

## Community Services Network (CSN)

### Excellence in Action Nomination Summary



#### 1. Abstract of the program

The Counties in coordination with the Community Services Affiliate and ISAC, secured funding, developed system specifications, did system testing and then implemented a management information system called the Community Services Network (CSN).

With this funding, the counties built and now maintain the only comprehensive and interconnected mental health client information system in the state of Iowa. Users of the system can manage clients, issue funding notices, process payments (manual and electronic), and develop budgets.

95 counties utilize this system today and all 99 have connectivity. With adjudication, electronic claims loading and standardized service definition, not only to counties have better data and tracking capabilities, but the ability to better serve individuals has been greatly enhanced.

#### 2. The problem/need for the program

Collectively, counties manage over \$300 million for services provided to over 50,000 Iowa citizens with mental illness, intellectual disabilities or other developmental disabilities. In addition, counties provide other community services, such as General Assistance, Substance Abuse, and Veterans Affairs.

In 1996 the Iowa Department of Human Services (DHS) issued a Microsoft Access database to the counties in Iowa called County Management Information System (CoMIS). The purpose of this database was to capture Mental Health and Developmental Disabilities information across the State. Because of the structure of CoMIS, counties were not connected.

This separation resulted in:

- A lack of standardized data.
  - Counties modified services, program descriptions, and the database to meet local needs
  - Impossible to gather a complete statewide picture of data
- The inability to efficiently manage and evaluate services
  - Providers (and all associated data) had to be maintained in the 99 different databases.
- The inability to track clients as they move from county to county
  - When a new client would apply for services, local care coordinators had to rely on client's memory to complete application.
  - Clients would appear in each county's database, resulting in duplication of the data
- Reduced applicability of the data collected.
  - Cleaning data was time consuming.
  - Would take DHS 6 to 9 months to create fiscal year database.
  - Once created the data would then be almost a fiscal year old.

### 3. Description of the program

The County Community Services Network (CSN) is a system that connects County Mental Health Community Services departments throughout all 99 Iowa counties. CSN works to provide a 360 degree vision of the services and activities that a client is receiving or participating in. Figure 1 represents the various modules that are available to the users of CSN.

