Executive Summary: Health Impact Review of HB 1674

Allowing Youthful Offenders Who Complete their Confinement Terms Prior to Age Twenty-One Equal Access to a Full Continuum of Rehabilitative and Reentry Services

Evidence indicates that HB 1674 has potential to improve health outcomes and decrease recidivism for youthful offenders convicted as adults; which in turn has potential to decrease health disparities for this population as well as disparities by race/ethnicity.

BILL INFORMATION

Sponsors: Representatives Pettigrew, Walsh, Goodman, Walkinshaw, Kagi, Appleton, Reykdal, Moscoso, Ormsby, McBride, Jinkins

Summary of Bill:

- Provides the Department of Social and Health Services (DSHS) with custody of youth who are convicted as adults and expected to complete their term of confinement before their 21st birthday.
- Provides that while in the custody of DSHS youth convicted as adults shall have the same access to services and programming as youth convicted in juvenile court.
- Provides that the Department of Corrections (DOC) will maintain custody authority over youth who are convicted as adults whose terms of confinement are set to end after they turn 21. The DOC, with the consent of the Secretary of DSHS, will transfer the child to a DSHS facility until they turn 21, at which time they must be returned to a DOC facility. These youth need approval from DOC to take any leave from a DSHS facility.

HEALTH IMPACT REVIEW

Summary of Findings:

This health impact review found the following evidence regarding the provisions in HB 1674:

- Strong evidence that placing youthful offenders convicted as adults in DSHS custody and providing access to adolescent specific services would likely improve health outcomes for these youth.
- Strong evidence that placing youthful offenders convicted as adults in DSHS custody and providing access to adolescent specific services would likely reduce recidivism among these youth.
- Very strong evidence that reducing recidivism for youth convicted as adults would likely improve health outcomes these youth.
- Very strong evidence that improving health outcomes for youth convicted as adults would likely decrease health disparities.

For more information contact:
(360)-236-4106 | hir@sboh.wa.gov
or go to sboh.wa.gov

WASHINGTON STATE BOARD OF HEALTH
Working for a safer and healthier Washington since 1889
HEALTH EQUITY
Governor's Interagency Council on Health Disparities

Health Impact Review of HB 1674

Allowing Youthful Offenders Who Complete their Confinement Terms Prior to Age Twenty-One Equal Access to a Full Continuum of Rehabilitative and Reentry Services

March 5, 2015

Author: Sierra Rotakhina
Author: Kelly Gilmore
Contributor/Reviewer: Christy Hoff
Reviewer: Michelle Davis
Reviewer: Timothy Grisham

Acknowledgement

We would like to thank Rebecca Kelly, Executive Assistant to the Assistant Secretary with the Department of Social and Health Services Juvenile Justice & Rehabilitation Administration, and Amy Seidlitz, Assistant Secretary with the Department of Corrections Offender Change Division, for providing consultation for this review.

Contents

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 1674 (HB 1674).

Staff analyzed the content of HB 1674 and created a logic model depicting possible pathways leading from the provisions of the bill to health outcomes. We consulted with experts and 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.

Staff made modifications to these criteria at the start of the 2015 legislative session beginning January 12, 2015. Therefore strength-of-evidence rankings may not be comparable between reviews completed before and those completed after this date.

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 1674 and the Scientific Evidence

Summary of HB 1674

- Provides the Department of Social and Health Services (DSHS) with custody of youth who are convicted as adults and expected to complete their term of confinement before their 21st birthday.
- Provides that while in the custody of DSHS youth convicted as adults shall have the same access to services and programming as youth convicted in juvenile court.
- Provides that the Department of Corrections (DOC) will maintain custody authority over youth who are convicted as adults whose terms of confinement are set to end after they turn 21. The DOC, with the consent of the Secretary of DSHS, will transfer the child to a DSHS facility until they turn 21, at which time they must be returned to a DOC facility. These youth need approval from DOC to take any leave from a DSHS facility.

Health impact of HB 1674

Evidence indicates that HB 1674 has potential to improve health outcomes and decrease recidivism for youthful offenders convicted as adults; which in turn has potential to decrease health disparities for this population as well as disparities by race/ethnicity.

Pathways to health impacts

The potential pathways leading from the provisions of HB 1674 to decreased health disparities are depicted in Figure 1. There is strong evidence that housing youthful offenders in juvenile rather than adult correction facilities and providing access to adolescent specific services will likely lead to improved health outcomes,[1-6] and reduced recidivism for these youth.[7-10] There is very strong evidence that reduced recidivism is also associated with improved health outcomes.[11-16] There is very strong evidence that improving health for youth convicted as adults will decrease health disparities both for this population in general (which is disproportionality impacted by negative health outcomes)[2,5,11-16] as well as for youth of color who have worse health outcomes than their counterparts for many health measures,[17,18] and who are disproportionately transferred to the adult justice system in Washington.[19-22]

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 how recidivism impacts income and education and how these in turn impact health.
- Evidence for how access to adolescent specific services impact income and education.

