Supplementary Materials
Supplementary Table 1. Model parameters for long-term, post-treatment peer recovery support services cost-effectiveness analysis.

Variable	Base Case	Low	High	Source	Model
Tpp - Peer worker				(Bureau of Labor	
reimbursement per 15				Statistics, 2022;	
minutes	\$8.97	\$3.66	\$24.49	Videka et al., 2019)	H,S
				(Health and Human	
Tpu - PRSS service				Services	
utilization (in 15 minute				Commission, 2020;	
increments)	212	76	472	Videka et al., 2019)	H,S
				(Alexandre et al.,	
				2012; Bureau of	
				Labor Statistics,	
Tt - Cost of specialty SUD				2021; French et al.,	
treatment	\$17,203.74	\$10,623.54	\$23,783.94	2008)	H,S
	·			(Substance Abuse	
				and Mental Health	
Nt – Total receiving				Services	
specialty SUD treatment in				Administration,	
Texas	2,572,000	2,423,000	2,721,000	2020)	H,S
Api – per-person averted	, ,	, ,	, ,	(Mangrum et al.,	
medical costs under PRSS^	\$1,186.66	\$949.32	\$1,423.99	2018)	Н
Ati – per-person averted					
medical costs under				(Morse and Bride,	
treatment only^	\$913.05	\$730.44	\$1,095.66	2016)	Н
Ci – per-person averted			. ,	(National Drug	
societal costs among those in				Intelligence Center,	
recovery (PRSS or treatment				2011; Sacks et al.,	
only)^	\$7,690.77	\$6,152.62	\$9,228.92	2015)	S
	. ,	. ,	. ,	(Ashford et al.,	
				2021; Bureau of	
				Labor Statistics,	
Pp – Per-person, per-episode				2019; Health and	
patient time costs for				Human Services	
participating in PRSS	\$1,479.23	\$530.29	\$3,293.38	Commission, 2020)	S
	, , , , , , , , ,	Proportions		, /	
Rp – Return to chaotic					
substance use prevalence				(Ashford et al.,	
among those receiving				2021; Mangrum et	
PRSS, year 1	17%	9%	50%	al., 2018)	H,S
Rt – Return to chaotic	_,,,		2070	,,	,~
substance use among those				(Dutra et al., 2008;	
receiving treatment only,				McLellan et al.,	
year 1	50%	40%	87%	2000)	H,S
Retp – Retention of	3070	1070	3770	2000)	11,5
participants in long-term					
PRSS to completion/				(Mangrum et al.,	
graduation/ 1 year.^	70%	10%	90%	2018)	H,S
graduation i year.	/0/0	10/0	7070	2010)	11,0

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Variable	Base Case	Low	High	Source	Model
Utility Weights					
Recovery utility^	0.8	0.5	1	(Nyman et al., 2007; Whiteford et al., 2013)	H,S
SUD utility	0.586	0.359	0.741	(Whiteford et al., 2013)	H,S

H = Health System Perspective Model

Supplementary Table 2. Stage transition probabilities for probabilistic sensitivity analysis.

Health state	Year 1 Prob.	Year 2 Prob.	Year 3 Prob.	Source	
Recovery to recovery,	0.83	0.66	0.86	(Dennis et al., 2007;	
PRSS				Mangrum et al., 2018)	
Recovery to recovery,	0.5	0.66	0.86	(Dennis et al., 2007;	
treatment only				Dutra et al., 2008;	
				McLellan et al., 2000)	
Recovery to chaotic use	0 1	•	•	ery and mortality	
probabilities are subtracted from 1.					
		Mortality by Age		2017 F11 + 1 2010	
Age Category	Recovery	SUD	`	, 2017; Eddie et al., 2019;	
20-24	0.010916	0.010916		al., 2020; Lindblad et al.,	
25-29	0.011751	0.014951	2016)		
30-34	0.012541	0.015741			
35-39	0.014886	0.014746			
40-44	0.018992	0.018852			
45-49	0.024862	0.027682			
50-54	0.032653	0.035473			
55-59	0.044558	0.068778			
60-64	0.065021	0.089241			
65-69	0.093287	0.117507			
70-74	0.137072	0.161292			
75-79	0.204364	0.228584			
80-84	0.305685	0.329905			
85-90	0.430047	0.454267			
90-95	0.586341	0.610561			
95-100	0.743793	0.768013			

S = Societal Perspective Model

 $<sup>^{\</sup>wedge}$  = Estimated range of variation not available in the literature, so examined an arbitrarily-selected range of variation, typically +/- 20%.

