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A Coordinated Approach to Health Economic Evaluation in Criminal-Legal Settings: Protocol for the JCOIN 2.0 Criminal-Legal Economic Analysis & Resource Center (CLEAR)

Danielle Ryan
dar4006@med.cornell.edu
Weill Cornell Medicine
Paul Fishman
University of Washington
Ali Jalali
Weill Cornell Medicine
Philip Jeng
Weill Cornell Medicine
Babasoji Oyemakinde
Weill Cornell Medicine
Hamer Villamizar
Weill Cornell Medicine
Dhruv Khurana
Weill Cornell Medicine
Yang Chen
University of Miami Miller School of Medicine
Don Ekanayake
University of Miami Miller School of Medicine
Ermina Fardone
University of Miami Miller School of Medicine
Kathryn McCollister
University of Miami Miller School of Medicine
Diana Bowser
Boston College
Brielle Ruscitti
Boston College
Todd Olmstead
Cornell University
Matthew Alcusky
University of Massachusetts Chan Medical School
Michal Horny
University of Massachusetts Amherst
Arnie Aldridge
RTI International
Drew Speer
University of Kentucky
THE HEAT 2.0
Sean M. Murphy
Weill Cornell Medicine

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Abstract

Background/Objectives

The Justice Community Overdose Innovation Network (JCOIN) Phase 2.0 is a collaborative initiative designed to strengthen the evidence base for delivering substance use disorder (SUD) care within the criminal-legal system. Sustainedaccess to evidence-based treatment requires decision-makers to be informed on the relative costs, benefits, and budget impact of alternative service delivery models.The Criminal-Legal Economic Analysis & Resource Center (CLEAR) will support health-economic research across Hubs within JCOIN 2.0, and contribute new evidence to fill key knowledge gaps regarding economic aspects of the provision of SUD care in criminal-legal settings.This paper describes the economic evaluation designs embedded in JCOIN 2.0 trials, planned harmonization and pooled analyses, and the role of the Health Economics Analytic Team (HEAT 2.0), a collaborative of lead economic investigators from JCOIN 2.0 Hubs.

Methods

Common economic measures, instruments, methods, and outcomes are detailed. Individual studies are discussed alongside those with comparable economic designs to highlight opportunities for cross-study analyses.

Results

Specific economic parameters, stakeholder perspectives, and shared resources are outlined. The common characteristics of the economic evaluations planned across JCOIN 2.0 clinical trials are discussed, as are potential cross-study economic analyses.

Implications

In coordination with the HEAT 2.0, CLEAR will support, conduct, and disseminate detailed cost analyses and broader economic evaluations that inform decisions about service delivery for individuals with SUD who are involved in the criminal-legal system. Standardizating of economic data collection and analysis will allow CLEAR to establish a foundation for assessing the economic value of interventions across varying criminal-legal organizational and population-level contexts. This coordinated approach will allow for more informed and impactful resource allocation decisions to improve SUD outcomes and general wellbeing for this vulnerable population.

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1. INTRODUCTION

Despite their high level of clinical and social vulnerability, individuals with substance use disorder (SUD) who are engaged in the criminal-legal system continue to experience major structural, clinical, and economic barriers in accessing evidence-based care. The Justice Community Opioid Innovative Network Phase 2.0 (JCOIN-2.0) will advance the work of JCOIN-I by scaling effective care, testing new care models, and strengthening coordination between public health and public safety agencies to improve continuity of care. However, maximizing access to evidence-based care requires understanding the comparative costs and benefits of alternative strategies, including the costs of implementation, thereby enabling decision-makers to choose models that are effective and feasible. The Criminal-Legal Economic Analysis & Resource (CLEAR) Center was formed in JCOIN-2.0 to provide resources and evidence that support the application of health economic research to inform real-world decisions regarding SUD services within the criminal-legal system. The annual costs attributable to SUD were estimated to be $4.70 trillion in 2025 USD, driven largely by higher utilization of healthcare and criminal-legal resources, lost productivity, and reduced health-related quality-of life (HRQoL).(1) Economic evaluations of SUD interventions in criminal-legal settings can help decision-makers understand their net-costs relative to alternative approaches, after accounting for potential downstream cost-offsets, alongside changes in health and other outcomes important to individuals and society.