Magnitude of impact

Between 2009 and 2013 an average of 134 youth were sentenced in adult court annually,[22] indicating that this many youth have potential to be directly impacted by this bill each year. Rebecca Kelly, Executive Assistant to the Assistant Secretary with the DSHS Juvenile Justice & Rehabilitation Administration, and Amy Seidlitz, Assistant Secretary with the DOC Offender Change Division, indicated that it is current practice in Washington to transfer youth convicted as adults to DSHS facilities; however this transfer is not mandated by law. In addition these youth currently stay under the jurisdiction of DOC and therefore do not have access to all of the resources that are available to youth committed directly to a DSHS Juvenile Rehabilitation (JR) facility (Kelly and Seidlitz, personal communication, February 2015). HB 1674 would codify the practice of transferring youth convicted as adults to DSHS and would also increase access to services for these youth in a JR facility when under the age of 21. In addition, a number of people would also be indirectly impacted by the legislation as

decreased recidivism can positively affect families, communities, and those that benefit from the positive social and economic impacts of decreased recidivism (Kelly, personal communication).

The impacts associated with this bill are also meaningful. Evidence indicates that retaining youth in the juvenile justice system rather than transferring them to the adult system is associated with an 11-18% decrease in recidivism.[9,10] Other studies have reported that transfer to the adult system is associated with 1.5 to 4.9 times higher rates of re-offending.[8,10] Research has also found that youth in adult facilities had nearly 7.7 times higher rates of suicide,[2] 5 times higher rates of sexual assault, and 2 times higher rates of abuse by staff than youth housed in juvenile facilities.[3] Youth incarcerated in adult facilities were also significantly more likely than youth incarcerated in juvenile facilities to have indicators of mental health issues such as suicide ideation and depression, with youth in adult facilities having 37 times higher odds of being depressed.[4,5]

Logic Model

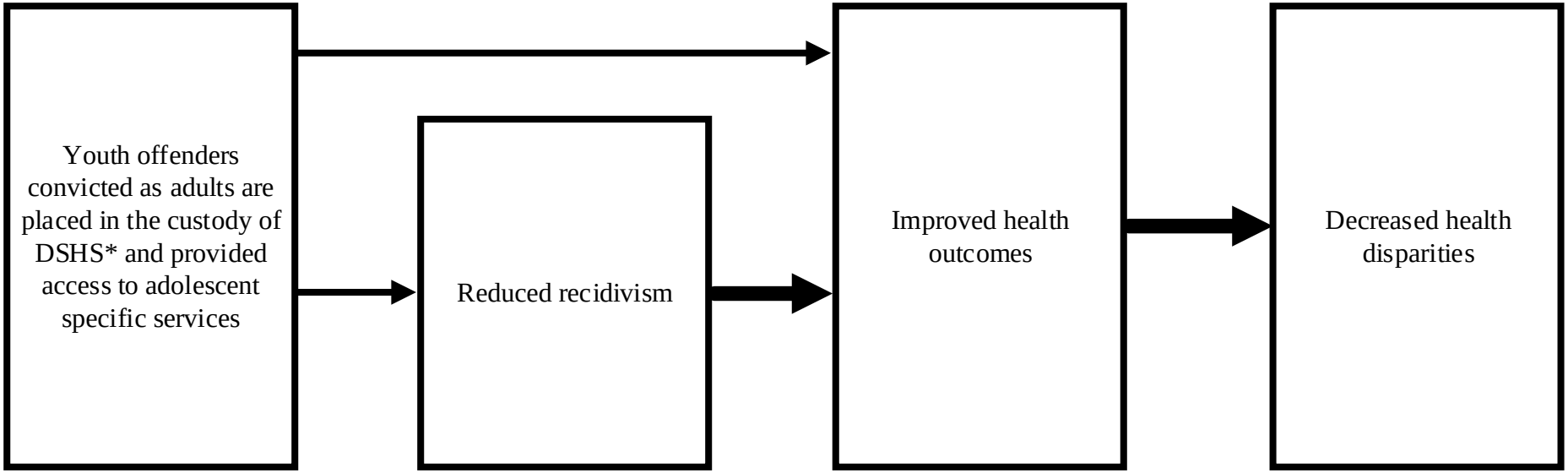
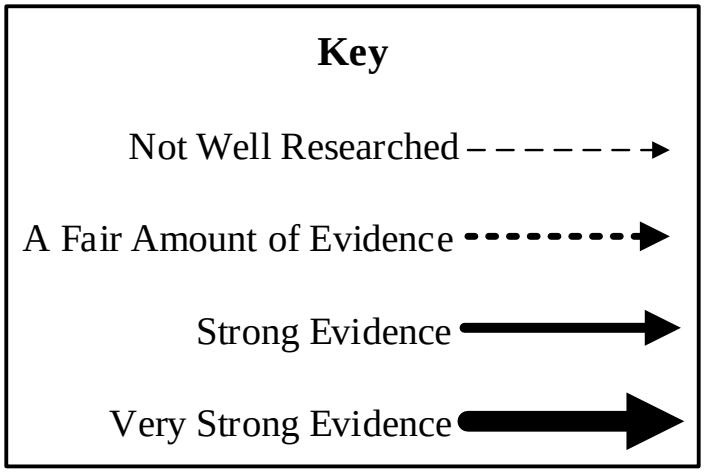


Figure 1
Allowing Youthful Offenders who Complete Their Confinement Terms Prior to Age Twenty-One Equal Access to a Full Continuum of Rehabilitative and Reentry Services
HB 1674



*DSHS: Department of Social and Health Services

Summaries of Findings

How would HB 1674 impact the resources and opportunities available to youthful offenders who have been convicted as adults?

