

# TCA Clinical Outcomes- Penelope Guide

– July 2025

ACSO relies on assessment and treatment agencies completing treatment completion advice documents in the Penelope portal. These documents are important for the following reasons:

- Ensure that clients are removed from your Penelope case load when you are no longer working with them.
- Provide the Department of Health, Catchment Planners and treatment agencies with accurate information regarding treatment up-take and outcomes in your catchment.
- Ensure that returning clients have a record of treatment outcomes and issues related to past treatment to inform future presentation at assessment.
- Provide Justice services information on the reasons for exiting a client from treatment and any further treatment recommendations.
- Ensure that the work undertaken by agencies for Justice clients are paid according to activity and that agencies that exceed targets can receive additional funding.
- Clinical TCA should be completed for all voluntary and Justice clients.

## Instructions for completion:

1. Select your client's treatment service file from My Case Load page or by performing a Search.

2. Select the treatment service event.

3. In **Documents** tab, select 'TCA Clinical Outcomes'.

**Service Event**

back search delete edit

Portal Play Tue 18-Jul-2023

Prox Next

**Sun 04-Jun-2023 10:30 AM 1 hour**  
Doo CCO 01/01/2023 (12) #1 / AOD - Counselling Standard / Event

Appointment with Maria

04-Jun-2023 10:30 AM	ACSO Central Office	Booked	ACSO, Richmond
04-Jun-2023 11:30 AM	Do not call to confirm	Client Contact	Doo, Scooby Dooby ⚠
		2026428	

Location 1 Hoddle St  
VIC 8001

Booked By: Worker - Maria Fadljevic

**Documents**

No documents to display

Select Document

**Forms**

- AOD - Treatment Agency Report Feedback
- COATS - Comms from Case Manager
- COATS - Comms from Tx Agency
- COATS - Progress
- COATS - TCA Payment
- Extension or TCA Deferral
- Portal - Update Client Details
- TCA Clinical Outcomes**
- Variations

**Letters**

- COATS - Client TX appointment Letter
- COATS - Client TX appointment Letter Alt Address

4. Select the client's name and press anywhere on your screen.

**Document**

TCA Clinical Outcomes

Document Date 01/07/2023

4 For Event Attendee Doo, Scooby Dooby

Document Description

5. Select your service category and provide details of client's treating clinician and contact details. *\*Use the client's case name as a guide when selecting service category. Justice Case Manager are not required to submit TCA forms.*

Please use the clients Case as a guide to the referral type

Please Select

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☒ Treatment Service (Referrals including CISP / CREDIT / ARC / NJC / CCO / PAROLE / DTO / YJ)

☐ Treatment Service (Referrals including Voluntary / Other Div / KADW / DDAL / StepOut)

Doo CCO 01/01/2023 (12) #1

Clinician Full Name 5 Maria Smith

Contact Details 0400000000

Treatment Order Date 04-Jun-2023

6. Provide attendance details and client group for completed course of treatment *\*Ensure that, if 'Did not Attend' is selected, no appointments are recorded in the below fields. These fields are used to calculate the rate for the course of treatment or forensic activity completed.*

Clinical Summary	
Is this TCA for Residential Rehabilitation or Residential Withdrawal Treatment?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this TCA for Kickstart?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Attendance	<input checked="" type="radio"/> Completed Treatment <input type="radio"/> Partial Completion <input type="radio"/> Unplanned Exit <input type="radio"/> Unable to engage <input type="radio"/> Did not attend
Number of Attended Appointments	<input type="text" value="4"/>
Number of Missed Appointments	<input type="text" value="1"/>
Number of hours of client related coordination (Care & Recovery Coordination treatment only)	<input type="text"/>
Number of Hours of client Therapeutic Day Rehabilitation (Therapeutic Day Program - limited providers)	<input type="text"/>
Client Group	<input type="radio"/> Aboriginal and/or Torres Strait Islander <input checked="" type="radio"/> N/A

*Please refer to COATS Payment Guidelines for more information*

7. Provide client exit date and details of any additional follow-up required.

Exit Information	
7	Last scheduled appointment date with the client <input type="text" value="03/07/2023"/>
	Needs additional follow up with
	<input checked="" type="checkbox"/> Mental health services <input type="checkbox"/> Accommodation <input type="checkbox"/> Family <input type="checkbox"/> Needs other specialised treatment modalities <input type="checkbox"/> Other
	The reason for ending the clients treatment
7	<input type="text" value="completed treatment"/>
	The main setting where the AoDT service was provided to the client
	<input type="text" value="non-residential treatment facilit"/>

8. Individual Treatment Plan - Answer as applicable.

Treatment Plan	
<i>This is to be completed by Treatment Services once a client has exited their service.</i>	
Was an Individual Treatment Plan developed for the client?	
<input checked="" type="radio"/> Yes <input type="radio"/> No	
Were the significant treatment goals of the Treatment Plan achieved?	
<input checked="" type="radio"/> Yes <input type="radio"/> No	

9. Forensic Only: Please seek confirmation for Justice Case Manager prior to submitting form.

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Justice Case Manager	
Have you liaised with the Justice Case Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Justice Case Manager Full Name	<input type="text" value="Bob Smith"/>
Justice Case Manager Site Location	<input type="text" value="Test CCS"/>

*If this client is reporting to any Justice Officer/Bail Case Manager. It is mandatory to contact them prior to exiting this client, otherwise the TCA will not be processed.*

10. All services: provide any additional TCA details.

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Clinical Summary Notes



"Client has reported maintaining abstinence for 6 months. He has improved his accommodation and obtained casual employment."

11. Ignore this field unless you are an ACSO staff member.

**DO NOT COMPLETE: Internal ACSO Use Only**

*DO NOT COMPLETE: Internal ACSO Use Only*

Is this TCA for an ACSO delivered course of treatment?

☐ Yes  
☒ No

12. Press 'Finish' to submit.

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