locations, and policies. (Standard I.C.2)
X	The institution complies with the Commission <i>Policy on Institutional Advertising, Student Recruitment, and Policy on Representation of Accredited Status</i> .
X	The institution provides required information concerning its accredited status.(Standard I.C.12)

[Regulation citations: 602.16(a)(1)(vii); 668.6.]

**Conclusion Check-Off (mark one):**

X	The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements.
	The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements, but that follow-up is recommended.
	The team has reviewed the elements of this component and found the institution does not meet the Commission’s requirements.

**Narrative:**

**Title IV Compliance**

**Evaluation Items:**

X	The institution has presented evidence on the required components of the Title IV Program, including findings from any audits and program or other review activities by the U.S. Department of Education (ED). (Standard III.D.15)
X	If applicable, the institution has addressed any issues raised by ED as to financial responsibility requirements, program record-keeping, etc. If issues were not timely addressed, the institution demonstrates it has the fiscal and administrative capacity to timely address issues in the future and to retain compliance with Title IV program requirements. (Standard III.D.15)
X	If applicable, the institution’s student loan default rates are within the acceptable range defined by ED. Remedial efforts have been undertaken when default rates near or meet a level outside the acceptable range. (Standard III.D.15)
X	If applicable, contractual relationships of the institution to offer or receive educational, library, and support services meet the Accreditation Standards and have been

	approved by the Commission through substantive change if required. (Standard III.D.16)
X	The institution demonstrates compliance with the Commission <i>Policy on Contractual Relationships with Non-Accredited Organizations</i> and the <i>Policy on Institutional Compliance with Title IV</i> .

[Regulation citations: 602.16(a)(1)(v); 602.16(a)(1)(x); 602.19(b); 668.5; 668.15; 668.16; 668.71 et seq.]

**Conclusion Check-Off:**

X	The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements.
	The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements, but that follow-up is recommended.
	The team has reviewed the elements of this component and found the institution does not meet the Commission’s requirements.

**Narrative:**

As noted in the Narrative for Standard I.C, Mt. SAC demonstrates accuracy and integrity in its communications to the public and its students. Its catalog and schedule of classes provide timely and accurate information of programs of study, policies and procedures for enrollment, matriculation, good academic standing, and student conduct. Regular audits document fiscal integrity too, with no significant findings and clean reports on the disbursement of Title IV Financial Aid funds. Student loan default rates are low (4%) and well below the threshold of concern from the U.S. Department of Education. Mt. SAC demonstrated its compliance with the Commission’s *Policy on Contractual Relationships with Non-Accredited Organizations* and the *Policy on Institutional Compliance with Title IV*.

## Standard I

### Mission, Academic Quality and Institutional Effectiveness

#### I.A. Mission

##### General Observations:

Mt. San Antonio College's Mission Statement and Core Values provide a comprehensive description of programs, awards, and intended students along with a clear commitment to diversity, equity, and anti-racism. The mission is widely published, regularly reviewed, and integral to college planning and resource allocation. The review team compliments the college on a well-written and robust mission and vision statement.

##### Findings and Evidence:

The college's mission describes its educational purpose, intended student population, and types of degrees, including a reference to bachelor's degrees, in alignment with the new histotechnology program. The 2022 mission statement, along with the Core Values represents a college commitment to equity, diversity, and student learning. (I.A.1)

The college uses various types of data to assess accomplishment of its mission and to assess progress on institutional priorities. The Office of Research and Institutional Effectiveness developed a data dashboard that reports degrees and certificates disaggregated by divisions and departments, student demographics and access to financial aid. In addition to quantitative data used for program review and developing college plans, such as the Strategic Plan and Educational and Facilitates Master Plan, the college uses qualitative data such as reviews of committee goals and plans as they contribute to the Strategic Plan. (I.A.2)

The institution's programs and services align with the mission that guides decision-making, planning and resource allocation. The college integrates planning and resource allocation through the Planning for Institutional Effectiveness (PIE) process in which programs and services assess and identify resources to support student learning and achievement. (I.A.3)

The college publishes its approved mission on the website and college catalog and other documents. The current mission statement was revised in September 2022 by the Board after input through the governance process that started with the President's Advisory Committee and included feedback from employee groups and students. (I.A.4)

##### Conclusions:

The college meets the standard.

## **I.B. Assuring Academic Quality and Institutional Effectiveness**

### General Observations:

Mt. SAC demonstrates that through their committee and planning processes they have a commitment to academic quality and institutional effectiveness. The program review and assessment processes are linked to the Strategic Plan and inform resource allocations. The college uses student learning outcomes and disaggregated data to ensure academic quality and institutional effectiveness aligned with the college mission. Planning is integrated and links program level plans and resource needs to institutional priorities.

### Findings and Evidence:

Mt. SAC demonstrates sustained and substantive dialogue about outcomes, equity, academic quality, effectiveness and improvement of student learning outcomes and achievement. Evidence shows an effective governance and committee structure that fosters dialogue, feedback, innovation, and evaluation. Agendas and notes demonstrate a collegewide effort to promote participation and feedback on assessment practices, analysis of equity data, and planning. The college makes faculty research and teaching philosophies and syllabi available to students on the public website. The commitment to equity and diversity is clear in the evidence reviewed by the team. (I.B.1)

The college defines and assesses student learning outcomes for all instructional and learning support services. Assessment results for SLOs, PLOs, and ILOs are housed in a software platform (Nuventive.) The Curriculum and Instruction Council ensures course and program outcomes are defined and assessed regularly; courses that fall out of cycle on assessment may be recommended for deactivation. The college operates on a four-year course review cycle and AP 4020 provides guidance for the process. Faculty Outcomes Coordinators provide feedback to departments on their outcomes and assistance with program maps. Sample syllabi demonstrate inclusion of SLOs; according to the ISER, the college makes syllabi available on the college website. The importance of assessment is highlighted by the annual President's Outcomes Award (I.B.2)

The college's Institutional Effectiveness Committee (IEC) and Office of Research and Institutional Effectiveness (RIE) establish and assess achievement of institutional set standards. Members of IEC annually assess progress towards the college mission by reviewing course success rates, awards, transfer, licensure and job placement data. IEC establishes the methodology for setting institution set standards (ISS) and stretch goals. Results are shared and discussed through the college governance committees. (I.B.3)

The program review process uses assessment data to support student learning and achievement. Programs align plans with college priorities and tie resource needs to unit level plans. The PIE Data Dashboard provides data for instructional programs and service area programs. Programs are expected to complete a UNIT PIE Template to close the loop by summarizing the effectiveness of prior year resource allocations. Outcomes assessment is conducted using a four-

year cycle along with curriculum review per BP 4020. Institutional data are used to request faculty positions, course modifications in class size, and establishing strategies to improve student outcomes (I.B.4)

The college assesses accomplishment of its mission through the program review process, which includes assessment outcomes and achievement data for instructional and service programs. Achievement data are disaggregated by student demographic groups and modality. Qualitative and quantitative data are used in the program review process, with data from within the college and external sources. Qualitative data are provided through student surveys, which appear to be the primary source of data for student service areas. (I.B.5)

The college uses disaggregated data and analyzes outcomes for subpopulations of students. Equity gaps are assessed and discussed in college committees such as Student Preparation, Equity, Achievement Council (SPEAC), where recommendations are made for improvements. (I.B.6)

The institution uses various methods to evaluate its policies and practices across the institution. Board policies and procedures are proposed, revised, and updated for various reasons, including legal requirements, California Community College League recommendations, or from review by various constituency groups on campus. According to college policy, groups whose work is affected by policies participate in the review process. Through program review, faculty assess instructional programs and courses at least once every five years; the College recognizes the current discrepancy between the 4-year course review cycle and the 5-year Student Learning Outcome (SLO) review cycle, and efforts are underway to align the two processes. The process of program review is evaluated by the PIE committee. President's Advisory Council (PAC) is charged with assuring effectiveness of the planning process, which includes participation in SCUP facilitated retreats. Mt. SAC provided evidence in response to the core inquiry that revealed significant review of its governance structures and identified mechanisms to improve functionality. As part of the improvement process, Mt. SAC established a workgroup to develop a governance manual and a framework to evaluate governance effectiveness regularly. The team was pleased to see evidence of a strong commitment to governance improvement during its focused site visit. (I.B.7)

The institution communicates results of assessment and evaluation through various channels. Program reviews are accessible from the IEC website, the CEO disseminates weekly cabinet notes and RIE data dashboards provide easy access to student achievement data. (I.B.8)

The college demonstrates its continuous, broad based, systematic evaluation and planning through its governance and committee structure and responsibilities. PAC ensures the planning process is integrated and coordinated. The program review process connects short and long-range planning and resource allocation. (I.B.9)

Conclusions:

The college meets the standard.

## **I.C. Institutional Integrity**

### General Observations:

Mt. SAC provides accurate and clear information to students and the public about accreditation status, learning outcomes, programs, and services. College policies promote honesty, academic integrity, and student conduct expectations.

