



Your Guide to Selecting a Behavioral Health EHR

A step-by-step approach to choosing the right software for your organization — from first evaluation through go-live.

OVERVIEW

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Choosing an electronic health record is one of the most consequential decisions a behavioral health or human services organization can make. It touches every part of daily operations — intake, scheduling, clinical documentation, billing, compliance, and the client experience. This guide walks you through a practical evaluation process built specifically for organizations like yours, so you can find the solution that fits the way you work.

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	Our platform measured against the checklist in this guide	

~8 mo.

A realistic horizon from first research to a confident go-live.

3–4

Providers to shortlist — enough for real comparison, not overload.

30

Requirements to score every platform against, side by side.

How to use this guide

1. Start with your own operation.

Work through Section 02 before you talk to anyone. Your workflows set your requirements — not the other way around.

2. Turn priorities into a checklist.

Use Section 03 to separate must-haves from nice-to-haves so every demo is scored against the same criteria.

3. Plan backwards from go-live.

Section 04 shows how early to start. Bring your decision makers along at every stage, not just at signature.

SECTION 01

What Is the Purpose of an Electronic Health Record?

An electronic health record (EHR), in its simplest form, is a digital version of a client's record. But today's behavioral health EHRs go far beyond recordkeeping. The right platform brings scheduling and intake, clinical documentation, billing and revenue cycle management, telehealth, and client engagement together in one secure system — so your team spends less time on paperwork and more time with the people you serve.

Every EHR on the market has its own design and capabilities. The right one for your organization should not only capture documentation, but also streamline the workflows behind it, adapt to each of your programs, and keep you compliant with evolving regulations — including HIPAA and 42 CFR Part 2.

As you evaluate your options, keep what matters most front and center: internal workflow improvements, the clinician and client experience, and the outcomes that carry your mission forward.

BUILT FOR BEHAVIORAL HEALTH

A purpose-built EHR should fit the care settings you actually run:

- Mental health
- Substance use disorder
- I/DD & autism (ABA)
- Foster care
- Human services
- Public health
- Student health
- Residential & outpatient

If a platform can't be configured for every program you run, the gap becomes someone's manual workaround.

One system should replace the patchwork

Most organizations arrive at an EHR evaluation with capability spread across several tools and a few spreadsheets. These are the functions a single platform should bring under one roof:

Intake & scheduling

Referral through first appointment

Clinical documentation

Program-specific notes & plans

Billing & revenue cycle

Eligibility through payment

Telehealth

Secure video in the workflow

Client engagement

Portal, reminders & surveys

Signs it's time to take another look

- ☐ Clinicians are finishing documentation after hours to keep up.
- ☐ Billing rework and denials are quietly eating into revenue.
- ☐ Every program has built its own workaround outside the system.
- ☐ Reporting means exporting to a spreadsheet first.
- ☐ Your vendor's roadmap doesn't really include behavioral health.

IN THIS GUIDE

The purpose of an EHR · how to evaluate your options · building a requirements checklist · researching providers · your selection timeline · and how to choose the right EHR partner.

TALK IT THROUGH

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SECTION 02 • PREPARING TO EVALUATE

Identifying Key Decision Makers

Selecting an EHR is a big decision with significant implications for your staff. Start by identifying a core group of decision makers who will own the evaluation. Your team may include clinical leaders, finance and billing, IT, and operations — each bringing different priorities and perspectives.

Executive sponsorship and buy-in is a critical factor for success in adopting any new technology. And remember: this group won't just choose the system — they'll be central to a smooth implementation and rollout too.



Bring every perspective into the room early.

Who belongs on the evaluation team — and what they'll be judging

● Clinical leadership	Documentation and treatment planning that fit how your programs actually deliver care.
● Finance & billing	Clean claims, fewer denials, and a revenue cycle you can forecast against.
● IT & security	Hosting, access control, integrations, and HIPAA / 42 CFR Part 2 obligations.
● Operations	Scheduling, caseloads, and throughput across every site and program.
● Program directors	Configurability for their program without a change request for every form.
● End users	The daily reality — the clinicians and front-desk staff who will live in the system.