Current practice in Washington is for the majority of youthful offenders convicted as adults to be transferred to DSHS JR facilities; however this transfer back to JR is not currently mandated by law. HB 1674 would codify this practice and ensure that these youth are provided with the same treatment, housing options, transfer, and access to program resources as youthful offenders committed directly to a JR facility. HB 1674 would also give JR jurisdiction over youth convicted as adults if their confinement term would end before age 21 and automatically transfer these youth to JR facilities. This would give JR authority to allow youth to be moved to a staff-secured, supervised community facility for age-appropriate treatment and services during their confinement term based on evidence-based risk assessments. This is a step-down opportunity that youth convicted as adults (who are under the jurisdiction of the Department of Corrections under current law) cannot currently access (Kelly and Seidlitz, personal communication, February 2015). Under current law youthful offenders convicted as adults can only access transition programs when they have reached the last six months of their sentence. While at a DOC facility, they can only be transitioned to a work-release setting (where they are released to work but must return to a locked facility during the evening) rather than the secured, supervised community facilities that would become available to them under this bill (Seidlitz, personal communication).

This bill would also allow JR to provide youth access as appropriate to work, education, training and leadership programming currently only available to youth sentenced as juveniles. Youth convicted as adults currently cannot access these opportunities even when they are housed with JR because JR does not have authority to take them off-campus. For example, JR currently has a supervised 14 week program that allows youth to earn high school credits and a manufacturing certificate which help them secure work upon release that can only be accessed by youth who can go off-campus (Kelly, personal communication).

While housed in JR facilities youth have access to adolescent specific services which they may not have access to if housed in a DOC facility. JR provides youth with, for example, medical, mental health, and chemical dependency resources from staff who have adolescent specific training. JR also offers Personal Emergency Responsibility Education (PREP), a sexual health education program for adolescents, as well as adolescent counseling and other evidence-based interventions for youth. These facilities offer developmentally appropriate activities such as cultural programming, life skills training, art and music programs, community service projects, and therapeutic recreation. JR facilities can also cover options for youth to obtain a high school diploma or a GED, while DOC only provides options to earn a GED (Kelly, personal communication).

Will placing youthful offenders convicted as adults in DSHS custody and providing access to adolescent specific services improve health outcomes for these youth?

There is strong evidence that youth experience better health outcomes when they are housed in juvenile facilities than when they are housed in adult correction facilities.[1-6] For example,

evidence indicates that youth placed in adult facilities are more likely than those in juvenile facilities to be physically or sexually assaulted by other inmates and staff, to experience depression and suicide ideation, and to commit suicide.[2-5] In addition, evidence indicates that teenagers in adult correctional facilities have the greatest risk of being assaulted with 18-19 year olds being 7.7 times more likely to be victimized than 30-34 year olds.[1]

Will placing youthful offenders convicted as adults in DSHS custody and providing access to adolescent specific services reduce recidivism among these youth?

There is strong evidence that youth who are placed in adult correctional facilities have higher rates of recidivism than youth placed in juvenile facilities. While the evidence is very strong that transfer to the adult justice system (as opposed to being retained in the juvenile justice system) is associated with increased recidivism rates for youth, it is not clear from this large body of robust literature if being housed and under the jurisdiction of an adult facility are the only factors leading to increased recidivism or if being processed and sentenced in the adult courts or other unknown factors are also contributing to this increase.[7-10] Because HB 1674 only addressed the jurisdiction and housing of youthful offenders convicted as adults after sentencing in the adult system, we classified this as strong rather than very strong evidence. The evidence indicates that youth processed (and often housed) in the adult system have recidivism rates ranging from between 11% and 18% higher than youth who are retained in the juvenile justice system.[9,10] The literature indicates that these higher rates may be a result of a number of factors including: less effective rehabilitation efforts for youth incarcerated in adult prisons; "stigmatization; humiliation; loss of self-respect; attenuation of guilt or shame; hardening of the delinquent self-concept; weakening of ties to families, prosocial peers, and community; and diminishment of job and educational prospects;" and youth attributing greater injustice to the court system.[10]

Will reducing recidivism for youth convicted as adults improve health outcomes these youth?

There is very strong evidence indicating that involvement in the justice system is linked to poor health outcomes.[11-16] Decreasing recidivism for young offenders therefore as potential to improve health outcomes for these youth. Researchers have found, for example, that incarceration is associated with barriers to accessing a service provider, depression, involvement in jobs with high risk of injury or exposure to hazardous working conditions, divorce, and separation of families.[11,15,16] In addition, research has found that negative health outcomes are also experienced by the children of incarcerated parents such as increased Body Mass Index (BMI), depression, delinquency, and antisocial behavior.[12-14]

Will improving health outcomes for youth convicted as adults decrease health disparities?

There is very strong evidence that incarcerated individuals and their children are more likely than the general population to experience health disparities, including those exacerbated for youth when they are incarcerated in adult facilities.[2,5,11-16] Therefore improving health outcomes for incarcerated youth has potential to decrease the health disparities faced by this population.

In addition youth of color have worse health outcomes than their counterparts for many health measures,[17,18] and are disproportionately represented in every stage of the juvenile justice system.[19] In Washington state, youth of color are disproportionately represented in the youth justice system and disproportionally transferred to the adult system.[19-22] In 2014 Native American youth and youth of color made up 53% of the youth admitted to JR while constituting only 27% of Washington's 2013 age 10-17 population.[20,21] In addition, nearly 65% of the youth transferred to the adult system between 2009 and 2013 were Native Americans and youth of color.[22] Therefore improving health outcomes for youth convicted as adults has potential to also decrease health disparities by race/ethnicity.

