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| Drug Treatment Activity Unit (DTAU) Derivation Rules – 2025-26 |
| Plain English Guide |

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# DTAU Derivation Rules 2025-26 – Change log

The table below lists changes made to the derivation rules in 2025-26.

|  |  |  |
| --- | --- | --- |
|  | **Change** | **Date** |
|  | **Amend Appendix A DTAU allocations** - to match the actual allocations where rounding shown was previously incorrect | 1 July 2025 |
|  | **Amend Part 1, 9 Residential preadmission engagement 120 – Youth-specific facility withdrawal -** previously incorrectly stated 120 – Residential pre-admission rehabilitation | 1 July 2025 |

# About this document

This document will help you to understand and apply the Drug Treatment Activity Units (DTAU) Derivation Rules 2025-26. 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 non-residential Youth and Aboriginal AOD 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 Course of Treatment (COT) or Episode of Care (EOC) 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.**
* Each instance of Support Activity will be allocated DTAU when reported against a service stream that has met the funding rules.
* The derivation rules refer to codes associated with various data elements reported to the Victorian Alcohol and Drug Collection (VADC). Refer to the *VADC Data Specification 2025-26* 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>).
* For further information about Support Activity (formerly Indirect AOD support) refer to *Victorian alcohol and other drug (AOD) Support Activity (indirect support) trial phase 2 – Guidelines*. [<https://www.health.vic.gov.au/aod-service-standards-guidelines/alcohol-and-other-drug-program-guidelines>](https://dhhsvicgovau.sharepoint.com/sites/VADCWorkingGroup-DHHS-GRP/Shared%20Documents/General/DTAU%20%26%20EOC/Derivation%20Rules%202024-25/Drafts/%3Chttps%3A/www.health.vic.gov.au/aod-service-standards-guidelines/alcohol-and-other-drug-program-guidelines%3E)

# 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 applicable to the service (see **Appendix A**). For example:

* + the DTAU base for Counselling - Standard is 0.910
	+ the DTAU weightfor 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’ 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 2025-26* 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.

DTAU for Support Activity

Support Activity DTAU will be allocated for each instance of Support Activity linked to a closed service event which has met the funding rules. The Support Activity DTAU base value is multiplied by any Aboriginal or forensic DTAU weights applicable to the service stream to which the Support Activity is linked.

For example:

* + the DTAU base for Support Activity is 0.091
	+ the DTAU weight for an Aboriginal client is 1.3 (or 30%) therefore, the DTAU for each instance of Support Activity linked to a service event for an Aboriginal client is (0.091 x 1.3) = 0.118

Other notes

* + DTAU has a set price which is indexed annually according to the rate approved by the Victorian Government. Contact your Agency Performance and System Support Advisor for the current DTAU price.
	+ The DTAU base and weight values (see Appendix A) may change over time because of future reforms. Any changes will be made at the beginning of the 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:

1. are not on an existing Justice order or caution; AND
2. 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, and applies a forensic flag, where the service event is reported with Referral ‘IN’ (see 5.7.2 Referral – direction in the *VADC Data Specification 2025-26*) & the client’s ACSO identifier code (see *5.7.1 Referral—ACSO identifier – N(7)* in the *VADC Data Specification 2025-26*) or where a specific funding source code is reported.

Refer to [Part 4 (2a): Applying DTAU weight to both contacts and service event DTAU base](#_Apply_forensic_weighting).

# 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 is closed.

1. 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 2025-26* 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.

1. 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 2025-26* - *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; OR116 – Small rural health funding; OR3 – DTAU block funded |  | 1 – men2 – women3 – parent with child4 – family9 – general nonspecific |  | 1 – Standard;  |  | > 0 mins |  | 0.849 |
| 100 – General; OR116 – Small rural health funding; OR3 – DTAU block funded |  | 1 – men2 – women3 – parent with child4 – family9 – 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.

1. 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 2025-26* - *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; OR116 – Small rural health funding; OR3 – DTAU block funded |  | 1 – in person2 – telephone3 – written4 – email5 – teleconference/video link9 – not stated |  | 1 – men2 – women3 – parent with child4 – family9 – general nonspecific |  | 1 – Standard; OR9 – not-stated/ inadequately described |  | > 0 mins |  | 0.910 |
| 100 – General; OR116 – Small rural health funding; OR3 – DTAU block funded |  | 1 – in person2 – telephone3 – written4 – email5 – teleconference/video link9 – not stated |  | 1 – men2 – women3 – parent with child4 – family9 – general nonspecific |  | 2 –Extended |  | > 0 mins |  | 3.414 |

**Note 1:** Counselling events reported with funding source 100- General 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).

1. 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; OR134 – Brief Intervention - intake; OR135 – Brief intervention – assessment; OR136 – Brief intervention – counselling. |  | 1 – individual |  | 1 – in person2 – telephone5 – teleconference/video link |  | 0.781 |
| 109 – Low Risk Offender Program |  | 1 – individual |  | 1 – in person2 – telephone5 –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.

1. 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; OR134 – Brief Intervention - intake; OR135 – Brief intervention – assessment; OR136 – Brief intervention – counselling |  | 2 – group |  | 1 – in person2 – telephone5 –teleconference/video link |  | 0.130 |
| 109 – Low Risk Offender Program |  | 2 – group |  | 1 – in person2 – telephone5 –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.

1. 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 2025-26* 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).

