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Making Texas a Model for Behavioral Health Care

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Key Points

- The Texas behavioral health care delivery system should promote the quality of, access to, innovation in, and lower cost of mental health care through competition.
- Consumers of behavioral health care should have an active role in determing appropriate treatment and be held accountable for treatment compliance and paying for their care.
- Local communities should have maximum flexibility in designing their behavioral health care delivery system.
- State budget and regulation should not stymie innovative community behavioral health reforms aimed at addressing specific local issues.

Executive Summary

The Texas Department of State Health Services (DSHS) is responsible for oversight and provision of public behavioral health services, which include mental health and substance abuse services. The 83rd Texas Legislature added $350 million to DSHS budget in 2014-15 specifically to expand behavioral health services, bringing the total behavioral health budget to $2.6 billion.[1]

This influx of funding was intended to fix Texas' behavioral health system. Some are calling for even more funding because Texas has not kept pace with national behavioral health funding trends. But Texas' behavioral health system does not need more funding; it needs reform.

As we enter the 84th regular session of the Texas Legislature, both the costs of care and the number of people receiving behavioral health services has been increasing across the state.[2] And the system continues to experience significant problems. The Sunset Advisory Commission's review of DSHS has shed light on some systemic problems in the agency, and this paper will examine additional problems. Now is the time to reform Texas' behavioral system and make Texas a model for behavioral health care.

Some problems in Texas' current system include misaligned incentives, lack of competition, ineffectual outcome measures, passive consumers, and centralized decision making. A model system would be a competitive and accountable, designed by local communities, and offer consumers recovery-oriented, person-centered care.

The reforms suggested in this paper are new ideas and approaches that focus specifically on behavioral health. These reforms could be broadly applied to other healthcare systems and delivery models as well. Many hospitals and provider organizations in Texas are trying to expand Medicaid. Research has shown that Medicaid is an unsustainable program in need of reform, not expansion. Extending Medicaid benefits to able-bodied, working age adults will exacerbate persistent problems with access to care that enrollees now face, without addressing Medicaid's underlying problems. Medicaid's current structure leaves the state with little flexibility to enact reforms that would improve access and quality of care for those who rely on the program.

The solution must start with the individual and be supported by the community. The health care needs of Texans are diverse and no one-size-fits-all plan will be successful. This paper develops a path with reforms at the community level that will help individuals make healthy choices using market-based solutions; the end result will be a healthier community. We recommend creating pilot projects in geographically diverse regions of Texas designed to serve local indigent populations through integrated healthcare delivery programs. If these projects, free from federal control, are successful, they could be used as a model to reform or replace Medicaid, and point the state forward to a patient-centered, integrated behavioral health care safety net for Texas communities.

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The System Texas Should Have

Texas could become a model for behavioral health care. An ideal behavioral health system would be based in quality, consumerism, and community.

A quality-driven behavioral health system would promote competition, which would improve quality, increase access, spur innovation, and lower the cost of mental health care.[3] Providers would be accessible, so low-income families and individuals would not have to resort to expensive emergency room care. Providers would take advantage of innovations and advances, like telemedicine, that improve delivery of behavioral health care.[4] And care would focus on improving overall health and reducing acuity and future hospitalization, which would also lower costs. Competition would help decrease costs and increase the quality of service. Not only could competition engage a wider provider network, but competitive funding strategies, like pay-for-performance, could incentivize quality, cost-effective care. Additionally, to ensure efficiency and effectiveness, the system would be transparent and accountable to taxpayers.

Within the context of a competitive, accountable system, an ideal behavioral health system would also be consumer-driven.[5] People generally do not like programs; they like power. The state should give power back to the people who are trying to change their lives. Consumers should have more information about, and control over, their mental health care and community support options. Any assistance provided should empower people to co-create individualized, recovery-oriented behavioral health programs focused on retaining or maintaining independence from government programs.[6] In a recovery-oriented system, individuals with mental illness are responsible for their care; "recovery" is not something that can be done to or for them.[7] But programs can offer recovery-oriented care that assists people in living the best and fullest lives they can with their illness and life circumstances.[8] Consumers should also be held accountable for their behavioral health decisions, including treatment compliance, seeking appropriate care, and contributing to the cost of their care. But bearing in mind that individuals and those closest to them are usually best at making personal decisions, the state should not only allow but encourage consumers to take an active role in their recovery.

