

# BRIEF ACTION PLANNING (BAP) FOR LIFESTYLE CO-MORBIDITIES AND BEHAVIORAL COMPLEXITIES OF SMI:

## A Motivational Interviewing (MI) Consistent Tool

Cole S, Palanci J, Cotes, R  
Mental Health Services Conference  
Baltimore, September 27, 2024

# PRESENTERS

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Steven A. Cole, MD, MA

Professor of Psychiatry, Emeritus, Stony Brook University &  
Clinical Professor of Scientific Education & Psychiatry, Zucker SOM at Hofstra-Northwell  
[stevecolemd@gmail.com](mailto:stevecolemd@gmail.com)

Justin Palanci, MD

Assistant Professor, Dept of Psychiatry and Behavioral Sciences, Emory University  
Medial Director, Grady Assertive Community Treatment Program  
[justin.palanci@emory.edu](mailto:justin.palanci@emory.edu)

Robert Cotes, MD

Professor, Dept of Psychiatry and Behavioral Sciences, Emory University  
Co-Director, Clinical and Research Program for Psychosis at Grady Health System  
[robert.o.cotes@emory.edu](mailto:robert.o.cotes@emory.edu)

# DISCLOSURES

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Dr. Cotes has received research funding from Alkermes and Karuna (to institution) and is a speaker and consultant to Saladax Biomedical.

Drs. Cole and Palanci have no disclosures to report.

# ACKNOWLEDGEMENTS

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## For contributions to the development of BAP:

- Connie Davis
- Damara Gutnick
- Kathy Reims
- Centre for Collaboration, Motivation, & Innovation  
[www.CentreCMI.ca](http://www.CentreCMI.ca)

# ACKNOWLEDGEMENTS

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## For contributions to the development of BAP-MI:

- Taranjeet Ahuja
- Denise Ernst
- Richard Frankel
- Deirdra Frum-Vassallo
- Damara Gutnick
- Ali Hall
- Katherine Hartlieb
- Yuri Jadotte
- Igor Koutsenok
- Camila Romero
- Deepa Sannidhi
- Kelley Skeff
- Roy Stein
- Joseph Weiner

# OBJECTIVES

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At the conclusion of this workshop, participants will be able to:

- Describe the 5 Foundational and 3 Stepped-Care Skills of BAP;
- Explain the relevance of the Spirit of Motivational Interviewing to BAP;
- Discuss the potential usefulness of BAP for patients with SMI;
- Begin using BAP in clinical practice; and
- Explore models of learning & using BAP & BAP-MI for patients w/ SMI.

# OUR HOPES

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1. You will share our enthusiasm for the pragmatic usefulness of BAP and BAP-MI for patients with SMI.
2. You leave the workshop today with sufficient knowledge and skill of BAP to begin using it in your own practices.
3. You find BAP & BAP-MI sufficiently useful to consider learning more about these tools and integrating them into your clinical and training programs for patients with SMI.

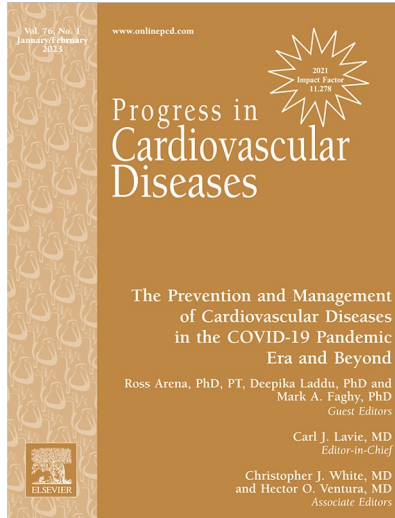
# AGENDA

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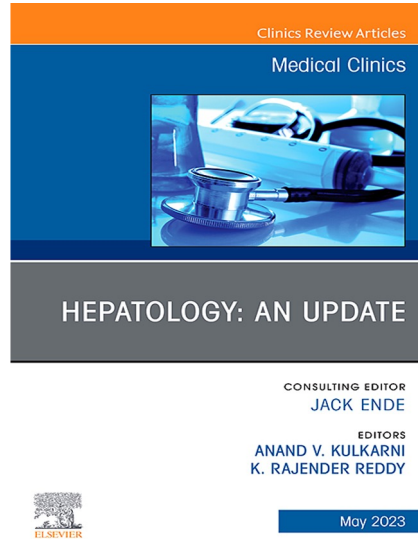
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# RECENT PEER-REVIEWED PUBLICATIONS



***Using motivational interviewing and brief action planning for adopting and maintaining positive health behaviors, March-April 2023.***



***Brief Action Planning (BAP) in Health and Healthcare: A Scoping Review, November 2023.***



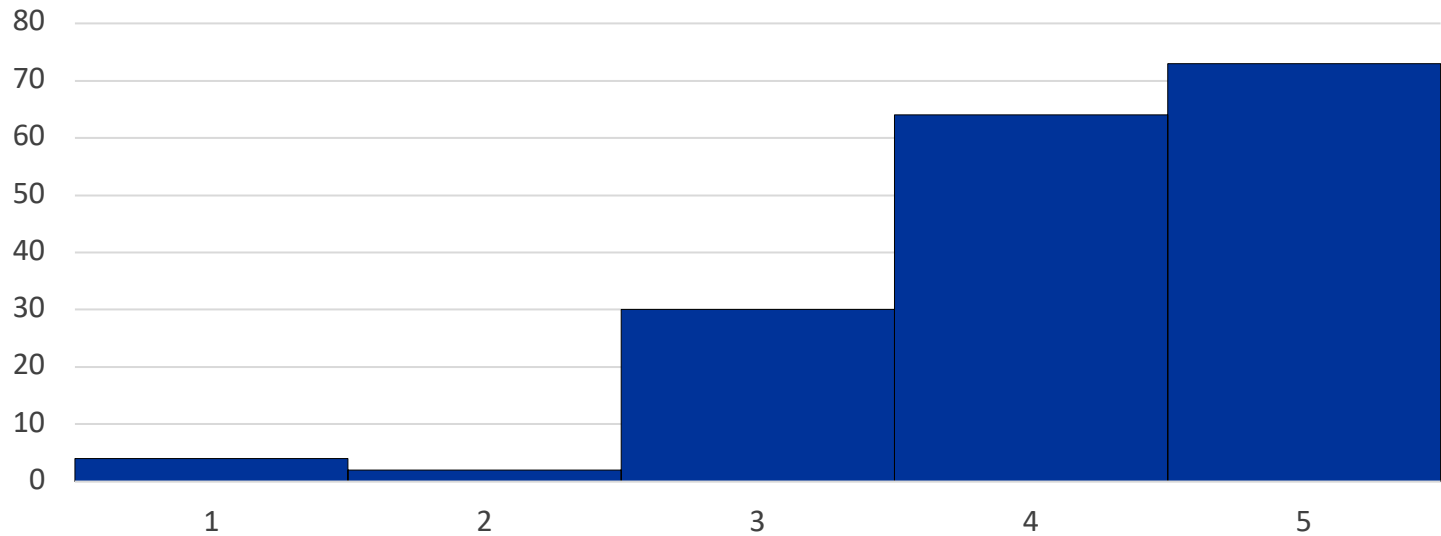
***BAP- MI: A Novel Stepped-Care Integration to Optimize Outcomes, September 2023***