### Findings and Evidence:

The institution uses multiple methods to assure clear and accurate information to various stakeholders regarding its mission, support services, and academic programs. Communication strategies include its website, email, social media, and meeting minutes. The college catalog and website include information about the mission and accredited status. The RIE office provides data on student achievement, key performance indicators, and facts about the college. (I.C.1)

The Office of Instruction provides an accessible online catalog published every year. When there are revisions or updates, the Office of Instruction provides an online and pdf addendum. The catalog is edited annually by departments responsible for content to ensure accuracy and currency. (I.C.2)

The College website, syllabi and catalog contain learning outcomes. The College documents and shares information on student learning and student success metrics to communicate academic quality to the public and to current and prospective students. (I.C.3)

The College catalog and webpages describe its certificates and degrees in terms of their purpose, content, course requirements, expected learning outcomes, and program requirements. (I.C.4)

Mt. SAC faculty, staff, and administrators regularly review institutional policies, procedures, and publications to ensure integrity in representations of its mission, programs, and services. Governance committees review and update board policies and PAC makes final recommendations to the Board. The Office of Instruction is responsible for ensuring annual review of the catalog and the review of the schedule of classes with input from campus units with content in the publications. (I.C.5)

The College informs students about the total cost of education, fees, and instructional materials on its website, in the catalog, and class schedule. The website provides students with a net price calculator. The bookstore informs students of textbook fees, and the schedule indicates which courses are low-cost. (I.C.6)

The College publishes governing Board Policies on academic freedom and responsibility. Mt. SAC has policies and procedures assuring an environment that supports intellectual freedom. The college also adopted a Student Bill of Rights, which refers to the “Right to Freedom in the Classroom.” (I.C.7)



Through the College's website, catalog, and other documents, Mt. SAC conveys clear policies and procedures to promote ethical behavior by all constituents. Students are informed about cheating, plagiarism, and academic dishonesty and the consequences through the catalog. Academic honesty is also integrated into the student Standards of Conduct. The college publishes the procedure for authenticating student identity in DE courses, requiring authentication with a user ID and password. (I.C.8)

The college uses policies and procedures to promote honesty, responsibility, and integrity. The College's Administrative Procedure 4030 requires faculty to distinguish between subjective opinions and information accepted by discipline experts. It also prohibits using the classroom to promote religious ideologies. (I.C.9)

The college has policies and procedures that govern ethical behavior for professionals, faculty, administrators, and students regarding professionalism and use of technology. The college faculty collective bargaining agreement includes the criteria regarding codes of conduct and responsibilities and the Student Code of Conduct is published in the Student Handbook and the Catalog. (I.C.10)

(I.C.11) N/A

Mt. SAC complies with ACCJC Eligibility Requirements, Policies, and Standards. Reports and actions taken by the college and ACCJC are published on the college website. The college demonstrates timely responses to ACCJC deadlines. The college recently received permission for two substantive changes, including a Bachelor of Science degree in histotechnology and approval for Competency-based Education. (I.C.12)

The college complies with ACCJC requirements, federal and state mandates, and communicates changes in accredited status to ACCJC, students, and the public. (I.C.13)

The college establishes and follows policies and procedures that support a commitment to student achievement and learning and ensure financial decisions do not compromise high-quality education. (I.C.14)

#### Conclusions:

The College meets the standard.

## **Standard II**

### **Student Learning Programs and Support Services**

#### **II.A. Instructional Programs**

##### General Observations:

Mt. SAC provides instructional programs at its main campus, multiple off campus locations, and distance education. The college offers credit-based certificate, AA, AS, and ADT degree programs in addition to a recently approved Histotechnology baccalaureate degree. All the instructional programs are offered in fields of study consistent with the College's mission. Program Review is the main component for evaluation of instructional programs on a four-year cycle with annual updates. Faculty have a primary role in the development and approval of curriculum, courses, certificates, and programs. The data sets used for Program Review are comprehensive, can be disaggregated, and are available over several years. The data pertain to employment and transfer rates and SLOs and Program Review Assessment completed by faculty. As part of its overall improvement plans as discussed in the Quality Focus Essay, the college is working on strengthening the alignment of SLOs with program review to improve institutional effectiveness.

##### Findings and Evidence:

The team reviewed the College's ISER, website, catalog and planning documents containing course outlines of record and student learning outcomes. The College provides quality instructional programs consistent with the goals of the mission, appropriate to higher education, that lead to student completion of identified learning outcomes, degrees, and certificates; transfer to other higher education programs; and successful preparation for employment. The college recently received approval to offer a bachelor's degree in Histotechnology but has yet to enroll students and offer the program. (II.A.1)

Mt. SAC follows a comprehensive program, curriculum, and annual review process ensuring that full-time and part-time faculty provide content and instruction that meets higher education academic and professional standards. Faculty ensure that the content and methods of instruction meet generally accepted standards and expectations. The processes for curriculum and program development, approval, and review are led by faculty. Post-college employment is part of the consideration process. Faculty regularly participate in professional development training and assess programs using student achievement data. The college compensates part-time faculty for outcomes assessment and professional development. (II.A.2)

The College identifies and regularly assesses learning outcomes for courses as part of the curriculum approval process. The current course outlines include the course outcomes and student learning outcomes, which are included for each course on all course syllabi. There are

assessment plans for each discipline. The Outcome Committee meets bimonthly to monitor, review, and make recommendations to the Academic Senate to revise the learning outcomes assessment process to continually improve student success. (II.A.3)

The College ensures that the pre-collegiate level curriculum is clearly distinguished from the College level curriculum on course outlines of record (CORs), the College Catalog, and class schedules. The appropriate level for courses is determined through established policies and procedures outlined in BP and AP 4020, Program and Curriculum Development. The college's large Adult Basic Education department offers students various methods to gain pre-collegiate skills to facilitate transition to collegiate level courses. The college provides timely notification to students who have completed 20 units of pre-collegiate coursework to provide them resources to support their on-going academic progress (AP 4222). (II.A.4)

The institution's degrees are consistent with the standards of American higher education, including minimum degree requirements. In tandem with local Board approval, the Chancellor's Office must approve all degrees and programs. The regulations for breadth, depth, rigor, course sequencing, time to completion, and synthesis of learning are consistent with and set by Board policies and administrative procedures. The college ensures that minimum degree requirements are 60 semester credits for associate level and 127-128 credits or the equivalent at the baccalaureate level. (II.A.5)

The College has created program maps that provide pathways for degree and certificate completion in a reasonable period. The college offers a mix of on-campus and online course offerings with nearly 20 fully online programs. The courses are scheduled based on student needs. The process is completed through a dynamic enrollment management process that includes input from multiple stakeholders to exchange information about course scheduling. The college has plans to use a similar process for the forthcoming Histotechnology baccalaureate degree program. (II.A.6)

Equity is valued at the College, which is highlighted in the college's mission statement and planning documents. Instruction includes a varied approach to delivery modes and methodologies to reach the different learning styles of students and close student equity and achievement gaps. Courses are offered via fully online delivery (both synchronous and asynchronous), hybrid delivery, and in person. This mix of course sections indicate an attentiveness to flexible scheduling needs of parents, working adults, and students seeking different modes of learning that fit with their lifestyle. For the focused site visit, the team requested additional evidence be provided demonstrating that regular and substantive interaction is taking place in distance education courses. The College provided a representative sample of online courses which were reviewed by the team, resulting in the review of roughly 100 distance education courses across the Spring and Fall 2023 terms. The team's review of these randomly selected distance education sections uncovered many sections that did not appear to have regular and substantive interaction. Many also featured minimal contact between professors and students. The team also noted that some sections featured minimal feedback for student assignments in the online course portals. Having said this, the team also noted in its focused site visit that distance education improvements were underway at the college. Several notable improvements include a 36-page distance learning handbook, an enhanced focus on SPOT

Certification and recertification with an emphasis on regular and substantive interaction (RSI), a recent flex day presentation on RSI, and a rubric scheduled for approval by Academic Senate on the closing day of the visit. (II.A.7)

Credit for Prior Learning (CPL) is used as outlined in BP/AP 4235 and AP 4285. A list of externally administered examinations acceptable for credit is published in the catalog. Petitions for CPL are available in Division offices. Mt. SAC does not use department-wide course or program examinations however guidelines are in place for those departments who seek to institute them. Discipline faculty determine which courses will be available for prior learning credit each year. (II.A.8)

The College awards course credit, degrees, and certificates based on attainment of student learning outcomes. Course SLOs provide evidence of learning at the course level as well as the program and institutional levels to which they are connected. Policies are in place to ensure credits awarded are aligned with norms of higher education. Mt. SAC follows Federal standards for clock-to-credit conversion. (II.A.9)

Mt. SAC has transfer of credit policies listed in Board Policies. These are communicated to students in the college catalog. Through review of course learning outcomes by faculty discipline experts, students may be awarded transfer credits to fulfill degree requirements. The College has numerous articulation agreements in place as appropriate to its mission. Where agreements exist with state higher education partners (UC/CSU), they are documented in the catalog and schedule of classes. (II.A.10)

The College has institutional student learning outcomes (ILOs) that cover communication competency, information competency, quantitative competency, analytic inquiry skills, ethical reasoning, and the ability to engage diverse perspectives. Course outcomes are regularly evaluated and mapped by faculty to broader level outcomes (PLOs and ILOs). This assessment directs activities to improve student learning. The Outcomes Committee reviews the ILOs in relationship to the College mission to recommend changes as needed. (II.A.11)

The Mt. SAC catalog lists all degree requirements including general education coursework. Faculty expertise is relied on to determine each course's appropriateness for inclusion in the general education curricula. Course learning outcomes are linked to program learning outcomes and institutional level outcomes. The mission and core values demonstrate the commitment to student civic responsibility and lifelong learning reflected in institutional learning outcomes. (II.A.12)

All College programs require a focused area of study and general education to meet competencies. Programs are regularly evaluated to ensure they are appropriate to the mission. Degrees and certificates are detailed in the College catalog. Assessment of course SLOs, which align to PLOs and ILOs, are facilitated by PLO coordinators. (II.A.13)

The College ensures that students completing career-technical certificates and degrees demonstrate competencies that meet applicable standards. Policies define career education program requirements. Faculty development of course outcomes is informed by industry, accrediting, and licensure standards to ensure students can meet appropriate professional competencies. Furthermore, faculty engage with local/regional advisory boards to ensure students are provided with appropriate professional competencies to successfully enter the workforce. (II.A.14)

Mt. SAC has policies in place that define when a program will be deleted and how enrolled students can complete the program with minimal disruption. Plans exist to notify students, re-assign faculty and move course content when appropriate. Program discontinuance is understood to be an unusual occurrence. (II.A.15)

The College systematically strives to improve programs and courses to provide an optimal experience for all students. All College programs engage in the PIE process annually to evaluate practices and inform their improvement. Additionally, the effectiveness, quality, and currency of programs is reviewed by the Educational Design Committee and the Curriculum and Instructional Council on a five-year cycle. The team notes the creation of the data coaching program to address significant gaps for student success as an improvement outcome stemming from these processes. (II.A.16)

Conclusions:

The College meets the Standard except for II.A.7 and the Commission's Policy on Distance Education and Correspondence Education.

