Drug Activity Unit (DTAU) Derivation Rules – 2022-23

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Contents

DTAU Derivation Rules 2022-23 – Change log

The table below lists changes made to the derivation rules in 2022-23.

	Change	Date
1.	**Residential withdrawal (10) -** updated the note to include funding source 3 – DTAU Block funded because this aligns with the funding matrix in Appendix B	1 July 2022
2.	**Non-residential withdrawal (11) –** target population 'child' is no longer a permissible value in VADC for FY22/23	1 July 2022
3.	**Counselling (20) –** target population 'child' is no longer a permissible value in VADC for FY22/23	1 July 2022
4.	**Brief Intervention - Individual (21) –** added a note that funding source 109 is reserved for CHOICES program and the DTAU base value include the forensic weighting	1 July 2022
5.	**Brief Intervention - Group (21) –** added a note that funding source 109 is reserved for CHOICES program and the DTAU base value include the forensic weighting	1 July 2022
6.	**Residential rehabilitation (30) –** updated the note to include funding source 3 – DTAU Block funded because this aligns with the funding matrix in Appendix B	1 July 2022
7.	**Therapeutic day rehabilitation (31) –** added a note that funding source 3 – DTAU Block funded is a valid combination but won't count towards the target.	1 July 2022
8.	**Bridging Support (52) –** added funding source 127 - Aboriginal-specific facility-rehabilitation into the table because this aligns with the funding matrix in Appendix B	1 July 2022
9.	**Added Forensic client definition (as outlined in EOC Derivation Rules 2022-23)**	10 August 2022

About this document

This document will help you to understand and apply the Drug Treatment Activity Units (DTAU) Derivation Rules 2022-23. These rules are used by the department to determine how many DTAU are attributed to each state-funded service event delivered by an alcohol and other drug (AOD) treatment service provider.

The DTAU is the funding unit for most state funded residential services and adult non-residential services. State funded Youth and Aboriginal AOD services, as well as unfunded or Commonwealth funded services use the Course of Treatment (COT) or Episode of Care (EOC) funding unit. A separate document has been produced to describe how funding units are counted for these services.

Important references

- A list of base DTAU values for each activity is included at **Appendix A**.
- An activity will only be allocated DTAU if it is reported with the correct service stream code and funding source code combination. A list of the code combinations is included at **Appendix B**.
- The derivation rules refer to codes associated with various data elements reported to the Victorian Alcohol and Drug Collection (VADC). Refer to the relevant section of the *VADC Data Specification 2022-23* for more information about these codes.
- Refer to Parts 2 and 3 of the *Alcohol and Other Drugs Program Guidelines* for the specifications for each program and service (available at https://www.health.vic.gov.au/aod-service-standards-guidelines/alcohol-and-other-drug-program-guidelines).

Core DTAU derivation rules

Base DTAU calculation for an activity

The number of DTAU allocated for a given service stream is determined by multiplying the DTAU Base for the service stream by any DTAU Weights relevant to the target population for the service (see **Appendix A**). For example:

- the DTAU base for Counselling - Standard is 0.910;
- the DTAU weight for a forensic client is 1.15 (or 15%);
- therefore, the DTAU for delivering Counselling - Standard to a forensic client is 1.0465 (or 0.910 x 1.15).

A list of DTAU weights for various activities is located at **Appendix A**.

DTAU for contact-based activities

Depending on the service stream, the DTAU Base may be allocated for each closed service event OR for each contact that is delivered within a closed service event. For example:

- 2.222 DTAU is allocated for each closed Care and Recovery Coordination service event.
- 0.091 DTAU is allocated for each client contact made within a closed Bridging Support service event.

DTAU determined by client complexity

The DTAU base for Counselling and Non-residential withdrawal changes depending on the client's complexity. For these events, complexity is determined by the 'course length' code reported for the treatment. For example:

- Counselling – Standard has a DTAU base of 0.910.
- Counselling – Complex has a DTAU base of 3.414.
- Events delivered to clients assessed as being 'complex' should be reported with a 'course length code' of 2 – 'Extended' in order to receive the higher DTAU value.

DTAU determined by duration of activity

The DTAU base for certain service streams changes depending on the duration of treatment. For example:

- Residential withdrawal general – Standard has a DTAU base of 4.871.
- Residential withdrawal general – Extended has a DTAU base of 8.768.
- Refer to part 1 section 2 and 7 for further information on how occupied bed days, as calculated using start date and end dates, impact upon DTAU value.

