

## SUMMIT RIDGE COUNSELING

summitridgecounseling.com | Kansas City Metro Area



PROVIDER RESOURCE GUIDE | 2026 EDITION

# EHR Selection for Behavioral Health

A Practical Comparison for Solo Practices, Group Practices,  
Multi-Site Organizations & Residential Facilities

† Solo & Private Practice

† Group Practice

† Multi-Site Networks

† Residential Programs

† Netsmart CareFabric® Spotlight

† Side-by-Side Comparison

† Implementation Checklist

## INTRODUCTION

# Choosing the Right EHR

Selecting an Electronic Health Record (EHR) system is one of the most consequential operational decisions a behavioral health practice can make. The wrong system creates years of documentation friction, billing errors, and administrative burden—taking you away from clients. The right system fades into the background and lets you focus on what matters: delivering high-quality mental health care.

This guide was developed for behavioral health providers across Kansas City and beyond. It covers four distinct practice models—each with different clinical, operational, and financial requirements—and provides an objective comparison of today's leading EHR platforms, including a detailed spotlight on **Netsmart's CareFabric® platform**.



#### Clinical Documentation

Progress notes,  
treatment plans



#### Billing & Revenue Cycle

Claims, ERA,  
reconciliation



#### Client Management

Scheduling,  
portal, reminders



#### Compliance & Reporting

HIPAA, UDS,  
quality measures



#### Telehealth Integration

Virtual sessions,  
remote care

## TABLE OF CONTENTS

01	<b>EHR Essentials for Behavioral Health</b>	Core requirements every practice needs to evaluate
02	<b>Solo &amp; Private Practice</b>	Lightweight solutions for individual providers
03	<b>Group Practice</b>	Multi-clinician coordination, scheduling, and billing
04	<b>Multi-Site Practice</b>	Enterprise features for organizations with multiple locations
05	<b>Residential Facilities</b>	Inpatient workflows, MAT, bed management, and compliance
06	<b>Netsmart CareFabric® Spotlight</b>	Deep dive into myAvatar™, myEvolv®, and CareFabric® tools
07	<b>Full EHR Comparison Chart</b>	Side-by-side feature and pricing comparison across platforms
08	<b>EHR Selection Decision Guide</b>	Key questions, vendor checklist, and implementation tips

#### △ IMPORTANT DISCLAIMER

Pricing, feature sets, and product names are subject to change. This guide reflects publicly available information as of 2026. Always request a live demo and current pricing sheet directly from each vendor before making a purchasing decision. Verify compliance requirements with your legal and billing teams.

## SECTION 01

# EHR Essentials for Behavioral Health

Unlike general medical EHRs, behavioral health systems must handle unique clinical workflows—including structured psychotherapy notes, substance use documentation (42 CFR Part 2), DSM-5/ICD-10 diagnostic coding, measurement-based care, and strict privacy requirements. Below are the core capabilities every behavioral health EHR must address.

## Clinical Documentation

Configurable SOAP/DAP/BIRP/GIRP note templates; intake assessments; treatment plans; crisis safety plans; and DSM-5 diagnostic support with ICD-10 cross-mapping.

## Outcome Measurement

Built-in screening tools (PHQ-9, GAD-7, PCL-5, AUDIT) with auto-scoring, longitudinal tracking dashboards, and payer quality reporting.

## Revenue Cycle Management

Insurance eligibility verification, CPT/ICD-10 coding, electronic claim submission (837P), ERA remittance posting, and denied-claim workflows.

## Scheduling & Patient Portal

Online self-scheduling, automated appointment reminders (SMS/email), secure messaging, and client-facing intake forms to reduce no-shows.

## HIPAA & Compliance

Role-based access controls, audit trails, Business Associate Agreements (BAA), 42 CFR Part 2 SUD protections, and HITECH-compliant data encryption.

## Telehealth Integration

HIPAA-compliant video sessions embedded directly in the EHR workflow, with session documentation linked automatically to the clinical record.

## SECTION 02

# Solo & Private Practice



## Solo & Private Practice

Solo practitioners need affordable, intuitive systems that handle the full administrative load—scheduling, billing, notes, and telehealth—without IT overhead or enterprise complexity. The ideal EHR for a solo provider is one you can master quickly and run with minimal support.

