

Ten Core Standards for Maine's Behavioral Health Homes

[MaineCare Benefits Manual, Chapter II, Section 92](#)

#1: Demonstrated Leadership

The BHH has a Clinical Team Leader who works with BHH providers and staff to promote behavioral and medical health care integration, facilitate team-based care, and ensure that the core BHH standards are carried out by the organization.

#2: Team-Based Approach to Care

Within the BHH model, care is provided by an interdisciplinary team of licensed medical and mental health professionals, care managers, and peer support specialists. Team members meet regularly. All have different, yet essential, roles in ensuring care coordination and integration.

#3: Population Risk Stratification and Management

The BHH is committed to identifying high-risk members, directing resources or care to reduce these members' risks, and ensuring that lower-risk members do not move into higher risk groups.

#4: Enhanced Access

The BHH has processes in place to ensure members' same-day access to providers. These processes might include options for telephonic support, open access scheduling for same-day appointments, and/or secure provider messaging.

#5: Comprehensive Consumer Directed Care Planning

Consumer voice and choice is reflected in Plan of Care development. BHH care is recovery-oriented, meaning it is person-centered and based on the strengths and resiliencies of individuals and their communities.

#6: Behavioral-Physical Health Integration

The BHH is committed to integrating behavioral-physical health services care and is implementing and evaluating at least one improvement in this area.

Efforts to integrate behavioral and physical health services might include:

- Linking adults with primary care.
- Supporting clients to develop self-care plans that address behavioral health needs and chronic medical conditions.

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- A nurse care manager embedded in a behavioral health home.
- Wellness programs for medical conditions, such as diabetes, obesity, or high blood pressure.

#7: Inclusion of Members and Families

Members actively participate in BHH leadership meetings or advisory boards/activities, and/or

The BHH uses surveys, focus groups, questionnaires, or some other process to identify member's needs and devise solutions for improving services.

#8: Connection to Community Resources and Social Support Services

The BHH has team members devoted to connecting consumers with community resources and social support services, helping consumers overcome barriers to health care, and supporting consumers to manage their health conditions and meet health and recovery goals.

Most often, HH coordinators take the lead with these tasks, but Peer Support Specialists may also play a role.

#9: Commitment to Reducing Waste and Improving Cost-Effective Use of Healthcare Services

The BHH is committed to reducing wasteful and unnecessary healthcare spending and improving the cost-effective use of services.

BHH efforts in this area may include programs to:

- Reduce members' avoidable hospitalizations,
- Reduce members' avoidable emergency department visits,
- Direct members to specialist who consistently demonstrate high quality and cost efficient use of resources, and/or
- Reduce the evidence-based use of expensive imaging, such as MRIs for low back pain or headaches.

#10: Integration of Health Information Technology

The BHH uses an electronic data system that includes data on members' service use. Electronic member data is used to assign members to risk groups, monitor member cost and service use, and identify areas where member care and outcomes may be improved.