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 either because there is no evidence to support the connection or because the evidence indicates that the connection does not exist. We evaluated the evidence concerning 1) the impact of placing youth in adult correctional facilities on crime deterrence, and 2) safety issues associated with placing youth convicted as adults in juvenile facilities.

Crime deterrence

Transferring youth to the adult justice system is often cited as a way to create a "tough on crime" approach to deter youth crime. We analyzed the scientific literature to determine if transfer to the adult system may 1) serve as a deterrent and reduce recidivism for youth that have served time in adult facilities or 2) reduce crime among the youth population in general. The evidence overwhelmingly indicates that transferring youth to the adult justice system does not deter youth from committing future crimes and, as mentioned above, actually has a harmful effect, with transferred juveniles committing more overall and violent crimes than juveniles who served time in youth detention.[7-10,23] In addition, the Centers for Disease Control and Prevention conducted a review of the literature to determine if the risk of serving in adult detention acts as a general deterrent for youth, meaning all youth in the community would be less likely to commit a crime if adult detention is a known consequence. The authors found weak and conflicting evidence insufficient to conclude that laws which transfer juveniles to adult detention have any effect on the crime rates of youth in the general population.[23]

Safety

While the evidence strongly supports the positive health impacts of HB 1674 on youthful offenders convicted as adults, we also explored the potential that youth convicted as adults would pose a safety risk to other juvenile offenders if housed at JR. We found **no** evidence to indicate that this bill would pose any safety or health risk to other youthful offenders. In contrast to this concern, we identified one study which found that, when housed together in a juvenile facility, youth tried in ***juvenile*** courts in California were actually significantly **more** likely than youth tried in ***adult*** courts to engage in violent offenses while in juvenile detention.[24] In addition this bill allows DSHS to return a youthful offender to the DOC if that youth presents a safety risk.

Annotated References

1. Felson RB, Cundiff P, Painter-Davis N. Age and sexual assault in correctional facilities: A blocked opportunity approach. *Criminology.* 2012;50(4):887-911.
Felson et al. cite five studies which indicate that younger inmates in adult facilities are at greater risk than older inmates in these facilities of being sexually assaulted by staff and other inmates. The authors evaluated how age impacted the risk of being a victim of sexual and physical assaults in prisons and jails using 2000 to 2007 National Incident Based Reporting System (NIBRS) data. NIBRS data is compiled by multiple law enforcement agencies across the nation and only captures crimes reported by prison authorities. The authors only included male-on-male offenses in their analysis. The analysis included 12,188 incidents of assault, 674 of which were sexual assaults. The authors found that teenagers had the greatest risk of being assaulted with 18-19 year olds being 7.7 times more likely to be victimized than 30-34 year olds. When considering sexual assault only, the data also show that offenders of all ages target young victims. Eighteen to 19 year olds made up 17% of sexual assault victims in the sample, but only made up 3% of the national prison population at the time of the data collection. Assaults involving victims younger than 25 (particularly teenage victims) are the most likely to be sexual assaults. The odds that an assault is sexual is 390% higher for teenage assault victims than victims over 40. Assaults committed by older perpetrators are also more likely to be sexual than those committed by younger perpetrators.

2. Flaherty MG. The national incidence of juvenile suicide in adult jails and juvenile detention centers. *Suicide and Life-Threatening Behavior.* 1983;13(2):85-94.
Flaherty analyzed data from all United States juvenile facilities and all adult facilities with a daily population of 250 or more inmates, and a 20% random sample of adult facilities with a daily population of fewer than 250 inmates. The overall response rate was 77.4% for all facilities combined (with a high of 97.6% for juvenile detention facilities). The data provided by these facilities indicate that the suicide rate among juveniles in adult facilities was significantly higher than the rate among youth in juvenile detention facilities or the rate among youth in the general population. The suicide rate of youth in adult jails was 12.3/100,000 which was 4.6 times higher than the rate in the general youth population. The youth suicide rate in juvenile facilities was 1.6/100,000, lower than that in the general youth populations (not a statistically significant difference). The suicide rate of youth in adult jails was nearly 7.7 times higher than that for youth in juvenile facilities, a statistically significant difference. This analysis does not control for potential confounding factors. In addition this study was conducted in 1980 and may not be generalizable to today. While we were not able to identify a more recent study on suicide rates for youth incarcerated in adult versus youth facilities, more recent studies have found that suicide ideation and depression are higher among youth in adult facilities than those in youth facilities. This indicates that the suicide trend identified in 1980 may still exist today.

3. Forst M, Fagan J, Vivona TS. Youth in prisons and training schools: Perceptions and consequences of the treatment-custody dichotomy. *Juvenile and Family Court Journal.* 1989;40(1):1-14.
Forst et al. conducted interviews with youth housed in juvenile (n=59) and adult (n=81) correction facilities in order to compare the perceptions between these two subgroups. The youth in the juvenile system were sent to secure trainings schools. The sample included youth

adjudicated for violent offences in Boston, Memphis, Detroit, and Newark between 1981 and 1984. Youth in the sample who were retained in the juvenile system and those who were transferred to criminal court had comparable offense characteristics. Youth in adult facilities were five times more likely to report sexual assault and twice as likely to report beatings by staff as youth in juvenile trainings schools. Attacks with weapons were reported 50% more often in adult facilities. These differences did not reach statistical significance. Youth in trainings schools were significantly more likely than youth in adult facilities to report that the institution met there medical and health needs and that staff provided youth with counseling and helped them: improve relationships with peers, develop skills to return to the community, feel good about themselves, achieve personal goals, establish a daily routine, get oriented to rules and procedures, understand the consequences of rule-breaking, participate in programs, obtain needed services, understand themselves, set personal goals, deal with problems, and improve relationships with family members. There were not significant differences in how youth rated the usefulness of educational or vocational skill programs or how helpful staff were in helping them control violent behavior. This article was published in 1989 and may not be fully generalizable to today's circumstances.