3–4

providers is the sweet spot to evaluate — enough for real comparison without overwhelming your team.

Outline your workflows to define your priorities

Before you research providers or schedule demos, take a step back and honestly assess your current workflows and operations. Whether you're adopting an EHR for the first time or considering a switch, these questions will help surface what matters most.

- 01 What's working well — and what isn't — with our current processes?
- 02 What compliance requirements must a new system meet through security & reporting?
- 03 What specific pain points do we most need a new solution to solve?
- 04 Where do we see opportunities for a fresh start?
- 05 How do our processes or EHR affect the clinician experience?
- 06 Are there clear opportunities to increase productivity?
- 07 How do our processes or EHR affect the client experience?
- 08 What roadblocks might we hit bringing clients into a virtual workflow?
- 09 What errors or issues are affecting our bottom line?
- 10 Are clinical workflows creating obstacles in the billing process?
- 11 Where are the bottlenecks in our day-to-day workflows?
- 12 Can we gather challenges directly from our end users?

Clarifying your existing processes is the first step in identifying priorities. Aim for a solution that works with your workflows, increases efficiency, and creates a better experience for everyone the system touches — directly or indirectly.

SECTION 03

Building Your Requirements Checklist

Once you know your priorities, turn them into a checklist. Organize by must-haves and nice-to-haves so you can compare systems side by side and stay focused on what your organization actually needs. Here's a starting point — tailor it to your priorities.

Score, don't skim. Rate every provider 1–5 on each line during the demo, while it's fresh. A scored sheet settles debates that opinion can't.

● Core Functionality

- ☐ Clinical documentation with program-specific templates & progress notes
- ☐ Treatment planning & progress tracking
- ☐ Client intake & program enrollment
- ☐ Caseload & scheduling for individuals, groups & locations
- ☐ Supervisory & QA workflows
- ☐ Revenue cycle management & billing
- ☐ e-Prescribing & eLabs
- ☐ Telehealth & secure video
- ☐ Patient portal & secure messaging
- ☐ Mobile access with offline capability
- ☐ Internal staff messaging
- ☐ Post-visit surveys & self-assessments
- ☐ Visual dashboards & self-service reporting

Behavioral health specifics worth probing

- ☐ 42 CFR Part 2 consent tracking and record segmentation
- ☐ Group-session documentation for multiple clients at once
- ☐ Program-specific note templates without custom development
- ☐ State Medicaid and grant-funded billing rules
- ☐ Standardized outcome measures and their reporting

Mark each line **M** for must-have or **N** for nice-to-have before your first demo.

● Configurability

- ☐ Workflows configurable by program
- ☐ Configurable forms & templates
- ☐ Scalability for future growth
- ☐ Interoperability with internal & external systems
- ☐ Vetted third-party integrations
- ☐ Processes that streamline for efficiency

● Support & Security

- ☐ HIPAA & 42 CFR Part 2 compliance
- ☐ ONC-HIT / Meaningful Use Stage 3 certified
- ☐ Flexible role-based security
- ☐ Thorough, well-planned implementation
- ☐ Hands-on training that sets staff up for success
- ☐ Ongoing webinars & knowledge base
- ☐ Prompt, knowledgeable support

● Additional Considerations

- ☐ Upfront & ongoing costs
- ☐ Potential ROI & long-term value
- ☐ Frequency of system enhancements
- ☐ Focus on behavioral health specialization

SCORING KEY 1 Not supported

2 Workaround needed

3 Supported with config

4 Standard capability

5 Clear differentiator

SECTION 04

Your Selection Timeline

With multiple stakeholders and several platforms to explore, the evaluation and selection process can take several months. If you have a target go-live date, work backwards to see how early you need to start.

This sample timeline begins in January and reaches go-live in September. Yours may move faster or slower depending on your size, complexity, and how quickly you decide — but the key is to plan ahead.

~8 mo.