DTAU determined by percentage course completed

At present, the full DTAU base value will be allocated for any partially delivered service event. For example, 100% of the DTAU base for the six-week rehabilitation program will be allocated even if the client only receives 25% of their treatment. This rule is likely to change in future following a review of treatment service delivery data and consultation with the sector. In the meantime, service providers are required to report the percentage course completed for each service event. Refer to the *VADC Data Specification 2022-23* for advice on how to report percentage course completed.

Note: from 1 July 2020, service events that are reported with the supplementary value *9 - not stated/inadequately described* for percentage course completed will not be allocated DTAU.

Other notes

- DTAU has a set price which is indexed annually according to the rate approved by the Victorian Government. Activities eligible for the Social and Community Services (SACS) pay equity (equal remuneration order) are indexed each year from 1 December (applies from 2012-2020). Contact your Agency Performance and System Support Advisor for the most current unit DTAU price.
- The DTAU base and weight values (see **Appendix A**) may change over time as a result of future reforms. Any changes will be made at the beginning of each financial year. Therefore, it is recommended that these attributes should be start and end dated in any reporting products you develop.
- DTAU only applies to activity funded by the department and specific service events. For other service event/funding sources couplets DTAU can be 0 or null.

Forensic client definition

Refer to the *Forensic AOD Client Definition Policy 2022-23* available at https://www.health.vic.gov.au/aod-treatment-services/forensic-services.

Services delivered to forensic clients will contribute towards the service provider's forensic performance targets.

Defining characteristics of a forensic AOD client

Forensic clients are people who access AOD treatment as a result of their contact with the criminal justice system. Most forensic clients are mandated to attend treatment as a condition of their order or diversion. However, some are referred voluntarily via 'Other Diversion' pathways.

The department considers a forensic client as having one or more of the following defining characteristics:

- Client has judicial direction to undertake assessment/treatment
- Clients assigned a Justice Case Manager
- Clients receiving treatment as a diversion from the criminal justice system
- Clients with an ACSO COATS identifier code / in Penelope / has a TCA and/or
- Clients with current or future matters (i.e. court date pending, rather than past involvement) in the criminal justice system

Accepted forensic client types

1. ACSO COATS clients

The Australian Community Support Organisation's (ACSO) Community Offenders Advice and Treatment Service (COATS) undertakes the majority of forensic intake and assessment services for forensic clients.

The following client types assessed by ACSO meet the department's definition for a forensic client:

- Clients on Community Corrections Orders (CCO), including those on a combined CCO/imprisonment order, and those on parole
- Step Out program participants and
- Family Drug Treatment Court program participants

2. Youth Justice referral clients

Clients on Youth Justice Community Based Orders meet the department's definition for a forensic client.

3. 'Other Diversion' referral clients

Catchment-based intake services provide intake, assessment and brief intervention services for voluntary diversion clients. These clients are voluntary as they are not mandated to attend AOD treatment.

'Other Diversion' clients will meet the department's definition for forensic client if they:

A. are not on an existing Justice order or caution; AND

B. meet one or more of the following diversion referral types:

- Koori Court
- Magistrates Court, including Drug Court, Court Integrated Services Program (CISP), CISP Remand Outreach Program (CROP), Court Referral and Evaluation for Drug Intervention and Treatment (CREDIT) and Bail Support Program, Neighbourhood Justice Centre, Assessment and Referral Court (ARC) List and First Offender's Court Intervention Service (FOCiS)
- County Court
- Family Court
- Drink and Drug Driver programs
- Child Protection Services
- Referral from Custodial Health Alcohol and Drug Nurse
- Referral from solicitor
- Referral from Victoria Police, including Drug Diversion Assessment Line (DDAL) and the Cannabis Cautioning Program
- Referral from Salvation Army Chaplain
- Self-referral, only in cases where the client meets the defining characteristics for a forensic AOD client as stated in this policy

Excluded clients

The following clients do not meet the definition for a forensic client:

- Clients with a Family Reunification Order
- Clients with an Intervention Order

Reporting forensic service delivery in the VADC

The department identifies forensic activity where the service event is reported with Referral 'IN' (see 5.7.2 Referral – direction in the *VADC Data Specification 2022-23*) & the client's ACSO identifier code (see *5.7.1 Referral—ACSO identifier – N(7)* in the *VADC Data Specification 2022-23*) or where a specific funding source code is reported.

