

Executive Summary: Health Impact Review of HB 1783

Concerning Legal Financial Obligations (2017-2018 legislative sessions)

Evidence indicates that HB 1783 has potential to reduce the financial impact from legal financial obligations for individuals convicted of a crime which in turn has the potential to improve health outcomes and decrease health disparities for this population.

BILL INFORMATION

Sponsors: Representatives Holy, Goodman, Hansen, Hayes, Stokesbary, Senn, Orwall, Kagi, Appleton, Kilduff, Rodne, Jinkins, Taylor, Shea, Tharinger, Frame, Fitzgibbon, Berquist, Fey, Marci, Ryu, Doglio, Pellicciotti, Peterson, Santos, Reeves, Kloba, Robinson, Stanford, Hudgins, McBride, Ormsby, Pollet

Summary of Bill:

- Eliminates interest on the non-restitution portion of legal financial obligations (LFOs).
- Provides the opportunity for a defendant who is indigent to convert his or her unpaid fines, penalties, assessments (except for the victim penalty assessment), fees, and costs to community restitution hours at the rate of no less than the state minimum wage.
- Prioritizes the collection of restitution prior to the payment of any other LFOs.
- Establishes that a defendant is exempt from paying specified costs if they are found to be indigent at the time of sentencing.
- Allows defendants the ability to pay fines, penalties, assessments, fees, and costs in designated installments or within a designated period if the defendant is found to be indigent.
- Establishes that nonpayment of LFOs by an offender who is homeless or mentally ill is not willful noncompliance and is therefore exempt from penalties.
- Establishes that an offender does not have to pay a second \$100 DNA database fee if a DNA sample was collected as a result of a prior conviction.

HEALTH IMPACT REVIEW

Summary of Findings:

This Health Impact Review found the following evidence regarding the provisions in HB 1783:

- Strong evidence that the provisions required by HB 1783 would likely lead to a reduced financial impact from LFOs for individuals convicted of a crime.
- Very strong evidence that reducing the financial impact from LFOs for individuals convicted of a crime would likely lead to improved health outcomes.
- Very strong evidence that improving health outcomes for individuals convicted of a crime would likely decrease health disparities by income, race/ethnicity, and education as well as health disparities faced by those experiencing mental illness and homelessness.

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Health Impact Review of HB 1783

Concerning Legal Financial Obligations

2017-2018 Legislative Sessions

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Contents

Introduction and Methods.....	1
Analysis of HB 1783 and the Scientific Evidence.....	2
Logic Model.....	4
Summaries of Findings	5
Annotated References	9

Introduction and Methods

A Health Impact Review is an analysis of how a proposed legislative or budgetary change will likely impact health and health disparities in Washington State ([RCW 43.20.285](#)). For the purpose of this review ‘health disparities’ have been defined as the differences in disease, death, and other adverse health conditions that exist between populations ([RCW 43.20.270](#)). This document provides summaries of the evidence analyzed by State Board of Health staff during the Health Impact Review of House Bill 1783 ([HB 1783](#)) from the 2017-2018 legislative sessions.

Staff analyzed the content of HB 1783 and created a logic model depicting possible pathways leading from the provisions of the bill to health outcomes. We consulted with experts and contacted stakeholders with diverse perspectives on the bill. State Board of Health staff can be contacted for more information on which stakeholders were consulted on this review. We conducted objective reviews of the literature for each pathway using databases including PubMed and Google Scholar.

The following pages provide a detailed analysis of the bill including the logic model, summaries of evidence, and annotated references. The logic model is presented both in text and through a flowchart (Figure 1). The logic model includes information on the strength of the evidence for each relationship.

The strength-of-evidence has been defined using the following criteria:

- **Not well researched:** the literature review yielded few if any studies or only yielded studies that were poorly designed or executed or had high risk of bias.
- **A fair amount of evidence:** the literature review yielded several studies supporting the association, but a large body of evidence was not established; or the review yielded a large body of evidence but findings were inconsistent with only a slightly larger percent of the studies supporting the association; or the research did not incorporate the most robust study designs or execution or had a higher than average risk of bias.
- **Strong evidence:** the literature review yielded a large body of evidence on the relationship (a vast majority of which supported the association) but the body of evidence did contain some contradictory findings or studies that did not incorporate the most robust study designs or execution or had a higher than average risk of bias; or there were too few studies to reach the rigor of ‘very strong evidence’; or some combination of these.
- **Very strong evidence:** the literature review yielded a very large body of robust evidence supporting the association with few if any contradictory findings. The evidence indicates that the scientific community largely accepts the existence of the association.

This review was subject to time constraints, which influenced the scope of work for this review. The annotated references are only a representation of the evidence and provide examples of current research. In some cases only a few review articles or meta-analyses are referenced. One article may cite or provide analysis of dozens of other articles. Therefore the number of references included in the bibliography does not necessarily reflect the strength-of-evidence. In addition, some articles provide evidence for more than one research question so they are referenced multiple times.

Analysis of HB 1783 and the Scientific Evidence

Summary of relevant background information

- When an individual is convicted of a crime in Washington, the court has the authority to order the payment of legal financial obligations (LFOs), which may include fines, fees, and costs associated with an individual's conviction.¹
- In addition to a number of discretionary LFOs such as a jury fee, crime lab analysis fee, filing/clerk's fee, and costs of incarceration, a \$500 victim penalty assessment (VPA) and a \$100 DNA fee are required to be imposed on all felony convictions.^{1,2}
- Superior court-ordered LFO judgements in Washington are charged 12% interest annually, which begins accruing from the day of sentencing, and are assessed a \$100 annual collection surcharge per felony conviction.³
- LFOs from district and municipal courts are also subject to 12% interest if the case is sent to a collection agency and placed in collection status.⁴

Summary of HB 1783

- Eliminates interest on the non-restitution portion of LFOs.
- Provides the opportunity for a defendant who is indigent to convert his or her unpaid fines, penalties, assessments (except for the VPA), fees, and costs to community restitution hours at the rate of no less than the state minimum wage.
- Prioritizes the collection of restitution prior to the payment of any other LFOs.
- Establishes that a defendant is exempt from paying specified costs if they are found to be indigent at the time of sentencing.
- Allows defendants the ability to pay fines, penalties, assessments, fees, and costs in designated installments or within a designated period if the defendant is found to be indigent.
- Establishes that nonpayment of LFOs by an offender who is homeless or mentally ill is not willful noncompliance and is therefore exempt from penalties.
- Establishes that an offender does not have to pay a second \$100 DNA database fee if a DNA sample was collected as a result of a prior conviction.

