Title: An Outcome Evaluation of the Indianapolis Community Court

Author Information:

Eric Grommon, Ph.D.*
Assistant Professor
School of Public and Environmental Affairs
Indiana University-Purdue University Indianapolis
801 W. Michigan Street, BS 3027
Indianapolis, IN 46202
317/278-9481
317/274-7860 (fax)
egrommon@iupui.edu

Natalie Kroovand Hipple, Ph.D.
Assistant Professor
Department of Criminal Justice
Indiana University
1033 East Third Street
309 Sycamore Hall
Bloomington, IN 47405
812/856-2759
812/855-5522 (fax)
nkroovan@indiana.edu

Bradley Ray, Ph.D.
Assistant Professor
School of Public and Environmental Affairs
Indiana University-Purdue University Indianapolis
801 W. Michigan Street, BS 3027
Indianapolis, IN 46202
317/278-8701
317/274-7860 (fax)
bradray@iupui.edu

*Corresponding author

Biographical Note: Eric Grommon is an Assistant Professor in the School of Public and Environmental Affairs at Indiana University-Purdue University Indianapolis. His research interests include research methods, program and policy evaluation, and community crime prevention. His research can be found in such outlets as *Criminology and Public Policy, Journal of Experimental Criminology, Journal of Offender Rehabilitation,* and *Justice Quarterly.* Natalie Kroovand Hipple is an Assistant Professor in the Department of Criminal Justice at Indiana University. Her research interests include gun violence, crime and disorder surrounding drug markets, evaluation of criminal justice programs, environmental crimes, crime analysis, restorative justice, and attitudes toward crime and justice. Prior to coming to Indiana University she was an assistant research professor and coordinator of online programs at the Michigan State University School of Criminal Justice. She has served as Co-Principal Investigator for the Drug Market Intervention and Project Safe Neighborhoods Training and Technical Assistance Programs. Currently, Dr. Hipple is co-principal investigator for a National Institute of Justice project examining non-fatal shootings across four mid-western cities. She is also working with colleagues to develop the Violence Reduction Assessment Tool (VRAT) designed to assist communities assess their capacity to implement evidence-based crime prevention and control strategies as well as training community teams in the research partnership, action-research model. Dr. Hipple has published numerous articles and reports most recently appearing in *Criminology and Public Policy, Crime and Delinquency, Journal of Experimental Criminology and Journal of Quantitative Criminology.* She recently co-edited a book entitled *The New Criminal Justice: American Communities and the Changing World of Criminal Justice.* She earned her doctorate in criminal justice from Indiana University. Bradley Ray is an Assistant Professor in the School of Public and Environmental Affairs at Indiana University-Purdue University Indianapolis. His research focuses on criminal justice responses to mental illness and substance misuse. He has conducted research on drug courts and mental health courts using observational, survey, and administrative data.

An Outcome Evaluation of the Indianapolis Community Court

Abstract

Seeking to alleviate traditional criminal justice system processing for low-level non-violent crimes, community courts have emerged as a viable alternative. These courts use innovative community-based efforts to address the needs of defendants charged with quality of life crimes and attempt to improve the surrounding community. Using a retrospective quasi-experimental design, this research examines recidivism outcomes for a sample of 574 defendants who were referred to the Indianapolis Community Court. Repeated measures ANOVA models were used to assess one- and three-year follow-up intervals. Survival models were used to determine if significant differences between groups exist on the timing of recidivism events. The analysis revealed no statistically significant differences between those individuals who were processed through community court and those processed through traditional courts. The implications of these findings for future research and community court policy and practice are discussed.

An Outcome Evaluation of the Indianapolis Community Court

Introduction

According to a recent study of 17 state courts, 78% of the total criminal caseload is comprised of misdemeanor offenses (LaFountain, Schauffler, Strickland, & Holt, 2012). Seeking to alleviate traditional criminal justice system processing for low-level non-violent crimes, community courts have emerged as a viable alternative. Community courts are a type of problem-solving court used an alternative to traditional court processing. Rather than emphasizing punishment, problem-solving courts focus on ways to reduce future criminal offending by using the authority of the court to hold an offender accountable for actions while also offering incentives that encourage positive changes in the offender's life (Miller & Johnson, 2009). Additionally, community courts are located in specific geographic areas or neighborhoods where quality-of-life crimes are common. Using innovative community-based efforts, community courts attempt to address the needs of defendants thereby improving disorder issues and sustaining revitalization gains in the surrounding community (Lang 2011; Lee, 2000). Intuitively recognizing the potential benefits of this localized problem-solving approach, combined with evidence from the Midtown Community Court in New York City (Sviridoff, Rottman, Ostrom, & Curtis, 2000; Sviridoff, Rottman, Weidner, Cheesman, Curtis, Hansen, & Ostrom, 2002), court administrators and policy makers have designed and implemented community courts throughout the United States. Approximately 40 to 50 community courts are currently operational (Henry & Kralstein, 2011; Lang, 2011).

