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| Specifications for revisions to the Victorian Alcohol & Drug Collection (VADC) for 1 July 2020January 2020 |
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**Contents**

[Executive summary 5](#_Toc28844877)

[Introduction 5](#_Toc28844878)

[~~Proposal 1 – Changes to Forensic type~~ <Proposal Withdrawn – no change> 6](#_Toc28844879)

[Proposal 2 – Changes to Referral provider type 7](#_Toc28844880)

[Proposal 3 – Changes to ACSO identifier 12](#_Toc28844881)

[Proposal 4 – Changes to Low Risk Offender Program CHOICES for funding 15](#_Toc28844882)

[Proposal 5 – Event Type changes to residential pre-admission engagement 17](#_Toc28844883)

[Proposal 6 – Update AOD140 - Drug of concern validation 23](#_Toc28844884)

[Proposal 7 – Changes to outcome measure validations 25](#_Toc28844885)

[Proposal 8 – Changes to Service event type business rules 27](#_Toc28844886)

[Proposal 9 – New warning for residential course length 29](#_Toc28844887)

[~~Proposal 10 – Funding source changes to Residential bridging support~~  <Proposal did not proceed - VADC sector governance groups recommendation to defer: No change> 31](#_Toc28844888)

[Proposal 11 – Improve usability of the VADC Validation report 32](#_Toc28844889)

[Proposal 12 – Change to codeset -Drug of Concern 34](#_Toc28844890)

[Proposal 13 – New validation for Drug Concern – Principal Concern 39](#_Toc28844891)

# Executive summary

**Revisions**

The revisions for the Victorian Alcohol and Drug Collection (VADC) for 1 July 2020 include:

* Changes to Referral-referral provider type:
* Remove: ACSO-COATS
* Add: Youth Justice
* Changes to Referral-ACSO identifier:
* Amend: Definition and Guide for use to add clarity.
* Changes to data set for Funding Source and service stream combinations:
* Funding source of Low risk offender program (CHOICES)
	+ Add: link to Brief Intervention service stream for DTAU funding arrangements
	+ Remove: Link to client education service stream
* Changes to data set for Service streams:
* Remove: Treatment event of Pre-admission engagement
* Add: Presentation event of Pre-admission engagement
* Changes to data set for Drug of Concern
* Remove: 3201 Cannabis code
* Changes to validations:
* Update: AOD140 Drug of concern error validation
* Add: AOD173-175 Residential course length warning validations
* Add: AOD176 – Client’s principal drug of concern was not specified

# Introduction

The Victorian Alcohol and Drug Collection commenced data collection from July 2018. It was implemented to phase out the legacy ADIS data collection and address “Priority area 6: Manage information and data effectively” as published in “[New directions for alcohol and drug treatment services A framework for reform”](https://www2.health.vic.gov.au/about/publications/researchandreports/New-directions-for-alcohol-and-drug-treatment-services-A-framework-for-reform).

This document outlines revisions to VADC which will take effect from 01/07/2020. VADC data reporting requirements will be revised annually to align with changes to sector priorities, service delivery and performance management needs.

Orientation to this document

* Changes are shown under the appropriate data specification sections
* New data items are marked as (new).
* Changes to existing data items are highlighted in green.
* Redundant values and definitions relating to existing items are ~~struck through~~.

# ~~Proposal 1 – Changes to Forensic type~~ <Proposal Withdrawn – no change>

# Proposal 2 – Changes to Referral provider type

|  |  |
| --- | --- |
| It is proposed to | Remove ACSO-COATS from Referral-referral provider type element  |
| Proposed by | Forensic AOD Programs, Drug Policy Reform, DHHS |
| Reason for proposed change | Removing the ACSO-COATS from the referral provider type will require the AOD Treatment service to record the referral provider as either* Corrections Victoria
* Police
* Court

This will improve insights for sources of Forensic referrals to Community based AOD treatment.This will be a change from current practice, where when ACSO-COATS refers clients onto an AOD treatment service, that service records ACSO-COATS as the referral provider type.  |
| Data Specification change summary | Remove code 21 - ACSO COATSAdd new code for 27 - Youth JusticeUpdate code descriptions for 9 Police Diversion and 10 Court DiversionNote – AOD0 error validation will be triggered where ACSO-COATS is used as referral provider type for reporting period of 07/2020 onward, or when youth justice is used prior to 07/2020 reporting period |
| Technical change  | Yes |
| Specification change | Yes |

**5.7.5 Referral—referral provider type—N[N]**

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| --- |
| *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 |
|  | 27 | Youth Justice |
| **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.

