

## **Feedback for the Need for Acute Psychiatric Services in Garrett County, MD**

### **Strategic Plan:**

#### **Local Garrett County Behavioral Health Provider Data**

- The Garrett County Lighthouse (GCLH), a Division of Archway Station, provides psychiatric rehabilitation and behavioral health services for individuals recovering from severe and persistent mental illnesses. GCLH provides an adult and adolescent Psychiatric Rehabilitation Program (PRP), a Residential Rehabilitation Program (RRP), Residential Crisis Services, and Residential Respite Services. GCLH residential services served both males and females in FY 2024, but there were less than 11 individuals served, so the data is suppressed. Its Psychiatric Rehabilitation Program served 60 adults and 12 youths. The Crisis and Respite Facility, Safe Harbor, served less than 11 individuals, so the data is suppressed, but GCLH indicated that some individuals were served on more than one occasion.
- Garrett Regional Health and Wellness is West Virginia University Garrett Regional Medical Center's (WVU GRMC) behavioral health center. Garrett Regional Health and Wellness offers both outpatient mental health and outpatient substance use disorder services including therapy, psychiatric medication management, medication-assisted treatment, and substance use disorder counseling. The center held 4,218 visits in FY 2024 and 2,196 visits in HFY 2025.
- Quest for Hope Counseling is a mental health counseling service in Grantsville, Maryland. Services offered by Quest for Hope include Trauma Therapy, Family Therapy, and Christian Counseling. In FY 2024, Quest for Hope served 75 individuals utilizing Licensed Professional Counselors.
- Mountain Haven is a Wellness and Recovery Center for individuals facing behavioral health issues. The program offers daily snacks, groups, activities, and workshops and utilizes peer support. Mountain Haven served 38 unduplicated individuals in FY 2024 and provided a total of 741 services. In HFY 2025, Mountain Haven served 39 unduplicated individuals and has offered a total of 353 services.
- Mountain Laurel Medical Center (MLMC) offers both primary care and behavioral health care with offices in Garrett and Allegany Counties and West Virginia. (MLMC) served 924 unduplicated behavioral health patients in FY 2024 (July 1, 2023 - June 30, 2024) and 648 unduplicated behavioral health patients in Half FY 2025 (July 1, 2024 - December 31, 2024). MLMC is on pace to serve 1,200 patients in FY 2025. MLMC is currently accepting new patients in both of their Garrett County locations: Grantsville and Oakland, Maryland. MLMC does not currently have a wait list and chooses to schedule patients further out for behavioral health services rather than maintaining a wait list. There are two MLMC locations outside of Garrett County, which some patients can go to as needed to receive care sooner. MLMC sees Garrett County Public School students as a part of the Coordinated Community Supports efforts through the Maryland CHRC grant, and most other patients outside of this grant need to be primary care patients to access behavioral health services, but MLMC is working to remove this barrier and has made progress towards this goal. The average behavioral health service wait time to see a Licensed Clinical Social Worker (LCSW) is 12 days, and to see a Psychiatrist is 16 days. MLMC offers individualized therapy as deemed necessary by its providers, and while there is the ability to offer group therapy, MLMC has not seen a frequent need for

this service. MLMC also offers individualized psychiatry services, Medication for Opioid Use Disorder (MOUD) with Sublocade, Suboxone, and some limited others via primary care physicians; patients must be primary care patients to receive MAT services. MLMC also offers behavioral health care coordination via a dedicated behavioral health nurse care coordinator. MLMC does not offer medication management for psychiatric medications outside of any that its primary care providers may prescribe.

