

# Appendix R: Health economic evidence – completed health economics checklists

## Contents

<b>R.1 Support, training and education, and supervision programmes for health, social care or criminal justice practitioners .....</b>	<b>3</b>
<b>R.1.1 Training for criminal justice practitioners .....</b>	<b>3</b>
<b>R.2 Interventions for adults with mental health problems in contact with the criminal justice system .....</b>	<b>5</b>
<b>R.2.1 Psychosocial interventions .....</b>	<b>5</b>
<b>R.2.2 Pharmacological interventions .....</b>	<b>6</b>
<b>R.3 Interventions for adults with a paraphilic disorder who are in contact with the criminal justice system .....</b>	<b>10</b>
<b>R.3.1 Psychosocial interventions .....</b>	<b>10</b>
<b>R.4 Care plans and pathways, and organisation and structure of services for people with mental health problems in contact with the criminal justice system .</b>	<b>12</b>
<b>R.4.1 Jail diversion programmes .....</b>	<b>12</b>
<b>R.4.2 Mental health courts.....</b>	<b>21</b>
<b>R.4.3 Drug court programmes .....</b>	<b>24</b>
<b>R.4.4 Street triage .....</b>	<b>30</b>
<b>R.4.5 Integrated Disorders Treatment Program (IDDT) .....</b>	<b>32</b>
<b>R.4.6 Forensic assertive community treatment .....</b>	<b>34</b>
<b>R.4.7 Therapeutic community treatment .....</b>	<b>35</b>
<b>R.4.8 Probation and mandated treatment .....</b>	<b>41</b>
<b>R.4.9 Services for people with personality disorders .....</b>	<b>44</b>

## Abbreviations

A&E	accident and emergency
BPRS	Brief Psychiatric Rating Scale
CAMI	Community Attitudes toward Mental Illness Scale
CBT	cognitive behavioral therapy
CCA	cost consequence analysis
CJS	criminal justice system
FACT	forensic assertive community treatment
GP	general practitioner
HCV	hepatitis C virus
ICER	incremental cost-effectiveness ratio
MSU	medium secure unit
QoL	quality of life
RCT	randomized controlled trial
SA	substance abuse
SDS	Social Distance Scale
SMI	serious mental illness
TC	therapeutic community
WSAS	Work and Social Adjustment Scale

## R.1 Support, training and education, and supervision programmes for health, social care or criminal justice practitioners

### R.1.1 Training for criminal justice practitioners

<b>Study identification: Krameddine YI, DeMarco D, Hassel R, Silverstone PH. A novel training program for police officers that improves interactions with mentally ill individuals and is cost-effective. <i>Frontiers in Psychiatry</i>. 2013;4-9.</b>			
<b>Guidance topic: Support, training and education, and supervision programmes for health, social care or criminal justice practitioners</b>			<b>Question no: 5.1</b>
<b>Checklist completed by: Eric Slade</b>			
<b>Economic question: Training for police officers</b>			
<b>Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
1.1	Is the study population appropriate for the review question?	Yes	Police officers
1.2	Are the interventions appropriate for the review question?	Yes	1 day mental health awareness training
1.3	Is the system in which the study was conducted sufficiently similar to the current UK context?	Partly	Canada - public funded system
1.4	Are the perspectives clearly stated and are they appropriate for the review question?	Partly	Police service provider
1.5	Are all direct effects on individuals included, and are all other effects included where they are material?	No	A range of mental health awareness scales; hasn't considered patient related outcomes
1.6	Are all future costs and outcomes discounted appropriately?	NA	Time horizon 7 months
1.7	Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	No	CAMI, SDS and a range of other non-health outcomes
1.8	Are costs and outcomes from other sectors fully and appropriately measured and valued?	Yes	
1.9 Overall judgement: Partially applicable			
Other comments:			
<b>Section 2: Study limitations (level of methodological quality)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
2.1	Does the model structure adequately reflect the nature of the topic under evaluation?	NA	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	No	Time horizon 7 months
2.3	Are all important and relevant outcomes	Partly	CAMI, SDS

<b>Study identification: Krameddine YI, DeMarco D, Hassel R, Silverstone PH. A novel training program for police officers that improves interactions with mentally ill individuals and is cost-effective. <i>Frontiers in Psychiatry</i>. 2013;4-9.</b>			
	included?		and a range of other non-health outcomes. Hasn't considered outcomes from service users' perspective
2.4	Are the estimates of baseline outcomes from the best available source?	Partly	From observational before-after study
2.5	Are the estimates of relative intervention effects from the best available source?	Partly	From observational before-after study
2.6	Are all important and relevant costs included?	Partly	No consideration of wider healthcare, social care, and CJS costs
2.7	Are the estimates of resource use from the best available source?	Partly	From observational before-after study; and authors' assumptions
2.8	Are the unit costs of resources from the best available source?	Unclear	
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	NA	CCA
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	Statistical analysis conducted
2.11	Is there any potential conflict of interest?	No	
2.12 Overall assessment: Potentially serious limitations			
Other comments:			
<ol style="list-style-type: none"> <li>1. Have all important and relevant costs and outcomes for each alternative been quantified, where appropriate? Partly</li> <li>2. Were any assumptions of materiality made to restrict the number of consequences considered? Unclear</li> <li>3. Was any analysis of correlation between consequences carried out to help control for double counting? No</li> <li>4. Was there any indication of the relative importance of the different consequences by a suggested weighting of them? No</li> <li>5. Were there any theoretical relationships between consequences that could have been taken into account in determining weights? Unclear</li> <li>6. Were the consequences considered one by one to see if a decision could be made based on a single consequence or a combination of a small number of consequences? No</li> <li>7. Were the consequences considered in subgroups of all the consequences in the</li> </ol>			

**Study identification: Krameddine YI, DeMarco D, Hassel R, Silverstone PH. A novel training program for police officers that improves interactions with mentally ill individuals and is cost-effective. *Frontiers in Psychiatry*. 2013;4-9.**

- analysis to see if a decision could be made based on a particular subgroup? No
8. Was an MCDA (multiple criteria decision analysis) or other published method of aggregation of consequences attempted? No

## R.2 Interventions for adults with mental health problems in contact with the criminal justice system

### R.2.1 Psychosocial interventions

**Study identification: Daley M, Love CT, Shepard DS, Petersen CB, White KL, Hall FB. Cost-Effectiveness of Connecticut's In-Prison Substance Abuse Treatment. *Journal of Offender Rehabilitation*. 2004;39:69-92.**

<b>Guidance topic: Interventions for adults with mental health problems in contact with the criminal justice system</b>		<b>Question no: 3.1</b>	
<b>Checklist completed by: Eric Slade</b>			
<b>Economic question: Psychosocial interventions for people with mental health problems who are in prison</b>			
<b>Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
1.1	Is the study population appropriate for the review question?	Yes	Adult incarcerated offenders with SA problem
1.2	Are the interventions appropriate for the review question?	Yes	In prison SA treatment
1.3	Is the system in which the study was conducted sufficiently similar to the current UK context?	Partly	US study
1.4	Are the perspectives clearly stated and are they appropriate for the review question?	Partly	Healthcare payer (substance abuse and mental health treatment)
1.5	Are all direct effects on individuals included, and are all other effects included where they are material?	No	No consideration of health effects
1.6	Are all future costs and outcomes discounted appropriately?	NA	Time horizon 1 year
1.7	Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	No	Outcome measure was re-arrest
1.8	Are costs and outcomes from other sectors fully and appropriately measured and valued?	Partly	
1.9	Overall judgment: Partially applicable		
Other comments: Hasn't considered wider healthcare, social care, and public sector costs			
<b>Section 2: Study limitations (level of methodological quality)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>

<b>Study identification: Daley M, Love CT, Shepard DS, Petersen CB, White KL, Hall FB. Cost-Effectiveness of Connecticut's In-Prison Substance Abuse Treatment. Journal of Offender Rehabilitation. 2004;39:69-92.</b>			
		<b>NA</b>	
2.1	Does the model structure adequately reflect the nature of the topic under evaluation?	NA	Cohort study
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	No	Time horizon 1 year
2.3	Are all important and relevant outcomes included?	Partly	No consideration of health outcomes
2.4	Are the estimates of baseline outcomes from the best available source?	Yes	From observational cohort study
2.5	Are the estimates of relative intervention effects from the best available source?	Partly	From observational cohort study
2.6	Are all important and relevant costs included?	No	No consideration of wider healthcare, social care and CJS costs
2.7	Are the estimates of resource use from the best available source?	Partly	From observational cohort study, taken from administrative records and databases, accounting data, plus authors' assumptions
2.8	Are the unit costs of resources from the best available source?	Unclear	
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	No	Significance levels are not reported
2.11	Is there any potential conflict of interest?	No	
2.12 Overall assessment: Potentially serious limitations			
Other comments:			

## R.2.2 Pharmacological interventions

<b>Study identification: Gisev N, Shanahan M, Weatherburn DJ, Mattick RP, Larney S, Burns L, et al. A cost-effectiveness analysis of opioid substitution therapy upon prison release in reducing mortality among people with a history of opioid dependence. <i>Addiction</i>. 2015; 110(12):1975-84.</b>			
<b>Guidance topic: Interventions adults with mental health problems in contact with the criminal justice system</b>			<b>Question no: 3.1</b>
<b>Checklist completed by: Eric Slade</b>			
<b>Economic question: In prison methadone treatment for people with mental health problems in contact with the criminal justice system</b>			
<b>Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
1.1	Is the study population appropriate for the review question?	Yes	Adult offenders with SA problems eligible for release
1.2	Are the interventions appropriate for the review question?	Yes	Opioid substitution therapy (OST) upon prison release
1.3	Is the system in which the study was conducted sufficiently similar to the current UK context?	Partly	Australia publicly funded healthcare system
1.4	Are the perspectives clearly stated and are they appropriate for the review question?	Yes	Healthcare and criminal justice sector
1.5	Are all direct effects on individuals included, and are all other effects included where they are material?	Partly	No consideration of HRQoL
1.6	Are all future costs and outcomes discounted appropriately?	NA	Time horizon 6 months
1.7	Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	No	Mortality
1.8	Are costs and outcomes from other sectors fully and appropriately measured and valued?	Yes	
1.9 Overall judgement: Partially applicable			
Other comments:			
<b>Section 2: Study limitations (level of methodological quality)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
2.1	Does the model structure adequately reflect the nature of the topic under evaluation?	NA	Retrospective matched-control study
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	No	Time horizon 6 months
2.3	Are all important and relevant outcomes included?	Partly	No consideration of HRQoL
2.4	Are the estimates of baseline outcomes from the best available source?	Yes	Retrospective matched-control study

