



# INTRODUCTION TO INTEGRATED BEHAVIORAL HEALTHCARE

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# OUR ROOTS

## Fenway Health

Independent 501(c)(3) FQHC

Founded 1971

Mission: To enhance the wellbeing of the LGBTQIA+ community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research, and advocacy

Integrated primary care model, including HIV and transgender health services

## The Fenway Institute

- Research, Education, Policy



# THE NATIONAL LGBTQIA+ HEALTH EDUCATION CENTER

Training and Technical Assistance

Grand Rounds

Online Learning

- CE and HEI Credit

Environmental Influences On Child  
Health Outcomes (ECHO)  
Programs

Publications and Resources



Learning Module



Publication



Toolkit



Video



Webinar



# TECHNICAL QUESTIONS?

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1.888.799.9666 ext 2
- You can contact the webinar host using the chat function in Zoom. Click the “Chat” icon and type your question.
- Alternatively, e-mail us at [education@fenwayhealth.org](mailto:education@fenwayhealth.org) for less urgent questions.



# SOUND ISSUES?

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  - Choose “I will call in”
  - Dial the phone number and access code

# CME/CEU INFORMATION

<b>Physicians</b>	AAFP Prescribed credit is accepted by the American Medical Association as equivalent to AMA PRA Category 1 Credit™ toward the AMA Physician's Recognition Award. When applying for the AMA PRA, Prescribed credit earned must be reported as Prescribed, not as Category 1.
<b>Nurse Practitioners, Physician Assistants, Nurses, Medical Assistants</b>	AAFP Prescribed credit is accepted by the following organizations. Please contact them directly about how participants should report the credit they earned. <ul style="list-style-type: none"><li>• American Academy of Physician Assistants (AAPA)</li><li>• National Commission on Certification of Physician Assistants (NCCPA)</li><li>• American Nurses Credentialing Center (ANCC)</li><li>• American Association of Nurse Practitioners (AANP)</li><li>• American Academy of Nurse Practitioners Certification Program (AANPCP)</li><li>• American Association of Medical Assistants (AAMA)</li></ul>
<b>Other Health Professionals</b>	Confirm equivalency of credits with relevant licensing body.



# AGENDA – 60 MIN

- 15 min - Small Group Activity: Spectrum of Integrated Care - Where is your organization?
- 10 min - Defining Team-Based Care (TBC): A Fenway Perspective
- 20 min - Roles in TBC In Action: Behavioral Health Screeners
- 15 min – Open Discussion



# REVIEW LEARNING OBJECTIVES

1. Describe the spectrum of integrated care.
2. Define the roles within team-based care models.
3. Explain the benefits of team-based care.
4. Identify values to the larger health care system of implementing the behavioral health (BH) screeners into daily practice.

# SPEAKERS FOR THIS SESSION

## **Jean McClurken, LICSW**

Director of Behavioral Health  
Department at Fenway Health  
Background in BH integrated  
system design from community  
practice, hospital system,  
utilization management, and  
payer perspectives

## **Eleanor Torrey, MPH**

Population Health & Accountable  
Care Organization  
(ACO) Performance Manager  
Background in quality  
improvement and project  
management in healthcare

# ACTIVITY: SPECTRUM OF INTEGRATED CARE



## Coordinated

- Separate clinical and admin systems
- Referral-based communications only
- Distinct and separate areas of expertise/scope



## Co-Located

- In same physical space and/or shared systems
- Consultation and referral-based
- Ongoing communications about patient care post-referral



## Full Integration

- Shared workflows and collaboration for continuous quality improvement (CQI)
- Fully integrated clinical and admin systems
- Communication is proactive regarding patient care vs consult/referral driven



# ACTIVITY CONT.

Breakout rooms will be guided by the following questions for the next 10 min:

1. Name, organization, location, role
2. Which elements of integrated care most closely describe your current organization?
3. Which elements, if any, represent a future goal for your organization?

# DEFINING TEAM-BASED CARE (TBC)

Fenway Health received distinction in Behavioral Health Integration by NCQA (PCMH) in 2021.

