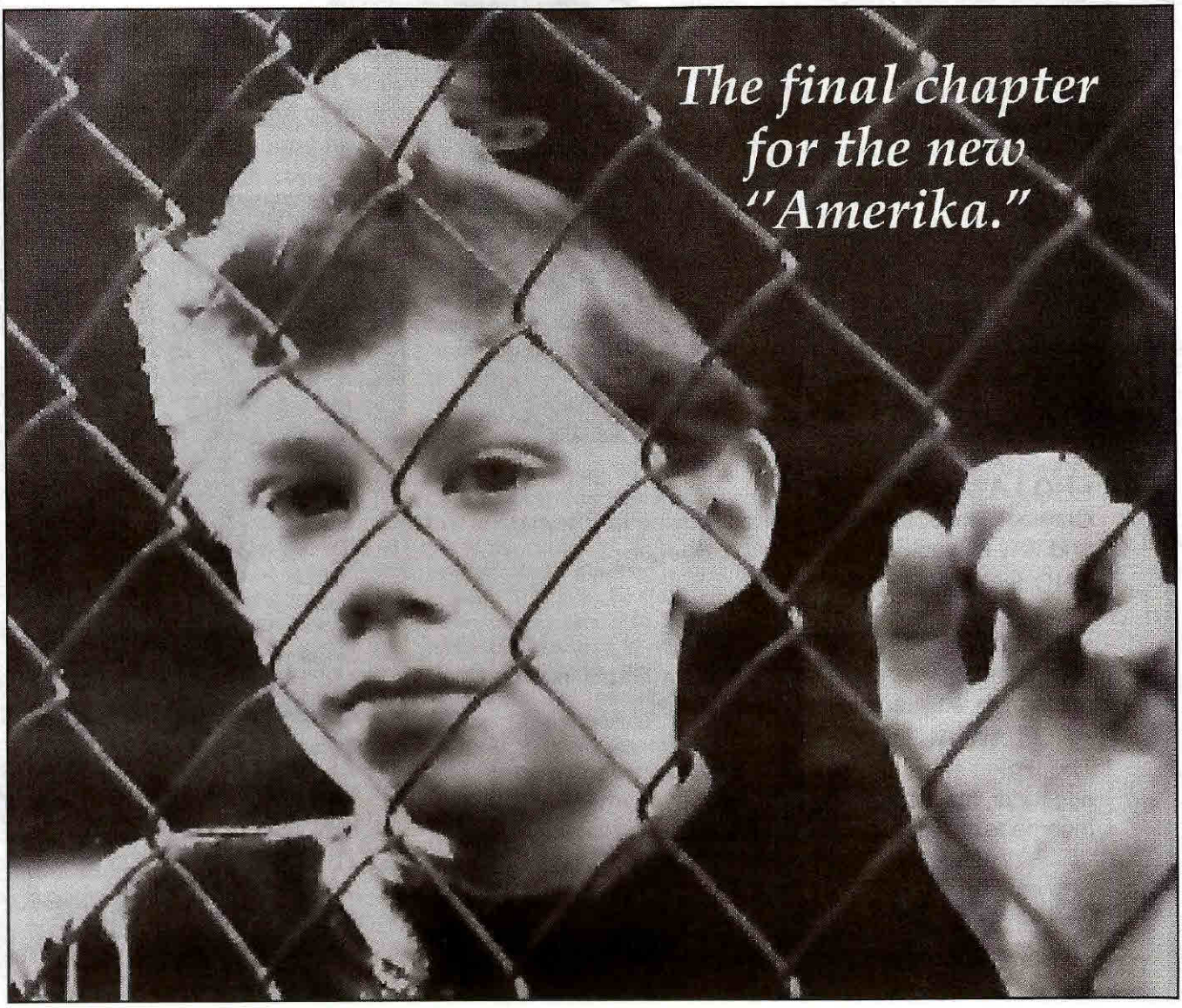
by Anita Hoge

Womb To Tomb

Children will be held captive until they meet federal outcomes. No child will escape.



Editor's note:

Anita Hoge, known for her accurate research and comprehensive knowledge of the trappings of the education and health-care systems, names people and programs and points to specific legislation to document how a national data bank is keeping individual electronic portfolios on file to merge records from government sources - including individual medical, education and employment records - for computer retrieval. This elaborate scheme, that's already well underway, includes each individual. The information includes personality type, psychological profile-attitudes, values and beliefs - for everyone. While each state may not call its programs by the exact name that Pennsylvania uses, each state will use the same programs.

On December 8, 1994, Hoge appeared before the Department of Interior's NII (National Information Infrastructure) Health & Education Data Security Hearing and, at their request, presented the following testimony. * NII is Vice President Gore's Information Super Highway.*

The vision of transforming the nation and reinventing government through a "Community Learning Information Network" cannot be accomplished by technology alone. Information technology is powerful, computers are programmed to do their job and it is very expensive. The problem is... What does government want technology to do for them? What information does the government want? Why do they want it? How will data sharing be done? and... Why Americans will not be willing to give government what they want?

Technology has the capabilities through standardized coding to monitor who you are, what you are, where you are going, and when you will be doing it. Your behavior, your personality, and your mental health will determine your worth as human capital. This selection process will be according to government genetic social engineering, which will code you through Medicaid. Each person's assessment through the government lottery will decide who is expendable. It's not whether your social security number will be flagged by this technological marvel, it's when your "number's up", that will impact your life. Time is not on your side. It will be as instant as phoning your friend across town.