Because individuals, their families, and their local communities are best at making decisions that affect individual Texans, an ideal behavioral health system would be community-driven.[9] Behavioral health care is a local issue; it is provided by local communities, so those communities should drive the solutions. Texas is a huge state with diverse regions that have diverse needs, so local communities should have the flexibility to address their specific needs.

The System Texas Currently Has

Texas' current behavioral health system has many deficiencies related to quality and cost, consumer choice and responsibility, and community-based solutions. Many of these stem from programs and policies designed and implemented by DSHS.

Priority Populations and Local Mental Health Authorities

DSHS is Texas' primary safety net for medically indigent consumers in need of behavioral health services.[10] The agency focuses its services on those with a priority population diagnosis.[11] Priority population is defined differently for those experiencing mental illness and substance abuse, and for children and adults. Adults in the mental health priority population must have a severe, persistent mental illness.[12] Texas generally focuses on the "Big Three"—schizophrenia, major depression, and bipolar disorder.[13] But those with other mental health challenges may be included in the priority population if their illness requires crisis resolution or ongoing, long-term treatment.[14] Children must exhibit behavior that causes serious functional impairment, risk of disrupting a preferred living environment, or enrollment in a special education program.[15]

For substance abuse for both children and adults, DSHS prioritizes in the following order:

- Pregnant intravenous drug users;
- Pregnant substances users and intravenous drug users;
- Referrals from the Department of Family Protective Services (DFPS);
- Anyone else in need of substance abuse services.[16]

Medicaid eligible individuals and those who are not in the priority population may still receive services from DSHS, which provides behavioral health services to Medicaid eligible individuals, although HHSC oversees these services.[17] Non-priority population consumers may receive behavioral health services, but DSHS does not fund those services.[18]

To deliver behavioral health services, DSHS contracts with 39 Local Mental Health Authorities (LMHAs) across Texas.[19] LMHAs are charged with developing policy and allocating resources for behavioral health services in specific geographic regions of the state.[20] To perform these functions, LMHAs are directed to consider public input, cost-benefit, and client care issues.[21] The LMHAs ultimately have two objectives: to ensure consumer choice through prudent assemblage of provider networks and to recommend appropriate treatment alternatives to consumers.[22] DSHS also provides in-patient psychiatric services at nine state-owned hospitals and contracts with community hospitals for additional psychiatric bed capacity.[23] In addition, DSHS provides substance abuse services through a variety of providers across the state.[24]

Funding

Funding these services has become a priority for the Texas Legislature. According to the Legislative Budget Board, mental health was identified as one of the top six budget drivers for the 2014-15 biennium.[25] The 83rd Legislature appropriated $2.4 billion in General Revenue ($3.3 billion in All Funds) for behavioral health services across multiple state agencies,[26] a 20 percent increase over 2012-13 biennium expenditures.[27] DSHS received 76.4 percent of the total General Revenue Funds appropriated for behavioral health services.[28] For the 2014-15 biennium, DSHS received a total $2.6 billion to fund its behavioral health services, a $350 million increase in funding for DSHS's behavioral health services[29] (see Table 1).

Table 1. Mental Health Funding by Session[30]

DSHS Mental Health Strategies	Budget 2012-13 Biennium	Budget 2014-15 Biennium	Difference
B.2.1 Mental Health–Adults	$553,129,071	$664,999,081	$111,870,010
B.2.2 Mental Health–Children	$153,465,918	$200,976,804	$47,510,886
B.2.3 Community Mental Health Crisis	$164,953,850	$221,182,624	$56,228,774
B.2.4 NorthSTAR Behavioral Health	$225,224,965	$226,593,318	$1,368,353
B.2.5 Substance Abuse Prevention/Treatment	$283,285,699	$315,625,153	$32,339,454
C.1.3 State Mental Health Hospitals	$783,400,983	$835,796,441	$52,395,458
C.2.1 Community Mental Health Hospitals	$107,406,192	$153,140,973	$45,734,781
TOTAL	**$2,270,866,678**	**$2,618,314,394**	**$347,447,716**

Table 1 shows a $350 million increase in DSHS mental health funding from the 2012-13 biennium to the 2014-15 biennium.