Increased expansion of community courts has outpaced research examining their efficacy. That is, there is little research examining whether or not community courts are fulfilling fundamental criminal justice goals of reducing crime and reoffending. To date, three recidivism

outcome evaluations have been conducted: Midtown Community Court in New York, New York (Sviridoff, Rottman, Ostrom, & Curtis, 2002), Seattle Community Court in Seattle, Washington (Nugent-Borakove, 2009) and Red Hook Community Court in Brooklyn, New York (Lee, Cheesman, Rottman, Swaner, Lambson, Rempel, & Curtis, 2013). Three additional outcome evaluations have been conducted in England (Booth, Altoft, Dubourg, Gonçalves, & Mirrlees-Black, 2012; Jolliffe & Farrington, 2009) and Australia (Ross, Halsey, Bamford, Cameron, & King, 2009). To add to the preliminary evidence on community courts, this study uses a retrospective quasi-experimental design to evaluate the effects of the Indianapolis Community Court on recidivism. The authors will elaborate the elements of the community court model and review available evidence. They will then describe the operations of the Community Court, discuss the methods and data used in this research, and present the results. Finally, they will discuss the implications of this study for future community court policy and practice.

Literature Review

Problem-solving courts are largely based around the population they serve; however, community courts are generally based on the needs of the particular community in which they are located (Lang, 2011). As such, the types of offenders referred to the court, court practices, and staffing may differ according to the needs of the community. Despite these potential differences, the promise of community courts rests on a number of theoretical components that are presumed to affect defendant behavior. First, courts have made a concerted effort to move away from the adversarial model of case processing (see for example, Zehr, 1990; Nicholl, 1999). Members of the courtroom workgroup collaboratively share and consume information about defendants, victims, and the broader community to make informed decisions and generate

innovative responses to common problems. Clinical specialists, social service providers, and

non-profit organizations play a critical role in these discussions offering assessments,

intervention insights, and linkages to appropriate programming. Likewise, victims and local

community members are encouraged to serve as collaborators while judges are empowered to

provide a wide range of individualized dispositions and closely monitor defendants (Sviridoff et

al., 2000; 2002).

Second, court mandates expose defendants to a blend of therapeutic, learning, and

restorative justice principles that are used to hold defendants accountable via monitoring of

individual's compliance with these mandates. Community court judges often order community

service terms and social service enrollment as restitution and to improve the quality of life in the

surrounding community respectively and attend to defendant needs (Lang, 2011). These

mandates are viewed as being more appropriate than fines, which many defendants are unable to

afford. Community court judges also use behavioral contracting to inform defendants of court

sanctions and incentives as well as the imposition of graduated sanctions for non-compliance.

Much of the available evidence on community courts focuses on court processes and

operations. For instance, community courts have improved the timeliness of case processing

(Lee et al., 2013; Sviridoff et al., 2000), increased community service completion rates (Lee et

al., 2013; Sviridoff et al., 2000; Weidner & Davis, 2000), reduced the use of time-served (Hakuta

et al., 2008; Lee et al., 2013; Sviridoff et al., 2002) and jail sentences (Hakuta et al., 2008; Katz,

2009; Lee et al., 2013; Sviridoff et al., 2002), and decreased defendant "no shows" (Nugent-

Borakove, 2009). Community courts have also generated substantial cost savings for local

governments (Lee et al., 2013; Nugent-Borakove, 2009; Ross et al., 2009; Sviridoff et al., 2002).

There is evidence of community support as well. Residents are willing to redistribute tax

payments or pay additional taxes to support a community court in their jurisdiction (Eckberg, 2001; Weidner & Davis, 2000).

Outcome evaluations of community courts have generated mixed results. At the community level of analysis, community courts have been associated with reductions in arrests within catchment areas using pre-post time series evaluation designs. Researchers have observed reductions in motor vehicle thefts, residential burglaries, and commercial burglaries (Ross et al., 2009) as well as illegal vending and prostitution (Sviridoff et al., 2002) in the months and years since the opening of a community court. Similar reductions in felony and misdemeanor arrests have been identified using a comparison group of neighborhoods adjacent to a community court catchment area (Lee et al., 2013).

Among recidivism outcome evaluations at the individual level of analysis, the evidence is not as clear. The Red Hook Community Justice Center achieved slight recidivism reductions two years post-arraignment relative to defendants processed in the traditional criminal courts from the same catchment area (Lee et al., 2013). Recidivism outcomes after one year were not statistically different between the two groups. Propensity score covariate adjustments were used in this evaluation to statistically control for selection bias in the sample of 3,127 defendants. Using small sub-samples of select participants, the Midtown Community Court may have contributed to declines in defendants' annual arrest rates one to two years after a qualifying arrest. Importantly, however, these findings are based upon a samples of 75 participants charged with prostitution and 65 defendants from the same catchment area who were arrested one year before the participant sample and minimally matched by qualifying arrest charge. Additional sub-samples were drawn from three year pre- and one year post-analyses of 164 participants sentenced to the court's long-term drug treatment program without a comparison group.

Among a sample of 539 defendants from the same catchment area who participated or opted out of the Seattle Community Court, researchers found no differences in recidivism 18 months after the offer of admission (Nugent-Borakove, 2009). Eighty percent of individuals in the participant and comparison groups committed a new offense. Beyond the use of multivariate models, no propensity adjustments were used in the evaluation. Two one-year follow-up outcome evaluations from England matched community court participants with defendants arrested for similar offenses outside of a catchment area with a propensity score covariate adjustment (Jolliffee & Farrington, 2009) and one-to-one matching strategy (Booth et al.2012). Both evaluations found no evidence of an effect on recidivism. In fact, participants of the North Liverpool Community Centre and Salford Community Justice Initiative were significantly more likely to violate the conditions of their court order relative to a matched comparison group from greater Manchester (Jolliffee & Farrington, 2009). In Australia, the recidivism rates for defendants of the Neighbourhood Justice Center in Collingwood, Melbourne were slightly lower than unmatched defendants processed through traditional courts but the between group differences were not statistically dependable (Ross et al., 2009).).

