

Economic and health cost benefit impacts of *The Forest*

Final Report to The Burnet Institute

12 April 2024



Insight Economics Pty Ltd

ACN: 141 097 565
ABN: 29 627 712 906



Disclaimer:
While Insight Economics endeavours to provide reliable analysis and believes the material it presents is accurate, it will not be liable for any claim by any party acting on such information.

© Insight Economics 2024

[This page is intentionally left blank]

Contents

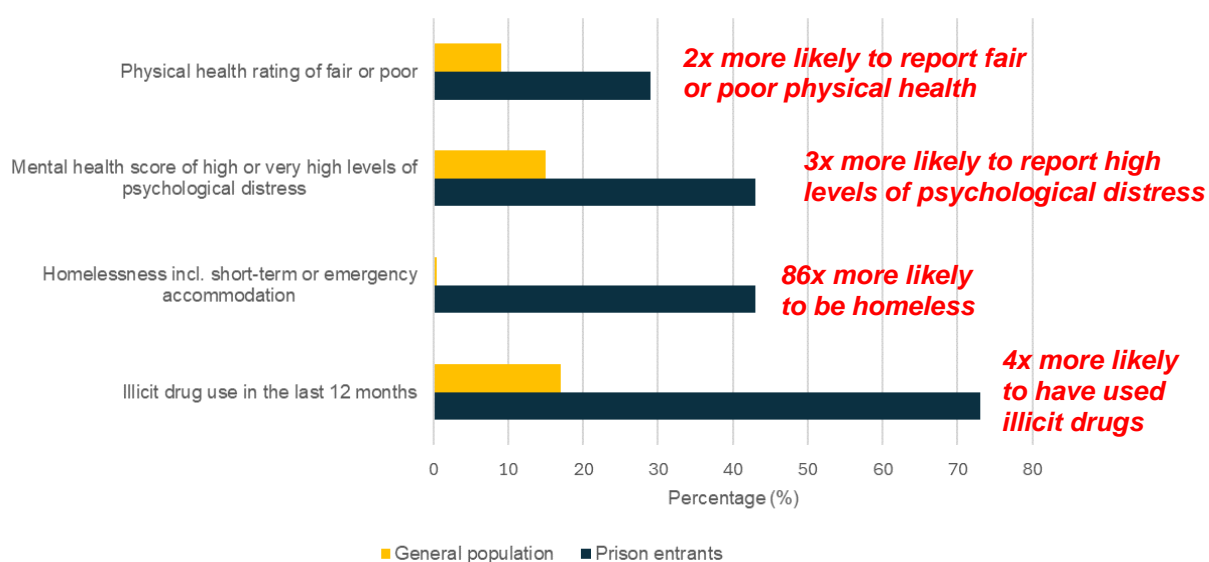
Executive Summary	vii
Chapter 1: A new approach is needed for people leaving prison with a history of drug use	1
1.1 Sustained calls for a new approach to prevent reincarceration: trends and policy reform recommendations	1
1.2 People with histories of drug use require a specialised approach: literature and data perspectives	6
1.3 A new model of care focused on people with histories of drug use: <i>The Forest</i>	9
1.4 This report: purpose and structure	10
Chapter 2: Methodology	13
2.1 Overview	13
2.2 Key methodological considerations	13
2.3 Model overview, key data sources and assumptions	14
2.4 Forest Community Trial and Program Options modelled	25
Chapter 3: Impacts of The Forest Community Trial	29
3.1 Key findings for the Community Trial	29
3.2 Impact of The Forest on participant risk and outcomes	30
3.3 Impact of The Forest Community Trial on avoided costs	33
3.4 Breakeven and sensitivity analyses for the Community Trial	42
3.5 Expected outcomes against Early Intervention Investment Framework	42
3.6 Conclusions	44
Chapter 4: Impact of potential future Program Options for The Forest	45
4.1 Key findings for future Program Options	45
4.2 Projections for expected participant risk by Program Option, Impact Scenario	45
4.3 Expectations for avoided costs by Program Option	48
4.4 Breakeven and sensitivity analyses by Program Option	49

4.5	Outcomes by Victoria’s Early Intervention Investment Framework	50
Chapter 5: Conclusions and key considerations for implementation		53
5.1	Key findings of the health, economic and social impact assessment	53
5.2	Implementation considerations & next steps	55
Appendix A: References		57
Appendix B: Cost benefit analysis modelling assumptions		67
Appendix C: Expenditure analysis		104
Appendix D: Literature review of impact of initiatives		106
Appendix E: Review of reform and initiatives		137

Executive Summary

Incarceration is increasingly understood to be the product of complex and systemic social, economic and health disadvantage. A range of structural factors, including socioeconomic disadvantage, poor access to health and social services, gender, and ethnicity often combine to create social marginalisation, continued socioeconomic disadvantage and increased risk of poor health, homelessness and incarceration. Australian Institute of Health and Welfare data show people at risk of incarceration experience far higher rates of homelessness, poor mental and physical health, and drug use than the general population (Figure 1). Limited coverage of evidence-based preventive programs and the poor management of these underlying health and social determinants of incarceration ultimately translate into high but potentially avoidable human and economic costs for the whole community.

Figure 1: Health and social determinants of incarceration – comparing health outcomes of prison entrants compared to the general population

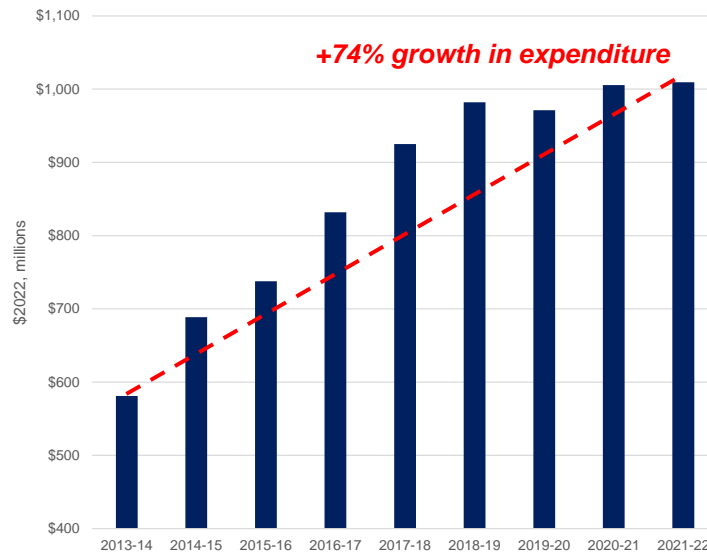


Source: Australian Institute of Health and Welfare. (2023). The health of people in Australia's prisons 2022, accessed at: <https://www.aihw.gov.au/reports-data/population-groups/prisoners/overview>.

Repeated reincarceration represents a failure to address the underlying determinants of poor health and social marginalisation — and worse, typically exacerbates them — leading to heightened long-term and persistent risks of homelessness, reincarceration, mental illness, a return to substance use, chronic disease, and mortality from overdose, suicide, and other preventable causes. The persistence of adverse health and social outcomes following incarceration suggests a need for increased investment in public health interventions to reduce long-term underlying risks and ease demand on acute services.

For Victoria, the failure to address the fundamental health and social determinants of incarceration and reincarceration has come with a costly price tag in both human and economic terms. Over the FY2014 to FY2022 period, the number of people experiencing incarceration increased by 17 per cent, while real net operating expenditure on prisons has Victoria nearly doubled, increasing by a staggering 74 per cent over the same period (Figure 2).

Figure 2: Growth in real net operating expenditure on prisons, FY2014-FY2022



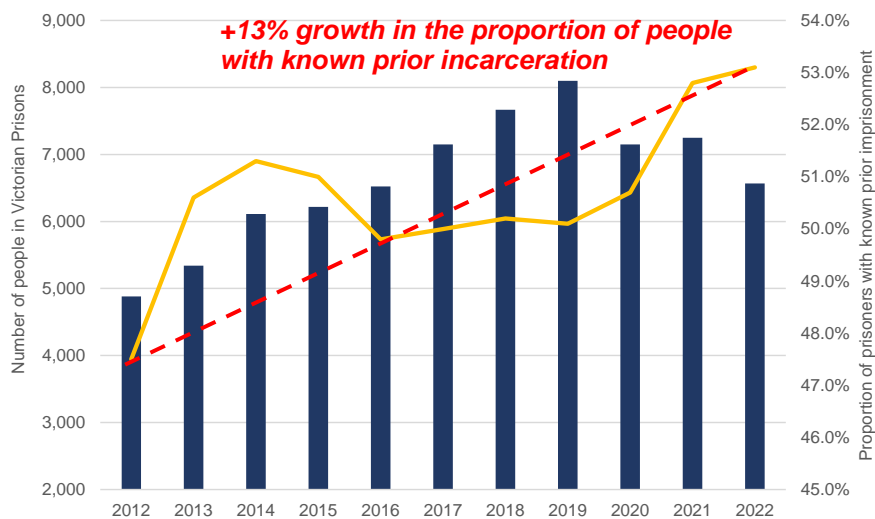
Source: Productivity Commission Report on Government Services, FY2014-2022, years ending June. Available at: <https://www.pc.gov.au/ongoing/report-on-government-services>.

Growth in prison expenditure has outstripped growth in government revenue over the same period and is increasing against a backdrop of rising state debt; as noted by the Victorian Government in the Early Intervention Investment Framework paper (2022):

“Unchecked, this spending trajectory is not sustainable for Victorians in need, or for future budgets.”

Critically, Victoria’s health, social support, and justice systems have performed particularly poorly with respect to addressing risk factors for reincarceration. While the overall number of people in prison declined modestly over the COVID-19 emergency response period, those who remained at risk of incarceration were those with a prior history of incarceration; data show the proportion of people in prison with a prior history of incarceration increased from 47 per cent in 2012 to 53 per cent in 2022 (Figure 3).

Figure 3: Number of people in Victorian prisons and proportion with known prior imprisonment



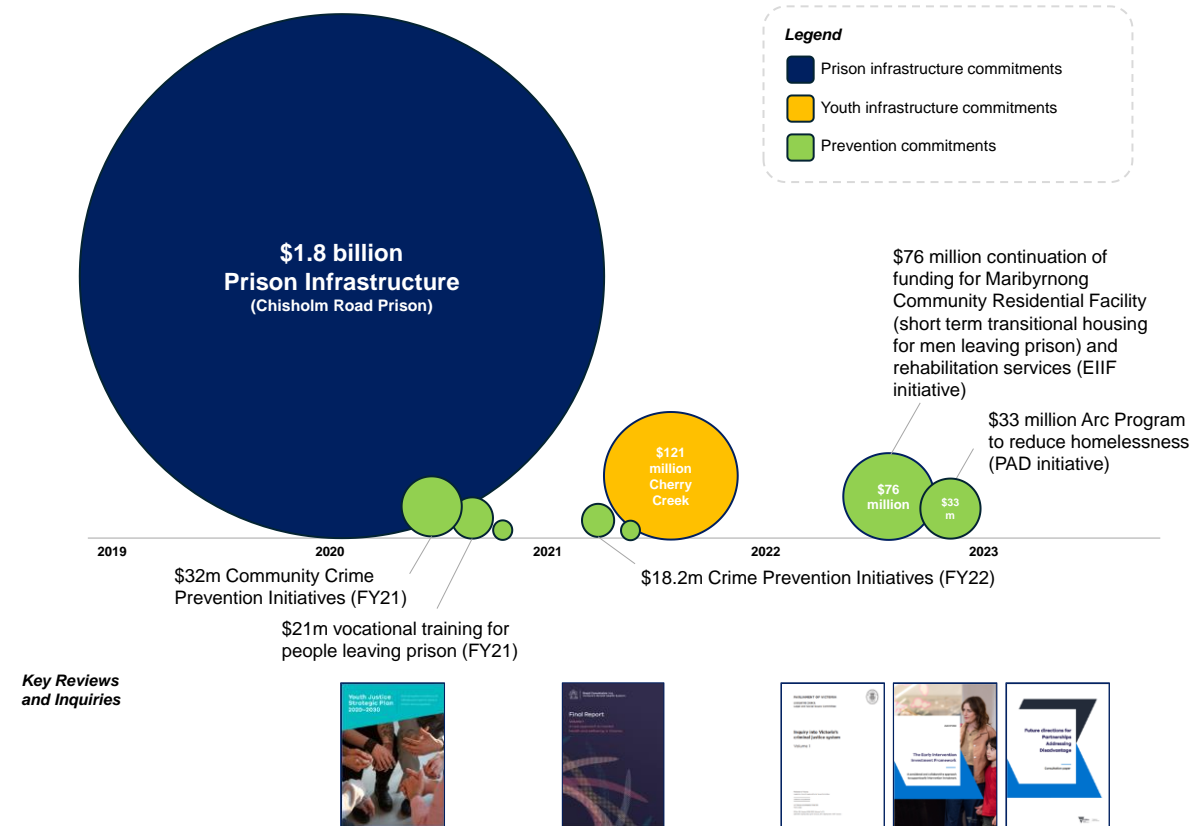
Source: Australian Bureau of Statistics. (2023). Prisoners in Australia ABS, 2023, accessed at: <https://www.abs.gov.au/statistics/people/crime-and-justice/prisoners-australia/latest-release>.

The repeated incarceration of people who experience health and social marginalisation leads to poor health, social and economic outcomes for all Victorians and comes at a huge, potentially avoidable economic cost to the state. Research has found that the total economic cost of people experiencing repeated reincarceration can be *20 times' higher* than the cost of people who are successfully rehabilitated into the community following a period of incarceration.ⁱ

Importantly, the need to reform and reorient Victoria's health and justice systems has been recognised by a series of reviews and reform initiatives, including the Royal Commission into Victoria's Mental Health System and the Parliament of Victoria's Inquiry into Victoria's criminal justice system, among others. These inquiries and reviews have unanimously called for system reforms and investment to deliver more person-centred, integrated services focused on addressing the risk factors to reincarceration.

Even as substantial calls for investment and reform have been made, however, expenditure on prevention and system reform continues to be dwarfed by investment and expenditure on prisons (Figure 4). For people leaving prison in particular, new funding has tended to be directed primarily towards transitional housing, such as the Arc Program and continued funding for the Maribyrnong Community Residential Facility for men, and to a lesser extent employment support, such as through the Second Chance Jobs program. Moreover, funded programs continue to focus on siloed responses to particular socio-ecological issues, at the expense of more ambitious and innovative integrated service provision models that respond to the multiple health and social determinants of reincarceration.

Figure 4: Key reviews and associated funding commitments by Victorian Government (2020-2024)



Source: Analysis of Victorian Budget Papers FY2021-FY2023 and Victorian Government announcements. See Appendix C.

Breaking the cycle of reincarceration in Victoria will require a more substantive commitment to policy reform and practice change. This commitment must be focussed on reorientating

public investment away from incarceration toward life-affirming alternatives that will improve health, social, and economic outcomes for the whole community and slow the unsustainable growth of Victorian expenditure on prisons. Interventions that promote access to housing, health, education, and employment services, and build social connection by strengthening community relationships and improving health equity, offer a humane and evidence-based approach to enhancing community safety, promoting community wellbeing, and ending the harms of repeated incarceration.

A specialised, person-centred approach is needed for people with histories of drug use

In particular, one of the major areas of reform need is Victoria’s approach to supporting people leaving prison with histories of drug use.

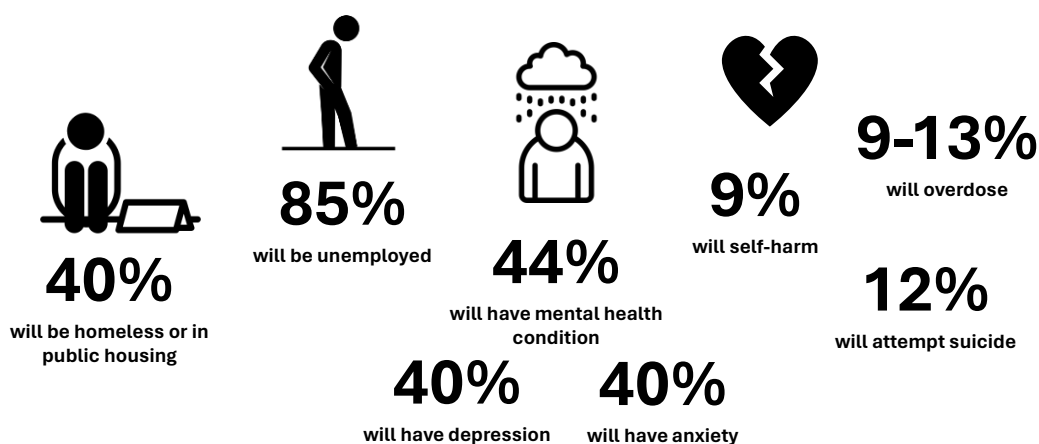
People with histories of drug use are overrepresented in Victoria’s prison population and tend to be reincarcerated at higher rates than their peers. It has been shown, for example, that people in prison with a history of injecting drug use had three times higher odds of being incarcerated within a year of release from prison than other cohorts.ⁱⁱ

Critically, people with histories of drug use are at high risk of multiple unmet needs arising from poor health and quality of life, difficulty in obtaining and retaining employment and, in turn, homelessness. For example, a Burnet Institute study of incarcerated men with a history of injecting drug use in Victoria found that 44 per cent were classified as experiencing current poor psychiatric well-being.ⁱⁱⁱ In the three months following prison release, 43 per cent were homeless (28 per cent) or in public housing and 85 per cent were unemployed.^{iv} Within two years of release^v from incarceration:

- 40 per cent experienced clinical anxiety
- 40 per cent experienced depression
- Nine per cent self-harmed
- 12 per cent attempted suicide
- Between nine and 13 per cent experienced at least one overdose.

Taken together, these data are sobering evidence of high unmet need and disadvantage.

Figure 5: High unmet needs following prison release – Burnet Institute PATH data insights



Source: Burnet Institute PATH data, see: Stewart, A.C., et al, (2021), The Prison and Transition Health (PATH) cohort study: Prevalence of health, social, and crime characteristics after release from prison for men reporting a history of injecting drug use in Victoria, Australia, Drug and Alcohol Dependence, doi: <https://doi.org/10.1016/j.drugalcdep.2021.108970>.

As shown in Figure 4, policy innovation and commitments for people leaving prison has tended to focus on addressing the risk of homelessness, and to a lesser extent employment opportunities. But research has shown, however, that for people with histories of drug use, housing and employment interventions are necessary — but ultimately insufficient in isolation — to reduce the risk of reincarceration. Even among people who have access to housing and enjoy semi-stable employment, the risk of reincarceration is high. For example, Burnet Institute data show nearly one in five (18 per cent) of this cohort are likely to experience reincarceration; this is also consistent with the literature on the impact of housing.^{vi} To be optimally effective in reducing reincarceration risk, programs need to address a range of unmet needs. Improving outcomes for people with histories of drug use requires a holistic, wrap-around service model that more systematically addresses the unmet health, social and economic needs of the person at the time of release.

Research shows that innovative models of care for people with histories of drug use delivered through a person-centred, peer support approach with long term continuity of support can deliver significant reductions in the risk of reincarceration. Specifically, the literature, summarised in Appendix D, shows that:

- *Peer support alcohol and other drug (AOD) programs can consistently halve reincarceration risk* — Multiple papers showing a reduction in the risk of reincarceration of between 50 and 77 per cent as a result of peer support (Bellamy, 2019, found 50 per cent; Sells et al, 2020, found 51 per cent; Hyde et al, 2022, found 58 per cent; Goldstein et al, 2009, found 77 per cent).
- *Peer support programs can also improve housing stability, employment opportunity, health outcomes and patterns of health service utilisation* — For example, the PROSPER study (2009) found participants in peer support programs were two times as likely to be in stable housing. Similarly, the Welcome Home Ministries peer-driven program for women enabled 82 per cent of participants to access treatment, transitional housing, or a permanent place to live at 12 months post-release, while 73 per cent had achieved employment or enrolment in an educational program (Goldstein et al, 2009). Similarly, the Post-Incarceration Engagement (PIE) intervention (Hyde, 2022) saw 84 per cent of participants in secure housing one year from release.

A new approach for people with histories of drug use: The Forest

Such a peer-based and person-centred approach also evolved organically from a multi-year co-design process involving people with lived and professional experience of drug use and incarceration in Victoria. Led by the Burnet Institute and funded by the Ramsay Foundation, co-designers proposed a new, system-reforming and specialised intervention model designed for people being released from people with a history of drug use.

The Forest is an evidence-based prison-to-community program designed to support people with histories of drug use to re-enter the community with dignity and purpose through a ‘well-resourced, interconnected support network that takes an ecological and holistic view’. Key features of The Forest model include:

- A place-based, person-centred and lived experience-led model
- On-site peer mentors
- Reciprocal relationships between *The Forest* and those who access it
- Trauma-informed health and wellbeing support services
- Flexible housing options

- Activities, social connection, and a drop-in space
- Social enterprise with employment, education and skills building opportunities.

Ultimately, The Forest is designed to end cycles of reincarceration for people who use drugs and would be delivered by established service providers in partnership with the Burnet including Flat Out, SHARC, and Launch Housing. The program aims to catalyse permanent systems change to deliver substantial health, economic, and social benefits to the Victorian community while generating cost savings to government.

Figure 6: An innovative, person-centred, peer support approach for people leaving prison with histories of drug use: The Forest



Source: Burnet Institute

Such an approach strongly aligns with Victoria’s wider health and justice reform agenda, with the potential to deliver substantial savings to the Victorian government in the form of avoided costs and improved outcomes for all Victorians (Figure 7).

Having completed the co-design of The Forest, the program is now ready for a large-scale community trial, with the potential to be rolled out progressively through time as a formal state-wide program depending on the outcomes of the trial. To better understand the expected net benefits of the Forest and to support an investment case for the community trial, the Burnet engaged Insight Economics to undertake a health, social and economic cost benefit analysis of the proposed trial and subsequent program options.

Figure 7: Strong alignment with Victorian health and justice reform agendas



Source: Insight Economics

Understanding the expected health, social and economic impacts of The Forest: cost benefit approach

To understand the expected health, social and economic impacts of The Forest, a literature and data review was first conducted to identify the likely impacts of the program based on evidence of impact for similar programs piloted to date in other jurisdictions.

Following the completion of the literature and data review, a cost benefit model was developed using a probabilistic cohort modelling method informed by PATH¹ and SuperMIX² study data (research datasets collected and held by Burnet on cohorts of people who use drugs and who have been incarcerated). The model projected expected outcomes in a ‘Base Case’, which would be the continuation of current reincarceration trends and government service utilisation and expenditure patterns. A series of ‘Impact Scenarios’ were then modelled, which showed the expected change from Base Case outcomes against a range of health and economic domains resulting from improved housing stability, increased employment participation, reduced reincarceration risk and/or improved patterns of health and other government services utilisation.

¹ Kirwan A, Curtis M, Dietze P, Aitken C, Woods E, Walker S, Kinner S, Oglloff J, Butler T, Stoové M. The Prison and Transition Health (PATH) Cohort Study: Study Protocol and Baseline Characteristics of a Cohort of Men with a History of Injecting Drug Use Leaving Prison in Australia. J Urban Health. 2019 Jun;96(3):400-410. doi: 10.1007/s11524-019-00353-5. PMID: 30989484; PMCID: PMC6565648; Stewart . (2021) The Prison and Transition Health (PATH) cohort study: Prevalence of health, social, and crime characteristics after release from prison for men reporting a history of injecting drug use in Victoria, Australia, Drug Alcohol Depend, 227:108970. doi: 10.1016/j.drugalcdep.2021.108970

² Wijnand Van Den Boom, Maria del Mar Quiroga, Daniel O’Keefe, Dhanya Kumar, Penelope L Hill, Nick Scott, Paul A Agius, Peter Higgs, Thomas Kerr, Lisa Maher, Matthew Hickman, Mark Stoové, Paul Dietze, Cohort Profile: The Melbourne Injecting Drug User Cohort Study (SuperMIX), International Journal of Epidemiology, Volume 51, Issue 3, June 2022, Pages e123–e130, <https://doi.org/10.1093/ije/dyab231>

In total, seven potential Impact Scenarios were considered which were constructed to better understand the likely incremental impacts of different types of benefits relative to the Base Case, based on the literature and data review; the seven Impact Scenarios considered were:

- *Impact Scenario 1: Halving the risk of housing instability* – Consistent with the literature review, this scenario identifies the health, social and economic impacts of a 50 per cent reduction in the probability of people leaving prison experiencing unstable housing in Year 1.
- *Impact Scenario 2: Maximum uplift in housing and employment* – This scenario shows the impact on health, social and economic outcomes that would be expected if 70 per cent all people leaving prison were both housed and employed in Year 1.
- *Impact Scenario 3: Long run housing and employment stability* – Consistent with PATH and SuperMIX data showing people with strong social support experience higher rates of housing, employment and wellbeing compared to peers without social support, this scenario considers the impacts of improved probabilities through time of participants remaining housed and employed. Specifically, it models a 60 per cent improvement in the probability that people in unstable housing will find stable housing and employment, and that those in stable housing and employment are 20 per cent more likely to remain in housing and employment through time.
- *Impact Scenario 4: Halving the risk of reincarceration* – Consistent with lower bound expectations for the impact of peer support programs, this scenario models the health, social and economic impact of a 50 per cent reduction in reincarceration risk across all cohorts and risk groups.
- *Impact Scenario 5: 60 per cent reduction of reincarceration risk* – Consistent with upper bound expectations for the impact of peer support programs, this scenario models the health, social and economic impact of a 60 per cent reduction in reincarceration risk across all cohorts and risk groups.
- *Impact Scenario 6: Minimum expected reduction in reincarceration risk and health services utilisation* – This scenario was constructed to model the impact of lower bound expectations for the impact of peer support programs on reincarceration risk (50 per cent) and precedent Victorian government business cases for programs targeting improved housing and employment (e.g., the Arc Program and Second Chance business case^{vii}). In addition to reduced reincarceration risk, it assumed a 15 per cent reduction in ambulance attendances, emergency department presentations and hospitalisations.
- *Impact Scenario 7: Impact of the combined minimum effects* – This scenario is potentially the most probable outcome of the program, showing the effects of the minimum expected reduced housing and employment risk in Year 1 (Scenario 1) and through time (Scenario 3), plus the minimum expected reduction in reincarceration risk and health services utilisation (Scenario 6).

The net benefits of the above impacts relative to Base Case projections were considered for four potential Forest program implementation options:

- *Community Trial only* – The first option modelled the impact of a four-year Community Trial, which would see 1,100 Victorians with histories of drug use supported by The Forest upon leaving prison.
- *'Do Minimum' Program Option 1* – The 'Do Minimum' Program Option would see the delivery of the Community Trial, followed by the establishment of a program that supported similar numbers of participants each year in line with trial volumes (300 participants per annum) over a 10-year period.

- *‘Increased Reach’ Program Option 2* – The ‘Increased Reach’ Program Option would see the delivery of the Community Trial followed by the establishment of a program that would progressively scale through time to deliver a state-wide service. The Program would commence with trial volumes for the first three years of the program, before scaling to deliver another centre Year 4 of the program. In Year 7, a final centre would be opened, bringing the total number of centres delivered across Victoria to three by Year 10 of the program. Each centre would be expected to support up to 300 additional clients per annum. By the end of the 10 years, the program would be supporting up to 900 participants per annum.
- *‘Rapid Rollout’ Program Option 3* – The ‘Rapid Rollout’ Program Option would see the program expand to two sites immediately following the completion of the community trial, and then expand to a further two sites in Year 4 of the program before opening a final, fifth site from Year 7 of program operation. By the end of the 10-year period of program operation, five sites would be in operation across the State, each with the capacity of servicing up to 300 participants (or approximately 1,500 people per annum across Victoria). To put this in perspective, this would amount to the program supporting approximately half of all people leaving prison with a history of drug use.³

Net benefits of improved health and economic outcomes and avoided costs were calculated by applying Victorian Department of Treasury and Finance guidelines for cost benefit evaluations. Improved outcomes aligned to the Early Intervention Investment Framework and Partnerships Addressing Disadvantage outcome measures were also reported for Scenario 7, which showed the expected combined effects of the likely impacts of the program based on the literature and data review.

Key findings of the health, social and economic cost benefit analysis

The economic impact evaluation found that if The Forest can reduce reincarceration risk in line with expectations from the literature (between 50 per cent and 60 per cent) it would deliver a strongly positive benefit cost ratio (BCR) to the Victorian government, with BCRs of between 3.0 and 3.8 depending on the Program Option implemented and the level of impact achieved (Table 1).

The most likely expected return to the Victorian government was expected to be a BCR of 3.2-3.3, depending on the extent of future implementation of the program, based on the combined effects of minimum expected improvements in housing stability and employment participation through time and a minimum expected reduction in reincarceration risk and adverse health events (Impact Scenario 7).

³ Just over 9,300 people are discharged from prison each year according to the Victorian Department of Justice and Community Safety, Annual Prisons State Profile 2012-2022. Approximately 73 per cent have a history of drug use prior to entry into prison (AIHW, [Adults in prison](#)). Only 47 per cent of people discharged from prison have no history of prior prison experience, which yields a maximum potential population that could benefit from Forest support of more than over 3,400 persons each year.

Table 1: Present value of avoided costs and benefit cost ratios under alternative Program Options, Impact Scenarios (NPV_{7%})

Program Option	Impact Scenario 1	Impact Scenario 2	Impact Scenario 3	Impact Scenario 4	Impact Scenario 5	Impact Scenario 6	Impact Scenario 7
	Unstable Housing Risk halved	70% in Low Risk Group in Year 1	70% LUN Yr1 + Long Run Risk Reduction	Risk of Prison Reduced by 50%	Risk of Prison Reduced by 60%	50% Reduction Prison Risk + Health	Combined effects Scenarios 1 + 3 + 6
Forest Community Trial							
Avoided costs _{vic}	\$5m	\$11m	\$29m	\$283m	\$349m	\$286m	\$303m
Program costs	\$92m	\$92m	\$92m	\$92m	\$92m	\$92m	\$92m
BCR_{vic}	0.1	0.1	0.3	3.1	3.8	3.1	3.3
Program Option 1							
Avoided costs _{vic}	\$40m	\$40m	\$91m	\$813m	\$1,003m	\$823m	\$886m
Program costs	\$268m	\$268m	\$268m	\$268m	\$268m	\$268m	\$268m
BCR_{vic}	0.1	0.3	0.3	3.0	3.7	3.1	3.3
Program Option 2							
Avoided costs _{vic}	\$49m	\$58m	\$141m	\$1,300m	\$1,603m	\$1,315m	\$1,407m
Program costs	\$440m	\$440m	\$440m	\$440m	\$440m	\$440m	\$440m
BCR_{vic}	0.1	0.1	0.3	3.0	3.6	3.0	3.2
Program Option 3							
Avoided costs _{vic}	\$90m	\$100m	\$237m	\$2,159m	\$2,663m	\$2,185m	\$2,342m
Program costs	\$727m	\$727m	\$727m	\$727m	\$727m	\$727m	\$727m
BCR_{vic}	0.1	0.1	0.3	3.0	3.7	3.0	3.2

Source: Insight Economics

From the perspective of the Victorian government, The Forest Community Trial and future programs would break-even (achieve a BCR of at least 1.0) if reincarceration risk is reduced by 18 per cent; in this event the Forest would need to be less than half (or even less than a third) as effective as similar pilot programs based on the literature and data review.

Importantly, The Forest is strongly aligned to the reform agenda articulated by the Early Intervention Investment Framework and Partnerships Addressing Disadvantage initiatives and would also be expected to deliver significant improvements across multiple domains identified by Victoria's reform agenda, including improvements in social connectedness, social inclusion, family function, health and wellbeing, workforce participation and resilience (Figure 8).

Figure 8: Expected outcomes against key Early Intervention Investment Framework measures by Program Option (Scenario 7 Impacts)



Source: Insight Economics

Conclusions & recommendations

Against a backdrop of increasing prison expenditure, rising debt and rates of reincarceration, the Victorian government has recognised the need for a new approach to reduce the risk of reincarceration. This is manifest in the multiple reviews and inquiries, and consistent recommendations for a more integrated, person-centred and preventive approach to more effectively support people at risk of reincarceration.

To date, however, funding for a new approach has been limited relative to the size of the problem and focused in the main on housing and employment programs, such as the Arc program and Second Chance employment program. While these efforts are to be commended, more needs to be done.

The literature and data show that addressing a lack of access to stable housing and employment alone is insufficient to reduce the risk of reincarceration. Even among people in lower risk circumstances, who have access to housing and semi-stable employment, the risk of reincarceration can remain high. It is not enough to address basic survival needs; more must be done to address the complex intersection of unmet health, economic and social support needs that require an approach which ‘meets people where they are at’. This is at the heart of Victoria’s mental health and justice reform agendas.

Importantly, the Burnet’s detailed co-design approach of The Forest saw the development of a program that had key features aligned to the critical elements of success identified in the literature. The Forest is designed to deliver access to housing, health, education, and employment services, and to build social connection by strengthening community relationships in order to enhance community safety, promote community wellbeing, and end the harms of repeated incarceration.

Funding The Forest Community Trial represents a low risk, ‘no regrets’ investment for the Victorian government. Peer support models have been shown to be effective in reducing reincarceration risk, and the trial represents a critical investment in developing this capability. Moreover, because any future program can be funded in a phased way, it is also a low-risk investment for government. The potential to phase investment through time will allow for the implementation and scale-up of the program to be optimised as value is demonstrated through time.

The Forest maps strongly to the objectives for Victoria’s mental health and justice reform agenda as set out by the Early Intervention Investment Framework and Partnerships Addressing Disadvantage initiatives, among other recommendations. The Forest will benefit not only community trial participants but all Victorians by reducing risk factors for adverse health events and reincarceration. It will make Victorian families safer and reduce demand for Victorian emergency department and hospital services.

The Community Trial would be expected to deliver avoided costs in the order of \$303 million in NPV_{7%} terms, with a BCR to the Victorian government of 3.3. Ideally, in light of the intake population locations, the first centre could be established in the north-west region of metropolitan Melbourne (for example, in an area such as Sunshine), which would also maximise access for participants as investments in transport continue in the region.

The modelling also indicates that avoided costs would be ultimately maximised through the future implementation of Program Option 3 (*‘Rapid Rollout’ Program*), as this would see the greatest number of people leaving prison successfully reintegrated into the community. Program Option 3 would be expected to deliver avoided costs in the order of \$2.3 billion in NPV_{7%} terms, with a BCR of 3.2. In this Program Option, the Victorian Government would be expected to realise important improvements in health and wellbeing, social connectedness, social inclusion and labour force participation, including:

- An additional 800 Victorians reporting good to excellent health (health and wellbeing)
- An additional 1,300 Victorians enjoying more stable housing (health and wellbeing)
- An additional 360 people reporting improved social support networks (social connectedness)

- An additional 1,300 Victorians feeling like they are playing a useful part in things (social inclusion)
- An additional 450 people participating in the labour force each year.

It is recommended that the Victorian Government fund The Forest Community Trial to deliver on its mental health and justice health reform agendas and to realise improvements in health, social and economic outcomes for all Victorians. The Victorian Government should work in partnership with the Burnet Institute and its foundation partners to develop a detailed plan for implementation and to evaluate the outcomes of the trial to determine the optimal future implementation of a full program as a next step.

[This page is intentionally left blank]

Chapter 1

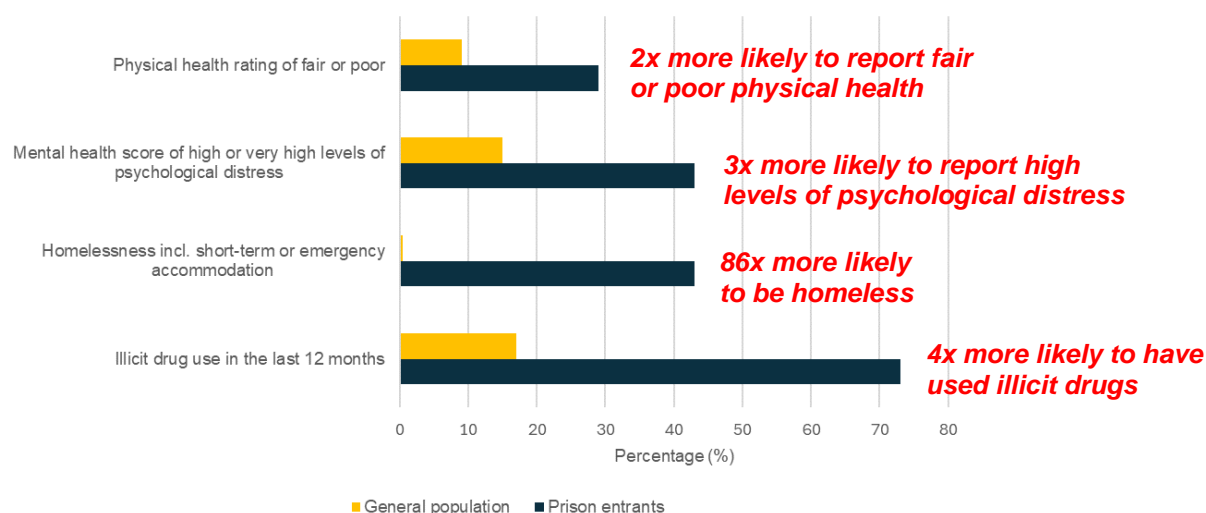
A new approach is needed for people leaving prison with a history of drug use

This chapter summarises the trends in unsustainable and expensive growth in the prison population in Victoria and the need for an innovative model of care to better address these challenges through a person-centred approach, tailored to meet the complex unmet needs of people with a history of drug use.

1.1 Sustained calls for a new approach to prevent reincarceration: trends and policy reform recommendations

Incarceration is increasingly understood to be the product of complex and systemic social, economic and health disadvantage. A range of structural factors, including socioeconomic disadvantage and ethnicity, often combine to contribute to social marginalisation and limited socioeconomic opportunity, which in turn increase the risk of poor health, homelessness and incarceration. As shown in Figure 1.1, Australian Institute of Health and Welfare data show people at risk of incarceration experience far higher rates of homelessness, mental health issues, poor physical health and drug use than the general population.⁴ The poor management of these underlying conditions contributes to the risk of incarceration as well as high human and economic costs for the whole community.

Figure 1.1: Health outcomes of prison entrants compared to the general population



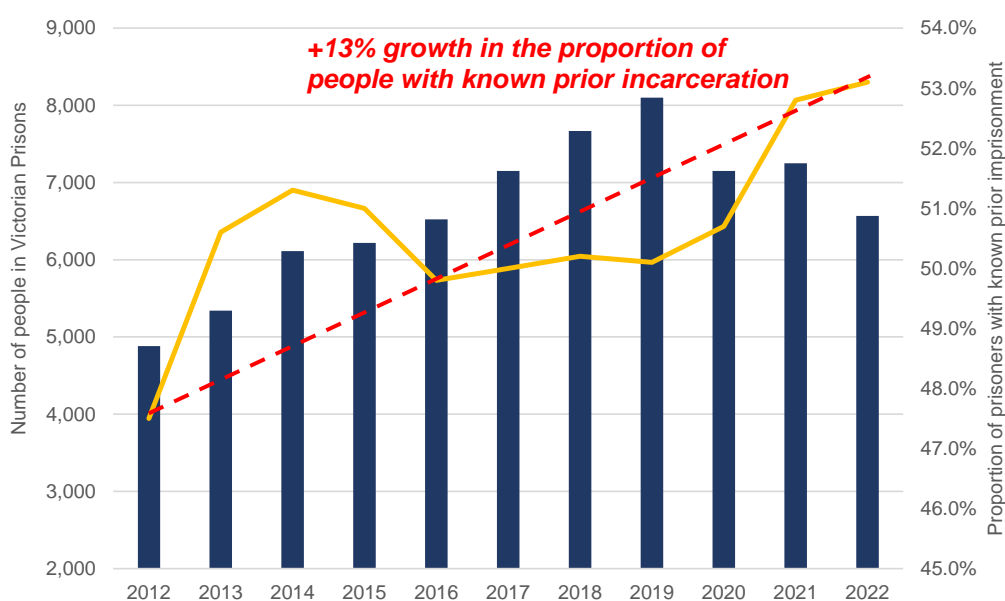
Source: Australian Institute of Health and Welfare (AIHW). (2023). The health of people in Australia's prisons 2022, accessed at: <https://www.aihw.gov.au/reports-data/population-groups/prisoners/overview>.

⁴ AIHW. (2023). The health of people in Australia's prisons 2022.

Repeated reincarceration ultimately represents a failure to address the underlying drivers of poor health and social marginalisation, many of which can be exacerbated by incarceration, leading to heightened long-term risk of homelessness, reimprisonment, mental illness, a return to substance use, and mortality from overdose, suicide, and other preventable causes. Majeed et al (2023) observe that ‘...provision of [throughcare] programmes and services in Australia is often fragmented, not gender-specific, and not culturally appropriate or relevant for Aboriginal and Torres Strait Islander people.’⁵

Unfortunately, Victoria has seen the number of people incarcerated and reincarcerated increase over the past decade. Victoria’s health and justice systems have performed particularly poorly with respect to addressing risk factors for reincarceration. Data show the proportion of people in prison with a history of incarceration has risen from 47 per cent in 2012 to 53 per cent in 2022 (Figure 1.2).

Figure 1.2: Number of people in Victorian prisons and proportion with known prior imprisonment



Source: ABS, 2023, Prisoners in Australia, accessed at: <https://www.abs.gov.au/statistics/people/crime-and-justice/prisoners-australia/latest-release>.

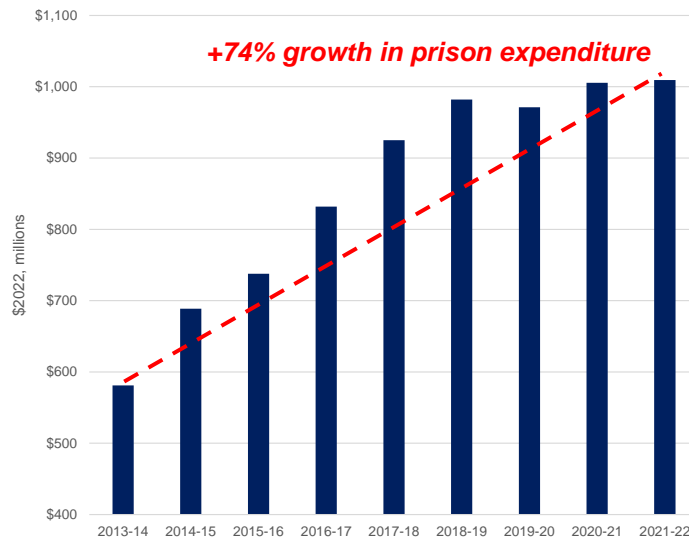
This rapid expansion in Victoria’s prison population has also come with at a costly price tag, requiring investment in prison infrastructure, policing and courts at a time when state debt has been increasing at record rates.⁶ Real net operating expenditure on prisons has increased 74 per cent over the 2013-14 to 2021-22 horizon (Figure 1.3). Moreover, the Victorian government has committed to nearly \$2 billion in new prison spending,⁷ with more than \$784 million worth of prison infrastructure projects are currently underway.

⁵ Majeed T, Breuer E, Edwards L, Remond M, Taylor J, Zeki R, Hampton S, Grant L, Sherwood J, Baldry E, Sullivan E. (2023). Developing best practice principles for the provision of programs and services to people transitioning from custody to the community: study protocol for a modified Delphi consensus exercise. *BMJ Open*. 2023 Jun 2;13(6):e067366. doi: 10.1136/bmjopen-2022-067366. PMID: 37270198; PMCID: PMC10255081.

⁶ Victoria latest budget projected state debt to be 6.7 times higher than 2019 levels by 2027 (\$171.4 billion in 2027 compared to 25.5 billion in 2019). See Victorian Department of Treasury and Finance, Budget Papers 2023-34 and also *The Age*, 2023, <https://www.theage.com.au/national/victoria/the-state-budget-explained-in-seven-graphs-20230523-p56damn.html>

⁷ Towell N. (2019). “Victoria to spend an extra \$1.8 billion on jails”, *The Age*, accessed at: <https://www.theage.com.au/national/victoria/victoria-to-spend-an-extra-1-8-billion-on-jails-20190524-p51qra.html>

Figure 1.3: Growth in real net operating expenditure on prisons, FY2014-FY2022

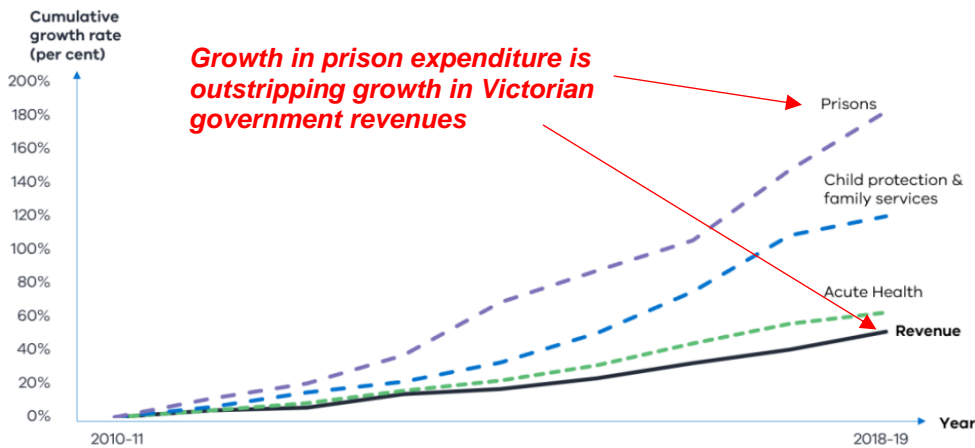


Source: Productivity Commission Report on Government Services, FY2014-2022, years ending June. Available at: <https://www.pc.gov.au/ongoing/report-on-government-services>.

Critically, expenditure on prisons has consistently outstripped state revenue growth (Figure 1.4), as noted by the Victorian Government in the Early Intervention Investment Framework (EIIF) paper (2022):

“Unchecked, this spending trajectory is not sustainable for Victorians in need, or for future budgets.”

Figure 1.4: Victoria’s historical output costs on acute services compared to growth in state revenue




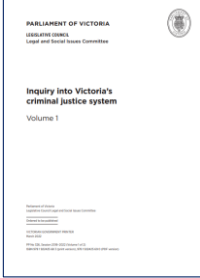




Source: Budget Paper No. 3 Service Delivery, Chapter 2, 2010-11 to 2018-19.

Victoria’s poor performance with respect to support for people leaving prison and rates of reincarceration has made an outsized contribution to potentially avoidable cost growth. For example, research has found that the total economic cost of people experiencing repeated reincarceration can be an estimated *20 times’ higher* than people who are successfully rehabilitated into the community following incarceration.⁸

⁸ Allard T, Stewart A, Smith C, Dennison S, Chrzanowski A, & Thompson C. (2014). The monetary cost of offender trajectories: Findings from Queensland (Australia). *Australian & New Zealand Journal of Criminology*, 47(1), 81-101. <https://doi.org/10.1177/0004865813503350>

Figure 1.5: Policy landscape – a new approach is needed

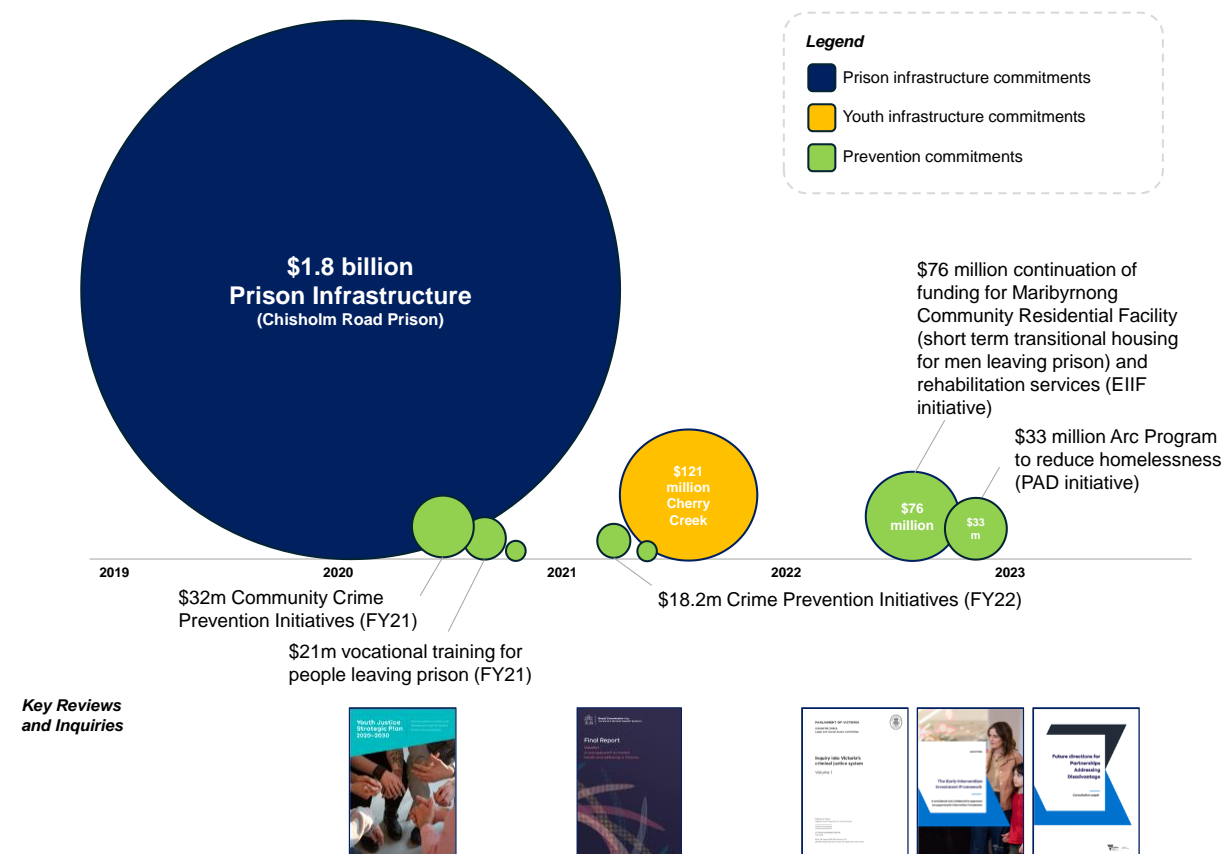
	2020	2020	2021	2022	2022	2022	
							
Recommendations for innovations in approach	<ul style="list-style-type: none"> ✓ Joined-up services ✓ Place-based services ✓ Shift to prevention, addressing risk factors 	<ul style="list-style-type: none"> ✓ Person-centred services based on need ✓ Bring a multidisciplinary and cross-sector approach 	<ul style="list-style-type: none"> ✓ Restructure around community based, person centred care, triaged levels of support based on need ✓ Establish a program for people in prison living with mental illness who require ongoing intensive treatment, care and support to transition the delivery of supports from correctional settings to the mainstream mental health and wellbeing system upon their release 	<ul style="list-style-type: none"> ✓ Substantially increase funding for AOD services in prisons and the community – commensurate with demand for these services (Rec 88, 91) ✓ Enhance connections between prison-based and community-based services to facilitate seamless throughcare (Rec 88) ✓ Introduce programs with specialised focused on risk factors needed to reduce reincarceration (Ch 12) 	<ul style="list-style-type: none"> ✓ Focus on early intervention and measurable outcomes ✓ Maribyrnong Residential centre for men leaving prison – housing service ✓ Education in youth Justice ✓ Other youth crime prevention 	<ul style="list-style-type: none"> ✓ Harness private investment for improved social outcomes ✓ Looking for areas of overlapping risk ✓ Five investments including housing program for prison leavers 	
Measures of success	<ul style="list-style-type: none"> ✓ Improvement in employment rates, especially for young people, and level of support provided for disadvantaged job seekers ✓ Provision of support to alleviate homelessness (including access to stable housing) ✓ Provision of timely mental health support 			<p>Avoided costs:</p> <ul style="list-style-type: none"> ✓ Ambulance ✓ Hospitals ✓ Child protection ✓ Police ✓ Justice ✓ AOD services ✓ Acute Mental Health ✓ Crisis Accommodation 		<p>Outcomes:</p> <ul style="list-style-type: none"> ✓ Increased social connectedness ✓ Improved health and wellbeing ✓ Improved family function ✓ Social inclusion ✓ Reduces financial stress ✓ Engagement in education ✓ Workforce participation ✓ Resilience 	<p>Arc Program aims to :</p> <ul style="list-style-type: none"> ✓ Reduce homelessness ✓ Reincarceration ✓ Emergency department presentations ✓ Ambulance call-outs

Recognising the need to address these potentially avoidable human and economic costs, a series of inquiries and reviews have called for system reform and investment to better address the social determinants of incarceration (Figure 1.5 above), including the Royal Commission into Victoria’s Mental Health System (2021), and the Parliament of Victoria’s Inquiry into Victoria’s criminal justice system (2022), among others.