Despite the large investment in mental health services, Texas' behavioral health system is foundering due to systematic deficiencies. Some blame the problems on a lack of funding. The Kaiser Foundation ranked Texas 49th in the country in mental health spending,[31] but funding is not at the root of our system's problems. Consider that even though the Kaiser Foundation ranked Texas 48th in the country in total state government expenditures Texas has one of the nation's most robust economies with low unemployment and poverty rates.[32] Just as "[p]overty isn't reduced by receiving more government welfare," mental health isn't improved by expanding government programs.[33]

The Texas Health and Human Services Commission (HHSC) operates under the assumption that "[g]overnment should be limited in size and mission, but it must be highly effective in performing the tasks it undertakes."[34] Texas has undertaken the task of providing behavioral healthcare services to its residents, but the current system is not effective. The problems with Texas' behavioral healthcare system relate to the quality and cost of care, consumer choice and responsibility, and inflexible state policies that interfere with a community's ability to address diverse, local needs.

Misaligned Incentives

When it comes to incentivising quality, low-cost behavioral health services, Texas has a habit of rewarding bad behavior. Many of these problems are the result of the noncompetitive behavioral health care system Texas has created. Competition is key to achieving excellence. According to the Texas Health and Human Services Strategic Plan, competition incentivises ingenuity and ambition.[35] But currently, funding for LMHAs is not competitive.[36] The lack of competition has created a stagnant system that remains unchanged regardless of outcomes. LMHAs lack the incentive to innovate, reduce costs, or improve quality because they know they will continue to get funding. These noncompetitive structures leave no way to determine whether another provider could deliver better care. As a result, the state can end up rewarding bad behavior.

One example of the state rewarding bad behavior was funding the waiting lists for behavioral health services. The 83rd Texas Legislature appropriated over $48 million specifically to fund waiting lists for community based mental health services.[37] Although waiting lists have since been nearly eliminated because of increased funding, LMHAs that had waiting lists were effectively rewarded for their inefficiency.[38] Communities that were meeting the needs of their population were, in a sense, punished for doing their job. Proper performance measures, however, should indicate how many more people are moving toward lives in recovery and should reward communities that help individuals get better.

Lack of Competition

Competition is also lacking in many of the provider networks that LMHAs have created. As a result, many nonprofit and private sector providers are excluded from the system of care.[39] Texas also restricts the ability of non-physician mental health practitioners to provide services, further limiting the provider network.[40] This structure fails to maximize the use of existing behavioral health resources in the marketplace.

Lack of competition is not the only problem. Poor mental health outcomes and inadequate provider accountability have gained more notice in Texas in recent years. During the 83rd Legislature's regular session, many pieces of legislation emphasized the use of outcome data to evaluate behavioral health services.[41] Such legislation included Rider 78, SB 58, SB 7 and SB 126.[42] Prior to this legislation, behavioral health outcome data was lacking.[43] SB 58 and SB 7 directed HHSC to integrate physical and behavioral health service delivery.[44] Rider 78 required DSHS to withhold 10 percent of quarterly allocations from the LMHAs for performance-based incentives.[45] SB 126 required DSHS to develop and maintain a public reporting system to improve transparency.[46] Although collection, reporting, and dissemination of behavioral health data is moving in the right direction, the state can do more.

Outcomes Measure Quantity, Not Quality

Although DSHS measures some outcomes that reflect quality of service like housing, employment, symptom improvement, and community tenure, many measures are of quantity rather than quality.[47] These quantity measures include metrics like the number of adults receiving the full level of care recommended by Texas Resilience and Recovery (as well as the number of adults assessed), the average hours spent on various services, and the number of people on a wait list.[48] In determining whether a program is effective, both quantity and quality matter, but Texas needs to develop more ways to measure individual experience and achievement in the recovery process.[49]

Passive Consumers

The goal of any health and human service should be to promote health, responsibility, and self-sufficiency. People tend to thrive in a system that provides ample choice and a sense of personal responsibility, but consumers in our current system have very little choice and very little responsibility. The closed provider network for behavioral health services, discussed above, significantly limits consumer choice.[50] Some LMHAs do not contract for services, so consumers have no freedom of choice in the services they receive or who they receive services from. As a result, consumers may wind up having a passive role in their treatment.

