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**Final Report - Grant 5-1519-MD-DD
Marian House**

FINDINGS

The Marian House research project has been completed. The final results show that Marian House COP women do significantly better than women on regular COP parole. One of the factors contributing to such a difference appears to be the fact that Marian House offers significantly more hours of service per month, offers a counseling program, teaches women useful skills, and gives these services immediately. Several challenges have also been uncovered over the course of this study. One is the referral system. The number of COP women referred, interviewed, and accepted for the House was consistently small. In addition, parole and probation staff expressed concerns that the strict nature of the House deterred women from wanting to apply.

Several recommendations were made to improve the referral process. One included having Marian House added to the STU (Supervision, treatment, urinalysis) form. By adding Marian House to the STU graduated sanctions schedule, women doing poorly, risking reincarceration, or homeless can be referred as a matter of course. Another recommendation is that the link between the ROTC program and Marian House be solidified. This would include developing a method for identifying women who may not prefer to go to Marian House as their first choice, but whose addiction, criminal history, and economic outlook suggest that such a move as a condition of release be recommended. Encouragement from the staff is essential on this front.

THE STUDY

Evaluation Design and Methods

The pilot study takes on a comparison between a treatment and a comparison group. The study makes use of an opportunity sample. Given that this is a first approach to the investigation of this question, it was felt that the study could still provide useful information. The pilot study tests the hypothesis:

Women who are given larger amounts of specific services have a lower failure rate than those who receive a smaller amount, where failure is defined as five or more positive results for drugs, five or more missing urine samples, issuance of parole warrant, or re-arrest.

Selection of the two groups was conducted at two separate moments. First, the women residing at the Marian House were matched to women who went through the same pre-release program and who exhibited similar drug addiction, psychopathy scores, and age. Second, all the women who asked to enter Marian House were selected and placed either in the treatment group if they went to Marian House or in the control group if they did not enter the Marian House. This approach was chosen due to constraints on time and resources when the pilot study was begun. The study has several limitations. Most importantly, the samples

are extremely small and were not selected randomly. However, the study attempts to rectify the skewed-nature of the samples by matching three residents with a control group chosen for the release date and, secondly, by controlling for motivations for entering the Marian House.

A study of the women's demographic, drug and criminal histories was conducted. Table 1 shows the variables looked at to determine if the groups varied significantly in any demographic or experiential way. There were no statistically significant ($\alpha = .05$) differences between the two groups.

	Treatment		Comparison	
	Mean	St. Dev.	Mean	St. Dev.
employed at arrest 0= unemployed, 1= employed	.43	.79	.27	.65
married 0= never married, 1= married at some point	.57	.98	.36	.67
prior violations of probation	1.14	1.07	1.82	2.14
number of children	1.29	1.11	2.00	1.41
prior supervision experiences	1.57	.79	1.56	.88
prior treatment attempts	2.29	.95	2.09	1.64
current sentence (years)	3.11	1.77	2.61	1.13
drug addiction index (1= lowest, 10 highest)	7.29	1.25	6.82	1.60
number of previous arrests	9.14	3.44	12.09	10.57
highest level of education (years)	11.29	.95	10.55	1.81
psychopathy test (over 30 = ineligible for COP)	22.71	4.11	23.45	2.62
age at COP entry (years)	36.29	5.91	33.36	6.95

Results

After it was determined that the two groups were not different in terms of age, education, and other criteria, the treatment and control groups were looked at to identify average number of monthly service hours and failure of their conditions of parole.

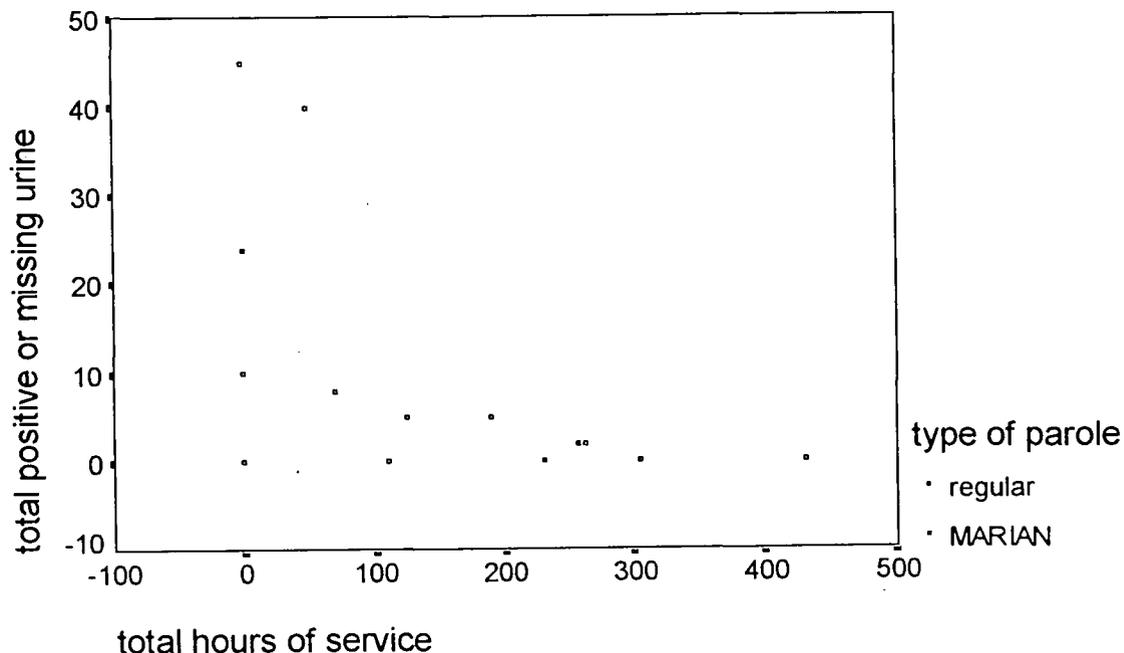
The number of hours of service was collected. Since many of the women were released at different times, their total service hours varied considerably. It was necessary to create a new variable, average monthly hours of service, to control for the variation that the different release dates imposed on the data.