Fenway Health launched pod model of Team-Based Care in 2022 and has been in a state of CQI with the concept ever since.

Fenway Health utilizes “pods” across the primary care discipline, and each pod has the roles indicated in the graphic.



# TBC: BENEFITS AND CHALLENGES

## Benefits

- Improved accountability and access for patients seeking care
- Increased scope for primary care discipline without external system involvement
- Builds team cohesion between providers

## Challenges

- Maintaining a proactive presence of equal involvement across full team and scope
- Sufficient timely communication across care team and back to patient
- Transparent and shared care plan across team (electronic health record [*EHR*] limitation)

# ROLES IN ACTION: IMPLEMENTATION OF BEHAVIORAL HEALTH SCREENERS



# BACKGROUND: OVERVIEW OF QUALITY MEASURES FOR DEPRESSION

Measure	Description	Accountable to / Measured by			
		BILHPN ACO	C3 ACO	UDS	Fenway Quality Dashboard
Depression Screening & Follow-up Plan	<ul style="list-style-type: none"> <li>Adult patients screened annually for depression using standardized tool</li> <li>Follow-up plan is documented if patient screens positive for depression</li> </ul>	X	X	X	X
Depression Remission & Response	<ul style="list-style-type: none"> <li>Percentage of patients with major depression or dysthymia (PHQ score &gt;9) who reached remission (PHQ score &lt;5) 10-14 months later</li> </ul>			X	

## Depression Screen & Follow-up Measure Notes

- PHQ-9 result of 5 or higher is considered “positive”
- Follow up plans must be documented and signed within 48 hours of visit to count

Centers for Medicare & Medicaid Services. (2026). *Screening for Depression and Follow-Up Plan (CMS002v15)*  
 Minnesota Community Measurement (MNCM). *Depression remission at 12 months (CMS159v14)*

**PHQ** = Patient Health Questionnaire  
**BILHPN** = Beth Israel Lahey Health Provider Network  
**C3** = Community Care Collaborative  
**UDS** = Uniform Data System

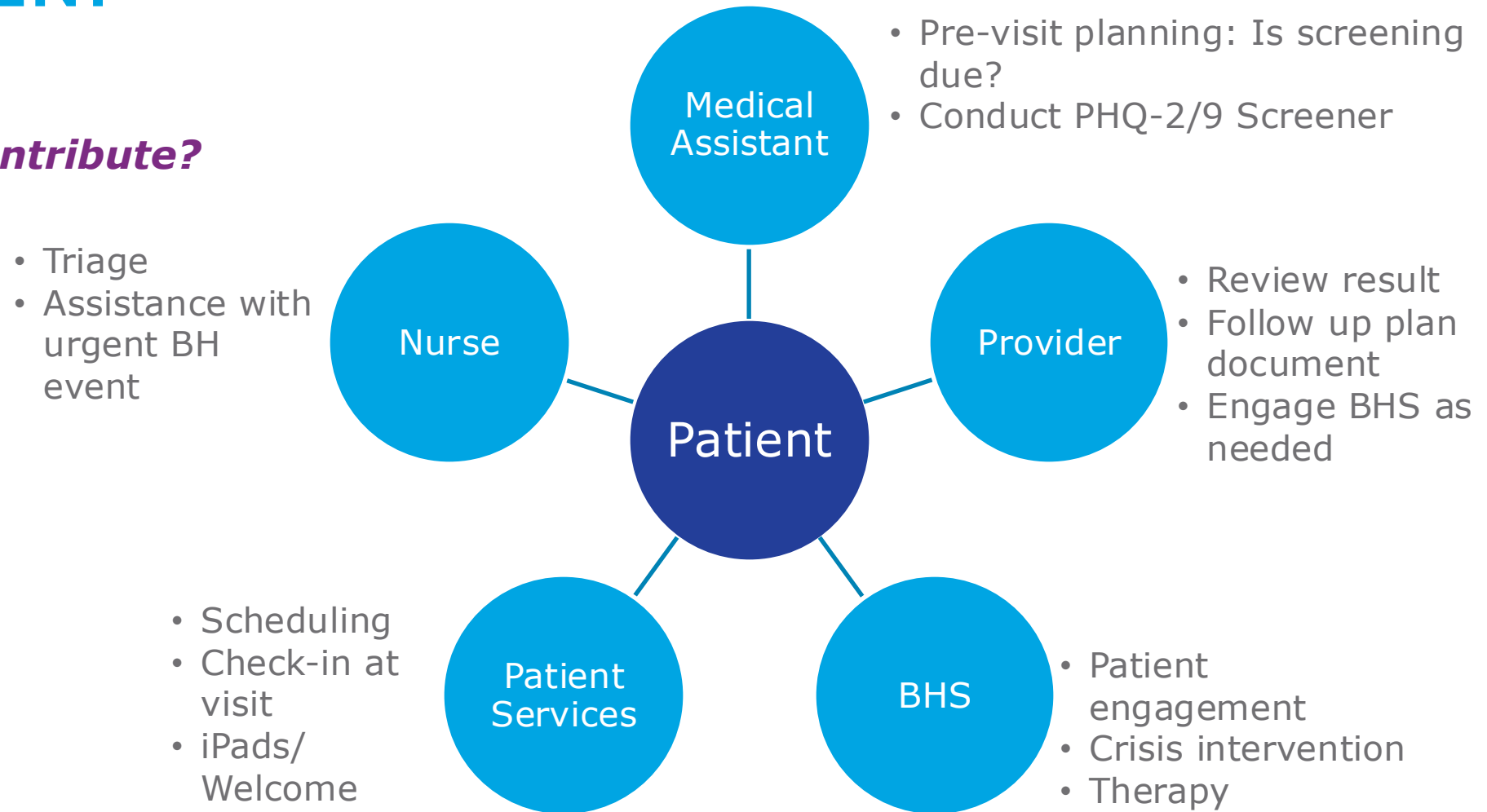
# DEPRESSION SCREENING & FOLLOW-UP WORKFLOW AT FENWAY