At the study level, CLEAR will support the 26/31 JCOIN 2.0 clinical research hubs and bring their lead economic investigators together through the Health Economics Analytic Team (HEAT 2.0). At the network level, CLEAR will coordinate with the three other JCOIN 2.0 resource centers: the Coordination and Translation Center (CTC)(2), the Methodology and Advanced Analytics Resource Center (MAARC)(3), and the Community Engaged Research Resource Center (CERRC)(4). These partnerships will help ensure that CLEAR's tools, consultation services, and analytic resources are disseminated across the network, and available to criminal-legal systems and community partners beyond JCOIN.

This protocol describes the economic evaluation designs embedded in JCOIN 2.0 trials and CLEAR's approach to detailed microcosting, data harmonization, and future pooled analyses. This work aims to inform decision-makers at all levels on how to allocate resources to maximize the well-being of individuals with SUD who are involved in the criminal-legal system. The sections that follow first describe CLEAR's role as the JCOIN 2.0 economic resource center, then summarize HEAT 2.0 as the collaborative structure for engaging hub economists, and finally identify the shared measures and stakeholder perspectives that will support hub-specific and cross-study economic analyses.

2. METHODS

2.1 CLEAR

CLEAR is designed as a cross-hub resource center to support JCOIN 2.0 hub investigators in embedding rigorous, policy-relevant economic analyses within their studies. Consistent with the JCOIN 1.0 health economics framework, CLEAR will help hubs define priority economic questions, identify relevant stakeholder perspectives, select appropriate cost and outcome measures, and estimate the resources required to implement, sustain, and scale interventions for individuals with SUD engaged in the criminal-legal system.

CLEAR's strategy is organized around four interconnected aims: (a) supporting JCOIN 2.0 hubs in identifying economic research questions and in designing, implementing, analyzing, and translating prospective economic evaluations; (b) conducting economic research to inform criminal-legal decision-makers on the best use of their limited resources to address the overdose crisis; (c) developing and disseminating customizable tools that can be readily used by decision-makers to evaluate the budget impact of implementing and sustaining new SUD care strategies; and (d) providing ad hoc consultation, and training through individualized support and educational resources, such as webinars and in-person workshops. To reduce duplication of effort and improve comparability across hubs, CLEAR will provide standardized cost-collection methods, data templates, analytic procedures, and guidance for valuing healthcare, criminal-legal, and societal resources. These resources include the Budget Impact Tool developed during JCOIN 1.0(5), as well as adaptable microcosting templates, interview guides, training materials, and worked examples for estimating intervention costs(6).

All economic evaluations will be conducted according to established guidelines(7, 8). When designs, populations, settings, measures, and follow-up periods are sufficiently aligned, CLEAR will support and conduct pooled cross-study analyses to rigorously evaluate important questions that would not otherwise have been possible, including how costs and economic value vary across settings, intervention strategies, organizational capacity, populations served, and local contexts.

2.2 The HEAT

The HEAT 2.0 will serve as a network-wide collaborative comprised of the lead economic investigators across JCOIN hubs. Through the HEAT, CLEAR will help ensure that economic evaluation methods are responsive to study-specific needs while still supporting comparability across the JCOIN 2.0 network. CLEAR will be able to identify and help address common challenges, share emerging lessons, coordinate measurement decisions, and develop opportunities for harmonized and pooled analyses.

2.3 Microcosting

Microcosting analysis are strongly encouraged and CLEAR will work with each of the JCOIN-II Hubs to tailor user-friendly tools to estimate the economic costs of the overdose prevention and treatment interventions being evaluated across the consortium. An activity-based costing (ABC) methodology, also known as a 'top-down microcosting' approach is used to accurately collect data about each activity. (9–11) The ABC method has been found to improve resource allocation and provides precise information as it focuses on the cost and performance of activities (12–14). CLEAR will provide support by customizing our existing budget impact tools (5) to capture the costs of implementing an intervention across phases comprising fixed start-up, intervention, and sustainment. Fixed start-up costs refer to initial, one-time expenditures required to implement an intervention and are typically associated with activities such as initial planning meetings with practitioner partners, training and hiring, development of policies and procedures, and supplies/equipment. Intervention costs are the ongoing operating costs, often characterized as time-dependent and variable costs, which can also describe the costs required to sustain an intervention.