4. Murrie DC, Henderson CE, Vincent GM, Rockett JL, Mundt C. Psychiatric symptoms among juveniles incarcerated in adult prison. *Psychiatric services (Washington, D.C.).* 2009;60(8):1092-1097.

Murrie et al. administered the Massachusetts Youth Screening Instrument–Version 2 (MAYSI-2) to 64 boys ages 16 and 17 incarcerated in adult correction facilities in Texas in 2006 and compared the results for MAYSI-2 scores from matched pairs in the juvenile justice system in 12 states including Texas (n=6,071). The MAYSI- 2 is the most widely used and validated mental health screening measure for justice system-involved youth and includes seven subscales: alcohol/drug use, angry-irritable, depressed-anxious, somatic (physical) complaints, suicide ideation, thought disturbance. Of the 64 youth placed in adult facilities, 13% self identified as white, 44% as African American, 31% as Hispanic, 2% as "other" race, and 11% declined to report their race/ethnicity. The authors did not report a response rate. The data indicate that youth held in adult facilities had scores indicating significantly greater distress or treatment needs than their counterparts in juvenile correction facilities on every subscale of the MAYSI-2. These differences ranged from small to medium-large. For every condition measured by the instrument (except alcohol and drug use) a significantly higher proportion of youths in adult prison than in juvenile facilities scored in the "caution" or "warning" ranges. Fifty-two percent of youth incarcerated in adult facilities reached the caution or warning range for suicide ideation. Among youth in adult facilities 90% had scores in the caution range for at least one subscale (compared to 77% of youth in juvenile facilities) and 73% had scores in the caution range for more than one measure (compared to 55% of youth in juvenile facilities). The authors matched for age and race/ethnicity, but could not match for criminal history or offense. It is therefore unclear if these higher scores are a result of adult incarceration, if they existed before incarceration, or some combination. In addition, the youth in juvenile facilities were administer the MAYSI-2 at intake while those in adult facilities were administered the tool several months after intake. Regardless of causation, the data indicate higher specialized treatment needs for youth incarcerated in adult facilities.

5. Ng IY, Shen X, Sim H, Sarri RC, Stoffregen E, Shook JJ. Incarcerating juveniles in adult prisons as a factor in depression. *Criminal behaviour and mental health.* 2011;21(1):21-34.

Ng et al. compared rates of depression among four groups in Michigan: youth incarcerated for serious offenses in adult facilities (n=47), those incarcerated for serious offenses in juvenile facilities (n=45), youth incarcerated for less serious offences (n=69), and non-incarcerated and non-offending youth (n=676). They controlled for nature of the offence, public assistance history, caregiver incarceration, sex, age, and race/ethnicity. The authors analyzed interview data from a previous study and longitudinal data from the Panel Study of Income Dynamics. Ng et al. found that youth who had been placed in adult facilities were significantly more likely to be depressed than youth incarcerated in juvenile facilities or youth in the community after controlling for confounding factors. For example youth in adult facilities had 64 times higher odds of being depressed than youth in the community, 22 times higher odds than minor offenders, and 37 times higher odds than serious offenders placed in juvenile facilities.

6. Wolff N, Shi J, Siegel J. Understanding physical victimization inside prisons: Factors that predict risk. *Justice quarterly.* 2009;26(3):445-475.

Wolff et al. analyzed data from a random sample of 6,964 adult male inmates (18 and older) throughout 12 prisons. The authors surveyed participants about their experience in the prison system and excluded inmates younger than 18; those who were living in sex offender treatment or off site in a halfway house; those who were in administrative pre-hearing, detention or death row. The sample demographics were not significantly different from the overall prison population. Surveys were conducted in English and Spanish. Inmates were interviewed about physical and sexual abuse using a validated instrument that asked reliable behavior specific questions. Younger age predicted higher rates of inmate report of physical or sexual abuse by other inmates. Those who reported being victimized under the age of 18 were 44% more likely to report physical or sexual abuse in prison. Young age also predicted inmate reports of abuse by prison staff.

7. Drake E. *The Effectiveness of Declining Juvenile Court Jurisdiction of Youthful Offenders.* Olympia, WA: Washington State Institute for Public Policy;2013.

In 1994 the Washington State Legislature passed the Youth Violence Reduction Act which established an "automatic decline," automatically transferring certain youth (based on the charge and their prior criminal history) from the juvenile system to the adult court. In 1997 the Legislature directed the Washington State Institute for Public Policy (WSIPP) to evaluate the impacts of automatic transfers. WSIPP published this original report in 2003 with inconclusive results due to the short time between implantation of the law and the analysis of the data. Drake compared the recidivism rates of youth who offended prior to the 1994 law (between 1993 and 1994) who would have been automatically declined had the law been in place (control group) to the rates of youth who were automatically declined after 1994. The author used WSIPP's criminal history database and specific eligibility criteria. Follow-up continued through 2009 and included 446 youth in the control group and 770 youth in the automatic decline group. The author found some differences in the control and intervention groups, namely the youth who were automatically declined had lower criminal history scores than the control group indicating that they had lower risk of recidivating. The authors controlled for these factors during analysis. These data indicate that the automatic decline group had higher recidivism rates than the control

group for all analyzed measures of recidivism; however none of these measures reached statistical significance. The author indicates that from the available data it is not clear if the higher recidivism rates are a result of youth being processed through the adult court, youth being housed in the adult system, or some other unknown factors. The report notes that the majority of automatically declined youth in the study period were physically housed at the Department of Corrections, but that in 2013 the majority of declined youth were housed in JR facilities. Drake also conducted a meta-analysis of the national literature on the impacts of transferring youth to adult court on recidivism. Three studies (including the WSIPP analysis of Washington data and two studies unique from those referenced in Redding et al.) met the strict inclusion criteria. All three studies found that declining youth to adult court is associated with in increase in recidivism. The weighted average effect size is statistically significant.