If individuals or families are not involved in planning or paying for their treatment, they may not be invested in complying with the treatment or making necessary changes to improve their lives. The Mental Health and Substance Abuse Division (MHSA) of DSHS's mission is to provide "[h]ope, [r]esilience, and [r]ecovery for [e]veryone." Recovery is a "process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."[52] Recovery centers on the belief that people with mental illness "can and do get better."[53]

But instead of focusing on recovery, Texas focuses on crisis.[54] Increasing choice and personal responsibility in treatment could shift that paradigm by allowing individuals to plan for the future they want and work toward that goal, as opposed to following prescribed treatment that they might be apathetic or passive about.

Centralized Decision-making

According to the HHSC's Strategic Plan, "[d]ecisions affecting individual Texans, in most instances, are best made by those individuals, their families, and the local government closest to their communities."[55] For several years, mental health advocates have bemoaned problems like "siloed" funding and care, workforce shortages, and improper allocation of forensic and civil commitment beds.[56] Part of the problem is that Texas is too big for a one-size fits all answer to behavioral healthcare. In Texas' current system, the state dictates how communities will spend money and which programs will be funded. Texas' diversity calls for local answers to local problems. Although LMHAs have some local control, communities are still bound by restrictions on state funding. Local communities should be integrating primary, mental health, and substance abuse services as deemed appropriate by community leadership.[57]

The lack of competition and transparency in Texas' current behavioral healthcare system, coupled with deficiencies in consumer-driven and community-based care, limit Texas' ability to provide quality, low-cost care to some of its most vulnerable citizens.

How Texas Gets From the System It Has to the System It Should Have

To create a delivery system that is quality-driven, consumer-driven, and community-driven, Texas should increase flexibility at the local level, so local communities can create behavioral health care programs that meet the specific needs of their populations. This could include creating a block grant funding strategy for Texas communities, which could use this funding to redesign their behavioral healthcare delivery systems to meet local needs in a cost-effective manner while being held accountable for outcomes and expenditures.

The Texas Public Policy Foundation has argued that federal funding should be distributed to states as a block grant.[58] This funding scheme would create budgetary stability and incentivize states to control costs.[59] States would in turn have more control over program design, which would create political accountability for outcomes and performance.[60] Greater control also means greater flexibility for innovation, which could improve both quality of and access to care.[61] And states could pursue market-driven reforms that further improve quality and access to care while lowering costs.[62]

If a block grant would work at the federal level, it should work at the state level as well. To test this theory, state lawmakers should allow demonstration projects in diverse regions of the state. These projects could be created under a universal state waiver similar to the federal DSRIP waivers, which allow states to pursue delivery system reform using Medicaid funding.[63] To apply for a waiver, states submit a plan for delivery reform to the federal government.[64] Once the plan is approved and waiver granted, funding through the waiver is generally dependent on achieving certain metrics and milestones that the state selected in its proposed plan.[65]

Similarly, Texas could waive compliance with the state budgets that fund behavioral health services for select communities across Texas. These communities would then be given maximum flexibility to design unique, accountable health communities that provide quality care at a low cost. Each community would identify the unique financial and health challenges its residents face under the current health care delivery system. Communities would then develop and imple-

ment strategies, including benchmarks, to address those challenges and would be responsible for demonstrating positive outcomes and prudent allocation of taxpayer dollars. If successful, a block grant funding strategy could be expanded statewide and serve as a model of how to best deliver behavioral healthcare, and healthcare generally, at the national level.

Recommendations for State Lawmakers

- Establish criteria for communities seeking to reform their behavioral healthcare systems under a block grant or universal state waiver;
- Invite counties to submit their plans to the state for evaluation and possible approval;
- All plans submitted must include:
    - Market-based solutions that focus on prevention and treatment rather than crisis resolution;
    - A guarantee of budget-neutrality (i.e. counties may not request additional state funding to implement their plan), with possible incentives built in for plans that demonstrate cost-saving;
    - An incorporation of personal responsibility for payment of services and treatment compliance
    - A consumer choice component;
    - Metrics and milestones aimed at improving quality, innovation, and access, on which some funding will be based;
    - A requirement that counties publicly report data on such metrics and milestones;
    - A requirement that counties hire an independent auditor to ensure accountability and adherence to their plan.
- Give the governor power to waive compliance with state-mandated budget requirements and state regulations related to health and human services, criminal justice, education, and insurance;
- Using this waiver, provide block grants to communities across Texas for demonstration projects that test whether flexible funding and local planning can improve the behavioral healthcare delivery system at a lower cost to the state.