Recommendation:

In order to meet the standard, the team recommends that the college ensure that regular and substantive interaction takes place in distance education courses. (II.A.7 and Policy on Commission Distance Education and Correspondence Education).

## **II.B. Library and Learning Support Services**

### General Observations:

Mt. SAC supports learning by providing comprehensive library and learning skills programs. The library collection is widely available and extensive while learning skills support is available at all centers. Faculty and other learning professionals maintain and grow the collection to meet the College mission. Student needs are evaluated to inform improvement strategies. Collaboration with outside organizations allows students access to additional resources.

### Findings and Evidence:

The College supports student learning and achievement by providing library and other learning support services to all students and to personnel responsible for student learning and support. Students may access library resources through a variety of curricular and extra-curricular options. Students may use the library and reserve materials on campus and can access the wide range of electronic resources, including access to other institutions' collections, remotely, guided by the library resources webpage. Librarian liaisons are identified to support the needs of specific academic departments. Mt. SAC provides tutoring through the academic support centers with availability at all centers described on a single academic support flyer. The College provides access to online tutoring resources extending the support for students beyond the daily hours provided at the College. Data demonstrates all students have access to tutoring. The team commends the tutor training program as it promotes best practices and consistency. (II.B.1)

The Mt. SAC library and learning support centers rely on the expertise of faculty and other learning support service professionals to select and maintain educational equipment and materials to support student success. This is accomplished primarily through the College program review process. Furthermore, the engagement of librarians through the Library Liaison model and service on campus committees provides an opportunity to identify the needs of instructional programs. The Collection Development guidelines describe the process and criteria for collection maintenance. The Library Initiative for Equitable and Affordable Learning (LIEAL) supports the college mission through promoting the adoption of OER/ZTC across campus. The Faculty Advisory Board for Academic Support (FABAS) facilitates input from faculty representing various academic disciplines. Learning skills has computers available to support their activities. (II.B.2)

The Institution evaluates library and other learning support services to assure their adequacy in meeting identified student needs using multiple means. The annual review processes (PIE), regular curriculum review, and student satisfaction surveys are tools the College uses to determine if student needs are met and form the basis for improvement. There is evidence to support the positive impact of library workshops on course success rates. The team recognizes the evaluation efforts of learning skills in maintaining tutor quality and student satisfaction. (II.B.3)

The College supports students with the use of outside resources for its instructional programs. Through collaboration with the Council of Chief librarians the college is provided reviews of software platforms. This allows assurances that student/user needs are met while maintenance and security concerns are minimized. The team commends the College for its ongoing lending agreement with nearby Cal Poly Pomona, allowing students access to their collection. Security is maintained in both the physical and electronic environment in ways that satisfactorily protect the collections. (II.B.4)

#### Conclusions:

The College meets the standard.

### **II.C. Student Support Services**

#### General Observations:

The College delivers high-quality student services that cater to the requirements of both students and the community through a diverse range of modalities and scheduling alternatives. Consistent with the directives and standards established by governmental or regulatory bodies, the College conducts routine evaluations of the effectiveness of its procedures and practices. Furthermore, it ensures that students and the community are well-informed regarding academic prerequisites, processes, and support services that pertain to enrollment at the College. Additionally, the college strives to continuously improve its student services by seeking feedback from students and implementing necessary changes. By staying up-to-date with the latest regulations and guidelines, the college ensures that its procedures and practices are in line with industry standards, providing a reliable and efficient support system for students throughout their academic journey.

#### Findings and Evidence:

Mt. SAC provides quality support services, regularly evaluating their effectiveness through the annual Planning for Institutional Effectiveness (PIE) process. The College worked diligently to be responsive to student needs throughout the pandemic and post-pandemic. The College collected survey data to document efforts to retain students. Programs analyzed data to identify gaps, plan improvements, and implement support services. Additionally, the College highlighted the increase in basic needs support, student equity initiatives, and support for social justice measures in response to student feedback. (II.C.1)

The College assesses learning support outcomes through reviews, surveys, and reports, providing appropriate programs to achieve desired outcomes. Utilizing a combination of the PIE Process and Annual Program Reports (APR) for federal grant programs provides avenues for continued assessment of student support programs. (II.C.2)

The College provides support services in multiple modes and with extended hours to reach as many students as possible. Access to student support is available regardless of location or delivery mode, with resources allocated for reliable and comprehensive services. Of note are the “virtual quick questions” in Counseling, extended nightly and weekend hours, and Mountie Fast Track sessions that facilitate the matriculation process for new students. These services utilize the PIE process to measure effectiveness and responsiveness to student needs. Furthermore, services are provided through cross-collaboration between multiple areas on campus that enhance the student experience. (II.C.3)

The College's annual program review (PIE) ensures that regular assessment of the quality and effectiveness of its co-curricular and athletics programs takes place, focusing on student success and achievement rates. Support programs offer co-curricular activities that enhance college participation and help develop leadership skills. Of note is the Gray/Red Shirt Academic Support Program (GRASP), which supports student athletes in academics, offering workshops, team bonding activities, support services, counseling, retention strategies, and reinforcements for student athletes sidelined from competition. This program is supported through a cross-campus collaboration that has a well-defined work plan and goals to support student-athletes. Students have opportunities to engage with many co-curricular and athletic programs, such as Associated Students, GRASP, a student leadership program, and many others, that enrich their social, cultural and educational experience. The team heard directly from student leaders, program staff and faculty during the focused site visit about the successful outcomes of participants. The team was given student success metrics for GRASP participants, and it was clear that participant student success outpaced non-participant success rates. Team members believe this is a program that is worthy of emulation at other colleges. (II.C.4)

The College offers and regularly assesses counseling and academic advising programs to aid student development and success, offering assessment, orientation, counseling, educational planning, follow-up services, Transfer support, and referrals. Through regular engagement with regional professional development opportunities, the Counseling team is able to provide relevant and responsive support to its students. Counseling and advising programs help students understand their study requirements and receive accurate information about academic requirements, graduation, and transfer policies. (II.C.5)

The College's Admissions related policies and procedures reflect the California Community College's open access mission, which outline the qualifications for students. Students utilize the "CCC (California Community Colleges) Apply" form online. The College has also developed policies and procedures for the admission of high school students through their Special Admit process. Program maps, catalog information, and advising support are readily available to provide students with clear information on available pathways. Available technology, such as Degree Works, is available to students to be able to track their progress through their academic goal. (II.C.6)

With the implementation of California law AB 705, the College uses the Assessment Questionnaire (AQ) for new students, incorporated into the matriculation process. Students receive placement recommendations to enroll in transfer-level English and math courses based on multiple measures. Regular evaluations of admissions and placement practices are conducted



through the Office of Research and Institutional Effectiveness (RIE). This evaluation involves student and faculty survey feedback to continually improve the process. (II.C.7)

The College securely and confidentially maintains student records in accordance with policy guidelines. The college has a process for scanning records and storing physical files as backups. Student-record information must be released with written authorization, and Risk Management reviews requests for confidential discipline reports and legal subpoenas to ensure authenticity before release. Team members participating in the focused site visit confirmed that student complaints and records associated with them are handled appropriately and stored to maintain confidence in discipline processes. (II.C.8)

Conclusions:

The College meets the Standard.

Commendation:

The team commends the College for its student-centric approach to support, services and engagement in co-curricular and athletic programs, which has resulted in significant increases in student success outcomes. (II.C.4)

## Standard III

### Resources

#### III.A. Human Resources

##### General Observations:

Mt. SAC assures the quality and integrity of its programs and services by employing a sufficient number of qualified personnel, across all departments and locations. The College's policies and procedures support hiring, training, and evaluation, in alignment with the institution's mission and goals.

##### Findings and Evidence:

Mt. SAC has hiring policies and procedures to support the recruitment of qualified personnel. The College has a comprehensive vetting process, including review of minimum qualifications, resumes, transcripts, supplemental questionnaires, and letters of recommendations. Vacant positions are advertised widely to meet the needs of the College. As indicated in AP 7121, job announcements include the College's commitment to diversity and equity, and student and employee demographics. The College employs a multi-faceted candidate assessment approach that includes document screenings, transcript reviews, and interviews for all faculty recruitments. Administrative and staff positions also undergo rigorous evaluation of applicant qualifications. The composition of selection committees includes faculty, classified, and management personnel, with a focus on ensuring diversity amongst the committee composition. The College requires Equal Employment Opportunity (EEO) screening and Selection Committee member training for all employees serving on hiring committees. (III.A.1).

All faculty job descriptions specify the required qualifications and educational background needed to perform the job. Administrative procedures and state mandates establish minimum qualifications and equivalencies for faculty training. At the time of hiring, faculty qualifications are determined through multiple measures including a written assessment and teaching demonstration. Faculty job descriptions detail curriculum development and assessment responsibilities. (III.A.2).

The College has hiring practices in place to assess the qualifications of administrators, classified professionals and confidential employees. The processes include application screening and interviews to verify candidate qualifications. Applicants must provide responses to questions demonstrating equity-mindedness. All job postings include information about required educational and experiential qualifications. The team noted discrepancies between the EEO/diversity and equity language contained in certain job descriptions and the language contained in AP 7121. The team suggests the College review its job descriptions and administrative procedures, to ensure consistency across the two domains. Candidates for

employment must provide transcripts that verify all degrees during the application process. The College utilizes an evaluation service to verify the equivalency of foreign degrees. (III.A.3, III.A.4).