8. Johnson K, Lanza-Kaduce L, Woolard J. Disregarding graduated treatment: Why transfer aggravates recidivism. *Crime & Delinquency.* 2011;57(5):756-777.
Johnson et al. analyzed 1995-1996 data from the Client Information System maintained by the Florida Department of Health and Rehabilitative Services (which include information on referrals to the juvenile justice system) and 2002 data from the Florida Department of Juvenile Justice which was used to measure recidivism after age 18. These data included 693 cases and integrated both youth who had been transferred to the adult system and youth who were retained in the juvenile justice system. The authors found that youth transferred to the adult system had nearly 1.6 times higher odds of re-offending than their counterparts who remained in the juvenile justice system even after controlling for the severity of the offense, the number of prior referrals, sex, race, age at the time of offense, and the risk of recidivism (OR 1.557 95% CI 1.384-1.730). Risk of recidivism was calculated using a risk prediction scale that took a number of factors into account such as prior mental health, drug, or alcohol treatment; indication of fleeing from arrest; where offense occurred; and if the youth was represented by a public defender. The authors also found that youth who were "leapfrogged" (skipped over progressive steps in intervention intensiveness to deep-end placements) were significantly more likely to reoffend then their counterparts who were given graduated sentencing (OR 1.458 95% CI 1.226-1.690). Once leapfrogging was controlled for, transfer was not associated with increased recidivism. However, the authors found that the majority of youth (60.2%) transferred to the adult system were leapfrogged.

9. Lanza-Kaduce L, Frazier EC, Lane J, Bishop DM. *Juvenile Transfer to Criminal Court Study: Final Report.* Florida Department of Juvenile Justice;2002.
Lonza-Kaduce et al. evaluated the difference in recidivism rates between youth transferred to the adult justice system and their matched pairs who were retained in the juvenile justice system. The authors used Florida state data from 1995. The criteria used to match cases were: offense, number of referral charges, number of dates of previous referrals, most serious prior offense, age, gender, and race. The authors analyzed 950 cases (475 matched pairs). The authors found that transfer cases had higher felony recidivism rates (50%) than their matched pairs in the juvenile justice system (35%). This trend held even when only the 315 best-matched pairs were included in the analysis. When both the transfer and the juvenile case in a pair re-offended, the youth who had been transferred to the adult system was more likely to commit a more serious felony than the youth who had been retained in the juvenile justice system.

10. Redding RE. The effects of adjudicating and sentencing juveniles as adults: Research and policy implications. *Youth Violence and Juvenile Justice.* 2003;1(2):128-155.
Redding conducted a review of the literature on the impacts of sentencing youth as adults including the impact on recidivism rates. The author cites seven studies conducted across varying jurisdictions between 1996 and 2001 and concludes that the evidence indicates that juveniles tried in criminal courts have higher recidivism rates after release than juveniles tried in juvenile courts. Two of these studies found that this trend was not true for all offenses (e.g. burglary). Several of these publications also found that even among those that did reoffend, youth who had been transferred to the adult system reoffended more quickly after release than their counterparts. Many of these studies controlled for potential confounding factors such as prior offenses, current offense severity, prior offense severity, race, gender, age at first and current offense, use of a fire arm, age of onset of offending, and detention status. The author notes some of the potential limitations of these studies including that they did not control for every potential confounding factor such as family background, drug use history, mental health status, and personality characteristics. Several of these studies found that being tried in the adult system versus the juvenile justice system was associated with a range of 11 to 18% higher recidivism rates. Other studies reported that recidivism rates ranged from 1.5-4.9 times higher for youth transferred to the adult system than those retained in the juvenile justice system. Redding summarizes the evidence in a discussion of why recidivism rates may be higher for these youth and indicates that this trend me be a result of less effective rehabilitation efforts for youth incarcerated in adult prisons; "stigmatization; humiliation; loss of self-respect; attenuation of guilt or shame; hardening of the delinquent self-concept; weakening of ties to families, prosocial peers, and community; and diminishment of job and educational prospects;" and youth to attributing greater injustice to the court system.

11. London A, Myers N. Race, incarceration, and health. *Research on Aging.* 2006;28(3):409-422.
London and Myers conducted a review of the literature around health and other outcomes for incarcerated individuals. They highlighted research that indicates that black Americans have worse health outcomes than other racial/ethnic groups, and also are disproportionately represented in the justice system. The authors also outlined data indicating the high rates of injury in jails and prison as well as the high rates of communicable disease among incarcerated and formerly incarcerated individuals. In addition, they highlight research that indicates that incarceration is associated with lower educational attainment, lower income, higher rates of unemployment, and higher involvement in jobs with high risk of injury or exposure to hazardous working conditions. Evidence also indicates that incarceration is associated with divorce and separation of families.

