Health Care as Crime Control

Crime causes substantial social and economic harm in communities across the United States, and Americans deserve solutions that work. Much criminal behavior may in part be the result of untreated mental illness or substance use disorder (SUD). For instance, studies suggest that around 65% of people incarcerated in the United States have an active SUD.[1] A growing number of high-quality studies provide strong evidence that expanding access to mental and behavioral health care reduces crime and recidivism.

WHAT WE KNOW ABOUT INCREASING HEALTH CARE ACCESS AND TREATMENT

- **Medicaid coverage:** In Wisconsin, expanding Medicaid coverage for people nearing release from prison led to a 16% decrease in reincarceration, a 25% increase in employment, and dramatic increases in health care use for newly eligible people recently released from prison.[2] For young men in South Carolina, losing access to Medicaid upon turning 19 years old caused large increases in incarceration, particularly for those who had relied on Medicaid for coverage of mental health services and medication.[3]
- **Treatment and access:** Greater access to substance abuse treatment and mental health care in a particular geographic area reduces local crime rates.[4] Even light-touch mental health outreach may improve outcomes. In Johnson County, Kansas, connecting people screened as having a serious mental illness with a mental health provider immediately on release from jail reduced recidivism.[5]
- **Cognitive behavioral therapy (CBT):** A form of therapy that aims to identify and change counterproductive and impulsive thoughts and behaviors, CBT has been rigorously evaluated in both corrections and community settings and found to reduce crime, especially violent offenses. It appears especially valuable for teens and young adults at high risk of violence.

WHAT POLICYMAKERS SHOULD FOCUS ON

- Partnering with community-based health providers to improve access to evidence-based health services that have positive public safety impacts for vulnerable and high-risk populations, especially youth. These providers can include federally qualified health centers, school-based health centers, certified community behavioral health clinics, and rural health centers.
- Supporting the implementation of new federal resources to expand health care access at reentry.
  - **Medicaid Section 1115 reentry demonstration waivers** allow for Medicaid enrollment in the immediate period before release from incarceration. Nineteen states have received approval for these reentry demonstration waivers.
  - The **Consolidated Appropriations Act of 2023** authorizes Medicaid and CHIP to cover screening, diagnosis, and case management for youth in custody starting 30 days prior to release, and states were required to begin delivering services to Medicaid beneficiaries in January 2025.
  - The **Consolidated Appropriations Act of 2024** required that all states suspend, rather than terminate, Medicaid eligibility during incarceration starting in 2026.
  - **Health Resources and Services Administration (HRSA) reentry grants** to federally qualified health centers allow 54 centers across the country to develop and implement new care models to support the reentry process.

- Scaling proven cognitive behavioral therapy programs, such as Becoming a Man, Choose to Change, and the Rapid Employment and Development Initiative.[6]
- Developing, piloting, and rigorously evaluating new approaches to increase health care utilization for high-risk populations, particularly youth and young adults, and scale what works.

ENDNOTES

1 National Institute on Drug Abuse. (n.d.). *Criminal justice* [DrugFacts]. Retrieved December 12, 2025, from https://nida.nih.gov/publications/drugfacts/criminal-justice.

2 Badaracco, N., Burns, M., & Dague, L. (2021). The effects of Medicaid coverage on post incarceration employment and recidivism. *Health Services Research, 56*(Suppl. 2), 24–25.

3 Jácome, E. (2024, October) *Mental health and criminal involvement: Evidence from losing Medicaid eligibility* [PDF]. Northwestern University. Retrieved from https://elisajacome.github.io/Jacome/MentalHealthcareCrime.pdf.

4 Substance Abuse: Substance Abuse: Bondurant, S. R., Lindo, J. M., & Swensen, I. D. (2018). Substance abuse treatment centers and local crime. *Journal of Urban Economics, 104*, 124–133; Mental Health: Deza, M., Maclean, J. C., & Solomon, K. T. (2020). Local access to mental healthcare and crime (NBER Working Paper No. 27619). National Bureau of Economic Research. http://www.nber.org/papers/w27619.

5 Batistich, M. K., Evans, W. N., & Phillips, D. C. (2025). Reducing the burden of mental illness on the criminal justice system: Evidence from light-touch outreach. *Journal of Urban Economics, 146.*

6 University of Chicago Crime Lab. (n.d.). *Becoming a Man (BAM)*. Retrieved December 12, 2025, from https://crimelab.uchicago.edu/projects/becoming-a-man-bam/; Abdul Razzak, N., & Hallberg, K. (2024, October). *Unpacking the impacts of a youth behavioral health intervention: Experimental evidence from Chicago* (EdWorking Paper No. 24 1053). Annenberg Institute at Brown University. https://edworkingpapers.com/sites/default/files/ai24-1053.pdf; University of Chicago Crime Lab. (n.d.). *Rapid Employment and Development Initiative (READI) Chicago.* Retrieved December 12, 2025, from https://crimelab.uchicago.edu/projects/readi/.