2.4 Outcome Measures

For studies with person-level study designs CLEAR recommends three self-report instruments for the collection of economic data(6). The Non-study Medical and Other Services (NMOS) form collects information on the utilization of non-study healthcare and other resources important to decision-makers at various levels, such as emergency department visits, hospitalizations, substance use care, participant time and travel, or workplace productivity. The Criminal-Legal Activities (CLA) form measures utilization of resources within the criminal-legal system, including, crimes committed and charged, nights incarcerated, and interactions with parole or probation officers. The 16-item Patient-Reported Outcomes Measurement Information System (PROMIS) Preference (PROPr) instrument measures HRQoL across eight domains (physical function, ability to participate in social roles and activities, anxiety, depression, sleep disturbance, pain interference, cognitive function–abilities, and fatigue). The PROPr can then be used to calculate a composite score representing the quality of the respondent's overall health state, as perceived by the general US population. Scores range from – 0.022 to 1.0, where 0 representing death, 1.0 representing perfect health, and negative scores indicating health states condisered worse than death(15).

2.4.1 Cost Off-set Measures

Whenever feasible, studies are encouraged to evaluate costs according to the healthcare sector, societal, correctional perspective and state decision-maker perspectives(7, 16). The healthcare-sector perspective includes all direct healthcare costs incurred on behalf of participants, regardless of who pays them, including participant out-of-pocket costs. Either self-reported health care utilization captured with the NMOS or electronic medical records, where possible, will be used to calculate the healthcare sector costs. The societal perspective expands on the healthcare-sector perspective by including direct criminal-legal system costs as well as broader costs borne by society, such as lost workplace/school productivity, participant and caregiver time, and those incurred by victims of crime. The state decision-maker perspective includes healthcare costs borne by public payers, costs of social safety net programs, and direct criminal-legal system costs. Hubs may consider additional relevant measures of effectiveness such as treatment engagement, criminal-legal recidivism, mental health symptoms, and overdose risk and/or mortality.

2.3.2 Effectiveness

The PROPr composite score will be used to calculate quality-adjusted life-years (QALYs), the primary effectiveness measure for economic evaluations(7, 8). QALYs combine HRQoL with the length of time spent in the associated health state and reflects the proportion of the year for which the participant is in

optimal health; they are generalizable across interventions and conditions, and widely accepted cost-per-QALY thresholds for defining cost-effectiveness exist. Where relevant, studies will also estimate substance-free years, which represent the share of the year the participant was free from substance use. Substance-free years are typically measured with a combination of urine toxicology and self-report. Although substance-free years do not yet have accepted value thresholds, the measure is clinically relevant, easy to interpret, and allows direct comparison with prior economic evaluations of SUD interventions.

3. DISCUSSION

The descriptive characteristics of the 26/31 JCOIN 2.0 hubs are summarized in Table 1. Together, these studies span multiple points along the criminal-legal continuum, including community supervision, law-enforcement deflection, courts, jails, prisons, and community reentry. Ten studies focus on treatment linkage and reentry, including studies of peer support, patient navigation, recovery coaching, telehealth-supported treatment, and continuity of care after jail or prison release. Nine studies focus on court, deflection, or community-based models, including drug court collaboration, court navigation, police-assisted diversion, deflection programs, community paramedic response, and medical-legal partnership services. Seven studies focus on jail- or prison-based care delivery and scale-up, including MOUD initiation or continuation, shared decision-making, methadone dispensing, Medicaid waiver implementation, and system-level MOUD scale-up strategies. Across these areas, the hubs address opioid use disorder, stimulant and other substance use disorders, overdose prevention, infectious disease care, and related health and social needs.

CLEAR supports each hub in defining relevant economic questions that align with their intervention, study design, and interests of relevant decision-makers. Where possible, CLEAR recommends comprehensive analytic strategies that assess economic value by simultaneously accounting for costs and effectiveness; specifically, cost-effectiveness analysis (CEA), or cost-benefit analysis (CBA). Evaluating relative costs and effectiveness together is critical for optimal decision-making, as costs do not reveal information on outcomes, and effectiveness alone does not account for the resources needed to achieve those benefits. However, for hubs unable to conduct a formal CEA or CBA, CLEAR will suggest alternative questions and analyses.

Table 1 summarizes the economic evaluations being conducted across JCOIN 2.0. Several hubs are conducting full CEAs.

