

BRIEF

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Why inequitable and burdensome court-issued fines and fees are a health issue—and what health and policy leaders can do about it

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Two huge streams of awareness challenge America's health system leaders today: awareness of the power of social determinants of health—which dwarfs the influence of medical care—and awareness of the prevalence and consequences of the structural racism that afflicts healthcare in this nation no less than any other sector. What are these leaders to do?

The question is not comfortable. The usual (and important) activities of clinical care cannot change these influences on health. Healthcare organizations can feel helpless to get leverage on social determinants or racism, no matter how strongly these root causes affect the people they serve. Usual thinking and usual programs will not work, but the alternative—to engage in mitigating harmful societal structures—seems highly disruptive to incumbent models of care, especially when payment systems for healthcare take little notice of the actual causes of illness, injury, and disability.

In this brief, the Camden Coalition chronicles one highly plausible and practical plan of action for healthcare leaders who want to get engaged in closing racial and socioeconomic gaps in health status on at least one front. It lies in an unexpected sector: the justice system, but no reasonable hospital or health system leader can claim that this plan is out of their organization's reach. It is neither costly nor technically difficult; it mainly requires only some changes in practice norms and a focus on what one group of patients really need to achieve better health.

The Camden Coalition, in Camden, New Jersey, works with people with complex health and social needs—people with physical and behavioral health problems, as well as social needs, who cycle through local health clinics and hospitals. Through their work, the Camden Coalition discovered that many of their clients struggle to achieve stability because they cannot dig themselves out from debt incurred from court-imposed fines and fees. The fees are often for small infractions, like citations for loitering or jaywalking. Left unpaid, they can snowball into debt, trigger arrest warrants, and lead to significant health effects from the strain of potential imprisonment and indebtedness.

What can health systems do about this? A lot! Through their work, the Camden Coalition has found that a simple letter, call, or email from a clinician or case manager to a municipal court, explaining what the client is doing to get healthy and how the debt interferes, can go a long way in a move toward compassion and justice.

Deeper engagement on the policy front can follow logically. Teaming up with the Rutgers Law School in Camden, the Camden Coalition runs a Medical-Legal Partnership (MLP), which embeds lawyers within their care teams of nurses, community health workers, and social workers. With the support of the lawyers, the care team asks patients whether and how legal issues are interfering with their health. From their experience working with individuals whose journey to health is entwined in fees and fines, Camden Coalition community health workers, nurses, and social workers now know how to provide support to clients by writing a letter or email of support and, when the stakes are particularly high, even accompanying clients to court.

While many hospitals support MLPs and most have some case management and social worker functions, few will work on issues that remotely touch on the criminal justice system—even when those issues are critical to helping clients turn their lives around. In this brief, a client of the Camden Coalition explains how the threat of jail time from unpaid fines contributed to his being on the street for years. But, with the support of the Camden Coalition, he faced this daunting responsibility and received help to develop payment plans to present to the court, as well as ideas about other types of community service he could perform in exchange for a reduction in his fees owed.

Helping clients with problems like this requires health systems to act outside their traditional roles, and that can be uncomfortable. Some hospital risk managers and attorneys may counsel against asking patients about pressures like legal fees and fines. But it will not be possible for healthcare to address the social determinants of health that affect patients and families unless it adopts innovations like this one. As the Camden Coalition experience testifies, doing so is entirely feasible, successful models are readily at hand, and healthcare has assets that can even make engagement easy. Our electronic health records systems, for example, allow for the creation of standard form letters that could, at a minimum, attest that a client is attending their medical appointments and could advise

courts and justice officials what a stop in treatment would mean for the client if, for example, the unpaid fines trigger a warrant.

Health leaders should embrace the hard truth that we will not dismantle the systems that have caused vast health disparities in our country without becoming engaged in solving problems that we have been afraid to touch—problems that, though not classically medical, are standing in the way of our clients' better health. Investments in training for clinicians and case managers to provide this type of support and engagement in meaningful reform efforts are not just critical to the people who need the help, but to the recovery of the moral force of compassion and equity as driving goals in our nation.

