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Faces Behind the Budget Cuts

Millions of Texans stand to suffer from devastating cuts to proven state programs. Here are four of their stories.

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Nathan Eakle and Carlos Garza

photo by Sarah Wilson

RONNIE EVANS IS A SELF-DESCRIBED CONSERVATIVE. “I’ll say that I was backing some of the Tea Party stuff,” he says. But he never imagined the Tea Party victories last November would result in the Texas Legislature proposing budget cuts that would kick elderly people out of nursing homes—especially *his* nursing home.

Evans and wife Darlene own the Autumn Winds Retirement Lodge, a 96-bed facility in Schertz, about 30 miles northeast of San Antonio. Many of the elderly people who live there pay with Medicaid. If the Legislature approves a proposed 33-percent cut to Medicaid providers, the Evanses likely could no longer afford to take Medicaid clients. More than 40 seniors would be forced from their nursing home.

The Evanses and their residents are among the [millions of Texans whose lives will be damaged](#) by the spending cuts in the Legislature’s budget proposals. Like most of those affected, the Evanses aren’t trying to live off the government or get something for nothing. They’re not interested in making government bigger or raising taxes. They are just caught inside the \$27 billion budget hole the state faces this year.

Don’t expect to hear the governor talk about folks like the Evanses or their Medicaid clients. Despite the unprecedented shortfall, Gov. Rick Perry has argued that the Legislature shouldn’t raise taxes or use the Rainy Day Fund, the state’s \$9 billion savings account. Instead, Perry contends the state should balance its budget through spending cuts.

The approach isn’t new—on the campaign trail, Perry and many conservative legislative candidates argued budget cuts were a way to trim fat. Evans liked the rhetoric then. “I think people were against wasteful spending,” he says. “I don’t think spending money to care for somebody in a nursing facility is wasteful spending. ... I’m not in favor of taxes. But I think if you ask most people, ‘Would you rather pay a little more in taxes or have your mom kicked out of the nursing home,’ I think I know what the answer would be.”

In speech after speech, Perry has grouped the state into two types of people—the needy ones and the hardworking taxpayers who support them. “As Texans, we always take care of the least among our population,” he declared at his Jan. 18 inauguration. “But we cannot risk the future of millions of taxpayers in the process. We must cut spending to keep our economic engine on track.”

There’s no place in that vision for Texans like Darlene and Ronnie Evans, hardworking taxpayers whose business relies on government programs. There’s also little room for people like Susan Skyler, a working single mother whose severely disabled son needs an attendant at all times, or Justin Carr, an 18-year-old who found himself homeless and destitute after his mother abandoned him. These folks, profiled below, would be in trouble if not for state programs—programs slated for severe cutbacks.

The initial budget proposals from the Legislature, unveiled in late January, follow the governor’s preferred approach. They balance the budget almost entirely through spending cuts. The reductions are drastic, particularly to health and human service programs. Medicaid rates would take a huge hit. So would foster care programs. Community mental health funding gets a 40 percent cut. Schools stand to lose nearly \$10 billion. Despite the thousands who come to Texas each day, there’s no added money to adjust for population growth—which the state has typically accounted for in past budgets. Should they go into effect, these budget cuts would create widespread, long-term devastation.

It’s a worst-case scenario that the Legislature has several months to improve. Some lawmakers favor raising more revenue or using the Rainy Day Fund to lessen the blow. Still, many of the proposed cuts will make it into the final budget. Millions will be affected. They will face uncertain and dangerous futures if the state services they rely on are cut off. Here are four of their stories.

YOUNG AND HOMELESS

Eighteen-year-old Justin Carr talks with long pauses and chooses words carefully. The silences come when he tries to remember facts and places from his childhood. While he thinks, his eyes widen and flit. “Damn,” he says, trying to think of a name. “Crap. I just can’t remember.”