The technology questions that must be addressed in health and education records are: What will be the contents of a child's permanent record or micro record? Will it be an education record, a health record, or a mental health record? How will decisions be made about your child based on meeting accountability standards? Who are the data sharers who have access to all the personal and sensitive information that will be logged in?

The Process of Linking Educational Restructuring to Medicaid and National Health Care Reform. How is it Working?

PHASE I

The Department of Education and the Department of Welfare have been aggressively working with school districts to access Title XIX Medical Assistance Funds available for health services. Children are now eligible for Medical Assistance through "new" requirements found under Special Education (Individuals with Disabilities Education Act, IDEA). Income will no longer be an eligibility requirement to qualify for Medical Assistance/Medicaid. This has changed Medicaid from a "poverty" program to a program for anyone who is labeled disabled or medically needy because of special education. A school can now access Medicaid funds by obtaining a partial hospitalization provider license or contract with other service providers as a partnership. This sets the stage for school based health clinics. The school nurse practitioner will be able to provide EPSDT (EARLY PERIODIC SCREENING & DIAGNOSTIC TREATMENT) screening,[1] physicals, immunizations, pregnancy testing, intervention strategies for "at risk" or Student Assistance Program (SAP) children, etc. Schools are now providers to Medicaid eligible "clients" through the Department of Public Welfare.

PHASE II.

Medicaid has now been expanded to include "Mental health wrap around services"[2] which extend the definition of related services beyond medical care to include emotional disturbances. Any emotional disturbance could identify a child on a psychosocial stressors scale or a global functioning assessment scale. An example is, "breaking up with your boyfriend or girlfriend or having a fight with your parents." Disagreeing to this assessment could label you with a 313.81 DSM IV(DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS) code for "oppositional deficit disorder" which includes: arguing with adults, acting angry, refusing to obey, annoying other people, or blaming others for misbehavior. A "bad hair day" will qualify a child for an emotional disturbance paid for by Medical Assistance. The new bible that will be used to identify emotionally disturbed people is the *Diagnostic and Statistical Manual of Mental Disorders* that will be found in therapists offices, hospitals, social agencies, courts, schools, prisons, and classrooms.

The education link is clarified when Outcome Based Education mandates "mental health outcomes" while Medicaid supplies the vehicle to produce the outcomes. All states have examples of mental health outcomes required for graduation correlating to the Secretary's Commission on Achieving Necessary Skills (SCANS) from the U.S. Department of Labor.

How will the child be identified for a mental health disability? The rationale is that when a child does not meet an outcome, they may have a developmental delay or have a problem at home. This will begin the process of screening or identifying a family as dysfunctional. Depending on the definition of what a dysfunctional family may be, this will trigger case management to access the home to develop an Individual Family Service Plan (IFSP) and begin "parents as teachers" training.

The child will need instructional support services to meet mental health outcomes. Immediately all the community partnership driven activities begin. Special education teams will screen "All Children" in a "seamless" system of the least restrictive environment. Teams will observe, identify, assess, diagnose, and implement interventions written in an Individual Service Plan (ISP for regular classroom children) or an Individual Education Plan (IEP, for the child who is truly special-ed).

