

**SUPPLEMENTARY MATERIAL**

We undertook three *a priori* sensitivity analyses excluding higher-need groups: people with a history of prior imprisonment (n=772), Indigenous people (n=287) and people with a lifetime history of injecting drug use (n=659).<sup>1</sup> In addition, we undertook one *post hoc* sensitivity analysis excluding follow-up interviews that were completed in prison (n=35 at 1 month, n=93 at 3 months, n=199 at 6 months).

Table S1 shows the effect of the intervention on health service utilisation at each follow-up, among those with no history of prior imprisonment. The findings were consistent with those from the main analysis.

**Table S1. Percentage of those with no history of prior imprisonment reporting health service contact at follow-up, by group (ITT analyses)**

	1 month			3 months			6 months		
	IX % (n)	TAU % (n)	Diff (95%CI)	IX % (n)	TAU % (n)	Diff (95%CI)	IX % (n)	TAU % (n)	Diff (95%CI)
<b>Service type</b>									
GP	53 (157)	42 (158)	10 (-1,21)	56 (149)	44 (162)	13 (2,24)	61 (153)	49 (155)	12 (1,23)
MH	9 (156)	10 (158)	1 (-5,8)	13 (149)	14 (162)	0 (-8,7)	21 (154)	10 (155)	12 (4,20)
AOD	6 (154)	9 (157)	3 (-3,9)	10 (145)	10 (157)	0 (-7,7)	10 (152)	9 (154)	1 (-6,7)

IX = intervention; TAU = treatment as usual; GP = general practitioner; MH = mental health service; AOD = alcohol and other drug treatment service

Table S2 shows the effect of the intervention on health service utilisation at each follow-up, among non-Indigenous participants. Again, the findings were consistent with those from the main analysis.

**Table S2. Percentage of non-Indigenous participants reporting health service contact at follow-up, by group (ITT analyses)**

	1 month			3 months			6 months		
	IX % (n)	TAU % (n)	Diff (95%CI)	IX % (n)	TAU % (n)	Diff (95%CI)	IX % (n)	TAU % (n)	Diff (95%CI)
<b>Service type</b>									
GP	55 (322)	42 (330)	14 (6,21)	56 (308)	47 (325)	9 (1,17)	57 (311)	48 (324)	8 (1,16)
MH	14 (321)	12 (330)	3 (-2,8)	17 (307)	15 (327)	1 (-4,7)	22 (315)	13 (327)	10 (4,16)
AOD	15 (315)	14 (331)	1 (-4,6)	19 (303)	17 (321)	2 (-4,8)	17 (312)	15 (321)	2 (-4,8)

IX = intervention; TAU = treatment as usual; GP = general practitioner; MH = mental health service; AOD = alcohol and other drug treatment service

Table S3 shows the effect of the intervention on health service utilisation at each follow-up, among those with no history of injecting drug use. In contrast to the results of the main analysis, among this group the intervention did not increase GP contact at any evaluated time point. Consistent with the main analysis, those in the intervention group were significantly more likely to contact a mental health service at the 6 month follow-up.

**Table S3. Percentage of those with no history of injecting drug use reporting health service contact at follow-up, by group (ITT analyses)**

	1 month			3 months			6 months		
	IX % (n)	TAU % (n)	Diff (95%CI)	IX % (n)	TAU % (n)	Diff (95%CI)	IX % (n)	TAU % (n)	Diff (95%CI)
<b>Service type</b>									
GP	50 (173)	42 (188)	8 (-2,19)	48 (165)	43 (192)	5 (-6,15)	55 (163)	47 (194)	7 (-3,18)
MH	9 (173)	9 (186)	0 (-6,6)	12 (166)	13 (191)	1 (-6,7)	19 (166)	11 (196)	9 (1,16)
AOD	5 (170)	7 (182)	2 (-3,7)	8 (161)	10 (188)	1 (-4,7)	9 (165)	9 (194)	0 (-6,6)

IX = intervention; TAU = treatment as usual; GP = general practitioner; MH = mental health service; AOD = alcohol and other drug treatment service

