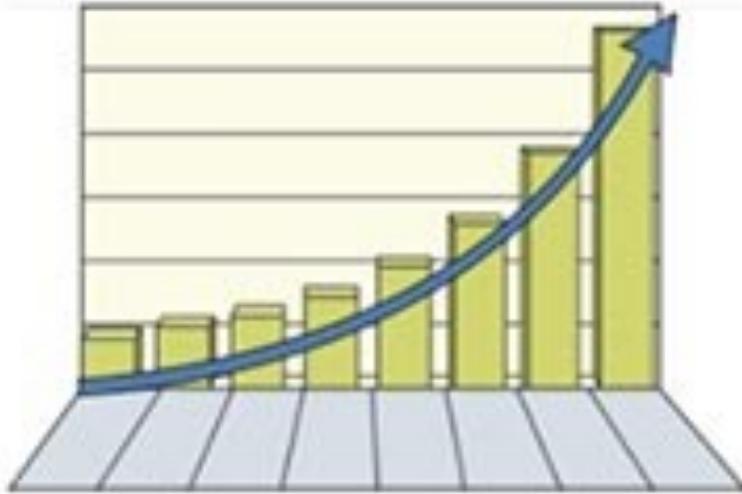


Maryland Behavioral Health Administration

Department of Health and Mental Hygiene



PREVENTION PROGRAM ANNUAL REPORT

FISCAL YEAR 2014

Lawrence J. Hogan Jr., Governor



Boyd K. Rutherford, Lt. Governor



Van T. Mitchell, Secretary



*Brian M. Hepburn, M.D.,
Executive Director*

Maryland Behavioral Health Administration



GENERAL INFORMATION

For information about BHA and Prevention Services please contact:

Behavioral Health Administration
Vocational Rehabilitation Building
55 Wade Avenue
Catonsville, Maryland 21228

Phone:

BHA Main: (410) 402-8600
Fax: (410) 402-8601 or (410) 402-8602
TTY: (410) 735-2258 (Maryland Relay Service)

OR

E-mail your questions and comments to: erik.gonder@maryland.gov

AND

Visit our website: www.bha.dhmf.maryland.gov

The services and facilities of the Maryland State Department of Health and Mental Hygiene (DHMH) are operated on a non-discriminatory basis. This policy prohibits discrimination on the basis of race, color, sex, or national origin and applies to the provisions of employment and granting advantages, privileges and accommodations.

The Department, in compliance with the Americans with Disabilities Act, ensures that qualified individuals with disabilities are given an opportunity to participate in and benefit from DHMH services, programs, benefits, and employment opportunities.

TABLE OF CONTENTS

INTRODUCTION.....	1
What is Prevention?.....	1
Prevention Network.....	1
Overview.....	1
System Architecture.....	1
PREVENTION SERVICES IN MARYLAND.....	2
Numbers Served.....	2
Program Characteristics.....	2
Service Population.....	2
PREVENTION SERVICES IN MARYLAND.....	3
Program Type.....	3
Service Population.....	3
MARYLAND PREVENTION DEMOGRAPHICS.....	4
Demographic Profile (Gender, Age and Race).....	4
RECURRING PROGRAM COMPLETIONS.....	5
Program Completions.....	5
Completion Percentages.....	5
CSAP STRATEGIES.....	6
COLLEGE PREVENTION CENTERS.....	7
CSAP EVIDENCE-BASED PROGRAMS.....	8
INSTITUTE OF MEDICINE (IOM) CATEGORY.....	9
ENVIRONMENTAL STRATEGIES.....	10

TABLE OF CONTENTS

COUNTY PREVENTION DATA.....	11
Allegany County.....	12
Anne Arundel County.....	13
Baltimore City.....	14
Baltimore County.....	15
Calvert County.....	16
Caroline County.....	17
Carroll County.....	18
Cecil County	19
Charles County	20
Dorchester County	21
Frederick County.....	22
Garrett County	23
Harford County.....	24
Howard County	25
Kent County	26
Montgomery County	27
Prince George’s County	28
Queen Anne’s County	29
St. Mary’s County	30
Somerset County	31
Talbot County	32
Washington County	33
Wicomico County.....	34
Worcester County	35
DEFINITIONS OF CSAP STRATEGIES AND ACTIVITIES.....	36-37
Alternatives.....	36
Community-based.....	36
Education.....	36
Environmental.....	37
Information Dissemination.....	37
Problem Identification and Referral.....	37
ACRONYMS AND ABBREVIATIONS.....	38

INTRODUCTION

BEHAVIORAL HEALTH ADMINISTRATION

The Maryland Behavioral Health Administration (BHA) 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, BHA 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 2011-2014

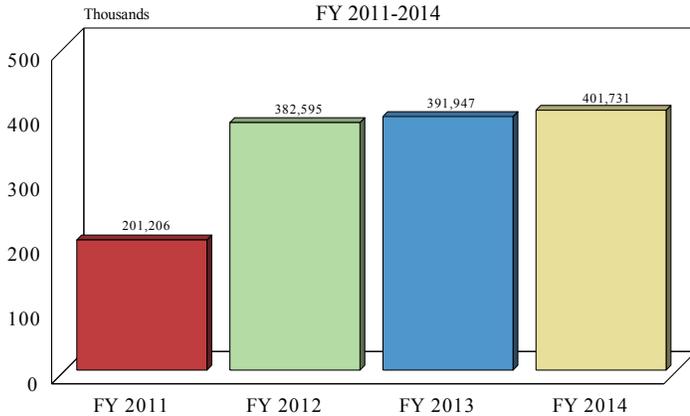


Figure 2
Program Characteristics
FY 2014

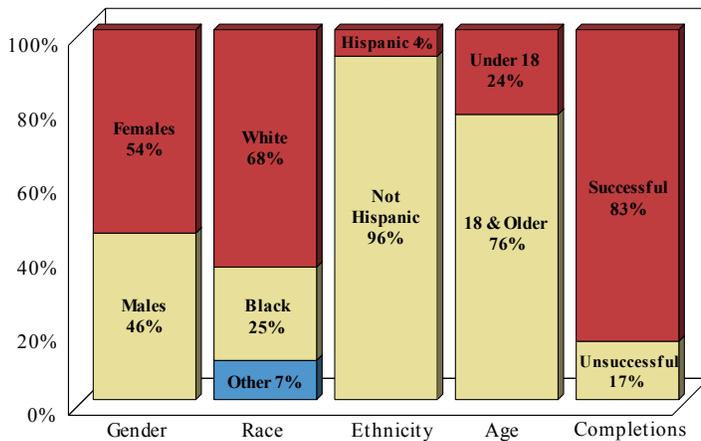
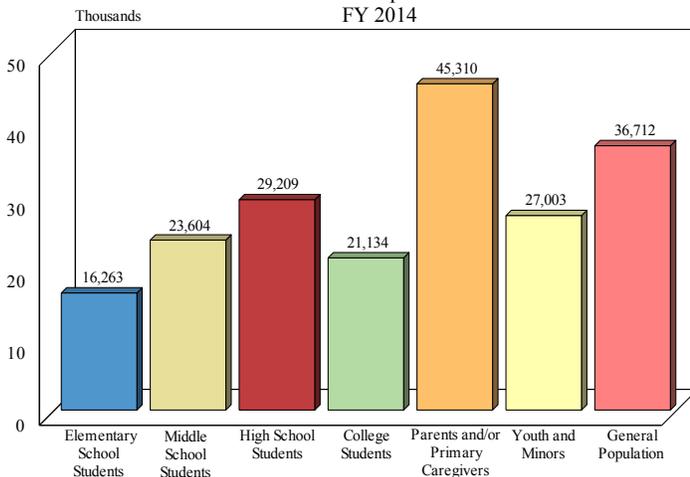


Figure 3
Service Population
FY 2014



NUMBERS SERVED

In fiscal year 2014 over 400,000 individuals received prevention services in Maryland. Beginning in FY 2012, the Behavioral Health 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 2014.

PROGRAM CHARACTERISTICS

Age

Over three quarters (76%) of all individuals receiving prevention services in fiscal year 2014 were 18 years of age and older. Figures show about 29 percent were parents or primary caregivers. Programs targeting high risk youth represented 16 percent of those individuals receiving prevention services.

Gender, Race and Ethnicity

Females represented a slightly higher distribution (54%) than males (46%) in fiscal year 2014. Caucasians (68%) 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 2014, four percent of the total population served were Hispanic.

Program Completions

Recurring prevention programs showed an overall statewide completion rate of 83% in fiscal year 2014. Program completion rates have remained steady over the last four years.

SERVICE POPULATION

During fiscal year 2014, 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

PREVENTION PROGRAM DATA

In the State of Maryland, over 400,000 people received prevention services in fiscal year 2014.

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 BHA funded and coordinated through the county prevention office.

