



GARRETT COUNTY
HEALTH DEPARTMENT

GARRETT COUNTY CHILD & ADOLESCENT WELLNESS WORKGROUP

PRELIMINARY BEHAVIORAL HEALTH DATA PACKET



John Corbin

Garrett County Health Department
Communications, Data Science, & Informatics Administrator

Garrett County Data Sources

- Data Insights Dashboard
 - <https://garretthealth.org/data-insights-dashboard>
- Data Insight 2022-A: Mental Health
 - <https://garretthealth.org/data-insight-2022-a-mental-health>
- Community Health Needs Assessment
 - <https://mygarrettcounty.com/cha2024>
- Community Health Improvement Plan
 - <https://mygarrettcounty.com/chip/>
- Garrett County Open Data Warehouse
 - <https://mygarrettcounty.com/open-data-warehouse/>
 - PENDING UPGRADE
- GCHD Data Hub
 - <https://garretthealth.org/data-hub>
- Status of Health Reports
 - <https://garretthealth.org/status-of-health/>
- MyGarrettCounty.com Action Groups
 - <https://mygarrettcounty.com/groups/>



Maryland Data Sources

- MDH Interactive Dashboards – Overdose & more
 - <https://health.maryland.gov/dataoffice/Pages/mdh-dashboards.aspx>
- SUDORS (State Unintentional Drug Overdose Reporting System) – Maryland reports & resources
 - <https://health.maryland.gov/phpa/OEHFP/Injury/Pages/sudors.aspx>
- Behavioral Health Administration – Behavioral Health Hospital Coordination Dashboard
 - <https://health.maryland.gov/bha/Pages/hospitalcoordination.aspx>
- Maryland BRFSS
 - <https://health.maryland.gov/phpa/ccdpc/Reports/pages/brfss.aspx>
- Maryland YRBS/YTS
 - <https://health.maryland.gov/phpa/ccdpc/Reports/pages/yrbss-main.aspx>
- Maryland SHIP (State Health Improvement Process)
 - <https://health.maryland.gov/pha/Pages/SHIP-Dashboard.aspx>



National Data Sources

- CDC NVSS – Provisional County-Level Drug Overdose Death Counts
 - <https://cdc.gov/nchs/nvss/vsrr/prov-county-drug-overdose.htm>
- CDC WONDER – Multiple Cause of Death
 - <https://wonder.cdc.gov/mcd.html>
- CDC PLACES
 - <https://cdc.gov/places>
- County Health Rankings & Roadmaps
 - <https://countyhealthrankings.org/health-data/maryland/garrett>
- SAMHSA NSDUH – Substate Estimates
 - <https://datatools.samhsa.gov/saes/substate>
- FindTreatment.gov – Treatment Facility Locator
 - <https://findtreatment.gov>





GARRETT COUNTY

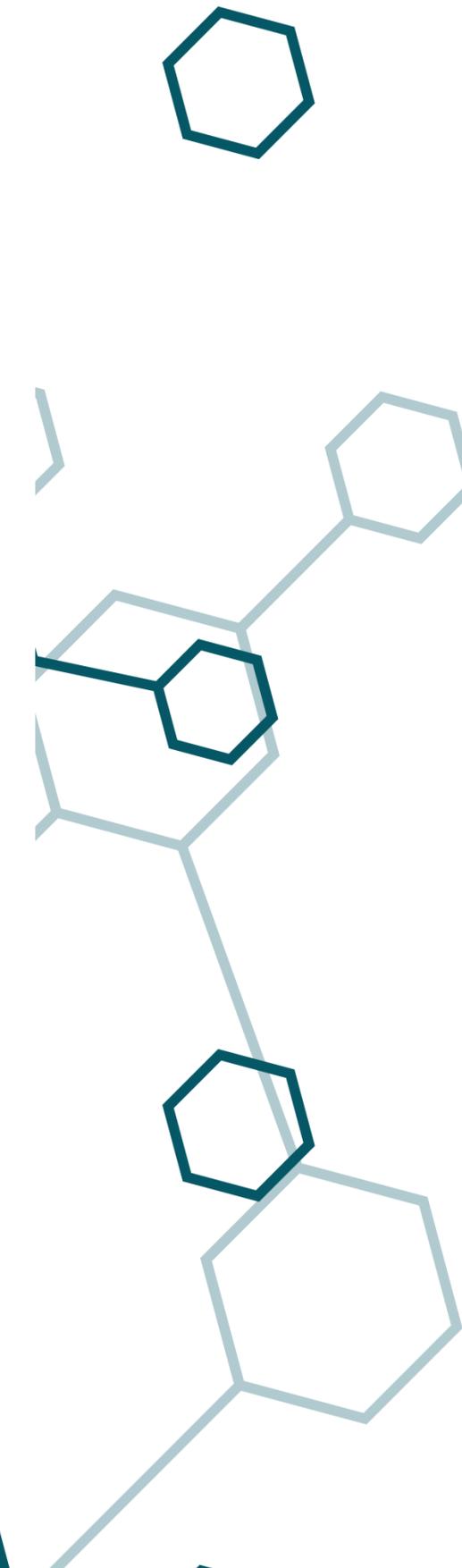
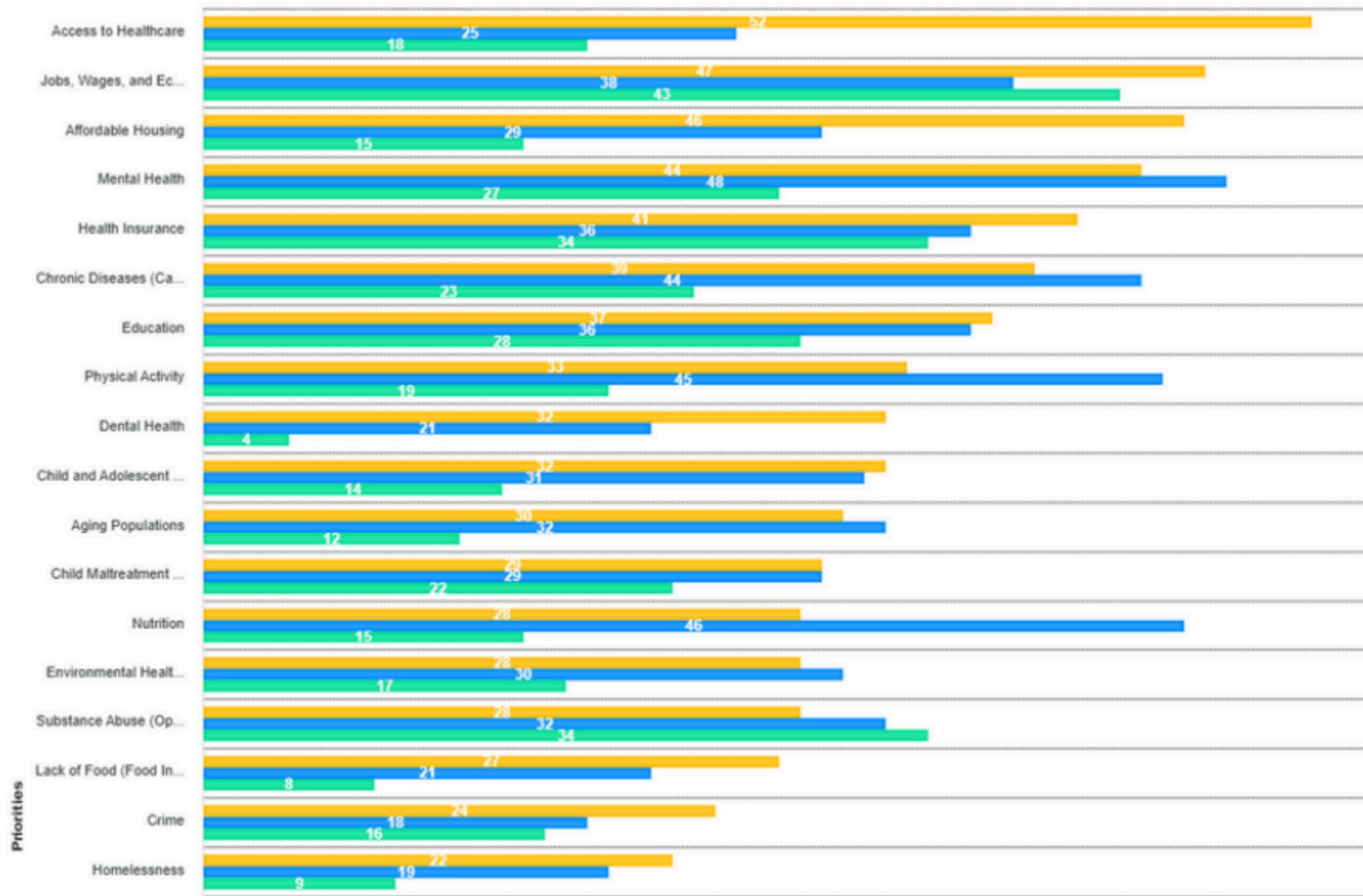
Community