Fines and fees are a health issue

Introduction

Court fines and fees have garnered national attention in recent years. Following the tragic killing of Michael Brown in Ferguson, Missouri, the U.S. Department of Justice shined a light on the disproportionate impact of these penalties on low-income residents and people of color and how police departments' reliance on these monies to fund their operating budgets can lead to "racially biased policing."¹ State and local government agencies, including the New Jersey judiciary, have begun reassessing the role of fines and fees in enforcing civil and low-level criminal citations. And advocacy organizations, including the Fines and Fees Justice Center and the American Civil Liberties Union (ACLU), have diligently challenged laws that penalize poor individuals, often people of color, for their inability to meet court-imposed financial obligations.

In our work through the [Rutgers Law School/Camden Coalition Medical-Legal Partnership \(MLP\)](#) , we see how court fines and fees are particularly damaging for individuals with complex health and social needs—that is, people who experience a combination of medical, behavioral health, and social challenges that result in extreme patterns of healthcare utilization and cost.² Many of these individuals already

experience poor health outcomes due to social determinants of health; court-imposed monetary penalties serve as yet another obstacle to managing and/or maintaining their health and achieving stability in their lives.

This brief describes the negative effects that court-imposed fines and fees can have on individuals with complex health and social needs, and includes the story of a client whose health improved when we addressed his fines and fees issues as part of his care plan (*see Andre's Story, page 5*). With insights from one of our Camden Coalition nurses who has deployed some of these strategies in her own work with clients (*see Michelle's Story, page 8*), it shares strategies for addressing the fines and fees problem at both the individual and systems levels. At the individual level, health and social service providers—including those in the complex care community—should incorporate consideration of fines and fees into care planning and engage a local MLP or make other legal supports available to their patients. At a systems level, policymakers and the judicial system should turn to more sustainable and equitable sources of revenue, stop enforcing fines and fees through unjust practices such as driver's license suspensions, and develop alternatives to court-imposed fines and fees for those unable to pay.

Camden Core Model: Camden Coalition's care management intervention

Integrating attorneys into care management

Drawing on principles of trauma-informed care and harm reduction, the Camden Coalition's care management intervention, the Camden Core Model, empowers individuals with complex health and social needs to develop the skills they need to work toward improving their overall health and well-being. Using the process of "healthcare hotspotting," the Camden Coalition first identifies patients with frequent hospital use and engages them where they are—either the hospital bedside or in a community setting. The patient's care team, consisting of a nurse, a social worker, a community health worker, and a housing coordinator, holds the primary relationship with the patient. The care team members are trained to identify when a patient may be encountering legal issues, such as a benefits denial, habitability concerns, or fines and fees and outstanding warrants. At this point, an attorney from the MLP joins the care team to address the patient's legal issues as part of a customized care plan centered on the patient's own goals and wishes. Along with the care team, MLP attorneys work to develop "authentic healing relationships" with individuals they serve with the goal of fostering a secure, genuine, and continuous partnership with the patient. Depending on the patient's needs, attorneys provide short-term and intensive legal services, provide guidance to care team members to support the patient in navigating their legal issue, and/or refer patients to other services or resources if necessary.

Unlike other MLPs, the Camden Coalition/Rutgers MLP does not focus on a specific health condition (e.g., HIV/AIDS) or legal issue (e.g., access to benefits). Our MLP serves individuals with a variety of medical and legal issues across the Camden Coalition's 16 domains of care:

- *Addiction*
- *Advocacy and activism*
- *Benefits and entitlements*
- *Education and employment connection*
- *Family, personal, and peer support*
- *Food and nutrition support*
- *Health maintenance, management, and promotion*
- *Housing and environment*
- *Identification support*
- *Legal assistance*
- *Medication and medical supplies*
- *Mental health support*
- *Provider relationship building*
- *Reproductive health*
- *Transportation support*
- *Patient-specific wildcard (i.e., patients' unique needs that do not fit neatly into any of the other categories)*

The patient's experiences and insights subsequently drive the Camden Coalition's approach to systemic change, and many patients become policy advocates along with their providers and partners.