While it is clear that community courts are able to process defendants in a manner that is dramatically different from traditional approaches and these courts appear to contribute to reductions in arrest rates for the surrounding catchment area, the preliminary evidence suggests these efforts may not necessarily translate to recidivism reductions. Given the relative lack of outcome evaluations focusing on recidivism among community court defendants and varying approaches to construct comparison groups among available evaluations, additional quality research is needed to inform determinations on the effectiveness of these courts.

Community Court Setting

The Indianapolis Community Court opened in April of 2001 and serves as the first community court in the city. The Court is located just south of downtown Indianapolis in what is known as the Fountain Square area, which is 1.5 miles away from the centralized Marion County courts. The Court was created to respond to low-level non-violent crimes, empower local residents to have a voice in the criminal justice system, and improve the quality of life for residents within a distinct geographic catchment area. Reflecting this focus, the Court's mission is "to empower the residents of our neighborhoods to have a true voice in the criminal justice system and improve the quality of life in the communities in which they live" (Indianapolis Community Court, 2014). Moreover, the Court was designed to stem the flow of misdemeanor cases processed by the centralized courts. Each year prosecutors file roughly 28,000 misdemeanor cases in Marion County, which represents 65% of all criminal cases filed by the Marion County Prosecutor's Office (MCPO). Four different centralized courts exclusively process misdemeanor cases, each with its own judge.

A single judge presides over Community Court proceedings and is assisted by one commissioner. The Community Court judge and commissioner operate independently of the centralized courts. One prosecutor and a paralegal from the Community Prosecution Division of MCPO as well as one public defender work on-site and are assisted by attorneys and paralegals they supervise from their respective agencies. Court administrators and resource coordinators fulfill a variety of roles including the review and identification of eligible defendants with the prosecutor, development of processing and sanction recommendations, coordination of in-house service delivery and referrals to community social services, and overall case management. Community service work crew leaders oversee the completion of community service hours. The

Court also reports to and receives feedback from a community advisory board comprising of members from various affiliations including the centralized courts, law enforcement, the mayor's office, local businesses, neighborhood associations, and organizations and non-profits organizations specializing in community development, housing, public health, mental health, and substance abuse treatment. The board serves as a key resource to forming new partnerships with local service providers and maintaining the available network of providers used by the Court.

Services offered on-site include treatment and job readiness programs, community treatment programs, impact panel programs, and individual and group counseling from accredited and licensed counselors. Court clients can also access food and clothing pantries, a mobile dentistry unit, and bus passes on site. The Court makes referrals on an as needed basis to meet a wide variety of participant needs. An important service provided by the Court is the ability to make referrals and subsidize costs for placement to residential treatment among a host of local service providers.

The Indianapolis Community Court processes approximately 2,000 cases per year. In order to be eligible for the Community Court, defendants must have committed at least one of a list of misdemeanor crimes in the Court's geographic catchment area. These include: shoplifting, criminal mischief, trespassing, disorderly conduct, prostitution and patronizing a prostitute, possession of marijuana, possession of paraphernalia, public intoxication, gambling, violation of probation, among other miscellaneous low-level crimes. These crimes cannot involve a gun, driving, or violence. The catchment area comprises just more than 29 square miles of Marion County, includes downtown Indianapolis and areas south and east of downtown, and covers 28 police beats across three of six police districts in the city. All defendants with suitable misdemeanors occurring in the catchment area are referred to the Community Court.

Defendants must plead guilty and waive their trial rights to have his or her case adjudicated through the Community Court. If the defendant chooses not to participate, his or her case is automatically referred to traditional criminal court for processing. If the defendant chooses to participate in the Community Court, staff meet with the defendant to conduct an interview, collect general demographic information, and administer an internal risk and needs assessment in order to propose a sentence and/or treatment recommendation to the Court. Defendants can negotiate their plea agreement through a private attorney or they may be represented by the county's public defender agency if they cannot afford an attorney of their own.

Once the plea agreement is finalized, the Community Court sentences defendants to complete at least one of ten sanctions. By design, these sanctions are meant to provide restitution between the defendant and the community and to restore the harm done to the community. Sanctions commonly include community service terms within the catchment area, but also include a combination of other social service actions such as participating in educational classes, treatment readiness programming, community-based treatment programming, and community impact panels.

Court administrators, resource coordinators, and community service work crew leaders monitor progress and conduct daily compliance reviews to make sure defendants are meeting the conditions of the court. Non-compliant defendants must appear before the judge and incur modifications to agreement terms, additional graduated sanctions, and prolonged Community Court supervision. Sustained violations lead to an executed sentence on the qualifying arrest charges. Defendants who successfully complete the terms of his or her plea agreement earn

certificates of completion during a ceremonial court hearing while the qualifying arrest charges are then dismissed or suspended by the judge.

The purpose of this study is to evaluate the effect of the Indianapolis Community Court on recidivism. One primary research question was addressed. Did the Indianapolis Community Court reduce recidivism outcomes for its participants?