HEALTH ASSESSMENT

Garrett County, Maryland

1025 Memorial Drive, Oakland, Maryland 21550 | 301-334-7777 | garretthealth.org

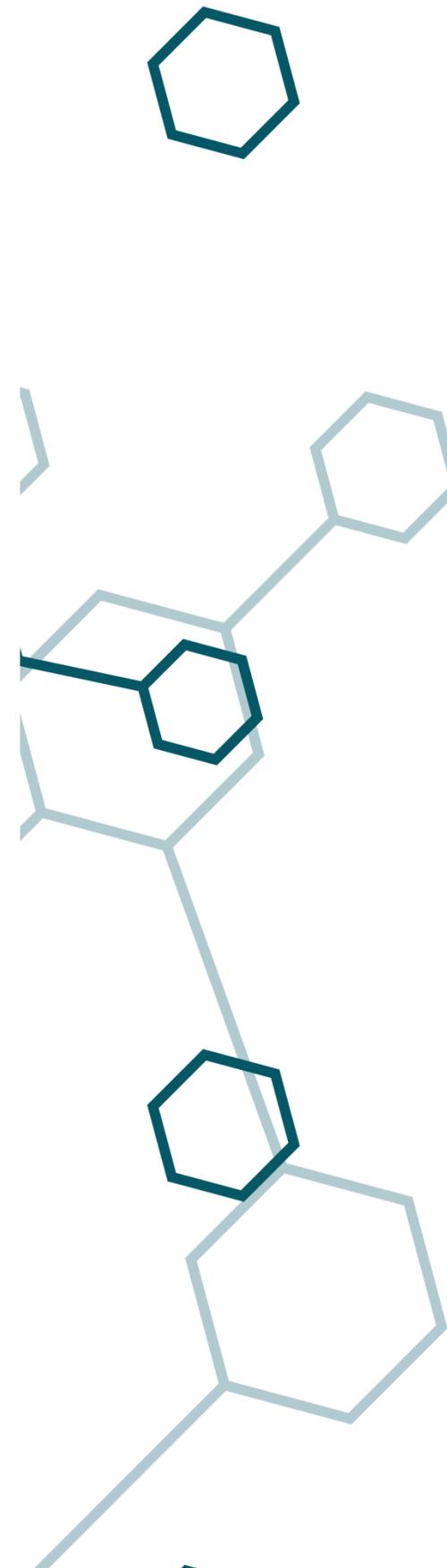
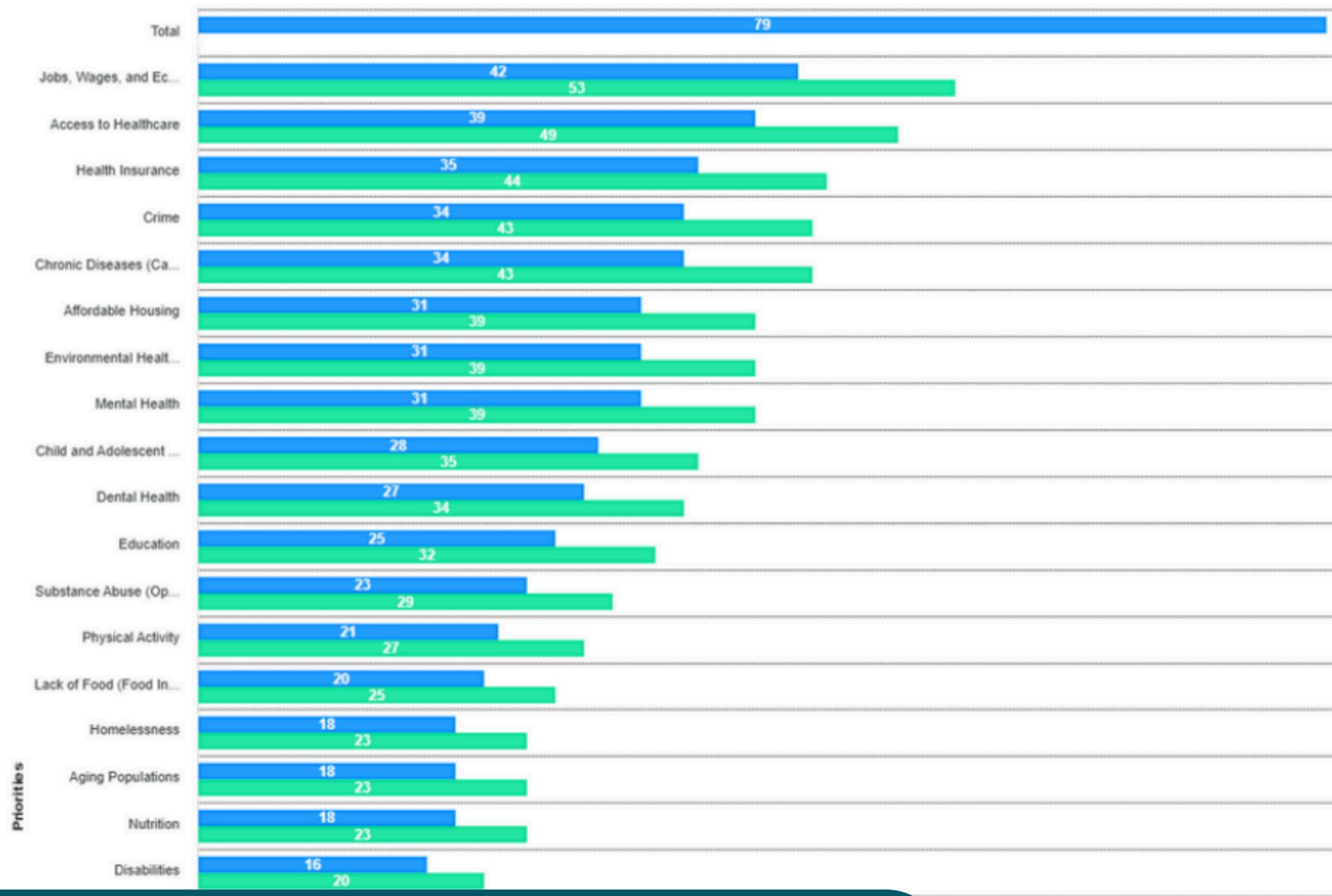
PRIORITIZATION COMPARISON



Source:
<https://mygarrettcountry.com/cha2027/> (CHNA Narrative)

COMMUNITY SNAPSHOT - 21538 (KITZMILLER)

2027 CHA - 21538 (Kitzmilller)

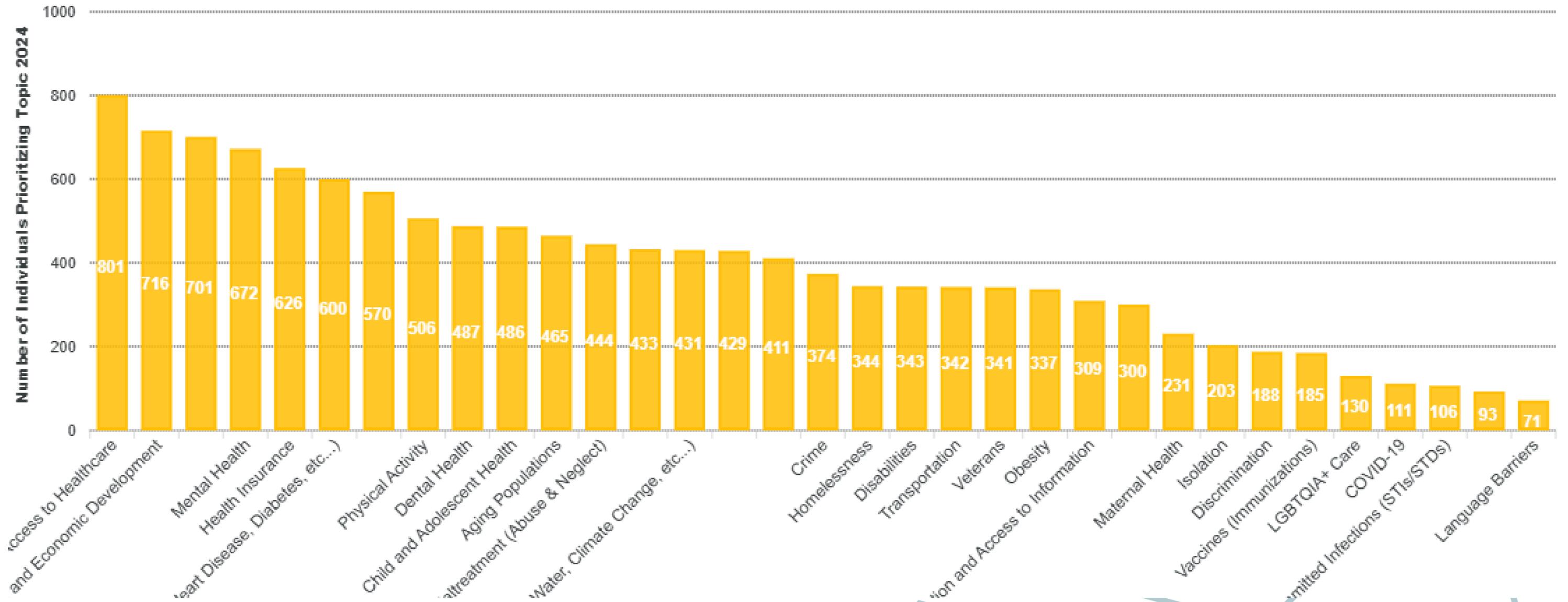


Source:

<https://mygarrettcounty.com/cha2027/> (CHNA Narrative)

2027 Prioritization Rankings

Number of Individuals Prioritizing Topic 2024



Source:
<https://charp.garrettcountyapps.com>

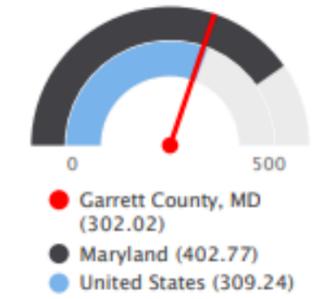
Access to Care - Mental Health Providers

This indicator reports the number of providers with a CMS National Provider Identifier (NPI) that specialize in mental health. Mental health providers include licensed clinical social workers and other credentialed professionals specializing in psychiatry, psychology, counseling, or child, adolescent, or adult mental health. The number of facilities that specialize in mental health are also listed (but are not included in the calculated rate). Data are from the latest Centers for Medicare and Medicaid Services (CMS) National Provider Identifier (NPI) downloadable file.