Regular and systematic evaluation procedures exist for all personnel, with intervals set to monitor and enhance performance. Employee evaluation forms include sections specifically addressing actions for improvement. In the course of reviewing the ISER, the team had concerns about the regular cycle and timely completion of personnel evaluations. Additional evidence provided by the college indicated that evaluations had fallen behind its regular schedule, with as many as 72% of the classified evaluations behind schedule at the time of the ISER review (Fall 2023). Similarly, 44% of full time faculty evaluations were behind schedule according to the college. In light of the evidence at hand, the completion of regular and systematic personnel evaluations was identified as a core inquiry for the college. At the focused site visit the college provided evidence of substantial progress on the regular and systematic evaluation of employees. A manual audit of all outstanding evaluations and documents resulted in the completion of many evaluations between October 2023 and January 2024, with the college reporting that 80% of evaluations had been completed. The remaining, outstanding ones were mainly associated with classified staff in a particular bargaining unit. The team confirmed that a draft MOU was in place to move the needle on those classified evaluations between February and June of 2024. Based on team interviews, the College is also implementing a new software platform for aggregation and tracking evaluations for all employees (PeopleAdmin). The team was pleased to see significant improvement in this core area of inquiry. (III.A.5)

Mt. SAC has a sufficient number of faculty to meet program needs and provide support services to students. The college tracks its full-time faculty obligation number (FON – a state of California measure) annually and is in line with similarly sized institutions in the California Community College system. The College has a clear Resource Allocation Process that prioritizes new staffing positions other than faculty ones. (III.A.7)

The institution offers multiple practices that include part-time faculty into the life of the institution. The College prioritizes their on-boarding with a three-hour mandatory orientation each semester. Evaluation practices are documented in the collective bargaining agreement. Additionally, part-time faculty are compensated for professional development and are also encouraged to participate on governance committees. (III.A.8)

The College has sufficient staffing with appropriate qualifications due to policies, processes and clear procedures. The professionals hired by the college provide support to ensure that appropriate educational, technological, physical and administrative services are provided to the students and Mt. SAC community. (III.A.9)

A sufficient number of administrators provide effective leadership for the college. Administrative personnel needs are evaluated and identified annually through the PIE process. Personnel requests are intended to be prioritized through campus governance processes. (III.A.10)

Personnel policies are well-documented. Policies align with state and federal guidelines, with resources from the Community College League of California (CCLC) ensuring compliance with evolving legal requirements. The College contracts with a law firm for outside counsel on personnel issues. The college community is regularly informed about these policies. (III.A.11)

The College has numerous policies and practices that promote the hiring of diverse candidates. This is achieved through extensive training with the Campus Equity and Diversity Committee (CEDC) overseeing fair hiring and equity. Employment equity is driven by diversity, equity, inclusion, social justice, and accessibility (DEISA+) hiring practices. A 2021 Campus Climate survey assessed how well perceptions of DEISA were reflected in the college's mission statement, with 69% of managers and 61% of professors agreeing with that statement. (III.A.12)

The College has a written code of ethics that is infused into the core values of the institution. One such core value is integrity, with the language indicating that “we treat each other honestly, ethically and respectfully in an atmosphere of trust” (BP 3050). This Institutional Code of Ethics policy exists for all, including the Board of Trustees, and it includes consequences for violation. (III.A.13)

Mt. SAC actively supports professional development through various activities and committees (Faculty Professional Development Council, Professional Learning Academy Team, Equity certification, Classified Professional Development Council, and the Management Professional Development Council). The College clearly articulates professional learning through nine defined focus areas (Professional Development Plan). Across all areas of the college, professional development is offered in alignment with the colleges' mission (Inclusive teaching, equity certificate, sustainability training). Some professional development offerings utilize surveys for evaluation. The PIE annual program review also offers an opportunity to evaluate Professional Development programs. (III.A.14)

Mt. SAC personnel records are stored in a secure online system (OnBase) only directly accessible by Human Resources staff. An Administrative Procedure explains that employees may make an appointment to access their files during normal operating hours of the Human Resources office. (III.A.15)

### Conclusions:

The college meets the standard.

## **III.B. Physical Resources**

### General Observations:

The Educational and Facilities Master Plan (EFMP), Five-Year Construction Plan and program review process serve as a guide for facility needs to support institutional programs and services

and to ensure a healthy and safe physical environment. The College's Total Cost of Ownership (TCO) model, in conjunction with its program review process, and its general obligation bond planning efforts, reflect a connection between facilities planning and resource allocation to ensure a long-range approach to ensuring effective utilization of physical assets in a feasible and efficient manner. The College provided its EFMP, Five-Year Construction Plan, a variety of facility reports, its TCO model, various committee meeting minutes, safety and hazard inspection reports, and Clery Act Reports, including Daily Crime Logs and Crime Statistics, as evidence to support the analysis.

#### Findings and Evidence:

The College relies on its robust team of administrators and professionals, consultants and campus constituent groups to ensure its physical resources are sufficient to support its courses, programs and learning support services. Facility construction, renovation and scheduled maintenance projects are planned and evaluated in accordance with the tools and resources available through the California Community Colleges Chancellor's Office, including the Space Inventory Report, the Five-Year Construction Plan, and the Facility Condition Index Report. In addition to the College's Facilities Advisory Committee and Campus Master Plan Coordinating Committee, the Health and Safety Committee, and the Police and Campus Safety Advisory Committee are charged with developing and promoting a healthy and safe physical environment through the following: health and safety reports, developing and administering college-wide trainings, third-party safety audits, and third-party safety inspection reports. Facility maintenance requests are handled through a work order system to ensure requests for routine maintenance, custodial, grounds, accessibility, lighting and other safety needs are addressed. Just before the Team ISER review, the college experienced an emergency event that had a lasting traumatic impact on the well-being of students, faculty and staff. At the time of the October open forum, concerns about campus safety were still prominent. The team noted the College's Clery Act reports, Daily Crime Logs and Crime Statistics indicate a relatively safe and secure campus environment. At the time of the focused site visit, the team noted that no concerns were voiced about campus safety issues. The team encourages the College to work on strengthening its emergency communication protocols, emergency operations plan, including emergency response procedures and related trainings/table-top exercises. (III.B.1)

The College uses its Educational and Facilities Master Plan (EFMP) process to plan and prioritize projects to support its programs and services and to achieve its mission. Consistent with the College's commitment to developing student-centered buildings, the College has prioritized a Student Center and Transit Center and is planning for a Campus Store and a Technology and Health Building (currently under construction), in addition to developing an interactive wayfinding campus map. The College conducts a mid-point update of its ten-year EFMP to ensure recommendations and goals for new and modernized facilities remain in alignment with emerging program and service needs. The College also utilizes its annual program review process to address minor building improvement projects, alterations and urgent facility needs. The College ensures its physical resources are planned, acquired and maintained in a manner that is consistent with assuring the continuing quality that is necessary to support its

programs and services by prioritizing projects that support its mission, vision and core values, as evidenced through its commitment to Sustainability. The College is committed to providing sufficient financial resources to maintain its physical resources, such as general obligation bonds, state capital outlay funding, and state physical plant and instructional equipment allocations. (III.B.2)

The College utilizes its EFMP, Five-Year Construction Plan, Facility Condition Index Report, and its program review process to inform its assessment of the feasibility and effectiveness of physical resources in supporting its institutional programs and services. The College has developed a new baccalaureate degree program in Histotechnology and conducted its initial evaluation of the feasibility and effectiveness of physical resources in support of this new program, as part of the BS Application process, and will utilize its existing practices, primarily through the program review process, to ensure regular evaluation and planning of its physical resources in support of this new program. (III.B.3)

The College uses its EFMP, in alignment with its Strategic Plan, and its Five-Year Construction Plan to prioritize its capital projects and to plan for and review budgets in support of its long-range capital projects. Detailed design requirements are utilized to support critical building systems such as heating, ventilation and air conditioning, lighting systems and building envelope, to provide a life-cycle cost analysis of critical building elements. The College also utilizes a Total Cost of Ownership (TCO) model, utilizing Association of Higher Education Physical Plan Administrator staffing guidelines to ensure physical resources are adequately supported over the long-term. Results of the TCO model are incorporated into the college's planning for physical resources, through the program review process. The College also completed a Facility Assessment analysis to obtain data supporting planning for maintenance needs and equipment replacement cycles, to ensure the ongoing effectiveness of its physical resources. To ensure adequate resources to support the College's long-range capital planning process, the College strategically aligns its planning processes with the state capital outlay funding process, to leverage its local bond resources. (III.B.4)

#### Conclusions:

The College meets the standard.

### **III.C. Technology Resources**

#### General Observations:

Mt. SAC effectively uses its technology resources to achieve its mission, improve academic quality, and institutional effectiveness. The College's technology resources are appropriate and adequate. The College maintains plans and processes to ensure the quality and capacity of its technological infrastructure is sufficient to support its programs and services. Technology

resources are widely available, and processes are in place to assure reliability, safety, and security. Training is broadly available to all groups while policies and procedures are in place to guide the appropriate use of technology in teaching and learning. Mt. SAC's technology services, professional support, facilities, hardware, and software are appropriate and adequate to support the institution's management and operational functions, academic programs, teaching and learning, and support services. The Technology Master Plan (TMP) sets forth a framework to guide the identification of goals, methods to achieve those goals, and metrics to evaluate progress. The College's distributed workforce model allows Information Technology (IT) staff to have effective communication with all groups and users. Input on technology needs is facilitated through established governance processes, as evidenced by the monthly reports from the Chief Technology Officer to the President's Advisory Council (PAC), to share information from the Information Technology Advisory Group. Annually, individual programs identify technology resource needs through the Planning for Institutional Effectiveness (PIE) process. Technology purchases are funded through various sources with ongoing replacement occurring on an established cycle and funded through the IT Equipment Replacement budget.

