

# **FOLLOW-UP VISIT PEER REVIEW TEAM REPORT**

**Lassen Community College  
478-200 Hwy 139  
Susanville, CA 96130**

**This report represents the findings of the Peer Review Team that conducted a virtual visit to Lassen Community College November 15-16, 2021. The Commission acted on the accredited status of the institution during its January 2022 meeting and this team report must be reviewed in conjunction with the Commission's Action letter.**

**Submitted to:**

**The Accrediting Commission for Community and Junior Colleges**

**Submitted by:**

**Dr. G.H. Javaheripour ---Interim President, Columbia College  
Dr. Marina Aminy---Dean of Online Education and Learning Resources, Saddleback College  
Dr. Anna Badalyan, Dean of Institutional Effectiveness---Los Angeles City College  
Dr. Melissa Raby---Vice President of Student Services**

## Introduction

The Peer Review Team for Lassen College (LCCD) completed its initial visit to the college from March 9 through March 12, 2020. At its meeting June 10-12, 2020, the Commission acted to Reaffirm Accreditation for 18 months and Require a Follow-Up Report, due no later than October 1, 2021, followed by a visit from a peer review team. Members of the peer review team conducted the Follow-Up site visit to Lassen College on November 15-16, 2021. The purpose of the team visit was to determine whether the College has resolved the requirements of the Commission as stipulated in the Commission's Action Letter of June 29, 2020.

The team found that the College had prepared very well for the visit by arranging for meetings with the individual groups agreed upon earlier with the team chair and by providing relevant evidence and access to courses for review. Over the course of the visit the team met with the following individuals/groups:

**Dr. Trevor Albertson, Superintendent/President**

**Adam Runyan, Academic Senate President**

**Alison Somerville, Faculty Tri-Chair**

**Carie Camacho, Interim Vice President of Instructional Services/CIO**

**Chad Lewis, Faculty Tri-Chair**

**Lisa Gardner, Faculty Tri-Chair**

**Dr. Randy Joslin, Director of Institutional Research**

**David Corley, Interim Vice President of Administrative Services/CBO**

The primary task of the team was to review the Follow-Up Report, conduct the visit and document resolution of the following compliance requirements:

**Standard I.A.3, I.B.5, I.B.6, I.B.8, I.B.9, II.A.2, II.C.1, III.D.1 (Requirement 1):** In order to the meet the Standards, the Commission requires the College assess the accomplishment of its mission through program review, student learning outcomes, and student achievement. The College must engage in continuous, broad-based, systematic evaluation and planning by conducting and implementing program review and resource allocation into a comprehensive process that, in turn, leads to improvement of institutional effectiveness and academic quality. The College must broadly communicate the results so that the institution has a shared understanding of its strengths and weaknesses and sets appropriate priorities.

**Standard I.B.2, I.B.4, II.A.3, II.A.11, II.A.14 (Requirement 2):** In order to meet the Standards, the Commission requires the College regularly assess student learning outcomes at the course, program, and institutional level.

**Standard I.B.3 (Requirement 3):** In order to meet the Standard, the Commission requires the College establish a process for setting institution-set standards for student achievement appropriate to its mission and assess how well it is achieving them in pursuit of continuous improvement.

**Standard II.A.10 and Commission Policy on Transfer of Credit (Requirement 4):** In order to meet the Standard and the Commission Policy, the Commission requires the College develop a transfer of credit policy and publish the information.

**Standard II.A.15 (Requirement 5):** In order to meet the Standard, the Commission requires the College complete its policy process for the program viability policy.

**Standard III.A.9, IV.B.2 (Requirement 6):** In order to meet the Standards, the Commission requires the College develop a process for determining sufficient levels of staffing for management and classified positions.

**Standard III.B.3 (Requirement 7):** In order to meet the Standard, the Commission requires the College assure the feasibility and effectiveness of its physical resources by evaluating its facilities and equipment regularly to determine if physical resources support institutional programs and services.

**Standard III.B.4 (Requirement 8):** In order to meet the Standard, the Commission requires the College engage in long-range capital planning and consider the total cost of ownership in planning and acquiring facilities and equipment.