These inquiries and reviews have unanimously called for system reforms and investment to deliver more person-centred, integrated services focused on addressing the risk factors to incarceration and reincarceration.

Despite these persistent calls for system reform and investment in services to address the social determinants of incarceration, however, investment in innovative new approaches to prevention remain a small fraction of total justice expenditure (Figure 1.6), particularly when compared to the magnitude of capital expenditure allocated to new prisons (See Appendix C).

Figure 1.6: Key reviews and associated funding commitments by Victorian Government (2020-2024)



Source: Analysis of Victorian Budget Papers FY2021-FY2023 and Victorian Government announcements. See Appendix C. EIIF refers to Early Intervention Investment Framework and PAD refers to Partnerships Addressing Disadvantage.

To date, investment in programs have had a major emphasis on housing and, to a lesser extent, employment (Figure 1.6); less emphasis and investment has been allocated to new models of care to better support people with multiple high unmet needs. Literature and local Victorian data show that while improved access to housing is important, it is not a panacea and in particular, is inadequate to address the unmet needs of people with a history of drug use, who account for approximately three in four people leaving prison (Section 1.2).

1.2 People with histories of drug use require a specialised approach: literature and data perspectives

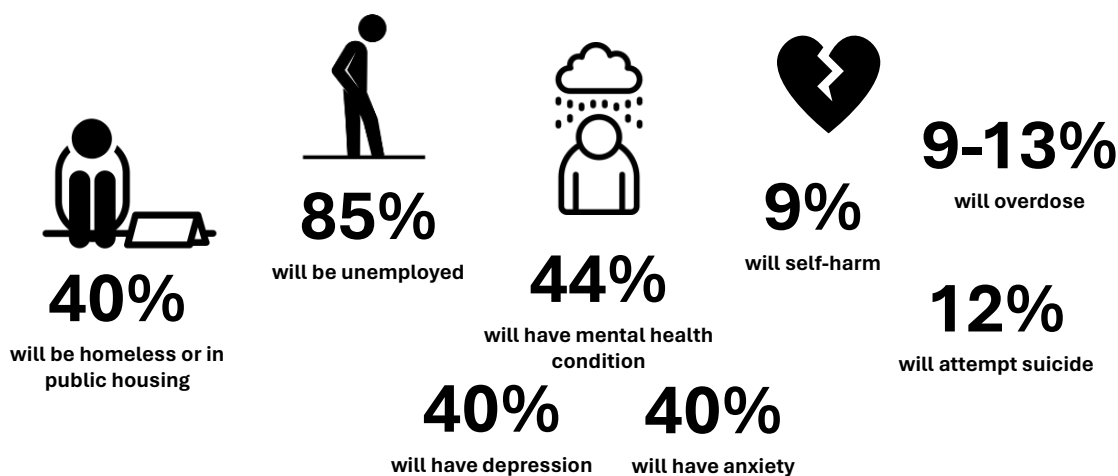
One of the highest risk factors to reincarceration is drug use.

Drug use contributes to poor health and quality of life, difficulty in obtaining and retaining employment, and homelessness risk. In turn, people with histories of drug use leaving prison are at very high risk of multiple unmet needs arising from poor health and quality of life, unemployment and, in turn, homelessness. For example, a Burnet Institute study of incarcerated men with a history of injecting drug use in Victoria found that 44 per cent were classified as experiencing current poor psychiatric well-being.^{viii} In the three months following prison release, 43 per cent were homeless (28 per cent) or in public housing and 85 per cent were unemployed.^{ix} Within two years of release^x from incarceration:

- 40 per cent experienced clinical anxiety
- 40 per cent experienced depression
- Nine per cent self-harmed
- 12 per cent attempted suicide
- Between nine and 13 per cent experienced at least one overdose.

These data are sobering evidence of high unmet need and disadvantage.

Figure 1.7: High unmet needs following prison release – Burnet Institute PATH data insights



Source: Burnet Institute PATH data, see: Stewart, A.C., et al, (2021), The Prison and Transition Health (PATH) cohort study: Prevalence of health, social, and crime characteristics after release from prison for men reporting a history of injecting drug use in Victoria, Australia, *Drug and Alcohol Dependence*, doi: <https://doi.org/10.1016/j.drugalcdep.2021.108970>.

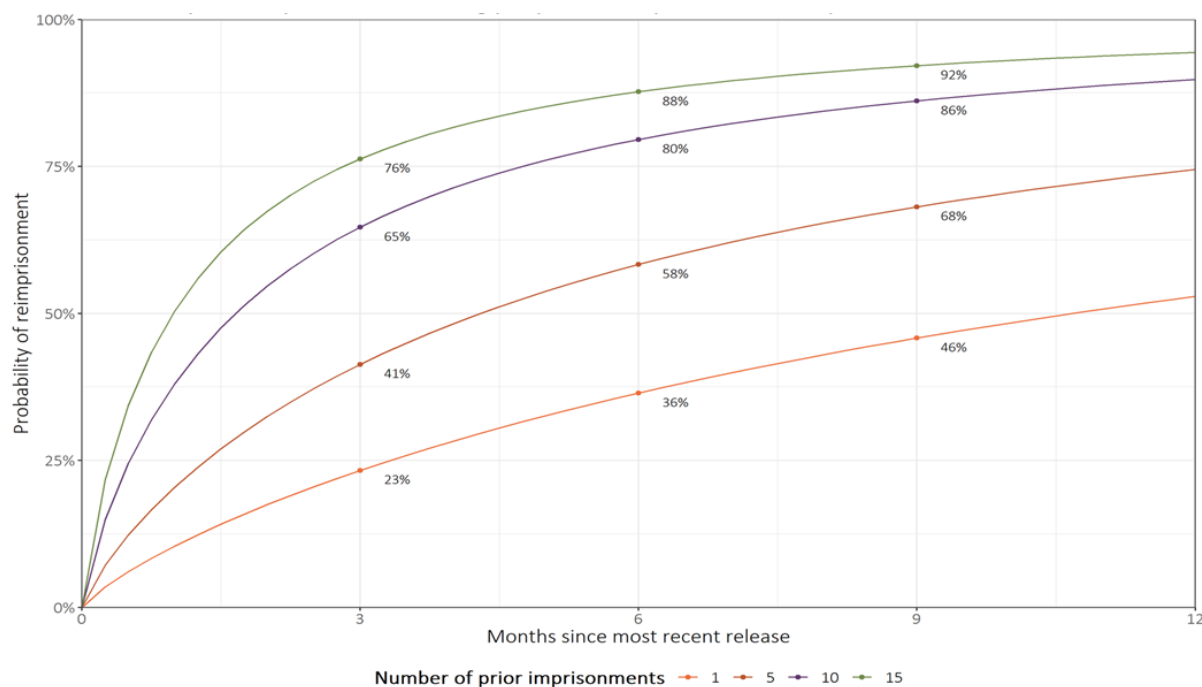
Incarceration typically fails to rehabilitate people who inject drugs, who upon return to the community are at considerable risk of returning to injecting drug use and poor health and social outcomes. A Burnet Institute study of people with injecting drug use histories released from prison in Victoria found that 83 per cent of participants returned to injecting within three months of release and that half were inject at least five times per week at three-month post-release follow-up.⁹ Once involved in the criminal justice system, people who inject drugs have a high probability of multiple system encounters. For example, a prospective study by Kinner (2006) found people in prison with a history of injecting drug use had three

⁹ Curtis M. et al. (2022). High rates of resumption of injecting drug use following release from prison among men who injected drugs before imprisonment, *Addiction*, 117:11, <https://doi.org/10.1111/add.15971>.

times higher odds of being incarcerated within a year of release from prison.¹⁰ A more recent study 1,325 Australian people in prison found that risky cannabis, opioid or amphetamine illicit drug use all predicted a shorter time to reincarceration.¹¹

The Burnet Institute data (Figure 1.8) also demonstrate that the probability of someone being reimprisoned increases rapidly immediately after release, and that this probability is cumulative, increasing faster and is substantially higher among people with greater numbers of previous incarcerations. These data underpin the crucial social and economic need to interrupt cycles of reincarceration.

Figure 1.8: Probability of reimprisonment in months after most recent release



Source: Burnet Institute.

While addressing needs for stable housing and employment are critical for people leaving prison with a history of drug use, available evidence shows they do not represent adequate interventions in isolation. Indeed, the literature indicates that housing provision, either temporary or permanent, is necessary but insufficient on its own to reduce the risk of reincarceration for adults with a history of drug use (Kellner et al, 2023). Rather, a holistic, wrap-around service is needed to support people with histories of drug use with a multidisciplinary approach to address the multiple unmet needs.¹²

For alcohol and drug use specifically, the effectiveness of interventions varies by type of treatment (See Appendix D). For example:

- Mitchell et al (2012) found strong support for the effectiveness of therapeutic communities, which produce relatively consistent reductions in reincarceration and

¹⁰ Kinner S. (2006). The post-release experience of prisoners in Queensland. Trends & issues in crime and criminal justice no. 325. Canberra: Australian Institute of Criminology. <https://www.aic.gov.au/publications/tandi/tandi325>.

¹¹ Thomas et al. (2015). Health-related factors predict return to custody in a large cohort of ex-prisoners: new approaches to predicting re-incarceration, Health and Justice (2015) 3:10 DOI 10.1186/s40352-015-0022-6

¹² Cossar, R., Stoové, M., Kinner, S.A., et al., (2018) The associations of poor psychiatric well-being among incarcerated men with injecting drug use histories in Victoria, Australia, Health Justice, 6(1), doi: 10.1186/s40352-018-0059-4.

drug use.¹³ A systematic review (de Andrade et al., 2018) similarly found that prison-based therapeutic communities are effective in reducing the risk of repeated reincarceration and, to a lesser extent, substance use after release.¹⁴ It also noted evidence to suggest that opioid maintenance treatment is effective in reducing the risk of drug use after release from prison for opioid users.

- A recent systematic review of evidence on post-release programs for women exiting prison with substance-use histories (Edwards et al, 2022) similarly found that transitional programs had greater effects at reducing the risk of reincarceration compared to post-release outcomes without transitional support. Reincarceration was significantly reduced in five (42 per cent) programs and substance-use was significantly reduced in one (8.3 per cent) program. The authors, however, were unable to make any correlations between substance-use and reincarceration due to a limited pool of studies that reported substance-use as an outcome.
- A New South Wales (NSW) based study of the effect of prison-based opioid substitution treatment (OST) and post-release retention in treatment on risk of reincarceration found that 90 per cent of participants were reincarcerated following their first observed release.¹⁵ While there was no significant association between being in OST at the time of release and risk of re-incarceration, taking into account post-release retention in treatment, the average risk of re-incarceration was reduced by 20 per cent while participants were in treatment.¹⁶
- In NSW, the Connections Programme is one of the few voluntary programmes operating within both correctional and community environments. Connections is offered at all Adult Correctional Centres across New South Wales, engaging with people in the lead-up to release and in the 28 days post-release.¹⁷ An evaluation of the program (Sullivan et al, 2023) found that the program did not decrease the chances of returning to custody over two years, however, it did promote participation in opioid agonist treatment upon release. The study indicated that those assigned to the program had lower mortality rates within 28 days of release compared to those receiving standard treatment (0.25 per cent vs. 0.66 per cent). However, the sample size was small and observed difference in mortality rates did not persist over time.

Taken together, the literature review indicated that common attributes of successful programs were:

- Transitional (i.e., continuity of care between prison and community)
- Gender-responsive
- Person-centred and individualised
- Providing substance-related therapy, mental health and trauma treatment services.¹⁸

¹³ Mitchell O, et al. (2012). The Effectiveness of Incarceration-Based Drug Treatment on Criminal Behavior: A Systematic Review. *Campbell Systematic Reviews*, 8: i-76. <https://doi.org/10.4073/csr.2012.18> However, Mitchell et al (2012) noted the limited number of evaluations and general methodological weakness, highlighting that further evidence regarding the effectiveness of this type of intervention is needed.

¹⁴ de Andrade D, et al. (2018). Substance Use and Recidivism Outcomes for Prison-Based Drug and Alcohol Interventions. *Epidemiol Rev.* 2018 Jun 1;40(1):121-133. doi: 10.1093/epirev/mxy004. PMID: 29733373.

¹⁵ Larney S, et al. (2011). Effect of prison-based opioid substitution treatment and post-release retention in treatment on risk of re-incarceration, *Addiction*, available at: <https://pubmed.ncbi.nlm.nih.gov/21851442/>

¹⁶ Ibid.

¹⁷ Majeed T, et al. (2023). Developing best practice principles for the provision of programs and services to people transitioning from custody to the community: study protocol for a modified Delphi consensus exercise. *BMJ Open.* 2023 Jun 2;13(6):e067366. doi: 10.1136/bmjopen-2022-067366. PMID: 37270198; PMCID: PMC10255081.

¹⁸ Edwards L, et al. (2022). A systematic review of post-release programs for women exiting prison with substance-use disorders: assessing current programs and weighing the evidence. *Health Justice.* 2022 Jan 3;10(1):1. doi: 10.1186/s40352-021-00162-6.

In addition, peer-based support and continuity of care were identified as best-practice components of policies and programs to reduce the risk of reincarceration (Kendall et al, 2018).¹⁹ With respect to reduced risk of reincarceration and improved outcomes from peer support, the literature review, summarised in Appendix D, specifically revealed that:

- *Peer support alcohol and other drug (AOD) programs can consistently halve reincarceration risk* – Multiple papers showing a reduction in the risk of reincarceration of between 50 and 77 per cent as a result of peer support (Bellamy, 2019, found 50 per cent; Sells et al, 2020, found 51 per cent; Hyde et al, 2022, found 58 per cent; Goldstein et al, 2009, found 77 per cent).
- *Peer support programs can also improve housing stability, employment opportunity, health outcomes and patterns of health service utilisation* – For example, the PROSPER study (2009) found participants in peer support programs were two times as likely to be in stable housing. Similarly, the Welcome Home Ministries peer-driven program for women enabled 82 per cent of participants access to treatment, transitional housing, or a permanent place to live at 12 months post-release (Goldstein et al, 2009) and 73 per cent had achieved employment or enrolment in an educational program. Similarly, the Post-Incarceration Engagement (PIE) intervention (Hyde, 2022) saw 84 per cent of participants in secure housing one year from release.

1.3 A new model of care focused on people with histories of drug use: *The Forest*

In the context of this urgent need for policy reform and specialised interventions designed for people leaving prison with a history of drug use, *The Forest* was co-designed through a peer-based and person-centred approach, evolving organically from a multi-year co-design process involving people with lived and professional experience of drug use and incarceration in Victoria. Led by the Burnet Institute and funded by the Ramsay Foundation, co-designers proposed a new system reforming and specialised intervention model designed for people being released from people leaving prison with a history of drug use.

The Forest is an evidence-based, prison-to-community public health program designed to support people with histories of drug use to re-enter the community with dignity and purpose through a ‘well-resourced, interconnected support network that takes an ecological and holistic view’.

Consistent with broader evidence, the Forest will bring together employment, housing, health and social services, as well as peer and social supports, to address the complex and significant unmet needs for people with a history of drug use released from prison. Participation will be voluntary (opt-in), providing an open door which meets Victorian’s ‘where they are at’. The intention is to establish *The Forest* as a collective of existing Victorian service providers under a single-governance structure, with key foundation partners to the program including Flat Out, SHARC and Launch Housing.

Key features of *The Forest* model include:

- A place-based, person-centred and lived experience-led model
- On-site peer mentors
- Reciprocal relationships between *The Forest* and those who access it

¹⁹ Kendall S, et al. (2018). Systematic review of qualitative evaluations of reentry programs addressing problematic drug use and mental health disorders amongst people transitioning from prison to communities. *Health Justice*. 2018 Mar 2;6(1):4. doi: 10.1186/s40352-018-0063-8.

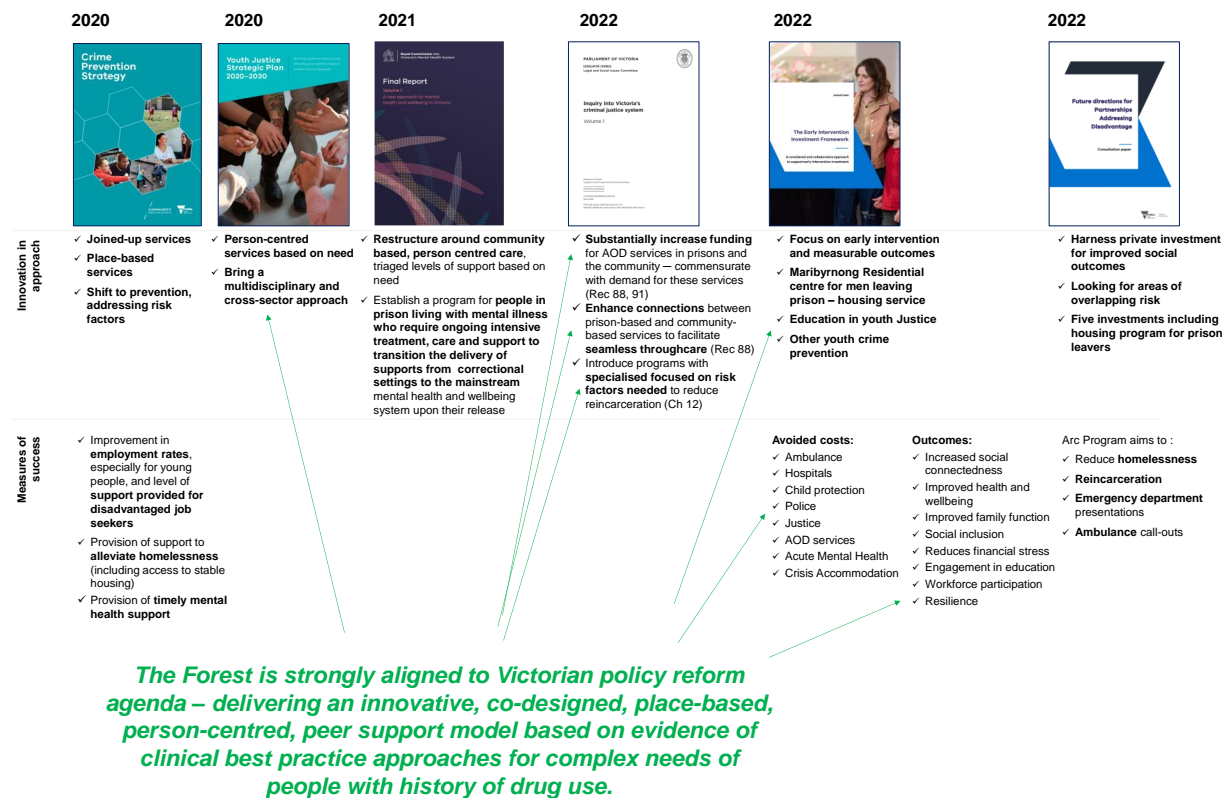
- Trauma-informed health and wellbeing support services
- Flexible housing options
- Activities, social connection, and a drop-in space
- Social enterprise with employment, education and skills building opportunities.

Following a multi-year co-design phase led by the Burnet Institute and funded by the Ramsay Foundation, the next step in the program’s development is to conduct a large, multi-year, community-based trial. Details of the design characteristics of the trial, as well as the Program Options, are outlined in Chapter 2.

As illustrated in Figure 1.9, The Forest complements existing initiatives funded by the Victorian Government, fills gaps within the policy landscape and is strongly aligned with recent government inquiries, reports and policy reforms.

Ultimately, The Forest is designed to end repeated reincarceration, aiming to catalyse permanent systems change that is more cost-effective than the current criminal justice system approach, delivering substantial health, economic, social and community benefits to people leaving prison and the wider Victorian community, whilst leveraging cost savings to government.

Figure 1.9: Strong policy alignment *The Forest*



Source: Insight Economics

1.4 This report: purpose and structure

The Burnet Institute has engaged Insight Economics to undertake economic and health cost benefit (CBA) modelling of The Forest Community Trial and potential future program options, to estimate the expected return on investment and support future business cases to

government. This report details the findings of this analysis, including assumptions and methodology.

The remainder of the report is structured as follows:

- **Chapter 2** describes the methodology employed in the CBA analysis, including an outline of the design of the Community Trial as well as the Program Options
- **Chapter 3** presents the direct impacts of The Forest Trial
- **Chapter 4** presents the direct impacts of The Forest Program Options
- **Chapter 5** concludes the report, taking stock of key considerations for implementation.

The report is supplemented by a number of appendices, which include:

- **Appendix A**, which provides a list of references
- **Appendix B**, which provides key cost benefit analysis modelling assumptions
- **Appendix C**, which provides an overview of Victorian government prevention initiatives from FY2021 and recurrent expenditure on prisons as reported in the Productivity Commission Report on Government Services
- **Appendix D**, which provides an overview of the literature review
- **Appendix E**, which summarises key reform initiatives.

It is also noted that the analysis is limited by the nature of data collection and reporting, which lacks granularity to capture information on outcomes for important groups including LGBTIQ people and culturally and linguistically diverse communities.

[This page is intentionally left blank]

Chapter 2

Methodology

This chapter outlines the methodology employed in this report. The costs and benefits for the alternative scenarios were estimated using a cost-benefit analysis (CBA) framework aligned to Victorian Department of Treasury and Finance cost benefit guidelines to estimate direct impacts of potential Program Options and Impact Scenarios. In this way, the CBA analysis was used to assess both the impact of the trial and the impact of a broader program mix.

2.1 Overview

This chapter provides an overview of the impact evaluation approach including the modelling method. The chapter canvasses:

- Section 2.2 – Key methodological considerations
- Section 2.3 – Overview of modelling approach, key data and assumptions
- Section 2.4 – Forest Trial and Program options considered.

2.2 Key methodological considerations

Modelling is undertaken in a manner consistent with best practice. The analysis follows Victorian Department of Treasury and Finance's *Technical Guidelines for Economic Evaluation for Business Cases* (August 2013), including the approach to assumptions around discount rates and the valuation of externalities. It also maps to the Victorian Government's Early Intervention Investment Framework, identifying both avoided costs and improvements in health, social and economic metrics expected to result from investment in The Forest program.

In addition, the modelling adheres to key methodological approaches required by central agencies. The core elements of the economic impact approach include:

- **Additionality** — Perhaps the most fundamental principle underpinning a health, social and economic impact assessment is that of 'additionality'; that is, the analysis isolates the extent to which there would be a change in outcomes *compared to what would have otherwise occurred if that activity or investment had not occurred*. The counterfactual, or what would be expected to occur in the absence of the policy, investment or action, is typically referred to as the 'Base Case'. The Base Case reflects a continuation of current trends over time and should factor in already committed policies or investments that would be expected to be implemented within the evaluation horizon. In the context of The Forest, the Base Case would see a continuation in the health, justice, and other government services expenditure as observed over the past five years. The impact of The Forest would be measured relative to this Base Case; that is, how might there be a change in the utilisation patterns of health, justice and other government services. The magnitude of impact would vary depending on the size and scope of the Trial and/or future program.
- **No 'free lunches'** — Another important aspect of an economic impact assessment is that the costs of implementation are factored into the analysis; this allows decision

makers to evaluate the ‘net’ benefits of an action relative to what would have otherwise occurred. Understanding the net benefits of an activity or investment helps governments and decision makers to allocate scarce resources in the form of money, labour or capital, to the highest-impact activities or investments.

- **Who is paying matters** — In impact analysis a cost to one stakeholder can be a benefit to others; the perspective of the cost benefit analysis is paramount. For example, a new investment by a company may be seen as a ‘cost’ to management and shareholders, but to the government and community this represents a benefit in the form of new money being introduced into the economy, creating jobs and income that would not have otherwise occurred. Similarly, a program may change patterns of service utilisation that lead to changes in expenditure by different levels of government. The costs of prisons, hospitals, housing and educational services are borne by the Victorian government, whilst welfare and primary health services are borne by the Australian government. Benefits and costs in this report are presented from the perspective of the Victorian government. It was assumed that the costs of the Trial and program would be met by the Victorian government, which would see benefits in the form of avoided costs for justice and health services (relative to what would have otherwise occurred in the Base Case).
- **Impacts of time** — Generally speaking, a dollar earned today is worth a dollar earned tomorrow. This is because it is possible to invest or otherwise use a dollar today that could make it worth more in the future. Thus, if a solution brings forward benefits in time, that creates a benefit compared to the counterfactual. Future changes in expected costs relative to the Base Case have been discounted at the social discount rate recommended by the Victorian Department of Treasury and Finance’s *Technical Guidelines for Economic Evaluation for Business Cases* (August 2013). The analysis in this report uses a discount rate of seven per cent; This is referred to via the notation $NPV_{7\%}$. Sensitivity analyses using discount rates of four and 10 per cent are also reported.
- **Evaluation horizon** — A cohort modelling method is adopted which projects outcomes for a given cohort in a particular intake year over the 10 years following their release from prison and/or intake into The Forest Program. The evaluation horizon was assumed to extend for 10 years following the last year of modelled program intake (assumed to be a 10-year program following the completion of a four-year trial, see Section 2.3 for further discussion, for the purposes of this report); for the purpose of this report the evaluation horizon for the Program Options was defined to be the 2025-2049 period.

With these core principles in mind, the following section outlines the method employed, to estimate the direct impacts through a CBA framework. The modelling framework is presented visually in Appendix C.

2.3 Model overview, key data sources and assumptions

To evaluate the direct costs and benefits of The Forest trial and different Program Options relative to Base Case expectations, a model was constructed utilising large, detailed Burnet Institute cohort studies that revealed patterns of expected service utilisation for a range of people leaving prison with histories of drug use cohorts. These patterns of service utilisation were costed based on publicly available datasets with different scenarios of potential program scope and impact modelled. This section outlines the key data, model structure and approach, impact scenarios and Program Options considered.

Key data sources: Burnet Institute cohort studies

Expected patterns of service utilisation for different cohorts of people leaving prison exhibiting varying levels of unmet needs and risk of reincarceration were projected using Burnet Institute Prison and Transition Health (PATH) Cohort Study and The Melbourne Injecting Drug User Cohort Study (SuperMIX) data. The PATH and SuperMIX cohort studies are the largest and only active longitudinal cohort studies of their kind in Australia; Box 2.1 provides an overview of these key studies.

Box 2.1: Burnet Institute Prison and Transition Health (PATH) and SuperMIX Cohort Studies

The Burnet PATH Cohort Study

Funded by the National Health and Medical Research Council in 2014, the Prison and Transition Health (PATH) prospective cohort study followed 500 adult male people in prison with a history of injecting drug use following their release from prison in order to address information gaps regarding the welfare and risk factors for people leaving prison to support improved policies and investment that improve health, economic and social outcomes for people leaving prison and the wider community alike.

The study recruited participants nearing the end of their sentences who had a self-reported history of regular injecting drug use in the months immediately prior to incarceration. Interviews were undertaken approximately three, 12, and 24 months after release and were completed either in the community or in prison if the person had been reimprisoned at the time of interview.

Data collection consisted of in-depth quantitative interviews, blood specimen collection and blood-borne virus testing, and record linkage to health, housing and justice databases including the Medicare and the Pharmaceutical Benefits Scheme, state-wide mental health, alcohol and other drug treatment, ambulance, hospital emergency department, hospital admissions, housing services, police contact (arrest, charge, victim) and mortality. Participants consented to data linkage on prison program participation, including those related to addressing offending behaviour, drug use and use of prison health services, during the sentence in which they were recruited and future periods of incarceration over 10 years.

The Burnet The Melbourne Injecting Drug User Cohort Study (SuperMIX) Cohort Study

Funded by National Health and Medical Research Council and Colonial Foundation since 2008, SuperMIX cohort study following men and women who inject drugs. SuperMIX is the largest and only active cohort study of its type ever conducted in Australia providing a platform for understanding some of the factors, such as homelessness, that impact on the health of people who inject drugs. Importantly, it can also examine the effects of services, such as supervised injecting facilities, and whether they improve the health of people who inject drugs.

The original cohort of 688 was recruited between 2008 and 2010 with an additional 69 participants added to the cohort in 2011. In 2017, the Burnet began a new recruitment wave and the study currently follows more than 1,300 participants today. Ongoing recruitment and follow-up will continue through to the end of 2026. Further work will be undertaken using a range of novel measures to examine a broader range of health issues that cohort participants may experience.

Like the PATH Cohort Study, data collection involves baseline and annual follow-up interviews and venous blood samples with linked health service data. During interviews, a questionnaire that records demographics, drug purchase and use, health service utilisation, criminal behaviour and criminal justice system interactions is administered. Record linkage is also undertaken to allow for detailed evaluation of health and other government services utilisation patterns; database linkage included Medicare Benefits Schedule (MBS), the Pharmaceutical Benefits Scheme, Ambulance Victoria Victorian Ambulance Clinical Information System, the Victorian Admitted Episode Dataset, the Victorian Emergency Minimum Dataset, the Alcohol and Drug Information System and the National Death Index.

Sources: Kirwan et al. (2019). The Prison and Transition Health (PATH) Cohort Study: Study Protocol and Baseline Characteristics of a Cohort of Men with a History of Injecting Drug Use Leaving Prison in Australia. *J Urban Health*;96(3):400-410. doi: 10.1007/s11524-019-00353-5; Van Den Boom W et al. (2022). Cohort Profile: The Melbourne Injecting Drug User Cohort Study (SuperMIX), *International Journal of Epidemiology*, Volume 51, Issue 3, Pages e123–e130, <https://doi.org/10.1093/ije/dyab231>; Stewart et al. (2021). The Prison and Transition Health (PATH) cohort study: Prevalence of health, social, and crime characteristics after release from prison for men reporting a history of injecting drug use in Victoria, Australia, *Drug Alcohol Depend*, 227:108970. doi: 10.1016/j.drugalcdep.2021.108970.

Modelling approach: cohort definition

Together the detailed PATH and SuperMIX data was used to project expected service utilisation and participant outcomes through time for four key prison-leaver cohorts:

- Non-indigenous males
- Indigenous males
- Non-indigenous females
- Indigenous females.

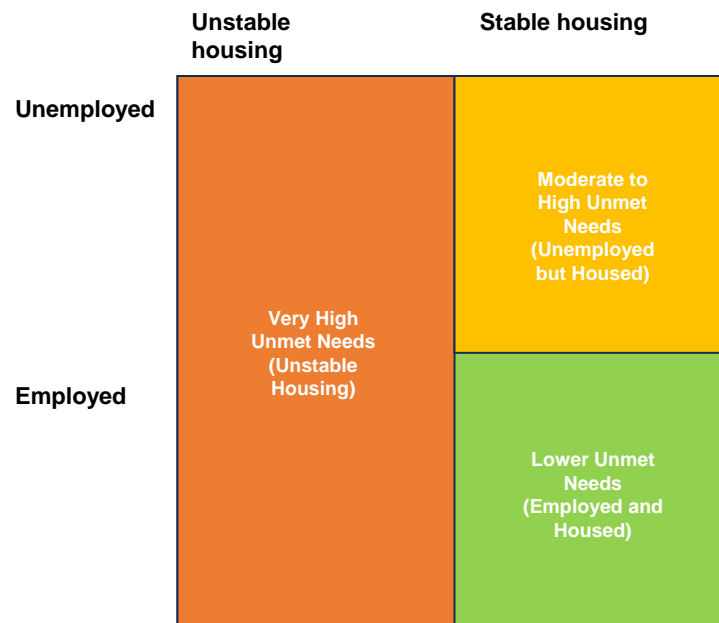
Within each cohort, participants were stratified into risk groups based on the number of unmet needs observed post-prison release as reported in the PATH and SuperMIX datasets; this is shown in Figure 2.1.

As shown in the figure, three potential risk groups were identified:

- **Very High Unmet Needs** — The highest risk group was determined by a person’s housing status; if a person was expected to experience unstable housing, regardless of employment status, they would be grouped into the Very High Unmet Needs group.
- **Moderate to High Unmet Needs** — If a person was expected to be housed but unemployed, they would be grouped into the Moderate to High Unmet Needs group.
- **Lower Unmet Needs** —If a person was expected to be housed and employed they would be grouped into the Lower Unmet Needs group.

Based on characteristics of Victorian people in prison and outcomes captured by the PATH and SuperMIX cohort studies, expectations for prison leaver characteristics and risk stratification following prison release were developed; this is shown in Figure 2.1.

Figure 2.1: Prison leaver risk stratification



Source: Insight Economics & The Burnet Institute

The probabilities of the potential cohorts and risk group allocation upon release (Year 1) is shown in Table 2.1.

Table 2.1: Burnet Institute Prison and Transition Health (PATH) and SuperMix Cohort Studies

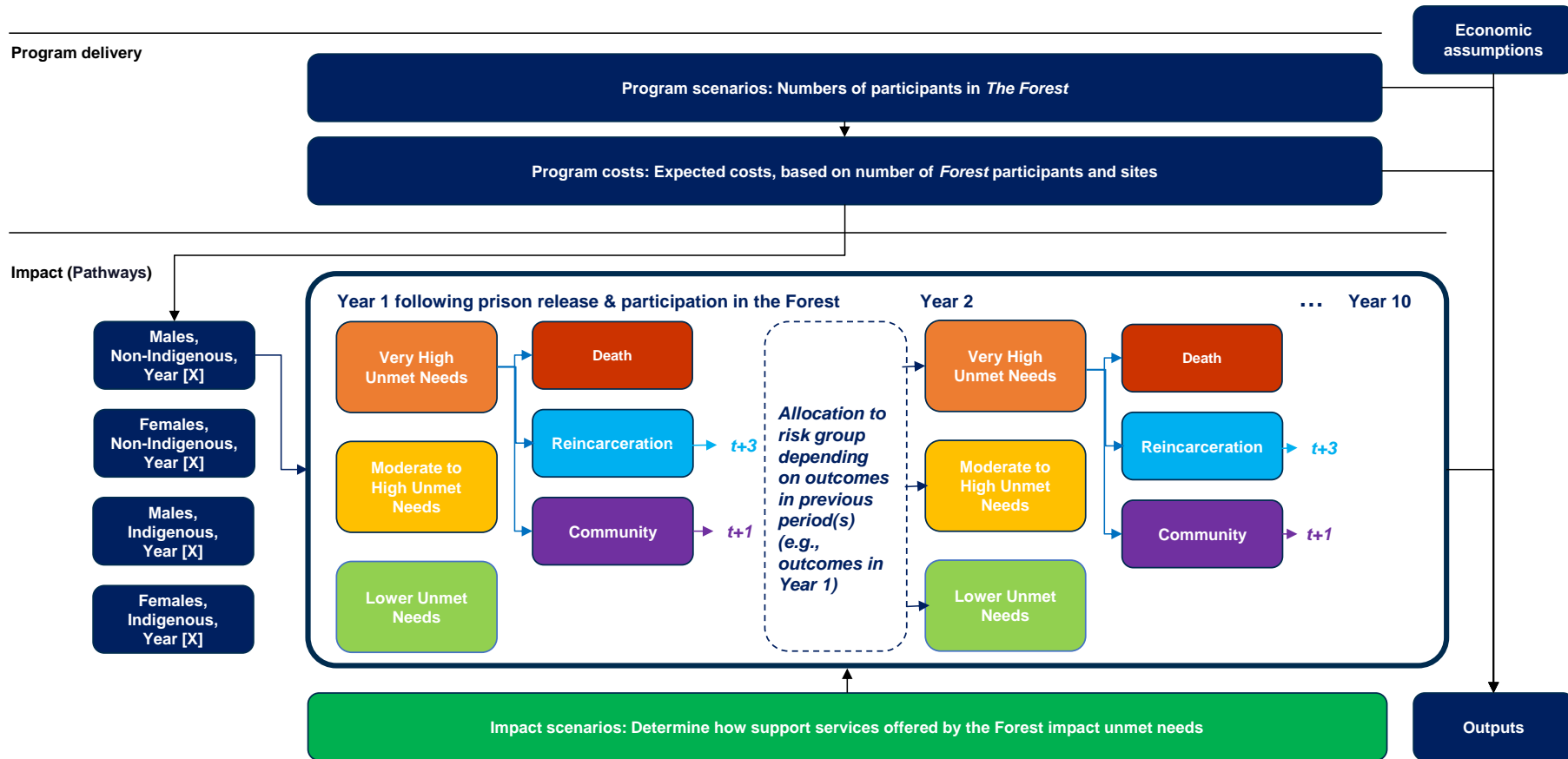
Base Case	Non-Indigenous Males	Indigenous Males	Non-Indigenous Females	Indigenous Females
Proportion of people in prison by sex in Victoria	<i>95 per cent</i>		<i>5 per cent</i>	
Cohort stratification	<i>83 per cent</i>	<i>17 per cent</i>	<i>84 per cent</i>	<i>16 per cent</i>
Risk group stratification:				
Very High Unmet Needs (VHUN)	30 per cent	16 per cent	8 per cent	12 per cent
Moderate to High Unmet Needs (MUN)	32 per cent	38 per cent	82 per cent	76 per cent
Lower Unmet Needs (LUN)	38 per cent	46 per cent	9 per cent	12 per cent

Source: People in prison sex data sourced from table 14 in 2. Prisoner characteristics, States and territories (Tables 14 to 35).xlsx datacube at [Prisoners in Australia, 2022, accessed at https://www.abs.gov.au/statistics/people/crime-and-justice/prisoners-australia/latest-release](https://www.abs.gov.au/statistics/people/crime-and-justice/prisoners-australia/latest-release); cohort probability distribution and event probabilities based on Burnet PATH and SuperMIX data. Risk group stratification based on PATH and SuperMIX data analysis.

Depending on their risk group allocation upon leaving prison, participants would be expected to experience different outcomes at different rates, including death (such as from a fatal overdose), reincarceration or successful integration in the community. These outcomes in Year 1 were then expected to influence their allocation into risk groups in the following year, and in turn, the expected outcomes (again, potentially death, reincarceration and/or successful reintegration into the community) in subsequent years. This is shown conceptually in the figure on the next page (Figure 2.2). For each cohort in a given year, outcomes over a 10-year period were modelled.

Base case expectations for cohort stratification by risk groups in Year 1 and through time as well as event outcomes by risk group are reported in Appendix B.

Figure 2.2: Model overview



Source: Insight Economics

Modelling approach: key costs and outcomes modelled in community settings

For participants in community settings, major categories of potential cost and/or health and social outcomes that could be impacted by The Forest included:

- ***Health and safety outcomes*** — In this category, participant health and safety outcomes are measured in terms of mortality risk, morbidity risk and crime risk.
 - For example, riskier drug use is associated with higher risk of fatal overdose and other health risks leading to premature death. Expected patterns of drug use for different risk groups for each cohort were reported from PATH and SuperMIX datasets and rates of mortality associated with high-risk drug use were based on AIHW data. Years of life lost were determined as the difference between the average life expectancy for a given cohort and the average age of death for each cohort. Years of life lost were conservatively valued at the costs per QALY reported to be paid by Australian health regulators evaluating other health interventions.
 - Similarly, all participants experience morbidity risks. People leaving prison with histories of drug use experience high rates of mental health issues such as depression, anxiety, and suicidality, as well as higher risks of blood borne viruses, heart disease and other chronic disease. To control for high rates of multi-morbidity, a maximum limit method was applied based on the highest disability weight observed for each cohort and risk group averages; disability weights were based on the WHO Global Burden of Disease 2019 estimates.
 - People leaving prison with histories of drug use are also at high risk of being victims of crime themselves. For example, 86 per cent of non-Indigenous males in the Very High Risk of Unmet Needs groups reported being punched and kicked, 30 per cent reported being attached with a weapon and 20 per cent reported other drug violence. The risk of crime reduced as risk circumstances improved but remained overall high: 56 per cent of non-Indigenous males in the Lower Risk of Unmet Needs groups reported being punched and kicked and 22 per cent reported being attached with a weapon. To avoid double counting with other morbidity effects the costs of crime to people leaving prison were not separately costed but reported as an outcome measure.
- ***Health system costs*** — Patterns of health system utilisation were also estimated for each cohort and risk group using PATH and SuperMIX data for each cohort and risk group. Potential health services that could be utilised at different rates depending on risk circumstances and the impact of The Forest included:
 - Ambulance calls, attendance and transport rates
 - Emergency Department presentation
 - Inpatient hospital services
 - Outpatient hospital services
 - Injecting Drug Use (IDU) primary care
 - General Practitioner (GP) visits
 - Specialist appointments
 - Mental health services
 - Allied health services

- Dental visits
- Social and welfare worker services
- Alcohol and other drug (AOD) services, including drug counselling, Narcotics Anonymous services, group therapy services, detox services (inpatient and outpatient) and rehabilitation services
- Pharmaceutical costs, such as methadone (tablets and injections), buprenorphine, and benzodiazepine medications.

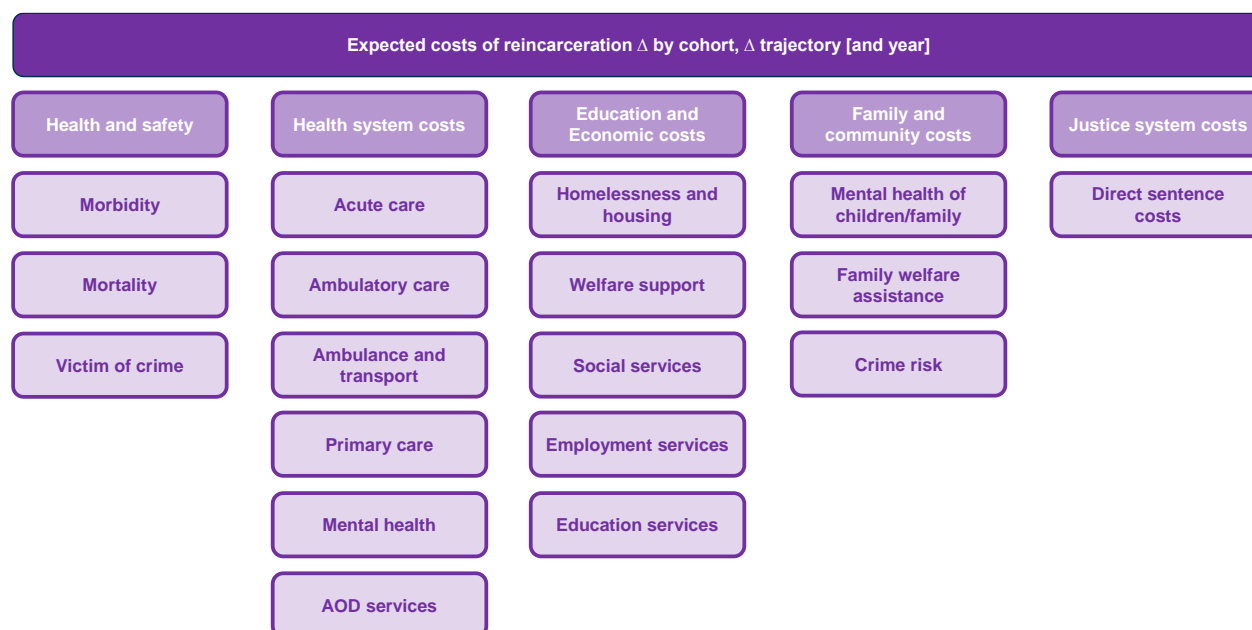
Costs for these different services were based on publicly available service costs as reported by the Victorian Government, Australian Government, the Productivity Commission and health regulators (e.g., PBS and MBS price schedules).

- ***Education and economic outcomes*** — Education and economic outcomes include changes in need by cohort and risk group for accommodation and income support. PATH and SuperMIX cohort studies captured variable expected rates of need for public housing support, boarding houses and hostels, crisis accommodation and shelters as well as expected rates of homelessness for different cohorts and risk groups. PATH and SuperMIX also captured rates of employment and expected income from Centrelink income support payments and other unemployment benefits for each cohort and risk group, as well as participation in education and training programs. Costs and outcomes for these different services were based on publicly available service costs as reported by the Victorian and Australian Governments.
- ***Family and community costs*** — Depending on their risk circumstances the families of people leaving prison may have reason to access out-of-home care and/or family mental health support. Expectations for different patterns of use by cohort and risk group were also based on outcomes reported in PATH and SuperMIX, with the costs of service provision based on Productivity Commission Report on Government Services and other research of Victorian out of home care costs.²⁰
- ***Justice system costs*** — Even if not reimprisoned, people leaving prison with histories of drug use may have some additional engagement with the justice system, including parole, probation, drug treatment orders and/or community corrections orders.

This is shown in Figure 2.3, with detailed assumptions by cohort and risk group provided in Appendix B.

²⁰ See Rapid Impact, 2021, Permanent Care and Adoptive Families Research Paper, accessed at: https://www.pcafamilies.org.au/images/Permanence_and_Stability_PCA_Families_Report_Update_final.pdf.

Figure 2.3: Costs in community settings



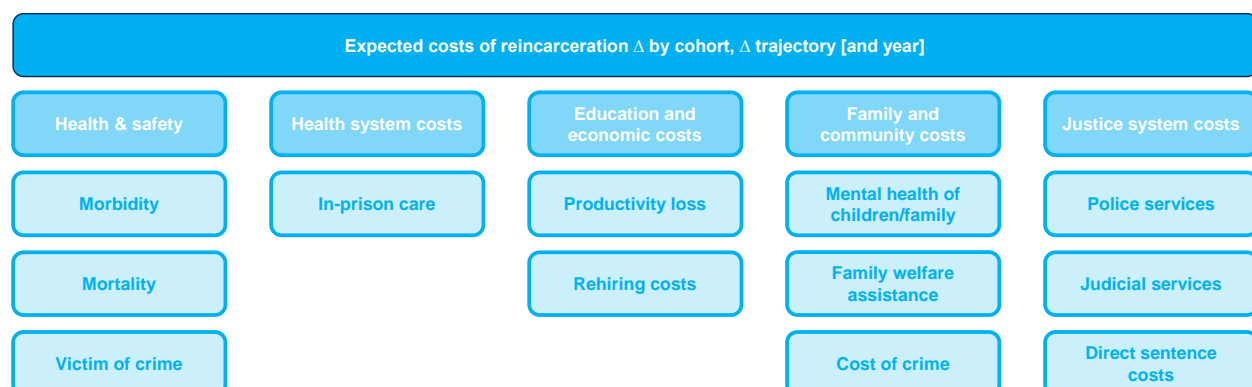
Source: Insight Economics

Modelling approach: key costs and outcomes modelled in prison settings

Depending on their risk group, participants would also be expected to have varying risk of reincarceration.

The key types of costs and outcomes by domain in the event of reincarceration is shown in Figure 2.4 with detailed assumptions for cohort and risk group reported in Appendix B. As can be seen in the Figure, for participants in prison settings, the major domains of health, social and economic impact were similar to community settings (health and safety outcomes, health system costs, education and economic costs, family and community costs and justice system costs). The specific types of services and/or costs incurred, however, was expected to be different for all categories except health and safety outcomes.

Figure 2.4: Costs in prison



Source: Insight Economics

- Health and safety outcomes** – Like people that remained in community, people returning to prison were at risk of death, poor quality of life and crime. Patterns of outcome were unique to prison settings; for example, 73 per cent of non-Indigenous

males reported being beaten in prison, 36 per cent assaulted with a weapon, and 27 per cent strangled or choked.

