



Alfonso Ferguson

DEPRESSION CARE MANAGER

INSTITUTE FOR FAMILY HEALTH

BPHC Member

Alfonso Ferguson, LMHC, is a licensed mental health counselor and Depression Care Manager at the Institute for Family Health. The Institute's mission is to improve access to high quality, patient-centered primary health care targeted to the needs of medically underserved communities. In addition to participating in a number of BPHC projects, the Institute has pioneered the Improving Mood-Promoting Access to Collaborative Treatment (IMPACT) Model, which is a centerpiece of BPHC's primary care and behavioral health integration project.

Alfonso Ferguson, a Depression Care Manager with the Institute for Family Health, has worked in mental health counseling for many years. Now, however, there is a twist: "at any given time, I could be called to primary care to see a patient."

Ever since the Institute for Family Health launched the evidence-based IMPACT model of behavioral health integration twelve years ago, depression care management actually begins, and is for the most part managed, in primary care. At the Institute, every primary care visit for patients over 12 years old includes a depression screening. If the screening indicates the patient may be struggling with depression, they will often be introduced to Mr. Ferguson in person.

"The 'warm handoff' shows patients we're here to support them," he says. "It lets their guard down, and it really increases their chance of engaging with us." The warm handoff also helps to reduce stigma around seeking treatment for mental health issues, because it becomes a normal component of the primary care visit.

Depending on their specific needs, patients may then receive treatment, care coordination, or other mental health services or referrals. For some patients, Mr. Ferguson may provide several weeks of therapy, often utilizing the Problem-Solving Treatment (PST) model which empowers patients to identify solutions to their stressors. "It's kind of like being a clinician and a teacher," Mr. Ferguson says. "In therapy, I help patients learn problem-solving skills, which often decreases their depressive symptoms."

Much of the treatment process is guided by constant monitoring of depressive symptoms using a patient health questionnaire called a PHQ-9. In addition to informing his treatment decisions, Mr. Ferguson says, "the PHQ-9 helps patients learn more about depression. It facilitates a conversation."

Mr. Ferguson works closely with primary care providers to craft care plans for his panel of patients, and meets regularly with a consulting psychiatrist to discuss patients' progress and adjust plans for those who are not improving as expected. "The IMPACT Model is about integrated care," he says. "It's about a team approach. I serve as the liaison between the PCP and the psychiatrist, and the PCP manages the medication."

The patient, too, is an integral part of the care team. "Patients are actively involved in what's being done and they understand why it's being done," Mr. Ferguson emphasizes. "When they're supported and empowered, they're more likely to utilize the interventions that are recommended. And they're more likely to improve."

"The IMPACT model is about integrated care. It's a team approach, and patients are actively involved."

BPHC – Getting IMPACT Right



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