Method

Research Design

To determine whether the Indianapolis Community Court had an effect on offender recidivism, researchers employed a retrospective quasi-experimental design with two groups. Defendants who were referred to the Community Court during a six-month study period and opted to accept a plea agreement with the court, thus agreeing to participate in Community Court ordered services to fulfill the plea agreement, formed the treatment group. Alternatively during this same time period, defendants who were referred to the Community Court and declined the community court plea offer, thus electing for traditional court processing, served as the comparison group.

An experimental design would be the most informative strategy to evaluate the Indianapolis Community Court. However, the retrospective nature of this evaluation effectively prevented the use of such designs. Existing information did not allow for the creation of a second comparison group consisting of traditional court defendants matched by qualifying misdemeanor arrest charges outside the geographical catchment area who, by default, were not referred to the Community Court. Available data extracted from record management systems has been problematic for a number of previous community court evaluations (see Cheesman, Rottman,

Gibson, et al., 2010; Eckberg, 2001; Lee et al., 2013; Katz, 2009; Sviridoff et al., 2002) and have posed challenges to the formulation of alternative comparison groups employed in this research. While the potential for selection bias introduced by the research design cannot be completely ruled out, conditional multivariate models and propensity score covariate adjustments are used to reduce the risk of confounded results

According to traditional court prosecutors, the comparison group could receive community service terms to be completed throughout the county and/or social service referrals although these orders are infrequently used and are not consistently monitored and enforced. Much more common dispositions are fines, credits for time served, or unconditional discharges. Defendant non-compliance with court terms could result in executed sentences whereas qualifying arrest charges could be dismissed or suspended when court terms were fulfilled. Records on what the comparison group were offered or required to do as part of their case disposition as well as their relative compliance with disposition terms were not available. Beyond these anticipated similarities, the comparison group did not receive risk and need assessments, did not obtain on-site services and subsidized referrals, and did not receive judicial, resource coordinator, and work crew leader case management oversight for the completion of community service terms and social service actions that is provided to the treatment group.

Participants

A total of 574 defendants were referred to the Community Court during the study period. Of these referrals, 388 defendant participated in the Community Court. The comparison group consisted of the remaining 186defendants who did not participate in the Community Court. Table 1 displays the demographic characteristics of the two quasi-experimental groups. The average

defendant was a 35–year-old-male who was referred to the court for a misdemeanor arrest charge. Just more than one-half of the defendants were white.

Defendants had lengthy arrest records although there was substantial variability between individuals. The median number of prior arrests was five for both groups. Indiana Criminal Code consists of four felony designations (i.e., Class A, B, C, and D) and three misdemeanor classifications (i.e., Class A, B, and C). The misdemeanor arrest charges triggering a referral to the court tended to be more severe misdemeanors (Class A or B) instead of the lowest misdemeanor classification (Class C). The five most common arrest charges included public intoxication, resisting law enforcement, criminal trespass, marijuana possession, and disorderly conduct. Defendants attended their first post-arraignment hearing with the Community Court within ten days after arrest and were most often represented by court appointed legal counsel. Treatment Group participants were supervised by the community court for approximately four months.

Two-way analysis of variance (ANOVA) and chi-square models assessed mean differences between groups. With the exception of the qualifying arrest charge preceding Community Court referral, there were no statistically significant differences between the groups. The Treatment Group was arrested on a slightly less serious charges than the Comparison Group [$F(1, 546) = 6.85$ p<.01]. A higher proportion of the Treatment Group were arrested on a moderate misdemeanors (Class B), whereas the Comparison Group were more likely to have been arrested on severe misdemeanors (Class A) [$\chi^2(3, 574) = 16.52$ p<.01].

[INSERT TABLE 1 ABOUT HERE]

Measures

Researchers utilized two sources of archival data. The first, Community Court files, consisted of background, demographic, and case processing information on all participants. A paralegal from MCPO who is located on-site at the Court routinely collected these data. Second, researchers used Marion County criminal history records to measure recidivism outcomes during the 36-month follow-up period.

Independent Variables

All participants were involved in one of two quasi-experimental conditions. The Treatment Group was exposed to Community Court processing and services, while the Comparison Group was exposed to standard court case processing. Researchers used a dichotomous variable to distinguish the *Treatment Group* (1) from the *Comparison Group* (0).

Control Variables

Participants in the Treatment and Comparison Groups possessed similar background characteristics. Given the non-random assignment to conditions which is inherent to quasi-experimental research designs, there may be other unobservable differences between groups. Researchers used a number of variables to control for potential differences between quasi-experimental conditions and rival factors that may be affect recidivism outcomes. *Age* is the age of the participant in years at the time of the qualifying arrest. Gender is dichotomized as *male* (1) or *female* (0). *White* (1) participants are compared to *non-white* (0) participants. *Prior arrest* is the number of times a participant has been previously arrested. This measure does not include the qualifying arrest that resulted in the referral to the community court. Qualifying arrest charges are captured with a series of dummy variables. All charges that were part of the qualifying arrest

were examined. Researchers used only the most serious offense based upon misdemeanor or felony charging levels according to the Indiana Criminal Code to create the measure of qualifying arrest charge. *Felony arrest* (1) charges are compared to *misdemeanor arrest* charges (0). An alternative ordinal measure *arrest level* is also used. This measure mirrors the Indiana Criminal Code classifications and rank orders charging levels on a scale from 1 (Class A; most serious felony) to 7 (Class C; least serious misdemeanor). *Time to hearing* is the number of days between the qualifying arrest and first referral hearing held at the community court. Defense council representation is dichotomized as *court appointed* (1) or *private attorney* (0).

