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| Victorian Alcohol and Drug Collection (VADC)  Data Specification  2020-21  Published 14 May 2020, version 1.0 |
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Department of Health

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| **VADC Version Control** | |
| Version Number: | 1.0 |
| Financial year | 2020-21 |

To receive this publication in an accessible format email [VADC\_data@dhhs.vic.gov.au](mailto:VADC_data@dhhs.vic.gov.au)

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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Where the term ‘Aboriginal’ is used it refers to both Aboriginal and Torres Strait Islander people. Indigenous is retained when it is part of the title of a report, program or quotation.

Available at <http://go.vic.gov.au/awXeql>

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# History and development of the VADC

Client level statistical information from public Alcohol and Drug Treatment (AODT) services has been collected in the Victorian Alcohol and Drug Collection (VADC) since 2018. This collection has replaced the Alcohol and Drug Information System (ADIS). Changes have been made to the dataset since the initial specification in 2018 to:

* meet the department’s funding acquittal and performance monitoring requirements
* facilitate consistent data capture and support the sharing of information between providers
* inform service system development and catchment-based planning, demand modelling and program evaluation research

**2020-21**

Amendment to guide for use

* Amend 5.7.1 Referral-ACSO identifier element definition

Amendment to business rule

* Amend Section 4.2.10.3 Treatment

Deleted validations

* AOD138

New validations

* AOD173, AOD174, AOD175

New service stream

* 33 Residential pre-admission engagement (replacing code 32)
* 32 Residential pre-admission engagement will be retained as a legacy code in 2020-21 and retired in 2021-22. Codes 32 and 33 describe the same activity

Updated sections

* Section 1, Section 3.29, Section 4.2.1, Section 4.2.5, Section 5.4.14

**2019-20**

Amendment to existing data elements

* Amend Event-course length

Amendment to existing validations

* Amend AOD 126, AOD 136, AOD137 to error
* Amend AOD23, AOD114, AOD126 to warning

Deleted validations

* XSD rejection error, C37, AOD32, A0D44, AOD110, AOD115, AOD116

Deleted funding codes

* 101, 110

New validations

* AOD150, AOD151, AOD152, AOD153, AOD154, AOD156, AOD157, AOD158, AOD159, AOD160, AOD170, AOD171, AOD172
* XML14, XML15, XML16, XML17, XML18, XML19, XML20
* VADC01, VADC02, VADC03, VADC04, VADC05, VADC06, VADC07, VADC08

New funding codes

* 116, 117, 118, 119, 120, 121, 123, 125, 126, 127, 128, 129, 139, 131, 132, 133, 134, 135, 136, 501

New service stream

* 32 Residential pre-admission engagement

Technical changes

* Changes to business rules for reporting periods
* File validations moved from XSD to the VADC processing routine
* File component entity identifiers (optional for 2019-20)

**2018-19**

Amendment to existing validations

* Amend AOD140 to trigger for closed service events
* Amend AOD29 to exclude value 8 and 9 from the validation
* Amend AOD111 to exclude value 9 from the validation
* Amend AOD26, AOD29, AOD31, AOD55, AOD74, AOD77, AOD111, AOD123, AOD126, AOD140, AOD142 to warning

New validations

* AOD142 Drug Concern- date last use after client review date

# Introduction

## Background

The drug treatment service system within the State of Victoria provides a range of assessment, treatment and support services to adults and young people who have alcohol and/or drug use problems, and to their families and carers. The Victorian Government purchases these alcohol and drug treatment services from over 100 independent agencies on behalf of the community.

Public Alcohol and Drug Treatment (AODT) services funded by the Department of Health and Human Services (DHHS) are provided to eligible Victorians in community health services, non-government organisations and health services.

The Victorian Alcohol and Drug Collection (VADC) is used primarily to monitor service provider performance and to inform service planning and policy development.

It is also used to collect data for submission to the National Minimum Data Set for Alcohol and Other Drug Treatment Services (AODTS NMDS) and other Commonwealth reporting obligations.

Since 1 July 2000, Victoria has contributed alcohol and drug treatment data to the National Minimum Data Set for Alcohol and Other Drug Treatment Services (NMDS AODTS). The NMDS AODTS is a minimum set of client and drug treatment data elements for mandatory collection and reporting at a national level. It is intended that the data elements included in the NMDS AODTS have standard definitions across all States and Territories so that the information may be compared and used to inform national planning and policy developments for the reduction of drug-related harm.

## Purpose

The purpose of the Victorian Alcohol and Drug Collection (VADC) Data Specification is to provide a common set of concepts, data elements and edit/validation rules which define the basis of data collection and reporting requirements to the Department of Health and Human Services.

## Audience

The intended audience for the Victorian Alcohol and Drug Collection (VADC) Data Specification includes:

* Department of Health and Human Services staff (data collection custodians and program managers) responsible for the development and management of data collections and associated documentation
* software vendors, who develop and provide software solutions for the collection, storage and reporting of data
* funded organisations who deliver public AODT services.

## Scope

For reporting purposes, the scope of the Victorian Alcohol and Drug Collection Data Specification is outlined below.

*In Scope*

**Organisations:**

* All organisations who deliver public alcohol and other drug treatment services
* Health service and non-government organization governed service providers
* Where AOD services provisioned by Commonwealth Primary Health Network (PHN)

**Services:** Services in scope for reporting purposes are:

* All state funded alcohol and other drug treatment services, whether residential or non-residential
* Alcohol and other drug treatment services directly funded by the Commonwealth under programs such as the Non-Government Organisations Treatment Programs Grants (NGOTGP).
* Mainstream as well as population specific services (e.g. Aboriginal and/or Torres Strait Islander and Youth Services), if they provide specialist alcohol and other drug treatment

**Service activity:**

All open and closed service events

*Out of Scope*

**Organisations:**

* Contact based AOD Primary Health Service (local initiatives funded)
* Prisons/correctional institutions
* Private treatment agencies that do not receive public funding
* Standalone telephone helplines including DirectLine

**Services:**

* Primarily providing accommodation or overnight stays
* Opioid pharmacotherapy – sole function to prescribe or provide dosing for opioid pharmacotherapy
* Prison/correctional based treatment services
* Drink driver education
* Needle and Syringe Programs
* Prevention education and services

**Service activity:**

* Unregistered clients
* Client relationships, family details
* Incoming unaccepted referrals
* Waiting lists (although the collection does capture wait times)
* Appointments, scheduling

## History and development

The Victorian Alcohol and Drug Collection (VADC) Data Specification was developed with input from a Project Reference Group (PRG) with membership from community health service providers both Metropolitan, and Rural, Australian Community Support Organisation (ACSO) and from peak governing body Victorian Alcohol and Drug Association (VAADA). A series of site visits and survey was conducted to obtain AODT service provider feedback, and other internal DHHS groups were also consulted.

Where possible, the VADC Data Specification has aimed to comply with National data standards. The VADC Data Specification has also aimed to comply with the department’s Common and Reference Data Dictionaries, in particular with the Common Client Data Dictionary and the Common Service Data Dictionary.

## Data assurance

Data that is submitted for a reporting period must be an accurate and complete record of VADC reportable service activity.

To ensure appropriate assurance of data quality and publicly reported information, services should as a minimum, have internal arrangements in place to check policies and procedures for data management and a system for internal control and validation.

While a framework for certification of VADC data integrity has not been prescribed, the overall responsibility for the integrity of reported VADC data resides with the Chief Executive of the service, or where the agency is part of a consortia, it is the responsibility of the Chief Executive of the lead agency.

## Data release and confidentiality

The principal data user for all data elements specified in the Victorian Alcohol and Drug Collection Data Specification is the Department of Health and Human Services.

All data collection and reporting requirements administered by the department are required to comply with the Information Privacy Act 2000 and the Health Records Act 2001, and to act compatibly with the Charter of Human Rights and Responsibilities Act 2006.

Elements of the Victorian Alcohol and Drug Collection are forwarded annually to the Australian institute of Health and Welfare (AIHW) for inclusion in the Alcohol and Other Drugs National Minimum Dataset (AODTS NMDS). Clients should be informed that some of the information provided will be sent to the National government for planning and statistical purposes. This information is de-identified before transmission.

## Document history

This is the first version of the VADC Data Specification document for the 2020-21 financial year.

## Contact information

For further information regarding the Alcohol and other Drug Collection, contact:

Mental Health & Drugs Data Unit  
Department of Health and Human Services  
50 Lonsdale Street, Melbourne, Victoria, 3000  
[VADC\_data@dhhs.vic.gov.au](mailto:VADC_data@dhhs.vic.gov.au)

# Concepts

Concepts for the Victorian Alcohol and Drug Collection are listed in alphabetical order and grouped into categories for ease of reference.

## Client

Concepts related to Clients are listed within this category.

### Client

A client is a registered individual that receives a funded service from an AODT service provider.

A client has given consent to have their information taken, and stored by the service provider, for the purpose of providing a better understanding of their current condition and their treatment needs.

A client will either be engaged in problematic alcohol and other drug use or be a family member, carer or significant other of someone engaged in problematic alcohol and other drug use.

### Asylum seeker

An asylum seeker is deemed to be any person who meets one of the following criteria:

* has a current request for protection which is being assessed by the Commonwealth Government
* being deemed by the Commonwealth not to be a person owed protection, is seeking either a judicial review (through the courts)
* or is making a humanitarian claim (to Commonwealth minister) for residence.

Asylum seekers can be permitted to reside within the Australian community on one of several different visa types. Different visas carry different entitlements, including work rights and Medicare eligibility. The visa type held by an asylum seeker can change throughout the process of seeking asylum.

Asylum seekers who are Medicare ineligible are those who:

* have applied for asylum after being in Australia for 45 days (45-day rule)
* have been released from mandatory detention on a bridging visa while determination of refugee status is assessed (however, people released from detention who hold a Temporary Protection Visa (TPV) have been assessed as being owed protection and hold full Medicare eligibility)
* have been found not to be owed protection by the Refugee Review Tribunal and are seeking either a judicial or ministerial review are on a bridging visa that carries no work rights and who are not being provided support by the Red Cross under the Commonwealth-funded Asylum Seeker Assistance Scheme (ASAS)—General Health Scheme.

### Dependant

A dependant is an individual that is wholly or substantially dependent on a client, in the client’s care and resides in Australia. For the purposes of this dataset, children that are the subject of a family reunification order are also defined as dependants.

Dependants may be:

* Dependant children aged < 16 years
* Dependant students aged 16–24 (receiving full-time education at a school, college or university)
* Children that are the subject of a family reunification order
* People who rely on the client to provide care and support, for example an ageing parent or disabled person

To report dependants, the client needs to actually provide care for the dependant, and be responsible for day to day care, not just to be legally responsible. Note that this does not apply to children that are the subject of a family reunification order, who should always be reported as dependants.

A child dependant is considered vulnerable when the capacity of the client to effectively care, protect and provide for their dependant’s long-term development and wellbeing is limited.

An adult dependant is considered vulnerable when they are unable to protect themselves from harm or exploitation due to personal capacity; such as mental or physical capacity, and current circumstances; such as social or financial hardship.

Dependant vulnerability is ascertained by information gathered using assessment tools, and/or clinical judgement.

### Individual Health Identifier (IHI)

An Individual Health Identifier (IHI) is a numerical identifier that uniquely identifies each individual in the Australian healthcare system.

Individual Healthcare Identifiers are automatically assigned to all individuals registered with Medicare Australia or enrolled in the Department of Veterans' Affairs (DVA) programs. Those not enrolled in Medicare Australia or with the Department of Veterans' Affairs are assigned a temporary number when they next seek healthcare; this is then validated by the Healthcare Identifiers (HI) Service Operator and becomes their unique IHI.

Only the individual, authorised healthcare providers and their authorised staff can access an individual's IHI number.

Each Individual Healthcare Identifier has an Identifier Status; this describes whether verification of the identifier of the individual has occurred and is based on the evidence available of a person's identity:

**Verified:** All individuals eligible for Medicare or DVA benefits are assigned a verified IHI automatically.

**Unverified:** For individuals whose identifier cannot be retrieved and who have an IHI created for them at the point of care. This caters, for instance, for newborns and overseas visitors.

**Provisional:** Individuals who present at the point of care unconscious or unknown may be assigned a provisional IHI by the healthcare provider. This IHI expires after 90 days of inactivity on the assumption the patient will become known and a verified IHI obtained for them, or their IHI will be converted to an unverified IHI.

The IHI number does not change regardless of the person's Identifier Status.

Information regarding the IHI, including information about how health care providers can access the IHI can be obtained from the Commonwealth Department of Human Services website located here:

<https://www.humanservices.gov.au/health-professionals/services/medicare/healthcare-identifiers-service-health-professionals>

### Outcomes

An outcome is a measurement of change or difference made to a person’s life that occurred commensurate with a period of intervention or services received. It is important that outcomes are considered in its widest form and do not focus only on symptom reduction but on social wellbeing. Quality of life, social, educational, economic outcomes should be considered in any rounded assessment.

### Statistical Linkage Key (SLK)

A process, technique or method that enables the bringing together of two or more records that are believed to belong to the same individual. A linkage key is a derived variable used to link data for statistical and research purposes which is generated from elements of an individual’s personal demographic data and attached to de-identified data relating to the services received by that individual.

A Statistical Linkage Key (SLK) can be used to uniquely count individuals accessing services from multiple providers that use different information systems.

### Refugee

A refugee is a person who is outside their country of origin (or habitual residence in the case of stateless persons) and who, owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinion, is unable or unwilling to avail themselves of the protection to which they are entitled.

Refugee status is determined by the Australian Government Department of Immigration and Multicultural Affairs and relates to people who are subject to persecution in their home country and have been identified in conjunction with the United Nations High Commissioner for Refugees (UNHCR) as in need of resettlement (Population Flows: Immigration Aspects, 2004–05 Edition).

Refugee visas can be defined under several sub-categories and programs, including: onshore, offshore, special assistance, emergency rescue, women at risk, and the special humanitarian program. The majority of refugees that settle in Victoria are admitted under the Australian Government’s Humanitarian Program.

## Services

Concepts related to Service events are listed within this category.

### Service Event

A Service event is an instance of service provision to a client or potential client, from the point of view of the service provider.

In the case of community-based care, it is comprised of one or more contacts between a service provider, and a client or potential client, and their family members/significant others.

In the case of residential based care, it is comprised of one or more days of bed-based care received by a client from a service provider.

A service event is categorised by a single service event type and a single service stream.

Service events may be episodic, or non-episodic in nature:

* Those that are episodic in nature indicate a series of separate sessions spanning multiple days, usually involving more than one contact
* Those that are non-episodic in nature involve a single session, starting and ending on the same day, with only one contact

Service events can be considered as open or closed. An open service event has a start date and no end date. A closed service event has an end date.

### Contact

A contact is defined as a contact between a client, potential client or a family member/significant other of a client and a service provider, seeking information and/or a service.

A contact may be of the following types:

* **Individual**: applies to one-on-one (clinician – client/potential client or clinician – clinician)
* **Group**: is defined as two or more clients (usually unrelated) receiving the same service at the same time from the same staff.

Group contacts must be with registered clients. Family members attending with a client, who are not registered clients are not counted as a group contact.

### Course

All AODTS treatment service events are deemed ‘Courses’. A course is defined as any period of treatment that has a start date and an end date.

### Did not attend (DNA)

When a client does not attend a planned appointment and does not notify the service provider prior to their appointment date and time.

### Direct Time

Direct is the time spent in activities directly servicing the registered client, potential client or a family member/significant other of a client e.g. face to face, email, video link, telephone communication.

The direct time for a service event, will be the sum of the contact durations of all contacts associated with a specific service event, including contacts by family members/significant others but excluding contacts by health and welfare professionals.

### Last known treatment

A client’s last known treatment is defined as the last treatment delivered by a service provider, with no onward referral to another AOD treatment. This includes both internal and external referral types.

This may differ than the last treatment that the client actually receives e.g. where the client is not referred but goes on to access another treatment.

### Referral

A request for review/assessment/treatment made on behalf of a client or potential client by clinician/worker at an approved service provider.

Referrals are made and received via a variety of methods including verbal, written, electronic.

Referrals can be internal or external:

* Internal referrals are those that are sent between clinicians/workers at the same AODT service provider or consortia.
* External referrals are those that are sent to or received from a clinician/worker external to the AODT service provider or consortia.

Referrals can be ‘IN’ or ‘OUT’:

* Referral ‘IN’ - relates to those received by a service provider from another clinician or service provider.
* Referral ‘OUT’- relates to those sent by one service provider to another, for further care.

### Service event type

The service event type corresponds to the current place in the potential client/client’s journey. It is used throughout this specification to:

* to specify which data elements should be reported at a point in the client’s journey
* to dictate which service streams are applicable to a point in the client’s journey

It does not dictate the sequence of events in a client’s journey.

Service event types are defined in the table below.

Table 1 Service Event types

| Code | Service event type | Description | Nature |
| --- | --- | --- | --- |
| 1 | Presentation | Initial presentation of the client or potential client to the service provider, where a service is provided. | Non-episodic |
| 2 | Assessment | The client is currently undergoing a comprehensive assessment by the service provider. | Episodic |
| 3 | Treatment | The client is receiving treatment from the service provider, intended to improve or resolve a presenting problem and/or diagnosed condition. | Episodic |
| 4 | Support | The client is receiving support, from the service provider, that is not classed as treatment. | Episodic or Non-episodic |
| 5 | Review | The client is being reviewed in relation to a completed service that has been provided. | Non-episodic |

### Service stream

A service stream is a unique ‘treatment type’ provided to a client or potential client to treat an alcohol and/or drug problem, for the presenting drug of concern or the assessed principal drug of concern.

In the case of family members or significant others, the treatment will be indirectly related to the client’s alcohol and/or drug problem.

A service stream is also used to determine a service event’s applicable funding sources.

Service streams are defined in the table below.

Table 2 Service stream definitions

| Code | Service stream | Description |
| --- | --- | --- |
| 10 | Residential Withdrawal | Residential withdrawal services support clients to safely achieve neuro-adaptation reversal from drugs of dependence, in a supervised residential or hospital facility.  Provides alcohol and drug withdrawal to young people and adults through a community residential drug withdrawal service. The treatment duration may range from an average of 7 to 28 days. |
| 11 | Non-Residential Withdrawal | Non-residential withdrawal will include a clinical withdrawal assessment, withdrawal treatment in the person’s home or at an alcohol and drug service or in association with a rural hospital, and referral and information provision via face to face and telephone modalities, at a minimum. The duration may range from an average of 4 to 10 sessions. |
| 20 | Counselling | Therapeutic counselling interventions of varying duration and intensity to individuals, families and groups. Incorporates face to-face, online and telephone counselling. The duration may range from an average of 4 to 15 sessions. |
| 21 | Brief Intervention | Brief Interventions are education support, advice and intervention provided for clients screened as not requiring assessment including assertive engagement with clients over a period of time that have not yet, been formally assessed.  The intervention can be 'opportunistic', or planned over one or more contacts, extending over a few sessions. Brief interventions generally consist of informal counselling and information on certain types of harms and risks associated with drug use and/or risky behaviours.  This includes Single sessions of therapy work or consultations undertaken with family members or significant others. |
| 22 | Ante & Post Natal Support | Provides outpatient services to women who are pregnant and have an identified chemical dependency, normally heroin. |
| 30 | Residential Rehabilitation | Residential rehabilitation services provide intensive interventions that address the psychosocial causes of drug dependence in a structured residential setting.  Provides a 24-hour staffed residential treatment program. This program provides a range of interventions that aim to ensure lasting change and assist re-integration into community living and ranges from an average of 42 days to 3-4 months. |
| 31 | Therapeutic Day Rehabilitation | Provides intensive, structured intervention, often through day programs for people at risk of short-term harm as a result of their alcohol and other drug use, that have undergone withdrawal or period of abstinence or stabilisation of use. Programs involve individual and group counselling and allow a person to remain at home through the rehabilitation period. |
| 32 | Residential pre-admission engagement \*  \* Code will be retired in 2021-22. Transition to use replacement code 33 during 20-21. Codes 32 and 33 describe the same activity. | Pre-admission preparation for clients prior to their entering a course of residential withdrawal or residential rehabilitation. This may include activities delivered prior to the client’s arrival such as:  providing preparatory counselling or other activity to prepare a client for their admission  supporting the client to undertake necessary preparatory arrangements  inducting the client to the residential program  providing support and information to the client’s family  contacting the client regularly to encourage ongoing engagement with the program. |
| 33 | Residential pre-admission engagement \*  \* Code will be retired in 2021-22. Transition to use replacement code 33 during 20-21. Codes 32 and 33 describe the same activity. | Pre-admission preparation for clients prior to their entering a course of residential withdrawal or residential rehabilitation. This may include activities delivered prior to the client’s arrival such as:  providing preparatory counselling or other activity to prepare a client for their admission  supporting the client to undertake necessary preparatory arrangements  inducting the client to the residential program  providing support and information to the client’s family   * contacting the client regularly to encourage ongoing engagement with the program. |
| 50 | Care & Recovery Coordination | Offered to those with the highest need or at the greatest risk. Provides additional individualised and flexible support for designated people through face to face, telephone and online services continuing throughout clients’ treatment and for up to 12 months after commencement of treatment. This includes residential treatment preparation and after care support.  Includes short term supported accommodation for forensic clients. |
| 51 | Outreach | A service that provides assessment, support and on-going case co-ordination with alcohol and drug problems, in their own environment. |
| 52 | Bridging support | Support offered to clients whilst waiting for assessment or treatment, via regular telephone support. This may also include support offered to clients’ post treatment. |
| 60 | Client Education program | Client education programs designed to provide information and support to Alcohol and other Drug users and their families or significant others e.g. Caution with Cannabis, Methamphetamine Personal Education Program. This does not include community education programs, school education. |
| 71 | Comprehensive assessment | A detailed assessment of the client aimed at clarifying the presence of the condition and at informing care planning. AOD use, medical history, mental health, risk, psychosocial factors are explored. Completed by a clinician over 1 or 2 sessions. This may also be performed prior to entering a Residential facility. |
| 80 | Intake | Intake captures further information from that collected at screening and indicates whether further assessment is necessary.  –Includes the initial assessment of a client to determine whether a particular condition or disorder is present, and the A&D treatment type they should receive. It enables brief interventions to be conducted where appropriate. The assessment may be self-completed or completed with a clinician. |
| 81 | Outdoor Therapy (Youth) | This service targets and works specifically with young people experiencing, or at risk of experiencing, drug and alcohol related difficulties. It uses the Wilderness Adventure Therapy model, which integrates family therapy, outdoor education and drug treatment. |
| 82 | Day Program (Youth) | Directed at young people who may be either linked or involved in treatment. This service aims to provide short-term life skills, vocational, and recreational based programs and to provide support in accessing programs, which enhance the client’s capacity for nondrug abusive community living. |
| 83 | Follow up | A further examination or observation of a client in order to monitor the success of earlier treatment performed at planned intervals e.g. 3 and 12 months from client’s last known treatment. |
| 84 | Supported Accommodation | Provides support for clients in short-term accommodation who require assistance in controlling their alcohol or other drug use. |

## Providers

Concepts related to Service providers are listed within this category.

### Service Provider

A Service Provider is an authorised agency or organisation that provides AODT services to clients and potential clients, and their family members and significant others.

### Outlet

An outlet is a discrete physical site or virtual site from which a single service provider delivers an AODT service. Physical sites have a locality and a physical postcode. A service provider may have one or more outlets but must have a minimum of one outlet for each service area within which the provider is funded to deliver services.

### Outlet Client Identifier

This is a unique identifier of a registered client from a specific outlet. The identifier must be unique to the Outlet as a minimum.

### Outlet code

An Outlet code is a unique identifier for an AODT outlet, which is generated by the Department of Health and Human Services. The Outlet code is comprised of 3 components:

* a component to identify the service provider that the outlet belongs to;
* a component to identify the service area that the outlet services;
* and a component to identify the virtual or non-virtual site.

It is also used by the Department to uniquely identify clients and service events, reported by an outlet.

### Outlet Service Event Identifier

This is a unique identifier of a potential client/client’s service event recorded by the Outlet. It is generated by the outlet.

## New identifiers

Reporting of the following identifiers is optional for 2020-21. However, if one of these is reported, all must be reported.

### Outlet Dependant Identifier

This is a numerical identifier that uniquely identifies each dependant from an outlet. It is generated by the outlet.

### Outlet Contact Identifier

This is a numerical identifier that uniquely identifies a contact from an outlet. It is generated by the outlet.

### Outlet Referral Identifier

This is a numerical identifier that uniquely identifies a referral from an outlet. It is generated by the outlet.

### Outlet Outcome Measure Identifier

This is a numerical identifier that uniquely identifies an outcome measure from an outlet. It is generated by the outlet.

### Outlet Drug of Concern Identifier

This is a numerical identifier that uniquely identifies a drug of concern from an outlet. It is generated by the outlet.

# Business Rules

Business Rules for the Victorian Alcohol and Drug Collection Data Specification are listed in alphabetical order and grouped into categories for ease of reference.

## Client

Business rules related to Clients are listed within this category.

### Client

A Client can only be registered upon the attainment of client consent. Once consent is given, a client must have a minimum set of mandatory data elements captured including given name, surname, date of birth and sex. These details must be entered accurately in order to generate an SLK (Statistical Linkage Key 581). The SLK is used by DHHS to track clients across agencies and assist in service planning and development.

If the date of birth cannot be determined, their age in years must be estimated and date recorded as 1st of January for the appropriate year.

All Client data elements are mandatory to report, with the exception of the Individual Health Identifier, Maltreatment code and Maltreatment perpetrator which are conditionally required.

A client record will only be reported in the following conditions:

* where a service event associated with the client was open during the reporting period and/or;
* client record has been submitted in error, in a previous reporting period and requires an update or deletion.

### Dependant

One or more dependants must be reported for registered clients that have dependants. All known child and adult dependants must be reported. For each dependant the following information must be reported:

* the year of birth;
* living with flag;
* vulnerable flag;
* and child protection order flag (only required for dependants under 16 years of age)

Living with flag is to be indicated when the dependant is living with the client for 50% or more of the time.

### Statistical Linkage Key (SLK)

The Statistical Linkage Key (SLK) must be reported for each client record submitted with a date accuracy indicator of AAA if date of birth was known. If the date of birth was estimated, the date accuracy indicator will need to indicate which type of the date was estimated, or UUU if unknown.

The following attributes must be captured accurately by Service providers to generate an SLK:

* first name; (not reported to DHHS)
* surname; (not reported to DHHS)
* date of birth;
* and sex at birth

## Services

Business rules related to Service events are listed within this category.

### Service Event

A service event must always be associated with a registered client.

In the instance where contacts have been recorded for services provided prior to client registration, a service event associated with these contacts can be reported in retrospect once the client has subsequently been registered. For example, outreach services may initially be provided with minimal client registration data available.

All open and closed service events are to be reported for the reporting period.

The common data elements that need to be reported for all service events are:

* Outlet service event identifier
* Outlet code
* Outlet client identifier
* Event type
* Service stream
* Funding source
* Service delivery setting (on Service event end only)
* Start date
* End date (on Service event end only)
* Forensic type
* Indigenous status

A service event must have at least one contact associated with it or in the case of residential activity type-based care, one bed day involving a stay.

In the case of community-based care, the service event start date is the date of first contact, and not any indirect care hours spent prior to first contact.

In the case of residential based care, the service event start date is the date the client is admitted to the residential unit.

A service event will only have one nominated service stream from the table below, dependent on the service event type.

Each combination of Service Stream and Funding Source will only be associated with one type of Funding Unit either:

* Drug Treatment Activity Units (DTAU):
* Episodes of Care (EOC) or
* Courses of Treatment (COT)
* Not Funded
* Commonwealth/PHN funded

Note, some Service Streams are associated with multiple funding units as outlined in below.

Table 3 Service event type to service stream mapping

| Service event type | Service stream code | Service stream | Vic Gov Funding unit | Activity type |
| --- | --- | --- | --- | --- |
| Presentation | 80 | Intake | DTAU |  |
| 33 | Residential pre-admission engagement \* | DTAU |  |
| Assessment | 71 | Comprehensive assessment | DTAU/EOC |  |
| Treatment | 10 | Residential withdrawal | DTAU | R |
| 11 | Non-Residential withdrawal | DTAU/EOC |  |
| 20 | Counselling | DTAU/EOC |  |
| 22 | Ante & post-natal support | EOC |  |
| 30 | Residential rehabilitation | DTAU | R |
| 31 | Therapeutic day rehabilitation | DTAU |  |
| 32 | Residential pre-admission engagement \* | DTAU |  |
| 50 | Care & recovery coordination | DTAU/EOC |  |
| 51 | Outreach | EOC |  |
| 60 | Client education program | COT |  |
| 81 | Outdoor therapy (youth) | EOC |  |
| 82 | Day program (youth) | EOC |  |
| 84 | Supported accommodation | EOC |  |
| Support | 21 | Brief intervention | DTAU/EOC |  |
| 52 | Bridging support | DTAU |  |
| Review | 83 | Follow up | Not Funded |  |

*Activity type key: R = Residential / Bed Based care*

\* Code 32 will be retired in 2021-22. Transition to use replacement code 33 during 2020-21. Codes 32 and 33 describe the same activity.

The type of funding unit (COT, EOC or DTAU) associated with each Service Stream / Funding Source combination can be found in Section 4.2.5.

Service events will only have one nominated Funding source.

Service providers can submit Service Streams for which they are not funded at their discretion but must use the “Not Funded” funding source code for the relevant service event.

Once a service event is end-dated it is considered closed and cannot be re-opened.

### Contact

A reportable contact must meet the following criteria:

* any contact by a client to a service provider for information and/or a service
* any contact by a family member or significant other to a service provider for information and/or a service related to a client
* contact by a person to a service provider for the purposes of obtaining a service (e.g. intake)
* contact by a health or welfare professional to a service provider about a client, when related directly to their care or from a service provider to a health and welfare professional e.g. general practitioner contacts, secondary consultations
* the contact must have actually taken place and not just attempted
* a record of the contact has been made in the client’s case notes or history.

For each contact the following information must be reported:

* contact type
* contact method
* contact date
* contact duration
* relationship to client
* number facilitators present (group contact type only)
* and number service recipients (group contact type only).

**Excluded from this concept are contacts related to:**

* community development
* community education
* advocacy
* contact with client for administrative purposes e.g. arranging an appointment, updating client’s record with laboratory results
* contact with client in residential facility must not be captured against residential withdrawal, or residential rehabilitation streams, but can be captured against commensurate streams e.g. care and recovery coordination.
* contact by a family member or significant other to a service provider for information and/or a service where family member or significant other is a client, and service is related to one-self.

Where multiple service provider staff have contact with the client at the same time, on the same occasion of service, the contact is counted only once.

Where multiple service contacts are recorded on the same day, at different times, each independent contact should be counted separately.

### Drug of concern

Drugs of concern must only be reported when related to the client’s own alcohol and drug use.

Drugs of concern are reported for a client when reporting outcome measures (See 4.2.6 Outcome), and must adhere to the following rules:

* a maximum of six drugs of concern to be reported
* no two identical drugs of concern
* and only one can be reported as the principal drug of concern.

For each Drug of concern reported, all of the following attributes must be populated:

* Date of last use
* Drug name
* Principal concern
* Method of use
* Frequency last 30 days
* Volume
* and Volume unit.

### Did not attend (DNA)

Did not attends are to be reported upon ending an Assessment or Treatment service event. The exceptions to this business rule, which do not need this data element to be reported are:

* Treatment service events with Residential service streams
* Service Delivery settings where appointments are not made.

On each occasion where a registered client does not present to a planned contact for a service event, this is counted as one.

This may exceed the number of total planned contacts for the service event. E.g. in the case where an appointment is rescheduled a number of times and not attended.

In the instance where the service provider has identified the client as disengaged, a maximum of 3 did not attends, after the client’s last direct contact, should be reported on closing of the service event.

The following non-attendances are not counted as did not attend:

* Appointment has been rescheduled prior to appointment time and client has not been notified
* Service Provider has ended the service prior to the planned appointment.

### Funding source attributes

A funding source and service stream must be nominated for all service events. Different combinations of funding source and service stream relate to:

* different funding units (COT, EOC, DTAU), or
* different DTAU values due to variations in service stream model of care and/or performance monitoring requirements.

Only the combinations specified below can be used.

Funding Unit

* C: Courses of Treatment
* E: Episodes of Care
* D: Drug Treatment Activity Unit
* NA: Not applicable (no funding unit, therefore [L] & [S] are optional)

Other values

* [L]: Course Length expected at service event end for this combination
* [S]: Significant goal achieved expected at service event end for this combination

\* Code 32 will be retired in 2021-22. Transition to use replacement code 33 during 2020-21. Codes 32 and 33 describe the same activity.

Table 4 Service event funding sources and funding units

| **Funding Source code** |  | **Service Stream Code** | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 10- Residential Withdrawal | 11-Non-Residential Withdrawal | 20-Counselling | 21-Brief Intervention | 22-Ante & Post Natal Support | 30-Residential Rehabilitation | 31-Therapeutic Day Rehabilitation | 32 – Residential pre-admission engagement \* | 33 – Residential pre-admission engagement \* | 50-Care & Recovery Coordination | 51-Outreach | 52-Bridging Support | 60-Client education program | 71-Comprehensive assessment | 80-Intake | 81-Outdoor Therapy (Youth) | 82-Day Program (Youth) | 83-Follow up | 84-Supported Accommodation |
| 0 –Not funded | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| 100-Vic State Gov – General | D[L] | D[L] | D[L] |  | E[S] | D[L] | D[L] |  |  | D[L] | E[S] |  | C | D | D | E[S] | E[S] |  | E[S] |
| 102-Vic State Gov- Drug Diversion Appointment Line (DDAL) |  |  | D | D |  |  |  |  |  |  |  |  |  | D |  |  |  |  |  |
| 103-Vic State Gov-Aboriginal Metro Ice Partnership |  |  | E[S] |  |  |  |  |  |  | E[S] |  |  |  |  |  |  |  |  |  |
| 104-Vic State Gov-Pharmacotherapy Outreach |  |  | E[S] |  |  |  |  |  |  |  | E[S] |  |  |  |  |  |  |  |  |
| 105-Vic State Gov-Specialist Pharmacotherapy Program |  |  | E[S] |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 106-Vic State Gov-Slow Stream Pharmacotherapy |  |  |  |  |  | D[L] |  | D | D |  |  |  |  |  |  |  |  |  |  |
| 107-Vic State Gov-ACCHO Services-Drug Services |  |  | E[S] | E |  |  |  |  |  | E[S] | E[S] |  |  | E |  |  |  |  |  |
| 108-Vic State Gov-ACCHO-AOD Nurse Program |  | E[S] | E[S] | E |  |  |  |  |  | E[S] | E[S] |  |  | E |  |  |  |  |  |
| 109-Vic State Gov-Low Risk Offender Program |  |  |  |  |  |  |  |  |  |  |  |  | C |  |  |  |  |  |  |
| 111-Vic State Gov-Residential dual diagnosis |  |  |  |  |  | D |  | D | D |  |  |  |  |  |  |  |  |  |  |
| 112-Vic State Gov-8 hour individual offender |  |  | D |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 113-Vic State Gov -15 hour individual offender |  |  | D |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 114-Vic State Gov -24 hour group offender |  |  | D |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 115-Vic State Gov -42 hour group offender |  |  | D |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 116-Vic State Gov-Small Rural Health funding |  | D[L] | D[L] | D |  |  | D[L] |  |  | D[L] | E[S] | D |  | D |  |  | E[S] |  |  |
| 117-Vic State Gov-Sub-acute withdrawal | D |  |  |  |  |  |  | D | D |  |  |  |  |  |  |  |  |  |  |
| 118-Vic State Gov-Three-stage withdrawal stabilisation program | D |  |  |  |  |  |  | D | D |  |  |  |  |  |  |  |  |  |  |
| 119-Vic State Gov-Mother/baby withdrawal program | D[L] |  |  |  |  |  |  | D | D |  |  |  |  |  |  |  |  |  |  |
| 120-Vic State Gov-Youth-specific facility withdrawal | D[L] |  |  |  |  |  |  | D | D |  |  |  |  |  |  |  |  |  |  |
| 121-Vic State Gov-Residential Withdrawal (general) | D[L] |  |  |  |  |  |  | D | D |  |  |  |  |  |  |  |  |  |  |
| 123-Vic State Gov-6-week rehabilitation program |  |  |  |  |  | D |  | D | D |  |  |  |  |  |  |  |  |  |  |
| 125-Vic State Gov-Family beds program |  |  |  |  |  | D[L] |  | D | D |  |  |  |  |  |  |  |  |  |  |
| 126-Vic State Gov-Youth-specific facility rehabilitation |  |  |  |  |  | D[L] |  | D | D |  |  |  |  |  |  |  |  |  |  |
| 127-Vic State Gov-Aboriginal-specific facility rehabilitation |  |  |  |  |  | D[L] |  | D | D |  |  |  |  |  |  |  |  |  |  |
| 128-Vic State Gov-Residential Rehabilitation (general) |  |  |  |  |  | D[L] |  | D | D |  |  |  |  |  |  |  |  |  |  |
| 129-Vic State Gov-Stabilisation model |  |  |  |  |  | D |  | D | D |  |  |  |  |  |  |  |  |  |  |
| 130-Vic State Gov-Bridging support- Post-residential withdrawal |  |  |  |  |  |  |  |  |  |  |  | D |  |  |  |  |  |  |  |
| 131-Vic State Gov-Bridging support- Post-residential rehabilitation |  |  |  |  |  |  |  |  |  |  |  | D |  |  |  |  |  |  |  |
| 132-Vic State Gov-Bridging support -intake |  |  |  |  |  |  |  |  |  |  |  | D |  |  |  |  |  |  |  |
| 133-Vic State Gov-Bridging support- assessment |  |  |  |  |  |  |  |  |  |  |  | D |  |  |  |  |  |  |  |
| 134-Vic State Gov-Brief intervention- intake |  |  |  | D |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 135-Vic State Gov-Brief intervention- assessment |  |  |  | D |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 136-Vic State Gov-Brief intervention-counselling |  |  |  | D |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 500-Commonwealth (non PHN) | E[S] | NA | E[S] | NA | NA | E[S] | NA | NA | NA | NA | E[S] | NA | NA | NA | NA | NA | NA | NA | E[S] |
| 501 – Commonwealth PHN | E[S] | E[S] | E[S] | NA | NA | E[S] | NA | NA | NA | NA | E[S] | NA | NA | NA | NA | NA | E[S] | NA | E[S] |
| 999-Unknown | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |

### Outcomes

Within the Victorian Department of Health and Human Services Outcomes Framework, outcomes are directly related to key areas of need. While the outcomes cover all aspects of a person’s life, only those outcome measures chosen by the Department of Health and Human Services, which are underpinned by the existing national standards, will need to be reported. These outcome measures encompass outcome areas of substance use, health and wellbeing.

