CONNECTICUT VOICES FOR CHILDREN

33 Whitney Avenue
New Haven, CT 06510
203.498.4240

www.ctvoices.org

Testimony Supporting
SB 2: An Act Expanding Preschool and Mental and Behavioral Services for Children
and
HB 5001: An Act Concerning Children's Mental health

Joint Committees on Children and Public Health
February 25, 2022

Dear Senator Anwar, Representative Linehan, Senator Abrams, Representative Steinberg, Senator Kelly, Representative Dauphinais, Senator Hwang, Representative Somers, and esteemed members of the Committee on Children and the Public Health Committee:

My name is Lauren Ruth, and I am testifying today on behalf of Connecticut Voices for Children, a research-based child advocacy organization working to ensure that one day Connecticut is a thriving and equitable state where all children achieve their full potential.

Connecticut Voices for Children is testifying in support of SB 2: An Act Expanding Preschool and Mental and Behavioral Services for Children and in support of HB 5001: An Act Concerning Children's Mental Health.

SB 2: An Act Expanding Preschool and Mental and Behavioral Services
While the specifics of this bill are still to be determined, we support the intent to increase funding to the Office of Early Childhood (OEC) to expand Care 4 Kids, preschool, and early behavioral health services. We also support the intent to increase funding to the Department of Children and Families (DCF) to expand child mentoring and civic engagement programs to address the impact of the pandemic on childhood behavioral health.

Expanding OEC Funding

As the COVID-19 pandemic continues evolving and we lack a vaccine for young children, working parents struggle to balance work and child care responsibilities. Child care is not a luxury for these parents—it's a necessity. Both working mothers and working fathers report struggling to get their work done when they need to care for children during the workday. A majority of working mothers report feeling like they can't give their best energy to work. A third of working mothers and a quarter of working fathers have been forced to reduce their work hours.[1] The most recent Census Household Pulse Survey data show that in 2022, over 124,000 parents of young children in Connecticut have experienced work disruptions due to child care issues. Parents in the workplace are also reporting more significant depression and burnout than nonparents, and there's evidence that working parents are not finding the degree of help they need from their employers.[2] In short, if policymakers in Connecticut truly want to jumpstart our economy and help people return to work, they must start treating the early child care system as an essential infrastructure rather than as a safety net.

We advocate that Connecticut should move toward a system of universal access to high-quality early care. This will require funding Care 4 Kids to extend vouchers to all families allowed under federal law and creating a second subsidy for families who are ineligible for Care 4 Kids due to family earnings, immigration status, or work status.[3] We desire that early care should not cost more than seven percent of a family's income. Furthermore, the combination of State support and a small copay from those parents who can afford it should cover the full cost of providing high-quality care for providers. Additionally, these past two years, the early care sector has propped up the State's drive to get families back to work without significant financial recognition of the cost of doing this. Expanding Connecticut's child care system will not be inexpensive, but many child care workers and early educators earn poverty wages. This undermines program quality, stability, and equity.[4] Increasing provider reimbursement rates to levels that can truly cover the cost of care and ensuring the early care providers are paid as education professionals are essential to creating a sustainable early care workforce and supporting the State economy.

Expanding DCF Funding

Formal mentoring programs with a relatively high degree of structure are effective mental health interventions for some young people. They have the added benefit of increasing young people's academic achievement. Additionally, surveyed parents of color (particularly Black caregivers) indicate being more comfortable enrolling their child in a mentorship program than in psychological counseling services.[5] While it makes sense to fund these programs through DCF, given DCF's statutory mandate to oversee the children's behavioral health system, an even greater number of parents may be likely to make use of these services if they are provided through community-based organizations. We acknowledge the work DCF has done to create mechanisms to encourage parents to access services without fear of losing their children, but—at the risk of some redundancy in funding—we suggest making funding for formal mentoring programs available through both DCF and municipal departments responsible for public health or child services.

Civic engagement programs have also been shown to have connections with more positive emotions, better mental health, reduced depression, and more robust well-being in response to stress.[6] [7] Children and youth experienced decreased time spent with friends and teachers throughout the pandemic. For many, this eroded their resilience.[8] We support creating funding for civic engagement programs as an effective method to help young people develop connections with others and rebuild emotional resilience; however, we would make similar recommendations of funding these programs through DCF and municipal departments responsible for public health or child services.