<b>Study identification: Gisev N, Shanahan M, Weatherburn DJ, Mattick RP, Larney S, Burns L, et al. A cost-effectiveness analysis of opioid substitution therapy upon prison release in reducing mortality among people with a history of opioid dependence. Addiction. 2015; 110(12):1975-84.</b>			
2.5	Are the estimates of relative intervention effects from the best available source?	Partly	Retrospective matched-control study
2.6	Are all important and relevant costs included?	Yes	
2.7	Are the estimates of resource use from the best available source?	Partly	Retrospective matched-control study
2.8	Are the unit costs of resources from the best available source?	Partly	National and local sources
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	
2.11	Is there any potential conflict of interest?	No	
2.12 Overall assessment: Potentially serious limitations			
Other comments:			

<b>Study identification: Warren E, Viney R, Shearer J, Shanahan M, Wodak A, Dolan K. Value for money in drug treatment: economic evaluation of prison methadone. Drug and Alcohol Dependence. 2006;84:160-66.</b>			
<b>Guidance topic: Interventions for adults with mental health problems in contact with the criminal justice system</b>			<b>Question no: 3.1</b>
<b>Checklist completed by: Eric Slade</b>			
<b>Economic question: in prison methadone treatment for people with mental health problems in contact with the criminal justice system</b>			
<b>Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
1.1	Is the study population appropriate for the review question?	Yes	Adult prisoners with SA problems
1.2	Are the interventions appropriate for the review question?	Yes	In-prison methadone treatment
1.3	Is the system in which the study was conducted sufficiently similar to the current UK context?	Partly	Australia publicly funded healthcare system
1.4	Are the perspectives clearly stated and are they appropriate for the review question?	Partly	Prison service provider (intervention costs only)
1.5	Are all direct effects on individuals included, and are all other effects included where they are material?	Partly	No consideration of HRQoL
1.6	Are all future costs and outcomes discounted appropriately?	NA	Time horizon 1 year
1.7	Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe	No	Outcome measures



<b>Study identification: Warren E, Viney R, Shearer J, Shanahan M, Wodak A, Dolan K. Value for money in drug treatment: economic evaluation of prison methadone. Drug and Alcohol Dependence. 2006;84:160-66.</b>			
	rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).		included days of heroin use, deaths prevented due to SA, and HCV cases avoided/delayed
1.8	Are costs and outcomes from other sectors fully and appropriately measured and valued?	Yes	
1.9 Overall judgement: Partially applicable			
Other comments:			
<b>Section 2: Study limitations (level of methodological quality)</b>		Yes/partly/no/unclear/NA	Comments
2.1	Does the model structure adequately reflect the nature of the topic under evaluation?	Yes	Modelling
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	No	Time horizon 1 year
2.3	Are all important and relevant outcomes included?	Partly	No consideration of mental health and HRQoL outcomes
2.4	Are the estimates of baseline outcomes from the best available source?	Partly	From RCT
2.5	Are the estimates of relative intervention effects from the best available source?	Yes	From RCT
2.6	Are all important and relevant costs included?	No	Only intervention costs considered
2.7	Are the estimates of resource use from the best available source?	Yes	From RCT and administrative databases, published sources, assumptions
2.8	Are the unit costs of resources from the best available source?	Unclear	
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Partly	Sensitivity analysis undertaken on total cost only
2.11	Is there any potential conflict of interest?	No	
2.12 Overall assessment: Potentially serious limitations			
Other comments:			

## R.3 Interventions for adults with a paraphilic disorder who are in contact with the criminal justice system

### R.3.1 Psychosocial interventions

<b>Study identification:</b> Shanahan M, Donato R. Counting the cost: Estimating the economic benefit of pedophile treatment programs. <i>Child Abuse and Neglect</i> . 2001;25:541-55. AND Donato R, Shanahan M. The economics of child sex-offender rehabilitation programs: beyond Prentky & Burgess. <i>Am J Orthopsychiatry</i> . 2001;71:131-9; discussion 40-1.			
<b>Guidance topic: Interventions for adults with a paraphilic disorder who are in contact with the criminal justice system</b>			<b>Question no: 3.2</b>
<b>Checklist completed by: Eric Slade</b>			
<b>Economic Question: Intensive in-prison paedophile treatment (cognitive behavioural therapy) for incarcerated male adults with paedophilia</b>			
<b>Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)</b>			<b>Yes/partly/ no/unclear/ NA</b>
1.1	Is the study population appropriate for the review question?	Yes	Incarcerated male adults with paedophilia
1.2	Are the interventions appropriate for the review question?	Yes	Prison-based CBT
1.3	Is the system in which the study was conducted sufficiently similar to the current UK context?	Partly	Australian study
1.4	Are the perspectives clearly stated and are they appropriate for the review question?	Partly	Societal
1.5	Are all direct effects on individuals included, and are all other effects included where they are material?	Yes	
1.6	Are all future costs and outcomes discounted appropriately?	No	Time horizon lifetime
1.7	Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	No	Health effects expressed in monetary terms
1.8	Are costs and outcomes from other sectors fully and appropriately measured and valued?	Partly	
1.9 Overall judgement: Partially applicable			
<b>Other comments:</b> Monetary valuation was achieved using two methods including revealed preferences and contingent valuation. When using revealed preferences approach intangible benefits were approximated using US study that reported the amounts compensated in child sex abuse cases. When using contingent valuation method intangible benefits were approximated by linking road traffic injuries and associated costs with injuries associated with sexual abuse.			
<b>Section 2: Study limitations (level of methodological quality)</b>			<b>Yes/partly/ no/unclear/ NA</b>
2.1	Does the model structure adequately reflect the nature of the topic under evaluation?	Yes	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	Time horizon lifetime
2.3	Are all important and relevant outcomes included?	Yes	A range of

<b>Study identification:</b>			
<b>Shanahan M, Donato R. Counting the cost: Estimating the economic benefit of pedophile treatment programs. Child Abuse and Neglect. 2001;25:541-55. AND Donato R, Shanahan M. The economics of child sex-offender rehabilitation programs: beyond Prentky &amp; Burgess. Am J Orthopsychiatry. 2001;71:131-9; discussion 40-1.</b>			
			health consequences relating to sexual abuse
2.4	Are the estimates of baseline outcomes from the best available source?	Partly	Published sources and authors' assumptions
2.5	Are the estimates of relative intervention effects from the best available source?	Partly	Published sources and authors' assumptions
2.6	Are all important and relevant costs included?	Yes	Healthcare, criminal justice, and out of pocket expenses
2.7	Are the estimates of resource use from the best available source?	Partly	Published international, federal and state sources, authors' assumptions
2.8	Are the unit costs of resources from the best available source?	Partly	National and local sources
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	Deterministic sensitivity analysis
2.11	Is there any potential conflict of interest?	No	
2.12 Overall assessment: Potentially serious limitations			
Other comments:			
<ol style="list-style-type: none"> <li>1. Are money-costs and 'benefits' which are savings of future money-costs evaluated? Yes</li> <li>2. Have all important and relevant costs and outcomes for each alternative been quantified in money terms? Yes. Productivity costs were considered as part of intangible benefits.</li> <li>3. Has at least 1 of net present value, benefit/cost ratio and payback period been estimated? Yes – net benefits are reported</li> <li>4. Were any assumptions of materiality made? That is, were any items where costs and/or benefits were sufficiently small that their addition to the analysis would not have changed any recommendations in the guidelines? No</li> </ol>			

## R.4 Care plans and pathways, and organisation and structure of services for people with mental health problems in contact with the criminal justice system

### R.4.1 Jail diversion programmes

<b>Study identification: Hayhurst KP, Leitner M, Davies L, Flentje R, Millar T, Jones A, et al. The effectiveness and cost-effectiveness of diversion and aftercare programmes for offenders using class a drugs: A systematic review and economic evaluation. Health Technology Assessment. 2015;19:1-198.</b>			
<b>Guidance topic: Care plans and pathways, and organisation and structure of services for people with mental health problems in contact with the criminal justice system</b>			<b>Question no: 4.1</b>
<b>Checklist completed by: Eric Slade</b>			
<b>Economic Question: Jail diversion programme versus no diversion programme</b>			
<b>Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
1.1	Is the study population appropriate for the review question?	Yes	Adults opiate- and/or crack-using offenders
1.2	Are the interventions appropriate for the review question?	Yes	Diversion plus treatment and/or aftercare programme
1.3	Is the system in which the study was conducted sufficiently similar to the current UK context?	Yes	UK study
1.4	Are the perspectives clearly stated and are they appropriate for the review question?	Yes	Public sector (healthcare, social care, and CJS)
1.5	Are all direct effects on individuals included, and are all other effects included where they are material?	Yes	
1.6	Are all future costs and outcomes discounted appropriately?	Yes	
1.7	Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	Yes	SF-12/SF-6D used to estimate utility weights
1.8	Are costs and outcomes from other sectors fully and appropriately measured and valued?	Yes	
1.9	Overall judgement: Directly applicable		
<b>Other comments:</b>			
<b>Section 2: Study limitations (level of methodological quality)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
2.1	Does the model structure adequately reflect the nature of the topic under evaluation?	Yes	Decision analytic model
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	Time horizon 12 months; sensitivity

