

Testimony to the House Committee on Health and Human Services
HB2236 (MHIT)
March 4, 2025
By Randy Callstrom

Chair Carpenter and committee members,

Good afternoon. My name is Randy Callstrom, and I am the President and CEO of Wyandot Behavioral Health Network. Thank you for the opportunity to provide testimony as a proponent for HB2236.

We were one of the first community mental health centers who participated in the original MHIT pilot. In 2018, we served eleven (11) schools in the USD 500 Kansas City Kansas School District through the MHIT Program. Today, we serve fourteen (14) schools in KCK District and the Bonner Springs School District through the MHIT program.

Wyandot BHN has long enjoyed a strong working relationship with the KCK School District. However, through the MHT program we have formalized relationships and procedures, and our therapists and case managers work hand in hand with the school mental health liaisons to help students. The liaisons identify students who may need mental health services, and we work together to engage parents to allow their child to participate in services.

Prior to being accepted to participate in the MHIT program and working with Wyandot BHN, Bonner Springs Schools would call the police when a student made statements about suicide or threatened to harm themselves. Today, we respond in the school to assess the student's risk and work with the family to help the youth access the level of care they need.

One notable item for MHIT program is that it provides an additional option for foster children and families to engage in services and a higher level of services than traditional outpatient therapy. MHIT programming offers additional intake and service options that offer increased immediacy or quality of entry to services. If foster children move homes within the district, MHIT offers an opportunity for seamless services that will provide consistency and familiarity in an otherwise chaotic process.

Having a dedicated therapist and social worker team within the school creates multiple real-life resourcing opportunities for children who are unsure of safe contacts within their environment. It is common that social workers and therapists work together to be a direct support team for a client within the school environment, especially if safety concerns extend to that environment.

In addition to the services provided, our partnership built through the MHIT programming has created a direct connection between the school districts and our services, most notably crisis services. We have been able to establish more efficient and effective crisis response, problem solving efforts, and opportunities to bridge the gap between our families and life-saving mental health services by providing clinicians within building that directly consult and collaborate with school staff and families to create safer, more supportive environments.

With our MOU we have consistency in providers, which speeds up the process of referral, communication, consultation, and intake, which reduces the barrier to entry to services. Having a dedicated therapist at school not only reduces barriers to services via transportation or time but allows clinicians to join the world of their clients to further enhance interventions and provide more in-the-moment intervention to teach skills and process school-based traumas.

In the previous school year, 344 students in the KCK and Bonner Springs School District participated in the MHIT program. Of those, 51% improved their externalizing or acting out behaviors, 40% have shown academic improvement; and 43% have improved their internalizing behaviors such as feelings of depression, anxiety, and thoughts of suicide.

I worked with schools in Wyandotte County for many years before the MHIT program was launched and we accomplished many positive things together. But I also remember when funding cuts led to half of the school social work staff being laid off, and I saw the impact that they had on students. Funding from the legislature helps ensure that mental health liaisons and school based mental health staff will be there year after year, and the funding helps underwrite services for students without a pay source further breaking down barriers to accessing mental health treatment.

According to the CDC, youth suicide rates have increased by 60% since 2011. COVID had a significant impact on the emotional well being of children who now struggle with social skills, poor academics, and experience increased anxiety and acting out behaviors. The need for children and adolescents to access mental health treatment has never been greater. And the need for sustainable funding for the MHIT program has never been greater.

I urge you to support a permanent and sustainable funding mechanism for this program. Thank you for your time today.