# EVALUATION OF BAP ONLINE LEARNING PROGRAM\*



*How useful do you feel this module will be in your current or future practice?*

**N= 173**  
(2016-2024)



**Mean = 4.16**

\*Janelle MacPherson

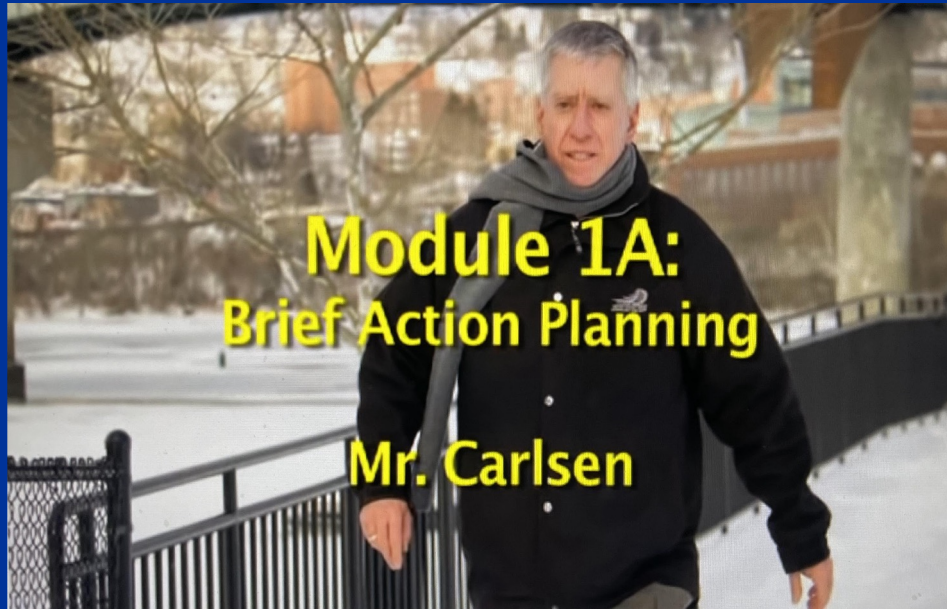
# CHANGE (EXERCISE)

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- Most of us frequently think about making life changes
- Write short statement of something you are considering changing (but which you have not already started)
  - Lifestyle
  - Interpersonal
  - Personal
- Confidential (if you choose)

# 5 Foundational Skills: Demonstration

What Skills? How Were They Used?



<https://www.youtube.com/watch?v=w0n-f6qyG54>



**Reflections: What & How?**

## 1. ELICIT PERSONAL GOALS

Ask

*“Is there anything you would like to do for your health in the next week or two?”*

Making  
the Plan



## 2. ELICIT & CLARIFY A SMART BEHAVIORAL PLAN

Ask

*“Would you like to make a specific plan about that?”*  
*(eg What?, When?, How Long?, How Often?...)*

# REINFORCING THE PLAN

Reinforcing  
the Plan

## 3. ELICIT A COMMITMENT STATEMENT

Ask

*“Could you tell me back the details of your plan, to make sure we’re on the same page?”*

## 4. SCALE FOR CONFIDENCE

Ask

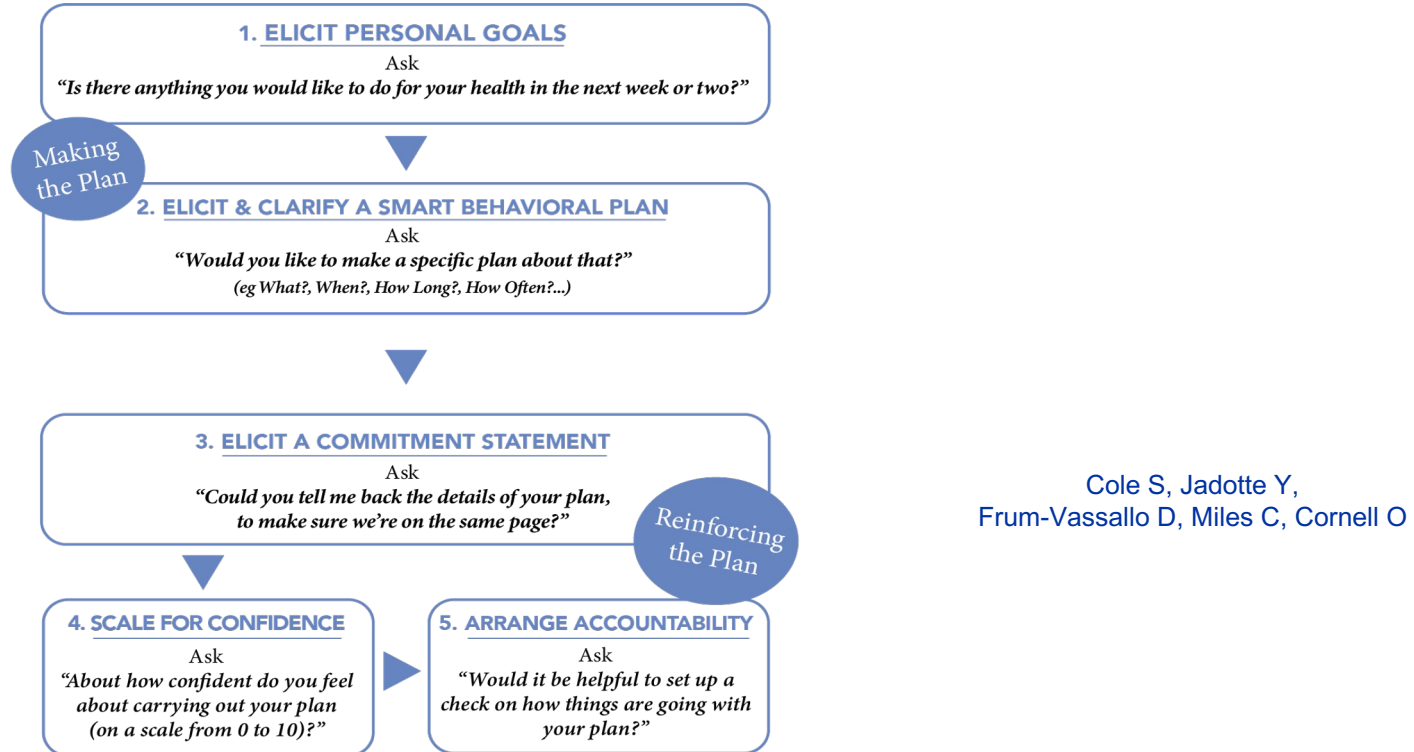
*“About how confident do you feel about carrying out your plan (on a scale from 0 to 10)?”*