1. 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; OR116 – Small rural health funding |  | 11.000 |

**Note:** the *VADC Data Specification 2025-26* 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.

1. Residential pre-admission engagement (33)

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; OR111 – Residential dual diagnosis; OR128 – Residential rehabilitation (general); OR126 – Youth-specific facility rehabilitation; OR127 – Aboriginal-specific facility rehabilitation; OR129 – Stabilisation model; OR123 – 6-week rehabilitation program; OR125 – Family beds program |  | 0.974 |
| 117 – Sub-acute withdrawal; OR118 – Three-stage withdrawal stabilisation program; OR119 – Mother/baby withdrawal program; OR120 – Youth-specific facility withdrawal; OR121 – Residential withdrawal (general) |  | 0.325 |

1. 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; OR116 – Small rural health funding; OR3 – 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.

1. 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; OR116 – Small rural health funding; OR3 – 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.

1. Drug Diversion Appointment Line (DDAL)

The *VADC Data Specification 2025-26* 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 person2 - telephone5 – teleconference/video link |  | 0.470\* |

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

1. 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; OR3 – DTAU block funded |  | 1 – in person2 – telephone5 – teleconference/video link |  | > 0 mins |  | 0.091 |
| 100 – General; OR3 – DTAU block funded |  | 3 – written4 – email6 – internet/online form |  | > 0 mins |  | 0.072 |

**Note 1:** 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.

**Note 2:** Where a service event has more than one type of contact method, the higher DTAU base is applied.

# 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; OR120 – Youth-specific facility withdrawal; OR126 – Youth-specific facility rehabilitation; OR127 - Aboriginal-specific facility-rehabilitation; OR130 – Post-residential withdrawal; OR131 – Post-residential rehabilitation; OR132 – Bridging support: intake; OR133 – Bridging support: assessment |  | 1 – in person2 – telephone5 – 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; OR109 – Low risk offender program; OR112 – 8-hour individual offender; OR113 – 15-hour individual offender; OR114 – 24-hour group offender; OR115 – 48-hour group offender. |  | Divide by 1.15 |

1. Remove Aboriginal weighting

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **If funding source:** | **AND** | **If service stream:** | **THEN** | **DTAU base:** |
| 127 – Aboriginal-specific facility rehabilitation |  | 30 – Residential rehabilitation |  | Divide by 1.30 |

# Part 4: Applying DTAU weight to contacts, service event or Support Activity 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 origin2 – Torres Strait Islander but not Aboriginal origin3 – Both Aboriginal and Torres Strait Islander origin |  | 127 – Aboriginal-specific facility rehabilitation |  | 1.30 |

1. Apply forensic weighting

The forensic weighting will be applied to service events that are reported with the Referral ‘IN’ (see 5.7.2 Referral – direction in the VADC Data Specification 2025-26) and the client’s ACSO identifier code (see *5.7.1 Referral—ACSO identifier – N(7)* in the *VADC Data Specification 2025-26*) 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; OR109 – Low risk offender program; OR112 – 8-hour individual offender; OR113 – 15-hour individual offender; OR114 – 24-hour group offender; OR115 – 48-hour group offender. |  | 1.15 |

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

Refer to the[*Forensic AOD Client Definition Policy 2022-*](https://www.health.vic.gov.au/aod-treatment-services/forensic-services)*23* <https://www.health.vic.gov.au/aod-treatment-services/forensic-services> to learn more

***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.

# Part 7: Calculating DTAU value for Support Activity

Support Activity DTAU will be allocated for each instance of Support Activity linked to a closed service event which has met the funding rules.

The DTAU base value for each instance of Support Activity is 0.091.

The Support Activity DTAU base value is multiplied by any applicable Aboriginal or forensic weightings.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **If funding source and service event combination intersect at:** | **AND** | **If Support Activity type:** | **THEN** | **DTAU base:** |
| “D” or ”D[L]” (see Appendix B)**Note:** excludes service stream Care and Recovery Coordination (50)\*, and state funded services where funding source code *500 – Commonwealth (non-PHN)* and *502 –507 Commonwealth PHN*  |  | 1 - Care coordination and liaison with relevant support providers2 - Organising and/or attending case conferencing on behalf of the client3 - Organisation or support of the client, including organising appointments, referrals to local health and community services and referral follow-up4 - Report writing, risk assessments and other plans (where client is not present)5 - Case notes and other required documentation |  | 0.091 |

\*Care and Recovery Coordination is out of scope for Support Activity. DTAU will not be allocated for Support Activity linked to a Care and Recovery Coordination service event.

# 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  |  0.531 |
| 1.14 | Bridging support |  0.091  |  0.105  |  0.118  |
| 1.15 | CHOICES - Group program |  N/A  |  0.850  |  0.961  |
| 1.16 | CHOICES - Individual program |  N/A  |  0.470  | 0.531 |
| 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 | 7.561 |
| 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 | 12.154 |
| 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 | 0.423 |
| 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 | 61.708 | 69.757 |
| 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 |
| 2.2.1.6 | Slow stream pharmacotherapy program - extended | 66.913 | 76.950 | 86.987 |
| 2.2.1.7 | Residential dual diagnosis | 63.573 | 73.109 | 82.645 |
| 2.2.1.8 | Family beds program - standard | 27.874 | 32.055 | 36.236 |
| 2.2.1.9 | Family beds program - extended | 110.949 | 127.591 | 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 | 96.423 | 109.000 |
| 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 | 1.120 | 1.266 |
| 2.2.4.2 | Bridging support | 0.091 | 0.105 | 0.118 |
| 3 | **Support Activity** |  |  |  |
| 3.1 | Support Activity | 0.091 | 0.105 | 0.118 |

# Appendix B – Service event funding sources and funding units (VADC Specifications 2025-26)

| **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] |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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 |  |  |  |  |  |  |  |
| 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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 136-Vic State Gov-Brief intervention-counselling |  |  |  | D |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 137- Vic State Youth specificCommunity 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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