Scope of this Health Impact Review

Existing language in RCW 10.82.090 specifies that the provisions in HB 1783 would apply to persons convicted as adults as well as those adjudicated in juvenile court. However, in May 2015 Governor Jay Inslee signed into law Senate Bill 5564, known as the Youth Equality and Reintegration (YEAR) Act. This act relieves juvenile offenders from many of the same financial obligations as HB 1783 proposes.⁵ Key provisions of the YEAR Act include: eliminating 20 of the 22 non-restitution LFOs; reducing the 12% interest rate on LFOs to zero; providing judges with the discretion to modify restitution assessments based on ability to pay, seal criminal records when restitution to individual victims has been paid off, and convert restitution to community service hours; creating the opportunity for youth with outstanding LFOs to petition the Court to reduce or forgive LFOs and interest; and prioritizing the payment of restitution to the victims.⁵ Given that the YEAR Act supersedes HB 1783 for juvenile offenders, this Health Impact Review will limit its focus to adult offenders only.

Health impact of HB 1783

Evidence indicates that HB 1783 has potential to reduce the financial impact from LFOs for individuals convicted of a crime which in turn has the potential to improve health outcomes and decrease health disparities for this population.

Pathways to health impacts

The potential pathways leading from the provisions of HB 1783 to decreased health disparities are depicted in Figure 1. There is strong evidence that the provisions required by HB 1783 would likely lead to reduced financial impact from LFOs for individuals convicted of a crime.^{1,3,4,6-10} There is very strong evidence that reducing the financial burden of LFOs would likely improve health outcomes for a number of indicators including overall self-rated health, depression, anxiety, asthma, obesity, and high blood pressure.¹¹⁻²⁰ There is very strong evidence that improving health outcomes for individuals convicted of a crime would likely reduce health disparities by income,^{4,10-21} race/ethnicity,^{3,12,14,17,21-26} and education.^{3,4,11,17,21,22,25,27} Further, HB 1783 provides specific provisions for individuals convicted of a crime who are experiencing mental illness and homelessness and therefore improving health outcomes would also likely decrease health disparities for these populations.^{3,22,23,28}

Due to time limitations we only researched the most direct connections between the provisions of the bill and decreased health disparities and did not explore the evidence for all possible pathways. For example, potential pathways that were not researched include:

- Evidence for the effectiveness of monetary sanction reform in increasing compliance with payments.

Magnitude of impact

The fiscal note for SB 5713 (the previous version of this bill from the 2015-2016 legislative session) published in February 2015 estimates that there are 98,410 persons in Washington with superior court LFOs. In addition, the Washington Office of Public Defense indicates that 80 to 90% of persons charged with felony convictions, which would be handled by the superior courts, are found to be indigent. Using this estimate, the number of persons that would be impacted by the provisions provided by HB 1783, such as eligibility for community restitution hours, would be between 78,728 and 88,569 people. Further, the fiscal note states that there are 450,847 persons with LFOs from district and municipal courts. Although the percentage of indigent persons in that population is unknown, the fiscal note utilizes the United States Census Bureau estimate of 17.5% of Washington residents living at or below 125% of the federal poverty level. If 17.5% of those with district and municipal court LFOs were considered indigent, there would be an additional 78,898 people, which in combination with those owing superior court LFOs would amount to between 157,626 and 167,467 people impacted by this bill. It is important to note that the Census estimate reflects the general population in Washington and is likely an underestimation of the number of people with district and municipal court LFOs who are living in poverty and would be impacted by the provisions of this bill. Further, all persons in Washington with LFOs would be impacted by the provision that eliminates interest accrual on the non-restitution portion of their LFOs, approximately 549,257 people. Finally, a number of people would be indirectly impacted by this legislation as researchers have noted the tremendous impact that LFOs have on children and families including garnishment of spouse's earnings, seizing joint bank accounts and assets, and an overall financial instability.¹⁰