## 5. ARRANGE ACCOUNTABILITY

Ask

*“Would it be helpful to set up a check on how things are going with your plan?”*

# BAP FLOW CHART (2024)\*: THE FIVE FOUNDATIONAL SKILLS



Cole S, Jadotte Y,  
Frum-Vassallo D, Miles C, Cornell O

\* Revised from Cole, Gutnick, Davis, & Reims: “Brief Action Planning Flow Chart,” 2016



# WHAT IS BRIEF ACTION PLANNING (BAP)?

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- *BAP is a pragmatic, evidence-informed, and versatile MI-consistent tool to support patient self-management and facilitate health behavior change.*
- *BAP is particularly appropriate for patients ready or nearly ready for planning (ambivalence is not a persistent barrier and advanced MI skills not needed).*
- *In the practice of MI, with patients ambivalent about change, BAP can function as a flexible roadmap from “Evocation” into and through the 4<sup>th</sup> MI task of “Planning.”*

# BAP OVERVIEW

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- BAP is a motivational tool/roadmap for Action Planning
- Eight Core Competencies: 5 Foundational & 3 Stepped-Care
- Connection/Engagement (rapport) precedes launching BAP
- Spirit of MI throughout

# SPIRIT OF MI\*: “CAPE”

## Values/Attitudes/Mindset: Ground the BAP Skill Set

- Compassion  
*(The patient’s well-being is primary.)*
- Autonomy Support  
*(Respect the patient & their right to change or not.)*
- Partnership  
*(Demonstrate equality for action planning purposes.)*
- Empowerment/Evocation  
*Ideas for change should come from the patient.  
(Curiosity & Humility)*



\*Miller WR, Rollnick S: *Motivational Interviewing: Helping People Change and Grow, 4<sup>th</sup> Ed, 2023*

With connection (rapport) & Spirit of MI, clinicians launch BAP:

## Question One

### 1. ELICIT PERSONAL GOALS

Ask

*“Is there anything you would like to do for your health in the next week or two?”*

*Is there anything you would like to do for your health in the next week or two?*

Making  
the Plan



# 1. CONTEXT SPECIFIC: QUESTION ONE



## Elicit Personal Goals

Ask

*“Is there anything you’d like to do in the next week or two, about your .....”*

*Is there anything you would like to do  
in the next week or two about your...?*

Context  
Specific

Making  
the Plan



# Making the Plan

*Is there anything you would like to do  
for your health in the next week or two?*

*Hmmm...  
I guess I really should get  
some exercise.*





## 2. ELICIT & CLARIFY A SMART BEHAVIORAL PLAN

Ask

*“Would you like to make a specific plan about that?”*

*(eg What?, When?, How Long?, How Often?...)*

# Making the Plan

*Would you like to make a  
specific plan about that?*

**What do you mean  
by “plan”?**



# Making the Plan

*Well, a “plan” means deciding on something very specific you’d like to do, when you’d like to start, how long, how often....things like that.*

**Oh, okay...**



## 2. SMART BEHAVIORAL PLANNING

“SMART”: Specific, Measurable, Achievable, Relevant and Timed

With permission:

- What?
- When?
- Where?
- How often/long/much?
- Start date?



Locke (1968); Locke & Latham (1990, 2002); Bodenheimer, (2009)

## 1. ELICIT PERSONAL GOALS

Ask

*“Is there anything you would like to do for your health in the next week or two?”*

Making  
the Plan



## 2. ELICIT & CLARIFY A SMART BEHAVIORAL PLAN

Ask

*“Would you like to make a specific plan about that?”*

*(eg What?, When?, How Long?, How Often?...)*

## 3. ELICIT A COMMITMENT STATEMENT

Ask

*“Could you tell me back the details of your plan,  
to make sure we’re on the same page?”*

# REINFORCING THE PLAN: ELICIT A COMMITMENT STATEMENT

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- After the plan has been formulated, the clinician elicits a “commitment statement” in the 1<sup>st</sup> person, e.g....
- *“I will....”*
- Strength of the commitment statement predicts relative success of the plan.

Cialdinini 2021; Aharonovich 2008; Amrhein 2003

## 4. SCALE FOR CONFIDENCE

Ask

*“About how confident do you feel about carrying out your plan  
(on a scale from 0 to 10)?”*

Lorig, 2014



## 5. ARRANGE ACCOUNTABILITY

Ask

*“Would it be helpful to set up a check on how things are going with your plan?”*

Glasgow, 2006

# REINFORCING THE PLAN

Reinforcing  
the Plan

## 3. ELICIT A COMMITMENT STATEMENT

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*“Could you tell me back the details of your plan, to make sure we’re on the same page?”*