As a minimum, the set of outcomes measures must be reported on registered clients:

* on ending of an Assessment service event
* and on ending of any service event with the event type of Treatment.

Service providers can choose to report more sets of outcome measures at their discretion. However, there must be a minimum period of four weeks between sets of outcome measures.

Where outcome measures are reported, they must be reported as an entire set of outcome measures, and not as a partial set of measures. That is, all the outcome measure attributes must be populated. All outcomes within the outcome set must be accurate at the time of the Client Review Date.

The following outcome measures must be reported as ‘Not Applicable’ when a client’s treatment service event is related to the alcohol and other drug use of another person. E.g. family member/significant other:

* AUDIT Score
* DUDIT Score
* and days injected last four weeks.

Some outcome measures do not apply to specialist alcohol and other drug treatment services (eg Youth and Aboriginal Health Services) and should be reported as ‘Not Applicable’.

### Principal drug of concern

The drug of concern should be recorded as the principal concern when this has led the client to seek treatment from the service. If the client has more than one drug of concern, then this should be the one that the service provider is providing treatment for. This may not necessarily be the most severe drug of concern for the client.

There may only be one principal drug of concern for a set of Outcome measures reported for a service event. However, up to five other secondary drugs of concern can also be recorded.

### Referral

No more than one referral ‘IN’ to a service event should be reported. Referrals ‘IN’ to a Service provider that do not eventuate in a Service event for a potential client or client should not be reported.

It will be assumed that client consent to share information has been obtained, for all referrals ‘OUT’. All referrals ‘OUT’ of service events should be reported, regardless of whether they are accepted or not.

An ACSO identifier should be recorded on all forensic referrals.

Internal referrals within a service provider or consortia should not be reported, therefore it is possible for a reported service event to have no referral ‘IN’ or ‘OUT’.

Review service events should have no referrals ‘IN’ (however, referrals ‘OUT’ are permissible).

### Referral provider type

Referral provider type must be appropriate for the referral direction.

The following provider types are to be used for referral ‘IN’ only:

* (01) – Self
* (02) – Family member/friend
* (09) – Court Diversion
* and (10) – Drug Diversion

All other referral provider types can be used for referral ‘IN’ or referral ‘OUT’.

### Service event type

#### Presentation

A Presentation service event is non-episodic in nature and should start and end on the same day.

A service event with event type of Presentation must be associated with a client and must have one contact.

A service event with event type of Presentation must have the following information reported, in addition to the common data elements for Service events listed in Section 4.2.1:

* Presenting Drug of Concern

#### Assessment

A client cannot have more than one concurrent service event with event type of Assessment.

An assessment event is episodic in nature and therefore can start and end on different days.

Ending an assessment service event should only be done by a clinician once the entire client assessment has been completed or client engagement has ended.

An assessment service event must have the following information reported upon ending, in addition to the common data elements for Service events listed in Section 4.2.1:

* TIER
* Did not attend (planned appointments only)

Assessment service events for clients on a forensic order, require a MASCOT score to also be reported for those clients assessed by ACSO.

#### Treatment

A client cannot have more than one concurrent service event with the event type of Treatment from the same service stream and funding source, within the same period.

A treatment service event is episodic in nature and therefore can start and end on different days.

Ending a treatment service event is a clinical decision and done in the context of the duty of care of the clinician and the care needs of the client. An end reason must be reported.

A Treatment service event must have the following information reported upon ending, in addition to the common data elements for Service events listed in Section 4.2.1:

* End reason
* Target population
* Assessment completed date
* Percentage course completed
* Did not attend (not for Residential service streams).

Target population, assessment completed date and did not attend can be reported prior to end, however mandatory upon ending.

Refer to Section 4.2.5, for attributes that need to be reported relating to service events, including treatment service events

#### Support

A support service event can be episodic or non-episodic in nature.

A single service event should be reported with event type of Support, regardless of nature.

No additional data elements to the common Service event data elements listed in Section 4.2.1 need to be captured.

When the service event lasts over more than one session or contacts (episodic), the support service event will be ended once all sessions have been completed.

#### Review

A Review service event is non-episodic in nature and must have a single contact.

Review service events should start and end on the same day.

A Review service event should be reported following an associated treatment service event e.g. ‘Course’ that has been completed in full and not merely ended.

When the review service event has a service stream of follow up, recommended intervals are 3 and 12 months as a minimum from the client’s last known treatment, however additional reviews may be reported as completed.

No additional data elements to the common Service event data elements listed in Section 4.2.1 need to be captured.

### Service stream

A Service stream must be a unique type of treatment. All reportable service events will be associated with a service stream.

In the case where existing service streams do not describe the type of treatment delivered to a client, the provider should contact DHHS.

## Providers

Business rules related to providers are listed within this category.

### Service provider

A service provider must have at least one outlet.

### Outlet

To enable the analysis of the accessibility of service provision, the geographic location e.g. address, location and postcode of service delivery outlets must be provided when first setting up Service Provider details with Department of Health and Human Services.

Service providers will require a minimum of one outlet for each service area within which they are funded to deliver services.

Providers delivering services under more than one consortium within a service area will require more than one outlet within that service area.

A separate outlet should be created for a service provider that also has a virtual site. E.g. cloud call centre and referencing the address of the service provider’s head office.

Every outlet should have an outlet code.

### Outlet code

Outlet codes must be unique. Outlet codes are assigned by the department.

The Outlet code should be reported with any service event or client record submitted for the reporting period.

# Data element definitions

[5.1 Client 35](#_Toc40121090)

[5.1.1 Client—acquired brain injury—N 35](#_Toc40121091)

[5.1.2 Client—country of birth—NNNN 37](#_Toc40121092)

[5.1.3 Client—date first registered— DDMMYYYY 39](#_Toc40121093)

[5.1.4 Client—date of birth—DDMMYYYY 40](#_Toc40121094)

[5.1.5 Client—dependant child protection order flag —N 41](#_Toc40121095)

[5.1.6 Client—dependant living with flag—N 43](#_Toc40121096)

[5.1.7 Client—dependant vulnerable flag—N 44](#_Toc40121097)

[5.1.8 Client—dependant year of birth—YYYY 46](#_Toc40121098)

[5.1.9 Client—date of birth accuracy AAA 47](#_Toc40121099)

[5.1.10 Client—gender identity—N 50](#_Toc40121100)

[5.1.11 Client—individual health identifier (IHI) – N(16) 52](#_Toc40121101)

[5.1.12 Client—LGB flag—N 54](#_Toc40121102)

[5.1.13 Client—locality name—A[A(45)] 56](#_Toc40121103)

[5.1.14 Client—maltreatment code—N 57](#_Toc40121104)

[5.1.15 Client—maltreatment perpetrator—N 59](#_Toc40121105)

[5.1.16 Client—Medicare card number—N(11) 61](#_Toc40121106)

[5.1.17 Client—mental health diagnosis—N[N] 63](#_Toc40121107)

[5.1.18 Client—need for interpreter services—N 65](#_Toc40121108)

[5.1.19 Client—postcode—NNNN 67](#_Toc40121109)

[5.1.20 Client—preferred language—NNNN 69](#_Toc40121110)

[5.1.21 Client—refugee status—N 71](#_Toc40121111)

[5.1.22 Client—sex at birth—N 73](#_Toc40121112)

[5.1.23 Client—statistical linkage key 581 (SLK) - AAAAADDMMYYYYN 75](#_Toc40121113)

[**5.2 Contact 77**](#_Toc40121114)

[5.2.1 Contact—contact date-DDMMYYYYHHMM 77](#_Toc40121115)

[5.2.2 Contact—contact duration-N[N][N] 79](#_Toc40121116)

[5.2.3 Contact—contact type-N 81](#_Toc40121117)

[5.2.4 Contact—contact method—N 83](#_Toc40121118)

[5.2.5 Contact—relationship to client—N 85](#_Toc40121119)

[5.2.6 Contact—number facilitators present—N[N] 87](#_Toc40121120)

[5.2.7 Contact—number service recipients—N[N] 88](#_Toc40121121)

[**5.3 Drug Concern 89**](#_Toc40121122)

[5.3.1 Drug Concern—date last use—DDMMYYYY 89](#_Toc40121123)

[5.3.2 Drug Concern—drug name—NNNN 91](#_Toc40121124)

[5.3.3 Drug Concern—frequency last 30 days—N 93](#_Toc40121125)

[5.3.4 Drug Concern—method of use—N 95](#_Toc40121126)

[5.3.5 Drug Concern—principal concern—N 97](#_Toc40121127)

[5.3.6 Drug Concern—volume—N[N][N][N] 99](#_Toc40121128)

[5.3.7 Drug Concern—volume unit—N[N] 100](#_Toc40121129)

[**5.4 Event 102**](#_Toc40121130)

[5.4.1 Event—assessment completed date—DDMMYYYY 102](#_Toc40121131)

[5.4.2 Event—course length—N 103](#_Toc40121132)

[5.4.3 Event—did not attend (DNA)—N[N] 105](#_Toc40121133)

[5.4.4 Event—end date—DDMMYYYY 107](#_Toc40121134)

[5.4.5 Event—end reason—N[N] 109](#_Toc40121135)

[5.4.6 Event—event type-N 112](#_Toc40121136)

[5.4.7 Event—forensic type—N[N] 114](#_Toc40121137)

[5.4.8 Event—funding source—N[N][N] 118](#_Toc40121138)

[5.4.9 Event—indigenous status—N 124](#_Toc40121139)

[5.4.10 Event—MASCOT Score—N 126](#_Toc40121140)

[5.4.11 Event—percentage course completed—N 127](#_Toc40121141)

[5.4.12 Event—presenting drug of concern—NNNN 129](#_Toc40121142)

[5.4.13 Event—service delivery setting—N 131](#_Toc40121143)

[5.4.14 Event—service stream—NN 133](#_Toc40121144)

[5.4.15 Event—significant goal achieved—N 135](#_Toc40121145)

[5.4.16 Event —start date-DDMMYYYY 137](#_Toc40121146)

[5.4.17 Event—target population—N 138](#_Toc40121147)

[5.4.18 Event—TIER—N 140](#_Toc40121148)

[**5.5 Outcomes 142**](#_Toc40121149)

[5.5.1 Outcomes—accommodation type—N[N] 142](#_Toc40121150)

[5.5.2 Outcomes—arrested last four weeks—N 145](#_Toc40121151)

[5.5.3 Outcomes—AUDIT Score—N[N] 147](#_Toc40121152)

[5.5.4 Outcomes —client review date-DDMMYYYY 149](#_Toc40121153)

[5.5.5 Outcomes—days injected last four weeks—N[N] 151](#_Toc40121154)

[5.5.6 Outcomes—DUDIT Score—N[N] 153](#_Toc40121155)

[5.5.7 Outcomes—employment status—N 155](#_Toc40121156)

[5.5.8 Outcomes—K10 Score—NN 157](#_Toc40121157)

[5.5.9 Outcomes—physical health—N[N] 159](#_Toc40121158)

[5.5.10 Outcomes—psychological health—N[N] 161](#_Toc40121159)

[5.5.11 Outcomes—quality of life—N[N] 163](#_Toc40121160)

[5.5.12 Outcomes—risk to others—N 165](#_Toc40121161)

[5.5.13 Outcomes—risk to self—N 167](#_Toc40121162)

[5.5.14 Outcomes—unemployed not training—N 169](#_Toc40121163)

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## Client

### Client—acquired brain injury—N

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Identifying and definitional attributes | | | | | |
| Definition | Whether the client has been diagnosed as having an acquired brain injury (ABI) | | | | |
| Value domain attributes | | | | | |
| Representational attributes | | | | | |
| Representation class | Code | | Data type | | Number |
| Format | N | | Maximum character length | | 1 |
| Permissible values | Value | | Meaning | | |
|  | 1 | | the client has acquired brain injury | | |
|  | 2 | | the client does not have acquired brain injury | | |
| Supplementary values | Value | | | Meaning | |
|  | 9 | | not stated/inadequately described | | |
| Data element attributes | | | | | |
| Reporting attributes | | | | | |
| Reporting requirements | Mandatory | | | | |
| Collection and usage attributes | | | | | |
| Guide for use | Acquired brain injury, or "ABI", refers to any damage to the brain that occurs after birth (with the exception of Foetal Alcohol Spectrum Disorder - FASD). That damage can be caused by an accident or trauma, by a stroke, a brain infection, by alcohol or other drugs or by diseases of the brain like Parkinson's disease. | | | | |
|  | Code 1 | Client has an ABI diagnosis | | | |
|  | Code 2 | Client does not have an ABI diagnosis | | | |
|  | Code 9 | Not stated/inadequately described  Should be used when client’s ABI diagnosis is unknown. Includes: Where a client is undergoing or awaiting the outcome of ABI diagnostic tests. | | | |
| Source and reference attributes | | | | | |
| Definition source | Department of Health and Human Services | | | | |
| Definition source identifier |  | | | | |
| Value domain source | METeOR | | | | |
| Value domain identifier | Based on 270732 yes/no, Code N | | | | |
| Relational attributes | | | | | |
| Related concepts | Client | | | | |
| Related data elements | Client-mental health diagnosis | | | | |
| Edit/validation rules | AOD0 value not in codeset for reporting period  AOD2 cannot be null | | | | |
| Other related information |  | | | | |

### Client—country of birth—NNNN

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Identifying and definitional attributes | | | | | | |
| Definition | | The country in which the client was born | | | | | |
| Value domain attributes | | | | | | |
| Representational attributes | | | | | | |
| Representation class | | Code | | | Data type | Number | |
| Format | | NNNN | | | Maximum character length | 4 | |
| Permissible values instructions | | Refer to Appendix 7.5: Large-value domains.  Examples from the full list: | | | | | |
| Permissible values | | Value | | Meaning | | | |
|  | | 1000 | | OCEANIA AND ANTARCTICA | | | |
|  | | ***1100*** | | ***Australia (includes external territories)*** | | | |
|  | | 1101 | | Australia | | | |
| Supplementary values | | Value | | Meaning | | | |
|  | | 0000 | | inadequately described | | | |
|  | | 0001 | | at sea | | | |
|  | | 0003 | | not stated | | | |
| Data element attributes | | | | | | |
| Reporting attributes | | | | | |
| Reporting requirements | | Mandatory | | | |
| Collection and usage attributes | | | | | | |
| Guide for use | |  | | Refer to Appendix 7.5: Large-value domains. | | | |
| Source and reference attributes | | | | | | |
| Definition source | | METeOR | | | | | |
| Definition source identifier | | 659454 Person-country of birth, code (SACC 2016) NNNN | | | | | |
| Value domain source | | METeOR | | | | | |
| Value domain identifier | | 659444 Country code (SACC 2016) NNNN | | | | | |
| Relational attributes | | | | | | |
| Related concepts | | Client | | | | | |
| Related data elements | | Client—Indigenous status | | | | | |
|  | | Client—need for interpreter services | | | | | |
|  | | Client—preferred language | | | | | |
|  | | Client—refugee status | | | | | |
| Edit/validation rules | | AOD0 value not in codeset for reporting period  AOD2 cannot be null | | | | | |
|  | | AOD19 client cannot be a refugee and country of birth = Australia | | | | | |
|  | | C34 Antarctica and ‘other purpose codes’ are reported as country of birth | | | | | |
|  | | C35 Aboriginal and/or Torres Strait Islander and country of birth is not Australia | | | | | |
| Other related information | | Supplementary codes of the [ABS Standard Australian Classification of Countries](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/9A9C459F46EF3076CA25744B0015610A/$File/12690_second%20edition.pdf) (SACC), 1269.0 Second Edition | | | | | |

### Client—date first registered— DDMMYYYY

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Identifying and definitional attributes | | | | | |
| Definition | | The date the client first registered with the service provider | | |
| Value domain attributes | | | | |
| Representational attributes | | | | |
| Representation class | Date | Data type | Date/time | |
| Format | DDMMYYYY | Maximum character length | 8 | |
| Data element attributes | | | | | |
| Reporting attributes | | | | |
| Reporting requirements | Mandatory | | | |
| Collection and usage attributes | | | | | |
| Guide for use | | The first registered date is the point at which sufficient information has been captured about the client to enable them to start receiving services from a provider. This should be at a minimum, enough client data to create an SLK.  Contacts that occur prior to sufficient information being available to register a client can be recorded in provider’s local Client Management Systems. Once sufficient detail is captured to register the client a Service Event can be generated for submission which includes contacts relevant to that Service Event that occurred prior to sufficient detail being captured to register the client. | | |
| Source and reference attributes | | | | | |
| Definition source | | Department of Health and Human Services | | |
| Definition source identifier | |  | | |
| Value domain source | | METeOR | | |
| Value domain identifier | | 270566 Date DDMMYYYY | | |
| Relational attributes | | | | | |
| Related concepts | | Client | | |
| Related data elements | | Client-statistical linkage key 581 | | |
|  | | Client-individual health identifier | | |
|  | | Event – start date | | |
|  | | Contact – contact date | | |
| Edit/validation rules | | AOD2 cannot be null | | |
|  | | AOD4 date must be in DDMMYYYY format | | |
|  | | AOD5 date cannot be in the future | | |
|  | | AOD6 date earlier than client's date of birth | | |
|  | | AOD40 date earlier than client date first registered | | |
| Other related information |  | | | |

### Client—date of birth—DDMMYYYY

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The date of birth of the client | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Date | Data type | Date/time |
| Format | DDMMYYYY | Maximum character length | 8 |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory | | |
| Collection and usage attributes | | | |
| Guide for use | Date should be supplied as accurately as possible. Where part of the date of birth is not known, dob accuracy indicator also needs to indicate which part of date was estimated or unknown.  When Date of birth is not stated must be reported as (01011900), Date accuracy indicator is ‘UUU’ | | |
| Source and reference attributes | | | |
| Definition source | METeOR | | |
| Definition source identifier | Based on 287007 Person—date of birth DDMMYYYY | | |
| Value domain source | METeOR | | |
| Value domain identifier | 270566 Date DDMMYYYY | | |
| Relational attributes | | | |
| Related concepts | Client | | |
| Related data elements | Client-dob accuracy indicator | | |
| Edit/validation rules | C10 age indicates very old | | |
|  | C14 employment status is child not at school and age is greater than 18 | | |
|  | C15 employment status is employed or unemployed and age is less than 15 | | |
|  | C36 client date of birth is unrealistic | | |
|  | AOD2 cannot be null | | |
|  | AOD4 date must be in DDMMYYYY format  AOD5 date cannot be in the future | | |
| Other related information |  | | |

### Client—dependant child protection order flag —N

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | An indicator that a child who is a dependant of the client, was the subject of a notification, and is currently, or has previously been, on a care and protection order, or is currently on a family reunification order | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
|  | 1 | yes – currently on a care and protection order | |
|  | 2 | yes – no current care and protection order in effect | |
|  | 3 | no – no previous care and protection order | |
|  | 4 | yes – current on a family reunification order | |
| Supplementary values | Value | Meaning | |
|  | 9 | not stated/inadequately described | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Conditional -  Mandatory where dependant is a child under the age of 16. | | |
| Collection and usage attributes | | | |
| Guide for use | Should only be reported for a client with dependent children as specified in relevant legislation.  Note – While service providers are encouraged to capture youth clients on a Child Protection Order within their Client Management System, the reporting requirement of this data only relates to whether a client’s dependant is subject to a Child Protection Order.  Use null where dependant is not a child under the age of 16. | | |
|  | |  |  | | --- | --- | | Code 1 | Yes - Currently in out-of-home care  The child is currently on a care and protection order in the jurisdiction  Excludes a current family reunification order, see code.4 | | Code 2 | Yes - Past history of placement in out-of-home care  The child has previously been on a care and protection order, but it is not in effect currently | | Code 3 | No - The child is not currently or previously been on a care and protection order  Note - If a family reunification order is in effect select code 4. | | Code 4 | Yes – Family reunification order  A family reunification order is currently in effect | | Code 9 | Should be used if dependent child, but do not know care and protection order status | | | |
| Source and reference attributes | | | |
| Definition source | METeOR | | |
| Definition source identifier | 331693 Child protection notification–care and protection order flag, code N | | |
| Value domain source | METeOR | | |
| Value domain identifier | 331689 Care and protection order flag code N | | |
| Relational attributes | | | |
| Related concepts | Dependant | | |
| Related data elements | Client-dependant living with flag | | |
|  | Client-dependant vulnerable flag | | |
|  | Client-dependant year of birth | | |
| Edit/validation rules | AOD13 age indicates not dependant child and CPO flag on | | |
|  | AOD14 age indicates dependant child and CPO flag off | | |
|  |  | | |
| Other related information |  | | |

### Client—dependant living with flag—N

|  |  |  |  |
| --- | --- | --- | --- |
| *Identifying and definitional attributes* | | | |
| **Definition** | Whether the dependant is living with the client | | |
| **Value domain attributes** | | | |
| *Representational attributes* | | | |
| **Representation class** | Code | **Data type** | Number |
| **Format** | N | **Maximum character length** | 1 |
| **Permissible values** | ***Value*** | ***Meaning*** | |
|  | 1 | the dependant is living with the client | |
|  | 2 | the dependant is not living with the client | |
| **Supplementary values** | ***Value*** | ***Meaning*** | |
|  | 9 | not stated/inadequately described | |
| **Data element attributes** | | | |
| *Reporting attributes* | | | |
| **Reporting requirements** | Mandatory | | |
| *Collection and usage attributes* | | | |
| **Guide for use** | This meta data item should be reported for dependants of any age   |  |  | | --- | --- | | Code 1 | The dependant lives with the client at least 50% of the time | | Code 2 | The dependant lives with the client for less than 50% of the time | | | |
| *Source and reference attributes* | | | |
| **Definition source** | Department of Health and Human Services | | |
| **Definition source identifier** |  | | |
| **Value domain source** | METeOR | | |
| **Value domain identifier** | Based on 270732 yes/no, Code N | | |
| *Relational attributes* | | | |
| **Related concepts** | Dependant | | |
| **Related data elements** | Outcomes-accommodation type | | |
| **Edit/validation rules** | AOD2 cannot be null | | |
|  | AOD15 living with client but client is homeless | | |
| **Other related information** |  | | |

### Client—dependant vulnerable flag—N

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | Whether the dependant is classed as vulnerable | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
|  | 1 | the dependant is considered vulnerable | |
|  | 2 | the dependant is not considered vulnerable | |
| Supplementary values | Value | Meaning | |
|  | 9 | not stated/inadequately described | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory | | |
| Collection and usage attributes | | | |
| Guide for use | Should be reported following evaluation.   |  |  | | --- | --- | | Code 1 | For dependants aged under 18 years of age: When the capacity of client to effectively care, protect and provide for their dependent’s long-term development and wellbeing is limited.  For dependants aged 18 or over: A person whom is unable to protect themselves from harm or exploitation due to personal capacity, such as mental or physical capacity, and current circumstances, such as social or financial hardship.  Includes, but not limited to where a referral to primary secondary or tertiary services are required as an early intervention for an identified vulnerable dependant. | | Code 2 | For dependants aged under 18 years of age: When the capacity of client to effectively care, protect and provide for their dependant’s long-term development and wellbeing is NOT limited.  For dependants aged 18 or over: A person whom is ABLE to defend or cope with the consequences of injury or loss due to personal capacity and current circumstances. | | Code 9 | Should be used when vulnerability is not able to be attained or unknown. | | | |
| Source and reference attributes | | | |
| Definition source | Department of Health and Human Services | | |
| Definition source identifier |  | | |
| Value domain source | METeOR | | |
| Value domain identifier | Based on 270732 yes/no, Code N | | |
| Relational attributes | | | |
| Related concepts | Dependant | | |
| Related data elements | Client-dependant child protection order flag | | |
|  | Client-dependant year of birth | | |
| Edit/validation rules | AOD2 cannot be null | | |
| Other related information | Victoria's vulnerable children : our shared responsibility : strategy 2013-2022 | | |

### Client—dependant year of birth—YYYY

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The year of birth of a dependant of the client | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Date | Data type | Date/Time |
| Format | YYYY | Maximum character length | 4 |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory | | |
| Collection and usage attributes | | | |
| Guide for use | This meta data item should be reported for dependants of any age | | |
| Source and reference attributes | | | |
| Definition source | METeOR | | |
| Definition source identifier | 303794 Person—age, total years N[NN] | | |
| Value domain source | METeOR | | |
| Value domain identifier | 290412 Total years N[NN] | | |
| Relational attributes | | | |
| Related concepts | Dependant | | |
| Related data elements | Client-dependant living with flag | | |
| Edit/validation rules | C36 dependant year of birth is unrealistic | | |
|  | AOD2 cannot be null  AOD151 year of birth is not valid | | |
| Other related information |  | | |

### Client—date of birth accuracy AAA

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | An indicator of the accuracy of a date of birth for a registered client | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | String |
| Format | AAA | Maximum character length | 3 |
| Permissible values | Value | Meaning | |
|  | AAA | Day, month and year are accurate | |
|  | AAE | Day and month are accurate, year is estimated | |
|  | AAU | Day and month are accurate, year is unknown | |
|  | AEA | Day is accurate, month is estimated, year is accurate | |
|  | AEE | Day is accurate, month and year are estimated | |
|  | AEU | Day is accurate, month is estimated, year is unknown | |
|  | AUA | Day is accurate, month is unknown, year is accurate | |
|  | AUE | Day is accurate, month is unknown, year is estimated | |
|  | AUU | Day is accurate, month and year are unknown | |
|  | EAA | Day is estimated, month and year are accurate | |
|  | EAE | Day is estimated, month is accurate, year is estimated | |
|  | EAU | Day is estimated, month is accurate, year is unknown | |
|  | EEA | Day and month are estimated, year is accurate | |
|  | EEE | Day, month and year are estimated | |
|  | EEU | Day and month are estimated, year is unknown | |
|  | EUA | Day is estimated, month is unknown, year is accurate | |
|  | EUE | Day is estimated, month is unknown, year is estimated | |
|  | EUU | Day is estimated, month and year are unknown | |
|  | UAA | Day is unknown, month and year are accurate | |
|  | UAE | Day is unknown, month is accurate, year is estimated | |
|  | UAU | Day is unknown, month is accurate, year is unknown | |
|  | UEA | Day is unknown, month is estimated, year is accurate | |
|  | UEE | Day is unknown, month and year are estimated | |
|  | UEU | Day is unknown, month is estimated, year is unknown | |
|  | UUA | Day and month are unknown, year is accurate | |
|  | UUE | Day and month are unknown, year is estimated | |
|  | UUU | Day, month and year are unknown | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory | | |
| Collection and usage attributes | | | |
| Guide for use | This data element is valid only for use with dates that are reported/exchanged in the format (DDMMYYYY).  Any combination of the values A, E, U representing the corresponding level of accuracy of each date component of the reported date.  This data element consists of a combination of three codes, each of which denotes the accuracy of one date component:  A – the referred date component is accurate  E – the referred date component is not known but is estimated  U – the referred date component is not known and not estimated.  This data element contains positional fields (DMY) that reflects the order of the date components in the format (DDMMYYYY) of the reported date:  Field 1 (D) – refers to the accuracy of the day component;  Field 2 (M) – refers to the accuracy of the month component;  Field 3 (Y) – refers to the accuracy of the year component.   |  |  |  |  | | --- | --- | --- | --- | | Data domain | Date component (for a format DDMMYYYY) | | | | (D)ay | (M)onth | (Y)ear | | Accurate | A | A | A | | Estimated | E | E | E | | Unknown | U | U | U |   Example 1: A date has been sourced from a reliable source and is known as accurate then the Date accuracy indicator should be informed as (AAA).  Example 2: If only the age of the person is known and there is no certainty of the accuracy of this, then the Date accuracy indicator should be informed as (UUE). That is the day and month are “unknown” and the year is “estimated”.  Example 3: If a person was brought in unconscious to an emergency department of a hospital and the only information available was from a relative who was certain of the age and the birthday’s 'month' then the Date accuracy indicator should be informed as (UAA). A year derived from an accurate month and accurate age is always an accurate year.  The Date accuracy indicator can be useful for operational purposes to indicate the level of accuracy that a date has been collected at any point in time. | | |
| Source and reference attributes | | | |
| Definition source | METeOR | | |
| Definition source identifier | Date–accuracy indicator, code AAA - 294429 | | |
| Value domain source | METeOR | | |
| Value domain identifier | [289952 Date – accuracy indicator, Code AAA](http://meteor.aihw.gov.au/content/index.phtml/itemId/294429) | | |
| Relational attributes | | | |
| Related concepts | Client | | |
| Related data elements | Client-date of birth accuracy indicator | | |
| Edit/validation rules | AOD2 cannot be null  AOD12 Invalid indicator (Must contain combinations of A, E or U characters) | | |
| Other related information |  | | |

### Client—gender identity—N

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Identifying and definitional attributes | | | | |
| Definition | The gender with which the client identifies | | | |
| Value domain attributes | | | | |
| Representational attributes | | | | |
| Representation class | Code | | Data type | Number |
| Format | N | | Maximum character length | 1 |
| Permissible values | Value | | Meaning | |
|  | 1 | | male | |
|  | 2 | | female | |
|  | 3 | | other | |
| Supplementary values | Value | | Meaning | |
|  | 9 | | not stated/inadequately described | |
| Data element attributes | | | | |
| Reporting attributes | | | | |
| Reporting requirements | Mandatory | | | |
| Collection and usage attributes | | | | |
| Guide for use | Gender identity is defined as a personal conception of oneself as male or female (or other).  Gender identity can be the same or different than the sex assigned at birth.  When a person’s gender identity differs from their sex assigned at birth, they are considered Transgender.  Note: While service providers may choose to capture many categories of gender identity within their CMS system, the reporting requirement of the department only requires alignment with those codes specified. | | | |
| Code 3 | Adults and children who identify as non-binary, gender diverse, or with descriptors other than man/boy or woman/girl. Terms such as ‘gender diverse’, ‘non-binary’, ‘unspecified’, 'trans', '[transgender](https://dhhs.authenticated.modelpedia.com.au/PublishedWebsite/ItemDetail.aspx?ConfigurationId=26040&RootConfigurationId=18&ModelId=5B8A8481-0259-4FA0-B803-01E7B307A6CD&ItemId=A8F8E1A1-E54A-4600-8BDC-D798813D0EEA&Target=ctl00_ctl03_CenterTopPane&Theme=25&Version=3.0.6.22_1&IsLatest=Final)', 'transsexual', 'gender queer', 'pan-gendered', 'androgynous' and 'inter-gender' are variously used to describe the 'Other' category of gender. Some cultures may have their own terms for gender identities outside male and female. The label ‘Other’ is used because a more descriptive term has not been widely agreed within the general community. | | |
| Code 9 | Should be used if unable to attain gender identity or unknown. | | |
| Source and reference attributes | | | | |
| Definition source | METeOR | | | |
| Definition source identifier | Based on Person–gender, code X - 635994 | | | |
| Value domain source | METeOR | | | |
| Value domain identifier | Based on [Gender code N - 635944](javascript:void(0);) | | | |
| Relational attributes | | | | |
| Related concepts | Client | | | |
| Related data elements | Client-sex at birth | | | |
| Edit/validation rules | AOD0 value not in codeset for reporting period  AOD2 cannot be null | | | |
| Other related information |  | | | |

### Client—individual health identifier (IHI) – N(16)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Identifying and definitional attributes | | | | | | |
| Definition | | | A numerical identifier that uniquely identifies each individual in the Australian healthcare system | | | |
| Value domain attributes | | | | | | |
| Representational attributes | | | | | | |
| Representation class | | | Identifier | Data type | Number | |
| Format | | | N(16) | Maximum character length | 16 | |
| Permissible values | | ***Value*** | ***Meaning*** | | |
|  | | N(16) | The client’s individual health identifier issued by Medicare Australia. | | |
| Supplementary values | | Value | Meaning | | |
|  | | 9 | not stated/inadequately described | | |
| Data element attributes | | | | | | |
| Reporting attributes | | | | | |
| Reporting requirements | | Mandatory | | | |
| Collection and usage attributes | | | | | | |
| Guide for use | | | The mandatory amount of information required to retrieve the client’s IHI is a surname, date of birth and sex at birth. Other fields, including given name, address and Medicare or DVA number, are optional and will result in improved match results when searching Medicare.  When a client’s IHI is unknown, or unable to obtain, due to unknown or unmatched surname, sex and date of birth, report as ‘Not Stated’  All healthcare identifiers use the International Standard ISO 7812-1:2006 that specifies the numbering system for identification cards.  The format of the number is as follows:  Digits N1-N6: The issuer identification number, which in turn is made up of:  N1-N2, Major industry identifier: 80 = health N3-N5, Country code: 036 = Australia N6, Number type: 0 = IHI  Digits N7-N15: Individual account identification (9 digits for the unique identifier)  Digit N16: Check digit  To obtain IHIs you will need to:   1. Apply for a Healthcare Provider Identifier–Organisation (HPI–O)— To be eligible for a Healthcare Provider Identifier - Organisation (HPI-O), the organisation must provide health related services and employ an identified healthcare provider (an individual healthcare provider who has registered in the HI Service) who provides healthcare as part of their duties. (Seed or Network Organisation)   <https://www.humanservices.gov.au/health-professionals/forms/hw018>  or if Contracting and Information Technology firm to collect data,  <https://www.humanservices.gov.au/health-professionals/forms/hw012>   1. Apply or link an existing PKI Certificate. To access the HI Service electronically, individual healthcare providers, healthcare provider organisations and CSP organisations need the appropriate Department of Human Services Public Key Infrastructure (PKI) certificate.   <https://www.humanservices.gov.au/health-professionals/forms/hw045> | | | |
| Source and reference attributes | | | | | | |
| Definition source | | | METeOR | | | |
| Definition source identifier | | | 432495 Person—Individual Healthcare Identifier, N(16) | | | |
| Value domain source | | | METeOR | | | |
| Value domain identifier | | | 426832 Identifier N(16) | | | |
| Relational attributes | | | | | | |
| Related concepts | | | Client | | | |
|  | | | Record linkage | | | |
| Related data elements | | | Client-sex at birth | | | |
|  | | | Client-statistical linkage key 581 | | | |
|  | | | Client-date of birth | | | |
|  | | | Client—Medicare card number | | | |
| Edit/validation rules | | | AOD2 cannot be null | | | |
|  | | | AOD9 numeric only | | | |
|  | | | AOD21 no IHI when Medicare number is present | | | |
|  | | | AOD22 IHI present when no Medicare number | | | |
|  | | | AOD23 IHI present with no SLK | | | |
|  | | | AOD24 SLK present with no IHI  AOD156 value must be “9” or 16 characters long | | | |
| Other related information | | |  | | | |

### Client—LGB flag—N

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | Whether the client identifies as lesbian, gay or bisexual | | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number | |
| Format | N | Maximum character length | 1 | |
| Permissible values | Value | Meaning | | |
|  | 1 | client identifies as LGB | | |
|  | 2 | client does not identify as LGB | | |
| Supplementary values | ***Value*** | ***Meaning*** | | |
|  | 9 | not stated/inadequately described | | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory | | | |
| Collection and usage attributes | | | |
| Guide for use | This refers to the client’s sexual orientation (whom they are attracted to)  Note: Transgender is to be derived from values recorded by Sex at birth, and Gender Identity. Transgender is not a person’s sexual orientation.  Note: While service providers may choose to capture additional categories of sexual orientation within their CMS system, the reporting requirement of the department only requires alignment with those codes specified.   |  |  | | --- | --- | | Code 1 | Use this code where the client identifies as lesbian, gay or bisexual | | Code 2 | Use this code where the client does not identify as lesbian, gay or bisexual | | Code 9 | Should be used when LGB status is unknown | | | | |
| Source and reference attributes | | | |
| Definition source | Department of Health and Human Services | | | |
| Definition source identifier |  | | | |
| Value domain source | METeOR | | | |
| Value domain identifier | Based on 270732 yes/no, Code N | | | |
| Relational attributes | | | |
| Related concepts | Client | | | |
| Related data elements | Client – gender identity | | | |
| Edit/validation rules | AOD0 value not in codeset for reporting period  AOD2 cannot be null | | | |
| Other related information |  | | | |

### Client—locality name—A[A(45)]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Identifying and definitional attributes | | | | | |
| Definition | | The name of the locality/suburb of the address the client resides at | | | |
| Value domain attributes | | | | | |
| Representational attributes | | | | | |
| Representation class | | Text | Data type | String | |
| Format | | A[A(45)] | Maximum character length | 46 | |
| Permissible values instructions | | Refer to [DHHS postcode](https://www2.health.vic.gov.au/about/publications/researchandreports/postcode-locality-reference) locality names for periodic updates.  Examples from the full list are below: | | | |
| Permissible values | | Value | Meaning | | |
|  | | ABBEYARD | Abbeyard | | |
|  | | ABBOTSFORD | Abbotsford | | |
|  | | … | … | | |
|  | | MELBOURNE | Melbourne | | |
| Supplementary values | | ***Value*** | ***Meaning*** | | |
|  | | 1000 | NO FIXED ABODE | | |
|  | | NFA | No Fixed Abode (Homeless) | | |
|  | | NS\_ID | not stated/inadequately described | | |
| Data element attributes | | | | | |
| Reporting attributes | | | | |
| Reporting requirements | Mandatory | | | |
| Collection and usage attributes | | | | | |
| Guide for use | | All locality names should be provided in capital letters. | | | |
| Source and reference attributes | | | | | |
| Definition source | | Department of Health and Human Services | | | |
| Definition source identifier | | ABS National Locality Index (Cat. No. 1252)(DHHS modified) | | | |
| Value domain source | | Department of Health and Human Services | | | |
| Value domain identifier | | [DHHS Postcode locality reference file](https://www2.health.vic.gov.au/about/publications/researchandreports/postcode-locality-reference) | | | |
| Relational attributes | | | | | |
| Related concepts | | Client | | | |
| Related data elements | | Client—postcode | | | |
| Edit/validation rules | | AOD16 incorrect combination of postcode and locality name  AOD2 cannot be null | | | |
| Other related information | | Address–suburb/town/locality name, text X[X(45)] - 429889 | | | |