Supplementary Table 3. Probability distributions assigned to variables for the probabilistic sensitivity analysis.

Probability Distributions by Variable Category	
Effects (QALYs, people in recovery at 3 years)	Triangle
PRSS utilization (Tpu)	
Retention in long-term PRSS (RetP)	
Return to chaotic substance use in PRSS and TAU (Rp, Rt)	Beta
Rate of SUD treatment among people with SUD	
Peer worker hourly pay (Tpp)	
Cost of specialty SUD treatment episode (Tt)	Gamma
Societal costs, per person (Ci)	
Patient time costs per hour (used to estimate Pp together with Tpu)	
Averted medical costs under PRSS, per person (Api)	
Averted medical costs under TAU, per person (Ati)	

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# I. Health System Perspective Formulas

### **Intervention Costs**

The total cost of a PRSS episode

$$Tpp * Tpu * Nt$$

Is added to the total cost of those needing specialty SUD treatment again under the PRSS condition. We assume that only 10% of those who need treatment in a given year receive it in the US (rate is from the National Survey on Drug Use and Health, SAMHSA, 2020).

$$(Nt * Retp * Rp * 0.1 * Tt) + (Nt * (1 - Retp) * Rt * 0.1 * Tt)$$

We then subtract averted medical costs attributable to those who are retained in recovery under the PRSS condition and those who drop out of PRSS prematurely (they save the same amount that those in the treatment only condition save per person).

$$(Api * Retp * (1 - Rp) * Nt) + (Ati * (1 - Retp) * (1 - Rt) * Nt)$$

#### **Treatment as Usual Costs**

The total cost of the initial treatment episode is not included in the model, because we modeled our population as all starting in specialty SUD treatment, thus the same total cost would be in both the PRSS and Treatment sides of the numerator equation, and would zero out. Instead, we start with the cost of those receiving specialty SUD treatment again under the treatment as usual condition, using the same assumption described above for PRSS. As above, we assume that only 10% of those who need treatment in a given year receive it in the US.

$$Nt * Rt * 0.1 * Tt$$

Averted medical costs attributable to treatment as usual are subtracted from re-treatment costs.

$$Ati * (1 - Rt) * Nt$$

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## **II. Societal Perspective Formulas**

### **Intervention Costs**

The total cost of a PRSS episode

$$Tpp * Tpu * Nt$$

Is added to the total cost of those needing specialty SUD treatment again under the PRSS condition. As above, we assume that only 10% of those who need treatment in a given year receive it in the US.

$$(Nt * Retp * Rp * 0.1 * Tt) + (Nt * (1 - Retp) * Rt * 0.1 * Tt)$$

We then add total patient time for PRSS:

$$Pp * Tpu * Nt * Retp$$

Finally, the total societal cost savings attributable to those who are retained in recovery under the PRSS condition and the societal cost savings that would be realized by treatment alone (for the proportion who drop out of PRSS prematurely) is subtracted from PRSS episode and PRSS patient time costs:

$$(Ci * Retp * (1 - Rp) * Nt) + (Ci * (1 - Retp) * (1 - Rt) * Nt)$$

### **Treatment as Usual Costs**

The total cost of the initial treatment episode is not included in the model, because we modeled our population as all starting in specialty SUD treatment, thus the same total cost would be in both the PRSS and Treatment sides of the numerator equation, and would zero out. Instead, we start with the cost of those receiving specialty SUD treatment again under the treatment as usual condition, using the same assumption described above for PRSS.

$$Nt * Rt * 0.1 * Tt$$

Patient time costs are not included for the treatment as usual condition because untreated SUD has serious impacts on an individual's ability to work or engage in other productive activities. This provides an underestimate of treatment as usual costs. Instead, societal cost savings attributable to treatment as usual are subtracted from re-treatment costs.

$$Ci * (1 - Rt) * Nt$$

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# **III. Effect Estimation**

Quality-adjusted life expectancy and people retained in recovery at 3 years were estimated using an Excel-based Markov chain created by the research team (HSB) using the transition matrices and mortality rates described in the model parameter tables. The tool can be made available upon request to the corresponding author.