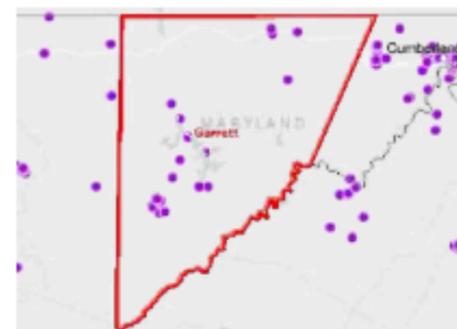
Within the report area there are 87 mental health providers with a CMS National Provider Identifier (NPI). This represents 302.02 providers per 100,000 total population.

Report Area	Total Population (2020)	Number of Facilities	Number of Providers	Providers, Rate per 100,000 Population
Garrett County, MD	28,806	27	87	302.02
MD 21520	2,060	0	1	51.77
MD 21521	1,171	0	0	13.56
MD 21523	271	0	0	67.77
MD 21531	2,176	0	1	25.13
MD 21532	13,328	3	11	83.53
MD 21536	4,029	1	5	130.50
MD 21538	622	0	0	67.77
MD 21539	2,536	0	1	34.20
MD 21541	1,626	1	1	62.50
MD 21550	13,499	22	72	531.55
MD 21561	2,571	0	4	140.55
MD 21562	2,857	0	2	54.58
Maryland	6,177,224	6,389	24,880	402.77
United States	334,735,155	139,308	1,035,137	309.24

Mental Health Care Providers, Rate per 100,000 Population



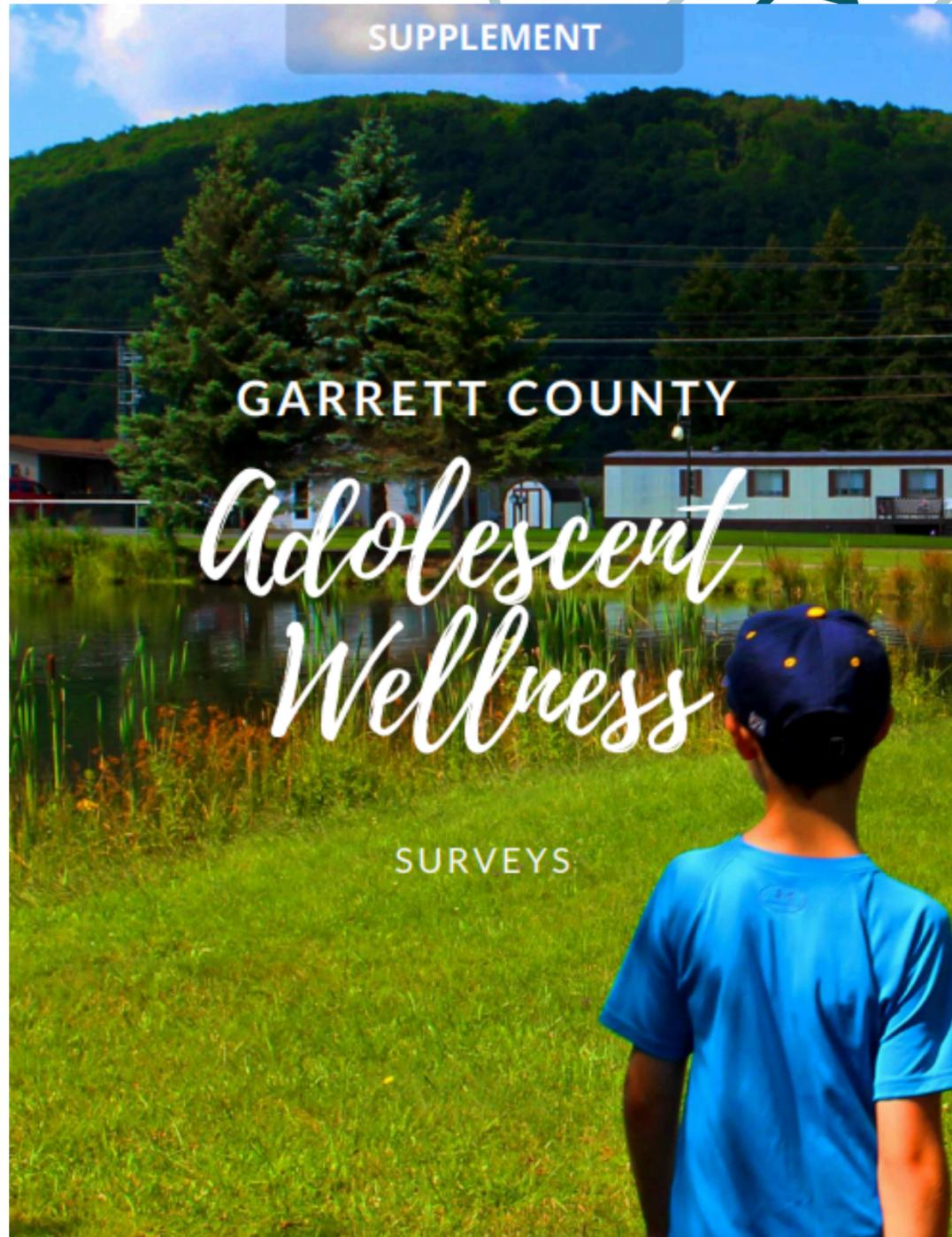
Note: This indicator is compared to the state average.
 Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES), October 2024.



Mental Health Providers, CMS NPPES October 2024

- Mental Health Providers, CMS NPPES October 2024
- Garrett County, MD

Source:
<https://mygarrettcounty.com/cha2027/> (Garrett County Zip Code-Level Report)



Source:

<https://garretthealth.org/data-insight-2022-a-mental-health/>

My Garrett County | My Community | Action Groups | Data Insights | Resources | Help | Log-In/Register

Sign In

Username Or Email

Password

Success! 

Remember Me

[Sign In](#)

[Register](#) [Lost Password](#)

Trending Groups

[Newest](#) [Active](#) [Popular](#) [Alphabetical](#) [My Groups](#)

-  **Administrative Care Coordination**
active 4 days, 17 hours ago
-  **Grant Development**
active 4 days, 21 hours ago
-  **Promote Healthy Eating and Physical Activity**
active 6 days, 23 hours ago
-  **Prevent and Reduce Prescription Drug Misuse and Illegal Drug Use**
active 6 days, 23 hours ago
-  **Overdose Fatality Review**
active 1 week, 3 days ago

[View All Action Groups](#)

Welcome to the Garrett County Planning Tool! - ...



Watch later Share

Watch on  YouTube

Community Articles	Planning Partners	Groups
511	3,733	191

Open Source Public Health Software built with ❤️ in Garrett County, Maryland. Sponsored by the GCHD. Awards & Press Articles Podcasts Promo Videos Webinars

Transparency is important, read all of our policies here. English ▾

MyGarrettCounty.com
<https://mygarrettcounty.com>

Viewing 1 - 223 of 223 groups



Administrative Care Coordination
5 days ago

The Administration Care Coordination Unit (ACCU) is available to provide assistance to all individuals who have Maryland Medical Assistance, including those recipients in a managed care organization.

Public Group [Leave Group](#)



Grant Development
5 days ago

We will be sharing grant resources, foundations, state & fed opportunities.

Public Group [Leave Group](#)



Prevent and Reduce Prescription Drug Misuse and Illegal Drug Use
7 days ago

This group outlines and provides progress checks on the work of Health Education and Outreach to prevent and reduce prescription drug misuse and illegal drug use in



Promote Healthy Eating and Physical Activity
7 days ago

This group outlines and provides progress checks on the work of Health Education and Outreach to promote healthy eating and physical activity for overall better health in Garrett County.

Public Group [Leave Group](#)

MyGarrettCounty

My Community | Action Groups | Data Insights | Resources | Help | Log Out

Overdose Response Training

Public Group | 12 days ago

The Overdose Response Training (ORT) Group is focused on maximizing the resources for reduction and/or prevention of fatal opioid overdose in our community. Administration of naloxone in the setting of an opioid overdose that results in inadequate breathing is considered a harm reduction strategy. Naloxone administration is part of a much larger comprehensive program addressing the opioid epidemic also including education, prevention, and treatment. Classes teaching indications and technique for naloxone administration are held at the Garrett County Health Department (Oakland and Grantsville locations) and at sites outside of the Health Department upon request and availability.