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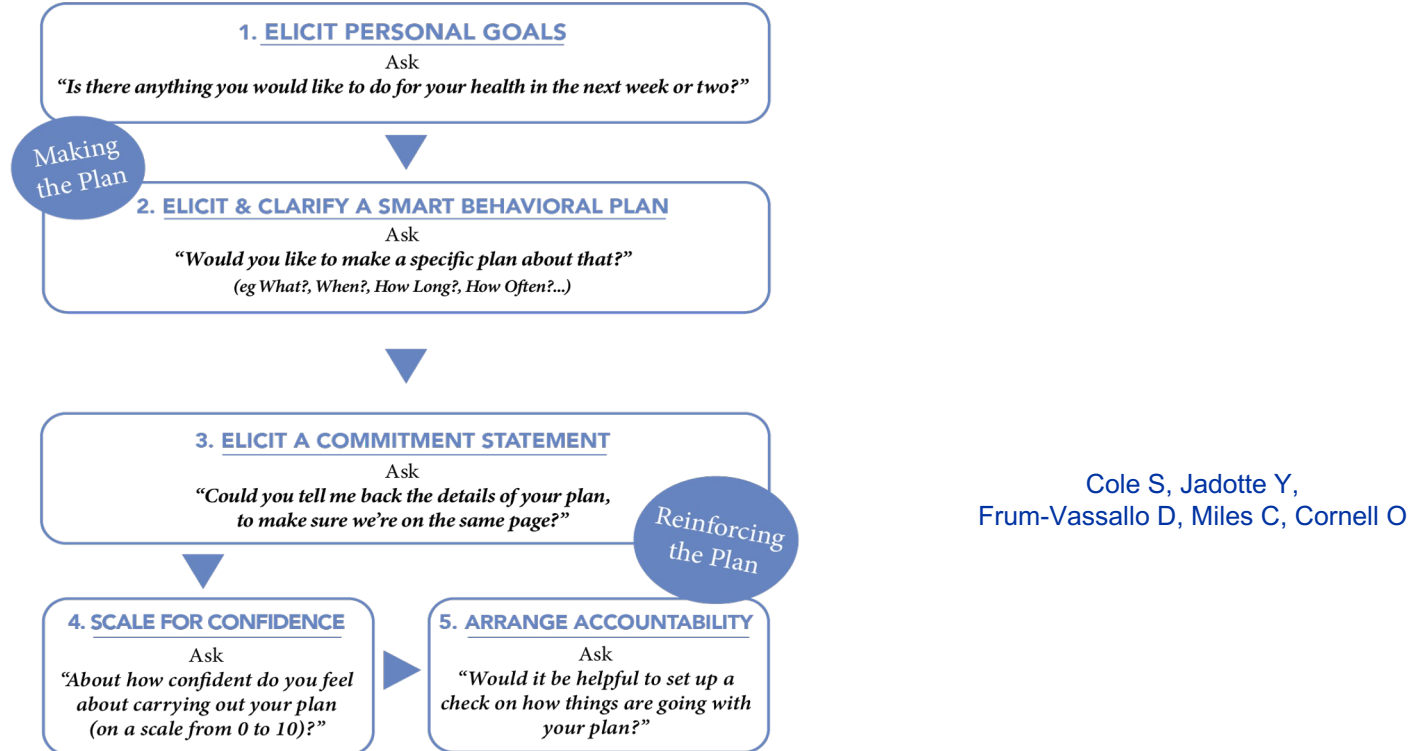
# **BAP Flow Chart (2024)\***

## **The Five Foundational Skills**

Cole S, Jadotte Y, Frum-Vassallo D, Miles C, Cornell O

\* Revised from Cole S, Gutnick D, Davis C, Reims K, BAP Flow Chart, 2016

# BAP FLOW CHART (2024)\*: THE FIVE FOUNDATIONAL SKILLS



Cole S, Jadotte Y,  
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\* Revised from Cole, Gutnick, Davis, & Reims: “Brief Action Planning Flow Chart,” 2016

# PRACTICE OF SKILLS: GROUPS OF 3

- Brief introductions, overview, open discussion
- Groups of 3 (“Clinician”; “Patient”; Observer)
  - Real-play
  - “Clinician” follows BAP Flow Chart
  - “Patient,” “clinician,” or observer call “freeze” for discussion
    - with peer-to-peer coaching feedback re: suggestions for improvement
  - Switch roles as time allows

