

Maryland Alcohol and Drug Abuse Administration

Department of Health and Mental Hygiene



PREVENTION PROGRAM ANNUAL REPORT

**FISCAL YEAR
2013**

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INTRODUCTION

ALCOHOL AND DRUG ABUSE ADMINISTRATION

The Maryland Alcohol and Drug Abuse Administration (ADAA) is the single state agency responsible for the provision, coordination, and regulation of the statewide network of substance abuse prevention, intervention, treatment and recovery services. It serves as the initial point of contact for technical assistance and regulatory interpretation for all Maryland Department of Health and Mental Hygiene (DHMH) prevention and certified treatment programs.

WHAT IS PREVENTION?

Prevention is the promotion of constructive lifestyles and norms that discourage drug use. It is the development of social environments that facilitate healthy lifestyles. Prevention is achieved through the application of multiple strategies; it is an ongoing process that must relate to each emerging generation.

Funded programs are developed in cooperation with local jurisdictions and communities and are designed and implemented for all age groups.

There is a special emphasis on implementing programming that incorporates:

- ▶ Best Practices based on sound theory and research
- ▶ Knowledgeable and competent staff
- ▶ Services that are culturally appropriate
- ▶ Collaborative partnerships
- ▶ Evaluation

PREVENTION NETWORK

In support of this process, ADAA has established a county prevention coordinator system, an established, successful and recognized strategy to plan, deliver, coordinate, and monitor prevention services that meet the varying needs of each local subdivision.

Prevention coordinators communicate with and serve as resources for the community. There is a designated prevention coordinator in each of Maryland's 24 subdivisions. Prevention coordinators work closely with all elements of the community to identify needs, develop substance abuse projects, implement programs and obtain funding.

OVERVIEW

The State Prevention System Management Information System (SPS-MIS) is a project by the Center for Substance Abuse Prevention (CSAP) to provide computer-based tools to the states in support of state substance abuse prevention activities. These tools include a process evaluation tool called the Minimum Data Set (MDS), and a general-purpose evaluation Database Builder (DbB) tool. The MDS and DbB were developed by ORC Macro under contract to CSAP, and are available at no charge to the states. These tools are designed to work in concert with CSAP's Prevention Technology Platform to support evaluation of prevention activities by states, communities, providers, and individuals.

SYSTEM ARCHITECTURE

The MDS is a Web-based client-server data collection system that uses Internet technology, including standard Web browsers like Microsoft Internet Explorer to collect evaluation data. The MDS is run from a centralized database and web server at the state level. The MDS collects very specific process and group level information and serves as the main repository for prevention program data collection in Maryland.

The Minimum Data Set system was designed to collect basic process data about the services provided. The MDS collects a small set of well-defined data about each prevention service. All information collected about service participants is only at the whole-group level. MDS data includes the type of service, target population, group and activity information, dates the service was performed, and applicable CSAP strategy. Other data such as item counts, participant demographics, and state-defined data are also collected. The MDS data collection system is uniform across the state and implements extensive validations to ensure it is internally consistent.

The MDS system is designed to run under state control, and does not require continued federal involvement for its ongoing operation. A server at the state level runs the application code and serves as the repository for all data collected. The Internet allows providers to communicate with this server over the Web. Therefore, data can be entered from any location where an Internet connection and Web browser are available.

Prevention Services In Maryland

Figure 1
Total Numbers Served
FY 2010-2013

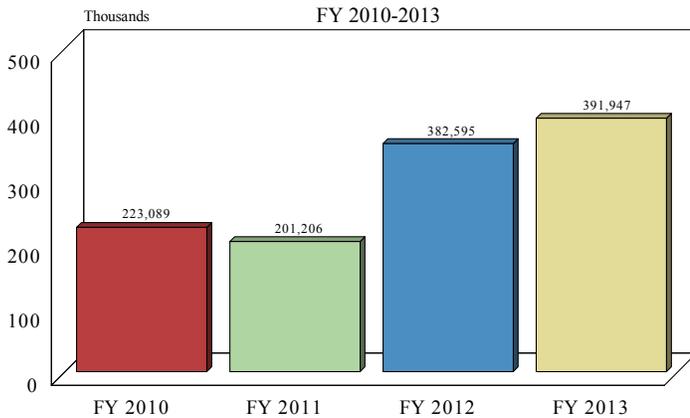


Figure 2
Program Characteristics
FY 2013

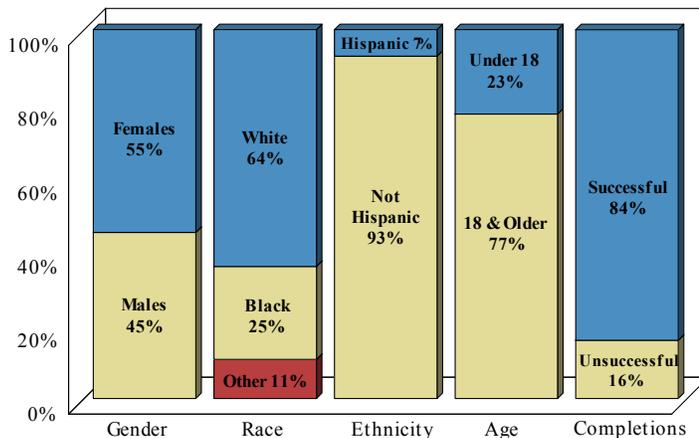
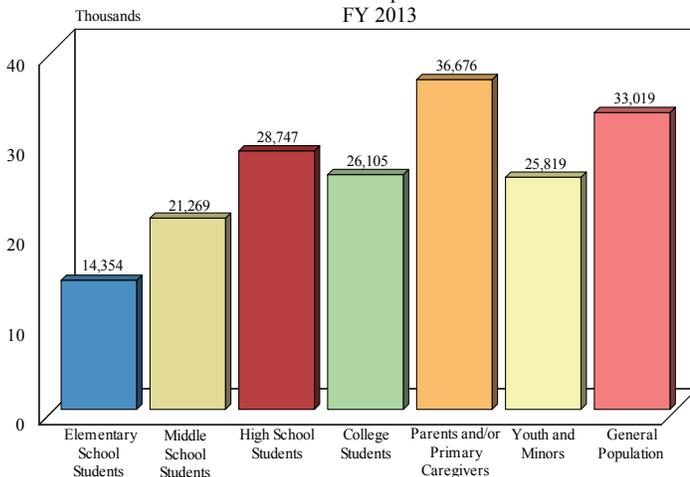


Figure 3
Service Population
FY 2013



NUMBERS SERVED

In fiscal year 2013 over 390,000 individuals received prevention services in Maryland. Beginning in FY 2013, the Alcohol & Drug Abuse Administration, in alignment with substance abuse prevention research and federal prevention priorities, initiated a policy change which required local jurisdictions to use at least 50% of their Prevention Block Grant funding on *Environmental Prevention Strategies*. These strategies are designed to change community-level conditions, policies and practices, rather than individual-level factors, and are shown to be more likely to result in community-level reductions in substance use and abuse than individual-level prevention activities alone. As a result of this policy change, the Administration saw an increase in single service prevention activities and numbers served during fiscal year 2013.

PROGRAM CHARACTERISTICS

Age

Over three quarters of all individuals receiving prevention services in fiscal year 2013 were 18 years of age and older. Figures show about 31 percent were parents or primary caregivers. Programs targeting high risk youth represented 25 percent of those individuals receiving prevention services.

Gender, Race and Ethnicity

Females represented a slightly higher distribution (55%) than males (45%) in fiscal year 2013. Caucasians (64%) and African Americans (25%) accounted for the majority of the population receiving prevention services (Figure 2). Some gains are being made in service delivery to a growing statewide Hispanic population. In fiscal year 2013, seven percent of the total population served were Hispanic.

Program Completions

Recurring prevention programs showed an overall statewide completion rate of 84% in fiscal year 2013. Program completion rates have grown slightly over the last four years due to an increased knowledge of prevention programming as well as staff training and technical assistance.

SERVICE POPULATION

During fiscal year 2013, Maryland offered prevention services to 26 different service populations. The majority of individuals receiving services were parents and school aged children (Figure 3).

Prevention Services in Maryland

ADAA PREVENTION PROGRAM DATA

In the State of Maryland, over 390,000 people received prevention services in fiscal year 2013.

Recurring Prevention Programs

Recurring prevention programs are defined by the following criteria:

- ▶ The program must meet with the same group of individuals within the specified service population for a minimum of four separate occasions.
- ▶ The program must be an approved SAMHSA Evidence-based Program.
- ▶ The program must be partially or fully ADAA funded and coordinated through the county prevention office.

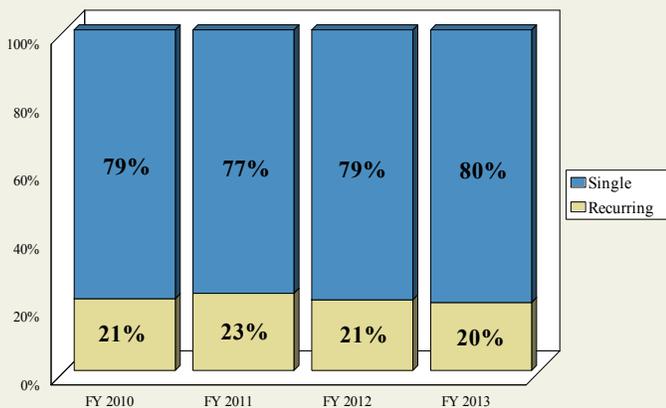
In fiscal year 2013, a total of 318 recurring prevention programs were offered across the state of Maryland. The total number of individuals actively participating in ADAA funded recurring prevention programs was 8,158.

Single Service Activities

Single service prevention activities are defined as activities that include, but are not limited to, presentations, speaking engagements, community services, training services, technical assistance and programs with the same population occurring less than four separate occasions.

In fiscal year 2013, a total of 1,277 single service prevention services were offered throughout the state of Maryland. The total number of individuals served through single service prevention activities was 383,789.

Figure 4
Prevention Programs by Program Type
FY 2010-2013



SERVICE POPULATION

During fiscal year 2013, Maryland offered prevention services to 26 different service populations. Table 1 shows the service population distribution for fiscal year 2013.

Table 1
Numbers Served by Service Population
FY2013

Service Population	Numbers Served
Business and Industry	2634
Civic Groups/Coalitions	6270
College Students	26,105
Children of Substance Abusers	604
Delinquent/Violent Youth	229
Economically Disadvantaged People	3578
Elementary School Students	14,354
General Population	203,900
Government/Elected Officials	349
Health Professionals	3441
High School Students	28,747
Homeless/Runaway Youth	255
Law Enforcement/Military	483
Middle/Junior High School Students	21,269
Older Adults	3029
Parents/Families	36,676
People in Recovery	983
People Using Substances	923
People with Disabilities	320
People with Mental Health Problems	524
Pregnant Females	785
Preschool Students	1218
Prevention/Treatment Professionals	4618
Religious Groups	1367
Teachers/Administrators/Counselors	3467
Youth/Minors	25,819
Total	391,947

Maryland Prevention Demographics

STATEWIDE DEMOGRAPHIC PROFILE

All information represented in this report was obtained using CSAP's Minimum Data Set (MDS). MDS data includes demographic data on numbers served, the type of service, target population, group and activity information, dates the service was performed, risk factors and applicable CSAP strategy.

GENDER

Figure 5 shows the statewide distribution of gender for prevention program participants in fiscal year 2013. Fifty-five percent of program participants were female while 45 percent of the participants statewide were male. A breakdown of jurisdictional data gathered in the last four years show a trend of relatively equal distribution between males and females in most subdivisions.

AGE

During fiscal year 2013, over three quarters of the prevention program participants (77%) receiving services were adults over 18 years of age. Parents comprised 31 percent of those adults who attended prevention programs in fiscal year 2013. Youth under the age of 18 represented 23 percent of individuals participating in prevention programs. All age categories for prevention programs are shown in Figure 6.

RACE AND ETHNICITY

CSAP has defined five racial categories for use by states to provide consistency in reporting MDS data on a national level. For the purposes of this report, ADA has combined three of the five racial groups into one standard category defined as "Other." The "Other" category includes American Indian, Asian, and Native Hawaiian.

Caucasians accounted for 64 percent of program participants while African Americans comprised 25 percent of the individuals attending prevention programs in fiscal year 2013 (Figure 7). In addition, Hispanics represented seven percent of the participants receiving prevention services in fiscal year 2013.

Figure 5
Gender Distribution FY 2013

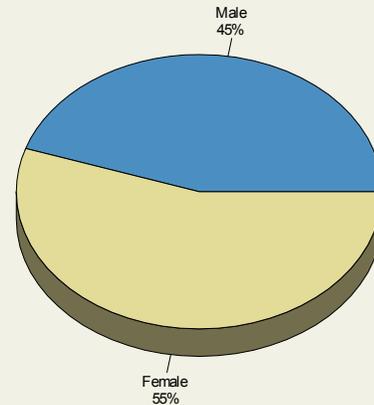


Figure 6
Age Distribution FY 2013

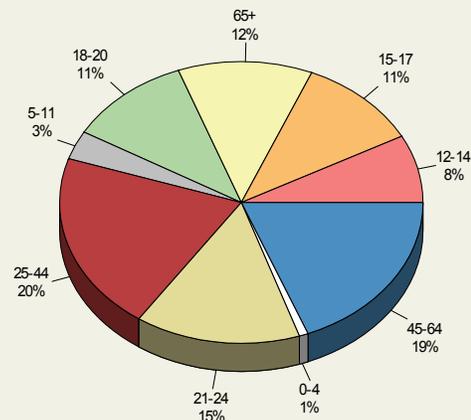
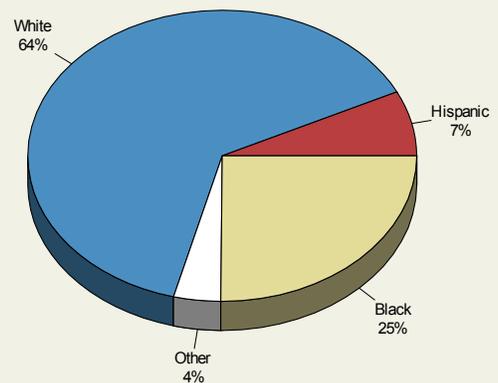


Figure 7
Race Distribution FY 2013



Recurring Program Completions

Table 2
Recurring Program Completions
Fiscal Year 2013

COUNTY	Total Number of Participants	Total Number of Completions	Percentage Completed
Allegany	84	72	86%
Anne Arundel	250	213	85%
Baltimore City	966	791	82%
Baltimore	239	198	83%
Calvert	158	129	82%
Caroline	16	13	82%
Carroll	303	246	81%
Cecil	193	185	86%
Charles	36	31	86%
Dorchester	106	90	85%
Frederick	179	145	81%
Garrett	1764	1477	84%
Harford	64	53	83%
Howard	169	144	85%
Kent	441	392	89%
Montgomery	439	368	84%
Prince George's	472	411	87%
Queen Anne's	342	301	88%
St. Mary's	231	185	80%
Somerset	30	26	87%
Talbot	408	345	85%
Washington	128	114	89%
Wicomico	431	366	85%
Worcester	273	223	82%
Bowie St.	420	339	81%
Frostburg	0	0	0%
Towson	0	0	0%
U.M.E.S	16	15	94%
Total	8158	6872	84%

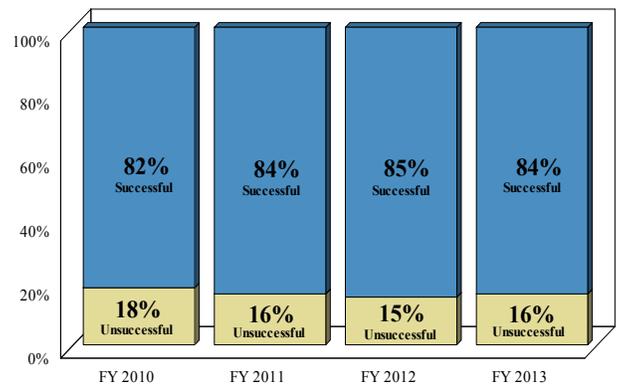
PROGRAM COMPLETION

The Alcohol and Drug Abuse Administration recognizes and promotes the diversity of prevention programs offered throughout the state of Maryland. As such, the Administration does not have one universal definition for what constitutes a program completion. A participant's completion is defined by each individual program and is based upon the criteria outlined in the program curriculum.

COMPLETION PERCENTAGES

Completion rates statewide (Figure 8) have steadily averaged 84 percent in the last four years. Table 1 shows the jurisdictional breakdown of individuals served in recurring programs and those who successfully completed the program.