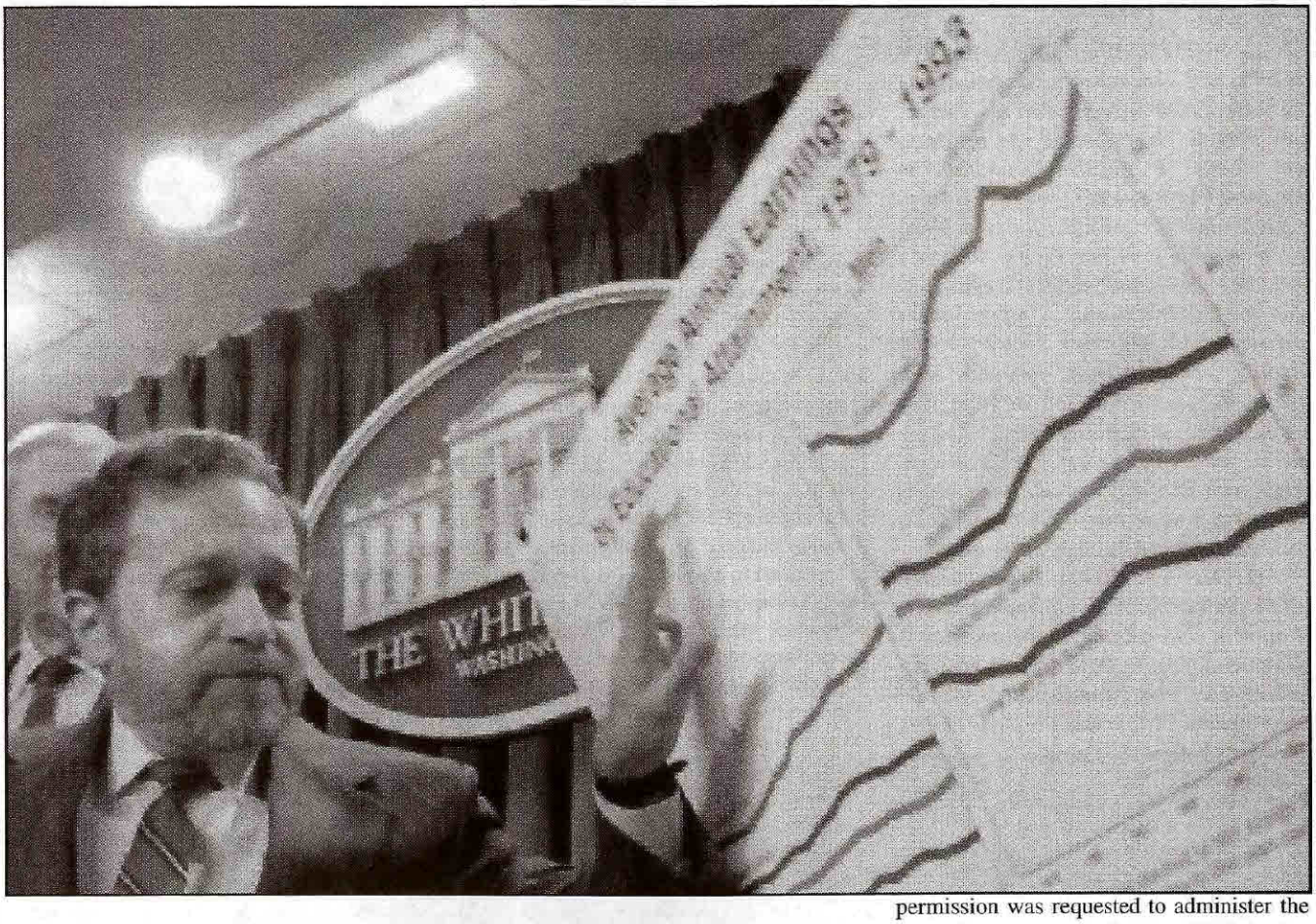
The "mental health outcomes" are enveloped into this individual plan which contains educational restructuring outcomes like; self-esteem, adapting to change, interpersonal skills, decision making, honesty, integrity, etc... All children are at risk. Political correctness replaces instructional content. Acknowledging that "All Children" will meet outcomes or not graduate, brings home Governor Casey's comment for increasing the referrals and assessments of children in the new community welfare/health reform package formulated by the Children's Cabinet objectives. "No child will be left behind."

National Education Goal #1 - All children in America Will Start School Ready to Learn!

Head Start, preschool, and early intervention will target children not yet in school. The Child Health Tracking program will be the important tool to identify birth to school-age children under EPSDT screening (billed by Medicaid for immunizations, physicals, blood tests for lead poisoning and check-ups, etc...).

Community Service Systems continue to expand, not only to healthcare, but to transportation, housing, nutrition (free lunch programs), cash assistance, etc. until the system encompasses the entire psychosocial structure of the new "global village".

Mental health wrap around services are funded through 50/50 matching federal/state funds. Increases in screening and



Mental health assessment will be used to determine your value as a labor resource.

referral will force state Medicaid plans to balloon in size and cost. Schools will be groomed to apply for the "Free" earned money by applying for their hospitalization license and electronic billing for Medicaid reimbursements through Project Access, contracted through Leader Physician Services and the Pennsylvania Department of Education.

PHASE III

As partnerships expand into a community service system a "client registry" or "data sharing" will be used to monitor individuals receiving care. The new technology will allow a precise metering system to monitor each individual. Data processing will cross match data tapes from the Department of Education and the Department of Public Welfare to identify potential referrals to increase enrollments and control duplication of services. Timely and Appropriate Placements (TAP) will enter social security numbers onto PENN DATA, the Department of Education computer data bank under Special Education Management Information Systems. Time Management codes the teacher or other health care administrator every 15 minutes of a twelve hour day. The teacher is cross-referenced and matched to federal entitlements which are then matched to eligible children in the classroom. Medicaid qualifies teachers or school nurses to be reimbursed under in-direct billing based on "enrolled Medicaid" children and "eligible Medicaid" children who might *become* disabled. Because the teacher or nurse cannot discriminate between which are eligible or not, all children apply. End result? "Client Registries" must be shared among the gatekeepers (Departments of Education, Public Welfare, and Health and Human Services) which will allow them to make appropriate decisions on children and families based on government outcomes. *Privacy must be given up totally to permit the partnership concept to function.* Technology becomes a vital element for monitoring and controlling the volume of data that all schools and providers must access.

An example of partnership activity and extreme violations of privacy was reported in Kennewick, Washington. The Carondolet Psychiatric Care Center went into partnership with the school district. Teachers screened all children for eligibility under a prevention program called Desert Quest. No permission was requested to administer the screening assessment for "at risk" behavior that measured psychological areas including stealing, lying, cheating, aggressive behavior, etc. The risk assessment was anecdotal and subjective. Information was shared with Carondolet about the children and their families without the knowledge or consent of the parents. Free counseling was advertised and offered once the children or families were identified as "at risk" by Carondolet. The psychological testing was done without parental consent. No disclosure was used to request that children be included in the experimental program nor was the risk of having a child involved (which could impact liability for damage) explained. The information was shared with the psychiatric center without consent. The center shared that information with third party billing reimbursement agencies to receive compensation for services. Serious privacy and ethical problems have developed because of this partnership.

Phase IV (Fraud)

In September, 1994, a GAO report surfaced about Supplementary Security Income (SSI) recipients. Parents had their children "act out" at school because they could receive payments of over $425.00 a month for behavioral problems and personality disorders through an expansion of SSI benefits and emotional disability criteria in 1990.

