

III. HISTORY AND MAJOR EVENTS

Provide a timeline of your agency's history and key events, including:

- the date your agency was established;
- the original purpose and responsibilities of your agency;
- major changes in responsibilities or statutory authority;
- changes to your policymaking body's name or composition;
- significant changes in state/federal legislation, mandates, or funding;
- significant state/federal litigation that specifically affects your agency's operations; and
- key changes in your agency's organization (e.g., a major reorganization of the agency's divisions or program areas).

Historical Perspective

The Legislature established the Department of State Health Services (DSHS) by consolidating of all or part of the following four legacy agencies:

- Texas Department of Health (TDH),
- mental health programs of TDMHMR,
- Texas Commission on Alcohol and Drug Abuse (TCADA), and
- Texas Health Care Information Council (THCIC).

The following history contains major events related to the programs that DSHS delivers today, as well as organizational changes that led up to its creation. Events relating to the establishment of today's Health and Human Services (HHS) System are highlighted in bold.

- 1856** The Legislature establishes the first institution in the state for persons with mental illness, located in Austin.
- 1879** The Legislature amends the Quarantine Act of 1870 to create the Texas Quarantine Department and to authorize the Governor to appoint a state health officer.
- 1903** The Legislature renames the Texas Quarantine Department the Department of Public Health and Vital Statistics.
- 1909** The Legislature abolishes the Department of Public Health and Vital Statistics and establishes, in its place, the Texas State Board of Health and expands its public health role significantly to include water safety, mosquito-control programs, dairy and food purity, maternal and child hygiene, venereal and other communicable diseases, and public sanitation. The Board centralizes vital records and expands public health education.

- 1919** The Legislature establishes the Texas Board of Control, consolidating the functions of 21 state agencies and charging it with purchasing supplies and overseeing state-run facilities, including state psychiatric hospitals and charitable institutions.
- 1927** The Texas State Board of Health becomes the Texas State Department of Health. Services gradually expand to include tuberculosis control, bedding sanitation, cancer control, hospital construction, nursing and convalescent homes, water-pollution control, local health services, and a mental health division.
- 1949** The Legislature establishes the Board for Texas State Hospitals and Special Schools and transfers oversight of State Hospitals and schools from the Board of Control.
- 1953** The Legislature establishes the Texas Commission on Alcoholism (TCA) to provide for education and study relating to the problems of alcoholism and to promote the establishment of alcohol treatment programs.
- 1957** The Texas Mental Health Code becomes law, defining mental illness and setting up procedures for voluntary commitment. The Legislature provides funding for alcoholism counselors in each of the State Hospitals.
- 1963** Federal legislation provides grants for the construction of community mental health centers.
- 1965** The Legislature abolishes the Board for Texas State Hospitals and consolidates all mental health functions in various agencies into the newly created TDMHMR.
- 1970** The first of the public health regions are established in Tyler to deliver a broad range of public health services directly to people in counties and rural areas with no other public health services. Other regions are added over the next several years.
- The U.S. Congress enacts the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act, which provides federal funds for use in alcohol abuse programs.
- 1973** TDMHMR becomes responsible for licensing private mental hospitals.
- 1974** The Legislature establishes TDH to replace the Texas State Department of Health. The six-member Texas Board of Health, appointed by the Governor with the advice and consent of the Senate, governs TDH.

R.A.J. vs. Gilbert federal lawsuit is filed, alleging that State Hospitals failed to provide adequate treatment in the least restrictive environment possible. Also in 1974, the *Lelsz vs. Kavanagh* federal lawsuit is filed against State Schools (now State Supported Living Centers). This suit is a “right to treatment” suit that alleges that TDMHMR has a responsibility to provide treatment, and not just custodial care, for persons residing in State Schools. These suits result in the improvement of TDMHMR physical facilities, increase staffing ratios, strengthen client rights, and, most importantly, improve treatment to residents and patients of its facilities.

1981 The 67th Legislature passes S.B. 791, which specifies the State’s policy to treat individuals with mental illness and intellectual disabilities in their own communities first.

U.S. Congress funds state block grants for alcohol, drug abuse, and mental health programs. TCA, TDMHMR, and the Texas Department of Community Affairs (TDCA) administer the block grant funds in Texas.

1985 The Legislature creates TCADA by merging TDCA’s Drug Abuse Prevention Division and TCA. The Legislature also requires TCADA and TDMHMR to develop a plan for providing community-based services for people with substance abuse problems to curtail the use of State Hospitals for treatment. TCADA’s responsibilities gradually increase to include licensing substance abuse treatment facilities and chemical dependency counselors, establishing substance abuse programs for criminal offenders, treatment of people with substance abuse problems committed by civil courts to community-based programs, and certification of driving while intoxicated, drug, and minors-in-possession offender education programs.

1987 The Legislature passes S.B. 257, which makes the provision of services to persons with mental illness and intellectual disabilities the responsibility of local agencies and organizations to the greatest extent possible.