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| --- | --- |
| 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 27 | Youth Justice – Youth Justice aims to assist young people who have come into contact with the Youth Justice System to gain access to AOD treatment, which is arranged by COATS forensic brokerage. |
| 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 |
| *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** |  |

# Proposal 3 – Changes to ACSO identifier

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| --- | --- |
| It is proposed to | Update Referral-ACSO identifier element Definition and Guide for use |
| Proposed by | Forensic AOD Programs, Drug Policy Reform, DHHS |
| Reason for proposed change | To accurately reflect current practice and to clearly define forensic and non-forensic clients |
| Data Specification change summary | Update definition and guide for use |
| Technical change  | No |
| Specification change | Yes |

**5.7.1 Referral—ACSO identifier – N(7)**

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| --- |
| *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.~~ACSO Identifier is called Event ID on an ACSO referral.~~ Record the Event ID of all ~~outgoing referrals~~ for forensic clients.* This will be relevant for all referrals that are made out ~~regardless of whether they are accepted or not.~~ 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 typeAOD150 value must be 7-digits long |
| **Other related information** |  |

# Proposal 4 – Changes to Low Risk Offender Program CHOICES for funding

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| It is proposed to | Add a new Funding source / Service stream combination to facilitate the recording of DTAU activity for the Low Risk Offender Program (CHOICES) |
| Proposed by | Forensic AOD Programs, Drug Policy and Reform, DHHS |
| Reason for proposed change | In 2019-20, the CHOICES program transitioned from block funding to activity-based funding, contributing to the service provider’s overall Drug Treatment Activity Unit (DTAU) target. To monitor this activity in 2020-21, it is proposed that a new funding source code and service stream combination be added to the specifications to facilitate the reporting of this activity through the VADC.(Note: for 2019-20, service providers are being monitored for CHOICES activity using ACSO COATS data). |
| Data Specification change summary | Add DTAU funding unit to the Funding source/Service stream combination for CHOICES. Remove client education combination for 109 – Low risk offender program Note – AOD47 will be triggered where Low Risk offender funding source is not reported as bridging support service stream from 07/2020 onwards |
| Technical change  | CMS dependant |
| Specification change | Yes |

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 | 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 |
| 109-Vic State Gov-Low Risk Offender Program |  |  |  | D |  |  |  |  |  |  |  | C |  |  |  |  |  |  |

# Proposal 5 – Event Type changes to residential pre-admission engagement

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| It is proposed to | Amend the residential pre-admission engagement service event type from Treatment to Presentation to reduce reporting burden. |
| Proposed by | System Oversight and Performance, Drug Policy Reform, DHHS |
| Reason for proposed change | Pre admission encapsulates a range of activity including support, assistance, education/info provision, induction.The department has received feedback that the preadmission does not fit within treatment event type data collection within VADC. Effort required to report residential pre-admission engagement is disproportionate to the funding value for that service stream. This disincentivises service providers from consistently reporting and being recognised for the delivery of this activity. It is proposed that this service stream be redesignated from a treatment to a presentation service event type, which requires the collection of fewer data elements, in order to reduce the burden of reporting activity. |
| Data Specification change summary | Amend Service event Table 3Amend table 2Amend table 4Update Service stream data elements (5.4.14)* End date service stream code
* Add new service stream code

Note – AOD0 error validation will be triggered where 32 Preadmission engagement is reported as service stream for reporting period of 07/2020 onward or when 33 is used prior to 07/2020 reporting period |
| Technical change  | Yes |
| Specification change | Yes |

Table 1 Service stream definitions

|  |  |  |
| --- | --- | --- |
| ~~32~~ | ~~Residential pre-admission engagement~~ | Pre-admission treatment and 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 treatment activity to prepare a client for their admissionsupporting the client to undertake necessary preparatory arrangements inducting the client to the residential program providing support and information to the client’s familycontacting the client regularly to encourage ongoing engagement with the program. |
| 33 | Residential pre-admission engagement | Pre-admission preparation and treatment 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 treatment activity to prepare a client for their admissionsupporting 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.
 |