<b>Study identification: Hayhurst KP, Leitner M, Davies L, Flentje R, Millar T, Jones A, et al. The effectiveness and cost-effectiveness of diversion and aftercare programmes for offenders using class a drugs: A systematic review and economic evaluation. Health Technology Assessment. 2015;19:1-198.</b>			
			analysis explored up to 10 years
2.3	Are all important and relevant outcomes included?	Yes	
2.4	Are the estimates of baseline outcomes from the best available source?	Partly	From observational cohort study, published studies and assumptions
2.5	Are the estimates of relative intervention effects from the best available source?	Partly	From observational cohort study, published studies and assumptions
2.6	Are all important and relevant costs included?	Yes	
2.7	Are the estimates of resource use from the best available source?	Partly	Published studies
2.8	Are the unit costs of resources from the best available source?	Yes	National sources; published studies
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	
2.11	Is there any potential conflict of interest?	No	
2.12	Overall assessment: Minor limitations		
Other comments:			

<b>Study identification: Zarkin GA, Cowell AJ, Hicks KA, Mills MJ, Belenko S, Dunlap LJ, et al. Lifetime benefits and costs of diverting substance-abusing offenders from state prison. Crime &amp; Delinquency. 2015;61:829-50.</b>			
<b>Guidance topic: Care plans and pathways, and organisation and structure of services for people with mental health problems in contact with the criminal justice system</b>			<b>Question no: 4.1</b>
<b>Checklist completed by: Eric Slade</b>			
<b>Economic Question: Jail diversion programmes for people with mental health problems in contact with the criminal justice system</b>			
<b>Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
1.1	Is the study population appropriate for the review question?	Yes	Adult offenders with SMI
1.2	Are the interventions appropriate for the review question?	Yes	Jail diversion
1.3	Is the system in which the study was conducted sufficiently similar to the current UK context?	Partly	US study

<b>Study identification: Zarkin GA, Cowell AJ, Hicks KA, Mills MJ, Belenko S, Dunlap LJ, et al. Lifetime benefits and costs of diverting substance-abusing offenders from state prison. Crime &amp; Delinquency. 2015;61:829-50.</b>			
1.4	Are the perspectives clearly stated and are they appropriate for the review question?	Yes	Public sector (healthcare and CJS)
1.5	Are all direct effects on individuals included, and are all other effects included where they are material?	Yes	
1.6	Are all future costs and outcomes discounted appropriately?	Partly	3%
1.7	Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	NA	Cost analysis
1.8	Are costs and outcomes from other sectors fully and appropriately measured and valued?	Yes	
1.9	Overall judgement: Partially applicable		
Other comments:			
<b>Section 2: Study limitations (level of methodological quality)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
2.1	Does the model structure adequately reflect the nature of the topic under evaluation?	Yes	Discrete event simulation
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	Life time
2.3	Are all important and relevant outcomes included?	NA	Cost analysis
2.4	Are the estimates of baseline outcomes from the best available source?	NA	Cost analysis
2.5	Are the estimates of relative intervention effects from the best available source?	Partly	Transition probabilities from survey data, published studies, and other databases
2.6	Are all important and relevant costs included?	Yes	
2.7	Are the estimates of resource use from the best available source?	Partly	Cost data derived from published studies
2.8	Are the unit costs of resources from the best available source?	Unclear	
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	NA	Cost analysis
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	
2.11	Is there any potential conflict of interest?	No	
2.12	Overall assessment: Minor limitations		
Other comments:			

<b>Study identification: Cowell AJ, Hinde JM, Broner N, Aldridge AP. The impact on taxpayer costs of a jail diversion program for people with serious mental illness. Evaluation and Program Planning. 2013;41:31-37.</b>			
<b>Guidance topic: Care plans and pathways, and organisation and structure of services for people with mental health problems in contact with the criminal justice system</b>			<b>Question no: 4.1</b>
<b>Checklist completed by: Eric Slade</b>			
<b>Economic Question: Jail diversion programmes for people with mental health problems in contact with the criminal justice system</b>			
<b>Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
1.1	Is the study population appropriate for the review question?	Yes	Adults with SMI
1.2	Are the interventions appropriate for the review question?	Yes	Pre-booking component of a jail diversion programme
1.3	Is the system in which the study was conducted sufficiently similar to the current UK context?	Partly	US study
1.4	Are the perspectives clearly stated and are they appropriate for the review question?	Yes	Public sector (healthcare and CJS)
1.5	Are all direct effects on individuals included, and are all other effects included where they are material?	Yes	
1.6	Are all future costs and outcomes discounted appropriately?	No	Time horizon 2 years
1.7	Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	NA	Cost analysis
1.8	Are costs and outcomes from other sectors fully and appropriately measured and valued?	Yes	
1.9	Overall judgement: Partially applicable		
<b>Other comments:</b>			
<b>Section 2: Study limitations (level of methodological quality)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
2.1	Does the model structure adequately reflect the nature of the topic under evaluation?	NA	Observational case-control study
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	No	Time horizon 2 years
2.3	Are all important and relevant outcomes included?	NA	Cost analysis
2.4	Are the estimates of baseline outcomes from the best available source?	NA	Cost analysis
2.5	Are the estimates of relative intervention effects from the best available source?	NA	Cost analysis
2.6	Are all important and relevant costs included?	Yes	
2.7	Are the estimates of resource use from the best available source?	Partly	From observational case-control study, administrative

<b>Study identification: Cowell AJ, Hinde JM, Broner N, Aldridge AP. The impact on taxpayer costs of a jail diversion program for people with serious mental illness. Evaluation and Program Planning. 2013;41:31-37.</b>			
			databases, unpublished studies, billing records
2.8	Are the unit costs of resources from the best available source?	Unclear	
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	NA	Cost analysis
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	Statistical analyses conducted
2.11	Is there any potential conflict of interest?	No	
2.12	Overall assessment: Potentially serious limitations		
Other comments:			

<b>Study identification: Cowell AJ, Broner N, Dupont R. The Cost-Effectiveness of Criminal Justice Diversion Programs for People With Serious Mental Illness Co-occurring With Substance Abuse: Four Case Studies. Journal of Contemporary Criminal Justice. 2004;20:292-315. AND Steadman HJ, Naples M. Assessing the effectiveness of jail diversion programs for persons with serious mental illness and co-occurring substance use disorders. Behavioral Sciences &amp; the Law. 2005;23:163-70.</b>			
<b>Guidance topic: Care plans and pathways, and organisation and structure of services for people with mental health problems in contact with the criminal justice system</b>			<b>Question no: 4.1</b>
<b>Checklist completed by: Eric Slade</b>			
<b>Economic Question: Jail diversion programmes for people with mental health problems in contact with the criminal justice system</b>			
<b>Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
1.1	Is the study population appropriate for the review question?	Yes	Adults with SMI and SA
1.2	Are the interventions appropriate for the review question?	Yes	Jail diversion
1.3	Is the system in which the study was conducted sufficiently similar to the current UK context?	Partly	US study
1.4	Are the perspectives clearly stated and are they appropriate for the review question?	Yes	Public sector (healthcare, social care, and CJS)
1.5	Are all direct effects on individuals included, and are all other effects included where they are material?	Yes	
1.6	Are all future costs and outcomes discounted appropriately?	NA	Time horizon up to 1 year
1.7	Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	No	Measures of outcome included criminal behaviour,



<b>Study identification:</b>			
<b>Cowell AJ, Broner N, Dupont R. The Cost-Effectiveness of Criminal Justice Diversion Programs for People With Serious Mental Illness Co-occurring With Substance Abuse: Four Case Studies. Journal of Contemporary Criminal Justice. 2004;20:292-315. AND Steadman HJ, Naples M. Assessing the effectiveness of jail diversion programs for persons with serious mental illness and co-occurring substance use disorders. Behavioral Sciences &amp; the Law. 2005;23:163-70.</b>			
			QoL, mental health and SA levels
1.8	Are costs and outcomes from other sectors fully and appropriately measured and valued?	Yes	
1.9	Overall judgement: Partially applicable		
<b>Other comments:</b>			
<b>Section 2: Study limitations (level of methodological quality)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
2.1	Does the model structure adequately reflect the nature of the topic under evaluation?	NA	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	No	Time horizon up to 1 year (costs 1 year; outcomes 3 months & 1 year)
2.3	Are all important and relevant outcomes included?	Yes	Measures of outcome included criminal behaviour, QoL, mental health and SA
2.4	Are the estimates of baseline outcomes from the best available source?	Yes	From observational cohort study
2.5	Are the estimates of relative intervention effects from the best available source?	Partly	From observational cohort study
2.6	Are all important and relevant costs included?	Yes	Healthcare, social care, and CJS costs
2.7	Are the estimates of resource use from the best available source?	Partly	From observational cohort study, published studies, data from other sites where diversion programme has already been implemented
2.8	Are the unit costs of resources from the best available source?	Unclear	
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Partly	ICERs reported only

<b>Study identification:</b>			
<b>Cowell AJ, Broner N, Dupont R. The Cost-Effectiveness of Criminal Justice Diversion Programs for People With Serious Mental Illness Co-occurring With Substance Abuse: Four Case Studies. Journal of Contemporary Criminal Justice. 2004;20:292-315. AND Steadman HJ, Naples M. Assessing the effectiveness of jail diversion programs for persons with serious mental illness and co-occurring substance use disorders. Behavioral Sciences &amp; the Law. 2005;23:163-70.</b>			
			for selected outcomes
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	Statistical analyses conducted
2.11	Is there any potential conflict of interest?	No	
2.12	Overall assessment: Potentially serious limitations		
Other comments:			