### Client—maltreatment code—N

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The type of maltreatment a client has experienced as indicated by a code | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
|  | 0 | No maltreatment | |
|  | 1 | Neglect/Abandonment | |
|  | 2 | Physical abuse | |
|  | 3 | Sexual abuse | |
|  | 4 | Psychological abuse | |
| Supplementary values | ***Value*** | ***Meaning*** | |
|  | 5 | Other maltreatment or mixed maltreatment | |
|  | 6 | Abuse not otherwise specified | |
|  | 9 | Not stated | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Conditional-  Mandatory, when service provided is related to potential client/client’s own alcohol or other drug use.  When service provided is for a family member or significant other of an alcohol or drug user, this metadata item should not be reported. | | |
| Collection and usage attributes | | | |
| Guide for use | When the client advises, or assessing clinician identifies that the client’s personal experience of maltreatment has in part, or entirely lead to their drug and alcohol use, maltreatment type must be reported. Where there are multiple forms of maltreatment, the predominant maltreatment form must be submitted. If a predominant form cannot be identified, code 5 – mixed is to be used.  Use null when service provided is for a family member or significant other of an alcohol or drug user   |  |  | | --- | --- | | Code 0 | No maltreatment or where maltreatment has been identified in past, but no longer impacting the client’s alcohol and drug use | | Code 4 | Should be used for mental and verbal abuse | | Code 5 | Mixed maltreatment forms, or Other specified abuse or maltreatment e.g. financial abuse, human rights abuses | | Code 9 | Should use this code when not able to obtain this information | | | |
| Source and reference attributes | | | |
| Definition source | Department of Health and Human Services | | |
| Definition source identifier |  | | |
| Value domain source | Based on International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10)-WHO Version for ;2016/Chapter XIX | | |
| Value domain identifier | Based on <http://apps.who.int/classifications/icd10/browse/2016/en#/T74> | | |
| Relational attributes | | | |
| Related concepts | Client | | |
| Related data elements | Client-maltreatment perpetrator | | |
|  | Event-event type | | |
|  | Event-funding source | | |
| Edit/validation rules | AOD0 value not in codeset for reporting period  AOD124 maltreatment with no maltreatment perpetrator | | |
|  | AOD125 maltreatment perpetrator and no maltreatment | | |
|  | AOD126 maltreatment code and client is not the person of concern (self) | | |
|  | AOD127 no maltreatment code and client is the person of concern (self) | | |
| Other related information |  | | |

### Client—maltreatment perpetrator—N

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The perpetrator of maltreatment towards the client | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
|  | 0 | Spouse/Domestic Partner | |
|  | 1 | Parent | |
|  | 2 | Other Family member | |
|  | 3 | Carer | |
|  | 4 | Friend/acquaintance | |
|  | 5 | Official authorities | |
|  | 6 | Person unknown to the victim | |
|  | 7 | Multiple persons unknown to the victim (gang) | |
| Supplementary values | ***Value*** | ***Meaning*** | |
|  | 8 | Other specified perpetrator | |
|  | 9 | Unspecified perpetrator | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Conditional-  Mandatory when maltreatment code is NOT “no maltreatment” and when service provided is related to potential client/client’s own alcohol or other drug use.  Where multiple categories apply, report the most clinically significant. | | |
| Collection and usage attributes | | | |
| Guide for use | Report when maltreatment code is not 0 or 9 or null.  Must be null when maltreatment code is “no maltreatment” or when service provided is for a family member or significant other of an alcohol or drug user.   |  |  | | --- | --- | | Code 0 | Use this code for spouses and domestic partners including ex-partner, ex-spouse | | Code 1 | Parents including adoptive, natural, step, parents partner cohabiting. Excludes; foster parent, parent’s partner non-cohabiting | | Code 2 | Includes sister, brother, cousin, grandchild, grandparent, niece and nephew, son and daughter, step sibling, uncle and aunt | | Code 3 | Includes babysitter, foster parent, health care provider, nursing home, hostel and boarding house carer, school teacher | | Code 4 | Includes employer, employee and co-worker, family friend, neighbour, parents partner non-cohabiting | | Code 5 | Official authorities include Correctional services, Immigration personal, military personnel, police, ranger, security guard, sheriff, special constable | | Code 6 | Use this code for strangers | | Code 7 | Use this code for gangs, mobs | | Code 8 | Other specified perpetrator | | Code 9 | Unspecified perpetrator | | | |
| Source and reference attributes | | | |
| Definition source | Department of Health and Human Services | | |
| Definition source identifier |  | | |
| Value domain source | Based on International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10)-WHO Version for 2016 | | |
| Value domain identifier | http://apps.who.int/classifications/icd10/browse/2016/en#/Y07 | | |
| Relational attributes | | | |
| Related concepts | Client | | |
| Related data elements | Client-maltreatment perpetrator | | |
| Edit/validation rules | AOD0 value not in codeset for reporting period  AOD124 maltreatment with no maltreatment perpetrator | | |
|  | AOD125 maltreatment perpetrator and no maltreatment | | |
| Other related information |  | | |

### Client—Medicare card number—N(11)

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | Client identifier allocated by the Health Insurance Commission to eligible persons under the Medicare scheme that appears on a Medicare card | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Identifier | Data type | Number |
| Format | N(11) | Maximum character length | 11 |
| Permissible values instructions | Valid codes:   * first character can only be a numeric * 2, 3, 4, 5, or 6 or all blanks * check digit (ninth character) is the remainder of the following equation: * [(1st digit \* 1) + (2nd digit \* 3) + (3rd digit \* 7) + (4th digit \* 9) +(5th digit \* 1) + (6th digit \* 3) + (7th digit \* 7) + (8th digit \* 9)]/10. * 11th character is the Medicare code   Invalid codes:   * special characters (for example, $, #) * alphabetic characters * zero-filled | | |
| Permissible values | Value | Meaning | |
|  | N(11) | The client’s Medicare number and code, issued by Medicare Australia. | |
| Supplementary values | Value | Meaning | |
|  | 8 | no Medicare card | |
|  | 9 | not stated/inadequately described | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory | | |
| Collection and usage attributes | | | |
| Guide for use  *Medicare code* | Medicare  3256112837   1. Jane A Citizen 2. John A Citizen   Valid to 08/09  *Medicare number*  Medicare number from the Medicare card, the eleventh character being the Medicare code (the number printed on the Medicare card, to the left of the printed name of the person). | | |
| *Source and reference attributes* | | | |
| Definition source | METeOR | | |
| Definition source identifier | 270101 Person—government funding identifier, Medicare card number N(11) | | |
| Value domain source | METeOR | | |
| Value domain identifier | Based on 270694 Medicare card number identifier N(11) | | |
| *Relational attributes* | | | |
| Related concepts | Client | | |
| Related data elements | Client-individual health identifier | | |
| Edit/validation rules | C21 Medicare code is zero and age is not less than 1 | | |
|  | AOD2 cannot be null  AOD157 value must be “8”, “9” or 11 characters long  AOD9 numeric only | | |
| Other related information |  | | |

### Client—mental health diagnosis—N[N]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Identifying and definitional attributes | | | | |
| Definition | Whether the client has been diagnosed by a mental health practitioner as having a mental health diagnosis, excluding those due to psychoactive substance use | | | |
| Value domain attributes | | | | |
| Representational attributes | | | | |
| Representation class | Code | | Data type | Number |
| Format | N[N] | | Maximum character length | 2 |
| Permissible values | Value | | Meaning | |
|  | 0 | | No mental health diagnosis | |
|  | 1 | | F00-F09 Organic, including symptomatic, mental disorders | |
|  | 2 | | F20-F29 Schizophrenia, schizotypal and delusional disorders | |
|  | 3 | | F30-F39 Mood [affective] disorders | |
|  | 4 | | F40-F48 Neurotic, stress-related and somatoform disorders | |
|  | 5 | | F50-F59 Behavioural syndromes associated with physiological disturbances and physical factors | |
|  | 6 | | F60-F69 Disorders of adult personality and behaviour | |
|  | 7 | | F70-F79 Mental retardation | |
|  | 8 | | F80-F89 Disorders of psychological development | |
|  | 9 | | F90-F98 Behavioural and emotional disorders with onset usually occurring in childhood and adolescence | |
|  | 10 | | F99-F99 Unspecified mental disorder | |
| Supplementary values | ***Value*** | | ***Meaning*** | |
|  | 99 | | not stated/inadequately described | |
| Data element attributes | | | | |
| Reporting attributes | | | | |
| Reporting requirements | Mandatory | | | |
| Collection and usage attributes | | | | |
| Guide for use | Reporting of Mental Health diagnosis is mapped to a code based on block levels within the Mental and Behavioural disorder chapter of ICD10.  Example – Treatment Services receives confirmation that client has a Diagnosis of “Post Traumatic Stress Disorder”. ICD10 code is “F43.1”. F43.1 falls within “F40-F48 Neurotic, stress-related and somatoform disorders” so VADC code to be reported is 4.  Note, F10-F19 Mental and behavioural disorders due to psychoactive substance use are not to be reported. | | | |
| Code 0 | Use this code where it is reported that the client does NOT have a mental health diagnosis | | |
| Code 10 | Should use this code when mental health diagnosis is confirmed but specific diagnosis is unknown | | |
| Code 99 | Should use this code when unable to obtain this information, or is unknown | | |
| Source and reference attributes | | | | |
| Definition source | Department of Health and Human Services | | | |
| Definition source identifier |  | | | |
| Value domain source | Based on block level structure of Chapter V Mental and Behavioural Disorders as defined within International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10)-WHO Version:2016 | | | |
| Value domain identifier | Based on <http://apps.who.int/classifications/icd10/browse/2016/en#/V> | | | |
| Relational attributes | | | | |
| Related concepts | Client | | | |
| Related data elements | Client-acquired brain injury | | | |
|  | Outcomes-K10 Score | | | |
| Edit/validation rules | AOD0 value not in codeset for reporting period  AOD2 cannot be null | | | |
| Other related information |  | | | |

### Client—need for interpreter services—N

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | Whether an interpreter service is required by or for the client | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
|  | 1 | interpreter services required | |
|  | 2 | interpreter services not required | |
| Supplementary values | Value | Meaning | |
|  | 9 | not stated/inadequately described | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory | | |
| Collection and usage attributes | | | |
| Guide for use | |  |  | | --- | --- | | Code 1 | Use this code where interpreter services are required. The interpreter service relates to language, including verbal language, nonverbal language and languages other than English. Persons requiring interpreter services for any form of sign language should be coded as ‘interpreter required’ | | Code 2 | Use this code where interpreter services are not required | | Code 9 | Should only be used when interpreter services requirement is unknown, or unable to be attained | | | |
| Source and reference attributes | | | |
| Definition source | METeOR | | |
| Definition source identifier | 304294 Person—interpreter service required, yes/no, Code N | | |
| Value domain source | METeOR | | |
| Value domain identifier | Based on 270732 yes/no, Code N | | |
| Relational attributes | | | |
| Related concepts | Client | | |
| Related data elements | Client—country of birth | | |
|  | Client—Indigenous status | | |
|  | Client—preferred language | | |
|  | Client—refugee status | | |
| Edit/validation rules | C47 preferred language is English yet stated as needing interpreter | | |
|  | AOD0 value not in codeset for reporting period  AOD2 cannot be null | | |
| Other related information |  | | |

### Client—postcode—NNNN

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Identifying and definitional attributes | | | | |
| Definition | The Australian numeric descriptor for the postal delivery area aligned with locality, suburb or place the client resides at | | | |
| Value domain attributes | | | | |
| Representational attributes | | | | |
| Representation class | Identifier | Data type | | Number |
| Format | NNNN | Maximum character length | | 4 |
| Permissible values instructions | Refer to [DHHS](https://www2.health.vic.gov.au/about/publications/researchandreports/postcode-locality-reference) for a full list of valid postcodes | | | |
| Supplementary values | ***Value*** | | ***Meaning*** | |
|  | 0097 | | NFA (No Fixed Abode or not applicable) | |
|  | 0099 | | not stated/inadequately described | |
| Data element attributes | | | | |
| Reporting attributes | | | | |
| Reporting requirements | Mandatory | | | |
| Collection and usage attributes | | | | |
| Guide for use | All postcodes must be represented using four digits. Any three-digit postcodes should include a leading zero (see the Darwin example below).  **Examples:**   |  |  | | --- | --- | | ***Code*** | ***Description*** | | 3056 | postcode for BRUNSWICK, VIC | | 0800 | postcode for DARWIN, NT | | 0097 | Should be used for client’s that are homeless. Use locality ‘NFA’. | | 0099 | Should be used for not stated not described. Use locality ‘NS\_ID’ | | | | |
| Source and reference attributes | | | | |
| Definition source | Department of Health and Human Services | | | |
| Definition source identifier | ABS National Locality Index (Cat. No. 1252) (DHHS modified) | | | |
| Value domain source | Department of Health and Human Services | | | |
| Value domain identifier | [DHHS Postcode locality reference file](https://www2.health.vic.gov.au/about/publications/researchandreports/postcode-locality-reference). Refer to Large Value Domains 7.5. | | | |
| Relational attributes | | | | |
| Related concepts | Client | | | |
| Related data elements | Client—locality name | | | |
| Edit/validation rules | AOD0 value not in codeset for reporting period  AOD2 cannot be null  AOD16 incorrect combination of postcode and locality name | | | |
| Other related information | METeOR: Address–Australian postcode, code (Postcode datafile) NNNN – 611398  METeOR: Address–Australian postcode, code (Postcode datafile) NNNN - 611391 | | | |

### Client—preferred language—NNNN

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The language (including sign language) most preferred by the client for communication | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | NNNN | Maximum character length | 4 |
| Permissible values instructions | Refer to Appendix 7.5: Large-value domains. The use of different styles indicates the hierarchies within the codeset.  Examples from the list hierarchy to Level 3: | | |
| Permissible values | Value | Meaning | |
|  | 1000 | NORTHERN EUROPEAN LANGUAGES | |
|  | ***1100*** | ***Celtic*** | |
|  | 1101 | Gaelic (Scotland) | |
|  | 1102 | Irish | |
|  | 1103 | Welsh | |
|  | 1199 | Celtic, nec | |
|  | ***1200*** | ***English*** | |
|  | 1201 | English | |
|  | NNNN | and so on | |
| Supplementary values | ***Value*** | ***Meaning*** | |
|  | 0000 | inadequately described | |
|  | 0002 | not stated | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory | | |
| Collection and usage attributes | | | |
| Guide for use | The Australian Standard Classification of Languages (ASCL) has a three-level hierarchical structure. The most detailed level of the classification consists of base units (languages) which are represented by four-digit codes. The second level of the classification comprises narrow groups of languages (the Narrow group level), identified by the first two digits. The most general level of the classification consists of broad groups of languages (the Broad group level) and is identified by the first digit. The classification includes Australian Indigenous languages and sign languages.  Preferred language should be captured at the most appropriate detailed level based on the information given by the client. | | |
| Source and reference attributes | | | |
| Definition source | METeOR | | |
| Definition source identifier | Based on 659407 Person-preferred language, code (ASCL 2016) N{NNN} | | |
| Value domain source | METeOR | | |
| Value domain identifier | Based on 659404 Language code (ASCL 2016) N{NNN} | | |
| Relational attributes | | | |
| Related concepts | Client | | |
| Related data elements | Client—country of birth | | |
|  | Client—need for interpreter services | | |
|  | Client—refugee status | | |
|  | Event—Indigenous status | | |
| Edit/validation rules | C46 Aboriginal and/or Torres Strait Islander and preferred language mismatch | | |
|  | C47 preferred language is English yet stated as needing interpreter  AOD0 value not in codeset for reporting period  AOD2 cannot be null | | |
| Other related information |  | | |

### Client—refugee status—N

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The current refugee status of the client | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
|  | 1 | client is a current refugee | |
|  | 2 | client is not a current refugee | |
|  | 3 | client is currently an asylum seeker | |
| Supplementary values | Value | Meaning | |
|  | 9 | not stated/inadequately described | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory | | |
| Collection and usage attributes | | | |
| Guide for use | Refugee status is determined by the Australian Government Department of Immigration and Multicultural Affairs and relates to people who are subject to persecution in their home country and have been identified in conjunction with the United Nations High Commissioner for Refugees (UNHCR) as in need of resettlement (Population Flows: Immigration Aspects, 2004–05 Edition).   |  |  | | --- | --- | | Code 1 | To be used if client currently is a refugee.  A refugee is a person who is outside their country of origin (or habitual residence in the case of stateless persons) and who, owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinion, is unable or unwilling to avail themselves of the protection to which they are entitled | | Code 2 | To be used when client is not currently a refugee | | Code 3 | To be used if the person seeking protection as a refugee is still waiting to have his/her claim assessed  An asylum seeker is deemed to be any person who:  has a current request for protection which is being assessed by the Commonwealth Government or being deemed by the Commonwealth not to be a person owed protection, is seeking either a judicial review (through the courts) or is making a humanitarian claim (to Commonwealth minister) for residence | | Code 9 | Should be used when refugee status is unknown or unable to be attained | | | |
| Source and reference attributes | | | |
| Definition source | Refugee Status, [*2006–09 Primary Health Multi-Purpose Report*](http://www.health.vic.gov.au/communityhealth/downloads/mpr_spec.pdf) (version 3), p. 8 | | |
| Definition source identifier | not applicable | | |
| Value domain source | Based on Refugee Status, [*2006–09 Primary Health Multi-Purpose Report*](http://www.health.vic.gov.au/communityhealth/downloads/mpr_spec.pdf)(version 3), p. 21 | | |
| Value domain identifier | Not applicable | | |
| Relational attributes | | | |
| Related concepts | Client | | |
| Related data elements | Client-preferred language | | |
|  | Client-need for interpreter services | | |
|  | Client-country of birth | | |
| Edit/validation rules | AOD0 value not in codeset for reporting period  AOD2 cannot be null | | |
|  | AOD19 client cannot be a refugee and country of birth = Australia | | |
|  | AOD20 client cannot be a refugee and Aboriginal and/or Torres Strait Islander | | |
| Other related information |  | | |

### Client—sex at birth—N

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The sex of the client at birth | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
|  | 1 | male | |
|  | 2 | female | |
|  | 3 | other | |
| Supplementary values | Value | Meaning | |
|  | 9 | not stated/inadequately described | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory | | |
| Collection and usage attributes | | | |
| Guide for use | A person’s sex may change during their lifetime as a result of procedures known as sex change, gender reassignment, transsexual surgery, transgender reassignment or sexual reassignment, however this data element is only concerned with the sex recorded at birth.  For those classified as ‘Indeterminate’ at birth, that were born with ambiguous genitalia, where the biological sex, even following genetic testing, could not be determined, at an infant age less than 90 days; the sex at birth should be the sex recorded once the infant sex had been determined.   |  |  | | --- | --- | | Code 3 | Persons who have mixed or non-binary biological characteristics (if known), or a non-binary sex assigned at birth.  The value meaning of 'Other' has been assigned to Code 3 for this value domain, which replaces 'Intersex or indeterminate' for the superseded value domain [Sex code N](javascript:void(0);). Terms such as 'indeterminate', 'intersex', 'non-binary', and 'unspecified' are variously used to describe the 'Other' category of sex. The label 'Other' is used because a more descriptive term has not been widely agreed within the general community.  Sex refers to the chromosomal, gonadal and anatomical characteristics associated with biological sex. Where there is an inconsistency between anatomical and chromosomal characteristics, sex is based on anatomical characteristics | | Code 9 | Should be used when the sex at birth is unknown, or not stated | | | |
| Source and reference attributes | | | |
| Definition source | METeOR | | |
| Definition source identifier | Based on [Person–sex, code X - 635126](javascript:void(0);) | | |
| Value domain source | Australian Bureau of Statistics 2016 | | |
| Value domain identifier | [Standard for Sex and Gender Variables](http://abs.gov.au/ausstats/abs@.nsf/latestProducts/1200.0.55.012Media%20Release12016)  [Sex code X - 635128](javascript:void(0);) | | |
| Relational attributes | | | |
| Related concepts | Client | | |
|  | Record linkage | | |
| Related data elements | Client—statistical linkage key | | |
|  | Client-gender identity | | |
| Edit/validation rules | C48 sex should not be unknown | | |
|  | AOD0 value not in codeset for reporting period  AOD2 cannot be null | | |
| Other related information | [AustralianGovernmentGuidelinesfontheRecognitionofSexandGender](https://www.ag.gov.au/Publications/Documents/AustralianGovernmentGuidelinesontheRecognitionofSexandGender/AustralianGovernmentGuidelinesontheRecognitionofSexandGender.PDF) | | |

### Client—statistical linkage key 581 (SLK) - AAAAADDMMYYYYN

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Identifying and definitional attributes | | | | | | |
| Definition | | | A key that enables two or more records belonging to the same client to be brought together | | | |
| Value domain attributes | | | | | |
| Representational attributes | | | | | |
| Representation class | | Code | Data type | String | | |
| Format | | AAAAADDMMYYYYN | Maximum character length | 14 | | |
| Permissible values | | Value | Meaning | | | |
|  | | characters 1–3 | 2nd, 3rd and 5th letters of family name/surname | | | |
|  | | characters 4–5 | 2nd and 3rd letters of first name/given name | | | |
|  | | characters 6–13 | date of birth | | | |
|  | | characters 14 | sex at birth code | | | |
| Data element attributes | | | | | | |
| Reporting attributes | | | | |
| Reporting requirements | Mandatory | | |
| Collection and usage attributes | | | | | | |
| Guide for use | | | The statistical linkage key should be generated using the second, third and fifth characters of a person’s family name, the second and third letters of the person’s given name, the day, month and year when the person was born and the sex of the person, concatenated in that order.  When the client’s first name or surname is three letters or less in length, use the number 2 instead.  Example: Ms Jane To, born 3/12/1980 has the SLK of O22AN031219802  If date of birth is not known or cannot be obtained, provision should be made to collect or estimate age. Collected or estimated age would usually be in years for adults and to the nearest three months (or less) for children aged less than two years. Additionally, a date accuracy indicator should be reported in conjunction with all estimated dates of birth.  Default for missing SLK values is 99999010119009, only to be used if Date of birth is equal to ‘01011900’.  SLK should be updated for VADC data submissions where a correction is made to a DOB, Sex at birth, or client first name or last name. | | | |
| Source and reference attributes | | | | | | |
| Definition source | | | METeOR | | | |
| Definition source identifier | | | 349895 Record—linkage key, code 581 XXXXXDDMMYYYYN | | | |
| Value domain source | | | METeOR | | | |
| Value domain identifier | | | 349887 Linkage code 581 XXXXXDDMMYYYYN | | | |
| Relational attributes | | | | | | |
| Related concepts | | | Client | | | |
| Related data elements | | | Client—date of birth | | | |
|  | | | Client—date of birth accuracy | | | |
|  | | | Client—sex at birth | | | |
| Edit/validation rules | | | AOD2 cannot be null | | | |
|  | | | AOD23 IHI present with no SLK | | | |
|  | | | AOD24 SLK present with no IHI | | | |
|  | | | AOD25 SLK applied to multiple clients  AOD158 value must be 14 characters long | | | |
| Other related information | | |  | | | |

## Contact

### Contact—contact date-DDMMYYYYHHMM

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Identifying and definitional attributes | | | | | | |
| Definition | | | The date and time of service contact between an AODT service provider and a client/potential client and their family members or significant others | | | |
| Value domain attributes | | | | | |
| Representational attributes | | | | | | |
| Representation class | | | Date/time | | Data type | Date/time |
| Format | | | DDMMYYYYHHMM | | Maximum character length | 12 |
| Data element attributes | | | | | | |
| Reporting attributes | | | | |
| Reporting requirements | | Mandatory | | |
| Collection and usage attributes | | | | | | |
| Guide for use | | | Record the date and time of each service contact, including those where multiple visits are made on one day (except where the visits may be regarded as a continuation of the one service contact).  If the contact is the first contact associated with a presentation, assessment, treatment, support or review service event which is provided to the client, this date will be the same day, month and year as that of the event start date.  Contacts received via asynchronous methods e.g. email, written, the contact date will be the date of the service provider response. | | | |
| Source and reference attributes | | | | |
| Definition source | | | METeOR | | | |
| Definition source identifier | | | Based on Service contact–service contact date, DDMMYYYY - 270122 | | | |
| Value domain source | | | METeOR | | | |
| Value domain identifier | | | Based on [Date DDMMYYYY - 270566](javascript:void(0);) | | | |
| Relational attributes | | | | |
| Related concepts | | | Contact  Event | | | |
| Related data elements | | | Event-start date | | | |
| Edit/validation rules | | | AOD0 value not in codeset for reporting period  AOD2 cannot be null | | | |
|  | | | AOD5 date cannot be in future | | | |
|  | | | AOD6 date earlier than client’s date of birth | | | |
|  | | | AOD7 date earlier than event start date | | | |
|  | | | AOD8 date later than associated event end date  AOD134 date cannot be null and must be in DDMMYYYYHHMM format | | | |
| Other related information | | |  | | | |

### Contact—contact duration-N[N][N]

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The duration of contact (in minutes) between the AODT service provider and the client/potential client and their family members or significant others | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Total | Data type | Number |
| Format | N[N][N] | Maximum character length | 3 |
| Permissible values | Value | Meaning | |
|  | >=0 and <=999 | value greater than or equal to zero and less than or equal to 999 minutes | |
| Data element attributes | | | |
| |  |  | | --- | --- | | Reporting attributes | | | Reporting requirements | Mandatory | | | | |
| Collection and usage attributes | | | |
| Guide for use | The total time from the start to finish of a contact in minutes. This should be the duration reported in minutes of a single contact. This should be recorded for each client/person, regardless of the number of other patients/clients or third parties participating in the contact with the service provider e.g. group contact.  Exclusions that should not be included in the total duration are; writing up details of service contacts, referrals, travel to or from the location where the service is provided e.g. outreach.  Contact durations for contacts that are made in writing, email, internet/online, should be the time from start to finish it takes for the service provider to respond excluding interruptions which occurred while providing the written response. | | |
| Source and reference attributes | | | |
| Definition source | Department of Health and Human Services | | |
| Definition source identifier |  | | |
| Value domain source | METeOR | | |
| Value domain identifier | [Total minutes NNN - 286680](javascript:void(0);) | | |
| Relational attributes | | | |
| Related concepts | Contact | | |
|  | Direct time | | |
|  | Service event | | |
| Related data elements | Contact-contact method | | |
| Edit/validation rules | AOD2 cannot be null  AOD9 numeric only  AOD153 value must be 0 to 999 | | |
| Other related information |  | | |

### Contact—contact type-N

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The type of contact that was made | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
|  | 1 | individual | |
|  | 2 | group | |
| Supplementary values | ***Value*** | ***Meaning*** | |
|  | 9 | not stated/inadequately described | |
| Data element attributes | | | |
| |  |  | | --- | --- | | Reporting attributes | | | Reporting requirements | Mandatory | | | | |
| Collection and usage attributes | | | |
| Guide for use | Report the type of contact between an AODT service provider and a client/potential client and their family members or significant others.  Every contact should be related to a service event that involved an individual or a group.   |  |  | | --- | --- | | Code 1 | Individual - Contact is with/about a sole client.  Includes:  -Where client and their family members are present during the contact, and family members are not clients.  -Where multiple AODT clinicians are concurrently providing a contact to a sole client present.  - Contact about a sole client, where client is not present ie. Clinician(s) to clinician(s) | | Code 2 | Group - With one or more participants who all have concurrent treatment in a group setting. | | | |
| Source and reference attributes | | | |
| Definition source | METeOR | | |
| Definition source identifier | Based on Contact Type Indicator - N - CHMDS - DE - 10005720 | | |
| Value domain source | METeOR | | |
| Value domain identifier | [Contact Type Indicator - N - CHMDS - VD - 10005721](javascript:void(0);) | | |
| Relational attributes | | | |
| Related concepts | Contact | | |
| Related data elements | Contact-number of facilitators present | | |
|  | Contact-number of service recipients | | |
| Edit/validation rules | AOD0 value not in codeset for reporting period  AOD2 cannot be null | | |
|  | AOD26 group contact with less than two service recipients | | |
|  | AOD27 individual contact with more than one service recipient | | |
| Other related information |  | | |

### Contact—contact method—N

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The method in which the contact between an AODT service provider and a client/potential client and their family members or significant others occurred | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
|  | 1 | In person | |
|  | 2 | Telephone | |
|  | 3 | Written | |
|  | 4 | Email | |
|  | 5 | Teleconference/Video Link | |
|  | 6 | Internet/Online Form | |
| Supplementary values | Value | Meaning | |
|  | 9 | not stated/inadequately described | |
| Data element attributes | | | |
| |  |  | | --- | --- | | Reporting attributes | | | Reporting requirements | Mandatory | | | | |
| Collection and usage attributes | | | |
| Guide for use | |  |  | | --- | --- | | Code 3 | Should be used for written letters received by the Service Provider.  Exclusions:   * written documents that are received in a face to face contact with the Service Provider * written referrals should not be recorded as contacts, but as referrals | | Code 6 | Should be used when contact is made via the Web e.g. submitting an online form, entering information onto a blog, chatting online with provider, social networking account of service provider. An example of this is a Client who completes their intake Screen using an online form, prior to their Assessment appointment | | Code 9 | Should be used when contact method is unknown or not stated | | | |
| Source and reference attributes | | | |
| Definition source | METeOR | | |
| Definition source identifier | Based on Referral–contact method, code N - 323145 | | |
| Value domain source | METeOR | | |
| Value domain identifier | Based on [Contact method code N - 270628](javascript:void(0);) | | |
| Relational attributes | | | |
| Related concepts | Contact | | |
| Related data elements | Contact-duration | | |
|  | Contact-type | | |
| Edit/validation rules | AOD0 value not in codeset for reporting period  AOD2 cannot be null | | |
| Other related information |  | | |

### Contact—relationship to client—N

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | Relationship of the contact service recipient to the drug or alcohol user | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
|  | 0 | self (person of concern) | |
|  | 1 | spouse/partner | |
|  | 2 | parent/step-parent | |
|  | 3 | child/step-child | |
|  | 4 | sibling | |
|  | 5 | friend/neighbour | |
|  | 6 | employer | |
|  | 7 | health and welfare professionals | |
| Supplementary values | ***Value*** | ***Meaning*** | |
|  | 8 | other | |
|  | 9 | not stated/inadequately described | |
| Data element attributes | | | |
| |  |  | | --- | --- | | Reporting attributes | | | Reporting requirements | Mandatory | | | | |
| Collection and usage attributes | | | |
| Guide for use | |  |  | | --- | --- | | Code 0 | Person of concern | | Code 7 | Should be used for contacts by health and welfare professionals including secondary consultations | | Code 8 | Should be used for other categories of contacts e.g. teacher, work colleagues | | Code 9 | Should be used when unknown or not stated | | | |
| Source and reference attributes | | | |
| Definition source | Department of Health and Human Services | | |
| Definition source identifier |  | | |
| Value domain source | METeOR | | |
| Value domain identifier | Based on 270639 Relationship code N | | |
| Relational attributes | | | |
| Related concepts | Contact | | |
| Related data elements | Contact-number of service recipients | | |
| Edit/validation rules | AOD0 value not in codeset for reporting period  AOD2 cannot be null  AOD68 invalid outcome since client registered is not person of concern (self)  AOD126 maltreatment code and client is not the person of concern  AOD127 no maltreatment code and client is the person of concern | | |
| Other related information |  | | |

### Contact—number facilitators present—N[N]

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | A total number of facilitators present at this contact | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Total | Data type | Number |
| Format | N[N] | Maximum character length | 2 |
| Permissible values | Value | Meaning | |
|  | >0 and <99 | value greater than zero and less than 99 | |
| Supplementary values | Value | Meaning | |
|  | 99 | not stated/inadequately described | |
| Data element attributes | | | |
| |  |  | | --- | --- | | Reporting attributes | | | Reporting requirements | Conditional-  Mandatory when contact type is “Group” | | | | |
| Collection and usage attributes | | | |
| Guide for use | Only report for Group contacts  Number of facilitators should be appropriate for the size of the group contact.  This should not include if other specialists are brought in for opinion/secondary consultation e.g. Acquired brain injury (ABI) resource workers.  Use null when Contact Type is NOT “Group” | | |
| Source and reference attributes | | | |
| Definition source | Department of Health and Human Services | | |
| Definition source identifier |  | | |
| Value domain source |  | | |
| Value domain identifier |  | | |
| Relational attributes | | | |
| Related concepts | Contact | | |
| Related data elements | Contact-contact type | | |
| Edit/validation rules | AOD130 number of facilitators reported for individual contact | | |
|  | AOD133 invalid number of staff | | |
| Other related information |  | | |

### Contact—number service recipients—N[N]

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | A total number of client service recipients present at this contact | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Total | Data type | Number |
| Format | N[N] | Maximum character length | 2 |
| Permissible values | Value | Meaning | |
|  | >=0 and <99 | value greater than or equal to zero and less than 99 | |
| Supplementary values | Value | Meaning | |
|  | 99 | not stated/inadequately described | |
| Data element attributes | | | |
| |  |  | | --- | --- | | Reporting attributes | | | Reporting requirements | Conditional-  Mandatory when contact type is “Group” | | | | |
| Collection and usage attributes | | | |
| Guide for use | Only report for Group contacts.  This should not include family members that have come along to support the client/potential client, unless they are also being serviced as a client.  Use null when Contact Type is NOT “Group” | | |
| Source and reference attributes | | | |
| Definition source | Department of Health and Human Services | | |
| Definition source identifier |  | | |
| Value domain source |  | | |
| Value domain identifier |  | | |
| Relational attributes | | | |
| Related concepts | Contact | | |
| Related data elements | Contact-contact type | | |
|  | Contact-number facilitators present | | |
| Edit/validation rules | AOD26 group contact with less than two service recipients | | |
|  | AOD131 number of service recipients reported for individual contact  AOD132 invalid number of attendees | | |
| Other related information |  | | |

## Drug Concern

Drugs of concern should only be reported when related to the client’s own alcohol and drug use. When the Drug Concern group of attributes is reported, note that every attribute is mandatory. Refer to Section 4.2.3 Drug of concern for more detail.