There’s a lot he might want to forget. Carr’s mother, whom he says suffers from bipolar disorder, dragged him from New York to Texas, then back to New York and then back to Texas—all for men. He has no contact with his father. His mother home-schooled him. When Carr enrolled in public school, expecting to be in 11th grade, he discovered her lessons left him three grades behind. He was often bullied.

Then there’s “that day,” as Carr calls it. Less than a year ago, on his 18th birthday, Carr’s mother kicked him out and left him at an Austin psychiatric facility. He was there a week, until staffers could find alternative housing. In the tumult, he discovered his mother had un-enrolled him from high school. He hasn’t seen her since; he says she’s moved to New Hampshire.

It’s the kind of tale that often ends in homelessness, substance abuse and a host of other problems. Instead, Carr is enrolled in FootSteps, a program that provides permanent housing and food to small groups of destabilized young adults, ages 18 to 24. Carr lives in a duplex with a roommate. He is working toward his GED and talks to a therapist once a week. A job coach is helping him form a career plan. The program provides stability—something lacking in many clients’ lives.

Susan McDonnell directs the nonprofit LifeWorks, which runs the program. She says stable housing is key. “It gives us time,” she says, “time to establish a relationship and trust with the client, time to talk in a realistic and a long-term way about what is the plan to finish school and establish a career.”

McDonnell says the short-term care model that most shelters use does little to create long-term change for troubled individuals. FootSteps costs \$21,000 a year per person, but she argues it’s worth it. “We are cutting off a pipeline to chronic homelessness,” she says, “which costs our community millions and millions of dollars.”

Austin gave FootSteps a grant of about \$170,000, which came from the Department of Housing and Community Affairs. Such allotments would be cut in the proposed budget, leaving Carr and others in the program to worry again about basic needs and the prospect of homelessness.

For Carr, FootSteps has been a lifeline. “I was sheltered my whole life. I had never been out on the streets,” he says. He looks down. “I’d never been away from my mom this long.” Another pause. “Honestly, without the program, I don’t know where I’d be,” he says. “I guess I would probably be on the streets.”

LIFE SUPPORT

They’re like brothers. Carlos Garza and Nathan Eakle spend their days listening to oldies and hanging out at a local coffee shop where the workers know them by name. They volunteer around their hometown of Austin, recycling batteries and donating aluminum cans to the Ronald McDonald House. They’re regulars at the motorcycle shop and record store. But for Eakle, Garza is more than a friend. He’s a lifeline to the world outside an institution.

After experiencing severe head trauma while in daycare at 6 months old, Eakle is now 25 and physically and cognitively disabled. He can’t talk, can’t walk and barely sees. He eats through a tube inserted into his stomach and communicates using a computer attached to his wheelchair. He needs someone to change his clothes, comb his thin, brown hair and shower him. Garza is that someone.

They have worked together for nearly 16 years thanks to Community Living Assistance and Support Services, or CLASS. The program, using Medicaid money distributed by the Department of Aging and Disability Services, provides financial support for disabled persons living at home. In addition to paying Garza’s salary, CLASS covers a wide array of expenses. It allowed Eakle’s mother to widen doorways in their house to accommodate his wheelchair, and it paid for the physical and massage therapies that insurance won’t cover.

The program’s future is unknown. The proposed budget cuts CLASS by almost \$108 million. That could mean no funding for Garza’s salary, \$9.65 an hour.

For Eakle’s mother, Susan Skyler, losing Garza is a terrifying prospect.

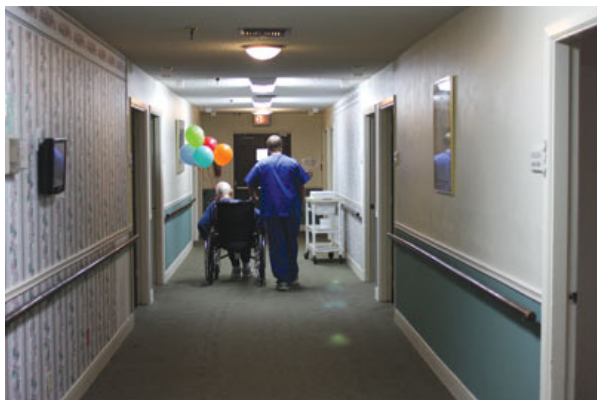
Without an attendant, most severely disabled people would be pointed toward [state-supported living centers](#), the same underfunded institutions that have weathered scandals for abuse and neglect. Skyler won’t consider that option. “Nathan would die in an institution, I have no doubt,” she says. “He would die, and I would die.”

