SB 126 Nelson, et al. (J. Davis)

SUBJECT: Creation of a mental health and substance abuse public reporting system

COMMITTEE: Public Health — favorable, without amendment

VOTE: 10 ayes — Kolkhorst, Naishtat, Collier, Cortez, S. Davis, Guerra, S. King,

Laubenberg, J.D. Sheffield, Zedler

0 nays

1 absent — Coleman

SENATE VOTE: On final passage, March 13 — 31-0 on Local and Uncontested Calendar

WITNESSES: For — Greg Hansch, National Alliance on Mental Illness Texas; Lee

Johnson, Texas Council of Community Centers; Gyl Switzer, Mental Health America of Texas; (*Registered*, *but did not testify*: Caitlin Dunklee,

Texas Criminal Justice Coalition; Duane Galligher, Association of Substance Abuse Programs of Texas; Leah Gonzalez, National

Association of Social Workers Texas Chapter; Harry Holmes, Harris County Healthcare Alliance; Tanya Lavelle, Easter Seals Central Texas; Kathryn Lewis, Disability Rights Texas; Katharine Ligon, Center for Public Policy Priorities; Katie Malaspina, Texans Care for Children; Sandra Martinez, Methodist Healthcare Ministries of South Texas; Mark Mendez, Tarrant County Commissioners Court; Stacy Wilson, Texas

Hospital Association; James Wygant)

Against — (Registered, but did not testify: Lee Spiller, Citizens

Commission on Human Rights)

On — (Registered, but did not testify: Rick Allgeyer, Health and Human

Services Commission; Lauren Lacefield Lewis and Mimi Martinez

McKay, Department of State Health Services)

BACKGROUND: Contracted providers of community mental health and substance abuse

services currently report performance and outcome measures to the

Department of State Health Services (DSHS).

DIGEST: SB 126 would require the Department of State Health Services to establish

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and maintain a public reporting system of performance and outcome measures relating to mental health and substance abuse services established by the Legislative Budget Board and the department.

The system would allow the public to view and compare the performance, outputs and outcomes of:

- community mental health centers;
- managed care pilot programs that provided mental health services; and
- state contractors providing substance abuse services.

The bill would require DSHS to publicly post these measures quarterly or semiannually on its website according to when the measures were reported to the department. DSHS would have to ensure that the public reporting system did not include personally identifiable information.

SUPPORTERS SAY:

SB 126 would help improve the quality of community mental health and substance abuse services while increasing transparency and accountability for community mental health and substance abuse programs. The bill would also make it easier for taxpayers, consumers, providers, and stakeholders to compare program outcomes across providers. It would implement a recommendation from the Senate Committee on Health and Human Services' interim report to increase the transparency in the community mental health system by creating a public reporting system.

Currently, DSHS collects outcome measures for contracted providers but does not make that information available to the public. This lack of accountability can drive down the quality of services by limiting the information the public has to make choices about their care or the care for loved ones. Limiting access to basic reports also makes it difficult for the taxpayers to make their own assessments about the quality of services in their communities.

The bill would remove a barrier that had prevented the public from comparing performance and outcome measures across providers. DSHS has a responsibility to be transparent. Requiring the public to specifically request the data does not promote transparency and accountability and makes it harder for the public to review and compare outcomes. The bill would prohibit information posted as part of the public reporting system from including identifying information about individuals.

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OPPONENTS SAY:

SB 126 is not necessary because DSHS data on these services is already

available to the public upon request.