Finally, we advocate using this opportunity of increased ARPA funding to invest in community-based services that support the health and well-being of young people at risk of involvement in the criminal legal system. Within the General Statutes, Connecticut has enacted a community-based diversion system to help connect families to appropriate therapeutic interventions and hold young people accountable within their communities. This plan uses Youth Service Bureaus (YSBs) as "hubs" to assess the needs of young people, refer them to appropriate services in their communities, and evaluate the effectiveness of services. In 2017, the Juvenile Justice Policy and

Oversight Committee estimated that YSBs would need over $6 million to update data systems, expand staff capacity, and appropriately train staff to ensure consistency and quality.[9] While the Legislature has provided some additional funding to YSBs in the past five years, the money needed for the community-based diversion system never came. When adjusting for inflation, if the Legislature provides $7 million through the DCF budget to YSBs to actually implement the community-based diversion system, Connecticut can help ensure that young people with high levels of behavioral health needs can access the services they need in their communities early and decrease the risk of criminal legal system involvement.

JUST FACTS

- **Inability to access needed child care results in work disruptions for Connecticut's working parents.** According to the Census Household Pulse Survey, 54 percent of parents with children under the age of five in Connecticut report that during January and early February, their children could not attend daycare. It disrupted their work in the following ways:
    - In 13% of households, an adult took unpaid leave to care for children.
    - In 20% of households, an adult used sick days, vacation days, or paid leave days to care for children.
    - In 24% of households, an adult cut work hours to care for children.
    - In 9% of households, an adult left a job to care for children.
    - In 2% of households, an adult lost a job because of time away to care for children.
    - In 8% of households, an adult did not look for a job in order to care for children.
    - In 23% of households, an adult supervised one or more children while working.
- **COVID-19 exacerbated Connecticut's pre-pandemic shortage of early care and education slots and programs.** In March of 2021, the state was at just 72 percent of its pre-pandemic program capacity. Preschool slots decreased sharply by 15 percent due to child care centers closing. The state lost four percent of its accredited infant and toddler slots between 2020 and 2021 and 21 percent of its accredited preschool slots.[10]
- **Child care providers in Connecticut are not paid a fair and sustainable wage.** Connecticut child care workers' families are more than twice as likely to live in poverty than other families: 11.8 percent compared with 5.8 percent.[11] Once accounting for the number of hours family child care (FCC) providers work, we estimate their hourly 2020 wages were between $6.10 and $8.64.[12] Similarly, we find that child care center directors cannot cover all their costs if they rely on Care 4 Kids alone. They must charge market-rate tuition to break even financially.[13]
- **Community-based programs and services can provide culturally-competent alternatives to traditional psychiatric interventions.** On average, Black and Latino/a/x people receive worse treatment within healthcare systems than white people.[14] [15] These negative experiences contribute to Black and Latino/a/x parents being less likely to accept suggested psychological and psychiatric services for their children.[16] [17] Structured community-based programs targeting young people with specific needs offer Black and Latino/a/x parents a culturally-informed method to

support their children outside of traditional medical models and the structural racism associated with those models.

- **The pandemic has contributed to young people experiencing a behavioral health crisis and puts some young people at risk of future criminal legal system involvement. Community-based diversion services can help.** The trauma of losing loved ones, erosion of daily routine, reduced contact with friends, and closure of prosocial clubs and activities have had a profoundly destabilizing effect on Connecticut's children and youth. When young people need services, youth of color are more likely to be referred to inpatient mental health services than white youth or to be pushed into the criminal legal system where access to appropriate treatment may not be available.[18] [19] In Connecticut, Black youth with a misdemeanor charge and no prior offenses are at 2.3x more risk of receiving Judicial Supervision in response to their offense than white youth. Black youth with a felony charge and no prior offenses are at 2.8x more risk of receiving Judicial Supervision in response to their offense than white youth. For Latino/a/x youth, the risk ratios compared to white youth are 1.6x and 1.9x, respectively. Expanding diversion efforts and services are effective interventions that significantly reduce the risk of youth further entering the criminal legal system[20] and decrease racial inequities in the criminal legal system.

HB 5001: An Act Concerning Children's Mental Health. This bill aims to expand and improve the children's behavioral health system through myriad measures: increasing the number and diversity of providers, expanding emergency services in communities, expanding behavioral health services in schools, reforming emergency service telephone lines to serve individuals in behavioral health crisis better, and reforms to make needed services more affordable for families. This legislation is timely and increasingly important as children and families in Connecticut suffer in the wake of two years of isolation, grief, economic instability, and racial unrest.