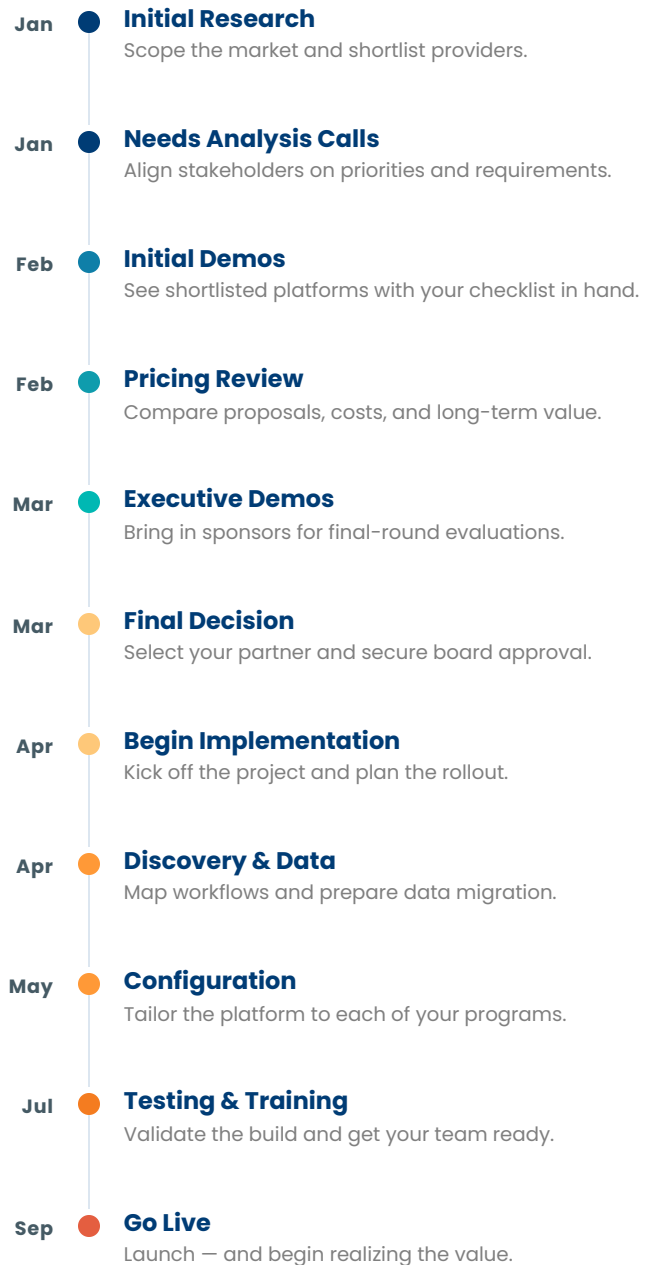
a realistic planning horizon from first research to a confident go-live.

What speeds it up

- ☐ One named decision owner who can call the vote.
- ☐ A written requirements checklist agreed before demos.
- ☐ Demo scripts built from your own workflows, not the vendor's.
- ☐ Board approval timing confirmed at the start, not in month six.

What slows it down

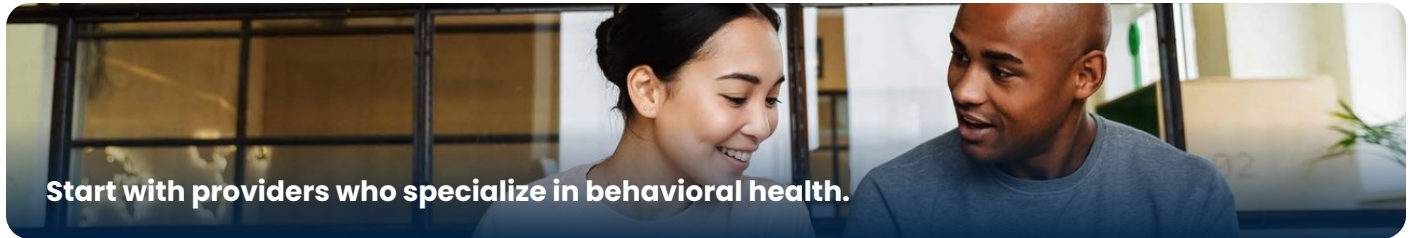
- ☐ Stakeholders added after the shortlist is set.
- ☐ Compliance requirements discovered during contracting.
- ☐ Data migration scoped only after signature.



