**PROVIDER STRESS & FINANCIAL LIMITATIONS**

Low reimbursement rates, high requirements are causing providers to exit the business (7)
Money rather than a child's need determining what services a child receives (6)
Financial focus has produced MHO incentive to avoid financial responsibility for high end needs kids (4)
Serious destabilization of Intensive Treatment Service provider & decrease in service capacity (1)
High caseload & after hours crisis calls (1)

Ability of MHOs to manage regional funds more efficiently (5)
Lack of adequate funding for the entire system (5)
Need monies for assisting families in concrete needs (2)
Language that focuses on costs, not needs (2)
Resource constraints to fund wraparound (1)

There should be consistent snf proportional state funding to counties based on need / population. (11)
Fee for service rates from DMAP do not support community based care. (4)
Access to wrap around providers is limited for kids with open cards due to FFS rules. (2)
Rates do not allow to provide needed level of staff training; e.g. high-end kids, early childhood. (2)
FFS structure in ICTS is challenging for compensating on call needs 24/7 by response team. (1)

Clinical staff retention is an issue due to high stress, crisis oriented clients and evening / weekend work in ICTS contracts. (9)
High turnover rate among providers / therapists impacting stability and continuity of care. (4)
Consistent and proportional state funding to counties based on need. (2)
Need a more in-depth cost-basis analysis of ICTS services to determine cost sustainable to providers. (1)
MHOs (also impacts doc. structure & staff training needs). All shifts very labor intensive / expensive require sophisticated knowledge about Medicaid w/ little consultation. (1)

$ for services - care coordination - advocacy - youth advocacy. (1)
Clinicians receiving more adequate compensation as direct providers. (1)

Lack of long-term foster care resources at an adequate reimbursement rate. Disparity between BCN funding and CAF foster care rates (8)
Dropping a child of enrollment issue/ how can a provider know when this has happened/ does HMO and county know what a provider must be responsible vs. what MH services are needed to maintain a child (7)
Can't pay providers when there is a mismatch between state data and MHO data/ very time consuming to correct (6)
Where are funds for non-medicaid members; private insurance folks & what numbers or data is there for those families? Are they being served or turned away? (6)
Outcome based EBT activities are either under funded significantly or unfunded altogether (5)
Mental health codes for treatment foster care that don't exactly cross over to the modality… well. (3)
Not funded to the level needed (3)
Tribal programs not well funded. No infrastructure to meet needs for follow-up. Rural areas do not have all services as urban area. (2)
Family support is almost non-existent, financially and emotionally (2)

Difficult and demanding cases would benefit from more resources than are available (4)
Finding ways to continue care with less time and resources (2)
Parents are too stressed out and are not able to get on OHP services for themselves (1)

Resources spent on bureaucratic exigencies success (2)
Doing more with less/ having LCHHS in financial trouble/ what are we going to do (2)
Real trouble getting payments in a timely way/ waiting 3-4 months in some cases (2)
Olalla referrals down since Aug 08 (2)
Uncertain as to funds issue of HMO's/ some counties report available funds and others are putting caps on

children services/ how is this process streamlined or understood (1)
Provider stress - paperwork (1)

Inadequate funding places burden on developing/expanding services array (4)
Judicious use of funds for wraparound isn't always observed and a few youth take up a large % of funding for everyone is rather limited (4)
The need for a larger 'pot' of money (1)
System significant under funded (1)
For non-traditional services provision to provide for family if they have financial constraints (1)
Lack of communication and who pays for what is unclear (1)
Billing system is improving, however it is a complex system if something goes wrong, revenue to the agency is affected causing issues (1)
Inability to maintain quality workforce as long as state funding model is built upon historical inadequate fundin institutional services (PRTS) (1)

Limited funds & higher caseloads result in high turnover & burnout and impact quality of clinical work which ca result in disruption for the client (4)
CSCI has required infrastructure changes by providers without additional funding, creating financial stress (4)
Amount of funds that trickle down from the feds/state to counties then MHO results in poor funding for provide to pay staff thus high turnover which affects care to consumers (2)
Not enough finances to help families on a long-term basis (2)
MHA is not reimbursed adequately (2)
Significant decline in ISA referrals equal limited capacity to maintain ISA services, particularly ICTS (1)
High need results in SOC providers being overbooked.  Need more education about SOC & more collaboratio btwn state, county, community resources to get the word out and utilize community based ser. & sup. (1)
MH vs. non MH services need other partners to step up with their wallets (1)
Limitations on ability to do flexible funding on a FFS basis - need to have a way to encounter when flexible fur

are used - CPT cods or PE&O (1)

Confusion around child's eligibility for OHP. Kids drop in and out of eligibility for no apparent reason. This creates payment problems for CMHPs and greatly increases administrative burdens. (8)
Non OHP portion of CSCI not funded at a level which covers cost of services similar to those provided through OHP benefit. (5)
There is a great deal of stress in meeting the demands of resource development in the community, keeping up with productivity demands and keeping up with the paperwork demands -
all of which have financial impacts. (3)
Balancing providing life opportunities to children when rules / laws create barriers. (3)
Quarterly capitation and usual and customary charges reports indicate that in some cases, the money for services is being held up at the MHO level. (2)
Funding for local staff to help with  paperwork and support of family care coordinators. (2)