**Standard IV.C.12 (Requirement 9):** In order to meet the Standard, the Commission requires the Governing Board delegate full responsibility and authority to the CEO to implement and administer board policies without board interference and hold the CEO accountable for the operation of the College.

**ACCJC Policy on Student and Public Complaints Against Institutions (Requirement 10):** In order to meet the Policy, the Commission requires the College develop and implement clear processes for student complaints, including equitable access for all students regardless of location or modality, and ensure that records are collected and maintained in a secure location.

## **Team Analysis of College Responses to the compliance requirements**

### **Standard I.A.3, I.B.5, I.B.6, I.B.8, I.B.9, II.A.2, II.C.1, III.D.1 (Requirement 1)**

In order to meet the Standard, the Commission requires the College assess the accomplishment of its mission through program review, student learning outcomes, and student achievement. The College must engage in continuous, broad-based, systematic evaluation and planning by conducting and implementing program review and resource allocation into a comprehensive process that, in turn, leads to improvement of institutional effectiveness and academic quality. The College must broadly communicate the results so that the institution has a shared understanding of its strengths and weaknesses and sets appropriate priorities.

#### **Findings and Evidence:**

Based on the follow-up report, evidence provided, and interviews with Lassen administration, staff and faculty, the team found that the College made incredible progress in conducting and documenting assessment of student learning outcomes, program review, and student achievements.

After the team visit in 2020, the college reviewed and updated the program review submission calendar. Based on the provided evidence, many of the late and out of sequence Instructional Program Reviews (IPRs) and Non-Instructional Program Reviews (NIPRs) have been completed. The completed documents have been posted on the college website and are available for the public review. Several college handbooks such as Student Learning Outcomes, Instructional Program Review, Non-Instructional Program Review, and Institutional Planning and Budget Development Process were developed and/or updated. A mixed method pilot study of Program Student Learning Outcomes (PSLOs) and Institutional Student Learning Outcomes (ISLOs) was launched. As part of this project, a post-graduate survey was conducted. Instructional programs went through comprehensive review and update of student learning outcome mapping. During this process, the vast majority (93.27%) course SLO's were mapped to PSLOs, ISLOs, and General Education Student Learning Outcomes (GESLOs).

To assess, review and communicate student achievement data, the Institutional Set-Standards (ISS) were utilized. The five ISS that the College identified and focused on for 2020-21 were: course success rates, fall-to-fall retention, degrees awarded, certificates awarded, and number of students who transferred to four-year institutions.

In addition, faculty and staff training, mentorship, and CANVAS courses were offered to support professional development and increase the campus community knowledge and involvement in the assessment and planning processes. Resources were devoted to provide robust data and guidance in support of program review and assessment analysis. Additionally, the College applied and was granted an IEPI PRT grant with the area focus on integrated planning, strategic enrollment management, and professional development.

As identified in the Instructional Program Review handbook, regular review of course and program SLOs is embedded in the program review process. However, PSLOs and Administrative Unit Outcomes (AUOs) assessments are not recorded in the program review documents. Based on the published NIPR, the vast majority of the non-instructional areas have defined their AUOs, and developed measures and targets

for their AUPs. At the time of the visit, the team found only a few have done any assessments and documented the results of their assessments. Further, for instructional programs, only some programs have provided a summary of the course SLO assessment results and reflections, and no evidence was found to support that PSLO assessments results and analysis are included in the program review documents.

The new resource request and budget allocation process has begun and is currently in the implementation cycle. The institution continues to improve on these processes for continuous quality management.

According to the follow-up report, the NIPR handbook was revised and adopted by the President's cabinet and Consultation Council in Fall 2020 and included an updated timeline and calendar. As discovered during the follow-up visit, the NIPR handbook and timeline was again updated and will be going to the Consultation Council for approval soon. In order to meet the stand, the college should ensure the non-instructional programs are completing program reviews and assessing AUOs/SLOs on a regular basis.

Although the college has made significant progress in addressing the requirement, additional work is needed to strengthen the assessment of PSLOs and AUOs in program review. The college should ensure that assessment at the program and institutional level are completed on a regular basis, that robust discussion and communication regarding assessment results are conducted, and results are utilized in the resource allocation process.