Refer to Part 4: Applying DTAU weight to both contacts and service event DTAU base.

Review of forensic client definition policy for 2022-23

The review of the forensic client definition policy planned to take place over the last two years was placed on hold due to the prioritisation of work relating to the COVID-19 pandemic and forensic demand issues. To ensure the future sustainability of forensic AOD service delivery, this review has recommenced and will be reconsidered in conjunction with relevant stakeholders across the Justice system in the context of Mental Health Royal Commission recommendations.

Part 1: Determining DTAU base by service stream

The following rules are used for event-based service streams. See Part 2 for rules for contact-based service streams.

1. Closed event rule

The DTAU base is allocated once the service event in closed.

2. Residential withdrawal (10)

The DTAU base allocated to a residential withdrawal event will change depending on the funding source (i.e. the program you are funded to deliver) and/or how long the client remains in treatment.

Length of stay will be calculated based on service event start and end dates. End date must be entered, and is defined as the date of the last occupied bed day associated with the service event.

If funding source:	AND	If length of stay:	THEN	DTAU base:
121 – Residential withdrawal (general)*		10 days or less		4.871
121 – Residential withdrawal (general)*		more than 10 days		8.768
117 – Sub-acute withdrawal		-		5.816
118 – Three-stage withdrawal stabilisation program		-		6.548
119 – Mother/baby withdrawal program		10 days or less		7.000
119 – Mother/baby withdrawal program		more than 10 days		12.600
120 – Youth-specific facility withdrawal		10 days or less		9.349
120 – Youth-specific facility withdrawal		more than 10 days		16.828

*Note: the *VADC Data Specification 2022-23* allows service providers to report residential withdrawal against the *100 – General* funding source code and 3 – *DTAU Block funded* source code. Although this is a valid code combination for the purposes of reporting, service providers are only funded to deliver residential withdrawal against the funding sources listed above. These code combinations must be used when reporting residential withdrawal activity. Any residential withdrawal service events reported against the *100 – General* funding source code and 3 – *DTAU Block funded* source code will not count towards the target in your performance report.

3. Non-residential withdrawal (11)

The DTAU base allocated to non-residential withdrawal will change depending on whether the client is assessed as complex. The 'course length' code of '2 – Extended' is to be reported to flag clients that have been clinically assessed as complex (See *VADC Data Specification 2022-23 - 5.4.2 Event-course length-N*). Service events reported with this 'course length' code will be allocated the higher DTAU base value.

Events reported with a course length code of *9 – not stated/inadequately described* will not be allocated the DTAU base.

If funding source:	AND	If target population code	AND	If course length code:	AND	If at least one contact has a duration of:	THEN	DTAU base:
100 – General; OR 116 – Small rural health funding; OR 3 – DTAU block funded		1 – men 2 – women 3 – parent with child 4 – family 9 – general nonspecific		1 – Standard; OR 9 – not-stated/ inadequately described		> 0 mins		0.849
100 – General; OR 116 – Small rural health funding; OR 3 – DTAU block funded		1 – men 2 – women 3 – parent with child 4 – family 9 – general nonspecific		2 –Extended		> 0 mins		2.124

Note 1: Non-residential withdrawal events reported with the above funding source and service stream combinations and a target population of *6 – Youth* will result in an Episode of Care (EOC) funding unit. Service providers that are DTAU funded to deliver non-residential withdrawal should use the *9 – General non-specific* target population code when delivering activity to young people.

Note 2: The block funding codes are only applicable to agencies who have been notified in writing to use the block funding codes e.g. via the funded activity letter.

4. Counselling (20)

The DTAU allocated to counselling events will change depending on the funding source (i.e. the program you are funded to deliver) and the 'course length' code reported with the service event. The 'course length' code of '2 – Extended' is used to flag clients that have been clinically assessed as complex (See *VADC Data Specification 2022-23 - 5.4.2 Event-course length-N*). Service events reported with this 'course length' code will be allocated the higher DTAU base value.

Only those contacts with a duration greater than 0 minutes will be counted. At least one contact must have a duration greater than 0 minutes for the service event to be allocated the DTAU base.

Counselling is available from community-based treatment services for adults and young people aged 16 years and above and, when appropriate, their families, either as individuals or in groups. The DTAU base is the same for events that involve treatment sessions delivered to the person of concern and their family, be it as individuals or in groups.