The fines and fees problem

Over the last several decades, states and localities across the United States have increased the number and amount of monetary fines and fees imposed for municipal code violations—civil and low-level criminal offenses such as parking and traffic violations.³ **Fines** are imposed as punishment and generally vary based on the seriousness of the offense. **Fees** are costs, surcharges, and assessments used to fund court-related activities that generally have no relation to the offense and are imposed regardless of the outcome of the court case. Together, fines and fees have far-reaching consequences and can lead to a devastating cycle of debt, poverty, and even incarceration,⁴ disproportionately impacting people of color and low-income people, who are overrepresented in the criminal justice system and have the least ability to pay.

Fines and fees also perpetuate long-standing health and economic disparities in affected communities.^{5,6} In a 2017 report, the U.S. Commission on Civil Rights detailed that municipalities target poor citizens and communities of color more routinely for fines and fees,⁷ and a study of over 9,000 cities found that those with the largest share of Black residents collect over five times as much in fines and fees per capita as cities with the smallest share of Black residents.⁸

Although touted as a way to promote public safety and deter unlawful or undesirable behavior, fines and fees are increasingly relied on as a way to fund court systems or other governmental functions, despite being an inefficient source of revenue.⁹ Debt from fines and fees remains unpaid because those targeted likely do not have the money to pay it. In turn, state governments often spend more money trying to collect on fines and fees than they end up bringing in.¹⁰ In fact, one analysis found that pursuing unpaid court debts from low-income people costs some states 121 times what the IRS spends to collect taxes.¹¹

Fines and fees have been a longstanding concern in New Jersey, where the Camden Coalition provides care management for people with complex health and social needs. In response to a 2016 investigation into the state's municipal court system,¹² the [New Jersey Supreme Court](#) convened a special committee to conduct a review of municipal court practices, with an eye toward reform.¹³ The committee recognized that

court fines and fees “have a disproportionately negative impact on the poor, and often become the starting point for an ongoing cycle of court involvement for defendants with limited resources.”¹⁴

Those who are unable to pay their court-imposed fines and fees face a range of collateral consequences, including additional monetary penalties, negative impacts on their credit score, driver's license suspensions, loss of voting rights, and, too often, arrest and jail time (*see Andre's Story, page 5*). These consequences can lead to further harm, including job loss, homelessness, and family separation. In this way, the burden caused by fines and fees is not isolated to the individual, but [extends](#) to families, communities, and taxpayers at large.

For instance, 36 states and the District of Columbia still suspend, revoke, or refuse to renew driver's licenses for unpaid traffic, toll, misdemeanor, and felony fines and fees.¹⁵ In practice, driver's license suspensions make it harder for individuals to drive to work and earn the money they need to satisfy their fines and fees. Suspension of a driver's license can also block an individual's access to adequate healthcare, particularly in areas with unreliable public transportation.

Driver's license suspensions are often concentrated in low-income and minority areas. A 2020 study found that over ninety percent of driver's license suspensions in New Jersey are not a result of traffic violations, but rather the result of not paying a fine or failing to show up in court.¹⁶ The suspensions were disproportionately concentrated in low-income areas, as well as in communities with greater numbers of Black and Hispanic residents.

For many, it becomes impossible to maintain a job without a valid license: a reality highlighted in a Rutgers University study which found that 42 percent of New Jersey residents who had their licenses suspended lost their job.¹⁷ In addition, forty-five percent of those who became unemployed couldn't find another job, and 88 percent of those who found another job reported earning less than in their previous job.¹⁸ Consequences of job loss or diminished earnings include loss of health insurance and the inability to pay for medication, to say nothing of the mental and physical toll that the stress of unemployment exacts on individuals with outstanding debt.

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I was finally able to breathe.

ANDRE, AN MLP CLIENT

Just five years ago, Andre, 58, felt as if he was walking around with a target on his back.

Struggling with serious substance use issues since he was a teenager, he was also homeless and sleeping in boxes in the streets of Camden, NJ. Adding to the stress of merely trying to survive, Andre also had six theft-related court cases hanging over him in different NJ municipal courts. “I felt like I was waiting to self-destruct because of those cases so I kept getting high and thinking, ‘When they catch me, I’ll end up in the county jail,’” he recalls.