Figure 8
Completion Percentages
FY 2010-2013



The average Statewide completion rate for fiscal year 2013 was 84%.



CSAP Strategies

All strategies and service types reported in the ADAAP Prevention Program Activity Report by each individual program are based on CSAP's six primary prevention strategies. These six strategies provide a common framework for data collection on primary prevention services. Table 3 below shows the total number of individuals served by jurisdiction and CSAP strategy.

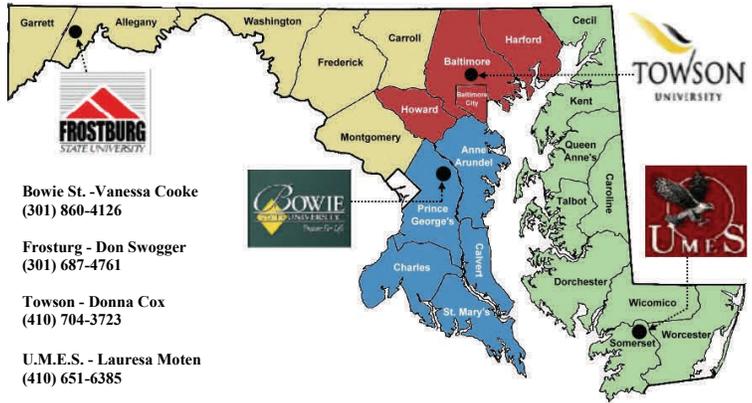
Table 3
CSAP Strategies and Number of Participants Served
Fiscal Year 2013

County	Alternatives	Community Based Process	Education	Environmental	Information Dissemination	Problem ID And Referral	Total
Allegany	1725	1162	96	29,419	2081	500	34,983
Anne Arundel	423	988	250	223	478	32	2394
Baltimore City	0	7	966	117	793	101	1984
Baltimore	6160	55	111	128	5519	0	11,973
Calvert	870	682	139	33	1504	9	3237
Caroline	2500	16	0	809	287	0	3612
Carroll	3736	4982	1366	15,176	14,756	82	40,098
Cecil	0	1572	193	14,423	4753	0	20,941
Charles	1878	0	36	103	2558	0	4575
Dorchester	2953	213	106	119	3524	0	6915
Frederick	8	1310	173	63,000	1666	0	66,157
Garrett	1748	86	207	8919	0	9	10,969
Harford	980	515	0	3028	8760	57	13,340
Howard	2480	7	63	193	255	0	2998
Kent	0	234	432	8101	443	9	9219
Montgomery	0	342	439	122	191	0	1094
Prince George's	71	1097	341	39,001	4091	0	44,601
Queen Anne's	150	751	0	8889	1360	0	11,150
St. Mary's	1136	39	192	535	12	0	1914
Somerset	123	342	30	3705	1395	0	5595
Talbot	0	475	23	23,300	353	0	24,151
Washington	0	97	128	237	40	128	630
Wicomico	747	1277	433	30,076	390	0	32,923
Worcester	8514	210	218	3052	861	0	12,855
Bowie St.	0	0	1699	40	567	0	2306
Frostburg	31	942	1344	2261	1488	0	6066
Towson	2055	891	5156	215	1428	0	9745
U.M.E.S.	330	1347	16	3327	421	81	5522
TOTAL	38,816	19,639	14,157	258,551	59,974	1008	391,947
PERCENTAGE	10%	5%	4%	66%	15%	<1%	100%

College Prevention Centers

COLLEGE INITIATIVE

The ADAA funds four strategically located ATOD College Prevention Centers at Frostburg University, Towson University, Bowie State University and the University of Maryland Eastern Shore who receive funding to support ongoing ATOD efforts on college campuses. A primary focus of these centers is to provide education and training for college students regarding ATOD prevention by creating and/or enhancing peer education networks. Each college prevention center is also responsible for the collaboration and development of ATOD campus policies and to provide a process for linkages with other colleges



Bowie St. - Vanessa Cooke
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Frostburg - Don Swogger
(301) 687-4761

Towson - Donna Cox
(410) 704-3723

U.M.E.S. - Lauresa Moten
(410) 651-6385

within the region to promote ATOD prevention strategies. In fiscal year 2013, the college centers provided prevention services to 23,639 individuals statewide with a primary focus on peer education. Figures 9-12 show demographic characteristics for all four college ATOD prevention centers for fiscal year 2013.

INDIVIDUALS SERVED BY COLLEGE PREVENTION CENTERS FISCAL YEAR 2013

Figure 9
Gender Distribution

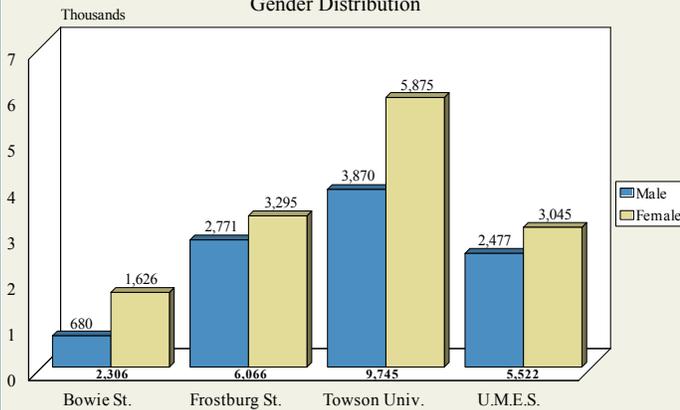


Figure 10
Race Distribution

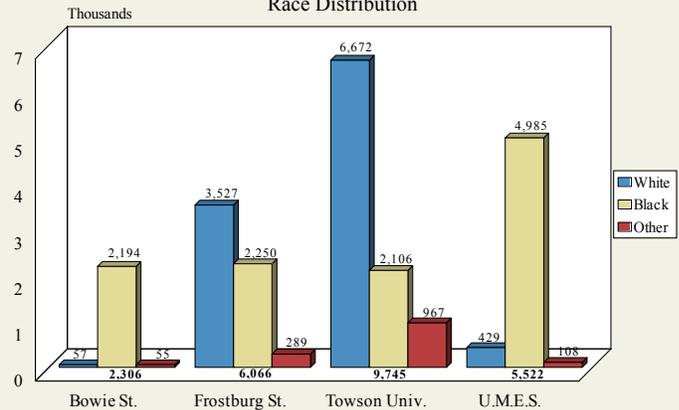


Figure 11
Statewide Gender Distribution

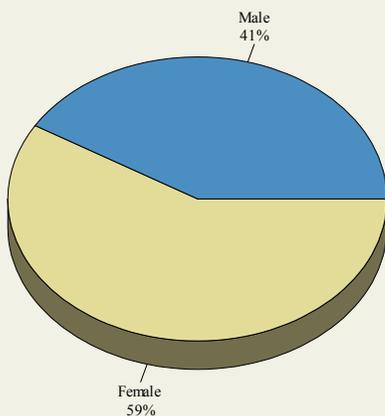
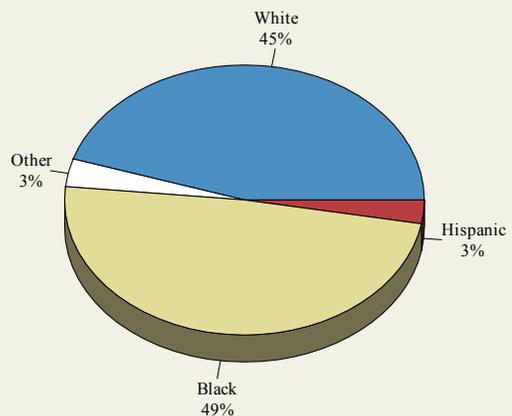


Figure 12
Statewide Race Distribution

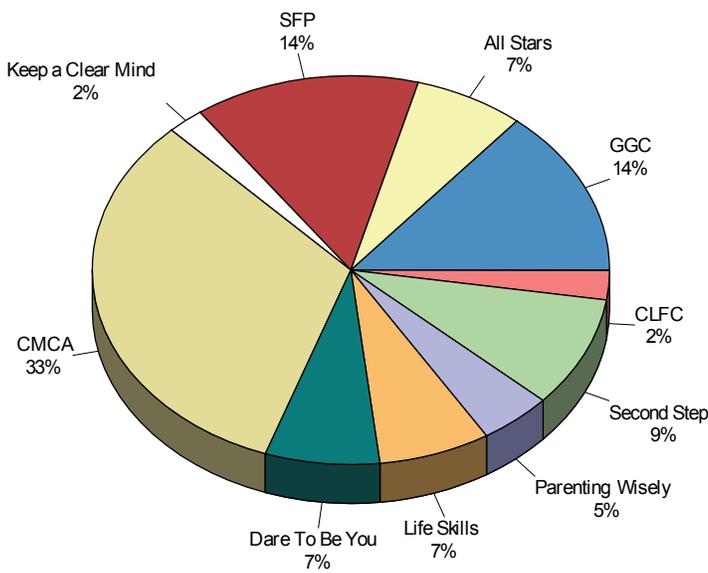


CSAP Evidence-Based Programs

Table 4
Numbers Served By CSAP Model Program
Fiscal Year 2013

Evidence-based Program	Number of Programs	Numbers Served
All Stars	3	232
Creating Lasting Family Connections (CLFC)	1	84
Communities Mobilizing for Change on Alcohol (CMCA)	9	4,972
Dare To Be You (DTBY)	3	439
Guiding Good Choices (GGC)	6	474
Keep a Clear Mind	1	193
Life Skills Training (LST)	4	1,232
Parenting Wisely	2	147
Second Step	4	374
Strengthening Families Program (SFP)	6	682
Total	39	8,829

Figure 13
Evidence-based Program Distribution
FY 2013



WHAT IS EVIDENCE-BASED?

In the health care field, evidence-based practice (or practices), also called EBP or EBPs, generally refers to approaches to prevention or treatment that are validated by some form of documented scientific evidence. What counts as "evidence" varies. Evidence often is defined as findings established through scientific research, such as controlled clinical studies, but other methods of establishing evidence are considered valid as well. Evidence-based practice stands in contrast to approaches that are based on tradition, convention, belief, or anecdotal evidence.

<http://nrepp.samhsa.gov/about-evidence.htm>

NATIONAL REGISTRY OF EVIDENCE-BASED PROGRAMS & PRACTICES (NREPP)

The National Registry of Evidence-based Programs and Practices (NREPP) is a voluntary rating and classification system for mental health and substance abuse prevention and treatment interventions. The system is designed to identify, review, and disseminate information about interventions. All ADAA funded evidence-based prevention programs were selected from NREPP.

EVIDENCE-BASED PRACTICE IN THE CONTEXT OF NREPP

NREPP does not offer a single, authoritative definition of evidence-based practice. SAMHSA expects that people who use this system will come with their own perspectives and contexts for understanding the information that NREPP offers. By providing a range of objective information about the research that has been conducted on each particular intervention, SAMHSA hopes users will make their own judgments about which interventions are best suited to particular needs.

<http://nrepp.samhsa.gov/about-evidence.htm>

For more information on NREPP please visit: <http://nrepp.samhsa.gov>

Table 4 shows the number of individuals served by evidence-based program for fiscal year 2013. Figure 19 shows evidence-based program distribution for fiscal year 2013.

Institute of Medicine (IOM) Category

Table 5
Numbers Served By Intervention Type (IOM Category)
Fiscal Year 2013

County	Universal	Selected	Indicated	Total
Allegany	33,144	499	1340	34,983
Anne Arundel	449	1945	0	2394
Baltimore City	634	1350	0	1984
Baltimore	11,849	124	0	11,973
Calvert	2100	871	266	3237
Caroline	3537	75	0	3612
Carroll	38,430	935	733	40,098
Cecil	17,638	3269	34	20,941
Charles	4575	0	0	4575
Dorchester	6586	329	0	6915
Frederick	65,739	410	8	66,157
Garrett	10,348	529	92	10,969
Harford	10,437	2903	0	13,340
Howard	2998	0	0	2998
Kent	8717	493	9	9219
Montgomery	622	472	0	1094
Prince George's	43,695	718	188	44,601
Queen Anne's	11,115	35	0	11,150
St. Mary's	1880	34	0	1914
Somerset	5595	0	0	5595
Talbot	23,882	0	269	24,151
Washington	222	291	117	630
Wicomico	32,200	723	0	32,923
Worcester	12,855	0	0	12,855
Bowie St.	393	1913	0	2306
Frostburg	6066	0	0	6066
Towson	9745	0	0	9745
U.M.E.S.	3868	235	1419	5522
Total	369,319	18,153	4475	391,947
Percentage	94%	5%	1%	100%

IOM CATEGORY DEFINITIONS

Universal - Universal prevention strategies address the entire population (national, local community, school, neighborhood), with messages and programs aimed at preventing or delaying the abuse of alcohol, tobacco, and other drugs. The mission of universal prevention is to deter the onset of substance abuse by providing all individuals the information and skills necessary to prevent the problem. Universal prevention programs are delivered to large groups without any prior screening for substance abuse risk. The entire population is assessed as at-risk for substance abuse and capable of benefiting from prevention programs.

Selected - Selected prevention strategies target subsets of the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment--for example, children of adult alcoholics, drop-outs, or students who are failing academically. Selective prevention targets the entire subgroup regardless of the degree of risk of any individual within the group. The selective prevention program is presented to the entire subgroup because the subgroup as a whole is at higher risk for substance abuse than the general population.

Indicated - Indicated prevention strategies are designed to prevent the onset of substance abuse in individuals who do not meet DSM-IV criteria for addiction, but who are showing early danger signs, such as falling grades and consumption of alcohol and other gateway drugs. The mission of indicated prevention is to identify individuals who are exhibiting early signs of substance abuse and other problem behaviors associated with substance abuse and to target them with special programs. Indicated prevention approaches are used for individuals who may or may not be abusing substances, but exhibit risk factors that increase their chances of developing a drug abuse problem.

Environmental Strategies

ENVIRONMENTAL STRATEGIES

In FY 2013, the Alcohol & Drug Abuse Administration, in alignment with substance abuse prevention research and federal prevention priorities, initiated a policy change which required local jurisdictions to use at least 50% of their Prevention Block Grant funding on *Environmental Prevention Strategies*. These strategies are designed to change community-level conditions, policies and practices, rather than individual-level factors, and are shown to be more likely to result in community-level reductions in substance use and abuse than individual-level prevention activities alone.

Through the focus on environmental strategies, ADAA-funded County Prevention Coordinators devote a great deal of their time and attention to working with community members, coalitions and community agency partners to:

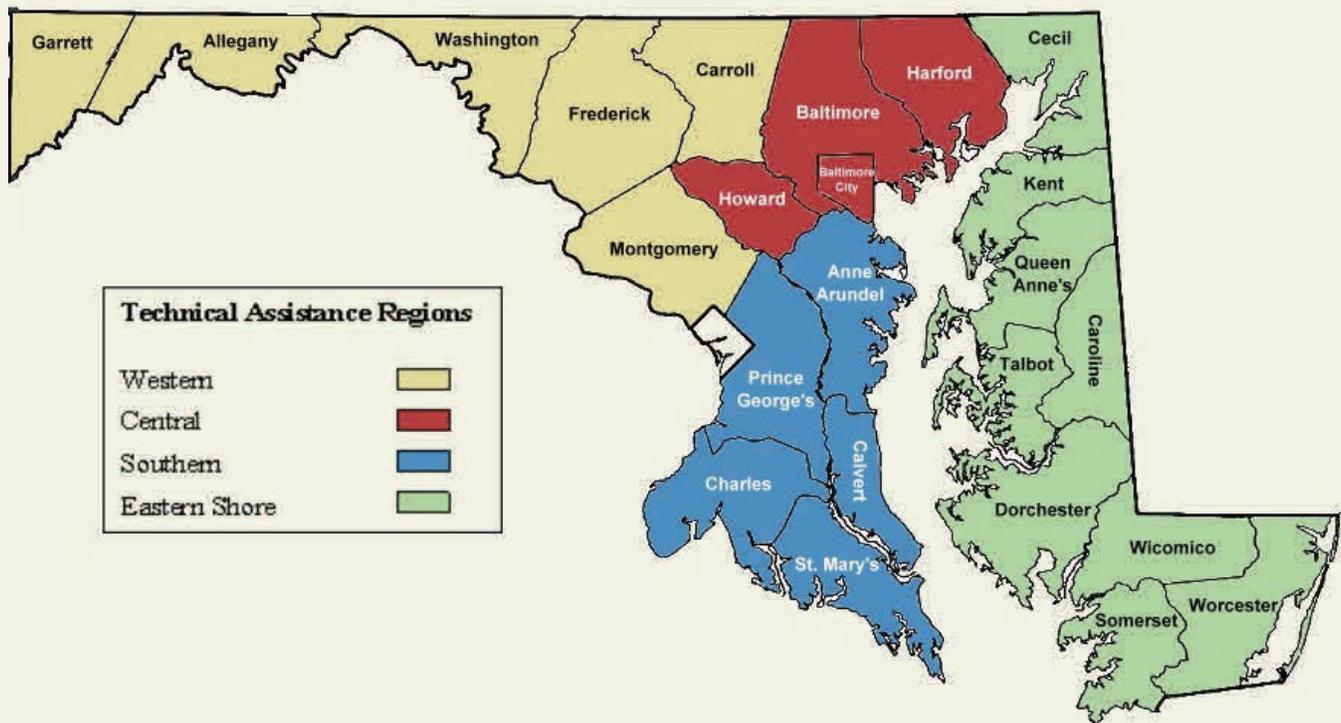
- reduce the availability of alcohol and other drugs in the community
- increase youth and parent awareness of the harms and risks of substance abuse
- strengthen alcohol and drug law enforcement and adjudication
- change community norms, attitudes and policies that are tolerant of substance use
- send clear, consistent messages through multiple media and forums about the health, safety, legal, social and personal consequences of substance use and abuse
- mobilize communities to action

Through the environmental approach, Prevention Coordinators assist the community to use data to assess community needs and develop plans to address those needs; implement environmental strategies that are most likely to work in their specific community; and evaluate the effectiveness of those strategies. With environmental strategies, progress will be measured not by the number of individuals who receive direct services, but rather by actual changes in levels of community substance use and consequences over time.