Leave Group

GROUP ADMINS

John Corbin
Log Out

My Action Groups

All Action Groups

- 2022 Community Health Assessment (CHA)
- 2019 Community Health Assessment (CHA)
- 2016 Community Health Assessment (CHA)

Help | Home | Strategy | Raw Data + | Performance | QI | CHIP Dash | Funding | Location | Docs

Uploads 49 | Members 40 | Send Invites | Email Options | Manage

RSS | Show: - Everything -

What's new in Overdose Response Training, John?

English

Overdose Response

<https://mygarrettcounty.com/groups/overdose-response-training>

Goal:
Reduce and/or prevent opioid overdose deaths in Garrett County.

Strategy Description:
Reduce and/or prevent opioid overdose deaths in Garrett County through distributing naloxone in the community and educating the community on administration and follow-up steps. To accomplish this the group will. Advertise the Overdose Response Training (ORT) classes to the community. Provide classes in a variety of locations and on demand. Distribute naloxone after the completion of training. Work with other organisations to distribute naloxone in high risk settings.

Level of Change:
Programs

Primary Focus Area:
Behavioral Health: including Substance Abuse and Mental Health

Data Category Tag:
GCHD Behavioral Health

Overdose Response

<https://mygarrettcounty.com/groups/overdose-response-training/strategy/>

Measurements	July 2024	August 2024	September 2024	October 2024	November 2024	December 2024	January 2025	February 2025
1) # of Training's		1	1	4	0	0	0	1
2) Units dispensed (2 doses per unit)		184	81	75	23	30	19	68
3) # of new participants		111	49	40	10	6	10	23
4) # of recertified participants		0	0	0	0	0	0	0
5) # of additional Medication received following original training		0	0	0	0	0	0	0
6) Number of								

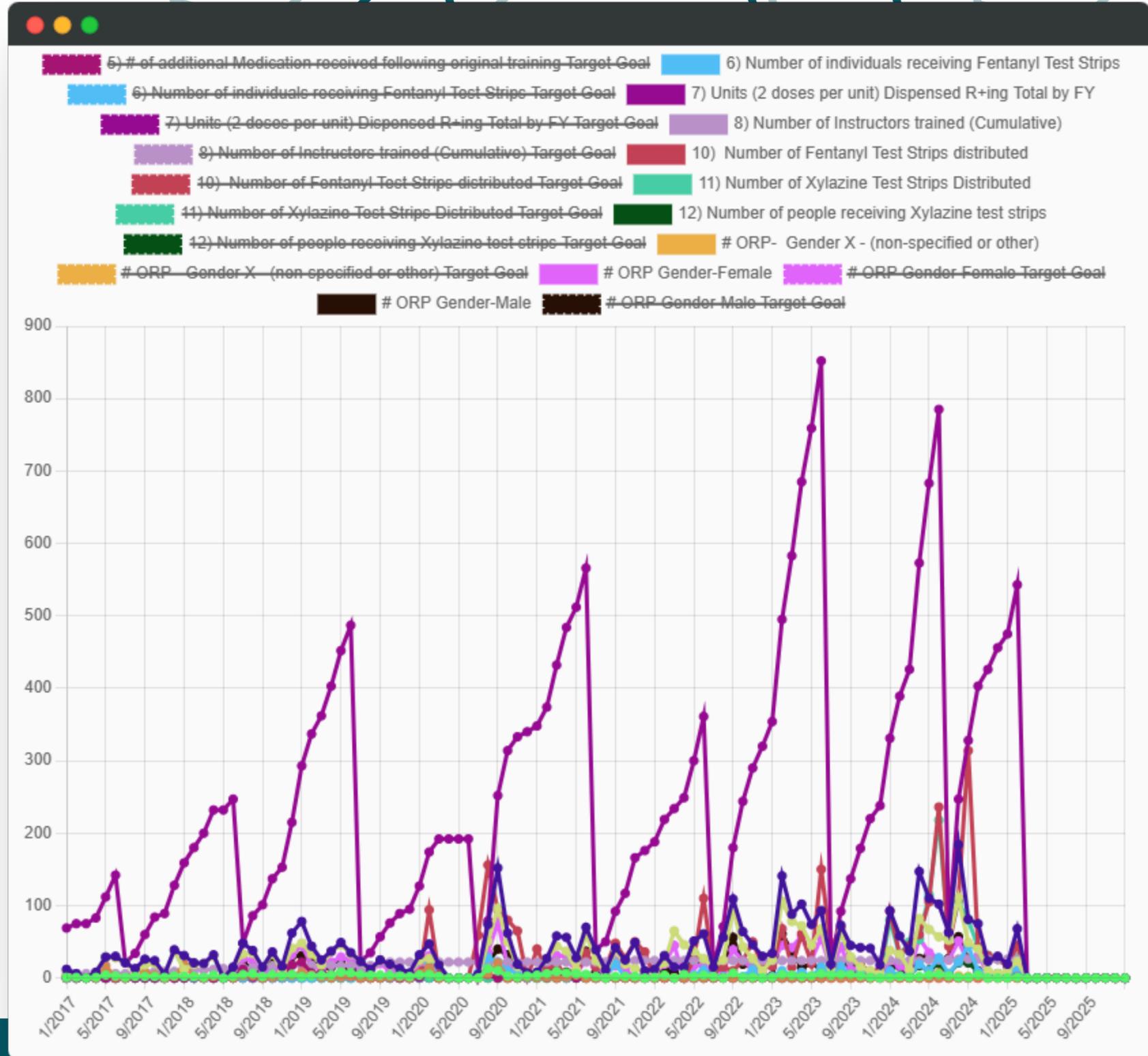
Showing 1 to 14 of 14 entries

Data Narrative

Goals may be set by month or by year. Running total = Measure begins at zero each fiscal year. (eg. 6. Units dispensed running total)
 Cumulative = Measure will continue to climb from year to year. (eg. 7. Number of trainers trained)

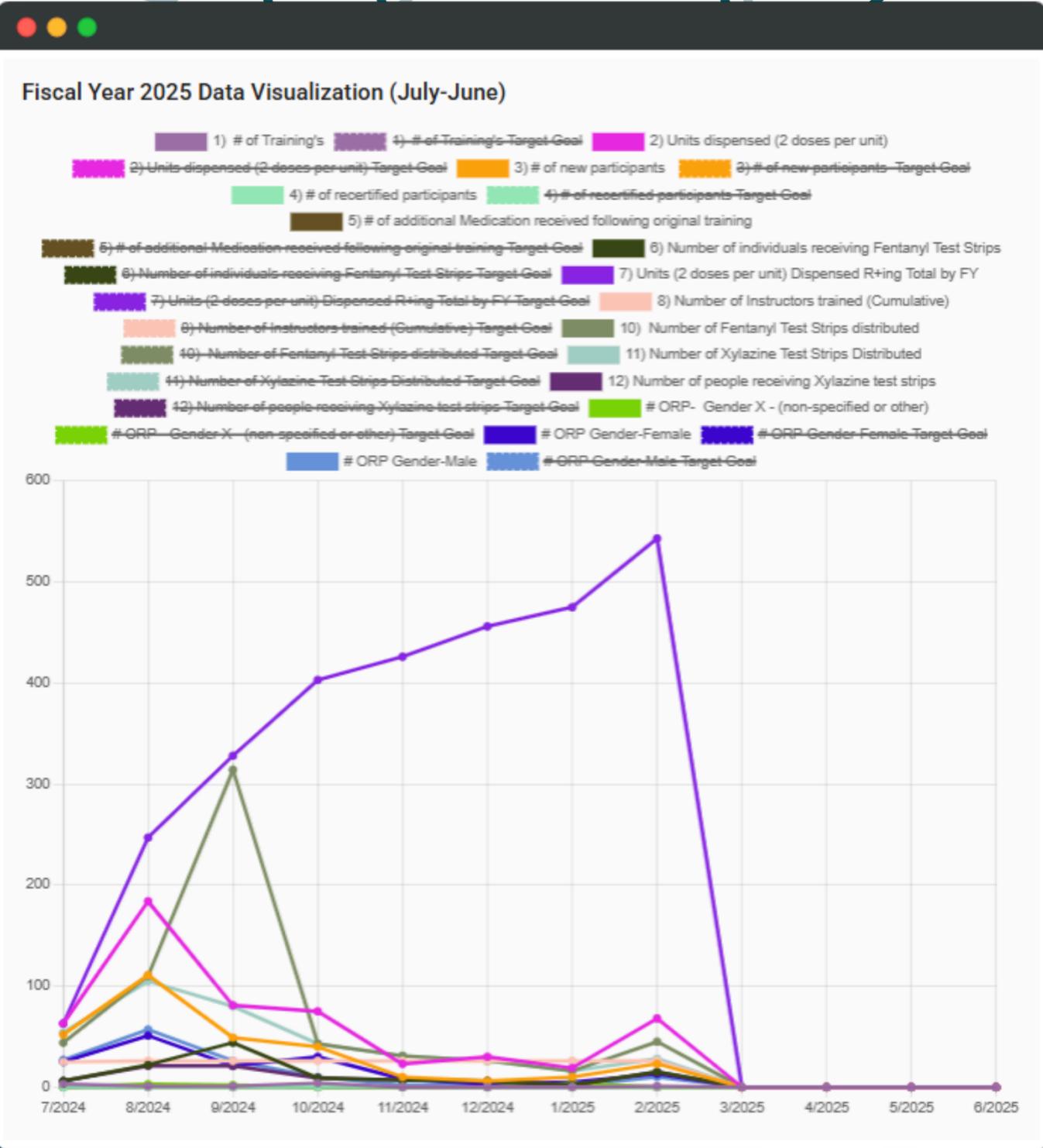
Overdose Response

<https://mygarrettcounty.com/groups/overdose-response-training/raw-data/>



Overdose Response

<https://mygarrettcounty.com/groups/overdose-response-training/raw-data/>



Overdose Response

<https://mygarrettcounty.com/groups/overdose-response-training/raw-data/>

Improvement Strategies and Objectives:

Strategy #1: Increase the number of people accessing crisis services by promoting the services through varies resources. .