- **Health system costs** — Victoria provides in-prison healthcare to incarcerated persons as well as drug counselling, access to Narcotics Anonymous services and group therapy. Rates of utilisation of in-prison care and drug services were based on PATH and SuperMIX data and costed based on Victorian data reported in Productivity Commission Report on Government Services real recurrent expenditure (Table 8A.1).
- **Education and economic outcomes** — Reincarceration was expected to create a productivity loss and rehiring cost to Victorian industry due to the loss of labour force participation (scaled for the proportion that would have otherwise been expected to participate in the workforce) and the need for businesses to advertise, recruit and train new hires into the vacated role. For people not in the workforce that would have otherwise been accessing income support, however, reincarceration sees reduced demand for income support payments. Higher rates of expected reincarceration see a cost shift from the Australian government to the Federal Government. People leaving prison are also likely to use crisis payments following prison release. Crisis payments are therefore included within the calculation of the average cost of prison stay (once per sentence).
- **Family and community costs** — In the event of reincarceration, payments and utilisation of partner and child welfare support, out-of-home care and mental health support are expected to vary compared to community settings. For example, PATH and SuperMIX data show between five and 12 per cent of children are likely to be placed in out-of-home care in the event of reincarceration, compared to a two to nine per cent risk depending on risk circumstances in community settings. In addition, the costs of the crime leading to the reincarceration are also valued for the community. PATH and SuperMIX data show crimes are almost exclusively non-violent, with 70 per cent of crimes involving theft (35 per cent), unlawful entry (17 per cent), general justice offence (10 per cent), and fraud (8 per cent). A further seven per cent involve illicit drug offences. Costs per offence were based on Australian Institute of Criminology costs.²¹
- **Justice system costs** — If reimprisoned, the justice system costs are by definition expected to be significantly higher. The direct cost per year in prison is based on net the summation of operating expenditure and capital costs from the Productivity Commission's Report on Government Services 2023. Adopting these costs is methodologically consistent with Deloitte Access Economics (2013) and Morgan (2018) but a sensitivity analysis was also undertaken that costed only the operating costs of reincarceration as well.

Modelling approach: Impact Scenarios

A literature and data review found that AOD peer support programs have positive impacts on risk circumstances and the risk of adverse events, including death and rates of reincarceration (See Appendix D for a detailed review of the literature review). Specifically, the literature and data review revealed:

- **Peer support AOD programs consistently halve reincarceration risk** — Multiple papers show a reduction in the risk of reincarceration of between 50 and 77

²¹ Morgan, A., 2018, How much does prison really cost? Comparing the costs of imprisonment with community corrections, Tables 10 and 13, accessed at: https://www.researchgate.net/publication/324891047_How_much_does_prison_really_cost_Comparing_the_costs_of_imprisonment_with_community_corrections.

per cent as a result of peer support (Bellamy, 2019, found 50 per cent; Sells et al, 2020, found 51 per cent; Hyde et al, 2022, found 58 per cent; Goldstein, 2009, found 77 per cent).

- **Peer support can strongly improve participants’ housing status** — The PROSPER study (2009) found participants in peer support programs were two times as likely to be in stable housing. Similarly, results from the Welcome Home Ministries peer-driven re-entry program for women re-entering the community from jail and prison showed 82 per cent of participants had secured treatment, transitional housing, or a permanent place to live at 12 months post-release (Goldstein et al, 2009). Similarly, 84 per cent of participants of the Post-Incarceration Engagement who had been released more than a year before the end of the study period were living in permanent housing (Hyde et al, 2022).
- **Peer support improves the probability of shifting to or remaining in lower risk circumstances** — Analysis of PATH and SuperMIX data also shows that:
 - People leaving prison were 60 per cent more likely to shift from Very High Risks of Unmet Needs circumstances to Lower Risk of Unmet Needs if they had strong support systems.
 - People leaving prison were 20 per cent more likely to remain in lower risk circumstances (LUN) over time if they had strong support systems.

Table 2.2: Impact of peer support, housing and employment programs on prison-leaver outcomes – summary from the literature review

	On housing status (Shift from VHUN to MUN and LUN)	On employment & participation (shift from MUN to LUN)	On reincarceration risk	On risk of death (fatal overdose)	On risk of non-fatal overdose / ambulance call out
Impact of AOD / peer support programs	x2 more likely to be in housing (PROSPER, 2009) ~80% likely to be in stable housing (Goldstein, 2009 and Hyde 2022)	73% had become employed , enrolled in an educational program, or completed the application process for disability benefits	50-77% (Bellamy, 2019; Sells et al, 2020; Hyde et al, 2022; Goldstein 2009) 54-59% reduction in AOD programs (Young, 2003).	Limited quantitative measurement: Intermediate outcomes typically measured include adherence to treatment, health services utilisation, symptom reduction/ abstinence etc.	Limited quantitative measurement: Intermediate outcomes typically measured include adherence to treatment, health services utilisation, symptom reduction/ abstinence etc.
Impact of housing programs	-	-	12.5% targeted reduction in awarded sentences (SVA, 2023, Arc Social Impact Bond); 25% reduction in justice costs (J2SI); 28% reduction in convictions (Aspire).	-	32% reduction in hospital bed stays (Aspire). 23% reduction in health services (J2SI). SVA adopted a 15% target reduction in Emergency Department presentations

	On housing status (Shift from VHUN to MUN and LUN)	On employment & participation (shift from MUN to LUN)	On reincarceration risk	On risk of death (fatal overdose)	On risk of non-fatal overdose / ambulance call out
					(SVA, 2023, Arc Social Impact Bond)
Impact of employment programs	-	-	52% reduction (VACRO, 2021, Second Chance Jobs Program) 30% reduction in-prison education programs 16-22% (US CEO program 2015)	-	80% reduction in mental health issues from employment to optimal job, 9% reduction where 2+ adversities present , general population (RACGP)

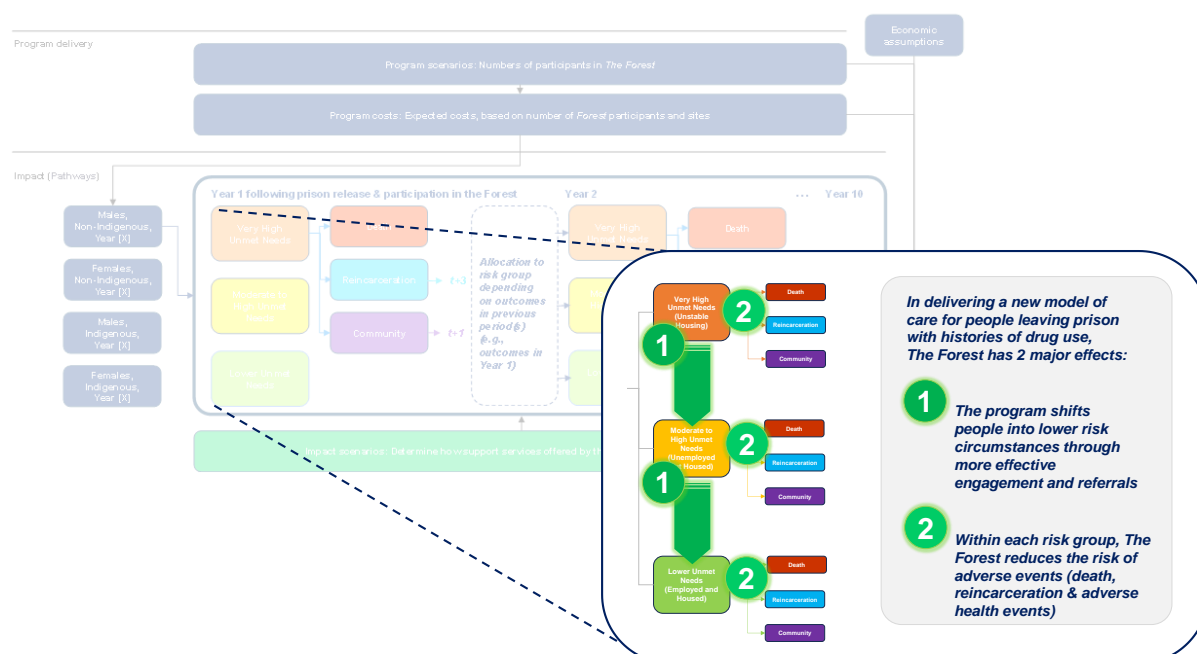
Source: Insight Economics

Thus, innovation in the model of care for people leaving prison with histories of drug use is expected to have two major effects:

- Shifting people into lower risk circumstances through more effective engagement and referrals
- Reducing the risk of reincarceration and other adverse events within each risk group.

This is shown conceptually in Figure 2.5.

Figure 2.5: Expected impacts of The Forest on – key types of model shocks applied



Source: Insight Economics

Within the model, based on the findings of the literature and data review, seven scenarios of *potential benefits from the implementation of the trial and/or future programs* were modelled; these are referred to as Impact Scenarios:

- Impact Scenario 1: Halving risk of unstable housing when leaving prison
- Impact Scenario 2: 70 per cent of Participants Low Risk when leaving prison
- Impact Scenario 3: Lower risk over longer term, with Very High Risk participants being 60 per cent more likely to become Lower Risk and 20 per cent more likely to remain in Lower Risk
- Impact Scenario 4: 50 per cent reduction in reincarceration risk (Lower Bound from Literature)
- Impact Scenario 5: 60 per cent reduction of reincarceration risk (Upper Bound from Literature)
- Impact Scenario 6: 50 per cent reduction in reincarceration risk + 15 per cent reduction in Emergency Department presentations
- Impact Scenario 7: Scenario 1 + Scenario 3 + Scenario 6.

2.4 Forest Community Trial and Program Options modelled

The costs and benefits of The Forest realised will also depend on the numbers of people involved in the community trial and potential future program options.

The Community Trial design

The Community Trial would be a large, 4-year trial. It would be planned that 200 participants would be recruited to the trial in Year 1, lifting to 300 additional participants each year for the following three years. Over the course of four years, 1,100 participants in total would be enrolled in the trial. Participants would be recruited from Barwon, Dame Phillips Frost Centre, Ravenhall, Port Phillip, and Marngoneet centres. It was assumed that all persons recruited through pre-release intake for the trial would participate in the program on release.

It was expected the trial would be delivered from a centre in the north-west region of metropolitan Melbourne, for example in Sunshine, Victoria.

Future program design options

Depending on the outcomes and learnings of the trial, a future program would be rolled out of varying scope and size following the completion of the community trial. Three potential options for the roll-out of a full program were modelled; this included:

- ***‘Do Minimum’ Program Option 1*** – The ‘Do Minimum’ Program Option would see a continuation of trial volumes into the future over a 10-year period.
- ***‘Increased Reach’ Program Option 2*** – The ‘Increased Reach’ Program Option would see the program progressively scale over time following the completion of the Community Trial. The Program would commence with trial volumes at a single centre for the first three years of the program, and then scale up to deliver another centre in Year 4. In Year 7 of the program a further centre would be opened. After 10 years of operation, there would be three centres in operation. Each centre would be expected to support up to 300 additional clients per annum.

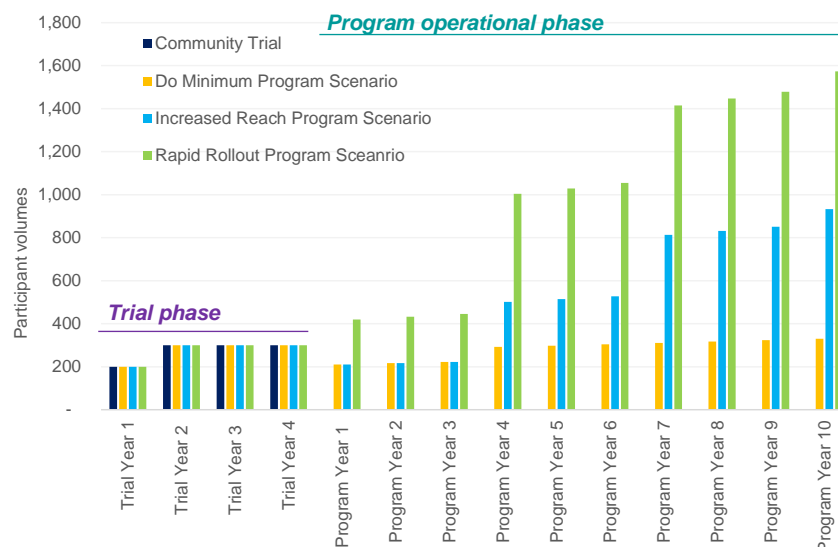
- **‘Rapid Rollout’ Program Option 3** – The ‘Rapid Rollout’ Program Option would see the program expand to two sites immediately upon the completion of the community trial. A further two sites would be added in Year 4 of operations before opening a final, fifth site in Year 7. By the end of the 10-year period of program operation, five sites would be in operation across the State, each with the capacity of servicing up to 300 participants (or approximately 1,500 people per annum across Victoria). This would see the program supporting approximately half of all people leaving prison with a history of drug use.²²

It was expected the second site to be opened would ideally be in a regional centre noting that many people leaving prison return to regional centres.

Participant volumes across Program Options

It was assumed that there would be full participation in the program for all participants recruited for the Community Trial. Following the completion of the trial, as the numbers of participants increased, it was expected that post-release service engagement would be less than the pre-release intake recruitment targets. Specifically, it was expected that 30 per cent of persons recruited in pre-release intake would not engage with the program following release. It was also expected that some participants would require long term support (three per cent of the post-release participant population) and some would engage episodically at least once in the three years following release in response to major life events that could lead to the risk of increased drug use (30 per cent) and higher support needs. These assumptions were based on AIHW patterns of alcohol and other drug treatment service use as reported in the Alcohol and Drug Treatment Services National Minimum Dataset for program completion, transitory treatment participation, episodic treatment participation and continual treatment participation rates.²³

Figure 2.6: Participant volumes in potential Program Options



Source: Insight Economics. See Appendix B.

²² Just over 9,300 people are discharged from prison each year according to the Victorian Department of Justice and Community Safety, Annual Prisons State Profile 2012-2022. Approximately 73 per cent have a history of drug use prior to entry into prison (AIHW, [Adults in prison](#)). Only 47 per cent of people discharged from prison have no history of prior prison experience, which yields a maximum potential population that could benefit from Forest support of more than over 3,400 persons each year.

²³ See AIHW AODTS NMDS: [Completion of alcohol and drug treatment in Australia, 2011-12 to 2020-21: differences by drugs of concern and treatment characteristics](#) and AIHW AODTS NMDS: [Patterns of alcohol and other drug treatment service use in Australia, 1 July 2014 to 30 June 2018](#)

Trial and Program costs

The costs of delivering The Forest will be a function of the scope of services, the number of participants and the number of centres. Major costs involved in the delivery of The Forest services were expected to include:

- Labour costs
- Site lease costs
- Consumables and IT
- Housing subsidy supports.

Labour costs were derived from the model of care to be delivered. More than 140 people were expected to be employed at a centre, including peer support workers (31 FTE), transitional support workers (25 FTE), clinicians (three GPs, five nurses, and 16 allied health professionals), education support workers (eight FTE), employment support workers (eight FTE) and legal support (four FTE), as well as the costs of site managers and team leaders (12 FTE) and program management (5 FTE). There would also be provisions for ongoing research and program design (two FTE). In \$2024, just over \$20 million in labour costs were expected to be required per site. Labour costs were expected to vary by the number of sites over time.

Lease costs were estimated based on an expectation of space requirements to allow for drop-in spaces, consultation offices, back-office functions, clinic rooms, group meeting rooms, and an outdoor space. In total approximately 1,532 square meters were expected to be required by site. Based on CKC analysis completed for the Victorian Government, in \$2024, the cost per square metre in the Sunshine region is estimated to be between \$211 and \$238 per square metre, which would translate to just over \$330,000 in lease costs in \$2024 by site. Lease costs were expected to vary by the number of sites over time.

Consumables and IT included allowances for a mobile phone and laptop to be made available per FTE. Costs for these items were aligned with assumptions on the VACRO Second Chance Business Case (2021) and current market prices for mobile phones. In \$2024, these costs were estimated to be in the order of \$270,000 per site. Consumables costs were expected to vary by the number of sites over time.

Housing subsidies were based on cost estimates provided by Launch Housing assuming a 50:50 mix of 1-bedroom and 2-bedroom units were accessed by participants. It was estimated that approximately one third of active participants would access housing support and they would access support for a period of two years. The average subsidy per participant was expected to be \$25,700 per annum in \$2024. Over time, depending on the program design, additional FTE would be required; it was estimated in the Increased Reach Program Option and the Rapid Rollout a further two FTE and four FTE would be required by year 10 of the program. Housing subsidies were expected to vary by the number of participants over time.

Detailed assumptions for the costs by Program Option are provided in Appendix B.

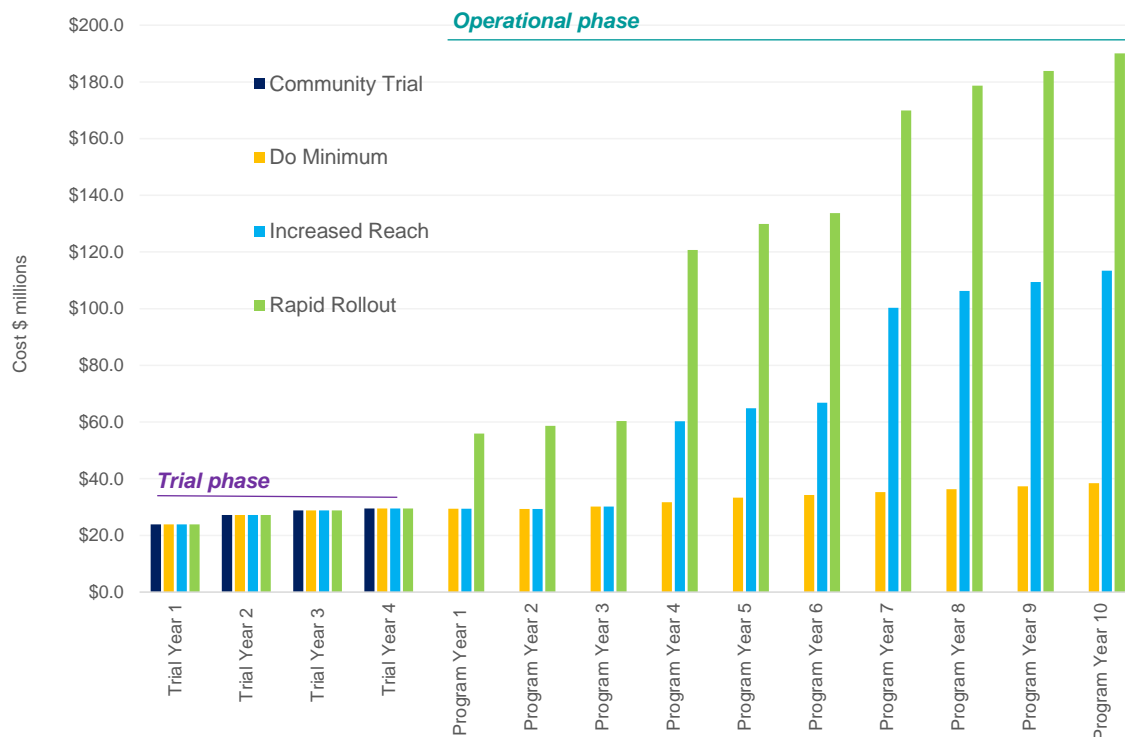
Expected costs of for the Community Trial and Program Options were therefore:

- ***Costs of the Community Trial*** – Including the costs of housing subsidies, the average annual cost of the Trial was expected to be \$27.3 million in nominal terms over the four years of the trial period (inclusive). Excluding the costs of housing subsidies, the average annual cost of the Trial was expected to be \$23 million in nominal terms over the four years of the trial.

- Costs of the ‘Do Minimum’ Program Option 1** – Including the costs of housing subsidies, the average annual cost of the Do Minimum Program Option was expected to be \$33.5 million in nominal terms over the 10 years of operation (following the completion of the community trial). Excluding the costs of housing subsidies, the average annual cost of the Do Minimum Program Option was expected to be \$27.4 million, which would represent a 1.5 per cent increase on recurrent expenditure on prisons in Victoria in 2022-23.
- Costs of the ‘Increased Reach’ Program Option 2** – Including the costs of housing subsidies, the average annual cost of the Increased Reach Program Option was expected to be \$71 million in nominal terms over the 10 years of operation. Excluding the costs of housing subsidies, the average annual cost of the Increased Reach Program Option was expected to be \$59 million.
- Costs of the ‘Rapid Rollout’ Program Option 3** – Including the costs of housing subsidies, the average annual cost of the Rapid Rollout Program Option was expected to be \$128 million in nominal terms over the 10 years of operation. Excluding the costs of housing subsidies, the average annual cost of the Rapid Rollout Program Option was expected to be \$106 million.

These costs by Program Option are shown in Figure 2.7.

Figure 2.7: Expected costs of The Forest by Program Option



Source: Insight Economics. See Appendix B.

Chapter 3

Impacts of The Forest Community Trial

The proposed four-year Community Trial would support 1,100 Victorians leaving prison with histories of drug use to better reintegrate into the community. This chapter presents the expected direct impacts of the trial of The Forest relative to Base Case expectations. It summarises key findings, followed by a detailed breakdown of the impact of by domain.

3.1 Key findings for the Community Trial

The economic modelling shows that if The Forest delivered reductions in reincarceration risk in line with evidence from the literature and data review The Forest Community Trial would be expected to deliver strong net benefits to the Victorian Government with an expected benefit cost ratio (BCR) to the Victorian Government of between 3.1 and 3.3 depending on the level of risk reduction achieved. It would also deliver strong improvements in health, social and economic wellbeing, measured by key outcome indicators aligned to the Early Intervention Investment (EIIF) framework, including improvements in health and wellbeing, social connectedness, social inclusion and employment.

The modelling also shows that achieving a reduction in reincarceration risk is the most significant outcome of the Community Trial from an economic perspective. Other impacts, including reducing the risk of unstable housing, increasing employment participation and reducing emergency health service events had a positive effect on avoided costs to the Victorian government, but the magnitude of the impact was small relative to the impacts on justice outcomes. Impact Scenarios 1-3, which isolated the effects of improving the stability of housing and employment for participants, for example, were expected to deliver benefit cost ratios to the Victorian government of between 0.1 to 0.4, indicating that the benefits of the program would be less than the total costs of the program (if these were the only effects of the program). Scenarios 4-7, which involved reductions in reincarceration risk were all strongly net positive (Table 3.1).

Table 3.1: Key economic metrics in The Forest Trial depending on impacts realised

Economic measure	Impact Scenario 1 Unstable Housing Risk halved	Impact Scenario 2 70% in Low Risk Group in Year 1	Impact Scenario 3 70% LUN Yr1 + Long Run Risk Reduction	Impact Scenario 4 Risk of Prison Reduced by 50%	Impact Scenario 5 Risk of Prison Reduced by 60%	Impact Scenario 6 50% Reduction Prison Risk + Health	Impact Scenario 7 Combined effects Scenarios 1 + 3 + 6
Avoided costs _{vic GOVT}	\$5m	\$11m	\$29m	\$283m	\$349m	\$286m	\$303m
Program costs	\$92m	\$92m	\$92m	\$92m	\$92m	\$92m	\$92m
BCR_{vic GOVT}	0.1	0.1	0.3	3.1	3.8	3.1	3.3

Given the expected costs of the trial, achieving a reduction in reincarceration risk of at least 18 per cent (substantially less than indicated by the literature) was required for the program to break even from the perspective of the Victorian government.

3.2 Impact of The Forest on participant risk and outcomes

The Community Trial for The Forest would see the enrolment of 1,100 Victorians in the program over a four year period.

Based on PATH and SuperMIX data, these people would be expected to have a different mix of housing and employment risk circumstances upon leaving prison. In the Base Case, based on PATH and SuperMIX cohort data, it was expected that approximately:

- 27 per cent of people leaving prison across the four cohorts would experience unstable housing, putting them in the Very High Risk of Unmet Needs group
- 35 per cent of people leaving prison across the four cohorts would be in stable housing but unemployed putting them in the Moderate to High Risk of Unmet Needs group
- 38 per cent of people leaving prison across the four cohorts would be both housed and employed, putting them in the Lower Risk of Unmet Needs group.

Within each cohort, PATH and SuperMIX data showed these different risk groups had varying probabilities of successfully reintegrating into the community, experiencing reincarceration, or premature death (Table 3.2, see also Appendix B for a full summary of modelling assumptions). The probability of successfully reintegrating into the community increased as the riskiness of participant circumstances declined.

Table 3.2: Event probability by risk group, by cohort

Base Case	Non-Indigenous Males	Indigenous Males	Non-Indigenous Females	Indigenous Females
Events by risk group				
Very High Risk of Unmet Needs (Unstable housing)				
Premature death	1%	1%	1%	1%
Community integration	77%	70%	68%	68%
Reincarceration	22%	29%	31%	31%
Moderate to High Risk of Unmet Needs (Housed but unemployed)				
Premature death	1%	1%	1%	1%
Community integration	78%	78%	84%	84%
Reincarceration	21%	21%	15%	15%
Lower Risk of Unmet Needs (Housed and employed, but status quo support)				
Premature death	1%	1%	1%	1%
Community integration	81%	81%	93%	93%
Reincarceration	18%	18%	6%	6%

Source: Burnet Institute PATH and SuperMIX cohort studies; see Appendix B.

As shown in Table 3.2, in the Base Case, the probability of premature death or returning to prison was 36 per cent higher and 19 per cent higher, respectively, for non-Indigenous males in the Very High Risk of Unmet Needs group compared to non-Indigenous males in the

Lower Risk of Unmet Needs group. In addition, the probability of a person’s risk circumstances was expected to be a function of the previous year’s risk setting (Table 3.3).

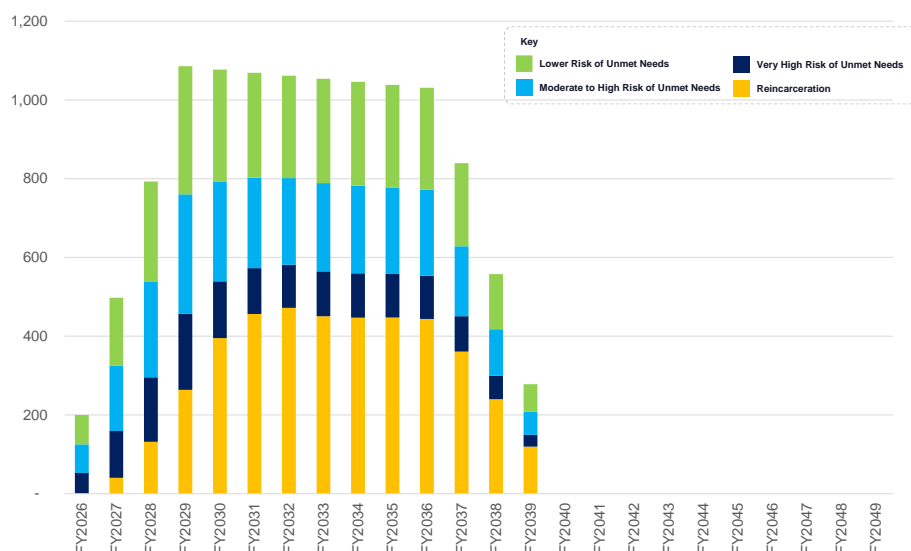
Table 3.3: Base Case expectations for risk group movement through time by cohort

Base Case expectations for risk group movement through time				
If a participant was in the VHUN group in previous period:	Non-Indigenous Males	Indigenous Males	Non-Indigenous Females	Indigenous Females
P(VHUN_t | VHUN_t-1)	57%	50%	11%	11%
P(MUN_t | VHUN_t-1)	23%	25%	88%	88%
P(LUN_t | VHUN_t-1)	20%	25%	1%	1%
If a participant was in the MUN risk group in previous period:	Non-Indigenous Males	Indigenous Males	Non-Indigenous Females	Indigenous Females
P(VHUN_t | MUN_t-1)	2%	9%	2%	9%
P(MUN_t | MUN_t-1)	58%	64%	84%	82%
P(LUN_t | MUN_t-1)	40%	27%	14%	9%
If the participant was in the LUN group in the previous period:	Non-Indigenous Males	Indigenous Males	Non-Indigenous Females	Indigenous Females
P(VHUN_t | LUN_t-1)	14%	18%	3%	3%
P(MUN_t | LUN_t-1)	19%	36%	39%	48%
P(LUN_t | LUN_t-1)	67%	46%	58%	49%
If a participant is re-entering the community following a period of reincarceration:	Non-Indigenous Males	Indigenous Males	Non-Indigenous Females	Indigenous Females
P(VHUN_t | Prison leaver)	30%	16%	9%	12%
P(MUN_t | Prison leaver)	32%	38%	82%	76%
P(LUN_t | Prison leaver)	38%	46%	9%	12%

Source: Burnet Institute PATH and SuperMIX cohort studies; see Appendix B.

These Base Case expectations for people leaving prison were applied over the 10 years following their release from prison to each intake year of the Community Trial (Figure 3.1).

Figure 3.1: Base Case and Impact Scenario projections by risk group for Community Trial participants



Source: Insight Economics analysis of PATH and SuperMIX data. Modelling was based on an assumption of a FY2026 commencement year for the Community Trial but it is noted the timing of program commencement could vary.

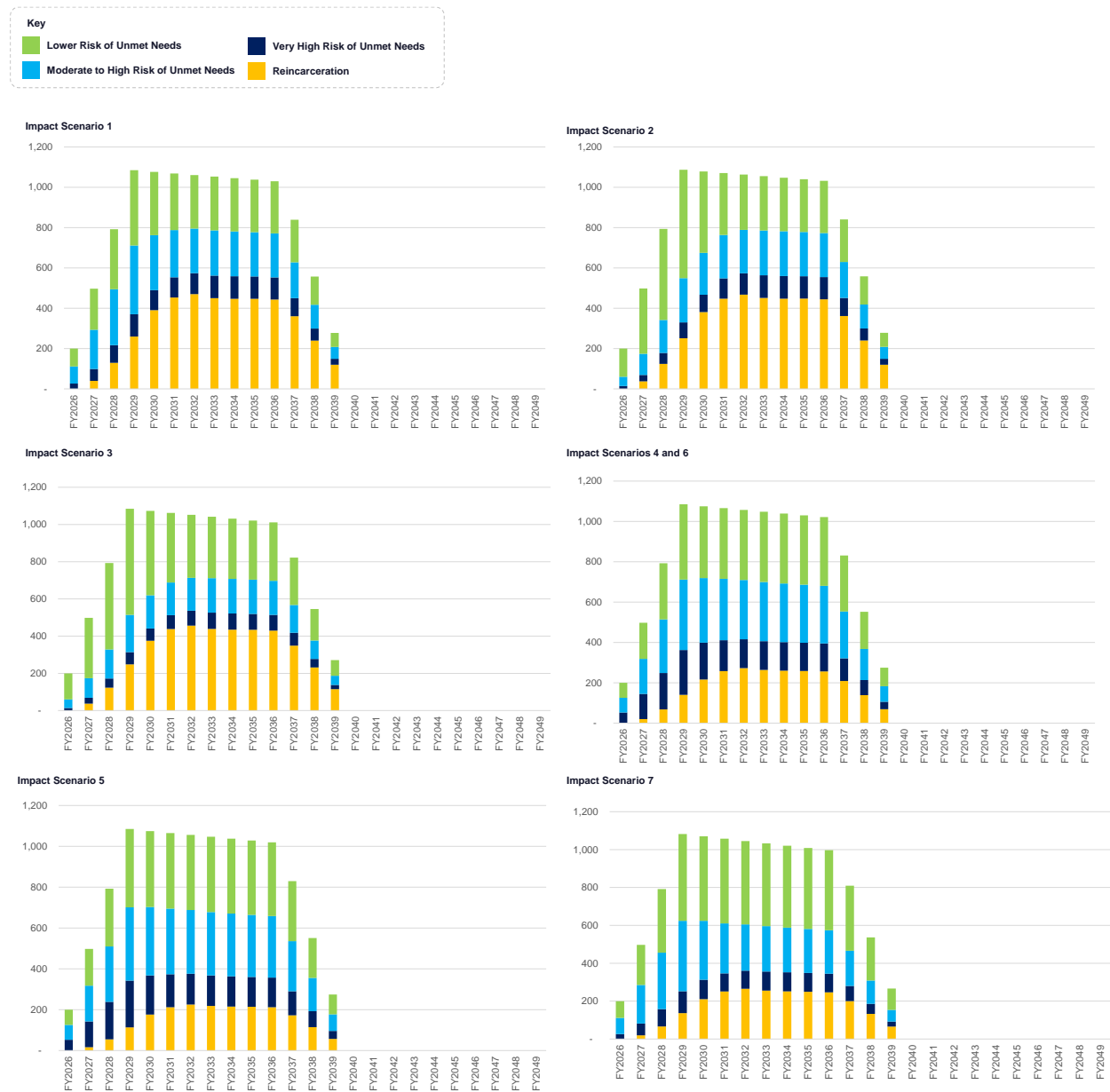
Importantly, participation in The Forest was expected to positively impact on participants’ risk profiles by helping them to access stable housing, access stable employment, access health and social services and access social support. This reduced the risk of premature death and the probability of returning to prison. As a result, as shown in Figure 3.2, the number of people returning to prison is expected to be lower in each scenario relative to the Base Case. For example:

- In Scenario 1, the number of people expected to be in Very High Risk of Unmet Needs on average in the 10 years following their release is expected to reduce by 21 per cent relative to Base Case projections.
- For Scenarios 2 and 3, the number of people experiencing in Very High Risk of Unmet Needs is expected to reduce by 28 per cent and 44 per cent, respectively.

However, because the risk of reincarceration remains relatively similar across risk groups, rates of reincarceration do not decline significantly, even as housing and employment circumstances improve. The reduction in the average number of persons incarcerated declines by 0.5 per cent, 1.1 per cent and 3.6 per cent in Scenarios 1, 2 and 3, respectively. This is because the probability of returning to prison even among Lower Risk participants remains at 18 per cent (weighted average across all cohorts), compared to 24 per cent for the Very High Risk of Unmet Needs (See Table 3.2). This is consistent with the literature, which highlighted that improving housing and employment was necessary but not sufficient to reduce the risk of reincarceration.

In Scenarios 4, 5, 6 and 7, there was a 43 per cent, 53 per cent, 43 per cent and 45 per cent reduction, respectively, in the numbers of people expected to experience reincarceration in the 10 years following their release. There was also expected to be a 25 per cent, 31 per cent, 25 per cent and 55 per cent increase in the number of people in Lower Risk of Unmet Needs group respectively. This also shown in Figure 3.2.

Figure 3.2: Base Case and Impact Scenario projections by risk group for Community Trial participants



Source: Insight Economics analysis of PATH and SuperMIX data.

3.3 Impact of The Forest Community Trial on avoided costs

This section identifies the sources of avoided costs to the Victorian government and wider community arising from:

- Reduced morbidity and avoided premature death for people leaving prison
- Improved patterns of health services utilisation
- Reduced demand for justice services
- Improved patterns of housing, employment and family services.

Impact of The Forest on health outcomes

By improving access to housing, employment, health and social services and peer support, The Forest Community Trial would be expected to improve the quality and length of trial participants' life.

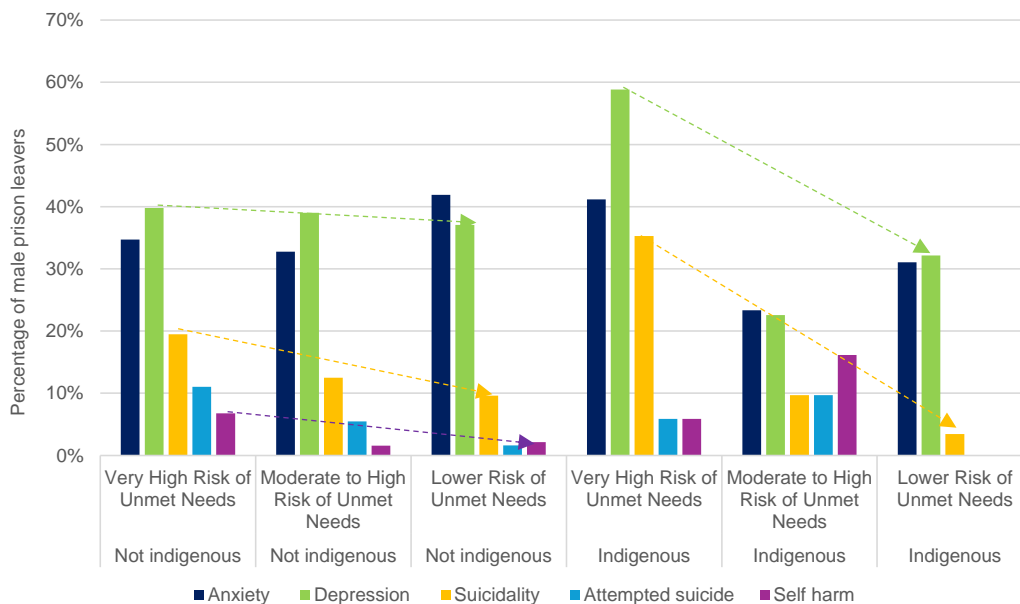
PATH and SuperMIX data show that participants would be expected to experience significant morbidity, or poor health, arising from a range of chronic conditions including mental health, infectious disease, respiratory and neurological conditions.

For example, among male people leaving prison (Figure 3.3), PATH data show that:

- Between 30 and 40 per cent of men reported experiencing clinical anxiety
- Between 20 and 60 per cent reported experiencing clinical depression
- One in five non-Indigenous men in the Very High Risk of Unmet Needs group were expected to experience suicide ideation, with one in 10 expected to attempt suicide and 7 per cent expected to self-harm
- More than one in three Indigenous men in the Very High Risk of Unmet Needs group were expected to experience suicide ideation, with six per cent expected to attempt suicide and self-harm.

As shown in Figure 3.3, many health conditions are worse for people the greater the adversity they face; people experiencing unstable housing (Very High Risk of Unmet Needs) reported higher levels of depression, suicidality, suicide attempts and self-harm compared to persons with housing and employment stability. Anxiety, however, tended to be high across all risk groups for all cohorts.

Figure 3.3: Mental health issues for people leaving prison (PATH data)



Source: Insight Economics analysis of PATH and SuperMIX data.

PATH and SuperMIX data also showed rates of risky drug use increase with the risk of very high unmet needs. For example, the risk of methamphetamine usage falls by 30 per cent among non-Indigenous men, for example, between the Very High Risk of Unmet Needs and the Lower Risk of Unmet Needs. Similarly, the risk of heroin use is expected to fall by 26 per

cent between the Very High Risk of Unmet Needs and the Lower Risk of Unmet Needs groups.

These different patterns of chronic disease and drug use lead to higher rates of morbidity and mortality among the Very High Risk of Unmet Needs groups compared to the Moderate to High and Lower Risk of Unmet Needs groups. For example, there is a 20 per cent improvement in participant morbidity on average between the Very High Risk and Lower Risk of Unmet Needs groups. There is also a 26 per cent reduction in premature mortality risk (noting that the risk of mortality is less than one per cent across all cohorts).

Participation in The Forest program, therefore, would be expected to shift participants into lower risk circumstances leaving prison, and by doing so, improve the length and quality of their lives. Arguably it is not possible to put a value on a year of a person's life or quality of life; nevertheless, applying *highly conservative* assumptions for the valuation of a healthy year of life gained (see Appendix B), through the avoidance of disability or premature death, the Forest is expected to deliver value directly to participants and to the wider Victorian community through prevented morbidity and mortality. The present value of future health benefits by Impact Scenario is estimated to be the following:

- In Scenario 1, the value of avoided morbidity and preventable mortality was expected to be \$1.4 million in NPV_{7%} terms, which represented approximately 24 per cent of the total benefits of the program delivered and 94 per cent of the benefits expected to accrue to participants in this scenario
- In Scenario 2, the value of avoided morbidity and preventable mortality was expected to be \$2.7 million in NPV_{7%} terms, which represented approximately 22 per cent of the total benefits of the program delivered and 92 per cent of the benefits expected to accrue to participants in this scenario
- In Scenario 3, the value of avoided morbidity and preventable mortality was expected to be \$6.5 million in NPV_{7%} terms, which represented approximately 19 per cent of the total benefits of the program delivered and 91 per cent of the benefits expected to accrue to participants in this scenario
- In Scenarios 4 and 6, the value of avoided morbidity and preventable mortality was expected to be \$3.0 million in NPV_{7%} terms, which represented approximately one per cent of the total benefits of the program delivered in this scenario and 29 per cent of the benefits expected to accrue to participants
- In Scenario 5, the value of avoided morbidity and preventable mortality was expected to be \$3.7 million in NPV_{7%} terms, which represented approximately one per cent of the total benefits of the program delivered in this scenario and 29 per cent of the benefits expected to accrue to participants
- In Scenario 7, the value of avoided morbidity and preventable mortality was expected to be \$9.1 million in NPV_{7%} terms, which represented approximately three per cent of the total benefits of the program delivered in this scenario and 55 per cent of the benefits expected to accrue to participants.

Impact of The Forest on health services utilisation patterns

From a health system perspective, reducing the risk profile of people leaving prison is also expected to change demand for health services and the total expected cost to the Victorian government, the Australian government and participants (in the form of potential out of pocket costs).

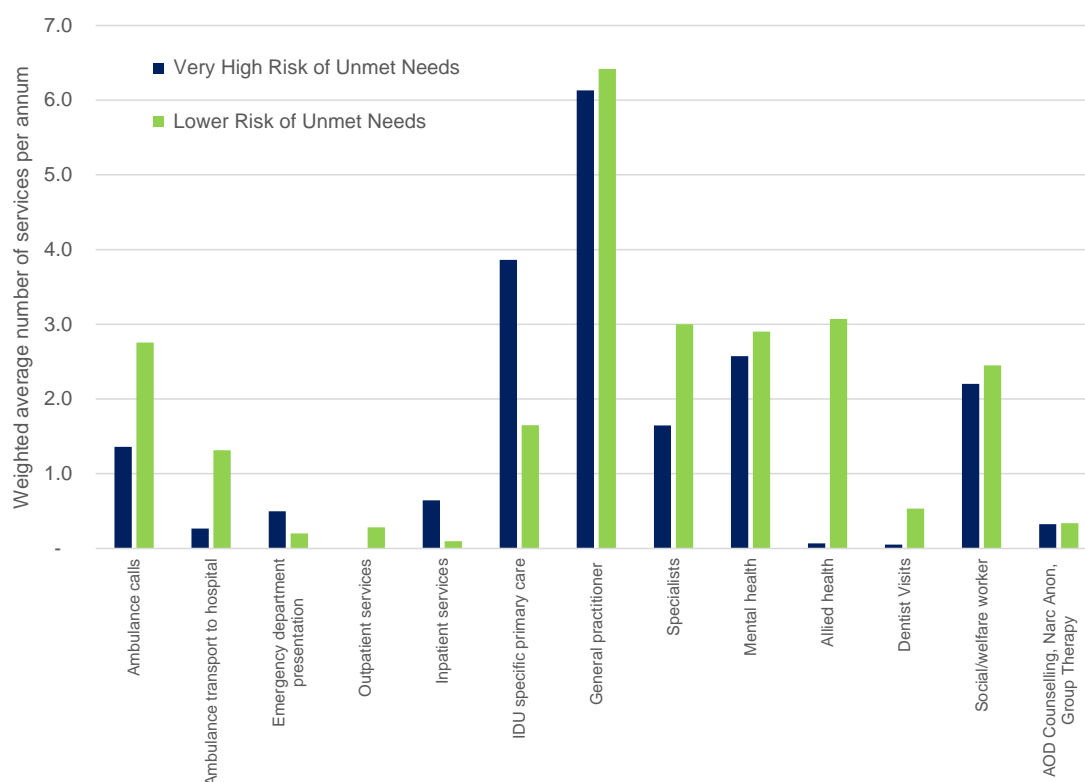
Compared to the Very High Risk of Unmet Needs group, for example, persons in the Lower Risk of Unmet Needs were much more likely to access key health and social support services that kept them healthier and in less need of hospitalisation (reflected in lower levels of

morbidity and mortality). Specifically, as shown in Figure 3.4 below, Lower Risk of Unmet Needs persons were:

- 11 per cent more likely to access alcohol and other drug (AOD) counselling, group therapy and/or Narcotics Anonymous services
- 30 per cent more likely to access methadone tablets
- 12 per cent more likely to access mental health services
- 80 per cent more likely to see a specialist
- 46 times more likely to access allied health (3 visits per year compared to 0.06 visits per year on average for Very High Risk persons)
- 10 times more likely to visit the dentist
- 11 per cent more likely to access social services.

Persons in the Lower Risk group were also 60 per cent less likely to present to the emergency department and 85 per cent less likely to be admitted to hospital (Figure 3.4).

Figure 3.4: Health service utilisation by risk group – comparison of Very High Risk and Lower Risk Groups



Source: Insight Economics analysis of PATH and SuperMIX data, see Appendix B for data and assumptions.

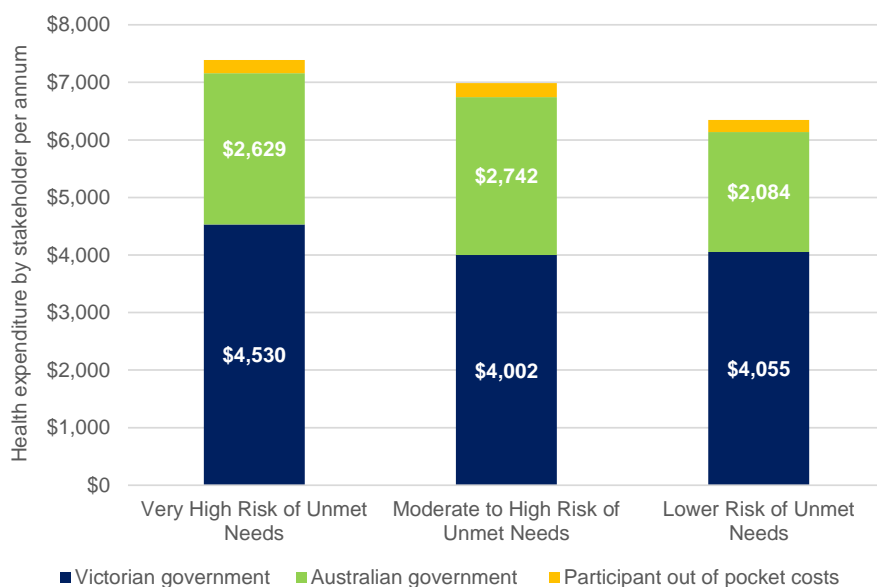
Even as Lower Risk of Unmet Needs persons accessed more health services, however, they were overall less costly to the health system than their Very High Risk of Unmet Needs peers. This is because the costs of hospitalisation and emergency department presentations substantially exceed the costs of other services. As a result, the net effect is an overall lower expected annual cost of care for the Lower Risk of Unmet Needs group compared to the Very

High Risk of Unmet Needs group. The weighted average expected cost across all cohorts was estimated to be:

- \$7,388 per annum in \$2024 for the Very High Risk of Unmet Needs group
- \$6,985 per annum in \$2024 for the Moderate to High Risk of Unmet Needs group
- \$6,348 per annum in \$2024 for the Lower Risk of Unmet Needs group.

This is shown in Figure 3.5.

Figure 3.5: Weighted average expected costs by risk group



Source: Insight Economics analysis, see Appendix B for data and assumptions.

Given the different projections for changing risk relative to the Base Case among trial participants across the different Impact Scenarios (e.g., compare outcomes in Figure 3.2 to Figure 3.2), The Forest would be expected to deliver improvements in avoided healthcare costs for both Victorian and Australian governments, as well as participants at the margin; the present value of future avoided costs by Impact Scenario for the Community Trial was:

- In Scenario 1, the value of avoided healthcare costs to the Victorian Government was expected to be \$0.6 million in NPV_{7%} terms, which accounted for 13 per cent of the total avoided costs expected for the Victorian Government
- In Scenario 2, the value of avoided healthcare costs to the Victorian Government was expected to be \$1.2 million in NPV_{7%} terms, which accounted for 11 per cent of the total avoided costs expected for the Victorian Government
- In Scenario 3, the value of avoided healthcare costs to the Victorian Government was expected to be \$3.2 million in NPV_{7%} terms, which accounted for 11 per cent of the total avoided costs expected for the Victorian Government
- In Scenario 4, the value of avoided healthcare costs to the Victorian Government was expected to be \$26.8 million in NPV_{7%} terms, which accounted for 9 per cent of the total avoided costs expected for the Victorian Government
- In Scenario 5, the value of avoided healthcare costs to the Victorian Government was expected to be \$33 million in NPV_{7%} terms, which accounted for 9 per cent of the total avoided costs expected for the Victorian Government

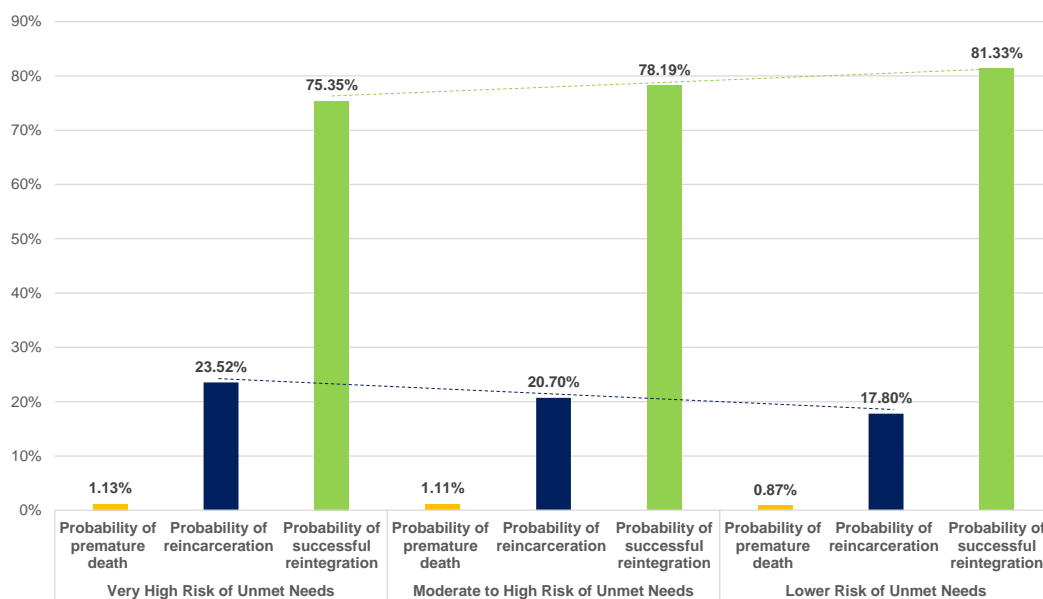
- In Scenario 6, the value of avoided healthcare costs to the Victorian Government was expected to be \$30.1 million in NPV_{7%} terms, which accounted for 11 per cent of the total avoided costs expected for the Victorian Government
- In Scenario 7, the value of avoided healthcare costs to the Victorian Government was expected to be \$32.3 million in NPV_{7%} terms, which accounted for 11 per cent of the total avoided costs expected for the Victorian Government.