#### Findings and Evidence:

The College has standards and practices in place to maintain the reliability and stability of its technological systems. Systems are proactively monitored for adequacy while technical support is coordinated to notify the appropriate support team and tracked to inform future planning. The team acknowledges the partnership between IT and the Faculty Center for Learning Technology, to support technology requests. The team noted the collaboration between these groups and the Professional and Organizational Development group and their efforts to inform campus-wide training. The team compliments the significant efforts made by the College to distribute technology, establish access, and maintain services during the COVID-19 pandemic. (III.C.1)

Mt. SAC continuously plans for, updates and replaces technology to ensure its technological infrastructure, quality and capacity are adequate to support its mission, operations, programs, and services. The Technology Master Plan provides the framework for these activities. The College's computer replacement program identifies the suggested replacement cycle for all devices. Clearly defined practices are in place to prioritize needs with end user input collected through annual department planning. Standards are defined to ensure functionality is maintained and provided in new purchases. (III.C.2)

The College assures that technology resources at all locations where it offers courses, programs, and services are implemented and maintained to assure reliable access, safety, and security. This is outlined in the Technology Master Plan, with oversight from the Administrative Systems Advisory Group and the Information Technology Advisory Committee. The College's organizational chart demonstrates structures in place to implement the pillars of the plan across the College. Security is assured through a systems approach including automated mechanisms, multi-factor authentication, reminders of acceptable technology use, and user training. Fraudulent enrollment data is collected, reviewed and reported. (III.C.3)

Mt. SAC provides appropriate instruction and support for faculty, staff, students, and administrators, in the effective use of technology and technology systems related to its programs,

services, and institutional operations. Training and support are widely available in various modalities and formats. These support services are provided by a wide range of experts targeted at different campus populations. Collaboration between various constituent groups informs content and programs. The team recognizes the positive impact of the CANVASadors program to support students. Students and employees can receive real time support via the Help Desk while suggestions to improve efficiency with technology are facilitated by IT business analysts. (III.C.4)

The Institution has policies and procedures that guide the appropriate use of technology in teaching and learning processes. Administrative policies define the parameters of distance education which overlay the student bill of rights. Acceptable Use Policy content is reinforced with employees at each login and is required of students when logging into campus computers. (III.C.5)

#### Conclusions:

The College meets the standard.

### **III.D. Financial Resources**

#### General Observations:

The College utilizes an integrated planning process that aligns resource allocations with institutional planning in support of the College's mission and goals, and in a manner that ensures transparency with constituent members. Financial information is widely disseminated through shared governance committees, presentations, weekly Cabinet summary notes, board meetings, web postings and access to real-time financial and budgetary information systems. The College provided evidence to support an effective internal control structure is maintained and that financial resources are managed with integrity. The College ensures fiscal stability by maintaining sufficient reserves in exceeding its board-designated minimum reserve level of 10%; careful budgetary planning; effective monitoring of its contractual obligations; and funding its short- and long-term financial liabilities including OPEB and the rising CalPERS and CalSTRS employer contribution rates.

#### Findings and Evidence:

The College utilizes an integrated planning process that aligns resource allocations with the Planning for Institutional Effectiveness (PIE) process. The PIE process is driven by the College's Strategic Plan and allows for prioritization of resource requests at multiple levels, including the College's Budget Committee, and culminating with final review and approval by the President, in consultation with President's Cabinet. The College maintains an adequate reserve balance to support and enhance its programs and services, including its new Bachelor of Science program. The College's average ending fund balance over the previous five fiscal years was 26.4%, well above its Board-policy designated level of 10%. The College manages its financial affairs with integrity and in a manner that ensures financial stability, as evidenced by clean audit reports with



no financial findings, a favorable review of fiscal independence from the Los Angeles County Office of Education, and through favorable bond ratings. (III.D.1).

The College links its financial planning and resource allocation process to institutional planning through the PIE process. This process, which is linked to the Strategic Plan, includes the completion of annual PIE reports by every unit/department/program of the College, in accordance with the College's Budget Review and Development Guide. To ensure a timely connection between institutional planning and financial planning, the College's annual PIE process is aligned with its annual budget development process. Resource requests are prepared, reviewed and prioritized in alignment with the institution's mission and goals. Financial information is disseminated timely through presentations to the College Budget Committee, President's Council, board meetings, emails to employees and through distribution of the President's Cabinet Action Notes (III.D.2)

The College's financial planning and budget development process is defined in board policies, administrative procedures and operating guides and procedures such as the College's PIE Process and Procedures and the Budget Review and Development Guide. The budget development process is driven by the College's Budget Committee which includes representation from all constituent groups, allowing for broad participation in the budget development process. Additionally, the College's resource allocation process is tied to the PIE process, with allocation decisions reported out through the President's Weekly Cabinet Notes, allowing for even broader understanding across the College. (III.D.3)

The College's Fiscal Services department begins developing its preliminary annual budget in January, by projecting the annual personnel budget for all regular employees. Preliminary revenue projections are then developed in February/March, utilizing first principal apportionment information provided by the California Community Colleges' Chancellor's Office. Budget scenarios are then developed after the release of the Governor's May Revise to ensure the College utilizes the most up-to-date and readily available state budget information to develop realistic financial resource projections. Additionally, the College assesses its fiscal condition by reviewing and monitoring its adopted budget in comparison with its projected actual financial information. To ensure a financially sound budget development process based on a realistic assessment of resource availability, the College distributes "status quo" budget templates with updated personnel projections to budget managers to ensure areas plan their budgets in accordance with their existing budget allocations. Any new resource requests are then reviewed separately through the College's New Resource Allocation (NRA) process. NRAs are prioritized and reviewed for funding consideration through the President's Cabinet, based on resource availability and alignment with the College's Strategic Plan and Mission of the College. The College also utilizes an "immediate needs" resource request process and an emergency or urgent facilities improvement and equipment replacement process, to allow for one-time budget augmentations to support critical, unforeseen or emergent needs. (III.D.4)

The College has a sound internal control structure as evidenced by audit reports with no identified internal control weaknesses and a favorable review of fiscal independence by the Los Angeles County Office of Education (LACOE). The College utilizes the Banner Finance enterprise resource planning system for financial transactions, with multiple levels of approvals

for budget controls and expenditure approvals. Additionally, based on the College's Fiscal Independence status, the Fiscal Services Department is responsible for auditing and verifying financial transactions for accuracy, appropriate managerial oversight, and that they follow LACOE's agreed-upon Fiscal Independence procedures. The College ensures wide dissemination of timely financial information through real-time access to the Banner Finance system for all administrators and support staff, and through the regular review and input into the College's budgetary process, by the shared governance Budget Committee (III.D.5)

The institution's financial documents demonstrate a high degree of accuracy and credibility, as evidenced by clean audit reports (unmodified audit opinions). Over the past six-year period, the College had one audit finding for the fiscal year ended June 30, 2018, due to noncompliance with regulations related to incorrectly awarding enrollment fee waivers to students deemed ineligible for the waivers. The finding was timely addressed and corrected, as evidenced in the following year's audit report noting the prior year's finding status update as "implemented." Additionally, the results of independent financial audits are reviewed with the Board of Trustees and the Institutional Effectiveness Committee and are subsequently posted on the College's website. In addition to the external audit function, the College uses its internal audit function to further evaluate its internal control system's effectiveness. The College utilizes the results of both the internal and external audit assessments to improve and strengthen its internal controls. (III.D.6, III.D.7 and III.D.8)

The College's average ending fund balance over the previous five fiscal years was 26.4%. Specifically, as of June 30, 2022, the College maintained an unrestricted general fund reserve level of 24.2%; well above the designated Board Policy minimum of 10%. The College maintains sufficient cash balances in its unrestricted general fund and maintains a significant cash balance in its capital outlay fund, providing sufficient liquidity should there be a need to respond to financial emergencies or unforeseen circumstances. The College also maintains sufficient insurance to manage its property, liability and workers' compensation risk through participation in statewide joint powers agreements (JPAs). (III.D.9)

The College maintains adequate controls and effective oversight of finances, including financial aid, grants, contracts, auxiliary organizations and foundations. This includes a comprehensive, regular review of budgets and expenditures. Multiple levels of oversight exist over the procurement process and the financial aid award/disbursement process. Favorable results of the District, Auxiliary and Foundation audits substantiate the effectiveness of the College's oversight over all finances including financial aid, grants, auxiliary organizations, foundations and contracts. (III.D.10)

The College maintains a multi-year perspective in its financial and budgetary management practices. The College maintains an unrestricted general fund reserve level above its minimum reserve level of 10%, to assure financial stability and to cover short- and long-term obligations. The College's budgetary process ensures adequate planning for short- and long-term commitments such as capital commitments, other post-employment benefit (OPEB) obligations and future CalPERS and CalSTRS employer contribution commitments, as evidenced through general obligation bonds and irrevocable trusts. The College makes an annual contribution of \$2.5 million to its OPEB irrevocable trust and made an additional one-time contribution in June

2022. The College provides lifetime post-employment medical benefits to its retirees and as of June 30, 2022, the related liability for this benefit was over 58% funded. The College also maintains an irrevocable trust to address the rising employer contribution rates for both CalPERS and CalSTRS and as of September 30, 2022, trust assets were valued at \$11.9 million. The College also accounts for the accrual of compensated absences annually, within its year-end accruals. An actuarial study is completed in accordance with GASB standards and the College's audit reports contain GASB-required disclosure information regarding OPEB and the actuarially determined liability. The College also maintains favorable bond ratings, as evidence of its sound financial solvency practices. (III.D.11 and III.D.12).

The College has not incurred any debt that could adversely affect the institution's financial condition. As of June 30, 2022, the College has two outstanding general obligation bond measures. The County of Los Angeles is responsible for assessing and collecting sufficient property taxes to repay the debt service payments associated with these bonds; therefore, the bonded debt has no significant impact on the finances of the institution. (III.D.13).

The College maintains revenues and expenses over all financial resources with integrity and consistent with the funding source's intended purpose. This is evidenced through clean audit reports over district finances including grants and auxiliary activities; clean Proposition 39 audits over the district's two general obligation bond measures; and clean Foundation audits. The College follows the California Community College's Budget and Accounting Manual, Title 5 and GASB standards, as applicable, to ensure the proper reporting of financial resources and grants and to ensure they are used in a manner consistent with the granting agency's intended purpose. The Citizens' Oversight Committee also serves as an added layer of oversight over the Proposition 39 bond funds. (III.D.14)

The College has a dedicated financial aid specialist, working with the financial aid management team, responsible for loan default prevention and providing workshops and other interventions to students, to manage the default rate. The College's current default rate is 4.2 percent (2019) which is well below the maximum allowable rate per current federal regulations. The College also utilizes its website, direct communications to students, and a targeted messaging "warning" system to students, to ensure proper oversight of Higher Education Act funds in a manner that is supportive to students. The College manages Title IV of the Higher Education Act funds in compliance with federal regulations, as evidenced through clean audit opinions and no findings related to the Student Financial Aid Cluster of programs. (III.D.15)

Contractual agreements are governed by board policies and administrative procedures which cover procedures for bids and quotes, delegated authority, and public contract code compliance, including the pre-qualification of bidders. The institution adopted the provisions of the Uniform Public Construction Cost Accounting Act (UPCCAA), in 2008, for public works projects. The College also maintains a conflict-of-interest policy, as stipulated in Board Policy and Administrative Procedure 2710, for board members and employees, prohibiting personal financial interests when entering into contract arrangements for the College. All contracts and amendments must be approved by the Board of Trustees. The institution ensures compliance with California Labor Code prevailing wages, bid security and insurance requirements, and ensures that all contracts contain indemnification and termination language, assuring that

contractual arrangements maintain the integrity of the institution and the quality of its programs. The College's Purchasing Department oversees all contracts on behalf of the institution.  
(III.D.16)

Conclusions:

The College meets the standard.

