THE MEDICALIZATION OF SCHOOLS

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What Does MEDICAID Have to do With Kline's HR 5 and Alexander's Reauthorization of ESEA?

Legislation Source for all referenced pages

Kline's HR 5 and Senator Alexander's Reauthorization of ESEA set up MEDICAID BILLING in schools for social, emotional, and behavioral standards using mental health DSM Codes (Diagnostic and Statistical Manual for Mental Disorders.) This opens the doors of the school for outside mental health providers, ie. psychiatrists, psychologists, counselors, and social workers to access your children. The expansion of Common Core into the area of attitudes, values, beliefs, and dispositions creates a smorgasbord of disabilities shifting education into mental health not academics. In order for school districts to bill MEDICAID for mental health services, a school must apply for a Provider 50 license from the Department of Public Welfare, DPW.

Kline's HR 5 and Alexander's ESEA set up this agenda legislated for our schools with the expansion of Common Core into these psychological, non-academic areas using Title I for "at-risk" children and IDEA, Individuals With Disabilities Education Act, for children not meeting Common Core non-academic standards of attitudes, values, beliefs, and dispositions. (Historical Research Source: See HR 37, Pennsylvania House Select Committee Investigation on school based mental health services and MEDICAID billing, DSM codes, Diagnostic and Statistical Manual for Mental Disorders: Representative Sam Rohrer, Chairman, 1995)

[NOTE: It is clear why Representative Tim Murphy (R-PA) has re-introduced HR 3717 that provides the impetus to clear the pathway for HR 5 and the Senate Reauthorization to implement a system for schools to hire or contract with mental health professionals needed to remediate ALL "at-risk" children IDENTIFIED with mental health disabilities under Title I and IDEA called "specialized student support services." Common Core, TITLE I and IDEA, are the funding, screening, identification, application, and intervention processes that are used to remediate personality traits of "at-risk" students. Mental health wrap-around services enable schools to bill Medicaid while states must pay for these exploding MEDICAID services. The influx of psychologists, tele-psychiatrists, counselors, and social workers lining up at the federal and state trough to profit from our children by identifying, coding, and billing mental health disabilities for perfectly normal children will bankrupt the state's Medicaid]
budget. There is no code for normal in the DSM handbook for mental disorders. Everyone has a mental health disorder. Everyone has a disability. All children are "at-risk" for not meeting Common Core attitudes, values, beliefs, and dispositions. The federal government has created a scored proficiency standard for values, attitudes, beliefs, and dispositions.]

Explaining MEDICAID and Mental Health in our schools.

As early as 1996, in an article by Joyce Price in Insight magazine, titled "Public Schools Milk Medicaid" by Tom Randall, "a Chicago writer who has investigated Medicaid funding in local schools... believes the current compensation arrangement amounts to taxpayers paying twice for the same services..." With "Meaningful Choice" private and religious school parents will be paying three times for an education identical to all schools.

What are Senator Alexander, Senator Murray, Representative Kline, and Representative Murphy NOT telling their colleagues about the Reauthorization of ESEA? They are purposely not pointing out the impact of how each state's MEDICAID costs will skyrocket with the passage of the Reauthorization of ESEA. It's all about mental health and "direct student services" which are described as "meaningful CHOICE." These mandatory psychological services in the affective domain - attitudes, values, beliefs, and dispositions of the students - are included in both bills for the Reauthorization of No Child Left Behind and will be offered as CHOICE for all private and religious schools. (emp.added)

Reading through both Senate and House bills on the Reauthorization of ESEA, No Child Left Behind, you get a feeling that education has turned the corner, albeit for the worse...we are no longer educating students. We are processing and conditioning our students to become whatever the government standards are for mandating and scoring proficiency levels to change their personalities. There are limited academics, referred to as "functional" literacy from the Department of Labor prototype for the future docile worker, SCANS, Secretary's Commission for Achieving Necessary Skills. To create this drone-like human capital for the profit mongers and big business, mental health standards and psychological interventions must be incorporated into the schools. The Department of Education and the Department of Labor contracted with ACT, American College Testing, to identify these affective domain benchmarks. The National Assessment of Educational Progress, NAEP, is DRIVING this agenda forward. The National Center for Education Statistics, NCES and its clone, Institute for Educational Sciences, IES, will monitor the total accountability for results...government mandated results. It's ALL about mental health and so is the Reauthorization of ESEA.

Behind closed doors, KLINE, MURPHY, ALEXANDER, MURRAY, and CASEY'S Universal Pre-K-12 Amendment (Common Core for babies have determined that standards would be legislated in the affective domain, the area of attitudes, values, beliefs, and dispositions, birth through workplace. THEY HAVE PRODUCED LEGISLATION THAT LAYS OUT THIS MENTAL HEALTH AGENDA. Every student must be manipulated through this re-education and conditioning. Each child has a $
target on his/her back and the Senate and the House are going full speed ahead to try to bypass the parents/citizens to legislate ESEA.