The practice had become so wide spread in some areas of the country they were referred to as "crazy checks"[3]. The significant growth of children on SSI rolls more than doubled in four years. The squandering of valuable taxpayer money, when the children did not directly benefit, is pathetic. If children can "fake" a mental disorder, can schools "fake" anecdotal records that are not objective - to secure large amounts of money from Medicaid for the same purpose?

Phase V.

Technology will monitor exact accounting functions and every electronic transaction costs money. Each time a child is entered into PENN DATA either through the identification process (TAP) or continuing weekly progress reports for meeting objectives, a service transaction for Medicaid[4] eligible services will be billed for each encounter. Each "encounter" is billed electronically on a per client basis. Leader Physician Services, a private government contractor, bills $1.35 for each 1 to 500,000 encounters; $1.20 for each 500,000 to 1,000,000 encounters; and $1.00 for over one million. Obviously, it benefits all parties involved to bill as many encounters as possible to receive Medicaid reimbursement which will be based on the total number of clients served each day, week, or month.

The CLIN (COMMUNITY LEARNING AND INFORMATION NETWORK) has contracts to use open system design and digital data formats for technology transmission, allowing community based public/private CLIN partnerships to operate. Access includes open markets in health, education, industry, defense, and *emergency management*. CLIN is the technology middleman that will monitor and maintain K through 12 computer assisted instruction, again with precise metering systems to bill each child for time on line every time a hook-up is dialed via modems. Software must be validated and developed to meet outcomes. Key developers that are in leadership positions navigating legislation for the technology and educational restructuring plans for the states, could be involved in conflict of interest charges for accessing information for financial profit.

Phase VI

Strategic plans in local school districts are incorporating outcome based approaches for Individual Education or Service Plans for ALL children. This focus moves educational restructuring toward National Educational Goals by accessing ALL children to meet health/mental health objectives. *Under the proposal ALL CHILDREN MUST be guaranteed services.* What happens when parents want to limit which services their child receives? Will children be legally "emancipated" from parental consent under new guidelines? Will a minor's right to consent for services be established by statute and constitutional protection? What happens when parents refuse? Will neglect or abuse be an accusation to place a child into family foster care or out of home placement (orphanages)?

Phase VII (Audits)

Once Medical Assistance is received by schools through the Department of Education, funds become special education *state* revenues. Medicaid reimbursements will be shown as state revenue income. *These funds are not covered by single audit guidelines.* Because of interagency "shuffling" Medicaid recipients have a case manager who is obligated to refer the client to any service covered by Medicaid into any service agency or collaborative. Money flows according to services to each agency. Basically, it will appear that these are state and local initiatives when in fact they are federal.

Phase VIII. (It's Mental Health)

A DSM IV code will be used on the permanent record for services rendered through the school or the interagency partners for Medicaid reimbursement. The DSM code will determine the future of each person. It will limit their opportunities. It will classify and define the mental illness. It will align a prescription to be used. It will describe the activities that will be performed and the type of education to be received. *The code will be your future.* The real significance of the DSM IV coding will link mental illness to money. In order to be reimbursed, schools, businesses, therapists and hospitals, must list on insurance forms an official diagnosis and code for each patient. Realize that the records will show a mental disorder billed by Medicaid.

When you are identified to be eligible for Medicaid, how will this impact your future? When does human behavior become a mental illness? Will businesses jump on the employee benefits bandwagon to receive federal money by providing services to all employees? Who will be exempt from the code that will extend into every avenue of our lives and how we interact with everyone around us?

When does pain, anguish, disappointment, elation, sadness, anger, anxiety, love, hate, fear or other emotions that make us human, become a treatable disease or mental health problem? Client registries will be cross matched between government departments. HMO's will become privatized with impersonal relationships with health care providers. The DSM code will be used to limit employment, graduation, or even receiving a driver's license [5]. It will be the

Technical solutions:

- Demand roll back of federal mandates; rescind Goals 2000 and HR 6 placing education in proper authority of the state.
- Dissolve all partnerships and collaborative agreements to implement Goals 2000 which include: Dept. of Public Welfare, Health & Human Services, Medicaid, Dept. of Labor, Dept. of Commerce, Community Development & private industry.
- Provide federal separate legislation reinforcing protections of individuals an "Education Bill of Rights" with the following components:

a) Parent's Rights as the primary authority and having sole responsibility for the education of their children.

b) Rewrite a separate strong Protection of Pupil Rights Amendment (PPRA) as original (excluding "primary purpose").

c) Design Truth in Labeling and consumer protection in education forcing labeling of behavior modification programs.

d) Fair data reporting law based on privacy of the individual and the permanent record.

- Close loophole in the 1974 Privacy Act known as Buckley Amendment.
- Enforce legislation to cover all test item banks and surveys that are NAEP (National Assessment of Educational Progress) and NAEP related - state assessments which are primary sources for government collection of private and family information.
- Close loophole in the Department of Public Welfare criteria for a child's income to establish eligibility.

U.S. validated career and academic passport.

