

# Mindful Continuing Education

## Integrating Behavioral Health and Primary Care

### Executive Summary: Organization-Level Professional Practices

**1. The organizational mission of serving patients with optimal integrated care involves applying a team approach, working to improve the integrated care model, and:**

- A. Prioritizing outcome improvement
  - B. Leveraging the appropriate set of tools and resources
  - C. Adapting to the community's needs
  - D. Enhancing professional skills to improve service delivery
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### Interpersonal and Individual Professional Practices

**2. Collaborative practices among clinicians, regardless of discipline, are important to integrating care, and these may include pooling expertise, remaining accessible to other professionals, articulation of roles, and acting on the organization's shared values.**

- A. True
  - B. False
- 

### Background

**3. Empirical evidence suggests that while the U.S. health care system continues to provide inadequate coverage to consumers and falls short in preventive and chronic disease care, behavioral health integration, also known as collaborative or integrated care, leads to improved care and reduced costs.**

- A. True
  - B. False
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### Methodology

**4. When analyzing data pertaining to integrated behavioral and primary health care, the expert panel relied on a predicated theory approach that used predetermined codes to tag relevant data sources and findings.**

- A. True
  - B. False
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## **Findings-Organization-Level Professional Practices That Support Integrated Care**

**5. Characteristics of learning organizations that support integrated care include each of the following EXCEPT:**

- A. Their leaders provide opportunities for innovation and encourage staff to share new ideas and pilot-test new programs
  - B. Leadership routinely evaluates and revises programs and initiatives
  - C. Leadership regularly solicits employees' feedback, input, and perspective on areas of improvement
  - D. Leadership holds staff and the organization accountable based on productivity and opportunity goals
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## **Advocacy**

**6. In integrated care settings, competent leaders are aware of barriers to care for patients and they advocate to eliminate those barriers.**

- A. True
  - B. False
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## **Building a Sustainable Staffing Structure for Integrated Care**

**7. When building and sustaining integrated care delivery teams, organizations define expertise, address gaps as needed, build strong teams that fulfill mission and vision, and collect information to enhance patient experience.**

- A. True
  - B. False
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## **BHC Staffing and Access Issues**

**8. Full-time behavioral health clinician (BHC) staff presence is often required in order to:**

- A. Make routine access to BHCs easy
- B. Foster necessary relationships

- C. Make services available
  - D. All of the above
- 

## **Training and Development**

**9. During staff training and development, orientation-related practices include providing written policies and procedures, sharing stories to solidify and communicate the mission, and:**

- A. Orienting new hires to the organization's culture and values
  - B. Reinforcing a care model that promotes active and collaborative self-care among patients
  - C. Ensuring ongoing assessment of adequate program development and evaluation
  - D. Assessing the clinical environment to better understand assets and barriers for patient care
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## **Structuring the Organization for Delivering Integrated Care**

**10. Once clear roles and responsibilities are established within an organization, staff members should not be asked to work outside their defined roles, as this can create organizational inconsistency and patient discomfort.**

- A. True
  - B. False
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## **Structuring Clinical Workflow for Integration**

**11. When developing protocols, organizations should place a value on certain routinized clinical processes by setting clear goals and providing feedback on goal attainment, and by providing assistance in achieving goals when needed.**

- A. True
  - B. False
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## **Maximizing Physical Work Space for Integrated Care**

**12. Maximizing physical work space for integrated care includes each of the following EXCEPT:**

- A. Creating space that allows for coordination and collaboration
- B. Providing space that allows for communication among team members, particularly primary care providers, BHCs, and clinical support staff
- C. Paying attention to having a space where behavioral health, primary care clinicians, and others work together, as well as a private space where clinicians can work privately with patients

D. Designing physical work space to provide ample space between clinicians, preferably in noncommunal work spaces

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**13. Which of the following is NOT one of the recommended features to support the delivery of population-based integrated care?**

- A. Easy-to-use templates for common behavioral health screening tools used in the practice
  - B. Decision support tools to alert health care professionals when screening is needed
  - C. Support for developing a self-management-based treatment plan for cooperative care
  - D. Ability to write group notes and scheduling templates tailored to different clinicians' visit types
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## **Interpersonal and Individual Professional Practices for Delivering Integrated Care**