CLEAR is designed to operate as an integrated partner within the JCOIN 2.0 resource center structure to maximize the economic value and real-world applicability of its work. CLEAR's relationship with the CTC will be central to disseminating economic tools, resources, and findings to criminal-legal practitioners and decision-makers. CLEAR will coordinate with the CTC's Dissemination and Stakeholder Engagement Core to ensure that stakeholders at all levels of the criminal-legal system have access to current economic evidence, budget impact tools, and reimbursement guidance. CLEAR will also partner with the CTC on training and technical assistance initiatives, including webinars and in-person workshops on economic data collection and analysis. The MAARC will be another key collaborative partner, particularly for data harmonization and modeling. CLEAR will work to ensure that MAARC has consistent access to harmonized economic data needed for simulation modeling and cross-site analyses, while drawing on the MAARC's Opioid Environment Policy Scan data warehouse to identify social drivers of health and other measures for use in relevant analyses. Finally, CLEAR will work closely with the CERRC to ensure that instruments, tools, and resources align with multiple stakeholder perspectives, including those of individuals with lived experience of criminal-legal involvement.

CONCLUSION

The JCOIN 2.0 CLEAR Center is built on the premise that economic evaluation is essential for allocating limited resources in a way that maximizes the well-being of people with SUD in criminal-legal settings, where the risk of adverse outcomes is high and budgets are constrained. Economic evaluations help decision-makers compare alternative programs in terms of their relative costs, outcomes, and economic value. CLEAR also recognizes that real-world decisions typically require consideration of both cost-effectiveness and the cost of implementation. Through harmonized economic data, shared tools, and cross-study analyses, the CLEAR and HEAT will produce an evidence base that helps decision-makers within and beyond JCOIN choose, implement, and sustain SUD care models that deliver the greatest value for those involved in the criminal-legal system.

Table 1
Descriptive Characteristics of JCOIN Hubs

Study Title	Setting	Intervention	Control	Economic evaluation type	Stakeholder cost perspectives
Treatment linkage, reentry, and continuity-of-care studies (10 studies)					
BROWN UNIVERSITY					
Providing Interventions for Enhancing Recovery during Supervision (PIERS)	Community Supervision	Local Change Team + Peer Support Specialists	Local Change Team	CBA	Healthcare Sector; State Policymaker; Societal
EMORY UNIVERSITY					
Linking Individuals Needing Care for Substance Use Disorders to Peer Coaches and Across Incarceration Settings (LINCS-Up & In)	Jails	Peer Recovery Coaching (PRC)	Treatment as Usual	CEA	Healthcare Sector; State Policymaker; Societal
FRIENDS RESEARCH INSTITUTE					
A Patient Preference Trial of Sublingual Versus Extended-Release Buprenorphine Telemedicine and Pharmacy Linkage for Individuals Reentering the Community from Jail	Rural Jails	XR-B vs SL-B via telehealth (administered both in-jail and in the community post-release)	Active comparator – sublingual buprenorphine (SL-B)	Economic analysis/modeling to inform implementation sustainability (formal CEA/CBA not specified)	Healthcare Sector; State Policymaker; Societal
CHESTNUT HEALTH SYSTEMS					
Recovery Management Checkup Scalability and Sustainability (RMC-SS) Hybrid Experiment: Evaluating Comparability of Client and Implementation Outcomes in Community Organizations Post-Arrest	Jails	Recovery Management Checkup-Scalability and Sustainability (RMC-SS)	Recovery Management Checkup-Adaptive (RMC-A)	Economic analysis/comparative cost analysis (formal CEA or CBA not specified)	Healthcare Sector; State Policymaker
UNIVERSITY OF MASSACHUSETTS CHAN MEDICAL SCHOOL					
Supporting Treatment Access and Recovery in Re-entry (STAR-R)	Jail/Reentry	Maintaining Independence and Sobriety through Systems Integration, Outreach, and Networking–Criminal Justice MISSION-CJ	Peer Linkage Support (PLS)	CEA	Healthcare Sector; Societal
TEXAS CHRISTIAN UNIVERSITY					
Vertical vs Horizontal Implementation of O-TLM (037)	Community Supervision	Vertical Implementation of O-TLM	Horizontal Implementation of O-TLM	Implementation Cost Analysis	Healthcare Sector; State Policymaker
UNIVERSITY OF CHICAGO					
Reducing Opioid Mortality in Illinois (ROMI)	Jails/Prisons	Case Management & Peer Recovery Support for Linkage to OUD Services + OEND	Services as Usual + OEND	CEA	Healthcare Sector; State Policymaker; Societal
UNIVERSITY OF KENTUCKY					
Kentucky Women's Justice Community Overdose Innovation	Jails / reentry	OPIP components: RC; RC + SPE; RC + CM; RC + SPE+CM	2x2 factorial: RC vs. RC +	Budget Impact; CEA / cost-effectiveness; net societal cost analysis	Healthcare Sector; Societal