12. Murray J, Farrington DP, Sekol I. Children's antisocial behavior, mental health, drug use, and educational performance after parental incarceration: A systematic review and meta-analysis. *Psychological bulletin.* 2012;138(2):175-210.
Murray et al. conducted a systematic review and meta-analysis of the literature on parental incarceration and impacts on children's later mental, emotional, and social health. They identified 40 studies that met their strict inclusion criteria. The researchers pooled the odds ratios across all samples in order to determine if children with incarcerated parents had a greater risk of each outcome than children in the control group who did not have an incarcerated parent or

parents. These pooled odds ratios indicated that parental incarceration was significantly associated with antisocial behavior among their children even after controlling for covariates. In some subpopulations parental incarceration was significantly associated with children's poor academic performance, poor mental health, and drug use, but this association was not significant for every subpopulation and did not always remain significant after controlling for covariates.

13. Roettger ME, Boardman JD. Parental incarceration and gender-based risks for increased body mass index: Evidence from the national longitudinal study of adolescent health in the united states. *American Journal of Epidemiology.* 2012;175(7):636-644.
Roettger et al. analyzed data from the National Longitudinal Study of Adolescent Health (1994–2008). The dataset included 15,558 individuals who had completed interviews for all waves of the study, including 1,205 males and 1,472 females who reported that their biologic mother or father was incarcerated. The researchers found that females who had experienced a parent being incarcerated saw greater increase in Body Mass Index (BMI) over time for than did females whose parents had not been incarcerated. This trend remained significant even after controlling for stressful life events, internalizing behaviors, and a range of individual, familial, and neighborhood characteristics.

14. Swisher RR, Roettger ME. Father's incarceration and youth delinquency and depression: Examining differences by race and ethnicity. *Journal of Research on Adolescence.* 2012;22(4):597-603.
Swisher and Roettger analyzed data from the in-home portion of the National Longitudinal Study of Adolescent Health. Due to insufficient sample size for other racial/ethnic groups, only white, black, and Hispanic respondents were included in this study. The researchers found that among all racial/ethnic groups father's incarceration is associated with increased depression and delinquency for the children, even after controlling for other variables such as demographics and family background measures. In addition, when considering these results by race/ethnicity, the data indicate that among Hispanic respondents, having their father incarcerated is associated with a higher propensity for delinquency than among white and black respondents.

15. Turney K, Wildeman C, Schnittker J. As fathers and felons: Explaining the effects of current and recent incarceration on major depression. *Journal of health and social behavior.* 2012;53(4):465-481.
Turney et al. analyzed data from the longitudinal Fragile Families and Child Wellbeing study. The researchers found that currently and recently incarcerated fathers are more likely to report a change in employment status, separation from a child's mother, a change in relationship quality, and depression. The association between incarceration and depression remained significant even after controlling for variables such as demographic characteristics and history of depression.

16. Wu E, El-Bassel N, Gilbert L, Hess L, Lee HN, Rowell TL. Prior incarceration and barriers to receipt of services among entrants to alternative to incarceration programs: A gender-based disparity. *Journal of urban health : bulletin of the New York Academy of Medicine.* 2012;89(2):384-395.
Wu et al. collected data from a random sample of adults (N=322; 83 women and 239 men) entering alternative to incarceration programs in New York City. Researchers collected data though structured interviews including information on sociodemographics, substance use, prior

incarcerations, and barriers that had prevented a participant from visiting or returning to a service provider. Less than half of the participants had earned a high school diploma or GED. When analyzing collapsed data for male and female participants, they found that a greater number of prior incarcerations were significantly associated with a greater number of barriers that prevented accessing a service provider. When they analyzed the data disaggregated by sex and controlling for sociodemographic and substance use indicators, researchers found that the relationship between a greater number of prior incarcerations and greater number of service barriers experienced remained significant only for men.

17. Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Prevalence and Trends Data. 2011; http://apps.nccd.cdc.gov/brfss/page.asp?cat=XX&yr=2012&state=WA#XX. Accessed March 2, 2015.

Behavioral Risk Factor Surveillance System data from 2011 indicate that young adults of color experience worse health outcomes than their white counterparts on a number of health indicators. While there were too few respondents in this age category to report rates at the state level, nationally these data indicate that black respondents between the ages of 18 and 24 were significantly more likely than white respondents to report that frequent poor physical or mental health prevented them from doing their usual activities. These rates were also higher for Native Hawaiian and other Pacific Islander, American Indian/Alaska Native (AI/AN), and Hispanic participants as well as those that reported multiple races or "other race," however these differences did not reach statistical significance using one year of data.

18. Healthy Youth Survey. QxQ analysis. 2012; http://www.askhys.net/Analyzer. Accessed March 2, 2015.

Washington Healthy Youth Survey data from 2012 indicate that Native American youth and youth of color are more likely than their white peers to report several negative health outcomes. For example these data show that 8th, 10th, and 12th grade respondents who identified as American Indian/Alaska Native, Hispanic, or "other" or who reported multiple racial/ethnic categories were significantly more likely than their white peers to report symptoms of depression. Over forty-three percent of AI/AN 10th graders (43.3% [95% CI 37.1- 49.5%]) reported feeling depressed compared to about 29% of white 10th graders (28.5% [95% CI 27.2%-29.8%]). Among 6th graders all other racial/ethnic groups were more likely than white students to report that they had contemplated suicide; however these rates were only significant for students who identified as AI/AN, Hispanic, or "other," or identified with multiple racial/ethnic groups.