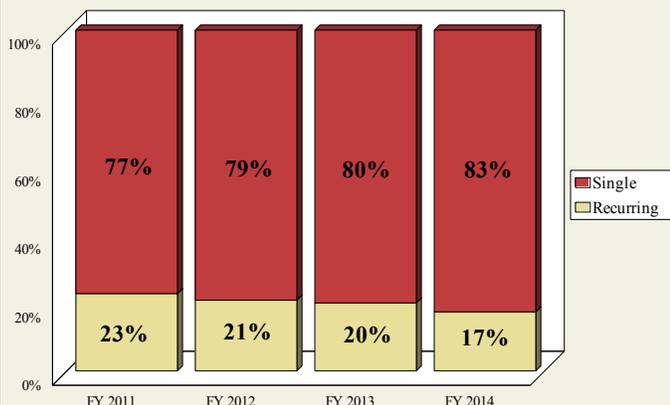
In fiscal year 2014, a total of 257 recurring prevention programs were offered across the state of Maryland. The total number of individuals actively participating in BHA funded recurring prevention programs was 7,364.

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 2014, a total of 1,255 single service prevention services were offered throughout the state of Maryland. The total number of individuals served through single service prevention activities was 394,367.

Figure 4
Prevention Programs by Program Type
FY 2011-2014



SERVICE POPULATION

During fiscal year 2014, Maryland offered prevention services to 26 different service populations. Table 1 shows the service population distribution for fiscal year 2014.

Table 1
Numbers Served by Service Population
FY2014

Service Population	Numbers Served
Business and Industry	1939
Civic Groups/Coalitions	5284
College Students	21,134
Children of Substance Abusers	814
Delinquent/Violent Youth	737
Economically Disadvantaged People	998
Elementary School Students	16,263
General Population	193,899
Government/Elected Officials	1121
Health Professionals	3190
High School Students	29,209
Homeless/Runaway Youth	318
Law Enforcement/Military	1322
Middle/Junior High School Students	23,604
Older Adults	7449
Parents/Families	45,310
People in Recovery	1404
People Using Substances	6084
People with Disabilities	150
People with Mental Health Problems	968
Pregnant Females	803
Preschool Students	1646
Prevention/Treatment Professionals	6799
Religious Groups	804
Teachers/Administrators/Counselors	3479
Youth/Minors	27,003
Total	401,731

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 2014. Fifty-four percent of program participants were female while 46 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 2014, over three quarters of the prevention program participants (77%) receiving services were adults over 18 years of age. Parents comprised 29 percent of those adults who attended prevention programs in fiscal year 2014. 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, BHA 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 68 percent of program participants while African Americans comprised 25 percent of the individuals attending prevention programs in fiscal year 2014 (Figure 7). In addition, Hispanics represented four percent of the participants receiving prevention services in fiscal year 2014.

Figure 5
Gender Distribution FY 2014

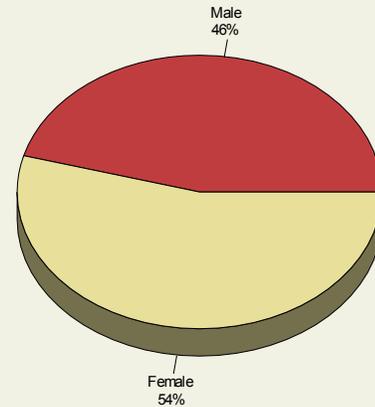


Figure 6
Age Distribution FY 2014

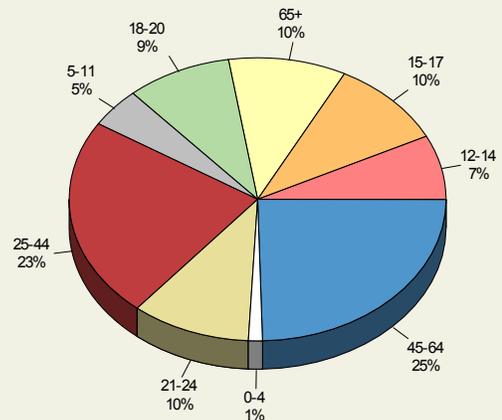
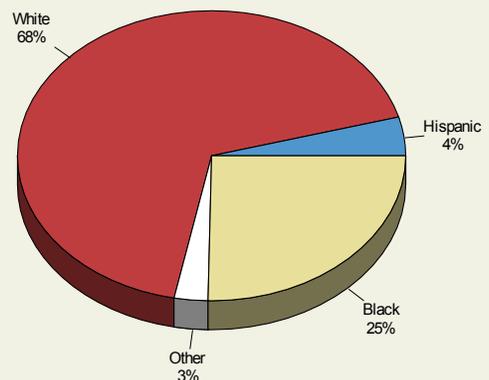


Figure 7
Race Distribution FY 2014



Recurring Program Completions

Table 2
Recurring Program Completions
Fiscal Year 2014

COUNTY	Total Number of Participants	Total Number of Completions	Percentage Completed
Allegany	91	81	89%
Anne Arundel	246	205	83%
Baltimore City	1009	821	81%
Baltimore	293	243	83%
Calvert	154	125	81%
Caroline	9	8	89%
Carroll	290	247	85%
Cecil	218	199	91%
Charles	202	166	82%
Dorchester	56	46	82%
Frederick	169	142	84%
Garrett	1338	1102	82%
Harford	61	49	80%
Howard	157	131	83%
Kent	95	78	82%
Montgomery	783	651	83%
Prince George's	209	172	83%
Queen Anne's	234	193	82%
St. Mary's	343	276	80%
Somerset	11	9	82%
Talbot	215	177	82%
Washington	87	71	82%
Wicomico	433	386	89%
Worcester	225	188	84%
Bowie St.	420	355	85%
Frostburg	0	0	0%
Towson	0	0	0%
U.M.E.S	16	13	81%
Total	7364	6134	83%

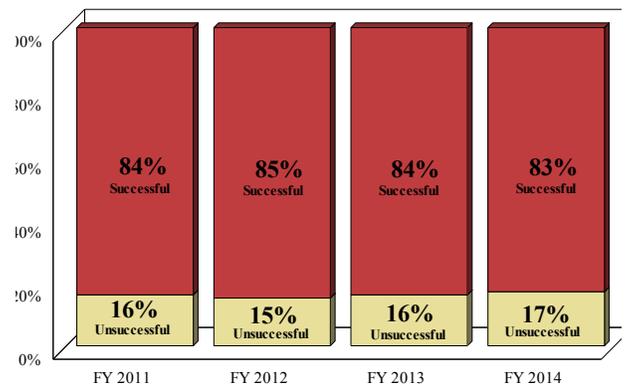
PROGRAM COMPLETION

The Behavioral Health 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 83 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 2010-2014



The average Statewide completion rate for fiscal year 2014 was 83%.



CSAP Strategies

All strategies and service types reported in the BHA 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.

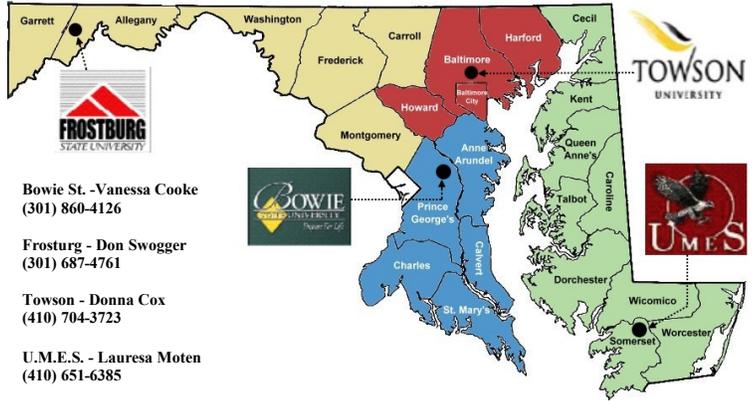
Table 3
CSAP Strategies and Number of Participants Served
Fiscal Year 2014

County	Alternatives	Community Based Process	Education	Environmental	Information Dissemination	Problem ID And Referral	Total
Allegany	265	1156	106	33,059	1803	473	36,862
Anne Arundel	12	1591	246	243	0	0	2092
Baltimore City	39	10	1009	294	1173	329	2854
Baltimore	5253	639	224	510	6112	0	12738
Calvert	98	1380	114	2545	2412	133	6682
Caroline	1431	558	9	25	4981	0	7004
Carroll	3205	4225	232	33,457	3524	141	44,784
Cecil	124	748	218	18,374	4167	0	23,631
Charles	193	10	202	150	473	0	1028
Dorchester	2689	23	56	23	331	0	3122
Frederick	0	954	169	65,124	2722	0	68,969
Garrett	12,044	228	394	2144	656	0	15,466
Harford	905	976	55	8814	4745	600	16,095
Howard	3421	0	0	18	104	0	3543
Kent	0	175	0	691	0	0	866
Montgomery	0	292	783	81	1490	0	2646
Prince George's	272	23	248	45,444	2944	0	48,931
Queen Anne's	0	544	0	24	1748	0	2316
St. Mary's	0	140	273	152	1261	0	1826
Somerset	18	0	0	1513	400	0	1931
Talbot	0	370	30	7028	53	11	7492
Washington	0	290	81	21,248	6056	47	27,722
Wicomico	569	1023	433	24,650	1023	0	27,698
Worcester	3721	803	225	9420	29	0	14,198
Bowie St.	0	0	1321	53	0	0	1374
Frostburg	666	1424	575	1911	876	8	5460
Towson	3758	3081	3955	1979	90	0	12863
U.M.E.S.	88	499	12	79	315	545	1538
TOTAL	38,771	21,162	10,970	279,053	49,488	2287	401,731
PERCENTAGE	10%	5%	3%	70%	12%	<1%	100%

College Prevention Centers

COLLEGE INITIATIVE

The BHA 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
(301) 860-4126

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 2014, the college centers provided prevention services to 21,235 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 2014.