Enter the Camden Coalition’s Medical–Legal Partnership team (MLP), one of the only MLPs in which attorneys are an integral part of the care team, working with social workers, community health workers and nurses rather than alongside them, to address legal issues that often slip through the cracks. Issues like fines and fees might seem trivial, but can sink clients who are already struggling to make it through the day.

“We work with patients who have little to no income, so even paying a hundred-dollar fine is an impossibility,” says Ashley Maddison, an Equal Justice Works Fellow and attorney on the MLP team. “And if they can’t pay, that puts them in further jeopardy. So we try to find alternatives to fines and fees—and we are really the only MLP that delves into this critical area. Typical legal services don’t touch these kinds of matters.”

Adds Jeremy Spiegel, an attorney who is a member of the MLP team that helped Andre: “What we’ve found is that you can’t just address medical problems—you have to address the legal issues to enable a true recovery, to help patients concentrate on getting the medical care they need so they can get back on their feet.”

The Camden Coalition started its unique MLP three-and-a-half years ago, about six months after Andre first crossed paths with some of the team at a crisis center at Cooper University Hospital in Camden. Typically, says Spiegel, along with asking clients like Andre health-related questions, “the care team will ask them about potential legal issues. If they identify something, we are brought in as part of the care team that is supporting them—not floating separately but as part of the group. This is an important factor because it helps us provide better services and earn clients’ trust.”

Earning that trust is not always easy. “When the Camden Coalition first showed up for me, about four years ago, I didn’t trust anyone but my drug dealer,” acknowledges Andre. “I was like, who are these people? But even though I was homeless and sleeping all over, they met me wherever I was, in the public library or in a park, encouraging me to take my medications,” he says.

Eventually, Andre began participating in community-based programs, along with 12-step meetings.

“The Camden Coalition encouraged me, gave me hope and understanding that they would support me. They were relentless.”

As Andre started to get back on his feet, he was able to begin thinking about addressing his cases. “I began to pray, and I finally said, ‘I’m ready to deal with them,’” he recalls. “So Jeremy pulled all the court cases up—there were six of them, a few days apart, all with fines.”

“So many of our clients don’t even realize they have outstanding warrants,” says Maddison. “Often, we’re talking about older, outstanding matters—debts incurred while people were in active addiction—and these things hang over their head in recovery,” she says. “It’s difficult for them sitting in those courtrooms, knowing they have an important medical appointment coming up, not knowing if they’ll be put in jail, or if they’ll get a fine they can’t pay. The level of stress is palpable.”

The MLP reduces that stress level for their clients by intervening every step of the way. “When a client is standing in a crowded courtroom, everyone waiting to meet with the prosecutor, it helps that we are there with them to negotiate fines, or to get charges reduced so someone won’t be disqualified for housing,” explains Maddison.

Whether it’s a nurse in the courtroom with the client (*see Michelle’s Story, page 8*), or a lawyer, or a community health worker, the goal is the same: to provide extra context on a client’s life, talk about what a fine would do to someone who is now in a different place in their life, and, ultimately, reduce fines and fees or get them dismissed entirely. “Our MLP is different because we engage the entire team—social worker, nurse, housing coordinator—and have found that we can really make an impact,” says Maddison.

For Andre, the impact was life-changing. “Jeremy and the team walked me through the process, helped me prepare, then stepped up and spoke on my behalf for every case,” he says. In one courtroom, the spectators

burst into applause for all that Andre had accomplished: by that point, he was off drugs, attending 12-step meetings, and regularly volunteering for the Camden Coalition. Andre still recalls how emotional he felt when a judge complimented him on his efforts. “She said, ‘This is how you recover,’” he recalls. “It was mind-blowing.”

Once his cases were over, he says, “I literally felt free—as if the handcuffs that were on me were gone and I could actually breathe, because I wasn’t living in fear of incarceration due to behaviors I’d done during my addiction. I can walk the streets and feel like a productive citizen.”