If funding source:	AND	If contact method:	AND	If target population code	AND	If course length code:	-AND	If at least one contact has a duration of:	THEN	DTAU base:
100 – General; OR 116 – Small rural health funding; OR 3 – DTAU block funded		1 – in person 2 – telephone 3 – written 4 – email 5 – teleconference/ video link 9 – not stated		1 – men 2 – women 3 – parent with child 4 – family 9 – general nonspecific		1 – Standard; OR 9 – not-stated/ inadequately described		> 0 mins		0.910
100 – General; OR 116 – Small rural health funding; OR 3 – DTAU block funded		1 – in person 2 – telephone 3 – written 4 – email 5 – teleconference/ video link 9 – not stated		1 – men 2 – women 3 – parent with child 4 – family 9 – general nonspecific		2 –Extended		> 0 mins		3.414

Note 1: Counselling events reported with the above funding source and service stream combinations and a target population of *6 – Youth* will result in an Episode of Care (EOC) funding unit. Service providers that are DTAU funded to deliver counselling should use the *9 – General non-specific* target population code when delivering activity to young people.

Note 2: Block funding codes are only applicable to agencies who have been notified in writing to use the block funding codes e.g. via the funded activity letter.

Kickstart program

If funding source:	THEN	DTAU base:
112 – 8-hour individual offender		2.094*
113 – 15-hour individual offender		3.926*
114 – 24-hour group offender		2.748*
115 – 42-hour group offender		4.120*

* Note – these DTAU base values already include the forensic weighting (see Part 3).

5. Brief intervention – Individual (21)

The below rule states how DTAU is allocated for brief interventions that are delivered to an individual. DTAU is only allocated for events delivered in person, over the phone or via teleconference.

If funding source:	AND	If contact type*:	AND	If contact method:	THEN	DTAU base:
116 – Small rural health funding; OR 134 – Brief Intervention - intake; OR 135 – Brief intervention – assessment; OR 136 – Brief intervention – counselling.		1 – individual		1 – in person 2 – telephone 5 – teleconference/ video link		0.781
109 – Low Risk Offender Program		1 – individual		1 – in person 2 – telephone 5 –teleconference/ video link		0.470*

* this DTAU base value already includes the forensic weighting and the service stream & funding source combination is reserved for CHOICES program.

6. Brief intervention – Group (21)

The below rule states how the DTAU base is allocated for brief interventions that are delivered to clients in a group setting. DTAU is only allocated for events delivered in person, over the phone or via teleconference/video link.

If funding source:	AND	If contact type*:	AND	If contact method:	THEN	DTAU base:
116 – Small rural health funding; OR 134 – Brief Intervention - intake; OR 135 – Brief intervention – assessment; OR 136 – Brief intervention – counselling		2 – group		1 – in person 2 – telephone 5 –teleconference/ video link		0.130
109 – Low Risk Offender Program		2 – group		1 – in person 2 – telephone 5 –teleconference/ video link		0.850*

* this DTAU base value already includes the forensic weighting and the service stream & funding source combination is reserved for CHOICES program.

Note: Where a service event has both individual and group contact types, the higher DTAU base is applied.

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7. Residential rehabilitation (30)

The DTAU allocated to residential rehabilitation events will change depending on the funding source (i.e. the program you are funded to deliver) and/or how long the client remains in treatment.

Length of stay will be calculated based on service event start and end dates. End date must be entered, and is defined as the date of the last contact or occupied bed day associated with the service event.

For adults, the extended treatment weighting is applied when a course of treatment lasts 161 days or longer. For youth, the extended treatment weighting is applied when a course of treatment lasts for 91 days or longer.

The DTAU base is the same regardless of duration of treatment for the stabilisation model, 6-week rehabilitation program and residential dual diagnosis program funding source codes.

If funding source:	AND	If length of stay:	THEN	DTAU base:
128 – Residential rehabilitation (general)*		160 days or less		13.481
128 – Residential rehabilitation (general)*		more than 160 days		53.659
129 – Stabilisation model		-		5.947
123 – 6-week rehabilitation program		-		7.180
106 – Slow stream pharmacotherapy		160 days or less		16.810
106 – Slow stream pharmacotherapy		more than 160 days		66.913
111 – Residential dual diagnosis		-		63.573
125 – Family beds program		160 days or less		27.874
125 – Family beds program		more than 160 days		110.949
126 – Youth-specific facility rehabilitation		90 days or less		24.660
126 – Youth-specific facility rehabilitation		more than 90 days		83.846
127 – Aboriginal-specific facility rehabilitation		90 days or less		28.293^
127 – Aboriginal-specific facility rehabilitation		more than 90 days		96.198^

* Note 1: the *VADC Data Specification 2022-23* allows service providers to report residential rehabilitation against the *100 – General* funding source code and 3 – *DTAU Block funded* source code. Although this is a valid code combination for the purposes of reporting, service providers are only funded to deliver residential rehabilitation against the funding sources listed above. These code combinations must be used when reporting residential rehabilitation activity. Any residential rehabilitation service events reported against the *100 – General* funding source code and 3 – *DTAU Block funded* source code. will not count towards the target in your performance report.