INDIVIDUALS SERVED BY COLLEGE PREVENTION CENTERS FISCAL YEAR 2014

Figure 9
Gender Distribution

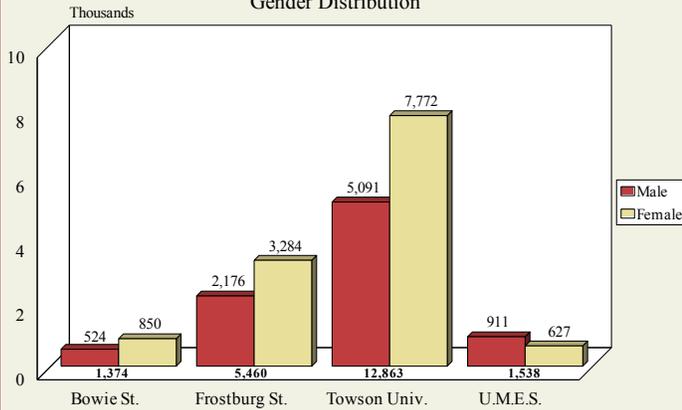


Figure 10
Race Distribution

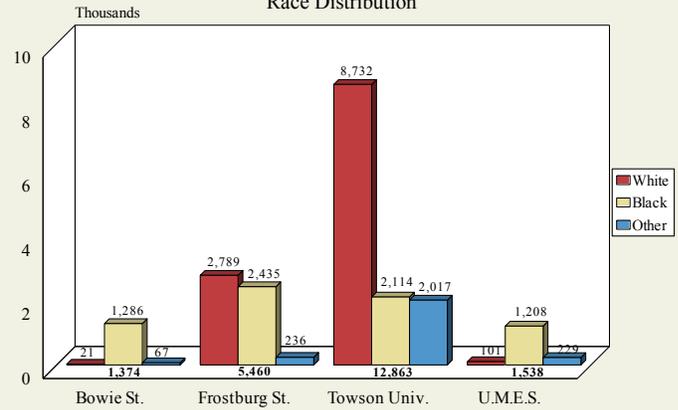


Figure 11
Statewide Gender Distribution

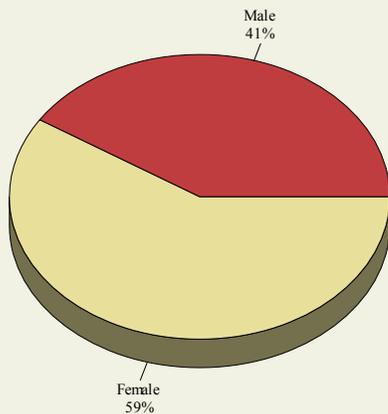
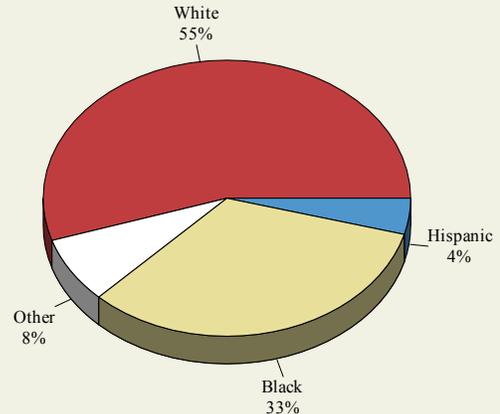


Figure 12
Statewide Race Distribution



CSAP Evidence-Based Programs

Table 4
Numbers Served By CSAP Model Program
Fiscal Year 2014

Evidence-based Program	Number of Programs	Numbers Served
All Stars	2	42
Creating Lasting Family Connections (CLFC)	1	91
Communities Mobilizing for Change on Alcohol (CMCA)	9	3,249
Dare To Be You (DTBY)	4	683
Guiding Good Choices (GGC)	6	422
Keep a Clear Mind	1	218
Life Skills Training (LST)	3	780
Parenting Wisely	2	151
Second Step	6	648
Strengthening Families Program (SFP)	8	880
Total	42	7,164

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 BHA 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.

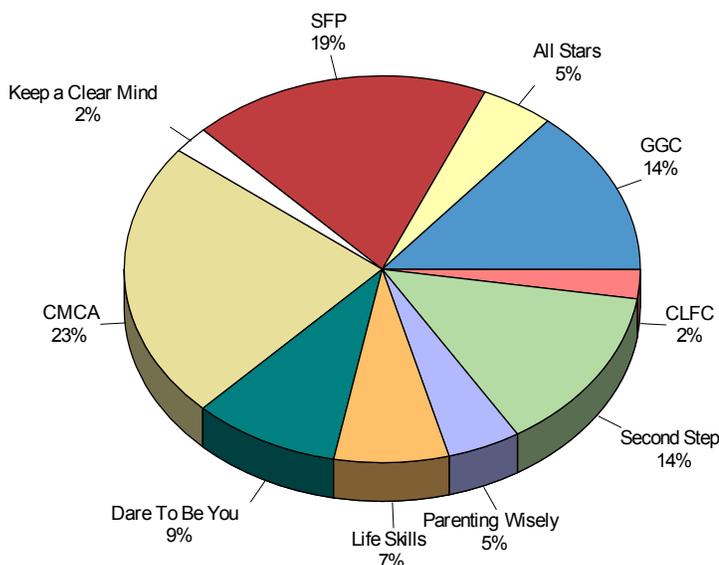
<http://nrepp.samhsa.gov/about-evidence.htm>

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 2014. Figure 19 shows evidence-based program distribution for fiscal year 2014.

Figure 13
Evidence-based Program Distribution
FY 2014



Institute of Medicine (IOM) Category

Table 5
Numbers Served By Intervention Type (IOM Category)
Fiscal Year 2014

County	Universal	Selected	Indicated	Total
Allegany	36,552	7	303	36,862
Anne Arundel	385	1701	6	2092
Baltimore City	1695	1159	0	2854
Baltimore	12,738	0	0	12,738
Calvert	5991	445	246	6682
Caroline	7004	0	0	7004
Carroll	42,465	1199	1120	44,784
Cecil	21,931	1700	0	23,631
Charles	1028	0	0	1028
Dorchester	3122	0	0	3122
Frederick	68,710	259	0	68,969
Garrett	14912	35	519	15,466
Harford	12,077	3883	135	16,095
Howard	3543	0	0	3543
Kent	866	0	0	866
Montgomery	1847	799	0	2646
Prince George's	47,088	1843	0	48,931
Queen Anne's	2315	1	0	2316
St. Mary's	1703	113	0	1826
Somerset	1931	0	0	1931
Talbot	7340	23	129	7492
Washington	27,393	307	22	27,722
Wicomico	26,690	1008	0	27,698
Worcester	13,724	468	6	14,198
Bowie St.	1224	150	0	1374
Frostburg	5460	0	0	5460
Towson	12,020	843	0	12,863
U.M.E.S.	1497	41	0	1538
Total	383,261	15,984	2486	401,731
Percentage	95%	4%	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 2014, the Behavioral Health 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, BHA-funded County Prevention Coordinators devote a great deal of their time and attention to working with community members, coalitions and community agency partners to:

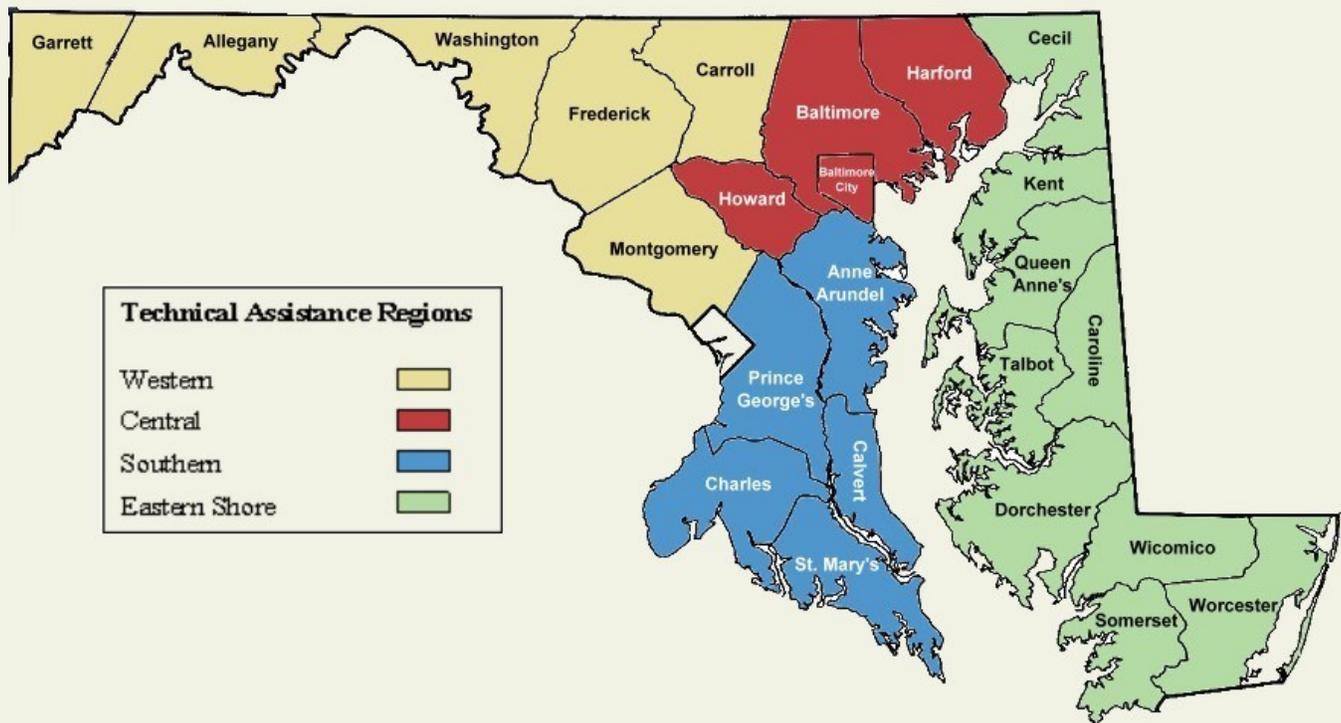
- reduce the availability of alcohol and other drugs in the community
- increase youth and parent awareness of the harms and risks of substance abuse
- strengthen alcohol and drug law enforcement and adjudication
- change community norms, attitudes and policies that are tolerant of substance use
- send 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.