The Australian Government and participants would face marginally higher healthcare costs under Scenarios 4 through 7, which would see significant uplift in the number of people remaining in community settings and therefore accessing primary care services and PBS medicines, the costs of which are primarily met by the Australian government and which can involve out of pocket costs. The Australian Government would be expected to incur between \$3 million to \$4.6 million in additional Medicare and PBS costs as a result of the trial in Scenarios 4 through 7, which is small relative to the overall health budget for the federal government.

Impact of The Forest on justice outcomes

PATH and SuperMIX data for the different cohort risk groups showed a declining risk of reincarceration with improvements in stable housing and employment participation (Figure 3.6). Thus, as expected risk for participants was projected to improve across different Impact Scenarios (e.g., Figure 3.2 compared to Figure 3.1), so too, did the probability of reincarceration.

Figure 3.6: Weighted average probability of reintegration and adverse events by risk group



Source: Insight Economics analysis of PATH and SuperMIX cohort data.

The reduction in reincarceration risk across the scenarios was a significant source of expected avoided cost improvements for the Victorian government. The weighted average annual cost of incarceration to the Victorian government was costed at \$239,714 in \$2024 dollars; this was comprised of operating and capital expenditure costs associated with prison (\$211,712 per person in prison), health care services provided in prison (\$26,285 per person in prison), and mental health services for family members of people in prison (\$1,716 per person in prison).

Therefore, the avoidance of prison costs would be expected to deliver significant savings to the Victorian government.

- In Scenario 1, the value of avoided prison costs is expected to be \$2.8 million in NPV_{7%} terms to the Victorian government, which contributed 57 per cent of the avoided costs expected to be realised by the Victorian government in this scenario
- In Scenario 2, the value of avoided prison costs is expected to be \$7.2 million in NPV_{7%} terms to the Victorian government, which contributed 67 per cent of the avoided costs expected to be realised by the Victorian government in this scenario
- In Scenario 3, the value of avoided prison costs is expected to be \$21.8 million in NPV_{7%} terms to the Victorian government, which contributed 76 per cent of the avoided costs expected to be realised by the Victorian government in this scenario
- In Scenario 4, the value of avoided prison costs would be expected to increase substantially and was expected to be \$258.9 million in NPV_{7%} terms to the Victorian government, which contributed 92 per cent of the avoided costs expected to be realised by the Victorian government
- In Scenario 5, the value of avoided prison costs would be expected to increase even further and was expected to be \$319.3 million in NPV_{7%} terms to the Victorian government, which contributed 92 per cent of the avoided costs expected to be realised by the Victorian government in this scenario
- In Scenario 6, the value of avoided prison costs was expected to be \$258.9 million in NPV_{7%} terms to the Victorian government, but represented only 90 per cent of the avoided costs expected to be realised by the Victorian government as other improvements in healthcare costs were also expected in this scenario
- In Scenario 7, the value of avoided prison costs was expected to be \$269.6 million in NPV_{7%} terms to the Victorian government, contributing 89 per cent of the avoided costs expected to be realised by the Victorian government, which would also see improvements in health care services utilisation patterns and other housing and employment risk reductions.

Impact of The Forest trial on housing, employment and family support

Depending on their risk circumstances in a given year, participants were more or less likely to be in stable housing or participating in employment, which gives rise to some offsetting costs to the Victorian and Australian governments.

For example, PATH and SuperMIX data showed that increasing unemployment was associated with higher costs for the Australian government, which provided income support and disability support payments to participants. In the event of reincarceration, the Australian government would be expected to see demand for income and disability support payments reduce. Thus, while reducing reincarceration risk delivers avoided costs to the Victorian government (as shown above in justice outcomes), helping people remain in the community shifts some cost to the Australian government, which meets income and disability support costs. Therefore, the Australian government would be expected to see higher costs associated with increased income support across the different scenarios as The Forest reduced reincarceration risk. In NPV_{7%} terms across the Impact Scenarios for the Community Trial this amounted to:

- \$0.6 million higher costs to the Australian government in Scenario 1
- \$2.1 million higher costs to the Australian government in Scenario 2
- \$3.1 million higher costs to the Australian government in Scenario 3

- \$59.0 million higher costs to the Australian government in Scenario 4
- \$72.8 million higher costs to the Australian government in Scenario 5
- \$59.0 million higher costs to the Australian government in Scenario 6
- \$58.9 million higher costs to the Australian government in Scenario 7.

Helping people remain in the community also increases demand for housing support. The Victorian government is the primary funder of public housing, boarding houses, and crisis shelters as well as bearing the wider economic costs of homelessness. In Scenarios 1-3, where the primary effect would be reducing housing instability and employment outcomes, there is a modest improvement in avoided costs relative to the Base Case. In Scenarios 4-7, however, where costs shift from prisons to increasing numbers of Victorians in community settings there is a modest cost increase. These costs were vastly smaller for all cohorts and risk groups relative to the cost of imprisonment, such that reducing reincarceration risk delivers a net improvement in avoided costs to the Victorian government. In NPV_{7%} terms outcomes by scenario in terms of housing support costs (excluding the costs of the subsidy included within the cost of the trial) were expected to be:

- \$1.4 million in NPV_{7%} terms in Scenario 1
- \$2.1 million in NPV_{7%} terms in Scenario 2
- \$3.1 million in NPV_{7%} terms in Scenario 3
- -\$4.4 million in NPV_{7%} terms in Scenario 4
- -\$5.4 million in NPV_{7%} terms in Scenario 5
- -\$4.4 million in NPV_{7%} terms in Scenario 6
- -\$1.2 million in NPV_{7%} terms in Scenario 7.

The Victorian government also meets the cost of out-of-home care for children of people experiencing reincarceration and some mental health services costs for families. The costs of both out-of-home care and family mental health services are higher in the event of reincarceration (and with housing instability and employment risk). Reducing the risk of reincarceration, housing and employment instability therefore all contribute to an improvement in avoided costs to the Victorian government relative to the Base Case, but these impacts are expected to be small. In NPV_{7%} terms there was expected to be a modest amount of avoided cost across the scenarios, ranging from \$0.2 million in Scenario 1 to \$18.1 million in Scenario 5.

Summary of avoided costs to the Victorian government by scenario

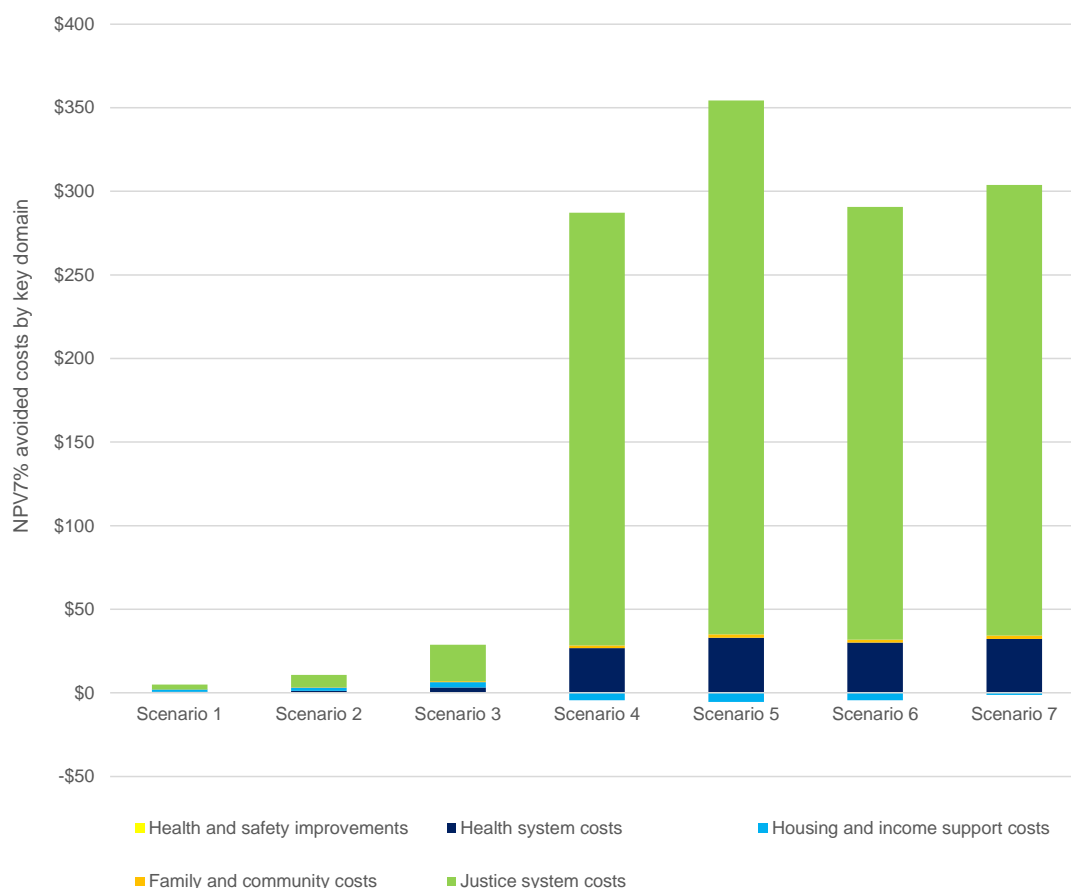
The analysis shows that the most significant driver of avoided costs for the Victorian Government is the avoidance of prison costs, which are significantly higher per person than potential avoided cost benefits expected from supporting a person from very high-risk circumstances to lower risk circumstances, on balance, the net cost improvements are small and the risk of reincarceration remains relatively high across these groups. To put the potential for avoided costs into perspective, consider that in total:

- The weighted average expected cost to the community of supporting a person with Very High Unmet Needs is estimated to be \$77,396 in \$2024 dollars
- The weighted average expected cost to the community to support a person with Moderate to High Unmet Needs in the community is estimated to be \$70,391
- The weighted average expected cost to the community to support a person with Lower Risk of Unmet Needs in the community is estimated to be \$66,957.

The potential net benefit to the community of improving the stability of housing and employment is therefore between \$3,434 and \$10,439 per annum.

This contrasts to the costs of a year in prison of \$255,852 per person. The avoidance of prison costs offers the potential for an order of magnitude larger savings to government compared to improvements in housing and risk circumstances.

Figure 3.7: Expected avoided costs by domain to the Victorian Government



Source: Insight Economics

The avoided costs in Scenarios 4 through 7 significantly exceed the expected costs of the program (see Section 2.4 and Appendix B), which are estimated to be \$92 million in NPV_{7%} terms, and turn deliver strongly positive benefit cost ratios to the Victorian government.

BCRs for the Community Trial under alternative Impact Scenarios are shown in the following table (Table 3.4). Adding participant benefits to the expected avoided costs, mainly in the form of improved mortality and morbidity outcomes, would see these BCRs increase to a range of 3.2 to 3.9 depending on the level of benefit realised in practice.

Table 3.4: Key economic metrics in The Forest Trial depending on impacts realised

Economic measure	Impact Scenario 1 Unstable Housing Risk halved	Impact Scenario 2 70% in Low Risk Group in Year 1	Impact Scenario 3 70% LUN Yr1 + Long Run Risk Reduction	Impact Scenario 4 Risk of Prison Reduced by 50%	Impact Scenario 5 Risk of Prison Reduced by 60%	Impact Scenario 6 50% Reduction Prison Risk + Health	Impact Scenario 7 Combined effects Scenarios 1 + 3 + 6
Avoided costs _{VIC}	\$5m	\$11m	\$29m	\$283m	\$349m	\$286m	\$303m
Program costs	\$92m	\$92m	\$92m	\$92m	\$92m	\$92m	\$92m
BCR_{VIC GOVT}	0.1	0.1	0.3	3.1	3.8	3.1	3.3
BCR_{VIC COMMUNITY}	0.1	0.1	0.4	3.2	3.9	3.2	3.5

Source: Insight Economics

3.4 Breakeven and sensitivity analyses for the Community Trial

The patterns of net benefit hold even under alternative assumptions (Table 3.5), including excluding capital costs from the expected cost of prison (e.g., only counting the avoided operating costs per person), allowing for 10 per cent higher operating costs and higher social discount rates (10%).

Table 3.5: Benefit cost ratios under alternative Impact Scenarios for the Forest Community Trial

Alternative assumptions	Impact Scenario 1 Unstable Housing Risk halved	Impact Scenario 2 70% in Low Risk Group in Year 1	Impact Scenario 3 70% LUN Yr1 + Long Run Risk Reduction	Impact Scenario 4 Risk of Prison Reduced by 50%	Impact Scenario 5 Risk of Prison Reduced by 60%	Impact Scenario 6 50% Reduction Prison Risk + Health	Impact Scenario 7 Combined effects Scenarios 1 + 3 + 6
<i>Central assumptions</i>	0.1	0.1	0.3	3.1	3.8	3.1	3.3
Excluded capital costs of prison	0.0	0.1	0.3	2.4	2.9	2.4	2.6
Higher program costs – 10%	0.0	0.1	0.3	2.8	3.4	2.8	3.0
Excluded housing subsidy costs	0.1	0.1	0.4	3.6	4.5	3.7	3.9
Discount rate 4%	0.1	0.1	0.4	3.6	4.4	3.6	3.8
Discount rate 10%	0.1	0.1	0.3	2.7	3.3	2.7	2.8

Source: Insight Economics

3.5 Expected outcomes against Early Intervention Investment Framework

Victoria’s Early Intervention Investment Framework and Partnerships Addressing Disadvantage initiatives set out an evaluation framework that considers not only avoided

costs but also other metrics of community wellbeing, social connectedness and economic growth. Based on PATH and SuperMIX data, if Scenario 7 impacts were realised the Forest would be expected to strongly contribute to improvements in Victorian community health and wellbeing, housing stability, improved social connectedness, improved social inclusion, increased labour force participation and employment. The expected uplift relative to the Base Case is shown in Figure 3.8.

Figure 3.8: Expected improvements in outcomes as a result of the Forest Community Trial (Scenario 7 impacts)



Source: Insight Economics

3.6 Conclusions

The modelling shows the Forest would be expected to deliver significant improvements in avoided costs and community outcomes if the lower bound of expected impact based on the literature and data review is realised.

These results are robust and hold even if capital costs were excluded from the analysis or program costs were expected to increase. Moreover, the Community Trial would not even need to be half as effective as other pilot programs to breakeven.

Taken together, this suggests the Community Trial represents a low risk, high value opportunity to progress Victoria's reform agenda. The outcomes of the Program are strongly aligned to the EIIF and PAD initiatives.

Chapter 4

Impact of potential future Program Options for The Forest

Depending on the outcomes of the Community Trial, the Victorian government could fund a wider program of varying scale. Three future program options have been modelled to identify the potential benefits of the wider implementation of The Forest over time. This chapter presents the net benefits of these program options.

4.1 Key findings for future Program Options

Following the completion of the Community Trial, and informed by the outcomes of the trial, the Victorian government would then have the potential to continue or expand the program into the future. Three potential Program Options were considered:

- *‘Do Minimum’ Program Option 1* – The ‘Do Minimum’ Program Option would see a continuation of trial volumes into the future over a 10-year period.
- *‘Increased Reach’ Program Option 2* – The ‘Increased Reach’ Program Option would see the program progressively scale over time, expanding to three sites across Victoria by the end of 10 years of operation.
- *‘Rapid Rollout’ Program Option 3* – The ‘Rapid Rollout’ Program Option would see the program expand to two sites in Year 1 of program operations, then a further two sites from Year 4 of program operations, before opening a fifth and final site from Year 7 of program operations.

The patterns of impact across the Program Options are similar to those observed in the Community Trial. Specifically, if at least an 18 per cent reduction in reincarceration risk is achieved then the program would be expected to breakeven from a Victorian government perspective. If the program achieves the minimum expected improvements in housing stability, increased employment, reduced reincarceration risk (50 per cent) and reduced health services demand (Scenario 7), then a BCR of 3.0 would be expected. If higher levels of risk reduction were realised the BCR for the program could increase to 3.7 (Scenario 5).

Like the Community Trial, sustained implementation of the Forest is strongly aligned to the EEIF and PAD outcomes framework and would be expected to deliver a significant uplift in housing stability, health and wellbeing outcomes, social connectedness and inclusion, labour force participation and employment.

4.2 Projections for expected participant risk and reincarceration by Program Option, Impact Scenario

The number of participants in the future program would step up through the various options. It was expected that there would be higher rates of participants being lost to follow-up between pre-intake engagement and post-release program participation (30 per cent), such that in the first years of program operation the numbers of people participating would

be expected to reduce initially. As the programs expanded the total number of Victorians leaving prison being supported by the Forest would increase substantially.

In Program Option 1, the ‘Do Minimum’ program, the number of additional Victorians supported each year would grow to 330 Victorians by Year 10 of the program. In total 3,925 Victorians would be supported over the 10 years of the program from their release. Figure 4.1 shows the projected outcomes for participants in the Base Case and the seven Impact Scenarios in the 10 years following their release. As can be seen in the Figure, the number of people expected to experience reincarceration would be expected to reduce significantly if the program achieved outcomes based on evidence from the literature. In Impact Scenario 7, the number of people expected to experience reincarceration would decline by 45 per cent relative to the Base Case, which translates into 284 Victorians successfully reintegrating into the community that would not have otherwise done so.

Figure 4.1: Projections of participant risk in the Base Case and Program Option 1 ‘Do Minimum’ in the 10 years following prison release



Source: Insight Economics analysis of PATH and SuperMIX data.

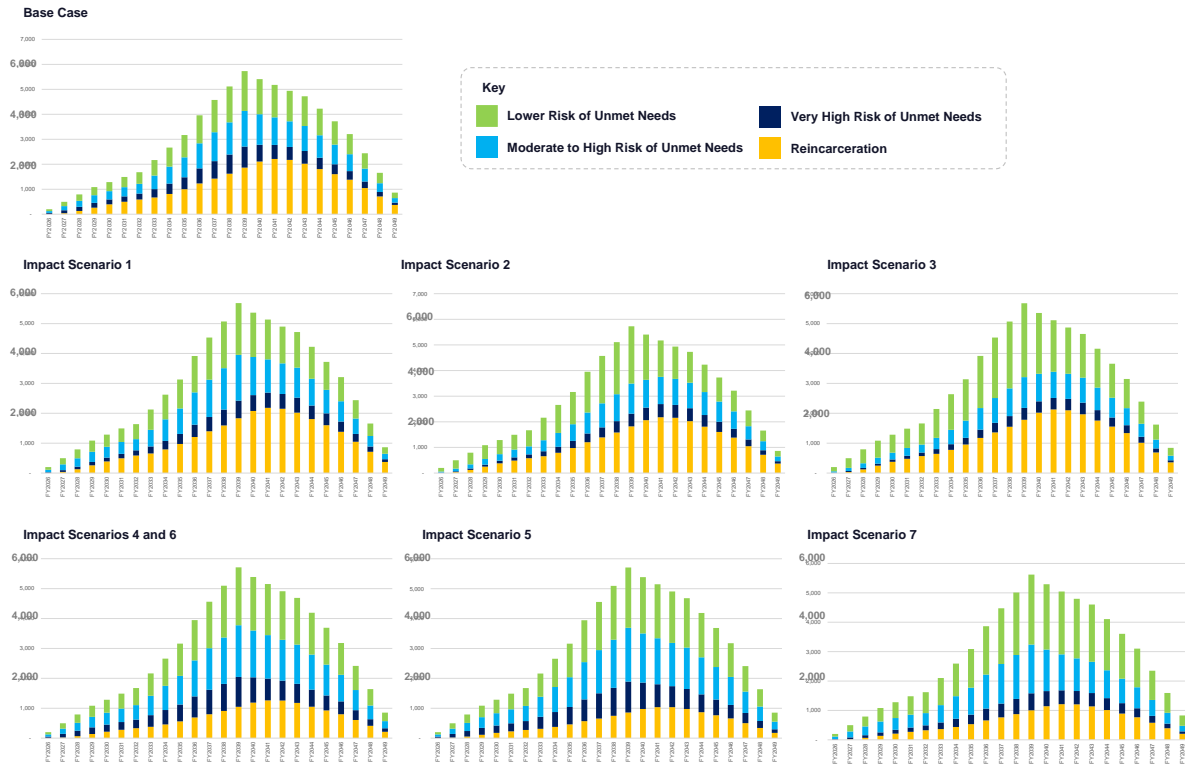
The number of people that would also be at Lower Risk of Unmet Needs would be expected to increase by 55 per cent, or an additional 255 Victorians remaining housed and employed in the 10 years following their release that would not have otherwise been expected to in the Base Case.

A similar pattern is expected for Program Options 2 and 3, the ‘Increased Reach’ and ‘Rapid Rollout’ programs, respectively.

As shown in Figure 4.2, the number of additional Victorians supported each year would grow to 630 Victorians by Year 10 of the program in Program Option 2. In total 6,720 Victorians would be supported over the 10 years of the program from their release. In Impact Scenario 7 for Program Option 2 the number of people expected to experience reincarceration would decline by 45 per cent relative to the Base Case, or 490 Victorians remaining in community that would have otherwise been expected to return to prison in the Base Case. The number of

people that would also expect to be at Lower Risk of Unmet Needs would be expected to increase by 55 per cent, which would see an uplift of 430 Victorians remaining in stable housing and employment compared to the Base Case.

Figure 4.2: Projections of participant risk in the Base Case and Program Option 2 ‘Increased Reach’ in the 10 years following prison release

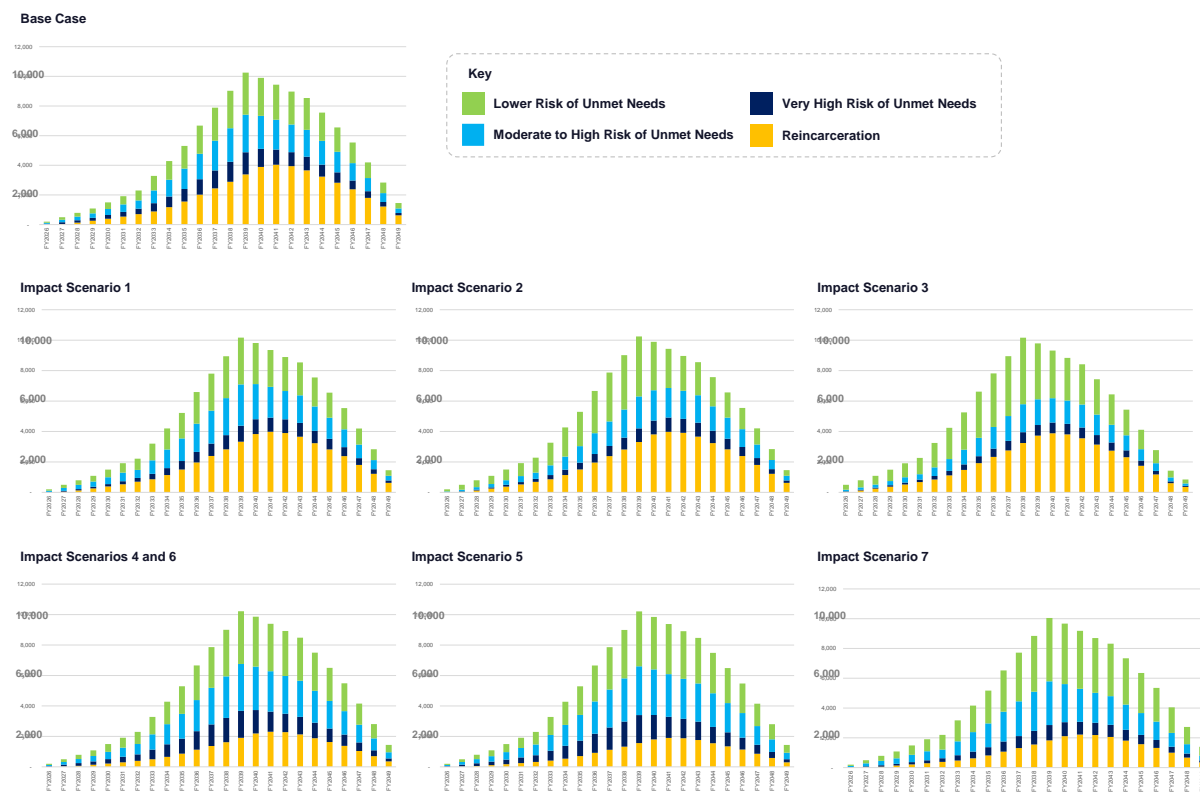


Source: Insight Economics analysis of PATH and SuperMIX data.

Figure 4.3 shows outcomes for Program Option 3, which would see the number of additional Victorians supported each year would grow to 1,573 Victorians by Year 10 of the program.

In total, 11,398 Victorians would be supported over the 10 years of the program from their release. In Impact Scenario 7 for Program Option 3 the number of people expected to experience reincarceration would decline by 45 per cent or 832 people relative to the Base Case. The number of people that would also expect to be at Lower Risk of Unmet Needs would be expected to increase by 55 per cent or an additional 729 people would remain housed and employed on average.

Figure 4.3: Projections of participant risk in the Base Case and Program Option 3 ‘Rapid Rollout’ in the 10 years following prison release



Source: Insight Economics analysis of PATH and SuperMIX data.

4.3 Expectations for avoided costs by Program Option

Like the Community Trial, if the future programs achieve reductions in reincarceration risk in line with expectations from the literature review the programs will be strongly net positive for Victoria, returning benefit cost ratios (BCRs) of 3.0 to 3.7 depending on the program option that is implemented and the benefits realised (Table 4.1).

Scenario 7 provides the most probable expectation of benefit, showing the combined effects of the minimum expected improvement in housing and employment outcomes in Year 1 (Scenario 1) and through time (Scenario 3) as well as the minimum expected improvement in reincarceration risk and health services utilisation patterns (Scenario 6). Importantly, this is *not* the maximum possible benefit, which would be a combination of Impact Scenarios 2, 3 and 5 with improvements in health services utilisation. Thus, Scenario 7 represents a conservative lower bound estimate of the likely combined risk effects.

Avoided costs are maximised in Program Option 3, which would see more than \$2.3 billion in avoided costs relative to Base Case expectations assuming the lower bound of reduced reincarceration risk is achieved (Scenario 7). The majority of the avoided costs expected in Program Option 3 are avoided operational costs for Victorian prisons as the greatest number of Victorians would be better supported to more successfully reintegrate into the community.

Of course, because the program is scalable, the Victorian government would be able to review outcomes from the Community Trial and the early years of the Forest rollout to determine the optimal program implementation pathway.

Table 4.1: Benefit cost ratios for Program Options 1-3 by Impact Scenario

Program Option	Impact Scenario 1 Unstable Housing Risk halved	Impact Scenario 2 70% in Low Risk Group in Year 1	Impact Scenario 3 70% LUN Yr1 + Long Run Risk Reduction	Impact Scenario 4 Risk of Prison Reduced by 50%	Impact Scenario 5 Risk of Prison Reduced by 60%	Impact Scenario 6 50% Reduction Prison Risk + Health	Impact Scenario 7 Combined Effects Scenarios 1 + 3 + 6
Program Option 1: Do Minimum							
Avoided costs _{vic}	\$40m	\$40m	\$91m	\$813m	\$1,003m	\$823m	\$886m
Program costs	\$268m	\$268m	\$268m	\$268m	\$268m	\$268m	\$268m
BCR_{vic}	0.1	0.3	0.3	3.0	3.7	3.1	3.3
Program Option 2: Increased Reach							
Avoided costs _{vic}	\$49m	\$58m	\$141m	\$1,300m	\$1,603m	\$1,315m	\$1,407m
Program costs	\$440m	\$440m	\$440m	\$440m	\$440m	\$440m	\$440m
BCR_{vic}	0.1	0.1	0.3	3.0	3.6	3.0	3.2
Program Option 3: Rapid Rollout							
Avoided costs _{vic}	\$90m	\$100m	\$237m	\$2,159m	\$2,663m	\$2,185m	\$2,342m
Program costs	\$727m	\$727m	\$727m	\$727m	\$727m	\$727m	\$727m
BCR_{vic}	0.1	0.1	0.3	3.0	3.7	3.0	3.2

4.4 Breakeven and sensitivity analyses by Program Option

Similar to the findings for The Forest Community Trial, these results are robust to potential implementation risks; sensitivity analyses show that the program would be expected to deliver strongly positive BCRs even if capital costs of prison were not included or the program saw a significant cost escalation (Table 4.2):

- If capital costs were assumed to be sunk costs and excluded from the analysis, the BCRs for Program Options 1-3 would reduce to a range of 2.3-2.9, depending on the option implemented and the benefits realised (Impact Scenarios 4-7).
- If The Forest saw a 10 per cent escalation in implementation costs, the BCRs for Program Options 1-3 would reduce to a range of 2.7-3.4 depending on the option implemented and the benefits realised Impact Scenarios 4-7).

The Forest has included the costs of housing support for participants; to the extent that housing needs were met by other existing programs this would be expected to reduce the direct costs of The Forest program delivery and would see BCRs increase to a range of 3.5-4.4 depending on the option implemented and the benefits realised.

Expectations for BCRs were also relatively insensitive to discount rate variations, following similar patterns across the three program options for the different Impact Scenarios as observed with the central assumption of seven per cent.

Like the Community Trial, The Forest must achieve at least a 18 per cent reduction in reincarceration risk to break-even (a BCR of 1.0).

Table 4.2: Sensitivity analysis of key assumptions for Program Options 1-3 by Impact Scenario

Alternative assumptions by Program Option	Impact Scenario 1 Unstable Housing Risk halved	Impact Scenario 2 70% in Low Risk Group in Year 1	Impact Scenario 3 70% LUN Yr1 + Long Run Risk Reduction	Impact Scenario 4 Risk of Prison Reduced by 50%	Impact Scenario 5 Risk of Prison Reduced by 60%	Impact Scenario 6 50% Reduction Prison Risk + Health	Impact Scenario 7 Max Impact Potential Scenarios 1 + 3 + 6
Program Option 1: 'Do Minimum'							
<i>Central assumptions</i>	0.1	0.1	0.3	3.0	3.7	3.1	3.3
Excluded capital costs of prison	0.1	0.1	0.3	2.3	2.9	2.3	2.6
Higher program costs – 10%	0.1	0.1	0.3	2.8	3.4	2.8	3.0
Excluded housing subsidy	0.2	0.2	0.4	3.7	4.5	3.7	4.0
Discount rate 4%	0.2	0.2	0.4	3.6	4.4	3.6	3.9
Discount rate 10%	0.1	0.1	0.3	2.6	3.2	2.6	2.8
Program Option 2: 'Increased Reach'							
<i>Central assumptions</i>	0.1	0.1	0.3	3.0	3.6	3.0	3.2
Excluded capital costs of prison	0.1	0.1	0.3	2.3	2.8	2.3	2.5
Higher program costs – 10%	0.1	0.1	0.3	2.7	3.3	2.7	2.9
Excluded housing subsidy	0.1	0.2	0.4	3.5	4.4	3.6	3.8
Discount rate 4%	0.1	0.1	0.4	3.5	4.3	3.5	3.7
Discount rate 10%	0.1	0.1	0.3	2.5	6.3	2.6	2.8
Program Option 3: 'Rapid Rollout'							
<i>Central assumptions</i>	0.1	0.1	0.3	3.0	3.7	3.0	3.2
Excluded capital costs of prison	0.1	0.1	0.3	2.3	2.8	2.3	2.5
Higher program costs – 10%	0.1	0.1	0.3	2.7	3.3	2.7	2.9
Excluded housing subsidy	0.1	0.2	0.4	3.6	4.4	3.6	3.9
Discount rate 4%	0.1	0.1	0.4	3.5	3.5	3.6	3.8
Discount rate 10%	0.1	0.1	0.3	2.6	2.6	2.6	2.8

Source: Insight Economics

4.5 Outcomes by Victoria’s Early Intervention Investment Framework

Like the Community Trial, the Forest future program options are strongly aligned to the EIIF and PAD initiatives and would be expected to deliver a strong uplift in health, social and

economic metrics. Outcomes against key EIIF metrics for the various Program Options are shown in Figure 4.4.

Figure 4.4: Expected outcomes against key Early Intervention Investment Framework measures by Program Option (Scenario 7 Impacts)



Source: Insight Economics

[This page is intentionally left blank]

Chapter 5

Conclusions and key considerations for implementation

This chapter articulates the key takeaways from the modelling for the Victorian government and the wider Victorian community, and sets out considerations for implementation and next steps.

5.1 Key findings of the health, economic and social impact assessment

There are four major findings from this impact assessment; these key takeaways are:

- Addressing housing and employment risk alone is insufficient to tackle the challenges of reincarceration risk for people with histories of drug use
- A new approach is needed to address the unmet needs beyond housing and employment that lead to reincarceration risk and high costs to the community
- The Forest will deliver strong economic returns to the Victorian government and community if it achieves reductions in reincarceration risk observed in the literature and data review
- The Forest, co-designed with people with lived experience and professionals, is strongly aligned evidence of best practice and to the Victorian government's reform agenda for improved health and social outcomes as well as avoided costs.

Key finding #1: Addressing housing and employment risk is necessary but not sufficient to tackle the challenges of reincarceration for people with histories of drug use

Victoria has seen the real operating costs of prisons increase by 74 per cent in the past decade, with the proportion of people experiencing reincarceration increasing by 17 per cent over the same period. This growth in expenditure and rates of reincarceration have been recognised by the Victorian Government as unsustainable and contributed to sustained calls for investment and reform.

To date, however, efforts by the Victorian Government have been primarily focused on addressing housing and employment risk; little investment has been made to address other risk factors to reincarceration.

Although the risk of reincarceration reduces as housing stability and employment circumstances improve, it remains relatively high even with improved housing and employment support for people with histories of drug use. Burnet Institute data show weighted average risk of reincarceration to be 18 per cent even among people that are able to

secure housing and employment following their release (Lower Risk of Unmet Needs). This is because people with histories of drug use often have multiple unmet health and social needs that extend beyond housing and employment risk. Thus, even with important investments to improve access to housing and employment, Victoria continues to see high rates of reincarceration and cost growth to taxpayers.

Key finding #2: A new approach is needed that meets unmet health and social needs as well as access to housing and employment

A new approach is needed that addresses the multiple health and social determinants of reincarceration risk. This has been recognised by a series of reviews and reform initiatives, including the Royal Commission into Victoria's Mental Health System and the Parliament of Victoria's Inquiry into Victoria's criminal justice system, among others. These inquiries and reviews have unanimously called for system reforms and investment to deliver more person-centred, integrated services focused on addressing the risk factors to reincarceration.

Added to this, available literature and data review indicate that peer support programs that bring together not only housing and employment support but also health and social services and which are delivered through an ecosystem of peer support can deliver significant improvements in reincarceration risk. A range of pilot programs have been found to consistently halve the risk of reincarceration in addition to improving housing stability, employment opportunity, health outcomes and patterns of health service utilisation.

Aligned to the evidence and co-designed with people with lived experience, The Forest is has been designed to address unmet health and social needs as well as housing and employment. The Forest brings together improved access to housing, health, education, and employment services through a single governance model, and builds social connection by strengthening community relationships and providing people pathways to dignity, labour force participation and employment.

Key finding #3: The Forest is expected to deliver strong economic returns to the Victorian government and community in the form of avoided costs

The modelling finds that if The Forest can reduce reincarceration risk in line with expectations from the literature (between 50 per cent and 60 per cent) it would deliver a strongly positive benefit cost ratio (BCR) to the Victorian government, with expected benefit-cost ratios BCRs of between 3.0 to 3.8 depending on the Program Option implemented and the level of impact achieved.

From the perspective of the Victorian government, The Forest would be expected to achieve a BCR of 1.0 across all programs if reincarceration risk is reduced by at least 18 per cent; at this point, both the community trial and the potential future programs would breakeven. This would require the program to be less than half as effective as other comparable programs reported in the literature, noting there was strong congruence across studies around a minimum expected impact of an at least 50 per cent reduction in reincarceration risk.

Key finding #4: The Forest is aligned to the Victorian government's reform objectives and will deliver improvements in health, social and economic outcomes

In addition to delivering significant improvements in avoided costs, The Forest would also be expected to deliver significant outcome improvements across multiple health, economic and social domains, including improvements in social connectedness, social inclusion, family function, health and wellbeing, workforce participation and resilience. The Program is strongly aligned to the reform agenda articulated by the Early Intervention Investment Framework and Partnerships Addressing Disadvantage initiative. While the magnitude of

benefit realised will depend on the Program Option implemented, it was expected that, depending on the future scope of the program:

- Up to 800 additional Victorians will report good to excellent health (health and wellbeing)
- Up to 360 additional Victorians will report improved social support networks (social connectedness)
- Nearly 1,300 additional Victorians will report they feel like they are playing a useful part in things (social inclusion)
- Up to 450 people could see an increase in labour force participation.

Avoided costs and improved outcomes would be expected to be maximised through the implementation of Program Option 3, which would reach the largest number of people in need of support leaving prison. The scalability of the program, however, would allow the Victorian Government to review outcomes from the community trial and program through time to best optimise value for money and outcomes for people leaving prison and the wider Victorian community.

5.2 Implementation considerations & next steps

The analysis shows that that funding The Forest Community Trial represents a low risk, ‘no regrets’ investment for the Victorian government.

The Forest is a critical investment that maps to strongly to the objectives for Victoria’s reform agenda as set out by the the Royal Commission into Victoria’s Mental Health System, the Parliament of Victoria’s Inquiry into Victoria’s criminal justice system, Victoria’s Early Intervention Investment Framework and the Partnerships Addressing Disadvantage initiative. The Forest will benefit not only trial participants but all Victorians by reducing risk factors for adverse health events and the risks of crime. It will make Victorian families safer and reduce demand for Victorian emergency department and hospital services.

Importantly, because any future program can be funded in a phased way, it is a low-risk investment. The potential to phase investment through time will allow for the implementation of the program to be optimised as value is demonstrated through time. The Community Trial alone would be expected to deliver avoided costs in the order of \$303 million in NPV_{7%} terms, with a BCR of 3.3.

In light of the recruitment locations for future participants and wider government investments in transport infrastructure, the first centre could be established in the north-west region of metropolitan Melbourne (for example, in an area such as Sunshine), which would also maximise access for participants as investments in transport continue in the region.

The modelling indicates that avoided costs would be ultimately maximised through the implementation of Program Option 3, as this would see the greatest number of people leaving prison successfully reintegrated into the community. Program Option 3 would be expected to deliver avoided costs in the order of \$2.3 billion over the evaluation horizon in NPV_{7%} terms, with a BCR of 3.2. Importantly, however, the rollout of a future program can be managed through time, allowing for risk mitigation and the optimisation of value for money to the Victorian community.

It is recommended that the Victorian Government fund The Forest Community Trial through the Partnerships Addressing Disadvantage initiative to deliver on its justice health reform agenda, and assess the outcomes of this trial to determine the optimal future implementation of a full program as a next step.

[This page is intentionally left blank]

Appendix A

References

- Australian Bureau of Statistics. (2023). Prisoners in Australia ABS, 2023, accessed at: <https://www.abs.gov.au/statistics/people/crime-and-justice/prisoners-australia/latest-release>.
- Australian Institute of Health and Welfare. (2023). The health of people in Australia's prisons 2022, available at: <https://www.aihw.gov.au/reports-data/population-groups/prisoners/overview>.
- Allard T, McCarthy M & Stewart A. (2020). The costs of Indigenous and non-Indigenous offender trajectories. *Trends & issues in crime and criminal justice* no. 594. Canberra: Australian Institute of Criminology. <https://doi.org/10.52922/ti04329>
- Allard T, Stewart A, Smith C, Dennison S, Chrzanowski A, & Thompson C. (2014). The monetary cost of offender trajectories: Findings from Queensland (Australia). *Australian & New Zealand Journal of Criminology*, 47(1), 81-101. <https://doi.org/10.1177/0004865813503350>
- Arbour W, Lacrois G & Marchand S. (2023). Prison rehabilitation programs and reincarceration: evidence from variations in availability, Melbourne Institute Working Paper No. 07/23 May 2023, available at: https://melbourneinstitute.unimelb.edu.au/__data/assets/pdf_file/0009/4624434/wp2023no7.pdf
- Armitage EV, Lyons H & Moore, TL. (2010). Recovery Association Project (RAP), Portland, Oregon, available at: <https://www.mentalhealthportland.org/wp-content/uploads/2019/06/RAP-Program-at-CCC-ATQ-article-final-4.1.10.pdf>
- Armytage P. (2017). Youth Justice Review and Strategy—Executive Summary, available at: https://files.justice.vic.gov.au/2021-06/report_meeting_needs_and_reducing_offending_executive_summary_2017.pdf
- Bartie J, Bothwell S, Lee N & Jenner L. (2021). What works. Alcohol and other drug interventions in prisons, available at: <https://360edge.com.au/assets/uploads/2021/11/360Edge-What-Works-in-Prisoner-AOD-Treatment-2nd-Edition-November-2021-Website.pdf>
- Bassuk EL, Hanson J, Greene RN, Richard M, Laudet A. (2016). Peer-Delivered Recovery Support Services for Addictions in the United States: A Systematic Review. *J Subst Abuse Treat.* 2016 Apr;63:1-9. doi: 10.1016/j.jsat.2016.01.003. Epub 2016 Jan 13. PMID: 26882891.
- Bernstein J, Bernstein E, Tassiopoulos K, Heeren T, Levenson S, Hingson R. Brief motivational intervention at a clinic visit reduces cocaine and heroin use. (2005). *Drug Alcohol Depend.* 2005 Jan 7;77(1):49-59. doi: 10.1016/j.drugalcdep.2004.07.006. PMID: 15607841.
- Bushway SD, & Apel R. (2012). A Signaling Perspective on Employment-Based Reentry Programming, *Criminology & Public Policy*, 10.1111/j.1745-9133.2012.00786.x
- Cale J, Day A, Casey SN, Bright DA, Wodak J, Giles MJ & Baldry E. (2019). Australian prison vocational education and training and returns to custody among male and female ex-prisoners: A cross-jurisdictional study. *Australian and New Zealand Journal of Criminology.* 2019 Mar 1;52(1):129-147. doi: 10.1177/0004865818779418
- Chesser B & Smith KH. (2016). The Assessment and Referral Court List program in the Magistrates Court of Victoria: An Australian study of reincarceration, *International Journal of Law, Crime and Justice*, Volume 45, 2016, 141-151, <https://doi.org/10.1016/j.ijlcj.2015.12.003>.
- Cohen M. (1998). The monetary value of saving a high risk youth. *Journal of Quantitative Criminology*, 14, 5–33.
- Cohen MA, Piquero AR & Jennings WG. (2010). Studying the costs of crime across offender trajectories. *Criminology & Public Policy* 9: 279–305

- Commonwealth of Australia. (2008). The Road Home: A National Approach to Reducing Homelessness, available at: <https://apo.org.au/sites/default/files/resource-files/2008-12/apo-nid2882.pdf>
- Commonwealth of Australia. (2013). Value of a justice reinvestment approach to criminal justice in Australia: Chapter 3 - The economic and social costs of imprisonment.
- Corrections Victoria. (2015). Vic Corrections Victoria: Corrections Alcohol and Drug Strategy 2015, available at: <https://www.corrections.vic.gov.au/corrections-alcohol-and-drug-strategy-2015>
- Cossar R, Stoové M, Kinner SA, Dietze P, Aitken C, Curtis M, Kirwan A, Ogloff JRP. (2018). The associations of poor psychiatric well-being among incarcerated men with injecting drug use histories in Victoria, Australia. *Health Justice*. 2018 Jan 13;6(1):1. doi: 10.1186/s40352-018-0059-4. PMID: 29330606; PMCID: PMC5766477.
- County Court Victoria, Court Integrated Services Program Pilot Fact Sheet, available at: www.countycourt.vic.gov.au
- Curtis M, Winter RJ, Dietze P, Wilkinson AL, Cossar RD, Stewart AC, Agius PA, Butler T, Aitken C, Kirwan A, Walker S, & Stoové M. (2022). High rates of resumption of injecting drug use following release from prison among men who injected drugs before imprisonment. *Addiction*, 117(11), 2887-2898. <https://doi.org/10.1111/add.15971>
- de Andrade D, Ritchie J, Rowlands M, Mann E, Hides L. (2018). Substance Use and Reincarceration Outcomes for Prison-Based Drug and Alcohol Interventions. *Epidemiol Rev*. 2018 Jun 1;40(1):121-133. doi: 10.1093/epirev/mxy004. PMID: 29733373.
- Demetrius A, Davis Y & Wilson S. (2010). Peers Reach Out Supporting Peers to Embrace Recovery (PROSPER): A Center for Substance Abuse Treatment Recovery Community Services Program, *Alcoholism Treatment Quarterly*, 28:3, 326-338, DOI: 10.1080/07347324.2010.488538
- Department of Families, Fairness and Housing, Korin Korin Balit-Djak, available at: <https://www.dffh.vic.gov.au/publications/korin-korin-balit-djak>
- Department of Families, Fairness and Housing, Wungurilwil Gapgapduir Aboriginal Children and Families Agreement, available at: <https://www.dffh.vic.gov.au/publications/wungurilwil-gapgapduir-aboriginal-children-and-families-agreement>
- Department of Families, Fairness and Housing. (2022). Inclusive Victoria: state disability plan, available at: <https://www.vic.gov.au/state-disability-plan>
- Department of Health and Human Services. (2015). Victoria's 10-year Mental Health Plan, available at: <https://content.health.vic.gov.au/sites/default/files/migrated/files/collections/policies-and-guidelines/v/victoria-10-year-mental-health-plan.pdf>
- Department of Health. (2017). National Drug Strategy 2017-2026, available at: <https://www.health.gov.au/sites/default/files/national-drug-strategy-2017-2026.pdf>
- Department of Health. (2023). Balit Murrup: Aboriginal social emotional wellbeing framework 2017-2027, available at: <https://www.health.vic.gov.au/publications/balit-murrup-aboriginal-social-emotional-wellbeing-framework-2017-2027>
- Department of Justice & Regulation – Corrections Victoria. (2017). Strengthening Connections, Women's Policy for the Victorian Corrections system, available at: <https://www.corrections.vic.gov.au/strengthening-connections-womens-policy-for-the-victorian-corrections-system>
- Department of Justice and Community Safety Victoria. (2020). Youth Justice Strategic Plan 2020 – 2030, available at: <https://www.justice.vic.gov.au/youth-justice-strategy>
- Department of Social Services. (2022). National Housing and Homelessness Agreement, available at: <https://www.dss.gov.au/housing-support-programs-services-homelessness/national-housing-and-homelessness-agreement>

Department of Treasury and Finance Victoria, Budget Papers No. 3 Service Delivery, 2010-11 to 2018-19

Department of Treasury and Finance. (2024). Early Intervention Investment Framework, available at: <https://www.dtf.vic.gov.au/funds-programs-and-policies/early-intervention-investment-framework>

Department of Treasury and Finance. (2024). Partnerships Addressing Disadvantage, available at: <https://www.dtf.vic.gov.au/funds-programs-and-policies/partnerships-addressing-disadvantage#:~:text=What per cent20are per cent20Partnerships per cent20Addressing per cent20Disadvantage,achievement per cent20of per cent20agreed per cent20social per cent20outcomes.>

Edwards L, Jamieson SK, Bowman J, Chang S, Newton J & Sullivan E. (2022). A systematic review of post-release programs for women exiting prison with substance-use disorders: assessing current programs and weighing the evidence. *Health Justice*. 2022 Jan 3;10(1):1. doi: 10.1186/s40352-021-00162-6. PMID: 34978645; PMCID: PMC8725487.

Ellison M, Fox C, Gains A & Pollock G. (2013). An evaluation of the effect of housing provision on re-offending, *Safer Communities*, Vol. 12 No. 1, pp. 27-37. <https://doi.org/10.1108/17578041311293125>

Ellison M, Szifris K, Horan R & Fox C. (2017). A Rapid Evidence Assessment of the effectiveness of prison education in reducing reincarceration and increasing employment. *Probation Journal*, 64(2), 108-128. <https://doi.org/10.1177/0264550517699290>

Executive Office of the President of the United States (2016) Economic Perspectives on Incarceration and the Criminal Justice System, available at: https://obamawhitehouse.archives.gov/sites/default/files/page/files/20160423_cea_incarceration_criminal_justice.pdf

EY (2021) Evaluation of the Justice Advocacy Service, Department of Communities and Justice – Final Report, available at: <https://idrs.org.au/site18/wp-content/uploads/2021/11/evaluation-of-the-justice-advocacy-service-report.pdf>

Fontaine J. (2013). The Role of Supportive Housing in Successful Reentry Outcomes for Disabled Prisoners. *Cityscape*, vol. 15, no. 3, 2013, pp. 53–76. JSTOR, <http://www.jstor.org/stable/26326831>. Accessed 5 Mar. 2024.

