

***By closing the coverage gap, the federal government would cover much of county inmate health care expenses.***

## Reduced Crime Saves Counties Money

- Cost savings from closing the coverage gap can be attributed to **reductions in new entrants** to the jail and prison system as well as reducing re-incarceration rates.<sup>1</sup>
- Keeping people in prisons and jails is expensive. Ohio Governor John Kasich noted that it costs the state over \$22,000/year to keep an individual in prison. Providing people with the mental health and substance use treatment services they need would only cost a fraction of that.<sup>1</sup>
- Fiscal Year 2014–15, North Carolina spent **\$6,923 per inmate** on healthcare. Closing the coverage gap would **offset \$10 million** in Department of Public Safety costs per year.<sup>6</sup>

## Access to Mental Health and Substance Use Services Reduces Crime

- Health coverage connects people with services, like mental health and substance use treatment, that reduce the risk of incarceration in the future.<sup>1</sup>
- A large proportion of prisoners and jail inmates are affected by mental health problems and approximately two-thirds struggle with substance use disorders.<sup>3</sup>
- According to the U.S. Department of Justice, 56% of state prisoners, 45% of federal prisoners, and 64% of jail inmates are affected by a mental health problem.<sup>4</sup>
- Improved access to mental health and substance use treatment from closing the coverage gap has resulted in a 3% decline in crime nationally.<sup>5</sup>
- By preventing crimes caused by unaddressed mental health and substance use problems, law enforcement can focus their attention on other pressing safety concerns in the community.

## Health Coverage Increases Access to Community Resources

- Providing people with health coverage provides alternatives to arrest for people struggling with mental health and substance use disorders.<sup>1</sup>
- People struggling with opioid use disorders that have health insurance coverage under Medicaid are 14 percentage points more likely to receive treatment for their opioid use disorder.<sup>2</sup>

# Sources

1. Guyer, J., Bachrach, D., Shine, N., & Solutions, M. H. (2015). Medicaid Expansion and Criminal Justice Costs: Pre-Expansion Studies and Emerging Practices Point Toward Opportunities for States. Retrieved from [www.rwjf.org](http://www.rwjf.org).
2. Kaiser Family Foundation. (2019). Key facts about uninsured adults with opioid use disorder. Retrieved August 21, 2020, from <https://www.kff.org/uninsured/issue-brief/key-facts-about-uninsured-adults-with-opioid-use-disorder/>
3. National Center on Addiction and Substance Abuse at Columbia University. (2010, February). Behind Bars II: Substance Abuse and America's Prison Population.
4. US Department of Justice, Office of Justice Programs. (2006). Mental Health Problems of Prison and Jail Inmates: Bureau of Justice Statistics Special Report No. NCJ 213600.
5. Vogler, J., Borgschulte, M., Reif, J., Powers, E., Thornton, R., Marx, B., ... Carr, J. (2018). Access to Health Care and Criminal Behavior: Short-Run Evidence from the ACA Medicaid Expansions \*.
6. Lerche, J. (2021). Financing coverage options. Retrieved from <https://healthpolicy.duke.edu/sites/default/files/2021-01/NC%20Council%20on%20Health%20Care%20Coverage%20-%20Compiled%20Slide%20Deck%20-%20Meeting%203.pdf>