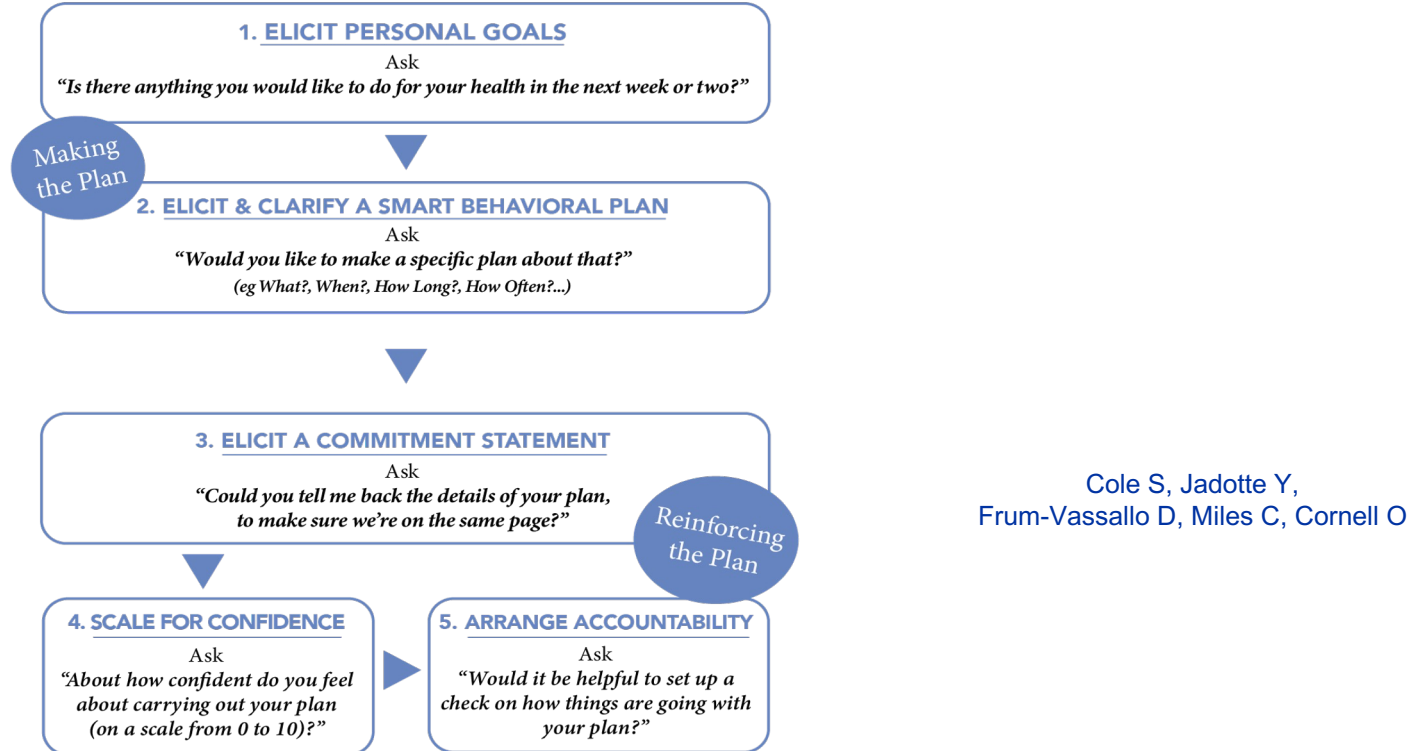
# SUGGESTIONS: PEER-TO-PEER FEEDBACK

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1. *“What was done well ?”*  
(be specific, “clinician” starts, then others)
2. *“What might be improved?”*  
(be specific, “clinician” starts, then others)
3. **Re-practice the same dialogue, using specific suggestions for using BAP micro-skills**

# Groups of Three: Practice 15 minutes

# BAP FLOW CHART (2024)\*: THE FIVE FOUNDATIONAL SKILLS



Cole S, Jadotte Y,  
Frum-Vassallo D, Miles C, Cornell O

\* Revised from Cole, Gutnick, Davis, & Reims: “Brief Action Planning Flow Chart,” 2016





**Reflections? Experiencing BAP? Questions?**

# AGENDA

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# BAP STEPPED-CARE SKILLS

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- BAP with Behavioral Menu
- BAP with Problem-Solving for Low Confidence
- Follow-Up

*Is there anything you would like to do for your health in the next week or two?*

*I really don't know....  
there's just so much I  
should be doing....*

Behavioral  
Menu



# Behavioral Menu

*Would it be okay if I  
offered some suggestions...?*

**Sure, that  
would help...**



## **A. REQUEST PERMISSION TO SHARE IDEAS**

Ask

*“Would it be okay for me to share some ideas that might be helpful?”*



## **B. SHARE IDEAS & ASK**

Provide 2-3 Ideas and Evoke Personal Choice, ask:

*“I wonder if you’d like to make a plan around one of these ideas,  
or perhaps there’s something else you’d like to work on?”*

# VISUAL AIDS OFTEN HELPFUL

There are many things people do for their health.  
Here are some things you might want to talk to your  
health care team about.

Choose to talk about changing any of these and add other concerns in the blank circles.



Rubnick K, Mason P, Butler C. *Healthy Behavior Change: A Guide for Practitioners*. New York: Churchill Livingstone; 1999.

Rubnick S, Miller WR, Butler C. *Motivational Interviewing in Health Care: Helping Patients Change Behavior*. New York: Guilford Press; 2008.

Stutt N, Rubnick S, Rees M, Pitt R. Innovation in clinical method: diabetes care and negotiating skills. *Family Practice*. 1995;12(4):413-418.



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[www.centreCMI.ca](http://www.centreCMI.ca)

# BAP STEPPED-CARE SKILLS

---

- BAP with Behavioral Menu
- BAP with Problem-Solving for Low Confidence
- Follow-Up



# Problem Solving

*“About how confident do you feel about carrying out your plan (on a scale from 0 to 10)?”*

**Five**



*A confidence level of 5 is great.... a lot higher than a 3 or a 2, it shows lots of confidence and commitment. We know plans with confidence levels of 7 or greater have a higher chance of being carried out. Would you like to work with me to see if we can get your plan to a 7 or higher?*

Problem  
Solving

**Sure**



*Some patients can increase confidence by making their plan less ambitious, or by finding someone to help them, OR maybe you have some other idea?*

Problem  
Solving



# BAP WITH PROBLEM-SOLVING

## **A. EXPLAIN & ASK**

*“A confidence level of 5 is great.... a lot higher than a 3 or a 2, it shows lots of confidence and commitment. We know plans with confidence levels of 7 or greater have a higher chance of being carried out. Would you like to work with me to see if we can get your plan to a 7 or higher?”*