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 |  |

**5.4.14 Event—service stream—NN**

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| --- |
| *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** |
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| --- | --- | --- | --- |
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| *Reporting attributes*  |
| **Reporting requirements** | Mandatory |

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 |
| *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 33 | Pre-admission preparation and treatment for clients prior to their entering a course of residential withdrawal or rehabilitation |
| 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 |
| *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** |  |

Table 4 Service event funding sources and funding units :

* Residential pre-admission engagement update -

| **Funding Source code** |
| --- |
|  | 33 – Residential pre-admission engagement | ~~32 – Residential pre-admission engagement~~ |
| 106-Vic State Gov-Slow Stream Pharmacotherapy | D | ~~D~~ |
| 111-Vic State Gov-Residential dual diagnosis  | D | ~~D~~ |
| 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~~ |
| 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~~ |
| 127-Vic State Gov-Aboriginal-specific facility rehabilitation | D | ~~D~~ |
| 128-Vic State Gov-Residential Rehabilitation (general) | D | ~~D~~ |
| 129-Vic State Gov-Stabilisation model | D | ~~D~~ |
| 500-Commonwealth (non PHN) | NA | ~~NA~~ |
| 501 – Commonwealth PHN | NA | ~~NA~~ |
| 999-Unknown | NA | ~~NA~~ |

# Proposal 6 – Update AOD140 - Drug of concern validation

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| --- | --- |
| It is proposed to | Update AOD140  |
| Proposed by | Mental health and Drugs Data, Health Services Data, DHHS |
| Reason for proposed change | This validation enforces that the drug of concern must be reported upon closure of a service event where the client is the person of concern. |
| Data Specification change summary | Update validations within data definitionsValidation change will take effect for submissions from July 2020 reporting period  |
| Technical change  | CMS dependant |
| Specification change | Yes |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ID** | **Edit name/description** | **Data elements** | **Pseudo code/rule** | **Source** | **Status** |
| ~~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~~ |
| AOD140 | At least one Drug of concern group not reported within an Outcome measure for closed service event where the client is a person of concern | Outcome MeasureDrug of ConcernEvent-end dateContact-relationship to clientEvent-service stream | Event-end date != null AND for each Outcome Measure (count(Drug of concern) < 1) AND (ISNULL(Contact-relationship to client, 9) = 0) OR Event service stream = (Table 3 Activity Type = R)) | DHHS | Error |

# Proposal 7 – Changes to outcome measure validations

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| It is proposed to | Remove AOD138 to align with service practice  |
| Proposed by | Mental Health and Drugs Data, Health Services Data, DHHS |
| Reason for proposed change | Validations within the outcome measurement group should only be triggered on episode closure to align with service practice. |
| Data Specification change summary | Remove AOD138 |
| Technical change  | CMS dependant  |
| Specification change | Yes |

| ID | Edit name/description | Data elements | Pseudo code/rule | Source | Status |
| --- | --- | --- | --- | --- | --- |
| ~~AOD138~~ | ~~Outcome measure group supplied for an open 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) > 0~~ | ~~DHHS~~ | ~~warning~~ |

# Proposal 8 – Changes to Service event type business rules

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| It is proposed to | Allow for the reporting of different service event types that are delivered concurrently, in line with clinical practice. |
| Proposed by | System Oversight and Performance team, Drug Policy Reform, DHHS |
| Reason for proposed change | In practice, clients can receive multiple types of service streams at the same time, informed by client complexity. Further, funding arrangements between the department and service providers do not restrict more than one type of treatment service being provided to the client at the same time. This change will permit the reporting of concurrent service streams. |
| Data Specification change summary | Change wording of business rules section *4.2.10.3 Treatment* for concurrent event types |
| Technical change  | CMS dependant |
| Specification change | Yes |

**4.2.10.3 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 4.2.5.

* 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 Table 4, Section 4.2.5, for attributes that need to be reported relating to service events, including treatment service events

