COCAP™

COCAP™ is designed to be used by behavioral health service system leadership, in partnership with service providers and other stakeholders. The COCAP™ has three purposes:

1. To create a system-specific set of indicators for monitoring progress toward recovery-/resiliency-oriented complexity (co-occurring) capability at a particular point in time.
2. To create a tool for agency- and program-level self-monitoring in relation to those indicators.
3. To create a tool that defines standards for system-level monitoring, oversight, and technical assistance of agency/program progress toward complexity (co-occurring) capability.

COCAP™ should *ideally* be used in the context of an organized system-level quality improvement partnership to achieve CCISC implementation. COCAP™ should only be used after the system has already worked for a minimum of one to two years on implementation, using system-, program-, and clinician-level self-assessment tools (CO-FIT 100™, COMPASS-EZ™ [and other COMPASS™ tools], CODECAT-EZ™, respectively) to create baselines upon which quality improvement activities will be built, before any standards are imposed or contemplated.

COCAP™ is designed to help systems identify a range of measurable indicators that can be used to document or monitor achievement of progress toward complexity (co-occurring) capability—for each agency, program, or service provider in the system—in each of **20 major program domains**—at a particular point in time. Progress toward co-occurring (complexity) capability in an agency or program can be examined using the indicators in the 20 domains listed below.

Part I: Organizational Development

1. Creating a welcoming culture
2. Incorporation of the consumer/family perspective
3. Adoption of complexity (co-occurring) capability as an agency-wide goal
4. Establishing a baseline of complexity (co-occurring) capability
5. Creating and implementing a CQI plan for agency program development
6. Complexity (co-occurring) competency development for the workforce
7. Integrated clinical record documentation
8. Integrated billing
9. Recognizing and reporting co-occurring clients and families in the data system
10. Interagency partnership and collaboration

Part II: Clinical Practice Development

11. Welcoming and engagement in empathic hopeful relationships
12. Removal of access barriers
13. Integrated screening
14. Integrated assessment
15. Integrated treatment and rehabilitation/recovery planning
16. Integrated treatment interventions
17. Integrated treatment programming
18. Co-occurring disorder psychopharmacology protocols
19. Continuity of integrated care
20. Case consultation, coordination and collaboration with collateral caregivers