Our testimony focuses on the sections within the bill aimed to increase the diversity of behavioral health care workers and expand behavioral health in schools.

Increasing the diversity of behavioral health care workers

Sections 2, 4, and 5 of HB 5001 create provisions that seek to diversify Connecticut's behavioral health workforce. Sections 2 and 4 make social work examination accommodations for candidates whose first language is not English. These provisions help remove barriers to licensure for individuals who are part of communities that speak languages other than English. These changes are critical for Connecticut's growing population of residents born outside of the United States and growing Latino/a/x population. Language and cultural competency are barriers to Latino/a/x people seeking and accessing behavioral health care. Efforts to diversify the workforce to shrink these barriers may encourage more Latino/a/x parents to seek care for their children.

Section 5 of HB 5001 creates a scholarship program for application costs and licensure fees in children's behavioral health care. It directs the Commissioner of Public Health to prioritize giving scholarships to people who belong to racial or ethnic minority identity groups, speak English as a second language, identify as LGBTQ+, or have a disability. Most behavioral health care providers who are people of color are employed in non-licensed positions,[21] so this program may remove a barrier to entering the field for individuals who have training and experience but have fewer economic resources they can use to advance their careers.

Finally, section 65 of HB 5001 is critical to diversifying the behavioral health workforce. This section requires DSS to study whether payment parity exists between mental health services and other medical services. Despite federal legislation on behavioral health parity, insurers compensate behavioral health providers at a rate lower than other medical specialists. Even when providers treat the same condition, such as depression, for every $1 that insurance companies reimburse primary care doctors, they reimburse behavioral health professionals only around 83 cents.[22] For this reason, State departments and large clinics struggle to retain behavioral health staff, and behavioral health specialists in private practice are less likely to accept insurance as payment. Connecticut's Medicare reimbursement rates lag New York, New Jersey, and Massachusetts,[23] which may make leaving Connecticut more attractive for trained behavioral health specialists. National issues with payment parity may make other medical specialties more attractive to workers who are people of color, and Connecticut's payment parity issues may make other states more attractive for behavioral health workers who are people of color.

Expanding behavioral health in schools

Section 18 of this bill creates a grant program within SDE to hire and retain behavioral health specialists, including school social workers, school psychologists, trauma specialists, behavior technicians, and board-certified analysts. It gives preference for grants to districts with a greater level of need. We applaud the creation of this grant program.

Sections 74-76 allow SDE to use ARPA funds to fund youth membership programs, administer grant programs to hire and retain student behavioral health specialists and expand school-based mental health services. We strongly support using funds this way and encourage Legislators to consider how to help districts sustain increased staffing once they have expended ARPA dollars.

Counselors and social workers have engaged in robust education and training to support students' social-emotional needs. Counselors and social workers leverage their schooling and training to contribute to safe and positive school environments where all students can learn effectively. A 30-year body of research finds that counselors and social workers prevent instances of violence[24] and suicide[25] by addressing the needs of students and their families. Yet, Connecticut schools do not meet the recommended counselors and school workers' ratio.

Section 17 of this bill mandates that SDE survey schools regarding the number and workload of each school social worker and report out on an annual basis. We would suggest collecting and reporting these data on all behavioral health staff included in Section 18.

Sections 21 and 22 require SDE to update its truancy intervention models to account for mental and behavioral health needs and mandate that school boards adopt one of these models and provide guardians with information regarding 2-1-1 and pediatric behavioral health tools. The sections also require that when students are truant, a school social worker or school psychologist evaluate the student to determine if the student needs a behavioral health assessment. The bill further that school psychologists conduct a psychiatric evaluation of the child.

We support the updating truancy intervention models to be trauma-informed and account for mental and behavioral health needs. Mood disorders are a common cause of students refusing to go to school. Substance use disorders are a common cause of students skipping school without their guardian's knowledge.[26] To that end, we also believe that it makes sense for schools to assess the behavioral health needs of truant students. We suggest amending the bill language to only conduct a psychiatric evaluation of truant students determined to have behavioral health needs, as psychiatric assessments can be labor-intensive, expensive, and intrusive.

