About Counseling and Wellness Services

Counseling and Wellness Services is comprised of three programs: Counseling and Wellness Services, Student Advocacy and Wellness and Student Health Insurance and Benefits.

Counseling and Wellness Services serves as the University’s counseling center, providing a full range of mental health services as well as consultation, training, and educational services.

Student Advocacy and Wellness provides health and wellness education and prevention, power-based violence education, prevention, and advocacy, and retention focused student support, and case management services.

Student Health Insurance and Benefits manages the WSU student health insurance program, student vaccination records, and Boonshoft School of Medicine student insurance programs.

Office Locations

Counseling and Wellness Services
053 Student Union

Student Advocacy & Wellness
Student Health Insurance & Benefits
051 Student Union
Vision and Mission

Our Vision is to cultivate a flourishing Wright State University community.

Our Mission is to promote optimal student wellness and mental health and the pursuit of social justice through the provision of quality education, consultation, and clinical service and training as an active presence in the Wright State University community with an appreciation for multiculturalism and diversity.

Staff

Robert Rando - Director
Daniela Burnworth - Associate Director
Destinee Biesemeyer - Associate Director
Nancy Caupp - Program Coordinator
Robert Fox - Student Health Insurance Coordinator
Jessica A. Moss - Staff Psychologist
Brenda Simpson - Administrative Specialist
Allison Newlin - Staff Therapist
Sarah Peters - Staff Psychologist
Corrie Pleska - Survivor Advocate/Case Manager
Tylar O’Neal-White - Student Advocate/Case Manager
Szilvia Jenei - Staff Psychologist
Rebecca Monnin - Student Advocate/Case Manager
Counseling and Wellness Services
Clinical Services

Service domains include: individual, couples, and group therapy; crisis intervention, evaluation for services, intake, life coaching, and psychological assessment.

Mental Health

Client Demographics (provided at initial session)

Average Age = 23 years

Gender Identity:
- Woman: 64.2%
- Man: 31.0%
- Transgender: 1.7%
- Other: 3.2%

Sex at Birth:
- Female: 68.0%
- Male: 32.0%

Referral Source (most common):
- Self: 34.6%
- Friend: 18.0%
- Family: 6.8%
- Prof./Inst.: 6.3%

Has WSU Health Ins.:
- Yes: 18.3%
- No: 81.7%

Has Other Health Ins.:
- Yes: 91.1%
- No: 8.9%

Honors Student:
- Yes: 13.5%
- No: 86.5%

Previous CWS Client:
- Yes: 30.5%
- No: 69.5%

Transfer Student:
- Yes: 19.3%
- No: 79.7%

Has Registered Disability:
- Yes: 13.4%
- No: 86.6%

Grade Point Average:
- 0-1.9: 4.4%
- 2-2.9: 27.8%
- 3-3.9: 57.9%
- 4.0: 9.9%

Sexual Orientation:
- Bisexual: 18.6%
- Gay/Lesbian: 6.5%
- Heterosexual: 64.6%
- Questioning: 5.6%
- Prefer to not answer: 4.7%

Race/Ethnicity:
- African American/ Black: 15.3%
- American Indian / Alaskan Native: <1%
- Asian American / Asian: 4.0%
- Latinx: 3.7%
- Middle Eastern / North African: 1.6%
- Multiracial: 3.5%
- White - not Latinx: 70.1%
- Other: 1.4%

International Student:
- Yes: 8%
- No: 92%

25% identify as Gay, Lesbian, or Bisexual
28% from racially diverse backgrounds
### Clinical Services (continued)

#### Client Demographics (continued)

**Relationship Status:**
- Single: 51.8%
- Serious Dating Relation.: 41.3%
- Married: 4.8%
- Separated: <0.1%
- Divorced: <0.1%

**Academic Status:**
- Freshman: 22.0%
- Sophomore: 18.6%
- Junior: 21.0%
- Senior: 21.5%
- Graduate/Prof. Degree: 14.7%
- High-School Student: 0.5%
- Non-degree: 0.3%
- Other: 2.0%