## AIMS:

- Patient-focused, team-based approach
- Leverage MyChart to complete majority of screeners in advance of rooming/visit
- Minimize patient safety risk
- Achieve year-over-year improvement in quality measure
- Meet Clinical Documentation Improvement (CDI) requirements for coding

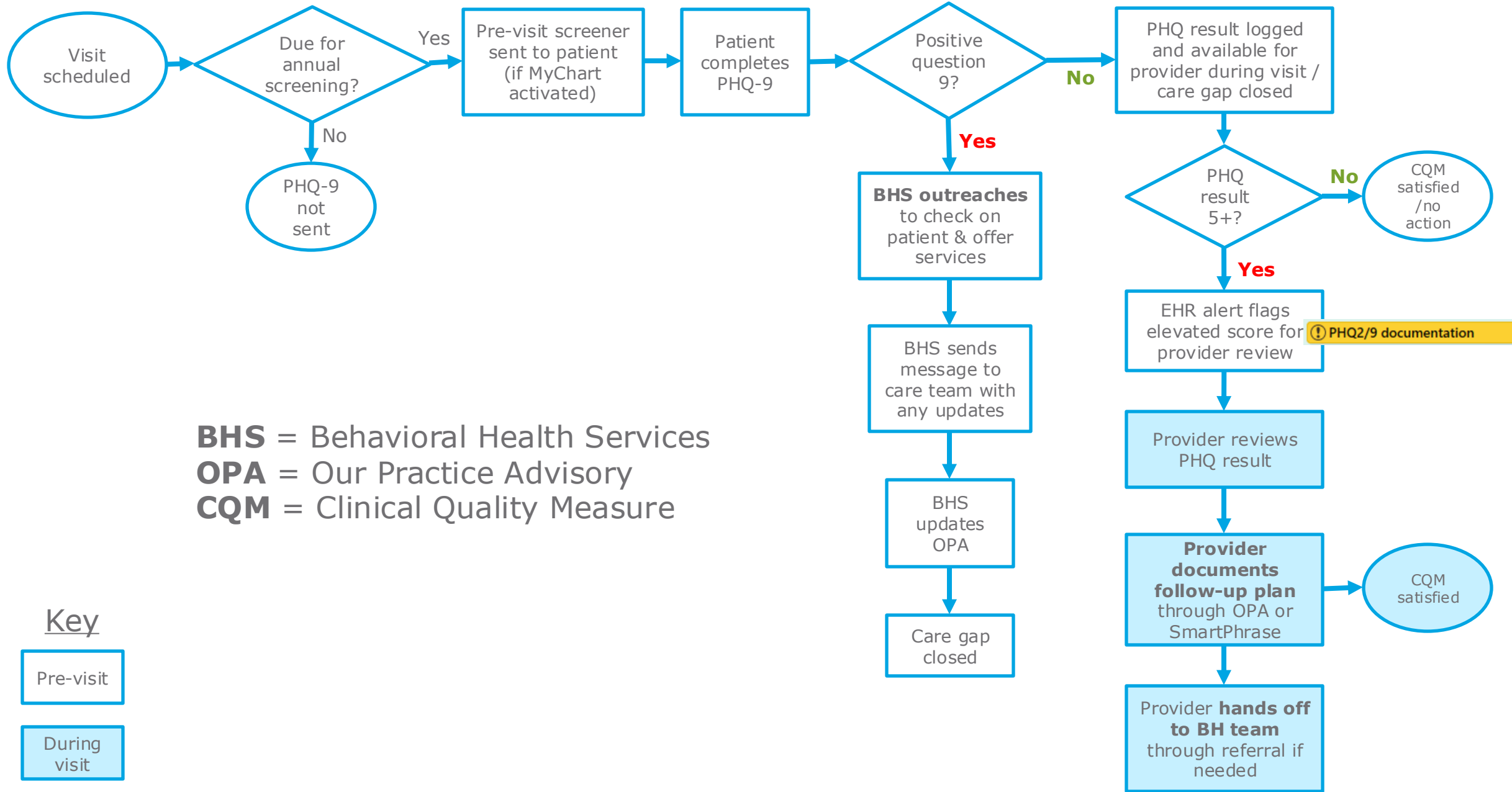
# TEAM-BASED APPROACH TO DEPRESSION SCREENING & MANAGEMENT

## *How can each role contribute?*

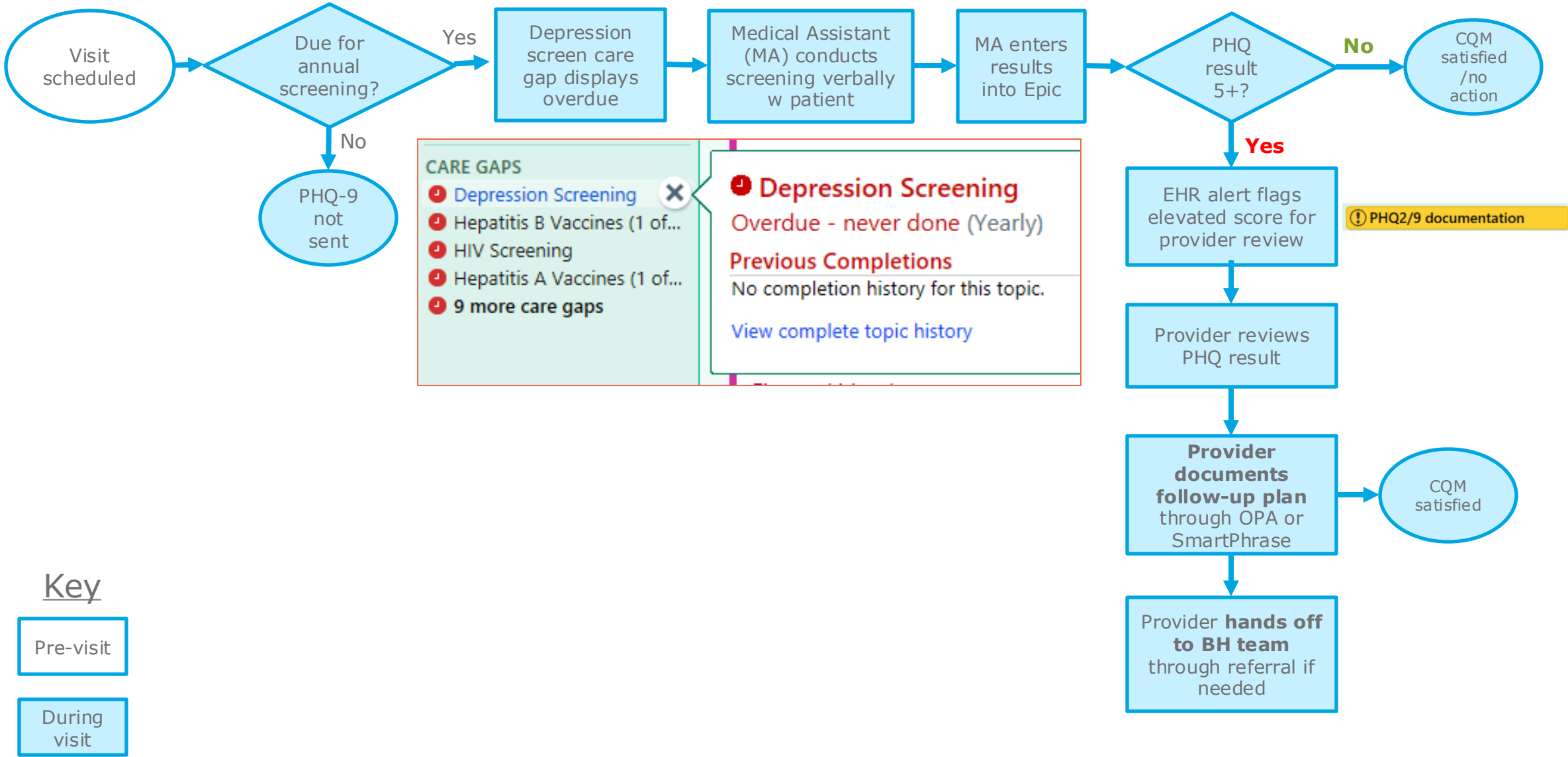