Objective #1: Increase the number of people accessing crisis services to 10 per month.

Objective Time-Frame Target Measure: Crisis Services

Objective Time-Frame Target Goal: 15

Objective Time-Frame Target Date: 2022-06-30

Measure	Target	Status	Desired	Contributor	January	February	March	April	May	June	July	August	September	October	November
	Goal		Trend		2025	2025	2025	2025	2025	2025	2025	2025	2025	2025	2025
Crisis Services	15	Active	Increase	Jennifer/Jansen	24	26									

View the full data for this objective (including larger text size) at: <https://mygarrettcountry.com/groups/behavioral-health/raw-data>.

Measure	Target	Status	Desired	Contributor	January	February	March	April	May	June	July	August	September	October	November
	Goal		Trend		2024	2024	2024	2024	2024	2024	2024	2024	2024	2024	2024
Crisis Services	15	Active	Increase	Jennifer/Jansen	26	19	27	5	29	18	23	33	35	28	19

PLAN

Predict what will happen when this test is carried out:

BH will average 10 crisis contacts per month.

List the tasks needed to set-up this change: (Please include the person responsible, when the task is to be completed, and where the task is to be completed for each task.)

Advertisements Marketing Crisis information added to Brochures.

Related Improvement Measure:

[Crisis Services](#)

DO

Describe what happened when you ran the test:

For this project, we have monitored the number of monthly crisis contacts beginning this fiscal year (July 1, 2021). Since that time the monthly crisis contacts have been the following: July-11, August-8, September-7, October-28, November-33, December-19, January-16, February-24, March-25, April-20, May-22 and June-25.

STUDY

Describe the measured results, and how they compared to the predictions:

As a result, the changes implemented (advertisement and marketing) appear to have had a positive overall impact. We continued to monitor the number of crisis contacts on a monthly basis through June 2022.

ACT

Describe what modifications in the plan will be made for the next cycle from what you learned:

At the end of this project, as a result of changes implemented, crisis contacts increased. So the tasks we added were successful in helping us reach the 10 crisis contacts per month. We have continued to have at least 10 per month. So we feel we have achieved the desired outcome. Therefore this CQI project will end on June 30, 2022.

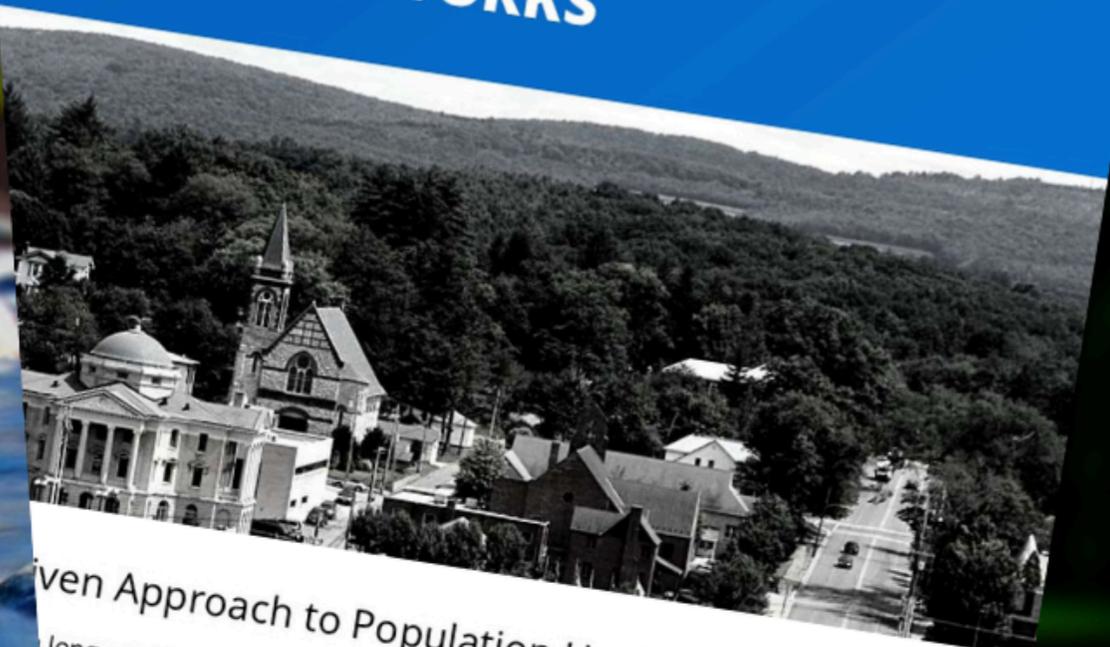
2021-2024

GARRETT COUNTY

Community

HEALTH IMPROVEMENT PLAN

HOW IT WORKS



Even Approach to Population Health

long established record of excellence in collaboration, the innovative and improvement planning processes found at mygarrettcountry.com, and strates our commitment toward measuring the improvements in local r community.

the need to increase representation, improve stakeholder engagement, urish. This journey began through analysis of the Garrett County 2016 ntified four broad focus areas for our community, based on the data stance related disorders and mental health), chronic diseases physical activity, nutrition, and tobacco use), access to care and d adolescent health (later revised to incorporate comprehensive). While these focus areas initially guided our framework for nunity-driven insights, especially within the domain of the social ial risk factors), emerged through open and transparent digital tters of importance that are actively addressed with measurab h Improvement Plan.

PHOTOGRAPH: STACEY BLANK

2025

ALLEGANY COUNTY

COMMUNITY HEALTH NEEDS ASSESSMENT

Allegheny County
HEALTH PLANNING
COALITION

Contact us:
ACHD.PLANNING@MARYLAND.GOV

Visit our website:
WWW.ALLEGANYSPEAKS.COM

Allegheny Speaks
<https://alleganyspeaks.com/chna/>

PHOTO CREDIT: LISA LYONS

Garrett County

High School

[Detail Tables](#)

[Summary Tables](#)

[Risk Behaviors and Sexual Identity Report](#)

[Trend Report- Alcohol and Other Drug Use](#)

[Trend Report- Injury and Violence](#)

[Trend Report- Other Topics and State-Added](#)

[Trend Report- Sexual Behavior](#)

[Trend Report- Tobacco Use](#)

[Trend Report- Weight Management, Dietary Behaviors, and Physical Activity](#)

Middle School

[Detail Tables](#)

[Summary Tables](#)

[Trend Report- Alcohol and Other Drug Use](#)

[Trend Report- Injury and Violence](#)

[Trend Report- Other Topics and State-Added](#)

[Trend Report- Sexual Behavior, Weight Management, Dietary Behaviors, and Physical Activity](#)

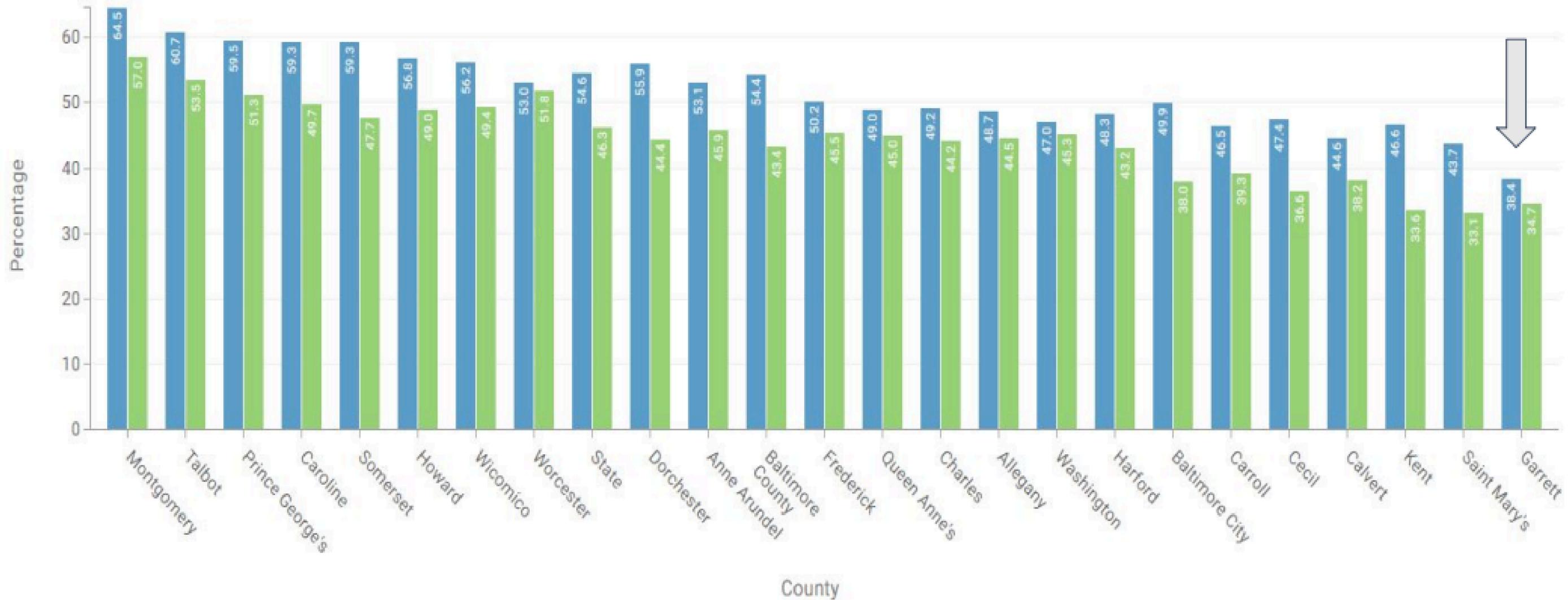
Source:

<https://health.maryland.gov/phpa/ccdpc/Reports/pages/yrbs-main.aspx>

✓ **UPDATED FOR**
2024

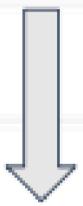
MD SHIP Adolescent Well Child Checks

2017 vs. 2020 Comparison - County Level Data - All Races/Ethnicities (GC Data Not Available in 2021 Dataset)



Edit

2017
2020



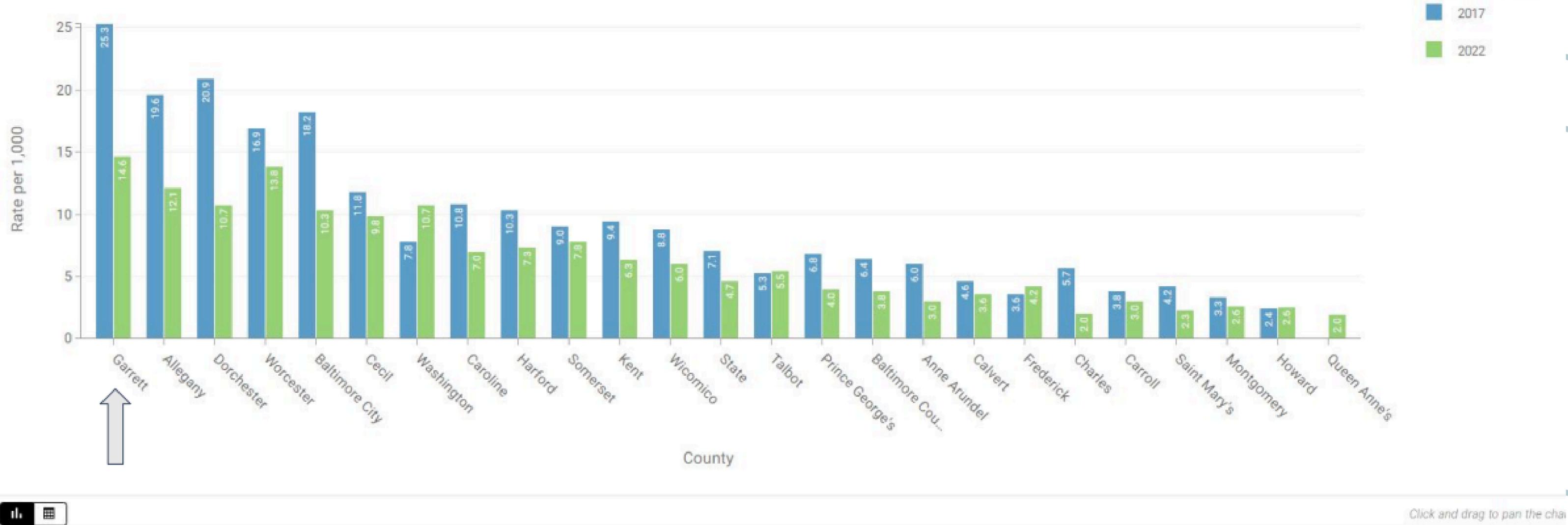
Source:
<https://garretthealth.org/wp-content/uploads/2024/05/2024-Status-of-Health.pptx.pdf>

[Wellness%20Checkup%20in%20the%20Last%20Year.pdf](#)

✓ **UPDATED FOR**
2024

MD SHIP Child Maltreatment

2017 vs. 2022 Comparison - County Level Data - All Races/Ethnicities



Methodology: <https://health.maryland.gov/pophealth/Documents/SHIP/SHIP%20Lite%20Data%20Details/Child%20Maltreatment%20Rate.pdf>

Source:

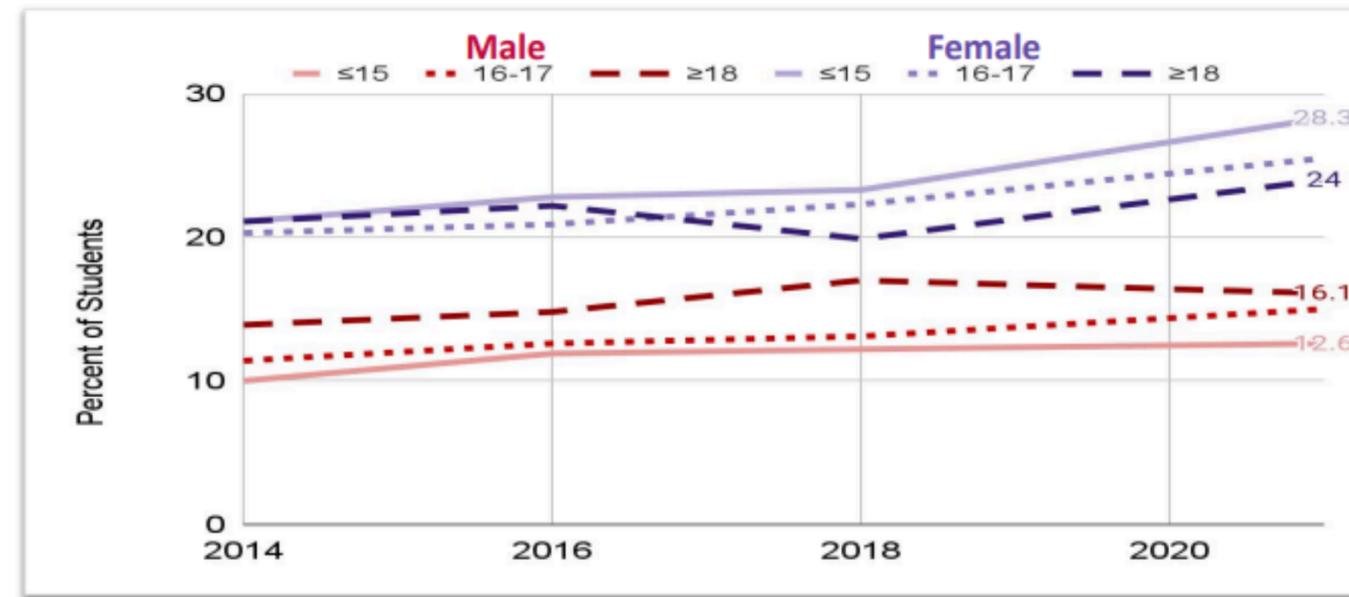
<https://garretthealth.org/wp-content/uploads/2024/05/2024-Status-of-Health.pptx.pdf>

State Health Improvement Plan: Behavioral Health



When asked the question “what are the most important factors impacting the health and wellbeing of your community”, the #1 answer provided by respondents was “Mental Health”. It is clear that mental health, and behavioral health more broadly, is a topic of great importance and concern and was a clear choice for inclusion as one of the state’s health priority areas.

In addition to continuously climbing overdose rates, rates of suicidal ideation among youth has also continued to increase, particularly among females.



High School Students Who Seriously Considered Attempted Suicide by Age and Sex, Maryland, 2014 - 2021

The root cause analysis for this topic included the identification of barriers such as ongoing stigma around accessing mental health services, language and cultural barriers in treatment, a need for enhanced coordination of care and wraparound services, affordability and accessibility of treatment, and poverty.

Source:

<https://health.maryland.gov/pha/Pages/Building-a-Healthier-Maryland.aspx>

  **Goal 1: Expand access to, and utilization of, behavioral health services.**



Measures

-   Mental Health-Related ED Visits
-   Suicide Rate
-   Number of Youth SUD Treatment Providers
-   PBHS Utilization Rate

Most Recent Period	Current Actual Value	Current Target Value	Current Trend
2023	4,277	—	↘ 5
2023	9.3	9.1	↘ 2
FY 2023	238	—	↗ 3
FY 2023	317,209	326,700	↗ 2



 **POWERED BY CLEAR IMPACT**

Clear Impact Suite is an easy-to-use, web-based software platform that helps your staff collaborate with external stakeholders and community partners by utilizing the combination of data collection, performance reporting, and program planning.