Dependent Variables

For this study, researchers defined *Recidivism* as the arrest for a new offense following the qualifying arrest and referral to the Community Court. This dichotomous measure captures instances in which an individual was arrested, but may not have been convicted of a new crime. Researchers collected this measure across the 36-month period following referral to the Community Court. And, to examine the immediate, short-term benefit of the Community Court, researchers present 12-month follow-up data.

Analysis and Results

Researchers employed a number of statistical techniques to determine the significance of differences between quasi-experimental groups on recidivism outcomes. Repeated measures ANOVA models were used to assess one-year and three-year follow-up intervals. Propensity scores estimated from control variables of defendant characteristics (e.g., demographics, criminal history, qualifying arrest) and pre-participation processes (e.g., time to hearing) were entered into

ANOVA models as continuous covariates. Survival models were used to determine if significant differences between groups exist on the timing of recidivism events. Kaplan-Meier and Cox regression survival estimates are presented. Control variable measures of age, prior arrests, and time to hearing were converted to standardized z scores in Cox regression models. Covariate propensity score adjustments can bias survival estimates (Austin, Grootendorst, Normand, & Anderson, 2007) and are therefore withheld from the survival models.

Table 2 presents the overall recidivism outcomes using three different models: one without the inclusion of control variables (i.e., unconditional), one including all control variables (i.e., conditional), and one introducing a propensity score covariate adjustment in place of control variables (i.e., propensity adjusted). Recidivism among the sample was quite common. More than one-half of both groups recidivated within the first year of establishing contact with the Community Court. Across the entire follow-up period, more than 70% of the sample recidivated. The Treatment Group appeared to be less likely to recidivate within the first year, but more likely to recidivate over time relative to the Comparison Group. As shown by the interaction term in all of the models, this pattern of change over time is significant. Importantly, however, the slight between-group differences at each of the follow-up periods were not statistically significant. Pairwise comparisons revealed no differential effects by group.

[INSERT TABLE 2 ABOUT HERE]

The estimated coefficient for the for the propensity score covariate for the third model of Table 2 was non-significant [$F(1, 571) = 0.04$, $p = .72$]. This provides evidence to support the notion that if selection bias had an effect on the recidivism outcomes, this effect would be small. In other words, the results of the overall recidivism outcomes do not appear to be entirely influenced by the defendants' self-selection into the treatment and comparison groups.

Figure 1 and Table 3 displays the results of the survival analyses. On average, members of the Comparison Group recidivated 19 days faster than the Treatment Group (M_{TG} = 479.48, SE = 21.67 and M_{CG} = 460.50, SE = 32.04). Visually, the cumulative failure curves confirm the results of the repeated measures ANOVA models with the Treatment Group experiencing slightly lower levels of recidivism while under supervision of the Community Court up to approximately one and one- half years after the initial referral to the court. Over time, these relatively short-term patterns did not result to sustained, long-term effects. Indeed, the overall differences in the time to recidivism were not significantly different between groups [*Log-rank* χ^2 (1, *N*=574) =0.02, *p*=0.89; *Wilcoxon* χ^2 (1, *N*=574) =0.55, *p*=0.46; *Tarone-Ware* χ^2 (1, *N*=574) =0.22, *p*=0.64].

While the estimated coefficients in the Cox regression models are in the anticipated direction for the Treatment Group, there were no statistically dependable differences between groups on the risk of recidivism. It is important to note that among the control variables significantly increasing and decreasing the odds of recidivism in the regression models, none of these factors were over or underrepresented among participants in both groups (see Table 1). Furthermore, the observed qualifying arrest differences between groups did not appear to contribute to the overall recidivism outcomes.

[INSERT FIGURE 1 ABOUT HERE]

Discussion

The purpose of this study was to determine the effect of the Indianapolis Community Court on recidivism outcomes for its participants. The overall results suggest that the Community Court is not effective in reducing recidivism for low-level, non-violent offenders.

Across multiple indicators of recidivism, the Community Court was no more effective than traditional court case processing.

Observed trends derived from Kaplan-Meier survival curves do provide preliminary evidence that the Indianapolis Community Court may have contributed to substantive short-term recidivism outcomes. That is, Community Court processes, supports, and linkages to services appear to influence recidivism rates while a defendant is being monitored. Once the defendant is no longer under the supervision of the court, the beneficial effect associated with Community Court participation decays and criminal behavior may resurface. Importantly, however, these trends were not statistically dependable one-year post-Community Court referral.

Extended Cox regression models with heaviside functions were estimated to explore whether the effect of the Community Court was most pronounced soon after the referral was completed (Kleinbaum & Klein, 2012). Cut points of 30, 90, and 180 days post-referral were selected to assess time dependence. Across all of these supplemental analyses, there were no differential rates of recidivism risk between Treatment and Comparison groups. In light of the statistical analyses, caution is needed in extrapolating from survival curves.