Logic Model

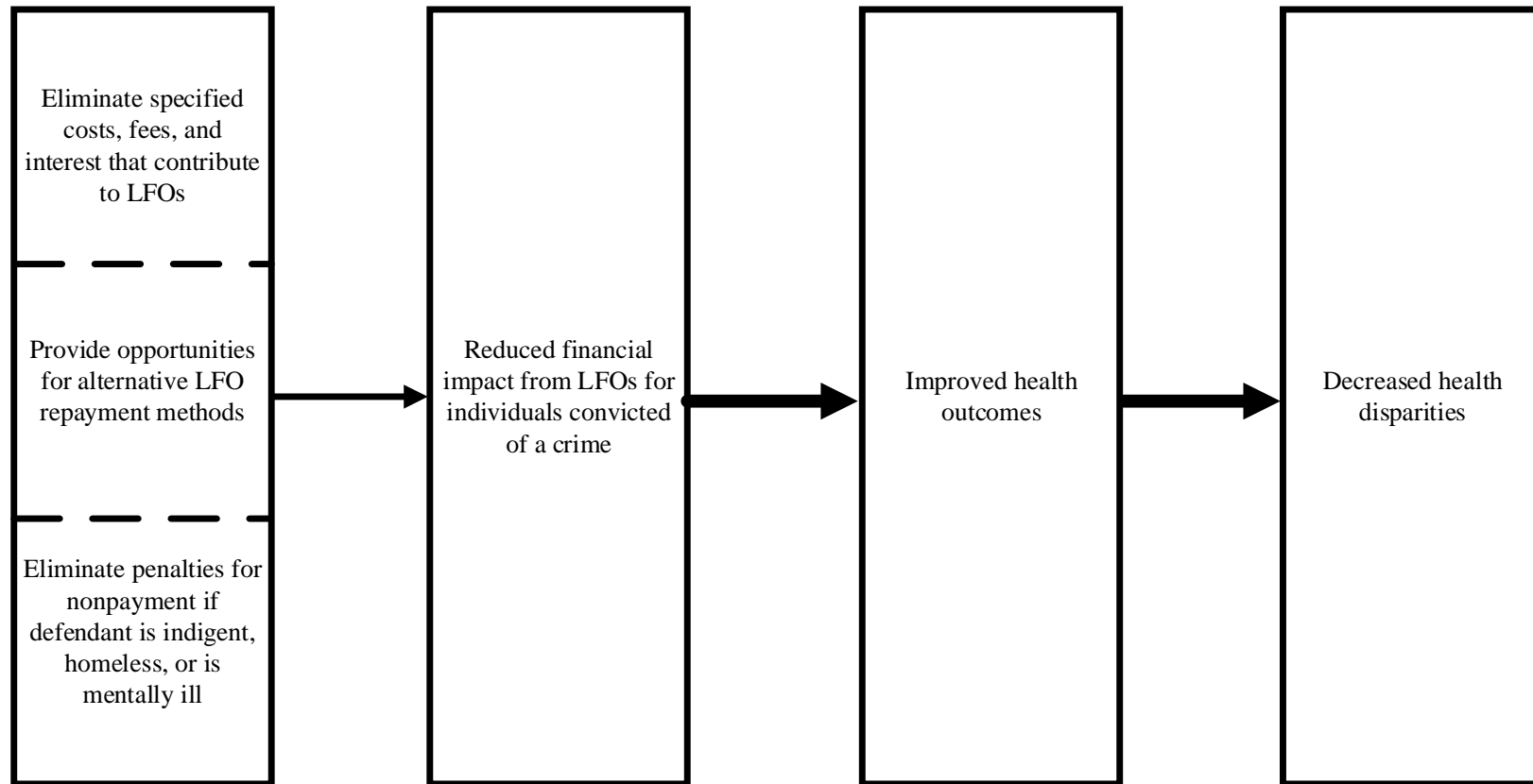
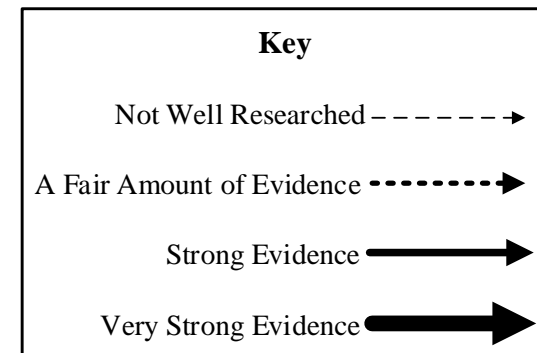


Figure 1
House Bill 1783
Concerning Legal Financial Obligations



Summaries of Findings

Will the provisions specified by HB 1783 lead to a reduced financial impact from LFOs for individuals convicted of a crime?

There is strong evidence that the provisions required by HB 1783 will lead to a reduced financial impact from LFOs for individuals convicted of a crime. According to the Washington Office of Public Defense, between 80% and 90% of persons convicted of felonies in the state are found to be indigent by the courts.⁴ A number of studies have indicated that LFOs, and the interest on them, is one of the biggest barriers to successful re-entry into communities following conviction and perpetuate a cycle of poverty.^{1,4,6-9} For example, with surmounting debt from LFOs, previous offenders experience worsening credit scores, a reduced ability to apply for federal benefits, and hindered efforts to pursue education and employment, particularly for those with a felony conviction.^{1,8} In a 2008 study in Washington, data from superior court records indicated that the median value of LFOs for felony convictions was \$1,347 and the mean LFO value was \$2,540.¹ Given the mean value of \$2,540 and a 12% interest rate, a person making \$25 monthly payments on their LFO will still possess over \$3,900 in legal debt 30 years later.¹ Further, evidence shows that for the majority of people, making payments towards their LFOs is “unduly burdensome” and that making regular payments takes away from their ability to pay rent, buy food and medicine, and financially support their children and families.^{3,8} Finally, using the value of the median legal debt in Washington, data has shown that legal debt of white, Hispanic, and black men is approximately 60%, 36%, and 50% of their expected annual earnings respectively, which demonstrates that the debt caused by LFOs is substantial and impedes economic mobility.¹⁰ Therefore, the provisions provided by SB 1783, such as eliminating the interest on non-restitution LFOs and eliminating specified costs for indigent persons, would reduce the financial impact from LFOs for individuals convicted of a crime.

Will reducing the financial impact from LFOs for individuals convicted of a crime lead to improved health outcomes?

There is very strong evidence that reducing the financial impact from LFOs for individuals convicted of a crime will lead to improved health outcomes. Financial impact can be measured by a number of indicators including household income, socioeconomic position, relative deprivation, poverty rates, and personal indebtedness.^{15,16,18-21} There is a large body of robust evidence that supports the association between income and health. Significant correlations exist between lower income and a number of health indicators including worse overall self-reported health, depression, stress, asthma, arthritis, stroke, oral health, tobacco use, women's health indicators, health screening rates, physical activity, and diabetes.^{11-13,15,18,19} Further, 2015 data indicate that age-adjusted death rates were higher in Washington census tracts with higher poverty rates.¹⁴ Household income was also the strongest predictor of self-reported health status in Washington in 2016, even after accounting for age, education, and race/ethnicity.¹⁷

In addition to the literature that demonstrates an association between income and health, another body of evidence also indicates an association between debt, or indebtedness, and health. Evidence from two large peer-reviewed systematic reviews show that unpaid debt is associated with poorer self-reported physical health and health-related behaviors such as physical activity, alcohol and tobacco use, and diet quality.^{16,20} Further, evidence shows that personal debt negatively impacts mental health and is associated with an increased rate of depression and

depression-related symptoms such as anxiety and anger as well as suicidal ideation.^{16,20} The results from a pooled meta-analysis demonstrate significant associations between debt and mental disorders, depression, suicide completion or attempt, problem drinking, drug dependence, neurotic disorder, and psychotic disorders.¹⁶ Therefore, reducing the financial burden from LFOs, and thereby reducing legal debt, would improve mental and physical health outcomes for this population.