Senator Alexander's and Senator Murray's "BIPARTISAN" Reauthorization of ESEA is explained in the following documentation. These points entrench mental health interventions in schools with pages and documentation in Alexander's Senate version of ESEA provided below:

- **ALL students will be identified as "at-risk" allowing government access to ALL children under Common Core, Title I, and IDEA to receive mental health services, treatment, and interventions. [P.38 produce individual student interpretive descriptive, diagnostic reports consistent with (II) children with disabilities; pp. 17, 36, 41, 83, 87, 90, 93, 94, 113, 118, 122, 125, 131, 254, 365]**

- Psychological and psychiatric techniques will be employed to change the student's psyche and personality to government qualities and these interventions are included in both bills: "Positive Behavioral Interventions and Supports, Response to Intervention (RTI), Multitiered System of Supports, Functional Behavioral Assessment, Specialized Instructional Support Services," with all techniques researched, validated and proven to change the values, attitudes, beliefs, and dispositions of your children toward Common Core attitudes, values, beliefs, and dispositions. (**pp. 24, 120, 244 measure non-cognitive measures; pp. 58, 94, 119, 125, 243-244, 253, 367-368**)

- Public, Private and religious schools will be required to make available equitable, identical services and interventions through CHOICE called "specialized instructional support services" and "direct student services" when Title I children are given CHOICE funds to go to the school of their choice. This will control what is taught in private and religious schools. (**pp. 41, 96, 140, 162, 362**)

- A Provider 50 License is required to bill for MEDICAID for mental health wrap-around services allowing ALL students to be accessed by outside mental health providers. (**pp. 106, 254-255, 350, 354, 355, 364, 365, 367, 368, 369**)

- MEDICAID EPSDT (Early Periodic Screening and Diagnostic Testing from age 0 to 21) are federal GUIDELINES used to promote the identification of students with Common Core mental health disabilities (the government social, emotional, and behavioral standards) that use DSM codes to bill for mental health wrap-around services. (**p. 131 (IV) 254-255, 350, 354, 355, 364, 365, 367, 368, 369**)

- More tele-psychiatrists (HR 3717), psychologists, counselors, and social workers must be hired by the schools as specialized support personnel to follow up and DSM code the personalized re-education plan for prescriptive interventions to align the student's attitudes, values, beliefs, and dispositions to the federal government's standards. (**Specialized Student Support Services: Section 1114, pp 133-134, repeated throughout the legislation; pp. 12,15, 17, 18, 41, 57, 81, 92, 94, 117, 118, 125, 131, 136, 161, 243, 254-255**).
DSM codes will identify ALL students with "mental health" disabilities that are billable to Medicaid. (See above: Pennsylvania Select Investigative Committee, HR 37, Rep. Sam Rohrer, Chairman)

Babies are included with Casey's Universal Pre-K-12 mandates. (pp. 30, 57, 88, 113, 123, 125, 127-128)

Codes on student records will determine what a student can or cannot do in their future.

**Will psychiatric coding exclude gun ownership and military service in the child's future?**

The re-training of teachers under mental health disabilities in IDEA to observe and collect data on behaviors of students has already begun. The *Positive Behavior Interventions and Supports* have already begun. The *Response to Interventions* for treatment in the affective domain have already begun. The *specialized student instructional supports* have already begun. The multi-tiered system of supports have already begun. This violates the privacy and Civil Rights of students and families. But each of these interventions into the personality of each student to change their attitudes, values, beliefs, and dispositions are explicitly explained in each of the Senate and House Reauthorizations of ESEA as documented in the Senate bill above.

[NOTE: Page 255 (N) refers to "providing liability insurance coverage for purchase by teachers related to actions performed in the scope of their duties." When teachers are identifying our children through screening, subjective judgment observations and interventions and psychological treatment of the social, emotional, and behavioral personality traits, who will be liable for inaccurate diagnosis? What type of data tracking is done at school for mental health? How are our children protected?]

What Kline, Alexander, Murray, and Casey are missing is the "legal" authority to test attitudes, values, beliefs, and dispositions. These mandates of Senator Alexander's and Senator Murray's ESEA Reauthorization would federalize ALL schools and students in the United States by codifying standardized psychological intervention services to EVERY child.

There has never been legislation to expand standards into the affective domain. The Common Core Standards must be supported legally in order to test, screen, and remediate values, attitudes, beliefs, and dispositions. Even though this expansion would be in direct conflict with the PPRA, Protection of Pupil Rights Amendment, privacy laws, and Civil Rights protections, ALL WOULD BE CHANGED if legislation would codify that the federal government could test and remediate the non-academic domain.
Both pieces of legislation, HR 5 and Senator Alexander's Reauthorization must mandate the specialized student instructional services, which are defined in each bill as psychological remediation for Common Core social, emotional, and behavioral outcomes. The authority to use IDEA, Individuals With Disabilities Education Act, 504 Rehabilitation Act, for the "direct student services" as a mandate for CHOICE and to FORCE the expanded SERVICES to ALL children now targeted as "AT-RISK" is the intention, even for private and religious schools. Every child in the United States must be remediated to meet these global workforce standards. ALL CHILDREN MEANS ALL CHILDREN.