Finally, Section 21 of the bill creates a peer-to-peer mental health support program and training, and Section 23 of the bill requires that School Resource Officers (SROs) complete the training so that they are better able to determine if a student needs behavioral health resources. In 2021, Connecticut Voices for Children researched the prevalence and scope of School Resource Officers in Connecticut.[27] As part of this research, we conducted a data walk with a group of young advocates. One of the topics raised by the young people was that SROs are not the only police officers students interact with during the school day. Community police officers who do not have training encouraged for SROs are frequently around schools and responding to calls from schools. With these young people, we co-created a policy recommendation that any police officers who have interactions with children and youth receive training in racial bias, systemic racism, and youth development. Consistent with that recommendation, we advocate that this bill similarly requires peer-to-peer mental health support program training for all police who interact with students.

However, in partnership with impacted young people, we advocate to go further and remove police from school staffing altogether. In survey research, Black students and students who had experienced bullying or trauma in school felt less safe in schools where SROs were present,[28] and research conducted by Connecticut Voices for Children shows that the employment of SROs in schools significantly increases students' likelihood of being punished, expelled, and arrested *without* measurably improving student safety outcomes measured through incident reports or academic outcomes measured through standardized tests. HB 5001 intends to reduce the impact of trauma on children's education, and keeping SROs in schools works against that goal.

JUST FACTS

- **The behavioral health workforce is overwhelmingly female and white.**
    - While still predominantly female (90%), new social workers are increasingly people of color. For example, more than 22% of new social workers are Black, and 14% are Latino/a/x.[29]

    - The U.S. psychology workforce is 70% female and 83% white. Only 7% of psychologists are Latino/a/x, and 3% are Black.[30]
    - The U.S. field of Marriage and Family Therapists is predominantly female (78.5%) and white (74.2%), with growing representation from Black therapists (11.7%) and Latino/a/x therapists (9.91%).[31]
- **The demographics of people accessing behavioral health care in Connecticut do not match the demographics of behavioral health care providers.** Connecticut's Department of Mental Health and Addiction Services reports that in 2020 the ratio of men and women receiving care was almost equal. Sixty-one percent were white, 16.3% were Black, and 21% were Latino/a/x.
- **Connecticut does not have enough counselors in its schools.** The American School Counselor Association recommends a counselor-to-student ratio of 1:250; however, Connecticut's overall ratio is 1:550. Data from the 2017-2018 Civil Rights Data Collection show that Bridgeport has 1:560, Hartford has 1:592, Waterbury has 1:317, and New Haven has 1:384. Twenty-five percent of schools do not have counselors at all. When ranked according to the percent of schools that have counselors, Connecticut is the 12th lowest in the country.
- **Connecticut does not have enough psychologists in its schools**. The National Association of School Psychologists recommends having a psychologist-to-student ratio of 1:500 to provide comprehensive services. Data from the 2017-2018 Civil Rights Data Collection show that Bridgeport has 1:774, Waterbury has 1:235, Hartford has 1:1305, and New Haven has 1:826.
- **Connecticut does not have enough social workers in its schools.** The National Association of Social Workers recommends having a social worker-to-student ratio of 1:250. In communities with a high level of socioeconomic need or trauma, they recommend a ratio of 1:50. Data from the 2017-2018 Civil Rights Data Collection show that Bridgeport has 1:560, Waterbury has 1:167, Hartford has 1:1394, and New Haven has 1:597.
- **Schools with SROs have Increased Rates of Arrest**: Black and Latino/a/x students in schools with SROs are over five times at greater risk of being arrested than Black and Latino/a/x children in schools without SROs. White students are at two times greater risk.[32]
- **Schools with SROs Increase Trauma for Some Students**: When SROs are present in a school, administrators may defer disciplinary duties to SROs. Unlike security guards and school administrators, SROs have the power to arrest students. Experiencing arrest can be traumatizing for children, their families, and other observers.

Thank you for your time and consideration.

Sincerely,

Lauren Ruth
Research & Policy Director
Connecticut Voices for Children

[1] Igielnik, R. (2021). *A rising share of working parents in the U.S. say it's been difficult to handle child care during the pandemic.* Pew Research Center. Retrieved from: https://www.pewresearch.org/fact-tank/2021/01/26/a-rising-share-of-working-parents-in-the-u-s-say-its-been-difficult-to-handle-child-care-during-the-pandemic/

[2] Coe, E. Enomoto, K., Herbig, B., Kothari, A., & Stueland, J. (2021). *COVID-19 and burnout are straining the mental health of working parents.* McKinsey & Company. Retrieved from: https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/covid-19-and-burnout-are-straining-the-mental-health-of-employed-parents