The null recidivism outcome findings between the Indianapolis Community Court and traditional criminal court processing is undoubtedly disappointing to community court supporters; however, there are several potential explanations that should be noted. Borrowing from the established evidence on problem-solving courts (Mitchell, Wilson, Eggers, & MacKenzie, 2012; Sarteschi, Vaughn, & Kim, 2011), one possible explanation for the null findings observed here may be the lack of a specific target population or underlying criminogenic factor. In drug treatment and mental health courts, eligibility is based on substance abuse and mental illness respectively. Similarly, domestic violence courts and driving while

intoxicated/driving while under the influence (DWI/DUI) courts focus on specific offense types that include focused intervention targets. In these problem-solving court models, the court team's efforts can focus around a centralized issue while simultaneously addressing other social issues that might be related. Moreover, the recent evidence on drug treatment and mental health courts suggest that these courts are most successful when they effectively define their target population according to these underlying issues (see Carey, Mackin, & Finigan, 2012; Steadman et al. 2014). However, in the case of the Community Court, the underlying issues being addressed are quality-of-life offenses that are deemed important by the community in a defined catchment area, rather than a specific underlying issue affecting the offenders. As such there are qualitatively different offenses and offenders that are referred to and participate in community courts relative to other problem-solving courts (Ammann, 2000), which may dilute the anticipated effect of community court model.

In this study researchers were only able to study a single community court site. There may be factors specific to the Indianapolis Community Court that are not effective in reducing recidivism. Recall the Indianapolis Community Court's program model involves a negotiated plea agreement, and a relatively short-term period of supervision for defendants charged with low-level misdemeanors within a geographic catchment area. As such, this community court may only deliver a relatively low "dosage" of the intervention (see Porter, Rempel, & Mansky, 2010). With the exception of the community service assignment and the offering of social services, the experience itself may not be that different from traditional court. The migration of treatment effects to the comparison group cannot be entirely ruled out and may contributed to the overall null findings.

While community courts and broader problem-solving courts are not specifically informed by reintegrative shaming theory (Braithwaite, 1989), the notion of repairing harm and facilitating non-stigmatizing reintegration of defendants into the community are clearly present (see Dollar & Ray, 2015). However, defendants who opt into the Indianapolis Community Court are required to enter a guilty plea to have their case processed by the community court. This program element may have an unintended effect of applying a stigmatizing label and consequentially increasing the likelihood of recidivism for Community Court participants (see Chiricos, Barrick, Bales, & Bontrager, 2007).

Relatedly, a growing number of studies suggest that defendant's perception of procedural justice is related to compliance with court mandates and court outcomes (see for example Redlich & Han, 2014 and Rossman et al. 2011). Indeed, perceptions of fairness in the decision-making processes of the court appeared to be the key mechanism contributing to Red Hook Community Court's recidivism reductions (Lee et al., 2013). However, given the variable frequency of community court status hearings in this setting, there may be not be opportunities to develop positive perceptions. Community courts tend to provide lower levels of supervision than other problem-solving courts (see Slate, 2003). Understanding defendant perceptions of procedural justice on relevant community court outcomes are a necessary avenue for future research.

Despite finding that the Indianapolis Community Court had limited impact on recidivism, there are several limitations. First, this study only examines a single community court and could only employ a retrospective quasi-experimental design with a comparison group consisting of defendants from a community court catchment area who opted out of participation. Selection bias is a challenge for the evaluation of problem-solving courts in general and is particularly

problematic for the current evaluation. Researchers used multivariate models and propensity

score covariate adjustments to reduce the likelihood that some unobserved pre-existing

characteristic of the defendants drove the overall results. The threat of self-selection did not

appear to be problematic in the overall recidivism results. Two supplemental logistic regression

models further dissected the results within observation time frames. The first model regressed

recidivism on the treatment group and propensity score at one-year post Indianapolis Community

Court referral, while the second model estimated recidivism outcomes at three years. These

models added further confirmation to the results. Propensity scores did not have a significant

effect on recidivism during the one year [$b = 1.34$, χ^2 (1, 574) = 3.46, $p = .13$] or three years [$b =$

-1.08, χ^2 (1, 574) = 1.15, $p = .28$] follow-up. Although researchers made several efforts to

address selection bias with propensity score covariate adjustments, potential unobserved sources

of confounding could partially explain the results.

Second, due to the nature of the retrospective outcome evaluation design, researchers

were unable to examine a number of relevant variables that might have informed the "black box"

of evaluation corresponding to the linkages between intervention processes, intervention

outcomes, and recidivism outcomes. For example, while the Indianapolis Community Court

administered a risk and needs assessment, these data were not available. Additionally, the

specific treatments utilized by defendants, or his or her compliance with court mandates, were

unavailable to researchers. Given the identification and screening of eligible defendants prior to

referral, defendant risks and needs should be relatively constant within the treatment and

comparison groups. Again, existing literature has not examined the effect of specific services on

community court defendant outcomes so the underlying mechanisms contributing to the results

are not entirely clear. Future community court evaluations would benefit from the collection of

additional variables that could inform the covariation of community court processes and outcomes, especially with regard to the amount of "dosage" delivered by the court and defendants' procedural justice perceptions.

Finally, community court evaluations using recidivism as an outcome measure have been prone to criticism (Porter, Rempel, & Mansky, 2010). Recidivism may be inconsistent with the broader macro-social mission and goals of community courts. The Indianapolis Community Court, like many community courts across the nation, attempts to improve the quality of life in the surrounding community and empower community residents to have an active role in criminal justice system decision-making. Additionally, community courts serve defendant populations who possess high rates of recidivism before their initial referral to the court (Sviridoff et al., 2000; 2002).