**Live on campus:**
- Yes: 38.5%
- No: 61.5%

**Financial Status Growing Up:**
- Often or Always Stressful: 29.9%
- Rarely or Never Stressful: 44.4%

**Varsity Athlete:**
- Yes: 5.2%
- No: 94.8%

**College where major resides (top 6):**
- Liberal Arts: 30.2%
- Science & Mathematics: 21.4%
- Engin. & Comp. Science: 14.4%
- Ed. & Human Service: 11.4%
- Business: 10.0%
- Nursing & Health: 5.9%

**With whom do you live?**
- Alone: 18.5%
- Spouse/Partner: 9.6%
- Roommate(s): 40.7%
- Children: 3.3%
- Parents/Guardian(s): 18.5%
- Other Family: 7.5%
- Other: 1.8%

**First Generation College Student:**
- Yes: 24.6%
- No: 75.4%

**Current Financial Status:**
- Often or Always Stressful: 39.5%
- Rarely or Never Stressful: 26.2%

**Military Affiliated:**
- Yes: 2.6%
- No: 97.4%

**Average hours working each week:**
- 1-15: 21.5%
- 16-30: 24.3%
- 31+: 9.2%
### Clinical Services (continued)

**Client Demographics (continued)**

NOTE: Comparison data from the 2019 Annual Report of the Center for Collegiate Mental Health are indicated in the far right column. Large variations are highlighted in BOLD. [https://ccmh.memberclicks.net/assets/docs/2019-CCMH-Annual-Report_3.17.20.pdf]

<table>
<thead>
<tr>
<th>Prevalent Demographics</th>
<th>CWS</th>
<th>CCMH</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Previously attended counseling for M.H. concerns:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>39.5%</td>
<td>44.0%</td>
</tr>
<tr>
<td>Yes</td>
<td>60.5%</td>
<td>56.0%</td>
</tr>
<tr>
<td><strong>Taken prescribed medication for M.H. concerns:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>59.5%</td>
<td>65.2%</td>
</tr>
<tr>
<td>Yes</td>
<td>40.5%</td>
<td>34.5%</td>
</tr>
<tr>
<td><strong>Been hospitalized for M.H. concerns:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CWS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>85.7%</td>
<td>90.2%</td>
</tr>
<tr>
<td>Yes</td>
<td>14.3%</td>
<td>9.8%</td>
</tr>
<tr>
<td>CCMH</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Received treatment for alcohol or drug use:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>97.7%</td>
<td>97.6%</td>
</tr>
<tr>
<td>Yes</td>
<td>2.3%</td>
<td>2.4%</td>
</tr>
<tr>
<td><strong>Experienced a traumatic event:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CWS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>38.1%</td>
<td>58.6%</td>
</tr>
<tr>
<td>Yes</td>
<td>61.9%</td>
<td>41.4%</td>
</tr>
<tr>
<td>CCMH</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Binge drinking (previous 2 wks):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CWS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>75.7%</td>
<td>62.6%</td>
</tr>
<tr>
<td>Yes</td>
<td>24.3%</td>
<td>37.4%</td>
</tr>
<tr>
<td>CCMH</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Used Marijuana (previous 2 weeks):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CWS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>83.0%</td>
<td>74.2%</td>
</tr>
<tr>
<td>Yes</td>
<td>17.0%</td>
<td>25.8%</td>
</tr>
<tr>
<td>CCMH</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Taken prescription medication NOT prescribed to you (previous 2 weeks):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CWS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>97.6%</td>
<td>No Data</td>
</tr>
<tr>
<td>Yes</td>
<td>2.4%</td>
<td>No Data</td>
</tr>
<tr>
<td>CCMH</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sexually assaulted:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CWS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>72.2%</td>
<td>75.0%</td>
</tr>
<tr>
<td>Yes</td>
<td>27.8%</td>
<td>25.0%</td>
</tr>
<tr>
<td>CCMH</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Experienced harassing, controlling, or abusive behavior by other:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CWS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>51.9%</td>
<td>62.1%</td>
</tr>
<tr>
<td>Yes</td>
<td>48.1%</td>
<td>37.9%</td>
</tr>
<tr>
<td>CCMH</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sleep quality during previous month:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CWS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fairly good to very good: 42.5%</td>
<td>No Data</td>
<td></td>
</tr>
<tr>
<td>Fairly bad to very bad: 57.5%</td>
<td>No Data</td>
<td></td>
</tr>
</tbody>
</table>
### Clinical Services (continued)