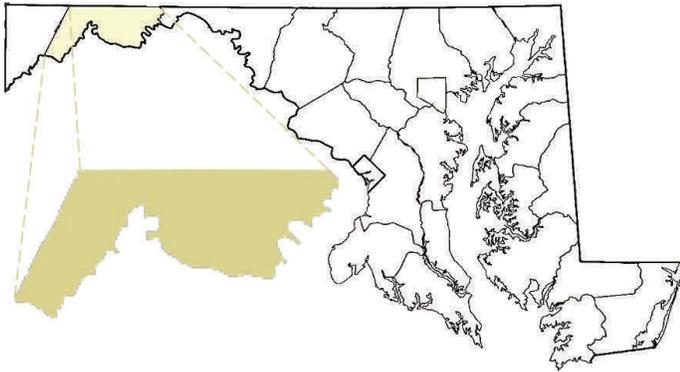
Table 6
Numbers Served by Environmental Strategy
FY2013

County	Total Served	Environmental Numbers Served	Percentage of Total Numbers Served
Allegany	34,983	29,419	84%
Anne Arundel	2394	223	9%
Baltimore City	1984	117	6%
Baltimore	11,973	128	1%
Calvert	3237	33	1%
Caroline	3612	809	22%
Carroll	40,098	15,176	38%
Cecil	20,941	14,423	69%
Charles	4575	103	2%
Dorchester	6915	119	2%
Frederick	66,157	63,000	95%
Garrett	10,969	8919	81%
Harford	13,340	3028	23%
Howard	2998	193	6%
Kent	9219	8101	88%
Montgomery	1094	122	11%
Prince George's	44,601	39,001	87%
Queen Anne's	11,150	8889	80%
St. Mary's	1914	535	28%
Somerset	5595	3705	66%
Talbot	24,151	23,300	96%
Washington	630	237	38%
Wicomico	32,923	30,076	91%
Worcester	12,855	3052	24%
Bowie St.	2306	40	2%
Frostburg St.	6066	2261	37%
Towson	9745	215	2%
U.M.E.S	5522	3327	60%
Total	391,947	258,551	66%

COUNTY PREVENTION DATA



ALLEGANY COUNTY



Prevention Coordinator
Chris Delaney
(301) 759-5050

College Coordinator
Don Swogger
(301) 687-4761

SAMHSA EVIDENCE-BASED PROGRAMS

- ▶ Creating Lasting Family Connections

DEMOGRAPHICS

GENDER

Figure 14 shows the countywide distribution of prevention programs for gender. Females represented 51 percent of program participants while 49 percent of the participants countywide were male.

AGE

During fiscal year 2013, 19 percent of all those participating in prevention programs were parents or primary care givers. School-aged children represented 40 percent of the total served. Figure 15 shows the overall county distribution for age.

RACE AND ETHNICITY

Caucasians accounted for 74 percent of the racial distribution receiving prevention services while African Americans comprised 17 percent. Figure 16 shows the overall county distribution for Race/Ethnicity.

- The total number of individuals receiving prevention services through the Allegany County prevention office was 34,983 in fiscal year 2013.
- The ATOD Center at Frostburg State University served 6,066 individuals in fiscal year 2013.

Figure 14
Gender Distribution FY 2013

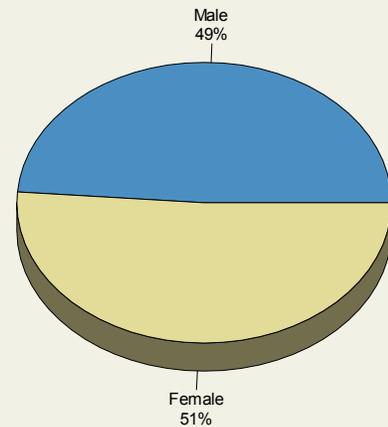


Figure 15
Age Distribution FY 2013

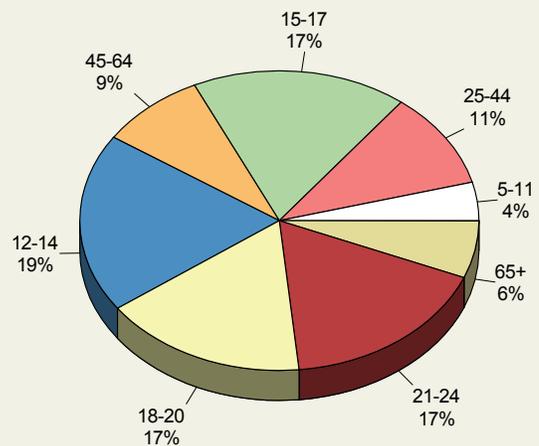
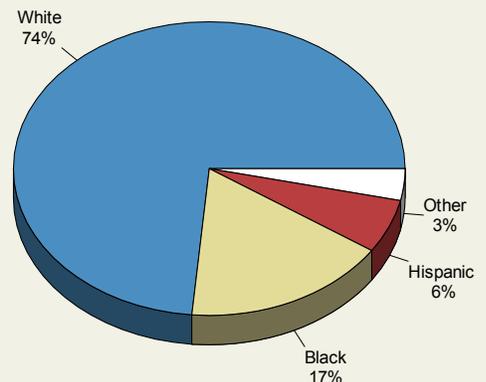
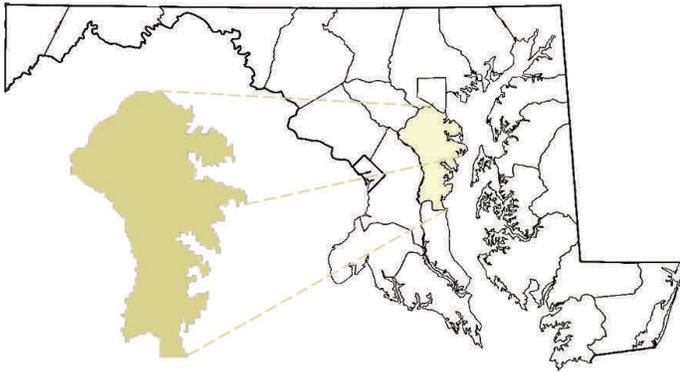


Figure 16
Race Distribution FY 2013



ANNE ARUNDEL COUNTY



Prevention Coordinator
Heather Eshleman
(410) 222-6724

SAMHSA EVIDENCE-BASED PROGRAMS

- Strengthening Families

DEMOGRAPHICS

GENDER

Figure 17 shows the countywide distribution of prevention programs for gender in fiscal year 2013. Females represented 66 percent of program participants while 34 percent of the participants countywide were male.

AGE

During fiscal year 2013, 29 percent of all those participating in prevention programs were adolescents. Thirty-four percent of Anne Arundel County residents receiving services were parents or primary care givers. Figure 18 shows the overall county distribution for age.

RACE AND ETHNICITY

Caucasians (56%) and African Americans (38%) accounted for 94 percent of the racial distribution receiving prevention services in Anne Arundel County during fiscal year 2013 (Figure 19). Hispanics (5%) and Asians (1%) comprised 6 percent of the remaining distribution.

The total number of individuals receiving prevention services in Anne Arundel County was 2,394 in fiscal year 2013.

Figure 17
Gender Distribution FY 2013

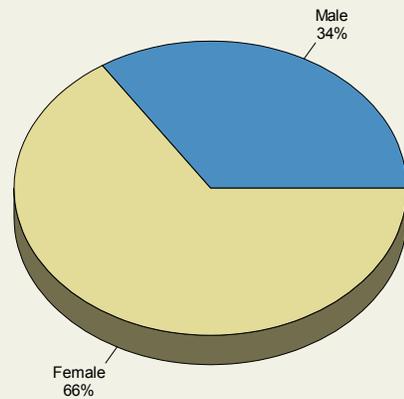


Figure 18

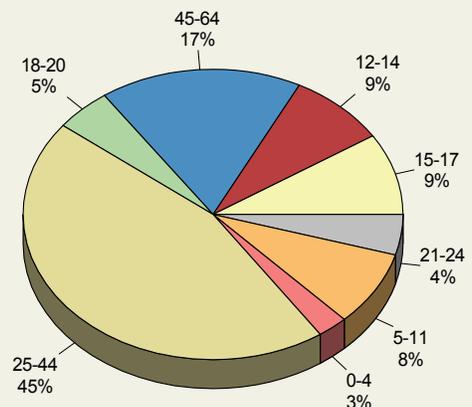
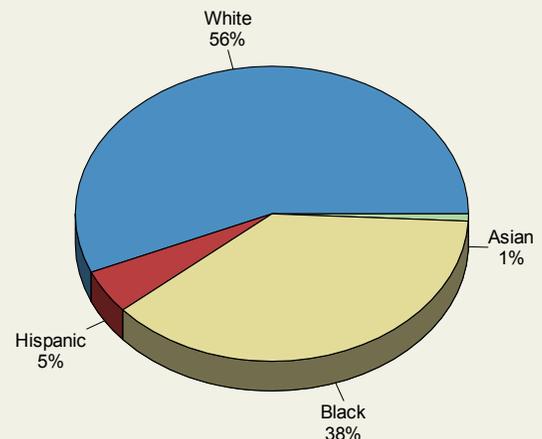
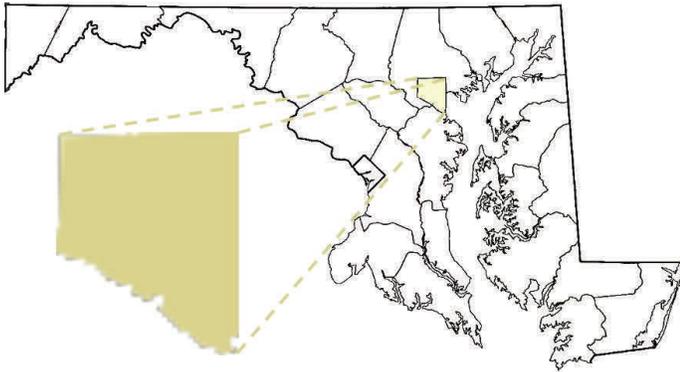


Figure 19
Race Distribution FY 2013



BALTIMORE CITY



Prevention Coordinator

Rita Mattison
(410) 637-1900

SAMHSA EVIDENCE-BASED PROGRAMS

- ▶ Life Skills Training
- ▶ Strengthening Families

DEMOGRAPHICS

GENDER

Figure 20 shows the countywide distribution of prevention programs for gender in fiscal year 2013. Females represented 65 percent of program participants while 35 percent of the participants countywide were male.

AGE

During fiscal year 2013, approximately 46 percent of all individuals participating in prevention programs were adolescents. Parents or primary care givers represented 22 percent of the distribution in Baltimore City. Figure 21 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 22, African Americans accounted for 70 percent of the racial distribution receiving prevention services in Baltimore City while Caucasians comprised 29 percent during fiscal year 2013. Hispanics (1%) accounted for the remainder of the distribution.

The total number of individuals receiving prevention services in Baltimore City was 1,984 in fiscal year 2013.

Figure 20
Gender Distribution FY 2013

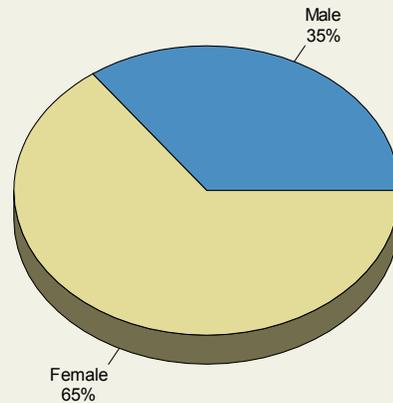


Figure 21
Age Distribution FY 2013

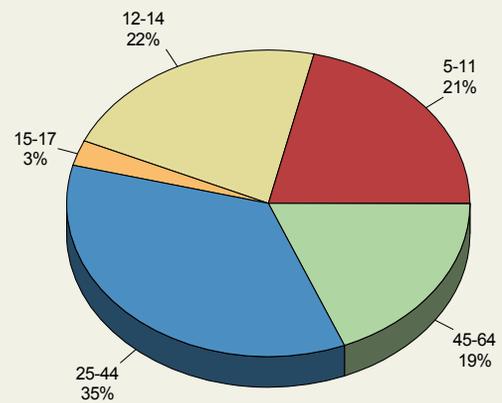
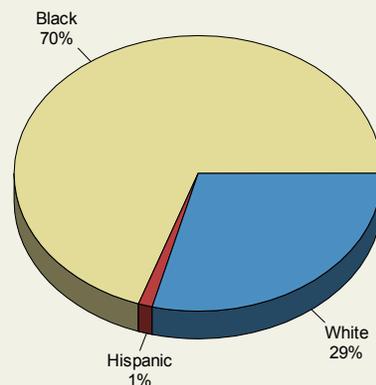
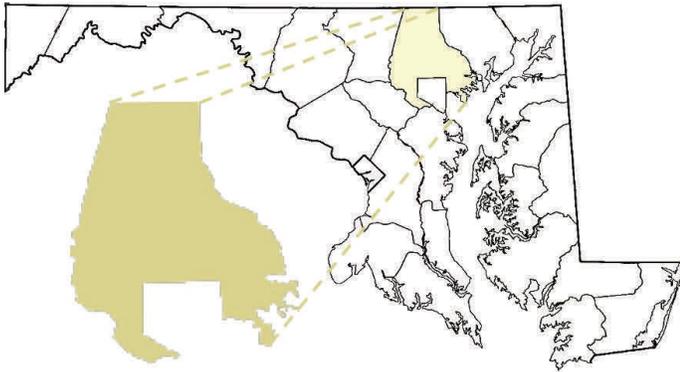


Figure 22
Race Distribution FY 2013



BALTIMORE COUNTY



Prevention Coordinator
Vicki Pfannenstien
(410) 887-3828

College Coordinator
Donna Cox
(410) 704-4214

SAMHSA EVIDENCE-BASED PROGRAMS

- ▶ Communities Mobilizing for Change on Alcohol

DEMOGRAPHICS

GENDER

Figure 23 shows the countywide distribution of prevention programs for gender in fiscal year 2013. Females represented 59 percent of program participants while 41 percent of the participants countywide were male.

AGE

Figure 24 shows the overall county distribution for age during fiscal year 2013. Adolescents accounted for 35 percent of those served. Parents represented 18 percent of individuals receiving services in Baltimore County.

RACE AND ETHNICITY

During fiscal year 2013, Caucasians accounted for 55 percent of the racial distribution while African Americans comprised 34 percent in Baltimore County (Figure 25). Asian (6%) and Hispanics (5%) accounted the remaining 11 percent of the distribution.

- The total number of individuals receiving prevention services through the Baltimore County prevention office was 11,973 in fiscal year 2013.
- The ATOD Center at Towson University served 9,745 individuals in fiscal year 2013.