Footnotes:
1. OBRA '89 legislative mandates under EPSDT affects comprehensive health care for individuals under the age of 21 by requiring states to provide "necessary" services whether such services are covered under the state Medicaid plan or not. 42 U.S. C. 1396 d(r) (5)
2. Mental Health Services Delivered by Public Schools. Teleconference. May 6, 1994
3. "Suffer the little children: The list just grows", Daily Local News. West Chester PA. (9/14/94)
4. "Social Security Eyes Electronic Filing for Disabled", Nov. 30, 1994. Associated Press
5. "Panel Considers More Frequent Tests For Older Drivers; Would Require People Over 40 to Take Vision, Mental Tests"; Times Record. Brunswick, Maine. September, 1994

SUPPORTING DOCUMENTATION:
A Neighborhood School Becomes The Model For The Nation Putting Community Education in Action.

In 1989, The National Governor's Association, chaired by Governor Bill Clinton, unveiled the America 2000 agenda. A health service model plan was presented that held as its motto, "Care and education for all, a prescription for America". The Farrell Area School District presented the components that were heralded as the "School of the Twenty-first Century"[1]... in which schools will offer health and mental health services to all students and the community. Farrell has received national recognition as a "hub of the community" for implementing a comprehensive system of interagency collaboratives for complete family support - cradle to grave. As a family center, the school district provides on site primary care, a mental health clinic, prenatal and parenting education, day care, pre-school coordinated with early intervention, instructional support, career centers, job training, intergenerational and community service programs - all child centered.

John Sava, the Superintendent of Farrell, describes the system perfectly:

"The intention is to supplement those families who are in need. This need is primarily economic, but very close if not first, is the family's social competence. *The family is judged by its social competency first.* [emphasis added] That's the way it interacts with society. Farrell's community outreach plan joins families with social agencies through the school district. We feel it is the school's responsibility to serve as a facilitator for all human service agencies to come together to benefit children. Schools must take the lead to forge partnerships, collaboratives or linkages with all community agents. Cradle to grave family support is available - as the child is in the womb, through childhood and adulthood, and even during a person's elderly years. Education of all community residents must be the responsibility of all the community. You can come in, go from the family center into any agency or you can go from any agency into the family center. The school is the facilitator for all human service agencies. It makes money, eliminates duplication of services and it is child centered." [2]

Understanding the legal definition of partnerships (equal jurisdiction or joint ownership) makes it apparent that the school as the initiator - because of its natural setting to accommodate all children - removes the parent as sole arbiter of the child. Parents function only as partners in the implementation of the process, as suppliers of their natural resource (their children), to make the finished product the future global citizen.

"But the whole human race is going to evolve an effective soul of its own - the cosmic soul of the race. That is the future of human evolution. As a result of the emergence of the universal soul, there will be a great unification of the entire human race, ushering into existence a new era, a new dawn of unique world order."[3]

". . .Cradle to grave family support is available - as the child is in the womb - through childhood and adulthood, and even during a person's elderly years. . . The school is the facilitator for all human service agencies."
- John Sava, Superintendent Farrell, PA Area School District

Creating The Community Service System at the State Level.

Through an executive order, Governor Bob Casey (PA) formed the Children's Cabinet through a consortium of key officials from the departments of Health, Education, and Public Welfare. Casey stated, "Our programs must be community driven, culturally relevant, and comprehensive." The governor's Children's Cabinet sets in motion this universal plan that "functions beyond the strictures of department lines." [4]

Championing this seamless system of services, "will change the traditional role of local and state government in reorganizing the local community. The shift is away from traditional, categorical problem oriented approaches to integrated, managed collaboratives of health, education and human services all as partners. The states must move forward to define accountability processes emphasizing outcomes and a management process that allows local management collaboratives to operate effectively." [5]

It becomes very clear that these statements are not only bypassing all elected officials, but the assumption is that the only accountability will be in outcomes desired by the federal government accomplished by local level teams. Pennsylvania Child and Adolescent Service System Programs (CASSP) built a state and local infrastructure for mental health services consisting of a children's service bureau in the Department of Public Welfare. The CASSP coordinator manages the collaboration between agencies. The multi-system framework functions down through the Children's Cabinet to regional state offices (Mental Health, Mental Retardation, and Child Welfare, Drug and Alcohol, Juvenile Justice, Special Education, Regular Education, Families). These are the service programs working with your child for the community service delivery system.

One preferred measurable outcome for universal services taken from the Children's Cabinet is "increased referrals for assessment and treatment." Governor Casey's pledge, "to leave no child behind" becomes reality as eligibility requirements are waived to receive Medicaid Assistance for free health care and community services. No longer is income a restriction for aid. Under a traditional funding program, increased numbers enrolled in welfare programs would alerting the statistics to problem increases. The new system works in reverse. An increase is expected in the numbers enrolled in the plan which will progressively phase into the universal health care system.

Because of Pennsylvania's leadership and its reputation as a national healthcare reform leader, you often see newspaper ads or television spots advertising free healthcare for children, called Children's Health Insurance Program (Blue Chip) through Blue Cross Blue Shield. Who is paying for the free health care?

The United States Health Care Financing Administration approved a waiver[6] request from the Department of Public Welfare for medical assistance clients to receive comprehensive managed health care in six counties in Pennsylvania. The waiver, known as Health Choices, is authorized under Section 1915 (b) of the United States

Social Security Act. Sections relevant to the waiver are state-wideness, comparability of services, freedom of choice, and upper payment limits. Clients will be enrolled in an HMO. The HMO will provide comprehensive health care services and will approve all necessary specialty services.