Source:

<https://embed.clearimpact.com/Container/Embed?id=10062934>

Non-Clinical Behavioral Health Intervention Ideas

1. School-Based Prevention & Universal Programs

- Social and Emotional Learning (SEL) interventions aim to develop interpersonal, communication, self-awareness, and emotional regulation skills. These typically yield benefits across emotional, behavioral, and academic domains.
- CBT-oriented group interventions in schools can reduce depressive symptoms (SMD \approx -0.16) and anxiety (SMD \approx -0.33) among youth PMC.
- Suicide prevention programs using classroom-based didactic or experiential sessions increase short-term knowledge of suicide and prevention, though impact on behaviors or attitudes remains unclear PMC.
- Creative and community-based activities (e.g., arts, group projects) may enhance self-confidence, behavioral change, knowledge, and activity levels PMC.
- Exercise-based interventions foster self-esteem improvements (SMD \approx 0.49) and reduced depression (SMD \approx -0.66), though anxiety remains unaffected.



Non-Clinical Behavioral Health Intervention Ideas (Cont.)

2. Resilience & Coping Skill Programs

- The FRIENDS Program is a WHO-acknowledged resilience skill training series—“one of the most robustly-supported programmes for internalising disorders”—delivered in developmentally tailored stages (e.g., Fun FRIENDS for ages 4-7, Friends for Life for ages 8-11, My FRIENDS Youth for ages 12-15) using tools like play, mindfulness, cognitive restructuring, problem-solving, and relapse prevention.
- Peer-reviewed findings suggest resilience-based interventions (including CBT, mindfulness, self-compassion training) can prevent depression in adolescents—e.g., a short lesson on neuroplasticity lowered depression incidence by ~40% over nine months [The Guardian](#). Techniques such as behavioral activation (engaging in satisfying activities) also support mental well-being [The Guardian](#).

3. Parent-Focused Interventions

- Parent Management Training (PMT) (also BPT) teaches parents positive reinforcement strategies and behavioral limit-setting to manage disruptive behaviors like aggression, hyperactivity, and oppositional behaviors. Proven effective and cost-efficient across formats including Parent-Child Interaction Therapy (PCIT), Incredible Years, Triple P, and more.
- Attachment-based interventions, such as Attachment and Biobehavioral Catch-Up (ABC), focus on enhancing caregiver sensitivity and nurturing behavior to support emotional/regulatory development in infants and toddlers (6–48 months), particularly after adversity.



Non-Clinical Behavioral Health Intervention Ideas (Cont.)

4. Environmental & System-Based Supports

- The Communities That Care (CTC) framework engages community stakeholders to use public-health strategies, data-driven tools, and coalition-building to reduce youth risk behaviors (e.g., delinquency, substance use). Over time, students in CTC communities experience slower growth in targeted risks compared to controls.

5. Positive Behavior & Restorative Approaches

- Positive Behavior Support (PBS) applies applied behavior analysis and functional behavior assessment to understand challenging behaviors and reinforce adaptive alternatives. Commonly used in schools and homes to foster communication, self-management, and inclusion.
- Restorative practices in schools (e.g., circles, harm-repair dialogues) are replacing punitive approaches (like suspensions) in some districts, leading to improved behavior, healthier staff–student relationships, and fewer exclusions.

6. Psychoeducational & Peer-Support Approaches

- Psychoeducation efforts in schools or communities focusing on mental health knowledge, stigma, depression, suicide, and self-harm are widely used to raise awareness and help-seeking behaviors [PsychiatryOnline](#).
- Support groups provide critical peer support to LGBTQ+ youth, helping reduce feelings of isolation and improve emotional wellbeing [Behavioral Health News](#).

7. Lifestyle & Digital-Based Interventions

- Lifestyle interventions (e.g., healthy habits, nutrition, physical activity) in children/adolescents—particularly those overweight—are shown to benefit mental health outcomes [PMC](#).
- eHealth apps aimed at adolescents can improve BMI percentile, diet, physical activity, and social connectivity, leveraging peer influence and digital engagement [PMC](#).
- Innovative Augmented Reality games like LINA—designed for early adolescents in classroom settings—promote peer interaction, belonging, and safe mental-health reflection with promising early efficacy.



Where Next?

- **Asset Mapping**
 - Building Off the Garrett County Local Behavioral Health Authority Provider Guide and Local Management Board Resource Guide
- **Needs Assessment?**
 - Does the Evidence Warrant Further (Deeper) Data Exploration, Collection, and/or Analysis?
- **Gap Analysis**
 - Explore “What’s Missing” and How to Improve Local Behavioral Health Systems and Network of Care for Child and Adolescent Populations
- **Grant Development**
 - Develop Strategies and Discover Opportunities for Grant Development and Potentially Untapped Sources of Funding
- **Projects “In Place”**
 - What Factors Can We Influence/Refine That Are Low/No-Cost? (RBA)





BEHAVIORAL HEALTH AUTHORITY

Behavioral Health Provider Guide

INFORMATION MAY NOT BE CURRENT. CONTACT INDIVIDUAL PROVIDER FOR UP TO DATE DETAILS.

SUICIDE PREVENTION LIFELINE 988 FREE 24 HOUR CONFIDENTIAL CRISIS

The information provided is a brief overview of Public Behavioral Health Providers in Garrett and Allegany Counties as well as Other Service Provider Agencies. For more specific information on particular services please contact the provider directly. (List may not be inclusive of all providers)

PROVIDER NAME	CONTACT INFORMATION	SERVICE	ACCEPTING NEW PATIENTS	TELEHEALTH	SAME DAY INTAKE	AGES SERVED	INSURANCES ACCEPTED	OFFICE HOURS	ADDITIONAL INFORMATION
Appalachian Parent Association	3 S Third Street, Oakland, MD 21550 301-334-8449 www.appalachiancrossroads.com	Supported Employment Services, Job Coaching for persons with disabilities	Yes	Yes	No	16+	Medicare, Medicaid, Maryland Physicians Care, and Uninsured	7:30am - 3:30pm but also based on work and client needs.	Must be enrolled in counseling program
CAPEs for kidsa program of APPLES for Children, Inc	301-733-0000 capes@applesforchildren.org www.applesforchildren.org	Targeted social-emotional and behavioral support. Services include development screenings, modelingstrategies, and co-regulation	Contact office	Contact office	Contact office	Birth - 5 years old	Contact office	Contact office for details.	Contact office for further information.
Baltimore Crisis Response	BCRI Garrett Office 301-783-0010 Allegany Office 301-783-0011 Westernmd@bcresponse.org	Mobile Crisis Response for behavioral health crisis Peer Support	Yes	Not Currently, but in the future	For Crisis clients	Birth - 18, 18+	Insurances can be billed, but there is no fee for those who are uninsured	Tuesday and Thursday 7am - 3pm for Mobile Crisis Response. Monday - Friday 7am - 11pm for Peer Support Services and follow-up. Saturday and Sunday 7am - 3pm Peer Support Services.	Availability will change periodically as staffing increases. Please check the digital resource guide on mygarrettcountry.com for the most up to date hours
Burlington United Methodist Family Services, Inc.	316 E. Oak Street Oakland, MD 21550 301-334-1285 www.bumfs.org	Targeted Case Management, Care Co-ordination for children and adults and Wraparound	Yes	Yes	Once a referral is received and approved	18+	Medicaid	Contact office for details.	Presently all services are virtual.
CARE 1st Wellness Virtual Only	301-616-5707 Email: mlfriend@shentel.net care1st@shentel.net http://www.care1stwellness.com/	Individual, Couples, Family Behavioral Health Therapy. Children, adolescents and adults. Also, Substance Abuse Treatment Services.	Yes	Yes	Can do same day intakes if urgent. Program has a flexible schedule, patients are scheduled based on needs.	Birth - 18, 18+	Medicaid, United Health, Aetna, Anthem Blue Cross Blue Shield, CareFirst Blue Cross Blue Shield, CIGNA, Highmark Blue Cross Blue Shield, Maryland Physicians Care, WV Medicaid	Hours set to patient needs	Contact office for further information.
Charlie Health	www.CharlieHealth.com Admissions Line: (986)-206-0414 Fax: (406) 720-7793 Fully Virtual, no brick & Mortar location samantha.reed@charliehealth.com	Virtual Intensive Outpatient (IOP) which includes weekly group therapy & individual therapy. Otonal add ons available for their program include family therapy sessions & medication management.	Yes	Yes	Please contact office	Nov-50	Maryland Medicaid, TriCare, United Healthcare/Optum, Aetna, Cigna, Kaiser, Blus Cross/Carefirst. Humana & More. Do not accept Medicare	Admissions Line is live 8:am - Midnight Monday - Friday 10:am - 10 pm Saturday and Sunday	The purpose of an IOP is to receive short term intensive treatment while maintaining your daily activities and responsibilities. They offer flexible scheduling Monday - Saturday for group therapy, family yherapy & med management appointments are offered 7 days per week. All groups are matched based on age, primary condition & lived experiences (ex. LGBTQIA+m Neurodivergence, New Mom's, Military & more)Fully Virtual, No brick & Mortar Location
Christian Counseling Services	1100 W. Industrial Blvd. Cumberland, MD 21502 301-895-3117	Individual, marital, family, children/adolescent, Sexual Abuse and Substance Abuse Counseling.	Yes	No	Yes, with an appointment	5 - 18, 18+	All Insurances Except MD Medicaid	Wednesday & Thursday by appointment 9:00 - 7:00	All insurances accepted Except MD Medicaid

My Garrett County

My Community | Action Groups | Data Insights | Resources | Help | Log-In/Register