^ Note 2: these DTAU base values already include the Aboriginal weighting (see Part 3).

8. Therapeutic day rehabilitation (31)

DTAU is only allocated for therapeutic day rehabilitation events reported against the General (100) or Small rural health funding (116) source funding codes.

If funding source:	THEN	DTAU base:
100 – General; OR 116 – Small rural health funding		11.000

Note: the *VADC Data Specification 2022-23* allows service providers to report 3 – *DTAU Block funded* source code. Although this is a valid code combination for the purposes of reporting, service providers are only funded to deliver Therapeutic day rehabilitation against the funding sources listed above. These code combinations must be used when reporting Therapeutic day rehabilitation activity. Any Therapeutic day rehabilitation service events reported against the 3 – *DTAU Block funded* source code will not count towards the target in your performance report.

9. Residential pre-admission engagement (33)

In 2022-23, service stream 32 (treatment service event type) has been retired, and service providers must report residential pre-admission engagement as service stream 33 (presentation service event type).

The DTAU base allocated to residential pre-admission engagement events will change depending on the funding source (i.e. the program you are funded to deliver). The DTAU base allocated for preadmission engagement events delivered by residential rehabilitation services is greater than those delivered by residential withdrawal services.

If funding source:	THEN	DTAU base:
106 – Slow stream pharmacotherapy; OR 111 – Residential dual diagnosis; OR 128 – Residential rehabilitation (general); OR 126 – Youth-specific facility rehabilitation; OR 127 – Aboriginal-specific facility rehabilitation; OR 129 – Stabilisation model; OR 123 – 6-week rehabilitation program; OR 125 – Family beds program		0.974
117 – Sub-acute withdrawal; OR 118 – Three-stage withdrawal stabilisation program; OR 119 – Mother/baby withdrawal program; OR 120 – Youth-specific facility rehabilitation; OR 121 – Residential withdrawal (general)		0.325

10. Care and recovery coordination (50)

DTAU is only allocated for care and recovery events reported against the General (100), Small rural health funding (116) or DTAU block funded (3) source funding codes.

If funding source:	THEN	DTAU base:
100 – General; OR 116 – Small rural health funding; OR 3 – DTAU block funded		2.222

Note: Block funding codes are only applicable to agencies who have been notified in writing to use the block funding codes e.g. via the funded activity letter.

11. Comprehensive assessment (71)

The DTAU base allocated to comprehensive assessment events will change depending on the funding source (i.e. the program you are funded to deliver).

If funding source:	THEN	DTAU base:
100 – General; OR 116 – Small rural health funding; OR 3 – DTAU block funded		0.781

Note: Block funding codes are only applicable to agencies who have been notified in writing to use the block funding codes e.g. via the funded activity letter.

12. Drug Diversion Appointment Line (DDAL)

The *VADC Data Specification 2022-23* allows providers to report DDAL as counselling (20), brief intervention (21) or comprehensive assessment (71).

If DDAL is reported with a target population of youth and service stream of counselling, then this will be counted as EOC rather than DTAU.

If funding source:	AND	If contact type:	AND	If contact method:	THEN	DTAU base:
102 – Drug Diversion Appointment Line		1 – individual		1 – in person 2 - telephone 5 – teleconference/ video link		0.470*

* Note – this DTAU base value already includes the forensic weighting (see Part 3).

13. Intake (80)

The DTAU base allocated to an intake event will change depending on the method of contact.

If funding source:	AND	If contact method:	AND	If at least one contact has a duration of	THEN	DTAU base:
100 – General; OR 3 – DTAU block funded		1 – in person 2 – telephone 5 – teleconference/ video link		> 0 mins		0.091
100 – General; OR 3 – DTAU block funded		3 – written 4 – email 6 – internet/online form		> 0 mins		0.072

Note: Block funding codes are only applicable to agencies who have been notified in writing to use the block funding codes e.g. via the funded activity letter.