Figure 23
Gender Distribution FY 2013

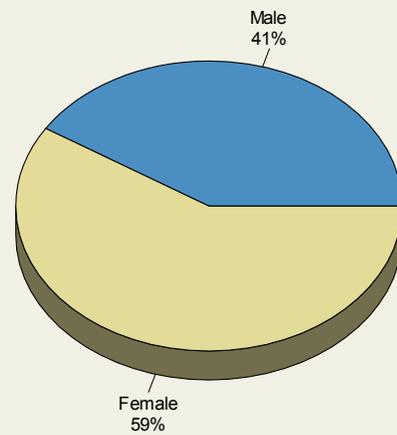


Figure 24
Age Distribution FY 2013

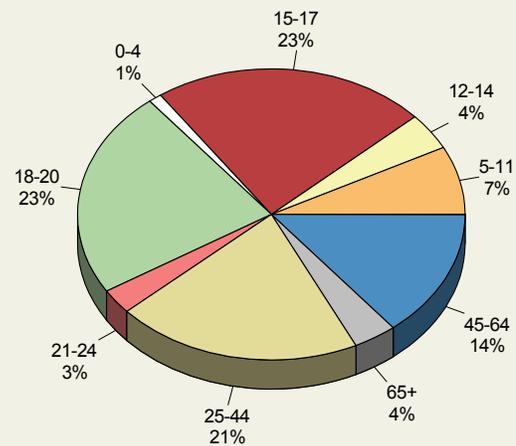
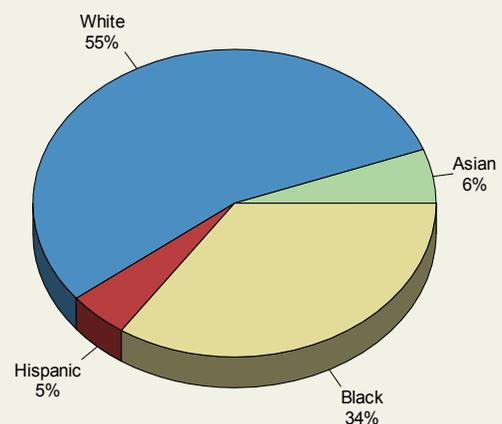
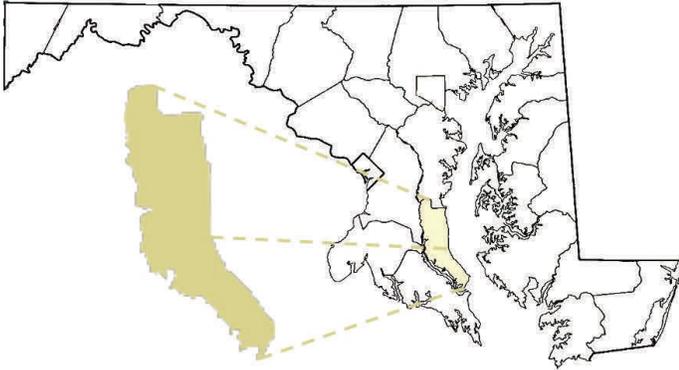


Figure 25
Race Distribution FY 2013



CALVERT COUNTY



Prevention Coordinator
 Julie Boutaugh
 (410) 535-3079 ext. 26

SAMHSA EVIDENCE-BASED PROGRAMS

► Guiding Good Choices

DEMOGRAPHICS

GENDER

Figure 26 shows the countywide distribution of prevention programs for gender in fiscal year 2013. Females represented 58 percent of program participants while 42 percent of the participants countywide were male.

AGE

During fiscal year 2013, approximately one-half (46%) of all individuals participating in prevention programs were adolescents. Parents or primary care givers represent the next highest distribution at 21 percent for all Calvert County programs. Figure 27 shows the overall county distribution for age.

RACE AND ETHNICITY

Caucasians comprised 76 percent of the racial distribution while African American accounted for 19 percent. Hispanics (3%) and Asians (2%) accounted for the remaining 5 percent of the distribution during fiscal year 2013 (Figure 28).

The total number of individuals receiving prevention services in Calvert County was 3,237 in fiscal year 2013.

Figure 26
Gender Distribution FY 2013

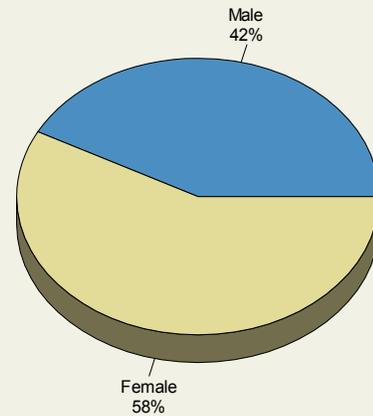


Figure 27
Age Distribution FY 2013

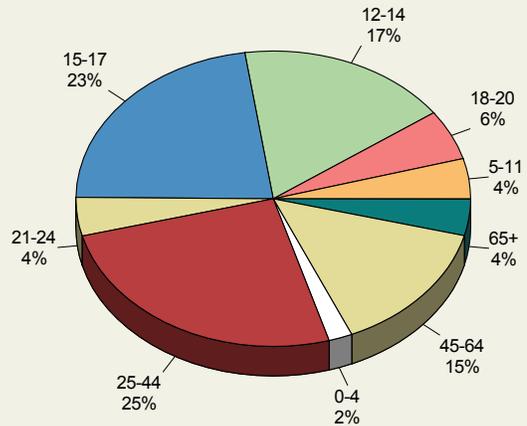
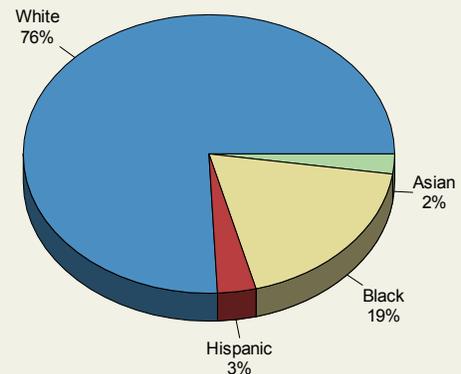
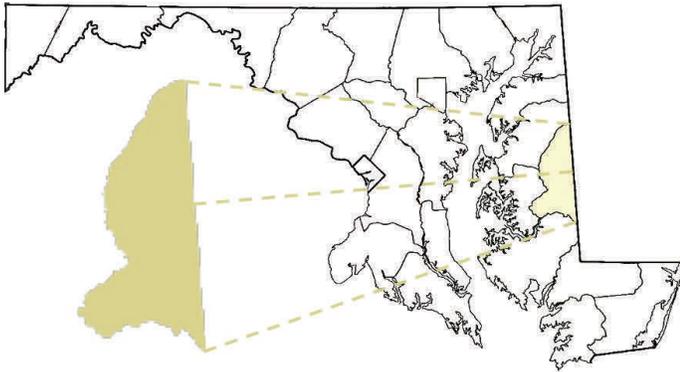


Figure 28
Race Distribution FY 2013



CAROLINE COUNTY



Prevention Coordinator
 Vernon Spriggs
 (410) 479-3501

SAMHSA EVIDENCE-BASED PROGRAMS

- Communities Mobilizing for Change on Alcohol

DEMOGRAPHICS

GENDER

Figure 29 shows the countywide distribution of prevention programs for gender in fiscal year 2013. Females represented 59 percent of program participants while 41 percent of the participants countywide were male.

AGE

During fiscal year 2013, close to one-half (43%) of all those participating in prevention programs were adolescents. Parents and primary caregivers represented 23 percent of individuals participating in prevention programs in Caroline County. Figure 30 shows the overall county distribution for age.

RACE AND ETHNICITY

Caucasians accounted for 69 percent of the racial distribution receiving prevention services while African Americans comprised 23 percent during fiscal year 2013 (Figure 31). Hispanics (4%) and Asians (4%) accounted for the remaining eight percent of the overall racial distribution.

The total number of individuals receiving prevention services in Caroline County was 3,612 in fiscal year 2013.

Figure 29
Gender Distribution FY 2013

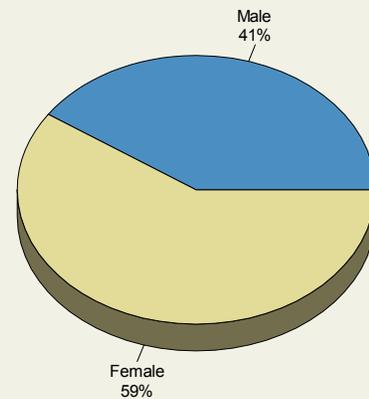


Figure 30
Age Distribution FY 2013

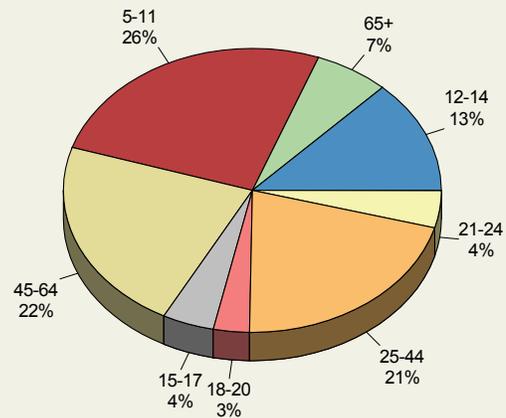
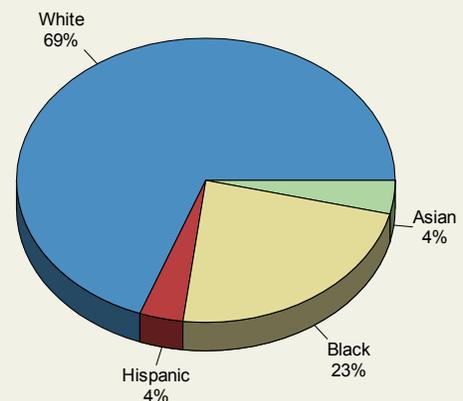
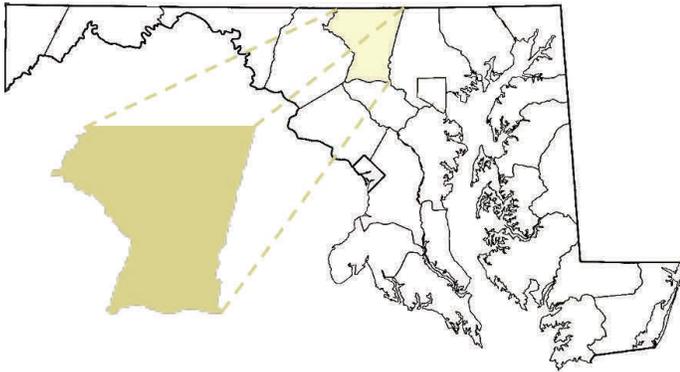


Figure 31
Gender Distribution FY 2013



CARROLL COUNTY



Prevention Coordinator
Linda Auerback
(410) 876-4800 ext.728

SAMHSA EVIDENCE-BASED PROGRAMS

► Guiding Good Choices

DEMOGRAPHICS

GENDER

Figure 32 shows the countywide distribution of prevention programs for gender in fiscal year 2013. Females represented 60 percent of program participants while 40 percent of the participants countywide were male.

AGE

During fiscal year 2013, approximately one-quarter (21%) of all those participating in prevention programs were adolescents. Parents and primary caregivers represented 43 percent of individuals attending prevention programs in Carroll County. Figure 33 shows the overall county distribution for age.

RACE AND ETHNICITY

Caucasians accounted for 90 percent of the racial distribution receiving prevention services in Carroll County. African Americans (7%), Hispanics (2%) and Asians (1%) represented the remaining ten percent of the racial distribution. Figure 34 shows the overall county distribution for Race/Ethnicity.

The total number of individuals receiving prevention services in Carroll County was 40,098 in fiscal year 2013.

Figure 32
Gender Distribution FY 2013

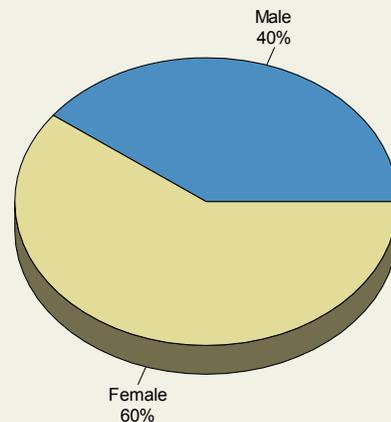


Figure 33
Age Distribution FY 2013

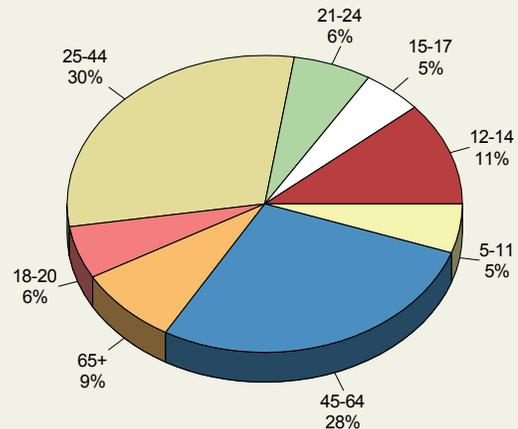
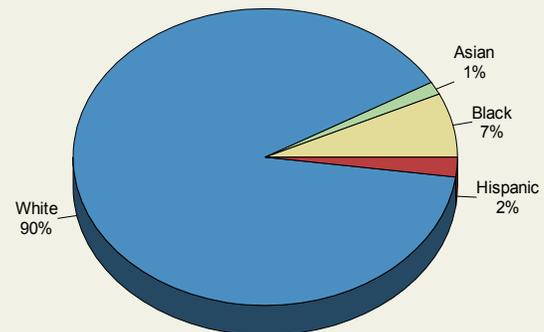
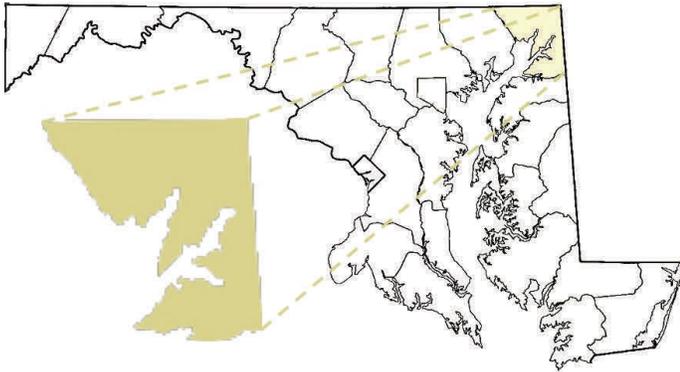


Figure 34
Race Distribution FY 2013



CECIL COUNTY



Prevention Coordinator
Jennifer Padgett
(410) 996-5168

SAMHSA EVIDENCE-BASED PROGRAMS

- Keep a Clear Mind

DEMOGRAPHICS

GENDER

Figure 35 shows the countywide distribution of prevention programs for gender in fiscal year 2013. Females represented 54 percent of program participants while 46 percent of the participants countywide were male.

AGE

During fiscal year 2013, 36 percent of all those participating in prevention programs were parents or primary caregivers. Adolescents represented 16 percent of those receiving prevention services in Cecil County. Figure 36 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 37, Caucasians (57%) and African Americans (33%) accounted for the majority of the racial distribution in Cecil County. Hispanics (7%) and Asians (3%) represented the remaining distribution in fiscal year 2013.

The total number of individuals receiving prevention services in Cecil County was 20,941 in fiscal year 2013.