Study Title	Setting	Intervention	Control	Economic evaluation type	Stakeholder cost perspectives
Treatment linkage, reentry, and continuity-of-care studies (10 studies)					
BROWN UNIVERSITY					
Network - Phase II (WJCOIN-II)			SPE; no CM vs. +CM		
YALE SCHOOL OF MEDICINE					
Transitions Clinic Network: Post Incarceration Addiction Treatment, Healthcare, and Social Support (TCN-PATHS)	Jails	TCN Enhanced Primary Care + OUD Treatment with CHWs	Standard Primary Care	CEA	Healthcare Sector; State Policymaker; Societal
YALE SCHOOL OF MEDICINE					
Addressing Risk Through Community Treatment for Infectious Disease and Opioid Use Disorder Now (ACTION)	Community Supervision	Mobile Health Unit (MHU) integrated service delivery	Patient Navigation (PN) — active comparator	Implementation Cost Analysis (feasibility, acceptability, costs)	Healthcare Sector; State Policymaker; Societal
Court, deflection, diversion, and community-based response studies (9 studies)					
CHESTNUT HEALTH SYSTEMS					
Testing Implementation Strategies to Scale Up a Multicomponent Continuum-of-Service Intervention for Families Involved in Systems with Parental Opioid and Methamphetamine Use	Rural Community (Child welfare system)	JCFF + App; JCFF + App + Feedback	Active comparator – Just Care for Families (JCFF)	Economic analysis/modeling to inform implementation sustainability (formal CEA /CBA not specified)	Healthcare Sector; State Policymaker
NEW YORK STATE PSYCHIATRIC INSTITUTE/ COLUMBIA UNIVERSITY					
Facilitating Opioid Care Connections	Drug courts	Opioid Court Model	Usual Drug Court Model	Economic analysis/modeling to inform implementation sustainability (formal CEA/CBA not specified)	Healthcare Sector; State Policymaker
DUKE UNIVERSITY					
The Community Paramedic Response and Overdose Outreach with Supportive Medical-Legal Services (CROSSROADS)	Community (community paramedic/post-overdose outreach)	Community Paramedic (CP) care + Medical-Legal Partnership (MLP)	Standard of care from the CP program	Economic analysis/modeling to inform implementation sustainability (formal CEA/CBA not specified)	Healthcare Sector; State Policymaker
NEW YORK UNIVERSITY					
The RELIEF Study: Court Fees as a Determinant of Health and Criminal-Legal Outcomes	State Courts	Court fee elimination policy (HB-139)	Pre-policy period and states without fee elimination	Economic analysis/comparative cost analysis (formal CEA or CBA not specified)	State Policymaker
RHODE ISLAND HOSPITAL – BROWN UNIVERSITY HEALTH					
Police Pathways to Addiction Treatment, Health, and Safety: The Police PATHS Study	Diversion Programs	Police-assisted diversion (PAD)	Criminal-legal processing as usual (non-PAD)	CEA	Healthcare Sector; State Policymaker
RTI					
Pathways to Treatment: Assessing Effectiveness and Implementation of Oregon's Deflection Programs for People Who Use Drugs	Deflection Programs	Mobile crisis/community response teams + officers (MCCR + OI); District attorneys + officers (DA + OI)	Officer-only (OI)	Economic analysis/comparative cost analysis (formal CEA or CBA not specified)	Healthcare Sector; State Policymaker
RTI					
Preventing Overdose and Promoting Recovery Through Court Navigation	County Courthouses	Peer-led court navigator program	Information-only control	Economic analysis/comparative cost analysis (formal CEA or CBA not specified)	Healthcare Sector; State Policymaker