Giesbrecht C. (2023). A meta-analysis of the effect of violence intervention programs on general and violent reincarceration, *Journal of CSWB*, VOLUME 8, NUMBER 2, available at: <https://www.journalcswb.ca/index.php/cswb/article/view/308/931>

Goldstein EH, Warner-Robbins C, McClean C, Macatula L, & Conklin R. (2009). A peer-driven mentoring case management community reentry model: an application for jails and prisons. *Fam Community Health*. 2009 Oct-Dec;32(4):309-13. doi: 10.1097/FCH.ob013e3181b91fod. PMID: 19752632.

Griffiths A, Zmudzki F, Bates S. (2017). Evaluation of ACT Extended Throughcare Program: Final Report (SPRC Report 2/17). Sydney: Social Policy Research Centre, UNSW Australia. <http://doi.org/10.4225/53/58d442ec04392>

Hopkin G, Evans-Lacko S, Forrester, A., Shaw G & Thoricroft G. (2018). Interventions at the transition from prison to the community for prisoners with mental illness: a systematic review, *Administration and Policy in Mental Health and Mental Health Services Research*, ISSN 0894-587X, <https://link.springer.com/article/10.1007/s10488-018-0848-z>.

Huebner B & Cobbina J. (2007). The effect of drug use, drug treatment participation, and treatment completion on probationer reincarceration, *Journal of Drug Issues*, available at: <https://www.bethhuebner.com/wp-content/uploads/2020/07/Journal-of-Drug-Issues.pdf>

Jacobs LA, & Gottlieb A. (2020). The Effect of Housing Circumstances on Reincarceration: Evidence From a Sample of People on Probation in San Francisco. *Criminal Justice and Behavior*, 47(9), 1097-1115. <https://doi.org/10.1177/0093854820942285>

- James C, Stams GJ, Asscher JJ, De Roo AK, & der Laan PH. (2013). Aftercare programs for reducing reincarceration among juvenile and young adult offenders: a meta-analytic review. *Clin Psychol Rev.* 2013 Mar;33(2):263-74. doi: 10.1016/j.cpr.2012.10.013. Epub 2012 Nov 8. PMID: 23313763.
- Joint Council on Closing the Gap, Closing the Gap, available at: <https://www.closingthegap.gov.au/joint-council-closing-gap>
- Justice Reform Initiative. (2023). Justice Reform Initiative Pre-Budget Submission: The case for a Federal 'Breaking the cycle and safer communities fund', available at: https://assets.nationbuilder.com/justicereforminitiative/pages/335/attachments/original/1681695803/5_JRI_Federal_Budget_Submission_Jan_2023.pdf?1681695803
- Kellner P, Ngo CL, Delafosse V, Bragge P, & Tsering D. (2023). The effectiveness of housing and housing assistance programs to prevent adult reoffending: a rapid review. Monash Sustainable Development Institute Evidence Review Service, BehaviourWorks Australia, Monash University, Feb 2023.
- Kelly JF, Abry A, Ferri M, & Humphreys K. (2020). Alcoholics Anonymous and 12-Step Facilitation Treatments for Alcohol Use Disorder: A Distillation of a 2020 Cochrane Review for Clinicians and Policy Makers, *Alcohol Alcohol*; 55(6): 641–651. Published online 2020 Jul 6. doi: 10.1093/alcalc/agaao50.
- Kendall S, Redshaw S, Ward S, Wayland S, Sullivan E. (2018). Systematic review of qualitative evaluations of reentry programs addressing problematic drug use and mental health disorders amongst people transitioning from prison to communities. *Health Justice.* 2018 Mar 2;6(1):4. doi: 10.1186/s40352-018-0063-8. PMID: 29500640; PMCID: PMC5834412.
- Kinner S. (2006). The post-release experience of prisoners in Queensland. *Trends & issues in crime and criminal justice* no. 325. Canberra: Australian Institute of Criminology. <https://www.aic.gov.au/publications/tandi/tandi325>.
- Kirk DS, Barnes GC, Hyatt JM, & Kearley BW. (2018). The impact of residential change and housing stability on reincarceration: pilot results from the Maryland Opportunities through Vouchers Experiment (MOVE). *J Exp Criminol.* 2018;14(2):213-226. doi: 10.1007/s11292-017-9317-z. Epub 2017 Dec 15. PMID: 29937702; PMCID: PMC5993842.
- Kirwan A, Curtis M, Dietze P, Aitken C, Woods E, Walker S, Kinner S, Ogloff J, Butler T, Stoové M. (2019). The Prison and Transition Health (PATH) Cohort Study: Study Protocol and Baseline Characteristics of a Cohort of Men with a History of Injecting Drug Use Leaving Prison in Australia. *J Urban Health.* 2019 Jun;96(3):400-410. doi: 10.1007/s11524-019-00353-5. PMID: 30989484; PMCID: PMC6565648.
- KPMG. (2018). Maranguka Justice Reinvestment Project Impact Assessment, available at: <https://www.indigenousjustice.gov.au/wp-content/uploads/mp/files/resources/files/maranguka-justice-reinvestment-project-kpmg-impact-assessment-final-report.pdf>
- Krebs CP, Strom KJ, Koetse WH, & Lattimore PK. (2009). The Impact of Residential and Nonresidential Drug Treatment on Reincarceration Among Drug-Involved Probationers: A Survival Analysis. *Crime & Delinquency*, 55(3), 442-471. <https://doi.org/10.1177/0011128707307174>
- Larney S, Toson B, Burns L, Dolan K. (2012). Effect of prison-based opioid substitution treatment and post-release retention in treatment on risk of re-incarceration. *Addiction.* 2012 Feb;107(2):372-80. doi: 10.1111/j.1360-0443.2011.03618.x. Epub 2011 Oct 26. PMID: 21851442.
- Lindeman K, Howard M & Neto A. (2017). Evaluation of vocational training in custody Relationships between Training, Post-Release Employment and Reincarceration, search Publication No. 57, available at: <https://correctiveservices.dcj.nsw.gov.au/documents/research-and-statistics/057-evaluation-vocational-training-post-release-employment-and-reincarceration.pdf>
- Listwan SJ, Hartman JL & LaCourse A. (2018). Impact of the MeckFUSE Pilot Project: Reincarceration Among the Chronically Homeless, *Justice Evaluation Journal*, 1:1, 96-108, DOI: 10.1080/24751979.2018.1478236

- Lutze FE, Rosky JW & Hamilton ZK. (2014). Homelessness and Re-entry—A multisite outcome evaluation of Washington State’s Reentry Housing Program for High Risk Offenders, *Criminal Justice and Behaviour*, Vol.41 No.4, April 2014, 471-491, available at: <https://s3.wp.wsu.edu/uploads/sites/436/2014/11/Criminal-Justice-and-Behavior-2014-Lutze-471-91.pdf>
- Majeed T, Breuer E, Edwards L, Remond M, Taylor J, Zeki R, Hampton S, Grant L, Sherwood J, Baldry E, Sullivan E. (2023). Developing best practice principles for the provision of programs and services to people transitioning from custody to the community: study protocol for a modified Delphi consensus exercise. *BMJ Open*. 2023 Jun 2;13(6):e067366. doi: 10.1136/bmjopen-2022-067366. PMID: 37270198; PMCID: PMC10255081.
- Marlow E, Grajeda W, Lee Y, Young E, Williams M, Hill K. (2015). Peer Mentoring for Male Parolees: A CBPR Pilot Study. *Prog Community Health Partnersh*. 2015 Spring;9(1):91-100. doi: 10.1353/cpr.2015.0013. PMID: 25981429.
- Martin C, Reeve R, McCausland R, Baldry E, Burton P, White R & Thomas S. (2021). Exiting prison with complex support needs: the role of housing assistance, AHURI Final Report No. 361, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/final-reports/361>,
- McSweeney T, Hughes CE & Ritter A. (2015). Tackling ‘drug-related’ crime: Are there merits in diverting drug-misusing defendants to treatment? Findings from an Australian case study. *Australian and New Zealand Journal of Criminology*, Advance online publication. DOI: 10.1177/0004865814555773
- Mercer G, Ziersch E, Sowerbutts S, Day A & Pharo H. (2022). The Violence Prevention Program in South Australia: A Reincarceration and Cost–Benefit Analysis Pilot Study. *Criminal Justice and Behavior*, 49(1), 20–36. <https://doi.org/10.1177/00938548211038333>
- Min SY, Whitecraft J, Rothbard AB & Salzer MS. (2007). Peer Support for Persons with Co-Occurring Conditions and Community Tenure: A Survival Analysis. *Psychiatric Rehabilitation Journal*, 30(3), 207–213. <https://doi.org/10.2975/30.3.2007.207.213>
- Mitchell O, Wilson DB, and MacKenzie DL, (2012). The Effectiveness of Incarceration-Based Drug Treatment on Criminal Behavior: A Systematic Review. *Campbell Systematic Reviews*, 8: i-76. <https://doi.org/10.4073/csr.2012.18>
- Mueller-Smith M & Schnepel KT. (2020). Aversion in the Criminal Justice System, available at: https://sites.lsa.umich.edu/mgms/wp-content/uploads/sites/283/2020/12/Diversion_Draft_20191213.pdf, DOI:10.1037/e518992009-001.
- National Drug & Alcohol Research Centre. (2014). The effectiveness of a multi-component intervention for young people with multiple and complex needs, available at: <https://ndarc.med.unsw.edu.au/node/115282>
- National Institute of Justice. (2011). Program Profile: Amity In-Prison Therapeutic Community, available at: <https://crimesolutions.ojp.gov/ratedprograms/54#2-0>
- National Institute of Justice. (2011). Program Profile: Auglaize County (Ohio) Transition (ACT) Program, available at: <https://crimesolutions.ojp.gov/ratedprograms/130>
- National Institute of Justice. (2011). Program Profile: Boston (Massachusetts) Reentry Initiative (BRI) available at: <https://crimesolutions.ojp.gov/ratedprograms/42#2-0>
- National Institute of Justice. (2011). Program Profile: Functional Family Therapy (FFT), available at: <https://crimesolutions.ojp.gov/ratedprograms/122#2-0>
- National Institute of Justice. (2011). Program Profile: Prison-Initiated Methadone Maintenance Treatment, available at: <https://crimesolutions.ojp.gov/ratedprograms/157#3-0>
- National Institute of Justice. (2015). Program Profile: West Midlands (England) High-Crime-Causing Users (HCCU), available at: <https://crimesolutions.ojp.gov/ratedprograms/374#2-0>

- National Institute of Justice. (2016) Program Profile: Allegheny County (Pa.) Jail-Based Reentry Specialist Program, available at: <https://crimesolutions.ojp.gov/ratedprograms/494#2-0>
- National Institute of Justice. (2017). Program Profile: Enhanced Thinking Skills (England), available at: <https://crimesolutions.ojp.gov/ratedprograms/532#2-0>
- National Institute of Justice. (2017). Program Profile: Florida Work Release Program, available at: <https://crimesolutions.ojp.gov/ratedprograms/558>
- National Institute of Justice. (2017). Program Profile: Intensive Outpatient Program (IOP) and Non-Hospital Residential (NHR) Program, available at: <https://crimesolutions.ojp.gov/ratedprograms/565#2-0>
- National Institute of Justice. (2017). Program Profile: Mentally Ill Offender Community Transition Program (Washington), available at: <https://crimesolutions.ojp.gov/ratedprograms/567#2-0>
- National Institute of Justice. (2017). Program Profile: Transitional Jobs Reentry Demonstration (TJRD), available at: <https://crimesolutions.ojp.gov/ratedprograms/506>
- National Institute of Justice. (2017). Program Profile: Wichita (Kansas) Work Release Program, available at: <https://crimesolutions.ojp.gov/ratedprograms/519#2-0>
- National Institute of Justice. (2018). Program Profile: Milwaukee Safe Streets Prisoner Release Initiative (PRI), available at: <https://crimesolutions.ojp.gov/ratedprograms/589>
- National Institute of Justice. (2020). Program Profile: Creating Lasting Family Connections Fatherhood Program: Family Reintegration, available at: <https://crimesolutions.ojp.gov/ratedprograms/689>
- National Institute of Justice. (2023). Program Profile: Denver (Colorado) Supportive Housing Social Impact Bond Initiative (Denver SIB), available at: <https://crimesolutions.ojp.gov/ratedprograms/1792>
- National Institute of Justice. (2023). Program Profile: Environmental Corrections Model (Australia), available at: <https://crimesolutions.ojp.gov/ratedprograms/1790#2-0>
- Newton D, Day A, Giles M, Wodak J, Graffam J, Baldry E. (2018). The Impact of Vocational Education and Training Programs on Reincarceration: A Systematic Review of Current Experimental Evidence. *Int J Offender Ther Comp Criminol.* 2018 Jan;62(1):187-207. doi: 10.1177/0306624X16645083. Epub 2016 May 13. PMID: 27179060.
- NSW Bureau of Crime Statistics and Research. (2020). Crime and Justice Bulletin No. 232. Sydney
- O'Connell MJ, Flanagan EH, Delphin-Rittmon ME, Davidson L. (2020). Enhancing outcomes for persons with co-occurring conditions through skills training and peer recovery support. *J Ment Health.* 2020 Feb;29(1):6-11. doi: 10.1080/09638237.2017.1294733. Epub 2017 Mar 10. PMID: 28282996.
- Parliament of Victoria (2022). Inquiry into Victoria's criminal justice system – Volume 1, PP No 326, Session 2018–2022 (Volume 1 of 2), available at: <https://new.parliament.vic.gov.au/4a4b67/contentassets/6961bccea1ac41dd812811abo312170d/lclsic-59-10-vic-criminal-justice-system.pdf>
- Parliament of Victoria. (2022). Inquiry into children affected by parental incarceration, PP No 360, Session 2018–2022, https://new.parliament.vic.gov.au/4a4cea/contentassets/c5301ed866b64611a2a6f4979865e991/lclsic-59-11_children-affected-by-parental-incarceration.pdf
- Payne J & Gaffney A. (2012). How much crime is drug or alcohol related? Self-reported attributions of police detainees, Trends & issues in crime and criminal justice no. 439, Australian Institute of Criminology.
- Perry et al. (2021) The effect of a peer-led problem-support mentor intervention on self-harm and violence in prison: An interrupted time series analysis using routinely collected prison data,

- Volume 32, 100702, available at: [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(20\)30446-6/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(20)30446-6/fulltext)
- Piquero AR, Jennings WG & Farrington D. (2013). The monetary costs of crime to middle adulthood: Findings from the Cambridge study in delinquent development. *Journal of Research in Crime and Delinquency* 50: 153–74
- Productivity Commission. (2014-2023). Report on Government Services available at: <https://www.pc.gov.au/ongoing/report-on-government-services/2023>
- PwC. (2021). Second Chance Jobs Program – Final Report, available at: <https://www.vacro.org.au/Handlers/Download.ashx?IDMF=3020bc53-7a3f-4f9a-b261-f34548453a9f>
- Redcross C, Millenky M, Rudd T, and Levshin V. (2012). More Than a Job: Final Results from the Evaluation of the Center for Employment Opportunities (CEO) Transitional Jobs Program. OPRE Report 2011-18. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Service, available at: https://www.acf.hhs.gov/sites/default/files/documents/opre/more_than_job.pdf
- Reeve R, McCausland R, Dowse L & Trofimovs J. (2017). Economic Evaluation of Criminal Justice Support Network. Sydney: Intellectual Disability Behaviour Support Program, UNSW Sydney https://idrs.org.au/site18/wp-content/uploads/2018/10/Economic-Evaluation-of-Criminal-Justice-Support-Network_2017.pdf
- Ross, S. (2015). Evaluating neighbourhood justice: Measuring and attributing outcomes for a community justice program, *Australian Institute of Criminology, Trends & Issues No. 499*, available at: <https://www.aic.gov.au/sites/default/files/2020-05/tandi499.pdf>
- Rowe M, Bellamy C, Baranoski M, Wieland M, O'Connell MJ, Benedict P, Davidson L, Buchanan J, Sells D. (2007). A peer-support, group intervention to reduce substance use and criminality among persons with severe mental illness. *Psychiatr Serv.* 2007 Jul;58(7):955-61. doi: 10.1176/ps.2007.58.7.955. PMID: 17602012.
- Rowland B, Kelly AB, Mohebbi M, Kremer P, Abrahams C, Abimanyi-Ochom J, Carter R, Williams J, Smith R, Osborn A, Hall J, Hosseini T, Renner H, Toumbourou JW. (2022). Evaluation of Communities That Care-Effects on Municipal Youth Crime Rates in Victoria, Australia: 2010-2019. *Prev Sci.* 2022 Jan;23(1):24-35. doi: 10.1007/s11121-021-01297-6. Epub 2021 Oct 9. PMID: 34626325.
- Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (29 September 2023), available at: <https://disability.royalcommission.gov.au/>
- Russell S & Sotiri M. (2018). Pathways Home: How can we deliver better outcomes for people who have been in prison? *HousingWORKS* – August, available at: https://www.crcnsw.org.au/wp-content/uploads/2020/09/2018_PathwaysHome_HOMELESSNESS.pdf
- Seivwright A, Callis Z, Thielking M & Flatau P. (2020). Chronic Homelessness in Melbourne: Third Year Outcomes of Journey to Social Inclusion Phase 2 Study Participants. St Kilda, VIC: Sacred Heart Mission. DOI 10.25916/5ee6e3e9c2b35.
- Sells D, Curtis A, Abdur-Raheem J, Klimczak M, Barber C, Meaden C, Hasson J, Fallon P, & Emigh-Guy M. (2020). Peer-Mentored Community Reentry Reduces Reincarceration () *Criminal Justice and Behavior* Volume: 47 Issue: 4 Dated: 2020 Pages: 437-456, available at: <https://www.ojp.gov/ncjrs/virtual-library/abstracts/peer-mentored-community-reentry-reduces-reincarceration>
- Sentencing Advisory Council. (2023). Released Prisoners Returning to Prison, available at: <https://www.sentencingcouncil.vic.gov.au/sentencing-statistics/released-prisoners-returning-to-prison>
- Skardhamar T & Telle K. (2012). Post-release Employment and Reincarceration in Norway. *J Quant Criminol* 28, 629–649 (2012). <https://doi.org/10.1007/s10940-012-9166-x>

- Social Ventures Australia. (2023). Arc Social Impact Bond, Information Memorandum, available at: <https://www.socialventures.com.au/assets/Arc-Social-Impact-Bond-Information-Memorandum.pdf>
- Sotiri M, McCausland R, Reeve R, Phelan L & Byrnes R. (2021). "They're there to support you and help you, they're not there to judge you" Breaking the cycle of incarceration, drug use and release: Evaluation of the Community Restorative Centre's AOD and reintegration programs, Report for NSW Health, available at: <https://www.crcnsw.org.au/wp-content/uploads/2021/11/CRC-AOD-Evaluation-final-report-1Dec21.pdf>
- Sotiri M. (2020). "Building pathways out of the justice system: Supporting women and reducing reincarceration", 76;161 Precedent 48, available at: <http://classic.austlii.edu.au/au/journals/PrecedentAULA/2020/76.html#fn17>
- Sotiri M, Moliterno, Parker & Gray. (2020). CRC submission to the house standing committee on social policy and legal affairs family, domestic and sexual violence, available at: https://www.crcnsw.org.au/wp-content/uploads/2020/09/2020_CRC_FD_V_SUBMISSION_24_JULY.pdf
- State Government of Victoria, Plan Melbourne, available at: <https://www.planning.vic.gov.au/guides-and-resources/strategies-and-initiatives/plan-melbourne>
- State Government of Victoria, Victorian Skills Plan, available at: <https://www.vic.gov.au/victorian-skills-plan>
- Stewart AC, Cossar RD, Wilkinson AL, Quinn B, Dietze P, Walker S, Butler T, Curtis M, Aitken C, Kirwan A, Winter R, Ogloff J, Kinner S, Stoové M. (2021). The Prison and Transition Health (PATH) cohort study: Prevalence of health, social, and crime characteristics after release from prison for men reporting a history of injecting drug use in Victoria, Australia. *Drug Alcohol Depend.* 2021 Oct 1;227:108970. doi: 10.1016/j.drugalcdep.2021.108970. Epub 2021 Aug 28. PMID: 34488074.
- Sullivan E, Zeki R, Ward S, Sherwood J, Remond M, Chang S, et al. (2024). Effects of the Connections program on return-to-custody, mortality and treatment uptake among people with a history of opioid use: Retrospective cohort study in an Australian prison system. *Addiction.* 2024; 119(1): 169–179. <https://doi.org/10.1111/add.16339>
- Sutherland A. (2019). A propensity score analysis of a community resettlement programme for women prisoners. *Criminology & Criminal Justice*, 19(1), 115-132. <https://doi.org/10.1177/1748895817743284>
- Sutherland R, Karlsson A, King C, Jones F, Uporova J, Price, O., Gibbs, D., Bruno, R., Dietze, P., Lenton, S., Salom, C., Grigg, J., Wilson, Y., Wilson, J., Daly, C., Thomas, N., Juckel, J., Degenhardt, L., Farrell, M. & Peacock, A. (2022). Australian Drug Trends 2022: Key Findings from the National Ecstasy and Related Drugs Reporting System (EDRS) Interviews. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney. DOI: 10.26190/hbqt-9d09; https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/National_EDRS_2022_Report_16.01.23.pdf
- Sutherland, R., Uporova, J., King, C., Jones F, Karlsson A, Gibbs D, Price O, Bruno R, Dietze P, Lenton S, Salom C, Daly C, Thomas N, Juckel J, Agramunt S, Wilson Y, Que Noy Y, Wilson J, Degenhardt L, Farrell M & Peacock A. (2022). Australian Drug Trends 2022: Key Findings from the National Illicit Drug Reporting System (IDRS) Interviews. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney. DOI: 10.26190/5czp-af24; https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/National_IDRS_2022_Report_16.01.23.pdf
- Thomas EG, Spittal MJ, Taxman FS & Kinner SA. (2015). Health-related factors predict return to custody in a large cohort of ex-prisoners: new approaches to predicting re-incarceration, *Health and Justice* (2015) 3:10 DOI 10.1186/s40352-015-0022-6
- Trood MD, Spivak BL, Ogloff JRP. (2021). The effects of judicial supervision on reincarceration of offenders in Australia and New Zealand: a systematic review and meta-analysis. *Psychiatr*

- Psychol Law. 2021 Oct 27;29(5):651-678. doi: 10.1080/13218719.2021.1956385. PMID: 36148389; PMCID: PMC9487968.
- Urban Institute. (2021). Breaking the Homelessness-Jail Cycle with Housing First, Urban Institute, available at: https://www.urban.org/sites/default/files/publication/104501/breaking-the-homelessness-jail-cycle-with-housing-first_1.pdf
- Valentine EJ & Redcross C. (2015). Transitional jobs after release from prison: effects on employment and reincarceration. *IZA J Labor Policy* 4, 16 (2015). <https://doi.org/10.1186/s40173-015-0043-8>
- Van Den Boom W, del Mar Quiroga M, O’Keefe D, Kumar D, Hill PL, Scott N, Agius PA, Higgs P, Kerr T, Maher L, Hickman M, Stoové M, & Dietze P, (2022). Cohort Profile: The Melbourne Injecting Drug User Cohort Study (SuperMIX), *International Journal of Epidemiology*, Volume 51, Issue 3, June 2022, Pages e123–e130, <https://doi.org/10.1093/ije/dyab231>
- Victoria Police. (2023). Keeping You Safe – Victoria Police Strategy 2023-2028, available at: <https://www.police.vic.gov.au/sites/default/files/2023-05/Victoria-Police-Strategy-2023-2028-accessible-version.pdf>
- Victoria State Government (2017) Strengthening Connections—Women’s Policy for the Victorian Corrections system, available at: https://files.corrections.vic.gov.au/2021-06/djr_per_cent20_cv_per_cent20_womenpolicy.pdf
- Victorian Department of Justice and Community Safety: Corporate Plan 23-27, available at: <https://www.justice.vic.gov.au/corporate-plan-2023-27>
- Victorian Government (2020) Crime Prevention Strategy, available at: <https://www.crimeprevention.vic.gov.au/crime-prevention-strategy>
- Victorian Government (2022) Diversion: keeping young people out of youth justice to lead successful lives, available at: <https://files.justice.vic.gov.au/2022-03/Youth-diversion-statement.pdf>
- Victorian Government Response, Legislative Council Legal and Social Issues Committee Inquiry into children affected by parental incarceration, available at: <https://new.parliament.vic.gov.au/4a4cec/contentassets/a66a7978ca834cc7ba03262287099fec/government-response-to-the-inquiry-into-children-affected-by-parental-incarceration.pdf>
- Victorian Government Response, Legislative Council Legal and Social Issues Committee Inquiry into Victoria’s Criminal Justice System, available at: https://new.parliament.vic.gov.au/4a4b6a/contentassets/f6d4688ca27d43449ccd5693475cc7e5/government-response-to-the-inquiry-into-victoria_s-criminal-justice-system.pdf
- Victorian Government, Dhelk Dja: Safe Our Way Strong Culture, Strong Peoples, Strong Families, available at: <https://www.vic.gov.au/family-violence-reform-rolling-action-plan-2020-2023/priorities-for-2020-2023/dhelk-dja-safe-our-way>
- Victorian Government, Marrung, available at: <https://www.vic.gov.au/marrung>
- Victorian Government, Perpetrators and people who use violence, available at: <https://www.vic.gov.au/family-violence-reform-rolling-action-plan-2020-2023/priorities-for-2020-2023/perpetrators-and-people>
- Victorian Government, Research, trial and evaluate interventions for perpetrators Recommendation 087, available at: <https://www.vic.gov.au/family-violence-recommendations/research-trial-and-evaluate-interventions-perpetrators>
- Visher, C. A., Winterfield, L., & Coggeshall, M. B. (2005). Ex-offender employment programs and reincarceration: A meta-analysis. *Journal of Experimental Criminology*, 1(3), 295–315. <https://doi.org/10.1007/s11292-005-8127-x>
- Waddell EN, Baker R, Hartung DM, Hildebran CJ, Nguyen T, Collins DM, Larsen JE, Stack E. (2020). Reducing overdose after release from incarceration (ROAR): study protocol for an intervention to reduce risk of fatal and non-fatal opioid overdose among women after release from prison.

- Health Justice. 2020 Jul 10;8(1):18. doi: 10.1186/s40352-020-00113-7. PMID: 32651887; PMCID: PMC7349469.
- Washington State Institute for Public Policy. (2023). Correctional education (basic skills) Adult Criminal Justice Benefit-cost methods last updated December 2023. Literature review updated July 2016, available at: <https://www.wsipp.wa.gov/BenefitCost/Program/734>
- Washington State Institute for Public Policy. (2023). Correctional education (post-secondary education) Adult Criminal Justice Benefit-cost methods last updated December 2023. Literature review updated July 2016. available at: <https://www.wsipp.wa.gov/BenefitCost/Program/735>
- Washington State Institute for Public Policy. (2023). Employment counseling and job training with paid work experience in the community Adult Criminal Justice Benefit-cost methods last updated December 2023. Literature review updated August 2016. available at: <https://www.wsipp.wa.gov/BenefitCost/Program/737>
- Washington State Institute for Public Policy. (2023). Housing assistance without services Adult Criminal Justice Benefit-cost methods last updated December 2023. Literature review updated August 2016, available at: <https://www.wsipp.wa.gov/BenefitCost/Program/724>
- Washington State Institute for Public Policy. (2023). Mental health courts Adult Criminal Justice Benefit-cost methods last updated December 2023. Literature review updated October 2016, available at: <https://www.wsipp.wa.gov/BenefitCost/Program/52>
- Washington State Institute for Public Policy. (2023). Offender Reentry Community Safety Program (for individuals with serious mental illness) Adult Criminal Justice Benefit-cost methods last updated December 2023. Literature review updated April 2012. available at: <https://www.wsipp.wa.gov/BenefitCost/Program/8>
- Washington State Institute for Public Policy. (2023). Reentry courts Adult Criminal Justice Benefit-cost methods last updated December 2023. Literature review updated August 2016, available at: <https://www.wsipp.wa.gov/BenefitCost/Program/727>
- Weatherburn, D., Yeong, S., Poynton, S., Jones, N. & Farrell, M. (2020). Long-term effect of the NSW Drug Court on reincarceration
- Whitten T, Cale J, Nathan S, Williams M, Baldry E, Ferry M, & Hayen A. (2022). Influence of a residential drug and alcohol program on young people's criminal conviction trajectories, *Journal of Criminal Justice*, Volume 84, 2023,102026, ISSN 0047-2352, <https://doi.org/10.1016/j.jcrimjus.2022.102026>.
- Willis, M. (2018). Supported housing for prisoners returning to the community: A review of the literature, Australian Institute of Criminology, AIC Research Report 07.
- Winter RJ, Stoové M, Agius PA, Hellard ME & Kinner SA. (2019). Injecting drug use is an independent risk factor for reincarceration after release from prison: A prospective cohort study, *Drug Alcohol Rev*, 38(3):254-263, doi: 10.1111/dar.12881.
- Wong JS, Bouchard J, Gushue K, & Lee C. (2019). Halfway Out: An Examination of the Effects of Halfway Houses on Criminal Reincarceration. *International Journal of Offender Therapy and Comparative Criminology*, 63(7), 1018-1037. <https://doi.org/10.1177/0306624X18811964>
- Young D, Fluellen R, & Belenko S. (2004). Criminal reincarceration in three models of mandatory drug treatment. *J Subst Abuse Treat*. 2004 Dec;27(4):313-23. doi: 10.1016/j.jsat.2004.08.007. PMID: 15610833.

Appendix B

Cost benefit analysis modelling assumptions

B.1 Cohort and risk group probabilities

Table B.1: Stratification of people leaving prison by cohort, risk group

Base Case	Non-Indigenous Males	Indigenous Males	Non-Indigenous Females	Indigenous Females
Proportion of prisoners by sex in Victoria	94.8%		5.2%	
Cohort stratification	83%	17%	84%	16%
Very High Unmet Needs (VHUN)	30%	16%	8%	12%
Moderate to High Unmet Needs (MUN)	32%	38%	82%	76%
Lower Unmet Needs (LUN)	38%	46%	9%	12%

Source: People in prison sex data sourced from table 14 in 2. Prisoner characteristics, States and territories (Tables 14 to 35).xlsx datacube at [Prisoners in Australia, 2022 | Australian Bureau of Statistics \(abs.gov.au\)](#); cohort probability distribution and event probabilities based on Burnet PATH and SuperMIX data.

Table B.2: Probability of events by cohort, risk group

Base Case	Non-Indigenous Males	Indigenous Males	Non-Indigenous Females	Indigenous Females
Events by risk group				
VHUN				
Death	1%	1%	1%	1%
Community	77%	70%	68%	68%
Prison	22%	29%	31%	31%
MUN				
Death	1%	1%	1%	1%
Community	78%	78%	84%	84%
Prison	21%	21%	15%	15%
LUN				
Death	1%	1%	1%	1%
Community	81%	81%	93%	93%
Prison	18%	18%	6%	6%

Source: Burnet PATH and SuperMIX data.

Table B.3: Conditional probabilities of risk group allocation each year after T=1 by cohort, risk group

Base Case expectations for risk group movement through time				
If a participant was in the VHUN group in previous period:	Non-Indigenous Males	Indigenous Males	Non-Indigenous Females	Indigenous Females
P(VHUN _t | VHUN _{t-1})	57%	50%	11%	11%
P(MUN _t | VHUN _{t-1})	23%	25%	88%	88%
P(LUN _t | VHUN _{t-1})	20%	25%	1%	1%
If a participant was in the MUN risk group in previous period:	Non-Indigenous Males	Indigenous Males	Non-Indigenous Females	Indigenous Females
P(VHUN _t | MUN _{t-1})	2%	9%	2%	9%
P(MUN _t | MUN _{t-1})	58%	64%	84%	82%
P(LUN _t | MUN _{t-1})	40%	27%	14%	9%
If the participant was in the LUN group in the previous period:	Non-Indigenous Males	Indigenous Males	Non-Indigenous Females	Indigenous Females
P(VHUN _t | LUN _{t-1})	14%	18%	3%	3%
P(MUN _t | LUN _{t-1})	19%	36%	39%	48%
P(LUN _t | LUN _{t-1})	67%	46%	58%	49%
If a participant is re-entering the community following a period of reincarceration:	Non-Indigenous Males	Indigenous Males	Non-Indigenous Females	Indigenous Females
P(VHUN _t | Prison leaver)	30%	16%	9%	12%
P(MUN _t | Prison leaver)	32%	38%	82%	76%
P(LUN _t | Prison leaver)	38%	46%	9%	12%

Source: Burnet PATH and SuperMIX data.

B.2 Program costs

The costs and benefits of The Forest will depend on the numbers of people involved in the trial and the program, as well as the model of care. The key assumptions for the trial and program design are the following:

- Trial scope – fixed
 - 4-year trial
 - 200 participants in Year 1 with 300 recruited in subsequent years (newly recruited and added to ongoing cohort), growing to 1,100 in total
 - Participants will come from Barwon, Dame Phillips Frost Centre, Ravenhall, Port Phillip, and Marngoneet centres.
- Program scope – scenarios
 - The program will commence in following the completion of the four year trial and would continue over a 10-year horizon

- Three scenarios will be modelled:
- Minimum scope – Continuation of trial volumes (300 p.a.) over the 10-year horizon
- Planned scope – Scaling up over time to triple trial volumes and number of centres (three centres by the end of 10 years of operation)
- Maximum scope – 50% of all potential unique PWID discharges (5 centres by the end of 10 years of operation)

Table B.4: Pre-release intake volumes per annum

Scenario	Trial Y1	Trial Y2-Y4	Program YR1-3	Program Y4-6	Program Y7-10
Minimum	200	300	300	300	300
Planned	200	300	300	600	900
Maximum	200	300	600	1200	1500

Table B.5: Key prison leaver data to inform program scenarios

Variable	Assumption	Source
Annual individuals discharged from prison (A)	9,352	Department of Justice and Community Safety, Annual Prisons State Profile 2012-2022.
Share of incarcerations using illicit drugs in year before prison entry (B)	73%	AIHW, Adults in prison
Number of people leaving prison with history of drug use each year	6,827	Calculation
Proportion with no prior prison history	47%	Department of Justice and Community Safety, Annual Prisons State Profile 2012-2022.
Potential maximum number of unique participants	3,209	Calculation
Estimated maximum enrolments per annum (50% of potential unique participants)	1,500	Assumption – potentially to be informed by rate of voluntary participation
Unplanned completion rate for amphetamine treatment (assumption for lost-to-follow up rate from pre-release to post-release program engagement)	30%	AIHW AODTS NMDS: Completion of alcohol and drug treatment in Australia, 2011–12 to 2020–21: differences by drugs of concern and treatment characteristics
Transitory service users	67%	AIHW AODTS NMDS: Patterns of alcohol and other drug treatment service use in Australia, 1 July 2014 to 30 June 2018
Episodic services users	30%	
Continual service users	3%	

Table B.6: Client uptake by Program Option

		Trial Year				Program Year									
		1	2	3	4	1	2	3	4	5	6	7	8	9	10
	Participant totals														
Trial		1,100	200	300	300	300									
	- Number of centres		1	1	1	1	0	0	0	0	0	0	0	0	0
Program Scenario 1 - Minimum Scope															
	Pre-release intake					300	300	300	300	300	300	300	300	300	300
	Post-release service engagement (30%)					210	210	210	210	210	210	210	210	210	210
	Continual participants (3%)						6	13	19	25	32	38	44	50	57
	Episodic participants (30%)								63	63	63	63	63	63	63
	3,925 Number of participants		200	300	300	300	210	216	223	292	298	305	311	317	323
	1 Number of centres		0	0	0	0	1	1	1	1	1	1	1	1	1
Program Scenario 2 - Planned uptake															
	Pre-release intake					300	300	300	600	600	600	900	900	900	900
	Post-release service engagement (30%)					210	210	210	420	420	420	630	630	630	630
	Continual participants (3%)						6	13	19	32	44	57	76	95	113
	Episodic participants (30%)								63	63	63	126	126	126	189
	6,720 Number of participants		200	300	300	300	210	216	223	502	515	527	813	832	851
	3 Number of centres		0	0	0	0	1	1	1	2	2	2	3	3	3
Program Scenario 3 - Maximum reach															
	Pre-release intake					600	600	600	1200	1200	1200	1500	1500	1500	1500
	Post-release service engagement (30%)					420	420	420	840	840	840	1050	1050	1050	1050
	Continual participants (3%)						13	25	38	63	88	113	145	176	208
	Episodic participants (30%)								126	126	126	252	252	252	315
	11,398 Number of participants		200	300	300	300	420	433	445	1004	1029	1054	1415	1447	1478
	5 Number of centres		0	0	0	0	2	2	2	4	4	4	5	5	5

Table B.7: Labour cost assumptions

Employees	Salary plus oncost (\$2023)	EFT	Total salary cost
Peer support worker	\$108,950	31.00	\$3,377,450
Peer workers - weekend	\$136,188	12.00	\$653,700
Transitional support worker	\$108,950	25.00	\$2,723,750
Transitional support - on call allowance	\$13,000	2.00	\$26,000
Transitional support - after hours work	\$136,188	0.40	\$54,475
Clinician – Nurse	\$108,950	5.00	\$544,750
Clinician – SW/allied health	\$108,950	16.00	\$1,743,200
Clinician - on call allowance	\$13,000	2.00	\$26,000
Clinician - after hours work	\$136,188	0.40	\$54,475
Specialised support workers	\$108,950	8.00	\$871,600
Lawyer	\$125,879	4.00	\$503,516
Education support worker	\$108,950	8.00	\$871,600
Employment support worker	\$108,950	8.00	\$871,600
CEO	\$245,476	1.00	\$245,476
Program coordination and governance (Burnet,	\$150,000	4.80	\$720,000
Onsite senior manager	\$196,386	1.00	\$196,386
Onsite manager	\$159,568	3.00	\$478,704
Team leaders	\$136,138	8.00	\$1,089,104
Researcher senior	\$153,796	1.00	\$153,796
Designer	\$138,225	1.00	\$138,225

Table B.8: Lease cost assumptions

Spaces	Number	Size sq m	Total size needed per
Drop in space		1.00	100.00
Consultation offices		26.00	9.00
Back office - open plan		73.00	10.00
Back office - individual		13.00	10.00
Clinic rooms		8.00	16.00
Group rooms		4.00	20.00
Outdoor space		1.00	80.00
Back office - support staff		5.00	10.00
TOTAL physical space			1532.00

Location	Range (\$/sqm.)	Min (June 2019)	Max (June 2019)	Min (2023)	Max (2023)	Source
Industrial rent	75 – 80	\$75.00	\$80.00	\$86.84	\$92.63	CKC, 2019, Property Market Investment Analysis, Sunshine
Commercial office market	\$175 to \$200	\$175.00	\$200.00	\$202.62	\$231.57	CKC, 2019, Property Market Investment Analysis, Sunshine

Table B.9: Consumable cost assumptions

Equipment and consumables	Value	Per site (140 FTE)
Mobile phone per FTE	\$1,116/year based on Telstra Basic Upfront Mobile plan (\$93/month) (\$2023)	\$156,240
ICT costs (laptop and software) per FTE	\$730 per year (\$2023)	\$102,000

B.3 Economic assumptions

Table B.10: General economic assumptions

Variable	Assumption	Source
Real discount rate	7% (base); 4% and 10% (sensitivities)	Department of Treasury and Finance Victoria
Value of Statistical Life Year	\$50,000 (2017) - \$235,000 (Australian Government)	Taylor, C, 2017, Economic Evaluation https://australianprescriber.tg.org.au/articles/economic-evaluation-of-medicines.html#r7 Australia Government Office of Impact Analysis
Inflation and price adjustment	CPI series	Victorian Department of Treasury and Finance Budget Papers 2023 Reserve Bank of Australia, 6401.0, T1-2
Wage inflation	Projections for wage inflation for 12 years from 2023	Victorian Department of Treasury and Finance
Modelling period	Trial assumed to commence in 2024, running for four years (July 2024/Q1FY2025) to FY2028. Program assumed to commence FY2029 to FY2038.	Burnet Institute & Insight Economics assumptions
Cohort period	Impacts for each cohort to be modelled over 10-year horizon from year of prison release	Burnet Institute & Insight Economics assumptions

B.4 Expected costs in the community

Figure B.1: Cost categories for persons in the community

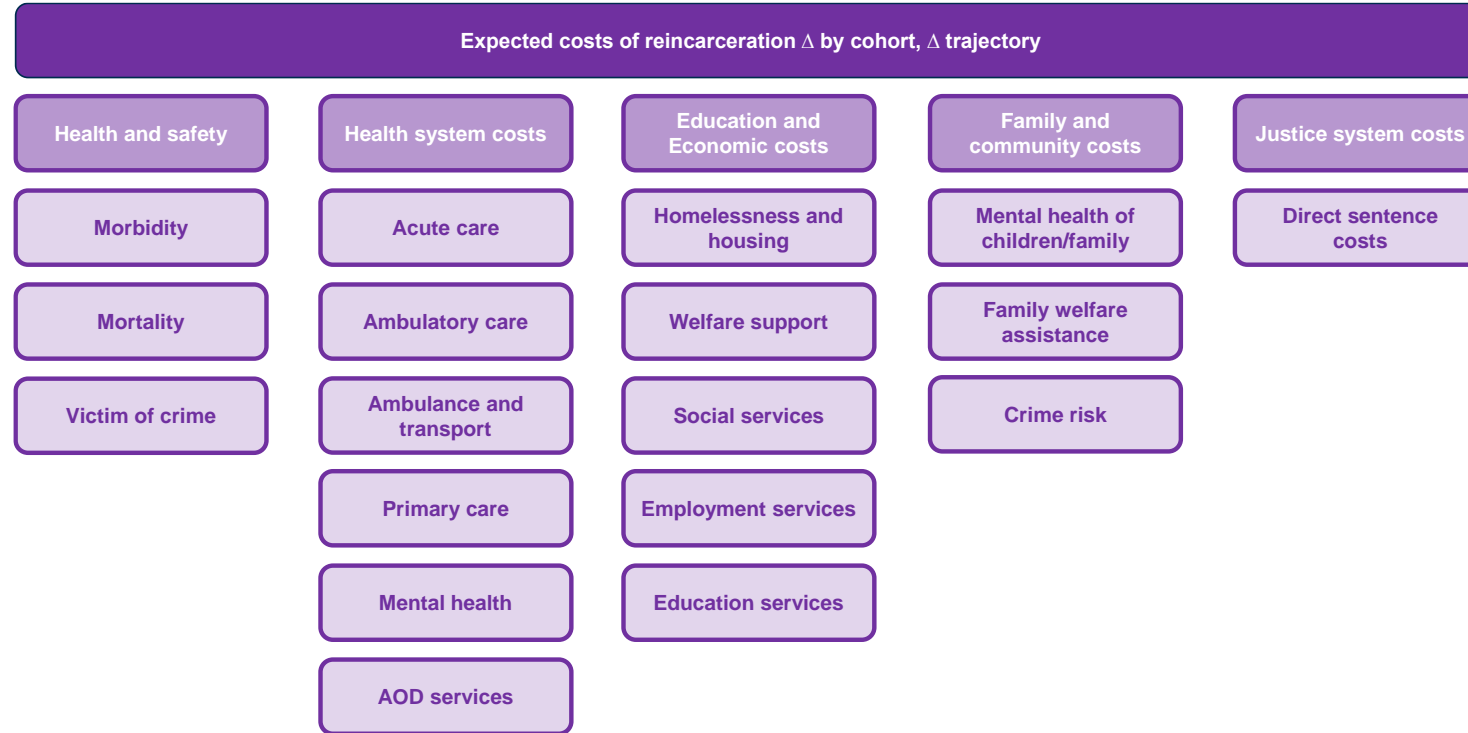


Table B.11: Health system costs in the community

Variable	VHUN - NI	MUN - NI	LUN - NI	VHUN - I	MUN - I	LUN - I	Stakeholder impacted	Source
Ambulance calls								
Calls / uses per annum	1.33	1.79	2.30	1.50	2.00	5.00		PATH/SMX
Cost per call	\$0	\$0	\$0	\$0	\$0	\$0	State Govt	As is a relatively small component of load.
Ambulance attend – transport								
Attendances / uses per annum	0.27	1.02	1.31	0.27	2.00	1.31		PATH/SMX
Cost per attendance	\$1,358	\$1,358	\$1,358	\$1,358	\$1,358	\$1,358	State Govt	Department of Health
Ambulance attend – no transport								
Attendances / uses per annum	1.06	0.77	0.98	1.50	0.77	0.98		PATH/SMX
Cost per attendance	\$586	\$586	\$586	\$586	\$586	\$586	State Govt	Department of Health
ED presentation								
Presentation / uses per annum	0.50	0.87	0.20	0.50	0.52	0.20		PATH/SMX
Cost per presentation	\$1,206	\$1,206	\$1,206	\$1,206	\$1,206	\$1,206	State Govt	NHCDC 2020-21 data in FY23 terms: average of E1910A, E1910B, E1910C.