### Drug Concern—date last use—DDMMYYYY

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The date on which a client last used the drug of concern | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Date | Data type | Date/time |
| Format | DDMMYYYY | Maximum character length | 8 |
| Data element attributes | | | |
| |  |  | | --- | --- | | Reporting attributes | | | Reporting requirements | Mandatory when drug of concern is related to client’s own alcohol and drug use | | | | |
| Collection and usage attributes | | | |
| Guide for use | Only report where drug of concern is related to the client’s own alcohol and drug use. For clients whose treatment is related to the alcohol and other drug use of another person, this metadata item should not be collected. When date of last use is unknown, report as “01011900”. | | |
| Source and reference attributes | | | |
| Definition source | METeOR | | |
| Definition source identifier |  | | |
| Value domain source | METeOR | | |
| Value domain identifier | [Date DDMMYYYY - 270566](javascript:void(0);) | | |
| Relational attributes | | | |
| Related concepts | Outcome | | |
|  | Principal concern | | |
| Related data elements | Drug Concern-Drug name | | |
| Edit/validation rules | AOD2 cannot be null  AOD5 date cannot be in the future | | |
|  | AOD6 date earlier than client's date of birth  AOD78 days injected and date last use is greater than four weeks ago  AOD79 days injected is zero and date last use is within last four weeks | | |
|  | AOD108 no frequency last 30 days when date of last use was within last 30 days | | |
|  | AOD109 frequency last 30 days when date of last use was not within last 30 days  AOD142 date after client review date | | |
| Other related information |  | | |

### Drug Concern—drug name—NNNN

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The drug of concern of the registered client | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | NNNN | Maximum character length | 4 |
| Permissible values | Value | Meaning | |
|  | 2101 | Alcohol | |
|  | 3100 | Amphetamines Unspecified | |
|  | 2400 | Benzodiazepines Unspecified | |
|  | 3901 | Caffeine | |
|  | 3201 | Cannabis | |
|  | 3903 | Cocaine | |
|  | 1202 | Heroin | |
|  | 3405 | MDMA (includes ecstasy) | |
|  | 3103 | Methamphetamine (includes ice, speed) | |
|  | 1305 | Methadone | |
|  | 3906 | Nicotine | |
|  | The ASCDC (2011) code set | Other Substance: Specify the ASCDC four-digit code representing drug of concern.  Refer to Appendix 7.5: Large-value domains. | |
| Supplementary values | Value | Meaning | |
|  | 0000 | Inadequately Described | |
|  | 0001 | Not Stated | |
|  | 0005 | Opioid analgesics not further defined | |
|  | 0006 | Psychostimulants not further defined | |
| Data element attributes | | | |
| |  |  | | --- | --- | | Reporting attributes | | | Reporting requirements | Mandatory when drug of concern is related to client’s own alcohol and drug use | | | | |
| Collection and usage attributes | | | |
| Guide for use | Only report where drug of concern, is related to the client’s own alcohol and drug use. For clients whose treatment is related to the alcohol and other drug use of another person, this metadata item should not be collected.  The Australian Standard Classification of Drugs of Concern (ASCDC) provides a number of supplementary codes that have specific use and these are detailed within the ASCDC, e.g. 0000 = inadequately described.  ‘9000 miscellaneous drug of concern’ supplementary code should only be used as principal drug of concern where the client does not have any discernible precise drugs of concern.  Other supplementary codes that are not already specified in the ASCDC may be used in National Minimum Data Sets (NMDS) when required.  In the Alcohol and other drug treatment service NMDS, two additional supplementary codes have been created which enable a finer level of detail to be captured:   |  |  | | --- | --- | | Code 0005 | Opioid analgesics not further defined | | This code is to be used when it is known that the client's principal drug of concern is an opioid, but the specific opioid used is not known. The existing code 1000 combines opioid analgesics and non-opioid analgesics together into Analgesics nfd and the finer level of detail, although known, is lost. | | Code 0006 | Psychostimulants not further defined | | This code is to be used when it is known that the client's principal drug of concern is a psychostimulant but not which type. The existing code 3000 combines stimulants and hallucinogens together into Stimulants and hallucinogens nfd and the finer level of detail, although known, is lost.  Psychostimulants refer to the types of drugs that would normally be coded to 3100-3199, 3300-3399 and 3400-3499 categories plus 3903 and 3905. | | | |
| Source and reference attributes | | | |
| Definition source | Australian Bureau of Statistics | | |
| Definition source identifier | http://www.abs.gov.au/ausstats/abs@.nsf/ | | |
| Value domain source | Drugs of Concern (1248.0 - Australian Standard Classification of Drugs of Concern, 2011) | | |
| Value domain identifier | http://www.abs.gov.au/ausstats/abs@.nsf/mf/1248.0 | | |
| Relational attributes | | | |
| Related concepts | Outcome | | |
| Related data elements | Event-presenting drug of concern | | |
| Edit/validation rules | AOD2 cannot be null | | |
|  | AOD113 cannot have two identical drugs of concern for same outcome measure | | |
|  | AOD114 only 6 drugs of concern required for same outcome measure | | |
| Other related information |  | | |

### Drug Concern—frequency last 30 days—N

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The frequency of use of the drug of concern by the client over the last 30 days | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
|  | 0 | none | |
|  | 1 | monthly or less | |
|  | 2 | two to four times a month | |
|  | 3 | two to three times a week | |
|  | 4 | four or more times a week | |
| Supplementary values | Value | Meaning | |
|  | 9 | not stated/inadequately described | |
| Data element attributes | | | |
| |  |  | | --- | --- | | Reporting attributes | | | Reporting requirements | Mandatory when drug of concern is related to client’s own alcohol and drug use | | | | |
| Collection and usage attributes | | | |
| **Guide for use** | Only report where drug of concern, is related to the client’s own alcohol and drug use. For clients whose treatment is related to the alcohol and other drug use of another person, this metadata item should not be collected. The last 30 days should include the Outcomes-client review date.  Where drug of Concern is Alcohol, report as listed on the AUDIT questionnaire.  For other drugs, if frequency is measured in days used in past four weeks, map as:  Monthly or less = Used 1 day in the last 4 weeks  2-4 times a month = Used 2 - 4 days in the last 4 weeks  2-3 times a week = Used 5 – 12 days in the last 4 weeks  4 or more times a week = Used 13 days or more times in the last 4 weeks | | |
| Source and reference attributes | | | |
| Definition source | Department of Health and Human Services | | |
| Definition source identifier |  | | |
| Value domain source | World Health Organisation - The Alcohol Use Disorders Identification Test | | |
| Value domain identifier | <http://apps.who.int/iris/bitstream/10665/67205/1/WHO_MSD_MSB_01.6a.pdf>. Appendix B. Self Report Version. | | |
| Relational attributes | | | |
| Related concepts | Outcome | | |
| Related data elements | Drug Concern-volume | | |
|  | Drug Concern-volume unit | | |
|  | Drug Concern-date last use | | |
|  | Outcomes-client review date | | |
| Edit/validation rules | AOD0 value not in codeset for reporting period  AOD2 cannot be null | | |
|  | AOD108 no frequency last 30 days when date of last use was within last 30 days | | |
|  | AOD109 frequency last 30 days when date of last use was not within last 30 days | | |
| Other related information |  | | |

### Drug Concern—method of use—N

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The usual method of administering the drug of concern | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
|  | 1 | ingests (swallows) | |
|  | 2 | smokes | |
|  | 3 | injects | |
|  | 4 | sniffs (powder) | |
|  | 5 | inhales (vapour) | |
|  | 6 | other | |
| Supplementary values | Value | Meaning | |
|  | 7 | multiple indicated | |
|  | 9 | not stated/inadequately described | |
| Data element attributes | | | |
| |  |  | | --- | --- | | Reporting attributes | | | Reporting requirements | Mandatory when drug of concern is related to client’s own alcohol and drug use | | | | |
| Collection and usage attributes | | | |
| Guide for use | Only report where drug of concern is related to the client’s own alcohol and drug use. For clients whose treatment is related to the alcohol and other drug use of another person, this metadata item should not be collected.   |  |  | | --- | --- | | Code 1 | Refers to eating or drinking as the method of administering the drug of concern | | Code 7 | Where multiple methods of use are indicated by the client, but one method does not predominate, this code should be used | | Code 9 | Should be used when drug of concern is related to client’s own alcohol and drug use, however could not obtain the method of use | | | |
| Source and reference attributes | | | |
| Definition source | METeOR | | |
| Definition source identifier | Based on Client–method of drug use (principal drug of concern), code N - 270111 | | |
| Value domain source | METeOR | | |
| Value domain identifier | [Method of drug use code N - 270699](javascript:void(0);) | | |
| Relational attributes | | | |
| Related concepts | Outcome | | |
| Related data elements | Event-presenting drug of concern | | |
|  | Drug Concern-primary concern | | |
| Edit/validation rules | AOD0 value not in codeset for reporting period  AOD2 cannot be null  AOD78 days injected and date last use is greater than four weeks ago  AOD80 no injected last four weeks AND comprehensive assessment or treatment has ended where drug of concern is injecting | | |
|  | AOD111 method of use and volume unit mismatch | | |
| Other related information |  | | |

### Drug Concern—principal concern—N

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | Whether the drug of concern for a registered client was their principal concern | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
|  | 1 | the drug of concern is the clients principal concern | |
|  | 2 | the drug of concern is not the clients principal concern | |
| Supplementary values | Value | Meaning | |
|  | 9 | not stated/inadequately described | |
| Data element attributes | | | |
| |  |  | | --- | --- | | Reporting attributes | | | Reporting requirements | Mandatory when drug of concern is related to client’s own alcohol and drug use | | | | |
| Collection and usage attributes | | | |
| Guide for use | Only report where drug of concern is related to the client’s own alcohol and drug use. For clients whose treatment is related to the alcohol and other drug use of another person, this metadata item should not be collected.  The principal drug of concern should be the main drug of concern to the client and is the focus of the client's treatment. It has led the client to seek treatment from the service.  If the client has been referred into treatment and does not nominate a drug of concern, then the drug involved in the client's referral should be chosen.  Where the client is not able to identify a primary drug of concern, the treatment provider may nominate which drug is causing the most addiction harm to the client based on clinical judgement.  Where the clinician is unable to identify a primary drug of concern due to the patterns of substance taking being chaotic and indiscriminate, or in which the contributions of different substances are inextricably mixed, the principal concern drug should be the most appropriate narrow group supplementary code, ie use the four digit code which end in two zeros, or where that is too specific, use the broad group supplementary code ending in three zeros. ‘9000 miscellaneous drug of concern’ should only be used as principal drug of concern where the client does not have any base level drugs of concerns. | | |
| Source and reference attributes | | | |
| Definition source | Department of Health and Human Services | | |
| Definition source identifier |  | | |
| Value domain source | METeOR | | |
| Value domain identifier | [Yes/no/not stated/inadequately described code N - 301747](javascript:void(0);) | | |
| Relational attributes | | | |
| Related concepts | Outcome | | |
| Related data elements | Drug Concern-drug name | | |
| Edit/validation rules | AOD0 value not in codeset for reporting period  AOD2 cannot be null | | |
|  | AOD112 cannot have two principal concerns | | |
| Other related information |  | | |

### Drug Concern—volume—N[N][N][N]

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | Volume of the drug of concern consumed by the client per day | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Quantity | Data type | Number |
| Format | N[N][N][N] | Maximum character length | 4 |
| Permissible values | Value | Meaning | |
|  | >0 and <9999 | value greater than zero and less than 9999 | |
| Supplementary values | Value | Meaning | |
|  | 9999 | not stated/inadequately described | |
| Data element attributes | | | |
| |  |  | | --- | --- | | Reporting attributes | | | Reporting requirements | Mandatory when drug of concern is related to client’s own alcohol and drug use | | | | |
| Collection and usage attributes | | | |
| Guide for use | Only report where drug of concern, is related to the client’s own alcohol and drug use. For clients whose treatment is related to the alcohol and other drug use of another person, this metadata item should not be collected. | | |
| Source and reference attributes | | | |
| Definition source | Department of Health and Human Services | | |
| Definition source identifier | Based on [https://www2.health.vic.gov.au/alcohol-and-drugs/AOD-treatment-services/pathways-into-AOD-treatment/intake-assessment-for-AOD-treatment](https://www2.health.vic.gov.au/alcohol-and-drugs/aod-treatment-services/pathways-into-aod-treatment/intake-assessment-for-aod-treatment) | | |
| Value domain source |  | | |
| Value domain identifier |  | | |
| Relational attributes | | | |
| Related concepts | Outcome | | |
| Related data elements | Drug Concern-volume unit | | |
| Edit/validation rules | AOD2 cannot be null | | |
|  | AOD9 numeric only  AOD111 method of use and volume unit mismatch  AOD152 value must be 1 to 9999 | | |
| Other related information |  | | |

### Drug Concern—volume unit—N[N]

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | Volume unit of the drug of concern consumed by the client per day | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | N[N] | Maximum character length | 2 |
| Permissible values | Value | Meaning | |
|  | 1 | cones | |
|  | 2 | dosage (mg) | |
|  | 3 | dosage (ml) | |
|  | 4 | dollars | |
|  | 5 | grams | |
|  | 6 | joints | |
|  | 7 | lines | |
|  | 8 | ounces | |
|  | 9 | pills | |
|  | 10 | points | |
|  | 11 | strips | |
|  | 12 | standard drinks | |
|  | 13 | other | |
| Supplementary values | Value | Meaning | |
|  | 99 | not stated/inadequately described | |
| Data element attributes | | | |
| |  |  | | --- | --- | | Reporting attributes | | | Reporting requirements | Mandatory when drug of concern is related to client’s own alcohol and drug use | | | | |
| Collection and usage attributes | | | |
| Guide for use | Only report where drug of concern, is related to the client’s own alcohol and drug use. For clients whose treatment is related to the alcohol and other drug use of another person, this metadata item should not be collected.  Code 13 Should be used when Drug of Concern, volume unit to report is not listed in other categories. | | |
| Source and reference attributes | | | |
| Definition source | Department of Health and Human Services | | |
| Definition source identifier | [https://www2.health.vic.gov.au/alcohol-and-drugs/AOD-treatment-services/pathways-into-AOD-treatment/intake-assessment-for-AOD-treatment](https://www2.health.vic.gov.au/alcohol-and-drugs/aod-treatment-services/pathways-into-aod-treatment/intake-assessment-for-aod-treatment%20) | | |
| Value domain source | Department of Health and Human Services | | |
| Value domain identifier | Based on [https://www2.health.vic.gov.au/alcohol-and-drugs/AOD-treatment-services/pathways-into-AOD-treatment/intake-assessment-for-AOD-treatment](https://www2.health.vic.gov.au/alcohol-and-drugs/aod-treatment-services/pathways-into-aod-treatment/intake-assessment-for-aod-treatment) | | |
| Relational attributes | | | |
| Related concepts | Outcome | | |
| Related data elements | Drug Concern-volume | | |
| Edit/validation rules | AOD0 value not in codeset for reporting period  AOD2 cannot be null | | |
|  | AOD111 method of use and volume unit mismatch | | |
| Other related information |  | | |

## Event

### Event—assessment completed date—DDMMYYYY

|  |  |  |  |
| --- | --- | --- | --- |
| *Identifying and definitional attributes* | | | |
| **Definition** | The date on which a client’s assessment was completed for a treatment service event | | |
| **Value domain attributes** | | | |
| *Representational attributes* | | | |
| **Representation class** | Date | **Data type** | Date/time |
| **Format** | DDMMYYYY | **Maximum character length** | 8 |
| **Data element attributes** | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | *Reporting attributes* | | | **Reporting requirements** | Conditional-  Mandatory at Treatment service event | | | | | |
| *Collection and usage attributes* | | | |
| **Guide for use** | The end date of the client’s assessment for the Treatment Service Event being reported. In the event that there is no assessment for a client that is going through treatment, this date will be 01/01/1900.  If there are more than one Assessment Service Event, this will be the date of the most recent Assessment Service Event. This date directly relates a client’s treatment to their assessment.  Use null for Presentation, Assessment, Support and Review Service Event Types. | | |
| *Source and reference attributes* | | | |
| **Definition source** | METeOR | | |
| **Definition source identifier** |  | | |
| **Value domain source** | METeOR | | |
| **Value domain identifier** | [Date DDMMYYYY - 270566](javascript:void(0);) | | |
| *Relational attributes* | | | |
| **Related concepts** | Service event | | |
| **Related data elements** |  | | |
| **Edit/validation rules** | AOD4 date must be in DDMMYYYY format | | |
|  | AOD5 date cannot be in the future | | |
|  | AOD6 date earlier than client's date of birth | | |
|  | AOD30 service event mismatch, not treatment | | |
|  | AOD41 date later than event start date | | |
| **Other related information** |  | | |

### Event—course length—N

|  |  |  |  |
| --- | --- | --- | --- |
| *Identifying and definitional attributes* | | | |
| **Definition** | The length of a treatment service event | | |
| **Value domain attributes** | | | |
| *Representational attributes* | | | |
| **Representation class** | Code | **Data type** | Number |
| **Format** | N | **Maximum character length** | 1 |
| **Permissible values** | ***Value*** | ***Meaning*** | |
|  | 1 | standard | |
|  | 2 | extended | |
| **Supplementary values** | ***Value*** | ***Meaning*** | |
|  | 8 | not applicable | |
|  | 9 | not stated/inadequately described | |
| **Data element attributes** | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | *Reporting attributes* | | | **Reporting requirements** | Conditional-  Mandatory for Treatment service events with service stream of Counselling, Non-Residential Withdrawal, Residential Rehabilitation, Therapeutic Day Rehabilitation, Residential Withdrawal or Care and Recovery Coordination | | | | | |
| *Collection and usage attributes* | | | |
| **Guide for use** | Refer to Section 4.2.5, regarding inclusion/exclusion Service Streams.  Use null for Presentation, Assessment, Support and Review Service Event Types.   |  |  | | --- | --- | | Code 1 | Should be used for short or “standard” length | | Code 2 | Should be used for long, or “complex” treatment that is extended past the standard length of treatment  Includes where length of residential length of stay is:  >10 days for funding source codes 119,120,121  > 90 days for funding source codes 126,127  > 160 days for funding source codes 106,125,128 | | Code 8 | Should be used for service events which are not listed as requiring a course length attribute in Section 4.2.5 | | Code 9 | Should be used if course length is relevant to the service stream but is unknown | | | |
| *Source and reference attributes* | | | |
| **Definition source** | Department of Health and Human Services | | |
| **Definition source identifier** |  | | |
| **Value domain source** | Department of Health and Human Services | | |
| **Value domain identifier** |  | | |
| *Relational attributes* | | | |
| **Related concepts** | Service event | | |
| **Related data elements** | Event-service stream | | |
| **Edit/validation rules** | AOD0 value not in codeset for reporting period  AOD30 event type mismatch, event type is not treatment | | |
|  | AOD37 course length but not required for combination of funding source and service stream | | |
|  | AOD38 no course length for combination of funding unit and required service stream | | |
|  | AOD170 Residential withdrawal length of stay is over 10 days and the course length element is not reported as complex for applicable residential withdrawal funding source | | |
|  | AOD171 Residential rehabilitation length of stay is over 90 days and the course length element is not complex for applicable residential rehabilitation funding source | | |
|  | AOD172 Residential rehabilitation length of stay is over 160 days and the course length element is not complex for applicable residential rehabilitation funding source | | |
|  | AOD173 Residential withdrawal length of stay is 10 days or less and the course length element is reported as complex when should be reported as standard for applicable residential withdrawal funding source | | |
|  | AOD174 Residential rehabilitation length of stay is 90 days or less and the course length element is reported as complex when should be reported as standard for applicable residential rehabilitation funding source | | |
|  | AOD175 Residential rehabilitation length of stay is 160 days or less and the course length element is reported as complex when should be reported as standard for applicable residential rehabilitation funding source | | |
| **Other related information** |  | | |

### Event—did not attend (DNA)—N[N]

|  |  |  |  |
| --- | --- | --- | --- |
| *Identifying and definitional attributes* | | | |
| **Definition** | A count of how many times a client did not attend | | |
| **Value domain attributes** | | | |
| *Representational attributes* | | | |
| **Representation class** | Count | **Data type** | Number |
| **Format** | N[N] | **Maximum character length** | 2 |
| **Permissible values** | ***Value*** | ***Meaning*** | |
|  | >=0 and <99 | value greater than or equal to zero and less than 99 | |
| **Supplementary values** | ***Value*** | ***Meaning*** | |
|  | 99 | not stated/inadequately described | |
| **Data element attributes** | | | |
| *Reporting attributes* | | | |
| **Reporting requirements** | Conditional –  Mandatory on end of Service events with event type of Assessment or Treatment with the exception of those with Residential service streams.  Only report for Service Delivery settings where appointments are made e.g. not relevant to online screening and assessment tools | | |
| *Collection and usage attributes* | | | |
| **Guide for use** | On each occasion where a registered client does not present to a planned contact for a service event, this is counted as one.  The following non-attendances are not counted as did not attend:   * Appointment has been rescheduled and client has not been notified * Service Provider has ended the service prior to the planned appointment   Use null for Presentation, Support and Review Service Event Types | | |
| *Source and reference attributes* | | | |
| **Definition source** | Department of Health and Human Services | | |
| **Definition source identifier** |  | | |
| **Value domain source** | Department of Health and Human Services | | |
| **Value domain identifier** |  | | |
| *Relational attributes* | | | |
| **Related concepts** | Service event | | |
| **Related data elements** |  | | |
|  | Event-end reason | | |
| **Edits/validation rules** | AOD9 numeric only | | |
|  | AOD31 event type mismatch, event type is not assessment or treatment | | |
|  | AOD49 No Did not attend and assessment or treatment has ended | | |
|  | AOD50 Did not attend and assessment or treatment has not ended  AOD51 service stream mismatch, service stream is bed based  AOD154 value must be 0 to 99 | | |
| **Other related information** |  | | |

### Event—end date—DDMMYYYY

|  |  |  |  |
| --- | --- | --- | --- |
| *Identifying and definitional attributes* | | | |
| **Definition** | The date on which a service event ended | | |
| **Value domain attributes** | | | |
| *Representational attributes* | | | |
| **Representation class** | Date | **Data type** | Date/time |
| **Format** | DDMMYYYY | **Maximum character length** | 8 |
| **Data element attributes** | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | *Reporting attributes* | | | **Reporting requirements** | Conditional –  Mandatory when Service event has ended | | | | | |
| *Collection and usage attributes* | | | |
| **Guide for use** | If the event starts and ends on the same day, the end date will be identical to the Event-start date.  Outcomes collected for the service event must be on or before the event end date.  If the event spans over multiple days, this will be the date of the last contact or occupied bed day associated with this event.  In situations where the client has had no contact with the service provider for three months, nor is there a plan in place for further contact, the date of last service contact should be used.  Use null when Service Event has not ended. | | |
| *Source and reference attributes* | | | |
| **Definition source** | METeOR | | |
| **Definition source identifier** | 498709 Service event—service end date, DDMMYYYY | | |
| **Value domain source** | METeOR | | |
| **Value domain identifier** | [Date DDMMYYYY - 270566](javascript:void(0);) | | |
| *Relational attributes* | | | |
| **Related concepts** | Service event | | |
| **Related data elements** | Event-start date | | |
| **Edit/validation rules** | AOD4 date must be in DDMMYYY format  AOD5 date cannot be in the future | | |
|  | AOD6 date earlier than client's date of birth | | |
|  | AOD7 date earlier than event start date | | |
|  | AOD33 end reason but treatment not ended | | |
|  | AOD34 end date and no end reason | | |
|  | AOD40 date earlier than client date first registered  AOD160 end date must be in reporting period | | |
| **Other related information** |  | | |

### Event—end reason—N[N]

|  |  |  |  |
| --- | --- | --- | --- |
| *Identifying and definitional attributes* | | | |
| **Definition** | The reason for ending the client’s treatment | | |
| **Value domain attributes** | | | |
| *Representational attributes* | | | |
| **Representation class** | Code | **Data type** | Number |
| **Format** | N[N] | **Maximum character length** | 2 |
| **Permissible values** | ***Value*** | ***Meaning*** | |
|  | 1 | completed treatment | |
|  | 2 | change in main treatment type | |
|  | 3 | change in the delivery setting | |
|  | 4 | change in principal drug of concern | |
|  | 5 | transferred to another service provider | |
|  | 51 | hospitalised/medical condition | |
|  | 6 | ceased to participate against advice | |
|  | 7 | ceased to participate without notice | |
|  | 8 | ceased to participate involuntary (service requested they leave) | |
|  | 9 | ceased to participate at expiation | |
|  | 10 | ceased to participate by mutual agreement | |
|  | 11 | drug court and/or sanctioned by court diversion service | |
|  | 12 | imprisoned, other than drug court sanctioned | |
|  | 13 | died | |
| **Supplementary values** | ***Value*** | ***Meaning*** | |
|  | 98 | other | |
|  | 99 | not stated/inadequately described | |
| **Data element attributes** | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | *Reporting attributes* | | | **Reporting requirements** | Conditional -  Mandatory for Treatment service events on end | | | | | |
| *Collection and usage attributes* | | | |
| **Guide for use** | |  |  | | --- | --- | | Use null for Presentation, Assessment, Support and Review Service Event Types or when Service Event Type is Treatment and Service Event has not ended. | | | Code 1 | To be used when all of the immediate goals of the Individual Treatment Plan (ITP) have been fulfilled | | Code 2 | A treatment service event will end if, prior to the completion of the existing treatment, there is a change in the main treatment type for alcohol and other drugs |  | | Code 3 | A treatment service event may end if, prior to the completion of the existing treatment, there is a change in the service delivery setting for alcohol and other drugs (see 5.4.13) | | Code 4 | A treatment service event will end if, prior to the completion of the existing treatment, there is a change in the principal drug of concern | | Code 5 | The service provider is no longer the most appropriate and the client is transferred/referred to another service. For example, transfers could occur for clients between non-residential and residential services or between residential services and a hospital. Excludes situations where the original treatment was completed before the client transferred to a different provider for other treatment (use Code 1) | | Code 51 | The client ceases to receive treatment because of a medical condition or hospitalisation | | Code 6 | The client ceases to participate in the treatment despite advice from staff that such an action is against the client’s best interest | | Code 7 | The client ceases to receive treatment without notifying the service provider of their intention to no longer participate | | Code 8 | The client’s participation is ceased by the service provider due to non-compliance with the rules or conditions of the program | | Code 9 | The client has fulfilled their obligation to satisfy expiation requirements as part of a police diversion scheme and chooses not to continue with the treatment program | | Code 10 | The client ceases to participate by mutual agreement with the service provider even though the ITP has not been completed. This may include situations where the client has moved out of the area | | Code 11 | Applies to drug court and/or court diversion service clients who are sanctioned back into jail for non-compliance with the program | | Code 12 | Applies to clients who are imprisoned for reasons other than Code 11 | | Code 13 | The client was deceased | | Code 98 | Other than one of the categories provided here | | | |
| *Source and reference attributes* | | | |
| **Definition source** | METeOR | | |
| **Definition source identifier** | Based on Episode of treatment for alcohol and other drugs–cessation reason, code N[N] - 270011 | | |
| **Value domain source** | METeOR | | |
| **Value domain identifier** | Based on [Reason for episode of treatment for alcohol and other drugs cessation code N[N] - 270637](javascript:void(0);) | | |
| *Relational attributes* | | | |
| **Related concepts** | Service event | | |
| **Related data elements** | Event-end date | | |
| **Edit/validation rules** | AOD0 value not in codeset for reporting period  AOD30 event type mismatch, event type is not treatment | | |
|  | AOD33 end reason but treatment not ended | | |
|  | AOD34 end date and no end reason | | |
| **Other related information** |  | | |

### Event—event type-N

|  |  |  |  |
| --- | --- | --- | --- |
| *Identifying and definitional attributes* | | | |
| **Definition** | The event type of the service event provided to the client/potential client | | |
| **Value domain attributes** | | | |
| *Representational attributes* | | | |
| **Representation class** | Code | **Data type** | Number |
| **Format** | N | **Maximum character length** | 1 |
| **Permissible values** | ***Value*** | ***Meaning*** | |
|  | 1 | presentation | |
|  | 2 | assessment | |
|  | 3 | treatment | |
|  | 4 | support | |
|  | 5 | review | |
| **Data element attributes** | | | |
| |  |  | | --- | --- | | *Reporting attributes* | | | **Reporting requirements** | Mandatory | | | | |
| *Collection and usage attributes* | | | |
| **Guide for use** | The event type should correspond to the phase of the client journey that the client is currently in.   |  |  | | --- | --- | | Code 1 | Presentation. The first presentation with the client or potential client to the service provider where the client is not already receiving treatment or support, and an intake service is provided | | Code 2 | Assessment. The client is currently undergoing assessment by the service provider | | Code 3 | Treatment. The client is receiving treatment by the service provider. Treatment is defined as any service which is provided to a client that is intended to improve or cure a presenting problem and/or diagnosed condition | | Code 4 | Support is used when the client is receiving support, and may be pre or post other event types | | Code 5 | Review. The client is being reviewed in relation to a service that has been provided |   Note: This does not dictate the order with which a client receives service events but merely indicates what phase the current service event is for. | | |
| *Source and reference attributes* | | | |
| **Definition source** | Department of Health and Human Services | | |
| **Definition source identifier** |  | | |
| **Value domain source** | Department of Health and Human Services | | |
| **Value domain identifier** |  | | |
| *Relational attributes* | | | |
| **Related concepts** | Service event | | |
| **Related data elements** | Event-service stream | | |
| **Edit/validation rules** | AOD0 value not in codeset for reporting period  AOD2 cannot be null  AOD28 presenting drug of concern but no presentation  AOD30 event type mismatch, event type is not treatment  AOD31 event type mismatch, event type is not assessment or treatment | | |
|  | AOD43 duplicate concurrent assessment event types | | |
|  | AOD48 event type mismatch  AOD159 presentation but no presenting drug of concern | | |
| **Other related information** |  | | |

### Event—forensic type—N[N]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Identifying and definitional attributes* | | | | |
| **Definition** | | Specifies the type of order or notice a client is under for an associated event | | |
| **Value domain attributes** | | | | |
| *Representational attributes* | | | | |
| **Representation class** | | Code | **Data type** | Number |
| **Format** | | N[N] | **Maximum character length** | 2 |
| **Permissible values** | | ***Value*** | ***Meaning*** | |
|  | | 0 | none | |
|  | | 1 | bail | |
|  | | 2 | community correction order (CCO) | |
|  | | 3 | court diversion | |
|  | | 4 | drug treatment order (DTO) – Drug Court | |
|  | | 5 | detention and treatment order – severe substance dependence – Magistrates Court | |
|  | | 6 | imprisonment | |
|  | | 7 | non-parole (released from prison) | |
|  | | 8 | parole (adult only) | |
|  | | 9 | personal safety intervention order (PSIO) – non-family members | |
|  | | 10 | police custody – Pre-sentence, Remand, or sentence (adult only) | |
|  | | 11 | supervision order (adult only) | |
|  | | 12 | Victorian police diversion | |
|  | | 13 | youth justice (incl. supervision, detention orders) | |
| **Supplementary values** | | ***Value*** | ***Meaning*** | |
|  | | 98 | other | |
|  | | 99 | not stated /inadequately described | |
| **Data element attributes** | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | *Reporting attributes* | | | **Reporting requirements** | Mandatory | | | | | | |
| *Collection and usage attributes* | | | | |
| **Guide for use** | | |  |  | | --- | --- | | Code 0 | The forensic type should be recorded as None if the event is for a non-forensic client. Forensic types can include Court Orders and also Police notices e.g. DDAL is an example of a caution notice via Victorian Police.  Where a client is on more than one order, the reported order should be the one considered most dominant.  Should be reported as ‘99’ when Client is known to be under Order, however, type is unknown.  Where the client has an order listed under exclusion list of Code 98 and does not have another order, use this code. | | Code 2 | A community correction order (CCO) is a flexible sentencing order served in the community. The order can be imposed by itself or in addition to imprisonment or a fine. This replaced Intensive correction orders, home detention and correction-based orders in 2012. | | Code 3 | Court diversion is a specialised program aimed at diverting minor drug offenders from the criminal justice system. Offenders who plead guilty to eligible drug charges in a Magistrates Court or a Children’s Court (Magistrates Court) can be referred by the magistrate to an AODT program as part of their order rather than having a traditional penalty like a fine or probation order imposed upon them. Court diversion includes court orders. | | Code 4 | A drug treatment order can only be ordered by the Victorian Drug Court, which is a venue of the Magistrates' Court. The DTO consists of two parts, a custodial part and a treatment and supervision part. The custodial sentence is suspended to allow for the treatment of the offender. | | Code 5 | Under the Victorian Severe Substance Dependence Treatment Act, this is used for the detention and treatment of people with severe alcohol or drug dependence. The court may order an involuntary period of detention (14 days) and treatment of the person in a treatment centre. | | Code 6 | Client is under imprisonment or on a detention order in prison.  Excludes: Youth Detention, use Code 13. | | Code 7 | Client has been released from prison and is on period of non-parole.  Note: non-parole released from prison clients are not considered forensic clients for the purposes of forensic target derivation’.  Excludes: Youth Parole, use Code 13. | | Code 8 | Client has been released from prison and is on parole. | | Code 9 | Use this code for respondent under personal safety intervention order (PSIO) or Interim order issued against them by Magistrates Court.  A personal safety intervention order is an order made by a magistrate to protect a person from physical or mental harm caused by someone who is NOT a family member. Also, known as restraining orders. | | Code 10 | Client is in police custody, regardless of whether held in pre-trial detention and during trial by order of a court OR sentenced, but not yet imprisoned.  Excludes: Youth Remand, use Code 13. | | Code 11 | Supervision Orders provide for the post-sentence supervision of serious sex offenders who pose an unacceptable risk of committing a relevant offence if a supervision order is not made and the offender is in the community, under the Serious Sex Offenders (Detention and Supervision) Act 2009.  Excludes: Detention or supervision orders for Youth, use Code 13. | | Code 12 | Client has been issued a police initiated diversion to an AODT program e.g. Caution with Cannabis, Drug Diversion program.  Includes DDAL: Client has been given a police notice and referred to Drug Diversion Appointment Line | | Code 13 | The Youth Justice service is responsible for managing community-based and custodial sentencing orders imposed by the Children's Court and youth justice center orders imposed by an adult court.  Community based orders include:   * Probation * Youth Supervision Order * Youth Attendance Order * Parole   Custodial sentencing orders include:   * Remand * Youth Justice Centre order * Youth Residential Centre order. | | Code 98 | Other orders e.g. deferred sentences  **Includes:**   * Fine/Fine Conversion – Community Work Order (when client has been imposed a fine, by the Magistrates' Court. This may be with or without a conviction and may be imposed by itself or in addition to another penalty. Also, use this code when the fine has been converted to community work.) * Undertakings/bond - Where a charge is proved, the court may order an adjourned undertaking, which allows a person to be released into the community unsupervised for up to five years. The offender must agree to the undertaking. Standard conditions attached to an adjourned undertaking include being of good behaviour (i.e. not committing further offences) for the duration of the undertaking. The court may impose other, special conditions. If a person breaches the conditions of an adjourned undertaking, he or she may be called back to court for resentencing.   **Excludes**:   * Child Protection Orders or Child Protection prohibition orders * Court orders by the Family Court of Australia including: Parenting Orders, an order made after a hearing by a judicial officer, or an order made after parties who have reached their own agreement have applied to a court for consent orders. * Family violence intervention order a family violence intervention order or Interim intervention order issued against them by local Magistrates Court. A family violence intervention order protects a person from a family member who is using family violence * Mental Health Act orders, including Community Treatment Orders. | | | |
| *Source and reference attributes* | | | | |
| **Definition source** | | METeOR | | |
| **Definition source identifier** | | Based on Client—legal status—NNNN DE (Std) - 10001537 | | |
| **Value domain source** | | METeOR | | |
| **Value domain identifier** | | Based on [Legal order/arrangement type—NNNN VD (Std) - 10001539](javascript:void(0);) | | |
| *Relational attributes* | | | | |
| **Related concepts** | | Service event | | |
| **Related data elements** | | Referral-ACSO Identifier | | |
| **Edit/validation rules** | | AOD0 value not in codeset for reporting period  AOD2 cannot be null | | |
|  | | AOD45 ACSO mismatch with forensic type of none | | |
|  | | AOD46 no ACSO and forensic type | | |
|  | | AOD128 too old for youth justice | | |
|  | | AOD129 in prison and forensic type mismatch | | |
| **Other related information** | |  | | |

### Event—funding source—N[N][N]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Identifying and definitional attributes* | | | | |
| **Definition** | The funding source of the service event. Used to identify different funding units (COT, EOC, DTAU) or different DTAU values for broad service streams with notable variations in service stream model of care and/or performance monitoring requirements. | | | |
| **Value domain attributes** | | | | |
| *Representational attributes* | | | | |
| **Representation class** | Code | | **Data type** | Number |
| **Format** | N[N][N] | | **Maximum character length** | 3 |
| **Permissible values** | ***Value*** | | ***Meaning*** | |
|  | 0 | | Not funded | |
|  | 100 | | General | |
|  | 102 | Drug Diversion Appointment Line (DDAL) | | |
|  | 103 | Aboriginal Metro Ice Partnership | | |
|  | 104 | Pharmacotherapy Outreach | | |
|  | 105 | Specialist Pharmacotherapy Program | | |
|  | 107 | ACCHO services – drug services | | |
|  | 108 | ACCHO-AOD nurse program | | |
|  | 109 | Low Risk Offender Program | | |
|  | 112 | 8-hour individual offender program | | |
|  | 113 | 15-hour individual offender program | | |
|  | 114 | 24-hour group offender program | | |
|  | 115 | 42-hour group offender program | | |
|  | 116 | Small rural health funding | | |
|  | **Residential Withdrawal funding codes** | | | |
|  | 117 | | Sub-acute withdrawal | |
|  | 118 | | Three-stage stepped withdrawal program | |
|  | 119 | | Mother/baby withdrawal program | |
|  | 120 | | Youth-specific facility withdrawal | |
|  | 121 | | Residential withdrawal general | |
|  | **Residential rehabilitation funding codes** | | | |
|  | 106 | | Slow stream pharmacotherapy | |
|  | 111 | | Residential dual diagnosis program | |
|  | 123 | | 6-week rehabilitation program | |
|  | 125 | | Family beds program | |
|  | 126 | | Youth-specific facility rehabilitation | |
|  | 127 | | Aboriginal-specific facility rehabilitation | |
|  | 128 | | Residential rehabilitation general | |
|  | 129 | | Stabilisation model | |
|  | **Bridging Support funding codes** | | | |
|  | 130 | | Bridging support – post–residential withdrawal | |
|  | 131 | | Bridging support – post–residential rehabilitation | |
|  | 132 | | Bridging support – intake | |
|  | 133 | | Bridging support – assessment | |
|  | **Brief intervention funding codes** | | | |
|  | 134 | | Brief intervention – intake | |
|  | 135 | | Brief intervention – assessment | |
|  | 136 | | Brief intervention – counselling | |
|  | **Commonwealth funding codes** | | | |
|  | 500 | | Commonwealth Government (non PHN) | |
|  | 501 | | Primary Health Networks (PHN Commonwealth) | |
| **Supplementary values** | ***Value*** | | ***Meaning*** | |
|  | 999 | | Not stated/inadequately described | |
| **Data element attributes** | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | *Reporting attributes* | | | **Reporting requirements** | Mandatory | | | | | | |
| *Collection and usage attributes* | | | | |
| **Guide for use** | |  |  | | --- | --- | | Code 0 | Not funded | | Code 100 | Default value for all service events with Victorian State Government funded service streams Includes: Small rural health services flexible funding. | | Code 102 | Funding source for service events that are part of a DDAL program | | Code 103 | Funding source for service events that are part of a Aboriginal Metro Ice Partnership funded program | | Code 104 | Funding source for service events that have an Outreach service stream, and are specifically for Pharmacotherapy | | Code 105 | Funding source for service events that are associated with a Specialist Pharmacotherapy program | | Code 107 | Funding source for service events that are associated with ACCHO Drug Services.  Includes: Koori A&D Worker services provided | | Code 108 | Funding source for service events that are part of an Aboriginal and/or Torres Strait Islander AOD Nurse Program | | Code  109 | Funding source for service events that are part of a Client education program, called Low Risk Offender program. | | Code 112 | Funding for the eight-hour individual offender program. This is a structured course of eight sessions of counselling for individuals based on the content of the group offender programs. | | Code 113 | Funding for the fifteen-hour individual offender program. This is a structured course of eight sessions of counselling for individuals based on the content of the group offender programs. | | Code 114 | Funding for the twenty-four-hour group offender program. This is a structured, closed 24-hour criminogenic alcohol and other drug program. | | Code 115 | Funding for the forty-two-hour group offender program. This is a structured, closed 42-hour criminogenic alcohol and other drug program delivered over eight weeks. | | Code 116 | Funding source to be used where a service provider has a Small Rural Health funding arrangement with the DHHS. Only to be used for service streams which DHHS has agreed in consultation with the service provider on an annual basis. | | **Residential withdrawal funding source codes** | | | Code 117 | Sub-acute withdrawal - Hospital-based, subacute withdrawal services for clients also requiring complex medical or psychiatric management, delivered from specific facilities.  These services are for clients who are too medically complex for a community withdrawal bed. | | Code 118 | Three-stage withdrawal stabilisation program - Withdrawal services provided during stages one and two of the three-stage stepped stabilisation model delivered from specific facilities. Stage one provides a stay of up to six days, and stage two provides a stay of up to 21 days. | | Code 119 | Mother/baby withdrawal program - Withdrawal services provided to mothers with dependant babies in a specific mother/baby unit.  A standard course is up to ten days, and an extended course 11 days or longer. | | Code 120 | Youth-specific facility withdrawal - Withdrawal services provided to young people up to 25 years old in a youth-specific residential withdrawal facility.  A standard course is up to ten days, and an extended course 11 days or longer. | | Code 121 | Residential Withdrawal general - Residential withdrawal services support clients to safely achieve neuro-adaptation reversal from drugs of dependence, in a supervised residential or hospital facility.  Withdrawal services provided to young people and adults through a community residential drug withdrawal service.  A standard course is up to ten days, and an extended course 11 days or longer. | | **Residential rehabilitation funding source codes** | | | Code 106 | Slow Stream Pharmacotherapy - Rehabilitation services provided to clients in conjunction with treatment to assist with withdrawal from pharmacotherapy.  A standard course is up to 160 days, and an extended course 161 days or longer. | | Code  111 | Dual diagnosis rehabilitation program - Enhanced residential rehabilitation services for clients with co-occurring mental health and alcohol and other drug needs, delivered from specific facilities. | | Code 123 | 6-week rehabilitation program - Rehabilitation services based around a time-limited, six-week therapy program, and delivered from specific facilities. | | Code 125 | Family beds program - Residential rehabilitation services delivered to clients accompanied by family members at facilities with specially designated family units.  A standard course is up to 160 days, and an extended course 161 days or longer. | | Code 126 | Youth-specific facility rehabilitation - Rehabilitation services provided to young people up to 25 years old in a youth-specific residential rehabilitation facility.  A standard course is up to = 0-90 days, extended =91+ days | | Code 127 | Aboriginal-specific facility rehabilitation - Rehabilitation services provided to Aboriginal clients in a specific Aboriginal residential rehabilitation facility.  A standard course is up to = 0-90 days, extended =91+ days | | Code 128 | Residential Rehabilitation general - Residential rehabilitation services provide intensive interventions that address the psychosocial causes of drug dependence in a structured residential setting.  Rehabilitation services provided in a 24-hour staffed residential treatment program. These services include a range of interventions that aim to ensure lasting change and assist re-integration into community living.  A standard course is up to 160 days, and an extended course 161 days or longer. | | Code 129 | Stabilisation model - Residential Rehabilitation services for medically complex clients requiring a longer period of stabilisation following a withdrawal episode. | | **Bridging Support funding codes** | | | Code 130 | Bridging support - Post-residential withdrawal - Regular contact which aims to support client engagement, retention, motivation and stability after a client has left residential withdrawal. | | Code 131 | Bridging support - Post-residential rehabilitation - Regular contact which aims to support client engagement, retention, motivation and stability after a client has left residential rehabilitation. | | Code 132 | Bridging support – intake - Regular contact which aims to support client engagement, retention, motivation and stability while clients wait for assessment. | | Code 133 | Bridging support – assessment - Regular contact which aims to support client engagement, retention, motivation and stability while clients wait for treatment. | | **Brief Intervention funding codes** | | | Code 134 | Brief intervention – intake - Education and advice that aims to achieve a short-term reduction in harm associated with AOD use, occurring around the time of intake of a client. This may include crisis intervention, harm reduction measures, relapse prevention planning, and support for co-occurring issues, such as mental health. | | Code 135 | Brief intervention – assessment - Education and advice that aims to achieve a short-term reduction in harm associated with AOD use, occurring around the assessment of a client. This may include crisis intervention, harm reduction measures, relapse prevention planning, and support for co-occurring issues, such as mental health. | | Code 136 | Brief intervention – counselling - Education and advice that aims to achieve a short-term reduction in harm associated with AOD use, provided at any other time than intake or assessment. This may include crisis intervention, harm reduction measures, relapse prevention planning, and support for co-occurring issues, such as mental health. | | **Other funding codes** | | | Code 500 | Funding source for service events that are directly funded by the Commonwealth Government. Excludes PHN funded activity. | | Code 501 | AOD services commissioned and funded by Commonwealth Primary Health Networks (PHN). | | Code 999 | Should be used when funding source is unknown | | | | |
| *Source and reference attributes* | | | | |
| **Definition source** | Department of Health and Human Services | | | |
| **Definition source identifier** | Service Agreement Management System | | | |
| **Value domain source** | Department of Health and Human Services | | | |
| **Value domain identifier** | Service Agreement Management System | | | |
| *Relational attributes* | | | | |
| **Related concepts** | Service stream | | | |
| **Related data elements** | Event-Target pop  Event stream | | | |
| **Edit/validation rules** | AOD0 value not in codeset for reporting period  AOD2 cannot be null | | | |
|  | AOD47 service stream mismatch | | | |
| **Other related information** |  | | | |

