



ALLIANCE FOR A
HEALTHY KANSAS

Expand KanCare: Just the Facts

EXPANDING KANCARE WILL ENHANCE SERVICES FOR MENTAL HEALTH AND SUBSTANCE USE DISORDERS AND IS A KEY PART OF CRIMINAL JUSTICE REFORM

Expanding KanCare will connect many justice-involved individuals to affordable health insurance coverage. These individuals have very high rates of mental illness, substance use disorders, and other medical conditions. Providing timely and effective treatment could prevent many of these individuals from coming into contact with the criminal justice system.ⁱ Access to behavioral and other health care services will improve health outcomes and reduce arrests and recidivism.

- Mental illness and substance use disorders are common health conditions in jails. Nearly two-thirds of inmates meet medical criteria for these conditions.ⁱⁱ
- Uninsurance is common among jail inmates. Estimates are that 60-90% of those incarcerated would qualify for Medicaid (KanCare) if eligibility is expanded.^{iii,iv}
- In Kansas, nearly one-third of uninsured individuals who would qualify for an expanded KanCare program, about 34,000 people, experienced mental illness or substance use disorders in past year. Less than 14% received treatment, largely due to lack of access to affordable care.^v
- Expanding KanCare will reduce unmet need for mental health and substance use disorders treatment. Those enrolled in Medicaid are 30% more likely to receive treatment.^{vi}
- Connecting these individuals to behavioral health and other treatment services will help many of them to avoid returning to jail or prison.
- Justice-involved individuals enrolled in Medicaid are more likely to remain stable in the community. States that have expanded Medicaid and access to treatment services have reduced health care costs, reduced arrests, and realized savings in criminal justice costs of nearly \$3 for every dollar invested in treatment.^{vii,viii,ix}

ⁱ Kimball, A., Diehl, S., Honberg, R. et al. "Medicaid Expansion and Mental Health Care." National Alliance on Mental Illness: Arlington, VA, 2013.

ⁱⁱ National Center on Addiction and Substance Abuse at Columbia University. "Behind Bars II: Substance Abuse and America's Prison Population." New York, NY, 2010.

ⁱⁱⁱ Gates, A., Artiga, S., and Rudowitz, R. "Health Coverage and Care for the Adult Criminal Justice-Involved Population." Kaiser Family Foundation: Menlo Park, CA, 2014.

^{iv} U.S. Government Accountability Office. "Medicaid: Information on Inmate Eligibility and Federal Costs for Allowable Services." Washington, DC, September 2014.

^v Dey, J., Rosenoff, E., West, K., Ali, MM., Lynch, S., McLellan, C., Mutter, R., Patton, L., Teich, J., & Woodward, A. "Benefits of Medicaid Expansion for Behavioral Health." U.S. Department of Health and Human Services, Assistance Secretary for Planning and Administration: Washington, DC, 2016.

^{vi} Han, B., Gfroerer, J., Kuramoto, J., Ali, M., Woodward, A., & Teich, J. "Medicaid Expansion Under the Affordable Care Act: Potential Changes in Receipt of Mental Health Treatment Among Low-Income Nonelderly Adults with Serious Mental Illness." *American Journal of Public Health*, 105(10), 2015.

^{vii} Mancuso, D., & Felver, B. "Chemical Dependency Treatment, Public Safety." Washington State Department of Social and Health Services Research, Data Analytics Division: Olympia, WA, 2009.

^{viii} Guyer, J., Bachrach, D., & Shine, N. "Medicaid Expansion and Criminal Justice Costs: Pre-Expansion Studies and Emerging Practices Point Toward Opportunities for States." Robert Wood Johnson Foundation: Princeton, NJ, 2015.

^{ix} Morrissey, JP, Steadman, HJ, Dalton, KM, Cuellar, A., Stiles, P., & Cuddeback, GS. "Medicaid enrollment and mental health service use following release of jail detainees with severe mental illness," *Psychiatric Services*, 57(6), 809-815, 2006.