Cont'd

Variable	VHUN - NI	MUN - NI	LUN - NI	VHUN - I	MUN - I	LUN - I	Stakeholder impacted	Source
Inpatient services costs								
Admission / uses per annum	0.42	0.19	0.11	1.71	0.49	0.00		PATH/SMX
Cost per admission	\$3,299	\$3,299	\$3,299	\$3,299	\$3,299	\$3,299	State Govt	NHCDC 2020-21 data in FY23 terms (V60A, V60B, V61A, V61B)
Outpatient services								
Admission / uses per annum	0.42	0.19	0.11	1.71	0.49	0.00		PATH/SMX
Cost per admission	\$231	\$231	\$231	\$231	\$231	\$231	Federal Govt	NHCDC 2020-21 data in FY23 terms (AOD; 4030)
Detox services (inpatient)								
Services / uses per annum	0.05	0.00	0.02	0.12	0.00	0.00		PATH/SMX
Cost per service – OOP costs	\$0	\$0	\$0	\$0	\$0	\$0	Consumers	
Cost per service – Government	\$4,713	\$4,713	\$4,713	\$4,713	\$4,713	\$4,713	State Govt	Based on DTAU (2023-24)
Detox (outpatient)								
Visits / uses per annum	0.00	0.00	0.00	0.00	0.00	0.00		PATH/SMX
Cost per visit – OOP costs	\$0	\$0	\$0	\$0	\$0	\$0	Consumers	
Cost per visit – Government	\$821	\$821	\$821	\$821	\$821	\$821	State Govt	Based on DTAU (2023-24)

Cont'd

Variable	VHUN - NI	MUN - NI	LUN - NI	VHUN - I	MUN - I	LUN - I	Stakeholder impacted	Source
Inpatient services costs								
Admission / uses per annum	0.42	0.19	0.11	1.71	0.49	0.00		PATH/SMX
Cost per admission	\$3,299	\$3,299	\$3,299	\$3,299	\$3,299	\$3,299	State Govt	NHCDC 2020-21 data in FY23 terms (V60A, V60B, V61A, V61B)
Outpatient services								
Admission / uses per annum	0.42	0.19	0.11	1.71	0.49	0.00		PATH/SMX
Cost per admission	\$231	\$231	\$231	\$231	\$231	\$231	Federal Govt	NHCDC 2020-21 data in FY23 terms (AOD; 4030)
Detox services (inpatient)								
Services / uses per annum	0.05	0.00	0.02	0.12	0.00	0.00		PATH/SMX
Cost per service – OOP costs	\$0	\$0	\$0	\$0	\$0	\$0	Consumers	
Cost per service – Government	\$4,713	\$4,713	\$4,713	\$4,713	\$4,713	\$4,713	State Govt	Based on DTAU (2023-24)
Detox (outpatient)								
Visits / uses per annum	0.00	0.00	0.00	0.00	0.00	0.00		PATH/SMX
Cost per visit – OOP costs	\$0	\$0	\$0	\$0	\$0	\$0	Consumers	
Cost per visit – Government	\$821	\$821	\$821	\$821	\$821	\$821	State Govt	Based on DTAU (2023-24)

Cont'd

Variable	VHUN - NI	MUN - NI	LUN - NI	VHUN - I	MUN - I	LUN - I	Stakeholder impacted	Source
Group Therapy								
Services / uses per annum	0.04	0.00	0.03	0.12	0.00	0.03		PATH/SMX
Cost per service – OOP costs	\$0	\$0	\$0	\$0	\$0	\$0	Consumers	
Cost per service – Government	\$126	\$126	\$126	\$126	\$126	\$126	State Govt	Based on DTAU (2023-24)
IDU specific primary care								
Services / uses per annum	3.60	2.51	1.68	5.14	3.05	1.50		PATH/SMX
Cost per service – OOP costs	\$0	\$0	\$0	\$0	\$0	\$0	Consumers	
Cost per service – Government	\$80	\$80	\$80	\$80	\$80	\$80	State Govt	Set equal to GP
General practitioner								
Services / uses per annum	5.98	11.31	5.28	6.86	8.04	12.00		PATH/SMX
Cost per service – OOP costs	\$0	\$0	\$0	\$0	\$0	\$0	Consumers	
Cost per service – Government	\$80	\$80	\$80	\$80	\$80	\$80	Federal Govt	MBS Item 36

Cont'd

Variable	VHUN - NI	MUN - NI	LUN - NI	VHUN - I	MUN - I	LUN - I	Stakeholder impacted	Source
Specialists								
Services / uses per annum	1.64	0.97	3.00	1.64	2.56	3.00		PATH/SMX
Cost per service – OOP costs	\$0	\$0	\$0	\$0	\$0	\$0	Consumers	
Cost per service – Government	\$295	\$295	\$295	\$295	\$295	\$295	State Govt	Department of Health
Mental health								
Services / uses per annum	2.40	7.00	2.88	3.43	4.42	3.00		PATH/SMX
Cost per service – OOP costs	\$0	\$0	\$0	\$0	\$0	\$0	Consumers	
Cost per service – Government	\$79	\$79	\$79	\$79	\$79	\$79	Federal Govt	Department of Health
Allied health								
Services / uses per annum	0.07	0.83	3.07	0.07	1.29	3.07		PATH/SMX
Cost per service – OOP costs	\$0	\$0	\$0	\$0	\$0	\$0	Consumers	
Cost per service – Government	\$82	\$82	\$82	\$82	\$82	\$82	Federal Govt	Department of Health
Dentist Visits								
Services / uses per annum	0.05	1.24	0.51	0.05	1.03	0.63		PATH/SMX
Cost per service – OOP costs	\$0	\$0	\$0	\$0	\$0	\$0	Consumers	
Cost per service – Government	\$124	\$124	\$124	\$124	\$124	\$124	Federal Govt	Department of Health
Social/welfare worker								
Services / uses per annum	1.60	2.26	1.42	5.14	3.93	7.50		PATH/SMX
Cost per service – OOP costs	\$0	\$0	\$0	\$0	\$0	\$0	Consumers	
Cost per service – Government	\$104	\$104	\$104	\$104	\$104	\$104	State Govt	Department of Health

Cont'd

Variable	VHUN - NI	MUN - NI	LUN - NI	VHUN - I	MUN - I	LUN - I	Stakeholder impacted	Source
Treatment – Methadone (tablet)								
Proportion using each year	0.32	0.43	0.39	0.12	0.23	0.28		PATH/SMX
Cost per annum – OOP costs	\$281	\$281	\$281	\$281	\$281	\$281	Consumers	Federal Government
Cost per annum – Government	\$576	\$576	\$576	\$576	\$576	\$576	Federal Govt	Federal Government
Treatment – Methadone (inject)								
Proportion using each year	0.08	0.07	0.03	0.08	0.07	0.03		PATH/SMX
Cost per annum – OOP costs	\$562	\$562	\$562	\$562	\$562	\$562	Consumers	Federal Government
Cost per annum – Government	\$3,354	\$3,354	\$3,354	\$3,354	\$3,354	\$3,354	Federal Govt	Federal Government
Treatment - Subutex (tablet)								
Proportion using each year	0.00	0.02	0.01	0.00	0.02	0.01		PATH/SMX
Cost per annum – OOP costs	\$201	\$201	\$201	\$201	\$201	\$201	Consumers	Federal Government
Cost per annum – Government	\$724	\$724	\$724	\$724	\$724	\$724	Federal Govt	Federal Government

Cont'd

Variable	VHUN - NI	MUN - NI	LUN - NI	VHUN - I	MUN - I	LUN - I	Stakeholder impacted	Source
Treatment - Subox (tablet)								
Proportion using each year	0.10	0.09	0.15	0.10	0.03	0.14		PATH/SMX
Cost per annum – OOP costs	\$50	\$50	\$50	\$50	\$50	\$50	Consumers	
Cost per annum – Government	\$3,272	\$3,272	\$3,272	\$3,272	\$3,272	\$3,272	Federal Govt	Federal Government
Treatment - Subox (inject)								
Proportion using each year	0.50	0.17	0.18	0.50	1.00	0.18		PATH/SMX
Cost per annum – OOP costs	\$50	\$50	\$50	\$50	\$50	\$50	Consumers	
Cost per annum – Government	\$3,272	\$3,272	\$3,272	\$3,272	\$3,272	\$3,272	Federal Govt	Federal Government
Treatment - Oxy (tablet)								
Proportion using each year	0.00	0.02	0.05	0.00	0.02	0.05		PATH/SMX
Cost per annum – OOP costs	\$562	\$562	\$562	\$562	\$562	\$562	Consumers	
Cost per annum – Government	\$977	\$977	\$977	\$977	\$977	\$977	Federal Govt	Federal Government

Cont'd

Variable	VHUN - NI	MUN - NI	LUN - NI	VHUN - I	MUN - I	LUN - I	Stakeholder impacted	Source
Treatment - Morphene (tablet)								
Proportion using each year	0.02	0.03	0.03	0.06	0.03	0.03		PATH/SMX
Cost per annum – OOP costs	\$100	\$100	\$100	\$100	\$100	\$100	Consumers	
Cost per annum – Government	\$272	\$272	\$272	\$272	\$272	\$272	Federal Govt	Federal Government
Treatment - Morphene (inject)								
Proportion using each year	0.50	0.25	0.20	0.00	0.25	0.20		PATH/SMX
Cost per annum – OOP costs	\$92	\$92	\$92	\$92	\$92	\$92	Consumers	
Cost per annum – Government	\$218	\$218	\$218	\$218	\$218	\$218	Federal Govt	Federal Government
Treatment - Benzodiazapines (tb)								
Proportion using each year	0.26	0.27	0.22	0.28	0.13	0.17		PATH/SMX
Cost per annum – OOP costs	\$225	\$225	\$225	\$225	\$225	\$225	Consumers	
Cost per annum – Government	\$240	\$240	\$240	\$240	\$240	\$240	Federal Govt	Federal Government
Treatment - Benzodiazapines (in)								
Proportion using each year	0.00	0.03	0.02	0.25	0.03	0.02		PATH/SMX
Cost per annum – OOP costs	\$225	\$225	\$225	\$225	\$225	\$225	Consumers	
Cost per annum – Government	\$240	\$240	\$240	\$240	\$240	\$240	Federal Govt	Federal Government

Cont'd

Table B.12: Housing support utilisation patterns

Variable	VHUN - NI	MUN - NI	LUN - NI	VHUN - I	MUN - I	LUN - I	Stakeholder impacted	Source
Accommodation								
Owner occupied property	0%	6%	10%	0%	6%	10%	Community	PATH/SMX
Private rental by yourself	0%	11%	18%	0%	10%	21%	Community	PATH/SMX
Share private rental	0%	13%	16%	0%	16%	21%	Community	PATH/SMX
Public housing	1%	22%	22%	0%	39%	10%	Community	PATH/SMX
Parent's home	0%	38%	26%	0%	16%	24%	Community	PATH/SMX
Sibling or other family member's home	1%	9%	6%	0%	6%	14%	Community	PATH/SMX
Boarding house/hostel	14%	0%	0%	6%	0%	0%	Community	PATH/SMX
Crisis accommodation, shelter or refuge	19%	0%	0%	6%	0%	0%	Community	PATH/SMX
Staying with a friend or an acquaintance	30%	0%	0%	18%	0%	0%	Community	PATH/SMX
Drug treatment residence	3%	0%	0%	6%	0%	0%	Community	PATH/SMX
No fixed address/homeless/street	26%	0%	0%	59%	0%	0%	Community	PATH/SMX
Squat	2%	0%	0%	0%	0%	0%	Community	PATH/SMX
Other	5%	2%	3%	6%	6%	0%	Community	PATH/SMX

Table B.13: Housing support costs per annum

Variable	VHUN - NI	MUN - NI	LUN - NI	VHUN - I	MUN - I	LUN - I	Stakeholder impacted	Source
Accommodation								
Public housing (cost per person, per annum)	\$10,886	\$10,886	\$10,886	\$10,886	\$10,886	\$10,886	State Government	PC RoGS 2023
Boarding house/hostel (cost per person, per annum)	\$7,759	\$7,759	\$7,759	\$7,759	\$7,759	\$7,759	State Government	Steen, 2018; MSSSI Issues Paper No. 10
Crisis accommodation, shelter or refuge (cost per person, per annum)	\$7,759	\$7,759	\$7,759	\$7,759	\$7,759	\$7,759	State Government	Steen, 2018; MSSSI Issues Paper No. 10
Homeless (cost per person, per annum)	\$18,827	\$18,827	\$18,827	\$18,827	\$18,827	\$18,827	State Government	PC RoGS 2023

Table B.14: Employment and labour force participation patterns

Variable	VHUN - NI	MUN - NI	LUN - NI	VHUN - I	MUN - I	LUN - I	Stakeholder impacted	Source
Time use								
1 Employed fulltime (incl self employed)	0%	0%	18%	0%	0%	14%	Community	Burnet
2 Employed part-time/casual	4%	0%	18%	12%	0%	14%	Community	Burnet
3 Student	0%	0%	3%	0%	0%	0%	Community	Burnet
4 Unemployed (looking for work)	19%	45%	0%	18%	45%	0%	Community	Burnet
5 Unemployed (not looking for work)	29%	48%	0%	29%	42%	0%	Community	Burnet
6 Pension (disability, carer, parenting)	16%	0%	38%	18%	0%	41%	Community	Burnet
7 Home duties	8%	0%	22%	0%	0%	28%	Community	Burnet
8 Criminal Activity	11%	7%	0%	12%	13%	0%	Community	Burnet
9 Other	13%	0%	1%	12%	0%	0%	Community	Burnet
Labour force participation	23%	45%	36%	29%	45%	28%	Community	1+2+4
Employed	4%	0%	36%	12%	0%	28%	Community	1+2
Student	0%	0%	3%	0%	0%	0%	Community	3
Unemployed	19%	45%	0%	18%	45%	0%	Community	4

Table B.15: Income support per annum

Variable	VHUN - NI	MUN - NI	LUN - NI	VHUN - I	MUN - I	LUN - I	Stakeholder impacted	Source
Welfare and income (average)								
Welfare support - pension	\$14,272	\$14,272	\$14,272	\$11,733	\$11,733	\$11,733	Federal govt	Burnet
Welfare support - unemployment benefit	\$11,287	\$11,287	\$11,287	\$12,520	\$12,520	\$12,520	Federal govt	Burnet

Table B.16: Family support costs

Variable	VHUN - NI	MUN - NI	LUN - NI	VHUN - I	MUN - I	LUN - I	Stakeholder impacted	Source
Out of home support								
Average number of children effected	0.02	0.03	0.00	0.00	0.00	0.07		Burnet
Share per care type (foster, kinship. Residential care, Vic)	18% Fost 77% Kin 5% Res	18% Fost 77% Kin 5% Res	18% Fost 77% Kin 5% Res	18% Fost 77% Kin 5% Res	18% Fost 77% Kin 5% Res	18% Fost 77% Kin 5% Res		PCA Families
Cost of Provision of care								Age weighted therapeutic foster care allowance (DFFH) and PC RoGS Table 16A.25
Foster	\$24,067	\$24,067	\$24,067	\$24,067	\$24,067	\$24,067		
Kinship	\$24,067	\$24,067	\$24,067	\$24,067	\$24,067	\$24,067		
Residential	\$111,721	\$111,721	\$111,721	\$111,721	\$111,721	\$111,721		
Cost per annum of out of home support	\$28,165	\$28,165	\$28,165	\$28,165	\$28,165	\$28,165		Weighted avg
Average children								
Males	0.63	0.63	0.63	1.02	1.02	1.02		AIHW
Females	0.80	0.80	0.80	1.30	1.30	1.30		
Share of children requiring support	12%	12%	12%	12%	12%	12%		Limited data. Shine For Kids
Number applicable	0.07	0.07	0.07	0.12	0.12	0.12		
Cost per annum – OOP costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Cost per annum – govt	\$790	\$790	\$790	\$790	\$790	\$790	Federal Govt	Department of Health. Based on 10 appts.

Table B.16: Justice costs in the community

Variable	VHUN - NI	MUN - NI	LUN - NI	VHUN - I	MUN - I	LUN - I	Stakeholder impacted	Source
Parole								
Probability of application	2%	8%	6%	6%	3%	11%	-	Burnet PATH/SMX
Average cost of parole (pa)	\$3,924	\$3,924	\$3,924	\$3,924	\$3,924	\$3,924	State government	Allard, McCarthy & Stewart, 2020
Probation								
Probability of application	0%	0%	0%	0%	0%	0%	-	Burnet PATH/SMX
Average cost of probation (pa)	\$3,924	\$3,924	\$3,924	\$3,924	\$3,924	\$3,924	State government	Allard, McCarthy & Stewart, 2020
Drug Treatment Order								
Probability of application	1%	0%	2%	0%	0%	4%	-	Burnet PATH/SMX
Average cost of DTO (pa)	\$9,592	\$9,592	\$9,592	\$9,592	\$9,592	\$9,592	State government	Allard, McCarthy & Stewart, 2020. This does not include rehabilitation.
Community Corrections Order								
Probability of application	21%	26%	26%	24%	29%	26%	-	Burnet PATH/SMX
Average cost of CCO (pa)	\$28,575	\$28,575	\$28,575	\$28,575	\$28,575	\$28,575	State government	Net opex and capex, PC RoGS 2023.

B.5 Expected costs in prison

Figure B.2: Cost categories for persons in prison

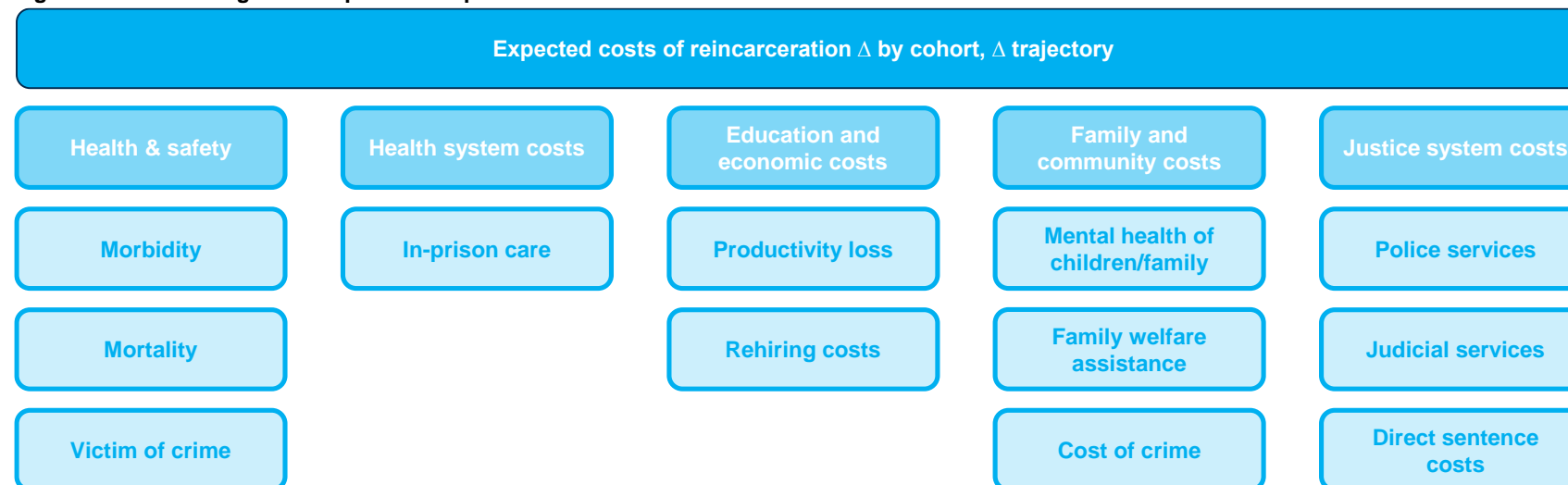


Table B.17: Expected length of stay in event of reincarceration

ABS categories	ABS average prison term (mean years)	Frequency of crime in PATH	Proportion of crime in path
01 Homicide and related offences	17.00	0	0.00%
02 Acts intended to cause injury (assault)	3.70	2,083	5.85%
03 Sexual assault and related offences	8.50	42	0.12%
04 Dangerous/negligent acts	2.30	648	1.82%
05 Abduction/harassment	5.40	555	1.56%
06 Robbery/extortion	5.10	506	1.42%
07 Unlawful entry with intent	4.20	6,093	17.11%
08 Theft	2.70	12,478	35.05%
09 Fraud/deception	4.30	2,933	8.24%
10 Illicit drug offences*	0.58	2,619	7.36%
11 Weapons/explosives	2.70	1,359	3.82%
12 Property damage and environmental pollution	4.30	1,728	4.85%
13 Public order offences	2.90	1,068	3.00%
14 Traffic and vehicle regulatory offences	1.00	0	0.00%
15 Offences against justice	2.80	3,489	9.80%
16 Miscellaneous offences	2.80	0	0.00%
		Average sentence	3.16

Source: ABS and PATH data

Table B.18: Health costs in prison

Variable	Assumption	Stakeholder impacted	Source
Cost of health care services in prison			
Cost of health care in prison	\$26,113 per prisoner per annum	State Government	Productivity Commission, RoGS, Table 8A.1
AOD services - Drug Counselling			
Proportion engaging in services: Non-Indigenous	20%	-	Burnet PATH/SMX
Proportion engaging in services: Indigenous	5%		
Cost of standard course	\$881	State Government	Based on DTAU of [\$967.61] and DTAU Derivation Rules (2023-2024)
AOD services – Narc Anon			
Proportion engaging per annum: Non Indigenous	1%	-	Burnet PATH/SMX
Proportion engaging per annum: Indigenous	0%	-	Burnet PATH/SMX
Cost per visit	\$0	Non for profit	Narcotics Anonymous website.
AOD services – Group therapy			
Proportion engaging per annum: Non Indigenous	14%	-	Burnet PATH/SMX
Proportion engaging per annum: Indigenous	19%	-	Burnet PATH/SMX
Cost of group therapy per year	\$126	State Government	Based on DTAU of [\$967.61] and DTAU Derivation Rules (2023-2024)
Cost per visit	\$0	Participant / Out of pocket cost	Insight Economics

Table B.19: Economic costs of prison

Variable	Assumption	Stakeholder impacted	Source
Lost productivity			
Weeks to replace worker (A)	9.60	Victorian Businesses	BITRE, 2006 (as per Morgan, 2018)
Average weekly income (B)			Burnet; equal weightings given to VHUN, MUN and LUN.
Non indigenous	\$148		
Indigenous	\$184		
Cost of lost productivity:			A x B
Non indigenous	\$1,424		
Indigenous	\$1,764		
Employee replacement			
Proportion employed prior to prison:			Burnet PATH/SMX
Non Indigenous	16%		
Indigenous	14%		
Replacement cost (per person)	\$9,946	Victorian Businesses	BITRE, 2006 (as per Morgan, 2018)
Crisis payments			
Probability of relying on crisis payment on prison exit	52%		AIHW
Expected cost per crisis payment	\$548	Federal Government	Federal Government, Department of Veterans Affairs

Table B.20: Family support costs in prison

Variable	Assumption	Stakeholder impacted	Source
Parenting payment receipt			
Proportion of carers receiving family support (if have child) (A)	66.7%	-	Shine for Kids
Proportion with children (B)			
Males	37%	-	AIHW, 2019, The health of Australia's prisoners 2018
Females	54%		
Proportion receiving payment			
Males	25%		A x B
Females	36%		
Parenting payment per annum	\$20,865		Services Australia
Family mental health support			
Average number of partners	0.22		Burnet PATH/SMX
Average number of children			
Non Indigenous Males	0.63		AIHW
Indigenous Males	1.02		
Non Indigenous Females	0.80		
Indigenous Females	1.30		
Proportion requiring support	12%		Shine for Kids
Average support family members:			
Non Indigenous Males	0.1		Proportion with partners sourced from Burnet PATH/SMX
Indigenous Males	0.14		
Non Indigenous Females	0.12		
Indigenous Females	0.18		
Cost of mental health support p/a	\$789.5	Australian Government	APS national recommended fee ; \$78.95, and 10 appointments.
Cost of mental health support p/a	\$0	Participant / Out of pocket cost	Assume low-no cost service for disadvantaged

Cont'd

Variable	Assumption	Stakeholder impacted	Source
Child protection and care			
Proportion with children removed:			
Non indigenous	9%		Burnet PATH/SMX
Indigenous	9%		
Average number of children			
Non Indigenous Males	0.63		AIHW
Indigenous Males	1.02		
Non Indigenous Females	0.80		
Indigenous Females	1.30		
Share per care type (average, Vic)	18% Foster 77% Kinship 5% Residential	-	PCA Families
Cost of Provision of care			
Foster	\$24,067	State Government	Based on age weighted therapeutic foster care allowance (DFFH) PC RoGS Table 16A.25
Kinship	\$24,067		
Residential	\$111,721		
Cost per child per year of out-of-home care	\$28,165		Calculated as weighted average of the above.

Table B.21: Costs of crime by offence type

Offence type	Outcome	Likelihood per offence	Cost per offence (2014-15 \$) (1)	Cost per offence (2022-23 \$)	Multiplier (Morgan 2018)
Homicide			\$2,287,569	\$2,826,832	
Assault	Injured and hospitalised	0.02	\$70,481	\$87,096	1.50
	Injured and treated	0.06	\$6,468	\$7,992	3.30
	Injured	0.13	\$1,438	\$1,776	3.30
	Not injured	0.79	\$479	\$592	6.70
Sexual assault	Injured	0.20	\$13,079	\$16,162	2.80
	Not injured	0.80	\$776	\$959	8.00
Robbery	Injured and treated	0.14	\$21,732	\$26,855	6.10
	Injured	0.14	\$1,438	\$1,776	6.10
	Not injured	0.72	\$479	\$592	6.10
Burglary	Residential	0.85	\$3,429	\$4,237	3.20
	Non-residential	0.15	\$4,537	\$5,606	1.20
Motor vehicle theft	Insured and claim made	0.45	\$12,318	\$15,222	1.00
	Insured but no claim made	0.35	\$1,305	\$1,612	1.00
	Uninsured	0.20	\$2,608	\$3,223	1.00
Theft from vehicles	Commercial vehicle	0.15	\$1,585	\$1,958	2.80
	Other vehicle	0.85	\$1,259	\$1,556	2.80
Shop theft			\$151	\$186	100.00
Property damage			\$1,599	\$1,976	4.30
Arson			\$25,000	\$30,893	3.00
Deception			\$18,750	\$23,170	4.00
Other theft			\$506	\$625	2.70

Source: Morgan 2018

Table B.22: Justice costs in event of reincarceration

Variable	Assumption	Stakeholder impacted	Source
Policing costs (per case)			
Caution	\$4,122	State government	Allard, McCarthy, Stewart, 2020
Conference	\$4,574	State government	Allard, McCarthy, Stewart, 2020
Court		State government	Allard, McCarthy, Stewart, 2020
Homicide and related offences	\$165,077	State government	Allard, McCarthy, Stewart, 2020
Acts intended to cause injury	\$6,877	State government	Allard, McCarthy, Stewart, 2020
Sexual assault and related offences	\$24,068	State government	Allard, McCarthy, Stewart, 2020
Dangerous or negligent acts	\$5,347	State government	Allard, McCarthy, Stewart, 2020
Abduction harassment and other	\$11,332	State government	Allard, McCarthy, Stewart, 2020
Robbery, extortion and related	\$15,862	State government	Allard, McCarthy, Stewart, 2020
Unlawful entry with intent/burglary break and enter	\$5,132	State government	Allard, McCarthy, Stewart, 2020
Theft and related offences	\$3,068	State government	Allard, McCarthy, Stewart, 2020
Fraud, deception and related	\$3,589	State government	Allard, McCarthy, Stewart, 2020
Illicit drug offences	\$4,630	State government	Allard, McCarthy, Stewart, 2020

Cont'd

Variable	Assumption	Stakeholder impacted	Source
Policing costs (per case)			
Prohibited and regulated weapons and explosives offences	\$5,343	State government	Allard, McCarthy, Stewart, 2020
Property damage and environmental pollution	\$3,433	State government	Allard, McCarthy, Stewart, 2020
Public order offences	\$2,865	State government	Allard, McCarthy, Stewart, 2020
Offences against justice procedures	\$3,942	State government	Allard, McCarthy, Stewart, 2020
Miscellaneous offences	\$1,949	State government	Allard, McCarthy, Stewart, 2020
Court unit cost (per case)			
Homicide and related offences	\$23,485	State government	Allard, McCarthy, Stewart, 2020
Acts intended to cause injury	\$1,391	State government	Allard, McCarthy, Stewart, 2020
Sexual assault and related offences	\$7,810	State government	Allard, McCarthy, Stewart, 2020
Dangerous or negligent acts	\$606	State government	Allard, McCarthy, Stewart, 2020
Abduction harassment and other	\$2,478	State government	Allard, McCarthy, Stewart, 2020
Robbery, extortion and related	\$3,606	State government	Allard, McCarthy, Stewart, 2020

Cont'd

Variable	Assumption	Stakeholder impacted	Source
Court unit cost (per case)			
Unlawful entry with intent/burglary break and enter	\$1,289	State government	Allard, McCarthy, Stewart, 2020
Theft and related offences	\$980	State government	Allard, McCarthy, Stewart, 2020
Fraud, deception and related	\$1,383	State government	Allard, McCarthy, Stewart, 2020
Illicit drug offences	\$926	State government	Allard, McCarthy, Stewart, 2020
Prohibited and regulated weapons and explosives offences	\$908	State government	Allard, McCarthy, Stewart, 2020
Property damage and environmental pollution	\$1,171	State government	Allard, McCarthy, Stewart, 2020
Public order offences	\$664	State government	Allard, McCarthy, Stewart, 2020
Offences against justice procedures	\$720	State government	Allard, McCarthy, Stewart, 2020
Miscellaneous offences	\$840	State government	Allard, McCarthy, Stewart, 2020

Cont'd

Variable	Assumption	Stakeholder impacted	Source
Capital and operating costs in prison			
Operating cost	\$159,586 per prisoner per annum	State government	Productivity Commission, RoGS, Table 8A.1. Victorian Government data.
Capital cost	\$50,392 per prisoner per annum	State government	Productivity Commission, RoGS, Table 8A.1. Victorian Government data.
Cost of incarceration per annum – ROGS estimate	\$209,978 per prisoner per annum	State government	Productivity Commission, RoGS, Table 8A.1. Sum of operating and capital cost.
Cost of incarceration per annum – low	\$136,875 per prisoner per annum	State government	Corrections, Prisons and Parole. n.d. “Corrections Statistics: Quick Reference.” General. Corrections, Prisons and Parole, Department of Justice and Community Safety, State Government of Victoria. Accessed February 9, 2021. Reported in VACRO Second Chance Business Case.

B.6 Premature death

Table B.23: Justice costs in event of reincarceration

Variable	VHUN	MUN	LUN	Prison	Stakeholder impacted	Source
Average age at death						
Non indigenous	34 y/o	37 y/o	38 y/o	39 y/o	Participant / Community	Burnet
Indigenous	34 y/o	37 y/o	38 y/o	39 y/o		Burnet
Life expectancy						AIHW, How long can Australians live, Table S4: Long-term trends in life expectancy
Men	72.7 y/o	72.7 y/o	72.7 y/o	72.7 y/o	Participant / Community	AIHW
Women	79.2 y/o	79.2 y/o	79.2 y/o	79.2 y/o		AIHW

B.7 Impact Scenario assumptions

Table B.24: Base Case, Scenario 1 and Scenario 2 probabilities

Base Case				
	Non-Indigenous Males	Indigenous Males	Non-Indigenous Females	Indigenous Females
Cohort stratification	83%	17%	84%	16%
Very High Unmet Needs (VHUN)	30%	16%	8%	12%
Moderate to High Unmet Needs (MUN)	32%	38%	82%	76%
Lower Unmet Needs (LUN)	38%	46%	9%	12%
Scenario 1				
	Non-Indigenous Males	Indigenous Males	Non-Indigenous Females	Indigenous Females
Cohort stratification	83%	17%	84%	16%
Very High Unmet Needs (VHUN)	15%	8%	4%	6%
Moderate to High Unmet Needs (MUN)	39%	41%	86%	82%
Lower Unmet Needs (LUN)	46%	50%	10%	13%
Scenario 2				
	Non-Indigenous Males	Indigenous Males	Non-Indigenous Females	Indigenous Females
Cohort stratification	83%	17%	84%	16%
Very High Unmet Needs (VHUN)	8%	5%	1%	2%
Moderate to High Unmet Needs (MUN)	22%	25%	29%	28%
Lower Unmet Needs (LUN)	70%	70%	70%	70%

Table B.25: Base Case and Scenario 3 probabilities

Base Case expectations for risk group movement through time				
If a participant was in the VHUN group in previous period:	Non-Indigenous Males	Indigenous Males	Non-Indigenous Females	Indigenous Females
P(VHUN_t | VHUN_t-1)	57%	50%	11%	11%
P(MUN_t | VHUN_t-1)	23%	25%	88%	88%
P(LUN_t | VHUN_t-1)	21%	25%	1%	1%
If a participant was in the MUN risk group in previous period:	Non-Indigenous Males	Indigenous Males	Non-Indigenous Females	Indigenous Females
P(VHUN_t | MUN_t-1)	2%	9%	2%	9%
P(MUN_t | MUN_t-1)	58%	64%	84%	82%
P(LUN_t | MUN_t-1)	40%	27%	14%	9%
If the participant was in the LUN group in the previous period:	Non-Indigenous Males	Indigenous Males	Non-Indigenous Females	Indigenous Females
P(VHUN_t | LUN_t-1)	14%	18%	3%	3%
P(MUN_t | LUN_t-1)	19%	36%	39%	48%
P(LUN_t | LUN_t-1)	67%	45%	58%	48%
If a participant is re-entering the community following a period of reincarceration:	Non-Indigenous Males	Indigenous Males	Non-Indigenous Females	Indigenous Females
P(VHUN_t | Prison leaver)	30%	16%	8%	12%
P(MUN_t | Prison leaver)	32%	38%	82%	76%
P(LUN_t | Prison leaver)	38%	46%	9%	12%

Scenario 3 expectations for risk group movement through time				
If a participant was in the VHUN group in previous period:	Non-Indigenous Males	Indigenous Males	Non-Indigenous Females	Indigenous Females
P(VHUN_t | VHUN_t-1)	48%	40%	11%	11%
P(MUN_t | VHUN_t-1)	19%	20%	87%	87%
P(LUN_t | VHUN_t-1)	33%	40%	2%	2%
If a participant was in the MUN risk group in previous period:	Non-Indigenous Males	Indigenous Males	Non-Indigenous Females	Indigenous Females
P(VHUN_t | MUN_t-1)	2%	9%	2%	9%
P(MUN_t | MUN_t-1)	58%	64%	84%	82%
P(LUN_t | MUN_t-1)	40%	27%	14%	9%
If the participant was in the LUN group in the previous period:	Non-Indigenous Males	Indigenous Males	Non-Indigenous Females	Indigenous Females
P(VHUN_t | LUN_t-1)	8%	15%	2%	3%
P(MUN_t | LUN_t-1)	11%	30%	28%	39%
P(LUN_t | LUN_t-1)	80%	55%	70%	58%
If a participant is re-entering the community following a period of reincarceration:	Non-Indigenous Males	Indigenous Males	Non-Indigenous Females	Indigenous Females
P(VHUN_t | Prison leaver)	30%	16%	8%	12%
P(MUN_t | Prison leaver)	32%	38%	82%	76%
P(LUN_t | Prison leaver)	38%	46%	9%	12%

Table B.26: Base Case, Scenario 4 and Scenario 5 probabilities

Base Case		Non-Indigenous Males	Indigenous Males	Non-Indigenous Females	Indigenous Females
Events by risk group					
VHUN	Death	1%	1%	1%	1%
	Community	77%	70%	68%	68%
	Prison	22%	29%	31%	31%
MUN	Death	1%	1%	1%	1%
	Community	78%	59%	84%	86%
	Prison	21%	41%	15%	13%
LUN	Death	1%	1%	1%	1%
	Community	81%	69%	93%	80%
	Prison	18%	30%	6%	19%
Scenario 4		Non-Indigenous Males	Indigenous Males	Non-Indigenous Females	Indigenous Females
Events by risk group					
VHUN	Death	1%	1%	1%	1%
	Community	88%	85%	84%	84%
	Prison	11%	14%	15%	15%
MUN	Death	1%	1%	1%	1%
	Community	88%	79%	91%	92%
	Prison	11%	20%	7%	7%
LUN	Death	1%	1%	1%	1%
	Community	90%	84%	96%	90%
	Prison	9%	15%	3%	10%

Scenario 5		Non-Indigenous Males	Indigenous Males	Non-Indigenous Females	Indigenous Females
Events by risk group					
VHUN	Death	1%	1%	1%	1%
	Community	90%	88%	87%	87%
	Prison	9%	11%	12%	12%
MUN	Death	1%	1%	1%	1%
	Community	90%	83%	93%	94%
	Prison	8%	16%	6%	5%
LUN	Death	1%	1%	1%	1%
	Community	92%	87%	97%	92%
	Prison	7%	12%	2%	8%

Appendix C

Expenditure on prevention in corrective services

Table C.1: Expenditure on key prevention in corrective services (Victorian Budget Papers FY2021-FY2023, \$millions)

Program	Total FY21-FY23	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27
Department of Justice and Community Safety (Service Delivery)								
Community Crime Prevention								
Early intervention to counter violent extremism	\$13.8	\$5.5	\$5.9	\$2.4	\$1.8	\$1.7	..	..
Preventing youth crime through early intervention	\$4.5			\$4.5	\$4.5	\$4.6	\$4.6	..
Crime Prevention, Fines and Enforcement								
Crime Prevention Initiatives	\$18.2	\$3.5	\$14.7	..	..	..	..	..
Policing and Community Safety								
Embedded Youth Outreach Program	\$3.1	..	\$1.5	\$1.6	\$1.6	\$1.6	..	..
Forensic Justice Services								
Implementing a new and sustainable clinical forensic medicine service model	\$0.0			..	\$1.4	\$3.8	\$7.0	\$7.2
Prisoner Supervision and Support								
Reducing future justice demand and keeping the community safe	\$22.7				\$8.5	\$9.2	\$3.3	\$3.2
Royal Commission into Victoria's Mental Health System	\$1.4			\$1.40				
Critical mental health service demand	\$0.8	\$0.8	..	..	..	..	..	..
Supporting rehabilitation through vocational training	\$21.2	\$14.0	\$7.2	..	..	..	..	..
Public Prosecutions and Legal Assistance								
Expanding the Assessment and Referral Court	\$0.0			..	\$1.1	\$2.1	\$2.7	
Youth Justice Community Based Services								
Addressing over-representation in the Youth Justice	\$0.0			..	\$3.0	..	..	..
Diverting children from youth justice	\$5.0			\$5.0	..	..	..	..
Community-based diversionary services and opening Cherry Creek	\$121.2	\$0.1	\$73.4	\$47.7	\$21.7	\$22.3	..	..
Youth Justice Custodial Services								
Continuing Youth Justice Initiatives	\$0.0			..	\$31.8	\$19.1	..	..
Improving Custodial Services for Youth Justice	\$90.1			\$90.1	..	..	..	..

Program	Total FY21-FY23	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27
Department of Justice and Community Safety (Asset initiatives / Capital Program)								
Prisoner Supervision and Support								
Reducing future justice demand and keeping the community safe ¹	\$1.2			\$1.2	\$0.4			
Improved oversight and support of offenders	\$0.3	..	\$0.3	..	..	..	..	..
Youth Justice Community Based Services								
Diverting children from youth justice	\$0.1			\$0.1				
Department of Education and Training (Service Delivery)								
Targeted investment to improve educational outcomes in youth justice	\$5.6			\$5.6	\$9.3	\$9.4	\$6.0	
Department of Health (Service Delivery)								
Mental Health Community Support Services								
Specialist forensic mental health services	\$0.0				\$13.5	\$20.6	\$22.6	\$24.6
Department of Health (Asset initiatives / Capital Program)								
Redevelopment of Thomas Embling Hospital – Stage 2	\$45.9		\$1.6	\$44.3	\$73.5	\$4.5		
Redevelopment of Thomas Embling Hospital – Stage 3 (Fairfield)	\$0.0			..	\$10.4	\$42.8	..	..
*EIIIF and PAD initiatives								
– ¹ \$73.6m reported by DTF for Reducing future justice demand and keeping the community safe see: https://www.dtf.vic.gov.au/sites/default/files/document/2021-22%20and%202022-23%20early%20intervention%20initiatives.pdf not reported in the Budget Papers								
– \$33m for VACRO Arc Program see: https://www.vacro.org.au/arc also not reported in the Budget Papers								
Victoria recurrent expenditure (operating and capital) 2022-23 dollars	\$4,694	\$1,554.3	\$1,634.1	\$1,505.5	Not yet released	Not yet released	Not yet released	Not yet released

Appendix D

Literature review of impact of initiatives

D.1 Summary of review

Over the period spanning November 2023 to December 2023, Insight Economics undertook a desktop literature review to understand that impact of interventions to address the unmet needs of people interacting with the justice system. A snowball search was used to find relevant literature. Burnet also provided key literature.

The figure below (Table D.1) summaries the main findings of the analysis.

Table D.1 Summary of literature review – Impact on reincarceration

	On housing status (Shift from VHUN to MUN)	On employment & participation (shift from MUN to LUN)	On reincarceration risk	On risk of death (fatal overdose)	On risk of non-fatal overdose / ambulance call out
Impact of peer support programs	x2 more likely to be in housing (PROSPER, 2009) ~80% likely to be in stable housing (Goldstein, 2009 and Hyde 2022)	73% had become employed , enrolled in an educational program, or completed the application process for disability benefits	50-77% (Bellamy, 2019; Sells et al, 2020; Hyde et al, 2022, Goldstein 2009) 54-59% reduction in AOD programs (Young, 2003).	Intermediate outcomes typically measured include adherence to treatment, health services utilisation, symptom reduction/ abstinence etc.	Intermediate outcomes typically measured include adherence to treatment, health services utilisation, symptom reduction/ abstinence etc.
Impact of housing programs	-	-	12.5% targeted reduction in awarded sentences; 25% reduction in justice costs (J2SI); 28% reduction in convictions (Aspire).	-	32% reduction in hospital bed stays (Aspire). 23% reduction in health services (J2SI). SVA adopted a 15% target reduction in Emergency Department presentations (SVA, 2023, Arc Social Impact Bond)
Impact of employment programs	-	-	52% reduction (VACRO, 2021, Second Chance Jobs Program) 30% reduction in-prison education programs 16-22% (US CEO program 2015)	-	80% reduction in mental health conditions from employment to optimal job, 9% reduction where 2+ adversities present , general population (RACGP)

Source: Insight Economics

Table D.2 Literature review on initiative impacts

Intervention	Description	Impact (direct quotes from literature)
Housing		
Public Housing (Australia)	Social housing is secure, affordable housing for people on low to moderate incomes who have a housing need.	Individuals leaving prison and being assigned public housing have reported notable positive outcomes, including an annual reduction of 8.9 per cent in police incidents, a decrease of 7.6 per cent in court appearances per year, and an initial cost reduction of \$4,996 in justice-related expenses per person. Additionally, there is a subsequent annual reduction of \$2,040 in justice costs per person. ²⁴
Housing Programs (Kellner et al., 2023)²⁵	Rapid review of studies that addressed the research question: What housing and housing assistance programs effectively prevent adults re-offending?	Effects variable. Housing provision, either temporary or permanent, is likely a “necessary, but not sufficient” programming component to reduce re-offending/reincarceration in adults. Noted that there were few studies with robust experimental designs and thus, assessing causality should be approached with caution for several studies.
MOVE program (Maryland, US)²⁶	Maryland Opportunities through Vouchers Experiment (MOVE), a randomized housing mobility program for former people in prison designed to test whether residential relocation far away from former neighbourhoods, incentivized through the provision of a housing subsidy, can yield reductions in reincarceration.	With respect to reductions in reincarceration, pilot results suggest that there is some benefit to moving and a benefit to receiving free housing. Rearrest was lower among the treatment group of movers than the non-movers, and was also lower for non-movers who received free housing versus non-movers who did not receive housing. But insignificant at the 5 per cent level.
Halfway houses (Systematic review and metaanalysis)²⁷	Halfway houses are a form of community supervision and correctional programming that have become a staple intervention in recent years	Specifically, the mean pooled effect of 0.236 (z = 9.27, p < .001) suggests that people in prison who transition back into the community via “back end” halfway houses are significantly less likely to recidivate compared with people in prison released on standard parole and/or released from incarceration without support/supervision. Although the magnitude of the treatment effect is not large (effect sizes below 0.3 are conventionally considered to be small; Lipsey & Wilson, 2001), the finding that eight of the nine studies produced a positive effect, and

²⁴ Martin, C., Reeve, R., McCausland, R., Baldry, E., Burton, P., White, R. and Thomas, S. (2021) Exiting prison with complex support needs: the role of housing assistance, AHURI Final Report No. 361, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/final-reports/361>, doi: 10.18408/ahuri7124801.

²⁵ Kellner P, Ngo CL, Delafosse V, Bragge P, & Tsering D. The effectiveness of housing and housing assistance programs to prevent adult reoffending: a rapid review. Monash Sustainable Development Institute Evidence Review Service, BehaviourWorks Australia, Monash University, Feb 2023.

²⁶ Kirk DS, Barnes GC, Hyatt JM, Kearley BW. The impact of residential change and housing stability on recidivism: pilot results from the Maryland Opportunities through Vouchers Experiment (MOVE). J Exp Criminol. 2018;14(2):213-226. doi: 10.1007/s11292-017-9317-z. Epub 2017 Dec 15. PMID: 29937702; PMCID: PMC5993842.

²⁷ Wong, J. S., Bouchard, J., Gushue, K., & Lee, C. (2019). Halfway Out: An Examination of the Effects of Halfway Houses on Criminal Recidivism. International Journal of Offender Therapy and Comparative Criminology, 63(7), 1018-1037. <https://doi.org/10.1177/0306624X18811964>

Intervention	Description	Impact (direct quotes from literature)
		that seven of these studies produced beneficial treatment impacts that were statistically significant, is important
Housing assistance without services (metanalysis)	Housing assistance programs for individuals reentering from incarceration are intended to mitigate the negative impacts of homelessness on the reentry process.	Washington State Institute for Public Policy find effect size of -0.098 on crime. ²⁸
Rainbow lodge (NSW, Australia)	The Rainbow Lodge Program is a transitional supported accommodation service for up to eight men involved in the criminal justice system and includes a supportive outreach service for upwards of 16 men who have exited the service. Clients arrive at The Rainbow Lodge Program directly from prison and are required to be on Parole for at least a minimum of three months.	Limited evidence to date.
Re-entry Housing Pilot Program²⁹ (Washington, US)	In an attempt to reduce the high financial and human costs of reincarceration, the 2007 Washington State Legislature created the RHPP for high risk, high need people in prison being released from prison without a place to live	Findings show that the RHPP program was successful in significantly reducing new convictions and readmission to prison for new crimes, but had no significant effect on revocations. In addition, results showed that periods of homelessness significantly elevated the risk of reincarceration for new convictions, revocations, and readmission to prison
Vision Housing³⁰ (London, UK)	Vision Housing is a small London-based specialist housing provider working primarily with ex-offenders.	Ellison et al (2013) sought to evaluate the impact of Vision Housing's provision of housing and support on re-offending rates. The predicted rate of proven re-offending for 400 clients referred to Vision over 12 months was 40.7 per cent. Their actual proven re-offending rate over 12 months was 37.0 per cent. This is 3.7 percentage points less than the predicted proven re-offending rate, equivalent to a 9.1 per cent reduction in proven re-offending. This result was statistically significant.

²⁸ Washington State Institute for Public Policy (2023) Housing assistance without services Adult Criminal Justice Benefit-cost methods last updated December 2023. Literature review updated August 2016, available at: <https://www.wsipp.wa.gov/BenefitCost/Program/724>

²⁹ Lutze, Rosky & Hamilton (2014) Homelessness and Re-entry—A multisite outcome evaluation of Washington State's Reentry Housing Program for High Risk Offenders, Criminal Justice and Behaviour, Vol.41 No.4, April 2014, 471-491, available at: <https://s3.wp.wsu.edu/uploads/sites/436/2014/11/Criminal-Justice-and-Behavior-2014-Lutze-471-91.pdf>

³⁰ Ellison, M., Fox, C., Gains, A. and Pollock, G. (2013), "An evaluation of the effect of housing provision on re-offending", Safer Communities, Vol. 12 No. 1, pp. 27-37. <https://doi.org/10.1108/17578041311293125>

Intervention	Description	Impact (direct quotes from literature)
Returning Home (Ohio, US) ³¹	As a permanent supportive housing re-entry program, Returning Home—Ohio was designed and implemented by the Ohio Department of Rehabilitation and Correction and a nonprofit housing advocacy agency. The program provided supportive housing to individuals who had behavioural health disabilities and who had histories of housing instability or were at risk for housing instability as they were released from 13 state prisons to five Ohio cities.	Employing a quasi-experimental design with propensity score weights, Fontaine (2013) found that the supportive housing program was associated with reincarceration reduction, as measured by rearrests (-40 per cent) and reincarcerations (-61 per cent) within 1 year of release. However, when RHO participants were rearrested, they were likely to experience significantly more rearrests than the comparison group. The reductions in reincarceration observed among the participant group came at a cost, with the additional cost of services provided through RHO exceeding the savings realised through reduced imprisonment
MeckFUSE Pilot (North Carolina, US) ³²	A multi-agency housing program that targets homeless men and women with behavioural health issues who have been frequent users of the local jail, street homeless camps, and county shelters and directly addresses their complex needs through permanent stable housing, case management, and ancillary services.	Listwan (2013) found that about 60 per cent of the MeckFUSE participants were arrested at least once during the nearly 4-year follow-up period, compared to ~74 per cent of the comparison group. This represents a 18 per cent decrease.
London Resettlement Project ³³ (London, UK)	There were two elements to the resettlement intervention: (1) dealing with practical problems associated with having just left prison or reaching a 'crisis point' such as homelessness or loss of benefits; and (2) offering one-to-one peer mentoring by ex-offenders who volunteered on the project. The intervention was a women-only service, was not formalized and was reactive in nature (i.e. there was no fixed programme and work was driven by the presenting needs of the women attending).	Sutherland (2017) found no statistically significant differences in reincarceration, but increased frequency of reoffending (1.14; i.e., on average those in the resettlement programme committed one more offence than those in the comparison group).

³¹ Fontaine, Jocelyn. "The Role of Supportive Housing in Successful Reentry Outcomes for Disabled Prisoners." *Cityscape*, vol. 15, no. 3, 2013, pp. 53–76. *JSTOR*, <http://www.jstor.org/stable/26326831>. Accessed 5 Mar. 2024.

³² Listwan, S.J., Jennifer L. Hartman & Ashleigh LaCourse (2018) Impact of the MeckFUSE Pilot Project: Recidivism Among the Chronically Homeless, *Justice Evaluation Journal*, 1:1, 96-108, DOI: 10.1080/24751979.2018.1478236

³³ Sutherland, A. (2019). A propensity score analysis of a community resettlement programme for women prisoners. *Criminology & Criminal Justice*, 19(1), 115-132. <https://doi.org/10.1177/1748895817743284>

Intervention	Description	Impact (direct quotes from literature)
Aspire SIB (SA, Australia) ³⁴	The Aspire program is based on the 'housing first' intervention model and is designed to focus on strengthening community engagement and economic participation. Under the Aspire model, participants are provided assistance in securing stable accommodation, job readiness training, pathways to training, employment and life skills development. Importantly, they also have the long-term support of a dedicated 'Navigator' to help them connect with wider support services and identify and achieve their aspirations. The Aspire program is designed as a three-year program with tiered intensity of support. Each individual's journey is unique, and the level of support is adjusted to reflect their strengths and needs.	Measured as 32 per cent reduction in hospital bed days, a 28 per cent reduction in convictions and a 68 per cent reduction in accommodation periods.
Denver Supported Housing SIB (Colorado, USA) ³⁵	Supportive housing initiative to increase housing stability and decrease jail stays among people who experienced long-term homelessness and had frequent interactions with the criminal justice and emergency health systems. The supportive housing program provided a housing subsidy and supportive services focused on helping residents stay housed.	Shelter stays reduced by 40 per cent Police contacts reduced by 40 per cent Unique jail stays reduced by 30 per cent Total jail days reduced by 27 per cent Detoxification service use reduced by 65 per cent The initiative was rated as effective by the National Institute of Justice. ³⁶
Journey to Social Inclusion Phase 2 (Vic, Australia) ³⁷	The J2SI pilot program, the J2SI Phase 2 program aimed to address chronic homelessness in Melbourne by facilitating rapid access to housing and sustaining that housing over time. In addition, the J2SI program sought improved health and wellbeing outcomes, increased social and economic participation, and increased capacity for independence. In short, the J2SI Phase 2 program aimed to improve social inclusion outcomes for those experiencing chronic homelessness.	24 per cent reduction in illicit substance use 66 per cent reduction in average nights in rehab 23 per cent reduction in health service costs per annum 25 per cent reduction in justice service costs per annum 120 per cent increase in per cent housed

³⁴ Social Ventures Australia (21 June 2023) Arc Social Impact Bond, Information Memorandum, available at: <https://www.socialventures.com.au/assets/Arc-Social-Impact-Bond-Information-Memorandum.pdf>

³⁵ Cunningham et al. (July 2021) Breaking the Homelessness-Jail Cycle with Housing First, Urban Institute, available at: https://www.urban.org/sites/default/files/publication/104501/breaking-the-homelessness-jail-cycle-with-housing-first_1.pdf

³⁶ National Institute of Justice (June 20, 2023) Program Profile: Denver (Colorado) Supportive Housing Social Impact Bond Initiative (Denver SIB), available at: <https://crimesolutions.ojp.gov/ratedprograms/1792>

³⁷ Seivwright, A., Callis, Z., Thielking, M., & Flatau, P. (2020). Chronic Homelessness in Melbourne: Third Year Outcomes of Journey to Social Inclusion Phase 2 Study Participants. St Kilda, VIC: Sacred Heart Mission. DOI 10.25916/5ee6e3e9c2b35.