#### Client Demographics (continued)

<table>
<thead>
<tr>
<th>Engaged in Non-suicidal Self Injury:</th>
<th>Thought about killing self during past week:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CWS 66.8%  CCMH 71.3%</td>
<td>CWS No: 82.8%  CCMH No Data</td>
</tr>
<tr>
<td>Yes: 33.2%  28.7%</td>
<td>Yes: 17.2%  No Data</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In past few weeks, wished you were dead:</th>
<th>Seriously considered attempting suicide:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CWS 65.4%  CCMH No Data</td>
<td>CWS 58.8%  CCMH 63.3%</td>
</tr>
<tr>
<td>Yes: 34.6%  No Data</td>
<td>Yes: 41.2%  36.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Made a suicide attempt:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CWS 86.0%  CCMH 89.4%</td>
</tr>
<tr>
<td>Yes: 14.0%  10.6%</td>
</tr>
</tbody>
</table>

Considered causing serious injury to another person:

<table>
<thead>
<tr>
<th>CWS 90.1%  CCMH 92.5%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never: 9.9%  7.5%</td>
</tr>
</tbody>
</table>

Intentionally caused serious physical harm to another individual:

<table>
<thead>
<tr>
<th>CWS 97.6%  CCMH 98.1%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never: 2.4%  1.9%</td>
</tr>
</tbody>
</table>

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*Live... to find hope in each day; to breathe through my moments of despair; to hear one other and be heard by another; to see the beauty surrounding ugliness; to trust that, as the semicolon tells, my story is not over.*

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*You are not alone!*
Clinical Session Data:

NOTE: Percentage change from previous year is noted next to current year data.

Total Number of Sessions: 6,972 ↑11%
Number of Clients: 716 ↓12%
No-show Rate: 11% ↓4%
Group Therapy Sessions: 78 ↓43%
Number of Clients in Group: 98 ↓26%
Percent of all clients in group: 14% ↓3%
Workshops (#sessions): 2 ↓50%
Number of Individual, Check-in & Couples Therapy Sessions: 632 ↑18%
Intake Appointments: 452 ↓23%
Evaluation for Services: 605 ↓3%
Avg. Number of Appoint.: 9.74 ↑13%

Sport and Performance Services
CWS is contracted by the Athletics Department to provide therapy and performance enhancement services to WSU student athletes. This arrangement has been in place for three years.

Number of athletes receiving therapy services: 39
Number of Athletes participating in mental health screening: 59
Number of hours of onsite drop-in consultation: 130

Programming highlights:
Life After Athletics program for seniors (50 attendees)
Emotional Wellness presentation (220 attendees)
Fear of Illness and Virus assessment (80 participants)
Power-based violence prevention (220 attendees)
Clinical Services (continued)

Diagnostic and Problem Domains

Diagnoses are coded using the Diagnostic and Statistical Manual of Mental Disorders (DSM 5). Primary focus of treatment is also collected at client’s initial appointment. The data listed below is reported by the therapist versus client self-report.

The majority of mental disorder diagnoses presented by clients fell within the Anxiety & Adjustment Disorders (36%) and Mood Disorders (22%) groups. Specific disorder prevalence highlights include:

- Substance use disorders: 3.7% (25 clients)
- Psychotic disorders: 0.2% (2 clients)
- PTSD and Acute Stress disorders: 7.5% (50 clients)
- Eating disorders: 3.1% (21 clients)
- Personality disorders: 1.1% (7 clients)

Trauma and Power-Based Violence

- Harassment/Emotional Abuse 5%
- Sexual Abuse/Assault 22%
- Physical Abuse/Assault 11%
- Stalking 1%
- Trauma 57%
Clinical Services (continued)

Clinical Effectiveness

The Counseling Center Assessment of Psychological Symptoms (CCAPS) is a 34-item instrument completed by clients prior to each session. Reports are provided within our electronic records system that compares the CWS CCAPS scores with a national sample of college and university counseling centers. There are 7 subscales for the CCAPS: Depression, Generalized Anxiety, Social Anxiety, Academic Distress, Eating Concerns, Hostility, and Alcohol Use.