<b>Study identification: Hughes D, Steadman HJ, Case B, Griffin PA, Leff H. A simulation modeling approach for planning and costing jail diversion programs for persons with mental illness. Criminal Justice and Behavior. 2012;39:434-46.</b>			
<b>Guidance topic: Care plans and pathways, and organisation and structure of services for people with mental health problems in contact with the criminal justice system</b>			<b>Question no: 4.1</b>
<b>Checklist completed by: Eric Slade</b>			
<b>Economic Question: Jail diversion programmes for people with mental health problems in contact with the criminal justice system</b>			
<b>Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
1.1	Is the study population appropriate for the review question?	Yes	Adults with SMI
1.2	Are the interventions appropriate for the review question?	Yes	Jail diversion
1.3	Is the system in which the study was conducted sufficiently similar to the current UK context?	Partly	US study
1.4	Are the perspectives clearly stated and are they appropriate for the review question?	Yes	Public sector (healthcare, social care, and CJS)
1.5	Are all direct effects on individuals included, and are all other effects included where they are material?	Yes	
1.6	Are all future costs and outcomes discounted appropriately?	No	Time horizon 2 years
1.7	Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	NA	Cost analysis
1.8	Are costs and outcomes from other sectors fully and appropriately measured and valued?	Yes	
1.9	Overall judgement: Partially applicable		
Other comments:			
<b>Section 2: Study limitations (level of methodological quality)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>

<b>Study identification: Hughes D, Steadman HJ, Case B, Griffin PA, Leff H. A simulation modeling approach for planning and costing jail diversion programs for persons with mental illness. Criminal Justice and Behavior. 2012;39:434-46.</b>			
2.1	Does the model structure adequately reflect the nature of the topic under evaluation?	Yes	Simulation model
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Partly	Time horizon is 2 years
2.3	Are all important and relevant outcomes included?	NA	Cost analysis
2.4	Are the estimates of baseline outcomes from the best available source?	NA	Cost analysis
2.5	Are the estimates of relative intervention effects from the best available source?	Partly	Transition probabilities estimated from literature, and assumptions
2.6	Are all important and relevant costs included?	Yes	Healthcare, social care, and CJS
2.7	Are the estimates of resource use from the best available source?	Partly	From observational cohort study, and expert opinion
2.8	Are the unit costs of resources from the best available source?	Unclear	
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	NA	Cost analysis
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	No	
2.11	Is there any potential conflict of interest?	No	
2.12	Overall assessment: Potentially serious limitations		
Other comments:			

<b>Study identification: Mitton C, Simpson L, Gardner L, Barnes F, McDougall G. Calgary Diversion Program: A community-based alternative to incarceration for mentally ill offenders. Journal of Mental Health Policy and Economics. 2007;10:145-51.</b>			
<b>Guidance topic: Care plans and pathways, and organisation and structure of services for people with mental health problems in contact with the criminal justice system</b>			<b>Question no: 4.1</b>
<b>Checklist completed by: Eric Slade</b>			
<b>Economic Question: Jail diversion programmes for people with mental health problems in contact with the criminal justice system</b>			
<b>Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
1.1	Is the study population appropriate for the review question?	Yes	Adults with SMI and co-occurring SA
1.2	Are the interventions appropriate for the review question?	Yes	Post-booking diversion programme
1.3	Is the system in which the study was conducted sufficiently similar to the current UK context?	Partly	Canada – public funded

<b>Study identification: Mitton C, Simpson L, Gardner L, Barnes F, McDougall G. Calgary Diversion Program: A community-based alternative to incarceration for mentally ill offenders. Journal of Mental Health Policy and Economics. 2007;10:145-51.</b>			
			system
1.4	Are the perspectives clearly stated and are they appropriate for the review question?	Yes	Public sector (healthcare and CJS)
1.5	Are all direct effects on individuals included, and are all other effects included where they are material?	Partly	Not clear how well BPRS and Wisconsin QoL scales capture health effects
1.6	Are all future costs and outcomes discounted appropriately?	NA	Time horizon 18 months for costs; 3 months for outcomes
1.7	Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	No	Outcome measures included BPRS and Wisconsin QoL scale
1.8	Are costs and outcomes from other sectors fully and appropriately measured and valued?	Yes	
1.9	Overall judgment: Partially applicable		
<b>Other comments:</b>			
<b>Section 2: Study limitations (level of methodological quality)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
2.1	Does the model structure adequately reflect the nature of the topic under evaluation?	NA	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Partly	Time horizon 18 months for costs and 3 months for outcomes
2.3	Are all important and relevant outcomes included?	Partly	Outcome measures included BPRS, Wisconsin QoL scale
2.4	Are the estimates of baseline outcomes from the best available source?	Partly	From before-after study
2.5	Are the estimates of relative intervention effects from the best available source?	Partly	From before-after study
2.6	Are all important and relevant costs included?	Yes	
2.7	Are the estimates of resource use from the best available source?	Partly	From before-after study, health and police administrative data, other published

<b>Study identification: Mitton C, Simpson L, Gardner L, Barnes F, McDougall G. Calgary Diversion Program: A community-based alternative to incarceration for mentally ill offenders. Journal of Mental Health Policy and Economics. 2007;10:145-51.</b>			
			sources
2.8	Are the unit costs of resources from the best available source?	Unclear	
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	NA	CCA
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	Statistical analyses conducted
2.11	Is there any potential conflict of interest?	No	
2.12 Overall assessment: Potentially serious limitations			
Other comments: Would be potentially possible to calculate ICERs however costs and outcomes reported at different time points.			
<ol style="list-style-type: none"> <li>1. Have all important and relevant costs and outcomes for each alternative been quantified, where appropriate? Partly</li> <li>2. Were any assumptions of materiality made to restrict the number of consequences considered? Unclear</li> <li>3. Was any analysis of correlation between consequences carried out to help control for double counting? No</li> <li>4. Was there any indication of the relative importance of the different consequences by a suggested weighting of them? No</li> <li>5. Were there any theoretical relationships between consequences that could have been taken into account in determining weights? Unclear</li> <li>6. Were the consequences considered one by one to see if a decision could be made based on a single consequence or a combination of a small number of consequences? No</li> <li>7. Were the consequences considered in subgroups of all the consequences in the analysis to see if a decision could be made based on a particular subgroup? No</li> <li>8. Was an MCDA (multiple criteria decision analysis) or other published method of aggregation of consequences attempted? No</li> </ol>			

## R.4.2 Mental health courts

<b>Study identification: Kubiak S, Roddy J, Comartin E, Tillander E. Cost analysis of long-term outcomes of an urban mental health court. Evaluation and Program Planning. 2015;52:96-106.</b>			
<b>Guidance topic: Care plans and pathways, and organisation and structure of services for people with mental health problems in contact with the criminal justice system</b>			<b>Question no: 4.1</b>
<b>Checklist completed by: Eric Slade</b>			
<b>Economic Question: Mental health courts for people with mental health problems in contact with the criminal justice system</b>			
<b>Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
1.1	Is the study population appropriate for the review question?	Yes	Adult offenders with a diagnosis of mental illness
1.2	Are the interventions appropriate for the review	Yes	Mental health

<b>Study identification: Kubiak S, Roddy J, Comartin E, Tillander E. Cost analysis of long-term outcomes of an urban mental health court. Evaluation and Program Planning. 2015;52:96-106.</b>			
	question?		court
1.3	Is the system in which the study was conducted sufficiently similar to the current UK context?	Partly	US study
1.4	Are the perspectives clearly stated and are they appropriate for the review question?	Yes	Public sector (healthcare and CJS)
1.5	Are all direct effects on individuals included, and are all other effects included where they are material?	Partly	No consideration of health effects
1.6	Are all future costs and outcomes discounted appropriately?	NA	Time horizon 12 months
1.7	Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	No	Primary outcome measures: residential days, jail days, prison days
1.8	Are costs and outcomes from other sectors fully and appropriately measured and valued?	Yes	
1.9	Overall judgment: Partially applicable		
<b>Other comments:</b>			
<b>Section 2: Study limitations (level of methodological quality)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
2.1	Does the model structure adequately reflect the nature of the topic under evaluation?	NA	Observational cohort study
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	No	Time horizon 12 months
2.3	Are all important and relevant outcomes included?	Partly	Only crime related outcomes
2.4	Are the estimates of baseline outcomes from the best available source?	Yes	From observational cohort study
2.5	Are the estimates of relative intervention effects from the best available source?	Partly	From observational cohort study
2.6	Are all important and relevant costs included?	Yes	
2.7	Are the estimates of resource use from the best available source?	Yes	From observational study and published sources
2.8	Are the unit costs of resources from the best available source?	Partly	National and local sources; published studies, personal communication
2.9	Is an appropriate incremental analysis presented or	Yes	ICERs can be

<b>Study identification: Kubiak S, Roddy J, Comartin E, Tillander E. Cost analysis of long-term outcomes of an urban mental health court. Evaluation and Program Planning. 2015;52:96-106.</b>			
	can it be calculated from the data?		calculated
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	Statistical analyses conducted
2.11	Is there any potential conflict of interest?	No	
2.12 Overall assessment: Potentially serious limitations			
Other comments:			

<b>Study identification: Ridgely MS, Engberg J, Greenberg MD, Turner S, DeMartini C, Dembosky JW. RAND study first to document costs and fiscal impact of a mental health court. Psychiatric services (Washington, DC). 2007;58:577.</b>			
<b>Guidance topic: Care plans and pathways, and organisation and structure of services for people with mental health problems in contact with the criminal justice system</b>			<b>Question no: 4.1</b>
<b>Checklist completed by: Eric Slade</b>			
<b>Economic question: mental health courts for people with mental health problems in contact with the criminal justice system</b>			
<b>Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
1.1	Is the study population appropriate for the review question?	Yes	Adults with a diagnosis of mental illness (or co-occurring mental and SA)
1.2	Are the interventions appropriate for the review question?	Yes	Mental health court
1.3	Is the system in which the study was conducted sufficiently similar to the current UK context?	Partly	US study
1.4	Are the perspectives clearly stated and are they appropriate for the review question?	Yes	Public sector (healthcare and CJS)
1.5	Are all direct effects on individuals included, and are all other effects included where they are material?	Yes	
1.6	Are all future costs and outcomes discounted appropriately?	No	Time horizon 24 months
1.7	Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	NA	Cost analysis
1.8	Are costs and outcomes from other sectors fully and appropriately measured and valued?	Yes	
1.9 Overall judgement: Partially applicable			
Other comments:			
<b>Section 2: Study limitations (level of methodological quality)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
2.1	Does the model structure adequately reflect the	NA	Costs analysis