# Standard IV

## Leadership and Governance

### IV.A. Decision-Making Roles & Processes

#### General Observations:

Mt. SAC is committed to systematic participatory processes used to ensure effective planning and implementation of policy or significant institution-wide policies. Mt. SAC leadership promotes a culture of innovation and institutional effectiveness. Board policies, administrative procedures, and institutional documentation confirm participatory governance. The College's participatory governance system is inclusive of all constituencies.

#### Findings and Evidence:

The leadership at Mt. SAC establishes a culture of innovation and institutional effectiveness that allows individuals to provide new ideas and institutional improvements regardless of title or stature. This is fostered through a clear policy and procedure for participation in governance meetings (BP/AP 3255 Participation in Local Decision Making) and through forums like occasional office hours held by the CEO. The prior CEO also established the President's College Champion Award and the Student Sustainability Awards to honor students and employees who come up with innovative ideas for college operations. Recent innovations have included a Faculty Senate restructuring of committees (in 2020) that led to the formation of new committees focused on Guided Pathways, Textbook and Instructional Materials, Retention and Persistence, and the Mapping and Catalog Committee. The COVID-19 pandemic resulted in innovative and streamlined approval of distance education courses. Innovation also occurs through strategic planning processes and the annual PIE process for program review. Student leaders have also sparked innovation at the college. Most prominently, a group of students from the Native American Inter-Tribal Student Alliance (NAITSA) elevated discussions that led to the college changing its long-held mascot, away from "Joe Mountie" to the Mounties. Additionally, college planning processes have resulted in innovative grants that support student success. The College was recently awarded a \$594,000 National Science Foundation ATE grant to advance Engineering degree completions. (IV.A.1)

The college has established policies and procedures that provide structure for administrative, faculty, staff, and student participation in decision making. The procedures are identified in BP/AP 3255. An extensive committee structure exists at the college that allows for appropriate participation and advisory functions for various constituents. Students are provided the power to vote in important committees of relevance. The college also uses task forces of limited duration when necessary to achieve specific objectives. An example of this is the promotion of a tobacco free college by student leaders in 2020-21 that resulted in the establishment of a work group and a revised tobacco free policy in 2022. Committee participation can occur in identified governance committees, operational committees (like the Basic Needs Committee), and the Academic Senate (and its committees). President's Advisory Council (PAC) serves as the main

planning body that receives recommendations that might impact Board Policies and therefore require board review and approval. PAC operates with a review procedure that allows any governance stakeholder group the opportunity to pull an item from the agenda for further review and discussion later. A recent example of this at the college relates to AP 3255 in which the Academic Senate invoked its power to remove an item that might deal with matters of interest to the faculty. The college also allows for union representatives to remove items from policy discussion if they involve matters of collective bargaining. (IV.A.2)

When it comes to policy voice relating to institutional policies, planning, and budget, the college has appropriate policies and procedures in place to ensure that managers and faculty have a substantial voice in these matters. The budget committee at the college allows for collegial discussion among various constituents on matters relating to the budget. The Academic Senate has appropriate advisory power on academic and professional concerns outlined in AP 3255. Likewise, faculty and staff bargaining units play a proper role in matters relating to bargaining. In the context of the COVID pandemic, the college relied on its structures to have the Academic Senate set proper guidelines for the training need to transition to online courses. (IV.A.3)

Faculty and administrators at the college have well-defined policies, procedures, and governance structures in place to identify the responsibilities of parties to provide advice and direction on curriculum and student learning programs and services. As indicated above, the policies for participation in policy development are shaped by AP 3255. Curriculum policies are structured by AP 4020 and are discussed at length in Section 2A of this report. Curriculum decisions are overseen by the Academic Senate, with deference to the Education Design Committee and the Curriculum and Instruction Council, and the college's Distance Learning Committee. Policies and procedures that relate to student service support programs are developed and considered mainly by the Student Preparation, Equity, and Achievement Council (SPEAC). There are four subordinate committees that can recommend policy and procedure changes to SPEAC: Assessment and Matriculation, Student Equity, Retention and Persistence, and the Textbook and Instructional Materials Committee (TIMC). As an example of policy change flowing from these committees, upon the recommendation of the TIMC, the institution has designated a special icon for classes in the course schedule that feature low-cost textbooks and materials that cost less than \$40. The college was still working on completing the Baccalaureate Degree curriculum in Histotechnology at the time of the peer review visit, although the committees and procedural steps will follow those used for associate degrees at the college. (IV.A.4)

The college ensures that its institutional governance system provides appropriate consideration of relevant perspectives when decisions are being made on institutional plans, policies, curriculum, and other key issues. One of the mechanisms for this is embedded in BP 3255, which states that "each constituency of the college that has responsibility and expertise in a particular area shall participate in the development of policies and regulations related to that area." The team observed how this system of governance allowed for expertise and the expression of diverse viewpoints to take place at the college allowing for robust, vigorous discussions. Student voices are represented on various committees throughout the college, and the team was impressed with student leadership engagement in governance during the focused site visit. Likewise, a faculty liaison attends Student government meetings, ensuring cross pollination of viewpoints in various forums. (IV.A.5)

The college does an effective job documenting and communicating governance decisions. Examples of this were observed by the team, including occasional email reports from the President on actions taken by the Board of Trustees; the publication of Cabinet Action Notes; and the maintenance of meeting agendas and minutes on the BoardDocs software platform for various committees, including the Board of Trustees and Academic Senate. The dissemination of Cabinet Action Notes is a commendable mode of governance transparency, allowing individuals from within the college to review the notes of actions and deliberations that occur within the CEO's cabinet weekly. (IV.A.6)

The college conducts annual committee evaluations to ensure that leadership roles and the committee structure is being evaluated on a regular basis. In the fall, each committee reviews its purpose and function, the college Strategic Plan, while also setting goals for the year. The goals then get reviewed at the end of the academic year by each committee. A committee outcomes report gets accumulated at the end of each year. While this mechanism does not necessarily align with a review of the entire governance system, the college reports a recent review of the Administrative Procedure that defines local participation in decision making, led by an Academic Senate review of AP 3255. The Senate Task Force made several recommendations to change AP 3255. The focused site visit revealed a strong foundation for collegial decision-making at Mt. SAC. Interviews with the President's Advisory Council (PAC), Institutional Effectiveness Committee (IEC), and student, classified, and Academic Senate leaders underscored this positive dynamic. Student leadership feels genuinely included and empowered in the governance process, and classified employees noted improvements in their involvement in decision-making processes. While faculty shared some concerns with the team, there is a strong sense of optimism that the new Superintendent/President will facilitate positive change. To further enhance governance, a taskforce has engaged in robust dialogue on the effectiveness of their governance structures and system and begun the process of developing a governance manual and an improved framework to evaluate governance effectiveness regularly. (IV.A.7)

#### Conclusions:

The College meets the standard.

### **IV.B. Chief Executive Officer**

#### General Observations:

The college Superintendent/President is the college's Chief Executive Officer (CEO) and is responsible for all aspects of the college, from leadership and governance to fiscal integrity and human resources. The college policies and procedures provide the CEO with a clear understanding of their responsibilities and authority to fulfill them. The CEO assigns responsibility to the relevant administrators to complete the tasks necessary to achieve the college's mission. They ensure that policies and procedures are in place to guide institutional improvement. The CEO is ultimately responsible for accreditation and compliance with laws, regulations, and policies. The CEO communicates effectively with the communities served.

### Findings and Evidence:

The CEO job announcement and description clearly outline the president's responsibilities, including being responsible for all college operations, providing leadership to advance its mission, overseeing strategic planning and initiatives, and assuring fiscal integrity. The College used the hiring process to select a new CEO just months before the ISER Review and site visit. BP 6100 delegates authority to the Superintendent/President for oversight and implementation of the business and fiscal procedures of the College. (IV.B.1)

The college president has a clear understanding of their responsibilities and authority in the areas of leadership and governance, fiscal integrity, and human resources. The college has policies and procedures in place to support the president in fulfilling these responsibilities. AP7120 and AP7122, related to the recruitment and hiring of faculty and management employees, specify that finalists will be recommended to the President, who then makes the final recommendation on hiring to the Board of Trustees. The fiscal status of the college, along with other comprehensive budget information, is shared with the college community through the president's message. BP and AP 3100 identify the organizational structure and the responsibility of the president to establish organizational charts that delineate the lines of responsibility of college employees. The organizational chart provides evidence of the organization's structure, size, and complexity. (IV.B.2)

Board Policy 3250 places responsibility on the president to ensure that the college has a comprehensive planning process to support the college's mission that is supported by institutional research. The college has a three-year (2022-2025) strategic plan with goals, objectives, strategies, and actions. Evidence shows that the college held listening sessions to gather input on the goals and activities to support the college's strategic priorities. The President serves as the chair of the President's Advisory Council, the primary planning body for the college where the president collects feedback. The President also shares cabinet notes with the college community to share goals and priorities through a transparent and collegial process. The President's Advisory Council ensures the college remains focused on its Mission, Vision, and Core Values. (IV.B.3)

BP 3200 requires that the President ensures that the college complies with accreditation standards and processes. The President has appointed the Vice President of Instruction as the Accreditation Liaison Officer. The college has established an Accreditation Steering Committee that is inclusive of all college constituents to coordinate the accreditation process for the college. The President communicates accreditation information through board presentations, management staff meeting, Accreditation Webpage, email communications, accreditation newsletter, and open forums. (IV.B.4)

Board Policies 6100 and 2430 delegate authority to the President on matters related to policy. The college's resource allocation process and Budget Committee inform the President on budget priorities. (IV.B.5)



The CEO communicates with the communities served by the college on a regular basis. Examples include semi-annual breakfasts that are hosted for community leaders, interactions with local civic groups, and regular presentations to the college's Foundation Board of Directors. The President is also active in other regional agencies that promote economic development. These meetings proved a vehicle for advocating for college interests and education community members about the success of the college. (IV.B.6)

#### Conclusions:

The college meets the standard.

