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Fact Sheet for Administrators, Providers, and Policy Makers

Behavioral Health Homes (BHH)

The MaineCare BHH program began in April 2014, and serves individuals with Serious and Persistent Mental Illness (SPMI) and children with Serious Emotional Disturbance (SED). As of July 2024, there were 41 BHH organizations, with 153 locations around the state, covering nearly 15,000 members.

Pay-For-Performance

In April 2018, a Pay-for-Performance (P4P) provision for BHH providers was implemented, placing one percent of total BHH payments at risk pending performance on a quality measure.
The current quality measure is as follows: Of the MaineCare members assigned to the BHH who had two or more fills of antipsychotic medication, the percentage of members who had at least one HbA1c or fasting blood glucose test.

BHH providers receive quarterly performance reports to help coordinate testing services for relevant members – often through collaboration with primary care. This work aligns with the whole-person care philosophy of the BHH program.

Image source: Institute for Healthcare Improvement

Delivery Model

BHH is an innovative, integrated, healthcare service delivery model that is recovery-oriented, person and family centered, and designed to improve patient experience and health outcomes over those achieved in traditional services. People with SPMI have high rates of earlier chronic disease onset and premature death, dying thirteen to thirty years younger than the general population.[1] Key contributors to poor health include substance use disorders, tobacco dependence, poor diet, sedentary lifestyle, negative metabolic effects of antipsychotic medications, and difficulty obtaining routine preventive and primary care.[2] The BHH provides a team to facilitate access to behavioral health care, medical care, and community-based social services.

Components of a Behavioral Health Home

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care
- Individual and family support
- Referral to community and support services

Goals of the Behavioral Health Home Program

- Support and strengthen coordination between primary care and behavioral health
- Decrease preventable inpatient hospitalization and emergency room visits.
- Reduce barriers to timely access to services

1.Physical illness in patients with severe mental disorders. World Psychiatry. 2011;10(1):52–77
2. A Payer-Guided Approach To Widespread Diffusion Of Behavioral Health Homes In Real-World Settings. Health Affairs, Vol. 37, No. 2 Feb. 2018
3. This measure is based upon the American Diabetes Association's recommendation: "Annually screen people who are prescribed atypical antipsychotic medications for prediabetes or diabetes." (Diabetes Care 2004 Feb; 27(2): 596-601. http://dx.doi.org/10.2337/diacare.27.2.596 / as amended 2010).

For more information, visit:
https://www.maine.gov/dhhs/oms/providers/value-based-purchasing/health-homes