<b>Study identification: Ridgely MS, Engberg J, Greenberg MD, Turner S, DeMartini C, Dembosky JW. RAND study first to document costs and fiscal impact of a mental health court. Psychiatric services (Washington, DC). 2007;58:577.</b>			
	nature of the topic under evaluation?		
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	No	24 months
2.3	Are all important and relevant outcomes included?	NA	Cost analysis
2.4	Are the estimates of baseline outcomes from the best available source?	NA	Cost analysis
2.5	Are the estimates of relative intervention effects from the best available source?	NA	Cost analysis
2.6	Are all important and relevant costs included?	Yes	
2.7	Are the estimates of resource use from the best available source?	Partly	From before-after study, various information systems, claims data, other published studies, authors' assumptions
2.8	Are the unit costs of resources from the best available source?	Unclear	
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	NA	Cost analysis
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	
2.11	Is there any potential conflict of interest?	No	
2.12 Overall assessment: Potentially serious limitations			
Other comments:			

### R.4.3 Drug court programmes

<b>Study identification: Cheesman FL, Graves SE, Holt K, Kunkel TL, Lee CG, White MT. Drug Court Effectiveness and Efficiency: Findings for Virginia. Alcoholism Treatment Quarterly. 2016;34:143-69.</b>			
<b>Guidance topic: Care plans and pathways, and organisation and structure of services for people with mental health problems in contact with the criminal justice system</b>			<b>Question no: 4.1</b>
<b>Checklist completed by: Eric Slade</b>			
<b>Economic question: Drug court programme for people with mental health problems in contact with the criminal justice system</b>			
<b>Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
1.1	Is the study population appropriate for the review question?	Yes	Adult offenders with SA problem
1.2	Are the interventions appropriate for the review question?	Yes	Drug court programme



<b>Study identification: Cheesman FL, Graves SE, Holt K, Kunkel TL, Lee CG, White MT. Drug Court Effectiveness and Efficiency: Findings for Virginia. Alcoholism Treatment Quarterly. 2016;34:143-69.</b>			
1.3	Is the system in which the study was conducted sufficiently similar to the current UK context?	Partly	US study
1.4	Are the perspectives clearly stated and are they appropriate for the review question?	Yes	Healthcare and CJS
1.5	Are all direct effects on individuals included, and are all other effects included where they are material?	Yes	
1.6	Are all future costs and outcomes discounted appropriately?	No	Time horizon 2 years
1.7	Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	NA	Cost analysis
1.8	Are costs and outcomes from other sectors fully and appropriately measured and valued?	Yes	
1.9	Overall judgment: Partially applicable		
Other comments:			
<b>Section 2: Study limitations (level of methodological quality)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
2.1	Does the model structure adequately reflect the nature of the topic under evaluation?	NA	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	Time horizon 2 years
2.3	Are all important and relevant outcomes included?	NA	Cost analysis
2.4	Are the estimates of baseline outcomes from the best available source?	NA	Cost analysis
2.5	Are the estimates of relative intervention effects from the best available source?	NA	Cost analysis
2.6	Are all important and relevant costs included?	Yes	
2.7	Are the estimates of resource use from the best available source?	Yes	From observational cohort study, survey, other administrative databases
2.8	Are the unit costs of resources from the best available source?	Unclear	
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	NA	Cost study
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	No	Levels of statistical significance not reported
2.11	Is there any potential conflict of interest?	No	
2.12	Overall assessment: Potentially serious limitations		
Other comments:			

**Study identification: Carey SM, Finigan MW. A Detailed Cost Analysis in a Mature Drug Court Setting: A Cost-Benefit Evaluation of the Multnomah County Drug Court. Journal of Contemporary Criminal Justice. 2004;20:315-38.**

<b>Study identification: Carey SM, Finigan MW. A Detailed Cost Analysis in a Mature Drug Court Setting: A Cost-Benefit Evaluation of the Multnomah County Drug Court. Journal of Contemporary Criminal Justice. 2004;20:315-38.</b>			
<b>Guidance topic: Care plans and pathways, and organisation and structure of services for people with mental health problems in contact with the criminal justice system</b>			<b>Question no: 4.1</b>
<b>Checklist completed by: Eric Slade</b>			
<b>Economic question: Drug court programme for people with mental health problems in contact with the criminal justice system</b>			
<b>Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
1.1	Is the study population appropriate for the review question?	Yes	Adult offenders with SA problem
1.2	Are the interventions appropriate for the review question?	Yes	Drug court programme
1.3	Is the system in which the study was conducted sufficiently similar to the current UK context?	Partly	US study
1.4	Are the perspectives clearly stated and are they appropriate for the review question?	Yes	Healthcare and CJS
1.5	Are all direct effects on individuals included, and are all other effects included where they are material?	Yes	
1.6	Are all future costs and outcomes discounted appropriately?	No	Time horizon 30 months
1.7	Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	NA	Cost analysis
1.8	Are costs and outcomes from other sectors fully and appropriately measured and valued?	Yes	
1.9	Overall judgment: Partially applicable		
Other comments:			
<b>Section 2: Study limitations (level of methodological quality)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
2.1	Does the model structure adequately reflect the nature of the topic under evaluation?	NA	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	Time horizon 30 months
2.3	Are all important and relevant outcomes included?	NA	Cost analysis
2.4	Are the estimates of baseline outcomes from the best available source?	NA	Cost analysis
2.5	Are the estimates of relative intervention effects from the best available source?	NA	Cost analysis
2.6	Are all important and relevant costs included?	Yes	
2.7	Are the estimates of resource use from the best available source?	Yes	From observational cohort study, administrative databases, and claims data
2.8	Are the unit costs of resources from the best available	Unclear	

<b>Study identification: Carey SM, Finigan MW. A Detailed Cost Analysis in a Mature Drug Court Setting: A Cost-Benefit Evaluation of the Multnomah County Drug Court. Journal of Contemporary Criminal Justice. 2004;20:315-38.</b>			
	source?		
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	NA	Cost study
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	No	Levels of statistical significance not reported
2.11	Is there any potential conflict of interest?	No	
2.12 Overall assessment: Potentially serious limitations			
Other comments:			

<b>Study identification: Logan T, Hoyt WH, McCollister KE, French MT, Leukefeld C, Minton L. Economic evaluation of drug court: Methodology, results, and policy implications. Evaluation and Program Planning. 2004;27:381-96.</b>			
<b>Guidance topic: Care plans and pathways, and organisation and structure of services for people with mental health problems in contact with the criminal justice system</b>			<b>Question no: 4.1</b>
<b>Checklist completed by: Eric Slade</b>			
<b>Economic question: drug court programme for people with mental health problems in contact with the criminal justice system</b>			
<b>Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
1.1	Is the study population appropriate for the review question?	Yes	Adults with SA problem
1.2	Are the interventions appropriate for the review question?	Yes	Drug court programme
1.3	Is the system in which the study was conducted sufficiently similar to the current UK context?	Partly	US study
1.4	Are the perspectives clearly stated and are they appropriate for the review question?	Partly	Public sector (health and social care, CJS, and welfare)
1.5	Are all direct effects on individuals included, and are all other effects included where they are material?	Yes	
1.6	Are all future costs and outcomes discounted appropriately?	NA	Time horizon 12 months
1.7	Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	NA	Cost analysis
1.8	Are costs and outcomes from other sectors fully and appropriately measured and valued?	Yes	
1.9 Overall judgement: Partially applicable			
Other comments:			
<b>Section 2: Study limitations (level of methodological quality)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
2.1	Does the model structure adequately reflect the	Yes	Observational

<b>Study identification: Logan T, Hoyt WH, McCollister KE, French MT, Leukefeld C, Minton L. Economic evaluation of drug court: Methodology, results, and policy implications. Evaluation and Program Planning. 2004;27:381-96.</b>			
	nature of the topic under evaluation?		cohort study and modelling (regression model to estimate economic benefits)
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	No	Time horizon 12 months
2.3	Are all important and relevant outcomes included?	NA	Cost analysis
2.4	Are the estimates of baseline outcomes from the best available source?	NA	Cost analysis
2.5	Are the estimates of relative intervention effects from the best available source?	NA	Cost analysis
2.6	Are all important and relevant costs included?	Yes	Health and social care, CJS, and welfare
2.7	Are the estimates of resource use from the best available source?	Yes	From observational case-control study, state-wide and local administrative databases, other published sources
2.8	Are the unit costs of resources from the best available source?	Unclear	
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	NA	Cost analysis
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	No	Levels of statistical significance not reported
2.11	Is there any potential conflict of interest?	No	
2.12 Overall assessment: Potentially serious limitations			
Other comments:			

<b>Study identification: Shanahan M, Lancsar E, Haas M, Lind B, Weatherburn D, Chen S. Cost-effectiveness analysis of the New South Wales adult drug court program. Evaluation Review. 2004;28:3-27.</b>		
<b>Guidance topic: Care plans and pathways, and organisation and structure of services for people with mental health problems in contact with the criminal justice system</b>		<b>Question no: 4.1</b>
<b>Checklist completed by: Eric Slade</b>		
<b>Economic question: Drug court programme for people with mental health problems in contact with the criminal justice system</b>		
<b>Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)</b>	<b>Yes/partly/ no/unclear/ NA</b>	<b>Comments</b>