Part 2: Determining DTAU Base for contact-based events

1. Bridging support (52)

DTAU is allocated for bridging support events reported against the funding source codes stated below and where the event is delivered in person, over the phone or via teleconference/video link.

Multiple contacts can be recorded against a bridging support event. The DTAU base is allocated for each contact made within an event and included against the performance target once the event is closed.

If funding source:	AND	If contact method:	THEN	DTAU base:
116 – Small rural health funding; OR 120 – Youth-specific facility withdrawal; OR 126 – Youth-specific facility rehabilitation; OR 127 - Aboriginal-specific facility-rehabilitation; OR 130 – Post-residential withdrawal; OR 131 – Post-residential rehabilitation; OR 132 – Bridging support: intake; OR 133 – Bridging support: assessment		1 – in person 2 – telephone 5 – teleconference/ video link		0.091

Part 3: Adjusting DTAU base value for Aboriginal and Forensic funded programs

This part is relevant for those service providers or software vendors that plan to develop their own internal reporting based on the above derivation rules.

The DTAU base values for several of the service streams in the above boxes already have the forensic or aboriginal weighting included. For ease of reporting, it may be useful to include a rule that removes the weighting from these events so that weightings can be applied across services based on reported indigenous status or forensic status.

1. Remove forensic weighting

If funding source:	THEN	DTAU base:
102 – Drug Diversion Appointment Line; OR 109 – Low risk offender program; OR 112 – 8-hour individual offender; OR 113 – 15-hour individual offender; OR 114 – 24-hour group offender; OR 115 – 48-hour group offender.		Divide by 1.15

2. Remove Aboriginal weighting

If funding source:	THEN	DTAU base:
127 – Aboriginal-specific facility rehabilitation		Divide by 1.30

Part 4: Applying DTAU weight to both contacts and service event DTAU base

This part is relevant for those service providers or software vendors that plan to develop their own internal reporting based on the above derivation rules. It should be followed if the adjustments outlined in Part 3 are implemented.

In accordance with Victorian Government policy for health services, a price weighting of 30 per cent applies to Aboriginal clients. A 15 per cent forensic weighting is applied to identified (non-Aboriginal) forensic clients, in recognition of the additional costs associated with service delivery to this client group.

If a client is Aboriginal and a forensic client, only the 30 per cent Aboriginal weighting applies.

1. Apply Aboriginal weighting

If indigenous status:	OR	If funding source:	THEN	DTAU weight:
1 – Aboriginal but not Torres Strait Islander origin 2 – Torres Strait Islander but not Aboriginal origin 3 – Both Aboriginal and Torres Strait Islander origin		127 – Aboriginal-specific facility rehabilitation		1.30

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2. Apply forensic weighting

The forensic weighting will be applied to service events that are reported with the client's ACSO identifier code (see *5.7.1 Referral—ACSO identifier – N(7)* in the *VADC Data Specification 2022-23*) or where the service event is reported with one of the following funding source codes.

If Referral—ACSO identifier:	AND	If referral direction:	OR	If funding source is:	THEN	DTAU weight:
Not null and not equal to 9999999		1 – referral in		102 – Drug Diversion Appointment Line; OR 109 – Low risk offender program; OR 112 – 8-hour individual offender; OR 113 – 15-hour individual offender; OR 114 – 24-hour group offender; OR 115 – 48-hour group offender.		1.15

3. How to obtain an ACSO identifier code for the client

Refer to the *Forensic AOD Client Definition Policy 2021-22* to learn more – available at https://www2.health.vic.gov.au/alcohol-and-drugs/aod-treatment-services/forensic-aod-services.

ACSO COATS clients

Clients that are assessed by ACSO COATS and referred to a service provider for treatment will have an existing service file and ACSO identifier code in Penelope – ACSO's client management software.

Court Bail Programs

Clients that are referred by ACSO COATS on behalf of Court Services Victoria's Court Bail Programs (CISP, CREDIT, ARC, NJC, CROP) will have an existing service file and ACSO identifier code in Penelope.

Drug Diversion Assessment Line (DDAL)

Clients that are referred by Turning Point for DDAL will have a service file and ACSO identifier created in Penelope prior to the date of the appointment.

