

Stimulus Package Impact Plan for Change: American Recovery & Reinvestment Act of 2009 (ARRA)

Background: The new legislation is designed to:

1. Preserve and create jobs and promote economic recovery.
2. Assist those most impacted by the recession.
3. Provide investments to increase economic efficiency by spurring technological advances in science and health.
4. Invest in transportation, environmental protection, and other infrastructure that will provide long-term economic benefits.
5. Stabilize state and local government budgets, in order to minimize and avoid reductions in essential services and counterproductive state and local tax increases.

Additionally, the funds in the Act are supposed:

1. Achieve rapid results
2. Employ people (or keep them employed)
3. Document results to help change public confidence in America's direction
4. Show ROI on 12 to 24 months
5. Impact as many important outcomes as possible: a) Healthcare costs, b) Educational achievement, c) Public safety, d) Increase confidence in the economy, and e) Increase entrepreneurial products and economic competitiveness

Threats: Early warning data show that the downturn is already associated with more rapidly rising health-care costs driven significantly by drugs for the treatment of depression and other related mental-health problems, increases in danger to public safety, greater rates of mental illness and behavioral health problems that will harm recovery. The ongoing pessimistic ruminations in the popular media are documented to reduce recovery^{1,2}. These threats are undermining public-faith in every public and private institution in America, which has long-term political and economic consequences.

Facts: A new report from the National Research Council and Institute of Medicine (2/19/09)³ documents multiple evidence-based programs that can prevent serious lifetime or costly mental, emotional or behavioral disorders. For example, a multi-level model of providing universal access to parenting supports, known as Triple P,⁴ can prevent child out-of-home placements and child medical injuries from abuse, prevent ADHD and Conduct Disorders as well as reduce common parent-child issues for about \$12-14 per child in a community.⁵⁻⁹ Another example is an effective school-based strategy—the Good Behavior Game,¹⁰ which divides elementary school classes into teams and reinforces desirable behaviors with rewards such as extra free time and other privileges. The strategy significantly reduces aggressive and disruptive behavior during school¹¹⁻¹³. When used just in first-grade, the low-cost strategy (about \$15 per child) has benefits in adulthood, lowering the alcohol and drug abuse¹⁴, suicidal thoughts and attempts¹⁵ and/or depression,¹⁶ plus antisocial personality disorder.¹⁷

There are also simple, low-cost, easy-to-use, proven strategies called “evidence-based kernels”¹⁸ that increase educational outcomes, improve parenting, reduce mental-health problems, reduce illnesses, improve public safety, decrease crime, delinquency, and substance abuse, lower healthcare costs, improve workplace productivity, and more. The efficacy of prevention programs and various “kernels” are supported by extensive peer-reviewed scientific research.

Opportunities: New conditions favor actions that create rapid benefits and lower long-term costs (e.g., health, safety, human services) so that more resources can go into goods and services for global competitiveness. The very existence of the economic downturn reduces organizational inertia to do things as we have always done them, thereby creating opportunities for rapid infusion of low-cost, cost-effective, scientifically proven solutions that can change health, safety, educational and other important outcomes for American communities. Further, the resulting changes can provide frequent news reports of about successes that can increase hopefulness, self-efficacy, and recovery in America. Here are just a few examples:

- **Health-care.** Proven prevention practices can:
 - Reduce sudden cardiac arrest by as many as 36,000 in the US per year¹⁹, and the same kernel can prevent or reduce many mental illnesses based that the largest single prescription medication category for Medicaid (based on a consensus recommendation of the American Psychiatric Association)²⁰.
 - Reduce the use of rapidly rising prescription pain medications²¹.