So what else is hidden from the American people about this deceptive plan to change the attitudes, values, beliefs, and dispositions of ALL American children?

Senator Alexander, Senator Murray, Representative Kline, Senator Casey, have purposely neglected to inform their colleagues about the expansion of MEDICAID through the schools. They purposely have not notified each of the states that the expansion of MEDICAID in the schools would extend to ALL children now identified as AT-RISK for the "specialized student instructional support" services billable through mental health wrap-around services.

ALL children = more MEDICAID money for the schools = unsustainable burden for the states.

Common Core psychological services would re-educate EVERY child through the AT-RISK definitions. Direct student services under 605 IDEA, Individuals with Disabilities Act, and 504 Rehabilitation Act ALLOW identification, screening, remediation, and billing THROUGH MEDICAID, EPSDT. Teachers are being trained NOW, to observe, monitor, and code behaviors. The CODES that will be entered on EVERY child's permanent record, are codes to bill for MEDICAID. Every check mark, every action, every discipline will be coded as a mental health disorder billable to MEDICAID ages 0-21 mandated by EPSDT.

Perhaps, this is why Alexander changed the word "medical" to "health" throughout the legislation. MEDICAID criteria covers the mental health of a child, not medical health records. In this way, FERPA, Family Education Rights in Privacy Act covers an "education" record, where as, HIPAA covers a "medical" record not education records. FERPA FUNCTIONS BY ALLOWING PERSONALLY IDENTIFIABLE INFORMATION TO BE COLLECTED WITHOUT INFORMED PARENTAL CONSENT. All personally identifiable information on education records (mental health, psychological records collected at school)) can be re-disclosed to federal data warehouse NCES/IES because of the Obama Executive Order, EO 12866, that allows personally identifiable information to be released to the National Center for Education Statistics/IES and outside 3rd party vendors.

(See pp. 66, 75, 83, 372 for current FERPA to be codified making Obama's Executive Order law)
The prototype has been established. The expansion of Obamacare with the expansion of MEDICAID in the schools will bankrupt the states. In order to bill Medicaid schools will have to attain a provider license (partial hospitalization license) and welcome outside providers to supply psychological services to ALL AT-RISK STUDENTS. The blanket has been thrown over every entity called school, which now can be called re-education facilities. (Source: Mental Health Wrap-Around School Based Services)

Senator Alexander, Senator Murray, Representative Kline, why have these illegal back door politics not been discussed? Do parents want this medicalization of our schools?

Parents say NO!

**Summary of the Pennsylvania Investigation: HR 37**

The Investigation by a Select Committee in Pennsylvania, HR 37: Rep Sam Rohrer (Source: See Pennsylvania House Select Committee Investigation on school based mental health services and MEDICAID billing, DSM codes, Diagnostic and Statistical Manual for Mental Disorders: HR 37, Representative Sam Rohrer, Chairman, 1995)

February 14, 1995, the Pennsylvania House of Representatives passed House Resolution 37 that provided an investigation into the impact of the expansion of Medicaid and mental health wrap-around services provided by the schools. The Department of Education and the Department of Welfare developed a program called ACCESS which enables school districts to receive Medicaid reimbursement by billing for special education and related services provided by the school districts.

The investigation raised several concerns and examined the following problems:

The program encourages labeling of students as having mental or emotional problems to maximize funding reimbursements that is billed to MEDICAID through EPSDT.

The program does not provide adequate consent for participation of children and what may be placed on the student's record including DSM codes for mental health disabilities.

The expansion of current and future costs for taxpayers and school districts is enormous in that EVERY child will be identified as at-risk and in need of psychological services.

The problem or degree to which the ACCESS program (billing MEDICAID) may become a major funding source for contracting and/or hiring and expanding services of psychologists, psychiatrists, counselors, and social workers, or similar types of providers at taxpayer expense.

The question of the non-academic standards in the area of social, emotional, and behavioral character traits and standards to determine the selection of students to participate or qualify for these mental health programs that are in the affective domain must be challenged.
The question of adequacy of confidentiality safeguards protecting student records and the identity of sources with accessibility to records. (Note: FERPA has been "unlocked" by President Obama's Executive Order 12866. Personally identifiable information is flowing without the knowledge or consent of parents.)

There are questions of expanding the types of assessments, tests, surveys, screening, including psychological and psychiatric assessments that request personal and sensitive information that violates Individual and family privacy.

There are not sufficient safeguards with regard to the impact on families and students who fall outside the traditional special education categories of a disability.

There have not been sufficient details about the fiscal impact, of changes in Federal law, regulation, policy, and state regulation relating to curriculum, non-cognitive learning outcomes, treatment, interventions, and support services and other educational standards relating to personal, social, emotional, behavioral personalities of students and how that impacts and realigns the focus of education.

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