<b>Study identification: Shanahan M, Lancsar E, Haas M, Lind B, Weatherburn D, Chen S. Cost-effectiveness analysis of the New South Wales adult drug court program. Evaluation Review. 2004;28:3-27.</b>			
1.1	Is the study population appropriate for the review question?	Yes	Adult SA criminal offenders
1.2	Are the interventions appropriate for the review question?	Yes	Drug court programme
1.3	Is the system in which the study was conducted sufficiently similar to the current UK context?	Partly	Australia publicly funded healthcare system
1.4	Are the perspectives clearly stated and are they appropriate for the review question?	Yes	Public sector (healthcare and CJS)
1.5	Are all direct effects on individuals included, and are all other effects included where they are material?	Partly	No consideration of health effects
1.6	Are all future costs and outcomes discounted appropriately?	No	Time horizon 23 months
1.7	Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	No	Re-offending related outcomes
1.8	Are costs and outcomes from other sectors fully and appropriately measured and valued?	Yes	
1.9 Overall judgement: Partially applicable			
Other comments:			
<b>Section 2: Study limitations (level of methodological quality)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
2.1	Does the model structure adequately reflect the nature of the topic under evaluation?	NA	Economic analysis conducted alongside an RCT
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	No	Time horizon 23 months
2.3	Are all important and relevant outcomes included?	Partly	Health outcomes not considered
2.4	Are the estimates of baseline outcomes from the best available source?	Partly	From RCT
2.5	Are the estimates of relative intervention effects from the best available source?	Yes	From RCT
2.6	Are all important and relevant costs included?	Yes	
2.7	Are the estimates of resource use from the best available source?	Yes	From RCT, administrative databases, other information systems
2.8	Are the unit costs of resources from the best available source?	Unclear	

<b>Study identification: Shanahan M, Lancsar E, Haas M, Lind B, Weatherburn D, Chen S. Cost-effectiveness analysis of the New South Wales adult drug court program. Evaluation Review. 2004;28:3-27.</b>			
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	
2.11	Is there any potential conflict of interest?	No	
2.12 Overall assessment: Potentially serious limitations			
Other comments:			

#### R.4.4 Street triage

<b>Study identification:</b> Heslin M, Callaghan L, Packwood M, Badu V, Byford S. Decision analytic model exploring the cost and cost-offset implications of street triage. <i>BMJ Open</i> 2016;6:e009670. doi:10.1136/bmjopen-2015-009670 - A			
<b>Guidance topic: Care plans and pathways, and organisation and structure of services for people with mental health problems in contact with the criminal justice system</b>			<b>Question no:</b> 4.1
<b>Checklist completed by: Eric Slade</b>			
<b>Economic Question: Street triage programmes for people with mental health problems in contact with the criminal justice system</b>			
<b>Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
1.1	Is the study population appropriate for the review question?	Yes	Adults with MH problems who are in contact with CJS
1.2	Are the interventions appropriate for the review question?	Yes	Street triage
1.3	Is the system in which the study was conducted sufficiently similar to the current UK context?	Yes	UK study
1.4	Are the perspectives clearly stated and are they appropriate for the review question?	Yes	NHS and criminal justice sector; NHS only; criminal justice sector only
1.5	Are all direct effects on individuals included, and are all other effects included where they are material?	Yes	
1.6	Are all future costs and outcomes discounted appropriately?	NA	Time horizon 1 day
1.7	Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	NA	Cost analysis
1.8	Are costs and outcomes from other sectors fully and appropriately measured and valued?	Yes	
1.9 Overall judgement: Partially applicable			
<b>Other comments:</b>			

<b>Study identification:</b>			
<b>Heslin M, Callaghan L, Packwood M, Badu V, Byford S. Decision analytic model exploring the cost and cost-offset implications of street triage. BMJ Open 2016;6:e009670. doi:10.1136/bmjopen-2015-009670 - A</b>			
<b>Section 2: Study limitations (level of methodological quality)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
2.1	Does the model structure adequately reflect the nature of the topic under evaluation?	Yes	Decision analytic model
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	No	Time horizon 1 day
2.3	Are all important and relevant outcomes included?	NA	Cost analysis
2.4	Are the estimates of baseline outcomes from the best available source?	No	From before-after study and assumptions
2.5	Are the estimates of relative intervention effects from the best available source?	No	From before-after study and assumptions
2.6	Are all important and relevant costs included?	Yes	Healthcare and CJS costs
2.7	Are the estimates of resource use from the best available source?	Partly	From before-after study
2.8	Are the unit costs of resources from the best available source?	Yes	National sources
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	NA	Cost analysis
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	
2.11	Is there any potential conflict of interest?	No	
2.12	Overall assessment: Potentially serious limitations		
Other comments:			

<b>Study identification:</b>			
<b>Heslin M, Callaghan L, Barrett B, Susan L, Eick S, Morgan J, et al. Costs of the police service and mental healthcare pathways experienced by individuals with enduring mental health needs. The British Journal of Psychiatry. 2016;1–8. - B</b>			
<b>Guidance topic: Care plans and pathways, and organisation and structure of services for people with mental health problems in contact with the criminal justice system</b>			<b>Question no: 4.1</b>
<b>Checklist completed by: Eric Slade</b>			
<b>Economic Question: Street triage programmes for people with mental health problems in contact with the criminal justice system</b>			
<b>Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
1.1	Is the study population appropriate for the review question?	Yes	Adults with MH problems who are in contact with CJS
1.2	Are the interventions appropriate for the review question?	Yes	Street triage
1.3	Is the system in which the study was conducted sufficiently similar to the current UK context?	Yes	UK study

<b>Study identification:</b>			
<b>Heslin M, Callaghan L, Barrett B, Susan L, Eick S, Morgan J, et al. Costs of the police service and mental healthcare pathways experienced by individuals with enduring mental health needs. The British Journal of Psychiatry. 2016;1–8. - B</b>			
1.4	Are the perspectives clearly stated and are they appropriate for the review question?	Yes	Public sector (NHS and CJS)
1.5	Are all direct effects on individuals included, and are all other effects included where they are material?	Yes	
1.6	Are all future costs and outcomes discounted appropriately?	NA	Time horizon 1 year
1.7	Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	NA	Cost analysis
1.8	Are costs and outcomes from other sectors fully and appropriately measured and valued?	Yes	
1.9	Overall judgement: Partially applicable		
<b>Other comments:</b>			
<b>Section 2: Study limitations (level of methodological quality)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
2.1	Does the model structure adequately reflect the nature of the topic under evaluation?	Yes	Decision analytic model
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	No	Time horizon 1 year
2.3	Are all important and relevant outcomes included?	NA	Cost analysis
2.4	Are the estimates of baseline outcomes from the best available source?	Partly	From small observational cohort study
2.5	Are the estimates of relative intervention effects from the best available source?	Partly	From small observational cohort study
2.6	Are all important and relevant costs included?	Yes	Healthcare and CJS costs
2.7	Are the estimates of resource use from the best available source?	Partly	From small observational cohort study
2.8	Are the unit costs of resources from the best available source?	Yes	National sources
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	NA	Cost analysis
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	
2.11	Is there any potential conflict of interest?	No	
2.12	Overall assessment: Potentially serious limitations		
Other comments:			

#### R.4.5 Integrated Disorders Treatment Program (IDDT)



<b>Study identification:</b> Chandler DW, Spicer G. Integrated treatment for jail recidivists with co-occurring psychiatric and substance use disorders. Community Mental Health Journal. 2006;42:405-25.			
<b>Guidance topic: Care plans and pathways, and organisation and structure of services for people with mental health problems in contact with the criminal justice system</b>			<b>Question no:</b> 4.1
<b>Checklist completed by: Eric Slade</b>			
<b>Economic Question: Integrated dual disorders treatment for people with mental health problems in contact with the criminal justice system</b>			
<b>Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
1.1	Is the study population appropriate for the review question?	Yes	Jail recidivists with serious mental illness and substance use disorders
1.2	Are the interventions appropriate for the review question?	Yes	Integrated treatment
1.3	Is the system in which the study was conducted sufficiently similar to the current UK context?	Partly	US study
1.4	Are the perspectives clearly stated and are they appropriate for the review question?	Partly	Healthcare payer; wider social care costs not considered
1.5	Are all direct effects on individuals included, and are all other effects included where they are material?	No	Hasn't considered health outcomes
1.6	Are all future costs and outcomes discounted appropriately?	NA	Time horizon 1 year
1.7	Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	No	Measures of outcome included number of arrests, convictions, felony convictions, jail days
1.8	Are costs and outcomes from other sectors fully and appropriately measured and valued?	NA	
1.9	Overall judgement: Partially applicable		
<b>Other comments:</b>			
<b>Section 2: Study limitations (level of methodological quality)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
2.1	Does the model structure adequately reflect the nature of the topic under evaluation?	NA	Conducted alongside an RCT
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	No	Time horizon 1 year
2.3	Are all important and relevant outcomes included?	No	Hasn't

<b>Study identification:</b> <b>Chandler DW, Spicer G. Integrated treatment for jail recidivists with co-occurring psychiatric and substance use disorders. Community Mental Health Journal. 2006;42:405-25.</b>			
			considered health outcomes
2.4	Are the estimates of baseline outcomes from the best available source?	Partly	From RCT
2.5	Are the estimates of relative intervention effects from the best available source?	Yes	From RCT
2.6	Are all important and relevant costs included?	Partly	Mental healthcare costs only
2.7	Are the estimates of resource use from the best available source?	Yes	From RCT
2.8	Are the unit costs of resources from the best available source?	No	Local sources
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	Can be calculated
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Partly	
2.11	Is there any potential conflict of interest?	No	
2.12	Overall assessment: Potentially serious limitations		
Other comments: levels of statistical significance reported only for within group changes but not between the groups (between the differences in baseline and study period changes)			