At the same time, community courts are fundamentally tasked with the responsibility of reducing future criminal offending among the defendants they serve. Administrators and decision-makers continue to widely accept recidivism as a metric for determining whether community-based approaches are worth the investment (see Maltz, 1984). Future research should explore alternative measures of recidivism that capture change in frequency and/or severity of criminogenic behavior and offending (see for instance Moore & Hiday, 2006).

Conclusion

Managing the revolving door of individuals processed for minor offenses is a major challenge for local communities and community courts have become a growing model to address this problem. The results of this study indicate that Indianapolis Community Court was unable to reduce recidivism for the clients they serve. Given the program elements, extent of existing

information, and evaluation research design, the findings should be interpreted with caution. While this study adds to the small body of evidence on community courts, additional quality outcome evaluations are needed to assess available models, dissect critical intervention elements, and inform decisions to expand courts to new jurisdictions.

References

Ammann, J. J. (2000). Addressing quality of life crimes in our cities: Criminalization, community courts and community compassion. *St. Louis University Law Journal, 44,* 811-820

Austin, P. C., Grootendorst, P., Normand, S. T., & Anderson, G. M. (2007). Conditioning on the propensity score can result in biased estimation of common measures of treatment effect: A Monte Carlo study. *Statistics in Medicine, 26*(4)*,* 754-768.

Booth, L., Altoft, A., Dubourg, R., Gonçalves, M., & Mirrlees-Black, C. (2012). *North Liverpool community justice centre: Analysis of re-offending rates and efficiency of court processes.* London, GBR: Ministry of Justice.

Braithwaite, J. (1989). *Crime, shame, and reintegration*. New York, NY: Cambridge University Press.

Carey, S.M., Mackin, J.R., & Finigan, M.W. (2012). What works? The 10 key components of Drug Court: Research-based best practices. *Drug Court Review, 8*(1), 6–42.

Cheesman, F., Rottman, D., Gibson, S., Durkin, M., Maggard, S., Sohoni, t., & Rubio, D. (2010). *Philadelphia community court evalution final report: Outocme/impact analysis and update on process evaluation.* Williamsburg, VA: National Center for State Courts.

Chiricos, T., Barrick, K., Bales, W., & Bontrager, S. (2007). The labeling of convicted felons and its consequences for recidivism. *Criminology, 45*(3), 547-581.

Dollar, C. B. & Ray, B. (2015). The practice of reintegrative shaming in mental health court. *Criminal Justice Policy Review, 26*(1), 29-44.

Eckberg, D. A. (2001). *Hennepin County Community Justice Project: Summary report of short-term evaluation.* Minneapolis, MN: Hennepin County District Court Research Department.

Hakuta, J., Soroushian, V., & Kralstein, D. (2008). *Do community courts transform the justice response to misdemeanor crime? Testing the impact of the Midtown Community Court.* New York, NY: Center for Court Innovation.

Henry, K., & Kralstein, D. (2011). *Community courts: The research literature.* Washington, DC: US Department of Justice, Office of Justice Programs, Bureau of Justice Assistance.

Indianapolis Community Court. (2014). Community court. Retrieved 08 July 2014 from: http://www.indy.gov/eGov/Courts/Superior/CourtInfo/Listings/Community/Pages/home.aspx

Jolliffe, D., & Farrington, D. P. (2009). *Initial evaluation of reconviction rates in community justice initiatives.* London, England: Ministry of Justice.

Katz, S. (2009). *Expanding the community court model: Testing community court principles in the Bronx centralized courthouse.* New York, NY: Center for Court Innovation.

Kleinbaum, D. G. & Klein, M. (2012). *Survival analysis: A self-learning text* (3rd ed.). New York, NY: Springer.

LaFountain, R., Schauffler, R., Strickland, S., & Holt, K. (2012). *Examining the work of state courts: An analysis of 2010 state court caseloads.* Williamsburg, VA: National Center for State Courts.

Lang, J. (2011). *What is a community court? How the model is being adapted across the United States.* Washington, DC: US Department of Justice, Office of Justice Programs, Bureau of Justice Assistance.

Lee, C. G., Cheesman, F., Rottman, D., Swaner, R., Lambson, S., Rempel, M., & Curtis, R. (2013). *A comprehensive evaluation of the Red Hook Community Justice Center.* Williamsburg, VA: National Center for State Courts.

Lee, E. (2000). *Community courts: An evolving model.* Washington, DC: US Department of Justice, Office of Justice Programs, Bureau of Justice Assistance.

Maltz, M. (1984). *Recidivism.* Orlando, FL: Academic Press.

Miller J., & Johnson, D. C. (2009). *Problem solving courts: A measure of justice*. Lanham, MD; Rowman & Littlefield Publishers, Inc.

Mitchell, O., Wilson, D.B., Eggers, A., & MacKenzie, D. L. (2012). Assessing the effectiveness of drug courts on recidivism: A meta-analytic review of traditional and non-traditional drug courts. *Journal of Criminal Justice, 40*(1), 60-71.

Moore, M. E., & Hiday, V. A. (2006). Mental health court outcomes: A comparison of re-arrest and re-arrest severity between mental health court and traditional court participants. *Law and Human Behavior, 30*(6), 659-674.

Nicholl, C. G. (1999). *Community policing, community justice, and restorative justice: exploring the links for the delivery of a balanced approach to public safety*. Washington, DC: U.S. Department of Justice, Office of Community Oriented Policing Services.