Will improved health outcomes lead to decreased health disparities among individuals convicted of a crime?

There is very strong evidence that improving health outcomes for individuals convicted of a crime would decrease health disparities. Evidence indicates that racial/ethnic minorities, and individuals with low-income, lower levels of education, and higher rates of mental illness and homelessness are disproportionately represented in the criminal justice system.^{3,4,6,10,23,24,26}

Evidence also indicates that this disproportionality also exists in Washington. For example, in 2010, black, American Indian/Alaska Native, and Hispanic individuals made up 18%, 5%, and 14% of persons in Washington prisons and jails although they made up only 4%, 2% and 11% of the total Washington population, respectively.²⁶ Additionally, data indicates that even after controlling for other legal, demographic, and county level characteristics, Hispanic defendants are assessed significantly higher fines and fees than white defendants in Washington.¹ Improving health outcomes for the populations disproportionately represented in the criminal justice system would therefore decrease health disparities.

Disparities by income, education, and race/ethnicity

Data indicates that low-income populations are disproportionately burdened by monetary sanctions in the United States.³ One study estimates that the annual income of nearly two-thirds of jail inmates was under \$12,000 in the year prior to their arrest and when coupled with reduced educational and employment opportunities upon release, the financial hurdles can be tremendous, even in the absence of LFOs.³ Income has such a large impact on health, as discussed above, and therefore low income populations face disparities in many health measures.^{4,10-21} Data indicate that this correlation between low income and poor health does exist in Washington State.^{11-14,17,25}

Similar associations can be seen between educational attainment and health. It is estimated that in the United States, close to 65% of those incarcerated did not receive a high school diploma and 70% of prisoners experience low levels of literacy.⁷ Lower levels of education have been shown to be associated with outcomes such as poorer self-reported health, and higher rates of diabetes, tobacco use, and mental health issues.^{12,14,17,22,25,27}

Data has shown that communities of color experience worse health outcomes than their counterparts for many health measures. In Washington, data indicates that American Indian/Alaska Natives and black residents had some of the highest age-adjusted death rates and shortest life expectancies at birth compared to other groups in the state.¹⁴ Further, compared to white communities in Washington, communities of color also have higher rates of current tobacco use, diabetes, obesity, and poorer self-reported overall health and mental health.^{11,12,17,22,25} Therefore, improving health outcomes for these populations would help decrease health disparities by income, education, and race/ethnicity.

Homelessness and mental illness

HB 1783 provides specific provisions for individuals convicted of a crime who are experiencing mental illness and homelessness and often, these experiences can go hand in hand. Data indicates that over half of inmates in the U.S. have a mental health issue and between 16-24% experience serious mental illness.²³ Specifically in Washington, a study from 2002 revealed that 16% of individuals in the state who were receiving publicly funded mental health services had at least one felony conviction, a rate over twice that of the general population.²² Data also suggests that upon release from prison, former prisoners experience homelessness at a rate higher than the general population, which can have lasting impacts on their mental and physical health.²³ Moreover, evidence from a peer-reviewed literature review shows that in addition to health issues such as nutrition disorders, higher rates of respiratory disorders, skin and dental problems, infectious diseases, and injuries due to environmental exposure, accident and violence, individuals experiencing homelessness also have high rates of mental illness.²⁸ The National Alliance to End Homelessness estimates that approximately 50% of individuals experiencing homelessness are also experiencing a mental health issue and close to 25% experience serious mental disorders such as chronic depression, bipolar disorder, and schizophrenia.²⁸ As a result, improving health outcomes for individuals convicted of a crime who experience mental illness and homelessness has the potential to also decrease health disparities among these populations.

Other disparities

It is important to note that Washington data also shows that there is significant variation in the assessment of LFOs depending on a number of additional factors.¹ The data indicates that counties with either smaller population sizes, smaller proportions of their budgets devoted to law and justice, or higher rates of drug arrests or violent crime assess significantly higher fees and fines for cases with identical charges and prior criminal histories.¹ Further, convictions involving drug offenses are associated with significantly higher LFOs than convictions involving violent crimes, and male defendants are assessed higher LFOs than female defendants.¹ While HB 1783 establishes that a defendant is exempt from paying specified costs if they are found to be indigent at the time of sentencing, there are still a number of monetary sanctions that may be assessed at differing levels depending on a number of case, county, and defendant-level characteristics. The potential impact that these variations in the assessment of LFOs will have on health disparities is currently unknown.

Other considerations

We pursued a number of other research questions in order to determine if there are alternate pathways leading from the provisions in the bill to positive or negative health impacts. We ultimately did not include these pathways in the logic model on page four of this review because there was insufficient evidence to determine if the connections exist. We evaluated the evidence concerning 1) the impact of LFOs on recidivism, and 2) the financial impact of reduced LFOs on state, county and city level revenue.

Recidivism

It has been shown in Washington that arrest and confinement of nonpaying legal debtors is happening across the state, which can occur if a court finds that a person is “willful” in the nonpayment of their LFOs.¹⁰ One study in Washington interviewed residents that had been

assessed LFOs and nearly one-fourth of them indicated they had an arrest warrant issued as a result of their inability to pay their LFOs.¹⁰ Similarly, another study found that on any given day approximately 20% of people in custody in one Washington county are there for nonpayment of LFOs.⁴ However, we were not able to identify literature that examined the association between the magnitude of monetary sanctions and the likelihood of reentry into the criminal justice system among adults. A study released in 2016 examined the issue of LFOs and recidivism among youth involved in the juvenile justice system.²⁹ The results indicate that the imposition of restitution, the amount of costs and/or restitution, and the costs and/or restitution owed at case closing were significantly associated with a higher likelihood of recidivism.²⁹ However, because this study focused on recidivism among youth, the results are not fully generalizable to the population of interest for this bill. Beckett et al. summarized this issue in saying that, “Many consequences that flow from legal debt—including lost income, enhanced housing instability, ongoing entanglement with criminal justice institutions, and additional barriers to legal employment—are predictors of recidivism... Thus, although the hypothesis that legal debt is criminogenic, to our knowledge, has not been tested directly, the available evidence indicates that the imposition and collection of LFOs contributes to the creation of circumstances that are known to increase recidivism.”¹⁰

Revenue impacts

The fiscal note for SB 5713 (the previous version of this bill from the 2015-2016 legislative session) presents the estimated financial impact that this legislation would have as well as the estimated expenditure that would be required to implement the provisions. We explored the potential impact that the reduced income from LFOs would have on state, county, and city revenues and how this in turn would impact spending on health programs, emergency response, mental health programs, health outreach and promotion etc. However, it is unclear from our research how the revenue generated from LFOs is used by the various recipients and where the money is dispersed within agencies. Further, it is unknown how much money is spent at the state and county level to monitor, impose, enforce, and collect LFOs relative to how much money is currently being collected.³ Therefore, the pathway between potentially decreased revenue and health was not clear and was ultimately not included in the logic model.