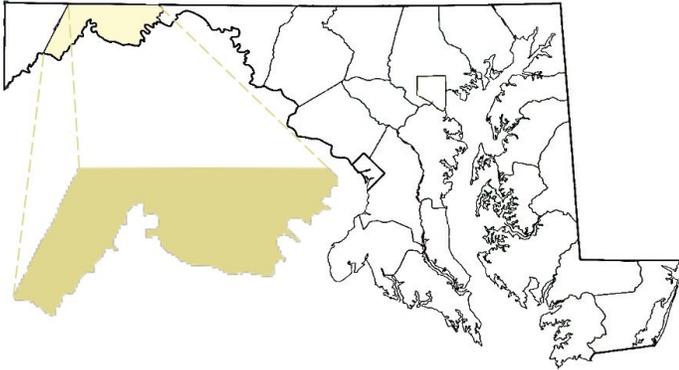
Table 6
Numbers Served by Environmental Strategy
FY2014

County	Total Served	Environmental Numbers Served	Percentage of Total Numbers Served
Allegany	36,862	33,099	90%
Anne Arundel	2092	243	12%
Baltimore City	2854	294	10%
Baltimore	12,738	529	4%
Calvert	6682	2545	38%
Caroline	7004	25	<1%
Carroll	44,784	33,457	75%
Cecil	23,631	18,374	78%
Charles	1028	150	15%
Dorchester	3122	23	1%
Frederick	68,969	65,124	94%
Garrett	154,66	2144	14%
Harford	16,095	8814	55%
Howard	3543	18	1%
Kent	866	691	80%
Montgomery	2646	81	3%
Prince George's	48,931	45,462	93%
Queen Anne's	2316	24	1%
St. Mary's	1826	152	8%
Somerset	1931	1529	79%
Talbot	7492	7028	94%
Washington	27,722	21,248	77%
Wicomico	27,698	24,650	89%
Worcester	14,198	9420	66%
Bowie St.	1374	35	3%
Frostburg St.	5460	1871	34%
Towson	12,863	1960	15%
U.M.E.S	1538	63	4%
Total	401,731	279,053	70%

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 52 percent of program participants while 48 percent of the participants countywide were male.

AGE

During fiscal year 2014, 31 percent of all those participating in prevention programs were parents or primary care givers. Figure 15 shows the overall county distribution for age.

RACE AND ETHNICITY

Caucasians accounted for 94 percent of the racial distribution receiving prevention services while African Americans comprised 6 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 36,862 in fiscal year 2014.**
- **The ATOD Center at Frostburg State University served 5,460 individuals in fiscal year 2014.**

Figure 14
Gender Distribution FY 2014

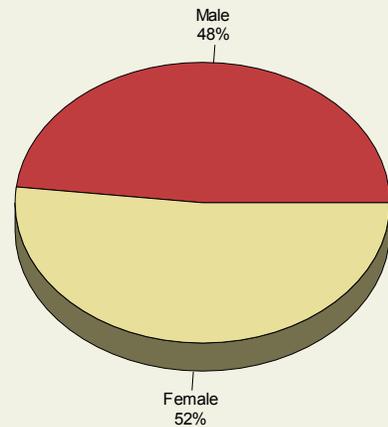


Figure 15
Age Distribution FY 2014

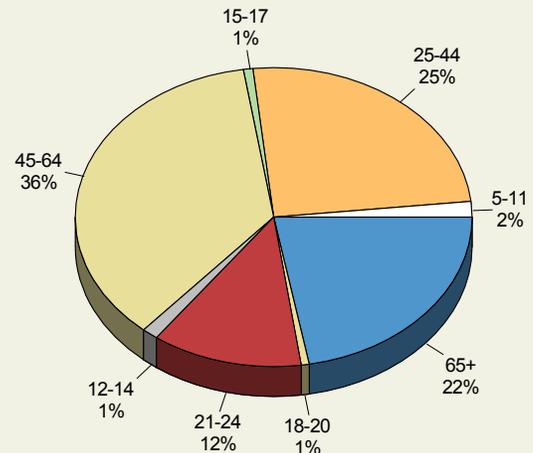
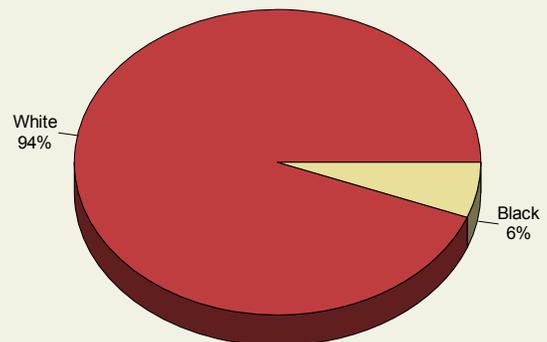
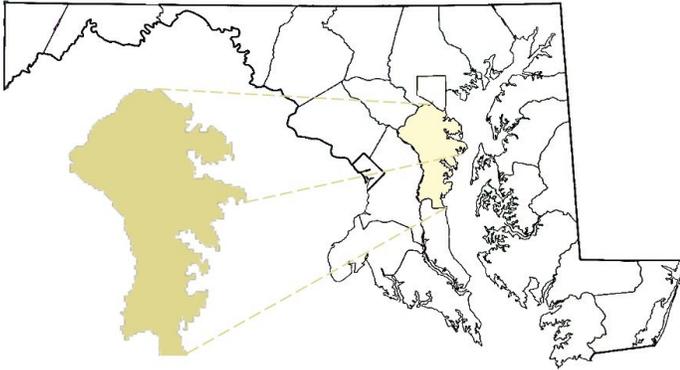


Figure 16
Race Distribution FY 2014



ANNE ARUNDEL COUNTY



Prevention Coordinator

Heather Eshleman
(410) 222-6724

SAMHSA EVIDENCE-BASED PROGRAMS

- ▶ Second Step
- ▶ Strengthening Families

DEMOGRAPHICS

GENDER

Figure 17 shows the countywide distribution of prevention programs for gender in fiscal year 2014. Females represented 66 percent of program participants while 34 percent of the participants countywide were male.

AGE

During fiscal year 2014, 24 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 (63%) and African Americans (34%) accounted for 94 percent of the racial distribution receiving prevention services in Anne Arundel County during fiscal year 2014 (Figure 19). Hispanics (3%) comprised the remaining distribution.

The total number of individuals receiving prevention services in Anne Arundel County was 2,092 in fiscal year 2014.