19. Task Force on Race and the Criminal Justice System. *Juvenile Justice and Racial Disproportionality: A Presentation to the Washington Supreme Court.* 2012.

This report by Washington's Task Force on Race and the Criminal Justice System highlights data which indicate that youth of color in Washington are over-represented at every stage of the juvenile justice system. For example, youth of color are more likely than their white peers to be arrested, referred to court, prosecuted, adjudicated guilty, incarcerated, and transferred to the adult system.

20. Juvenile Rehabilitation Administration website. Facts and Figures.

https://www.dshs.wa.gov/jjra/juvenile-rehabilitation/facts-and-figures. Accessed March 2, 2015.
Data provided on the Juvenile Justice and Rehabilitation Administration (JJRA) website indicate that over 53% (361) of the 681 youth admitted to the JJRA in fiscal year 2014 were Native American youth and youth of color. Census data for Washington state (referenced under Puzzanchera), indicate that Native American and youth of color only made up 27% of the age 10-17 population in 2013. Nearly 18% of the youth admitted to JJRA in 2014 were African American, about 2% were Asian, almost 15% were Hispanic, over 4% were Native American, and 1.5% were reported as "other race." A one day count on September 29, 2014 found that nearly 55% of the population in JR facilities were youth of color.

21. Puzzanchera C, Sladky A, Kang W. Easy access to juvenile populations: 1990-2013. 2014; http://www.ojjdp.gov/ojstatbb/ezapop/.
Washington state data indicate that about 27% of the population ages 10-17 in Washington were Native Americans and youth of color in 2013. These data indicate that in 2013 the age 10-17 population was 4.9% black, 11.9% Hispanic, 2.2% Native American, and 9.4% Asian. These figures are derived from data collected by the U.S. Census Bureau and modified by the National Centers for Health Statistics.

22. Washington State Partnership Council on Juvenile Justice. *A Summary of Washington State Data and Recent Study Findings: The Transfer of Youth (Under Age 18) to the Adult Criminal Justice System*. 2014.
Washington State Statistical Analysis Center data from 2009-2013 show that in this five year period 672 youth were transferred to adult criminal court jurisdiction. In these years between 113 and 162 youth were sentenced in adult court annually. This includes youth as young as 11 years old. These data only include youth who were filed/charged, sentenced, and convicted in adult court. These data also indicate that Native American and youth of color are more likely than white youth to be transferred to the adult system. In 2013 the highest rate of transfer to the adult system was among Hispanic youth while in 2012 the highest rate was among black youth. Between 2009 and 2013 nearly 65% of youth transferred to the adult system were Native American and youth of color while these subpopulations only constituted 34% of Washington's age 10-17 population during this same timeframe.

23. Hahn R, McGowan A, Liberman A, et al. Effects on Violence of Laws and Policies Facilitating the Transfer of Youth from the Juvenile to the Adult Justice System: A Report on Recommendations of the Task Force on Community Preventive Services. *MMWR. Recommendations and Reports : Morbidity and Mortality Weekly Report. Recommendations and Reports / Centers For Disease Control*. 2007;56(RR-9).
This systematic review and subsequent recommendations from the Centers for Disease Control and Prevention cover a number of factors relating to the transfer of juveniles to adult detention. In general the authors do not recommend transferring juveniles to adult detention as a means to reduce recidivism or violence among youth. They found six studies that examined the effects of transfer to adult detention as a "specific deterrent" for juvenile crime. A specific deterrent is when a juvenile who has experienced the adult detention system are deterred from committed subsequent offenses. Only one study found that there was a decrease in subsequent offenses among juveniles who spent time in adult detention for committing property crimes. The

remaining five studies found a harmful effect, with transferred juveniles committing more overall and violent crimes than juveniles who served time in youth detention. The authors found three studies that examined serving in adult detention as a general deterrent for youth, meaning all youth in the community would be less likely to commit a crime if adult detention is a known consequence. They found weak and conflicting evidence insufficient to conclude that laws which transfer juveniles to adult detention have any effect on the crime rates of youth in the general population.

24. Bechtold J, Cauffman E. Tried as an adult, housed as a juvenile: A tale of youth from two courts incarcerated together. *Law Hum. Behav. Law and Human Behavior.* 2014;38(2):126-138.

Bechtold and Cauffman interviewed 346 male juvenile offenders between the ages of 14-17 incarcerated in Southern California's Department of Juvenile Justice. Inmates included both those tried as juveniles (n=261) and those tried as adults (n=103), but housed together in juvenile detention. The authors investigated whether being tried as an adult predicted misbehavior, particularly violent offenses, while incarcerated. The sample demographics were consistent with the demographics of youth incarcerated in Southern California. Inmates completed six interviews over a two month period that tested behavior, attitudinal and psychological measures, and victimization. They had a response rate of 74%. Interviewers asked participants about their offenses committed while in prison and compared these self-reports to institutional reports of misbehavior and conduct, categorizing misconduct into: violent or nonviolent. When controlling for demographics, committing offense, and prior offenses there were no significant differences between youth and adult court juveniles self-reports in committing violent or non-violent offenses while incarcerated in juvenile detention. Among facility records youth tried in juvenile courts were significantly more likely to engage in violent offenses in juvenile detention than youth who had been tried in adult courts. Logistic regression did not uncover any significant differences between juvenile and adult court youth in victimization during the study period.