Annotated References

1. **Beckett Katherine, Harris Alexes, Evans Heather.** *The Assessment and Consequences of Legal Financial Obligations in Washington State.* **Washington State Minority and Justice Commission;2008.**

In this report, Beckett et al. examine the assessment and consequences of legal financial obligations (LFOs) assessed by the Washington State Superior Court. The authors use two sources of data including 3,366 Washington State Superior Court cases from January and February 2004 as well as qualitative interviews with fifty Washington residents who were assessed LFOs in one of four selected counties. Data from court records indicate that Hispanic defendants, male defendants, and persons convicted of drug crimes have significantly higher fees and fines than their counterparts, including those convicted for violent crimes. Further, there is significant variation of median LFO by county, even among cases where the charges and prior criminal histories are identical. The authors found that counties with, "...smaller populations, higher drug arrest and violent crime rates, and/or comparatively small proportions of their budgets devoted to law and justice assess significantly higher fees and fines." Findings from interview data demonstrate that LFOs exacerbate many difficulties that individuals face when trying to reintegrate into their community following a criminal conviction. Examples of some of these added difficulties due to LFOs include reducing income and worsening credit scores, hindering efforts to pursue education, training, and employment, and reducing eligibility for federal benefits. The authors conclude by presenting a number of recommendations that would reform the current LFO practices in Washington.

2. **Doyle Theresa.** *Legal Financial Obligations: A Ball and Chain.* **2015 Annual Report Minority & Justice Commission- Washington State Supreme Court;2015.**

Judge Theresa Doyle discusses the landscape of legal financial obligations (LFOs) in Washington as a part of the 2015 Minority & Justice Commission Annual Report. Doyle provides background on the types of LFOs that courts can impose in Washington, including the required \$500 victim penalty assessment and \$100 DNA database fee. The author then goes on to examine factors that have contributed to the LFO issue such as mass incarceration and inadequate court funding. Finally, the author discusses the impacts that LFOs have on defendants and the proposed legislation that would reform LFOs in Washington.

3. **Harris Alexes.** *A Pound of Flesh: Monetary Sanctions as Punishment for the Poor.* **New York: Russell Sage Foundation; 2016.**

The focus of this book, written by sociologist Alexes Harris, is the rise of monetary sanctions as a tool of the criminal justice system and the ways in which these sanctions marginalize and penalize the poor. While Harris presents data from across the United States, she focuses her analysis on the court practices of five counties in Washington State. In order to illustrate how these monetary sanctions are perpetuating inequality, Harris draws conclusions from quantitative and qualitative data including sentencing data, legal documents, court hearing observations, and eighty-nine interviews with judges, clerks, attorneys, and defendants. Harris further uses this evidence to support two main arguments throughout the book: "(1) monetary sanctions imposed by the criminal justice system create and sustain inequality in the United States and, (2) the

system of monetary sanctions is enforced by criminal justice bureaucrats whose discretion is shaped by a culture of accountability."

4. ***Modern-Day Debtors Prisons: The Ways Court-Imposed Debts Punish People for Being Poor. American Civil Liberties Union of Washington, and Columbia Legal Services;2014.***

This report focuses on four counties in Washington state to highlight the legal financial obligation (LFO) practices used in the courts with the goal that this information will drive the legislature to reexamine and reform current policies. The authors observed court proceedings; reviewed court records; and interviewed debtors, attorneys, and community members in each of the four selected counties, which were Benton, Clark, Clallam, and Thurston counties. The findings show that many courts are not properly considering a defendant's ability to pay when imposing discretionary LFOs and this often then requires people to choose between buying basic necessities and paying off their debt. Further, the state's 12% interest rate continues to create insurmountable debt for individuals who are already living in poverty. In this way, LFOs are a barrier for successful re-entry into communities upon release from custody. The authors conclude by presenting a number of recommendations that will help relieve the burden of LFOs on indigent persons as well as save resources for counties who put tremendous effort into collecting debts.

5. ***The Youth Equality and Reintegration Act (The YEAR Act) Columbia Legal Services and University of Washington Law Children & Youth Legislative Advocacy Clinic;2015.***

This document provides an overview of the Youth Equality and Reintegration Act (YEAR Act), which was signed into law in Washington in May 2015. Key provisions of the YEAR Act include: eliminating 20 of the 22 non-restitution LFOs; reducing the 12% interest rate on LFOs to zero; providing judges with the discretion to modify restitution assessments based on ability to pay, seal criminal records when restitution to individual victims has been paid off, and convert restitution to community service hours; creates the opportunity for youth with outstanding LFOs to petition the Court to reduce or forgive LFOs and interest; and prioritizes the payment of restitution to the victims.

6. ***Collateral Costs: Incarceration's Effect on Economic Mobility. Washington, DC: The Pew Charitable Trusts;2010.***

This report by the Pew Charitable Trusts is an analysis of the impacts of incarceration on economic mobility. The authors utilized a diverse array of data sources to compile this analysis including data from the Bureau of Justice Statistics, National Longitudinal Survey of Youth, and March Current Population Survey. Data show that in the United States, the criminal justice system has a particularly high overrepresentation of men, young people, people with low education levels, and racial/ethnic minorities. Further, incarceration has a negative impact on a former inmate's economic prospects and these individuals experience less upward economic mobility in their lifetime than those who are never incarcerated. Data show that being incarcerated reduces the total earnings of males by 2%, 6% and 9% for white, Hispanic, and black males respectively. Recommendations from the authors include strategies such as connecting former inmates with the labor market to increase job training and employment, and

capping the percent of a previous offender's income that can be subject to deduction for unpaid financial obligations.