Youth Justice clients

Youth Justice Case managers will refer clients on a Youth Justice Community Based Order directly to a service provider for assessment. They are also required to notify ACSO COATS of the appointment details via the Youth Justice Referral Form (http://coats.acso.org.au/forms-referrals/youth-justice-referral-form/). Once this occurs, a service file and an ACSO identifier will be created in Penelope.

A service file and ACSO identifier will also be created for any subsequent treatment appointments once the assessment has occurred and the respective TCA is returned to ACSO COATS.

'Other Diversion' referral clients

If the client is not referred by ACSO COATS (i.e. is an 'Other Diversion' referral), the service provider will need to apply to ACSO COATS to have a service file and identifier code created. For information about obtaining an ACSO identifier code for diversion referrals, visit http://coats.acso.org.au/forms-referrals/diversion-referral-form/.

Part 5: Calculating DTAU value for event-based service streams

The DTAU value for an event-based service stream is the DTAU base multiplied by the DTAU weight.

No DTAU value is allocated for a treatment service event (event type 3) that is reported with the following percentage course completion values:

- 0 - none of course completed; and
- 9 - not stated/inadequately described.

If the reported service event percentage course completed is greater than 0% (i.e. reported with values 1 to 4) then the full DTAU value is allocated.

Part 6: Calculating DTAU value for contact-based service streams

The DTAU value for a contact-based service stream is the DTAU base multiplied by the DTAU weight.

Percentage course completed is not considered when determining DTAU value for contact-based service streams.

Appendix A – AOD Treatment DTAU Weightings

Number	Product	DTAUs Per Unit of Activity (Base)	Forensic (@ 15% weighting)	Aboriginal (@ 30% weighting)
1	**Non-residential services**			
1.1	Intake and referral – phone contact/teleconference	0.091	0.105	0.118
1.2	Intake and referral – face-to-face	0.091	0.105	0.118
1.3	Intake and referral – via internet	0.072	0.083	0.094
1.4	Comprehensive assessment and initial treatment plan	0.781	0.898	1.015
1.5	Care and recovery coordination	2.222	2.555	2.889
1.6	Counselling – standard	0.910	1.047	1.183
1.7	Counselling – complex	3.414	3.926	4.438
1.8	Withdrawal – non-residential – standard	0.849	0.976	1.104
1.9	Withdrawal – non-residential – complex	2.124	2.443	2.761
1.10	Therapeutic day rehabilitation	11.000	12.650	14.300
1.11	Brief intervention	0.781	0.898	1.015
1.12	Brief intervention - group	0.130	0.150	0.169
1.13	DDAL intervention	N/A	0.470	N/A
1.14	Bridging support	0.091	0.105	0.118
1.15	CHOICES - Group program	N/A	0.850	N/A
1.16	CHOICES - Individual program	N/A	0.470	N/A
1.17	Kickstart - 24 hr group program	N/A	2.748	3.106
1.18	Kickstart - 42 hr group program	N/A	4.120	4.657
1.19	Kickstart - 8 hr individual program	N/A	2.094	2.367
1.20	Kickstart - 15 hr individual program	N/A	3.926	4.438
2	**Residential services**			
2.1	**Residential withdrawal**			
2.1.1	**General only**			
2.1.1.1	Residential withdrawal general - standard	4.871	5.602	6.332
2.1.1.2	Residential withdrawal general - extended	8.768	10.083	11.398
2.1.1.3	Sub-acute withdrawal	5.816	6.688	7.560
2.1.1.4	Three-stage stepped withdrawal program	6.548	7.530	8.512
2.1.1.5	Mother/baby withdrawal program - standard	7.000	8.050	9.100
2.1.1.6	Mother/baby withdrawal program - extended	12.600	14.490	16.380
2.1.2	**Youth only**			
2.1.2.1	Youth-specific facility withdrawal - standard	9.349	10.751	12.153
2.1.2.2	Youth-specific facility withdrawal - extended	16.828	19.352	21.876
2.1.3	**Both general and youth**			
2.1.3.1	Pre-admission client engagement	0.325	0.374	0.422
2.1.3.2	Bridging support	0.091	0.105	0.118
2.2	**Residential rehabilitation**			
2.2.1	**General only**			
2.2.1.1	Residential rehabilitation general - standard	13.481	15.503	17.525
2.2.1.2	Residential rehabilitation general - extended	53.659	61.707	69.756
2.2.1.3	Post-withdrawal stabilisation model	5.947	6.839	7.731
2.2.1.4	6-week rehabilitation program	7.180	8.257	9.334
2.2.1.5	Slow stream pharmacotherapy program - standard	16.810	19.332	21.853