# Proposal 9 – New warning for residential course length

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| It is proposed to | Create validations to identify when the length of stay for a residential service event indicates the course length should be standard, however has not been reported as standard |
| Proposed by | VADC Sector Problem Solving Group |
| Reason for proposed change | Service providers completing data quality activity for residential reporting have identified that sometimes clinicians record the incorrect course length data, however validations do not currently identify this. This has an impact on DTAU data reconciliation downstream. Identifying this earlier in the data submission and correction process will improve AOD provider and DHHS data quality for residential activity. |
| Data Specification change summary | Introduce three new data validations for standard course length reportingApplies from 07/2020 onwards |
| Technical change  | CMS dependant |
| Specification change | Yes |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ID** | **Edit name/description** | **Data elements** | **Pseudo code/rule** | **Source** | **Status** |
| 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 lengthEvent-service streamEvent-funding sourceEvent-start dateEvent-end date | Event-end date is NOT null AND service stream = 10, AND funding source = (119,120,121) ANDEvent-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 lengthEvent-service streamEvent-funding sourceEvent-start dateEvent-end date | Event-end date is NOT null AND service stream = 30, AND funding source = (126,127) ANDEvent-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 lengthEvent-service streamEvent-funding sourceEvent-start dateEvent-end date | Event-end date is NOT null AND service stream = 30, AND funding source = (106,125,128) ANDEvent-end date - Event-start date <=160 AND Event-course length is (=2)  | DHHS | warning |

# ~~Proposal 10 – Funding source changes to Residential bridging support~~  <Proposal did not proceed - VADC sector governance groups recommendation to defer: No change>

# Proposal 11 – Improve usability of the VADC Validation report

|  |  |
| --- | --- |
| It is proposed to | Improve usability of the VADC Validation feedback spreadsheet by including service event end dates in validation reports and insert event ID for all event validations and client ID to every row within the spreadsheet. |
| Proposed by | VADC Sector Problem Solving Group |
| Reason for proposed change | Allow AOD agencies to prioritise correction of closed service eventsEnable agencies to filter by validation and be able to identify the service event end dates for service event validations and client IDs within the row. |
| Data Specification change summary | NA |
| Technical change  | No |
| Specification change | No |

**Validation report data display – Proposal 11**

**Current Validation data detail tab**



**Future Validation data detail tab**



# Proposal 12 – Change to codeset -Drug of Concern

|  |  |
| --- | --- |
| It is proposed to | Remove legacy cannabis code “3201” |
| Proposed by | Quality, Safety & Community Systems Reporting, VAHI |
| Reason for proposed change | “Cannabis code 3201” within drug of concern codeset was required whilst services transitioned from ADIS to VADC. With services no longer reporting via ADIS, this code is now redundant.  |
| Data Specification change summary | Remove code “3201 Cannabis” from *presenting drug of concern* and *drug of concern* codeset. Use the existing code of “7101” for Cannabis7101 cannabis code, part of the 1248.0 - Australian Standard Classification of Drugs of Concern, 2011, will remain.Note – AOD0 error validation will be triggered where code 3201 is used as drug of concern in reporting period of 07/2020 onwards |
| Technical change  | Yes |
| Specification change | Yes |

**5.3.2 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~~ |
|  | 7101 | 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 |  |

**5.4.12 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~~ |
|  | 7101 | 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** |
|

|  |  |  |  |
| --- | --- | --- | --- |
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| *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 presentationAOD159 presentation but no presenting drug of concern |
| **Other related information** |  |

# Proposal 13 – New validation for Drug Concern – Principal Concern

|  |  |
| --- | --- |
| It is proposed to | Enforce the rule that at least one principal drug of concern is reported when reporting the drug of concern element group |
| Proposed by | Quality, Safety & Community Systems Reporting, VAHI |
| Reason for proposed change | Currently VADC allows for the drug of concern data element group to be reported without requiring the client principal drug of concern to be specified. 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 serviceThe collection of principal drug of concern is required for national minimum data set reporting. |
| Data Specification change summary | New validation applies from 07/2020 onwards |
| Technical change  | Yes |
| Specification change | Yes |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ID** | **Edit name/description** | **Data elements** | **Pseudo code/rule** | **Source** | **Status** |
| AOD176 | A drug of concern was not specified as the client’s principal concern, by the end of a service event where drug of concern is reported | Drug concern-principal concern | Outcome Measure-ID!= NULL ANDDrug of concern-ID!= NULL AND NOT(COUNT(Drug concern-principal concern =1)=1) AND Service Event ID!= null | DHHS | Error |

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