7. Bannon Alicia, Nagrecha Mitali, Diller Rebekah. *Criminal Justice Debt: A Barrier to Reentry*. New York University School of Law: Brennan Center for Justice;2010.

In this report, the authors examine criminal justice fees in the fifteen states (Washington was not one of the fifteen) with the highest prison populations, which account for over 60% of all state criminal filings in the United States. Evidence indicates that across the board, states included in this analysis are adding new fees, raising existing fee amounts, and intensifying their efforts to collect outstanding fees, fines, and restitution. One important finding noted that a defendant's inability to pay their debt leads to an endless cycle of additional late fees and interest that perpetuates poverty. Further, criminal justice debt in many states is associated with a loss of voting and/or driving privileges. The authors also found that at least some jurisdictions in all the included states have arrested offenders who failed to pay their debt or did not appear for a debt-related hearing. They also indicated that many states use threat of probation or parole revocations as a tactic for collecting debts. Given the findings, the authors propose recommendations for reforming the use of fees in the criminal justice system including: exempting indigent defendants from user fees and allowing for payment plans; eliminating penalties for individuals who are unable to pay debt all at once; eliminating the ability for a person to be incarcerated for inability to pay debt; and offering community service programs as an alternative to repaying debt.

8. Harris Alexes, Evans Heather, Beckett Katherine. *Drawing blood from stones: Legal debt and social inequality in the contemporary United States*. *American Journal of Sociology*. 2010;115 (6):1753-1799.

Harris et al. analyze national and Washington state-level data to better understand the social and legal consequences of legal financial obligations (LFOs). The authors present a brief history of the use of monetary sanctions and the ways that they have changed over time. Findings show that the use of monetary sanctions is growing in the U.S. and that the dollar value assessed is substantial compared to expected earnings, which is something courts are supposed to consider when assessing LFOs but rarely do. These sanctions create long-term debt that has negative consequences such as: loss of income and heightened stress; constraint on opportunities for growth such as housing, education, and employment; and potential for further warrants, arrest, and reincarceration as a result of nonpayment. The authors conclude that additional research is necessary to better understand the magnitude of the legal debt that is created by the entire criminal justice system.

9. Vander Giessen Michael L. *Legislative Reforms for Washington State's Criminal Monetary Penalties*. *Gonzaga Law Review*. 2011;47.

Vander Giessen describes Washington's legal financial obligation (LFO) system and the ways in which the assessment of LFOs disproportionately impacts racial and ethnic minorities. The author presents current Washington law surrounding LFOs and the way these laws create barriers for criminal offenders and their families. Evidence suggests that a large percentage of offenders have outstanding LFOs to pay and that the interest on these LFOs is one of the biggest impediments to successful re-entry into their community because it turns a seemingly modest obligation into an overwhelming financial burden. The interest, more so than the LFO itself at

times, can exacerbate poverty for those who are already in vulnerable financial situations. The author goes on to present a summary of the historical responses to LFOs as well as potential legislative reforms that the state should consider.

10. **Beckett Katherine, Harris Alexes. On cash and conviction: Monetary sanctions as misguided policy. *Criminology & Public Policy*. 2011;10(3):509-537.**

Becket. et al present a summary of the use of monetary sanctions in the United States and contrasts these with the model of "day fines" used throughout Europe. Evidence shows that instead of being used as an alternative, monetary sanctions are regularly used to supplement other criminal penalties, which creates substantial debt for many. Debt created through these kinds of sanctions is different from consumer debt in that it cannot be relieved through bankruptcy and is not offset by the value of goods and services. Overall, the authors conclude that the widespread use of monetary sanctions in the criminal justice system is at odds with the overarching goal of reintegration for former offenders. The authors argue that without considering a defendant's current and future ability to pay, the use of monetary sanctions is "misguided and counterproductive" and that the use of these kinds of nongraduated sanctions should be discontinued in the U.S.

11. **Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Prevalence And Trends Data: Washington-2014. 2014; <http://apps.nccd.cdc.gov/brfss/page.asp?cat=XX&yr=2014&state=WA#XX>. Accessed August 16, 2016.**

Behavioral Risk Factor Surveillance System (BRFSS) 2014 data from Washington state show significant correlations between lower income and a number of health indicators including: worse overall self-reported health, depression, asthma, arthritis, stroke, oral health, tobacco use, women's health indicators, health screening rates, physical activity, and diabetes. Data also show that as educational attainment increases income level also increases.

12. **Boysun Mike, Wasserman Cathy. *Health of Washington State Report: Tobacco Use*. Washington State Department of Health;2012.**

Boysun et al. report Washington state Behavioral Risk Factor Surveillance System (BRFSS) data from 2008-2010, which indicate that adults with lower incomes are significantly more likely to report smoking cigarettes than their counterparts. Further, American Indians and Alaska Natives (AI/AN) and black populations have significantly higher smoking rates than white, Hispanic, and Asian populations. There is also significant geographic variation among counties with southwest and northeast counties in the state reporting higher rates of smoking. These counties are also more likely to have high levels of poverty and lower proportions of the population with college degrees.

13. **Ellings Amy. *Health of Washington State Report: Obesity and Overweight*. Washington State Department of Health;2015.**

Ellings reports Washington state Behavioral Risk Factor Surveillance System (BRFSS) data from 2002-2014, which shows that obesity rates are the highest among low income families and that as income increase, rates of obesity decrease. Further, individuals that graduated college or

attended some college had lower rates of obesity than those who had a high school education or less. Black, American Indian and Alaska Native, and Hispanic Washington residents had higher rates of obesity even after accounting for gender, income, education, and age.

14. **Poel A. *Health of Washington State Report: Mortality and Life Expectancy. Data Update 2015.* Washington State Department of Health;2015.**

Poel presents Washington state data on mortality and life expectancy. The data show that age-adjusted death rates were higher in Washington census tracts with higher poverty rates. The state data also show that American Indian/Alaska Natives, Native Hawaiian/Other Pacific Islanders, and black residents had the highest age-adjusted death rate and shortest life expectancy at birth compared to other groups in the state.