1991 **The Legislature abolishes the Health and Human Services Coordinating Council and creates the Texas Health and Human Services Commission (HHSC), to oversee the state’s major health and human services agencies: Texas Department on Aging, Commission for the Blind, Commission for the Deaf and Hearing Impaired, Interagency Council on Early Childhood Intervention, Department of Human Services, Juvenile Probation Commission, Department of Protective and Regulatory Services, Rehabilitation Commission, TCADA, TDMHMR, and TDH. The legislature originally places the Texas Youth Commission under HHSC, but removes it in 1993.**

1993 TDH is reorganized to assume the following major functions: Family Health Services, Disease Prevention, Environmental and Consumer Health, Special Health Services, Community and Rural Health, and Departmental Administration. In addition, the Legislature transfers all environmental programs to the Texas Water Commission.

1995 The Legislature passes H.B. 2377, allowing the TDMHMR Board to delegate its authority to designated local MHMR authorities.

The Governor appoints a three-member Conservatorship Board to correct the gross fiscal mismanagement found to exist at TCADA. This is the first case of an agency being placed in conservatorship in the history of the state.

The Legislature creates THCIC to collect data and report on the quality of performance of hospitals and health maintenance organizations (HMOs) operating in Texas.

1996 Control of TCADA is turned over to a newly appointed five-member Commission.

1999 The Legislature amends TCADA's disciplinary powers and the requirements governing chemical dependency counseling.

THCIC begins releasing data publicly regarding hospitals and HMOs.

2003 **House Bill 2292 establishes DSHS by consolidating all or part of four legacy agencies: TDH, the mental health programs of TDMHMR, TCADA, and THCIC. Under the oversight of HHSC, DSHS promotes optimal health for individuals and communities while providing effective health, mental health, and substance abuse services to Texans.**

House Bill 2292 also mandates that the term of licenses, permits, registrations, and certificates issued or renewed by state agencies be two years. This requirement applied to all DSHS regulated programs, except meat safety grants of inspection and youth camp licenses. In addition, this legislation requires DSHS to charge licensing fees in amounts necessary to recover from its license holders all necessary costs to administer and enforce a program.

The Legislature enacts two other bills adding regulatory functions to DSHS. Senate Bill 329 directs DSHS to initiate a new program to regulate mold remediation to ensure that companies and individuals performing regulated mold remediation activities are properly trained and licensed and follow work-practice standards prescribed by DSHS. Senate Bill 599 transfers the responsibility for conducting indoor air quality investigations in state facilities from the Texas Building and Procurement Commission to DSHS.

The Legislature transfers appropriations for Texas Health Steps (THSteps) to HHSC. DSHS continues to conduct day-to-day services for THSteps medical, dental, and case management. In addition, Medicaid family planning funds and performance targets are transferred from DSHS to HHSC.

2004 DSHS begins operations on September 1, 2004, and the legacy agencies are abolished. All rulemaking and policymaking authority for the provision of health and human services in Texas transfers to HHSC. The Legislature creates the State Health Services Council to assist the DSHS Commissioner in developing rules and policies for recommendation to the HHSC Executive Commissioner. All powers, duties, functions, programs, and activities related to administrative support services transfer to HHSC.

DSHS consolidates the management of State Hospitals, Texas Center for Infectious Diseases, and the South Texas Healthcare System under the State Hospitals Section of DSHS.

DSHS undergoes reorganization of its Regulatory Services Division (RSD), creating functional units dedicated to inspections, enforcement, and licensing activities.

HHSC establishes the HHSC Contract Council with responsibility for developing a HHS System common perspective of contract management and implementing a contract management system. HHSC directs all HHS agencies to establish a Contract Oversight and Support Section to provide oversight and ensure accountability for contract management functions.

2005 Senate Bill 330 requires DSHS, with the assistance of the Governor’s Emergency Medical Services and Trauma Advisory Council and its Stroke Committee and in collaboration with the Texas Council on Cardiovascular Disease and Stroke, to develop stroke facility criteria and a statewide stroke emergency transport plan.

DSHS completes the rollout of Resiliency and Disease Management, creating fundamental changes in the type and amount of services delivered to adults with serious mental illness and to children and adolescents with serious emotional disturbance. Two key elements initiated are a uniform assessment and an encounter data reporting and warehousing system.

2006 DSHS creates the Regional and Local Health Services (RLHS) Division to serve the needs of local public health agencies, DSHS health service regions, and local communities in building and maintaining capacity to provide essential public health services responsive to local needs.

HHSC Office of Inspector General transfers the sub-recipient fiscal auditors to the DSHS Contract Oversight and Support Section to establish a fiscal compliance unit.

2007 DSHS implements a new leadership structure, creating an associate commissioner position and combining two deputy commissioner positions into a single deputy position to focus on policies, rules, and other integrative activities and initiatives. All HHS Printing Services resources are consolidated under DSHS management.

Senate Bill 1604 transfers the licensing of uranium and low-level waste processing, along with uranium inspections, from the DSHS Division of Regulatory Services to the Texas Commission on Environmental Quality.

