Pennsylvania
Department of Corrections

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Therapeutic Communities

Background

Therapeutic Communities (TCs) are specialized housing units that provide intensive substance use disorder treatment. These programs typically last about four months and are designed to help individuals build recovery skills, develop healthier thinking patterns, and prepare for a successful return to the community. Though widely used across correctional systems nationwide, past research has shown mixed results on recidivism and relapse. While some studies suggest modest improvements, others find little or no long-term benefit. Additionally, an earlier randomized controlled trial conducted at SCI Chester by the PA Department of Corrections (PA DOC) in partnership with Temple University found no significant difference in recidivism between individuals assigned to TC programming and those assigned to outpatient treatment. That study raised important questions about whether TC placement decisions were producing measurable public safety benefits.

This study further evaluates the effectiveness of PA DOC's TC programming, with a particular focus on outcomes for individuals near the eligibility threshold for TC placement. It also examined the cost impact of TC placement, including overrides that assign individuals to TC even when screening results suggest placement in outpatient treatment.

Study Design

This evaluation compared 3,775 individuals who participated in TCs while incarcerated versus 4,737 who participated in outpatient substance use treatment (OPT) during incarceration instead of TC. All participants were **male**, **released from a PA prison between January 2013 and December 2015**, and received a **medium or high** criminal risk score.

Two analytic strategies were combined to ensure a strong design. First the evaluation applied regression discontinuity logic. TC placement was generally assigned by scores on the **Texas Christian University Drug Screen (TCU)**, which measures substance use severity. Individuals scoring **6 or higher** on the TCU were usually assigned to TC placement, while individuals scoring **3 to 5** were assigned to outpatient treatment. The analysis therefore focused on those who scored a **5** or **6** - just below and above the TCU cutoff. Individuals with these scores likely have very similar needs but received different treatments because they fall on opposite sides of the cutoff score. This creates a natural comparison that helps strengthen causal conclusions about TCs effects.

After narrowing the comparison using the cutoff logic, propensity score matching was used to ensure the TC and outpatient groups were balanced on key factors such as age, race, drug of choice, misconduct history, prior criminal history, risk score, and prior treatment. Recidivism and drug relapse outcomes for both groups were then examined at **6 months** and **1 year** after release.

Results

Across all models, **recidivism rates were similar for TC and outpatient participants**, at both 6-months and 1-year post-release. No meaningful differences were found. Relapse outcomes followed the same pattern. Across all models, **TC participants did not have lower relapse rates** compared to outpatient participants at either follow-up point. To summarize, for individuals near the TCU cutoff, the TC program **did not outperform outpatient treatment** in reducing re-offending or relapse.

This evaluation also examined cost differences between TC and outpatient placement. TC treatment costs a total of approximately **$4,633 more per person** than outpatient treatment. The evaluation estimated that PA DOC could save **$5.8 million annually** if TCU score overrides to TC placement were eliminated. Further, if the TCU cutoff score for TC placement was raised from **6 to 7**, PA DOC could save an **additional $2.3 million annually**. **If both changes were implemented (eliminating overrides and raising the cutoff to 7), total savings could reach approximately $8.1 million per year**.

Conclusion

Based on the results of this evaluation, recommendations include raising the TC eligibility cutoff on the TCU from 6 to 7, reducing or eliminating overrides into TC, and continuing to monitor TC program fidelity. Ultimately, this study found that Therapeutic Communities did not reduce recidivism or relapse more than outpatient treatment for individuals near the TC eligibility cutoff. At the same time, TC placement decisions have major cost implications. By decreasing TC placements through tighter eligibility rules and reduced overrides, PA DOC could maintain treatment effectiveness while achieving substantial cost savings—**potentially as much as $8.1 million annually**.