Figure 17
Gender Distribution FY 2014

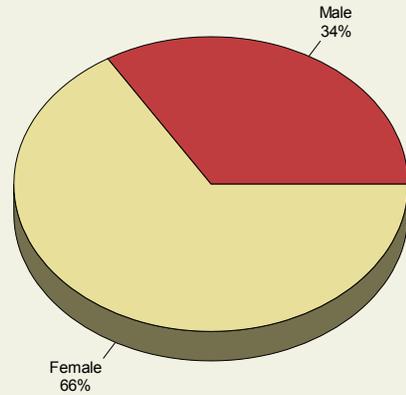


Figure 18

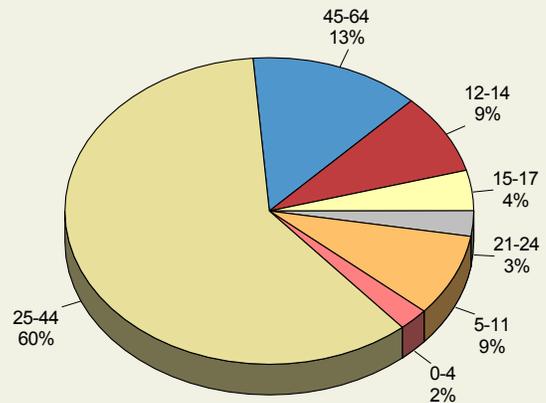
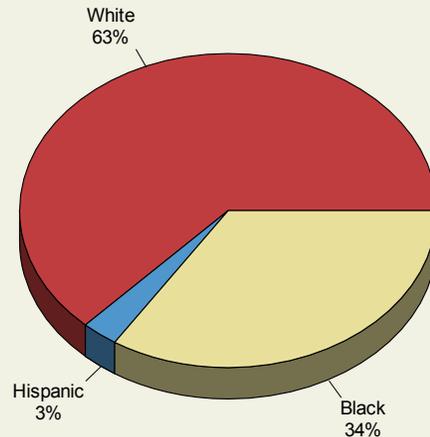
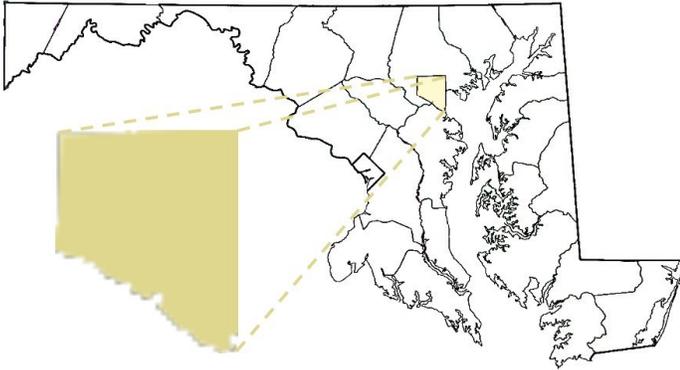


Figure 19
Race Distribution FY 2014



BALTIMORE CITY



Prevention Coordinator

Rita Mattison
(410) 637-1900

SAMHSA EVIDENCE-BASED PROGRAMS

- ▶ Life Skills Training
- ▶ Second Step
- ▶ Strengthening Families

DEMOGRAPHICS

GENDER

Figure 20 shows the countywide distribution of prevention programs for gender in fiscal year 2014. Females represented 65 percent of program participants while 35 percent of the participants countywide were male.

AGE

During fiscal year 2014, approximately 43 percent of all individuals participating in prevention programs were adolescents. Parents or primary care givers represented 21 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 72 percent of the racial distribution receiving prevention services in Baltimore City while Caucasians comprised 24 percent during fiscal year 2014. Asians (3%) and Hispanics (1%) accounted for the remainder of the distribution.

The total number of individuals receiving prevention services in Baltimore City was 2,854 in fiscal year 2014.

Figure 20
Gender Distribution FY 2014

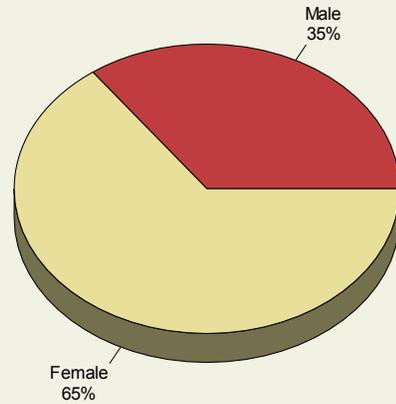


Figure 21
Age Distribution FY 2014

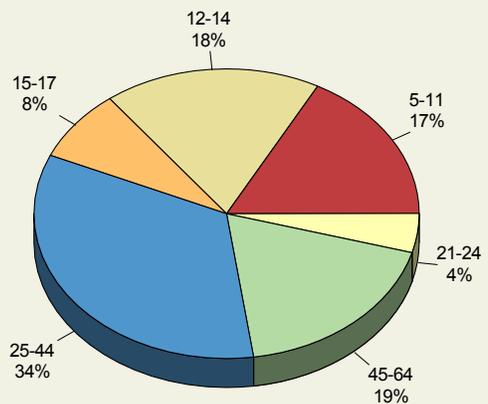
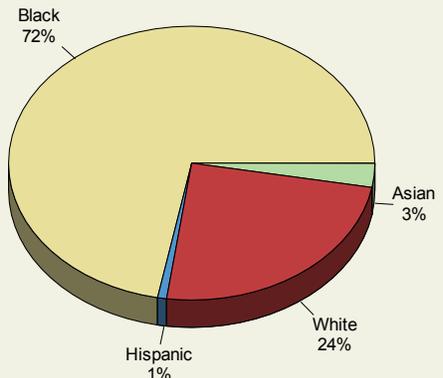
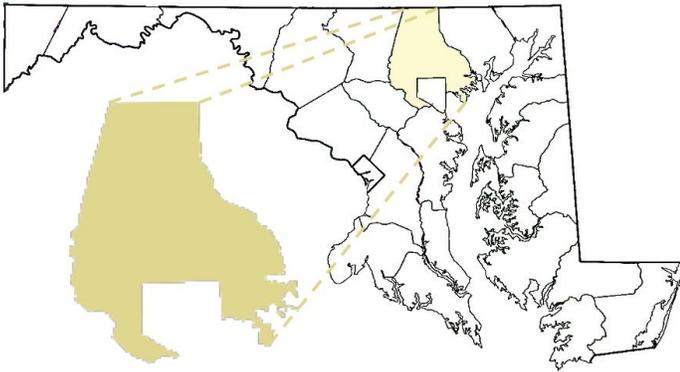


Figure 22
Race Distribution FY 2014



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
- ▶ Life Skills

DEMOGRAPHICS

GENDER

Figure 23 shows the countywide distribution of prevention programs for gender in fiscal year 2014. Females represented 61 percent of program participants while 39 percent of the participants countywide were male.

AGE

Figure 24 shows the overall county distribution for age during fiscal year 2014. Adolescents accounted for 42 percent of those served. Parents represented 16 percent of individuals receiving services in Baltimore County.

RACE AND ETHNICITY

During fiscal year 2014, Caucasians accounted for 48 percent of the racial distribution while African Americans comprised 41 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 12,738 in fiscal year 2014.**
- **The ATOD Center at Towson University served 12,863 individuals in fiscal year 2014.**

Figure 23
Gender Distribution FY 2014

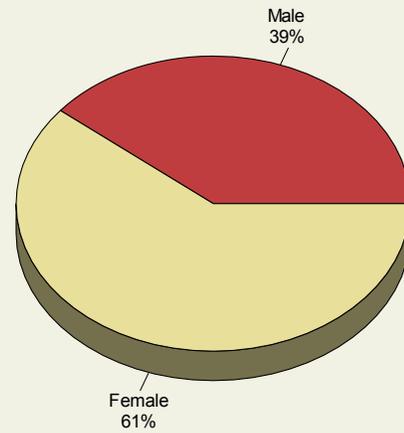


Figure 24
Age Distribution FY 2014

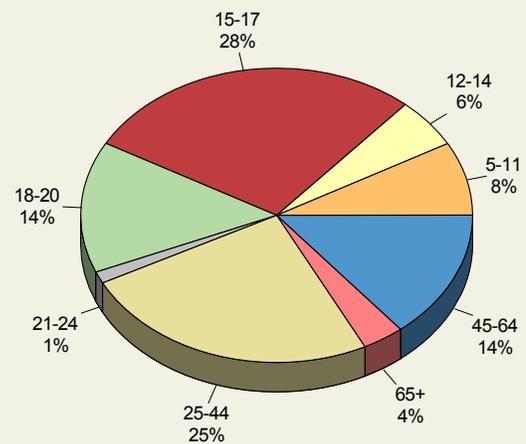
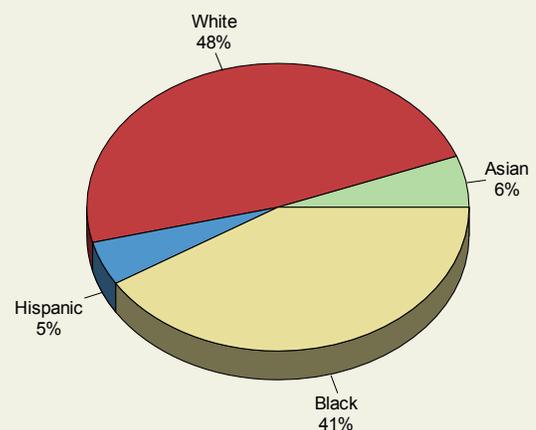
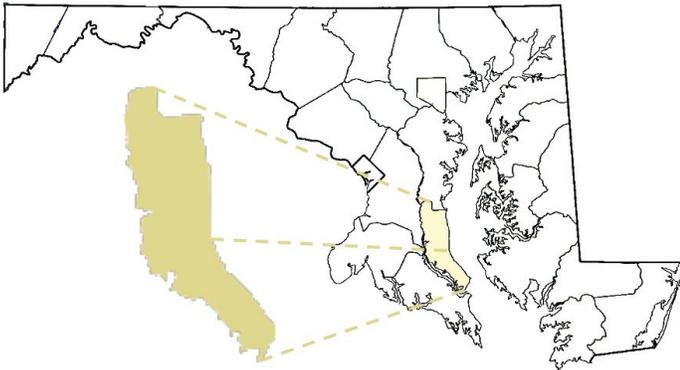


Figure 25
Race Distribution FY 2014



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 2014. Females represented 51 percent of program participants while 49 percent of the participants countywide were male.