15. **Prause J., Dooley D., Huh J. *Income volatility and psychological depression. American journal of community psychology.* Mar 2009;43(1-2):57-70.**

Prause et al. analyzed a sample (n = 4,493) from the National Longitudinal Survey of Youth. Researchers found that income volatility was significantly associated with depression; and downward volatility (frequent losses in income) was significantly associated with depression even after controlling for baseline depression. High income appeared to act as a buffer, so those with lower incomes were more vulnerable to the adverse effects of downward volatility.

16. **Richardson Thomas, Elliott Peter, Roberts Ronald. *The relationship between personal unsecured debt and mental and physical health: a systematic review and meta-analysis. Clinical Psychology Review.* 2013;33(8):1148-1162.**

Richardson et al. present a synthesis of the literature from 1984 to 2013 regarding the relationship between personal unsecured debt and health, and then further present a meta-analysis or pooled odds ratios (OR). In total, the authors included 65 articles from 12 different countries with the vast majority from either the United States or the United Kingdom. Evidence from the systematic review shows that 78.5% of included articles (n=51) report that being in debt was associated with worse health. The majority of the studies examined the relationship between debt and mental health with a smaller number assessing debt and self-reported physical health. Results from the pooled meta-analysis found significant associations between "...debt and mental disorder (OR = 3.24), depression (OR = 2.77), suicide completion (OR = 7.9), suicide completion or attempt (OR = 5.76), problem drinking (OR = 2.68), drug dependence (OR = 8.57), neurotic disorder (OR = 3.21) and psychotic disorders (OR = 4.03)". The authors conclude that future research is needed to better understand the specific mechanisms by which debt is associated with health and the potential impact that debt repayment may have on improving outcomes.

17. **Serafin M. *Health of Washington State Report: Self-reported Health Status. Data Update 2016.* Washington State Department of Health;2016.**

Serafin presents data from Washington state on self-reported health status. The data show that after accounting for age, education, race and ethnicity, household income was a strong predictor of self-reported health status. Health status varied by race and ethnicity, with close to 35% of Hispanics, 30% of American Indian/Alaska Natives, and 20% of Native Hawaiian/Other Pacific

Islander reporting fair or poor health. Washington Behavioral Risk Factor Surveillance System (BRFSS) data from 2012-2014 also show that education was a strong predictor of self-reported fair or poor health after adjusting for age.

18. Subramanyam M., Kawachi I., Berkman L., et al. Relative deprivation in income and self-rated health in the United States. *Social Science and Medicine*. Aug 2009;69(3):327-334.

Subramanyam et al. analyzed data from the 2002, 2004, and 2006 Current Population Surveys conducted by the United States Census Bureau. Researchers found that individuals from the lowest income category were over five times more likely to report being in poor health than participants from the highest income category. In addition, they found that relative deprivation (the differences in incomes between an individual and others who have higher incomes than that individual [one measure of income inequality]) appeared to explain a large part of this association.

19. Sweet Elizabeth, Nandi Arijit, Adam Emma K., et al. The high price of debt: household financial debt and its impact on mental and physical health. *Social science & medicine*. 2013;91:94-100.

Sweet et al. analyzed data from the National Longitudinal Study of Adolescent Health (Add Health) to investigate the association between financial debt and health outcomes (n=8400). Data collection for Add Health began with Wave I in 1994/1995 with a cohort of adolescents grades 7-12. For this study, data from Waves I through Wave IV (collected in 2007/2008 at ages 24-32) were included in the analysis. The authors found that reporting high financial household debt is significantly associated with high perceived stress and depression, higher blood pressure, and worse self-reported general health. These associations remained significant after controlled for factors such as the number of people in the household, race/ethnicity, education, income, smoking, physical activity, diet, BMI, marital status, health insurance, job loss, and home ownership. The authors conclude that household debts relative to assets is a robust predictor of health outcomes and should be explored further as a socioeconomic determinant of health in future research.

20. Turunen Elina, Hiilamo Heikki. Health effects of indebtedness: a systematic review. *BMC Public Health*. 2014;14(489).

Turunen et al. systematically reviewed the literature from 1994 to 2013 to assess the relationship between indebtedness and mental and physical health (n=33 articles). About half of the included studies were conducted in the United States and measures for indebtedness varied widely. Evidence shows that personal debt negatively impacts mental health and is associated with an increased rate of depression and depression-related symptoms such as anxiety and anger as well as suicidal ideation. Unpaid debt was also associated with poorer subjective health and health-related behaviors such as physical activity, alcohol and tobacco use, and diet quality. The authors conclude that indebtedness is associated with a number of serious health outcomes but that future research is needed to better understand the causal link and the role of other influences such as employment status and the type of debt.

21. **VanEenwyk J. *Health of Washington State Report: Socioeconomic Position in Washington*. Washington State Department of Health;2014.**

VanEenwyk presents data about socioeconomic position in Washington State including differences within the state as well as statewide differences compared to national data. Data indicate that compared to the United States as a whole, fewer Washington residents are living in poverty and a higher percentage of residents ages 25 and older have college degrees. However, these economic resources are not evenly distributed among all Washington residents. Females in Washington were more likely to be living in poverty than males and were also more likely to have lower wages. Further, American Indian and Alaska Native, Hispanic, and black residents had higher percentages of living in poverty and lower median household incomes compared to other groups. Data also indicated that counties in eastern Washington were more likely to have high poverty rates and high rates of unemployment than counties in western Washington.

22. ***Health of Washington State: Mental Health*. Washington State Board of Health;2008.**

Washington Behavioral Risk Factor Surveillance System (BRFSS) data from 2004-2006 indicate that American Indians and Alaska Natives and non-Hispanic black individuals reported significantly higher rates of poor mental health compared to other groups. These relationships persisted after adjusting for additional factors such as age, income, and education. Washington BRFSS data also show an association between lower annual household income and poor mental health, a relationship that was also shown with education. It is well understood that mental health is also closely related to other areas such as employment opportunities, physical health, substance abuse. This report also highlights a Washington state study from 2002 that reveal that 16% of individuals in the state who were receiving publicly funded mental health services had at least one felony conviction, a rate over twice that of the general population.