### What Solo Providers Need Most:

- ✓ Low monthly cost (typically \$25–\$80/month)
- ✓ Intuitive interface with minimal training
- ✓ Integrated telehealth (no 3rd-party tools)
- ✓ Automated billing & claim submission
- ✓ Client self-scheduling & intake forms
- ✓ Mobile-friendly documentation
- ✓ Simple superbill generation for self-pay
- ✓ BAA and HIPAA compliance built-in

#### SOLO TIP

Many solo practitioners see the biggest ROI from an EHR's billing features alone. A single denied-claim recovery per month often covers the monthly subscription cost.

### Top EHR Recommendations: Solo Practice

#### SimplePractice

##### ★ Top Pick for Solo Providers

- Purpose-built for private practice therapists
- Fully integrated telehealth, scheduling & billing
- Largest peer community and support resources
- Starts ~\$29–\$99/month for solo practitioners

#### TherapyNotes

##### ★ Best for Documentation-Heavy Workflows

- Designed by a clinical psychologist; fast, clean notes
- AI-assisted progress notes via TherapyFuel
- Solo plan starts ~\$69/month; 30-day free trial
- Strong billing tools; offline access available

#### ICANotes

##### Best for Psychiatrists & Complex Documentation

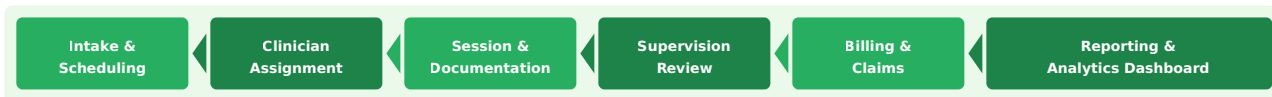
- Menu-driven templates—notes completed in minutes
- 100+ assessment tools built in
- Founded by a practicing psychiatrist
- 30-day free trial available

## SECTION 03

# Group Practice

## Group Practice (2–30+ Clinicians)

Group practices introduce coordination complexity that solo platforms can't handle well—shared scheduling, clinician productivity tracking, supervision workflows, multi-payer billing, and staff role permissions. The right EHR scales with you as you add clinicians without becoming prohibitively expensive.



### Group Practice EHR Must-Haves:

- ✓ Role-based permissions (clinician, admin, biller, supervisor)
- ✓ Shared calendar and group scheduling tools
- ✓ Clinician productivity and utilization reporting
- ✓ Supervision and note co-signing workflows
- ✓ Multi-payer billing from a single platform
- ✓ Group therapy session documentation
- ✓ Aggregate reporting across all providers
- ✓ Scalable per-seat pricing model

### Watch Out For:

- ! Minimum user counts that inflate costs
- ! No supervision/co-sign workflow built in
- ! Billing modules sold as expensive add-ons
- ! Per-appointment fees vs. flat monthly rates

### GROUP PRACTICE TIP

For practices with 6+ clinicians, look for platforms that unify EHR, billing (RCM), and client management (CRM) in one system. Fragmented tools create reconciliation headaches at billing time.

### Top EHR Recommendations: Group Practice

#### TherapyNotes – Group Plan

##### ★ Most Reliable for Growing Groups

- Proven at scale; supports groups of any size
- Group plan: ~\$79/first clinician, \$50/additional
- Enterprise plan (30+ users) with dedicated account manager
- Excellent customer support; KLAS-rated

#### SimplePractice – Group Plan

##### Best UX for Mixed-Level Clinician Teams

- Strong mobile workflows; easy for new clinicians
- Built-in supervision and co-sign features
- Largest support community; excellent onboarding

#### Valant

##### Best for Measurement-Based Care Groups

- Cloud-first; specializes in group therapy management
- Integrated outcome measurement (PHQ-9, GAD-7, etc.)
- Ideal for value-based payment arrangements

#### Netsmart myEvolv®

##### Best for Larger Groups with Complex Billing

- ONC-certified; robust for community behavioral health
- Handles Medicaid/Medicare billing with full RCM
- Best fit: 15+ clinician groups with payer mix complexity