### Event—indigenous status—N

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Identifying and definitional attributes* | | | | |
| **Definition** | Whether a client identifies as being of Aboriginal and/or Torres Strait Islander origin. | | | |
| **Value domain attributes** | | | | |
| *Representational attributes* | | | | |
| **Representation class** | Code | | **Data type** | Number |
| **Format** | N | | **Maximum character length** | 1 |
| **Permissible values** | ***Value*** | | ***Meaning*** | |
|  | 1 | | Aboriginal but not Torres Strait Islander origin | |
|  | 2 | | Torres Strait Islander but not Aboriginal origin | |
|  | 3 | | Both Aboriginal and Torres Strait Islander origin | |
|  | 4 | | Neither Aboriginal nor Torres Strait Islander origin | |
| **Supplementary values** | ***Value*** | | ***Meaning*** | |
|  | 9 | | not stated/inadequately described | |
| |  |  | | --- | --- | | *Reporting attributes* | | | **Reporting requirements** | Mandatory at service event |   **Data element attributes** | | | | |
| *Collection and usage attributes* | | | | |
| **Guide for use** | | Electronic information systems should not use the word “indigenous” or “ATSI”. the words “Aboriginal” and/or “Torres Strait Islander” should be used.  Clients have a right to self-report their Aboriginal and/or Torres Strait Islander origin and staff should therefore always record the response that the client provides; they should not question or comment on the client’s response. The client’s recorded response should not be altered or annotated in any way to reflect the views of the staff member collecting the information.  The question allows for more than one response. The procedure for coding multiple responses is as follows:  If the respondent answers 'Yes, Aboriginal' and 'Yes, Torres Strait Islander', then their response should be coded to 'Yes, both Aboriginal and Torres Strait Islander origin'.  If the respondent answers 'No' and one or more of the following:   * 'Yes, Aboriginal' * ‘Yes, Torres Strait Islander' * 'Yes, both Aboriginal and Torres Strait Islander'   then the response should be coded to 'not stated/inadequately described' if the response cannot be clarified with the respondent.  If the respondent answers ‘Yes’ to Aboriginal and/or Torres Strait Islander origin and does not provide any more granular information on this, then Code 1 should be reported.  If the respondent is capable of responding but declines to respond, or if the question is unable to be asked, or the response is incomplete, use 'not stated/inadequately described  Services are encouraged to be familiar with AIHW, best practice guidelines, available here: <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442458760> | | |
| *Source and reference attributes* | | | | |
| **Definition source** | METeOR | | | |
| **Definition source identifier** | 602543 Person—Indigenous status, Code N | | | |
| **Value domain source** | METeOR | | | |
| **Value domain identifier** | 602545 Indigenous status, Code N | | | |
| *Relational attributes* | | | | |
| **Related concepts** |  | | | |
| **Related data elements** | Client—country of birth | | | |
|  | Client—preferred language | | | |
|  | Client-need for interpreter services | | | |
| **Edit/validation rules** | AOD0 value not in codeset for reporting period  AOD2 cannot be null | | | |
|  | C35 Aboriginal and/or Torres Strait Islander and country of birth is not Australia | | | |
|  | C46 Aboriginal and/or Torres Strait Islander and preferred language mismatch | | | |
|  | AOD20 client cannot be a refugee and Aboriginal and/or Torres Strait Islander | | | |
| **Other related information** |  | | | |

### Event—MASCOT Score—N

|  |  |  |  |
| --- | --- | --- | --- |
| *Identifying and definitional attributes* | | | |
| **Definition** | The score from the MASCOT assessment tool for the client | | |
| **Value domain attributes** | | | |
| *Representational attributes* | | | |
| **Representation class** | Code | **Data type** | Number |
| **Format** | N | **Maximum character length** | 1 |
| **Permissible values** | ***Value*** | ***Meaning*** | |
|  | 1 | low (15-45) | |
|  | 2 | moderate (46-60) | |
|  | 3 | high (61-75) | |
| **Supplementary values** | ***Value*** | ***Meaning*** | |
|  | 9 | not stated/inadequately described | |
| **Data element attributes** | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | *Reporting attributes* | | | **Reporting requirements** | Conditional –  Mandatory at Assessment service event end when service stream is Comprehensive assessment, client is forensic and service provider is ACSO | | | | | |
| *Collection and usage attributes* | | | |
| **Guide for use** | Use null if non-forensic client, and/or service provider is not ACSO and where Service Event Type is Presentation, Treatment, Support or Review  CODE 9 Should be used if MASCOT Score for forensic client, is not calculated, or is unknown. | | |
| *Source and reference attributes* | | | |
| **Definition source** | ACSO | | |
| **Definition source identifier** | [http://coats.ACSO.org.au/files/8214/6179/9995/Working\_with\_Forensic\_Clients\_-\_An\_Assessment\_Guide.pdf](http://coats.acso.org.au/files/8214/6179/9995/Working_with_Forensic_Clients_-_An_Assessment_Guide.pdf) | | |
| **Value domain source** | ACSO | | |
| **Value domain identifier** | [http://coats.ACSO.org.au/files/8214/6179/9995/Working\_with\_Forensic\_Clients\_-\_An\_Assessment\_Guide.pdf](http://coats.acso.org.au/files/8214/6179/9995/Working_with_Forensic_Clients_-_An_Assessment_Guide.pdf)  Section 7.3 | | |
| *Relational attributes* | | | |
| **Related concepts** | Service event | | |
| **Related data elements** | Event-end date | | |
| **Edit/validation rules** | AOD0 value not in codeset for reporting period  AOD29 event type mismatch, event type is not assessment | | |
| **Other related information** |  | | |

### Event—percentage course completed—N

|  |  |  |  |
| --- | --- | --- | --- |
| *Identifying and definitional attributes* | | | |
| **Definition** | The percentage of a course completed by a client as represented by a code | | |
| **Value domain attributes** | | | |
| *Representational attributes* | | | |
| **Representation class** | Code | **Data type** | Number |
| **Format** | N | **Maximum character length** | 1 |
| **Permissible values** | ***Value*** | ***Meaning*** | |
|  | 0 | none of course completed | |
|  | 1 | 25% of course was completed | |
|  | 2 | 50% of course was completed | |
|  | 3 | 75% of course was completed | |
|  | 4 | 100% of course was completed | |
| **Supplementary values** | ***Value*** | ***Meaning*** | |
|  | 9 | not stated/inadequately described | |
| **Data element attributes** | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | *Reporting attributes* | | | **Reporting requirements** | Conditional –  Mandatory for Treatment service events on end | | | | | |
| *Collection and usage attributes* | | | |
| **Guide for use** | The percentage of course completed by the client in some cases will not be an exact percentage. The percentage should be reported, to the nearest permissible value.  If the client presented for treatment and then did not complete any, then disengaged, the course should be ended, and a value of 0 reported  Use null for Presentation, Assessment, Support and Review Service Event Types or when Service Event Type is Treatment and Service Event has not ended | | |
| *Source and reference attributes* | | | |
| **Definition source** | Department of Health and Human Services | | |
| **Definition source identifier** |  | | |
| **Value domain source** | Department of Health and Human Services | | |
| **Value domain identifier** |  | | |
| *Relational attributes* | | | |
| **Related concepts** | Service event | | |
| **Related data elements** | Event-end reason | | |
|  |  | | |
|  | Event-did not attend | | |
| **Edit/validation rules** | AOD0 value not in codeset for reporting period  AOD30 event type mismatch, event type is not treatment | | |
|  | AOD35 no perc course completed and treatment ended | | |
|  | AOD36 perc course completed and treatment has not ended | | |
| **Other related information** |  | | |

### Event—presenting drug of concern—NNNN

|  |  |  |  |
| --- | --- | --- | --- |
| *Identifying and definitional attributes* | | | |
| **Definition** | The drug of concern of the client, when presenting to the service | | |
| **Value domain attributes** | | | |
| *Representational attributes* | | | |
| **Representation class** | Code | **Data type** | Number |
| **Format** | NNNN | **Maximum character length** | 4 |
| **Permissible values** | ***Value*** | ***Meaning*** | |
|  | 2101 | Alcohol | |
|  | 3100 | Amphetamines Unspecified | |
|  | 3103 | Methamphetamine (includes ice, speed) | |
|  | 2400 | Benzodiazepines Unspecified | |
|  | 3901 | Caffeine | |
|  | 3201 | Cannabis | |
|  | 3903 | Cocaine | |
|  | 3405 | MDMA (includes ecstasy) | |
|  | 1202 | Heroin | |
|  | 1305 | Methadone | |
|  | 3906 | Nicotine | |
|  | ASCDC (2011) code set | The ASCDC (2011) code set representing drug of concern.  Refer to Appendix 7.5: Large-value domains. | |
| **Supplementary values** | ***Value*** | ***Meaning*** | |
|  | 0005 | Opioid analgesics not further defined | |
|  | 0006 | Psychostimulants not further defined | |
| **Data element attributes** | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | *Reporting attributes* | | | **Reporting requirements** | Conditional –  Mandatory for Presentation service events | | | | | |
| *Collection and usage attributes* | | | |
| **Guide for use** | When service provided is related to potential client/client’s own alcohol or other drug use, this is the presenting drug of most concern, they are seeking help for.  Where treatment is related to the alcohol and other drug use of another person, e.g. the potential client/client is a family member or significant other, this refers to the presenting drug of concern for the client.  The Australian Standard Classification of Drugs of Concern (ASCDC) provides a number of supplementary codes that have specific uses and these are detailed within the ASCDC, e.g. 0000 = inadequately described.  ‘9000 miscellaneous drug of concern’ supplementary code should only be used as presenting drug of concern where the client does not have any discernible precise drugs of concern.  Other supplementary codes that are not already specified in the ASCDC may be used in National Minimum Data Sets (NMDS) when required.  In the Alcohol and other drug treatment service NMDS, two additional supplementary codes have been created which enable a finer level of detail to be captured:  Use null for Assessment, Treatment, Support and Review Service Event Types   |  |  | | --- | --- | | Code 0005 | Opioid analgesics not further defined | | This code is to be used when it is known that the client's principal drug of concern is an opioid, but the specific opioid used is not known. The existing code 1000 combines opioid analgesics and non-opioid analgesics together into Analgesics nfd and the finer level of detail, although known, is lost. | | Code 0006 | Psychostimulants not further defined | | This code is to be used when it is known that the client's principal drug of concern is a psychostimulant but not which type. The existing code 3000 combines stimulants and hallucinogens together into Stimulants and hallucinogens nfd and the finer level of detail, although known, is lost.  Psychostimulants refer to the types of drugs that would normally be coded to 3100-3199, 3300-3399 and 3400-3499 categories plus 3903 and 3905. | | | |
| *Source and reference attributes* | | | |
| **Definition source** | Australian Bureau of Statistics | | |
| **Definition source identifier** | http://www.abs.gov.au/ausstats/abs@.nsf/ | | |
| **Value domain source** | Drugs of Concern (1248.0 - Australian Standard Classification of Drugs of Concern, 2011) | | |
| **Value domain identifier** | http://www.abs.gov.au/ausstats/abs@.nsf/mf/1248.0 | | |
| *Relational attributes* | | | |
| **Related concepts** | Service event | | |
| **Related data elements** | Drug Concern-principal concern | | |
| **Edit/validation rules** | AOD28 event type mismatch, event type is not presentation  AOD159 presentation but no presenting drug of concern | | |
| **Other related information** |  | | |

### Event—service delivery setting—N

|  |  |  |  |
| --- | --- | --- | --- |
| *Identifying and definitional attributes* | | | |
| **Definition** | The main setting where the AODT service was provided to the client | | |
| **Value domain attributes** | | | |
| *Representational attributes* | | | |
| **Representation class** | Code | **Data type** | Number |
| **Format** | N | **Maximum character length** | 1 |
| **Permissible values** | ***Value*** | ***Meaning*** | |
|  | 1 | non-residential treatment facility | |
|  | 2 | residential treatment facility | |
|  | 3 | home | |
|  | 4 | off site | |
|  | 5 | court/prison | |
| **Supplementary values** | ***Value*** | ***Meaning*** | |
|  | 8 | other (incl. phone/internet) | |
| **Data element attributes** | | | |
| |  |  | | --- | --- | | *Reporting attributes* | | | **Reporting requirements** | Mandatory at Service event end | | | | |
| *Collection and usage attributes* | | | |
| **Guide for use** | The main physical setting in which alcohol and other drug service is actually delivered to the client irrespective of whether or not this is the same as the usual location of the service provider, as represented by a code.  Where the service is provided over a series of appointments, at different settings, the setting where most of the service was delivered should be reported.  Only one code to be selected at the end of the alcohol and other drug service event. Agencies should report the setting in which most of the service was received by the client.  Use null when Service Event has not ended.   |  |  | | --- | --- | | Code 1 | This code refers to any non-residential centre that provides alcohol and other drug treatment services, including hospital outpatient services, non-government organisations and community health centres. | | Code 2 | This code refers to community-based settings in which clients reside either temporarily or long-term in a facility that is not their home or usual place of residence to receive alcohol and other drug treatment. This does not include ambulatory situations, but does include therapeutic community settings. | | Code 3 | This code refers to the client's own home or usual place of residence. Excludes prison: use code 5. | | Code 4 | This code refers to an off-site environment, excluding a client's home or usual place of residence, where service is provided. An off-site environment may be any public or private location that is not covered by Codes 1-3 and excluding court/prison.  Mobile/outreach alcohol and other drug treatment service providers would usually provide treatment within this setting. | | Code 5 | This code refers to providing the service in a Courtroom, or Prison setting. | | Code 8 | This code should be used for all other settings including phone, internet, telehealth. | | | |
| *Source and reference attributes* | | | |
| **Definition source** | METeOR | | |
| **Definition source identifier** | Based on Episode of treatment for alcohol and other drugs–service delivery setting, code N - 270068 | | |
| **Value domain source** | METeOR | | |
| **Value domain identifier** | Based on [Alcohol and other drugs service delivery setting code N - 270669](javascript:void(0);) | | |
| *Relational attributes* | | | |
| **Related concepts** | Service event | | |
| **Related data elements** | Event-end date | | |
| **Edit/validation rules** | AOD0 value not in codeset for reporting period  AOD55 service delivery setting and service delivery not ended | | |
|  | AOD56 no service delivery setting and service delivery ended | | |
| **Other related information** |  | | |

### Event—service stream—NN

|  |  |  |  |
| --- | --- | --- | --- |
| *Identifying and definitional attributes* | | | |
| **Definition** | The stream of service type that the service event belongs to | | |
| **Value domain attributes** | | | |
| *Representational attributes* | | | |
| **Representation class** | Code | **Data type** | Number |
| **Format** | NN | **Maximum character length** | 2 |
| **Permissible values** | ***Value*** | ***Meaning*** | |
|  | 10 | Residential withdrawal | |
|  | 11 | Non-residential withdrawal | |
|  | 20 | Counselling | |
|  | 21 | Brief intervention (incl. Single sessions with family) | |
|  | 22 | Ante & post natal support | |
|  | 30 | Residential rehabilitation | |
|  | 31 | Therapeutic day rehabilitation | |
|  | 32 | Residential pre-admission engagement \* | |
|  | 33 | Residential pre-admission engagement \* | |
|  | 50 | Care & recovery coordination | |
|  | 51 | Outreach | |
|  | 52 | Bridging support | |
|  | 60 | Client education program | |
|  | 71 | Comprehensive assessment | |
|  | 80 | Intake | |
|  | 81 | Outdoor therapy (Youth) | |
|  | 82 | Day program (Youth) | |
|  | 83 | Follow up | |
|  | 84 | Supported accommodation | |
| **Supplementary values** | ***Value*** | ***Meaning*** | |
|  | 98 | Other | |
| **Data element attributes** | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | *Reporting attributes* | | | **Reporting requirements** | Mandatory | | | | | |
| *Collection and usage attributes* | | | |
| **Guide for use** | A single service stream should be nominated for a service event.   |  |  | | --- | --- | | Code 21 | To be used for Brief interventions, including Single sessions with family | | Code 32 | Code 32 will be retired in 2021-22. Transition to use replacement Code 33 during 2020-21. Codes 32 and 33 describe the same activity. | | Code 33 | Pre-admission preparation for clients prior to their entering a course of residential withdrawal or rehabilitation Codes 32 and 33 describe the same activity. | | Code 51 | To be used for all outreach activities including youth and pharmacotherapy regional outreach | | Code 52 | To be used for support services provided pre and post assessment and treatment service events | | Code 60 | For specific client educations programs only. Not to be used for general education and information, preventative community-based education. | | Code 82 | To be used for any youth day program | | Code 83 | To be used for follow up services where funding source is not applicable. | | Code 84 | Youth/Aboriginal Supported Accommodation Services only | | Code 98 | Where there is no appropriate service stream to describe the service event, this code is to be used e.g. where a new type of treatment has been developed | | | |
| *Source and reference attributes* | | | |
| **Definition source** | METeOR | | |
| **Definition source identifier** | Based on Episode of treatment for alcohol and other drugs–treatment type (main), code N - 270056 | | |
| **Value domain source** | METeOR | | |
| **Value domain identifier** | Based on [Main treatment type for alcohol and other drugs code N - 270660](javascript:void(0);) | | |
| *Relational attributes* | | | |
| **Related concepts** | Service event | | |
|  | Service stream | | |
| **Related data elements** | Event-funding source | | |
|  | Event-event type | | |
| **Edit/validation rules** | AOD0 value not in codeset for reporting period | | |
|  | AOD2 cannot be null | | |
|  | AOD48 event type mismatch | | |
| **Other related information** |  | | |

### Event—significant goal achieved—N

|  |  |  |  |
| --- | --- | --- | --- |
| *Identifying and definitional attributes* | | | |
| **Definition** | Whether the client achieved a significant goal | | |
| **Value domain attributes** | | | |
| *Representational attributes* | | | |
| **Representation class** | Code | **Data type** | Number |
| **Format** | N | **Maximum character length** | 1 |
| **Permissible values** | ***Value*** | ***Meaning*** | |
|  | 1 | client achieved a significant goal | |
|  | 2 | client did not achieve a significant goal | |
| **Supplementary values** | ***Value*** | ***Meaning*** | |
|  | 8 | not applicable | |
|  | 9 | not stated/inadequately described | |
| **Data element attributes** | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | *Reporting attributes* | | | **Reporting requirements** | Conditional –  Mandatory for Treatment service events on end, when service stream is listed  in Section 4.2.5. | | | | | |
| *Collection and usage attributes* | | | |
| **Guide for use** | This refers to whether a client has a relevant Significant Treatment Goal Achieved (STGA) by the end of the applicable treatment service event. Each treatment service event has a unique set STGAs.  Use null for Presentation, Assessment, Support and Review Service Event Types or when Service Event Type is Treatment and Service Event has not ended.   |  |  | | --- | --- | | Code 1 | If any significant goal(s) are achieved | | Code 2 | Should be used when no significant goal(s) are achieved, and treatment has ended | | Code 8 | Should be used for service events which are not listed as requiring a significant goal achieved attribute in Section 4.2.5. | | Code 9 | Should be used when goal not yet achieved, and treatment has not yet ended | | | |
| *Source and reference attributes* | | | |
| **Definition source** | Department of Health and Human Services | | |
| **Definition source identifier** |  | | |
| **Value domain source** | METeOR | | |
| **Value domain identifier** | [Yes/no/not stated/inadequately described code N - 301747](javascript:void(0);) | | |
| *Relational attributes* | | | |
| **Related concepts** | Service event | | |
| **Related data elements** | Event-end date | | |
| **Edit/validation rules** | AOD0 value not in codeset for reporting period  AOD30 event type mismatch, event type is not treatment | | |
|  | AOD57 service stream mismatch, service stream does not need significant goal achieved | | |
|  | AOD58 significant goal and treatment has not ended | | |
|  | AOD59 no significant goal and treatment has ended | | |
| **Other related information** |  | | |

### Event —start date-DDMMYYYY

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Identifying and definitional attributes* | | | | | |
| **Definition** | | The date on which a service event started | | | | |
| **Value domain attributes** | | | | | |
| *Representational attributes* | | | | | |
| **Representation class** | | Date | | **Data type** | Date/time | |
| **Format** | | DDMMYYYY | | **Maximum character length** | 8 | |
| **Data element attributes** | | | | | |
| *Reporting attributes* | | | | |
| **Reporting requirements** | | Mandatory | | |
| *Collection and usage attributes* | | | | | |
| **Guide for use** | | Used to capture the date a service event started for a client or potential client. When the event duration spans over multiple days, this is the date of the first direct contact for the service event. This may differ to the date on when the Client initially presents for service. Where the service event is community based the Event -Start Date will be the date of the first contact associated with the Event. Where the service event is residential based the Event -Start Date will be the date the client was admitted to the residential unit. | | | | |
| *Source and reference attributes* | | | | | |
| **Definition source** | | METeOR | | | | |
| **Definition source identifier** | | 498706 Service event—service commencement date, DDMMYYYY | | | | |
| **Value domain source** | | METeOR | | | | |
| **Value domain identifier** | | [Date DDMMYYYY - 270566](javascript:void(0);) | | | | |
| *Relational attributes* | | | | | |
| **Related concepts** | | Service event | | | | |
| **Related data elements** | | Event-end date | | | | |
| **Edit/validation rules** | | AOD2 cannot be null | | | | |
|  | | AOD4 date must be in DDMMYYYY format | | | | |
|  | | AOD5 date cannot be in the future | | | | |
|  | | AOD6 date earlier than client's date of birth | | | | |
|  | | AOD8 date later than event end date | | | | |
|  | | AOD40 date earlier than client date first registered | | | | |
| **Other related information** | |  | | | | |

### Event—target population—N

|  |  |  |  |
| --- | --- | --- | --- |
| *Identifying and definitional attributes* | | | |
| **Definition** | Specifies the target population for a service | | |
| **Value domain attributes** | | | |
| *Representational attributes* | | | |
| **Representation class** | Code | **Data type** | Number |
| **Format** | N | **Maximum character length** | 1 |
| **Permissible values** | ***Value*** | ***Meaning*** | |
|  | 1 | men | |
|  | 2 | women | |
|  | 3 | parent with child | |
|  | 4 | family | |
|  | 5 | child | |
|  | 6 | youth | |
| **Supplementary values** | ***Value*** | ***Meaning*** | |
|  | 9 | general non-specific | |
| **Data element attributes** | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | *Reporting attributes* | | | **Reporting requirements** | Conditional –  Mandatory for Treatment service events | | | | | |
| *Collection and usage attributes* | | | |
| **Guide for use** | This should be reported for both community and residential courses and must relate to a specific funded activity E.g. Youth Outreach.  If the funding source does not target a specific population then code 9 ‘general non-specific’ should be used.  Use null for Presentation, Assessment, Support and Review Service Event Types   |  |  | | --- | --- | | Code 1 | Should be used for services that are targeted at men | | Code 2 | Should be used for services that are targeted at women | | Code 3 | Should be used for parent with a child, e.g. mother/baby | | Code 4 | Should be used where the target population is family members or significant others of a client e.g. Single counselling sessions with family members | | Code 5 | Should be used where services are targeted at a child (aged <16) | | Code 6 | Should be used for those services targeted at Youth populations e.g. 16 - 25, e.g. Outreach, Day Program, Outdoor Therapy | | Code 9 | Should be used for services that are not targeted at specific populations. This should be the default target population | | | |
| *Source and reference attributes* | | | |
| **Definition source** | Department of Health and Human Services | | |
| **Definition source identifier** | [https://www2.health.vic.gov.au/alcohol-and-drugs/AOD-treatment-services/pathways-into-AOD-treatment/bed-vacancy-register-AOD-treatment](https://www2.health.vic.gov.au/alcohol-and-drugs/aod-treatment-services/pathways-into-aod-treatment/bed-vacancy-register-aod-treatment) | | |
| **Value domain source** | Department of Health and Human Services | | |
| **Value domain identifier** |  | | |
| *Relational attributes* | | | |
| **Related concepts** | Service event | | |
|  | Service stream | | |
| **Related data elements** | Event-Funding Source | | |
|  | Event-end date | | |
| **Edit/validation rules** | AOD0 value not in codeset for reporting period  AOD30 event type mismatch, event type is not treatment | | |
|  | AOD62 no target pop and treatment has ended | | |
|  | AOD63 target pop child mismatch with date of birth | | |
|  | AOD64 target pop youth mismatch with date of birth | | |
|  | AOD65 target pop female mismatch with sex at birth | | |
|  | AOD66 target pop male mismatch with sex at birth | | |
| **Other related information** |  | | |

### Event—TIER—N

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Identifying and definitional attributes* | | | | |
| **Definition** | Record the client’s TIER as assessed by a clinician | | | |
| **Value domain attributes** | | | | |
| *Representational attributes* | | | | |
| **Representation class** | Code | | **Data type** | Number |
| **Format** | N | | **Maximum character length** | 1 |
| **Permissible values** | ***Value*** | | ***Meaning*** | |
|  | 1 | | Clinician rated client as TIER 1 | |
|  | 2 | | Clinician rated client as TIER 2 | |
|  | 3 | | Clinician rated client as TIER 3 | |
|  | 4 | | Clinician rated client as TIER 4 | |
|  | 5 | | Clinician rated client as TIER 5 | |
| **Supplementary values** | ***Value*** | | ***Meaning*** | |
|  | 8 | | Not applicable | |
|  | 9 | | not stated/inadequately described | |
| **Data element attributes** | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | *Reporting attributes* | | | **Reporting requirements** | Conditional –  Mandatory for Assessment service events on end | | | | | | |
| *Collection and usage attributes* | | | | |
| **Guide for use** | The TIER reported should be that of a clinician which may or may not be the same as that which is derived from the DHHS Screening tool.  Note, individuals who commit violent offences whilst intoxicated or substance affected may not meet the criteria for substance dependence (and therefore be rated a tier 1 or 2) but, due to the severity of their offending, require a treatment response.  This requires clinical override of the TIER by the clinician. Note, do not report the TIER as determined by a client’s score on screening tools such as the AUDIT, DUDIT and K10 scales and questions on housing issues and employment.  Use null for Presentation, Assessment, Support and Review Service Event Types or when Service Event Type is Treatment and Service Event has not ended. | | | |
| Code 8 | Non DTAU funded activity as those listed in Section 4.2.5, to use this code, eg Youth Services, VACCHO | | |
| *Source and reference attributes* | | | | |
| **Definition source** | Department of Health and Human Services | | | |
| **Definition source identifier** | https://www2.health.vic.gov.au/about/publications/factsheets/Alcohol-and-drug-reform-factsheet-Screening-for-complexity---July-2014 | | | |
| **Value domain source** | Department of Health and Human Services | | | |
| **Value domain identifier** | <https://www2.health.vic.gov.au/Api/downloadmedia/%7B1CDFED17-40F8-4270-A3DB-36196F08F91F%7D> | | | |
| *Relational attributes* | | | | |
| **Related concepts** | Client | | | |
|  | Service event | | | |
| **Related data elements** | Event-end date | | | |
| **Edit/validation rules** | AOD0 value not in codeset for reporting period  AOD29 event type mismatch, event type is not assessment | | | |
|  | AOD60 TIER and assessment not ended, when event type is Assessment | | | |
|  | AOD61 no TIER and assessment has ended, when event type is Assessment | | | |
| **Other related information** |  | | | |

## Outcomes

The outcome measure group of attributes is only required to be reported on end of assessment service events and treatment service events. When the outcome measure group of attributes is reported note that every attribute is mandatory. Refer to Section 4.2.6 Outcome for more detail.

### Outcomes—accommodation type—N[N]

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The type of physical accommodation in which the client usually lives | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | N[N] | Maximum character length | 2 |
| Permissible values | Value | Meaning | |
|  | 1 | Private residence (e.g. house, flat, bedsitter, caravan, boat, independent unit in retirement village), including privately and publicly rented homes, rented from Aboriginal Community and defence force housing | |
|  | 2 | Hospital/Psychiatric hospital | |
|  | 3 | Residential aged care service | |
|  | 4 | Specialist alcohol/other drug treatment residence | |
|  | 5 | Specialised mental health community-based residential support service | |
|  | 6 | Domestic-scale supported living facility (e.g. group home for people with disability) | |
|  | 7 | Boarding/rooming house/hostel or hostel type accommodation, not including aged persons’ | |
|  | 8 | Emergency accommodation/short term crisis/shelter | |
|  | 9 | Transitional accommodation facility | |
|  | 10 | Home detention/detention centre | |
|  | 11 | Prison/remand centre/youth training centre | |
|  | 12 | Homeless | |
|  | 13 | Other accommodation not elsewhere classified | |
| Supplementary values | Value | Meaning | |
|  | 98 | not applicable | |
|  | 99 | not stated/inadequately described | |
| Data element attributes | | | |
| |  |  | | --- | --- | | Reporting attributes | | | Reporting requirements | Mandatory | | | | |
| Collection and usage attributes | | | |
| Guide for use | Report where client is receiving service for own alcohol and drug use or clients whose treatment is related to the alcohol and other drug use of another person. E.g. family member/significant other  'Usual' is defined as the type of accommodation the person has living for the most amount of time over the past four weeks.  If a person stays in a particular place of accommodation for four or more days a week over the period, that place of accommodation would be the person's type of usual accommodation. In practice, receiving an answer to questioning about a person's usual accommodation setting may be difficult to achieve. The place the person perceives as their usual accommodation will often prove to be the best approximation of their type of usual accommodation.  This data element is used to calculate Client TIER   |  |  | | --- | --- | | Code 8 | Emergency accommodation/short term crisis/shelter – accommodation type for the homeless or at risk of homelessness, where an individual’s need to leave a dangerous situation, such as domestic or family violence, or if they have to leave their usual residence to access medical treatment. | | Code 9 | Transitional accommodation facility – an intermediate step between emergency crisis shelter and permanent housing. Is for is for people who are homeless or at risk of homelessness, that provides non-emergency support services, with a goal of maintaining housing and a successful tenancy. | | Code 12 | Should be used if the client is usually homeless and not utilising an emergency, crisis, shelter or transitional accommodation. | | Code 13 | Should be used for any other type of accommodation not specified in other categories. | | Code 98 | Should be only used when considered not applicable | | Code 99 | Should be used if unknown, and/or when client disengaged prior to measuring outcomes. | not stated/inadequately described | | | |
| Source and reference attributes | | | |
| Definition source | METeOR | | |
| Definition source identifier | Based on [270088 Person—accommodation type (usual)](http://meteor.aihw.gov.au/content/index.phtml/itemId/270088), Code N[N] | | |
| Value domain source | METeOR | | |
| Value domain identifier | Based on [270683 Accommodation type](http://meteor.aihw.gov.au/content/index.phtml/itemId/270683), Code N[N] | | |
| Relational attributes | | | |
| Related concepts | Outcome | | |
| Related data elements | Client-dependant living with flag | | |
| Edit/validation rules | AOD0 value not in codeset for reporting period  AOD2 cannot be null | | |
|  | AOD15 living with client, but client is homeless | | |
|  | AOD67 no registered client for event | | |
|  | AOD69 no accommodation type AND comprehensive assessment or treatment has ended | | |
|  | AOD71 age is too young for aged care accommodation | | |
|  | AOD85 postcode indicates no fixed address and accommodation type is not homeless | | |
|  | AOD139 Outcome measure group not supplied for a closed treatment or assessment service event. | | |
|  | AOD140 At least one Drug of concern group not reported within an Outcome measure for closed service events | | |
| Other related information |  | | |

### Outcomes—arrested last four weeks—N

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | Whether the client was arrested in the last four-week period | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
|  | 1 | was arrested in the last four weeks | |
|  | 2 | was not arrested in the last four weeks | |
| Supplementary values | Value | Meaning | |
|  | 8 | not applicable | |
|  | 9 | not stated/inadequately described | |
| Data element attributes | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Reporting attributes | | | Reporting requirements | Mandatory | | | | | |
| Collection and usage attributes | | | |
| Guide for use | Report where client is receiving service for own alcohol and drug use or clients whose treatment is related to the alcohol and other drug use of another person. E.g. family member/significant other  The last four-week period should include the current date of review.   |  |  | | --- | --- | | Code 8 | Should only be used when considered not applicable e.g. client is in Prison/Remand/Custody, or client is Youth client | | Code 9 | Should only be used where the information was not disclosed, unknown or client has disengaged prior to measuring outcomes | | | |
| Source and reference attributes | | | |
| Definition source | Department of Health and Human Services | | |
| Definition source identifier | [https://www2.health.vic.gov.au/alcohol-and-drugs/AOD-treatment-services/pathways-into-AOD-treatment/intake-assessment-for-AOD-treatment](https://www2.health.vic.gov.au/alcohol-and-drugs/aod-treatment-services/pathways-into-aod-treatment/intake-assessment-for-aod-treatment) | | |
| Value domain source | METeOR | | |
| Value domain identifier | [Yes/no/not stated/inadequately described code N - 301747](javascript:void(0);) | | |
| Relational attributes | | | |
| Related concepts | Outcome | | |
| Related data elements | Outcomes -violent last four weeks | | |
|  | Event –forensic type | | |
| Edit/validation rules | AOD0 value not in codeset for reporting period  AOD2 cannot be null | | |
|  | AOD67 no registered client for event | | |
|  | AOD72 no arrested last four weeks AND comprehensive assessment or treatment has ended | | |
|  | AOD139 Outcome measure group not supplied for a closed treatment or assessment service event. | | | |
|  | AOD140 At least one Drug of concern group not reported within an Outcome measure for closed service events | | | |
| Other related information |  | | |

### Outcomes—AUDIT Score—N[N]

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Identifying and definitional attributes | | | | | | | | | |
| Definition | A client’s score from the Alcohol Use Disorders Identification Test (AUDIT) | | | | | | | | |
| Value domain attributes | | | | | | | | | |
| Representational attributes | | | | | | | | | |
| Representation class | | | Total | | | | Data type | Number | | | | | |
| Format | | | N[N] | | | | Maximum character length | 2 | | | | | |
| Permissible values | | | ***Value*** | | | | ***Meaning*** | | | |
|  | | | >=0 and <=40 | | | | The AUDIT score must be between 0 and 40, inclusive. | | | |
| Supplementary values | | | ***Value*** | | | | ***Meaning*** | | | |
|  | | | 98 | | | | not applicable | | | |
|  | | | 99 | | | | not stated/inadequately described | | | |
| Data element attributes | | | | | | | | | |
| Reporting attributes | | | | | | | | | |
| Reporting requirements | | | | | Mandatory for Assessment service events on end, otherwise “98 -Not applicable” to be submitted | | | | |
| Collection and usage attributes | | | | | | | | | |
| Guide for use | | | | | The World Health Organization’s Alcohol Use Disorders Identification Test (AUDIT) is comprised of 3 scores, the Consumption score, the Dependence score and the Alcohol-related problems score. The AUDIT Score should be captured as the total of all of these 3 scores for a registered Client.  Only report where client is receiving service for own alcohol and drug use.  For clients whose treatment is related to the alcohol and other drug use of another person, this should be reported as 98  This data element is used to calculate Client TIER   |  |  | | --- | --- | | 98 | Should be only used when considered not applicable to client e.g. for client’s where treatment is related to the alcohol and other drug use of another person, OR Youth and Forensic Services that do not perform AUDIT | | 99 | Should only be used where the information was not disclosed, unknown or client has disengaged prior to measuring outcomes. | | | | | |
| Source and reference attributes | | | | | | | | | | | |
| Definition source | | | | | | Based on The World Health Organization’s Alcohol Use Disorders Identification Test | | | | | |
| Definition source identifier | | | | | | http://apps.who.int/iris/bitstream/10665/67205/1/WHO\_MSD\_MSB\_01.6a.pdf | | | | | |
| Value domain source | | | | | | The World Health Organization’s Alcohol Use Disorders Identification Test | | | | | |
| Value domain identifier | | | | | |  | | | | | |
| Relational attributes | | | | | | | | | |
| Related concepts | | Outcome | | | | | | | |
| Related data elements | | Outcomes -DUDIT Score | | | | | | | |
|  | | Client-TIER | | | | | | | |
| Edit/validation rules | | AOD2 cannot be null  AOD9 numeric only | | | | | | | |
|  | | AOD67 no registered client for event | | | | | | | |
|  | | AOD68 invalid outcome since client registered is not client | | | | | | | |
|  | | AOD74 out of audit score range | | | | | | | |
|  | | AOD75 no AUDIT score AND comprehensive assessment or treatment has ended | | | | | | | |
|  | | AOD139 Outcome measure group not supplied for a closed treatment or assessment service event. | | | | | | |
|  | | AOD140 At least one Drug of concern group not reported within an Outcome measure for closed service events | | | | | | |
| Other related information | | | |  | | | | | | | | |