A comparison of CCAPS for CWS versus the national sample shows the percentile of CCAPS change (a comparison of initial and last CCAPS scores) as compared to other Centers. For example, from the data below, the amount of change between initial and final CCAPS Depression scale scores for CWS clients was larger than 71% of other centers in the national sample - indicating a greater degree of improvement for CWS clients.

<table>
<thead>
<tr>
<th>Scale</th>
<th>Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression:</td>
<td>71%</td>
</tr>
<tr>
<td>Generalized Anxiety:</td>
<td>53%</td>
</tr>
<tr>
<td>Social Anxiety:</td>
<td>69%</td>
</tr>
<tr>
<td>Academic Distress:</td>
<td>38%</td>
</tr>
<tr>
<td>Eating Concerns:</td>
<td>93%</td>
</tr>
<tr>
<td>Hostility:</td>
<td>92%</td>
</tr>
<tr>
<td>Alcohol Use:</td>
<td>95%</td>
</tr>
</tbody>
</table>

Note: due to the shift from in-person to remote services at the end of March, CCAPS session administrations were discontinued resulting in fewer comparative data points.

Clients indicate responses on a 5 point scale (0 = not at all like me to 4 = extremely like me) for each of the 34 items of the CCAPS. There are two critical items on the CCAPS representing risk of harm to self or other. Information for the two items is below.

“I have thoughts of ending my life”:
- 50% of clients indicated that this statement was representative of them to some degree.
- 14% of clients indicated a ‘3’ or ‘4’ on this item, indicating that it was “very much or extremely” like them.

“I have thoughts of hurting others”:
- 17% of clients indicated that this statement is representative of them to some degree.
- 2% of clients indicated a ‘3’ or ‘4’ on this item, indicating that it was “very much or extremely” like them.
Clinical Services (continued)

Clinical Effectiveness

Counseling and Wellness Services collects feedback regarding our services from clients on an annual basis. The instrument is presented to all students seeking services during the Spring semester. Most items are rated on the scale: “Strongly disagree, Disagree, Unsure/neutral, Agree, and Strongly Agree. Data listed below shows percentages grouped by “Strongly Agree and Agree.”

<table>
<thead>
<tr>
<th>Item</th>
<th>% Agree/Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>After my initial appointment, I was staffed to a therapist in an acceptable amount of time:</td>
<td>70%</td>
</tr>
<tr>
<td>The availability of crisis /walk-in times met my needs:</td>
<td>58%</td>
</tr>
<tr>
<td>I found the administrative support staff to be professional and helpful:</td>
<td>95%</td>
</tr>
<tr>
<td>The services that I have/am receiving at CWS has met or is meeting my needs:</td>
<td>86%</td>
</tr>
<tr>
<td><strong>I would recommend CWS to other students:</strong></td>
<td>96%</td>
</tr>
<tr>
<td>I am more easily able to express myself:</td>
<td>68%</td>
</tr>
<tr>
<td>My ability to relate to others has improved:</td>
<td>55%</td>
</tr>
<tr>
<td>Therapy is helping me to make decisions and solve problems:</td>
<td>78%</td>
</tr>
<tr>
<td>I am more hopeful about my future:</td>
<td>66%</td>
</tr>
<tr>
<td><strong>I was considering leaving WSU prior to receiving services at CWS:</strong></td>
<td>18%</td>
</tr>
<tr>
<td>I am a more successful student due to the changes that I’ve made as part of my therapy at CWS:</td>
<td>45%</td>
</tr>
<tr>
<td><strong>The services that I received at CWS helped to improve my academic performance:</strong></td>
<td>44%</td>
</tr>
<tr>
<td>I have increased my engagement in on campus and/or off campus extracurricular activities:</td>
<td>35%</td>
</tr>
</tbody>
</table>
Clinical Services (continued)

Wait-List for Services

Counseling and Wellness Services has had to operate a wait-list for clinical services for the past 19 years. The wait-list is typically initiated during the month of October and is closed during the month of June. All clients who are on the wait-list have (1) completed an evaluation for services, (2) have been assigned a case manager, (3) have typically been offered a therapy group or workshop, (4) been provided a listing of community resources, and (5) received weekly contact by their case manager to assess their status and need for a crisis/urgent appointment.

