FENWAY HEALTH

WORKFLOWS AND COMMON CHALLENGES

May 12th, 2026

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REVIEW LEARNING OBJECTIVES

1. Explore whole team workflows for behavioral health (BH) care.
2. Describe how to appropriately leverage therapists and community health workers within integrated workflows.
3. Utilize crisis response workflows to determine the acuity of behavioral health needs.

AGENDA – 60 MIN

15 min – Empowerment-Based Staffing Models

15 min – Communication is Constant and Fluid

15 min – Small Group Activity: Crisis Response Workflow

15 min – Open Discussion

SPEAKERS FOR THIS SESSION

Jean McClurken, LICSW

Director of Behavioral Health Department at Fenway Health

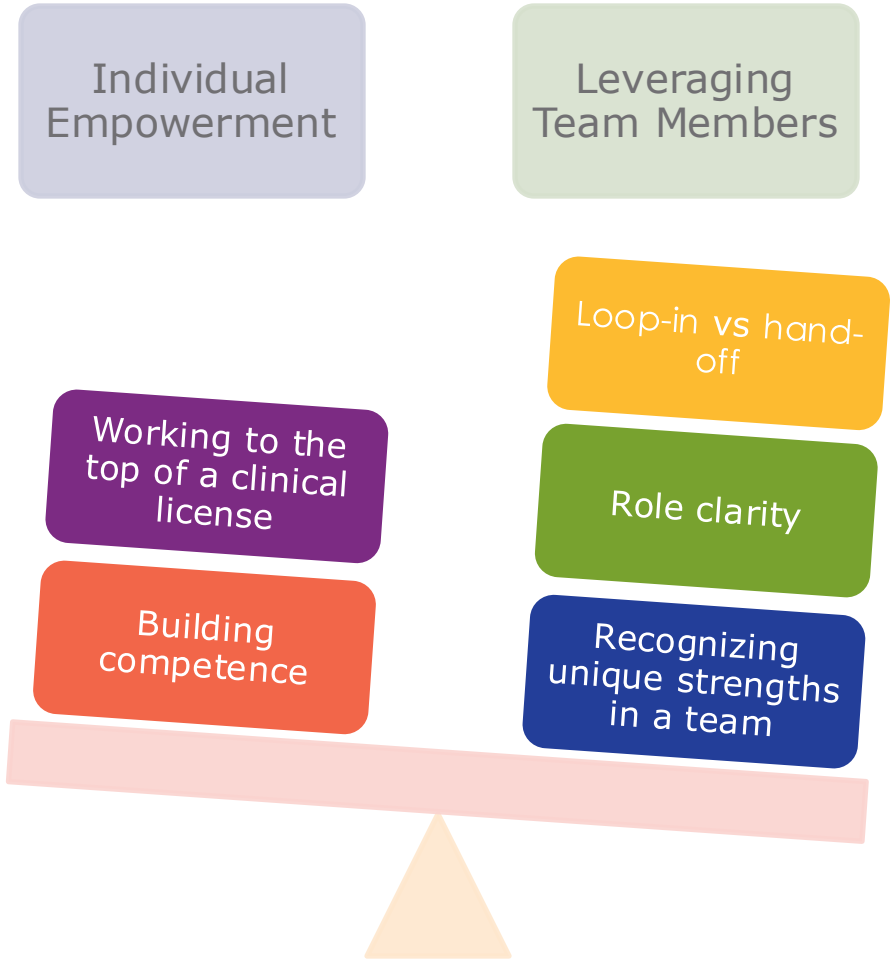
Background in BH integrated system design from community practice, hospital system, utilization management, and payer perspectives.

Elizabeth Southwick, RN

Director of Nursing at Fenway Health

15 years of experience in Community Health Nursing, including 9 years in leadership and model of care development.