Conclusion

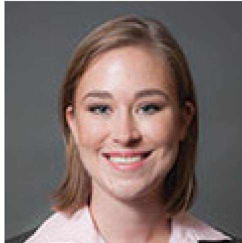
Now is the time to make Texas a model for mental health care and move our behavioral healthcare system from where it is to where it should be. To create a delivery system that is quality-driven, consumer-driven, and community-driven, Texas lawmakers should allow communities the flexibility to address their populations' unique behavioral health needs through market-based solutions that meet people where they are and empower them to change their lives.

Notes

[1]Hogg Foundation, Texas 83rd Legislative Session: Summary of Mental-Health Related Legislation (last visited Feb. 5, 2015), p. 1; General Appropriations Act for the 2014-15 Biennium, Eighty-third Texas Legislature Regular Session, 2013; General Appropriations Act for the 2012-13 Biennium, Eighty-second Texas Legislature Regular Session, 2011.
[2]Texas Department of State Health Services, Mental Health & Substance Abuse, *Behavioral Health Databook* (Fourth Quarter – FY 2014).
[3]Texas Health & Human Services System, *Health and Human Services System Strategic Plan 2015-19, Volume I* (July 7, 2014), p. 6–7.
[4]Hogg Foundation, *A Guide to Understanding Mental Health Systems and Services in Texas, 2nd Edition* (November 2014), p. 281–82.
[5]Texas Health & Human Services System, *Health and Human Services System Strategic Plan 2015-19, Volume I* (July 7, 2014), p. 4.
[6]Hogg Foundation, *A Guide to Understanding Mental Health Systems and Services in Texas* 2nd Edition (November 2014), p. 270–23.
[7]Larry Davidson, Ph.D., "What You Need to Know about the Evidence Base for Mental Health Recovery" (last visited Feb. 15, 2015).
[8]Ibid.
[9]Texas Health & Human Services System, *Health and Human Services System Strategic Plan 2015-19, Volume I* (Jul. 7, 2014), p. 3.
[10]Public Consulting Group, Inc., *State of Texas Health and Human Services Commission Department of State Health Services: Analysis of the Texas Public Behavioral Health System* (last visited Feb. 15, 2015), p. 4.
[11]Ibid., p. 3.
[12]Texas Administrative Code, Title 40, Part 1, Chapter 72, Subchapter B, Rule Sec. 72.204.
[13]Ibid.
[14]Ibid.
[15]Texas Department of State Health Services, Mental Health & Substance Abuse, *Mental Health Services for Children and Adolescents* (last updated Aug. 28, 2013).