[3] Miller, S. (2021). *The State of Early Childhood During the COVID-19 Pandemic.* Connecticut Voices for Children. Retrieved from: https://ctvoices.org/wp-content/uploads/2021/05/2021-SOEC_Just-Facts.pdf

[4] Miller, S. (2021). *The State of Early Childhood During the COVID-19 Pandemic.* Connecticut Voices for Children. Retrieved from: https://ctvoices.org/wp-content/uploads/2021/05/2021-SOEC_Just-Facts.pdf

[5] Rhodes, J. *(*2019). Relying on youth mentoring programs for mental health services: Challenges and implications. *The Chronicle of Evidence-Based Mentoring*. Retrieved from: https://www.evidencebasedmentoring.org/what-an-important-new-study-tells-us-about-the-future-of-mentoring/

[6] Raposa, E. B., Laws, H. B., & Ansell, E. B. (2016). Prosocial behavior mitigates the negative effects of stress in everyday life. *Clinical Psychological Science*, 4(4): 691-698. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4974016/pdf/nihms724979.pdf

[7] Schacter, H. L. & Margolin, G. (2019). When it feels good to give: depressive symptoms, daily prosocial behavior, and adolescent mood. *Emotion*, 19(5): 923-927. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6387647/pdf/nihms-984981.pdf

[8] Li, F., Luo, S., Mu, W., Li, Y., Ye, L., Zheng, X., ... & Chen, X. (2021). Effects of sources of social support and resilience on the mental health of different age groups during the COVID-19 pandemic. *BMC psychiatry*, *21*(1), 1-14. Retrieved from: https://bmcpsychiatry.biomedcentral.com/articles/10.1186/s12888-020-03012-1

[9] Diversion Workgroup. (2017). *Community-Based Diversion System Plan.* Connecticut Juvenile Justice Policy Oversight Committee. Retrieved from: https://www.ctyouthservices.org/Customer-Content/WWW/CMS/files/Community_Based_Diversion_System_Plan_with_Visual_Final_for_presentation.pdf

[10] Miller, S. (2021). *The State of Early Childhood During the COVID-19 Pandemic.* Connecticut Voices for Children. Retrieved from: https://ctvoices.org/wp-content/uploads/2021/05/2021-SOEC_Just-Facts.pdf

[11] Miller, S. (2021). *The State of Early Childhood During the COVID-19 Pandemic.* Connecticut Voices for Children. Retrieved from: https://ctvoices.org/wp-content/uploads/2021/05/2021-SOEC_Just-Facts.pdf

[12] Lee, J., & Ruth, L. (2020). *The State of Early Childhood: Can Connecticut's Struggling Family Child Care Providers Fill a 50,000 Child Care Gap Amidst the Coronavirus Recession?* Connecticut Voices for Children. Retrieved from: https://ctvoices.org/wp-content/uploads/2020/04/CRR-SOEC_FCCs_Just-Research.pdf

[13] Miller, S. (2021). *The State of Early Childhood During the COVID-19 Pandemic.* Connecticut Voices for Children. Retrieved from: https://ctvoices.org/wp-content/uploads/2021/05/2021-SOEC_Just-Facts.pdf

[14] Findling, M. G., Bleich, S. N., Casey, L. S., Blendon, R. J., Benson, J. M., Sayde, J. M., & Miller, C. (2019). Discrimination in the United States: experiences of Latinos. *Health services research*, *54*, 1409-1418. Retrieved from: https://onlinelibrary.wiley.com/doi/pdf/10.1111/1475-6773.13216

[15] Vázquez, A. L., & Villodas, M. T. (2019). Racial/ethnic differences in caregivers' perceptions of the need for and utilization of adolescent psychological counseling and support services. *Cultural Diversity and Ethnic Minority Psychology*, *25*(3), 323-330. Retrieved from: https://doi.org/10.1037/cdp0000255

[16] Niec, L. N., Acevedo-Polakovich, I. D., Abbenante-Honold, E., Christian, A. S., Barnett, M. L., Aguilar, G., & Peer, S. O. (2014). Working together to solve disparities: Latina/o parents' contributions to the adaptation of a preventive intervention for childhood conduct problems. *Psychological services*, *11*(4), 410–420. Retrieved from: https://doi.org/10.1037/a0036200