Study Title	Setting	Intervention	Control	Economic evaluation type	Stakeholder cost perspectives
Treatment linkage, reentry, and continuity-of-care studies (10 studies)					
BROWN UNIVERSITY					
TEXAS CHRISTIAN UNIVERSITY					
TCU BRIDGE to Deflection Project	Deflection Programs	ENHANCED Community Engagement	CORE Community Engagement	CLEAR-aligned Resource Tracking	Healthcare Sector; State Policymaker; Societal
UNIVERSITY OF MASSACHUSETTS CHAN MEDICAL SCHOOL					
Improving Access to MOUD in Drug Courts Through Interagency Collaboration: COLAAB Study	Drug Courts	COLAAB Interagency Collaboration	Usual Court-Provider Referral Practices	Implementation Cost Analysis	State Policymaker
Jail- or prison-based care delivery, MOUD implementation, and scale-up studies (7 studies)					
UNIVERSITY OF MASSACHUSETTS CHAN MEDICAL SCHOOL					
Improving Jail Response to the Overdose Crisis: A Hybrid Trial of Jail ECHO Operations, Planning, and Strategy to Improve Medications for Opioid Use Disorder Implementation and Public Health Outcomes	Rural jails	Jail ECHO Operations, Planning, and Strategy (J-ECHO OPS)	Treatment as Usual	Economic analysis/modeling to inform implementation sustainability (formal CEA/CBA not specified)	Healthcare Sector; State Policymaker; Societal
NYU SCHOOL OF MEDICINE					
Strengthening Buprenorphine Treatment for Individuals in Carceral Settings (STAND): A Hybrid Implementation-Effectiveness Trial of Long-Acting Injectable Versus Sublingual Buprenorphine	Jails	XR-B (Sublocade) vs XR-NTX	Active comparator – extended-release naltrexone (XR-NTX)	Economic analysis/ comparative cost analysis (formal CEA or CBA not specified)	Healthcare Sector; State Policymaker
JOHNS HOPKIN UNIVERSITY					
Evaluating a Novel Approach to Dispensing Methadone in Carceral Facilities	State Prison Systems (hospital/clinic-designated carceral facilities)	On-site methadone dispensing via hospital/clinic designation	External Opioid Treatment Programs (OTPs)	Economic impact/ CEA	Healthcare Sector; State Policymaker
UNIVERSITY OF MASSACHUSETTS AMHERST					
Massachusetts JCOIN Phase 2 (Mass JCOIN)	Jails	MIEP Waiver + Reach-in Telehealth CBT	Usual Transitional Care	Implementation/Sustainment Cost Analysis; Cost-Offset Analysis	Healthcare Sector; Correctional facility, State Policymaker; Societal
BAYSTATE HEALTH/UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL					
Massachusetts JCOIN	Jails	In-Jail MOUD + Community-Based MOUD	Treatment as Usual	CEA	Healthcare Sector; State Policymaker
UNIVERSITY OF WASHINGTON					
Optimizing Opioid Use Disorder Treatment in Prisons: Strategies for Diagnosis and Shared Decision-Making	Prisons	Brief OUD Screening + Nurse-led SDM for MOUD	Usual Care	Economic analysis/comparative cost analysis (formal CEA or CBA not specified)	Healthcare Sector; State Policymaker
UNIVERSITY OF WISCONSIN					

Study Title	Setting	Intervention	Control	Economic evaluation type	Stakeholder cost perspectives
Treatment linkage, reentry, and continuity-of-care studies (10 studies)					
BROWN UNIVERSITY					
Testing MOUD Scale-Up Strategies in Criminal Legal Settings	Prisons	SAMHSA Policy Academy; Multi-site Learning Collaborative	Practice as Usual	CEA	Healthcare Sector; State Policymaker; Societal