#### R.4.6 Forensic assertive community treatment

<b>Study identification: Cusack KJ, Morrissey JP, Cuddeback GS, Prins A, Williams DM. Criminal justice involvement, behavioral health service use, and costs of forensic assertive community treatment: A randomized trial. Community Mental Health Journal. 2010;46:356-63.</b>			
<b>Guidance topic: Care plans and pathways, and organisation and structure of services for people with mental health problems in contact with the criminal justice system</b>			<b>Question no: 4.1</b>
<b>Checklist completed by: Eric Slade</b>			
<b>Economic Question: Forensic assertive community treatment for people with mental health problems in contact with the criminal justice system</b>			
<b>Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
1.1	Is the study population appropriate for the review question?	Yes	Adult detainees with SMI; majority also had SA problem
1.2	Are the interventions appropriate for the review question?	Yes	FACT
1.3	Is the system in which the study was conducted sufficiently similar to the current UK context?	Partly	US study
1.4	Are the perspectives clearly stated and are they appropriate for the review question?	Yes	Public sector (healthcare and CJS)

<b>Study identification: Cusack KJ, Morrissey JP, Cuddeback GS, Prins A, Williams DM. Criminal justice involvement, behavioral health service use, and costs of forensic assertive community treatment: A randomized trial. Community Mental Health Journal. 2010;46:356-63.</b>			
1.5	Are all direct effects on individuals included, and are all other effects included where they are material?	Partly	No consideration of health effects
1.6	Are all future costs and outcomes discounted appropriately?	No	Time horizon 24 months
1.7	Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	No	Crime related outcomes used (bookings, jail days, and convictions)
1.8	Are costs and outcomes from other sectors fully and appropriately measured and valued?	Yes	
1.9	Overall judgment: Partially applicable		
<b>Other comments:</b>			
<b>Section 2: Study limitations (level of methodological quality)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
2.1	Does the model structure adequately reflect the nature of the topic under evaluation?	NA	Conducted alongside RCT
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	No	Time horizon 2 years
2.3	Are all important and relevant outcomes included?	Partly	Only crime related outcomes
2.4	Are the estimates of baseline outcomes from the best available source?	Partly	From RCT
2.5	Are the estimates of relative intervention effects from the best available source?	Yes	From RCT
2.6	Are all important and relevant costs included?	Yes	
2.7	Are the estimates of resource use from the best available source?	Partly	From RCT
2.8	Are the unit costs of resources from the best available source?	Yes	National sources
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	Statistical analyses conducted
2.11	Is there any potential conflict of interest?	No	
2.12	Overall assessment: Potentially serious limitations		
Other comments: The study reports costs and outcomes and statistical significance at 1-12 months and 13-24 months. Statistical significance is not reported for overall costs and outcomes at 24 months.			

#### R.4.7 Therapeutic community treatment

<b>Study identification: McCollister KE, French MT, Inciardi JA, Butzin CA, Martin SS, Hooper RM. Post-Release Substance Abuse Treatment for Criminal Offenders: A Cost-Effectiveness Analysis. Journal of Quantitative Criminology. 2003;19:389-407. - A</b>			
<b>Guidance topic: Interventions for adults with mental health problems in contact with the criminal justice system</b>			<b>Question no: 4.1</b>
<b>Checklist completed by: Eric Slade</b>			
<b>Economic question: Therapeutic community treatment for adult offenders</b>			
<b>Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
1.1	Is the study population appropriate for the review question?	Yes	Adult SA criminal offenders
1.2	Are the interventions appropriate for the review question?	Yes	TC and post-release programme
1.3	Is the system in which the study was conducted sufficiently similar to the current UK context?	Partly	US study
1.4	Are the perspectives clearly stated and are they appropriate for the review question?	Partly	Prison service provider (intervention costs only)
1.5	Are all direct effects on individuals included, and are all other effects included where they are material?	Partly	No consideration of health effects
1.6	Are all future costs and outcomes discounted appropriately?	NA	Time horizon 18 months
1.7	Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	No	Measure of outcome was number of days incarcerated
1.8	Are costs and outcomes from other sectors fully and appropriately measured and valued?	Yes	
1.9 Overall judgement: Partially applicable			
Other comments:			
<b>Section 2: Study limitations (level of methodological quality)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
2.1	Does the model structure adequately reflect the nature of the topic under evaluation?	NA	Conducted alongside RCT
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Partly	Time horizon 18 months
2.3	Are all important and relevant outcomes included?	No	No consideration of mental health, QoL outcomes
2.4	Are the estimates of baseline outcomes from the best available source?	Partly	From RCT
2.5	Are the estimates of relative intervention effects from the best available source?	Yes	From RCT
2.6	Are all important and relevant costs included?	No	Analysis considered

<b>Study identification: McCollister KE, French MT, Inciardi JA, Butzin CA, Martin SS, Hooper RM. Post-Release Substance Abuse Treatment for Criminal Offenders: A Cost-Effectiveness Analysis. Journal of Quantitative Criminology. 2003;19:389-407. - A</b>			
			only intervention costs
2.7	Are the estimates of resource use from the best available source?	Partly	From RCT and other published sources
2.8	Are the unit costs of resources from the best available source?	Unclear	
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	Statistical analysis conducted
2.11	Is there any potential conflict of interest?	No	
2.12 Overall assessment: Potentially serious limitations			
Other comments:			

<b>Study identification: McCollister KE, French MT, Prendergast M, Wexler H, Sacks S, Hall E. Is In-Prison Treatment Enough? A Cost-Effectiveness Analysis of Prison-Based Treatment and Aftercare Services for Substance-Abusing Offenders. Law &amp; Policy. 2003;25:63-82. - B</b>			
<b>Guidance topic: Interventions for adults with mental health problems in contact with the criminal justice system</b>			<b>Question no: 4.1</b>
<b>Checklist completed by: Eric Slade</b>			
<b>Economic question: Therapeutic community treatment for adult offenders</b>			
<b>Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
1.1	Is the study population appropriate for the review question?	Yes	Adult drug-abusing criminal offenders
1.2	Are the interventions appropriate for the review question?	Yes	In prison therapeutic community and post-release community treatment
1.3	Is the system in which the study was conducted sufficiently similar to the current UK context?	Partly	US study
1.4	Are the perspectives clearly stated and are they appropriate for the review question?	Partly	Prison service provider
1.5	Are all direct effects on individuals included, and are all other effects included where they are material?	Partly	No consideration of health effects
1.6	Are all future costs and outcomes discounted appropriately?	No	Time horizon 1 year
1.7	Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	No	Measure of outcome was number of days incarcerated

1.8	Are costs and outcomes from other sectors fully and appropriately measured and valued?	NA	
1.9 Overall judgement: Partially applicable			
Other comments:			
<b>Section 2: Study limitations (level of methodological quality)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
2.1	Does the model structure adequately reflect the nature of the topic under evaluation?	NA	RCT
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	Time horizon 5 years
2.3	Are all important and relevant outcomes included?	Partly	No consideration of mental health, QoL outcomes
2.4	Are the estimates of baseline outcomes from the best available source?	Partly	From RCT
2.5	Are the estimates of relative intervention effects from the best available source?	Yes	From RCT
2.6	Are all important and relevant costs included?	Yes	
2.7	Are the estimates of resource use from the best available source?	Partly	From RCT and other published sources
2.8	Are the unit costs of resources from the best available source?	Unclear	
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	Statistical analysis conducted
2.11	Is there any potential conflict of interest?	No	
2.12 Overall assessment: Potentially serious limitations			
Other comments:			

**Study identification: McCollister KE, French MT, Prendergast ML, Hall E, Sacks S. Long-term cost effectiveness of addiction treatment for criminal offenders. Justice Quarterly. 2004;21:569-679.**

<b>Guidance topic: Interventions for adults with mental health problems in contact with the criminal justice system</b>		<b>Question no: 4.1</b>	
<b>Checklist completed by: Eric Slade</b>			
<b>Economic question: Therapeutic community treatment for adult offenders</b>			
<b>Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
1.1	Is the study population appropriate for the review question?	Yes	Adult drug-abusing criminal offenders
1.2	Are the interventions appropriate for the review question?	Yes	In prison therapeutic community and post-release community treatment

1.3	Is the system in which the study was conducted sufficiently similar to the current UK context?	Partly	US study
1.4	Are the perspectives clearly stated and are they appropriate for the review question?	Partly	Public sector (healthcare and social care)
1.5	Are all direct effects on individuals included, and are all other effects included where they are material?	Partly	No consideration of health effects
1.6	Are all future costs and outcomes discounted appropriately?	No	Time horizon 5 years
1.7	Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	No	Measure of outcome was number of days incarcerated
1.8	Are costs and outcomes from other sectors fully and appropriately measured and valued?	NA	
1.9 Overall judgement: Partially applicable			
Other comments:			
<b>Section 2: Study limitations (level of methodological quality)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
2.1	Does the model structure adequately reflect the nature of the topic under evaluation?	NA	RCT
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	Time horizon 5 years
2.3	Are all important and relevant outcomes included?	Partly	No consideration of mental health, QoL outcomes
2.4	Are the estimates of baseline outcomes from the best available source?	Partly	From RCT
2.5	Are the estimates of relative intervention effects from the best available source?	Yes	From RCT
2.6	Are all important and relevant costs included?	Yes	
2.7	Are the estimates of resource use from the best available source?	Partly	From RCT and interlinked criminal justice records, other published sources
2.8	Are the unit costs of resources from the best available source?	Unclear	
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	Statistical analysis conducted
2.11	Is there any potential conflict of interest?	No	
2.12 Overall assessment: Potentially serious limitations			
Other comments:			

**Study identification: Economic analysis conducted for this guideline****Guidance topic: Interventions for adults with mental health problems in contact with the criminal justice system****Question no: 4.1**