[16]Texas Department of State Health Services, Client Services. Contracting General Provision, *Substance Abuse Additional General Provisions FY 2015* (Jun. 18, 2014).
[17]Public Consulting Group, Inc., *State of Texas Health and Human Services Commission Department of State Health Services: Analysis of the Texas Public Behavioral Health System* (last visited Feb. 15, 2015), p. 4.
[18]Ibid.
[19]Texas Department of State Health Services, Mental Health & Substance Abuse, *Local Mental Health Authorities (LMHAs)*, (last updated Oct. 30, 2014).
[20]Ibid.
[21]Ibid.
[22]Ibid.
[23]Tex. Department of State Health Services, Mental Health & Substance Abuse, *Texas State Hospital Facilities* (last updated Dec. 10, 2014).
[24]Texas Department of State Health Services, Substance Abuse (last updated Oct. 19, 2012).
[25]Legislative Budget Board, An Overview of Selected Cost Drivers in the State Budget (Sept. 2014), p. 24.
[26]Ibid.
[27]Ibid.
[28]Hogg Foundation, Texas 83rd Legislative Session: Summary of Mental-Health Related Legislation (last visited Feb. 5, 2015), p. 1; General Appropriations Act for the 2014-15 Biennium, 83rd Texas Legislature Regular Session, 2013; General Appropriations Act for the 2012-13 Biennium, 82nd Texas Legislature Regular Session, 2011.
[29]Ibid.
[30]Ibid.
[31]The Henry J. Kaiser Family Foundation, State Mental Health Agency (SMHA), Per Capita Mental Health Services Expenditures (FY 2010).
[32]The Henry J. Kaiser Family Foundation, Total State Expenditures per Capita (SFY 2013); Vance Ginn, Ph.D., The Texas Model: 2014 Q3 Employment Update (January 2015), p. 2.
[33]Vance Ginn, Ph.D., The Texas Model: 2014 Q3 Employment Update (January 2015), p. 2.
[34]Texas Health & Human Services System, *Health and Human Services System Strategic Plan 2015-19, Volume I* (Jul. 7, 2014), p. 3.
[35]Ibid.
[36]Public Consulting Group, Inc., State of Texas Health and Human Services Commission Department of State Health Services: *Analysis of the Texas Public Behavioral Health System* (last visited Feb. 15, 2015), p. 162
[37]Hogg Foundation, Texas 83rd Legislative Session: *Summary of Mental-Health Related Legislation* (last visited Feb. 5, 2015), p. 1.
[38]Legislative Budget Board, An Overview of Selected Cost Drivers in the State Budget (Sept. 2014), p. 24.
[39]Public Consulting Group, Inc., State of Texas Health and Human Services Commission Department of State Health Services: *Analysis of the Texas Public Behavioral Health System* (last visited Feb. 15, 2015), p.164.
[40]Ibid., p. 170.
[41]Hogg Foundation, *A Guide to Understanding Mental Health Systems and Services in Texas, 2nd Edition* (November 2014), p. 274.
[42]Ibid.
[43]Public Consulting Group, Inc., State of Texas Health and Human Services Commission Department of State Health Services: *Analysis of the Texas Public Behavioral Health System* (last visited Feb. 15, 2015), p. 167
[44]Hogg Foundation, *A Guide to Understanding Mental Health Systems and Services in Texas, 2nd Edition* (November 2014), p. 274.
[45]Ibid.
[46]Ibid.
[47]Texas Department of State Health Services, *Mental Health and Substance Abuse Public Reporting System* (SB 126, 83R) (Nov. 18, 2014).
[48]Ibid.
[49]Hogg Foundation, *A Guide to Understanding Mental Health Systems and Services in Texas, 2nd Edition* (November 2014), p. 274.
[50]Public Consulting Group, Inc., State of Texas Health and Human Services Commission Department of State Health Services: *Analysis of the Texas Public Behavioral Health System* (last visited Feb. 15, 2015), p. 163.
[51]Texas Department of State Health Services, Mental Health & Substance Abuse, Texas Resilience and Recovery (formerly RDM): *The Mental Health System Redesigned* (last updated May 10, 2013).
[52]Hogg Foundation, *A Guide to Understanding Mental Health Systems and Services in Texas, 2nd Edition* (November 2014), p. 270.
[53]Ibid.
[54]Public Consulting Group, Inc., State of Texas Health and Human Services Commission Department of State Health Services: *Analysis of the Texas Public Behavioral Health System* (last visited Feb. 15, 2015), p. 169
[55]Texas Health & Human Services System, *Health and Human Services System Strategic Plan 2015-19, Volume I* (Jul. 7, 2014), p. 3.
[56]Meadow Mental Health Policy Institute, *Texas Behavioral Health Landscape* (Dec. 2014).
[57]Hogg Foundation, *A Guide to Understanding Mental Health Systems and Services in Texas, 2nd Edition* (November 2014), p. 275.
[58]Arlene Wohlgemuth, James C. Capretta & John Davidson, *Save Texas Medicaid: A Proposal for Fundamental Reform* (March 2013), p. 4–5.
[59]Ibid.
[60]Ibid.
[61]Ibid.
[62]Ibid.
[63]Alexandra Gates, Robin Rudowitz & Jocelyn Guyer, *An Overview of Delivery System Reform Incentive Payment (DSRIP) Waivers* (Sept. 29, 2014).
[64]Ibid.
[65]Ibid.

About the Author



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She graduated magna cum laude from Austin College with a B.A. in economics and political science. During her time at Austin College, Kate collaboratively wrote and published policy analysis in *Dismantling Terrorism: Developing Actionable Solutions for Today's Plague of Violence* for the 50th Annual U.S. Air Force Academy Academic Assembly, and helped plan and facilitate the Economic Scholars Program with the Federal Reserve Bank of Dallas as part of the Peer Review Board. Kate earned her law degree from Texas Tech University School of Law where she was inducted into the National Order of Barristers for her achievements in oral advocacy and received awards for her accomplishments in constitutional law and property law.

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