“When the Camden Coalition first showed up for me, about four years ago, I didn’t trust anyone but my drug dealer,” acknowledges Andre. “I was like, who are these people? But even though I was homeless and sleeping all over, they met me wherever I was, in the public library or in a park, encouraging me to take my medications,” he says.


It’s now been two years since Andre last used drugs. No longer in the streets, he lives in his own apartment, procured with the help of the Camden Coalition. “It’s unbelievable—the freedom and the safety I feel,” he says. “I literally came from the ground—from the crack house to what feels like the White House—my own apartment.” And every month, besides paying his rent and other bills, he puts money toward any remaining fines as part of the payment program his MLP team set up. “When those court cases went away, I felt like a new person,” he says. “It’s such a relief not to have that pressure on me.”

Recognizing that financial stability is an important social determinant of health, our MLP treats the resolution of fines and fees as an integral part of an individual's care plan—one of the only medical-legal partnerships in the country to do so. When a client identifies a court-imposed fine/fee issue or related concern, our MLP attorneys partner with the client's Camden Coalition care team (consisting of a nurse, a community health worker, a social worker, and a housing coordinator) to help resolve these issues.

This individual advocacy is an invaluable resource for MLP clients, and should be replicated for complex care patients around the country. However, this is a short-term and unsustainable solution to the broader problem: excessive and discriminatory court fines and fees' impact on the health and well-being of individuals in low-income and marginalized communities.

Fines and fees exacerbate health and social issues and should be incorporated into healthcare planning


Financial health, which is one's ability to support meeting basic needs, is considered an important social determinant of health.¹⁹ It underlies all facets of daily life, including securing food and paying for housing, and thus provides important stability, especially for those facing poor health and social conditions. Indebtedness, accordingly, can result in stress that manifests in the form of poorer physical and mental health outcomes.²⁰ One systematic review of 33 peer-reviewed studies found that indebtedness was associated with suicidal ideation and poorer subjective health and health-related behaviors.²¹

It is also well-known that legal issues, such as a threatened eviction or utility shut-off, can become **barriers to better health** , especially for individuals with complex health and social needs.²² In particular, fines and fees negatively impact health and well-being as nonpayment of a court fine or fee can accumulate over time as additional fees and surcharges are added, which leads to long-term legal debt

that can become impossible to resolve for individuals with low incomes. The stress and anxiety of attending a hearing, often without legal representation, can also exacerbate existing mental and physical health conditions.

In many cases, fines and fees leave people with what would be an unimaginable choice for many: risk incarceration for unpaid fines or go without medical care, food, utilities, and transportation.

Unsustainable debts, coupled with the threat of incarceration for nonpayment, may lead formerly incarcerated individuals to return to criminal activity to pay off their debts, thus increasing rates of recidivism.²³ Incarceration in turn places individuals with multiple underlying health conditions at higher risk of serious health consequences and even death when exposed to diseases like COVID-19. Complicated treatment regimens could mean incorrect and even missed doses while incarcerated. Additionally, lapses in treatment while incarcerated could eviscerate any progress the individual made up to that point.

These are only some of the myriad ways court-imposed fines and fees negatively impact health and well-being. Despite the tangible ways fines and fees harm health, very few care management programs provide support for court-imposed fines, fees, and related issues.²⁴ In recognition of the severe negative impacts fines and fees can have on individuals' progress toward improving their health, the Camden Coalition's **Camden Core Model**  now incorporates active care planning around fines and fees (*see Camden Core Model, page 3*). Our MLP attorneys work alongside Camden Coalition care teams of community health workers, nurses, social workers, and a housing coordinator to assess patients' legal needs, and provide guidance and court support where needed (*see Michelle's Story, page 8*). In the past three years, our MLP has helped 30 percent of the clients it serves resolve municipal violations and related concerns, including driver's license suspensions, outstanding warrants, and accumulated debt from additional fines and fees.

It was scary the first time I walked into court.

MICHELLE ADYNIIEC, CC, RN

Michelle Adyniec, a nurse care coordinator with the Camden Coalition for four years, works closely with the MLP.