### **IV.C. Governing Board**

#### General Observations:

Mt. SAC Board is governed by a seven-member elected Board of Trustees and a student trustee, which regularly reviews reports on relevant issues and key indicators of student learning achievement. The Board has authority over policies ensuring academic quality, integrity, and effectiveness of student learning programs and financial stability. It acts as a collective entity, reflecting the public's interest in the institution and protecting it from undue influence or political pressure. The Board establishes policies consistent with its mission, including clear policies for selecting and evaluating the Superintendent/President, and engages in ongoing development, including new member orientation. It upholds a code of ethics and conflict of interest policy.

#### Findings and Evidence:

According to Board Policy 2200 (Board Duties and Responsibilities, the Mt. SAC Board of Trustees is responsible for ensuring the quality, integrity, and effectiveness of student learning programs and services, as well as maintaining the institution's financial stability. The Board's authority and responsibility are clearly defined. These policies are regularly reviewed and updated through the College participatory governance process. Board policies and procedures also clearly define the delegation of responsibilities to the Superintendent/President, who regularly informs and involves the Board in the decision-making process. (IV.C.1)

The Board of Trustees operates as a unit, ensuring all members act in support once a majority decision is reached. Board Policy (BP) 2330 states that "the Board shall act by majority vote of all of the membership of the Board." (IV.C.2)

The College has established policies that outline the selection and evaluation of the Superintendent/President. In a recently completed search for its Superintendent/president, the Board and College followed its policies and procedures to ensure a fair and open recruitment process that incorporated the voice of the different constituent groups. Additional policies and procedures outline the process by which the Superintendent/President will be evaluated. (IV.C.3)

Board Policy (BP) 2200 (Board Duties and Responsibilities) provides instructions for the Board to be an independent, policy-making body that reflects the public interest in the institution's educational quality. As a publicly elected body, the Board of Trustees is responsive to its constituents. For example, the policies and procedures relating to its meetings include opportunities for the public to address the members. The Board's duties and responsibilities also require members to advocate for and defend the College. (IV.C.4)

Policies and procedures outline the Board's duties, including leadership on student success, equity, monitoring institutional progress, and high-quality curricula. It also covers strategic planning, goal setting, and sound fiscal management. The Board receives annual reports on progress and improvement of instructional and student support programs. Established policies also outline the Board's oversight of legal matters and counsel. (IV.C.5)

The College publishes its board policies and administrative procedures on its website, including policies pertaining to its size, duties, structure, and operating procedures. (IV.C.6)

While policies and procedures are in place for College governance, including their adoption, review and revision, the College has identified an improvement plan for a more effective and timely cycle. At the time of the ISER review, a substantial number of BP's relating to the Board of Trustees had not been reviewed in six years. The College is enhancing the review and revision process of Board Policies and Administrative Procedures, ensuring timely actions during accreditation cycles, by establishing a workgroup within President's Advisory Council to lead this effort. By the time of the focused site visit, the college had done some ambitious work catching up by reviewing and approving a full 87% of the necessary policy reviews needed for the series that relates to the Board of Trustees. Team interviews unveiled wide agreement among parties on how to keep moving forward with a regular cycle of review. The team encourages the college to keep that momentum going. (IV.C.7)

The Board of Trustees reviews annual reports from administrators to ensure student success goals are being met. The Board also reviews annual reports on distance learning, including class schedules, student access, success, comparisons to face-to-face courses, and accreditation information for distance learning. Additionally, Board study session reports provide updates on the integration of Planning for Institutional Effectiveness into the Strategic Plan to enhance institutional quality. (IV.C.8)

The Board of Trustees undergoes annual training for continuous improvement, including bi-annual study sessions, conference attendance, and informational items from campus and community constituents. Board members attend national conferences and receive training resources from the Community College League of California. The Board consists of seven elected members and one student trustee, each representing a district for a four-year term, with staggered terms for continuity. (IV.C.9)

Board Policy 2745 mandates annual self-assessment of the Board's performance and functions by its members, followed by a discussion of findings, resulting in the setting of objectives for the following year. The team reviewed minutes to document that Board members abide by this self-assessment policy. (IV.C.10)

Board members follow a code of ethics, with Board Policies and Administrative Procedures defining standards and limits. They may not be college employees, receive gifts, and disclose financial interests. The College follows the Political Reform Act of 1974, requiring each Trustee to submit an annual Statement of Economic Interest for public inspection and reproduction. Board members must adhere to multiple ethical standards, including the Brown Act, which requires them to meet in a transparent and public manner. Policies are in place to govern conflicts of interest, communication, and steps for resolving issues. No violations are reported in the ISER. (IV.C.11)

Board Policy 2430 assigns authority to the Superintendent/President and holds them accountable for District operations. Board reports on educational quality, legal matters, and financial integrity are regularly received and evaluated, which allows them an opportunity to have oversight over operations and to hold the Superintendent/President accountable for their delegated responsibilities. (IV.C.12)

The Superintendent/President, Accreditation Liaison Officer, and Accreditation Faculty Co-Chair keep the Board informed about eligibility requirements, accreditation standards, commission policies, and accredited status. Furthermore, the Board has received training from the Accrediting Commission for Community and Junior College (ACCJC) liaison regarding their role in the accreditation process. (IV.C.13)

#### Conclusions:

The College meets the Standard.

## Quality Focus Essay

The College's Quality Focus Essay (QFE) identifies two projects that would significantly improve student learning and achievement: 1) an assessment of student outcomes and 2) the strengthening of the Program Review process. By implementing these projects, the College aims to improve student retention and success and seeks to strengthen its curriculum design process and enhance overall institutional effectiveness.

### **Project 1: Outcomes Assessment**

The QFE communicates the College's desire to establish a proactive model of assessing and utilizing student outcomes data. The College acknowledges a practice of maintaining a compliance-focused approach to assessing student outcomes. For example, while academic departments are meeting the minimum institutional-set requirement for assessing student outcomes, the application of this review has been inconsistent. While steady progress has been made College-wide, this has been achieved despite an uneven practical application of assessment. Instead, the college is in the beginning stages of a transition that would embed student learning and achievement outcomes in a more robust way, including in program review.

The Team appreciates the Action Plan developed to implement this comprehensive review of outcomes assessment. The goals identified in this plan seem appropriate and pertain to the College's overall intent of making the outcomes assessment process more significant for students. Additionally, the timeline described in the plan clearly outlines the process by which the goals will be achieved. Of note is the intent of identifying the interdependence between outcomes and the curriculum development process.

### **Project 2: Strengthen the Program Review Process**

Related to the outcomes assessment process, the aim to strengthen the Program Review process is appreciated by the Team. By identifying the shortcomings of the current process, the College is displaying a commitment to continuous improvement. As is identified, the minimum institutionally set requirements are met in regard to the program review process. However, the College aims to make the process more meaningful for departments. The ISER identifies the nuances of individual departments and service areas, which then requires a program review tool that is more responsive. The College has identified the uniformity of its program review tool, Planning for Institutional Effectiveness (PIE), as being problematic. It is understandable that a robust tool such as this would not be nimble enough to capture the nuances of each individual area. However, the identified action plan clearly outlines the goals of strengthening the program review process in order to gain meaningfulness among its users. As the College identifies, the restructuring of this process will result "in more meaningful reflection and improved institutional effectiveness." This would ultimately lead to an improved institution that is better equipped to serve students.

## Appendix A: Core Inquiries



ACCREDITING COMMISSION FOR  
COMMUNITY AND JUNIOR COLLEGES  
WESTERN ASSOCIATION OF SCHOOLS AND COLLEGES

Outcomes | Innovation | Improvement

### CORE INQUIRIES

Mt. San Antonio College  
1100 N. Grand Avenue  
Walnut, CA 91789

The Core Inquiries are based upon the findings of the peer review team that conducted Team ISER Review on October 18, 2023.

Matthew Wetstein  
Team Chair

#### Contents

<a href="#">Peer Review Team Roster</a> .....	<a href="#">3</a>
<a href="#">Summary of Team ISER Review</a> .....	<a href="#">4</a>



Mt. San Antonio College  
Peer Review Team Roster

**Team ISER Review**  
October 18, 2023

Dr. Matthew Wetstein, Team Chair Cabrillo College President	Dr. Pedro Avila, Vice Chair Gavilan College President
<b>ACADEMIC MEMBERS</b>	
Dr. Linda Carvalho Cooley Reedley College Communication Professor	Christy Karau Sierra College Professor of Management
Greg McCormac Folsom Lake College Dean of Instruction	
<b>ADMINISTRATIVE MEMBERS</b>	
Dr. Mark Fields College of Siskiyous Vice President of Academic Affairs	Dr. Paul Murphy Allan Hancock College Vice President of Institutional Effectiveness
Claudette Dain Citrus College Vice President of Finance and Administrative Services	Ulises Velasco Mendocino College Vice President of Student Services
<b>ACCJC STAFF LIAISON</b>	
Dr. Gohar Momjian ACCJC Vice President	

## Summary of Team ISER Review

INSTITUTION: Mt. San Antonio College

DATE OF TEAM ISER REVIEW: October 18, 2023

TEAM CHAIR: Matt Wetstein

A nine-member accreditation peer review team conducted a Team ISER Review of Mt. San Antonio College (Mt. SAC) on October 18, 2023. The Team ISER Review is a one-day, off-site analysis of an institution's self-evaluation report. The peer review team received the college's institutional self-evaluation report (ISER) and related evidence several weeks prior to the Team ISER Review. Team members found the ISER to be a comprehensive, well written, document detailing the processes used by the College to address Eligibility Requirements, Commission Standards, and Commission Policies. The team confirmed that the ISER was developed through broad participation by the entire College community including faculty, staff, students, and administration. The team found that the College provided a thoughtful ISER containing several self-identified action plans for institutional improvement. The College also prepared a Quality Focus Essay.