Number	Product	DTAUs Per Unit of Activity (Base)	Forensic (@ 15% weighting)	Aboriginal (@ 30% weighting)
2.2.1.6	Slow stream pharmacotherapy program - extended	66.913	76.949	86.986
2.2.1.7	Residential dual diagnosis	63.573	73.109	82.644
2.2.1.8	Family beds program - standard	27.874	32.055	36.236
2.2.1.9	Family beds program - extended	110.949	127.592	144.234
2.2.2	**Youth only**			
2.2.2.1	Youth-specific facility rehabilitation - standard	24.660	28.359	32.058
2.2.2.2	Youth-specific facility rehabilitation - extended	83.846	96.422	108.999
2.2.3	**Aboriginal only**			
2.2.3.1	Aboriginal-specific facility rehabilitation - standard	N/A	N/A	28.293
2.2.3.2	Aboriginal-specific facility rehabilitation - extended	N/A	N/A	96.198
2.2.4	**All of general, youth and Aboriginal**			
2.2.4.1	Pre-admission client engagement	0.974	1.121	1.267
2.2.4.2	Bridging support	0.091	0.105	0.118

Appendix B – Service event funding sources and funding units (VADC Specifications 2022-23)

Funding Source 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	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
1- Blocked funded Funding unit unspecified	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
2- EOC Block funded		E[S]	E[S]	E					E[S]	E[S]			E					
3- DTAU Block funded	D	D[L]	D[L]			D	D		D				D	D				
100-Vic State Gov – General	D	D[L]	D[L]		E[S]	D	D		D	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]															

Funding Source 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	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
106-Vic State Gov-Slow Stream Pharmacotherapy						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				D														
111-Vic State Gov-Residential dual diagnosis						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															

Funding Source 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	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
116-Vic State Gov-Small Rural Health funding		D[L]	D[L]	D			D		D	E[S]	D		D			E[S]		
117-Vic State Gov-Sub-acute withdrawal	D							D										
118-Vic State Gov-Three-stage withdrawal stabilisation program	D							D										
119-Vic State Gov-Mother/baby withdrawal program	D							D										
120-Vic State Gov-Youth-specific facility withdrawal	D							D			D							
121-Vic State Gov-Residential Withdrawal (general)	D							D										
123-Vic State Gov-6-week rehabilitation program						D		D										
125-Vic State Gov-Family beds program						D		D										
126-Vic State Gov-Youth-specific facility rehabilitation						D		D			D							

Funding Source 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	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
127-Vic State Gov-Aboriginal-specific facility rehabilitation						D		D			D							
128-Vic State Gov-Residential Rehabilitation (general)						D		D										
129-Vic State Gov-Stabilisation model						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														

Funding Source 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	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
136-Vic State Gov-Brief intervention-counselling				D														
137- Vic State Youth specific Community treatment		E[S]	E[S]															
500-Commonwealth (non PHN)	E[S]	NA	E[S]	NA	NA	E[S]	NA	NA	NA	E[S]	NA	NA	NA	NA	NA	NA	NA	E[S]
502- PHN North Western Melbourne		PE[S]	PE[S]	PE			PE[S]		PE[S]	PE[S]		PE	PE		PE[S]	PE[S]		
503- PHN Eastern Melbourne		PE[S]	PE[S]	PE			PE[S]		PE[S]	PE[S]		PE	PE		PE[S]	PE[S]		
504- PHN South Eastern Melbourne		PE[S]	PE[S]	PE			PE[S]		PE[S]	PE[S]		PE	PE		PE[S]	PE[S]		
505- PHN Gippsland		PE[S]	PE[S]	PE			PE[S]		PE[S]	PE[S]		PE	PE		PE[S]	PE[S]		
506-PHN Murray		PE[S]	PE[S]	PE			PE[S]		PE[S]	PE[S]		PE	PE		PE[S]	PE[S]		
507- PHN Western Victoria		PE[S]	PE[S]	PE			PE[S]		PE[S]	PE[S]		PE	PE		PE[S]	PE[S]		
999-Unknown	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

D = DTAU; E = Episode of Care; E[S] = Episode of care requiring significant goal achieved; [L] = requires course length to be reported; C = Course of treatment; N/A = not applicable; PE = PHN Episode of care

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In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people. 'Indigenous'
or 'Koori/Koorie' is retained when part of the title of a report, program or quotation.

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