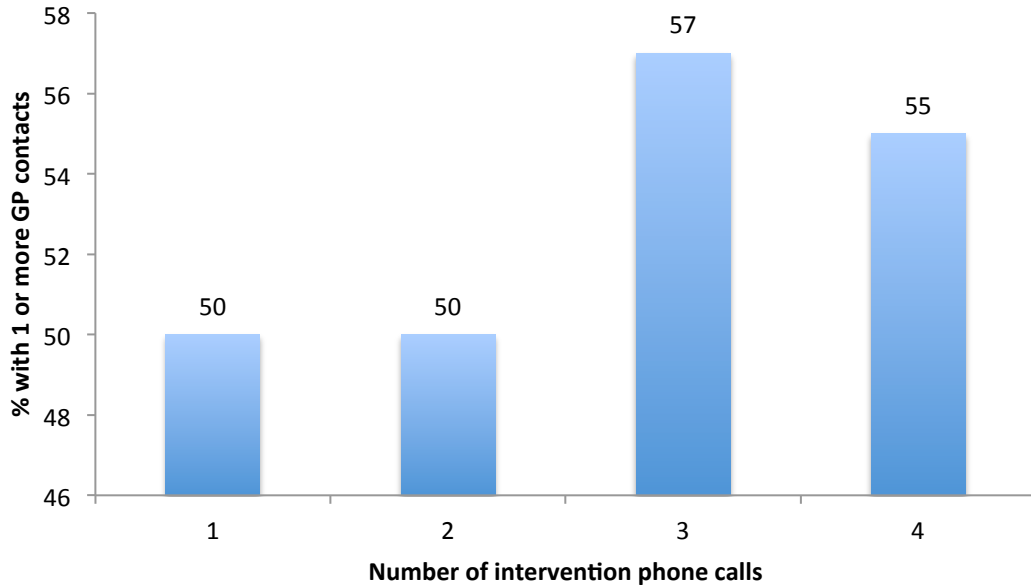
Table S4 shows the effect of the intervention on health service utilisation at each follow-up, excluding follow-up interviews undertaken in prison. The findings were consistent with those from the main analysis.

**Table S4. Percentage of participants reporting health service contact at follow-up, by group, excluding follow-up interviews in prison (ITT analyses)**

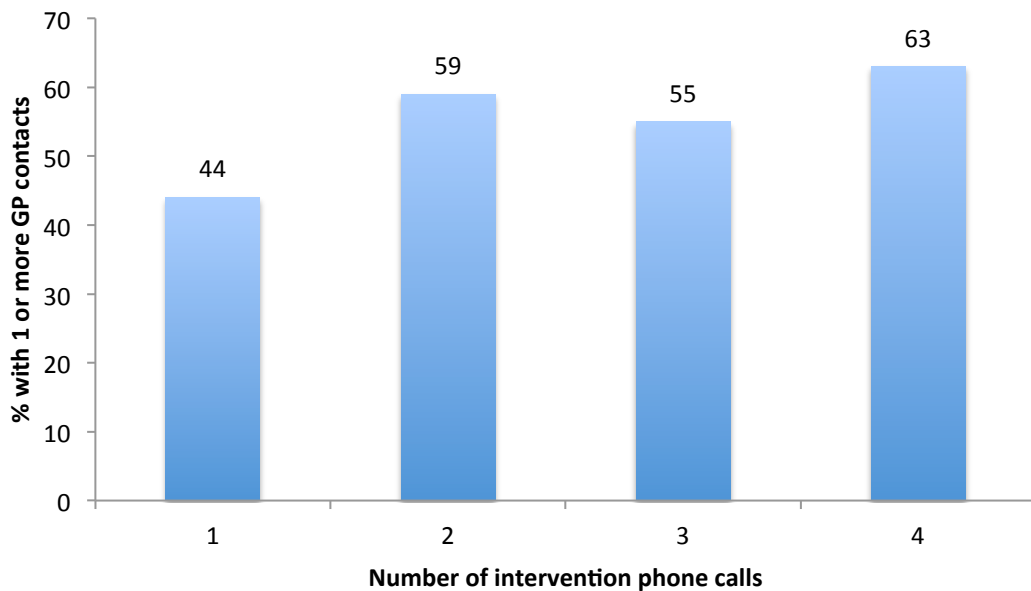
	1 month			3 months			6 months		
	IX % (n)	TAU % (n)	Diff (95%CI)	IX % (n)	TAU % (n)	Diff (95%CI)	IX % (n)	TAU % (n)	Diff (95%CI)
<b>Service type</b>									
GP	54 (375)	42 (393)	12 (5,19)	55 (338)	47 (364)	8 (1,15)	59 (309)	50 (335)	9 (1,16)
MH	13 (375)	11 (394)	2 (-2,7)	15 (341)	15 (367)	0 (-6,5)	23 (313)	12 (336)	11 (6,17)
AOD	15 (368)	13 (392)	2 (-3,7)	19 (337)	17 (360)	2 (-4,8)	16 (308)	14 (332)	2 (-3,8)