CBA: Cost benefit analysis; **BL**: Baseline; **PRC**: Peer Recovery Coaching = involves trained peers with lived experience providing non-clinical support to help individuals with substance use disorders connect to care and maintain engagement across criminal-legal and community settings; **CEA**: Cost-effectiveness analysis; **XR-B**: Extended-release buprenorphine; **SL-B**: Sublingual buprenorphine; **RMC-SS**: Recovery Management Checkup–Scalability and Sustainability = delivers recovery management checkups through community organizations to support linkage to medications for opioid use disorder post-release and enhance treatment retention; **RMC-A**: Recovery Management Checkup–Adaptive = tailors timing and intensity of recovery management checkups based on individuals' ongoing treatment needs to support medications for opioid use disorder linkage and retention post-release; **PLS**: Peer Linkage Support = involves trained peers with lived experiences to help justice-involved individuals connect to substance use treatment and recovery services during re-entry and early community transition; **O-TLM**: Opioid Treatment Linkage Model = a structured, cross-system approach that improves screening, referral, and coordinated linkage to community-based medications for opioid use disorder for justice-involved individuals returning to the community; **OUD**: Opioid Use Disorder; **OEND**: Overdose Education and Naloxone Distribution; **OPIP**: Opioid Prevention Intervention Package = combines recovery coaching, support person engagement, and post-release contingency management to reduce overdose risk and promote treatment initiation and retention among justice-involved women returning to rural communities; **RC**: Recovery Coaching = provides non-clinical, peer-based support that helps individuals navigate treatment, build recovery goals, and sustain engagement in recovery over time; **RC + SPE**: Recovery Coaching + Support Person Engagement = combines peer recovery coaching with involvement of a trusted support person to facilitate medications for opioid use disorder linkage and strengthen sustained engagement in recovery following justice involvement; **CM**: Contingency Management = provides post-release incentives to reinforce behaviors such as reduced substance use and treatment engagement, enhancing the impact of recovery coaching interventions for justice-involved women during community reentry; **MHU**: Mobile Health Unit = delivers integrated, community-based HIV prevention and treatment, medications for opioid use disorder, and harm-reduction services directly to justice-involved individuals following release from incarceration; **PN**: Patient Navigation = supports individuals with opioid use disorder by coordinating access to community-based treatment and infectious disease care during transitions between incarceration and the community; **JCFF + App**: delivers the core Just Care for Families (JCFF) intervention supplemented with a mobile application to support parents' engagement, goal tracking, and service coordination across child welfare and treatment systems; J**CFF + App + Feedback**: delivers the core Just Care for Families (JCFF) intervention with a mobile application and provider feedback on app use to enhance engagement, coordination, and program effectiveness; **JCFF**: Just Care for Families = a multicomponent, family-centered intervention that addresses parental substance use, mental health, parenting, and system-navigation needs for families involved with child welfare due to opioid or methamphetamine use; **CP**: Community Paramedic; **MLP**: Medical-Legal Partnership = integrates legal assistance with health and overdose outreach services to help individuals address legal barriers that affect access to care, housing, and recovery resources following overdose or justice involvement; **PAD**: Police-Assisted Diversion = redirects people who use substances away from arrest at the point of police contact and instead links them to medications for opioid use disorder and other social services; **MCCR + OI**: Mobile Crisis/Community Response Teams + Officers Involved = pairs law-enforcement officers with community-based behavioral health teams to respond to police encounters by de-escalating situations and linking people who use substances to treatment and support services instead of arrest; **DA + OI**: District Attorneys + Officers Involved = engages law-enforcement officers with oversight or participation from district attorney offices to deflect people who use substances from criminal processing into substance use disorder treatment and support services; **OI**: Officer-only (control arm) = involves law-enforcement officers providing brief referral or information about available services during police encounters, without coordinated follow-up or involvement of community-based response teams; **CLEAR**: Costs of Implementing and Scaling Evidence-Based Interventions (resource-tracking framework); **MOUD**: Medications for Opioid Use Disorder; **J-ECHO OPS**: Jail ECHO Operations, Planning, and Strategy = uses virtual, case-based learning and peer-to-peer collaboration to support jail leaders, staff, and community providers in improving medications for opioid use disorder implementation, particularly in rural jails; **XR-NTX**: Extended-release naltrexone; **JCOIN**: Justice Community Opioid Innovation Network; **MIEP**: Medicaid Inmate Exclusion Policy (waiver) = allows Medicaid coverage to begin or resume prior to release from incarceration, supporting access to medications for opioid use disorder and transitional health services during reentry; **CBT**: Cognitive Behavioral Therapy = delivered via a reach-in telehealth model before and after release to support individuals receiving medications for opioid use disorder in identifying and changing behaviors that affect treatment engagement and continuity of care during reentry; **SDM**: Shared Decision-Making = involves a brief, provider-led conversation that supports incarcerated individuals in choosing medications for opioid use disorder based on their preference and values to improve treatment uptake prior to release.

Declarations

Author Contribution

"D.R., S.M.M., and E.F. wrote the main manuscript text and E.F. prepared table 1. All authors reviewed the manuscript."

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