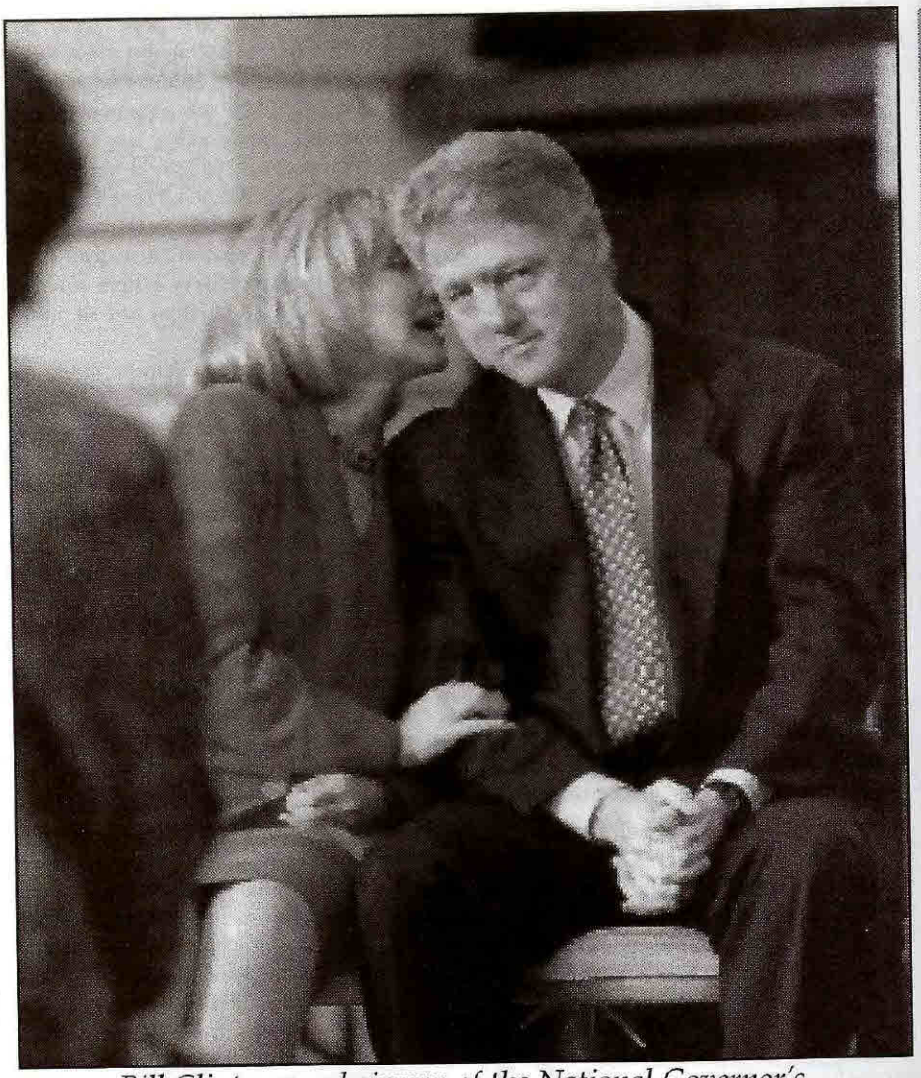
The waiver allows the Department of Public Welfare to implement Mandatory Managed Care For medical assistance clients in Philadelphia's surrounding counties. All current Medicaid services will be covered under the waiver, with few exceptions. Services include: office visits, prescriptions, dentist, podiatrist, medical supplies, chiropractor, optometrist, ambulance, home health care, family planning, nurse, midwife, hospice, EPSDT services, audiology/EPSDT, occupational therapy/EPSDT, psychological services, physical therapy, speech therapy, Aids waiver services, case management, renal dialysis, and inpatient and outpatient hospitalization. (MA clients must enroll in a manage care program or they will be assigned to a default contractor in their region. Each client will have at least two plans to chose from with the Department of Public Welfare competitively bidding risk-comprehensive contracts for the six county region.)

Government privatization of Medicaid will force health plan coverage to expand services and eligibility to everyone; thus multiplying by millions, those identified under Special Education and mental health disabilities.

Clients will have access to all necessary emergency and family planning services under the waiver. The HMO will assist clients in using the healthcare system and will monitor their health care needs. The HMO will be responsible for coordinating their client's primary health care as well as other rehabilitation needs. Medical assistance recipients enrolled in the health plan will be *restricted* to receiving medical care from the plan, or from specialists to whom the clients are referred. (Managed care strategies introduce system reform by packaging funds on a per client basis where managers, in exchange for freedom to expend funds flexibly, are held accountable for managing services to meet client needs. This strategy is central to the national healthcare reform agenda.) HMO's eventually will become government Medicaid providers.

Schools, Medicaid and the Community Education Plan.

Medicaid is to become America's universal service system which will include universal healthcare coverage. This "community service delivery system" is referred to as Community Education. The outcry for prevention and early intervention for current crises in health, human services and crime, prepares the acceptance of community driven strategies that consider the whole child, in the context of the whole family, within the whole community. The African proverb, "It takes a village to raise a child", is being used to prepare the mind set of Americans to accept the global world community concept.



Bill Clinton, as chairman of the National Governor's Association gave us an education plan. Hillary worked to bring us a national health plan. Together, they are working to give us a health plan in which the motto is: "Care and education for all, a prescription for America."