Intervention	Description	Impact (direct quotes from literature)
Impact summary		Substantial variation reflecting differences in interventions and quality of analysis; highly dependent on prevalence of wrap around services in addition to housing. Key impacts for modelling consideration include: <ul style="list-style-type: none"> • 12.5 per cent targeted reduction in awarded sentences (SVA, 2023, Arc Social Impact Bond) • 25 per cent reduction in justice costs (J2SI) • 28 per cent reduction in convictions (Aspire).
Employment and education		
Center for Employment Opportunities (CEO) Transitional Jobs Program³⁸ (New York, US)	Based in New York City, CEO is a comprehensive employment program for former people in prison — a population confronting many obstacles to finding and maintaining work. CEO provides temporary, paid jobs and other services in an effort to improve participants' labor market prospects and reduce the odds that they will return to prison.	The program's impacts on these outcomes represent reductions in reincarceration of 16 percent to 22 percent. In general, CEO's impacts were stronger for those who were more disadvantaged or at higher risk of reincarceration when they enrolled in the study. This was corroborated by Valentine et al (2015). ³⁹
The Joyce Foundation Transitional Jobs Reentry Demonstration⁴⁰ (US)	Tested the effectiveness of transitional jobs programs, a promising employment-based reentry model. The foundation selected MDRC to lead the evaluation of this important initiative.	The results showed that participation in transitional job services had no statistically significant impact on employment or reincarceration over the 2-year follow-up. ⁴¹ This was corroborated by Valentine et al (2015). ⁴²
Milwaukee Safe Streets Prisoner Release Initiative⁴³ (Milwaukee, US)	The Milwaukee Safe Streets Prisoner Release Initiative (PRI) provides comprehensive, wraparound services for people in prison released from correctional facilities in Wisconsin. The goal of the program is to reduce reincarceration by providing participants with services that assist them with employment in addition to treatment for drug addiction, family dysfunction, debts, gang connections, and lack of interpersonal skills.	Cook et al (2015) found that the Milwaukee Safe Streets Prisoner Release Initiative (PRI) participants were less likely to be re-arrested after a 1-year follow-up period. Of the treatment group, 63 percent of participants recidivated, compared with 72 percent of the control group, which was a statistically significant difference.

³⁸ Redcross, Cindy, Megan Millenky, Timothy Rudd, and Valerie Levshin (2012). More Than a Job: Final Results from the Evaluation of the Center for Employment Opportunities (CEO) Transitional Jobs Program. OPRE Report 2011-18. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Service, available at: https://www.acf.hhs.gov/sites/default/files/documents/opre/more_than_job.pdf

³⁹ Valentine, E.J., Redcross, C. Transitional jobs after release from prison: effects on employment and recidivism. *IZA J Labor Policy* 4, 16 (2015). <https://doi.org/10.1186/s40173-015-0043-8>

⁴⁰ National Institute of Justice, Program Profile: Transitional Jobs Reentry Demonstration (TJRD), available at: <https://crimesolutions.ojp.gov/ratedprograms/506>

⁴¹ Ibid.

⁴² Valentine, E.J., Redcross, C. Transitional jobs after release from prison: effects on employment and recidivism. *IZA J Labor Policy* 4, 16 (2015). <https://doi.org/10.1186/s40173-015-0043-8>

⁴³ National Institute of Justice (2018) Program Profile: Milwaukee Safe Streets Prisoner Release Initiative (PRI), available at: <https://crimesolutions.ojp.gov/ratedprograms/589>

Intervention	Description	Impact (direct quotes from literature)
Employment Services for Ex-Offenders (ESEO) Program⁴⁴ (US)	Provision of job-related counselling.	The ESEO program reduces the risk of reincarceration only for former people in prison over the age of 27 in San Diego and Chicago and over the age of 36 in Boston, but increases the risk of reincarceration for the other people formerly in prison in the treatment group
Wichita (Kansas) Work Release Program (Kanas, US)	Reentry program designed to facilitate selected individuals' transition from incarceration to community living by providing work opportunities outside of correctional facilities and less structured housing alternatives.	The evaluation of the Work Release Program by the Kansas Department of Corrections (2009) found that reincarceration rates were lower for program completers (30.4 percent), compared with non-program participants in the comparison group (36.2 percent). This difference was statistically significant. ⁴⁵
EMPLOY (Minnesota, US)	People in prison-reentry employment program designed to reduce reincarceration by helping participants find and retain employment after release from prison.	Duwe (2015) found that EMPLOY participants were less likely to be reconvicted, compared with nonparticipants in the comparison group. Participation in EMPLOY reduced the likelihood of reconviction by 32 percent. ⁴⁶
Florida Work Release Program (Florida, US)	Allows individuals who are nearing the end of their custodial sentences to work regular jobs in the community.	Berk (2008) found lower reconviction rates for the treatment group, compared with the control group. This difference was statistically significant. The analysis suggested a 13-percent reduction in reincarceration at 3 years post-release. ⁴⁷
Education programmes in prison (meta-analysis)	Rapid Evidence Assessment (REA) of educational programmes delivered within prison (Ellison et al., 2017). ⁴⁸	Overall, the pooled odds ratio indicates a reduction in the likelihood of recidivating of approximately one-third. Meta-analysis on five employment studies identified that education in prison settings has a positive impact on employment. Overall, odds ratios indicated a 24 per cent increase in likelihood of gaining employment if the person in prison engages in prison education.
Correctional education (basic skills) (meta-analysis)	Correctional education in basic skills consists of classes in Adult Basic Education, General Educational Development (GED) preparation, and English as a Second Language.	Meta-analysis by Washinton Institute for Public Policy finds effect size of -0.114. ⁴⁹

⁴⁴ <https://www.degruyter.com/document/doi/10.2202/1935-1682.2361/html?lang=en>

⁴⁵ National Institute of Justice (2017) Program Profile: Wichita (Kansas) Work Release Program, available at: <https://crimesolutions.ojp.gov/ratedprograms/519#2-0>

⁴⁶ National Institute of Justice (March 13, 2017) Program Profile: EMPLOY (Minnesota), available at: <https://crimesolutions.ojp.gov/ratedprograms/508>

⁴⁷ National Institute of Justice (September 5, 2017) Program Profile: Florida Work Release Program, available at: <https://crimesolutions.ojp.gov/ratedprograms/558>

⁴⁸ Ellison, M., Szifris, K., Horan, R., & Fox, C. (2017). A Rapid Evidence Assessment of the effectiveness of prison education in reducing recidivism and increasing employment. *Probation Journal*, 64(2), 108-128. <https://doi.org/10.1177/0264550517699290>

⁴⁹ Washington State Institute for Public Policy (2023) Correctional education (basic skills) Adult Criminal Justice Benefit-cost methods last updated December 2023. Literature review updated July 2016, available at: <https://www.wsipp.wa.gov/BenefitCost/Program/734>

Intervention	Description	Impact (direct quotes from literature)
Employment programs for ex-offenders (meta-analysis)	Meta-analysis (Visher et al., 2005) of ex-offender employment programs and reincarceration. ⁵⁰	Found that community employment programs for ex-offenders did not reduce reincarceration, noting small experimental design.
Vocation Education and Training Programs (systematic review)	Systematic review (Newton et al., 2018), ⁵¹ which considers the findings of only those studies that have used experimental or quasi-experimental designs to evaluate vocational training and employment program outcomes for adult offenders	In line with Visher et al (2005), “this study serves as a reminder that despite the continuing appeal and substantial investment of public funds into these programs, the evidence base to support program delivery has not improved substantially over the past decade.”
Employment counselling and job training with paid work experience in the community (US)	Employment counselling programs with job training teach skills necessary for seeking employment. These include both hard skills (e.g., job preparedness and skills training) and soft skills, (e.g., effective job searches, applications, and resumes). Some programs may also specifically address barriers to employment for convicted persons	The Washington State Institute of Public Policy find an effect size of -0.076 on crime, and insignificant impact on employment and earnings. ⁵²
Correctional education (post-secondary education) (US)	Correctional post-secondary (college) education includes courses that contribute towards a post-secondary degree.	Effect ranged from -3.4 per cent (not statistically significant) to 24.61 per cent. ⁵³
Second Chance Jobs Program (Victoria, Australia)	Aims to link people with a job from ‘at the prison gate’.	A recent business case for the Second Chance Jobs Program assumed that the program would reduce risk of reincarceration by from 43 per cent to 21 per cent (i.e., a 52 per cent reduction). ⁵⁴ . Assumed that all participants who proceed to the job-matching phase would be in stable housing. Likewise, all people would be placed in employment following their exit from prison
VET in custody (Australia)	Vocational education and training (VET) is learning with focus on developing targeted and practical skills. These training programs are often provided to people while in custody.	Cale et al (2019) found that participating in VET in custody contributed to the likelihood of remaining custody free at two- and five-years post-release for both male and female people in prison. However, for males

⁵⁰ Visher, C. A., Winterfield, L., & Coggeshall, M. B. (2005). Ex-offender employment programs and recidivism: A meta-analysis. *Journal of Experimental Criminology*, 1(3), 295–315. <https://doi.org/10.1007/s11292-005-8127-x>

⁵¹ Newton D, Day A, Giles M, Wodak J, Graffam J, Baldry E. The Impact of Vocational Education and Training Programs on Recidivism: A Systematic Review of Current Experimental Evidence. *Int J Offender Ther Comp Criminol*. 2018 Jan;62(1):187-207. doi: 10.1177/0306624X16645083. Epub 2016 May 13. PMID: 27179060.

⁵² Washington State Institute for Public Policy (December 2023), Employment counseling and job training with paid work experience in the community Adult Criminal Justice Benefit-cost methods last updated December 2023. Literature review updated August 2016. available at: <https://www.wsipp.wa.gov/BenefitCost/Program/737>

⁵³ Washington State Institute for Public Policy (December 2023) Correctional education (post-secondary education) Adult Criminal Justice Benefit-cost methods last updated December 2023. Literature review updated July 2016. available at: <https://www.wsipp.wa.gov/BenefitCost/Program/735>

⁵⁴ PwC (April 2021) Second Chance Jobs Program – Final Report, available at: <https://www.vacro.org.au/Handlers/Download.ashx?IDMF=3020bc53-7a3f-4f9a-b261-f34548453a9f>

Intervention	Description	Impact (direct quotes from literature)
		<p>the relationship was moderated by risk level. Holding all other variables constant, successfully completing VET increased the odds of remaining custody free at five years by a factor of 1.68.⁵⁵ Offenders in the study sample participated in vocational training programs that were oriented towards heavy machinery operation and building and construction skills. A high proportion of offenders obtained post-release employment in industries that were congruent with the type of training received. Parolees who were employed at three months post-release were significantly more likely to be employed at 12 and 18 months post-release, and were also significantly less likely to be reconvicted. Results also showed that offenders who obtained fulltime employment during the follow-up period were significantly less likely to be reconvicted compared to those who found less stable part-time employment.⁵⁶</p>
Impact summary		<p>Substantial variation reflecting differences in interventions and quality of analysis; from insignificant effects to 52 per cent reduction in reincarceration (contingent on other needs being met, including housing). Many of the studies were US based; the results should be interpreted with caution. VACRO Second Chance Jobs program targets (52 per cent), however, represented upper end of expectations.</p>
Alcohol and other drugs programs, including peer support AOD programs		
Community Restorative Centre's AOD Intervention (NSW, Australia)⁵⁷	<p>The Community Restorative Centre (CRC) provides a range of services for individuals and their families involved in the criminal justice system. It offers specialised throughcare, post-release, and reintegration programs for those transitioning from prison to the community. The overarching objective of all CRC</p>	<p>An evaluation (Sotiri et al, 2021) found that the CRC support had a profound effect on clients' paths, leading to a substantial decrease in their involvement with the criminal justice system, encompassing reduced time in custody and lower reoffending rates.</p>

⁵⁵ Cale, J., Day, A., Casey, S., Bright, D., Wodak, J., Giles, M., & Baldry, E.

(2019). Australian prison vocational education and training and returns to custody among male and female ex-prisoners: A cross-jurisdictional study. Australian and New Zealand Journal of Criminology, 52(1), 129-147. <https://doi.org/10.1177/0004865818779418>

⁵⁶ Lindeman, Howard & Neto (August 2017) Evaluation of vocational training in custody Relationships between Training, Post-Release Employment and Recidivism, search Publication No. 57, available at: <https://correctiveservices.dcj.nsw.gov.au/documents/research-and-statistics/057-evaluation-vocational-training-post-release-employment-and-recidivism.pdf>

⁵⁷ Sotiri et al. (2021) "They're there to support you and help you, they're not there to judge you" Breaking the cycle of incarceration, drug use and release: Evaluation of the Community Restorative Centre's AOD and reintegration programs, Report for NSW Health, available at: <https://www.crcnsw.org.au/wp-content/uploads/2021/11/CRC-AOD-Evaluation-final-report-1Dec21.pdf>

Intervention	Description	Impact (direct quotes from literature)
	<p>programs is to reduce crime and disrupt entrenched cycles of disadvantage, criminal behaviour, and imprisonment.</p>	<p>Through interrupted time series analysis, it was observed that the days spent in custody decreased by 65.8 per cent after CRC intervention, new custody episodes dropped by 62.6 per cent, and proven offenses decreased by 62.1 per cent.</p> <p>In a comparative analysis, it was determined that CRC programs generate significant social and economic advantages, with potential savings of up to \$16 million over three years for an intake of 275 new clients within the criminal justice system.</p>
<p>Connections program (NSW, Australia)⁵⁸</p>	<p>Connections is a voluntary health program that helps individuals with a history of opioid use as they leave prison. The program supports their transition by offering practical assistance, engaging with them before and after release for 28 days. Using a strengths-based approach, each participant is assigned a trained Clinical Support Worker who acts as a care manager. The goal is to identify the participant's strengths, provide support, and actively connect them with health and social services. This aims to reduce the risk of harm or reoffending during the vulnerable period right after release.</p>	<p>The Connections program, designed for individuals with opioid use exiting prison, did not decrease the chances of returning to custody. However, it did help in promoting participation in opioid agonist treatment upon release from prison. The study indicated that those assigned to the Connections program had lower mortality rates within 28 days of release compared to those receiving standard treatment (0.25 per cent vs. 0.66 per cent). It's worth noting that the sample size was small, and the observed difference in mortality rates did not persist over time. Overall, being in the Connections program did not lead to a reduction in the rate of returning to custody.</p>
<p>Opioid substitution treatment (OST) in prisons (NSW, Australia)⁵⁹</p>	<p>Opioid substitution therapy (OST) is the most commonly provided treatment for heroin dependence in Australia and has been shown to be effective. The policy explored is the application of OST in prisons.</p>	<p>Ninety per cent of participants were re-incarcerated following their first observed release. Pre-incarceration cocaine use was associated with a 13 per cent increase in the average risk of re-incarceration. There was no significant association between simply being in OST at the time of release and risk of re-incarceration; however, in the model taking into account post-release retention in treatment, the average risk of re-incarceration was reduced by 20 per cent while participants were in treatment.</p>
<p>Modified therapeutic community (NSW, Australia)⁶⁰</p>	<p>Study examined the effect of a residential drug and alcohol therapeutic community program on criminal convictions among young people who had different trajectories of conviction prior to referral.</p>	<p>Treatment was associated with a significant decrease in convictions for only the high incline convictions trajectory after double adjustment of propensity scores and post-discharge incarceration. The reduction in the number of convictions for the high incline group was substantial</p>

⁵⁸ Sullivan E, Zeki R, Ward S, Sherwood J, Remond M, Chang S, et al. Effects of the Connections program on return-to-custody, mortality and treatment uptake among people with a history of opioid use: Retrospective cohort study in an Australian prison system. *Addiction*. 2024; 119(1): 169–179. <https://doi.org/10.1111/add.16339>

⁵⁹ Larney, S., Toson, B., Burns, L. & Dolan, K. (August 2011) Effect of prison-based opioid substitution treatment and post-release retention in treatment on risk of re-incarceration, *Addiction*, available at: <https://pubmed.ncbi.nlm.nih.gov/21851442/>

⁶⁰ Tyson Whitten, Jesse Cale, Sally Nathan, Megan Williams, Eileen Baldry, Mark Ferry, Andrew Hayen, Influence of a residential drug and alcohol program on young people's criminal conviction trajectories, *Journal of Criminal Justice*, Volume 84, 2023, 102026, ISSN 0047-2352, <https://doi.org/10.1016/j.jcrimjus.2022.102026>.

Intervention	Description	Impact (direct quotes from literature)
		(Cohen's d = 0.96), corresponding to 4.36 fewer convictions over five years post referral.
Mandatory drug treatment / long term residential treatment facilities	The Drug Treatment Alternative to Prison (DTAP) program offers repeat, non-violent felony defendants the option of treatment in a therapeutic community in lieu of prosecution leading, in all probability, to a prison term.	Young et al (2003) compared reincarceration outcomes across residential treatment facilities. ⁶¹ Significantly more comparison group clients were re-arrested for both misdemeanours and felonies during the tracking period, and the reconviction rates in this group were 1.7 to 2.5 greater than those for DTAP and TASC. The fact that the felony reconviction differences were not significant may have been due to the restricted range in their distributions. The overall annual arrest rate for the comparison group (.46) was over twice the rate for DTAP (.19) or TASC (.21).
Prison-Initiated Methadone Maintenance Treatment (Maryland, US)	Methadone maintenance treatment designed for currently incarcerated individuals with a heroin addiction.	Treatment group participants spent a greater number of days in community-based drug treatment following release and improved opioid drug test results, compared with control group participants (at six months follow-up, 28 per cent vs 65 per cent tested positive for opioids, at 12 months, 25 per cent vs 65.6 per cent). These differences were statistically significant. However, there were mixed results regarding cocaine use, criminal activity, and frequency of heroin use. ⁶²
Incarceration-Based Drug Treatment	Provision of drug treatment while in prison.	Mitchell et al (2012) ⁶³ find that the overall average effect of these programs was approximately a 15 to 17 per cent reduction in reincarceration and drug relapse. Association between contact with mental health and substance use services and reincarceration after release from prison. It is noted that these conclusions should be read with caution given the limited number of such evaluations and general methodological weakness.
Amity In-Prison Therapeutic Community (California, US)	Intensive treatment in a dedicated housing unit to male incarcerated persons with substance abuse problems during the last 9 to 12 months of their prison terms.	Participants had statistically significant lower reincarceration rates at the 24-month (43.3 per cent vs 67.1 per cent) and 5-year follow-up

⁶¹ Young D, Fluellen R, Belenko S. Criminal recidivism in three models of mandatory drug treatment. *J Subst Abuse Treat.* 2004 Dec;27(4):313-23. doi: 10.1016/j.jsat.2004.08.007. PMID: 15610833.

⁶² National Institute of Justice (June 14, 2011) Program Profile: Prison-Initiated Methadone Maintenance Treatment, available at: <https://crimesolutions.ojp.gov/ratedprograms/157#3-0>

⁶³ Mitchell, O., Wilson, D.B. and MacKenzie, D.L. (2012), The Effectiveness of Incarceration-Based Drug Treatment on Criminal Behavior: A Systematic Review. *Campbell Systematic Reviews*, 8: i-76. <https://doi.org/10.4073/csr.2012.18>

Intervention	Description	Impact (direct quotes from literature)
		(75.7 per cent vs 83.4 per cent) periods, but not at the 36-month follow up. Drug use did not significantly differ. ⁶⁴
Post-release programs for women exiting prison with substance-use conditions (Systematic review)⁶⁵	Systematic review of post-release programs for women exiting prison with substance-use conditions	Of the 1,493 articles, twelve (n = 3799 women) met the inclusion criteria. Reincarceration was significantly reduced in five (42 per cent) programs and substance-use was significantly reduced in one (8.3 per cent) program. Common attributes among programs that reduced reincarceration were: transitional, gender-responsive programs; provision of individualised support; providing substance-related therapy, mental health and trauma treatment services. Methodological and reporting biases were common, which impacted our ability to synthesize results further. Reincarceration was inconsistently measured across studies further impacting the ability to compare results across studies.
Alcohol and other drug interventions in prisons⁶⁶	Assessment of quality of evidence for different interventions assisting prison population who have drug problems.	Finds that evidence of effectiveness is strong for: Prison needle and syringe programs, tailored cognitive behavioural therapy programs (both short- and long-term), Individual counselling, Opioid substitution therapy, Therapeutic communities, Exit preparation programs (including pre-release centres). Finds that evidence of effectiveness is moderate for: motivational interviewing, therapeutic groups. Finds that evidence of effectiveness is insufficient for: peer educator programs, contingency management, twelve-step peer support groups, except as an adjunct to therapeutic interventions, mindfulness based relapse prevention over 'traditional' cognitive behavioural therapy.
Residential drug and alcohol therapeutic community program (NSW, Australia)⁶⁷	Modified therapeutic community for serious alcohol and drug related difficulties.	Treatment was associated with a significant decrease in convictions for only the high incline convictions trajectory after double adjustment of propensity scores and post-discharge incarceration. The reduction in the number of convictions for the high incline group was substantial

⁶⁴ National Institute of Justice (June 10, 2011) Program Profile: Amity In-Prison Therapeutic Community, available at: <https://crimesolutions.ojp.gov/ratedprograms/54#2-0>

⁶⁵ Edwards, L., Jamieson, S.K., Bowman, J., et al., 2022, A systematic review of post-release programs for women exiting prison with substance-use conditions: assessing current programs and weighing the evidence, Health Justice, 10(1), <https://doi.org/10.1186/s40352-021-00162-6>

⁶⁶ Bartie, Bothwell, Lee & Jenner (2021) What works. Alcohol and other drug interventions in prisons, available at: <https://360edge.com.au/assets/uploads/2021/11/360Edge-What-Works-in-Prisoner-AOD-Treatment-2nd-Edition-November-2021-Website.pdf>

⁶⁷ Whitten, T., Jesse Cale, Sally Nathan, Megan Williams, Eileen Baldry, Mark Ferry, Andrew Hayen, Influence of a residential drug and alcohol program on young people's criminal conviction trajectories, Journal of Criminal Justice, Volume 84, 2023, 102026, available at: <https://doi.org/10.1016/j.jcrimjus.2022.102026>.

Intervention	Description	Impact (direct quotes from literature)
		(Cohen's d = 0.96), corresponding to 4.36 fewer convictions over five years post referral.
Intensive Outpatient Program (IOP) and Non-Hospital Residential (NHR) Program	Community-based, substance abuse treatment programs for recently paroled, substance-dependent individuals.	Zanis and colleagues (2003) found that at the 24-month follow up, 22 percent of individuals who were paroled to Intensive Outpatient Program or Non-Hospital Residential programs were convicted of a new crime, compared with 34 percent of individuals in the community comparison group, a statistically significant difference. ⁶⁸
Illinois Probation Outcome Study (Illinois, US)	Study exploring the interaction of drug use, drug treatment provision, and treatment completion on reincarceration.	Huebner et al (2007) ⁶⁹ find that probationers who failed to complete treatment were more likely to be rearrested in the four years following discharge from probation, even when compared to individuals who needed treatment but did not enrol. Moreover, probationers who failed to complete treatment had more serious criminal histories and fewer ties to society.
Residential and Non-residential Drug Treatment on Probationers (US)	Krebs et al (2009) assess the impact of residential and nonresidential drug treatment on reincarceration. ⁷⁰	Compared to those receiving no treatment, those receiving non-residential treatment took longer to fail or recidivate. However, those receiving residential treatment did not differ from those who received no treatment in time to failure. In the treatment-only model, non-residential treatment participants took longer to fail than their matched residential treatment counterparts.
Alcoholics Anonymous (AA) at 12 step facilitation treatments⁷¹ (Multiple)	AA is a peer-to-peer support organisation intended to help those suffering from alcohol use disorder to achieve abstinence from alcohol, improve relationships with others and increase quality of life	Cochrane Review (2020) found that AA/12-Step Facilitation was better than other well-established treatments in facilitating continuous abstinence and remission and was at least as effective as other well established treatments in reducing intensity of drinking, alcohol-related consequences and severity of alcohol addiction. AA/TSF also reduced healthcare costs substantially more than other types of treatments.

⁶⁸ National Institute of Justice (October 10, 2017) Program Profile: Intensive Outpatient Program (IOP) and Non-Hospital Residential (NHR) Program, available at:

<https://crimesolutions.ojp.gov/ratedprograms/565#2-0>

⁶⁹ Huebner, B. & Cobbina, J. (2007) the effect of drug use, drug treatment participation, and treatment completion on probationer recidivism, Journal of Drug Issues, available at:

<https://www.bethhuebner.com/wp-content/uploads/2020/07/Journal-of-Drug-Issues.pdf>

⁷⁰ Krebs, C. P., Strom, K. J., Koetse, W. H., & Lattimore, P. K. (2009). The Impact of Residential and Nonresidential Drug Treatment on Recidivism Among Drug-Involved Probationers: A Survival Analysis. *Crime & Delinquency*, 55(3), 442-471. <https://doi.org/10.1177/0011128707307174>

⁷¹ Kelly et al. (2020) Alcoholics Anonymous and 12-Step Facilitation Treatments for Alcohol Use Disorder: A Distillation of a 2020 Cochrane Review for Clinicians and Policy Makers, *Alcohol Alcohol*; 55(6): 641–651. Published online 2020 Jul 6. doi: 10.1093/alcalc/agaa050.

Intervention	Description	Impact (direct quotes from literature)
Women's justice network (NSW, Australia)⁷²	Grassroots mentoring for women impacted by system, both in prison and post-release.	This internal evaluation of the program that provided intensive support to women leaving custody found that of the 59 women supported over the course of a year, only 4 women (6.7 per cent) returned to custody (3 for parole breaches and one for a new offence).
Peerstar (Pennsylvania, US)	Peerstar, LLC has been a licensed provider of one on one peer support mentoring services to individuals in the state of Pennsylvania with SMI and/or co-occurring substance abuse conditions. The population served was determined to be a particularly high risk of re-incarceration population, when released from prison.	Bellamy et al (2019) found that, utilizing Kaplan–Meyer survival analysis, the chance of re-incarceration for participants after one year was of 21.7 percent. In the first year after release from prison, participants did much better than those in the general US prison population when in terms of re-incarceration rates (21.7 percent vs 43.4 percent).
Mentorship for Alcohol Problems to Enhance Engagement into Treatment (MAP-Engage) (New York State, US)	Mentorship for Addiction Problems (MAP) aims to reduce substance use through the novel application of peerdriven Goal Attainment Scaling specific to each individual's needs, creating high appeal while being administered starting during the critical first month of treatment when relapse and attrition are high, and support is needed most.	Tracey et al (2011) and Tracey et al (2020) ⁷³ reviewed the impact of the initiative in several contexts. Overall MAP-Engage was found to be comparable to the DRT + MAP-Engage and both of these conditions were significantly better than treatment as usual (TAU) alone at increasing adherence to post-discharge substance abuse, medical, and mental health outpatient appointments. Over the year following discharge from the index hospitalization, veterans who participated in either TAU + DRT + MAP-Engage or MAP-Engage Alone were more likely to attend their outpatient substance abuse appointments than those veterans in TAU (51 per cent and 52 per cent kept substance abuse appointments vs. 38 per cent, respectively, N = 96, contrast t-test = 2.22, p = .03). They were also more likely to attend all outpatient appointments including mental health, substance abuse, and medical (43 per cent and 48 per cent kept appointments vs. 33 per cent, respectively, N = 96, contrast t = 2.00, p = .05). However, there were no significant differences of attendance to mental health, substance abuse, and medical outpatient appointments.
The Post-Incarceration Engagement (Massachusetts, US)	The Post-Incarceration Engagement (PIE) intervention is a peer-based enhancement to the VA Healthcare for Reentry Veterans (HCRV) program.	Hyde et al. (2022) evaluated the impact of the intervention. Intervention participants were significantly more likely to receive substance use treatment than the comparison group (86 per cent versus 19 per cent, p < .0001) and the mean monthly substance use

⁷² Steele, L., Petrou, N., Armstrong, K., 2015, Mentoring women in the criminal justice system: Reducing recidivism and promoting community inclusion.

⁷³ Tracy K, Wachtel L, Goldmann E, Nissenfeld J, Burton M, Galanter M, Ball SA. Mentorship for Addiction Problems (MAP): A New Behavioral Intervention to Assist in the Treatment of Substance Use Conditions. J Stud Alcohol Drugs. 2020 Sep;81(5):664-672. doi: 10.15288/jsad.2020.81.664. PMID: 33028480; PMCID: PMC8076492.

Intervention	Description	Impact (direct quotes from literature)
	<p>Once a veteran is released, outreach specialists generally have limited capacity to provide extensive assistance to support them with reentry plans. The PIE intervention fills this gap by incorporating peer support specialists into the HCRV program to extend the provision of social and logistical support for approximately 6 months post-incarceration.</p> <p>PIE peer specialists (“PIE peers” hereafter) are veterans with life experiences similar to the veterans they serve in the intervention. PIE peers provide a range of social and emotional support, linkage and referral to healthcare and social services, and role modelling of life skills. The intervention draws on a Whole Health approach to care.</p>	<p>visits was greater in the intervention group (0.96 versus 0.34, $p < .007$). Engagement in mental health services was greater for the intervention group than the comparison group (93 per cent versus 64 per cent, $p < .003$). There were no significant differences between groups for emergency department use and hospitalization.</p> <p>Rates of permanent housing one-year post-release were high and reincarceration low in the intervention group. Though there were no data to assess this in the comparison group, the rates of reincarceration following the intervention are better than the state average (7 per cent vs 17 per cent).</p>
<p>Substance Use Programming for Person-Oriented Recovery and Treatment (SUPPORT) (US)</p>	<p>A peer service model developed to address the need for ongoing recovery support for persons with a substance use disorder (SUD) who are reintegrating into the community following release from jail or prison.</p> <p>The model consists of state-certified peer recovery coaches (PRCs) who provide nonclinical services (e.g., mentoring, support groups, employment assistance, and/or housing services) and recovery-oriented treatment planning to align services with client goals; SUPPORT also provides vouchers to fund services and supports that are aligned with client recovery goals.</p>	<p>Ray et al (2021) undertook an RCT of the pilot. The change in use of alcohol or illegal drugs was not statistically significant. The SUPPORT arm had improvements in treatment motivation external reasons (Cohen's $d = 0.52$ at 6 months) and general self-efficacy (Cohen's $d = 0.62$ at 12 months), which are mediating variables in the model underlying SUPPORT's theorized mechanisms of change.</p>
<p>Peer-led problem-support mentor intervention (North of England, UK)</p>	<p>An existing intervention was adapted using a theory of change model and eligible people in prison were trained to become problem-support mentors. Delivery of the intervention took two forms: (i) promotion of the intervention to fellow people in prison, offering support and raising awareness of the intervention but not delivering the skills and (ii) delivery of the problem-solving therapy skills to selected individual people in prison.</p>	<p>Perry et al (2021) conducted a review of the program.⁷⁴ Despite the brief nature of the intervention and the small numbers of those involved in the intervention delivery we did find a significant reduction in the incidence of self-harm for those who received full delivery of the PST skills.</p> <p>The first analysis examined the total number of ACCTs for the whole prison. Over time the number of incidents was increasing, (1.29, 95 per cent CI 0.34, 2.24) this was significant (Table 2). After the introduction of the intervention the number of incidents dropped (3.11, 95 per cent CI 15.58, 9.36) but not significantly and there was no significant change after the intervention (0.77, 95 per cent CI 2.11, 0.58).</p>

⁷⁴ Perry et al. (Feb 2021) The effect of a peer-led problem-support mentor intervention on self-harm and violence in prison: An interrupted time series analysis using routinely collected prison data, Volume 32, 100702, available at: [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(20\)30446-6/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(20)30446-6/fulltext)

Intervention	Description	Impact (direct quotes from literature)
		<p>The ITS analysis for the full PST skills delivered group found no significant increase in the number of at risk incidents over time (0.07 95 per cent CI 0.98, 0.68). After the introduction of the scheme there was a significant increase in reporting of 1.89 per month ACCTs (95 per cent CI 0.78, 3.01). The change after the intervention was 0.25 per month (95 per cent CI 0.37, 0.13).</p> <p>There was no evidence that the brief intervention led to a significant reduction in people at risk of self-harm or violent episodes for the whole prison.</p>
<p>Reentry Assisted Community Housing (REACH) with intervention adding peer mentoring (Conneticut, USA)</p>	<p>REACH is a scattered-site supported housing program for persons on parole release from incarceration. REACH addresses the needs of those eligible for parole though unable to locate housing.</p>	<p>Sells et al (2020) conducted a pilot-scale unblinded randomized controlled trial study of reincarceration.⁷⁵ Results partially supported hypotheses, where clients receiving standard reentry services plus peer mentorship showed significantly lower levels of reincarceration than those receiving standard reentry services alone.</p> <p>Note by IE: 31.8 per cent for experimental group (12 of n = 38) compared to 64.7 per cent (11 out of n=17). Change of 50.9 per cent.</p>
<p>Peers Reach Out Supporting Peers to Embrace Recovery (PROSPER) (Los Angeles, US)</p>	<p>PROSPER is a unique, strength-based recovery maintenance program based on holistic peer-to-peer social support that complements existing services with a responsive program design that addresses the dual challenge of recovery and reentry. The strategic mix of includes an array of peer-run groups, coaching, workshop/seminars, social and recreational activities, and community events, establishing a culturally appropriate peer-to-peer recovery community.</p>	<p>Andreas et al (2010) evaluated (preliminarily) the program.⁷⁶ The General Self-Efficacy showed positive and significant changes between baseline and twelve months while the Multidimensional Scale of Perceived Social Support indicates significant and positive changes in all three social support subscales.</p> <p>Significant positive effects were found between baseline and 12 months with family and friends and between 6 months and 12 months with significant others. Quality-of-life changes between baseline and 12 months were also significantly higher, and perceived stress between baseline and 12 months were significantly lower.</p> <p>Interestingly, guilt- and shame-based emotions from the Personal Feelings Questionnaire increased significantly over the same period of time.</p>

⁷⁵ Sells et al. (2020) Peer-Mentored Community Reentry Reduces Recidivism () Criminal Justice and Behavior Volume: 47 Issue: 4 Dated: 2020 Pages: 437-456, available at: <https://www.ojp.gov/ncjrs/virtual-library/abstracts/peer-mentored-community-reentry-reduces-recidivism>

⁷⁶ Demetrius Andreas , Davis Y. Ja PHD & Salvador Wilson (2010) Peers Reach Out Supporting Peers to Embrace Recovery (PROSPER): A Center for Substance Abuse Treatment Recovery Community Services Program, Alcoholism Treatment Quarterly, 28:3, 326-338, DOI: 10.1080/07347324.2010.488538

Intervention	Description	Impact (direct quotes from literature)
		It is noted that Bassuk et al (2016) considered this to be a weak study. ⁷⁷
Brief motivational intervention at a clinic visit reduces cocaine and heroin use	One-time peer delivered motivational intervention plus written advice and referral list compared to written advice plus referral list. 3 and 6-month follow-ups.	RCT conducted by Bernstein et al. (2005). ⁷⁸ At 6 months, the intervention group had more cocaine and heroin abstinence and more drug-free participants. On the ASI drug subscale there was a trend toward greater improvement for the intervention group (49 per cent reduction vs. 46 per cent, $p = 0.06$). There were no group differences in contact with the treatment system. Greater improvement in the ASI medical subscale for the intervention group (56 per cent reduction versus 50 per cent, $p = 0.055$).
Maintaining Independence through Systems Integration, Outreach and Networking (MISSION) peer support component.	Wraparound treatment engagement intervention for homeless veterans with co-occurring conditions.	Smelson et al. (2013) conducted a quasi-experimental study of the program. The MISSION group was less likely to drink to intoxication at 12 months, reducing the odds by 2.9 per cent, and experienced less serious anxiety and tension ($OR = .53$) at 12 months. Individuals in the MISSION and TAU-only groups both showed statistically significant improvements in substance use and related problems at 12 months, with those in MISSION less likely to drink to intoxication and experience serious tension or anxiety.
Peer recovery coaches at one of Vermont's Recovery Network Recovery Centres (Vermont, Canada)	Recovery coaching is a form of peer based recovery support which has been defined as "the process of giving and receiving nonprofessional, non-clinical assistance to achieve long-term recovery from severe alcohol and/or other drug-related problems. This support is provided by people who are experientially credentialed to assist others in initiating recovery, maintaining recovery, and enhancing the quality of personal and family life in long-term recovery	Kamon & Turner (2013) reviewed the impact of the program. At baseline, participants reported an average of 118 days abstinent ($SD = 217$). At follow-up, participants reported an average of 123 days abstinent ($SD = 164$). Participants had more primary care visits, fewer hospital/ER/detoxification admissions, and significant increases on domains of recovery capital, (services, housing, health, family, alcohol & other drugs, mental health, legal ($p < .05$); and social ($p < .01$))
Access to Recovery through drug courts (Texas, US)	Direct recovery support includes individual recovery coaching, recovery support group, relapse prevention group, and spiritual support group. It was unclear if recovery coaches were paid or volunteers.	Mangrum (2008) conducted an evaluation of the program. ATR clients were significantly more likely to be abstinent 30 days before discharge (85 per cent) compared to non-ATR criminal justice

⁷⁷ Bassuk EL, Hanson J, Greene RN, Richard M, Laudet A. Peer-Delivered Recovery Support Services for Addictions in the United States: A Systematic Review. *J Subst Abuse Treat.* 2016 Apr;63:1-9. doi: 10.1016/j.jsat.2016.01.003. Epub 2016 Jan 13. PMID: 26882891.

⁷⁸ Bernstein J, Bernstein E, Tassiopoulos K, Heeren T, Levenson S, Hingson R. Brief motivational intervention at a clinic visit reduces cocaine and heroin use. *Drug Alcohol Depend.* 2005 Jan 7;77(1):49-59. doi: 10.1016/j.drugalcdep.2004.07.006. PMID: 15607841.

Intervention	Description	Impact (direct quotes from literature)
		clients (77 per cent; p b .0001) and non-criminal justice clients (67 per cent; p = .0001). Clients in ATR were more likely to complete treatment (60 per cent) than those in non-ATR treatment 56 per cent; p b .0001) and had better outcomes if drug court or probation was involved.
Recovery Association Project (RAP) (Oregon, US)	From 2003 to 2007, RAP's Recovery Community Services Program (RCSP)-funded peer recovery services included a recovery centre with a drop-in resource centre, a wide range of clean-and-sober social and recreational activities, and numerous self-help meetings; a café located in the recovery centre that served as a job training program for peers; and leadership training for civic engagement of people in recovery.	Amitage et al (2010) evaluated the program. ⁷⁹ At the 6-month follow-up point, more than 85 per cent of participants in RAP services indicated that they had not used alcohol or drugs in the past 30 days.
Peer Mentoring for Male Parolees: A CBPR Pilot	Peer-based intervention for recently released men developed using a community-based participatory research (CBPR) approach.	Marlow et al (2015) conducted evaluated the pilot. ⁸⁰ Quantitative findings showed significant improvement on two abstinence self-efficacy subscales, negative affect and habitual craving. Qualitative findings revealed the relevance and acceptance of peer mentoring for this population.
Welcome Home Ministries (California, US)	The program goal was to provide a full range of mental health services necessary for the recovery of adult women who desire to address current or history of substance abuse and/or mental health issues that compromise their reentry from jail or prison back to community and independent living. The main criterion for participation is a motivated incarcerated woman with current or history of behavioral issues and current or history of substance abuse.	Goldstein et al (2009) studied the effectiveness of the program. ⁸¹ Evaluation was relative to targets set, not compared against broader control groups.

⁷⁹ Armitage, Lyons & Moore (2010) Recovery Association Project (RAP), Portland, Oregon, available at: <https://www.mentalhealthportland.org/wp-content/uploads/2019/06/RAP-Program-at-CCC-ATQ-article-final-4.1.10.pdf>

⁸⁰ Marlow E, Grajeda W, Lee Y, Young E, Williams M, Hill K. Peer Mentoring for Male Parolees: A CBPR Pilot Study. Prog Community Health Partnersh. 2015 Spring;9(1):91-100. doi: 10.1353/cpr.2015.0013. PMID: 25981429.

⁸¹ Goldstein EH, Warner-Robbins C, McClean C, Macatula L, Conklin R. A peer-driven mentoring case management community reentry model: an application for jails and prisons. Fam Community Health. 2009 Oct-Dec;32(4):309-13. doi: 10.1097/FCH.0b013e3181b91f0d. PMID: 19752632.

Intervention	Description	Impact (direct quotes from literature)
Reducing overdose after release from incarceration (ROAR)	In the week prior to their release, female adults in custody with moderate to severe opioid use disorder start treatment with extended release naltrexone, an injectable opioid antagonist that blocks the effects of opioids for up to 1 month. All ROAR participants receive training to use naloxone rescue kits and are provided nasal naloxone at release. Ongoing support from a certified recovery mentor to facilitate sustained engagement with treatment for substance use conditions begins in the month prior to release from prison and continues for 6 months in community. We evaluate the association between ROAR participation and the primary outcome of opioid overdose.	Waddell et al (2020) describes a protocol for the program. ⁸²
The Friends Connection	Peer support program for individuals with co-occurring conditions	Min et al (2007) evaluated the program. ⁸³ Results from a survival analysis suggest that program participants have longer community tenure (i.e., periods of living in the community without rehospitalization) than a comparison group. Chi-square tests also indicate that significantly more people in the comparison group (73 per cent) are rehospitalized in a 3-year period versus those in the Friends Connection group (62 per cent). These results suggest that Friends Connection may facilitate community tenure and prevent rehospitalizations for a group that is at high-risk for rehospitalizations. The findings lend additional support of the potential effectiveness of peer support programs as part of a service delivery system that facilitates recovery of individuals with co-occurring conditions.
Creating Lasting Family Connections Fatherhood Program: Family Reintegration (CLFCFP) (Kentucky, US)	Community-based program for adult males who received substance abuse treatment while incarcerated and are reentering the community. Originally designed as a family-strengthening program for youth and parents, it was expanded to adult males who received substance abuse treatment while in prison.	The comparison group was approximately 2.94 times more likely to recidivate than CLFCFP participants. This difference was statistically significant. ⁸⁴

⁸² Waddell EN, Baker R, Hartung DM, Hildebran CJ, Nguyen T, Collins DM, Larsen JE, Stack E; ROAR Protocol Development Team. Reducing overdose after release from incarceration (ROAR): study protocol for an intervention to reduce risk of fatal and non-fatal opioid overdose among women after release from prison. *Health Justice*. 2020 Jul 10;8(1):18. doi: 10.1186/s40352-020-00113-7. PMID: 32651887; PMCID: PMC7349469.

⁸³ Min, S.-Y., Whitecraft, J., Rothbard, A. B., & Salzer, M. S. (2007). Peer Support for Persons with Co-Occurring Conditions and Community Tenure: A Survival Analysis. *Psychiatric Rehabilitation Journal*, 30(3), 207–213. <https://doi.org/10.2975/30.3.2007.207.213>

⁸⁴ National Institute of Justice (August 10, 2020) Program Profile: Creating Lasting Family Connections Fatherhood Program: Family Reintegration, available at: <https://crimesolutions.ojp.gov/ratedprograms/689>

Intervention	Description	Impact (direct quotes from literature)
Enhancing outcomes for persons with co-occurring conditions through skills training and peer recovery support	study assesses the benefit of adding peer recovery supports to the care of adults with co-occurring psychosis and substance us	O'Connell et al (2020) evaluated the program. ⁸⁵ At three months, skills training was effective in reducing alcohol use and symptoms, with the addition of peer-led support resulting in higher levels of relatedness, self-criticism, and outpatient service use. At nine months, skills training was effective in decreasing symptoms and inpatient readmissions and increasing functioning, with the addition of peer support resulting in reduced alcohol use.
The Citizenship Project	Study compared the effectiveness of two interventions in reducing alcohol use, drug use, and criminal justice charges for persons with severe mental illnesses: first, a community-oriented group intervention with citizenship training and peer support that was combined with standard clinical treatment, including jail diversion services, and second, standard clinical treatment with jail diversion services alone.	Rowe et al (2007). ⁸⁶ The experimental group showed significantly reduced alcohol use in comparison with the control group. Further, results showed a significant group-by-time interaction, where alcohol use decreased over time in the experimental group and increased in the control group. Drug use and criminal justice charges decreased significantly across assessment periods in both groups. Of the outcomes, only decreased alcohol use was attributable to the experimental intervention. Although this may be a chance finding, peer- and community-oriented group support and learning may facilitate decreased alcohol use over time.
Impact summary		Substantial variation reflecting differences in interventions and quality of analysis. The maximum reported effectiveness of AOD programs was found to be a potential 62 per cent reduction in reincarceration (contingent on other needs being met, including housing). For the purposes of the modelling there is a robust range in the order of 50 per cent to 60 per cent, noting in particular: <ul style="list-style-type: none"> • x2 more likely to be in housing (PROSPER) • 50-58 per cent (Bellamy, 2019; Sells et al, 2020; Hyde et al, 2022.) • 54-59 per cent reduction in AOD programs (Young, 2003).
Multi-faceted		

⁸⁵ O'Connell MJ, Flanagan EH, Delphin-Rittmon ME, Davidson L. Enhancing outcomes for persons with co-occurring conditions through skills training and peer recovery support. J Ment Health. 2020 Feb;29(1):6-11. doi: 10.1080/09638237.2017.1294733. Epub 2017 Mar 10. PMID: 28282996.

⁸⁶ Rowe M, Bellamy C, Baranoski M, Wieland M, O'Connell MJ, Benedict P, Davidson L, Buchanan J, Sells D. A peer-support, group intervention to reduce substance use and criminality among persons with severe mental illness. Psychiatr Serv. 2007 Jul;58(7):955-61. doi: 10.1176/ps.2007.58.7.955. PMID: 17602012.

Intervention	Description	Impact (direct quotes from literature)
Weave (NSW, Australia) ⁸⁷	Weave offers a diverse array of services encompassing practical assistance, support for housing referrals, counselling, mental health services, drug and alcohol support, facilitation of access to education and employment opportunities, and help in connecting individuals to other essential services.	4.11 per cent re-offending rate compared with the NSW average rate of 57.3 per cent for Aboriginal people aged 18-30. Note that these are descriptive figures only.
Backtrack (NSW, Australia) ⁸⁸	Multi-component, community-based intervention program for young people at high risk of involvement in crime. Established in Armidale in NSW in 2006.	A statistically significant reduction from pre- to post-commencement of BackTrack was identified for all four of the most common offences ($p \leq 0.05$).
Miranda Project (NSW, Australia) ⁸⁹	Since 2017, the Miranda Project has been implemented as a gender-specific initiative aimed at assisting vulnerable women facing risks of domestic and family violence as well as involvement in the criminal justice system. Miranda operates in collaboration with Penrith Women's Health Centre, delivering specialised support tailored to women who have often been "managed" within the criminal justice system instead of receiving community support. A significant number of women assisted by Miranda find themselves returning to violent situations post-prison due to limited alternatives upon release. The Miranda Project strives to break this cycle by providing comprehensive support to women, addressing issues such as social and emotional well-being, physical and mental health, child and family contact, legal needs, safety, and accommodation sourcing. This is achieved through individual holistic case management, community outreach support, prison in-reach efforts, and various group activities within a secure women-only drop-in space. Miranda not only offers a crucial safe social engagement space but also provides practical support, skill development, and connections to other essential services. Operated by women for women, the Miranda Project aims to empower women,	In 2018/2019, of the 71 women supported via Miranda case-management, only 5 (or 7 per cent) returned to custody. The majority of the women supported by Miranda were either in violent situations, at risk of returning to violent situations, or looking to leave violent situations. Early indications from the independent evaluation of this program are that 90 per cent of women who have connected with Miranda, have become significantly safer as a consequence.