Local Resource Hubs

- Abused Persons (10)
- Addiction Treatment (11)
- Adoption (2)
- Aging Populations (75)
- Agriculture (6)
- AIDS (2)
- Alcoholism (12)
- Alzheimer's (10)
- American Red Cross (1)
- Animal Assistance (2)
- Arts (15)
- Breastfeeding (2)
- Business (19)
- Cancer (7)
- Chamber of Commerce (2)

Search... Enter a location Select category

Filter Sort by: Claimed

Dental Care

Oral Health Public Health Wellness Programs

301-334-7660
240-442-7814
301-334-7661
gchd.dental@maryland.gov
http://garretthealth.org/dental-care/

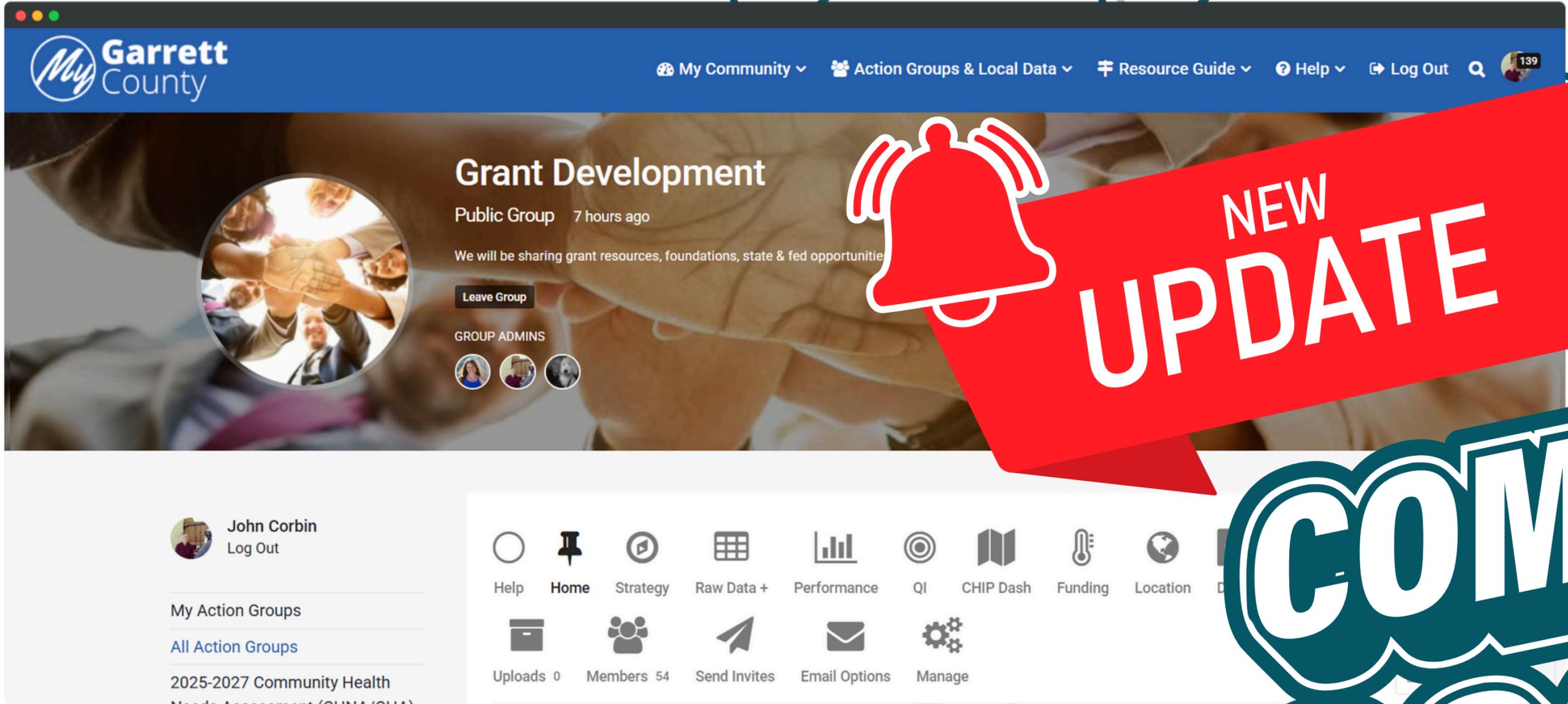
Garrett County Health Department Clinics This GCHD Dental Clinic provides dental services to chil...

Garrett County Center for Behavioral Health-Mental Health Services

Youth Services Counseling Resources for AddictionHappens.org Mental Health Services

301-334-7680
301-334-7681

English



Grant Development

Public Group 7 hours ago

We will be sharing grant resources, foundations, state & fed opportunitie

Leave Group

GROUP ADMINS



John Corbin
Log Out

My Action Groups

All Action Groups

2025-2027 Community Health
Needs Assessment (CHNA) (CHNA)

- Help
- Home
- Strategy
- Raw Data +
- Performance
- QI
- CHIP Dash
- Funding
- Location
- D
- Uploads 0
- Members 54
- Send Invites
- Email Options
- Manage

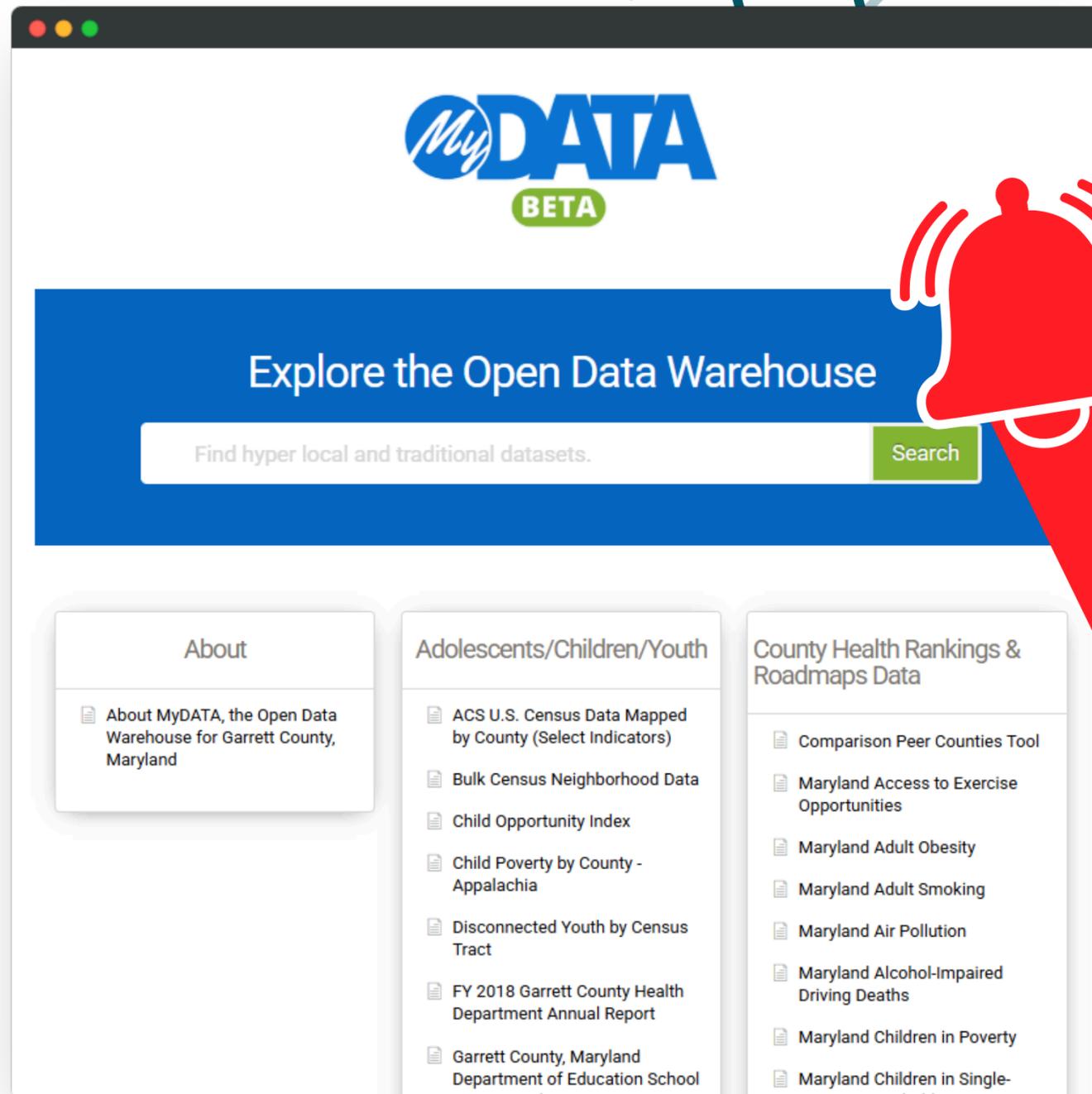


NEW UPDATE

COMING SOON

Grant Development Action Group

<https://mygarrettcounty.com/groups/grant-development/>



**NEW
UPDATE**

**COMING
SOON**

Open Data Warehouse
<https://mygarrettcountry.com/open-data-warehouse/>

Reach out @
john.corbin@maryland.gov

ACTION

8 AM- READY. SET. DRINK!

10 AM- YOU'VE GOT IT

12 PM- KEEP DRINKING

2 PM- HALFWAY THERE!

4 PM- NO EXCUSES

6 PM- A LITTLE BIT MORE

8 PM- YOU MADE IT!

This document was improved with AI.