- The Garrett County Center for Behavioral Health (GCCBH) is the behavioral health clinic located within the Garrett County Health Department and offers both mental health and substance use disorder services. GCCBH served 130 individuals through peer services, and 70 individuals through State Care Coordination (SCC) services throughout FY 2024. GCCBH has served 653 individuals in the clinic, 108 individuals through peer services, and 71 individuals through SCC services so far in HFY 2025 (July 1, 2024 - December 31, 2024).
- Garrett County Regional Medical Center (GRMC) is a part of the West Virginia University (WVU) health system and is the hospital located in Oakland, Maryland. GRMC provided reports on crisis patients, including mental health and addictions voluntary and involuntary placements. In FY 2024, GRMC had 274 crisis patient visits total. There were 80 individuals placed for inpatient psychiatric or addictions treatment. In HFY 2025 (July 1, 2024- December 31, 2024), GRMC has had 139 crisis patient visits. There have been 32 individuals placed for inpatient psychiatric or addictions treatment. There were cases of readmissions in both FY 2024 and HFY 2025, but the number is less than 11, so data has been suppressed.
- University of Pittsburgh Medical Center (UPMC) Behavioral Health Services are located in Cumberland, Maryland (Allegany County), and are accessed by some Garrett County residents. In FY 2024, there were a total of 29 admissions. In Half FY 2025 (July 2024 - December 2025), there were a total of 23 admissions. Between July 2023 and December 2025, there were a total of 11 readmissions into UPMC.
- Appalachian Crossroads' Mental Health Supportive Employment Program is dedicated to empowering individuals with mental health challenges by providing meaningful employment opportunities. Through partnerships with the Division of Rehabilitation Services (DORS) and the Behavioral Health Administration (BHA), we offer a comprehensive, person-centered approach to workforce development. Our program assists individuals in identifying their strengths, developing job skills, and securing competitive employment in their communities. DORS provides vocational rehabilitation services, including career counseling, skills training, and job placement support, while BHA offers funding and resources to ensure ongoing employment stability and workplace success. By integrating personalized support with evidence-based practices, Appalachian Crossroads fosters independence and self-sufficiency, helping individuals achieve their employment goals and enhance their overall well-being.

**CHRC Coordinated Community Supports Partnership:**

The Coordinated Community Supports Partnership aims to expand access to a wide range of behavioral health services for all public school students to promote a safe and supportive environment.

# of unduplicated students served through June 2025

Allegany College of Maryland- Center for Mind-Body Medicine	5637
Center for Behavioral Health	484
Health Education and Outreach (data from Nov 2024)	57
Mountain Laurel Medical Center	77

**Local Care Team:**

As of June 24, 2025, there were 15 unique youth referrals to the Garrett County Local Care Team (LCT) in FY 2025 (July 1, 2024 - June 30, 2025). Of those 15 youths, 7 (45.7%) youths were hospitalized at least once or referred for a Residential Treatment Center (RTC). One additional youth has a parent who was seeking RTC placement at the time of the LCT meeting.

In FY 2024 (July 1, 2023 - June 30, 2024), the Garrett County LCT received 26 unique referrals. Of those 26 youths, 5 were recommended and/or placed in a RTC.

The [Children’s Cabinet Directive #3](#) describes the function of LCTs, the goal of diverting or returning youth home from preventable out-of-home and out-of-state placements, and the categories of LCT referrals that apply to the protocol outlined. The table below illustrates the Categories and details the number of referrals in FY 2024 and so far in FY 2025 (as of June 24, 2025) that relate to each Category.

Category Number	Description	# of Youths in Category in FY 2024	# of Youths in Category in FY 2025
1	Currently in or at risk of an extended hospital stay. Defined as youth who are hospitalized at an inpatient psychiatric facility and are in need of placement or treatment in a higher level of care (e.g., Residential Treatment Center, Diagnostic Center, Therapeutic Group Home, etc.) that may be unavailable or difficult to secure. Youth may be eligible for discharge from an inpatient psychiatric hospital but parents/caregivers decline to return the youth home due to various concerns (e.g., safety, etc.). The inpatient psychiatric hospital must contact the local Department of Social Services in these instances.	0	1
2	At risk of ejection from a community placement or higher level of care (e.g., Residential Treatment Center, Diagnostic Center, Therapeutic Group Home, etc). Defined as youth with	3	1

	<p>intensive needs who are already in placement/accessing treatment through a higher level of care, are facing ejection, or are in need of further placement/treatment access in a higher level of care where none is available. For youth in this category whose needs are being addressed by existing internal agency policies and procedures (such as the local Department of Social Services' Family Team Decision Meetings/Family Involvement Meetings), an LCT referral is not required.</p>		
3	<p>Known/referred to the LCT and are/are not formally involved with an agency who are at risk of a community/RTC/psychiatric/out-of-State placement or treatment access. Defined as youth known to the LCT, though they may or may not be formally involved with a member agency. Current involvement means receiving services from an LCT member agency (e.g., local Department of Social Services, local Department of Juvenile Services, etc.). Current involvement does not include instances of youth and/or families receiving only financial assistance from an LCT member agency. These youth have intensive needs and are in need of placement/treatment access in a higher level of care (e.g., RTC, Diagnostic Center, Therapeutic Group Home, etc.), though a coordinated effort or plan has not yet begun.</p>	3	3
4	<p>Whose needs cannot be addressed by one agency. Defined as youth with intensive needs who are multi-system involved, i.e., engaged with the local Behavioral Health Authority/Core Service Agency and the local Department of Social Services or local Department of Juvenile Services. Agency involvement does not include youth/families receiving only financial assistance from an LCT member agency, or youth conventionally engaged with the local school system</p>	4	6
5	<p>Who are referred by hospital personnel in accordance with the Universal Hospital Discharge Planning Protocol. Defined as referrals sent by hospitals for youth with intensive needs who are at risk of an overstay.</p>	1	0