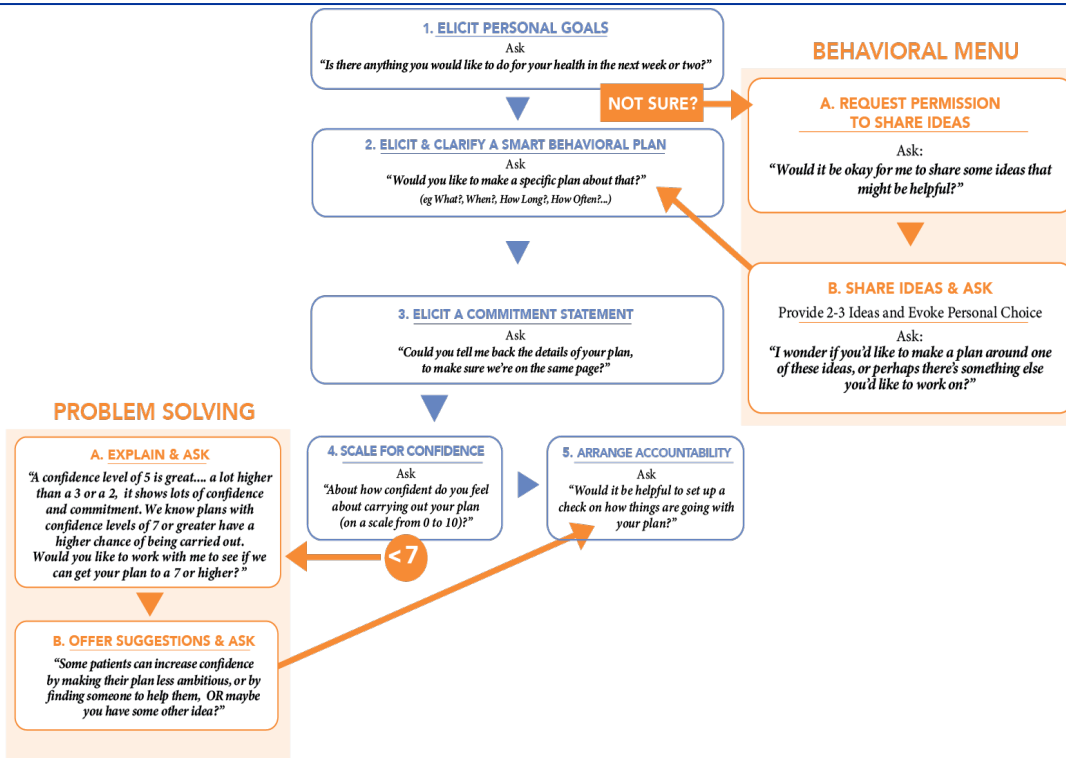
## **B. OFFER SUGGESTIONS & ASK**

*“Some patients can increase confidence by making their plan less ambitious, or by finding someone to help them, OR maybe you have some other idea?”*

# BAP Flow Chart (2024)\*

## Stepped Care Skills

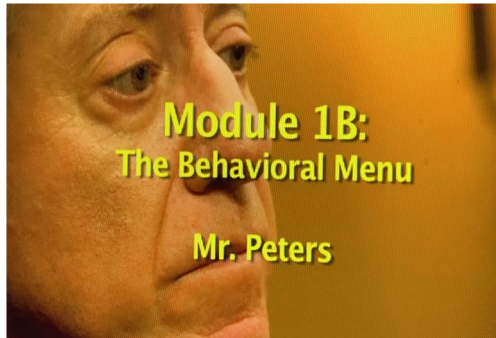
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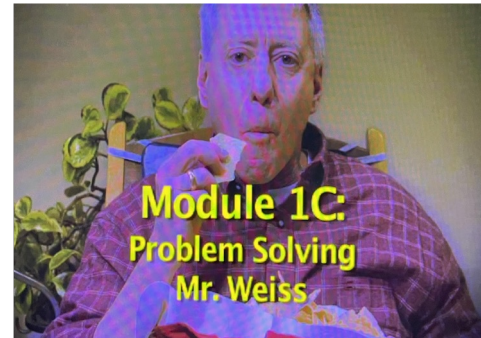
\* Revised from Cole S, Gutnick D, Davis C, and Reims K: "Brief Action Planning Flow Chart," 2016, www.CentreCMI.ca

# BAP STEPPED-CARE SKILLS

## BAP with Behavioral Menu



## BAP with Problem-Solving



Available at [www.BAPPN.org](http://www.BAPPN.org) and U-tube  
[Youtube.com@BAPprofessionalNetwork](https://www.youtube.com/@BAPprofessionalNetwork)

# BAP STEPPED-CARE SKILLS

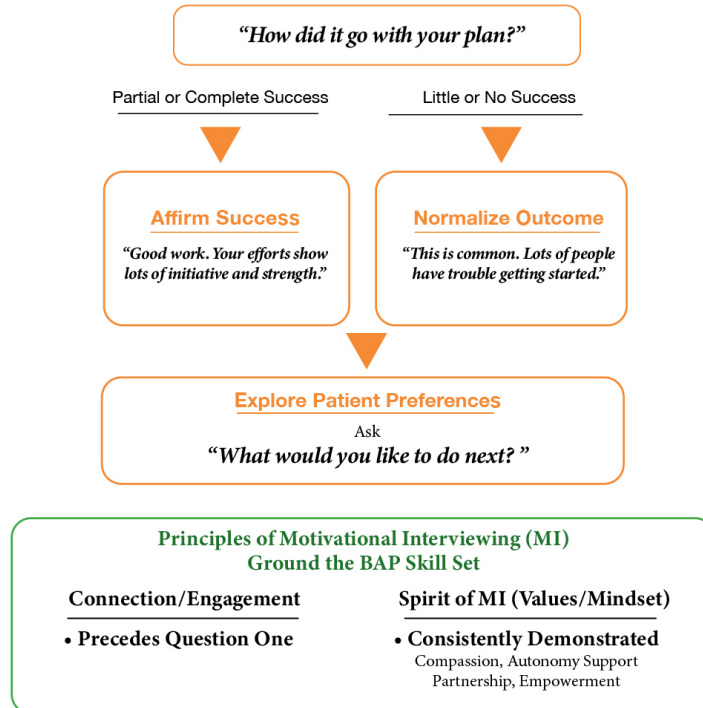
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- BAP with Behavioral Menu
- BAP with Problem-Solving for Low Confidence
- Follow-Up

# BAP Flow Chart (2024)\*

## Follow Up

Cole S, Jadotte Y, Frum-Vassallo D, Miles C, Cornell O



\* Revised from Cole S, Gutnick D, Davis C, and Reims K: “Brief Action Planning Flow Chart,” 2016  
[www.BAPProfessionalNetwork.org](http://www.BAPProfessionalNetwork.org)



**What About Patients with Persistent Unhealthy Behaviors**

**Who are Not Ready for Change/Action Planning?**

**Consider BAP-MI**

# MR. DOWD: WHAT SKILLS? HOW?



**BAP-MI For Alcohol Misuse in the ER:  
Probing for Ambivalence and  
Readiness for Change / Planning**

[https://www.youtube.com/watch?app=desktop&v=aymb\\_ndzZ8c](https://www.youtube.com/watch?app=desktop&v=aymb_ndzZ8c)



**Reflections: What & How?**

# WHAT IS BAP-MI?

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*BAP-MI is a stepped-care integration of evidence-informed skills from Brief Action Planning (BAP) and Motivational Interviewing (MI) to support patient self-management and facilitate health behavior change.*

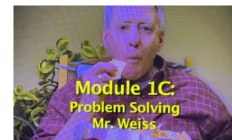
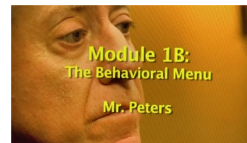
*BAP-MI is particularly relevant for patients who do not make action plans with BAP alone, who typically have persistent unhealthy behaviors and ambivalence about change.*

# BAP-MI: SUMMARY

## BAP “BOOKENDS” LIFESTYLE CONVERSATIONS....+/- MI (STEPPED-CARE “DOSES”)

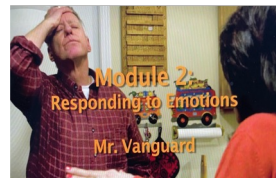
For patients **ready or “nearly ready”** for action planning...