### **Conclusion:**

The institution has not addressed the requirement and is not in compliance with Standards (I.A.3, I.B.5, I.B.6, I.B.8, I.B.9, II.A.2, II.C.1, III.D.1).

### **Standard I.B.2, I.B.4, II.A.3, II.A.11, II.A.14 (Requirement 2)**

In order to meet the Standards, the Commission requires the College regularly assess student learning outcomes at the course, program, and institutional level.

### **Findings and Evidence:**

All course-level student learning outcomes (SLOs) are approved by the College's Curriculum Committee and course SLOs are included in the COR (Course Outline of Record). Based on the new SLO Handbook, program SLOs as well as SLO mapping are included in Curriculum submissions for new programs. The SLO maps align course SLOs, Program SLOs (PSLOs), General Education SLOs (GESLOs), and Institutional SLO (ISLOs). At any time, course and program SLOs may be revised using the curriculum process.

The College reported that out of 505 active courses 471 have been mapped. The re-mapping process helped faculty to ensure that all SLOs and PSLOs are aligned. For example, during the mapping process for the Gunsmithing program it was identified that course level changes were needed. The monitoring of

the course SLO assessment is done through a spreadsheet maintained by the College's Institutional Effectiveness department. Based on the provided spreadsheet, the majority of courses (over 90%) have completed their course SLO assessment.

Additionally, faculty work regarding SLOs is included in the College's Faculty Contract agreement. Per the contract, the following is required: "1. Preparation and submission of an SLO Assessment Plan for each class within one week of the first meeting of the class. 2. Implementation of the assessment method as indicated on the SLO plan for each class. 3. Submission of the results of the assessment method and steps taken as a result of the assessment within 8 district business days after the last day of finals."

As identified in the Instructional Program Review Handbook (IPR), review of program SLOs is part of the IPR process, and there is a section on assessment of the student learning outcomes in the IPR form. The completed program review documents have been posted on the College's website. Based on the review of the posted documents, some programs have provided a summary of the course SLO assessment results and reflections, however, no program level assessments were included.

During Spring – Summer 2021, the College piloted PSLO and ISLO surveys of the graduates. It is planned to use the results of these surveys to assess PSLOs and ISLOs. No assessment results are available at this point. The GESLOs have not yet been assessed.

Although the college has made significant progress in addressing the requirement, additional work is needed to strengthen the assessment of PSLOs and GESLOs in program review. The college should ensure that assessment at the program and institutional level are completed on a regular basis, that robust discussion and communication regarding assessment results are conducted, and results are utilized in the resource allocation process.

### **Conclusion:**

The institution has not addressed the requirement and is not in compliance with Standards (I.B.2, I.B.4, II.A.3, II.A.11, II.A.14).

### **Standard I.B.3 (Requirement 3)**

In order to meet the Standard, the Commission requires the College establish a process for setting institution-set standards for student achievement appropriate to its mission and assess how well it is achieving them in pursuit of continuous improvement.

### **Findings and Evidence:**

The College has established criteria and processes to determine, review, and communicate its Institutional-Set Standards (ISS) as well as stretch goals on a regular basis. The College has established seven ISS, five general ISS for student achievement: course completion, fall-to-fall retention, number of

students awarded degree, number of students awarded certificate, and number of students transferred to a four-year institution; and two CTE related: job placements and licensure exams.

The College adopted an annual review process to evaluate and act upon the performance of the outcomes related to ISS. Dialogue and communication plan include increasing campus-wide awareness and broad-based understanding of the College's ISS, ACCJC annual report measures as well as USDE College Scorecard key indicators.

**Conclusion:**

The institution has addressed the requirement, corrected the deficiencies, and now meets the Standard (I.B.3).

**Standard II.A.10, Commission Policy on Transfer of Credit (Requirement 4)**

In order to meet the Standard and the Commission Policy, the Commission requires the College develop a transfer of credit policy and publish the information.

**Findings and Evidence:**

Based on the evidence provided, the College has updated its policies, procedures, and communication strategies related to the transfer of classes from and to other institutions. The College has established clear procedures related to the transfer of classes to other institutions as well as maintaining its articulation agreements with CSU and UC institutions. The updated content policies, procedures, and form related to transfer credit currently includes provisions related to Credit for Prior Learning. The college established a new procedure which enables a student to initiate a course equivalency request, which then gets recorded into the student's education plan. Students can submit transcripts from their previous institutions as well as Advanced Placement (AP)/SAT/ACT, CLEP scores, and military transcript.