Positive or missing urines (>5) was considered a failure of urinalysis. Issuance of a parole warrant was considered a failure of compliance, and a new arrest was considered a failure of the terms of parole (recidivism). Since the sample was so small and because few of the women were released at the same time, the various failures were collapsed into a single category of failure.

In the graphic below, it can be seen that when positive or missing urines service hours and type of parole (red=Marian or green=regular) are juxtaposed, those

women with over five positive or missing urines are all on regular parole. Conversely, Marian House women are much more likely to have a higher number of service hours.

Figure 1: Urines and Service Hours by Type of Parole

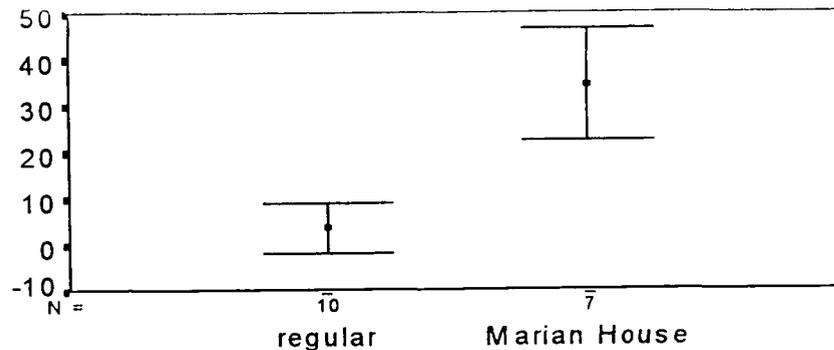


The two groups' average service hours varied. Marian House residents' average monthly service hours were 34.7, while the average for the control group was 3.6. These differences were significant at the 95% confidence level. Marian House residents received more service hours than the control group received.

Group	Count	Mean	Standard Deviation	Standard Error	95% Confidence Interval	
					TO	TO
Control	10	3.6000	7.8202	2.4730	-1.9942	9.1942
Marian H	7	34.7000	12.9325	4.8880	22.7395	46.6605
Total	17	16.4059	18.6020	4.5116	6.8416	25.9701

A more graphic way to see the difference shows the range in which the true mean is likely to lie at a 95% confidence level. The average monthly service hours is presented as a range that is 95% confident of containing the true average of the women at Marian House for the average number of monthly service hours. It is compared to the 95% range for the average number of monthly service hours of the control group. If the ranges overlapped, there would be a possibility that the two averages were truly the same. The graphic shows a gap between the two groups (Figure 1). The average number of monthly service hours is statistically different at the 95% confidence level.

Figure 2: 95% Confidence Ranges for Average Service Hours



In the final analysis, the number of women who were either terminated or continued successfully on parole was six Marian House women and three regular COP women. Of the women who were successfully terminated from parole or have a warrant out for their arrest, none were Marian House women and ten were regular COP parole. Table 4 shows the final results of the study.

PAROLE type of parole by SUCTER successfully terminated				
PAROLE	Count	SUCTER		Row
		0	1	
MARIAN	1	0	6	6
regular	2	10	3	13
Column		10	9	19
Total		52.6	47.4	100.0

Number of Missing Observations: 0

Given the small sample size, only correlation analysis was possible. In a final bivariate correlation, the total number of service hours was strongly positively correlated. Table 5 shows the final bivariate correlation.

	SUCTER	TOTSER
SUCTER	1.0000 (19) P= .	.7698 (19) P= .000
TOTSER	.7698 (19) P= .000	1.0000 (19) P= .

Controlling for urines, in order to assess whether the service hours affected the outcome of positive or missing urines, a partial correlation shows that the correlation becomes weaker and more likely a result of chance than in the bivariate correlation. This shows that the relationship between service hours and drug use (revealed by positive or missing urines) is significant.

Controlling for..	TOTURINE	
	SUCTER	TOTSER
SUCTER	1.0000 (0) P= .	.4722 (11) P= .103
TOTSER	.4722 (11) P= .103	1.0000 (0) P= .

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