

Behavioral Health Information Technology (BHIT) Program

USCDI+ BH Pilot Update

February 2026

Just Announced!

ASTP Blog

Explore thoughtful commentary, official updates, and in-depth analysis of information technology from ASTP.

Behavioral Health

Advancing the Future of Behavioral Health Data Exchange

Patients with behavioral health conditions are often dually-burdened with chronic physical health conditions. 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. For example, individuals may face duplicative tests, medication errors, or gaps in care at critical moments.



Thomas Keane +1
Feb. 4, 2026 • 4 min read

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ASTP/ONC Announces Selection of Nationwide Pilot Programs to Improve Behavioral Health Data Exchange

February 4, 2026

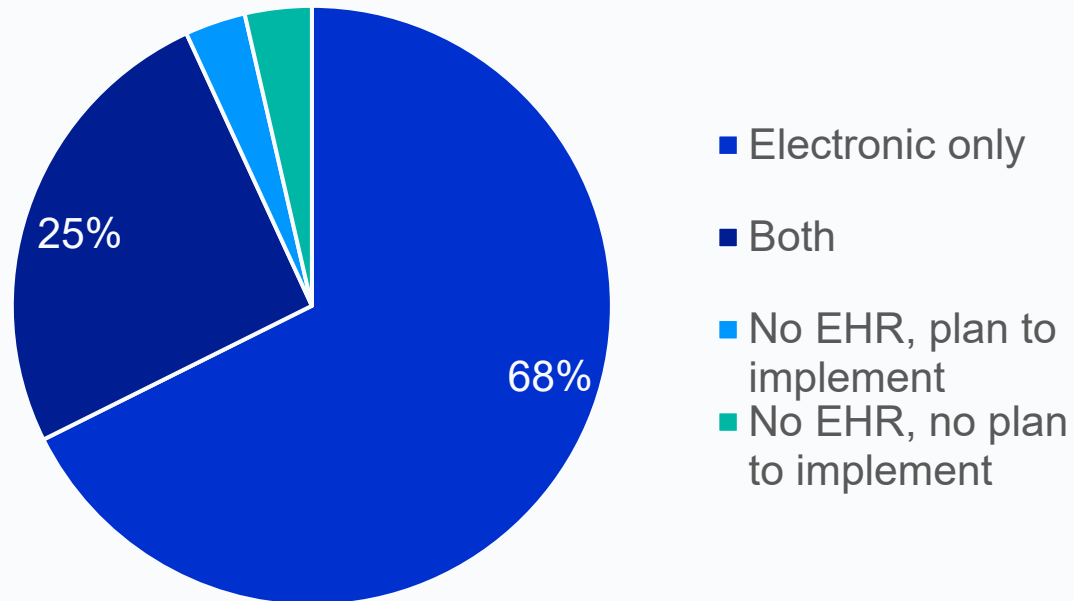
Source: ASTP/ONC

On February 2, 2026 at the Substance Abuse and Mental Health Services Administration's (SAMHSA's) [22nd Preventive Day](#), Secretary Kennedy announced the selection of nine nationwide pilot programs to test health IT standards that strengthen behavioral and physical health integration through improved data exchange. The behavioral health IT standards and the testing pilot programs were developed by the Office of the Assistant Secretary for Technology Policy/Office of the National Coordinator for Health IT (ASTP/ONC).

The pilots are being funded through the [Behavioral Health Information Technology \(BHIT\) Initiative](#), a \$20+ million SAMHSA investment being implemented in partnership with ASTP/ONC. Representing 45 exchange partners across states (Colorado, Connecticut, Delaware, Florida, Massachusetts, North Carolina, Oregon, Rhode Island, and Washin

Most behavioral health facilities reported exclusively using an EHR system, but interoperability is lacking.