23. **Dumont Dora M., Allen Scott A., Brockmann Bradley W., et al. *Incarceration, community health, and racial disparities*. *Journal of Health Care for the Poor and Underserved*. 2013;24.**

Dumont et al. present an evidence-based commentary about the social determinants of incarceration and inmate morbidity and mortality within the context of health disparities in the United States. Data indicates that over half of inmates in the U.S. have a mental health issue and between 16-24% experience serious mental illness, a percentage much higher than the 5-7% estimate nationally. Further, many inmates experience co-morbidities in addition to mental illness such as untreated substance dependence and addiction. The authors also discuss potential mechanisms for the ways in which incarceration perpetuates health disparities, particularly among black, Hispanic, and low-income populations who are disproportionately represented in the criminal justice system compared to their counterparts. Upon release from prison, data shows that former prisoners experience homelessness at a rate higher than the general population. Former prisoners also experience challenges with gaining education, employment, public assistance, and health insurance. These challenges all threaten an individuals ability to regain stability following incarceration and can have lasting impacts on their mental and physical health.

24. **Fredericksen Allyson, Lassiter Linnea. *Disenfranchised by Debt: Millions Impoverished by Prison, Blocked from Voting*. Alliance for a Just Society;2016.**

In this report, Fredericksen et al. examined state-by-state requirements for the payment of legal financial obligations (LFOs) in order for persons with felony convictions to regain their right to vote. These laws are referred to as criminal disenfranchisement laws and the authors find that disenfranchisement laws requiring payment of LFOs have a disparate impact on people of color. The report indicates that Washington state does not have a direct disenfranchisement law that is based on financial stipulations because it was found to be unconstitutional in a 2007 case. However, if an individual in Washington state misses three or more LFO payments within a twelve month period their voting rights may be revoked. The authors also note the disparities in arrest and conviction rates on a national level. For example, black men in the United States are six times as likely to be incarcerated as white men are and American Indians/Alaskan Natives have the second highest rate of incarceration behind blacks. The authors conclude that poverty, and an inability to pay LFOs, should not bar people from the right to vote, particularly when the laws are disproportionately impacting those who are low-income and persons of color.

25. **Kemple Angela. *Health of Washington State Report: Diabetes*. Washington State Department of Health;2016.**

Kemple presents data from Washington regarding diabetes in the state. Washington data from the Behavioral Risk Factor Surveillance System (BRFSS) from 2012-2014 show that among adults, the percentage of persons with diabetes increased as household income decreased. This relationship was also true for education. Further, BRFSS data also show that age-adjusted diabetes prevalence is highest among those who are Hispanic, American Indian/Alaska Native, and black.

26. **Prison Policy Initiative. *Washington Profile*. 2010; <http://www.prisonpolicy.org/profiles/WA.html>. Accessed September 13, 2016.**

This webpage provides data on incarceration in Washington from 2010. Data show that the rate of incarceration in the state has been growing since the late 1970's and in 2010, there were approximately 139,000 people behind bars of under criminal justice supervision in the state. Racial disparities are present in the Washington criminal justice system as well. In 2010, black, American Indian/Alaska Native, and Hispanic individuals made up 18%, 5%, and 14% of persons in Washington prisons and jails although they made up only 4%, 2% and 11% of the total Washington population, respectively.

27. **JP Mersky, AJ. Reynolds. *Educational success and adult health: Findings from the Chicago longitudinal study*. *Prevention Science*. 2009;10(2):175-195.**

Mersky and Reynolds analyzed data from a Chicago prospective cohort study that followed 1,539 individuals. Results indicate that high school completion was significantly and inversely associated with tobacco smoking, frequent substance use, depression, and no health insurance coverage. In addition, middle school reading performance was inversely related to depression and student's expectation to attend college was negatively associated with frequent drug use.

28. **Bharel M, Creaven B, Morris G, et al. *Health Care Delivery Strategies: Addressing Key Preventive Health Measures in Homeless Health Care Settings*. Nashville: Health Care for the Homeless Clinicians' Network, National Health Care for the Homeless Council, Inc.;2011.**

Bahrel et al. present data and evidence-based recommendations in regards to clinical practices for preventive care for individuals who are homeless or marginalized. To create this report, clinicians from the Health Care for the Homeless (HCH) Clinicians' Network created a Preventive Medicine Task Force (PMTF). This task force conducted a literature review and further evaluated the U.S. Preventive Services Task Force (USPSTF) recommendations for their potential impacts and barriers for persons experiencing homelessness. Evidence from the literature review shows that in addition to health issues such as nutrition disorders, higher rates of respiratory disorders, skin and dental problems, infectious diseases, and injuries due to environmental exposure, accident and violence, individuals experiencing homelessness also have high rates of mental illness. The National Alliance to End Homelessness estimates that, "approximately 50% of individuals experiencing homelessness have mental health issues, of which approximately 25% have serious mental disorders, including chronic depression, bipolar disorder and schizophrenia." Further, due to inadequate access to health care services, many individuals experiencing homelessness do not receive proper preventive care such as screening and treatment for chronic illness. Finally, based on the USPSTF recommendations and data from the literature, the authors put forth their own set of recommendations that they believe will contribute to the highest impact of care within homeless health care settings.

29. **Feirerman Jessica, Foldstein Naomi, Haney-Caron Emily, et al. *Debtors' Prison for Kids? The High Cost of Fines and Fees in the Juvenile Justice System*. Juvenile Law Center;2016.**

Feirerman at al. present a study that aimed to assess the the economic and legal consequences of legal financial obligations (LFOs) for youth involved in the juvenile justice system and their families. The most relevant data from this report pertains to the companion criminology study (not yet formally published) pertaining to the relationship between LFOs and recidivism among youth. Findings from the companion study indicate that the imposition of restitution, the amount of costs and/or restitution, and the costs and/or restitution owed at case closing were significantly associated with a higher likelihood of recidivism. The authors conclude that careful consideration needs to be given to the use of financial penalties among juvenile offenders because although there are potentially beneficial aspects to the use of monetary sanctions, there can be negative impacts as well for youth.