AGE

During fiscal year 2014, over one-third (38%) of all individuals participating in prevention programs were adolescents. Parents or primary care givers represent the next highest distribution at 19 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 15 percent. Hispanics (7%) and Asians (2%) accounted for the remaining 9 percent of the distribution during fiscal year 2014 (Figure 28).

The total number of individuals receiving prevention services in Calvert County was 6,682 in fiscal year 2014.

Figure 26
Gender Distribution FY 2014

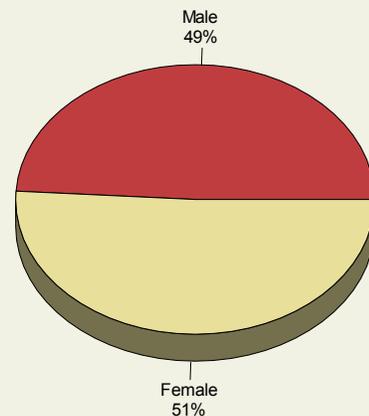


Figure 27
Age Distribution FY 2014

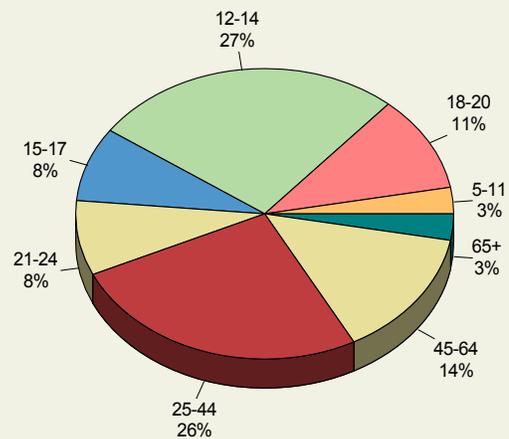
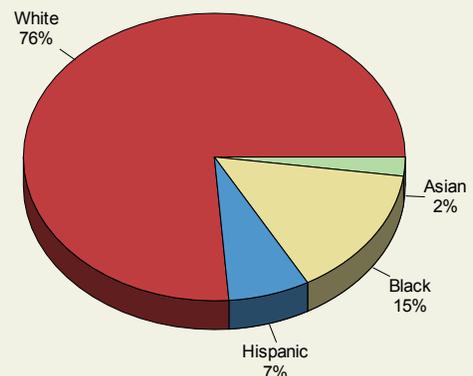
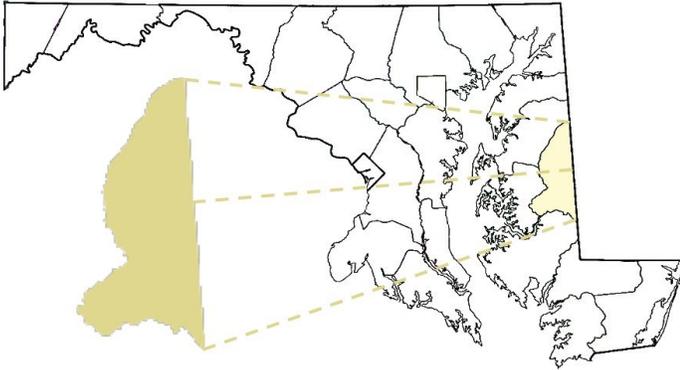


Figure 28
Race Distribution FY 2014



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 2014. Females represented 63 percent of program participants while 37 percent of the participants countywide were male.

AGE

During fiscal year 2014, over one-half (51%) of all those participating in prevention programs were adolescents. Parents and primary caregivers represented 21 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 44 percent of the racial distribution receiving prevention services while African Americans comprised 30 percent during fiscal year 2014 (Figure 31). Hispanics (10%), American Indians (9%) and Asians (7%) accounted for the remaining 26 percent of the overall racial distribution.

The total number of individuals receiving prevention services in Caroline County was 7,004 in fiscal year 2014.

Figure 29
Gender Distribution FY 2014

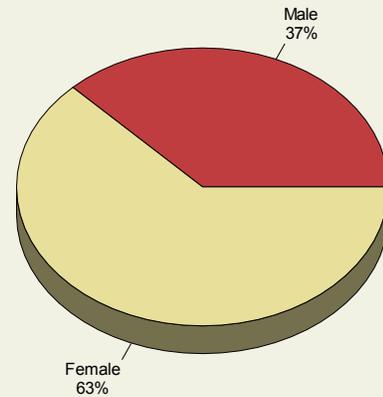


Figure 30
Age Distribution FY 2014

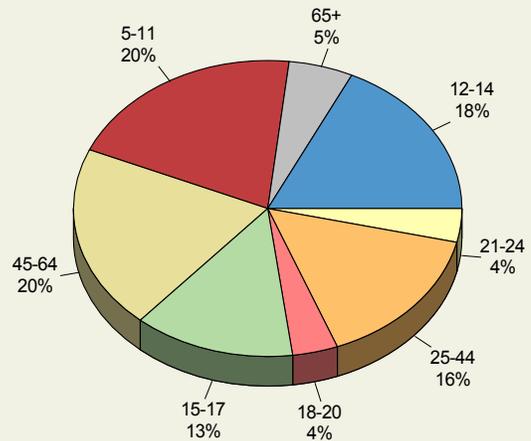
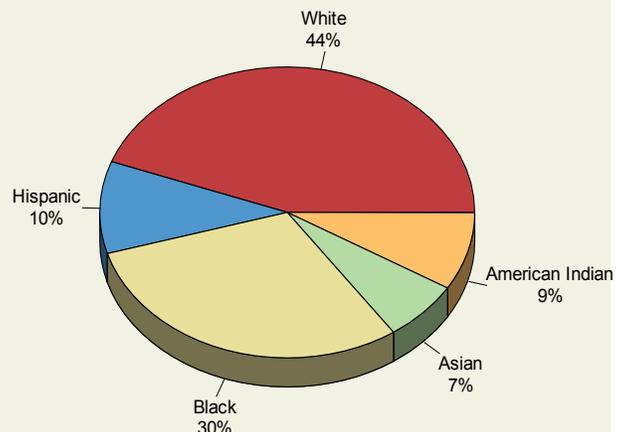
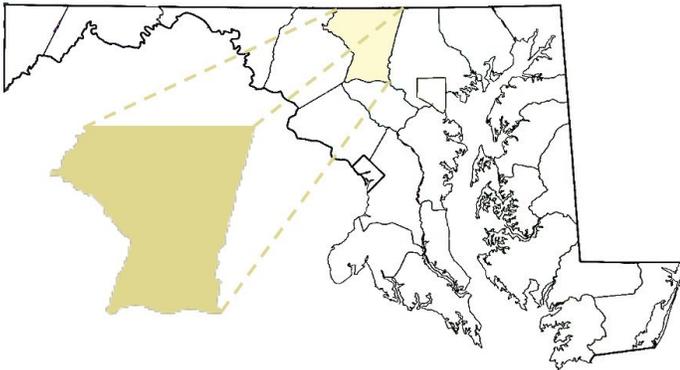


Figure 31
Gender Distribution FY 2014



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 2014. Females represented 55 percent of program participants while 45 percent of the participants countywide were male.

AGE

During fiscal year 2014, over one-quarter (28%) of all those participating in prevention programs were adolescents. Parents and primary caregivers represented 29 percent of individuals attending prevention programs in Carroll County. Figure 33 shows the overall county distribution for age.

RACE AND ETHNICITY

Caucasians accounted for 93 percent of the racial distribution receiving prevention services in Carroll County. African Americans (5%) and Hispanics (2%) 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 44,784 in fiscal year 2014.