Figure 1

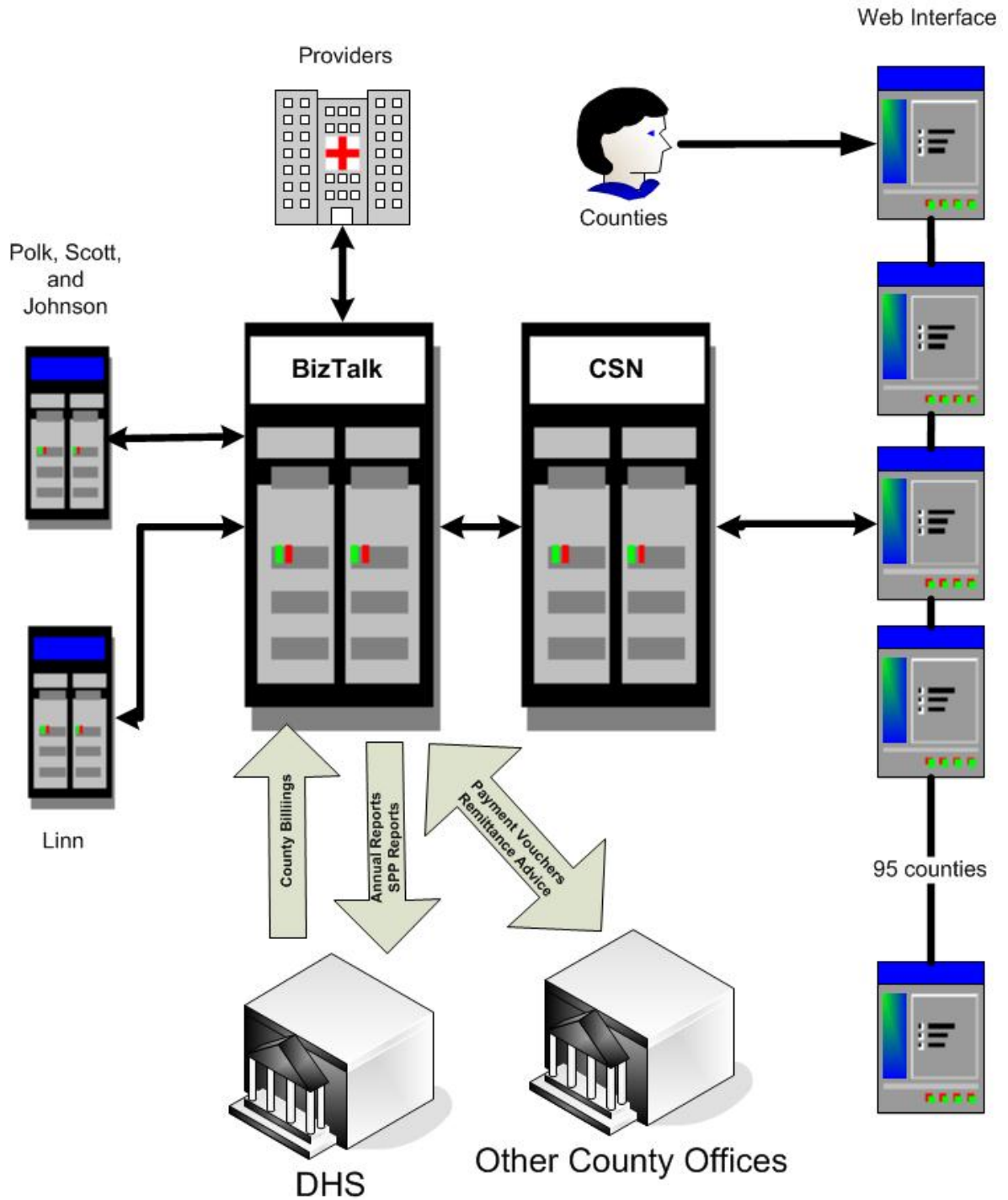


The key component of CSN is to link all counties together so that when an individual applies for services, CSN can be accessed to determine eligibility and current and prior services. The local care coordinator can contact past coordinators to assess residency and legal standing.

Authorized users of CSN gain access through an internet browser. Figure 2 represents the network layer of CSN. CSN has several layers of security to prevent unauthorized access. The intent with CSN was to provide member counties with access to a robust and flexible system that allowed them to share the cost of maintenance and development across all counties. The average cost per client to use the system is approximately fifteen dollars a year.

Figure 2

# Community Services Network



The objectives of CSN were to:

- Improve management, tracking and reporting of community services.
- Increase validity and consistency of data collected across the state.
- Connect counties and state allowing for rapid, real-time data sharing.
- Improve access to services.
- Provide accurate and complete information for county and state-wide planning, funding, and performance measurement decisions.
- Assist DHS in meeting federal and state/legislative reporting requirements.

Research and funding requests began in the spring of 2007. Design and development occurred in 2008 through 2010. Beta counties entered the system in early 2010. Remaining 80 counties were rolled into CSN from the spring of 2011 through the summer of 2012.

A steering committee of 15 individuals comprised of Central Point of Coordination administrators, office personnel, IT personnel and representatives from ISAC and DHS. Committee met monthly for a period of 4 years. Total hours contributed to the project by member participation is estimated to be 5000+ hours over this period of time.

#### **4. Use of technology**

CSN is a web-based program. This allows users to access CSN from any location with internet access. Security checks force users to register their machine through a series of challenge questions. 24x7 access is provided through the State of Iowa's Access and Authorization System. Additional system access is controlled within CSN.

Servers (website and database) are located at ISAC. 15 minute transaction logging, daily backups, secure offsite storage protect the data and provides redundancy. The application runs on both Google Chrome and Microsoft Internet Explorer.

#### **5. The cost of the program**

CSN was built with a grant of \$500,000 from the Iowa Access Council and a State of Iowa appropriation of \$250,000. Additionally counties contributed \$100,000 through the Electronic Transaction Clearinghouse (ETC).

On-going cost of the operation of CSN is approximately \$520,000. In 2012, the County Rate Information System (CRIS) functions were rolled into CSN. This will allow CSN to begin to assist in the development and maintenance of provider services and rates. The cost of the CRIS function within CSN is currently \$170,000.

Total operating budget for both CSN and CRIS for the FY13 is approximately \$675,000.

#### **6. The results/success of the program**

Today, CSN is the only system in the State of Iowa that connects all county care coordinators together.

In fiscal FY12, CSN processed 730,000 provider claims. CSN processes an average of 72,000 claims a month in FY13.

CSN stores around 5 million claims payments and about 5 years of information.

Currently contains 170,000 client records. Of these records about 50,000 clients are active on an on-going basis.

Provider records reduced from 27,000 down to 6,000.

All counties must meet compliance levels prior to reporting data to the State of Iowa. CSN provides up to the minute compliance levels on all levels of required reporting.

Work is still to be completed on the enhancing the electronic transmission of claims from providers directly to counties.

## **7. Worthiness of an Award**

Providing coordinated care and services to mental health clients is a complex and time consuming process. CSN provides the framework and the tools to simplify the process and move the coordination of care to be more client centric. Prior to CSN, care coordinators spent a large amount of time entering claims and on data gathering duties. CSN offers the ability to use the data gathered to better manage the operation and at the same time allow data to be gathered as part of performing day to day duties related to the client.

In the past fifteen years, various groups have attempted to build a replacement for the COMIS legacy process. To build a system like CSN it took a core group of county employees a significant amount of time and energy to make sure that the project was completed. Only with this dedication, would CSN be an active system today.

CSN is the only system operating in Iowa that provide a complete picture of the services that an individual with mental health and intellectual disabilities receives. CSN provides the ability for local coordinators to have access to these records as needed. Mental health is not confined to county lines. If an individual with mental health issues is in a crisis; the local care coordinator using CSN would be able to locate the client's record and coordinate the appropriate response to the crisis.

CSN has allowed the Iowa Counties to enhance the delivery of services, significantly improve the collection and validity of data and create future opportunities to continue to improve the mental health and intellectual disabilities service management/delivery system.