STUDENT CARE:
CRITICAL TO STUDENT SUCCESS

Student Care Network Impacts and Supports Students across the WSU System

CARE NETWORK STRUCTURE

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- WSU Pullman serves the Pullman and Global campuses with a total of 8 staff

- WSU Vancouver, WSU Tri-Cities, WSU Spokane and WSU Everett have dedicated staff on their campuses

- All campuses use the Maxient database tool to track submissions and any contact or next steps with a student or student community

- Care cases can be individual students or an impacted community (wildfires, floods, human-caused crisis)

- Implementing compliance with HearMeWa and tracking responses

CARE NETWORK CASES

Pullman/Global	AY23	AY24	AY25
Total Cases	**2617**	**2649**	**625** *(on pace for 2,223)*
Academic	503	507	142
Financial Concerns	248	335	77
Interpersonal Conflict	136	171	30
Medical/Hospitalization	n/a	120	95
Mental Health Concerns	499*	471	121
Tri-Cities			
Total Cases	**119**	**181**	**59** *(on pace for 240)*
Spokane			
Total Cases	**35**	**33**	**15** *(on pace for 51)*
Vancouver			
Total Cases	**64**	**149**	**30** *(on pace for 103)*
Everett			
Total Cases	**5**	**13**	**5** *(on pace for 17)*

CARE CASE REFERRAL TRENDS

- **Pullman/Global:** Overall, we are receiving about the same number of overall cases, with a significant increase in Medical/Hospitalization and mental health concerns. The hospitalization reports have increased likely due to a discharge resource provided to students beginning in AY24; we won't know the full scope until this year.

- **Tri-Cities:** Mental health, personal tragedy, and basic needs (financial, housing, and food) are the prominent referral causes.

- **Spokane:** Seeing an uptick regarding basic needs as awareness that the student care reports go beyond mental health reporting, we are also seeing an increase in students submitting care reports

- **Vancouver:** Basic needs have increased requests and referrals for emergency funding and other crisis related financial needs (unstable housing, medical situations). Classroom management needs and clearly communication classroom expectations. Mental health referrals- while increased student mental health diagnoses, fewer are seeing professional help after being offered or referred.

- **Everett:** Students in crisis/mental health, suicidal ideation, and needing emergency funds to have secure housing are those we are seeing referral cases for.

EFFORTS TO SUPPORT

- **Pullman/Global:** Initiated a post-hospitalization support process, using housing balances paired with loan eligibility exhaustion to identify need and act proactively, staff making concerted efforts via phone call follow-up to written communication, hired a basic needs navigator

- **Tri-Cities:** Increased team collaboration with weekly meetings, initiated faculty and staff workshops on referring and reporting, created Cougar Cares one stop shop, hired a Basic Needs Navigator, initiated Community Resource Fair, created "Cougs Reaching Cougs" - peer educators for basic health, mental health, and physical wellness, hosted Wellness Week

- **Spokane:** Taking a holistic approach and engaging students with additional resources such as emergency funding, food pantry, tutoring, or accommodations. Improvement in earlier intervention.

- **Vancouver:** Expanded Basic Needs services - created a childcare subsidy, emergency fund for crisis-related financial needs, and hired a Basic Needs Coordinator. Consolidating Academic Services into one area and unit for one stop shop service

- **Everett:** Funding via the Chancellor's excellence fund or PSTAA, academic support from advisors and faculty including flexible deadlines, referrals to the Access Center, hired a basic needs navigator, investment in *Timelycare* contract for access to mental health care

Questions?