Nugent-Borakove, M. E. (2009). *Seattle Municipal Community Court: Outcome evaluation final report.* Denver, CO: Justice Management Institute.

Porter, R., Rempel, M., & Mansky, A. (2010). *What makes a court problem-solving? Universal performance indicators for problem-solving justice.* New York, NY: Center for Court

Innovation.

Redlich A. D. & Han W. (2014). Examining the Links between therapeutic jurisprudence and mental health court completion. *Law and Human Behavior, 38*(2), 109-18.

Ross, S., Halsey, M., Bamford, D., Cameron, N., & King, A. (2009). *Evaluation of the neighborhood justice centre in Yarra* (2007-2009). Melbourne, VIC: Victorian Government Department of Justice.

Rossman, S. B., Roman, J. K., Zweig, J. M., Rempel, M., & Lindquist, C. H. (2011) *The Multi-Site Adult Drug Court Evaluation*. Washington, DC: National Institute of Justice

Sarteschi C., Vaughn M., & Kim K. (2011). Assessing the effectiveness of mental health courts: A quantitative review. *Journal of Criminal Justice, 39*(1), 12-20.

Slate, R. N. (2003). From the jailhouse to Capitol Hill: Impacting mental health court legislation and defining what constitutes a mental health court. *Crime & Delinquency, 49*(1), 6-29.

Steadman H. J., Callahan L, Robbins P. C., Vesselinov, R., McGuire, T. G., & Morrissey, J. P. (2014). Criminal justice and behavioral health care costs of mental health court participants: A six-year study. *Psychiatric Services, 65*(9), 1100-1104.

Sviridoff, M., Rottman, D., Weidner, R., Cheesman, F., Curtis, R., Hansen, R., & Ostrom, B. (2002). *Dispensing justice locally: The impacts, costs and benefits of the Midtown Community Court.* Washington, DC: US Department of Justice, Office of Justice Programs, National Institute of Justice.

Sviridoff, M., Rottman, D. B., Ostrom, B., & Curtis, R. (2000). *Dispensing justice locally: The implementation and effects of the Midtown Community Court.* New York, NY: Routledge.

Weidner, R. & Davis, C. (2000). *Benefits and costs of the Hennepin County Community Court – A preliminary analysis.* Minneapolis, MN: Institute on Criminal Justice, University of Minnesota Law School.

Zehr, H. (1990). *Changing lenses: a new focus for crime and justice.* Scottsdale, PA: Herald Press.

Tables

Table 1. Demographic Characteristics of Participants (n = 574)

	Treatment Group (*N* = 388)	Comparison Group (*N* = 186)	Total (*N* = 574)
	% / M (SD)	% / M (SD)	% / M (SD)
Age	35.37 (11.40)	34.51 (11.24)	35.09 (11.34)
Male	77%	76%	77%
White	54%	48%	52%
Prior arrests	15.60 (31.88)	11.54 (18.44)	14.28 (28.28)
Felony arrest	2%	3%	2%
Arrest level**	5.53 (.57)	5.40 (.61)	5.49 (.58)
Felony D	2%	3%	2%
Misd. A	44%	58%	49%
Misd. B	52%	35%	47%
Misd. C	2%	4%	2%
Time to hearing	9.83 (19.42)	10.56 (35.89)	10.07 (25.90)
Court supervision	119.40 (89.80)	---	---
Court appointed	92%	94%	92%

*p<.05, **p<.01, ***p<.001

Table 2. Repeated Measures ANOVA Recidivism Outcomes (n = 574)

	At One Year		At Three Years		F	df	η_p^2
	M	SE	M	SE			
Re-arrest: Unconditional							
Time	.56	.02	.73	.02	101.87***	1, 572	.15
Group					.09	1, 572	.001
Time x Group					4.23*	1, 572	.01
Treatment	.53	.02	.74	.02			
Comparison	.58	.04	.72	.03			
Re-arrest: Conditional							
Time	.56	.02	.73	.02	2.40	1, 565	.34
Group					.04	1, 565	.05
Time x Group					7.28*	1, 565	.77
Treatment	.53	.02	.74	.02			
Comparison	.58	.04	.72	.03			
Re-arrest: Propensity Adjusted							
Time	.56	.02	.73	.02	22.00***	1,571	.99
Group					.13	1,571	.06
Time x Group					7.27**	1,571	.77
Treatment	.53	.02	.74	.02			
Comparison	.58	.04	.72	.03			

*p<.05, **p<.01, ***p<.001

Table 3. Cox Regression of Recidivism Risk (n = 574)

	At One Year		At Three Years	
	Odds Ratio	SE	Odds Ratio	SE
Treatment Group	.82	.12	.94	.11
Age	.97	.06	.91	.05
Male	.89	.14	.84	.12
White	.91	.12	.87	.10
Prior arrests	1.39***	.04	1.43***	.04
Arrest level				
Misd. A	.61	.51	.62	.44
Misd. B	.60	.35	.59	.31
Misd. C	.70	.35	.68	.32
Time to hearing	.81*	.11	.87	.08
Court appointed	2.11**	.29	1.93***	.23
-2LL	3721.96***		4857.53***	
χ^2 (df)	86.88 (10)		105.88 (10)	

*p<.05, **p<.01, ***p<.001; Note: Age, Prior arrests, and Time to hearing have been transformed into standardized scores. Felony 4 serves as the reference group for the Arrest level measure.

Figures

Figure 1. Cumulative Failure Curves (n = 574)