Figure 32
Gender Distribution FY 2014

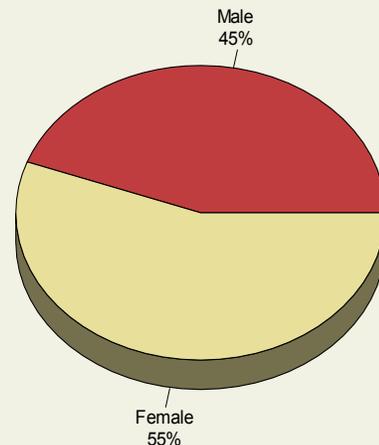


Figure 33
Age Distribution FY 2014

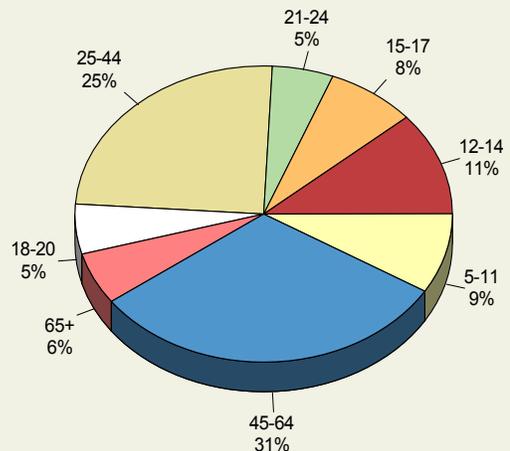
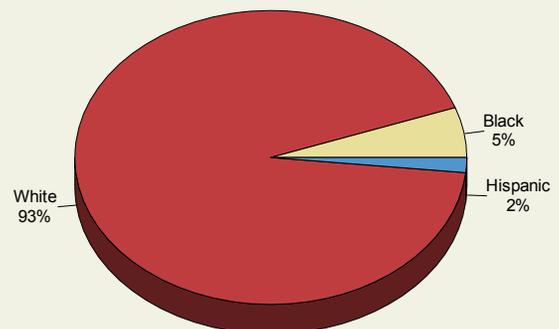
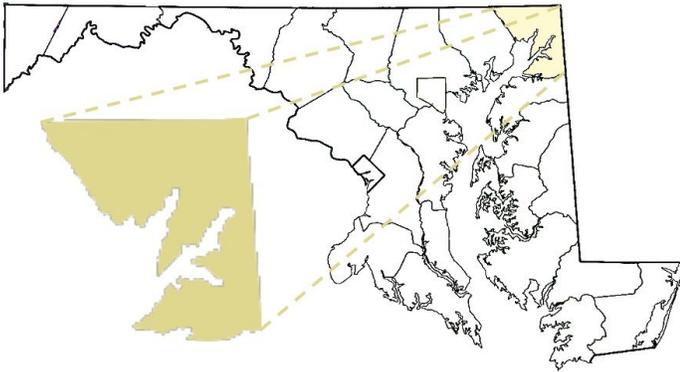


Figure 34
Race Distribution FY 2014



CECIL COUNTY



Prevention Coordinator

Mike Massuli
(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 2014. Females represented 51 percent of program participants while 49 percent of the participants countywide were male.

AGE

During fiscal year 2014, 28 percent of all those participating in prevention programs were parents or primary caregivers. Adolescents represented 20 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 (91%) accounted for the majority of the racial distribution. African Americans (5%), Asians (2%) and Hispanics (2%) represented the remaining distribution in fiscal year 2014.

The total number of individuals receiving prevention services in Cecil County was 23,631 in fiscal year 2014.

Figure 35
Gender Distribution FY 2014

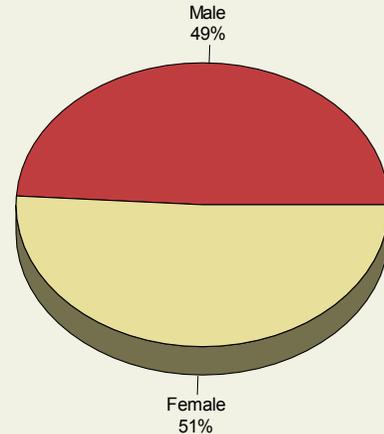


Figure 36
Age Distribution FY 2014

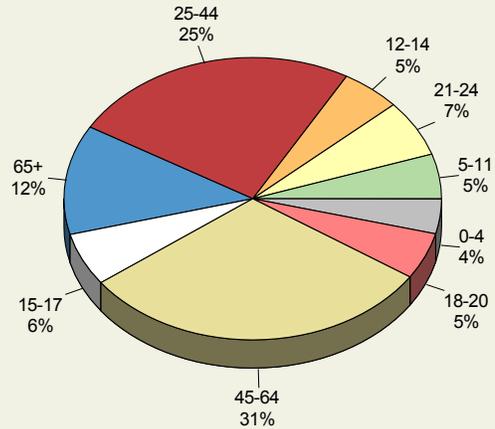
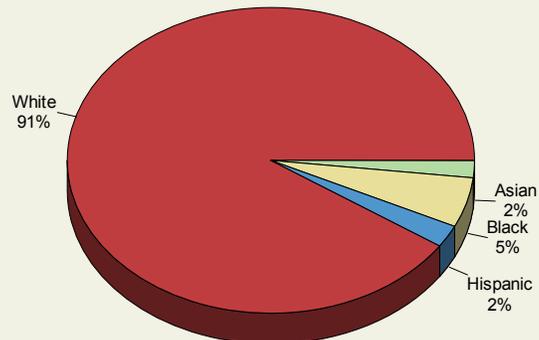
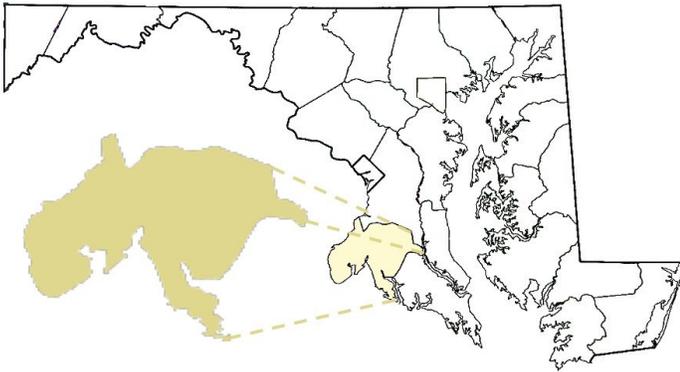


Figure 37
Race Distribution FY 2014



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 2014. Females represented 60 percent of program participants while 40 percent of the participants countywide were male.

AGE

During fiscal year 2014, 62 percent all those participating in prevention programs were adolescents. Parents and primary care givers represented 7 percent of the age distribution for fiscal year 2014. Figure 39 shows the overall county distribution for age.

RACE AND ETHNICITY

African Americans accounted for 53 percent of the racial distribution receiving prevention services in Charles County while Caucasians comprised 43 percent during fiscal year 2014 (Figure 40). Hispanics (4%) accounted for the remaining distribution.

The total number of individuals receiving prevention services in Charles County was 1,028 in fiscal year 2014.

Figure 38
Gender Distribution FY 2014

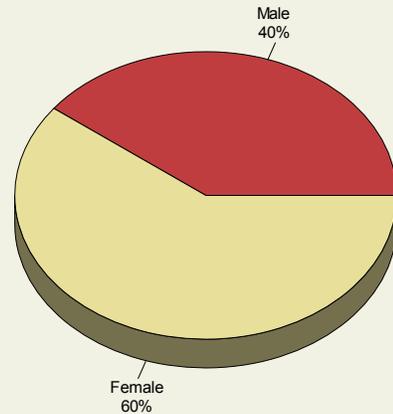


Figure 39
Age Distribution FY 2014

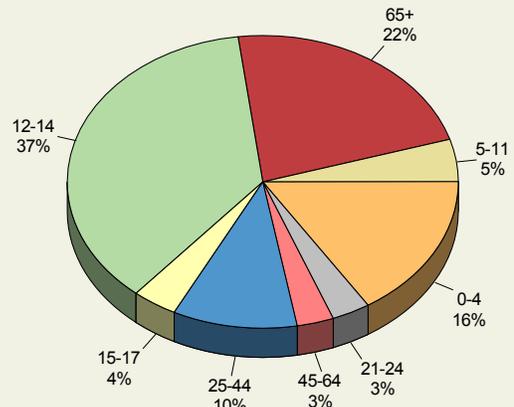
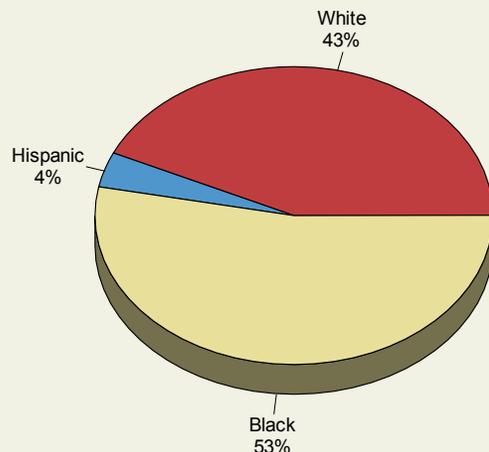
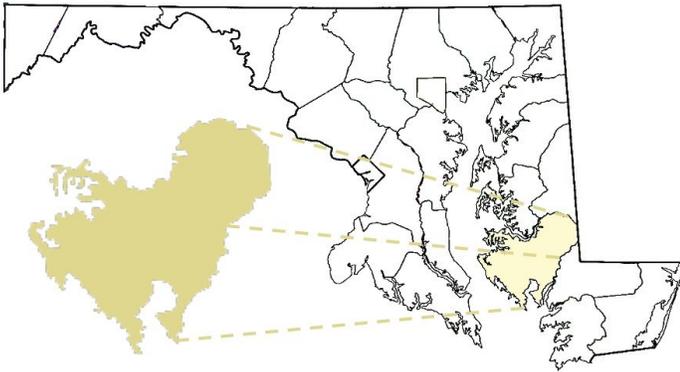


Figure 40
Race Distribution FY 2014



DORCHESTER COUNTY



Prevention Coordinator

Ervina Johnson
(410) 901-3224

SAMHSA EVIDENCE-BASED PROGRAMS

► Second Step

DEMOGRAPHICS

GENDER

Figure 41 shows the gender distribution of prevention programs for fiscal year 2014. Females represented 57 percent of program participants while 43 percent of the participants countywide were male.