**BAP is often sufficient without MI for action planning. BAP functions as independent bookend.**



Ambivalence I  
For patients whose **emotional distress** or relationship discord impedes collaborative action planning...

**Question 1 of BAP (“A”)** may uncover a need to “infuse” empathy or partnership skills of **MI**, (aka the “relational” skills of MI), which themselves may generate sufficient “change talk” to return to **BAP (“Z”)** as a **“bookend” into and through MI task of “Planning.”**

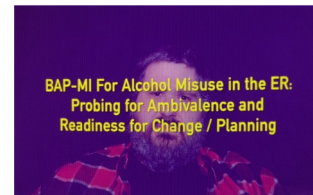


Ambivalence I & II  
For patients whose **emotional distress & behavioral ambivalence** impedes collaborative action planning...

Clinicians may choose to begin with **MI**, using relational & technical skills (CCT, SST); when sufficient change talk emerges, clinicians can use **BAP as a terminal “bookend” to transition into and through the 4<sup>th</sup> MI task of Planning.**



Mr. Stabler



Mr. Dowd



# AGENDA

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More than 10 academic medical centers currently training BAP & BAP-MI:

- Northport VA Health & Stony Brook – Health Psychology Fellows, Prev Med & Internal Med
- UC San Diego - Preventive & Lifestyle Medicine Residents
- University of North Carolina - Addiction Medicine Fellowship
- Zucker SOM at Hofstra/Northwell - Undergraduate Medical Education
- UCLA - Undergraduate Medical Education
- George Washington SOM – Undergraduate Medical Education

Grady Assertive Community Treatment (ACT)

# AGENDA

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# **BAP AND BAP-MI CAN BE KEY TOOLS IN REDUCING THE MORTALITY GAP FOR PEOPLE WITH SMI**

Robert Cotes, MD

- Physical Health
  - CVD is the leading cause of death overall<sup>1</sup> and for people with schizophrenia<sup>2</sup>
  - People with serious mental illness are more likely to have obesity and diabetes than the general population (key risk factors for CVD)<sup>3</sup>
  - Obesity is a key risk factor for diabetes
  - Many mental health medications cause cardiometabolic problems
  - **People with SMI often do not have access to evidence-based lifestyle interventions**

<sup>1</sup><https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>, accessed July 24, 2024; <sup>2</sup>Tanskanen A, Tiihonen J, Taipale H. Mortality in schizophrenia: 30-year nationwide follow-up study. *Acta Psychiatr Scand*. 2018 Dec;138(6):492-499. doi: 10.1111/acps.12913. Epub 2018 Jun 13. PMID: 29900527.; <sup>3</sup>Afzal M, Siddiqi N, Ahmad B, Afsheen N, Aslam F, Ali A, Ayesha R, Bryant M, Holt R, Khalid H, Ishaq K, Koly KN, Rajan S, Saba J, Tirbhowan N, Zavala GA. Prevalence of Overweight and Obesity in People With Severe Mental Illness: Systematic Review and Meta-Analysis. *Front Endocrinol (Lausanne)*. 2021 Nov 25;12:769309. doi: 10.3389/fendo.2021.769309. PMID: 34899604; PMCID: PMC8656226.

- Substance Abuse
  - Expect to find SUD and SMI together<sup>1</sup>
    - 50.2% of people with SMI used illicit drugs in the past year
    - 37.3% used tobacco or vaped in the past month
    - 30.3% binged alcohol in the past month
  - Stopping substance use predicts better outcomes
  - **The problem is complicated by a lack of an integrated SUD and MH system**

<sup>1</sup>Substance Abuse and Mental Health Services Administration. Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health. 2024. Available at: <https://www.samhsa.gov/data/release/2022-national-survey-drug-use-and-health-nsduh-releases>. Accessed July 24, 2024.

# CAN BAP AND BAP-MI IMPROVE ENGAGEMENT?

- From the NSDUH 2021 data<sup>1</sup>
  - 34.6% of people with SMI did not receive mental health services in the past year
  - 51.5% of people with SMI perceived an unmet need for mental health services in the past year
- HEDIS inpatient hospitalization to outpatient follow up after 7 days (2021)<sup>2</sup>
  - Medicaid 38.4%
  - Medicare PPO 29.4%
- People may be most open to engaging early but are met with services or an approach not tailored to their needs
- **Those who are less connected will be likely to follow up<sup>3</sup>**

<sup>1</sup>Substance Abuse and Mental Health Services Administration. Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health. 2024. Available at: <https://www.samhsa.gov/data/release/2022-national-survey-drug-use-and-health-nsduh-releases>. Accessed July 24, 2024.; <sup>2</sup>National Committee for Quality Assurance, Healthcare Effectiveness Data and Information Set. Follow-up after hospitalization for mental illness. 2021. Available at: <https://www.ncqa.org/hedis/measures/follow-up-after-hospitalization-for-mental-illness/>. Accessed July 24, 2024; <sup>3</sup>Smith TE, Haselden M, Corbeil T, et al. The Effectiveness of Discharge Planning for Psychiatric Inpatients With Varying Levels of Preadmission Engagement in Care. *Psychiatr Serv.* 2022;73(2):149-157.

# CAN BAP AND BAP-MI IMPROVE ENGAGEMENT?

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  - 34.6% of people with SMI did not receive mental health services in the past year
  - 51.5% of people with SMI perceived an unmet need for mental health services in the past year
- HEDIS inpatient hospitalization to outpatient follow up after 7 days (2021)<sup>2</sup>
  - Medicaid 38.4%
  - Medicare PPO 29.4%
- 12% to 53% of those in FEP programs do not complete them<sup>3</sup>
- Half of patients with SMI who are prescribed psychotropic medications stop taking them<sup>4</sup>