EMPOWERMENT-BASED STAFFING MODELS



Common traps/challenges that Empowerment-Based Staffing in Team-Based Care (TBC) seeks to address:

- "That's not my job."
- " I made the referral, now it's out of my hands."
- " I don't know how to help the patient when…"

CASE EXAMPLES OF EMPOWERMENT-BASED MODEL

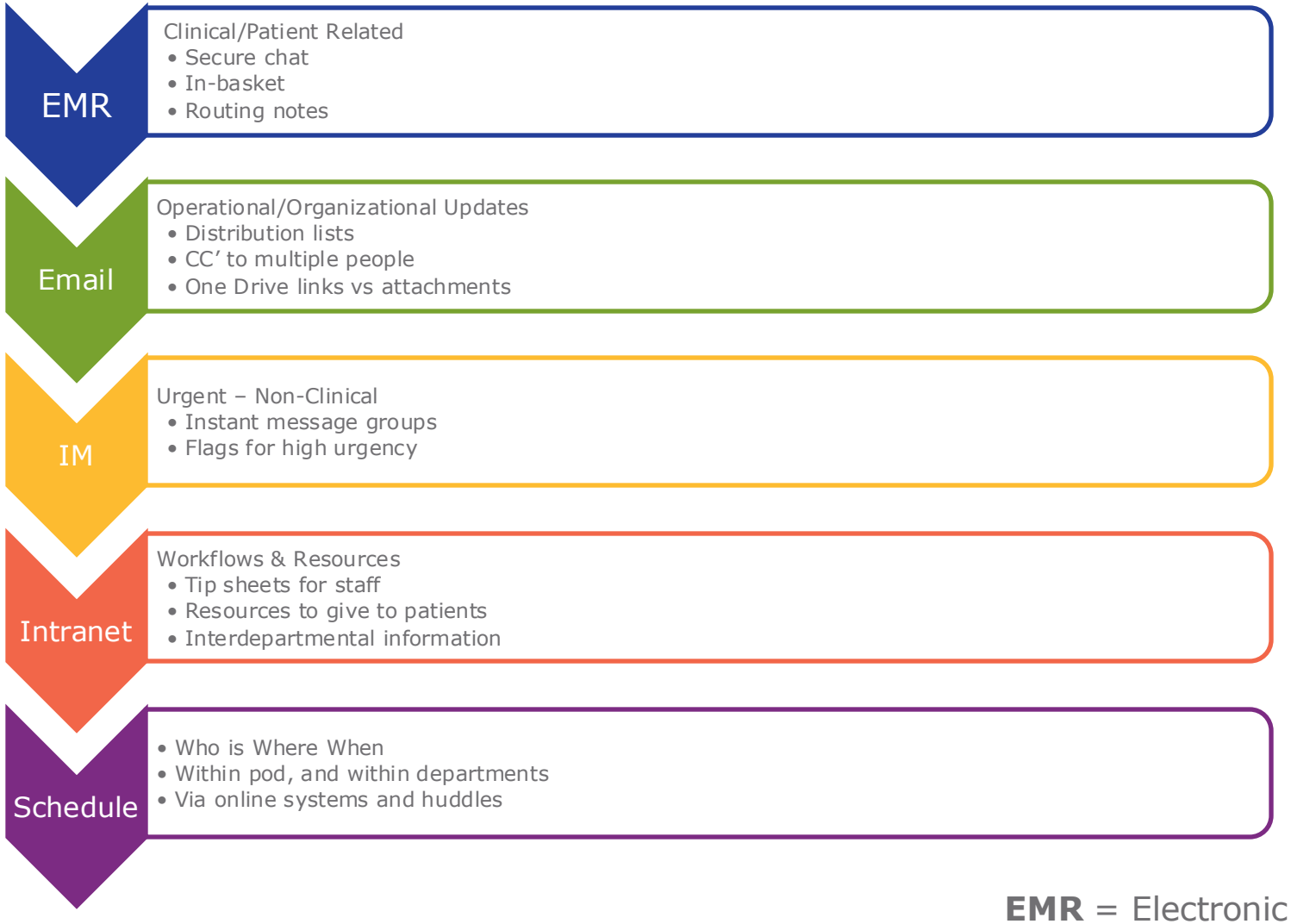
Being down-staffed in one role or staff call outs

- Team Culture – being willing to go outside of your role to help a client when needed

Complicated case needing a team solution

- Flexibility - focus on overlapping collaboration and workflows vs a hand-off and rigid columns

COMMUNICATION: CONSTANT & FLUID



Challenges addressed daily:

- Ensuring team is aware of any necessary updates
- Staffing availability
- Tiered system for routine/urgent communications

EMR = Electronic Medical Record
IM = Instant Message

CASE EXAMPLES OF COMMUNICATION OPPORTUNITIES

"Oh, I didn't see the email."