<b>Study identification: Economic analysis conducted for this guideline</b>			
<b>Checklist completed by: Eric Slade</b>			
<b>Economic question: Therapeutic community treatment for people with substance misuse</b>			
<b>Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
1.1	Is the study population appropriate for the review question?	Yes	Adult prisoners with SA problem
1.2	Are the interventions appropriate for the review question?	Yes	Therapeutic community treatment
1.3	Is the system in which the study was conducted sufficiently similar to the current UK context?	Yes	UK study
1.4	Are the perspectives clearly stated and are they appropriate for the review question?	Partly	Criminal justice sector
1.5	Are all direct effects on individuals included, and are all other effects included where they are material?	Partly	no consideration of health outcomes
1.6	Are all future costs and outcomes discounted appropriately?	NA	Time horizon 15 months
1.7	Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	No	Cost analysis
1.8	Are costs and outcomes from other sectors fully and appropriately measured and valued?	Yes	
1.9 Overall judgement: Partially applicable			
Other comments:			
<b>Section 2: Study limitations (level of methodological quality)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
2.1	Does the model structure adequately reflect the nature of the topic under evaluation?	Yes	Decision analytical model
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	No	Time horizon 15 months
2.3	Are all important and relevant outcomes included?	No	Re-incarcerations only considered
2.4	Are the estimates of baseline outcomes from the best available source?	Partly	From 1 RCT
2.5	Are the estimates of relative intervention effects from the best available source?	Partly	From 1 RCT
2.6	Are all important and relevant costs included?	Partly	No consideration of healthcare and social care costs
2.7	Are the estimates of resource use from the best available source?	Partly	From RCTs and expert opinion
2.8	Are the unit costs of resources from the best available source?	Yes	National sources
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity	Yes	



<b>Study identification: Economic analysis conducted for this guideline</b>			
	analysis?		
2.11	Is there any potential conflict of interest?	No	
2.12 Overall assessment: Potentially serious limitations			
Other comments:			

#### R.4.8 Probation and mandated treatment

<b>Study identification: Anglin MD, Nosyk B, Jaffe A, Urada D, Evans E. Offender diversion into substance use disorder treatment: the economic impact of California's proposition 36. American journal of public health. 2013;103:1096-102.</b>			
<b>Guidance topic: Care plans and pathways, and organisation and structure of services for people with mental health problems in contact with the criminal justice system</b>			<b>Question no: 4.1</b>
<b>Checklist completed by: Eric Slade</b>			
<b>Economic Question: Combination of probation and substance abuse for people with mental health problems in contact with the criminal justice system</b>			
<b>Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
1.1	Is the study population appropriate for the review question?	Yes	Adult offenders with SA problems
1.2	Are the interventions appropriate for the review question?	Yes	Mandated probation combined with SA treatment
1.3	Is the system in which the study was conducted sufficiently similar to the current UK context?	Partly	US study
1.4	Are the perspectives clearly stated and are they appropriate for the review question?	Yes	Public sector (healthcare and CJS)
1.5	Are all direct effects on individuals included, and are all other effects included where they are material?	NA	Cost analysis
1.6	Are all future costs and outcomes discounted appropriately?	No	Time horizon 30 months
1.7	Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	NA	Cost analysis
1.8	Are costs and outcomes from other sectors fully and appropriately measured and valued?	Yes	
1.9 Overall judgement: Partially applicable			
Other comments:			
<b>Section 2: Study limitations (level of methodological quality)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
2.1	Does the model structure adequately reflect the nature of the topic under evaluation?	NA	Observational cohort study
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Partly	Time horizon 30 months
2.3	Are all important and relevant outcomes included?	NA	Cost analysis

<b>Study identification: Anglin MD, Nosyk B, Jaffe A, Urada D, Evans E. Offender diversion into substance use disorder treatment: the economic impact of California's proposition 36. American journal of public health. 2013;103:1096-102.</b>			
2.4	Are the estimates of baseline outcomes from the best available source?	NA	Cost analysis
2.5	Are the estimates of relative intervention effects from the best available source?	NA	Cost analysis
2.6	Are all important and relevant costs included?	Yes	
2.7	Are the estimates of resource use from the best available source?	Yes	From observational cohort study, administrative databases, other published sources
2.8	Are the unit costs of resources from the best available source?	Unclear	
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	NA	Cost analysis
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	Statistical analysis conducted
2.11	Is there any potential conflict of interest?	No	
2.12 Overall assessment: Minor limitations			
Other comments:			

<b>Study identification: Alemi F, Taxman F, Baghi H, Vang J, Thanner M, Doyon V. Costs and benefits of combining probation and substance abuse treatment. Journal of Mental Health Policy and Economics. 2006;9:57-70.</b>			
<b>Guidance topic: Care plans and pathways, and organisation and structure of services for people with mental health problems in contact with the criminal justice system</b>			<b>Question no: 4.1</b>
<b>Checklist completed by: Eric Slade</b>			
<b>Economic question: Combination of probation and substance abuse for people with mental health problems in contact with the criminal justice system</b>			
<b>Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
1.1	Is the study population appropriate for the review question?	Yes	Substances abusing offenders
1.2	Are the interventions appropriate for the review question?	Yes	Probation in combination with treatment
1.3	Is the system in which the study was conducted sufficiently similar to the current UK context?	Partly	US study
1.4	Are the perspectives clearly stated and are they appropriate for the review question?	Yes	Public sector (healthcare, social care, and CJS)
1.5	Are all direct effects on individuals included, and are all other effects included where they are material?	Partly	Hasn't considered

<b>Study identification: Alemi F, Taxman F, Baghi H, Vang J, Thanner M, Doyon V. Costs and benefits of combining probation and substance abuse treatment. Journal of Mental Health Policy and Economics. 2006;9:57-70.</b>			
			health effects
1.6	Are all future costs and outcomes discounted appropriately?	No	Time horizon 2.75 years
1.7	Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	No	Non-health outcomes including arrests, hospital attendances, prison, employment, housing
1.8	Are costs and outcomes from other sectors fully and appropriately measured and valued?	Yes	
1.9 Overall judgement: Partially applicable			
Other comments:			
<b>Section 2: Study limitations (level of methodological quality)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
2.1	Does the model structure adequately reflect the nature of the topic under evaluation?	Yes	Modelling and RCT
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Partly	Time horizon 2.75 years
2.3	Are all important and relevant outcomes included?	Partly	A range of non-health outcomes
2.4	Are the estimates of baseline outcomes from the best available source?	Partly	From RCT
2.5	Are the estimates of relative intervention effects from the best available source?	Yes	Probabilities of events from RCT and published studies
2.6	Are all important and relevant costs included?	Yes	Healthcare, social care, and CJS costs
2.7	Are the estimates of resource use from the best available source?	Yes	From RCT, state and county information systems, other published sources, and authors' assumptions
2.8	Are the unit costs of resources from the best available source?	Partly	National and local sources, published studies

<b>Study identification: Alemi F, Taxman F, Baghi H, Vang J, Thanner M, Doyon V. Costs and benefits of combining probation and substance abuse treatment. Journal of Mental Health Policy and Economics. 2006;9:57-70.</b>			
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	Deterministic sensitivity analysis
2.11	Is there any potential conflict of interest?	No	
2.12 Overall assessment: Potentially serious limitations			
Other comments:			

#### R.4.9 Services for people with personality disorders

<b>Study identification: Fortune Z, Barrett B, Armstrong D, Coid J, Crawford M, Mudd D, et al. Clinical and economic outcomes from the UK pilot psychiatric services for personality-disordered offenders. International Review of Psychiatry. 2011;23:61-9.</b>			
<b>Guidance topic: Care plans and pathways, and organisation and structure of services for people with mental health problems in contact with the criminal justice system</b>			<b>Question no: 4.1</b>
<b>Checklist completed by: Eric Slade</b>			
<b>Economic question: an inpatient MSU and a residential service versus community and residential service</b>			
<b>Section 1: Applicability (relevance to specific review questions and the NICE reference case as described in section 7.5)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
1.1	Is the study population appropriate for the review question?	Yes	Personality-disordered male offenders
1.2	Are the interventions appropriate for the review question?	Yes	Inpatient medium secure unit, and community and residential treatment
1.3	Is the system in which the study was conducted sufficiently similar to the current UK context?	Yes	UK study
1.4	Are the perspectives clearly stated and are they appropriate for the review question?	Yes	Public sector perspective (healthcare, social care and CJS)
1.5	Are all direct effects on individuals included, and are all other effects included where they are material?	Partly	WSAS measure does not capture all relevant effects
1.6	Are all future costs and outcomes discounted appropriately?	No	Time horizon 2 years
1.7	Is QALY used as an outcome, and was it derived using NICE's preferred methods? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above).	No	WSAS scale

<b>Study identification: Fortune Z, Barrett B, Armstrong D, Coid J, Crawford M, Mudd D, et al. Clinical and economic outcomes from the UK pilot psychiatric services for personality-disordered offenders. International Review of Psychiatry. 2011;23:61-9.</b>			
1.8	Are costs and outcomes from other sectors fully and appropriately measured and valued?	Yes	
1.9 Overall judgement: Partially applicable			
Other comments:			
<b>Section 2: Study limitations (level of methodological quality)</b>		<b>Yes/partly/no/unclear/NA</b>	<b>Comments</b>
2.1	Does the model structure adequately reflect the nature of the topic under evaluation?	NA	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Partly	Time horizon 2 years
2.3	Are all important and relevant outcomes included?	Partly	Outcome measure was WSAS
2.4	Are the estimates of baseline outcomes from the best available source?	Partly	From observational cohort study
2.5	Are the estimates of relative intervention effects from the best available source?	Partly	From observational cohort study
2.6	Are all important and relevant costs included?	Yes	
2.7	Are the estimates of resource use from the best available source?	Partly	From observational cohort study
2.8	Are the unit costs of resources from the best available source?	Yes	National sources
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Partly	Statistical analysis conducted on outcomes but not costs
2.11	Is there any potential conflict of interest?	No	
2.12 Overall assessment: Very serious limitations			
Other comments:			

## **Appendices**

### **Appendix S: <Insert first appendix heading here>**