Figure 35
Gender Distribution FY 2013

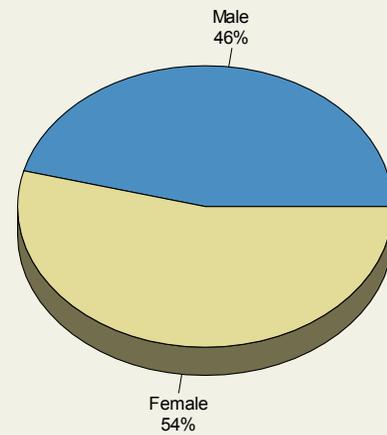


Figure 36
Age Distribution FY 2013

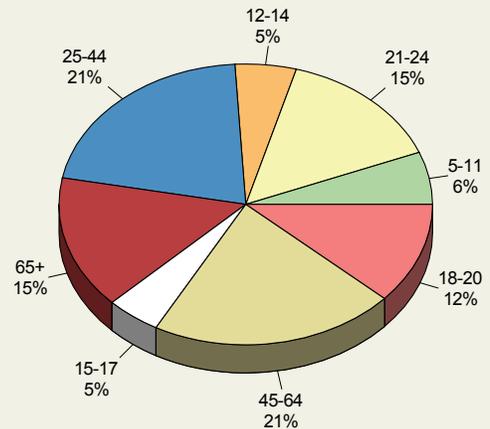
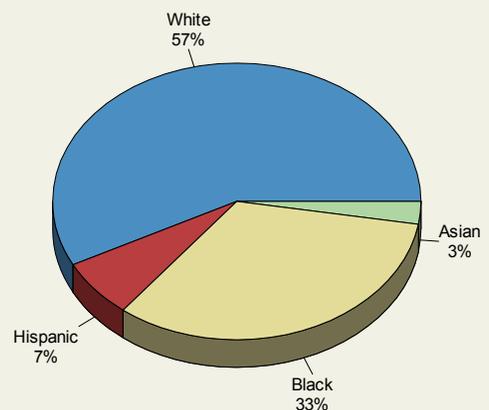
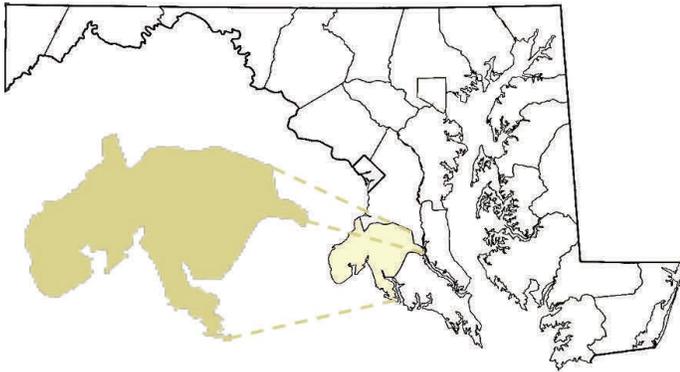


Figure 37
Race Distribution FY 2013



CHARLES COUNTY



Prevention Coordinator

Al Evans
(301) 609-6631

SAMHSA EVIDENCE-BASED PROGRAMS

► Second Step

DEMOGRAPHICS

GENDER

Figure 38 shows the countywide distribution of prevention programs for gender in fiscal year 2013. Females represented 60 percent of program participants while 40 percent of the participants countywide were male.

AGE

During fiscal year 2013, forty-one percent all those participating in prevention programs were adolescents. Parents and primary care givers represented 8 percent of the age distribution for fiscal year 2013. Figure 39 shows the overall county distribution for age.

RACE AND ETHNICITY

Caucasians accounted for 54 percent of the racial distribution receiving prevention services in Charles County while African Americans comprised 41 percent during fiscal year 2013 (Figure 40). Hispanics (3%) and Asians (2%) accounted for five percent (5%) of the remaining distribution.

The total number of individuals receiving prevention services in Charles County was 4,575 in fiscal year 2013.

Figure 38
Gender Distribution FY 2013

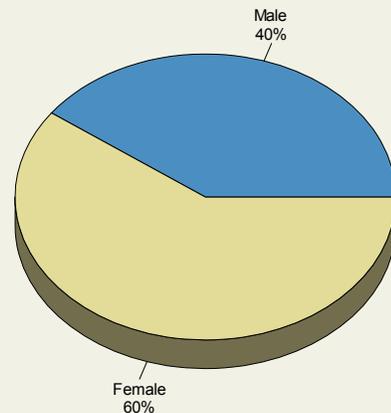


Figure 39
Age Distribution FY 2013

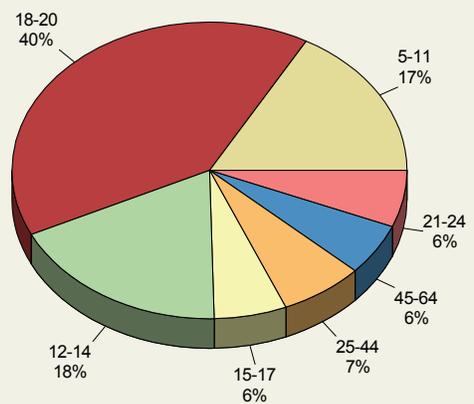
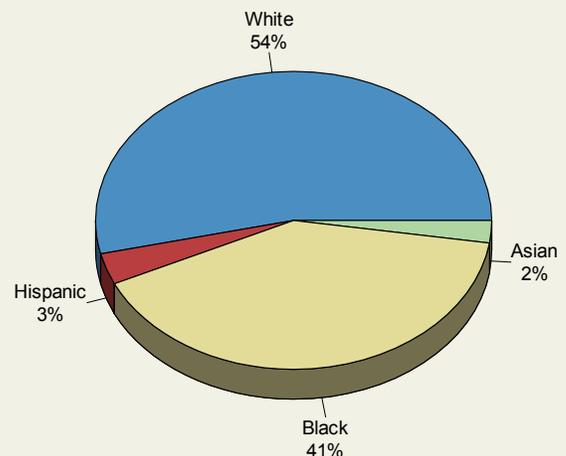
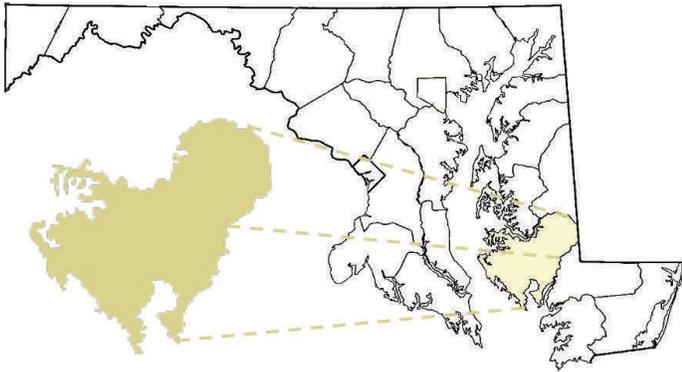


Figure 40
Race Distribution FY 2013



DORCHESTER COUNTY



Prevention Coordinator

Ervina Johnson
(410) 901-3224

SAMHSA EVIDENCE-BASED PROGRAMS

- ▶ Communities Mobilizing for Change on Alcohol
- ▶ Second Step

DEMOGRAPHICS

GENDER

Figure 41 shows the gender distribution of prevention programs for fiscal year 2013. Females represented 63 percent of program participants while 37 percent of the participants countywide were male.

AGE

During fiscal year 2013, one-third (35%) of those receiving prevention services in Dorchester County were adolescents. Parents or primary care givers accounted for 24 percent of the distribution. Figure 42 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 43, African Americans accounted for 43 percent of the racial distribution receiving prevention services in Dorchester County. Caucasians (28%), American Indians (20%), Hispanics (5%) and Asians (4%) comprised the remaining racial distribution during fiscal year 2013.

The total number of individuals receiving prevention services in Dorchester County was 6,915 in fiscal year 2013.

Figure 41
Gender Distribution FY 2013

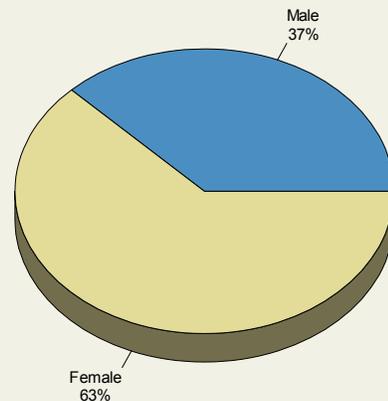


Figure 42
Age Distribution FY 2013

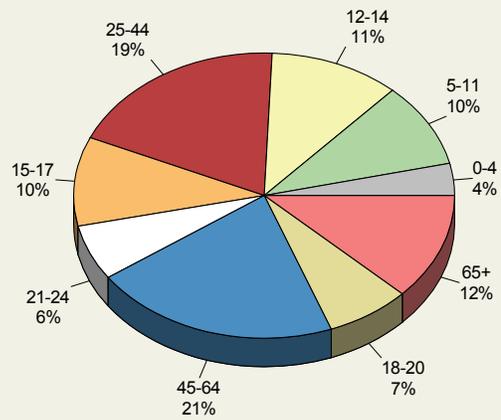
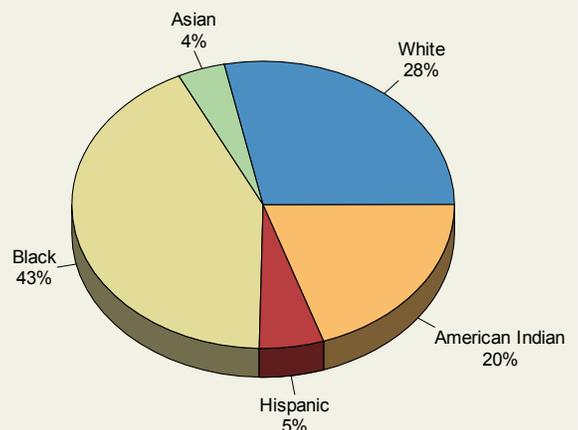
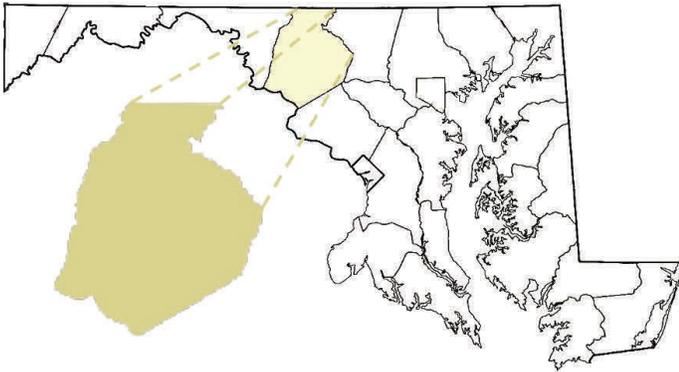


Figure 43
Race Distribution FY 2013



FREDERICK COUNTY



Prevention Coordinator

Todd Crum
(301) 600-3285

SAMHSA EVIDENCE-BASED PROGRAMS

- ▶ Guiding Good Choices

DEMOGRAPHICS

GENDER

Figure 44 shows the countywide distribution of prevention programs for gender in fiscal year 2013. There was an equal distribution of males (50%) and females (50%) in fiscal year 2013.

AGE

Approximately one-third (28%) of all individuals served in Frederick County were parents (Figure 45).

RACE AND ETHNICITY

As shown in Figure 46, Caucasians accounted for 73 percent of the racial distribution in fiscal year 2013. African Americans (17%) and Hispanics (10%) comprised the remaining 21 percent of the overall distribution.

The total number of individuals receiving prevention services in Frederick County was 66,157 in fiscal year 2013.

Figure 44
Gender Distribution FY 2013

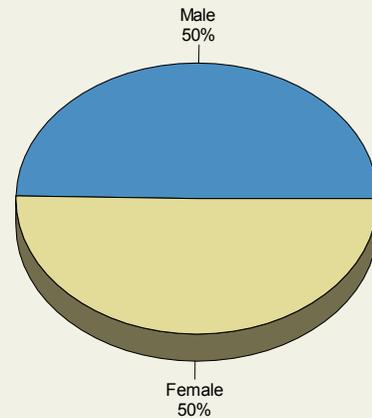


Figure 45
Age Distribution FY 2013

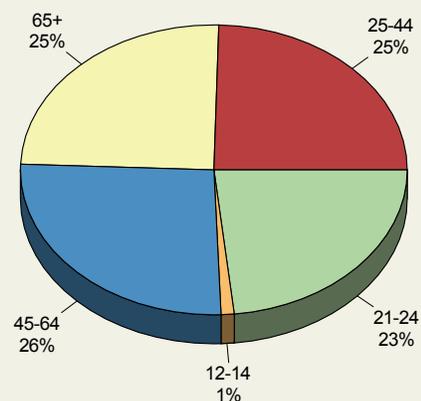
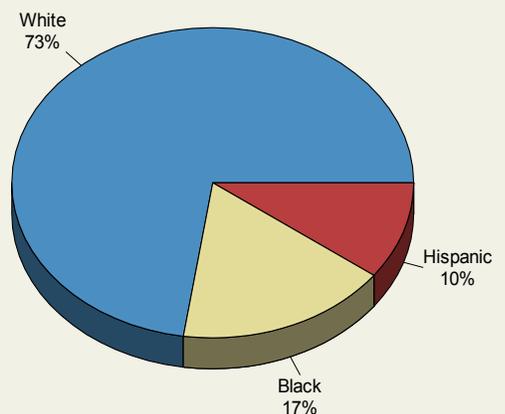
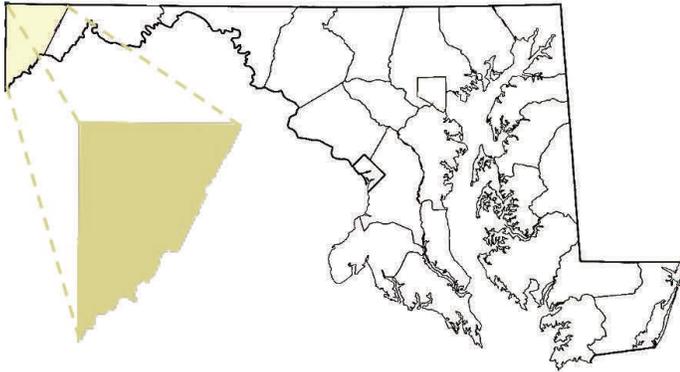


Figure 46
Race Distribution FY 2013



GARRETT COUNTY



Prevention Coordinator
Sandy Miller
(301) 334-7730

SAMHSA EVIDENCE-BASED PROGRAMS

- ▶ Parenting Wisely

DEMOGRAPHICS

GENDER

Figure 47 shows the countywide distribution of prevention programs for gender in fiscal year 2013. Females represented 62 percent of program participants while 38 percent of the participants countywide were male.

AGE

During fiscal year 2013, adolescents accounted for 53 percent of those individuals receiving prevention services in Garrett County. Approximately one-quarter (20%) of all those participating in prevention programs were parents or primary care givers. Figure 48 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 49, Caucasians accounted for 98 percent of the racial distribution. African Americans comprised two percent (2%) of the remaining distribution receiving prevention services in Garrett County during fiscal year 2013.

The total number of individuals receiving prevention services in Garrett County was 10,969 in fiscal year 2013.

Figure 47
Gender Distribution FY 2013

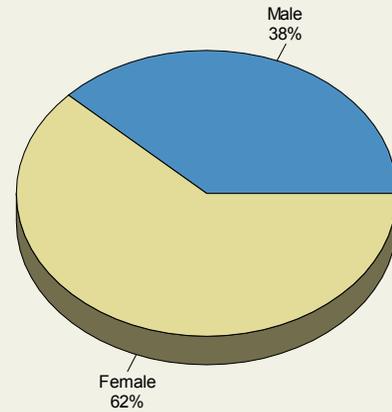


Figure 48
Age Distribution FY 2013

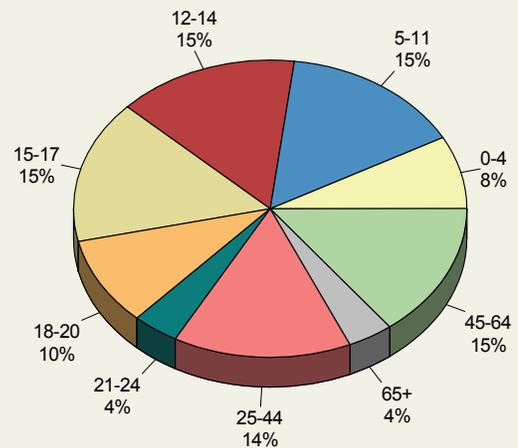
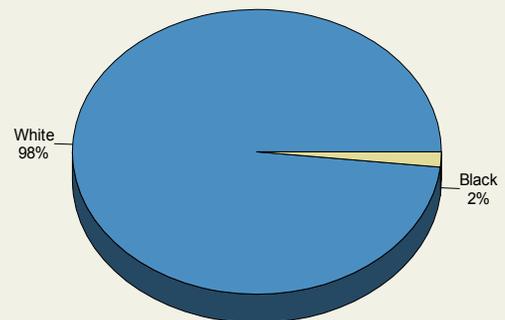
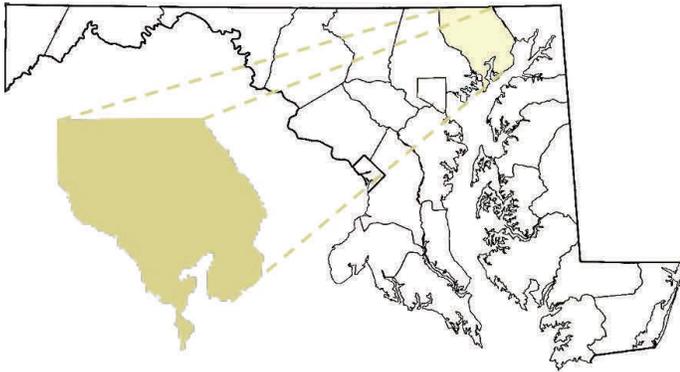


Figure 49
Race Distribution FY 2013



HARFORD COUNTY



Prevention Coordinator

Joseph Ryan
(410) 638-3333

SAMHSA EVIDENCE-BASED PROGRAMS

- ▶ All Stars

DEMOGRAPHICS

GENDER

Figure 50 shows the countywide distribution of prevention programs for gender in fiscal year 2013. Females represented 54 percent of program participants while 46 percent of the participants countywide were male.