[17] Vázquez, A. L., & Villodas, M. T. (2019). Racial/ethnic differences in caregivers' perceptions of the need for and utilization of adolescent psychological counseling and support services. *Cultural Diversity and Ethnic Minority Psychology*, *25*(3), 323-330. Retrieved from: https://doi.org/10.1037/cdp0000255

[18] Coleman, B. W. (2019). *Ring the Alarm: The Crisis of Black Youth Suicide in America.* Emergency Taskforce on Black Youth Suicide and Mental Health. Retrieved from: https://watsoncoleman.house.gov/uploadedfiles/full_taskforce_report.pdf

[19] Agus-Kleinman, J., Rogers, E., & Weber, J. (2020, May 13). *Improving Outcomes for Youth in Connecticut: Fourth Presentation to the IOYouth Task Force: Disposition, Supervision, and Services.* The Council of State Governments Justice Center. Retrieved from: https://towyouth.newhaven.edu/wp-content/uploads/2020/10/CSG-CT-Fourth-Task-Force-Presentation-FINAL.pdf

[2020] Hamilton, Z. K., Sullivan, C. J., Veysey, B. M., & Grillo, M. (2007). Diverting multi-problem youth from juvenile justice: Investigating the importance of community influence on placement and recidivism. *Behavioral sciences & the law*, *25*(1), 137-158.
[21] Antezzo, M., Manz, J., Mette, E., & Purington, K. (2021). *State Strategies to Increase Diversity in the Behavioral Health Workforce.* National Academy for State Health Policy. Retrieved from: https://www.nashp.org/state-strategies-to-increase-diversity-in-the-behavioral-health-workforce/
[22] Balonon-Rosen, P. (2018). *When it comes to insurance money, mental health is not treated equal.* Marketplace. Retrieved from: https://www.marketplace.org/2018/01/05/doctors-get-more-insurance-money-psychiatrists-when-treating-mental-health/
[23] *Insurance Reimbursement Rates for Psychotherapy*. (2022). TheraThink. Retrieved February 23, 2022 from: https://therathink.com/insurance-reimbursement-rates-for-psychotherapy/#location
[24] Twemlow, S. W., & Sacco, F. C. (2012). *Preventing bullying and school violence*. American Psychiatric Pub.
[25] Calear, A. L., Christensen, H., Freeman, A., Fenton, K., Grant, J. B., Van Spijker, B., & Donker, T. (2016). A systematic review of psychosocial suicide prevention interventions for youth. *European child & adolescent psychiatry*, *25*(5), 467-482.
[26] Dembo, R., Wareham, J., Schmeidler, J., Briones-Robinson, R., & Winters, K. C. (2016). Differential effects of mental health problems among truant youths. *The journal of behavioral health services & research*, *43*(3), 402-427. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4329283/
[27] Adelaiye, S., & Ruth, L. (2021). *Protecting or Pushing Out: The Prevalence and Impact of School Resource Officers in Connecticut.* Connecticut Voices for Children. Retrieved from: https://ctvoices.org/wp-content/uploads/2021/12/SRO-FINAL-Full-Acknowledgements.pdf
[28] Theriot, M. T., & Orme, J. G. (2016). *School resource officers and students' feelings of saftey at school*. Youth Violence and Juvenile Justice, 130-146.
[29] Salsberg, E., Quigley, L., Richwine, C., Sliwa, S., Acquaviva, K., & Wyche, K. (2020). *The Social Work Profession: Findings from Three Years of Surveys of New Social Workers.* A report to the Council on Social Work Education and the National Association of Social Workers by Fitzhugh Mullan Institute for Health Workforce Equity at The George Washington University. Retrieved from: https://www.socialworkers.org/LinkClick.aspx?fileticket=1_j2EXVNspY%3D&portalid=0
[30] *CWS Data Tool: Demographics of the U.S. Psychology Workforce*. (2019). American Psychological Association. Retrieved on February 23, 2022 from: https://www.apa.org/workforce/data-tools/demographics
[31] *Marriage and family therapists*. (2019). Data USA. Retrieved on February 23, 2022 from: https://datausa.io/profile/soc/marriage-and-family-therapists#:~:text=Demographic%20information%20on%20Marriage%20and,White%20(Non%2DHispanic).
[32] Adelaiye, S., & Ruth, L. (2021). *Protecting or Pushing Out: The Prevalence and Impact of School Resource Officers in Connecticut.* Connecticut Voices for Children. Retrieved from: https://ctvoices.org/wp-content/uploads/2021/12/SRO-FINAL-Full-Acknowledgements.pdf