The Legislature appropriates \$82 million to make significant progress toward improving the response to mental health and substance abuse (MHSA) crises. The first phase of implementation focuses on ensuring statewide access to competent rapid response services, avoiding hospitalization, and reducing the need for transportation. The Legislature continues funding for crisis services redesign for the 2009-10 biennium.

DSHS moves the statewide tobacco prevention and control program from the Prevention and Preparedness Division to the MHSA Services Division, to align better with DSHS efforts to coordinate and streamline programming, allocation of resources, and collaboration with public and private partners through one division.

2009 DSHS creates the Office of Academic Linkages to enhance and develop opportunities for increased partnerships with academic institutions. The Office brings together the agency's existing activities for continuing education and health professional development with increased efforts to link academia and practice.

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) implements an Electronic Benefits Transfer (EBT) food delivery system statewide to replace paper food vouchers. EBT is more convenient for WIC participants and offers a more efficient payment of vendors.

Through exceptional item funding approved by the Legislature, the Newborn Screening Program begins screening for cystic fibrosis, the final disorder recommended for screening by the American College of Medical Genetics, bringing the total to 28.

The Legislature enacts several bills that add regulatory functions to DSHS. House Bill 449 creates a DSHS regulatory program for laser hair removal. The legislation requires licensing of laser hair removal facilities and certification of individuals performing laser hair removal procedures. House Bill 1357 requires DSHS to regulate freestanding emergency medical care facilities. The legislation requires DSHS to license all facilities in accordance with adopted rules by September 1, 2010. House Bill 461 creates the licensing program for dyslexia practitioners and dyslexia therapists, as well as the Dyslexia Licensing Advisory Committee.

- 2010** DSHS works with HHSC to implement components of the 2007 *Frew, et al. vs. Suehs, et al.* Agreed Corrective Action Order. The order includes 11 proposals for corrective action. One example is an independent study of the Case Management for Children and Pregnant Women Program conducted through a vendor contracted with HHSC in fiscal year 2009. The study's purpose is to determine ways to outreach to potential clients effectively, to inform healthcare professionals about the program, and to recruit and retain program providers.

DSHS implements a Medicaid benefit for substance abuse. Additionally, substance abuse programs statewide implement the upgraded and more comprehensive electronic record system known as Clinical Management for Behavioral Health Services.

A lawsuit (*Beleno, Andrea, et al. vs. Texas Department of State Health Services, David L. Lakey, M.D., Texas A&M University, Nancy W. Dickey, M.D., and Roderick E. McCallum*) alleges harm because DSHS keeps de-identified bloodspots after screening without parental consent and allows their use in approved quality assurance and research. The parties settle the case in November 2009, with approval of the court, before it ever goes to trial. DSHS meets all the terms of the settlement, including destruction of bloodspots received prior to May 27, 2009, for which there was no written consent to retain and use.

- 2011** Senate Bill 166 transfers the functions of the sex offender civil commitment program previously performed by the Council on Sex Offender Treatment at DSHS to the Office of Violent Sex Offender Management (OVSOM), a new entity created by the bill responsible for providing monitoring and treatment of civilly committed sex offenders. DSHS provides administrative support services to OVSOM, including human resources, budgetary, accounting, purchasing, payroll, information technology, and legal support services, as necessary. OVSOM is a state agency subject to the Texas Sunset Act and submits a separate legislative appropriations request.

House Bill 15 requires that a physician provide a pregnant woman a sonogram and a verbal explanation of the image at least 24 hours before an abortion is performed. The bill directs DSHS to develop, maintain, and publish on its public Internet website a list of providers of no-cost sonograms and to receive certification from physicians for exceptions due to medical emergencies.

House Bill 411 requires DSHS to make changes to the newborn screening program. The bill requires approval by the DSHS Commissioner of post-testing release of newborn screening blood spots or data, posting on the public Internet website all approved disclosures, and parental consent for the residual use of blood spots for external public health research purposes. Additionally, the bill requires that all birthing facilities perform a hearing screening on a newborn before discharging the newborn from the facility, and sets guidelines for follow-up care and intervention services, if a newborn does not pass a screening test.

2012 DSHS transfers the Community Preparedness Section (CPS) to the RLHS Division. Due to this change, the name of the Prevention and Preparedness Services Division, the former location of CPS, is renamed the Disease Control and Prevention Services Division. CPS works closely with other RLHS Division staff to assist with mitigation, preparedness, response and recovery from natural disasters, terrorist attacks, and other public health emergencies.

The Women's Health Laboratory in San Antonio closes effective August 31, 2012.

2013 On March 3, 2013, the Court relieves defendants, including DSHS, in the *Frew, et al. vs. Janek, et al.* (formerly *Frew, et al. vs. Suehs, et al.*) lawsuit of obligations under the Consent Decree, as well as 1 of the 11 Corrective Action Orders (CAOs), that relate to lagging counties and state wideness requirements. The defendants remain subject to the remaining 10 CAOs and the other requirements of the Consent Decree. None of the CAOs has a specified expiration date, but by their terms, all will start expiring (unless extended by the Court) between 2013 and 2017. The current strategy is to request relief from the Court from each CAO and its corresponding Consent Decree paragraphs as each CAO is completed.