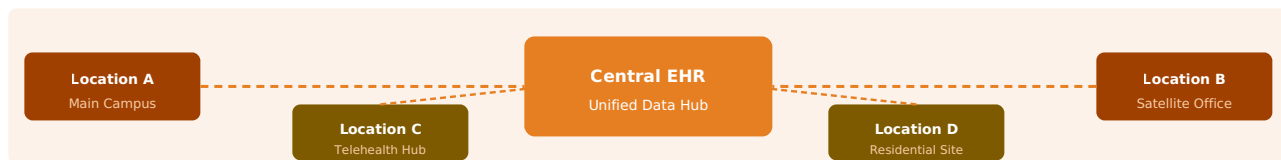
## SECTION 04

# Multi-Site Practice



## Multi-Site Practice Organizations

Multi-site organizations—community mental health centers, regional behavioral health networks, and expanding group practices—require enterprise-grade EHR capabilities. Centralized records, cross-location reporting, standardized workflows, and interoperability with health systems become non-negotiable at this scale.



### Multi-Site Requirements:

- ✓ Single unified patient record across all locations
- ✓ Site-level and organization-level reporting
- ✓ Centralized billing with location-specific tracking
- ✓ Cross-location scheduling and care transitions
- ✓ Standardized clinical templates across all sites
- ✓ HL7/FHIR interoperability with hospital systems
- ✓ Population health and quality dashboards
- ✓ Dedicated implementation and account team

### Interoperability (FHIR / HL7)

CMS interoperability rules require FHIR R4-compliant APIs for patient data access. Multi-site systems must connect with hospital networks, ACOs, and referral partners.

### State Medicaid Reporting

Multi-site organizations billing Medicaid must submit encounter data, quality measures, and UDS/HEDIS reports. Your EHR must automate this or it becomes a significant manual burden.

### Top EHR Recommendations: Multi-Site

#### Netsmart CareFabric® / myAvatar™

##### ★ Top Enterprise Choice for Multi-Site BH Networks

- Purpose-built for community behavioral health at scale
- CareConnect™ engine for cross-site data sharing
- CareManager™ for population health across locations
- 50+ years of behavioral health specialization
- Serves hospitals, jails, CMHCs, and CCBHCs

#### Qualifacts / Credible

##### Best for Large Behavioral Health Agencies

- Strong fit for CCBHCs, CMHCs, and large agencies
- Robust compliance and grant reporting tools
- Deep Medicaid and government payer expertise

#### Welligent

##### Best for SUD, Foster Care & Case Management

- Handles complex case management across sites
- Excellent for 42 CFR Part 2 SUD compliance
- Strong DHS/child welfare integration

#### IMPLEMENTATION NOTE

Multi-site EHR implementations typically take 3–9 months. Budget 15–20% of first-year software cost for staff training and data migration.

## SECTION 05

# Residential Facilities



## Residential & Inpatient Behavioral Health Facilities

Residential programs—including psychiatric residential treatment facilities (PRTFs), substance use residential programs, crisis stabilization units, and long-term inpatient settings—have the most complex EHR needs in the behavioral health continuum. An outpatient platform will fall critically short.



### Bed Management

Census & capacity



### Medication Management

MAT, eMAR



### e-Prescribing

EPCS, PDMP



### Nursing & Vitals

Shift documentation



### Staff Management

Scheduling, ratios



### Discharge Planning

Aftercare, referrals

### Residential-Specific Requirements:

- ✓ Bed management and census tracking
- ✓ Electronic Medication Administration Record (eMAR)
- ✓ Medication-Assisted Treatment (MAT) workflows
- ✓ EPCS (electronic prescribing of controlled substances)
- ✓ Nursing shift notes and vital sign documentation
- ✓ Daily group therapy session logging
- ✓ ASAM criteria and Level of Care assessment tools
- ✓ 42 CFR Part 2 substance use confidentiality
- ✓ Incident reporting and safety event documentation
- ✓ Discharge planning and aftercare coordination
- ✓ Insurance utilization review (UR) documentation
- ✓ State licensing inspection readiness reports

### RESIDENTIAL FACILITY WARNING

Never attempt to adapt an outpatient EHR for residential use. The clinical documentation gaps alone create significant compliance risk.