“Before this job, I’d worked mostly in the hospital, so I didn’t know where to start, what to do, how to even talk to a judge,” says Michelle.

Adyniec wasn’t walking into court on her own behalf, but as part of the Camden Coalition’s unique MLP, to advocate for clients with complex medical issues and social needs who are also saddled with legal fines and fees that may be exacerbating their behavioral and physical health problems. “You might say, ‘What’s a nurse doing in court?’” she asks. “But by reducing a person’s threat of incarceration, or their financial pressure, you not only reduce their anxiety and improve well-being but you prevent possible interruptions in medical care,” she explains. “Many of our clients are on prescriptions to treat substance use disorder, and their medication must be taken regularly to prevent withdrawal and relapse.”

Despite her initial nervousness about having her day in court, Adyniec felt bolstered by the others on the care team, whether lawyers or community health workers, who gave her the tools she needed to help clients. “You can’t be effective without a multidisciplinary team,” she says.

As a staff training, MLP consulting attorney Jeremy Spiegel brought Adyniec into a municipal court and the two sat and observed as Spiegel explained what was happening, the process, and the legal jargon. “At first, I wasn’t sure what I could ask for in terms of removing fines, or even how to present information to a judge,” she says.

Soon enough, though, Adyniec was supporting clients in court. “I realized that you have to butt in a bit, which is uncomfortable, but I feel pretty confident in court now,” she says. So much so that she’ll dare to ask for more for her clients. “If the judge says, ‘Okay, we’ll reduce this fine,’ I’ll come back with, ‘Can you get rid of it altogether?’ Over time, I realized that you have to be a little aggressive, to get the judge to hear you.”

That kind of chutzpah has worked in Adyniec’s—and her clients’—favor. “We’ve seen that nurses, especially, when they show up for our clients, get a better result in court,” says Ashley Maddison, Equal Justice Works Fellow and attorney on the MLP. And indeed, Adyniec is now an effective advocate in her own right. “I’ve had many clients who are pregnant or are new parents and in recovery, and I’ll talk to the judge about the progress they’ve made,” she says. “I’ll point out that they’re taking parenting classes or have taken the right steps to get housing, then I’ll connect that to the fines, fees, and court issues that are impeding their ability to take all those steps.” Often, the court agrees that someone shouldn’t be punished for an unpaid parking ticket or other fine incurred in 2014.

And while this is not what she imagined doing back in nursing school, the work, she says, is immensely satisfying. “I love how everyone pitches in together to help our clients navigate our really complicated criminal justice system,” says Adyniec. “That’s the only way to help them break out of the cycle of being stuck so they can move forward.”

Recommendations

This section details two tracks of recommendations to address the issue of fines and fees. Track one, which is focused on healthcare, behavioral health, and social services providers, represents actions that organizations and providers can start to take now to help individuals they serve with these issues. Track two, which is focused on policy solutions, will require convening diverse stakeholders from across the state and country. Many local organizations, such as New Jersey Together, as well as leaders nationally, such as the Fines and Fees Justice Center and ACLU, have already made important strides in documenting and addressing these issues.

Track one: For health, behavioral health, and social service providers

The health, behavioral health, and social service communities can play a significant role in addressing the impact of fines and fees on the health and well-being of the people they care for.

Providers and others in the complex care community can:

- **Incorporate fines and fees issues into care planning.** *Providers must know about a patient's fine/fee issues in order to engage in care planning around those issues. We recommend inquiring about outstanding court fines and fees after the patient has established a level of comfort with the team. The care team can then incorporate that information into care planning, including decisions about whether to engage with a court or municipality to revisit fines/fees.*
- **Support clients with court engagement.** *Our MLP has identified a number of ways that our care teams of community health workers, social workers, and medical professionals can directly support and advocate for our patients. These methods include drafting letters of support detailing a patient's healing and the impact that additional monetary penalties, and possible incarceration, could have on that progress; providing letters to the court regarding a*

patient's vulnerabilities should they become incarcerated; testifying on a patient's progress in front of the judge; and advocating for creative, alternative solutions to fines and fees or incarceration.