**14. Experts recommend that professionals follow integration-based workflows that allow for internal and external referrals for behavioral health, primary care, and other services.**

- A. True
  - B. False
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## **Inter-Professional Collaboration**

**15. Inter-professional collaboration involves acknowledging and integrating expertise, and it includes acting on input from others, sharing decision-making, and:**

- A. Modeling interdisciplinary problem-solving skills
  - B. Respecting different work styles
  - C. Promoting learning opportunities that increase communication
  - D. Providing feedback on structured patient care
- 

## **Communication Practices That Facilitate Integrated Care**

**16. Best practice suggests that integrated care is more efficiently executed when clinicians agree on a single communication mode, such as secure email, phone contact, or web-based portals.**

- A. True
  - B. False
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## **Clinical Practices of Integrated Care Teams**

**17. Professional practices related to engaging individuals, couples, and families in care include destigmatazation of care, rapid and accurate assessment, agenda setting, and patient education.**

- A. True
  - B. False
- 

## **Health System Functions as a Learning Organization**

**18. A practice can be defined as a learning organization if it uses clinical and patient feedback to make improvements and if it creates a culture where people are willing to lead, accept criticism, and adapt to change.**

- A. True
  - B. False
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## **Accountability Based on Performance Goals**

**19. Accountability in a learning organization is observed when leadership holds staff and the organization responsible for achieving identified performance goals, and has the capacity to discuss these standards.**

- A. True
  - B. False
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## **Consistent Documentation**

**20. Consistent documentation that informs the quality improvement targets and monitors the quality improvement process for integrated care includes each of the following EXCEPT:**

- A. Health IT systems that are developed and customized to support documentation of clinically relevant information, particularly for behavioral health
  - B. Clinic members are trained to consistently document care using these systems
  - C. Analysts can extract the data, and the organization uses the data to monitor and continually improve the quality of integrated care
  - D. Indexing techniques are used to find pertinent information and add value to integrated care analytics
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## **Financing Integrated Care**

**21. Strategies to manage finances in order to support the organization's mission and vision for integrated care include negotiating with external financial stakeholders, managing internal finances by offsetting costs, administering existing payment structures, and finding money saving opportunities.**

- A. True
  - B. False
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## **Building a Sustainable Staffing Structure for Integrated Care**

**22. Among exemplary organizations, leaders at all levels determined the level of expertise and depth of staffing needed to deliver care, and the goal of all these organizations was:**

- A. Large-scale care
  - B. Population-based care
  - C. Broad-spectrum care
  - D. Wide-ranging care
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## **Training and Development**

**23. For successful integrated care organizations, training is the process where formal education sessions are offered to new employees so they may learn about the history, vision, mission, and culture of the organization, and may receive information about a range of procedural tasks.**

- A. True
  - B. False
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## **Ongoing Training**

**24. In integrated health organizations, a formal, ongoing mentoring infrastructure allows peers to learn from each other and from more experienced professionals.**

- A. True
  - B. False
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## **Structuring the Organization for Delivering Integrated Care**

**25. As organizations work to create structure to support the delivery of integrated care, they often work to strike a balance between clear roles and responsibility protocols, and:**

- A. The flexibility to function effectively
  - B. Developing competent professional practices
  - C. Maintaining rigor
  - D. Clinical, personnel, and patient needs
- 

## **Determining Right Level of Care**

**26. In order to determine who is responsible for patient care and clinical care, it is critical to define what “patient in crisis” means, and how differing types of patient behavioral health illness and severity should be handled.**

- A. True
  - B. False
- 

## **Structuring Clinical Workflow for Integration**

**27. Sequential tasks in the work environment are those that need input and materials from others in the clinic to be accomplished and require back-and-forth communication and mutual adjustment.**

- A. True
  - B. False
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## **Development of Meeting Structures**

**28. Which of the following is NOT one of the desired strategies when developing meeting structures on integrated care?**