**BHS** = Behavioral Health Services

# DEPRESSION SCREENING WORKFLOW: MYCHART

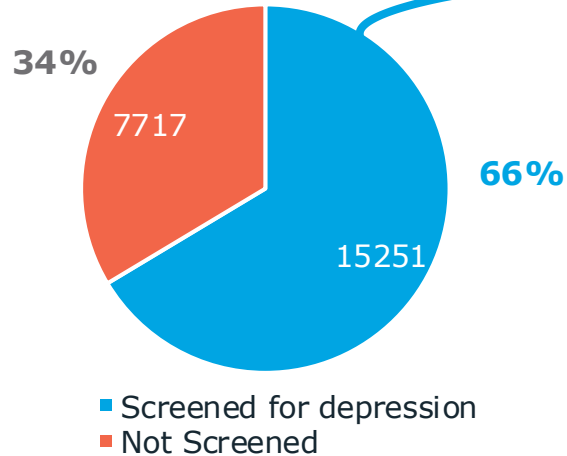


# DEPRESSION SCREENING WORKFLOW: IN PERSON



# WHAT DO OUR DATA REVEAL?

Of all patients with eligible visit in 2025:



Among all ~15,000 patients screened:



70% negative result  
(10,500)

30% positive  
(4,500)



Among 4,500 positive screenings:

63% follow up plan captured  
(2,800)

37% follow-up **not** captured  
(1,700)

The large majority (78%) of how we are meeting the measure are from negative screening results; therefore, increasing our screening rate will help to drive improvement in the quality measure.

# OPEN DISCUSSION

Does anyone attending today have a BH Screener workflow that speaks to integration practices at your health center to share?



# NEXT SESSION

- Next Session is on 5/12/26 at 1 pm ET
- Session 2 focuses on Workflows and Common Challenges in Integrated Behavioral Health Care



# HRSA DISCLAIMER

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