



## Georgia's Public Safety Net of Community Service Boards

### Statutorily Created

Community service boards (CSBs) are created in OCGA § 37-2-6 *et seq.* as public corporations and instrumentalities of the state to provide mental health, developmental disabilities, and addictive diseases services.

### Organization

There are 25 CSBs. The governing boards of CSBs are appointed by the governing authorities of the counties within CSB areas determined by the Department of Behavioral Health and Developmental Disabilities (DBHDD). (See map on reverse side.) The number of board members is determined by a combination of the number of counties within the CSB area and the population of those counties. The CSB governing board appoints an executive director to serve as its CEO and manage the day-to-day operations of the agency.

### Services

A CSB is authorized to provide services anywhere within the state. Unlike single purpose providers, CSBs offer consumers a range of integrated services designed to address the needs of adults with severe and persistent mental illness, children and adolescents with serious emotional disturbance, persons with intellectual/developmental disabilities, and those addicted to alcohol or other drugs.

The following services are provided by CSBs, but not all of these services may be provided by any one CSB.

- Outpatient and medication management
- Care management, including assertive community treatment (ACT) teams
- Day services; including consumer-run peer support programs, and day centers and community programs for persons with intellectual/developmental disabilities
- Supported Employment
- Supportive Housing
- Crisis services; including mobile crisis teams, CIT (crisis intervention teams), behavioral health crisis centers and crisis stabilization units
- Criminal justice services; including jail behavioral health services, DUI schools, mental health courts, and drug courts
- Juvenile justice services, including assessments and referral services through juvenile courts, and behavioral health services in RYDCs
- Integrated health care through partnerships with FQHCs and other providers to provide primary medical care to consumers of behavioral health and intellectual/developmental disability services
- System of care, a collaboration with schools, juvenile justice, DFACS, and other child serving agencies
- Transportation

### Funding

For most CSBs, Medicaid is the largest source of income closely followed by DBHDD contracts. Fees other than Medicaid (such as Medicare, insurance and direct consumer pay) as well as funds from local governments (counties and municipalities) are also sources of income. While some CSBs own the building(s) they occupy, many provide services in county-owned buildings.