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## NEW PROGRAM PROPOSAL FOR ROUTINE REVIEW

**Sponsoring Institution:** Moberly Area Community College

**Program Title:** Behavioral Health Support

**Degree/Certificate:** AAS-Associate in Applied Science      **If other, please list:** \_\_\_\_\_

**Options:** \_\_\_\_\_

**Delivery Site(s):** Columbia, Hannibal, Kirksville, Mexico, Moberly

**CIP Classification:** 51.2212  
*\*CIP Code can be cross-referenced with programs offered in your region on [MDHE's program inventory](#).  
[Click here for link to NCES CIP site.](#)*

**Implementation Date** 8/20      *please use MM/YY date format.*

**Is this a new off-site location?** No  Yes

**If yes, is the new off-site location within your institution's current CBHE-approved service region?** Yes

*\*If no, public institutions should consult the comprehensive review process.*

**Is this a collaborative program?** Yes  No  *If yes, please complete the collaborative programs form on page 6.*

**CERTIFICATIONS:**

- The program is within the institution's CBHE approved mission. *(public institutions only)*
- The program will be offered within the institution's CBHE approved service region. *(public institutions only)*
- The program builds upon existing programs and faculty expertise.
- The program does not unnecessarily duplicate an existing program in the geographically applicable area.
- The program can be launched with minimal expense and falls within the institution's current operating budget. *(public institutions only)*

**AUTHORIZATION:**

Jeffery C. Lashley		11/25/19
Name/Title of Institutional Officer	Signature	Date

## PROGRAM CHARACTERISTICS AND PERFORMANCE GOALS

Although the following guidelines may not be applicable to the proposed program, please carefully consider the elements in each area and respond as completely as possible in the format below. Qualifications of performance goals should be included wherever possible.

*If you need more than one line of text to answer questions 1–5, please attach a Word .doc.*

### 1. Student Preparation

- Any special admissions procedures or student qualifications required for this program which exceed regular university admissions, standards, e.g., ACT score, completion of core curriculum, portfolio, personal interview, etc. Please note if no special preparation will be required.

BHS application, completion of required prior coursework, three references, program interview

- Characteristics of a specific population to be served, if applicable.

N/A

### 2. Faculty Characteristics

- Any special requirements (degree status, training, etc.) for assignment of teaching for this degree/certificate.

Master's degree in field is required and teaching experience is preferred. Clinical experience is required for coordinator.

- Estimated percentage of credit hours that will be assigned to full time faculty. Please use the term “full time faculty” (and not FTE) in your descriptions here.

60% of BHS hours and 50% of general education hours

- Expectations for professional activities, special student contact, teaching/learning innovation.

Maintain current competency through continuing education and industry certification (e.g., CPR)

### 3. Enrollment Projections

- Student FTE majoring in program by the end of five years.

20

- Percent of full time and part time enrollment by the end of five years.

100% full time and 0% part time

**STUDENT ENROLLMENT PROJECTIONS**

<b>YEAR</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>FULL TIME</b>	15	15	18	20	20
<b>PART TIME</b>	0	0	0	0	0
<b>TOTAL</b>	15	15	18	20	20

**4. Student and Program Outcomes**

- Number of graduates per annum at three and five years after implementation.

24 graduates and 30 graduates

- Special skills specific to the program.

Case management, community support health

- Proportion of students who will achieve licensing, certification, or registration.

Optional: MAADC certification

- Performance on national and/or local assessments, e.g. percent of students scoring above the 50<sup>th</sup> percentile on normed tests; percent of students achieving minimal cut-scores on criterion-referenced tests. Include expected results on assessments of general education and on exit assessments in a particular discipline as well as the name of any nationally recognized assessments used.

> 50% on ETS Proficiency

- Placement rates in related fields, in other fields, unemployed.

> 80% placement of graduates in related fields

- Transfer rates, continuous study.

N/A

**5. Program Accreditation**

- Institutional plans for accreditation, if applicable, including accrediting agency and timeline. If there are no plans to seek specialized accreditation, please provide a rationale

MACC is accredited through the Higher Learning Commission. Specialized accreditation does not apply.