- **Connect with local organizations engaged in fines and fees reform to enhance their understanding of the issue.** *Like other social conditions, fines and fees are a determinant of health. By recognizing fines and fees as an issue that could be affecting patients' health and well-being, providers can better refer patients to the appropriate legal and social services providers. Complex care providers can also support efforts to eliminate fines and fees by sharing stories regarding the impact of fines and fees with policymakers, signing on to campaigns to end unjust fines and fees practices, and engaging in other community awareness and advocacy efforts.*

Given their unique perspective into this issue, health and social services providers, as well as the diverse complex care community that the Camden Coalition has convened through its [National Center for Complex Health and Social Needs](#), should be powerful voices in support of much-needed reforms to this system.²⁵

Track two: For policymakers and policy advocates

While the complex care community is essential to helping patients who are harmed by fines and fees, **it is imperative that state and local governments, as well as the judicial system, reform the larger broken system of fines and fees.**

As state and local leaders work to address budget shortfalls due to the COVID-19 pandemic, the solution must not be to impose additional fines and fees on individuals who are **least able to afford them** [↗](#). Instead, state and local governments, as well as the court system, should dismantle the current regressive system of fines and fees that causes significantly more harm than good, particularly for individuals with complex health and social needs.

States and local governments can:

- **Choose revenue sources** [↗](#) **that protect the foundations of strong economies, promote equity, and minimize cuts to public education, healthcare, and social services.** *The ways by which states and localities raise and spend revenue, including what services they finance, have major implications for racial and ethnic equity.²⁶ Relying on outdated and regressive forms of revenue, such as fines and fees, will work to cement racial disparities in power and wealth.*
- **Suspend the imposition of fines and fees, and related enforcement mechanisms.** *Rather than continue to rely on fines and fees to fund the government, state and local governments should refuse to add new criminal justice fines and fees or increase the dollar amount of any existing charges. States should discontinue driver's license suspensions due to unpaid court debt, and, to the extent*

possible, consider reinstating all licenses suspended for debt-related issues. States should also remove all existing warrants issued for "failure to appear" at municipal court or for unpaid legal financial obligations, and consider discontinuing this practice altogether. At a minimum, states should suspend enforcement of fines and fees against individuals with established disabilities that prevent them from working which thereby limits their income.

- **If necessary to impose fines and fees, courts should do so in a way that meaningfully accounts for an individual's unique circumstances.** *As an interim solution, courts should utilize meaningful "ability to pay" assessments to ensure that fines are proportionate. They should create reasonable payment plans that allow an individual to pay down court debt while meeting family needs. Finally, courts should develop and make accessible real alternatives to fines and fees for those unable to pay, such as community service.*

Municipal fees and fines are disproportionately imposed on individuals who can least afford them and for whom the consequences of non-payment can lead to poorer health outcomes and a never-ending cycle of uncertainty. For individuals with complex health and social needs, dismantling the current fines and fees system would provide a chance to gain much-needed stability in multiple facets of their lives. As our communities and elected officials search for steps to take in the long journey toward racial and economic justice in this country, this change promises to show real and immediate benefit in addressing race- and class-based wealth and health disparities. In the meantime, we hope that providers take concrete steps to ensure that the individuals they serve are not impeded by fines and fees as they work to improve their health and well-being.

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About the Camden Coalition

We are a multidisciplinary nonprofit working to improve care for people with complex health and social needs in Camden, NJ, and across the country. The Camden Coalition works to advance the field of complex care by implementing person-centered programs and piloting new models that address chronic illness and social barriers to health and wellbeing. Supported by a robust data infrastructure, cross-sector convening, and shared learning, our community-based programs deliver better care to the most vulnerable individuals in Camden and regionally.

Through our National Center for Complex Health and Social Needs (National Center), the Camden Coalition works to build the field of complex care by inspiring people to join the complex care community, connecting complex care practitioners with each other, and supporting the field with tools and resources that move the field of complex care forward. The National Center's founding sponsors are the Atlantic Philanthropies, the Robert Wood Johnson Foundation, and AARP.



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