- A. Plan meetings or huddles to coordinate primary care and behavioral health
  - B. Allow for workflows that enable clinicians to be interrupted for consults and warm handoffs when there is an emergent issue
  - C. Schedule time for specialized team meetings so clinicians with the same background can consult on complex cases
  - D. Structure meetings to accommodate peer-to-peer problem solving
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## **Maximizing Physical Work Space for Integrated Care**

**29. Physical layout can promote or inhibit communication and relationship development among staff and clinicians in an integrated care system and can influence patient access and follow-through as a result of the need to travel from one place to another.**

- A. True
  - B. False
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## **Integrating Services Under a Single Roof**

**30. Whenever possible, clinic leaders should incorporate other services into their care space, such as community and public health organizations.**

- A. True
  - B. False
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## **Customizing the EHR System for Integrated Care**

**31. The expert panel recommends hiring outside professionals with specialized knowledge to customize electronic health record (EHR) systems for behavioral health.**

- A. True
  - B. False
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## **Documentation and Information Setting**

**32. An important aspect of integrated care is being able to document information in a manner that is accessible, actionable by clinicians from other disciplines on the care team, and:**

- A. Comprehensive
  - B. Goal-directed
  - C. Organized
  - D. Meaningful
- 

## **Choice of Communication Mode**

**33. The two factors that determine what type of communication should be used with patients in integrated care include the urgency of the patient's situation and:**

- A. The patient's history



- B. The complexity of the situation
  - C. The severity of the presenting problem
  - D. The patient's progress thus far
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## **Supervision**

**34. In most integrated care situations, clinical supervision is considered to be an organizational or administrative function rather than a key aspect of care structure and delivery.**

- A. True
  - B. False
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## **Patient Visit Summaries**

**35. Patient visit summaries should include clear and concise information about a patient's situation so that another person in the practice can use the information as needed, and each summary must include enough information to allow other providers to rapidly assess the acuity of patient need.**

- A. True
  - B. False
- 

## **Communicating During Collaborations and Consults**

**36. Examples of communications used during collaboration include input from various experts, clinical and non-clinical assessment of patients, debriefing about patient encounters, and communication about patient conflicts, peer support, and:**

- A. Policies and procedures
  - B. Clinical comfort level
  - C. Roles and boundaries
  - D. None of the above
- 

## **Communication With Patients**

**37. According to the authors, clinicians must be careful when discussing sensitive or stigmatized issues, particularly those related to behavioral health and substance use, and must communicate in a manner that is:**

- A. Respectful and deliberate

- B. Client-centered
  - C. Genuine and empathic
  - D. Culturally appropriate
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## **Professional Practices Related to Engaging Individuals**

**38. Clinicians should strive to normalize and destigmatize treatment when necessary by presenting integrated services as part of discrete and specialized care.**

- A. True
  - B. False
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## **Agenda Setting**

**39. When patients present with multiple and complex needs, clinicians should immediately coordinate with the behavioral health team to determine priorities for care.**

- A. True
  - B. False
- 

## **Professional Practices Related to Group Visits**

**40. Professional practices related to group visits within integrated care include each of the following EXCEPT:**

- A. Group facilitators/leaders have the expertise to cover a variety of physical and behavioral health issues
  - B. Group facilitators/leaders communicate with integrated care teams about the availability of group visits
  - C. Group facilitators/leaders use strengths-based strategies, such as skill development, positive reinforcement, and problem-solving
  - D. Group facilitators/leaders manage the dynamics of the group visit and are able to balance individual and group needs
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## **Helping Patients Get Access to Specialty Care**

**41. Behavioral health care clinicians can support patients who are waiting for access to specialty mental health services by reinforcing the patient's understanding that specialty mental health care is the appropriate path and recognizing that their role is to provide interim support.**

- A. True
  - B. False
- 

## Conclusion

**42. As integrated behavioral health and primary care evolve, areas for exploration will include examining how communication among professionals and patients differs in integrated and non-integrated settings, how professional practices are connected to clinical outcomes, and how these practices can be best implemented.**

- A. True
  - B. False
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