AGE

During fiscal year 2013, approximately one-half (46%) of all those participating in prevention programs were adolescents in prevention programs. Parents or primary care givers represented approximately one third (29%) of the individuals receiving prevention services in Harford County. Figure 51 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 52, Caucasians accounted for 74 percent of the racial distribution receiving prevention services in Harford County while African Americans comprised 21 percent during fiscal year 2013. Hispanics (3%) and Asians (2%) accounted for the remaining five percent of the overall distribution.

The total number of individuals receiving prevention services in Harford County was 13,340, in fiscal year 2013.

Figure 50
Gender Distribution FY 2013

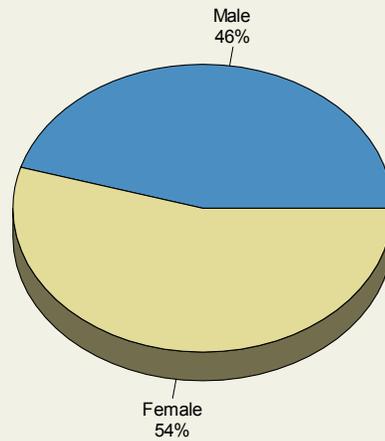


Figure 51
Age Distribution FY 2013

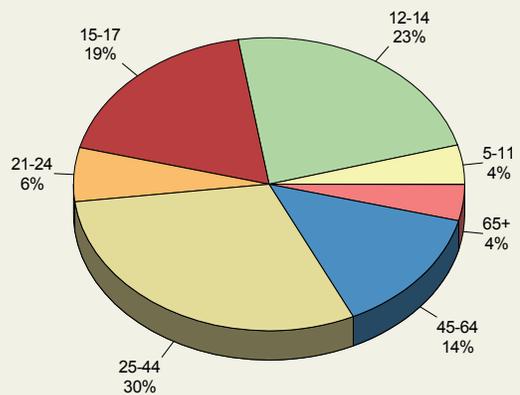
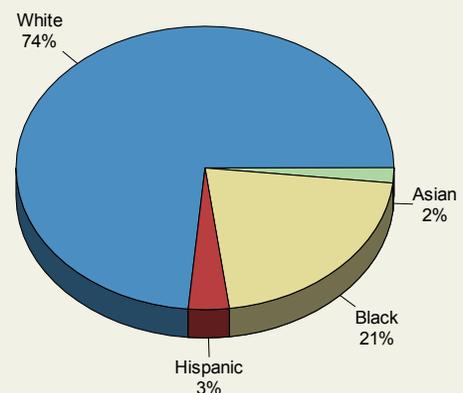
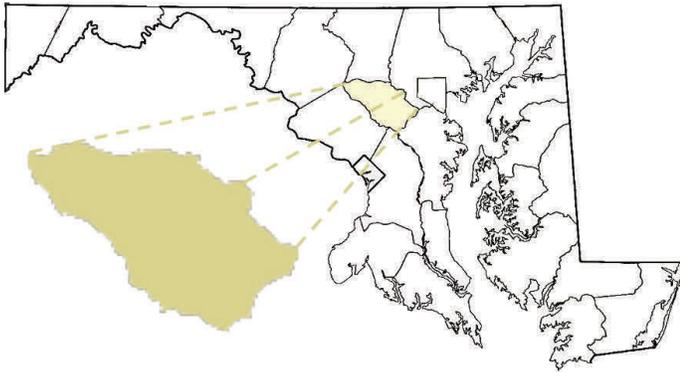


Figure 52
Race Distribution FY 2013



HOWARD COUNTY



Prevention Coordinator
Joan Webb-Scornaienchi
(443) 325-0040

SAMHSA EVIDENCE-BASED PROGRAMS

► Guiding Good Choices

DEMOGRAPHICS

GENDER

Figure 53 shows the countywide distribution of prevention programs for gender in fiscal year 2013. Females represented 60 percent of program participants while 40 percent of the participants countywide were male.

AGE

During fiscal year 2013, over 22 percent of all those participating in prevention programs were parents or primary care givers. Adolescents accounted for 46 percent of the distribution. Figure 54 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 55, Caucasians represented 55 percent of the racial distribution receiving prevention services in fiscal year 2013. African Americans (26%), Asians (11%) and Hispanics (8%) accounted for 45 percent of the remaining distribution.

The total number of individuals receiving prevention services in Howard County was 2,998 in fiscal year 2013.

Figure 53
Gender Distribution FY 2013

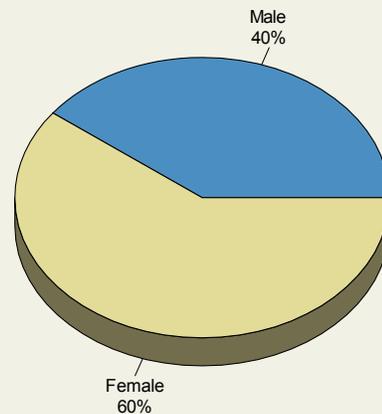


Figure 54
Age Distribution FY 2013

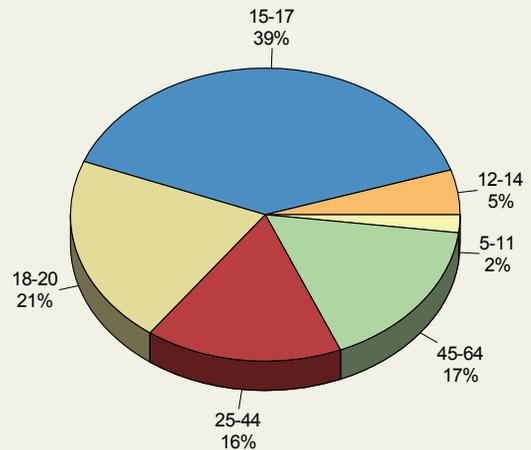
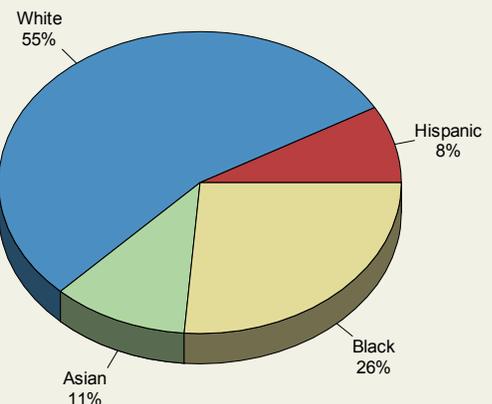
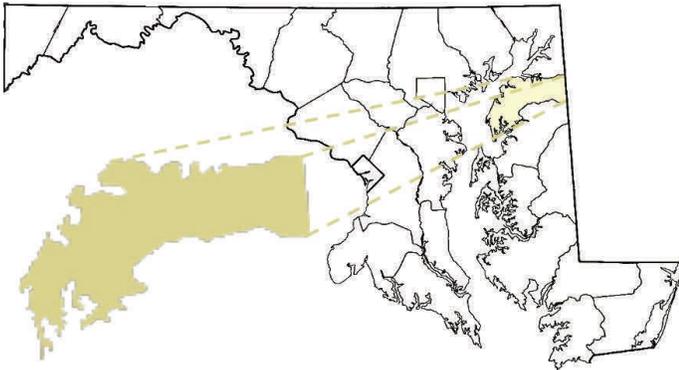


Figure 55
Race Distribution FY 2013



KENT COUNTY



Prevention Coordinator

Linda Wilson
(410) 778-7918 ext. 23

SAMHSA EVIDENCE-BASED PROGRAMS

- ▶ Communities Mobilizing for Change on Alcohol
- ▶ Life Skills

DEMOGRAPHICS

GENDER

Figure 56 shows the countywide distribution of prevention programs for gender in fiscal year 2013. Females represented 61 percent of program participants while 39 percent of the participants countywide were male.

AGE

During fiscal year 2013, over one-third (39%) of all those participating in prevention programs were parents. Adolescents comprised 15 percent of the individuals attending prevention programs in Kent County. Figure 57 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 58, Caucasians accounted for 72 percent of the racial distribution in Kent County while African Americans comprised 25 percent during fiscal year 2013. Hispanics accounted for the remaining 3 percent of the overall distribution.

The total number of individuals receiving prevention services in Kent County was 9,219 in fiscal year 2013.

Figure 56
Gender Distribution FY 2013

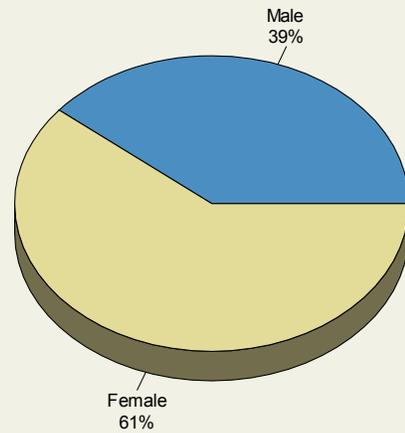


Figure 57
Age Distribution FY 2013

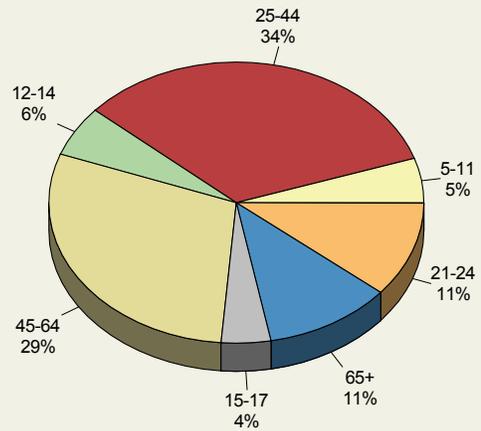
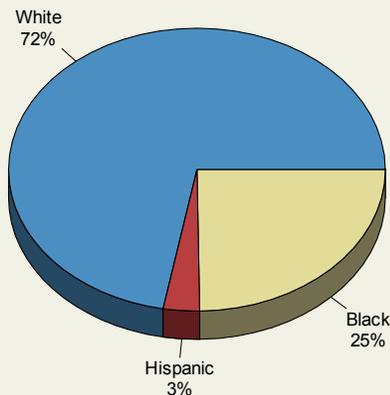
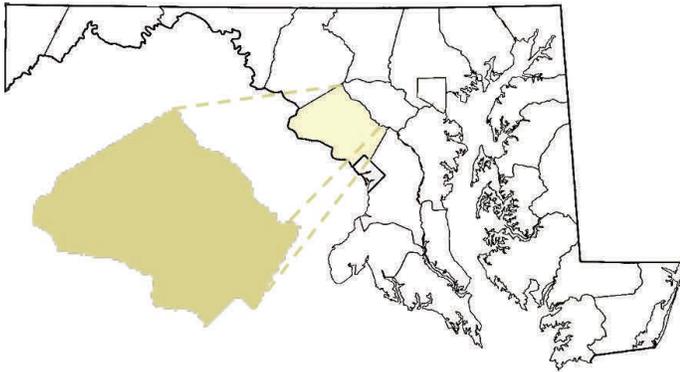


Figure 58
Race Distribution FY 2013



MONTGOMERY COUNTY



Prevention Coordinator

Ben Stevenson
(240) 777-4241

SAMHSA EVIDENCE-BASED PROGRAMS

- ▶ Dare to be you
- ▶ Strengthening Families

DEMOGRAPHICS

GENDER

Figure 59 shows the countywide distribution of prevention programs for gender in fiscal year 2013. Females represented 61 percent of program participants while 39 percent of the participants countywide were male.

AGE

During fiscal year 2013, adolescents represented 46 percent of those individuals receiving services in Montgomery County. One-third (31%) of those receiving services were parents and primary care givers. Figure 60 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 61, Caucasians accounted for 38 percent of the racial distribution receiving prevention services in Montgomery County. African Americans (32%) and Hispanics (30%) accounted for the remaining distribution.

The total number of individuals receiving prevention services in Montgomery County was 1,094 in fiscal year 2013.

Figure 59
Gender Distribution FY 2013

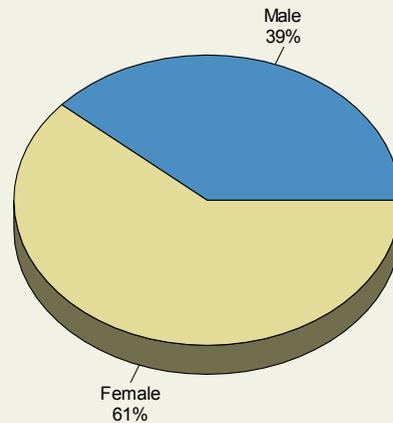


Figure 60
Age Distribution FY 2013

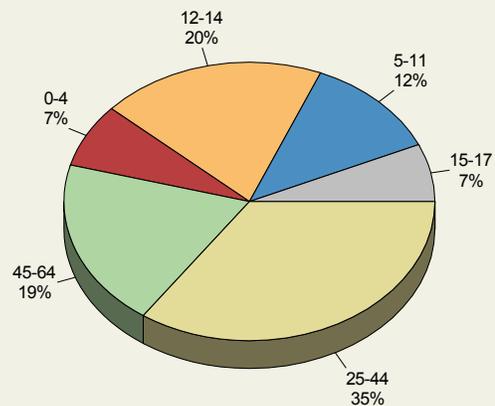
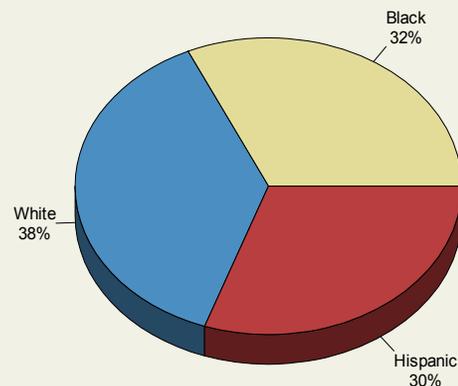
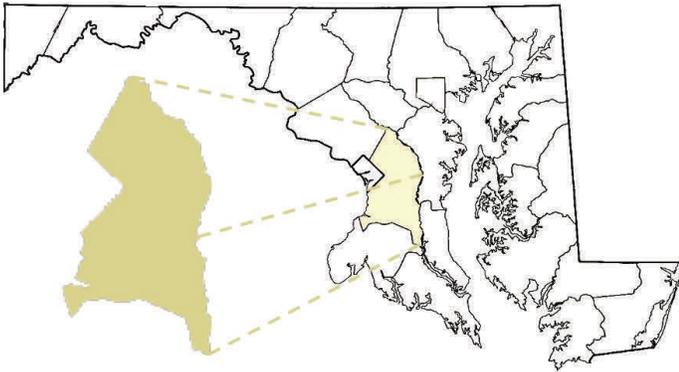


Figure 61
Race Distribution FY 2013



PRINCE GEORGE'S COUNTY



Prevention Coordinator
 Patricia Ramseur
 (301) 883-3508

College Coordinator
 Vanessa Cooke
 (301) 860-4127

SAMHSA EVIDENCE-BASED PROGRAMS

- ▶ All Stars
- ▶ CMCA
- ▶ Dare to be you

DEMOGRAPHICS

GENDER

Figure 62 shows the countywide distribution of prevention programs for gender in fiscal year 2013. Females represented 52 percent of program participants while 48 percent of the participants countywide were male.

AGE

Figure 63 shows the overall distribution for age in Prince George's County during fiscal year 2013. Adolescents accounted for 20 percent of those individuals receiving prevention services.

RACE AND ETHNICITY

As shown in Figure 64, African Americans accounted for 39 percent of the racial distribution in Prince George's County. Caucasians (28%) and Hispanics (23%) and Asians (10%) accounted for the remainder of the distribution for fiscal year 2013.