In preparation for the Team ISER Review, the team chair attended a team chair training workshop on August 1, 2023, and held a pre-review meeting with the college CEO and Accreditation Liaison Officer (ALO) on August 28, 2023. The entire peer review team received team training provided by staff from ACCJC on August 30, 2023. Prior to the Team ISER Review, team members completed their team assignments, identified areas for further clarification, and provided a list of requests for additional evidence to be considered during Team ISER Review.

During the Team ISER Review, team members spent the morning discussing their initial observations and their preliminary review of the written materials and evidence provided by the College for the purpose of determining whether the College continues to meet Accreditation Standards, Eligibility Requirements, Commission Policies, and US ED regulations. The team also reviewed additional evidence submitted by the College. In the afternoon, the team further synthesized their findings to validate the excellent work of the college and identified standards the college meets, as well as developed Core Inquiries to be pursued during the Focused Site Visit, which will occur during the week of February 26, 2024.

Core Inquiries are a means for communicating potential areas of institutional noncompliance, improvement, or exemplary practice that arise during the Team ISER Review. They describe the areas of emphasis for the Focused Site Visit that the team will explore to further their analysis to determine whether standards are met and accordingly identify potential commendations or recommendations. The college should use the Core Inquiries and time leading up to the focused site visit as an opportunity to gather more evidence, collate information, and to strengthen or develop processes in the continuous improvement cycle. In the course of the Focused Site Visit, the ACCJC staff liaison will review new or emerging issues which might arise out of the discussions on Core Inquiries.



## Core Inquiries

Based on the team’s analysis during the Team ISER Review, the team identified the following core inquiries that relate to potential areas of clarification, improvement, or commendation.

<p><b>Core Inquiry 1: Human Resources Evaluation Processes</b></p> <p>The team’s review of evaluation processes for all personnel suggests that the college has appropriate procedures in place for regular and timely evaluations but was concerned that the ISER did not identify the percentage of evaluations that were up-to-date and filed in a timely manner.</p>
<p><b>Standards or Policies:</b> Standard III.A.5</p>
<p><b>Description:</b></p> <p>The team reviewed the evidence in the ISER and associated policies and bargaining agreements related to personnel evaluation processes. During its ISER review, the team reviewed an updated schedule of evaluation of College personnel and observed that as many as 72% and 45% of classified evaluations were behind schedule (depending on the bargaining unit). Additionally, 44% of full-time faculty evaluations were behind schedule. The data indicate that formal, timely evaluations may have fallen behind during the COVID-19 pandemic and the post-pandemic period.</p> <p>The team would like to learn more about the college’s efforts to get back on track for evaluation processes being conducted in a regular and timely manner.</p>
<p><b>Topics of discussion during interviews:</b></p> <p>The team will be interested in talking to units at the College that have responsibility for keeping managers on track for evaluation processes (Human Resources leaders and staff). The topics of discussion will include: what mechanisms are used by the College to keep managers up to date on evaluation processes? Is there a spreadsheet for tracking evaluations? Who contacts managers about evaluation timelines? How does the CEO or VP of HR ensure that evaluations are prioritized when they are behind schedule?</p>
<p><b>Request for Additional Information/Evidence:</b></p> <p>Updated evidence reflecting the College's progress on completed evaluations closer to the focused site visit.</p>

**Request for Observations/Interviews:**

Vice President of Human Resources, HR staff, and other administrators responsible for completing evaluations.

**Core Inquiry 2:**

The team would like to further understand the process for evaluating the college's governance structure to assure integrity and effectiveness and how the process is used for improvement.

**Standards or Policies:** Standard I.B.7, IV.A.7

**Description:**

The team noted the ISER indicated a committee self-evaluation process is used to evaluate the College's governance structure, but the evidence provided was a review of purpose statements and committee structure. The team seeks to further understand how the College evaluates its governance processes to assure effectiveness in supporting academic quality and accomplishment of its mission, and how the evaluation process has been used to make changes/improvements to the governance process. The team noted new, additional evidence provided for Standard III.D.3 indicated a review of the PIE Resource Request process. However, the team seeks a better understanding of the overall governance evaluation process.

The team noted the College has identified an improvement plan to improve the systematic assessment and evaluation of its governance processes, noting the Faculty Senate has started a Task Force to review AP 3255 (Participation in Local Decision Making). However, it was not clear to the team, from the ISER, where the college is in the process of improving the description of governance roles. New additional evidence reviewed by the team suggests there is a President's Advisory Council workgroup to review AP 3255 as of the summer of 2023, and that the workgroup will develop a new Governance Handbook by summer 2024.

**Topics of discussion during interviews:**

The team would like to understand, through inquiry and evaluation, how the college evaluates the effectiveness of its governance structure. The team is interested in learning how the review and revision of AP 3255 is progressing. How is the college making changes in its review of governance structures and processes?

**Request for Additional Information/Evidence:**

How does the college evaluate the effectiveness of its governance structure? What is the status of the work the PAC workgroup is doing and what changes are identified for improvement related to the procedures identified in AP 3255? Are there minutes from PAC meetings or the Work Group that can document progress on this effort?

**Request for Observations/Interviews:**

The team will be interested in interviewing key governance committee leaders and college leaders: Institutional Effectiveness Committee members, PAC Committee members, the Cabinet, Faculty Senate leaders.

**Core Inquiry 3:** The team would like clarification on the timely and regular review of Board Policies and Procedures.

**Standards or Policies:** Standard IVC.7, particularly the section that states: “The board regularly assesses its policies and bylaws for their effectiveness in fulfilling the college/district/system mission and revises them as necessary.”

**Description:**

The College self-identified an improvement plan to strengthen “the comprehensive review and revision process of Board Policies and Administrative Procedures.” Additional evidence was provided that depicts a recent evaluation of Board Policies, particularly a tracking spreadsheet and process with dates that allowed the Team to assess timeliness of BP and AP review. At the time of the ISER review, 15 of 36 Board policies in the 2000 series (pertaining to the Board of Trustees) were last reviewed or revised in 2016 or earlier.

**Topics of discussion during interviews:**

Has the College been able to utilize the tracker to bring outdated BPs and APs up to date? Has the College found this process effective? Has the college made progress on updating Board Policies relating to the Board of Trustees (the 2000 series)?

**Request for Additional Information/Evidence:**

An update to the document currently titled “IV.C.7 New Evidence Copy of Project (CN)-2.21.22.pdf.” Evidence from board meeting minutes documenting approval/review of BP’s.

**Request for Observations/Interviews:**

The Team seeks clarification from the President’s Advisory Council or workgroup tasked with this BP and AP Maintenance plan on institutional progress and a status update.

**Core Inquiry 4:** The team would like to further understand how the College ensures regular and substantive interaction between students and instructors in distance education courses.

**Standards or Policies:** Policy on Distance Education and Correspondence Education

**Description:**

The team reviewed a random sample of distance education sections from the spring term of 2023 and found a notable number of sections did not appear to have regular and substantive interaction between students and instructors. In response to requests for additional evidence, the college provided a handbook for distance education that is pending approval. Faculty are trained with skills and pedagogy for online teaching (SPOT) certification process. In addition, AP 4105 describes requirements for online course curriculum approval, faculty teaching certification requirements, privacy, regular and substantive interaction, accessibility, equity, and evaluation of faculty members. The faculty bargaining agreement (Article 13 A4a) outlines the evaluation process for distance education courses.

**Topics for Discussion:**

The team is interested in knowing where the college is in the stages of implementing the processes detailed in the DE handbook. What impact has this process (if any) had on improving regular and substantive interaction? How does the college monitor regular and substantive interaction is taking place in DE course sections? How does the college support faculty who need to improve their regular and substantive interaction with students?

**Evidence:**

If available, the team would benefit from data for distance education courses that show the percentage of DE courses evaluated and timelines for such reviews. If available, can the team see an example of the peer review form for DE teaching (the H.4. C. form) and/or learn how often they are completed? Another sample of random Distance Education classes from Fall 2023 may provide evidence of regular and substantive interaction in DE courses.

**Request for Observations/Interviews:**

Interviews with faculty involved in distance learning; Distance Learning Committee members; Instructional Deans and other supervisors conducting evaluations of faculty.

**Core Inquiry 5:** The Team was pleased to read about the Gray/Red Shirt Academic Support Program (GRASP) and Leadership Education and Development (LEAD) programs, which are aimed at strengthening student leadership, retention and involvement in pursuit of student success. The team would be greatly interested in reviewing additional success information pertaining to the effectiveness of these programs.

**Standards or Policies:** II.C.4.

**Description:** In its narrative pertaining to student co-curricular and athletics programs, the College highlighted the GRASP and LEAD programs. The goals of these programs seem to significantly strengthen the College's commitment to the educational experience of its students. While some information was included, the Team received minimal information about the effectiveness of both programs. The Team is greatly interested in receiving success data pertaining to these programs. Additionally, an expansion of the narrative would be beneficial, including the College's assessment of the programs' impact on the student body. Such information would help the team better understand their importance and impact.

**Topics of discussion during interviews:**

Has the College identified measurable successes among its participants in the GRASP and LEAP Programs? Are the programs having a measurable impact on student retention and completion? Have they aided retention efforts? How do participants compare to non-participants?

**Request for Additional Information/Evidence:**

A brief analysis pertaining to the effectiveness of the GRASP and LEAP programs would be greatly appreciated. The analysis should aim to answer the above questions to aid the team in better appreciating the work the College is doing to support students.

**Request for Observations/Interviews:**

Engaging the Athletic Director, Director of Student Life, VPSS and VPAA to better understand the programs.