6	Who are referred by self or family. Defined as youth who are in need of an intervention that entails more than a warm handoff or information and referral and/or are identified in categories 1-4 above.	4	4
NA	"Other" or non-Directive Youth	11	0

As shown in the table above, in FY 2024 and FY 2025, there was only one youth who was referred by hospital personnel, despite several placements. The lack of referrals and contact from inpatient psychiatric hospitals to the LCT is an ongoing concern and area in need of improvement in Garrett County.

**Gillian will be reviewing the Inpatient data for the under 18 age group, utilized for the most recent BH Implementation Plan.**

Number of Individuals Receiving Mental Health Treatment by Service Category and Age in FY 2024							
Garrett County							
Service Category	0-5	6-12	13-17	18-21	22-64	65+	TOTAL
Case Management	0	<11	<11	<11	26	<11	37
Crisis	0	0	0	<11	<11	0	<11
Inpatient	0	<11	<11	<11	21	0	32
Mobile Treatment	0	0	0	0	<11	0	<11
Outpatient	16	166	141	56	442	4	825
Partial Hospitalization	0	0	0	0	0	0	0
Psychiatric Rehabilitation	0	<11	<11	<11	61	12	91
Residential Rehabilitation	0	0	0	0	<11	0	<11
Residential Treatment	0	0	<11	0	0	0	<11
Respite Care	0	0	0	0	<11	0	<11
Supported Employment	0	0	0	<11	14	0	17
<b>GRAND TOTAL</b>	<b>16</b>	<b>181</b>	<b>153</b>	<b>73</b>	<b>575</b>	<b>17</b>	<b>1,015</b>
Statewide							
Case Management	35	619	697	136	2,117	224	3,828
Crisis	0	0	<11	45	1,121	42	1,209
Inpatient	<11	264	748	474	4,250	153	5,895
Mobile Treatment	<11	82	136	101	2,983	417	3,722
Outpatient	2,815	25,164	24,230	12,310	106,327	1,411	172,257
Partial Hospitalization	0	47	123	34	177	0	381
Psychiatric Rehabilitation	211	6,418	5,408	1,817	23,725	1,704	39,283
Residential Rehabilitation	0	0	0	41	1,886	258	2,185
Residential Treatment	0	54	94	13	0	0	161
Respite Care	0	51	30	0	<11	0	83
Supported Employment	0	0	10	135	1,970	105	2,220
<b>GRAND TOTAL</b>	<b>3,141</b>	<b>33,877</b>	<b>32,536</b>	<b>15,678</b>	<b>147,343</b>	<b>4,332</b>	<b>236,907</b>

# Public Health Dashboard

## Trend by Category and Per Capita Per Month Charges

The trend tab allows you to view differences in hospital utilization and charges by geography, payor, hospital, and demographics through the category selection drop down menu. For example, you can see if there are differences in ED utilization rates by age or race. You can also look at the charges per capita for a specific population of interest, compared to the state.

Category Selection  
Age

Measure  
Visits

Trend by Age (Top 5 of Selected) - Visits



Trend of Selected Geographies Compared to State - Charges per Capita



Utilization	
Visit Type	Multiple values
Discharge Date	Data available from January 2016 onwards January 19, 2020 to April 30, 2025 and full values
Conditions (Based on all diagnosis codes)	Any Mental Health Condition
Hospital Name	Multiple values
High Need (Last 12 mo)	All
Payor	All
Prevention Quality Indicators	All Patients
Service Line	Multiple values
Demographics	
Age Group	Multiple values
Race	All
Ethnicity	All
Gender	All
Geography	
Zip	
County	Garrett County