"When community educators say that community education takes into consideration the total individual and his total environment, they mean precisely this. The field of community education includes the individual in his total psycho-physical structure and his entire ecological climate with all its ramifications-social, political, economic, cultural, spiritual, etc. It seeks to integrate the individual within hemself (sic) and within his community until the individual becomes a cosmic soul and the community of the world." [7]

"The natural entree to the community is through the children."[8]

The SCANS Blueprint for Action, *Building Community Coalitions*[9] helps frame the issues for the Business Roundtable and the Chamber of Commerce to help target communities and schools to become educated toward world mindedness.

The National Education Goals Panel Community Action Tool Kit (1994) clearly indicates the direction these coalitions must take; "Most people remain largely unaware of the socioeconomic conditions driving the movement for education goals and standards. They may not yet recognize that there is no 'going back to basics' in education; we must go forward to a set of 'new basics' required for success in today's increasingly complex and competitive global economy."

What is the role of the school in community education? The full service school must be consistent in the district's strategic plan, the states's learner outcomes, and the eight National Education Goals. It is the

vehicle whereby all the "possibilities as the means by which the goals of social engineering can be accomplished."[10]

Creating Change Through Federal Entitlements At the Local Level.

Federal funds will dominate the financing of the state/local human services delivery system.

Refinancing means... the use of federal entitlement funds to earn federal reimbursement for services currently funded with state or local funds so that it can be freed up by this process and can be re-invested in the change effort. (1) IV-A Emergency funds can be used for investigations by public protective service staff and the cost of foster care and emergency shelters. (2) IV-E Foster Care funds can be used for probation services and placement costs of juvenile correction agencies. (3) Medicaid can be used for case management provided by foster care workers and other public employees. (4) Medicaid can be used for treatment services provided as part of special education. (5) Medicaid can be used for preventive health services provided for public health and for mental health rehabilitation services in private child care institutions.

Each of these initiatives require a change in the state plan governing the funding source, interagency agreements, eligibility determination, new claiming procedures, and the introduction of new policies in the organization earning entitlement funds.

The "service delivery system" must be reorganized away from traditional programs driven by federal policies and funding, this results from problem focused federal legislation which is mangled by large state level bureaucracies. "It is critically important for government officials to understand the structure of change and the fundamentals of resilience to reach the organizations optimum speed of change. It is only through the efforts of public leaders to comprehend and master change, that governmental institutions can begin functioning as they must to survive and prosper in the future."[11]

Funding sources to finance this system are in constant change. "A funding source that is open ended today may be capped tomorrow. The key to systems change will be commitment at state and local levels to a common vision for service design and delivery for children and families. This will empower local communities to be responsible for and have control over resources earmarked for children and family services."[12]

"A dominate set of federal programs that support human services are the entitlements structured to reimburse states on an unlimited basis for all eligible activity. The state welfare department is generally the home of these programs within the state. Medicaid is increasingly apt to have its own state agency."[13] Clinton's point man, Ira Magaziner is quoted saying that, "the traditional health insurance industry will disappear... Medicaid, the tax supported insurance program... would merge into the main health care system."[14] In time all Americans will be eligible for Medicaid benefits which will extend well beyond healthcare. The Welfare system is planned to extend to a community service delivery system of complete benefits for all children and all families.

Earning federal entitlement funds to reduce the need for state and local resources required to establish the new children and family service systems will include open ended funds like Medicaid, Title IV-E Foster Care, and Title IV-A Emergency Assistance. This money could be earned by public and private organizations other than the state agencies responsible for the management of the programs. Generally, matching funds must be certified to enable the federal funds to be drawn into the state for reimbursement.

One of the most successful refinancing strategies operates at the local level to make certain new revenue returns to the local collaborative and is not siphoned off for other state level budget priorities. This system originates with the local change organization and involves a series of agreements with each of the public and private organizations participating in the change collaborative. This will identify activity allowed under each of the federal entitlement programs. All revenues earned return to the collaborative where the investment decisions are made. The fund raising process of *earning federal dollars* has been very ambitious and usually takes federal approval, action by state agencies, or elaborate interagency agreements.

Site-based management is usually the local change organization that tries to stabilize the partners for initial planning, obtaining clearance at the central board level, and implementation of services between schools and health partners.

The most difficult steps involve mid-level state bureaucrats that provide the technical assistance and must assume the ongoing responsibility of advising communities and schools about strategies that they themselves are unfamiliar with. Hard questions about facing audits, mistakes, data collection, privacy and liability for the programs impact are unanswered. The legality of waiver systems and accountability have not seriously been challenged.

Footnotes:

1. Farrell Area School District;John Sava, Superintendent report to the National Governor's Association, 1989.

2.Front Line; Prescription For Success. Instructional Support Initiative. Pennsylvania Department of Education. Vol. 1, issue 3; March, 1993.

3. Harris, Obadiah Silas. Self-knowledge and Social Action. The Cosmic Soul, 1974. pg. 84

4. A Blueprint For the Future of Pennsylvania Children and Families. Children's Cabinet, Executive Summary. June 1994. pg. 1.