<sup>1</sup>Substance Abuse and Mental Health Services Administration. Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health. 2024. Available at: <https://www.samhsa.gov/data/release/2022-national-survey-drug-use-and-health-nsduh-releases>. Accessed July 24, 2024.; <sup>2</sup>National Committee for Quality Assurance, Healthcare Effectiveness Data and Information Set. Follow-up after hospitalization for mental illness. 2021. Available at: <https://www.ncqa.org/hedis/measures/follow-up-after-hospitalization-for-mental-illness/>. Accessed July 24, 2024; <sup>3</sup>Mascayano, F., et al Disengagement from early intervention services for psychosis: a systematic review. *Psychiatric Services*, (2021). 72(1), 49-60.; <sup>4</sup>Semahegn A et al Psychotropic medication non-adherence and its associated factors among patients with major psychiatric disorders: a systematic review and meta-analysis. *Syst Rev*. 2020 Jan 16;9(1):17

# CAN BAP AND BAP-MI IMPROVE ENGAGEMENT?

- Client perspectives of disengagement from services<sup>1,2</sup>
  - Critical or negative providers
  - Not being listened to
  - Not being able to actively participate in decision making
  - Being dissatisfied with services
  - Irrelevant programming
  - Lack of continuity with providers

<sup>1</sup>Kreyenbuhl J, Nossel IR, Dixon LB. Disengagement from mental health treatment among individuals with schizophrenia and strategies for facilitating connections to care: a review of the literature. *Schizophr Bull.* 2009;35(4):696-703.; Smith, T. E., Easter, A., Pollock, M., Pope, L. G., & Wisdom, J. P. (2013). <sup>2</sup>Disengagement From Care: Perspectives of Individuals With Serious Mental Illness and of Service Providers. *Psychiatric Services*, 64(8), 770-775. doi:10.1176/appi.ps.201200394

# BAP AND ASSERTIVE COMMUNITY TREATMENT (ACT)

Justin Palanci, MD

# GRADY MEMORIAL HOSPITAL



Safety Net Hospital in Atlanta, GA

Inpatient, Outpatient, and  
Emergency Services

~6000 unique clients per year; 80%  
African American; 30% psychotic  
disorder

Services include general outpatient  
clinic, clozapine clinic (PSTAR), ACT  
program, and CSC program (Project  
Arrow)

Photo by Zachary Hudson, MD



# Assertive Community Treatment



- Program Leadership (Community Director: Tangi Cooper, Medical Director: Justin Palanci, Program Manager: Sylvia Browning, Aysha Bell)
- Three teams (approximately 75 patients per team)
- Each team has:
  - Team Lead (half-time therapist)
  - Advanced Practice Provider
  - Therapist
  - Two Substance Use Disorder Counselors
  - Two Nurses
  - Certified Peer Specialist
  - Vocational Specialist
  - Four Mental Health Technicians

# TREATMENT PLANNING AND SERIOUS MENTAL ILLNESS

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- Fragmented process
- Not person-driven
- Dictated by regulatory agencies/payers
- Lack specificity or clarity
- Lack of continuity with staff
- Poor follow-up/accountability (on client and staff's part)

# Changes coming?

**MEDICAL DIRECTOR INSTITUTE**

NATIONAL  
COUNCIL  
for Mental  
Wellbeing

July 22, 2024

## Position Statement on Documentation Requirements for Comprehensive Treatment Plans

We join the American Association for Community Psychiatry (AACP) and American College of Physicians (ACP) in calling for a review and revision of the treatment plan documentation requirements across the nation, engaging consumers, providers and regulatory agencies in all states — as well as national reimbursement and regulatory agencies — to promote better access to care, improved patient care experience, better quality care and compliance with mental health parity requirements.

### Reasons to Change Requirements for Treatment Planning

Regulators and payers for behavioral health treatment services, particularly for serious mental illness and substance use disorders in Medicaid, commonly require treatment plans that are substantially more detailed and lengthier than those used in other areas of health care delivery as a precondition of receiving treatment services. Historically, the requirements for overly detailed and complicated treatment planning documentation for people receiving behavioral health care have been driven by the Centers for Medicare and Medicaid Services (CMS) Conditions of Participation (CoPs) for psychiatric

# BAP + ACT



A WAY TO ENHANCE  
TREATMENT PLANNING



BUILD UPON EXISTING  
MI SKILLS



IMPROVE TEAMWORK  
AND COLLABORATION

# FEASIBILITY OF INCORPORATING BAP INTO AN ASSERTIVE COMMUNITY TREATMENT PROGRAM

## Study Objectives:

To assess the feasibility of BAP training and implementation within an Assertive Community Treatment program.

To evaluate how BAP training and implementation impacts treatment planning and care coordination on an Assertive Community Treatment team.

To assess clinicians' perspectives on BAP training and the use of the intervention in their clinical work.

To evaluate the impact of BAP training on the use of MI within an Assertive Community Treatment program.

To explore potential effectiveness of BAP on delivery of patient care (process) and patient outcomes.

# Study Endpoints

## The effectiveness of the BAP training

- Comparing how attitudes, knowledge, and comfort of BAP changed before and after the training
- Understanding how BAP affected the use of motivational interviewing

## The feasibility of using BAP in an ACT team through the following domains:

- Acceptability – through understanding clinician satisfaction, perceived effort, and perceived suitability of BAP
- Implementation – through understanding the perceived success or failure of executing BAP
- Practicality – through understanding the perceived ability of the clinicians to carry out BAP
- Limited efficacy: through understanding the self-reported perceived efficacy and clinical impact of BAP

# AGENDA

- |                                                           |        |
|-----------------------------------------------------------|--------|
| I. Introductions and Overview                             | 05 min |
| II. BAP Foundational Skills: Demonstration & Principles   | 15 min |
| III. Small Group Practice of 5 Foundational Skills        | 20 min |
| IV. Stepped-Care Skills of BAP & BAP-MI (Advanced Skills) | 15 min |
| V. Models of Learning & Implementing BAP & BAP-MI         | 05 min |
| VI. BAP for SMI: Grady ACT, Implications, Potential       | 20 min |
| VII. Next Steps?.../Discussion/Summary/Conclusion         | 10 min |

**NEXT STEPS?**



# MODELS OF TEACHING & LEARNING

Website of BAP Professional Network ([www.BAPPN.org](http://www.BAPPN.org))

## 1. BAP: Core Competencies

Online +/- 4 Live Practicums (Zoom)  
w/14 hours CE or CME

## 2. BAP-MI (advanced skills)

Online +/- 4 Live Practicums (Zoom)  
w/14 hours CE or CME

# DISCUSSION

# Email Us

- Questions
- Concerns
  - Ideas
- Experiences

# SUMMARY & CONCLUSION

Thank You!