Without CLASS, the single mother’s options would be limited. (Eakle’s father died when he was a child.) She would have to quit her job and take care of her son full-time, or keep paying Garza without state support. “I will give up everything to keep him at home,” she says. “I would sell everything. I think that’s how a lot of families feel.” Skyler says she’ll get as many jobs as she needs to pay Garza. With the looming budget cuts, Eakle also risks losing Medicaid coverage, which pays for his liquid food, diapers and other medical expenses.

“Our expenses would soar,” his mother says. “My ability to care for him would become increasingly draining. It would drain everything away.”

ELDERLY AND INFIRM

Darlene Evans can tell you not only the names of her facility's residents, but their life stories. She can tell you who they are, what they did and how they came to live at [Autumn Winds Retirement Lodge](#), the central Texas nursing home she owns with her husband. As she walks the corridors on a recent afternoon, Darlene introduces the visiting reporter to nearly everyone: the former bank manager, the former professor, the former doctor, the former wife of a flying ace. She can tell you their conditions and whether they're improving or deteriorating. She knows how much conversation each resident can handle. Many suffer from dementia or Alzheimer's. Most teeter through the halls in wheelchairs or walkers. They're fragile.



A patient at Autumn Winds Retirement Lodge. photo by Dave Mann

Darlene has been involved with Autumn Winds since 1977—first as a direct care worker, then an administrator and, for the last 15 years, co-owner. She will tell you nursing home residents have become sicker and more vulnerable in the past decade. There's been a trend toward providing seniors independent living for as long as possible, either in their homes or in assisted-living facilities. So when they finally reach a nursing home—where they receive 24-hour care—they're in a debilitated state, they're more expensive to care for and they likely have no place else to go. That's why Darlene can't imagine what might happen to many seniors if the Legislature follows through on its proposed cuts.

In their draft budget, state lawmakers proposed a 33-percent cut in the rates that Texas' Medicaid program pays to nursing homes. Medicaid covers 70 percent of residents in more than 500 nursing homes statewide—tens of thousands of seniors. It's not a lucrative deal in the first place. Nursing homes in Texas lose about \$12 a day on each Medicaid patient; Texas ranks 49th in Medicaid nursing home rates.

In some facilities, Medicaid pays for 80 to 90 percent of the residents. Those facilities couldn't survive a 33-percent reduction in their income. Darlene says it would be "total devastation." Hundreds of nursing homes might close, tens of thousands of seniors would be locked out, and tens of thousands of caretakers would lose their jobs. The state's nursing homes employ roughly 50,000 people.

listen to excerpts from Darlene and Ronnie Evans' interview with the Observer.



Toward the end of her tour, Darlene ducks into the room shared by Evie Bushnell and Mary Jo Hickman. There's a stuffed, pink pig taped to the door—an identifier so Bushnell can find her room. Darlene tells Bushnell and Hickman that she's giving a tour to a reporter from Austin. "You know our state Legislature is in session right now, and they make decisions about the Medicaid funding and the school funding," Darlene says in a half shout, "and we've been hearing that they're not being real smart about that stuff."

"Well, they better smarten up," Bushnell says.

Hickman sits in a chair on the far side of the room near the window. She's wearing what Darlene calls her "signature red hat." Hickman says her daughter-in-law brought her to Autumn Winds when she "couldn't manage" to live on her own. "It's been a godsend for me."

Bushnell asks again what the story is about. Darlene patiently explains, for the third time in five minutes, that the Legislature is considering deep cuts to Medicaid.