- **The total number of individuals receiving prevention services in Prince George's County was 46,907 in fiscal year 2013.**

- **The ATOD Center at Bowie State University served 2,306 individuals in fiscal year 2013.**

Figure 62
Gender Distribution FY 2013

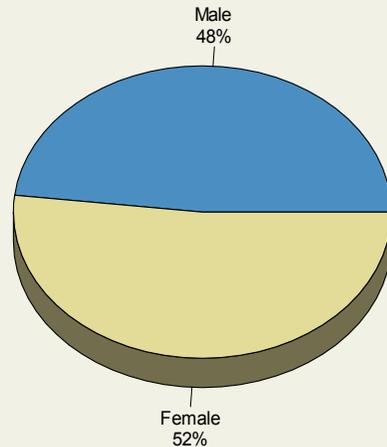


Figure 63
Age Distribution FY 2013

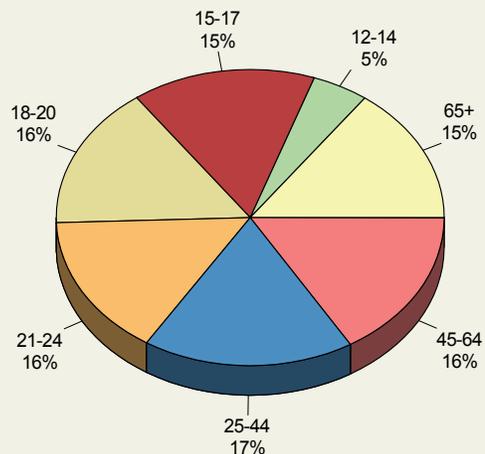
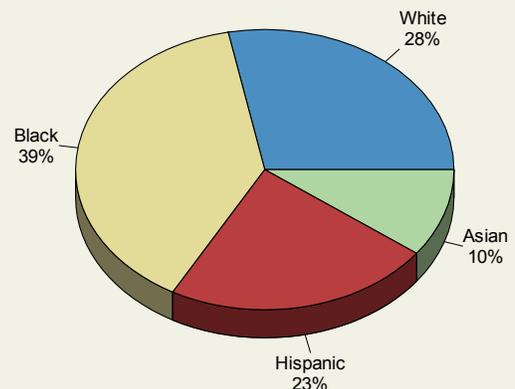
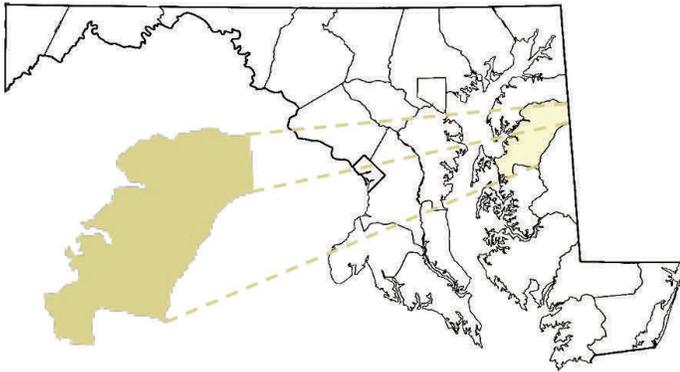


Figure 64
Race Distribution FY 2013



QUEEN ANNE'S COUNTY



Prevention Coordinator
 Kathy Wright
 (410) 758-1306 ext. 304

SAMHSA EVIDENCE-BASED PROGRAMS

- Communities Mobilizing for Change on Alcohol

DEMOGRAPHICS

GENDER

Figure 65 shows the countywide distribution of prevention programs for gender in fiscal year 2013. Females represented 52 percent of program participants while 48 percent were male.

AGE

During fiscal year 2013, ten percent of all those participating in prevention programs were adolescents. Parents and primary care givers accounted for 41 percent of the distribution. Figure 66 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 67, Caucasians (79%) and African Americans (17%) accounted for 96 percent of the racial distribution receiving prevention services in Queen Anne's County. Hispanics (4%) accounted for the remaining racial distribution in fiscal year 2013.

The total number of individuals receiving prevention services in Queen Anne's County was 11,150 in fiscal year 2013.

Figure 65
Gender Distribution FY 2013

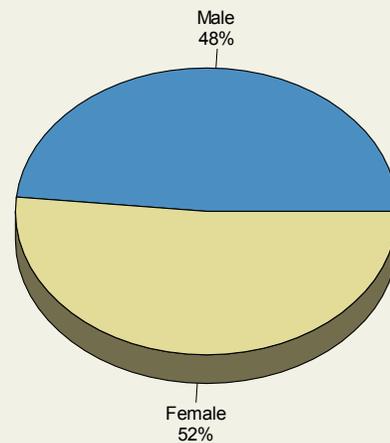


Figure 66
Age Distribution FY 2013

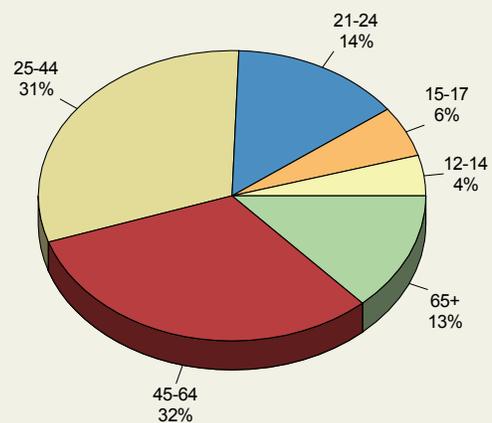
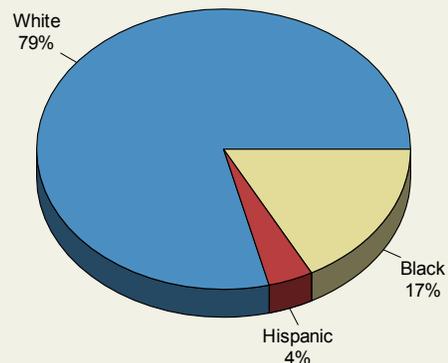
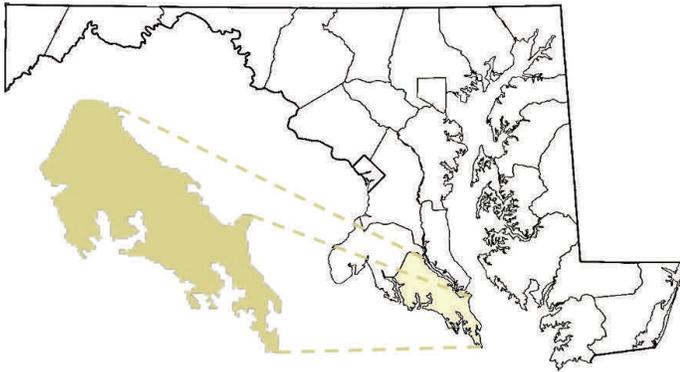


Figure 67
Race Distribution FY 2013



ST. MARY'S COUNTY



Prevention Coordinator
 Matthew Reisdorph
 (301) 475-4200 ext. 1682

SAMHSA EVIDENCE-BASED PROGRAMS

- ▶ Communities Mobilizing for Change on Alcohol
- ▶ Guiding Good Choices
- ▶ Second Step

DEMOGRAPHICS

GENDER

Figure 68 shows the countywide distribution of prevention programs for gender in fiscal year 2013. Females represented 52% of program participants while 48 percent were male.

AGE

During fiscal year 2013, approximately half (48%) of all those participating in prevention programs were adolescents. Figure 69 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 70, Caucasians accounted for 43 percent of the racial distribution in St. Mary's County while African Americans comprised 31 percent. Asians (8%) and Hispanics (18%) accounted for the remaining 26 percent of the distribution.

The total number of individuals receiving prevention services in St. Mary's County was 1,914 in fiscal year 2013.

Figure 68
Gender Distribution FY 2013

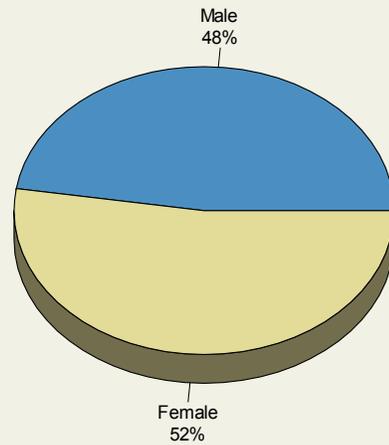


Figure 69
Age Distribution FY 2013

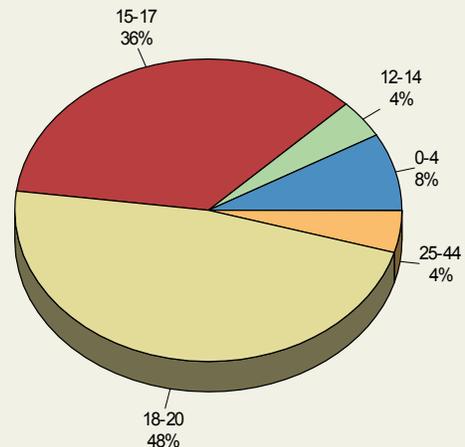
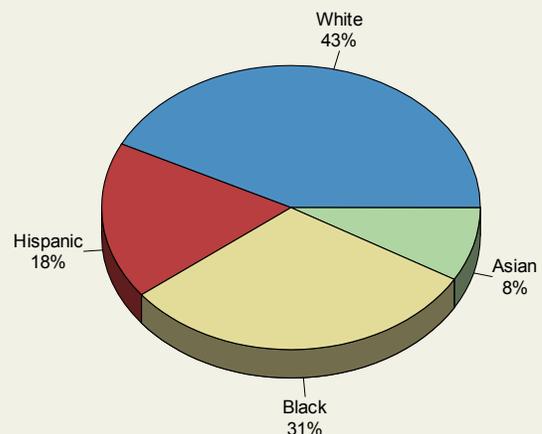
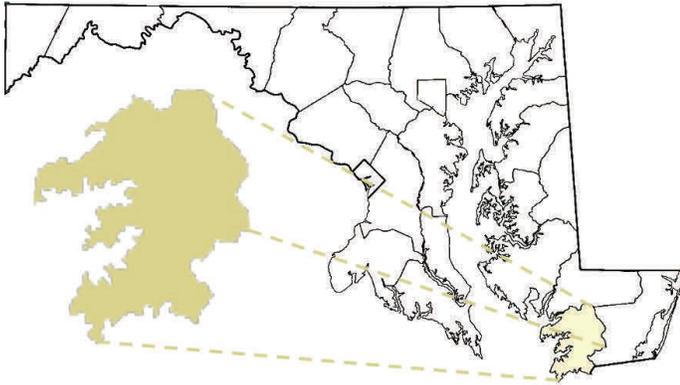


Figure 70
Race Distribution FY 2013



SOMERSET COUNTY



Prevention Coordinator
Viola Smith
(443) 523-1726

College Coordinator
Lauresa Wigfall
(410) 651-6385

SAMHSA EVIDENCE-BASED PROGRAMS

- ▶ Communities Mobilizing for Change on Alcohol
- ▶ Guiding Good Choices

DEMOGRAPHICS

GENDER

Figure 71 shows the countywide distribution of prevention programs for gender in fiscal year 2013. Females represented 55 percent of program participants while 45 percent of the participants countywide were male.

AGE

During fiscal year 2013, over half (52%) of individuals participating in prevention programs were adolescents. Figure 72 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 73, African Americans (51%) and Caucasians (47%) accounted for 98 percent of the racial distribution in Somerset County. Hispanics (2%) accounted for the remaining racial distribution.

- The total number of individuals receiving prevention services through the Somerset County prevention office was 5,595 in fiscal year 2013.

- The ATOD Center at the University of Maryland Eastern Shore served 5,522 individuals in fiscal year 2013.

Figure 71
Gender Distribution FY 2013

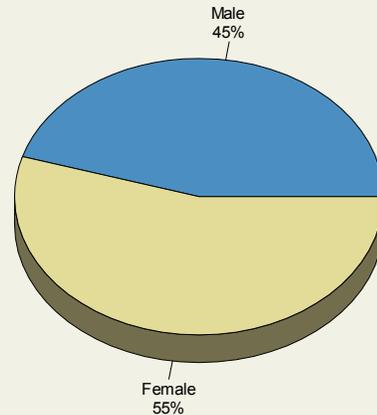


Figure 72
Age Distribution FY 2013

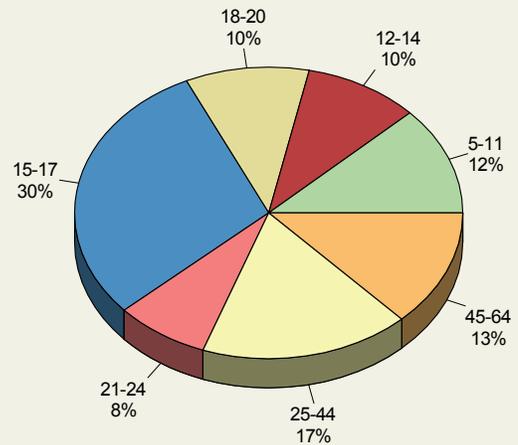
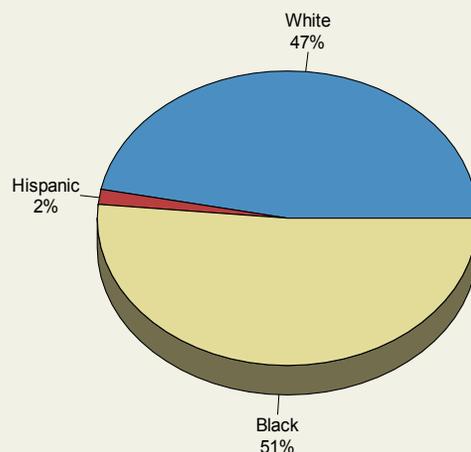
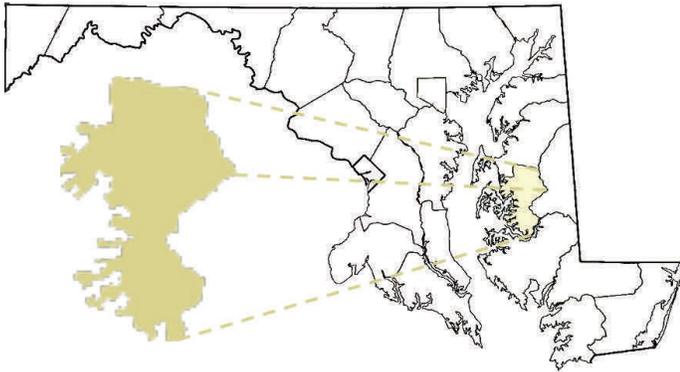


Figure 73
Race Distribution FY 2013



TALBOT COUNTY



Prevention Coordinator

Paula Lowry
(410) 819-8067

SAMHSA EVIDENCE-BASED PROGRAMS

- ▶ All Stars
- ▶ Communities Mobilizing for Change on Alcohol

DEMOGRAPHICS

GENDER

Figure 74 shows the countywide distribution of prevention programs for gender in fiscal year 2013. There was an equal distribution of males (50%) and females (50%) in fiscal year 2013.

AGE

During fiscal year 2013, more than one-third (40%) of all those participating in prevention programs were parents or primary care givers. Figure 75 shows the overall county distribution for age.

RACE AND ETHNICITY

Caucasians represented for 86 percent of the racial distribution receiving prevention services. African Americans (11%) and Hispanics (3%) accounted for the remaining distribution (Figure 76).

The total number of individuals receiving prevention services in Talbot County was 24,151 in fiscal year 2013.