5. Ibid. pg. 2.

6. Managed Care, Where Do We Go From Here? DPW-Office of Medical Assistance Programs. 5/18/94

7. Harris, Obadiah Silas. Self-Knowledge and Social Action; 1974. pg. 40

8. Letark, Clyde E., Minzey, Jack; Community Education From Program to Process, 1972, pg.37

9. SCANS Blueprint for Action, Building Community Coalitions; Department of Labor: Lynn Martin. 1991

10. Hickey, Howard W Curtis Van Voorhees and Associates; The Role of the School in the Community Education. pg. 40.

11. Conner, Daryl R.; A New Look at Managing Change; Georgia Academy Journal. Vol. II, No. 1, Summer 1994.

12. Valentine, Carl; Building Bridges to Finance System Reform in Children and Family Services; Georgia Academy Journal, Summer 1994. pg11

13. Ibid. pg. 9

14. An Interview with Ira Magaziner; St. Louis Dispatch. May 13, 1993."Clinton's Pointman on Health Care Outlines Features of Overhaul Plan".

About the author:

Anita Hoge, a native of Pennsylvania, is the epitome of the term, "One person can make a difference." She is a veteran of hundreds of talk shows and television appearances. She appears before legislatures, town hall meetings and before the highest levels of the federal government.

Hoge has prepared manuals to equip people with the knowledge that is necessary to understand the issues and approach legislators. Extensive documentation is available by calling **1-800-886-8852:**

Talking Papers: an audio tape about Outcome Based Education with a notebook of actual documents that are reproducible $18.50

Womb to Tomb: a 2 hr. video. A technological wonder that envelopes documents onto the screen as Hoge speaks. $21.95

Womb To Tomb The Managed Economy: a question and answer format presenting documents as evidence. $15.95

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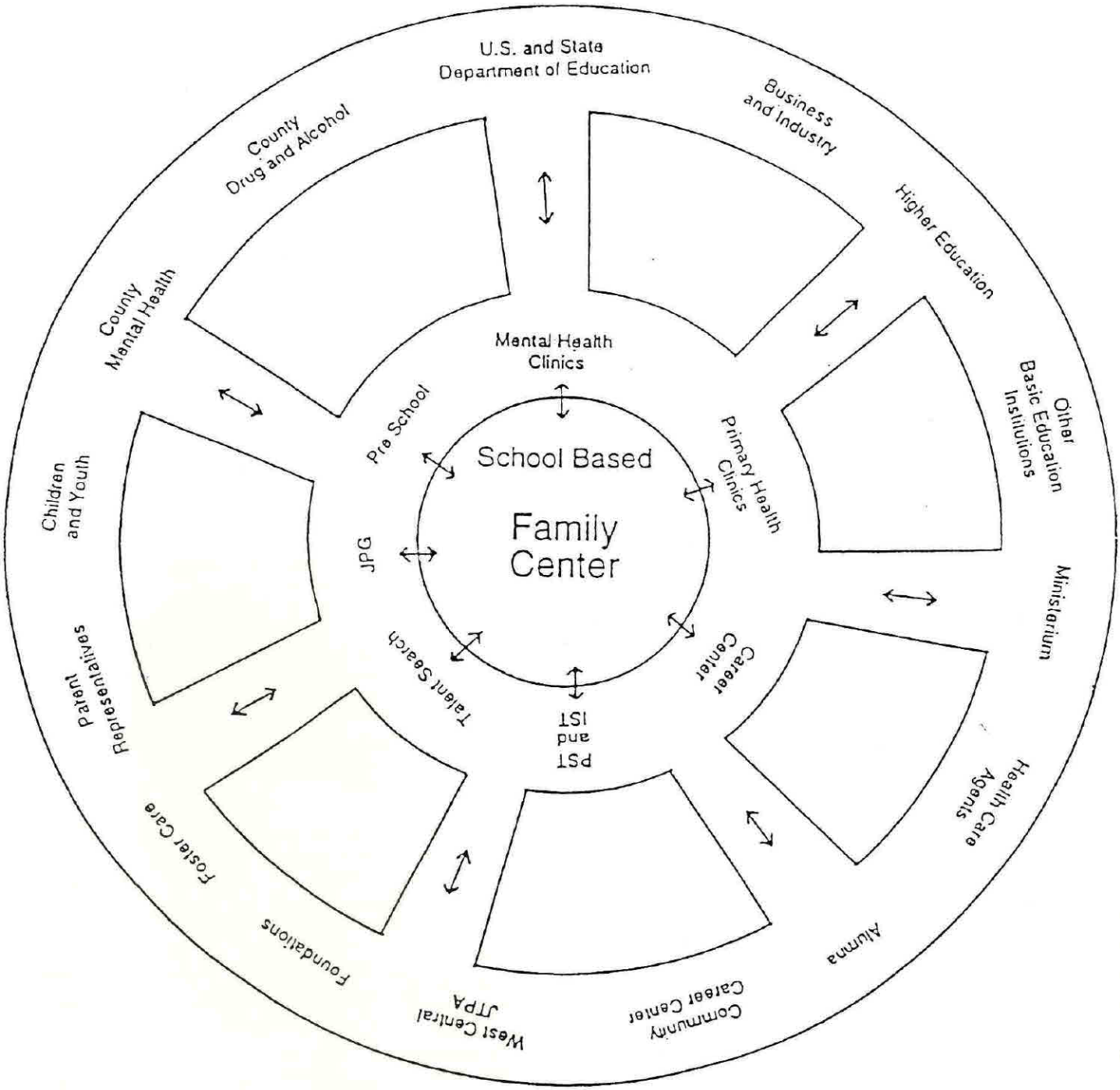
Community Outreach Plan

Farrell Area School District



A Tradition of Care and Education for All

Source
John G. Sava
Farrell, PA