### Outcomes —client review date-DDMMYYYY

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Identifying and definitional attributes | | | | | | |
| Definition | | The last date upon which outcomes were collected within the service event. | | | | |
| Value domain attributes | | | | | | |
| Representational attributes | | | | | | |
| Representation class | | Date | | Data type | Date/time | |
| Format | | DDMMYYYY | | Maximum character length | 8 | |
| Data element attributes | | | | | | |
| Reporting attributes | | | | | |
| Reporting requirements | | Mandatory | | | |
| |  | | --- | | Collection and usage attributes | | | | | | | |
| Guide for use | | When a review is associated with an event that starts and ends on the same day, the event end date will be identical to the Client review date. | | | | |
| Source and reference attributes | | | | | | |
| Definition source | | Department of Health and Human Services | | | | |
| Definition source identifier | |  | | | | |
| Value domain source | | METeOR | | | | |
| Value domain identifier | | 270566 Date DDMMYYYY | | | | |
| Relational attributes | | | | | | |
| Related concepts | | Outcome | | | | |
| Related data elements | | Outcomes-AUDIT Score | | | | |
|  | | Outcomes-DUDIT Score | | | | |
|  | | Outcomes-K10 Score | | | | |
|  | | Outcomes-unemployed not training | | | | |
|  | | Outcomes-accommodation type | | | | |
|  | | Outcomes-employment status | | | | |
|  | | Outcomes-arrested last four weeks | | | | |
|  | | Outcomes-violent last four weeks | | | | |
|  | | Outcomes-days injected last four weeks | | | | |
|  | | Outcomes-physical health | | | | |
|  | | Outcomes-psychological health | | | | |
|  | | Outcomes-quality of life | | | | |
|  | | Outcomes-risk to self | | | | |
|  | | Outcomes-risk to others | | | | |
| Edit/validation rules | | AOD2 cannot be null  AOD4 date must be in DDMMYYYY format | | | | |
|  | | AOD5 date cannot be in the future | | | | |
|  | | AOD6 date earlier than client's date of birth | | | | |
|  | | AOD7 date earlier than event start date | | | | |
|  | | AOD8 date later than event end date | | | | |
|  | | AOD40 date earlier than client date first registered | | | |
|  | | AOD139 Outcome measure group not supplied for a closed treatment or assessment service event. | | | |
|  | | AOD140 At least one Drug of concern group not reported within an Outcome measure for closed service events | | | |
|  | | AOD142 date after client review date | | | | |
| Other related information | |  | | | | |

### Outcomes—days injected last four weeks—N[N]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Identifying and definitional attributes | | | | |
| Definition | Total number of days that the client injected drugs in the last four-week period | | | |
| Value domain attributes | | | | |
| Representational attributes | | | | |
| Representation class | Total | Data type | Number | |
| Format | N[N] | Maximum character length | 2 | |
| Permissible values | >=0 and <=28 | value between 0 and 28, inclusive | | |
| Supplementary values | Value | Meaning | | |
|  | 98 | not applicable | | |
|  | 99 | not stated/inadequately described | | |
| Data element attributes | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Reporting attributes | | | Reporting requirements | Mandatory | | | | | | |
| Collection and usage attributes | | | | |
| Guide for use | Injecting drugs refers to a method of introducing a drug into the body with a hollow needle and a syringe which is pierced through the skin into the body.  The last four week period should include the current date of review.  Only report where client is receiving service for own alcohol and drug use.  For clients whose treatment is related to the alcohol and other drug use of another person, this should be reported as 98   |  |  | | --- | --- | | 98 | Should only be used when considered not applicable to client e.g. for client’s where treatment is related to the alcohol and other drug use of another person, OR when client is not an injecting drug user | | 99 | Should only be used where the information was not disclosed, unknown or client has disengaged prior to measuring outcomes.  Yes injected in past four weeks but days unknown | | | | |
| Source and reference attributes | | | | |
| Definition source | Department of Health and Human Services | | | |
| Definition source identifier | [https://www2.health.vic.gov.au/alcohol-and-drugs/AOD-treatment-services/pathways-into-AOD-treatment/intake-assessment-for-AOD-treatment](https://www2.health.vic.gov.au/alcohol-and-drugs/aod-treatment-services/pathways-into-aod-treatment/intake-assessment-for-aod-treatment) | | | |
| Value domain source |  | | | |
| Value domain identifier |  | | | |
| Relational attributes | | | | |
| Related concepts | Outcome | | | |
| Related data elements | Drug Concern-date last use | | | |
|  | Drug Concern-method of use | | | |
| Edit/validation rules | AOD2 cannot be null  AOD67 no registered client for event | | | |
|  | AOD68 invalid outcome since client registered is not person of concern (self) | | | |
|  | AOD77 days injected last four weeks invalid range | | | |
|  | AOD78 days injected and date last use is greater than four weeks old | | | |
|  | AOD79 days injected is zero and date last use is within last four weeks | | | |
|  | AOD80 no injected last four weeks and comprehensive assessment or treatment has ended | | | |
|  | AOD139 Outcome measure group not supplied for a closed treatment or assessment service event. | | |
|  | AOD140 At least one Drug of concern group not reported within an Outcome measure for closed service events | | |
| Other related information |  | | | |

### Outcomes—DUDIT Score—N[N]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Identifying and definitional attributes | | | | | |
| Definition | A client’s score from the Drug Use Disorders Identification Test (DUDIT) | | | | | |
| Value domain attributes | | | | | |
| Representational attributes | | | | | |
| Representation class | Total | | | Data type | Number | |
| Format | N[N] | | | Maximum character length | 2 | |
| Permissible values instructions | ***Value*** | | | ***Meaning*** | | |
|  | >=0 and <=44 | | | The DUDIT score must be between 0 and 44, inclusive | | |
| Supplementary values | ***Value*** | | | ***Meaning*** | | |
|  | 98 | | | not applicable | | |
|  | 99 | | | not stated/inadequately described | | |
| Data element attributes | | | | | |
| Reporting attributes | | | | | |
| Reporting requirements | Mandatory for Assessment service events on end, otherwise “98 -Not applicable” to be submitted | | | | | |
| Collection and usage attributes | | | | | | | |
| Guide for use | | | The DUDIT Score should be Total score captured from the DUDIT Assessment tool for a registered Client.  For clients whose treatment is related to the alcohol and other drug use of another person, this should be reported as 98  This data element is used to calculate Client TIER   |  |  | | --- | --- | | 98 | Should only be used when considered not applicable to client e.g for client’s where treatment is related to the alcohol and other drug use of another person, OR where this is considered not applicable e.g. Youth and Forensic Services that do not perform DUDIT | | 99 | Should only be used where the information was not disclosed, unknown or client has disengaged prior to measuring outcomes. | | | | | |
| Source and reference attributes | | | | | | | | | |
| Definition source | | | Karolinska Institutet, Department of Clinical Neuroscience | | | | | | | |
| Definition source identifier | | | Berman, Bergman, Palmstierna & Schlyter (2003) | | | | | | | |
| Value domain source | | |  | | | | | | | |
| Value domain identifier | | |  | | | | | | | |
| Relational attributes | | | | | | | |
| Related concepts | | Outcome | | | | | | |
| Related data elements | | Outcomes-AUDIT Score | | | | | | |
|  | | Client-TIER | | | | | | |
| Edit/validation rules | | AOD2 cannot be null  AOD9 numeric only | | | | | | |
|  | | AOD67 no registered client for event | | | | | | |
|  | | AOD68 invalid outcome since client registered is not person of concern (self) | | | | | | |
|  | | AOD82 out of DUDIT score range | | | | | | |
|  | | AOD83 no DUDIT score AND comprehensive assessment or treatment has ended | | | | | | |
| Other related information |  | | | | | |

### Outcomes—employment status—N

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The employment status of the client | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
|  | 1 | child not at school | |
|  | 2 | student | |
|  | 3 | employed | |
|  | 4 | unemployed | |
|  | 5 | home duties | |
|  | 6 | other | |
| Supplementary values | Value | Meaning | |
|  | 8 | not applicable | |
|  | 9 | not stated/inadequately described | |
| Data element attributes | | | |
| |  |  | | --- | --- | | Reporting attributes | | | Reporting requirements | Mandatory | | | | |
| Collection and usage attributes | | | |
| Guide for use | Report where client is receiving service for own alcohol and drug use or clients whose treatment is related to the alcohol and other drug use of another person. E.g. family member/significant other.  Should be based on where client spends majority of their time.   |  |  | | --- | --- | | Code 1 | Child not at school: effectively relates to 0–14 age group. | | Code 2 | Client aged 15-65, not employed but undergoing education/training | | Code 3 | Client employed part time or full time, including paid apprenticeships and traineeships. | | Code 6 | Use this code when the client’s accommodation type is currently Prison/Remand/Custody. | | Code 8 | Should only be used when considered not applicable | | Code 9 | Should only be used where the information was not disclosed, unknown or client has disengaged prior to measuring outcomes. | | | |
| Source and reference attributes | | | |
| Definition source | METeOR | | |
| Definition source identifier | Based on [269955 Person—labour force status, public psychiatric hospital admission](http://meteor.aihw.gov.au/content/index.phtml/itemId/269955), Code N | | |
| Value domain source | METeOR | | |
| Value domain identifier | [270620 Public psychiatric hospital admission labour force status](http://meteor.aihw.gov.au/content/index.phtml/itemId/270620), Code N | | |
| Relational attributes | | | |
| Related concepts | Outcome | | |
| Related data elements | Outcomes -unemployed not training | | |
|  | Client-TIER | | |
| Edit/validation rules | C14 employment status is child not at school and age is greater than 18 | | |
|  | C15 employment status is employed or unemployed and age is less than 15 | | |
|  | AOD0 value not in codeset for reporting period | | |
|  | AOD2 cannot be null | | |
|  | AOD67 no registered client for event | | |
|  | AOD86 no employment status and comprehensive assessment or treatment has ended | | |
|  | AOD88 Employment status and unemployed not training mismatch | | |
|  | AOD89 Employment status of student and unemployed not training mismatch | | |
| Other related information | Refer to [337532 Person—disability group](http://meteor.aihw.gov.au/content/index.phtml/itemId/337532), Code N in regards to Code 1—child not at school. | | |

### Outcomes—K10 Score—NN

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | A client’s score from the Kessler 10 Screening Instrument | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Total | Data type | Number |
| Format | NN | Maximum character length | 2 |
| Permissible values instructions | ***Value*** | ***Meaning*** | |
|  | >=10 and <=50 | The K10 score must be between 10 and 50, inclusive. | |
| Supplementary values | **Value** | **Meaning** | |
|  | 98 | not applicable | |
|  | 99 | not stated/inadequately described | |
| Data element attributes | | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory | | |
| Collection and usage attributes | | | |
| Guide for use | The K10 Score should be Total score captured from the K10 Screening Instrument.  Report where client is receiving service for own alcohol and drug use or clients whose treatment is related to the alcohol and other drug use of another person, e.g. family member/significant other.  This data element is used to calculate client TIER   |  |  | | --- | --- | | 98 | Should be only used when not applicable e.g. Youth Services do not perform K10 | | 99 | Should only be used where the information was not disclosed, unknown or client has disengaged prior to measuring outcomes | | | |
| Source and reference attributes | | | |
| Definition source | METeOR | | |
| Definition source identifier | Level of psychological distress - 634086 | | |
| Value domain source | Australian and New Zealand Journal of Public Health | | |
| Value domain identifier | Page 25, 494-497 | | |
| Relational attributes | | | |
| Related concepts | Outcome | | |
| Related data elements | Client-TIER | | |
|  | Client-mental health diagnosis | | |
| Edit/validation rules | AOD0 value not in codeset for reporting period  AOD2 cannot be null  AOD9 numeric only | | |
|  | AOD67 no registered client for event | | |
|  | AOD90 out of K10 Score range | | |
|  | AOD91 no K10 score and comprehensive assessment or treatment has ended | | |
| Other related information |  | | |

### Outcomes—physical health—N[N]

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | Client’s rating of physical health status in the last four weeks | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | N[N] | Maximum character length | 2 |
| Permissible values | Value | Meaning | |
|  | >=0 and <= 10 | value between 0 and 10, inclusive | |
| Supplementary values | Value | Meaning | |
|  | 98 | not applicable | |
|  | 99 | not stated/inadequately described | |
| Data element attributes | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Reporting attributes | | | Reporting requirements | Mandatory | | | | | |
| Collection and usage attributes | | | |
| Guide for use | Extent of physical symptoms and bothered by illness rated by the client.  The greater the value, the better the physical health has been rated.  Report where client is receiving service for own alcohol and drug use or clients whose treatment is related to the alcohol and other drug use of another person, e.g. family member/significant other   |  |  | | --- | --- | | Code 98 | Should be only used when considered not applicable | | Code 99 | Should only be used where the information was not disclosed, unknown or client has disengaged prior to measuring outcomes. | | | |
| Source and reference attributes | | | |
| Definition source | Department of Health and Human Services | | |
| Definition source identifier | [https://www2.health.vic.gov.au/alcohol-and-drugs/AOD-treatment-services/pathways-into-AOD-treatment/intake-assessment-for-AOD-treatment](https://www2.health.vic.gov.au/alcohol-and-drugs/aod-treatment-services/pathways-into-aod-treatment/intake-assessment-for-aod-treatment) | | |
| Value domain source |  | | |
| Value domain identifier |  | | |
| Relational attributes | | | |
| Related concepts | Outcome | | |
| Related data elements | Outcomes -psychological health | | |
|  | Outcomes -quality of life | | |
| Edit/validation rules | AOD2 cannot be null  AOD9 numeric only | | |
|  | AOD67 no registered client for event | | |
|  | AOD93 out of client rating range | | |
|  | AOD94 no physical health rating and comprehensive assessment or treatment has ended | | |
| Other related information |  | | |

### Outcomes—psychological health—N[N]

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | Client’s rating of psychological health status in the last four weeks | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | N[N] | Maximum character length | 2 |
| Permissible values | Value | Meaning | |
|  | >=0 and <=10 | value between 0 and 10 inclusive | |
| Supplementary values | Value | Meaning | |
|  | 98 | not applicable | |
|  | 99 | not stated/inadequately described | |
| Data element attributes | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Reporting attributes | | | Reporting requirements | Mandatory | | | | | |
| Collection and usage attributes | | | |
| Guide for use | Anxiety, depression and problem emotions and feelings rated by the client.  The greater the value, the better the psychological health has been rated.  Report where client is receiving service for own alcohol and drug use or clients whose treatment is related to the alcohol and other drug use of another person, e.g. family member/significant other.   |  |  | | --- | --- | | Code 98 | Should be only used when considered not applicable | | Code 99 | Should only be used where the information was not disclosed, unknown or client has disengaged prior to measuring outcomes | | | |
| Source and reference attributes | | | |
| Definition source | Department of Health and Human Services | | |
| Definition source identifier | [https://www2.health.vic.gov.au/alcohol-and-drugs/AOD-treatment-services/pathways-into-AOD-treatment/intake-assessment-for-AOD-treatment](https://www2.health.vic.gov.au/alcohol-and-drugs/aod-treatment-services/pathways-into-aod-treatment/intake-assessment-for-aod-treatment) | | |
| Value domain source |  | | |
| Value domain identifier |  | | |
| Relational attributes | | | |
| Related concepts | Outcome | | |
| Related data elements | Outcomes -physical health | | |
|  | Outcomes -quality of life | | |
| Edit/validation rules | AOD2 cannot be null  AOD9 numeric only | | |
|  | AOD67 no registered client for event | | |
|  | AOD93 out of client rating range | | |
|  | AOD96 no psychological health rating and comprehensive assessment or treatment has ended | | |
| Other related information |  | | |

### Outcomes—quality of life—N[N]

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | Client’s rating of overall quality of life | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | N[N] | Maximum character length | 2 |
| Permissible values | Value | Meaning | |
|  | >=0 and <=10 | value between 0 and 10 inclusive | |
| Supplementary values | Value | Meaning | |
|  | 98 | not applicable | |
|  | 99 | not stated/inadequately described | |
| Data element attributes | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Reporting attributes | | | Reporting requirements | Mandatory | | | | | |
| Collection and usage attributes | | | |
| Guide for use | Ability to enjoy life, gets on well with family and partner, satisfied with living conditions rated by the Client.  The greater the value, the better the overall quality of life has been rated.  Report where client is receiving service for own alcohol and drug use or clients whose treatment is related to the alcohol and other drug use of another person, e.g. family member/significant other   |  |  | | --- | --- | | Code 98 | Should be only used when considered not applicable | | Code 99 | Should only be used where the information was not disclosed, unknown or client has disengaged prior to measuring outcomes | | | |
| Source and reference attributes | | | |
| Definition source | Department of Health and Human Services | | |
| Definition source identifier | [https://www2.health.vic.gov.au/alcohol-and-drugs/AOD-treatment-services/pathways-into-AOD-treatment/intake-assessment-for-AOD-treatment](https://www2.health.vic.gov.au/alcohol-and-drugs/aod-treatment-services/pathways-into-aod-treatment/intake-assessment-for-aod-treatment) | | |
| Value domain source |  | | |
| Value domain identifier |  | | |
| Relational attributes | | | |
| Related concepts | Outcome | | |
| Related data elements | Outcomes -psychological health | | |
|  | Outcomes -physical health | | |
| Edit/validation rules | AOD2 cannot be null  AOD9 numeric only | | |
|  | AOD67 no registered client for event | | |
|  | AOD93 out of client rating range | | |
|  | AOD98 no quality of life rating and comprehensive assessment or treatment has ended | | |
| Other related information |  | | |

### Outcomes—risk to others—N

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The overall assessment of risk to others | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
|  | 0 | none | |
|  | 1 | low | |
|  | 2 | medium | |
|  | 3 | high | |
| Supplementary values | Value | Meaning | |
|  | 8 | not applicable | |
|  | 9 | not stated/inadequately described | |
| Data element attributes | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Reporting attributes | | | Reporting requirements | Mandatory | | | | | |
| Collection and usage attributes | | | |
| Guide for use | Report where a relevant validated risk assessment tool has been completed, and the client is receiving service for own alcohol and drug use or clients whose treatment is related to the alcohol and other drug use of another person. E.g. family member/significant other   |  |  | | --- | --- | | Code 8 | Should be only used when considered not applicable e.g. when risk assessment is not routinely carried out | | Code 9 | Should only be used where the information was not disclosed, unknown or client has disengaged prior to measuring outcomes | | | |
| Source and reference attributes | | | |
| Definition source | Department of Health and Human Services | | |
| Definition source identifier |  | | |
| Value domain source | Department of Health and Human Services | | |
| Value domain identifier |  | | |
| Relational attributes | | | |
| Related concepts | Outcome | | |
| Related data elements | Outcomes –risk to self | | |
|  | Outcomes-violent last four weeks | | |
|  | Outcomes-arrested last four weeks | | |
| Edit/validation rules | AOD0 value not in codeset for reporting period  AOD2 cannot be null | | |
|  | AOD67 no registered client for event | | |
|  | AOD100 risk to others and comprehensive assessment or treatment has ended | | |
| Other related information |  | | |

### Outcomes—risk to self—N

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The overall assessment of risk to self | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
|  | 0 | none | |
|  | 1 | low | |
|  | 2 | medium | |
|  | 3 | high | |
| Supplementary values | Value | Meaning | |
|  | 8 | not applicable | |
|  | 9 | not stated/inadequately described | |
| Data element attributes | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Reporting attributes | | | Reporting requirements | Mandatory | | | | | |
| Collection and usage attributes | | | |
| Guide for use | Report where a relevant validated risk assessment tool has been completed, and the client is receiving service for own alcohol and drug use or clients whose treatment is related to the alcohol and other drug use of another person, e.g. family member/significant other.   |  |  | | --- | --- | | Code 8 | Should be only used when considered not applicable e.g. when risk assessment is not routinely carried out | | Code 9 | Should only be used where the information was not disclosed, unknown or client has disengaged prior to measuring outcomes | | | |
| Source and reference attributes | | | |
| Definition source | Department of Health and Human Services | | |
| Definition source identifier |  | | |
| Value domain source | Department of Health and Human Services | | |
| Value domain identifier |  | | |
| Relational attributes | | | |
| Related concepts | Outcome | | |
| Related data elements | Outcomes –risk to others | | |
| Edit/validation rules | AOD0 value not in codeset for reporting period  AOD2 cannot be null | | |
|  | AOD67 no registered client for event | | |
|  | AOD102 risk to self and comprehensive assessment or treatment has ended | | |
| Other related information |  | | |

### Outcomes—unemployed not training—N

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | Whether the client is currently unemployed and not involved in study or training | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
|  | 1 | unemployed and not studying/training | |
|  | 2 | unemployed and studying/training | |
| Supplementary values | Value | Meaning | |
|  | 8 | not applicable | |
|  | 9 | not stated/inadequately described | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory | | |
| Collection and usage attributes | | | |
| Guide for use | The person must be unemployed and not formally enrolled in an academic institution or technical college, or other accredited teaching institution, and or engaged in employment related formal training. This can include migrant English classes, studying/training in prison.  Report where client is receiving service for own alcohol and drug use or clients whose treatment is related to the alcohol and other drug use of another person. E.g. family member/significant other  Where a client’s accommodation type is Prison/Remand/Custody, this data element should be used to represent whether they are currently studying/training. If due for release, this should still be reported whether currently studying/training.  This data element is used to calculate Client TIER for Adult services.   |  |  | | --- | --- | | Code 8 | Should be only used when not applicable e.g. Youth Services | | Code 9 | Should only be used where the information was not disclosed, unknown or client has disengaged prior to measuring outcomes. | | | |
| Source and reference attributes | | | |
| Definition source | METeOR | | |
| Definition source identifier | Person–student/employment training indicator, code N - 349588 | | |
| Value domain source | METeOR | | |
| Value domain identifier | [Yes/no/not stated/inadequately described code N - 301747](javascript:void(0);) | | |
| Relational attributes | | | |
| Related concepts | Outcome | | |
| Related data elements | Outcomes-employment status | | |
|  | Client-TIER | | |
| Edits/validation rules | AOD0 value not in codeset for reporting period  AOD2 cannot be null | | |
|  | AOD67 no registered client for event | | |
|  | AOD88 employment status and unemployed not training mismatch | | |
|  | AOD89 employment status of student and unemployed not training mismatch | | |
|  | AOD104 no unemployed not training and comprehensive assessment or treatment has ended | | |
| Other related information |  | | |

### Outcomes—violent last four weeks—N

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | Whether the client has been violent towards someone in the last four-week period | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
|  | 1 | has been violent in the last four weeks | |
|  | 2 | has not been violent in the last four weeks | |
| Supplementary values | Value | Meaning | |
|  | 8 | not applicable | |
|  | 9 | not stated/inadequately described | |
| Data element attributes | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Reporting attributes | | | Reporting requirements | Mandatory | | | | | |
| Collection and usage attributes | | | |
| Guide for use | This violence includes domestic violence.  The last four-week period should include the current date of review.  Report where client is receiving service for own alcohol and drug use or clients whose treatment is related to the alcohol and other drug use of another person, e.g. family member/significant other.   |  |  | | --- | --- | | Code 8 | Should only be used when considered not applicable | | Code 9 | Should only be used where the information was not disclosed, unknown or client has disengaged prior to measuring outcomes | | | |
| Source and reference attributes | | | |
| Definition source | Department of Health and Human Services | | |
| Definition source identifier |  | | |
| Value domain source | METeOR | | |
| Value domain identifier | [Yes/no/not stated/inadequately described code N - 301747](javascript:void(0);) | | |
| Relational attributes | | | |
| Related concepts | Outcome | | |
| Related data elements | Outcomes-arrested last four weeks | | |
|  | Outcomes-risk to others | | |
| Edit/validation rules | AOD0 value not in codeset for reporting period  AOD2 cannot be null | | |
|  | AOD67 no registered client for event | | |
|  | AOD106 no violent last four weeks and comprehensive assessment or treatment has ended | | |
| Other related information |  | | |

## Outlet

### Outlet—outlet client identifier – A(10)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Identifying and definitional attributes* | | | | | |
| Definition | | | A numerical identifier that uniquely identifies each client from an outlet | | |
| Value domain attributes | | | | |
| *Representational attributes* | | | | |
| Representation class | | Identifier | Data type | Number |
| Format | | A(10) | Maximum character length | 10 |
| Permissible values | Value | Meaning | |
|  | A(10) | The client’s unique identifier for the outlet | |
| Data element attributes | | | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory | | |
| Collection and usage attributes | | | | | |
| Guide for use | | | Refer to VADC Compilation and Submission Specification for further information about submission of this data element in the VADC extract.  Record the unique identifier for the client, generated from an outlet’s Client Management System (CMS), or manually generated.  This is to be reported in the following situations:   * to identify a client from an outlet * to identify the client for an outlet’s service event | | |
| Source and reference attributes | | | | | |
| Definition source | | | Standards Australia | | |
| Definition source identifier | | | Based on Identifier Designation, Australian Standard 4590-2006 (incorporating Amendment No. 1) Interchange of client information, p. 11 | | |
| Value domain source | | | METeOR | | |
| Value domain identifier | | | Based on 270826 Identifier X[X(14)] | | |
| Relational attributes | | | | | |
| Related concepts | | | Client | | |
|  | | | Service event | | |
| Related data elements | | | Client—SLK | | |
|  | | | Client-individual health identifier | | |
|  | | | Outlet-outlet code | | |
|  | | | Outlet-outlet service event identifier | | |
| Edit/validation rules | | | XML02 duplicate client within submission instance in a single XML file  XML06 service event has outlet\_client\_id where client is not in submission instance  XML15 required fields are null  XML 16 required fields are incorrect length  XML17 required fields are non-numeric  VADC03 client is missing Open Service Event from previous Reporting Period  AOD2 cannot be null | | |
| Other related information | | |  | | |

### Outlet—outlet code—A(9)

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The unique identifier assigned to an outlet of a Service Provider | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Identifier | Data type | String |
| Format | A(9) | Maximum character length | 9 |
| Permissible values | Value | Meaning | |
|  | A(9) | The unique outlet identifier issued by DHHS | |
| Data element attributes | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Reporting attributes | | | Reporting requirements | Mandatory on reporting of client records and service events | | | | | |
| Collection and usage attributes | | | |
| Guide for use | An outlet code will be issued for each outlet by the Department of Health and Human Services.  Outlet code is an alphanumeric code comprised of:   * Service provider ID (3 digit) * Service area (2 digit) e.g. division, catchment * Site identifier (4 digits) | | |
| Source and reference attributes | | | |
| Definition source | Department of Health and Human Services | | |
| Definition source identifier |  | | |
| Value domain source |  | | |
| Value domain identifier |  | | |
| Relational attributes | | | |
| Related concepts | Outlet | | |
| Related data elements | Outlet-outlet client identifier | | |
|  | Outlet-outlet service event identifier | | |
| Edit/validation rules | XML01 duplicate submission instances within a single XML file  XML04 file name (outlet\_code, reporting\_period) not represented in file  XML05 multiple Service Providers represented in a single file  XML07 outlet code in file is not in list of valid outlet codes  XML08 outlet code is submission instance is not in a valid format  XML10 outlet code is not valid for reporting period  VADC02 outlet is missing Open Service Event from previous Reporting Period  AOD2 cannot be null | | |
| Other related information |  | | |

### Outlet—outlet service event identifier – A(10)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Identifying and definitional attributes* | | | | | |
| Definition | | | A numerical identifier that uniquely identifies a service event from an outlet | | |
| Value domain attributes | | | | |
| Representational attributes | | | | |
| Representation class | | Identifier | Data type | Number |
| Format | | A(10) | Maximum character length | 10 |
| Permissible values | Value | Meaning | |
|  | A(10) | The service event’s unique identifier for the outlet | |
| Data element attributes | | | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory | | |
| Collection and usage attributes | | | | | |
| Guide for use | | | Refer to VADC Compilation and Submission Specification for further information about submission of this data element in the VADC extract.  Record the unique identifier for the service event, generated from an outlet’s Client Management System (CMS), or manually generated. This should be reported for all service events. | | |
| Source and reference attributes | | | | | |
| Definition source | | | Department of Health and Human Services | | |
| Definition source identifier | | |  | | |
| Value domain source | | |  | | |
| Value domain identifier | | |  | | |
| Relational attributes | | | | | |
| Related concepts | | | Client | | |
|  | | | Service event | | |
| Related data elements | | | Outlet-outlet code | | |
|  | | | Outlet-outlet client identifier | | |
| Edit/validation rules | | | XML03 duplicate service event within a single client/submission instance in a single XML file  XML06 service event has outlet\_client\_id where client is not in submission instance  XML15 required fields are null  XML16 required fields are incorrect length  XML17 required fields are non-numeric  XML20 insert or update with no content  VADC02 outlet is missing Open Service Event from previous Reporting Period  VADC03 client is missing Open Service Event from previous Reporting Period  VADC04 service Event was already closed in an earlier Reporting Period  VADC05 service Event is closing but is still open in a later Reporting Period  VADC06 'Unclosed' Service Event will need to be reported in all later Reporting Periods until its new End Date  VADC07 service Event ID not unique  AOD2 cannot be null | | |
| Other related information | | |  | | |

### Outlet—outlet dependant identifier – A(10)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Identifying and definitional attributes* | | | | | |
| Definition | | | A numerical identifier that uniquely identifies each dependant from an outlet | | |
| Value domain attributes | | | | |
| Representational attributes | | | | |
| Representation class | | Identifier | Data type | Number |
| Format | | A(10) | Maximum character length | 10 |
| Permissible values | Value | Meaning | |
|  | A(10) | The dependant’s unique identifier for the outlet | |
| Data element attributes | | | | | |
| Reporting attributes | | | |
| Reporting requirements | Conditional-  Mandatory when at least one conditional element is reported | | |
| Collection and usage attributes | | | | | |
| Guide for use | | | Refer to VADC Compilation and Submission Specification for further information about submission of this data element in the VADC extract.  Record the unique identifier for the dependant, generated from an outlet’s Client Management System (CMS), or manually generated. This should be reported for all dependants.  This is to be reported in the following situations:   * to identify a dependant from an outlet | | |
| Source and reference attributes | | | | | |
| Definition source | | | Department of Health and Human Services | | |
| Definition source identifier | | |  | | |
| Value domain source | | |  | | |
| Value domain identifier | | |  | | |
| Relational attributes | | | | | |
| Related concepts | | | Client | | |
| Related data elements | | | Outlet-outlet code | | |
|  | | | Outlet-outlet client identifier | | |
| Edit/validation rules | | | XML19 entity IDs must be either all present or all absent | | |
| Other related information | | |  | | |

### Outlet—outlet contact identifier – A(10)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Identifying and definitional attributes* | | | | | |
| Definition | | | A numerical identifier that uniquely identifies a contact from an outlet | | |
| Value domain attributes | | | | |
| Representational attributes | | | | |
| Representation class | | Identifier | Data type | Number |
| Format | | A(10) | Maximum character length | 10 |
| Permissible values | Value | Meaning | |
|  | A(10) | The contact’s unique identifier for the outlet | |
| Data element attributes | | | | | |
| Reporting attributes | | | |
| Reporting requirements | Conditional-  Mandatory when at least one conditional element is reported | | |
| Collection and usage attributes | | | | | |
| Guide for use | | | Refer to VADC Compilation and Submission Specification for further information about submission of this data element in the VADC extract.  Record the unique identifier for the contact, generated from an outlet’s Client Management System (CMS), or manually generated. This should be reported for all contacts.  This is to be reported in the following situations:   * to identify a contact from an outlet | | |
| Source and reference attributes | | | | | |
| Definition source | | | Department of Health and Human Services | | |
| Definition source identifier | | |  | | |
| Value domain source | | |  | | |
| Value domain identifier | | |  | | |
| Relational attributes | | | | | |
| Related concepts | | | Client | | |
|  | | | Event | | |
| Related data elements | | | Outlet-outlet code | | |
|  | | | Outlet-outlet service event identifier | | |
| Edit/validation rules | | | XML19 entity IDs must be either all present or all absent | | |
| Other related information | | |  | | |

### Outlet—outlet referral identifier – A(10)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Identifying and definitional attributes* | | | | | |
| Definition | | | A numerical identifier that uniquely identifies a referral from an outlet | | |
| Value domain attributes | | | | |
| Representational attributes | | | | |
| Representation class | | Identifier | Data type | Number |
| Format | | A(10) | Maximum character length | 10 |
| Permissible values | Value | Meaning | |
|  | A(10) | The referral’s unique identifier for the outlet | |
| Data element attributes | | | | | |
| Reporting attributes | | | |
| Reporting requirements | Conditional-  Mandatory when at least one conditional element is reported | | |
| Collection and usage attributes | | | | | |
| Guide for use | | | Refer to VADC Compilation and Submission Specification for further information about submission of this data element in the VADC extract.  Record the unique identifier for the referral, generated from an outlet’s Client Management System (CMS) or manually generated. This should be reported for all referrals.  This is to be reported in the following situations:   * to identify a referral from an outlet | | |
| Source and reference attributes | | | | | |
| Definition source | | | Department of Health and Human Services | | |
| Definition source identifier | | |  | | |
| Value domain source | | |  | | |
| Value domain identifier | | |  | | |
| Relational attributes | | | | | |
| Related concepts | | | Client | | |
|  | | | Event | | |
| Related data elements | | | Outlet-outlet code | | |
|  | | | Outlet-outlet service event identifier | | |
| Edit/validation rules | | | XML19 entity IDs must be either all present or all absent | | |
| Other related information | | |  | | |

### Outlet—outlet outcome measure identifier – A(10)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Identifying and definitional attributes* | | | | | |
| Definition | | | A numerical identifier that uniquely identifies an outcome measure from an outlet | | |
| Value domain attributes | | | | |
| Representational attributes | | | | |
| Representation class | | Identifier | Data type | Number |
| Format | | A(10) | Maximum character length | 10 |
| Permissible values | Value | Meaning | |
|  | A(10) | The outcome measure’s unique identifier for the outlet | |
| Data element attributes | | | | | |
| Reporting attributes | | | |
| Reporting requirements | Conditional-  Mandatory when at least one conditional element is reported | | |
| Collection and usage attributes | | | | | |
| Guide for use | | | Refer to VADC Compilation and Submission Specification for further information about submission of this data element in the VADC extract.  Record the unique identifier for the outcome measure, generated from an outlet’s Client Management System (CMS) or manually generated. This should be reported for all outcome measures.  This is to be reported in the following situations:   * to identify an outcome measure from an outlet | | |
| Source and reference attributes | | | | | |
| Definition source | | | Department of Health and Human Services | | |
| Definition source identifier | | |  | | |
| Value domain source | | |  | | |
| Value domain identifier | | |  | | |
| Relational attributes | | | | | |
| Related concepts | | | Client | | |
|  | | | Event  Drug Concern | | |
| Related data elements | | | Outlet-outlet code | | |
|  | | | Outlet-outlet service event identifier | | |
| Edit/validation rules | | | XML19 entity IDs must be either all present or all absent | | |
| Other related information | | |  | | |

### Outlet—outlet drug of concern identifier – A(10)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Identifying and definitional attributes* | | | | | |
| Definition | | | A numerical identifier that uniquely identifies a drug of concern from an outlet | | |
| Value domain attributes | | | | |
| Representational attributes | | | | |
| Representation class | | Identifier | Data type | Number |
| Format | | A(10) | Maximum character length | 10 |
| Permissible values | Value | Meaning | |
|  | A(10) | The service event’s unique identifier for the outlet | |
| Data element attributes | | | | | |
| Reporting attributes | | | |
| Reporting requirements | Conditional-  Mandatory when at least one conditional element is reported | | |
| Collection and usage attributes | | | | | |
| Guide for use | | | Refer to VADC Compilation and Submission Specification for further information about submission of this data element in the VADC extract.  Record the unique identifier for the drug of concern, generated from an outlet’s Client Management System (CMS) or manually generated. This should be reported for all service events.  This is to be reported in the following situations:   * to identify a drug of concern from an outlet | | |
| Source and reference attributes | | | | | |
| Definition source | | | Department of Health and Human Services | | |
| Definition source identifier | | |  | | |
| Value domain source | | |  | | |
| Value domain identifier | | |  | | |
| Relational attributes | | | | | |
| Related concepts | | | Client | | |
|  | | | Event  Outcomes | | |
| Related data elements | | | Outlet-outlet code | | |
|  | | | Outlet-outlet client identifier | | |
| Edit/validation rules | | | XML19 entity IDs must be either all present or all absent | | |
| Other related information | | |  | | |

## Referral

### Referral—ACSO identifier – N(7)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Identifying and definitional attributes | | | | | | | |
| Definition | | | A numerical identifier that uniquely identifies each referral from ACSO. This is the ACSO-COATS Event ID. | | | | |
| Value domain attributes | | | | | |
| Representational attributes | | | | | |
| Representation class | | | Identifier | Data type | Number |
| Format | | | N(7) | Maximum character length | 7 |
| Supplementary values | | Value | Meaning | | |
|  | | 9999999 | not stated/inadequately described | | |
| Data element attributes | | | | | | | |
| Reporting attributes | | | | |
| Reporting requirements | Conditional –  Mandatory for forensic referrals IN and OUT. | | | |
| Collection and usage attributes | | | | | | | |
| Guide for use | | | ACSO identifier is required for all forensic referrals which have been entered on the Penelope CMS.  All ACSO identifier codes must be represented using seven digits. Any four, five or six-digit ACSO Identifier codes must include leading zeroes to pad to seven digits.  Record the Event ID of all forensic clients.   * This will be relevant for all referrals that are made out and accepted by treatment service provider.   Record the Event ID of the incoming referrals of forensic client.   * Only those that result in a Service Event should be recorded.   Supplementary value should be used when the ACSO event ID, is not able to be obtained, or illegible.  Use null when referral is not for a forensic client. | | | | |
| Source and reference attributes | | | | | | | |
| Definition source | | | Australian Community Support Organisation | | | | |
| Definition source identifier | | |  | | | | |
| Value domain source | | | Australian Community Support Organisation | | | | |
| Value domain identifier | | |  | | | | |
| Relational attributes | | | | | | | |
| Related concepts | | | | Referral | | | |
| Related data elements | | | | Event—forensic type | | | |
|  | | | | Referral-referral provider type | | | |
| Edit/validation rules | | | | AOD45 ACSO mismatch with forensic type of none | | | |
|  | | | | AOD46 no ACSO and forensic type  AOD150 value must be 7-digits long | | | |
| Other related information | |  | | |