**2018-2019 Wait-list Statistics**

<table>
<thead>
<tr>
<th>Data</th>
<th>8/19 Item comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of clients added to wait-list:</td>
<td>398</td>
</tr>
<tr>
<td>Average number of days a client spent on wait-list:</td>
<td>17</td>
</tr>
<tr>
<td>Average number of clients on the wait-list:</td>
<td>36</td>
</tr>
<tr>
<td>Percent of wait-list clients staffed for treatment:</td>
<td>78%</td>
</tr>
<tr>
<td>Percent of wait-list clients who discontinued seeking treatment:</td>
<td>16%</td>
</tr>
<tr>
<td>Percent of wait-list clients classified as priority:</td>
<td>31%</td>
</tr>
</tbody>
</table>
Clinical Training

Counseling and Wellness Services provides clinical training to Doctoral students from the School of Professional Psychology, Master’s students from the Human Services and Clinical Social Work programs, and Doctoral level trainees from the School of Professional Psychology’s American Psychological Association accredited internship program. We typically provide training to 12 to 14 clinicians.

All trainees at CWS complete an intensive training program. They completed 3 full days of Orientation in July as well as expanded part-time orientation training throughout July and August covering policies and procedures, service provision, and social justice training.

Over Fall and Spring Semesters, trainees and interns completed 10 hours of social justice training, 8 hours of training related to self-compassion (responding to failure as an opportunity for learning and growth), and 3 hours of Ally Development training. Additional trainings covered working with student athletes, ADHD in a college population, student Veterans, case conceptualization, substance use assessment and treatment, working in a private practice, sex therapy, leadership, and professional interdisciplinary practice.

All trainees complete an anonymous Exit Survey (n=11) using the following scale: 1- Very Negative, 2 - Negative, 3 - Neutral, 4 - Positive, and 5 - Very Positive. The results are:

<table>
<thead>
<tr>
<th>Item</th>
<th>Avg Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>How would you rate your overall training experience at CWS this year?</td>
<td>4.75</td>
</tr>
<tr>
<td>How would you rate the overall flow of operations at CWS?</td>
<td>4.12</td>
</tr>
<tr>
<td>How would you rate the training you received on Wednesdays (not including social justice or self-compassion meetings)?</td>
<td>4.00</td>
</tr>
<tr>
<td>Please rate the degree to which you experienced multicultural considerations and competence integrated into training.</td>
<td>4.25</td>
</tr>
<tr>
<td>Please rate the impact of the self-compassion training sequence on your professional development.</td>
<td>4.13</td>
</tr>
<tr>
<td>How would you rate your overall experience in individual supervision?</td>
<td>4.38</td>
</tr>
<tr>
<td>How would you rate group supervision?</td>
<td>4.38</td>
</tr>
<tr>
<td>How would you rate your overall interactions with staff?</td>
<td>4.75</td>
</tr>
<tr>
<td>How would you rate opportunities for small group case discussions?</td>
<td>4.13</td>
</tr>
</tbody>
</table>
Student Advocacy and Wellness Center

Student Advocacy and Wellness is a program of Counseling and Wellness Services. Student Advocacy and Wellness works alongside students facing personal, academic, and systemic barriers to their success. By assisting students in their acquisition of resources to things such as safe housing, basic necessities, mental health support, child care, financial emergencies, and health-related accommodations, Student Advocacy and Wellness is able to meaningfully contribute to student retention and student persistence toward their degrees. All students are eligible to receive services, and we have spent considerable effort ensuring specific professional development around supporting students who have experienced power-based violence, homelessness, are first-generation or non-traditional students, students with disabilities, and students experiencing oppression.

Health and Wellness programming provided to 3,758 students (combining CWS and SAW offerings).