**6. Program Structure**

A. Total credits required for graduation: 61 (See attached map)

B. Residency requirements, if any: Completion of 15 college-level credits at MACC

C. General education: Total credits: 27

*Courses (specific courses OR distribution area and credits)*

Course Number	Credits	Course Title
LAL101	3	Composition I
PSY101	3	General Psychology
SPK101	3	Public Speaking
SOC150	3	Introduction to Criminal Justice
MTH142	3	Quantitative Reasoning
LAL102	3	Composition II
PSY205	3	Human Lifespan Development
PSY250	3	Abnormal Psychology
HST105/106, PSC105	3	Am. Hist. to 1865, Am. Hist. from 1865, Intro. to Am. Government

D. Major requirements: Total credits: 34

Course Number	Credits	Course Title
BHS100	3	Introduction to Behavioral Health Support
BHS210	3	Legal and Ethical Issues
BHS220	3	Systems of Care
BHS240	3	Client Interactions I
BHS245	3	Field Practicum I
BHS250	3	Chronic Health Care Issues
BHS260	3	Family and Youth Issues
BHS230	3	Substance Use Disorders
BHS280	3	Evidence Based Treatments
BHS270	3	Client Interactions II
BHS285	3	Field Practicum II
SKL101	1	College Orientation

E. Free elective credits: 0  
(sum of C, D, and E should equal A)

F. Requirements for thesis, internship or other capstone experience: \_\_\_\_\_

G. Any unique features such as interdepartmental cooperation: N/A

**7. Need/Demand**

Student demand

Market demand

Societal need

I hereby certify that the institution has conducted research on the feasibility of the proposal and it is likely the program will be successful.

*On July 1, 2011, the Coordinating Board for Higher Education began provisionally approving all new programs with a subsequent review and consideration for full approval after five years.*



**MOBERLY AREA COMMUNITY COLLEGE**  
**Associate of Applied Science – Behavioral Health Support**

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Date: \_\_\_\_\_

Taken	Course	Semester	Hours
		<b>Pre-Professional Coursework (Must be completed prior to entry into the program.)</b>	
	LAL101	Composition I	3
	PSY101	General Psychology	3
	SKL101	College Orientation	1
	SPK101	Public Speaking	3
	SOC150	Introduction to Criminal Justice	3
	MTH142	^Quantitative Reasoning	3
			<b>16</b>
		<b>Second Semester</b>	
	PSY205	Human Lifespan Development	3
	PSY250	Abnormal Psychology	3
	LAL102	Composition II	3
	HST105 <u>or</u> HST106 <u>or</u> PSC105	American History to 1865 <u>or</u> American History from 1865 <u>or</u> Introduction to American Government	3
	BHS100	Introduction to Behavioral Health Support	3
			<b>15</b>
		<b>Third semester (Professional Coursework)</b>	
	BHS210	Legal and Ethical Issues	3
	BHS220	Systems of Care	3
	BHS230	Substance Use Disorders	3
	BHS240	Client Interactions I	3
	BHS245	Field Practicum I	3
			<b>15</b>
		<b>Fourth semester</b>	
	BHS250	Chronic Health Care Issues	3
	BHS260	Family & Youth Issues	3
	BHS270	Client Interaction II	3
	BHS280	Evidence Based Treatments	3
	BHS285	Field Practicum II	3
			<b>15</b>
		<b>Total Hours for Degree</b>	<b>61</b>

**Students must maintain a letter grade of "C" or above in all required courses to enter and continue the Behavioral Support Program.**

**Prior to clinical experience, a physical examination, urine drug screen, documentation of immunizations, and a cardiopulmonary resuscitation (CPR) course are required.**

**^Please refer to the college catalog and course descriptions for pre/co-requisite and placement information. You can only register for these courses if you have met the prerequisite, placed into the course and/or enroll in the co-requisite course(s).**





**Please provide response to the statements below.**

1. What are the specific sources of funds to support the new proposed program?

State grant funding through "Caring for Missourians Health Workforce Initiatives" for \$50,000 will assist with program startup.

2. If the new program is being funded through the "core institutional budget," what amount of funds will be reallocated and from which areas?

The program startup is being partially funded by grant funds, and it is self-sustaining from tuition dollars from there forward.

3. Are there any programs that will be deleted as a result of implementing this new program?

No.

4. If the program will be supported by external funds, have the funding agency, the amount of funds, and whether they are one-time or ongoing funding been identified?

Yes, see #1 above - one time.

5. In those circumstances for which one-time or limited duration funds are an integral component of the financing arrangements for the new program, please define a transition plan for the period when the one-time or limited duration funds cease to be available.

Grant funds are one-time funds for startup as the coordinator develops and markets the program. The program will be self-sustaining after initial startup.

**[www.dhe.mo.gov](http://www.dhe.mo.gov) • [info@dhe.mo.gov](mailto:info@dhe.mo.gov)**

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