### Referral—direction—N

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | Specifies the direction of the referral | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
|  | 1 | referral IN | |
|  | 2 | referral OUT | |
| Supplementary values | Value | Meaning | |
|  | 9 | not stated/inadequately described | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory | | |
| Collection and usage attributes | | | |
| Guide for use | This should be stated independent of the referral method, e.g. fax, phone, e-referral, verbal.   |  |  | | --- | --- | | Code 1 | To be used when a referral is received by the service provider  A service event can only have one referral in. | | Code 2 | To be used when a referral is made by the service provider  A service event can have multiple referrals out. |   If referrals IN are not serviced, they are not to be reported. | | |
| Source and reference attributes | | | |
| Definition source | Department of Health and Human Services | | |
| Definition source identifier |  | | |
| Value domain source | Department of Health and Human Services | | |
| Value domain identifier |  | | |
| Relational attributes | | | |
| Related concepts | Referral | | |
| Related data elements | Referral-date | | |
| Edit/validation rules | Referral-ACSO identifier | | |
|  | AOD2 cannot be null | | |
|  | AOD117 referral-service type and AODT provider type mismatch on referral OUT | | |
|  | AOD118 more than one referral IN | | |
|  | AOD119 event type mismatch, referral IN on review service event | | |
|  | AOD120 referral direction and provider type mismatch | | |
|  | AOD121 referral-service type and non-AODT provider type mismatch on referral OUT | | |
| Other related information |  | | |

### Referral—referral date— DDMMYYYY

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Identifying and definitional attributes | | | | | | |
| Definition | | The date of the client referral was either made or received | | | |
| Value domain attributes | | | | | |
| Representational attributes | | | | | |
| Representation class | | Date | Data type | Date/time | |
| Format | | DDMMYYYY | Maximum character length | 8 | |
| Data element attributes | | | | | | |
| Reporting attributes | | | | | |
| Reporting requirements | | Mandatory | | | |
| Collection and usage attributes | | | | | | |
| Guide for use | | If the referral was received by the Service Provider, it is the date of first receipt, and not the date is was entered into a system or processed. If using e-referrals, it will be the date of referral acknowledgement (ack).   * Only those that result in a Service Event should be recorded.   If the referral was sent out by the Service Provider, this is the date it was verbally requested or written, and not the date it arrived at the destination.   * This will be relevant for all referrals that are made out, regardless of whether they are accepted or not. | | | |
| Source and reference attributes | | | | | | |
| Definition source | | Department of Health and Human Services | | | |
| Definition source identifier | |  | | | |
| Value domain source | | METeOR | | | |
| Value domain identifier | | 270566 Date DDMMYYYY | | | |
| Relational attributes | | | | | | |
| Related concepts | | Referral | | | |
| Related data elements | | Referral-direction | | | |
| Edit/validation rules | | AOD2 cannot be null | | | |
|  | | AOD4 date must be in DDMMYYYY format | | | |
|  | | AOD5 date cannot be in the future | | | |
|  | | AOD6 date earlier than client's date of birth | | | |
|  | | AOD40 date earlier than client date first registered | | | |
|  | | AOD122 date later than event start date on referral IN | | | |
|  | | AOD123 date later than event end date on referral OUT | | | |
| Other related information | |  | | | |

### Referral—referral service type—NN

|  |  |  |  |
| --- | --- | --- | --- |
| *Identifying and definitional attributes* | | | |
| Definition | The service type of the client referral | | |
| **Value domain attributes** | | | |
| *Representational attributes* | | | |
| Representation class | Code | Data type | Number |
| Format | NN | Maximum character length | 2 |
| Permissible values | Value | Meaning | |
|  | 10 | Residential Withdrawal | |
|  | 11 | Non-Residential Withdrawal | |
|  | 20 | Counselling | |
|  | 21 | Brief Intervention (incl. Single sessions with family) | |
|  | 22 | Ante & Post Natal Support | |
|  | 30 | Residential Rehabilitation | |
|  | 31 | Therapeutic Day Rehabilitation | |
|  | 50 | Care & Recovery Coordination | |
|  | 51 | Outreach e.g. Youth, Pharmacotherapy | |
|  | 52 | Bridging support | |
|  | 60 | Client Education program | |
|  | 71 | Comprehensive assessment | |
|  | 80 | Intake | |
|  | 81 | Outdoor Therapy | |
|  | 82 | Day Program | |
|  | 84 | Supported Accommodation | |
| Supplementary values | *Value* | *Meaning* | |
|  | 98 | Other | |
|  | 99 | not stated/inadequately described | |
| **Data element attributes** | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | *Reporting attributes* | | | Reporting requirements | Mandatory | | | | | |
| *Collection and usage attributes* | | | |
| Guide for use | Indicate the type of service that the Referral is for.  For Non-AODT services, or AODT services not listed, Code 98 should be used. | | |
| *Source and reference attributes* | | | |
| Definition source | METeOR | | |
| Definition source identifier | Based on Episode of treatment for alcohol and other drugs–treatment type (main), code N - 270056 | | |
| Value domain source | METeOR | | |
| Value domain identifier | Based on [Main treatment type for alcohol and other drugs code N - 270660](javascript:void(0);) | | |
| *Relational attributes* | | | |
| Related concepts | Referral | | |
|  | Service stream | | |
| Related data elements | Event-service stream | | |
|  | Referral-referral provider type | | |
| Edit/validation rules | AOD2 cannot be null | | |
|  | AOD117 referral-service type and AODT provider type mismatch on referral OUT | | |
|  | AOD121 referral-service type and non-AODT provider type mismatch on referral OUT | | |
| Other related information |  | | |

### Referral—referral provider type—N[N]

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The provider type of the referral source or destination | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | N[N] | Maximum character length | 2 |
| Permissible values | Value | Meaning | |
|  | 1 | Self | |
|  | 2 | Family member/friend | |
|  | 3 | General Practitioner/Medical practitioner | |
|  | 4 | Hospital | |
|  | 5 | Mental health care service – public/private | |
|  | 6 | Alcohol and other drug treatment service | |
|  | 7 | Other community/health care service | |
|  | 8 | Corrections Victoria | |
|  | 9 | Police diversion | |
|  | 10 | Court diversion | |
|  | 11 | Legal unit (including legal aid) | |
|  | 12 | Child protection agency | |
|  | 13 | Community support groups/agencies | |
|  | 14 | Centrelink or employment service | |
|  | 15 | Housing and homelessness service | |
|  | 16 | Telephone & online services/ referral agency e.g. Direct Line | |
|  | 17 | Disability support service | |
|  | 18 | Aged care service | |
|  | 19 | Immigration department or asylum seeker/refugee support service | |
|  | 20 | School /other education or training institution | |
|  | 21 | ACSO-COATS | |
|  | 22 | Youth service (non-AOD) | |
|  | 23 | Indigenous service (non-AOD) | |
|  | 24 | Medically supervised injecting room | |
|  | 25 | Specialist family violence service | |
|  | 26 | Emergency Department AOD Mental Health Crisis Hubs | |
| Supplementary values | Value | Meaning | |
|  | 98 | Other | |
|  | 99 | not stated/inadequately described | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory | | |
| Collection and usage attributes | | | |
| Guide for use | On referrals IN, the provider type should be that of the referral source.  On referrals OUT, the provider type should be that of the destination.   |  |  | | --- | --- | | Code 1 | Includes self-referrals only.  Should be used for Referral with direction = 1 only | | Code 2 | Includes referrals by family members, friends, and significant others. Should be used for Referral with direction = 1 only | | Code 3 | Includes medical specialists, vocationally registered general practitioners, vocationally registered general practitioner trainees and other primary-care medical practitioners in private practice. | | Code 4 | Includes public and private hospitals, hospitals specialising in dental, ophthalmic aids and other specialised medical or surgical care, satellite units managed and staffed by a hospital, emergency departments of hospitals, and mothercraft hospitals. Excludes psychiatric hospitals, psychiatric units and drug and alcohol units located within or operating from hospitals, and outpatient clinics (see codes 05-07). | | Code 5 | Includes both residential and non-residential services. Includes psychiatric hospitals and psychiatric units within and outside of hospitals. Also includes headspace centres. | | Code 6 | Includes both residential and non-residential services. Includes drug and alcohol units within and outside of hospitals. | | Code 7 | Includes outpatient clinics, CHC/CHS, Ambulance, Needle & Syringe Program, ABI Agency, Primary Health Outreach worker | | Code 8 | Includes Office of Corrections, Juvenile Justice, Step-out, CHAD Nurse, Prison Health Service | | Code 9 | This code should be used when a person detained for a minor drug offence is formally referred to treatment by the police in order to divert the offender from the criminal justice pathway.  Should be used for Referral with direction = 1 only | | Code 10 | This code refers to the diversion of an offender into drug education, assessment and treatment at the discretion of a magistrate. This may occur at the point of bail or prior to sentencing.  Should be used for Referral with direction = 1 only | | Code 11 | Lawyers and legal units including legal aid can refer to AOD services. e.g. referrals from the Domestic/Family Violence Legal Unit. | | Code 12 | Victorian Child protection agencies and workers can directly refer to AODT services.  AODT service providers have a responsibility to report to Child Protection where there is a risk of significant harm relating to physical or sexual abuse. The AODT worker will make a notification to a Child protection Intake team. | | Code 13 | This includes all agencies that offer support to families, children, rural, women & men support groups, Aboriginal and/or Torres Strait Islander families | | Code 14 | This code should be used for Centrelink referrals to AODT services such as Counselling, Withdrawal and those to employment service providers. | | Code 15 | Organisations across Victoria that assist people to find housing for those that are homeless or at risk of homelessness. | | Code 16 | Telephone and online services provide confidential counselling and assistance, information and education, self-assessment tools, contacts for self-help groups and referral for treatment. Examples include; DirectLine, Kids helpline, Lifeline, Narcotics Anonymous, Parentline | | Code 17 | Service providers that provide financial assistance, accommodation options, community involvement, employment, training and other supports and services for people with a disability, their families and carers. | | Code 18 | Organisations that provide accommodation for older people who can no longer live independently at home. Aged care services and facilities can directly refer to AODT services. | | Code 19 | Those organisations that provide specialist services for refugees and asylum seekers offering health, education, employment, legal representation, financial support, family support e.g. Victoria Multicultural Commission, Southern Migrant and Refugee Centre, Life without barriers, Foundation house, Asylum Seeker Resource Centre | | Code 20 | These include primary, secondary schools as well as further and higher education, e.g. universities, technical, performing arts colleges, sports institutes, and other organisations that offer training courses. | | Code 21 | Australian Community Support Organisation-Community Offender Advice and Treatment Service (COATS)  This code should be used for referrals into a Service Provider from ACSO COATS which provides brokerage services for COATS, NIDS, RAPIDS client programs. It should also be used for Referrals to ACSO COATS for ACSO assessments, where forensic clients have presented directly to service provider and redirected to ACSO. | | Code 22 | Organisations that provide non-AOD youth specific services including; Community Support, Mental health, Family services, Youth accommodation, youth development and education. | | Code 23 | Organisations that provide non-AOD indigenous specific services including; Victorian Community Controlled Organisations, Victorian Aboriginal Health Service, Victorian Aboriginal Community Services, Victorian Aboriginal Child Care Agency, Victorian Aboriginal Legal Service, Aboriginal Education Association Inc and Aboriginal House Victoria, Local Aboriginal networks. | | Code 24 | A medically supervised injecting room (MSIR) is a safe and hygienic place where people can inject drugs in a supervised health setting. | | Code 25 | Services which provide front line support for women and children experiencing family violence. | | Code 26 | Hubs within hospital emergency departments providing a specialised stream of care for patients presenting with urgent high acuity mental health, alcohol and / or other drug problems. | | Code 98 | Other Includes persons referred under a legislative act (other than Drug Diversion Act) e.g. Mental Health Act. Also referrals from other government and non-government agencies. | | | |
| Source and reference attributes | | | |
| Definition source | METeOR | | |
| Definition source identifier | Based on 269946 [Episode of treatment for alcohol and other drugs—referral source, code NN](http://meteor.aihw.gov.au/content/index.phtml/itemId/269946) | | |
| Value domain source | METeOR | | |
| Value domain identifier | Based on [Referral source for alcohol and other drug treatment code NN - 270593](javascript:void(0);) | | |
| Relational attributes | | | |
| Related concepts | Referral | | |
| Related data elements | Referral-direction | | |
| Edit/validation rules | AOD2 cannot be null | | |
|  | AOD117 referral-service type and AODT provider type mismatch on referral OUT | | |
|  | AOD120 referral direction and provider type mismatch | | |
|  | AOD121 referral-service type and non-AODT provider type mismatch on referral OUT | | |
| Other related information |  | | |

## Technical

### Technical—action— A(1)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Identifying and definitional attributes | | | | | |
| Definition | | The action to be carried out on a submitted record | | | | |
| Value domain attributes | | | | |
| Representational attributes | | | | |
| Representation class | | Text | Data type | String |
| Format | | A(1) | Maximum character length | 1 |
| Data element attributes | | | | | |
| Reporting attributes | | | | |
| Reporting requirements | | Mandatory | | |
| Collection and usage attributes | | | | | |
| Guide for use | | |  |  | | --- | --- | | I | To be used to indicate insertion is required | | U | To be used to indicate update is required | | D | To be used to indicate deletion is required |   Specify the action that should be carried out on a submitted record either as part of a data submission, or on a record previously submitted in error | | | | |
| Source and reference attributes | | | | | |
| Definition source | | Department of Health and Human Services | | | | |
| Definition source identifier | | VADC Compilation and Submission Specification | | | | |
| Value domain source | | Department of Health and Human Services | | | | |
| Value domain identifier | | VADC Compilation and Submission Specification | | | | |
| Relational attributes | | | | | |
| Related concepts | |  | | | | |
| Related data elements | | Technical-reporting period | | | | |
| Edit/validation rules | | XML18 action must be I, U or D  XML20 insert or update delete with no content  VADC01 delete has no corresponding prior entry for reporting period  AOD2 cannot be null | | | | |
| Other related information | |  | | | | |

### Technical—extract date— DDMMYYYYHHMM

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Identifying and definitional attributes | | | | | |
| Definition | | The date and time the data was extracted for submission to the department | | | | |
| Value domain attributes | | | | |
| Representational attributes | | | | |
| Representation class | | Date | Data type | Date/time |
| Format | | DDMMYYYYHHMM | Maximum character length | 12 |
| Data element attributes | | | | | |
| Reporting attributes | | | | |
| Reporting requirements | | Mandatory in every submission instance | | |
| Collection and usage attributes | | | | | |
| Guide for use | | For records being submitted as part of a monthly reporting submission, specify the day month year and the time when the data was extracted from the Client Management System or Reporting system.  The time is to represent the hours and minutes past midnight. The hour is to be recorded using 24-hour notation. | | | | |
| Source and reference attributes | | | | | |
| Definition source | | Department of Health and Human Services | | | | |
| Definition source identifier | |  | | | | |
| Value domain source | | METeOR | | | | |
| Value domain identifier | | Based on 270566 Date DDMMYYYY | | | | |
| Relational attributes | | | | | |
| Related concepts | |  | | | | |
| Related data elements | | Technical-action | | | | |
| Edit/validation rules | |  | | | | |
| Other related information | |  | | | | |

### Technical—reporting period— NNNNNN

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Identifying and definitional attributes | | | | | |
| Definition | | The reporting period to which this record relates | | | | |
| Value domain attributes | | | | |
| Representational attributes | | | | |
| Representation class | | Identifier | Data type | Number |
| Format | | NNNNNN | Maximum character length | 6 |
| Data element attributes | | | | | |
| Reporting attributes | | | | |
| Reporting requirements | | Mandatory in every submission instance | | |
| Collection and usage attributes | | | | | |
| Guide for use | | Specify the month as represented by a two-digit number (MM) and the year, as represented by a four-digit number (YYYY) that the record reported relates to. For example, 012019 for a reporting period of January 2019. | | | | |
| Source and reference attributes | | | | | |
| Definition source | | Department of Health and Human Services | | | | |
| Definition source identifier | |  | | | | |
| Value domain source | | METeOR | | | | |
| Value domain identifier | | Based on 270566 Date DDMMYYYY | | | | |
| Relational attributes | | | | | |
| Related concepts | |  | | | | |
| Related data elements | | Technical-action | | | | |
| Edit/validation rules | | XML04 file name (outlet\_code, reporting\_period) not represented in file  XML09 reporting period in submission instance is not valid or out of range  XML14 more than one reporting month in file  XML15 required fields are null  AOD2 cannot be null | | | | |
| Other related information | |  | | | | |

# Edit/Validation Rules

*Table 5.a Data Element edit/validation rules*

| ID | XML Logic Description | XML Logic file description | Source | Status |
| --- | --- | --- | --- | --- |
| XML01 | Duplicate submission instances within a single XML file | File content has duplicate submission instance entries | VADC Compilation & Submission manual | File load fail |
| XML02 | Duplicate client within submission instance in a single XML file | File content has duplicate client entries | VADC Compilation & Submission manual | File load fail |
| XML03 | Duplicate service event within a single client/submission instance in a single XML file | File content has duplicate service event entries | VADC Compilation & Submission manual | File load fail |
| XML04 | File name (outlet\_code, reporting\_period) not represented in file | File name (outlet\_code, reporting\_period) not represented in file | VADC Compilation & Submission manual | File load fail |
| XML05 | Multiple Service Providers (n) represented in a single file | Multiple service providers present in a single file | VADC Compilation & Submission manual | File load fail |
| XML06 | Service Event has outlet\_client\_id where client is not in submission\_instance | Client in service event without entry in submission instance | VADC Compilation & Submission manual | File load fail |
| XML07 | Outlet Code in file is not in list of valid outlet codes | Outlet Code in file is not in the list of valid outlet codes | VADC Compilation & Submission manual | File load fail |
| XML08 | Outlet Code in submission instance is not in a valid format | A submission instance has an invalid outlet code with incorrect format   * Outlet Code must be 9 digits long Length() <> 9 * Outlet Code must be Numeric | VADC Compilation & Submission manual | File load fail |
| XML09 | Reporting period in submission instance is not valid or out of range | Needs to be in format MMYYYY   * Reporting Period must be 6 digits long Length() <> 6 * Reporting Period is numeric * Month 01-12 * Year <= 2199   Reporting period cannot be in the future | VADC Compilation & Submission manual | File load fail |
| XML10 | Outlet Code is not valid for reporting period | Outlet code was not valid at the time the file report period is stating | DHHS | File load fail |
| XML13 | Submission instance extract date is invalid | The extract date in the submission instance is not in the format DDMMYYYYHHMM | VADC Compilation & Submission manual | File load fail |
| XML14 | More than one reporting month in file | Submission file contains data for more than one reporting period | VADC Compilation & Submission manual | File load fail |
| XML15 | Required fields are NULL | The following are required but are NULL: outlet\_code, reporting\_period, extract\_date, action (on Client); outlet\_client\_id (on Service Event) | VADC Compilation & Submission manual | File load fail |
| XML16 | Required fields are incorrect length | The following should be [max length] : outlet\_client\_id [10]; outlet\_service\_event\_id [10]; outlet\_client\_id (on S.E.) [10]; | VADC Compilation & Submission manual | File load fail |
| XML17 | Required fields are non-numeric | The following should be numeric : outlet\_client\_id; outlet\_service\_event\_id; outlet\_client\_id (on S.E.); | VADC Compilation & Submission manual | File load fail |
| XML18 | Action must be I, U or D | The action field on Client, Service Event does not contain I, U or D | VADC Compilation & Submission manual | File load fail |
| XML19 | Entity IDs are inconsistent | Entity IDs must be either all present or all absent | VADC Compilation & Submission manual | File load fail |
| XML20 | Insert or update with no content | Service Event has no content | VADC Compilation & Submission manual | File load fail |

**The database edit/validation rules validated previously against submitted data:**

*Table 5.b Data Element edit/validation rules*

| ID | Database edit rule | Source | Status |
| --- | --- | --- | --- |
| VADC01 | Delete has no corresponding prior entry for reporting period | VADC Compilation & Submission manual | Client error |
| VADC02 | Outlet is missing Open Service Event from previous Reporting Period | VADC Compilation & Submission manual | Client warning |
| VADC03 | Client is missing Open Service Event from previous Reporting Period | VADC Compilation & Submission manual | Client warning |
| VADC04 | Service Event was already closed in an earlier Reporting Period | VADC Compilation & Submission manual | Client error |
| VADC05 | Service Event is closing but is still open in a later Reporting Period | VADC Compilation & Submission manual | Client error |
| VADC06 | 'Unclosed' Service Event will need to be reported in all later Reporting Periods until its new End Date | VADC Compilation & Submission manual | Client warning |
| VADC07 | Service Event ID not unique | VADC Compilation & Submission manual | Client error |
| VADC08 | SLK not unique | VADC Compilation & Submission manual | Client warning |

**The data element edit/validation rules are listed in ID order and grouped by ID:**

Table 5.c Data Element edit/validation rules

| ID | Edit name/description | Data elements | Pseudo code/rule | Source | Status |
| --- | --- | --- | --- | --- | --- |
| C10 | Age indicates very old | Client-date of birth  Technical-reporting period | Reporting period year (YYYY) - getYear(Client-date of birth) > 100 AND Client-date of birth != ‘01011900’ | national (other G) | warning |
| C14 | Employment status is child not at school and age is greater than 18 | Client-date of birth  Outcomes-employment status  Technical-reporting period | Outcomes-employment status = 1 AND (Reporting period year (YYYY) - getYear(Client-date of birth) >18) | national (other G) | warning |
| C15 | Employment status is employed or unemployed and age is less than 15 | Client-date of birth  Outcomes-employment status  Technical-reporting period | Outcomes-employment status = [3 OR 4] AND Reporting period year (YYYY) - getYear(Client-date of birth) < 15 | national (other A\*) | warning |
| C21 | Medicare code is zero and age is not less than 1 year | Client-Medicare card number  Client-date of birth  Technical-reporting period | Reporting period year (YYYY) - getYear(Client-date of birth) <= 45) ≥ 1 AND 11th character of Client-Medicare card number =0 | DHHS | warning |
| C34 | Antarctica and ‘other purpose codes’ are reported as country of birth | Client-country of birth | Client-country of birth = [1600 OR 0601–0616 OR 0701–0705 OR OR OR 0708–0747] | national (other G) | warning |
| C35 | Aboriginal and/or Torres Strait Islander and country of birth is not Australia | Client-country of birth  Event-Indigenous status | Event-Indigenous status = [1 OR 2 OR 3]  AND Client—country of birth ≠ [11xx] | national (other A,G) | warning |
| C36 | Client date of birth is unrealistic  Dependant year of birth is unrealistic | Client-date of birth  Dependant-year of birth  Technical-reporting period | Reporting period year (YYYY) - getYear(Client-date of birth) >= 124 AND Client-date of birth != ‘01011900’  Reporting period year (YYYY) - year of birth (YYYY) >=124 | national (other A\*, C\*, G\*) | error |
| C45 | Indigenous status should not be ‘unknown’ | Event-Indigenous status | Indigenous status ≠ [1 OR 2 OR 3 OR 4] | national (other A\*) | warning |
| C46 | Aboriginal and/or Torres Strait Islander and preferred language mismatch | Event-Indigenous status  Client-preferred language mismatch | Indigenous status = [1 OR 2 OR 3] AND Preferred language ≠ [8xxx OR 1201 OR 9601 OR 97xx] | DHHS | warning |
| C47 | Preferred language is English yet stated as needing interpreter | Client-need for interpreter services  Client-preferred language | Preferred language = 1201 AND need for interpreter services ≠ 2 | DHHS | warning |
| C48 | Sex should not be unknown | Client-sex at birth | Client-sex at birth = 9 | national (other A\*) | warning |
| AOD0 | Value is not in codeset for reporting period | Applicable to codeset fields. Refer to edit/validation rules in Section 6, Data element definitions | Code != reference codeset lookup | DHHS | error |
| AOD2 | Cannot be null | All mandatory data elements | value !=null | DHHS | error |
| AOD4 | Date must be in DDMMYYYY format | All date elements | value isDate(DDMMYYYY) | DHHS | error |
| AOD5 | Date cannot be in the future | Client-date first registered  Client-date of birth  Contact-contact date  Event-start date  Event-assessment completed date  Outcomes-Client review date  Drug Concern-date last use  Referral-referral date  Technical-reporting period | date > last day of reporting period | DHHS | error |
| AOD6 | Date earlier than client’s date of birth | Client-date first registered  Contact-contact date  Event-end date  Event-start date  Event-assessment completed date  Outcomes-Client review date  Drug Concern-date last use  Referral-referral date | date < Client-date of birth  Event-assessment completed date  < Client-date of birth  AND Event-assessment completed date  != ‘01011900’  Drug Concern-date last use < Client-date of birth AND Drug Concern-date last use  != ‘01011900’ | DHHS | error |
| AOD7 | Date earlier than event start date | Contact-contact date  Event-end date  Event-start date | date < Event-start date | DHHS | error |
| AOD8 | Date later than event end date | Event-end date  Contact-contact date  Outcomes-client review date | date > Event-end date | DHHS | error |
| AOD9 | Numeric only | Client-individual health identifier  Client-Medicare card number  Event-did not attend  Outcomes-AUDIT Score  Outcomes-DUDIT Score  Outcomes-K10 Score  Outcomes-physical health  Outcomes-psychological health  Outcomes-quality of life  Drug Concern-volume | isNumber(value) | DHHS | error |
| AOD12 | DOB accuracy indicator invalid | Client-dob accuracy indicator | Must contain combinations of A, E or U characters | DHHS | error |
| AOD13 | Age indicates not dependant child and CPO flag on | Client-CPO flag  Client-dependant year of birth | Client-dependant year of birth indicates >= 18 AND CPO flag != null | DHHS | warning |
| AOD14 | Age indicates dependant child and CPO flag off | Client-CPO flag  Client-dependant year of birth | Client-dependant dob indicates < 18 AND CPO flag = null | DHHS | error |
| AOD15 | Living with flag, but client is homeless | Client-dependant living with flag  Outcomes-accommodation type | IF the client has more than zero dependants living with flag = 1 AND accommodation type = 12 THEN invalid | DHHS | warning |
| AOD16 | Incorrect combination of postcode and locality name | Client-locality name  Client-postcode | Valid combination from the following source:<https://www2.health.vic.gov.au/about/publications/researchandreports/postcode-locality-reference> | DHHS | warning |
| AOD19 | Client cannot be a refugee and country of birth = Australia | Client-refugee status  Client-country of birth | Client-refugee status = [1 OR 3] AND Client-country of birth = [11xx] | DHHS | warning |
| AOD20 | Client cannot be a refugee and Aboriginal and/or Torres Strait Islander | Client-refugee status  Event-indigenous status | Client-refugee status = [1 OR 3] AND Event- indigenous status = [1, 2,or 3] | DHHS | warning |
| AOD21 | No IHI when Medicare is present | Client-individual health identifier  Client-Medicare number | Client-individual health identifier = 9, AND (Client-Medicare number != [8, 9]) | DHHS | warning |
| AOD22 | IHI present when no Medicare number | Client-individual health identifier  Client-Medicare number | Client-individual health identifier != 9, AND (Medicare number = [8, 9] ) | DHHS | warning |
| AOD23 | IHI present with default SLK | Client-individual health identifier  Client-statistical linkage key 581 | Client-individual health identifier != 9 AND Client-statistical linkage key like default | DHHS | warning |
| AOD24 | SLK present with unknown IHI | Client-individual health identifier  Client-statistical linkage key 581 | Client-statistical linkage key not like default AND Client-individual health identifier = 9 | DHHS | warning |
| AOD25 | SLK applied to multiple clients | Outlet-client id  Client-statistical linkage key 581 | IF within a file (all submission instances combined) there is the same slk applied to 2 different outlet\_client\_IDs, THEN invalid | DHHS | warning |
| AOD26 | Group contact with less than two service recipients | Contact-contact type  Contact-number of service recipients | Contact-contact type = 2  AND (Contact-number of service recipients = null OR number of service recipients < 2) | DHHS | warning |
| AOD28 | Presenting drug of concern but not presentation | Event-presenting drug of concern  Event-event type | value != null AND event type != 1 | DHHS | warning |
| AOD29 | Event type mismatch, event type is not assessment | Event-MASCOT Score  Event-TIER  Event-event type | value !=(null, 8, 9) AND event type != 2 | DHHS | warning |
| AOD30 | Event type mismatch, event type is not treatment | Event-assessment completed date  Event-end reason  Event-perc course completed  Event-target pop  Event-event type | value !=null AND event type != 3 | DHHS | warning |
| AOD31 | Event type mismatch, event type is not assessment or treatment | Event-did not attend  Event-event type | Value != null AND Event-event type !=[ 2, OR 3] | DHHS | warning |
| AOD33 | End reason but treatment not ended | Event-end date  Event-end reason  Event-event type | (end reason != 99 OR null) AND end date = null AND Event-event type = 3 | DHHS | error |
| AOD34 | End date and no end reason | Event-end date  Event-end reason  Event-event type | Event-end reason = 99 OR null AND Event-end date != null AND Event-event type = 3 | DHHS | error |
| AOD35 | Perc course completed is null and treatment ended | Event-perc course completed  Event-end date  Event-event type | Event-Perc course completed = null AND Event-end date != null AND Event-event type = 3 | DHHS | error |
| AOD36 | Perc course completed and treatment has not ended | Event-perc course completed  Event-end date  Event-event type | Event-Perc course completed = [0,1,2,3, OR 4] AND Event-end date = null AND Event-event type = 3 | DHHS | warning |
| AOD37 | Course length but not required for combination of funding source and service stream | Event-course length  Event-service stream  Event-funding source  Event-end date | See Section 4.2.5 matrix of service streams and funding sources.  Event-course length is (1,2,9) AND  Event-end date is NOT null AND NOT (Event-funding source with Event-Service stream is ‘L’ for combination of funding source and service stream from Section 4.2.5) AND NOT (Event-funding source = 0, 999) | DHHS | warning |
| AOD38 | No course length for combination of funding unit and required service stream | Event-course length  Event-service stream  Event-funding source  Event-end date | See Section 4.2.5 matrix of service streams and funding sources.  Event-course length is (Null,8) AND Event-end date is NOT null AND (Event-funding source with Event-Service stream is ‘L’ for combination of funding source and service stream from Section 4.2.5). | DHHS | error |
| AOD40 | Date earlier than client date first registered | Event-start date  Outcomes-Client review date  Client-date first registered  Event-event type | date < Client-date first registered when event type != 1 | DHHS | warning |
| AOD41 | Date later than event start date | Event-assessment completed date  Event-start date  Event-event type | Event-Assessment completed date > Event-start date AND Event-event type = 3 | DHHS | error |
| AOD43 | Duplicate concurrent assessment event types | SI-Outlet code  SI-Report period  Client-client ID  Event-client ID  Event-event type | Outlet code, Report Period, Client-Client ID, Event-Client ID, Count (Event-event-type=2) > 1 | DHHS | error |
| AOD45 | ACSO mismatch with forensic type of none | Event-forensic type  Referral-ACSO Identifier | Referral- ACSO identifier != null AND Event-forensic type = 0 | DHHS | warning |
| AOD46 | No ACSO and forensic type | Event-forensic type  Referral-ACSO Identifier | Referral- ACSO identifier =null AND Event-forensic type != 0 | DHHS | warning |
| AOD47 | Service stream mismatch | Event-funding source  Event-service stream | See Section 4.2.5 matrix of service streams and funding sources.  Event-funding source with Event-Service stream is NOT (‘NA’, ‘D’, ‘E’, ‘C’) for combination of funding source and service stream from Section 4.2.5 | DHHS | error |
| AOD48 | Event type mismatch | Event-service stream  Event-event type | See table 3 matrix of service event types and service streams.  Event-event type with Event-service stream is NOT valid mapping of Event-event type AND Event-Service stream from table 3 | DHHS | error |
| AOD49 | No did not attend and assessment or treatment has ended | Event-did not attend  Event-event type  Event-end date  Event-service stream | Event-did not attend =null  AND Event-end date != null  AND Event-event type = [2 OR 3]  AND Event-service stream NOT (Table 3 Activity Type = R) | DHHS | error |
| AOD50 | Did not attend and assessment or treatment has not ended | Event-did not attend  Event-event type  Event-end date | Event-did not attend != null  AND Event-end date = null  AND Event-event type = [2 OR 3] | DHHS | warning |
| AOD51 | Service stream mismatch, did not attend and service stream is bed based | Event-did not attend  Event-event type  Event-service stream | value != null AND Event-event type = [3], when Event-service stream = (Table 3 Activity Type = R) | DHHS | error |
| AOD55 | Service delivery setting and service delivery not ended | Event-service delivery setting  Event-end date | Event-service delivery setting != null, AND Event-end date = null | DHHS | warning |
| AOD56 | No service delivery setting and service delivery ended | Event-service delivery setting  Event-end date | (Event-service delivery setting = null) AND (Event-end date != null) | DHHS | error |
| AOD57 | Service stream mismatch, combination of funding source and service stream does not need significant goal achieved | Event-end date  Event-significant goal achieved  Event-service stream  Event-event type  Event-funding source | See Section 4.2.5 matrix of service streams and funding sources.  Event-SGA is (1,2) AND Event-end date is NOT null AND NOT (Event-funding source with Event-Service stream is ‘S’ for combination of funding source and service stream from Section 4.2.5) AND NOT (Event-funding source = 0, 999) | DHHS | warning |
| AOD58 | Significant goal and treatment has not ended | Event-significant goal achieved  Event-end date | significant goal achieved = 1,2 AND end date = null | DHHS | warning |
| AOD59 | No significant goal and treatment has ended | Event-significant goal achieved  Event-service stream  Event-end date  Event-funding source | See Section 4.2.5 matrix of service streams and funding sources  Event-SGA is (NULL, 8, 9) AND Event-end date is NOT null AND (Event-funding source with Event-Service stream is ‘S’ for combination of funding source and service stream from Section 4.2.5) | DHHS | error |
| AOD60 | TIER and assessment not ended, when event type is Assessment | Event-TIER  Event-end date  Event-event type | (Event-TIER >=1 AND <=5) when Event end date = null AND Event-event type = [2] | DHHS | warning |
| AOD61 | No TIER and assessment has ended, when event type is Assessment | Event-TIER  Event-end date  Event-event type | Event-TIER = (null OR 9), when Event-end date !=null AND Event-event type=[2] | DHHS | error |
| AOD62 | No target pop and treatment has ended | Event-target pop  Event-end date  Event-event type | (Event-target pop =null) AND (Event-end date !=null) when Event-event type=[3] | DHHS | error |
| AOD63 | Target pop child mismatch with date of birth | Event-target pop  Client-date of birth | Event-target pop = [5] AND reporting period year (YYYY) - get Year(Client-date of birth) > 16 | DHHS | warning |
| AOD64 | Target pop youth mismatch with date of birth | Event-target pop  Client-date of birth | Event-target pop = [6] AND reporting period year (YYYY) - get Year(Client-date of birth) <16 OR >25 | DHHS | warning |
| AOD65 | Target pop female mismatch with sex at birth or gender identity | Event-target pop  Client-gender identity  Client-sex at birth | Event-target pop = [2] AND (Client-gender identity = [1] OR Client-sex at birth = [1]) | DHHS | warning |
| AOD66 | Target pop male mismatch with sex at birth or gender identity | Event-target pop  Client-gender identity  Client-sex at birth | Event-target pop = [1] AND (Client-gender identity = [2] OR Client-sex at birth = [2]) | DHHS | warning |
| AOD68 | Invalid outcome since client registered is not person of concern (self) | Outcomes-AUDIT Score  Outcomes-DUDIT Score  Outcomes-days injected last four weeks  Contact-relationship to client | Outlet Service Event ID != null AND Outcomes value !=98 AND  (Contact-relationship to client !=[0] AND Service Stream != (Table 3 Activity Type = R) | DHHS | error |
| AOD69 | No accommodation type AND comprehensive assessment or treatment has ended | Outcomes-accommodation type  Event-end date  Event-event type  Event-service stream | Outcomes-accommodation type = null AND Event-end date != null, when Event-event type = [2 OR 3] AND service stream != [50] | DHHS | warning |
| AOD71 | Age is too young for aged care accommodation | Client-date of birth  Outcomes-accommodation type | Reporting period year (YYYY) - getYear(Client-date of birth) <= 45) AND Outcomes-accommodation type =3 | DHHS | warning |
| AOD72 | No arrested last four weeks AND comprehensive assessment or treatment has ended | Outcomes-arrested last four weeks  Event-end date  Event-event type | Outcomes-arrested last four weeks =null AND Event-end date != null, when Event-event type =[2 OR 3] | DHHS | warning |
| AOD74 | Out of audit score range | Outcomes-AUDIT Score | Outcomes-AUDIT score <0 OR > 40  AND != (98,99) | DHHS | error |
| AOD75 | No AUDIT score AND comprehensive assessment or treatment has ended | Outcomes-AUDIT Score  Event-end date  Event-event type | Outcomes-AUDIT score =null AND Event-end date != null, when Event-event type =[2 OR 3] | DHHS | warning |
| AOD77 | Days injected last four weeks invalid range | Outcomes-days injected last four weeks | Outcomes-days injected last four weeks <0 OR >28  AND != (98,99) | DHHS | error |
| AOD78 | Days injected and date last use is greater than four weeks ago | Outcomes-days injected last four weeks  Drug Concern-date last use  Drug Concern-method of use  Outcomes-client review date | Outcomes-days injected (>=0 AND <=28) AND DC-date last use !=01011900 AND DC-date last use <  Outcomes-client review date - 28d  AND DC-method of use = 3 | DHHS | warning |
| AOD79 | Days injected is zero and date last use is within last four weeks | Outcomes-days injected last four weeks  Drug Concern-date last use  Drug Concern-method of use  Outcomes-client review date | Outcomes-days injected last four weeks = 0  AND DC-date last use !=01011900 AND DC-date last use >= Outcomes-client review date -28d, AND DC-method of use = 3 | DHHS | warning |
| AOD80 | No injected last four weeks AND comprehensive assessment or treatment has ended where drug of concern is injecting | Outcomes-days injected last four weeks  Event-end date  Event-event type  Event-service stream  Drug Concern-method of use | Outcomes-days injected last four weeks =(null,98)  AND Event-end date != null  AND Event-event type = [2, 3]  AND DC-method of use = 3 | DHHS | warning |
| AOD82 | Out of DUDIT score range | Outcomes-DUDIT Score | Outcomes-DUDIT Score <0 OR >44 AND != (98,99) | DHHS | error |
| AOD83 | No DUDIT score AND comprehensive assessment or treatment has ended | Outcomes-DUDIT Score  Event-end date  Event-event type | Outcomes-DUDIT score =null AND Event-end date != null, when Event-event type =[2 OR 3] | DHHS | warning |
| AOD85 | Postcode indicates no fixed address and accommodation type is not homeless | Outcomes-accommodation type  Client-postcode | Client-postcode = 0097 AND Outcomes-accommodation type != [12] | DHHS | warning |
| AOD86 | No employment status AND comprehensive assessment or treatment has ended | Outcomes-employment status  Event-end date  Event-event type | Outcomes-employment status =null AND Event-end date != null, when Event-event type =[2 OR 3] | DHHS | warning |
| AOD88 | Employment status and unemployed not training mismatch | Outcomes-unemployed not training  Outcomes-employment status | Outcomes-unemployed not training = [1 OR 2] AND Outcomes-employment status =[3] | DHHS | warning |
| AOD89 | Employment status of student and unemployed not training mismatch | Outcomes-unemployed not training  Outcomes-employment status | Unemployed not training = [1] AND employment status = [2] | DHHS | warning |
| AOD90 | Out of K10 Score range | Outcomes-K10 Score | Outcomes-K10 Score <10 OR > 50  AND != (98,99) | DHHS | error |
| AOD91 | No K10 score AND comprehensive assessment or treatment has ended | Outcomes-K10 Score  Event-end date  Event-event type | Outcomes-K10 Score =null AND Event-end date != null, when Event-event type =[2 OR 3] | DHHS | warning |
| AOD93 | Out of client rating range | Outcomes-physical health  Outcomes-psychological health  Outcomes-quality of life | value <0 OR >10  AND != (98,99) | DHHS | error |
| AOD94 | No physical health rating AND comprehensive assessment or treatment has ended | Outcomes-physical health  Event-end date  Event-event type | Outcomes-physical health =null AND Event-end date != null, when Event-event type =[2 OR 3] | DHHS | warning |
| AOD96 | No psychological health rating AND comprehensive assessment or treatment has ended | Outcomes-psychological health  Event-end date  Event-event type | Outcomes-psychological health =null AND Event-end date != null, when Event-event type =[2 OR 3] | DHHS | warning |
| AOD98 | No Quality of Life rating and comprehensive assessment or treatment has ended | Outcomes-quality of life  Event-end date  Event-event type | Outcomes-quality of life =null AND Event-end date != null, when Event-event type =[2 OR 3] | DHHS | warning |
| AOD100 | No Risk to others and comprehensive assessment or treatment has ended | Outcomes-risk to others  Event-end date  Event-event type | Outcomes-Risk to others =null AND Event-end date != null, when Event-event type =[2 OR 3] | DHHS | warning |
| AOD102 | No Risk to self and comprehensive assessment or treatment has ended | Outcomes-risk to self  Event-end date  Event-event type | Outcomes-Risk to self =null AND Event-end date != null, when event-event type =[2 OR 3] | DHHS | warning |
| AOD104 | No unemployed not training AND comprehensive assessment or treatment has ended | Outcomes-unemployed not training  Event-end date  Event-event type | Outcomes-unemployed not training =null AND Event-end date != null, when Event-event type = [2 OR 3] | DHHS | warning |
| AOD106 | No violent last four weeks and comprehensive assessment or treatment has ended | Outcomes-violent last four weeks  Event-end date  Event-event type | Outcomes-violent last four weeks =null AND Event-end date !=null, when Event-event type =[2 OR 3] | DHHS | warning |
| AOD108 | No frequency last 30 days when date of last use was within last 30 days | Drug Concern-frequency last 30 days  Drug Concern-date last use  Outcomes-client review date | DC-frequency last 30 days = 0  AND DC-date last use !=01011900  AND DC-date last use >= Outcomes-client review date - 30d | DHHS | warning |
| AOD109 | Frequency last 30 days when date of last use was not within last 30 days | Drug Concern-frequency last 30 days  Drug Concern-date last use  Outcomes-Client review date | DC-frequency last 30 days =[1, 2, 3, OR 4]  AND DC-date last use !=01011900  AND DC-date last use < Outcomes-client review date - 30d | DHHS | warning |
| AOD111 | Method of use and volume unit mismatch | Drug Concern-method of use  Drug Concern-volume unit | Drug Concern-method of use != [1] AND volume unit = [12] | DHHS | warning |
| AOD112 | Cannot have two principal concerns | Drug Concern-principal concern | Count (Drug Concern-principal concern) > 1, when Outcome Measure-ID != null AND Service Event ID != null | DHHS | error |
| AOD113 | Cannot have two identical drugs of concern for same outcome measure | Drug Concern-Drug name | Drug Concern-drug name isUnique() AND Outcome Measure-ID != null when Outlet Service Event ID != null | DHHS | error |
| AOD114 | Only 6 drugs of concern required for same outcome measure | Drug Concern-Drug name | Count isUnique(Drug Concern-drug name) > 6 AND Outcome Measure-ID != null when Outlet Service Event ID != null | DHHS | warning |
| AOD117 | Service type and AODT provider type mismatch on referral OUT | Referral-service type  Referral-referral provider type  Referral-direction | Referral-referral provider type = [6] AND Referral service type = [98, 99] OR empty when direction = 2 | DHHS | error |
| AOD118 | More than one referral IN | Referral-direction  Outlet-ServiceEvent ID | Only one referral allowed with direction = IN, to a service event | DHHS | warning |
| AOD119 | Event type mismatch, referral IN on review service event | Referral-direction  Event-event type | Referral-referral direction = [1] AND Event-event type = [5] | DHHS | warning |
| AOD120 | Referral direction and provider type mismatch | Referral-direction  Referral-referral provider type | referral direction = [2 ] AND provider type = [1, 2, 9 OR 10] | DHHS | error |
| AOD121 | Service type and non-AODT provider type mismatch on referral OUT | Referral-referral service type  Referral-direction  Referral-referral provider type | Referral-referral provider type != [6] AND Referral service type != [98, 99] OR empty when direction = 2 | DHHS | warning |
| AOD122 | Date later than event start date on referral IN | Referral-referral date  Event-start date  Referral-direction | Referral-referral date > Event-start date, WHEN Referral-direction = 1 | DHHS | error |
| AOD123 | Date later than event end date on referral OUT | Referral-referral date  Event-end date  Referral-direction | Referral-referral date > Event-end date AND referral direction =2 | DHHS | warning |
| AOD124 | Maltreatment with no maltreatment perpetrator | Client-maltreatment code  Client-maltreatment perpetrator | Client-maltreatment code != (null OR 0 OR 9) AND Client-maltreatment perpetrator = null | DHHS | warning |
| AOD125 | Maltreatment perpetrator and no maltreatment | Client-maltreatment code  Client-maltreatment perpetrator | Client-maltreatment code = (null OR 0 OR 9) AND Client maltreatment perpetrator !=null | DHHS | error |
| AOD126 | Maltreatment code and client is not the person of concern | Client-maltreatment code  Contact-relationship to client  Event-service stream | Client-maltreatment code != (0 OR null)  AND Contact-relationship to client !=0  AND Event-service stream != (Table 3 Activity Type = R) | DHHS | warning |
| AOD127 | No maltreatment code and client is the person of concern | Client-maltreatment code  Contact-relationship to client  Event-service stream | Client-maltreatment code = null AND (Contact-relationship to client =0 OR Event service stream = (Table 3 Activity Type = R)) | DHHS | error |
| AOD128 | Client too old for youth justice | Event-forensic type  Client-date of birth | Client-Date of birth indicates age >20 AND Event-forensic type=13 | DHHS | warning |
| AOD129 | Client in prison and forensic type mismatch | Event-forensic type  Outcomes-accommodation type | Event-forensic type !=6 AND Outcomes-accommodation type=11 | DHHS | warning |
| AOD130 | Number of facilitators reported for individual contact | Contact-number of facilitators  Contact-contact type | Contact-number of facilitators != null AND Contact-contact type=1 | DHHS | warning |
| AOD131 | Number of service recipients reported for individual contact | Contact-number of service recipients  Contact-contact type | Contact-contact type = 1  AND ((number\_of\_service\_recipients IS NOT NULL)  AND (number\_of\_service\_recipients != 99)) | DHHS | warning |
| AOD132 | Invalid number of attendees | Contact-number of service recipients | NOT null AND (< 0 OR > 99) | DHHS | error |
| AOD133 | Invalid number of facilitators | Contact-number of facilitators | NOT null AND (< 1 OR > 99) | DHHS | error |
| AOD134 | Date cannot be null and must be in DDMMYYYYHHMM format | Contact-contact date | date !=null  AND isDate(ddmmyyyyhhmm) | DHHS | error |
| AOD135 | Contact recorded and activity is bed based | Event-service stream  Contact-contact date | Contact date !=null  AND  Service Stream = (Table 3 Activity Type = R) | DHHS | error |
| AOD136 | Client Medicare card number format is invalid | Client-Medicare card number | IF NOT (  Medicare No = (8,9)  OR  (Medicare No.Length() = 11  AND  Medicare No.isnumeric()  AND  Medicare No meets checksum validation in spec desc 5.1.16  AND  Medicare No first digit in (2,3,4,5,6)  ) ) THEN Invalid | DHHS | error |
| AOD137 | Client SLK format is invalid.  See default value in specification | Client-SLK  Client-DOB  Client-Sex at birth | IF NOT (  Client-SLK = Default OR  (Client-SLK = AAAAADDMMYYYYN(Format)  AND  DDMMYYYY = Client-DOB  AND  14th Digit = Client-Sex at birth code  AND  Client-SLK.Length() = 14  ) ) THEN Invalid | DHHS | error |
| AOD139 | Outcome measure group not supplied for a closed treatment or assessment service event. | Outcome Measure  Event-end date  Event-event type | Event-end date != null AND Event-event type = [2 OR 3] AND  Count (Outcome Measure) < 1 | DHHS | error |
| AOD140 | At least one Drug of concern group not reported within an Outcome measure for closed service events | Outcome Measure  Drug of Concern  Event-end date | Event-end date != null AND for each Outcome Measure (count(Drug of concern) < 1) | DHHS | warning |
| AOD141 | Contact-number of facilitators mandatory for group contact | Contact-number of facilitators  Contact-contact type | Contact-number of facilitators = null AND Contact-contact type = 2 | DHHS | error |
| AOD142 | Date last use after client review date | Outcomes-Client review date  Drug Concern-date last use | Outcomes-Client review date  < date last use | DHHS | error |
| AOD150 | Value must be 7-digits long | Referral-ACSO Identifier | Length() != 7 | DHHS | error |
| AOD151 | Year of birth is not valid | Client-dependant year of birth | Client-dependant year of birth Length() != 4 AND Client-dependant year of birth Format != YYYY AND  (Client-dependant year of birth < 1880 OR  Client-dependant year of birth > 2200) | DHHS | error |
| AOD152 | Value must be 1 to 9999 | Drug Concern-volume | Drug Concern-volume < 1 OR > 9999 | DHHS | error |
| AOD153 | Value must be 0 to 999 | Contact-contact duration | Contact-contact duration < 0 OR > 999 | DHHS | error |
| AOD154 | Value must be 0 to 99 | Event-did not attend | Event-did not attend < 0 OR > 99 | DHHS | error |
| AOD156 | Value must be "9" or 16 characters long | Client-individual health identifier | Client-individual health identifier != (9) OR Length() != 16 | DHHS | error |
| AOD157 | Value must be "8", "9" or 11 characters long | Client-Medicare card number | Client-Medicare card number != (8,9) OR Length() != 11 | DHHS | error |
| AOD158 | Value must be 14 characters long | Client-statistical linkage key 581 | length() != 14 | DHHS | error |
| AOD159 | Presentation but no presenting drug of concern | Event-presenting drug of concern  Event-event type | value = null AND event type = 1 | DHHS | warning |
| AOD160 | End date must be in reporting period | Event-end date  Technical-reporting period | Event-end date (MMYYYY) != Technical-reporting period (MMYYYY) | DHHS | error |
| AOD170 | Residential withdrawal length of stay is over 10 days and the course length element is not reported as complex for applicable residential withdrawal funding source | Event-course length  Event-service stream  Event-funding source  Event-start date  Event-end date | Event-end date is NOT null AND service stream = 10, AND funding source = (119,120,121) AND  Event-end date - Event-start date >=11 AND Event-course length is (!=2) | DHHS | warning |
| AOD171 | Residential rehabilitation length of stay is over 90 days and the course length element is not complex for applicable residential rehabilitation funding source | Event-course length  Event-service stream  Event-funding source  Event-start date  Event-end date | Event-end date is NOT null AND service stream = 30, AND funding source = (126,127) AND  Event-end date - Event-start date >=91 AND Event-course length is (!=2) | DHHS | warning |
| AOD172 | Residential rehabilitation length of stay is over 160 days and the course length element is not complex for applicable residential rehabilitation funding source | Event-course length  Event-service stream  Event-funding source  Event-start date  Event-end date | Event-end date is NOT null AND service stream = 30, AND funding source = (106,125,128) AND  Event-end date - Event-start date >=161 AND Event-course length is (!=2) | DHHS | warning |
| AOD173 | Residential withdrawal length of stay is 10 days or less and the course length element is reported as complex when should be reported as standard for applicable residential withdrawal funding source | Event-course length  Event-service stream  Event-funding source  Event-start date  Event-end date | Event-end date is NOT null AND service stream = 10, AND funding source = (119,120,121) AND  Event-end date - Event-start date <=10 AND Event-course length is (=2) | DHHS | warning |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| AOD174 | Residential rehabilitation length of stay is 90 days or less and the course length element is reported as complex when should be reported as standard for applicable residential rehabilitation funding source | Event-course length  Event-service stream  Event-funding source  Event-start date  Event-end date | Event-end date is NOT null AND service stream = 30, AND funding source = (126,127) AND  Event-end date - Event-start date <=90 AND Event-course length is (=2) | DHHS | warning |
| AOD175 | Residential rehabilitation length of stay is 160 days or less and the course length element is reported as complex when should be reported as standard for applicable residential rehabilitation funding source | Event-course length  Event-service stream  Event-funding source  Event-start date  Event-end date | Event-end date is NOT null AND service stream = 30, AND funding source = (106,125,128) AND  Event-end date - Event-start date <=160 AND Event-course length is (=2) | DHHS | warning |