Adoption



Interoperability

- Interoperability & Queries
 - **44%** integrate external clinical data without manual entry
 - **29%** electronically query external data almost daily
 - **31%** lack capability to search/query external records
- Patient Access
 - **39%** allow clients to view medical information online

Source: 2024 National Survey of Substance Abuse Treatment Services (N-SUMHSS)

Behavioral Health Information Technology (BHIT) Initiative

The \$20M+ SAMHSA/ASTP partnership, began in 2024, and aims to address the need for improved [data exchange](#) in behavioral healthcare settings. The BHIT Initiative will...

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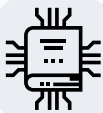
USCDI+BH Data Elements

Establish data content standards for EHRs and health information technology (HIT) that improves efficiency and reduces the cost to adopt technology by removing low-value customization.



Pilots

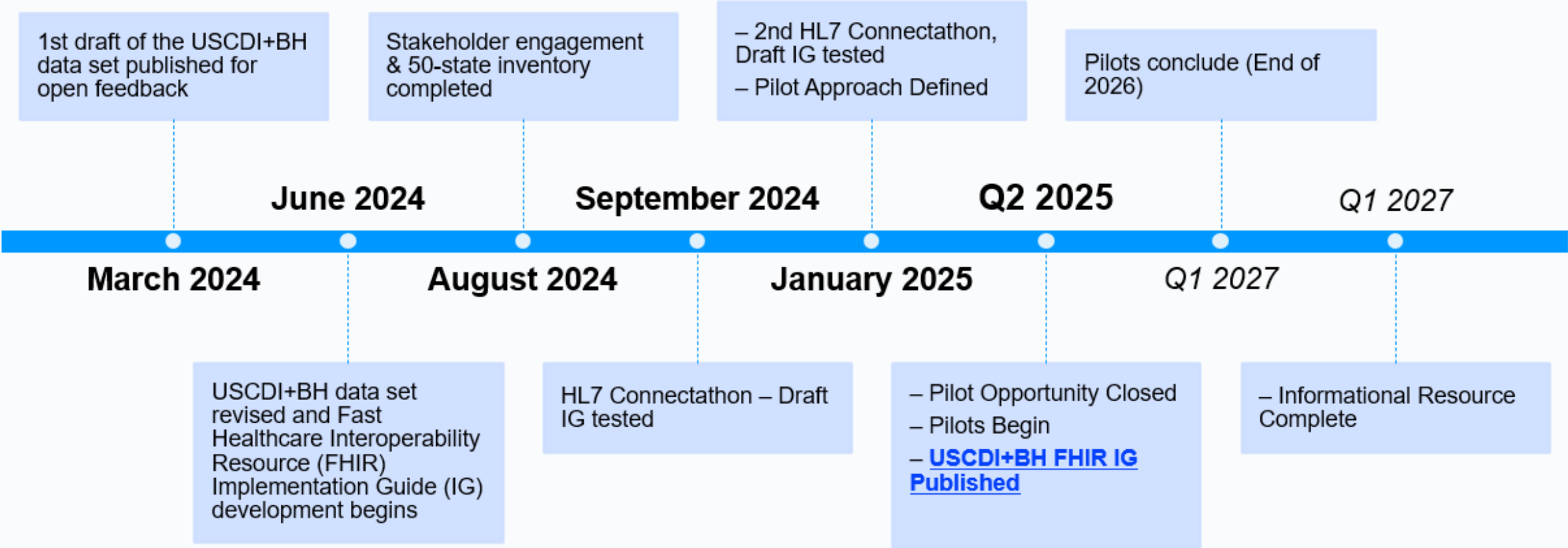
Pilot the standards in the real world to further lower barriers to implement, pairing the standards with clinical workflows, and demonstrating the efficacy of the standard to the BH community.



BHIR

Develop a practical Behavioral Health Informational Resource (BHIR) using the lessons learned (e.g., clinical, technology, policy) during standards development and the real-world pilots that will lower the cost to implement EHRs and HIT for future BH providers.

BHIT Initiative: Progress to Date



BHIT Pilot Objectives

The pilot approach will achieve the following objectives:



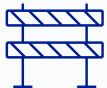
Improve Behavioral Health Outcomes: Incentivize and support pilots that improve behavioral health outcomes for individuals. The pilots should have real-world positive impacts on BH care today, not simply be an exercise in interoperability theory.