Working backwards. Pick your go-live month first, then count back eight months to find the week you need to start scoping the market. If that date has already passed, shorten evaluation — not implementation.

SECTION 05

Researching, Comparing & Deciding



Start with providers who specialize in behavioral health.

Do your homework

Start with EHR providers that specialize in behavioral health and human services — they tend to fit your priorities far better than systems built for hospitals or large healthcare networks. You can learn a lot online, but a full picture requires demos or written responses to your needs. Shortlist 3–4 companies; if you run an RFP, invite a formal proposal.

Preparing for & holding demos

Get your full group of decision makers into every demo so each stakeholder can question the provider directly. Keep your checklist in front of you and take notes. Debrief as a group while it's fresh — comparing strengths and weaknesses surfaces follow-up questions fast.

Ask every provider the same six questions

- ☐ How many behavioral health organizations like ours do you serve today?
- ☐ What's included in implementation, and what is billed separately?
- ☐ Who configures our forms and workflows — your team or ours?
- ☐ How is our data migrated, validated, and signed off before go-live?
- ☐ What does support look like after go-live, and what are your response times?
- ☐ How often do you ship enhancements, and how do clients shape the roadmap?

Making the decision

Selecting your new EHR partner

Once demos are done and follow-up questions are answered, it's time to choose. Weigh your needs, wants, and nice-to-haves against the service and support you can expect long term. Upfront cost, timeframe to go-live, and long-term value all count.

Signing the contract

With your partner selected and board approval in hand, the final step is to sign and make it official. That's where the real journey begins: next comes implementation — migrating your data and getting every team up to speed on the new system.

Three red flags. A demo that steers away from your workflows · pricing that can't be itemized · references you can't call.



Ready to see a behavioral health EHR in action?

Schedule a live Welligent demo and evaluate it against the checklist in this guide.

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SECTION 06

What Welligent Delivers

Welligent, part of ContinuumCloud, is a cloud-based EHR built specifically for behavioral health and human services organizations. One secure, configurable platform brings your clinical, financial, and engagement workflows together — so your team can focus more on people, not paperwork.



Clinical Care Management

Documentation, treatment plans, caseloads, and scheduling — for individuals, groups, and locations — in one place.



Billing & Revenue Cycle

Verify eligibility, collect copays, submit claims, and post payments to bring revenue full cycle.



Mobile EHR — Welligent Express

Secure documentation and scheduling on the go, with or without Wi-Fi. Available for iOS, Android & Windows.



Telehealth & Engagement

HIPAA-compliant video and secure chat launched right from the provider's note.



Internal Chat — Welligent Chat

Instant, secure staff messaging to coordinate care teams and keep everyone in sync.



Patient Portal — Welligent Connect

Clients view records, complete intake forms, request appointments, message their team, and pay invoices.



Surveys & Engagement

Post-visit surveys, self-assessments, and automatic reminders that reduce no-shows.



Reporting & Outcomes

Design visual reports for real-time decisions, with 1,200+ self-service reports out of the box.

CERTIFIED & COMPLIANT

● ONC-HIT Certified

● Meaningful Use Stage 3

● HIPAA Compliant

● 42 CFR Part 2

Stay in control of the buying process

Choosing the EHR that best fits your organization's unique needs sets you up for success. By planning your selection criteria and evaluation schedule in advance, you'll stay in control of the buying process and land on the option that's right for you.

About Welligent. A cloud-based EHR for behavioral health and human services organizations — scheduling, referral, intake and assessment, clinical documentation, case management, compliance, billing, and reporting.



A spectrum of cloud-based software built for behavioral health and human services. Welligent (EHR), DATIS e3 (HCM), and CaredFor (patient engagement) come together as a unified platform — creating a seamless continuum of care, from staff to services to client support.

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