FENWAY HEALTH

MAINTAINING STAFFING AND PREVENTING BURNOUT

May 26th, 2026

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Savannah Bell, LMHC – Behavioral Health Specialist

REVIEW LEARNING OBJECTIVES

1. Explore best practices for hiring integrated behavioral health staff.
2. Design a plan to manage staff turnover to mitigate team burden, specific to integrated teams.
3. Identify signs of burnout in the clinical team across roles.
4. Examine burnout prevention strategies utilizing a multilevel approach.

AGENDA – 60 MIN

15 min – Group Activity – Live Word Cloud & Discussion

15 min – Hiring Strategies

15 min – Burnout Prevention

15 min – Open Discussion

SPEAKERS FOR THIS SESSION

Jean McClurken, LICSW

Director of Behavioral Health (BH) Department at Fenway Health

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

Savannah Bell, LMHC

Behavioral Health Specialist

Responsible for integration of BH in Fenway's medical floors through assessment of client needs, client connection to resources, and mitigating barriers to BH care.

GROUP ACTIVITY AND DISCUSSION: LIVE WORD CLOUD

What are the top three strengths/skills to look for when interviewing for an integrated behavioral health role in team-based care (TBC)?

HIRING STRATEGIES

- Candidates with a background in community organizations, fast-paced or in-patient health care settings, customer service background, lived experiences and/or shared identities relevant to community served
- Team interviews not just with direct supervisor, but other members of the multidisciplinary care team
- Scenario and behavior-based interview techniques
- Transparent about challenges of the role

BURNOUT PREVENTION

1. Support and model for staff how to use available paid time off (PTO).
2. Utilize daily and weekly schedules across the behavioral health integrated (BHI) teams to maintain division of time.
3. Create a culture of client care as a north star for direct staff, followed closely by staff support as a north star for managers and leaders.
4. To the extent possible, create a balance of in-person and remote/community work.
5. Create peer spaces during and outside of work hours.
6. Create sense of belonging to the wider BH department and health center – call back to empowerment-based staffing models.

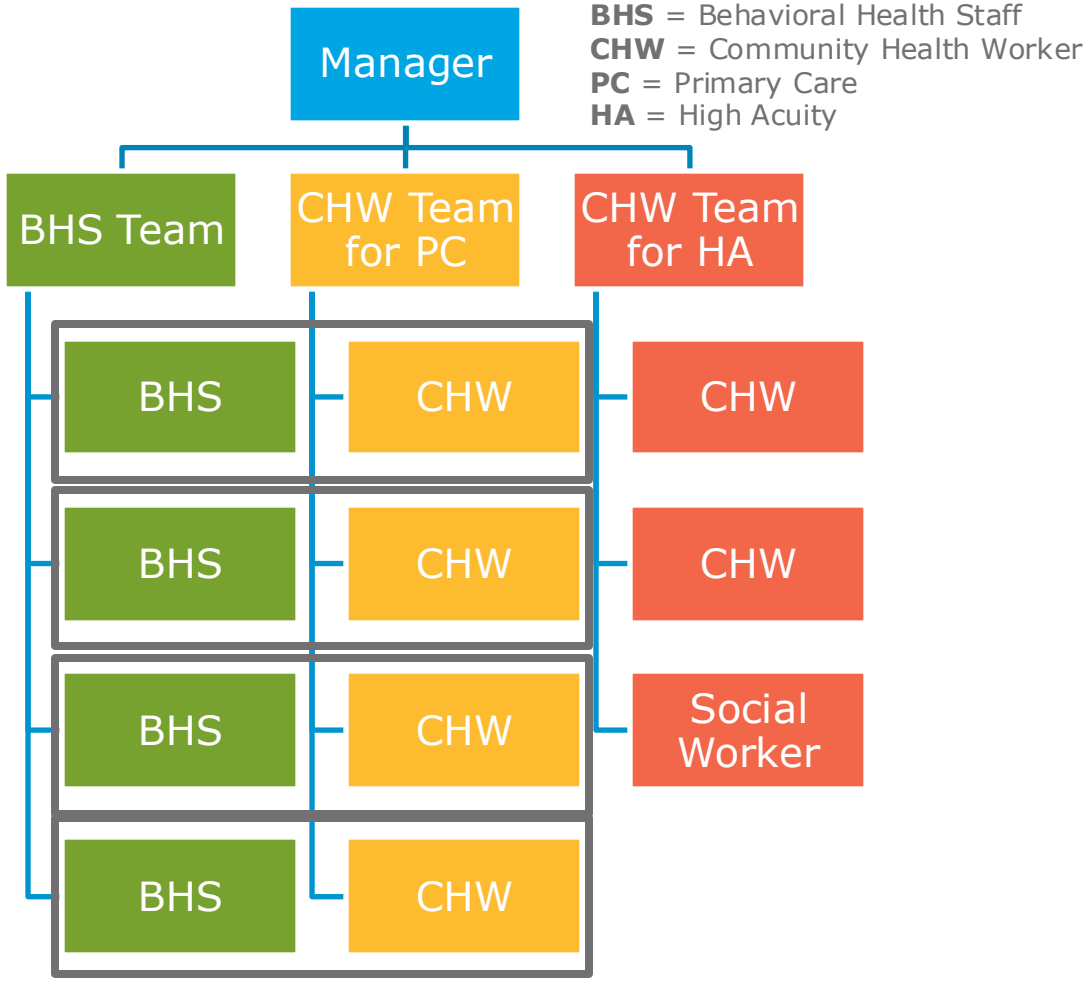
STAFFING MODELS: AN EXAMPLE IN PRACTICE AND BALANCE

1 Manager with no clinical case assignments, but ability to fill-in across entire 11 person BHI team

Pairings of BHS and CHW are made to support PC teams and each other

Continuous reimagining to configure and think about leadership roles within larger team

Balance of case assignments and ad hoc support (ex. BHS roles are split 50/50 between longer-term case assignments and ad hoc consult-based support while the CHW teams are focused on either ad hoc support or case assignment)



OPEN DISCUSSION

Does anyone have an example of BHI staffing challenges to share that includes lessons learned or things going well?