⁸⁷ Centre for Criminology, Law and Justice, available at: [https://www.cclj.unsw.edu.au/sites/cclj.unsw.edu.au/files/Creating per cent20Futures per cent20Evaluation per cent20Report per cent20with per cent20images.pdf](https://www.cclj.unsw.edu.au/sites/cclj.unsw.edu.au/files/Creating%20Futures%20Evaluation%20Report%20per%20with%20images.pdf)

⁸⁸ National Drug & Alcohol Research Centre, The effectiveness of a multi-component intervention for young people with multiple and complex needs, available at: <https://ndarc.med.unsw.edu.au/node/115282>

⁸⁹ Sotiri, Moliterno, Parker & Gray (2020) CRC submission to the house standing committee on social policy and legal affairs family, domestic and sexual violence, available at: https://www.crcnsw.org.au/wp-content/uploads/2020/09/2020_CRC_FD_V_SUBMISSION_24_JULY.pdf

Intervention	Description	Impact (direct quotes from literature)
	enabling them to lead lives free from the criminal justice system and violence.	
Maranguka Project (NSW, Australia)⁹⁰	The Maranguka Project is a community-driven initiative that aims to address the root causes of social issues, such as crime and incarceration, by implementing a justice reinvestment approach. It involves collaboration with the local community, government agencies, and various stakeholders to develop and implement strategies that divert resources from the criminal justice system to community-led initiatives and support services. The focus is particularly on Indigenous Australians.	23 per cent reduction (year on year) in police recorded domestic violence, comparable reduction in reoffending. 31 per cent increase in year 12 student retention rates and a 38 per cent drop in charges across the top five juvenile offence categories. Adult empowerment improved, with a 14 per cent reduction in bail breaches and a 42 per cent reduction in days spent in custody
Prison rehabilitation programs (Arbour et al., 2023)⁹¹	Exploits variations in program availability in Quebec (Canada) to estimate their effects on reincarceration.	We find that reintegration programs can substantially decrease the probability of future incarceration. However, this is mitigated by an increase in the probability of future community sentences, though these are associated with less serious offenses. Programs addressing self-development, violent behavior, or education and employment deficiencies exhibit strong effects. Conversely, those focusing on addiction issues and other program types are not found to affect reincarceration. These results suggest that specific rehabilitation programs can explain the beneficial effects of incarceration found in the literature.
Court Integrated Services Program⁹²	The Court Integrated Services Program (CISP) offers a coordinated, team-based approach to the assessment and treatment of defendants at the pre-trial or bail stage. It provides case management support and links defendants to support services such as drug and alcohol treatment, crisis accommodation, disability services and mental health services	Reincarceration rates reduced from 49.5 per cent to 39.5 per cent - a drop of 10 per cent
Aftercare programs (meta-analysis)	The aim of this meta-analytic study, including 22 studies and 5764 participants, was to examine the effects of aftercare	Although the overall effect size for aftercare programs was generally small ($d=.12$), moderator analyses indicated more substantial effects and showed that aftercare is most effective if it is well-implemented

⁹⁰ KPMG (27 November 2018) Maranguka Justice Reinvestment Project Impact Assessment, available at: <https://www.indigenousjustice.gov.au/wp-content/uploads/mp/files/resources/files/maranguka-justice-reinvestment-project-kpmg-impact-assessment-final-report.pdf>

⁹¹ Arbour, Lacrois & Marchand (May 2023) Prison rehabilitation programs and recidivism: evidence from variations in availability, Melbourne Institute Working Paper No. 07/23 May 2023, available at: https://melbourneinstitute.unimelb.edu.au/__data/assets/pdf_file/0009/4624434/wp2023n07.pdf

⁹² County Court Victoria, Court Integrated Services Program Pilot Fact Sheet, available at: www.countycourt.vic.gov.au

Intervention	Description	Impact (direct quotes from literature)
	programs on reincarceration in juvenile and young adult offenders released from correctional institutions.	and consists of individual instead of group treatment, and if it is aimed at older and high-risk youth. Whereas the treatment duration and moment of starting the aftercare program were not related to the program's effectiveness, more intensive aftercare programs were associated with lower reincarceration rates. ⁹³
Allegheny County (Pa.) Jail-Based Reentry Specialist Program (Pennsylvania, US)	In 2010 and 2011, criminal justice and human services stakeholders in Allegheny County, Pennsylvania, partnered to launch two reentry programs under the Bureau of Justice Assistance's Second Chance Act. The first of these programs, Allegheny County Jail-Based Reentry Specialist Program, was established in 2010 and sought to reduce reincarceration and improve people in prison's transition into the community by coordinating the reentry services the people in prison received in jail and in the community	Willison, Bieler, and Kim (2014) found that the Allegheny County Jail-Based Reentry Specialist Program had a statistically significant impact on the probability of future arrests. Program participants had a 10 percent chance of rearrest, compared with a 34 percent chance for the comparison group. ⁹⁴
Program Profile: Auglaize County (Ohio) Transition (ACT) Program (Ohio, US)	Jail reentry program that works to reduce people in prison's reincarceration once they reenter the community, in part by linking them to various resources.	Approximately 12 percent of program participants were rearrested during the 12-month follow-up period, compared with 82 percent of control group participants, a statistically significant difference. ⁹⁵
ACT extended throughcare model (ACT, Australia)⁹⁶	The Extended Throughcare Pilot Program (Extended Throughcare) commenced in June 2013 with funding from the ACT Government. Extended Throughcare provides support to offenders returning to the community after the end of their custodial sentence at the Alexander Maconochie Centre (AMC), the ACT's only adult correctional facility. Participation in Extended Throughcare is voluntary and available to offenders exiting the AMC with or without further supervision or orders. The Throughcare Unit's engagement with an offender commences pre-release and continues for a period of 12	Analysis of Program data (noting the limitations of the data available) indicates a positive improvement following participation in the Program. The Program study group resulted in 238 clients returning to custody during the 3-year study period, from a total of 616, a return rate of 38.6 per cent. This suggests, based on multiple alternative comparison groups, that return to custody episodes have reduced by 22.6 per cent compared to the 3 years prior to the evaluation study period. In addition, the analysis also indicates that those returning to custody are remaining in the community for longer periods on average. The Program has achieved high uptake rates, given participation is voluntary; Program client intake was consistently strong throughout the

⁹³ James C, Stams GJ, Asscher JJ, De Roo AK, der Laan PH. Aftercare programs for reducing recidivism among juvenile and young adult offenders: a meta-analytic review. *Clin Psychol Rev.* 2013 Mar;33(2):263-74. doi: 10.1016/j.cpr.2012.10.013. Epub 2012 Nov 8. PMID: 23313763.

⁹⁴ National Institute of Justice (October 24, 2016) Program Profile: Allegheny County (Pa.) Jail-Based Reentry Specialist Program, available at: <https://crimesolutions.ojp.gov/ratedprograms/494#2-0>

⁹⁵ National Institute of Justice (May 25, 2011) Program Profile: Auglaize County (Ohio) Transition (ACT) Program, available at: <https://crimesolutions.ojp.gov/ratedprograms/130>

⁹⁶ Griffiths A, Zmudzki F, Bates S (2017). Evaluation of ACT Extended Throughcare Program: Final Report (SPRC Report 2/17). Sydney: Social Policy Research Centre, UNSW Australia. <http://doi.org/10.4225/53/58d442ec04392>

Intervention	Description	Impact (direct quotes from literature)
	months post-release with the support of community organisations.	study period. This shows positive preliminary outcomes for the Program, and provides the Base Case for Program effectiveness and related cost-effectiveness. Many clients had received support from the Program to secure housing upon release or to maintain existing housing, particularly through assistance with advocacy. Clients detailed personal experiences with housing that emphasised the importance of stable housing.
Impact summary		Not assessed.
Other interventions		
NSW Drug Court (NSW, Australia)⁹⁷	The Drug Court of NSW is a specialist court that sits in three locations, Parramatta, Toronto and Sydney. It takes referrals from the Local and District Courts of offenders who are dependent on drugs and who are considered to be eligible for a Drug Court program. The Drug Court of NSW supervises the intensive community-based rehabilitation of eligible drug-dependent offenders ('eligible persons') who would otherwise be sentenced to full-time imprisonment.	Net of controls, offenders in the treatment group took 22 per cent longer to re-offend for a person offence than offenders in the control group. Offenders in the treatment group also had a 17 per cent lower re-offending rate than offenders in the control group. No differences between groups were found in relation to time to the next offence of any kind, time to the next property offence or time to the next drug offence
Court Diversion Program (Texas, US)⁹⁸	Diversion by criminal courts in Harris County, Texas.	Mueller-Smith & Schnepel (2020) study two discontinuities in criminal court diversion — a cost-saving strategy that offers defendants a second chance to avoid a felony conviction record — among a large population of low-risk offenders in Harris County, Texas. They find large and consistent impacts from both experiments: future reincarceration roughly halves and employment rates improve by around 50 percent.
Problem Solving Courts (Australia and New Zealand)	Problem-solving courts are those that aim to address both the illegality of an offence and its precipitating psychosocial issues	The findings of a meta-analysis of judicial supervision's impact on reincarceration of offenders in Australia and New Zealand (Trood et al., 2022) ⁹⁹ suggest a positive impact from judicial supervision but further rigorous research is needed that closely matches experimental

⁹⁷ Weatherburn, D., Yeong, S., Poynton, S., Jones, N. & Farrell, M. (2020). Long-term effect of the NSW Drug Court on recidivism Crime and Justice Bulletin No. 232). Sydney: NSW Bureau of Crime Statistics and Research

⁹⁸ Mueller-Smith & Schnepel (Jan 5, 2020) Aversion in the Criminal Justice System, available at: https://sites.lsa.umich.edu/mgms/wp-content/uploads/sites/283/2020/12/Diversion_Draft_20191213.pdf

⁹⁹ Trood MD, Spivak BL, Ogloff JRP. The effects of judicial supervision on recidivism of offenders in Australia and New Zealand: a systematic review and meta-analysis. *Psychiatr Psychol Law*. 2021 Oct 27;29(5):651-678. doi: 10.1080/13218719.2021.1956385. PMID: 36148389; PMCID: PMC9487968.

Intervention	Description	Impact (direct quotes from literature)
		samples, strictly measures participants post-intervention and meticulously reports pertinent information. Odds ratios ranged from 0.55 to 1 (no impact).
Criminal Justice Diversion Program (Victoria, Australia)¹⁰⁰	Evaluation of three programs delivered by the Victorian Magistrates' court: Drug Court Pilot, Court Referral and Evaluation for Drug Intervention and Treatment (CREDIT) program and the Criminal Justice Diversion Program (CJDP).	Did not analysis change in reincarceration for CREDIT or CJDP. Victorian Drug Court pilot During the study period, the treatment and comparison groups committed offences at a similar overall rate. However, this represented a period in which members of the treatment group spent 79 per cent of their time in the community while members of the comparison group spent 75 per cent of their time in custody. Within the treatment group, the rate of offending was lower during the study period than in the preceding period.
The Magistrates Early Referral into Treatment (MERIT) Program (NSW, Australia)¹⁰¹	The Magistrates Early Referral Into Treatment (MERIT) program was one of five diversionary initiatives to emerge from the recommendations of the New South Wales (NSW) Drug Summit in 1999. It is a pre-plea early court intervention, available to those who had a demonstrable drug problem, were eligible for bail, and who were motivated to engage in treatment for their illicit drug problems.	There was no association between exposure to MERIT and reduced rates of reconviction at 12 months. Among MERIT participants, the factor with the largest effect on risk of reincarceration was offence type and program completion. Of those belonging to the MERIT group, program completion was found to have a significant protective effect against reincarceration: those not completing the program had a 50 per cent greater risk of re-offending within one-year compared to program completers.
Violence intervention programs (Meta-analysis)¹⁰²	Paper examines whether violence intervention programs offered in community or institutional correctional settings are effective for reducing general and violent reincarceration among individuals with previous histories of violence.	The results of the meta-analysis indicate that the odds of general reincarceration were 25 per cent lower, and the odds of violent reincarceration were 24 per cent lower for individuals who participated in interventions compared with the control groups.
Violence Prevention Program (SA, Australia)¹⁰³	This is a high-intensity criminogenic program for sentenced male individuals who have been assessed as at "moderate" or "high" risk of violent reoffending on the Violence Risk Scale (VRS; Wong & Gordon, 2006). A score between 36 and 50 on the VRS places individuals in the moderate risk category while	The present pilot study examined the effect of participation in the South Australian Violence Prevention Program (VPP) on reincarceration trajectories. Individuals who participated in the VPP were significantly less likely to engage in violent reincarceration, with

¹⁰⁰ Alberti, King, Hales & Swan (November 2004) Court Diversion Program Evaluation Overview Report – Final Report, Volume One: Overview Report – Final Report

¹⁰¹ McSweeney, T., Hughes, C. E., Ritter, A. (2015). Tackling 'drug-related' crime: Are there merits in diverting drug-misusing defendants to treatment? Findings from an Australian case study. Australian and New Zealand Journal of Criminology, Advance online publication. DOI: 10.1177/0004865814555773

¹⁰² Giesbrecht, C. (June 2023) A meta-analysis of the effect of violence intervention programs on general and violent recidivism, Journal of CSWB, VOLUME 8, NUMBER 2, available at: <https://www.journalcswb.ca/index.php/cswb/article/view/308/931>

¹⁰³ Mercer, G., Ziersch, E., Sowerbutts, S., Day, A., & Pharo, H. (2022). The Violence Prevention Program in South Australia: A Recidivism and Cost–Benefit Analysis Pilot Study. Criminal Justice and Behavior, 49(1), 20-36. <https://doi.org/10.1177/00938548211038333>

Intervention	Description	Impact (direct quotes from literature)
	a score of 51 or greater indicates high risk. The VPP was originally sourced from the New Zealand Department of Corrections and has been adapted for use in SA since 2006. In 2014, some revisions were made to the manual, including increasing the mindfulness component of the program. The VPP is based on a cognitive behavioural model and incorporates a range of approaches including relapse prevention strategies, mindfulness, Dialectical Behavioural Therapy, and Acceptance and Commitment Therapy.	the greatest effect observed between Aboriginal and/or Torres Strait Islanders relative to similarly matched comparators.
Boston Reentry Initiative (Massachusetts, US)	This interagency public safety initiative aims to help incarcerated violent adults who have been convicted of a crime transition back to their neighbourhoods following release from jail through various services.	The first analysis by Braga, Piehl, and Hureau (2009) found that after 3 years, 77.8 percent of Boston Reentry Initiative (BRI) participants had been arrested for any crime, compared with 87.7 percent of the control group, a statistically significant difference. ¹⁰⁴
Mental health issues and cognitive impairment in the criminal justice system¹⁰⁵	Cost benefit analysis of early holistic support for people with mental health issues and cognitive impairment. Sets out potential benefits.	It found that more than \$1 million was spent on many individuals each year through prison and crisis responses. It also noted the value of targeted, holistic support, finding that for every dollar spent on early investment, between \$1.40 and \$2.40 is saved in the longer term
Communities That Care (Victoria, Australia)	Communities That Care (CTC) is a coalition training process designed to prevent youth crime.	Rowland et al (2022) ¹⁰⁶ found significant reductions in crimes associated with CTC over the period between 2010 and 2019. A 2 per cent annual reduction in risk was observed for crimes against persons for all age groups (IRR = 0.98, 95 per cent CI [0.96, 0.998]). A 5 per cent annual reduction was observed for crimes of property and deception for adolescents aged between 10 and 17 years (IRR = 0.95, 95 per cent CI [0.90, 0.99]).
Mentally Ill Offender Community Transition Program (Washington, US)	The program is targeted at individuals whose mental illnesses are seen as instrumental in their offenses, and who are likely to qualify for and benefit from publicly supported treatment in the community.	Participants in the program were less likely to be convicted of any new offense and convicted of felony offenses, compared with the matched comparison group. The difference was statistically significant. Theurer and Lovell (2008) found that 39 percent of participants in the Mentally Ill Offenders Community Transition Program (MIOCTP) were convicted of any new offense (misdemeanour of felony), compared

¹⁰⁴ National Institute of Justice (June 10, 2011) Program Profile: Boston (Massachusetts) Reentry Initiative (BRI) available at: <https://crimesolutions.ojp.gov/ratedprograms/42#2-0>

¹⁰⁵ [https://humanrights.gov.au/sites/default/files/document/publication/Cost per cent20benefit per cent20analysis.pdf](https://humanrights.gov.au/sites/default/files/document/publication/Cost%20per%20benefit%20analysis.pdf)

¹⁰⁶ Rowland B, Kelly AB, Mohebbi M, Kremer P, Abrahams C, Abimanyi-Ochom J, Carter R, Williams J, Smith R, Osborn A, Hall J, Hosseini T, Renner H, Toumbourou JW. Evaluation of Communities That Care-Effects on Municipal Youth Crime Rates in Victoria, Australia: 2010-2019. *Prev Sci.* 2022 Jan;23(1):24-35. doi: 10.1007/s11121-021-01297-6. Epub 2021 Oct 9. PMID: 34626325.

Intervention	Description	Impact (direct quotes from literature)
		with 61 percent of the matched comparison group. This was a statistically significant difference. ¹⁰⁷
Offender Reentry Community Safety Program (for individuals with serious mental illness) (Washington, US)	Designed to assist dangerously mentally ill individuals who are being released from prison into the community. To qualify for this program, participants must have been diagnosed with a serious mental illness or major mental health disorder, and also pose a threat to public safety. An interdisciplinary team of mental health and correctional professionals provide coordinated case management and community treatment planning such as mental health and chemical dependency treatment, housing, supervision, and expedited Medicaid eligibility for up to five years after release.	Reduces overall new felony reincarceration rates 42 percent and reduces new violent felony reincarceration 36 percent. ¹⁰⁸
Justice Advocacy Service (NSW, Australia)¹⁰⁹	JAS is a support service to victims, witnesses and defendants with cognitive impairment which aims to facilitate clients' ability to exercise their rights and participation in criminal justice processes. Eligible individuals are supported by a support person when they are in contact with police, courts and legal representatives. JAS is an extension of the Criminal Justice Support Network which has been systematically supporting people with cognitive impairment for over two decades	The two largest economic benefits were increased efficiency in cases (51 per cent) and reduction in offending (29 per cent).
Intellectual Disability Behaviour Support Program (NSW, Australia)	The Criminal Justice Support Network (CJSN) is a disability advocacy service of the Intellectual Disability Rights Service (IDRS) which provides services for people with an intellectual disability who are in contact with the criminal justice system in NSW. The CJSN improves criminal justice outcomes for people with an intellectual disability by helping them to understand and navigate the police and court systems and to access diversionary options.	Net benefit of at least \$1.2 million per annum. That represents a return of \$2.5 for every \$1 invested in the service. ¹¹⁰

¹⁰⁷ National Institute of Justice (September 25, 2017) Program Profile: Mentally Ill Offender Community Transition Program (Washington), available at: <https://crimesolutions.ojp.gov/ratedprograms/567#2-0>

¹⁰⁸ Washington State Institute for Public Policy (December 2023) Offender Reentry Community Safety Program (for individuals with serious mental illness) Adult Criminal Justice Benefit-cost methods last updated December 2023. Literature review updated April 2012. available at: <https://www.wsipp.wa.gov/BenefitCost/Program/8>

¹⁰⁹ EY (4 February 2021) Evaluation of the Justice Advocacy Service, Department of Communities and Justice – Final Report, available at: <https://idrs.org.au/site18/wp-content/uploads/2021/11/evaluation-of-the-justice-advocacy-service-report.pdf>

¹¹⁰ Reeve, R., McCausland, R., Dowse, L., & Trofimovs, J. (2017). Economic Evaluation of Criminal Justice Support Network. Sydney: Intellectual Disability Behaviour Support Program, UNSW Sydney https://idrs.org.au/site18/wp-content/uploads/2018/10/Economic-Evaluation-of-Criminal-Justice-Support-Network_2017.pdf

Intervention	Description	Impact (direct quotes from literature)
Cognitive Impairment Diversion Program (CIDP) (NSW, Australia)	The Cognitive Impairment Diversion Program (CIDP) can help a defendant avoid gaol by connecting them with services that help manage their condition. This process is called diversion.	The costs saved due to a reduction in reoffending rates amongst CIDP participants. Analysis of a sample of CIDP participants found that the annual rate of reoffending had dropped from 47 per cent to 36 per cent. To be conclusive on the impact on reoffending however, the sample data set would need to be bigger and studied over a longer time period.
Enhanced Thinking Skills (England, UK)	Prison-based, cognitive-behavioural skills enhancement program in England.	Program participants showed statistically significant reductions in reconviction rates and frequency of reoffending, compared with nonparticipants. However, there was no statistically significant difference between groups in severe offense reconviction rates. ¹¹¹
Court Integrated Services Program (Victoria, Australia)¹¹²	The Court Integrated Services Program (CISP) offers a coordinated, team-based approach to the assessment and treatment of defendants at the pre-trial or bail stage. It provides case management support and links defendants to support services such as drug and alcohol treatment, crisis accommodation, disability services and mental health services	Reincarceration rates reduced from 49.5 per cent to 39.5 per cent - a drop of 10 per cent
Neighbourhood Justice Centre (Victoria, Australia)¹¹³	Community court established to provide new and innovative ways of dealing with crime and other forms of social disorder, disadvantage and conflict in the City of Yarra, an inner-urban part of Melbourne characterised by high levels of social disadvantage and high crime rates.	In the intervention group, 61 of the 187 (33 per cent) had a new proven offence in the two year follow-up period, compared with 83 of the 187 (44 per cent) in the comparison group.
Assessment and Referral Court List (Victoria, Australia)¹¹⁴	Victorian model of diversion in the Assessment and Referral Court List within the Melbourne Magistrates' Court.	The results of a two-year reincarceration study suggest that successful completion of the list significantly reduced reincarceration rates. Furthermore, this program is also effective at reducing the severity of offending behaviour post-program completion

¹¹¹ National Institute of Justice (June 27, 2017) Program Profile: Enhanced Thinking Skills (England), available at: <https://crimesolutions.ojp.gov/ratedprograms/532#2-0>

¹¹² https://www.mcv.vic.gov.au/sites/default/files/2018-10/CISP_per_cent20tackling_per_cent20the_per_cent20causes_per_cent20of_per_cent20crime.pdf

¹¹³ Ross, S. (November 2015) Evaluating neighbourhood justice: Measuring and attributing outcomes for a community justice program, Australian Institute of Criminology, Trends & Issues No. 499, available at: <https://www.aic.gov.au/sites/default/files/2020-05/tandi499.pdf>

¹¹⁴ Brianna Chesser, Kenneth H. Smith (2016) The Assessment and Referral Court List program in the Magistrates Court of Victoria: An Australian study of recidivism, International Journal of Law, Crime and Justice, Volume 45, 2016, 141-151, <https://doi.org/10.1016/j.ijlcrj.2015.12.003>.

Intervention	Description	Impact (direct quotes from literature)
Aftercare for youth (meta-analytic review)¹¹⁵	Study to examine the effects of aftercare programs on reincarceration in juvenile and young adult offenders released from correctional institutions.	Although the overall effect size for aftercare programs was generally small ($d=.12$), moderator analyses indicated more substantial effects and showed that aftercare is most effective if it is well-implemented and consists of individual instead of group treatment, and if it is aimed at older and high-risk youth.
Mental health courts (meta-analysis)	Mental health courts, modelled after other therapeutic courts (e.g., drug courts, DUI courts), divert individuals with mental health issues from incarceration to treatment in the community.	The Washington State Institute of Public Policy find an effect size of -0.168 on crime. ¹¹⁶
Mental health interventions (systematic review)	A systematic review by Hopkin et al (2018) of interventions for people in prison with diagnosed mental health issues targeting the transition between prison and community. ¹¹⁷	It was found that insurance coverage, and contact with mental health and other services can be improved by interventions in this period but the impact on reoffending and reincarceration is complex and interventions may lead to increased return to prison. There is a developing evidence base that suggests targeting this period can improve contact with community mental health and other health services but further high quality evidence with comparable outcomes is needed to provide more definitive conclusions.
Reentry courts (meta-analysis)	Reentry courts help facilitate successful reentry into the community for formerly incarcerated individuals. These specialized courts utilize a judge and other court staff to impose comprehensive supervision, graduated sanctions, and incentives as well as coordinate services (e.g. substance abuse treatment) to defendants.	The Washington State Institute of Public Policy find an effect size of -0.174 on crime. ¹¹⁸
Environmental Corrections Model (Australia)	This is a community corrections model of probation and parole that focuses on opportunity-reduction strategies to reduce reincarceration. ¹¹⁹	Schaefer and Little (2020) found that the treatment group that was supervised under the Environmental Corrections Model incurred fewer police-recorded re-offenses than the control group that was not supervised under the model.

¹¹⁵ James C, Stams GJ, Asscher JJ, De Roo AK, der Laan PH. Aftercare programs for reducing recidivism among juvenile and young adult offenders: a meta-analytic review. Clin Psychol Rev. 2013 Mar;33(2):263-74. doi: 10.1016/j.cpr.2012.10.013. Epub 2012 Nov 8. PMID: 23313763.

¹¹⁶ Washington State Institute for Public Policy (December 2023) Mental health courts Adult Criminal Justice Benefit-cost methods last updated December 2023. Literature review updated October 2016, available at: <https://www.wsipp.wa.gov/BenefitCost/Program/52>

¹¹⁷ Hopkin, G., Evans-Lacko, S., Forrester, A., et al., 2018, Interventions at the transition from prison to the community for prisoners with mental illness: a systematic review, Administration and Policy in Mental Health and Mental Health Services Research, ISSN 0894-587X, <https://link.springer.com/article/10.1007/s10488-018-0848-z>.

¹¹⁸ Washington State Institute for Public Policy (December 2023) Reentry courts Adult Criminal Justice Benefit-cost methods last updated December 2023. Literature review updated August 2016, available at: <https://www.wsipp.wa.gov/BenefitCost/Program/727>

¹¹⁹ National Institute of Justice (May 4, 2023) Program Profile: Environmental Corrections Model (Australia), available at: <https://crimesolutions.ojp.gov/ratedprograms/1790#2-0>

Intervention	Description	Impact (direct quotes from literature)
		By 6 months post-intervention, 34.8 percent of individuals in the matched control group had reoffended, compared with 25.0 percent of individuals in the matched treatment group, which was a reoffending rate reduction of 28.2 percent. This difference was statistically significant.
Functional Family Therapy	Family-based prevention and intervention program for dysfunctional youth, ages 11 to 18, who are justice-involved or at risk for delinquency, violence, substance use, or other behavioural problems.	Program participants showed a statistically significant reduction in general reincarceration and risky behaviour, compared with control group participants. However, there were no differences between groups on felony reincarceration or caregiver strengths and needs. ¹²⁰
West Midlands (England) High-Crime-Causing Users (HCCU) (England, UK)	Intensive community-based partnership between police and treatment providers in West Midlands that provided enhanced delivery and coordinated efforts and resources to high-risk individuals to reduce their offending behaviour.	Best and colleagues (2010) found that the West Midlands High-Crime-Causing Users (HCCU) scheme reduced arrests for participants in the treatment group. The HCCU had a statistically significant impact on arrests, as the average number for the treatment group declined by roughly 3.5 arrests from pretest to post-test. In contrast, the comparison group exhibited a slight increase in the average number of arrests (0.16). ¹²¹
Conditional diversions (UK)	Police deferred prosecution schemes aimed at reducing reoffending. Durham Constabulary, UK, introduced Checkpoint, an adult deferred prosecution scheme which targets offenders entering the Criminal Justice System by providing an alternative to a criminal prosecution	The results indicate that the Checkpoint treatment cohort achieved a lower reoffending rate in comparison to the control cohort, on the basis of prevalence (10.3 per cent reduction) and risk of reoffending (30 per cent reduction)
Impact summary	-	Not assessed

Note: Cultural and other systematic differences between countries challenges the applicability of international data to the Australian context. For example, the US social security system vastly differs to Australia's. Sources reviewed include: National Institute of Justice (US) CrimeSolutions data base, available: <https://crimesolutions.ojp.gov/rated-programs#0-0>, and Washinton State Institute for Public Policy data base, available: <https://www.wsipp.wa.gov/BenefitCost?topicId=2>.

¹²⁰ National Institute of Justice (June 14, 2011) Program Profile: Functional Family Therapy (FFT), available at: <https://crimesolutions.ojp.gov/ratedprograms/122#2-0>

¹²¹ National Institute of Justice (February 23, 2015) Program Profile: West Midlands (England) High-Crime-Causing Users (HCCU), available at: <https://crimesolutions.ojp.gov/ratedprograms/374#2-0>

Appendix E

Review of reform and initiatives

E.1 Review of reform agenda

Key reform objectives and initiatives are summarised below.

Table E.1 Summary of policy reform agenda and initiatives

Policy	Description	Relevant objectives and initiatives
Victorian level		
Victorian Crime Prevention Strategy¹²²	Sets out a clear approach for government to partner with communities and key organisations to deliver innovative solutions that address the underlying causes of crime and improve safety for all Victorians.	<ul style="list-style-type: none"> • "The Victorian Government's goal is to prevent crime and keep communities safe by addressing the root causes of offending." • "The key to tackling the causes of crime lies in local communities and grassroots organisations. This is why supporting and investing in communities is at the centre of our approach to preventing crime." • Alcohol and other drug misuse is listed as a common risk factor.
Victorian Department of Justice and Community Safety: Corporate Plan 23-27¹²³	Outlines the vision for the Victorian Department of Justice and Community Safety over the years spanning 2023 to 2027.	<ul style="list-style-type: none"> • Implement changes to the custodial primary health, forensic mental health, and Alcohol and Other Drug Services in Victorian public prisons, following the Health Services Review and Royal Commission into Victoria's Mental Health Services. • Embed system wide pathways from vocational training and jobs in prisons to employment in the community. This includes establishing new employment hubs at four new prisons, recruiting Employment Specialists to work with people in prison, implementing new Welding Centres of Excellence and developing and strengthening partnerships with employers including through social procurement. • Contribute to Better Connected Care reform to collaboratively deliver better integration of services, providing Victorians accessing multiple services with the support they need earlier and to reduce demand on acute services, including across the justice portfolio.

¹²² Victorian Government (2020) Crime Prevention Strategy, available at: <https://www.crimeprevention.vic.gov.au/crime-prevention-strategy>

¹²³ Victorian Department of Justice and Community Safety: Corporate Plan 23-27, available at: <https://www.justice.vic.gov.au/corporate-plan-2023-27>

Policy	Description	Relevant objectives and initiatives
Victoria Police Strategy 2023-28 ¹²⁴	Sets out Victoria Police’s direction and focus for five years from 2023 to 2028. It helps everyone who works in, and with Victoria Police, to understand the difference we want our services to make for Victoria.	<ul style="list-style-type: none"> Reducing child abuse, gendered and family crime Gendered crimes (including family violence and sexual offences) and child abuse cause significant community harm. The drivers of these crimes are complex. We recognise that crime prevention and harm reduction can only be delivered and sustained using a whole of government approach to address disadvantage, complexities and attitudes that support violence. We know that police are in a unique position to protect victims and reduce harm. Over-representation in the justice system Victoria is a proudly diverse state and how we engage and connect with our community groups is critical. We will continue to deliver exceptional services through work with our priority communities of young people, multicultural and multifaith people, people experiencing mental health issues, senior Victorians, people with a disability, Aboriginal people and those who identify as a part of the LGBTIQ+ community. This includes addressing over-representation in the justice system, building trust and confidence in police services and supporting those who have experienced harm from crime. We will work closely with partners to reduce overrepresentation through embedded outreach models, joint investigations and multi-disciplinary teams.
Strengthening Connections, Women’s Policy for the Victorian Corrections system (2017) ¹²⁵	The purpose of the Women’s Policy for the Victorian Corrections system is to provide an evidence-based framework for addressing the particular issues and offending pathways for women in the corrections system. The policy applies to Corrections Victoria, Justice Health and our key partners involved in delivering services and programs to women offenders.	Emphases five principles, including: <ul style="list-style-type: none"> Emphasise pro-social relationships, family and community connectedness Be holistic and trauma-informed Empower and support self-efficacy Responsivity, integration and continuity in service delivery Respond to diversity. Noted that partnerships between Corrections Victoria, Justice Health and community-based agencies need to be strong if the full range of women’s needs in the corrections system are to be met effectively. Observes that drug issues disproportionately impact women.

¹²⁴ Victoria Police. Keeping You Safe – Victoria Police Strategy 2023-2028, available at: <https://www.police.vic.gov.au/sites/default/files/2023-05/Victoria-Police-Strategy-2023-2028-accessible-version.pdf>

¹²⁵ Department of Justice & Regulation – Corrections Victoria (November 2017) Strengthening Connections, Women’s Policy for the Victorian Corrections system, available at: <https://www.corrections.vic.gov.au/strengthening-connections-womens-policy-for-the-victorian-corrections-system>

Policy	Description	Relevant objectives and initiatives
Vic Corrections Victoria: Corrections Alcohol and Drug Strategy 2015 ¹²⁶	High-level blueprint for how the corrections system will reduce drug and alcohol-related offending, as well as the harm caused by drugs and alcohol to corrections staff, people in prison and offenders, their families and the community.	Focuses on addressing drug issues while in prison.
Inquiry into Victoria's Criminal Justice System ¹²⁷	Inquiry analysing factors influencing Victoria's growing remand and prison populations, rates of criminal reoffending, and judicial appointment processes.	<ul style="list-style-type: none"> • Recommendation 13: That the Victorian Government increase funding and support to social support providers offering therapeutic interventions for alcohol and other drug use, sexual abuse, violence and trauma to: <ul style="list-style-type: none"> • expand their services to women voluntarily seeking help and reduce wait times to access services • develop gender-specific, trauma-informed and culturally safe therapeutic services • enhance connectivity, collaboration and referrals between social support providers to ensure women are provided with long-term holistic support • enhance screening programs to ensure complex and multifaceted support needs are identified and addressed. • Recommendation 88: That the Victorian Government substantially increase funding to ensure that resourcing for services which treat alcohol and other drug use issues in Victorian prisons and the community is commensurate with demand for these services. Funding should also be provided to enhance connections between prison-based and community-based services to facilitate seamless throughcare for incarcerated people re-entering the community • Recommendation 91: That the Victorian Government increase funding and other resources available to: <ul style="list-style-type: none"> • Corrections Victoria, to support comprehensive pre-release planning for all incarcerated people prior to their reintegration back into the community • community-based services—that provide mental health, alcohol and other drug treatment, disability support, education and training, and culturally appropriate support—to assist people exiting prison to reintegrate back into the community

¹²⁶ Corrections Victoria (2015) Vic Corrections Victoria: Corrections Alcohol and Drug Strategy 2015, available at: <https://www.corrections.vic.gov.au/corrections-alcohol-and-drug-strategy-2015>

¹²⁷ Parliament of Victoria, Inquiry into Victoria's criminal justice system – Volume 1, PP No 326, Session 2018–2022 (Volume 1 of 2), available at: <https://new.parliament.vic.gov.au/4a4b67/contentassets/6961bccea1ac41dd812811ab0312170d/lclsic-59-10-vic-criminal-justice-system.pdf>

Policy	Description	Relevant objectives and initiatives
Victorian Government response to Inquiry into Criminal Justice System ¹²⁸	Detailed the Victorian Government's response to the Inquiry into the Criminal justice system.	The Victorian Government has in place a significant program of work, including (but not limited to):... Supporting integrated programs delivered through community legal centres, including health justice partnerships, to provide more Victorians with early access to legal services, including legal education.
Inquiry into children affected by parental incarceration ¹²⁹	This Inquiry aims to ensure children do not remain invisible and that the justice system and social support systems reduce harm and promote protections for affected children	Recommendation 28: That the Victorian Government implement Recommendation 91 of the report Inquiry into Victoria's criminal justice system as a matter of priority (noted above).
Response to Inquiry into children affected by parental incarceration ¹³⁰	Victorian Government response to Inquiry into children affected by parental incarceration.	Noted work being done, and continued need for work to strengthen Victoria's criminal justice system.
Youth Diversion Statement ¹³¹	Describes the Victorian Government's position on and vision for youth diversion.	Acknowledges that 'Prevention, diversion, and early intervention are the most effective and fiscally responsible ways of reducing youth crime.'
Youth justice review and strategy (2017) ¹³²	Comprehensive independent review of Victoria's youth justice system, detailing challenges and opportunities in youth justice.	Recommendation 6.13 promotes, as part of multi-agency care planning, the establishment of priority access to alcohol and drug rehabilitation and detoxification services.
Youth Justice Strategic Plan 2020 – 2030 ¹³³	Outlines the government's 10-year vision for delivering a leading youth justice system in Victoria.	Support young people in Youth Justice to access alcohol and other drug services and supports designed and delivered to meet their particular needs. These include new offence-specific and non-offence specific alcohol and other drug programs being delivered in custody and the community as part of the new suite of youth offending programs.
Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability ¹³⁴	Sets out the evidence, conclusions and recommendations to better prevent and respond to violence against, and abuse, neglect and	Limited direct relevance. However, disabled populations face unique issues which necessitate additional support in and out of prison.

¹²⁸ Victorian Government Response, Legislative Council Legal and Social Issues Committee Inquiry into Victoria's Criminal Justice System, available at: https://new.parliament.vic.gov.au/4a4b6a/contentassets/f6d4688ca27d43449ccd5693475cc7e5/government-response-to-the-inquiry-into-victoria_s-criminal-justice-system.pdf

¹²⁹ Parliament of Victoria (August 2022) Inquiry into children affected by parental incarceration, PP No 360, Session 2018–2022, https://new.parliament.vic.gov.au/4a4cea/contentassets/c5301ed866b64611a2a6f4979865e991/lclscic-59-11_children-affected-by-parental-incarceration.pdf

¹³⁰ Victorian Government Response, Legislative Council Legal and Social Issues Committee Inquiry into children affected by parental incarceration, available at: <https://new.parliament.vic.gov.au/4a4cec/contentassets/a66a7978ca834cc7ba03262287099fec/government-response-to-the-inquiry-into-children-affected-by-parental-incarceration.pdf>

¹³¹ Victorian Government (April 2022) Diversion: keeping young people out of youth justice to lead successful lives, available at: <https://files.justice.vic.gov.au/2022-03/Youth-diversion-statement.pdf>

¹³² Penny Armytage (July 2017) Youth Justice Review and Strategy—Executive Summary, available at: https://files.justice.vic.gov.au/2021-06/report_meeting_needs_and_reducing_offending_executive_summary_2017.pdf

¹³³ Department of Justice and Community Safety Victoria (May 2020) Youth Justice Strategic Plan 2020 – 2030, available at: <https://www.justice.vic.gov.au/youth-justice-strategy>

¹³⁴ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (29 September 2023), available at: <https://disability.royalcommission.gov.au/>

Policy	Description	Relevant objectives and initiatives
	exploitation of, people with disability in Australia.	
Inclusive Victoria: state disability plan (2022-2026) ¹³⁵	Victoria's plan for making our community inclusive and accessible for everyone	Emphasises use of intersectional approaches to design policy. Limited direct relevance.
Royal Commission into Family Violence ¹³⁶	The role of the Commission was to find ways to prevent family violence, improve support for victim survivors and hold perpetrators to account.	Recommendation 87 was to 'Research, trial and evaluate interventions for perpetrators'. This included adopting practice models that build coordinated interventions, including cross-sector workforce development between the men's behaviour change, mental health, drug and alcohol and forensic sectors. The recommendation is marked as 'Implemented'.
Second Family Violence Rolling Action Plan (2020-2023) ¹³⁷	This Rolling Action Plan guides the Victorian Government in program delivery in the context of its 10-year plan to end family violence.	<ul style="list-style-type: none"> Notes that 'Behaviour change is more likely to happen when the government, the broader service system, community and society are working together to prevent violence happening and intervene early when it does.' A noted area of focus is on building an evidence base from our trials of new interventions to help design and deliver tailored services for people who use violence who have alcohol and other substance abuse issues.
Royal Commission into Victoria's Mental Health System ¹³⁸	Outlines changes to create a future mental health and wellbeing system that provides holistic treatment, care and support for all Victorians.	Found that 'There is a patchwork of services that do not reflect local needs', 'Services are poorly integrated'.
Victoria's 10 year Mental Health Plan ¹³⁹	Long-term vision to improve mental health services and results for Victorians with mental illness so we can provide world-leading and innovative care.	Reform elements include: <ul style="list-style-type: none"> The Forensic Mental Health Implementation Plan (FMHIP)
Victorian Department of Health: Strategic Plan 2023-27 ¹⁴⁰	Sets out the Departments vision and values, strategic directions, operating environment, outcomes framework, outcomes, and asset and financial outlook.	Reduced harmful alcohol and drug use is listed as an element of the strategic direction: 'Keeping people healthy and well in the community'

¹³⁵ Department of Families, Fairness and Housing (14 March 2022) Inclusive Victoria: state disability plan, available at: <https://www.vic.gov.au/state-disability-plan>

¹³⁶ Victorian Government, Research, trial and evaluate interventions for perpetrators Recommendation 087, available at: <https://www.vic.gov.au/family-violence-recommendations/research-trial-and-evaluate-interventions-perpetrators>

¹³⁷ Victorian Government, Perpetrators and people who use violence, available at: <https://www.vic.gov.au/family-violence-reform-rolling-action-plan-2020-2023/priorities-for-2020-2023/perpetrators-and-people>

¹³⁸ Royal Commission into Victoria's Mental Health System - final report, available at: <https://finalreport.rcvmhs.vic.gov.au/>

¹³⁹ Department of Health and Human Services (November 2015) Victoria's 10-year Mental Health Plan, available at: <https://content.health.vic.gov.au/sites/default/files/migrated/files/collections/policies-and-guidelines/v/victoria-10-year-mental-health-plan.pdf>

¹⁴⁰ Department of Health, Strategic Plan 2023-27, available at: <https://content.health.vic.gov.au/sites/default/files/2023-09/department-of-health-strategic-plan-2023.pdf>

Policy	Description	Relevant objectives and initiatives
Fourth phase of the Victorian Aboriginal Justice Agreement – Burra Lotjpa Dunguludja ¹⁴¹	A partnership between the Victorian Government and the Aboriginal community, aimed at reducing the over-representation of Aboriginal people in the criminal justice system and improving justice outcomes for Aboriginal Victorians.	The Victorian Aboriginal Justice Agreement: Burra Lotjpa Dunguludja includes commitments to reduce the number of Indigenous people entering and returning to prison
Korin Korin Balit Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027 ¹⁴²	Details how the department of families, fairness and housing will work with Aboriginal communities, community organisations, other government departments and mainstream service providers – now and into the future – to improve the health, wellbeing and safety of Aboriginal people in Victoria	While the plan does not explicitly aim to reduce incarceration, it does aim to improve the health, wellbeing, and safety of Aboriginal people in Victoria. Alignment exists to the extent that root causes of incarceration are addressed.
Wungurilwil Gaggapduir: Aboriginal Children and Families Agreement and Strategic Action Plan ¹⁴³	Outlines a strategic direction to reduce the number of Aboriginal children in out-of-home care by building their connection to culture, Country and community.	As above.
Balit Murrup: Aboriginal social and emotional wellbeing framework ¹⁴⁴	The vision of Balit Murrup is to support Victorian Aboriginal people, families and communities to achieve and sustain the highest attainable standard of social emotional wellbeing and mental health. Balit Murrup's objective is to reduce the health gap attributed to suicide, mental illness and psychological distress between Aboriginal Victorians and the general population.	As above.
Dhelk Dja: Safe Our Way – Strong Culture, Strong Peoples, Strong Families ¹⁴⁵	Key Aboriginal-led Victorian Agreement that commits Aboriginal communities, Aboriginal services and government to work together and be accountable for ensuring that Aboriginal people, families and communities are stronger, safer, thriving and living free from family violence.	As above.
Marrung Aboriginal Education Plan ¹⁴⁶	Marrung sets out a 10 year vision for Indigenous education and identifies the significant actions for its achievement	As above.

¹⁴¹ Victorian Government (2024) The Aboriginal Justice Agreement Phase 4, available at: <https://www.aboriginaljustice.vic.gov.au/the-agreement/the-aboriginal-justice-agreement-phase-4>

¹⁴² Department of Families, Fairness and Housing, Korin Korin Balit-Djak, available at: <https://www.dffh.vic.gov.au/publications/korin-korin-balit-djak>

¹⁴³ Department of Families, Fairness and Housing, Wungurilwil Gaggapduir Aboriginal Children and Families Agreement, available at: <https://www.dffh.vic.gov.au/publications/wungurilwil-gaggapduir-aboriginal-children-and-families-agreement>

¹⁴⁴ Department of Health (13 April 2023) Balit Murrup: Aboriginal social emotional wellbeing framework 2017-2027, available at: <https://www.health.vic.gov.au/publications/balit-murrup-aboriginal-social-emotional-wellbeing-framework-2017-2027>

¹⁴⁵ Victorian Government, Dhelk Dja: Safe Our Way Strong Culture, Strong Peoples, Strong Families, available at: <https://www.vic.gov.au/family-violence-reform-rolling-action-plan-2020-2023/priorities-for-2020-2023/dhelk-dja-safe-our-way>

¹⁴⁶ Victorian Government, Marrung, available at: <https://www.vic.gov.au/marrung>

Policy	Description	Relevant objectives and initiatives
Early Intervention Investment Framework ¹⁴⁷	<p>Guides early interventions to improve the lives of Victorians and deliver better outcomes across the service system.</p> <p>Investments from these two packages are estimated to generate benefits from both:</p> <ul style="list-style-type: none"> improved client outcomes for Victorians across a range of different cohorts, including people experiencing homelessness, families whose children are at risk of being placed in care, disengaged young people and people living with acute mental illness or chronic health conditions system-wide impacts from reduced acute service usage of around \$500 million over the next decade, which will be reinvested in future EIIF initiatives and improved outcomes for Victorians. 	The Forest aligns with the objectives of the framework.
Partnerships in Addressing Disadvantage ¹⁴⁸	<p>PADs bring together the public, private, and not-for-profit sectors to deliver programs that tackle pervasive social issues. This is done by linking government payments to the achievement of agreed social outcomes.</p> <p>PADs complement other State Government programs and do not replace existing services.</p>	The Forest aligns with these partnerships.
Plan Melbourne 2017-2050 Strategy ¹⁴⁹	Sets the strategy for supporting jobs, housing and transport, while building on Melbourne's legacy of distinctiveness, liveability and sustainability.	<ul style="list-style-type: none"> Victoria's principle land use strategy, defines National Employment and Innovation Clusters (NEICs) and Metropolitan Activity centres Provides indication of desired location for place-based initiatives
National Employment and Innovation Clusters – Sunshine, Broadmeadows, Clayton	National Employment and Innovation Clusters (NEICs) represent novel, place-based industry strategies aimed at improving Victoria's competitiveness in critical industries and more equitable growth across the State, with planned action to improve pathways for education and employment among disadvantaged groups.	<ul style="list-style-type: none"> Justice reform strategy key focus of Sunshine Economic Strategy (forthcoming)

¹⁴⁷ Department of Treasury and Finance (2024) Early Intervention Investment Framework, available at: <https://www.dtf.vic.gov.au/funds-programs-and-policies/early-intervention-investment-framework>

¹⁴⁸ Department of Treasury and Finance (2024) Partnerships Addressing Disadvantage, available at: <https://www.dtf.vic.gov.au/funds-programs-and-policies/partnerships-addressing-disadvantage#:~:text=What per cent20are per cent20Partnerships per cent20Addressing per cent20Disadvantage,achievement per cent20of per cent20agreed per cent20social per cent20outcomes.>

¹⁴⁹ State Government of Victoria, Plan Melbourne, available at: <https://www.planning.vic.gov.au/guides-and-resources/strategies-and-initiatives/plan-melbourne>

Policy	Description	Relevant objectives and initiatives
Victorian Skills Plan¹⁵⁰	Underpins Victoria's skills roadmap, to help TAFEs/training providers plan for courses, industries obtain the needed workers, and Victorians with education and training pathway choices for success in work and life.	<ul style="list-style-type: none"> • Focuses on lifting participation in education and training • Key groups identified include first nations, people with a disability
Federal level		
National Drug Strategy 2017-2026¹⁵¹	Sets out a national framework for building safe, healthy and resilient Australian communities through preventing and minimising alcohol, tobacco and other drug related health, social and economic harms among individuals, families and communities	People in contact with the criminal justice system were identified as a priority population. Priority actions include to develop new and innovative responses to prevent uptake, delay first use and reduce drug problems. Increase participatory processes. Reduce adverse consequences.
Road Home (2008)¹⁵²	A White Paper setting out to address homelessness in Australia, identifying 'a generation opportunity to drastically reduce homelessness in Australia'	Initiatives under the strategy include: 'No exits into homelessness' from statutory, custodial care, health, mental health and drug and alcohol services. Identified people in prison as a group that is especially vulnerable to homelessness.
National Housing and Homelessness Strategy¹⁵³	Funding agreement to improve Australians' access to secure and affordable housing across the housing spectrum	Priority cohorts include: people experiencing repeat homelessness, people exiting from care or institutions into homelessness.
Closing the Gap¹⁵⁴	Initiative aimed at addressing the significant disparities between Indigenous and non-Indigenous Australians in areas such as health, education, employment, and life expectancy.	The National Agreement on Closing the Gap includes a target to reduce the rate of Indigenous incarceration by at least 15 per cent by 2031.

Note: Other strategies identified include Skills and Jobs for Melbourne's West and the Resilience and recovery roadmap report in Melbourne's West and the Inquiry into Youth Justice Centres in Victoria.

Executive Summary endnotes

¹⁵⁰ State Government of Victoria, Victorian Skills Plan, available at: <https://www.vic.gov.au/victorian-skills-plan>

¹⁵¹ Department of Health (2017) National Drug Strategy 2017-2026, available at: <https://www.health.gov.au/sites/default/files/national-drug-strategy-2017-2026.pdf>

¹⁵² Commonwealth of Australia (2008) The Road Home: A National Approach to Reducing Homelessness, available at: <https://apo.org.au/sites/default/files/resource-files/2008-12/apo-nid2882.pdf>

¹⁵³ Department of Social Services (2022) National Housing and Homelessness Agreement, available at:

<https://www.dss.gov.au/housing-support-programs-services-homelessness/national-housing-and-homelessness-agreement>

¹⁵⁴ Joint Council on Closing the Gap, Closing the Gap, available at: <https://www.closingthegap.gov.au/joint-council-closing-gap>

ⁱ Allard, T., Stewart, A., Smith, C., Dennison, S., Chrzanowski, A., & Thompson, C. (2014). The monetary cost of offender trajectories: Findings from Queensland (Australia). *Australian & New Zealand Journal of Criminology*, 47(1), 81-101. <https://doi.org/10.1177/0004865813503350>.

ⁱⁱ Kinner, S., (2006) The post-release experience of prisoners in Queensland, *Australian Institute of Criminology*, No.325.

ⁱⁱⁱ Cossar, R., Stoové, M., Kinner, SA, et al., (2018). The associations of poor psychiatric well-being among incarcerated men with injecting drug use histories in Victoria, Australia, *Health Justice*, 6(1), doi: 10.1186/s40352-018-0059-4.

^{iv} Stewart, A., Cossar, R., Wilkinson, A., (2021). The Prison and Transition Health (PATH) cohort study: Prevalence of health, social, and crime characteristics after release from prison for men reporting a history of injecting drug use in Victoria, Australia, *Drug and Alcohol Dependence*, doi: <https://doi.org/10.1016/j.drugalcdep.2021.108970>

^v Ibid.

^{vi} See for example, Kellner P., Ngo C.L., Delafosse V., Bragge P., & Tsering D. (2023). The effectiveness of housing and housing assistance programs to prevent adult reoffending: a rapid review. Monash Sustainable Development Institute Evidence Review Service, BehaviourWorks Australia, Monash University. See Appendix D for a summary of the literature and data review.

^{vii} PwC. (2021). Second Chance Jobs Program – Final Report, available at: <https://www.vacro.org.au/Handlers/Download.ashx?IDMF=3020bc53-7a3f-4f9a-b261-f34548453a9f>

^{viii} Cossar, R., Stoové, M., Kinner, SA, et al., (2018). The associations of poor psychiatric well-being among incarcerated men with injecting drug use histories in Victoria, Australia, *Health Justice*, 6(1), doi: 10.1186/s40352-018-0059-4.

^{ix} Stewart, A., Cossar, R., Wilkinson, A., (2021). The Prison and Transition Health (PATH) cohort study: Prevalence of health, social, and crime characteristics after release from prison for men reporting a history of injecting drug use in Victoria, Australia, *Drug and Alcohol Dependence*, doi: <https://doi.org/10.1016/j.drugalcdep.2021.108970>

^x Ibid.