- Balance for standard accountability and individual preference between multiple communication pathways

"Who is covering today?"

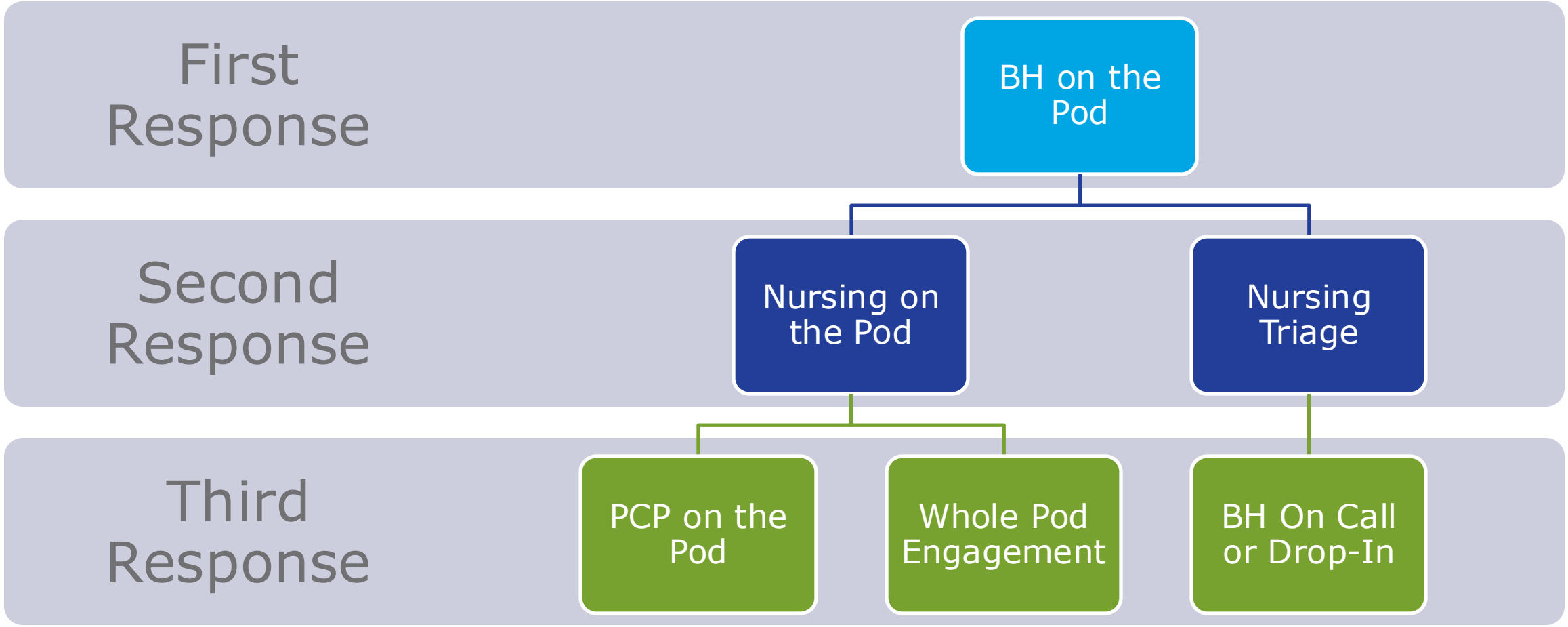
- Having communication and workflows based on **groups**, not **individuals**

SMALL GROUP ACTIVITY: CRISIS RESPONSE WORKFLOW

Consider the following scenario and discuss how your clinic would address the patient needs. What strengths/challenges would you anticipate?