- **Mental, Behavioral-health.** Proven prevention practices can:
 - *Reduce* serious substance abuse by methamphetamine or poly drug users who utilize emergency services ²²⁻²⁵.
 - *Reduce* serious alcohol use among men and women of child-rearing age in standard health-care settings ^{26 27}.
 - *Prevent* ADHD and related disorders in children through adulthood without medication for the price of a couple of kids' meals at McDonald's^{12 14}.
- **Public safety.** Proven prevention practices can:
 - *Prevent* at least 83,000 cases of confirmed child maltreatment and conduct disorders for whole states or counties for the per child cost of dinner at Olive Garden or Red Lobster ^{6 9}.
 - *Prevent* lifetime conduct disorders and criminal activities by a "behavioral vaccine" implemented in first-grade ¹⁷.
- **Education.** Proven prevention practices can:
 - *Increase* school readiness and early literacy at age 4 thru primary school with 12 simple but carefully constructed storybooks ²⁸⁻³³.
 - *Result* in Title 1 students from 1st grade looking like middle-class students in 4th grade and into middle school ^{34 35}.
 - *Improve* academic responding of children with autism-spectrum disorder for the price of Big Mac ³⁶.
 - *Cut* the number of African American 9th graders with failing grades using a 15-minute intervention in 7th grade ³⁷.
- **Workplace and Community.** Proven prevention practices can:
 - *Increase* the chances that people who have been fired or lost their jobs in economic downturn get new jobs ³⁸.
 - *Increase* water and energy conservation ³⁹⁻⁴¹.

Recovery-Stimulus Strategy. These low-cost, scientifically proven prevention strategies can have a large impact in recovery, only if used widely across America. When America had the polio epidemic in the 1950s, the entire country was mobilized after the discovery of a vaccine. Mobilization and diffusion of the low-cost strategies could happen using two existing channels: 1) the thousands of Drug-Free Communities and Weed & Seed Grantees in America who are required to mobilize around sustainable evidence-based practices and strategies rather than deliver services, and 2) Agricultural Extension through land-grant colleagues whose whole purpose has for a hundred years been to transfer and disseminate scientific knowledge for community good. Both entities use relationship "marketing" and could engage local organizations and entities to hire/retain individuals to disseminate programs and kernels throughout communities via doctors' offices, clinics, schools, neighborhoods associations, etc. The use of low cost, proven kernels can be monitored on-line, in a strategic way that links community-wide change to a mass media scoreboard for American recovery.

Can such major population-level change happen and has it been demonstrated using low-cost strategies that can mobilize communities and produce credible change? Yes, it has been recently proven for child-maltreatment and parenting outcomes by the CDC and several foreign governments ^{5 6 8 9 42}; proven for tobacco control ⁴³⁻⁴⁶; and proven for intentional and unintentional injury control ⁴⁷⁻⁵³. Yes, measurable change and recovery can happen quickly for whole communities and states.

Some Next Steps

1. By executive order, the President could declare the parent-child strategies that are proven by CDC and others to prevent child maltreatment and behavioral/emotional diagnoses to be reimbursable under Medicaid/Medicare/TRICARE/SCHIP Rules. They are not presently reimbursable unless both the child and parent are seen simultaneously, which is inadvertently causing skyrocketing increase of Schedule II and psychotropic medications—because a medical practitioner has no other choice for helping the family. Secretary Gates should expedite this in DOD, because deployed or combat service member families have typically higher rates of physical maltreatment.⁵⁴⁻⁵⁶ Governors may also be able to issue executive orders achieving similar purposes.
2. Executive orders or directives could also be issued by the President, Secretary Gates and Governors that would allow 3rd party billing and/or blended funding for proven strategies delivered to schools or youth-serving that prevent DSM-IV or ICD mental, behavioral, emotional or physical disorders. Often, Federal or state regulations do not allow blending of funds or services that generate or mix treatment and prevention benefits.
3. Health and Human Services and the Office of National Drug Control Policy could create an addendum to Drug Free Communities Grantees to accelerate the diffusion of low-cost strategies that prevent mental illness, substance abuse and related criminal or health problems rapidly, and allow billing for such low-cost strategies.
4. The Congress and President can enable the US Department of Agriculture to expand the reach of the Cooperative State Research, Education and Extension Services to use the extension offices to promote and disseminate these low-cost evidence-based strategies to small business owners, organizations, youth, consumers, and others in rural areas and communities of all size.
5. Policies can be drafted that create incentives for state and local governments to implement low-cost or cost-effective evidence based strategies that cut across government silos and that produce quick change.
6. Use the various "First Spouses" initiatives supported by Federal agencies to promote rapid diffusion of such strategies in the States.

Best Practice Literature Cited

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