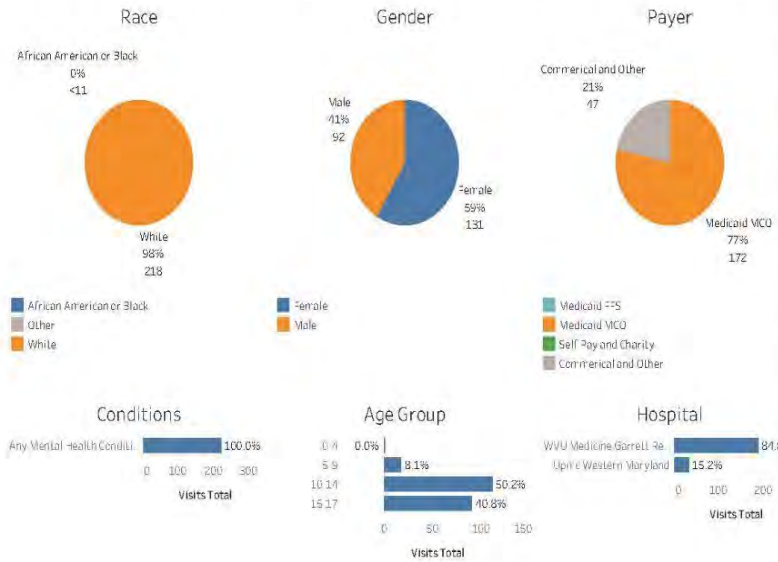
Data Available Through  
April 2025

THIS REPORT WAS PRODUCED USING PROPRIETARY COMPUTER SOFTWARE CREATED, OWNED AND LICENSED BY THE SOLVENTUM COMPANY. FURTHER DISTRIBUTION OF REPORTS THAT CONTAIN PATIENT AND/OR CODE LEVEL DATA IS NOT PERMITTED WITHOUT ADVANCED WRITTEN APPROVAL BY SOLVENTUM. ALL COPYRIGHTS IN AND TO THE SOLVENTUM™ SOFTWARE (INCLUDING THE SELECTION, COORDINATION AND ARRANGEMENT OF ALL CODES) ARE OWNED BY SOLVENTUM. ALL RIGHTS RESERVED.

# Public Health Dashboard

## Summary

Review Maryland's hospital utilization by demographics. Select pie chart sectors or blue bars and other charts will update to the selected sector.



**Utilization**

**Visit Type**  
Multiple values

**Discharge Date**  
Data available from January 2016 onwards  
January 15, 2020 to April 30, 2025  
and Null values

**Conditions**  
(Based on all diagnosis codes)  
Any Mental-Health Condi...

**Hospital Name**  
Multiple values

**High Need (Last 12 mo)**  
All

**Payer**  
All

**Service Line**  
Multiple values

**Prevention Quality Indicators**  
All Patients

---

**Demographics**

**Age Group**  
Multiple values

**Race**  
All

**Ethnicity**  
All

**Gender**  
All

---

**Geography**

**Zip**

**County**  
Garrell County

Data Available Through  
April 2025

Table 4A

Garrett County Crisis Line Calls FY 2023 – FY 2025							
		FY 2023		FY 2024		HFY 2025 (12/31/2024)	
		All lines	988	All lines	988	All lines	988
	<b>Total Calls</b>	<b>102</b>	<b>42</b>	<b>209</b>	<b>110</b>	<b>114</b>	<b>76</b>
<b>Percent of Calls by Age</b>	<b>0-12</b>	0%	0%	0%	0%	0%	0%
	<b>13-17</b>	5%	7%	1%	1%	11%	4%
	<b>18-24</b>	26%	57%	23%	44%	46%	61%
	<b>25-29</b>	4%	2%	15%	25%	4%	3%
	<b>30-39</b>	11%	10%	10%	4%	3%	3%
	<b>40-49</b>	3%	2%	2%	1%	1%	0%
	<b>50-59</b>	4%	2%	5%	1%	6%	3%
	<b>60-69</b>	3%	2%	2%	0%	4%	3%
	<b>70+</b>	8%	2%	3%	1%	1%	1%
<b>Percent of Calls by Gender</b>	<b>Female</b>	75%	86%	50%	55%	75%	86%
	<b>Male</b>	20%	12%	27%	34%	17%	8%
	<b>Transgender</b>	0%	0%	0%	0%	3%	3%

Data Source: Mental Health Association, shared by Suzi Borg. FY 2025 Data is as of December 31, 2024.

Table 4 shows Crisis Calls that have occurred in Garrett County from FY 2023, FY 2024, and the first half of FY 2025. Data is broken down by age and gender of the caller, as well as all call lines versus 988 specific calls. Young adults ages 18-24 were most likely to utilize crisis call services in FY 2023 and FY 2024 and were more likely to utilize 988 than other crisis call services. Females were more likely than males to utilize any call service and more likely to utilize 988 than other call services.