Number of General Programs: 135
Number of Survivor Advocacy Programs: 66

Program Topics:

- Adjusting to College
- Power-Based Violence 101
- Managing difficult conversations
- Coping with Anxiety
- Mindfulness
- Stress Management
- Consent Education
- Got a Minute? for Mental Health
- Got a Minute? for Gender-Based Violence
- Got a Minute? for Inclusion
- Got a Minute? for Substance Abuse Prevention

Destinee Biesemeyer, Associate Director for Student Advocacy and Wellness, developed a research based bystander intervention educational model that has the flexibility to be applied to diverse health promotion domains.
Outreach programming highlights:

**Domestic Violence Awareness Week**
- Paint the Quad Red
- Red Flags display
- Empty Seat at the Table
- Film screening
- Poetry slam
- Panel discussions
- Book club - “No Visible Bruises”

**Tunnel of Oppression Rooms**
- Mental health stigma
- Violence against women

**Virtual Spirit Week**
Collaborative event with Student Involvement and Leadership to engage students during the difficult adjustment to remote learning.

**Mental Health Awareness Week**
Collaborative event with Student Government Association to provide bystander education programs and the bandana project
Student Advocacy and Wellness Center (continued)

Direct Student Services:

Student Advocacy clients served: 562

Most prevalent themes: acute injury, mental health, academic dispute (procedural and/or professor conflict), housing insecurity, financial crisis, family crisis, access to resources needed for transition to remote learning.

Survivor Advocacy clients served: 55

Victims of Crime Data allows us to count the number of clients separately from their presenting concerns. Several have multiple presenting issues reflected in the data below:

Primary:
• Adult Sexual Assault: 27
• Domestic Violence/Intimate Partner Violence: 15
• Stalking: 35

Secondary to an aforementioned violent crime:
• Physical Assault: 13
• Harassment: 1
• Theft (as it pertains to victimization from a violence crime): 1
• Kidnapping/Unlawful Imprisonment: 2

Grants and Revenue

Counseling and Wellness Services does not have an operational budget that is provided by the University. Revenue from three sources provides the center with its operating budget: (1) administrative fee charged to all students with Wright State University student health insurance, (2) session fees billed to clients, and (3) the CWS optional fee. The CWS optional fee is a $20 per Semester optional fee, that if paid by a student, provides all CWS services at no additional cost. If a Student does not pay the fee and then seeks services, the per session charge is $20. CWS clients were also charged $20 for each missed session (a client not showing for their session or providing less than 24 hours notice). Student Advocacy and Wellness also have two grants, one state and one federal.

Revenues
• Student Health Administrative Fee: $ 35,698
• CWS Session Fees: $ 2,680
• CWS Optional Fee: $348,120

Grants
• Ohio Attorney General’s Office Grant for Victims of Crime: $118,080
• Department of Justice, Office of Violence Against Women year three of a three year grant: $ 97,071
• Dayton Foundation $ 9,000
• Levin Foundation $ 2,500

Total Grants and Revenue: $613,149

Note: over $200,000 of revenue was unspent due to budget restrictions. Goal is to have this carryover for future initiatives.

We are awaiting University approval to carryover unspent revenue.
**COVID-19 Response**

With the onset of the COVID-19 pandemic and the University’s transition to a remote learning and service operation, numerous adjustments were made to all of the Counseling and Wellness Services affiliated programs.

Counseling and Wellness Services transitioned to remote service operations via webex and telephone for all clients within one week of the University’s transition announcement. Due to our inability to provide adequate training in a shortened time period, we decided to shift practicum students to non-clinical services (development of outreach and psycho-educational programming). Clinical services were provided by permanent staff and doctoral level interns. Our plan is to integrate specialized training in the provision of telehealth services for our next training cohort that will arrive at the center in July, 2020.

Student Health Insurance and Benefits transitioned to all remote service operations immediately. Staff were able to provide a full range of services using telephone and email.

Student Advocacy and Wellness made the transition to fully remote operations immediately. They were also tasked with shifting their model of food pantry operations (pick up of food and provision of gift cards). They were also critical in the distribution of Cares Act money to students as well as other funds that were established or expanded due to the pandemic.