### Top EHR Recommendations: Residential

#### Netsmart myAvatar™

##### ★ Premier Choice for Inpatient & Residential BH

- Purpose-built for inpatient and residential BH programs
- Full eMAR, medication management, and EPCS
- Incident reporting, safety planning, crisis workflows
- ASAM assessments and UR documentation tools
- Trusted by CMHCs, psychiatric hospitals, and RTFs
- 50+ years of BH-specific development

#### Kipu Health

##### Best for SUD Residential Programs

- Built specifically for addiction treatment facilities
- Strong bed management and census tools
- ASAM criteria, UA tracking, and MAT documentation

#### Qualifacts / Credible

##### Best for CCBHC & State-Regulated Programs

- Excellent compliance tools for state licensing
- Strong Medicaid cost report documentation
- Grant and performance measure reporting tools

## SECTION 06

# Netsmart CareFabric® Platform

## Netsmart Technologies — Behavioral Health EHR Leader

ONC-Certified | 50+ Years of BH Specialization | Black Book Survey #1 BH EHR — 9 Consecutive Years

Netsmart Technologies is one of the most established names in behavioral health EHR technology. Their CareFabric® platform is an integrated ecosystem—not a collection of bolt-on tools—designed to unify clinical, financial, and operational workflows across the full continuum of care.

**50+**

Years of BH  
Specialization

**140M+**

US Residents Served  
by Netsmart Clients

**9**

Consecutive Years  
Black Book #1 BH EHR

**40%**

of Clinician Time  
Spent on Documentation

### Core Products Within the CareFabric® Platform:

#### myAvatar™

#### myAvatar — Inpatient & Behavioral Health

The flagship Netsmart EHR for behavioral health and addictions treatment. Designed for mid-to-large inpatient programs, psychiatric hospitals, residential treatment facilities, and CMHCs requiring full clinical, financial, and operational integration.

Inpatient Residential Outpatient CMHC

#### myEvolv®

#### myEvolv — Children, Families & IDD

For organizations serving children and families, IDD, and autism services. Scales from smaller agencies to large multi-site organizations with strong interoperability at a more accessible price point.

Children & Families IDD/Autism Community Agencies

#### BEST FIT FOR NETSMART

Best suited for mid-to-large BH organizations—CMHCs, CCBHCs, FQHCs, inpatient/residential programs, and multi-site networks. Solo or small group practices should consider lighter-weight platforms first.

#### CareFabric® Ecosystem

#### Integrated Platform Components

- ✓ **CareConnect™** — HL7/FHIR integration engine for cross-system data sharing
- ✓ **CareManager™** — Population health management across care settings
- ✓ **myHealthPointe** — Patient/client portal for secure record access
- ✓ **Netsmart Telehealth** — Embedded virtual care with automated reminders
- ✓ **OrderConnect** — e-Prescribing and medication order management
- ✓ **CarePOV** — Mobile behavior tracking app for field documentation

#### AI & Innovation

#### AI-Assisted Documentation (AWS HealthScribe)

Netsmart integrated AWS HealthScribe to generate AI-assisted GIRP notes—capturing goals, interventions, and session progress from clinical conversations. This targets the industry's most pressing challenge: administrative burden consuming up to 40% of clinician time.

AWS Bedrock AI Notes Reduced Burnout

## SECTION 07

# EHR Comparison: Behavioral Health Platforms

✓ = Full support   ▶ = Partial/add-on   ✗ = Not available. Verify all features and pricing directly with vendors.

Feature / Criteria	Simple-Practice	Therapy-Notes	ICANotes	Valant	Qualifacts/Credible	Netsmart myAvatar™	Netsmart myEvolv®
<b>PRACTICE FIT</b>							
Solo Practice	✓	✓	✓	▶	✗	✗	▶
Group Practice	✓	✓	✓	✓	✓	✓	✓
Multi-Site Enterprise	▶	▶	✗	▶	✓	✓	✓
Residential / Inpatient	✗	✗	✗	✗	▶	✓	▶
<b>CLINICAL DOCUMENTATION</b>							
BH-Specific Note Templates	✓	✓	✓	✓	✓	✓	✓
Treatment Plan Tools	✓	✓	✓	✓	✓	✓	✓
DSM-5 / ICD-10 Coding	✓	✓	✓	✓	✓	✓	✓
Outcome Measures (PHQ-9 etc)	▶	▶	✓	✓	✓	✓	✓
eMAR / Medication Mgmt	✗	✗	▶	✗	✓	✓	▶
AI-Assisted Documentation	▶	✓	✗	▶	▶	✓	▶
<b>BILLING &amp; REVENUE CYCLE</b>							
Insurance Billing (837P)	✓	✓	✓	✓	✓	✓	✓
Medicaid / Medicare Billing	▶	▶	▶	▶	✓	✓	✓
Full RCM / Denial Mgmt	▶	▶	▶	✓	✓	✓	✓
<b>COMPLIANCE &amp; INTEROPERABILITY</b>							
HIPAA Compliant (BAA)	✓	✓	✓	✓	✓	✓	✓
42 CFR Part 2 (SUD)	✗	✗	▶	▶	✓	✓	✓
HL7 / FHIR Interoperability	✗	✗	✗	▶	✓	✓	✓
ONC Certification	▶	▶	▶	▶	✓	✓	✓
<b>PRICING (Estimated — Verify with Vendor)</b>							
Solo (est. per month)	~\$29–\$99	~\$69	~\$75–\$150	Custom	N/A	N/A	N/A
Group (per clinician/mo)	~\$59+	~\$50–79	~\$75+	Custom	Custom	Custom	Custom
Enterprise / Residential	N/A	N/A	N/A	Custom	Custom RFP	Custom RFP	Custom RFP

