

Behavioral Health Has Caught Up on EHRs — But Data Sharing Is Still Stuck in the Past

By Laura Lovett | April 23, 2026

You've likely heard it before: a solid tech infrastructure is the foundation of nearly everything in behavioral health — value-based care, primary care integration, outcome measurement and beyond.

Yet, in many ways, behavioral health is lagging behind the rest of health care in its adoption of technology. Providers were excluded from the 2009 HITECH Act, which provided funding incentives for the meaningful use of electronic health records (EHRs).

Still, the vast majority of behavioral health providers today have slowly adopted EHRs. With some of the biggest names in the industry, such as Acadia Healthcare (Nasdaq: ACHC), touting its rollout over the past few years.

But adoption of EHRs is just the first step. One of the most critical roles of technology in behavioral health is the exchange of data with other providers to ensure proper patient care. And in this department, behavioral health still has a long way to go.

“The movement of data is essential [to] whole-person care, and that means it needs to be all of the data,” Stephanie Brown, the president and executive director of CRISP DC, said at an Office of the National Coordinator for Health Information Technology (ONC) meeting earlier this week.

Meanwhile, the behavioral health industry is also a test bed for some of the most advanced artificial intelligence technologies today. Whether it be backend operations or chatbot support, behavioral health is leading the way with AI.

My question for the industry is this: could behavioral health tap into cutting-edge AI capabilities and leapfrog traditional EHR challenges — jumping from some of the most low-tech providers in the sector to among the highest-tech?

In this BHB+ Update, I will explore:

- Where the industry is now by the numbers
- What leaders want to see next
- How AI could help make behavioral health modernize

By the numbers

Over the last decade, the behavioral health industry has come a long way with EHR adoption. However, data sharing—one of the most critical components to tech adoption is still lagging.

Sixty-eight percent of mental health and substance use disorder (SUD) providers are exclusively using EHRs for maintaining patient records, according to an [ONC brief released](#) earlier this week based on 2024 survey results. Another 25% are using EHRs and paper records.

Technology adoption varies between provider types. EHR adoption was significantly higher among federal government facilities (97%) than in private for-profit organizations.

Still, these numbers don't tell the individual provider's story. While many have begun adopting EHR technology, smaller behavioral health providers that lack the budgets of physical health systems end up "bolting on" various tools and tech partners to their health records.

"These systems are... kind of 'Frankensteined' together," Ashley Newton, the CEO for Centerstone's Institute for Clinical Excellence and Innovation, said at the ONC meeting.

What's more, less than 20% of providers use or participate in a Health Information Exchange (HIE), which facilitates the secure, electronic sharing of patient medical data among various stakeholders, according to new data from the ONC. This could be a barrier for integrated care operations later down the road.

"Overall, we found that fewer facilities reported using an EHR for exchanging health information, care coordination, and patient engagement than for recording patient health information," the ONC report said.

The technological ability to share data between providers is really just the first step.

"Technology is not going to solve the fragmentation in itself, but it's one of the puzzle pieces." Megan Gilmore, the vice president of government affairs at the Association for Behavioral Health and Wellness (ABHW), said at the ONC meeting.

The opportunity

Many of the buzziest topics in behavioral health require data. And the truth is, talking about value-based care and integration is sexy on a main stage. But the nuts and bolts that enable that are a bit less glamorous.

"You just can't really have value-based payment... without interoperable data systems," Nathaniel Counts, chief policy officer of The Kennedy Forum, said at an ONC meeting.

Data exchange is key to enabling collaborative care and proving outcomes. Being able to share data with a patient's care team can not only yield cost savings but also prevent dangerous medication combinations and improve care.

The federal government has made some moves to support behavioral health data exchange. In 2024, the ONC dedicated [\\$20 million](#) to roll out the Behavioral Health Information Technology (BHIT) Initiative, aimed at bolstering data exchange among mental health and addiction treatment providers.

“Patients with behavioral health conditions are often dually burdened with chronic physical health conditions,” Dr. Thomas Keane, the national coordinator for health IT, and Christopher Carroll, principal deputy assistant secretary, for the Substance Abuse and Mental Health Services Administration (SAMHSA), [said in a blog](#).

“Consequently, providers caring for these patients must coordinate their care to get the best possible health outcomes. The lack of reliable health information exchange and integration of health data across care settings can inhibit this essential care coordination. Improved electronic data exchange can expand access to behavioral health care, support enhanced care coordination, empower clinical decision-making, and lead to improved health outcomes.”

AI in the future?

A decade ago, I was covering digital health and would have told you that radiology was the most cutting-edge part of the health care ecosystem and behavioral health was the luddite. But today I see a different picture.

Behavioral health providers are using AI for everything from back-end tasks to patient matching to workforce development and, of course, AI mental wellness chatbots.

As behavioral health stakeholders are already early adopters of this technology, I could see it playing a significant role in data exchange in the future. Of course, the privacy and stigma challenges unique to behavioral problems are key issues to address when developing this technology.

Still, I think if done right, behavioral health providers could harness cutting-edge technology to leapfrog data sharing and information exchanges that other providers have been doing on older technologies.

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Laura Lovett is the Editor of Behavioral Health Business. Prior to this, she served as the Executive Editor of MobiHealthNews, a HIMSS Media publication. While reporting for MobiHealthNews, she won three bronze AZBEE awards including one for impact reporting. In 2019 Lovett took part in the Umass Medical Media Fellowship. Lovett was educated at the University of East Anglia, the University of Massachusetts, and Oxford University. If she isn't reporting on healthcare she's probably kayaking on the Charles River or trying a new recipe.