IX = intervention; TAU = treatment as usual; GP = general practitioner; MH = mental health service; AOD = alcohol and other drug treatment service

Figures S1 and S2 show the dose-response relationship between number of intervention telephone calls completed and GP contact at 3 months and 6 months post-release, respectively.

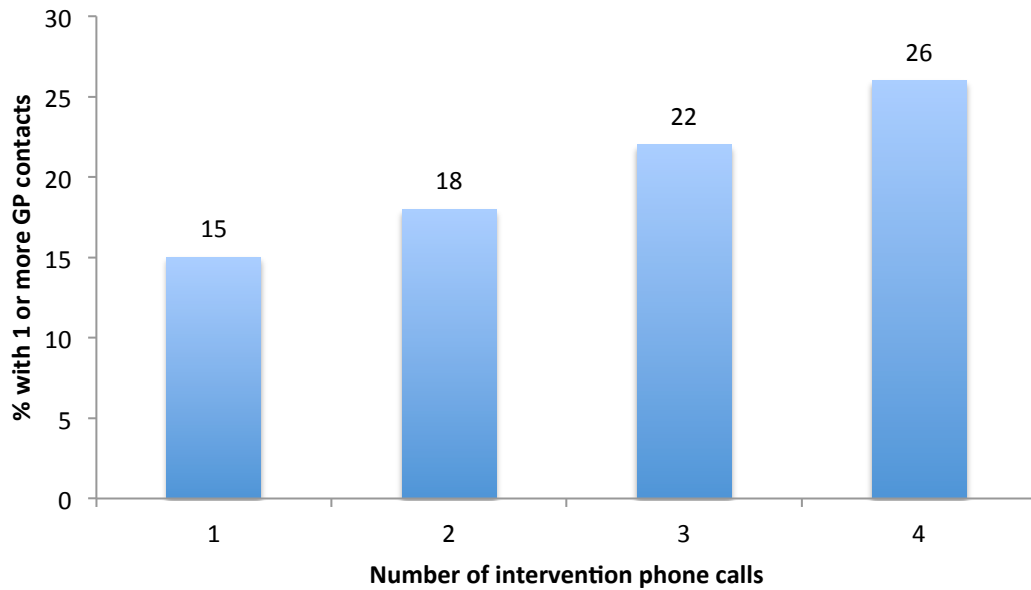


**Figure S1. Percentage of intervention group participants contacting a GP at 3 months post-release, according to number of intervention telephone calls completed**



**Figure S2. Percentage of intervention group participants contacting a GP at 6 months post-release, according to number of intervention telephone calls completed**

Figure S3 shows the dose-response relationship between number of intervention telephone calls completed and mental health service contact at 6 months post-release.



**Figure S3. Percentage of intervention group participants contacting a mental health service at 6 months post-release, according to number of intervention telephone calls completed**

In anticipation of greater loss to follow-up in the control group,<sup>2,3</sup> we had planned *a priori* to undertake an additional sensitivity analysis, using multiple imputation to adjust for selective, biased attrition. However, given relatively modest attrition that was similar in the intervention (17%) and control (13%) arms ( $p=0.051$ ), we considered this unnecessary.

#### References

1. Kinner SA, Lennox N, Williams GW, Carroll M, Quinn B, Boyle F, et al. Randomised controlled trial of a service brokerage intervention for ex-prisoners in Australia. *Contemporary Clinical Trials*. 2013;36:198-206.
2. David M, Alati R, Ware RS, Kinner SA. Attrition in a longitudinal study with hard-to-reach participants was reduced by ongoing contact. *Journal of Clinical Epidemiology*. 2013;66(5):575-81.
3. Crutzen R, Viechtbauer W, Spigta M, Kotza D. Differential attrition in health behaviour change trials: a systematic review and meta-analysis. *Psychology & Health*. 2015;30(1):122-34.