# Appendices

## Concept diagrams and models

### Common Service data dictionary

The Victorian Alcohol and Drug Collection (VADC) Data Specification largely aligns with the Common Service data dictionary v1.0 concepts as described:

* Case concept is not supported, and will be considered in future models, where service providers have a centralised CMS used throughout all outlets.
* Episodes, otherwise known as courses of care and support periods are supported. No data will be reported to indicate when client responsibility has been accepted by the service provider. This concept may be derived, since only accepted referrals that eventuate in service activity are to be reported.
* Events are supported including; Service events, contacts (occasions of service), assessments and reviews. Events are however not referenced throughout this document, instead the concepts of Service events and Contacts are used. The concept of service event type also aligns with the Common Service data dictionary, and is used to categorise Presentation, Assessments, Treatments, Reviews, and Support Service events, and the type of data elements that need to be reported for a Service event.
* Stream concept is supported and is used to differentiate service events, with differing business rules (some may overlap if from different streams, some need to be sequential e.g. Residential Rehabilitation and Therapeutic Day Rehabilitation). Streams are also used as a basis for application of funding models, targets and KPI’s. Programs are not required to be reported.
* The concept of Referrals ‘in’ and ‘out’ are supported however are referenced at the Service event level. Incoming unaccepted referrals are out of scope.
* Waiting periods are supported and will be derived from dates reported at the Service event level. No formal reportable waiting list period is required.
* Status changes to a data element/s will be derived, when a client record with a service event with the data element/s is reported. Client records are only reported when there has been some service event activity during the reporting period or when a record has been reported in error. Status changes representing changes to one or more data elements at a point in time are not reported as they occur.

### Client Journey examples

The following legend should be referenced when viewing the client journey examples in this section.

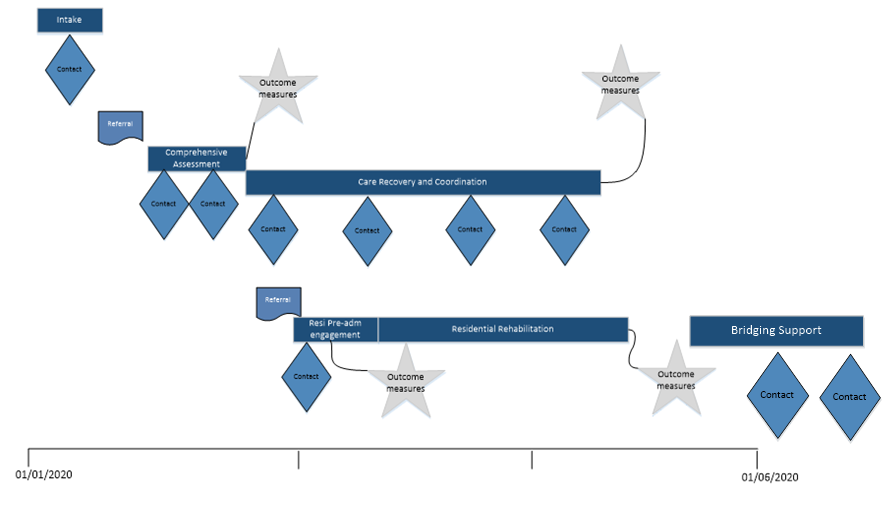
Table 6 Client Journey Legend

| Symbol | Entity | Symbol Description | Data Elements |
| --- | --- | --- | --- |
|  | Contact | Represents a single Client contact within a Service event | Contact date  Contact method  Contact duration  Contact type  Number of facilitators  Number of service recipients  Relationship to client |
|  | Service event | Represents a single Service event and is labelled with its associated service stream | Start date  End date  Event type  Service stream  Funding source  Service delivery setting  Forensic type  Indigenous status  Plus other conditional attributes based on event type |
|  | Referral | Represents a single referral ‘in’ or ‘out’ of a service event | Referral date  Direction  Service provider type  Referral service type  Plus one conditional attribute for forensic clients:  ACSO Identifier |
|  | Outcome Measures | Represents a set of Outcome measures that are conditionally reported at the end of a service event. | Client review date  AUDIT Score  DUDIT Score  Days inject last four weeks  K10 Score  Unemployed not training  Employment status  Accommodation type  Arrested last four weeks  Violent last four weeks  Risk to self  Risk to others  Physical health  Psychological health  Quality of life |

**Example 1**: **Adult** **Non-Residential Services --** Client is screened and following an intake evaluation, is referred for a comprehensive assessment. Bridging support is offered between intake and comprehensive assessment. The client completes four Non-Residential Withdrawal sessions, and is referred post treatment to a long course of counselling. The end of the reporting period is reached, and Counselling is still ongoing. In this example, the Counselling course would remain open and reported with the current number of four contacts.



**Example 2: Adult Residential Services** - Client has an intake evaluation and identified as needing full comprehensive assessment and subsequently recommended a course of residential rehabilitation. The client is also referred to a Care & Recovery Coordination service provider, who assists in supporting the client’s pathway and planning of services. There is not an immediate bed available in a residential facility, whereby the care and recovery coordinator delivers pre-care support. Outcome measures are taken at mandatory points throughout the client journey, including pre-admission engagement. Bridging Support is recommended to be completed post discharge from residential rehabilitation.



**Example 3A:** **Drug Diversion Appointment Line (DDAL) – Assessment –** Intake review is provided by Vic Police and Turning Point, who perform a screen and client is given a location, date and time for their appointment with an appropriate Service Provider for a Brief Intervention**.** DDAL client presents to the service provider for a brief intervention and has to complete 2 mandatory appointments. Service provider preforms an intake screen, followed by a Brief Intervention on the second appointment.

|  |  |
| --- | --- |
|  | ***Referral IN***  Date:ddmmyyyy  Referral direction: IN  Referral Provider type: Police diversion  Referral Service Type: Brief Intervention |

**Example 3B:** **Drug Diversion Appointment Line (DDAL) Assessment –** Intake is provided by Vic Police and Turning Point, who performs a screen and client is given a location, date and time for their appointment with an appropriate Service Provider for a Comprehensive Assessment**.** DDAL client presents to service provider for Comprehensive Assessment and has to complete 2 mandatory appointments. The full comprehensive assessment is completed on the second appointment and then subsequent referral for alcohol and drug treatment at a different provider if required.

|  |  |
| --- | --- |
|  | ***Referral IN***  Date:ddmmyyyy  Referral direction: IN  Referral Provider type: Police diversion  Referral Service Type: Brief Intervention  ***Referral OUT***  Date:ddmmyyyy  Referral direction: OUT  Referral Provider type: AODT  Referral Service Type: Counselling |

## Abbreviations

Table 7 Abbreviations and acronyms

| Abbreviation/Acronym | Description |
| --- | --- |
| A&D | Alcohol and Drug |
| ABI | Acquired Brain Injury |
| ACCHO | Aboriginal Community Controlled Health Organisations |
| ACSO | Australian Community Support Organisation |
| AIHW | Australian Institute of Health and Welfare |
| AMIP | Aboriginal Metropolitan Ice Partnership |
| AOD | Alcohol and other Drug |
| AODT | Alcohol and other Drug Treatment |
| AODTS NMDS | Alcohol and other Drug Treatment Services National Minimum Dataset |
| ASCDC | Australian Standards Classification of Drugs of Concern |
| AUDIT | Alcohol Use Disorders Identification Test |
| CMS | Client Management System |
| COATS | Community Offenders Advice and Treatment Service |
| COT | Courses of Treatment |
| CRC | Care & Recovery Coordination |
| CRDD | Common Reference Data Dictionary |
| EOC | Episodes Of Care |
| DDAL | Drug Diversion Appointment Line |
| DHHS | Department of Health & Human Services |
| DNA | Did Not Attend |
| DTAU | Drug Treatment Activity Unit |
| DUDIT | Drug Use Disorders Identification Test |
| DVA | Department of Veterans’ Affairs (Commonwealth) |
| IHI | Individual Health Identifier |
| ITP | Initial Treatment Plan |
| LGA | Local Government Area |
| LGB | Lesbian, Gay, Bi-sexual |
| MASCOT | Melbourne Attitude to Substance use, Change, & Openness to Treatment |
| MDS | Minimum data set |
| METeOR | Metadata online repository |
| PRG | Project Reference Group |
| NGOTGP | Non-Government Organisations Treatment Programs Grant |
| PSG | Project Steering Group |
| SLK | Statistical Linkage Key |
| VAADA | Victorian Alcohol and Drug Association |

## Data Dictionary

Table 8 Client details

| Data element name | Type | Mandatory | Comment |
| --- | --- | --- | --- |
| Registration Date | Date | Yes | The date these client details were first recorded. |
| Statistical Linkage Key 581 | A(14) | Yes | A calculated linkage key that is used to link client records |
| Individual Health identifier | N(16) | Yes | Unique identifier issued by Medicare Australia |
| Medicare card number | N(11) | Yes | Client identifier issued to those eligible under the health insurer Medicare scheme |
| Date of birth | Date | Yes | The date of birth of the client. |
| Date accuracy | N(3) | Yes | The accuracy of the components of the birthdate. |
| Sex | N(1) | Yes | The nominated sex at birth of the client. |
| Gender identity | N(1) | Yes | The gender that the client identifies as |
| LGB flag | N(1) | Yes | The sexual orientation of the client |
| Locality name | A[A(45)] | Yes | The name of the locality/suburb of the address. |
| Postcode | N(4) | Yes | The Australian numeric descriptor for the postal delivery area, aligned with locality, suburb or place. |
| Country of Birth | N(4) | Yes | The country in which the client was born. |
| Cultural background | N(4) | Yes | The cultural identity of the client. |
| Preferred Language | N(4) | Yes | The language most preferred by the client for communication |
| Need for Interpreter services | N(1) | Yes | The need for an interpreter, verbal or non-verbal (sign language) |
| Refugee status | N(1) | Yes | Whether the client is a refugee, or asylum seeker |
| Acquired brain injury | N(1) | Yes | Whether the client has been diagnosed with an acquired brain injury |
| Maltreatment code | N(1) | Conditional | The type of maltreatment the client has at the current presentation |
| Maltreatment perpetrator | N(1) | Conditional | The perpetrator of maltreatment towards the client |
| Mental health diagnosis | N(N) | Yes | The category of mental health diagnosis the client has at the current presentation. |
| Reporting period | Date | Yes | The period the record relates to |
| Extract date | Date | Yes | The date the record was extracted or compiled for submission |
| Action | N(1) | Yes | I-Insert, U-Update, D-Delete |
| Outlet client identifier | A(10) | Yes | A numerical identifier that uniquely identifies each client from an outlet |
| Outlet code | A(9) | Yes | The outlet the client record relates to |
| Business Rules | | | |
| * SLK is calculated only when client is first registered * IHI’s only supplied for those clients that have been issued an identifier | | | |

Table 9 Dependants

| Data element name | Type | Mandatory | Comment |
| --- | --- | --- | --- |
| Dependant year of birth | Date | Yes | The year of birth of the dependant |
| Dependant living with flag | N(1) | Yes | Whether the dependant is considered living with the client |
| Dependant vulnerable flag | N(1) | Yes | Whether the dependant is considered vulnerable |
| Dependant child protection order flag | N(4) | Conditional | Whether the dependant is protected or has been protected under a child protection order |
| Outlet dependant identifier | N(10) | Conditional | A numerical identifier that uniquely identifies each dependant from an outlet |
| Business Rules | | | |
| * Must report when client has dependants * Dependant living with flag indicates living with for 50% or more of time | | | |

Table 10 Contacts

| Data element name | Type | | Mandatory | Comment |
| --- | --- | --- | --- | --- |
| Contact date | Date/Time | | Yes | The date and time of the contact between the client/potential client and the service provider. |
| Contact duration | N(N(2)) | | Yes | Total minutes of contact between the client/potential client and service provider |
| Contact method | N(1) | | Yes | Method with which the client/potential client and service provider contact took place |
| Contact type | N(1) | | Yes | Whether the contact was an individual or group contact |
| Relationship to client | N(1) | | Yes | The relationship of the contact to the client |
| Number facilitators present | N(N) | | Conditional | The total number of facilitators present at the contact |
| Number of service recipients | N(N) | | Conditional | The total number of service recipients at the contact |
| Outlet contact identifier | N(10) | Conditional | | A numerical identifier that uniquely identifies a contact from an outlet |
| Business Rules | | | | |
| * Contacts should only be reported if they actually occurred and not just attempted * Contacts will always be associated with a Service event * Contacts should not be reported for administration tasks e.g. arranging appointments * Contacts should not be reported for Residential Rehabilitation and Residential Withdrawal * Should result in a record being made in the client’s case notes, file or history * Number of facilitators and service recipients to be reported for group contacts only | | | | |

Table 11 Drug of Concern

| Data element name | Type | | Mandatory | Comment |
| --- | --- | --- | --- | --- |
| Date last use | Date | | Yes | The day, month and year of the last time the drug of concern was used |
| Drug name | N(4) | | Yes | The name of the drug of concern |
| Principal concern | N(1) | | Yes | Whether the drug of concern, was the principal concern |
| Method of use | N(1) | | Yes | The method of use of the drug of concern |
| Frequency last 30 days | N(1) | | Yes | The frequency of use of the drug of concern over the last 30 days |
| Volume | N(N) | | Yes | The volume of the drug of concern used |
| Volume unit | N(1) | | Yes | The volume unit of the drug of concern used |
| Outlet drug of concern identifier | N(10) | Conditional | | A numerical identifier that uniquely identifies a drug of concern from an outlet |
| Business Rules | | | | |
| * Drugs of concern only reported where client is receiving service for own alcohol and drug use. * Drugs of concern should be reported at Outcome measurement for a client * No more than 6 drugs of concern should be reported * Only one drug of concern should be the principal * No two drugs of concern can be identical | | | | |

Table 12 Service event

| Data element name | Type | Mandatory | Comment |
| --- | --- | --- | --- |
| Start date | Date | Yes | The day, month and year of the service event start. |
| End date | Date | Yes (on end) | The day, month and year of the service event end. |
| Forensic type | N(4) | Yes | An indication of the order or notice that the client is on for this service event |
| Indigenous status | N(1) | Yes | Whether the client identified as being Aboriginal and/or Torres Strait Islander Origin for this service event. |
| Service delivery setting | N(1) | Yes (on end) | The main setting in which the service was delivered |
| Event type | N(1) | Yes | The event type for the event, which indicates the current point in the client journey. |
| Service stream | N(2) | Yes | The service stream that the event belongs to. |
| Funding source | N(N(2)) | Yes | The funding source for the service event |
| Did not attend | N(N) | Conditional | A count of the number of times a client or potential client did not attend |
| Presenting drug of concern | N(4) | Conditional | The presenting drug of concern for the potential client or client |
| TIER | N(1) | Conditional | The TIER of the client for the service event, rated by the clinician |
| MASCOT Score | N(1) | Conditional | A score from the MASCOT tool indicating whether a forensic client is ready for treatment |
| Assessment completed date | Date | Conditional | The day, month and year of the assessment end, that led to a treatment service event. |
| Target population | N(1) | Conditional | The target population for a treatment service event, for both Residential and non-Residential service streams |
| Course length | N(1) | Conditional | The length of a treatment service event either Standard or Long, from service streams of Counselling, Residential or Non-Residential Withdrawal. |
| Percentage course completed | N(1) | Conditional | The percentage of the treatment completed by the client |
| Significant goal achieved | N(1) | Conditional | Whether a significant goal was achieved over the course of treatment |
| Reporting period | Date | Yes | The period the record relates to |
| Extract date | Date/Time | Yes | The date and time the record was extracted, or compiled for submission |
| Action | N(1) | Yes | I-Insert, U-Update, D-Delete |
| Outlet client ID | A(10) | Yes | The client the change relates to |
| Outlet service event ID | A(10) | Yes | The service event the change relates to |
| Outlet code | A(9) | Yes | The outlet the service event record relates to |
| Business Rules | | | |
| * All service events will have one service stream * All service events will have at least one contact or bed day * All service events must have an associated registered client * Did not attend, must be reported for Assessment and Treatment service events on end * Presenting drug of concern must be reported for all Presentation service events * TIER must be reported on all Assessment service event end * MASCOT score must be reported on all Assessment service event end for forensic clients assessed by ACSO * Assessment completed date and target population must be reported on all Treatment service events. * Percentage course complete, and end reason must be reported on all Treatment service event end * Course length, and significant goal achieved are conditionally required based on Service stream of Treatment service events. | | | |

Table 13 Outcome Measures

| Data element name | Type | | Mandatory | Comment |
| --- | --- | --- | --- | --- |
| Client review date | Date | | Yes | The day, month and year that the client’s outcome measures were captured |
| AUDIT Score | N(N) | | Yes | The total score from the AUDIT tool |
| DUDIT Score | N(N) | | Yes | The total score from the DUDIT tool |
| K10 Score | N(2) | | Yes | The total score from the K10 tool |
| Employment status | N(1) | | Yes | The employment status of the client represented by a code |
| Unemployed not training | N(1) | | Yes | Whether the client is unemployed and not currently studying or training |
| Accommodation type | N(N) | | Yes | The accommodation type the client is residing in |
| Days injected last four weeks | N(1) | | Yes | The total number of days in the last four weeks where the client injected |
| Arrested last four weeks | N(1) | | Yes | Whether the client was arrested in the last four weeks |
| Violent last four weeks | N(1) | | Yes | Whether the client was violent against someone in the last four weeks |
| Risk to self | N(1) | | Yes | The overall assessment of the client’s risk to self |
| Risk to others | N(1) | | Yes | The overall assessment of the client’s risk to others |
| Physical health | N(N) | | Yes | The client’s rating of physical health |
| Psychological health | N(N) | | Yes | The client’s rating of psychological health |
| Quality of life | N(N) | | Yes | The client’s rating of quality of life |
| Outlet outcome measure identifier | N(10) | Conditional | | A numerical identifier that uniquely identifies an outcome measure from an outlet |
| Business Rules | | | | |
| * Outcome measures should be reported for a client at Comprehensive Assessment end and on Treatment Completion * AUDIT, DUDIT, Days injected last four weeks should be reported as Not Applicable when client is not client | | | | |

Table 14 Referral

| Data element name | Type | | Mandatory | Comment |
| --- | --- | --- | --- | --- |
| Referral date | Date | | Yes | The day, month and year the referral was made or received by the service provider |
| Direction | N(1) | | Yes | Whether the referral was in or out of the service provider |
| Referral provider type | N(N) | | Yes | The provider type of the referral source, or destination |
| Referral service type | NN | | Yes | The service type of the client referral |
| ACSO identifier | N(7) | | Conditional | Unique ACSO identifier that identifies forensic referrals |
| Outlet referral identifier | N(10) | Conditional | | A numerical identifier that uniquely identifies a referral from an outlet |
| Business Rules | | | | |
| * Only one external referral IN should be reported for a service event * All external referrals out of a service event should be reported * ACSO identifier to be reported on all forensic referrals * Only external referrals should be reported, and not internal referrals * Review service events should have no Referral ‘In’ | | | | |

Table 15 Technical

| Data element name | Type | Mandatory | Comment |
| --- | --- | --- | --- |
| Reporting period | Date | Yes | The reporting period the record relates to |
| Extract date | Date/Time | Yes | The date and time the record/s were extracted or compiled for submission |
| Action | A(1) | Yes | I-Insert, U-Update, D-Delete |
| Outlet service event ID | A(10) | Yes | The service event the change relates to |
| Outlet client ID | A(10) | Yes | The client the change relates to |
| Outlet code | A(9) | Yes | The outlet the record relates to |
| Business Rules | | | |
| * Records reported only when there is a record change type occurring within the reporting period. * Only the most recent changed record within the reporting period need be reported. * If new client or service event record is created and subsequently updated during the reporting period, report as Insert, not Updated. * If existing client or service event record is updated during the reporting period, report as Updated. * If entire client or service event record needs to be deleted and has been reported in error, use Delete. | | | |

## Data element definitions

Shows all data elements in alphabetical order. The CRDD column indicates what DHHS Common and Reference Data Dictionary (CRDD) the data element originated from or is based on.

Table 16 Data element origin

| Data element | Data Element type | CRDD |
| --- | --- | --- |
| Accommodation type | Outcomes | Client v3.0 |
| Acquired brain injury | Client |  |
| Assessment completed date | Event |  |
| ACSO identifier | Referral |  |
| Arrested last four weeks | Outcomes |  |
| AUDIT Score | Outcomes |  |
| Client review date | Outcomes |  |
| Contact date | Contact | Service 1.0 |
| Contact duration | Contact | Service 1.0 |
| Contact method | Contact | Service 1.0 |
| Contact type | Contact | Service 1.0 |
| Country of birth | Client | Client v3.0 |
| Date first registered | Client |  |
| Date last use | Drug Concern |  |
| Date of birth | Client | Client v3.0 |
| Days injected last four weeks | Outcomes |  |
| Dependant child protection order flag | Client |  |
| Dependant living with flag | Client |  |
| Dependant vulnerable flag | Client |  |
| Dependant year of birth | Client |  |
| Did not attend | Event |  |
| Direction | Referral |  |
| DOB accuracy indicator | Client | Client v3.0 |
| Drug name | Drug Concern |  |
| Drug of concern identifier | Outlet |  |
| DUDIT Score | Outcomes |  |
| Employment status | Outcomes | Client v3.0 |
| End date | Event | Service 1.0 |
| End reason | Event |  |
| Event type | Event | Service 1.0 |
| Forensic type | Event | Client-legal status |
| Frequency last 30 days | Drug Concern |  |
| Funding source | Event |  |
| Gender identity | Client |  |
| Indigenous status | Event | Client v3.0 |
| Individual health identifier | Client |  |
| K10 Score | Outcomes |  |
| LGB flag | Client |  |
| Locality name | Client | Address v1.1 |
| Maltreatment code | Client |  |
| Maltreatment perpetrator | Client |  |
| MASCOT score | Event |  |
| Medicare card number | Client | Client v3.0 |
| Mental health diagnosis | Client |  |
| Method of use | Drug Concern |  |
| Need for interpreter services | Client | Client v3.0 |
| Number of facilitators present | Contact |  |
| Number service recipients | Contact |  |
| Outcome measure identifier | Outlet |  |
| Outlet client identifier | Outlet |  |
| Outlet code | Outlet |  |
| Outlet service event identifier | Outlet | Service 1.0 |
| Outlet dependant identifier | Outlet |  |
| Outlet contact identifier | Outlet |  |
| Outlet referral identifier | Outlet |  |
| Percentage course completed | Event |  |
| Physical health | Outcomes |  |
| Postcode | Client | Address v1.1 |
| Preferred language | Client | Client v3.0 |
| Presenting drug of concern | Event |  |
| Principal concern | Drug Concern |  |
| Psychological health | Outcomes |  |
| Quality of life | Outcomes |  |
| Referral date | Referral | Service 1.0 |
| Referral provider type | Referral | Service 1.0 |
| Referral service type | Referral |  |
| Refugee status | Client | Client v3.0 |
| Relationship to client | Contact |  |
| Risk to others | Outcomes |  |
| Risk to self | Outcomes |  |
| Service delivery setting | Event |  |
| Service Stream | Event |  |
| Sex at birth | Client | Client v3.0 |
| Significant goal achieved | Event |  |
| Start date | Event | Service 1.0 |
| Statistical linkage key | Client | Client v3.0 |
| Target population | Event |  |
| TIER | Event |  |
| Unemployed not training | Outcomes |  |
| Violent last four weeks | Outcomes |  |
| Volume | Drug Concern |  |
| Volume unit | Drug Concern |  |

## Large value domains

Large-value domains that relate to the VADC are:

* Client—country of birth (1269.0 - Standard Australian Classification of Countries (SACC), 2016) - <http://www.abs.gov.au/ausstats/abs@.nsf/mf/1269.0>
* Client-locality name, postcode - Locality name, postcodes - Australian Standard 4590–2006, Interchange of client information DHHS postcode locality reference file – <https://www2.health.vic.gov.au/about/publications/researchandreports/postcode-locality-reference>
* Client—preferred language (1267.0 - Australian Standard Classification of Languages (ASCL), 2016) <http://www.abs.gov.au/ausstats/abs@.nsf/mf/1267.0>
* Drugs of Concern (1248.0 - Australian Standard Classification of Drugs of Concern, 2011) <http://www.abs.gov.au/ausstats/abs@.nsf/mf/1248.0>
* Mental Health Diagnosis (ICD10AM 11th Edition Reference file, 2017)

Agencies to request access to this licenced file via email to [VADC\_Data@dhhs.vic.gov.au](mailto:VADC_Data@dhhs.vic.gov.au)

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