Additionally, these transfer policies and procedures are clearly communicated to students via student orientation video, college website, and college catalog.

**Conclusion:**

The institution has addressed the requirement, corrected the deficiencies, and now meets the Standard. (II.A.10, and Commission Policy on Transfer of Credit).

**Standard II.A.15 (Requirement 5)**

In order to meet the Standard, the Commission requires the College complete its policy process for the program viability policy.

**Findings and Evidence:**

Based on provided evidence, the College developed and approved AP 4021, Program Viability and Discontinuance policy (Academic Senate Meeting, March 10, 2021). Additionally, the AP 4021 has been embedded in the College's Program Review process.

The adopted policy incorporates established criteria and procedures regarding program elimination, as well as a directive (Directive C) to ensure currently enrolled students' program completion in the case of program discontinuance.

**Conclusion:**

The institution has addressed the requirement, corrected the deficiencies, and now meets the Standard (II.A.15).

**Standard III.A.9, IV.B.2 (Requirement 6)**

In order to meet the Standards, the Commission requires the College develop a process for determining sufficient levels of staffing for management and classified positions.

**Findings and Evidence:**

The institution has created and implemented an integrated planning process flowchart, a planning and budgeting calendar (tied to the SLO Handbook), and a form for position requests, which is now routed through to HR for review and approval. While not fully implemented, the foundation has been created for a process to determine future staffing needs.

**Conclusion:**

The institution has addressed the requirement, corrected the deficiencies, and now meets the Standards (III.A.9, IV.B.2)

**Standard III.B.3 (Requirement 7)**

In order to meet the Standard, the Commission requires the College assure the feasibility and effectiveness of its physical resources by evaluating its facilities and equipment regularly to determine if physical resources support institutional programs and services.

**Findings and Evidence:**

The college is utilizing a facility inspection form to determine needs of physical spaces. Furthermore, the evidence suggests that they are moving toward alignment of physical resources with existing master plans. Future facilities planning is also through the Planning and Budgeting process.

**Conclusion:**

The institution has addressed the requirement, corrected the deficiencies, and now meets the Standard (III.B.3).

**Standard III.B.4 (Requirement 8)**

In order to meet the Standard, the Commission requires the College engage in long-range capital planning and consider the total cost of ownership in planning and acquiring facilities and equipment.

**Findings and Evidence:**

The college is engaged in a PRT, which includes planning as one of its three prongs. As part of that process, key members of the college are meeting as a team regularly, and also utilizing an external consultant to support the planning process. The evidence indicates that college is on track to complete its Educational Master Plan by spring, 2022.

**Conclusion:**

The institution has addressed the requirement, corrected the deficiencies, and now meets Standard (III.B.4).

**Standard IV.C.12 (Requirement 9)**

In order to meet the Standard, the Commission requires the Governing Board delegate full responsibility and authority to the CEO to implement and administer board policies without board interference and hold the CEO accountable for the operation of the College.

**Findings and Evidence:**

The colleges and board worked collaboratively to eliminate the contradiction between two policies about spending authority to more fully delegate that responsibility to the CEO. The revised BP 2430 states unequivocally delegates responsibility for administration of policies to the CEO. Board meeting minutes indicate that these discussions occurred.

**Conclusion:**

The institution has addressed the requirement, corrected the deficiencies, and now meets the Standard (IV.C.12).

**ACCJC Policy on Student and Public Complaints Against Institutions (Requirement 10)**

In order to meet the Policy, the Commission requires the College develop and implement clear processes for student complaints, including equitable access for all students regardless of location or modality, and ensure that records are collected and maintained in a secure location.

**Findings and Evidence:**

The college's website now includes a section of student rights and conduct. A software (Maxient) has been installed to enable record-keeping. All complaints are now funneled to HR, and moved forward to appropriate areas for resolution thereafter. The evidence includes a paper form as well to be used for incarcerated students.

**Conclusion:**

The institution has addressed the requirement, corrected the deficiencies, and now meets the Policy on Student and Public Complaints Against Institutions.