"Well," Bushnell says. "We need generosity."

In the hallway, Darlene whispers, "So, you see how many times you got asked the question, 'What's the story about?' Imagine that person is living with you. As much as you love her and provide for her, what is your patience level—having that question asked over and over?" Imagine, Darlene says, having to stay up all night caring for a senior and then going to work the next morning. It's hard, she says, and it's one reason why so few families personally care for elderly relatives whose minds begin to melt away. If nursing homes close, she thinks many Texans will have to leave their jobs to care for homeless, elderly parents.

At Autumn Winds, half the 92 residents are covered by Medicaid. The facility is in a strong financial position and could probably survive the proposed cut, but it might have to stop accepting Medicaid clients. Darlene and Ronnie would have to kick out more than 40 seniors on Medicaid—some of whom have lived there more than a decade. It's a scenario Darlene can't envision. "I don't think a 33-percent rate cut is an option," she says. "These are people. It's not a dollar sign."

PREGNANT AT 18

Unexpectedly pregnant at 18, Jackie Villarreal didn't know the signs of pre-eclampsia, a dangerous condition. Luckily, Nurse Kay Hunt did. Hunt, who works in the Nurse-Family Partnership program, regularly checked Villarreal's vital signs as part of her prenatal care. When her blood pressure started going up, Hunt sent her to the doctor. Instead of a ruptured liver or other serious problems, Villarreal got treatment.

Villarreal and her boyfriend, Chris Ibarra, say they knew little about child care when Villarreal became pregnant. "All I knew was, it was nine months, and then there was a baby," says Ibarra as he holds Isaac, their now 15-month-old son, on his knee. When Isaac was born a month prematurely and with a growth in his throat that could block breathing, nurse Hunt found the new parents a crib and mattress, and gave them tips. "There were special ways he needed to be carried and the way he had to sleep," Villarreal explains.

Neither Villarreal nor Ibarra had typical childhoods. She was raised in poverty by two deaf parents. Ibarra lived with one relative, then another, until a burglary attempt at 15 left him on probation and living with an uncle. Thanks to a terrible economy, neither can find jobs. They live with Villarreal's parents and her sister's family. The nine-person household survives on her parents' \$2,500-a-month disability check.

Thanks to Hunt and the Nurse-Family Partnership she works for, the young couple has access to diapers, knows how to buy the right types of baby food and can offer their son "touch and feel" books.



Jackie Villarreal and boyfriend Chris Ibarra pose with their 15 month-old-son, Isaac. photo by Abby Rapoport

The partnership isn't limited to physical health. Each nurse works with 25 new moms, beginning at pregnancy, to create long-term goals for their own lives while helping their children develop. The support continues until the child is 2. The program tries to provide tools for early childhood development, which many argue is a key to closing education achievement gaps. "It's not that you can read to children on Tuesday and then they'll go to college," says Ellen Balthazar, who oversees Any Baby Can, the nonprofit that runs the partnership in Austin.

The results are stunning. The two-year program costs about \$4,300 per family, but it appears to save much more. The Pacific Institute for Research and Evaluation reported that families in the program increase their earnings by an average of \$11,000 over five years. According to a Rand Corp. study, communities net \$34,000 over five years per high-risk family served.

By encouraging new mothers to figure out personal goals, nurses can mentor on more than parenting. In Villarreal's case, nurse Hunt helped her start classes at Austin Community College, where she's studying to become an American Sign Language interpreter.

Villarreal was scared to go back to school, but Hunt wouldn't let up. "She kept pushing, but not the bad pushy. It was more like determined pushy," Villarreal says. "She wanted me to do something with myself before I just take too long. She seen potential in me that I didn't see."

If the proposed cuts go through, the program will serve half as many moms as it does now. It's a lot of potential to lose.

Read about San Antonio's Leon Evans and proposed cuts to mental-health services on [Dave Mann's blog, "The Contrarian."](#)

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