Real-World Testing of USCDI+ BH: Conduct real-world testing of the USCDI+ BH data element list and associated technical specifications (e.g., the US Behavioral Health Profiles Implementation Guide) with all participating pilot sites, documenting any technical or implementation challenges encountered across behavioral health providers, health information exchanges (HIE), state agencies, technology vendors, and community-based organizations (CBOs).



Identify Behavioral Health Provider Priorities: Identify the top information exchange priorities and current data exchange capabilities of participating SAMHSA subgrantees, focusing on practical considerations related to workflow integration, privacy, consent, and confidentiality.



Discover USCDI+ BH and USCDI Adoption Barriers: Identify and document distinct technical, operational, or policy barriers to USCDI+ BH implementation encountered by participating pilot sites.



Inform the BHIR: Incorporate lessons learned from the pilot projects, including documented challenges and best practices, into the development of the BHIR.

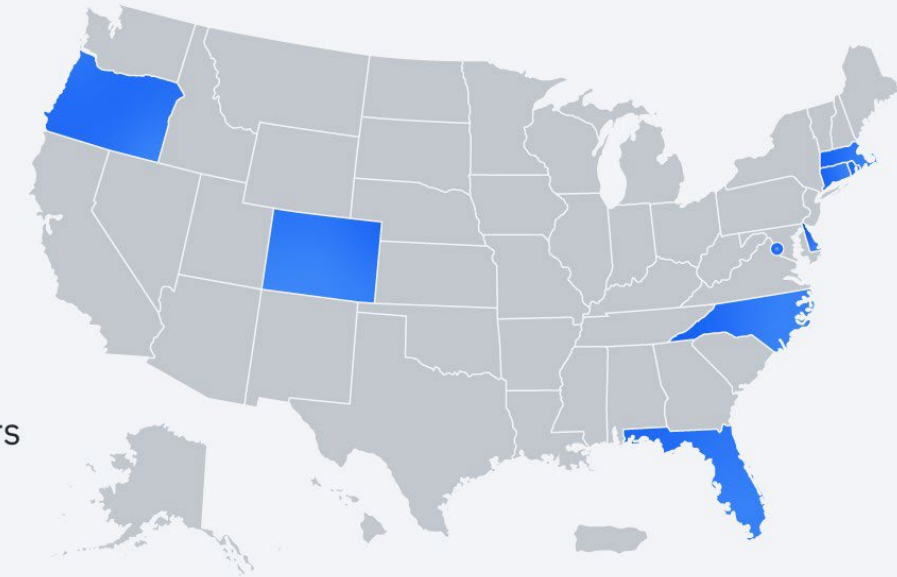
Selected Pilot Participants

1. **Delaware (DTRN 360)** Lead: Delaware Division of Substance Abuse and Mental Health (DSAMH)
2. **Florida (InterConnect)** Lead: PSYHealth LLC
3. **Colorado (BHX Connect)** Lead: Behavioral Health Data Exchange of Colorado (BHX)
4. **North Carolina (ReCODE)**. Lead: North Carolina Division of Mental Health, Developmental Disabilities, and Substance Use Services
5. **Oregon (MyCarePlanner)**. Lead: Oregon Health and Science University (OHSU)
6. **Rhode Island. (CCBHC Quality Measurement)**. Lead: Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH)
7. **Massachusetts (SUD Data Connector)**. Lead: Massachusetts Department of Public Health, Bureau of Substance Addiction Services (MDPH, BSAS)
8. **Washington, D.C. (BHIT Data Exchange)** Lead: District of Columbia Department of Health Care Finance (DHCF)
9. **Connecticut (Consent Management)**. Lead: Health Information Alliance, (dba Connie).

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Pilots

\$300-\$690k
Awards

45
Exchange Partners





Health IT Advisory
Committee



Learn More

Reach out to the ASTP and BHIT Pilot Team



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Check out the official BHIT Pilot website for updates!



<https://chickasaw.com/USCDI-BH-Pilot-Program>

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