Figure 74
Gender Distribution FY 2013

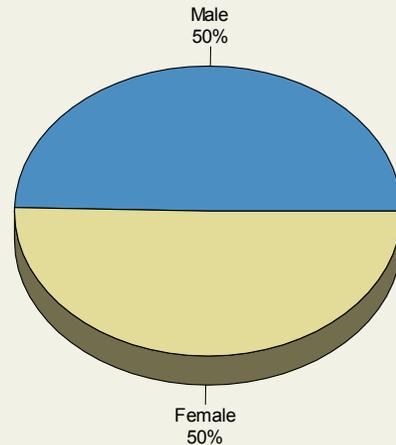


Figure 75
Age Distribution FY 2013

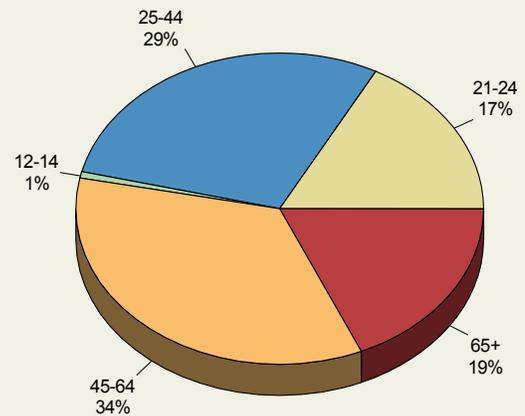
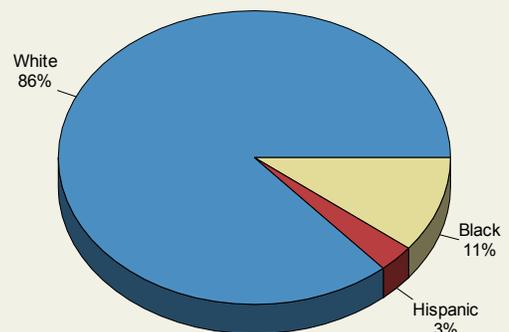
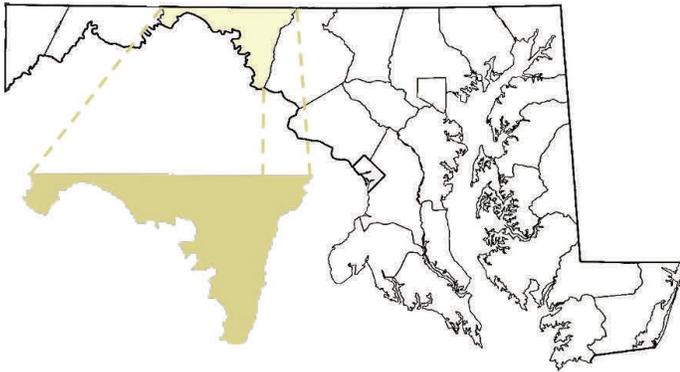


Figure 76
Race Distribution FY 2013



WASHINGTON COUNTY



Prevention Coordinator

April Rouzer
(240) 313-3356

SAMHSA EVIDENCE-BASED PROGRAMS

- ▶ Dare to be you
- ▶ Second Step
- ▶ Strengthening Families

DEMOGRAPHICS

GENDER

Figure 77 shows the countywide distribution of prevention programs for gender in fiscal year 2013. Females represented 62 percent of program participants while 38 percent of the participants countywide were male.

AGE

During fiscal year 2013, more than one-half (56%) of those receiving prevention services were parents or primary caregivers. Adolescents accounted for 11 percent of individuals receiving prevention services in Washington County. Figure 78 shows the overall county distribution for age.

RACE AND ETHNICITY

Caucasians (88%) and African Americans (10%) accounted for 98 percent of the racial distribution receiving prevention services. Hispanics (2%) represented the remaining distribution during fiscal year 2013 (Figure 79).

The total number of individuals receiving prevention services in Washington County was 630 in fiscal year 2013.

Figure 77
Gender Distribution FY 2013

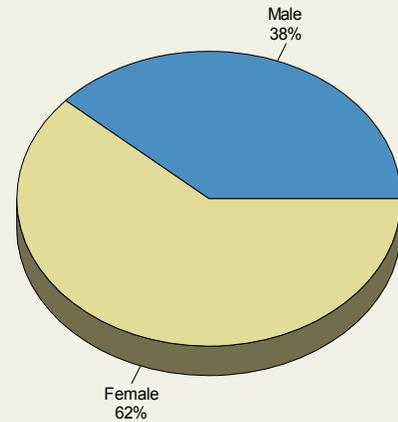


Figure 78
Age Distribution FY 2013

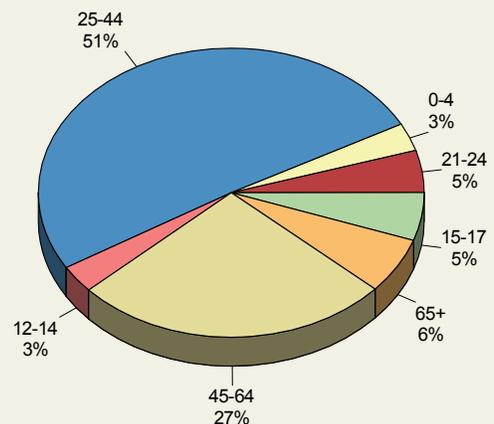
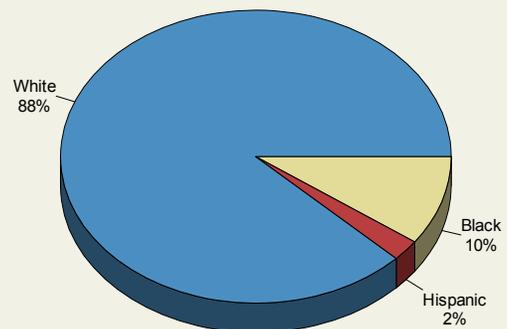
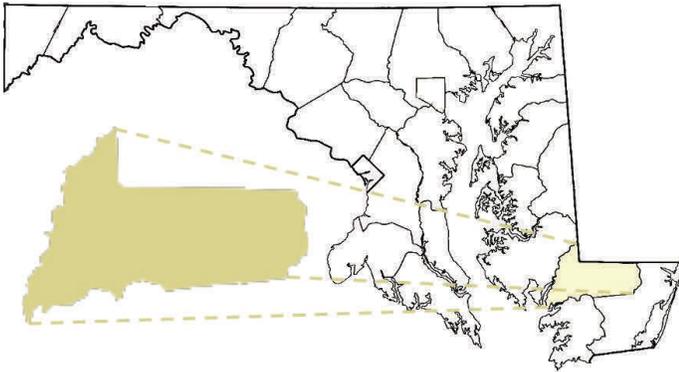


Figure 79
Race Distribution FY 2013



WICOMICO COUNTY



Prevention Coordinator

Cindy Shifler
(410) 219-7544

SAMHSA EVIDENCE-BASED PROGRAMS

- ▶ CMCA
- ▶ Second Step
- ▶ Strengthening Families

DEMOGRAPHICS

GENDER

Figure 80 shows the countywide distribution of prevention programs for gender in fiscal year 2013. Females represented 60 percent of program participants while 40 percent of the participants countywide were male.

AGE

During fiscal year 2013, approximately one-third (31%) of those receiving prevention services were parents or primary caregivers. Adolescents accounted for 30 percent of individuals receiving prevention services in Wicomico County. Figure 81 shows the overall county distribution for age.

RACE AND ETHNICITY

Caucasians (58%) and African Americans (39%) accounted for 97 percent receiving prevention services in fiscal year 2013. Hispanics comprised 3 percent of the remaining racial distribution (Figure 82).

The total number of individuals receiving prevention services in Wicomico County was 32,923 in fiscal year 2013.

Figure 80
Gender Distribution FY 2013

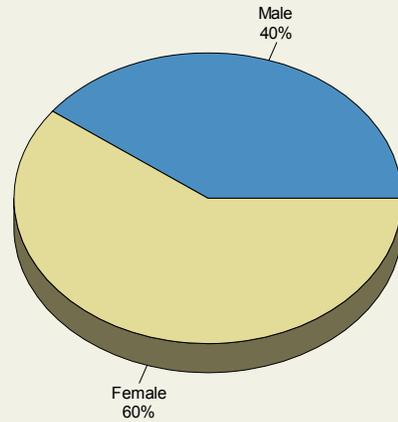


Figure 81
Age Distribution FY 2013

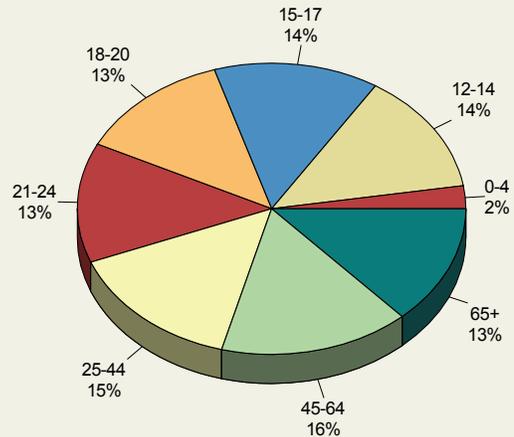
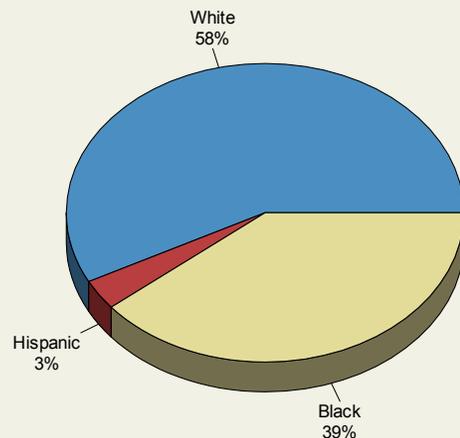
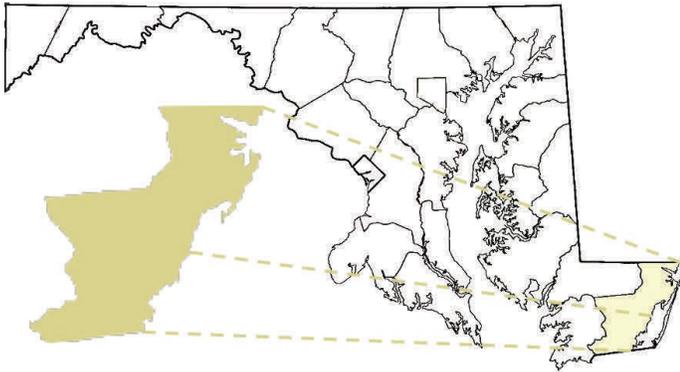


Figure 82
Race Distribution FY 2013



WORCESTER COUNTY



Prevention Coordinator

Marty Pusey
(410) 632-1100

SAMHSA EVIDENCE-BASED PROGRAMS

- ▶ All Stars
- ▶ Life Skills
- ▶ Parenting Wisely

DEMOGRAPHICS

GENDER

Figure 83 shows the countywide distribution of prevention programs for gender in fiscal year 2013. Females represented 52 percent of program participants while 48 percent of the participants countywide were male.

AGE

During fiscal year 2013, over three-quarters (76%) of those participating in prevention programs were adolescents (93%). Figure 84 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 85, Caucasians represented 53 percent of those receiving prevention services in Worcester County. African Americans (43%), Hispanics (2%) and Asians (2%) accounted for the remaining racial distribution during fiscal year 2013.

The total number of individuals receiving prevention services in Worcester County was 12,855 in fiscal year 2013.

Figure 83
Gender Distribution FY 2013

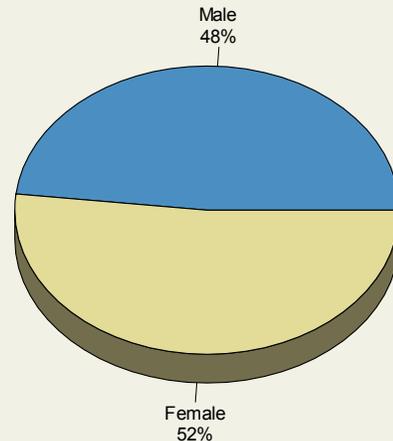


Figure 84
Age Distribution FY 2013

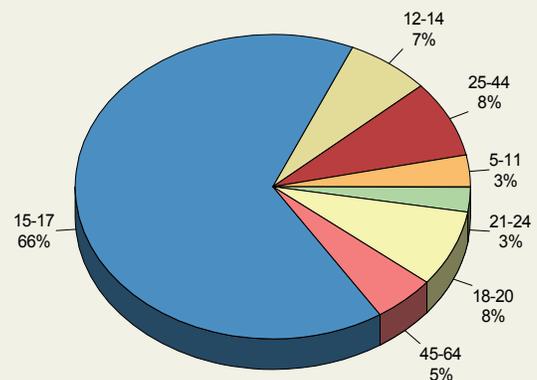
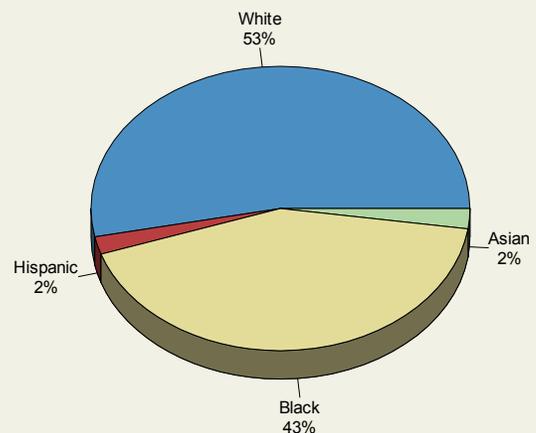


Figure 85
Race Distribution FY 2013



DEFINITIONS OF CSAP STRATEGIES AND ACTIVITIES

All strategies and service type codes reported in the MIS Prevention Program Activity Report by each individual program are based on CSAP's six primary prevention strategies. These six strategies provide a common framework for data collection on primary prevention services. During fiscal year 2013, ADAA promoted all of the following six CASP strategies.

ALTERNATIVES - This Alternatives strategy provides for the participation of target populations in activities that exclude substance abuse. The assumption is that constructive and healthy activities offset the attraction to or otherwise meet the needs usually filled by alcohol, tobacco, and other drugs and would therefore minimize or remove the need to use these substances.

Activities for this strategy:

1. Alcohol/Tobacco/Drug-Free Social/Recreational Events
2. Community Drop-In Centers
3. Community Service Activities
4. Youth/Adult Leadership Activities

COMMUNITY-BASED PROCESS - Community-based process strategies aim to enhance the ability of the community to more effectively provide substance abuse prevention and treatment. Services in this strategy include organizing, planning, and enhancing the efficiency and effectiveness of services implementation, interagency collaboration, coalition building and network building.

Activities for this strategy:

1. Assessing Services and Funding
2. Assessing Community Needs
3. Community and Volunteer Services
4. Formal Community Teams and Activities
5. Training Services and Technical Assistance
6. Systematic Planning

EDUCATION - Substance abuse prevention education involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator and/or facilitator and the participants is the basis of its components. Services under this strategy aim to improve critical life and social skills, including decision-making, refusal skills, critical analysis, and systematic judgment abilities.

Activities for this strategy:

1. Children of Substance Abuse (COSA) Groups
2. Education Programs for Youth
3. Parenting and Family Management
4. Preschool ATOD Prevention Programs
5. Peer Leader/Helper Programs
6. Ongoing Classroom and/or Small Group Sessions

DEFINITIONS OF CSAP STRATEGIES AND ACTIVITIES

ENVIRONMENTAL - The environmental strategy establishes or changes written and unwritten community standards, codes and attitudes thereby influencing the incidence and prevalence of the abuse of alcohol, tobacco and other drugs by the general population. This strategy is divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to service- and a-oriented initiatives.

Activities for this strategy:

1. Public Policy Efforts
2. Changing Environmental Codes, Ordinances, Regulations and Legislation
3. Preventing Underage Alcohol Sales
4. Preventing Underage Sale of Tobacco and Tobacco Products (SYNAR)

INFORMATION DISSEMINATION - Information Dissemination provides awareness and knowledge of the nature and extent of substance abuse and addiction and its effects on individuals, families, and communities. The strategy is also intended to increase knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.

Activities for this strategy:

1. Clearinghouse/Information Resource Center (brochures, pamphlets and other literature)
2. Health Fairs
3. Health Promotion
4. Media Campaigns
5. Resource Directories
6. Speaking Engagements

PROBLEM ID AND REFERRAL - Problem identification and referral aims to classify those who have indulged in illegal or age inappropriate use of tobacco or alcohol and those who have indulged in the first use of illicit drugs and to assess whether their behavior can be reversed through education. It should be noted, however, that this strategy does not include any function designed to determine whether a person is in need of treatment.

Activities for this strategy:

1. Employee Assistance Programs
2. Student Assistance Programs
3. DUI/DWI Programs
4. Prevention Assessment and Referral Services

ACRONYMS AND ABBREVIATIONS

ADAA	<i>Alcohol and Drug Abuse Administration</i>
ATOD	<i>Alcohol, Tobacco and Other Drugs</i>
CSAP	<i>Center For Substance Abuse Prevention</i>
DHMH	<i>Department of Health and Mental Hygiene</i>
FY	<i>Fiscal Year</i>
IOM	<i>Institute of Medicine</i>
MDS	<i>Minimum Data Set</i>
MIS	<i>Management Information Systems</i>
NIDA	<i>National Institute on Drug Abuse</i>
NREPP	<i>National Registry of Evidence-based Programs and Practices</i>
SAMHSA	<i>Substance Abuse and Mental Health Services Administration</i>

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