✓ Full   ▶ Partial/add-on   ✗ Not supported   All pricing estimated as of 2025–2026; verify with vendors.

## SECTION 08

# EHR Selection Decision Guide

Use this framework to narrow your EHR selection before requesting vendor demos — it will help you ask the right questions and avoid being sold features you don't need.

## Step 1 — Quick Match by Practice Type

If you are a...	Your core priorities should be...	Start with these platforms...	Avoid these pitfalls...
<b>Solo / private practice</b>	Cost, ease of use, telehealth, billing automation	SimplePractice, TherapyNotes, ICANotes	Enterprise features; per-appointment pricing
<b>Group practice owner</b>	Multi-clinician billing, supervision tools, productivity reporting	TherapyNotes, SimplePractice (Group), Valant	No supervision/co-sign; add-on billing modules
<b>Multi-site BH organization</b>	Centralized records, FHIR interoperability, population health, Medicaid billing	Netsmart CareFabric®, Qualifacts, Welligent	Outpatient-only platforms; no HL7 integration
<b>Residential / inpatient facility</b>	eMAR, bed management, MAT workflows, 42 CFR Part 2, incident reporting	Netsmart myAvatar™, Kipu Health, Qualifacts	Any outpatient-only EHR; no eMAR or ASAM tools

## Step 2 — Key Questions to Ask Every Vendor

<b>CLINICAL</b>	Does your system include BH-specific note templates (SOAP, DAP, GIRP, BIRP)? Can I customize them? Do you support DSM-5 and ICD-10 cross-coding? What assessment tools are built in?
<b>BILLING</b>	Does your RCM handle all my payers, including Medicaid and Medicare? Is e-prescribing included or an add-on? How are denied claims managed and resubmitted?
<b>COMPLIANCE</b>	Are you ONC-certified? Do you support FHIR R4? Do you provide a signed BAA? How do you handle 42 CFR Part 2 for SUD clients?
<b>IMPLEMENTATION</b>	How long does implementation take? What does data migration from my current system look like? What training is included in the contract?
<b>PRICING</b>	Is pricing per-user, per-encounter, or per-facility? What is NOT included in the base price? Are there minimum user counts? What are contract term lengths?
<b>SUPPORT</b>	What are your support hours? Is phone support included or only ticketed? Do you have a dedicated account manager for my organization?

## Step 3 — Pre-Demo Checklist

- ✓ Document your current avg. weekly documentation time
- ✓ List all payers you currently bill (commercial, Medicaid, Medicare)
- ✓ Count your active clients and monthly session volume
- ✓ List all clinician license types at your organization
- ✓ Identify your top 3 documentation pain points today
- ✓ Request a BAA and security documentation upfront
- ✓ Ask for references from similar-sized BH organizations
- ✓ Negotiate a pilot/trial period before full implementation
- ✓ Get a written quote that includes all add-ons and fees
- ✓ Confirm data export rights if you ever need to leave

## About Summit Ridge Counseling

Summit Ridge Counseling is a clinical mental health practice serving the Kansas City Metro area. We provide individual therapy, couples counseling, family therapy, and specialized court services. Our team includes forensically-trained clinicians experienced with evidence-based modalities including TF-CBT, EMDR, and the Gottman Method.

This guide was developed as a free resource for behavioral health providers navigating the increasingly complex EHR marketplace. We believe that when providers have the right tools, clients receive better care.

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