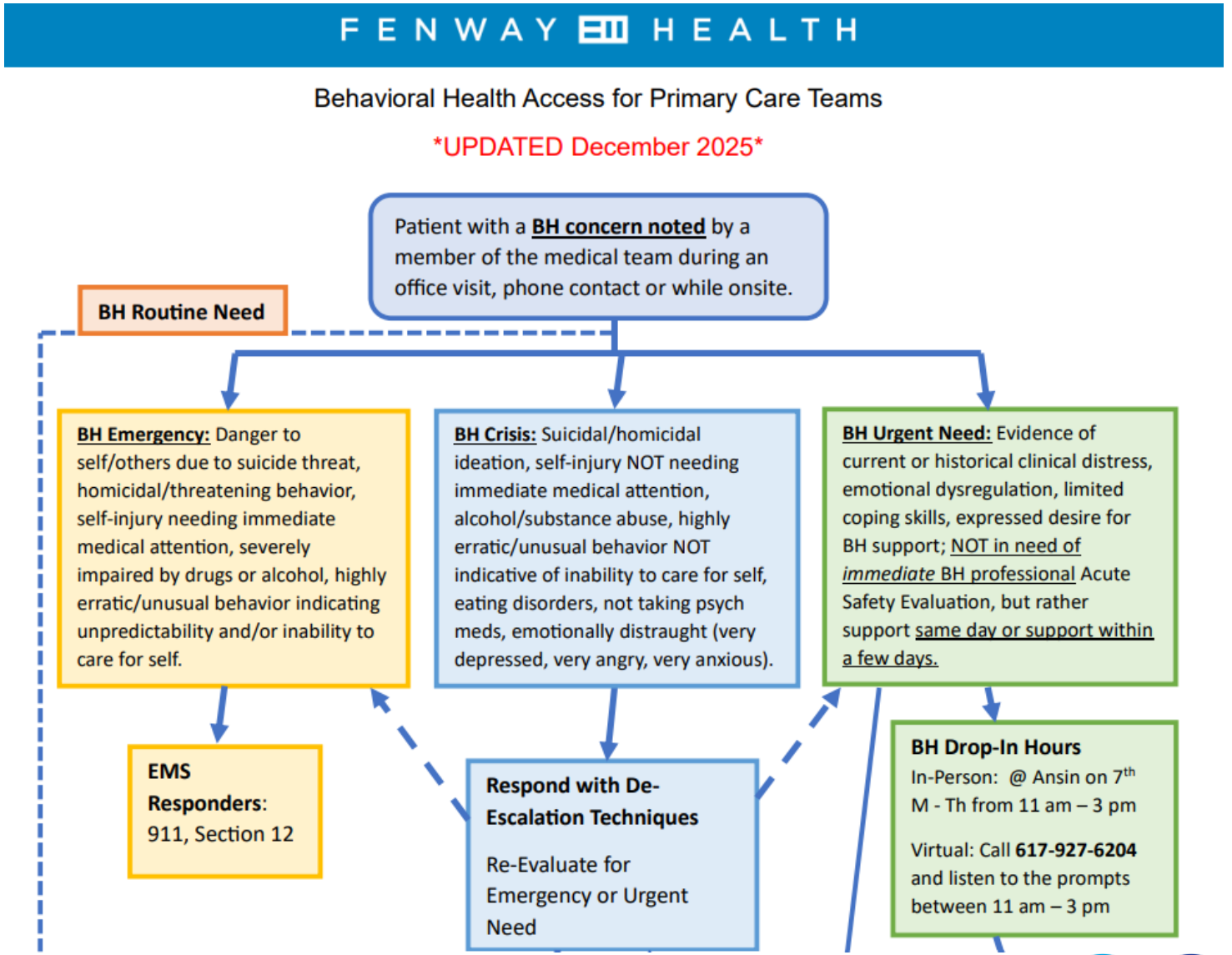
Scenario: A patient shows up at the front desk, tearful, for a first complete physical exam appointment. During rooming, the medical assistant notes an elevated blood pressure, high PHQ-9 score, and statements of passive suicidal ideation.

FENWAY CRISIS RESPONSE WORKFLOW: DE-ESCALATION & RE-EVALUATION



EXAMPLE DOCUMENT SHARED IN TBC

We have tried to provide clear and uniform guidance across all roles in TBC pods for when patient behavioral health concerns are noted in real time based on if the need is assessed as **emergent**, **crisis**, **urgent**, or **routine**.



OPEN DISCUSSION

Does anyone have a workflow or example of how BH is integrated in your medical teams that you can share or reflect on the challenges you are addressing?

HRSA Disclaimer

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement number U30CS22742, National Training and Technical Assistance Partner (NTTAP), for $625,000.00 with 0% of the total NTTAP project financed with non-federal sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government