AGE

During fiscal year 2014, one-third (34%) of those receiving prevention services in Dorchester County were adolescents. Parents or primary care givers accounted for 16 percent of the distribution. Figure 42 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 43, American Indians accounted for 44 percent of the racial distribution receiving prevention services in Dorchester County. African Americans (29%), Caucasians (26%) and Hispanics (1%) comprised the remaining racial distribution during fiscal year 2014.

The total number of individuals receiving prevention services in Dorchester County was 3,122 in fiscal year 2014.

Figure 41
Gender Distribution FY 2014

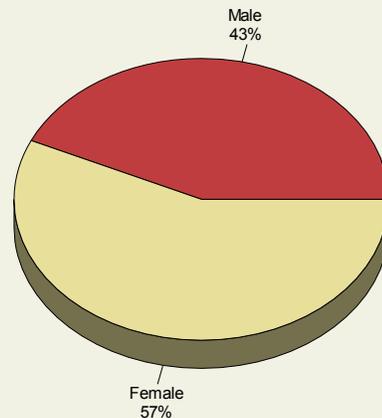


Figure 42
Age Distribution FY 2014

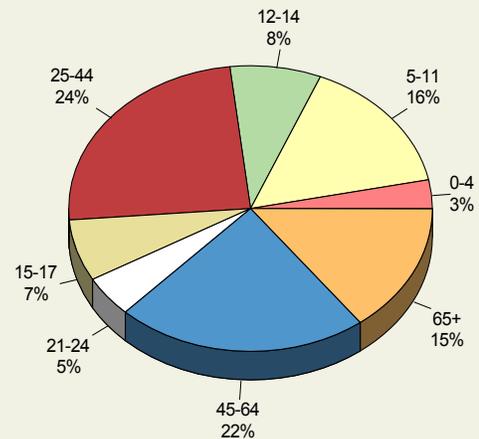
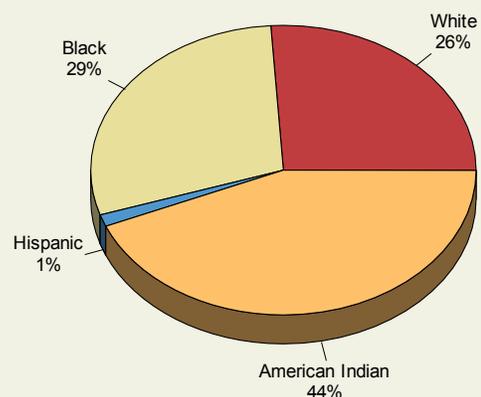
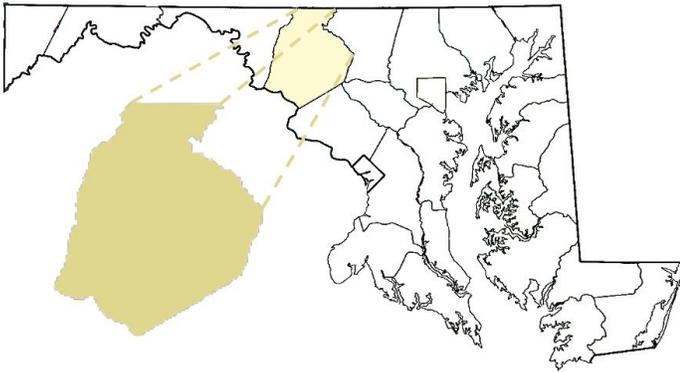


Figure 43
Race Distribution FY 2014



FREDERICK COUNTY



Prevention Coordinator

Todd Crum
(301) 600-3285

SAMHSA EVIDENCE-BASED PROGRAMS

DEMOGRAPHICS

GENDER

Figure 44 shows the countywide distribution of prevention programs for gender in fiscal year 2014. There was an equal distribution of males (50%) and females (50%) in fiscal year 2014.

AGE

During fiscal year 2014, approximately one-quarter (21%) of those receiving prevention services in Dorchester County were adolescents. Parents or primary care givers accounted for 14 percent of the distribution. Figure 42 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 46, Caucasians accounted for 78 percent of the racial distribution in fiscal year 2014. African Americans (16%), Asians (3%) and Hispanics (3%) comprised the remaining 22 percent of the overall distribution.

The total number of individuals receiving prevention services in Frederick County was 68,969 in fiscal year 2014.

Figure 44
Gender Distribution FY 2014

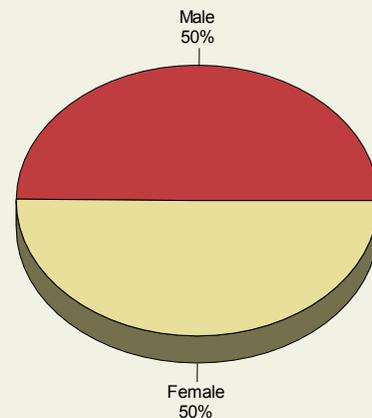


Figure 45
Age Distribution FY 2014

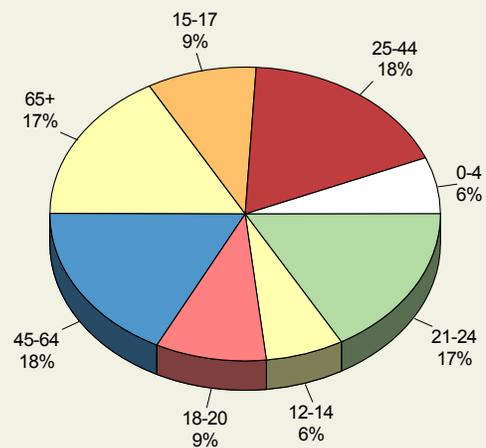
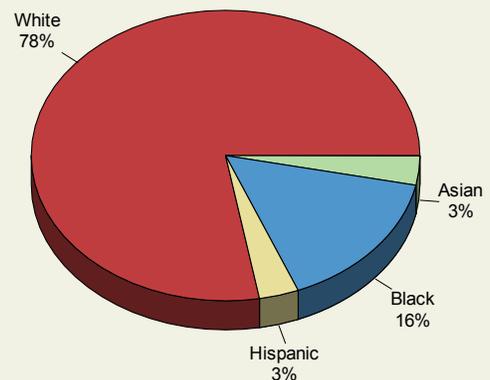
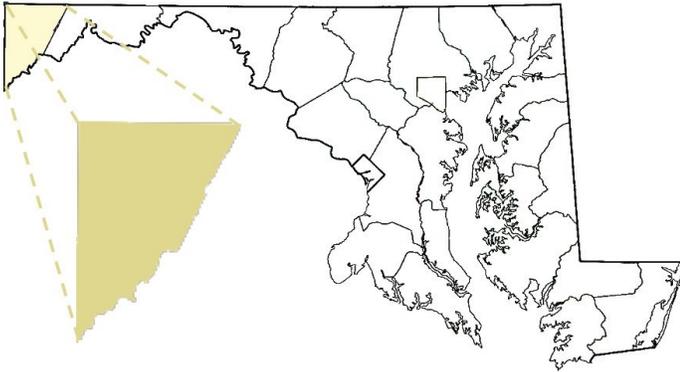


Figure 46
Race Distribution FY 2014



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 2014. Females represented 54 percent of program participants while 46 percent of the participants countywide were male.

AGE

During fiscal year 2014, adolescents accounted for 59 percent of those individuals receiving prevention services in Garrett County. Parents and primary care givers comprised 13% of all those participating in prevention programs. Figure 48 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 49, Caucasians accounted for 99 percent of the racial distribution. African Americans comprised two percent (1%) of the remaining distribution receiving prevention services in Garrett County during fiscal year 2014.

The total number of individuals receiving prevention services in Garrett County was 15,466 in fiscal year 2014.

Figure 47
Gender Distribution FY 2014

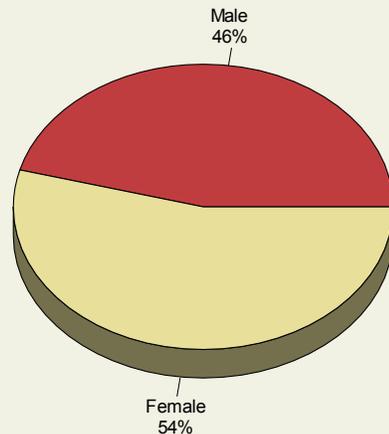


Figure 48
Age Distribution FY 2014

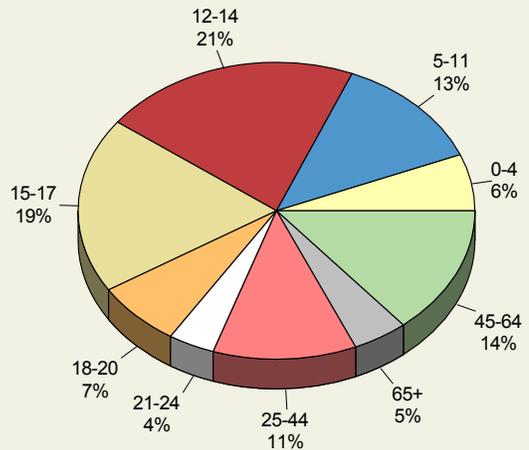
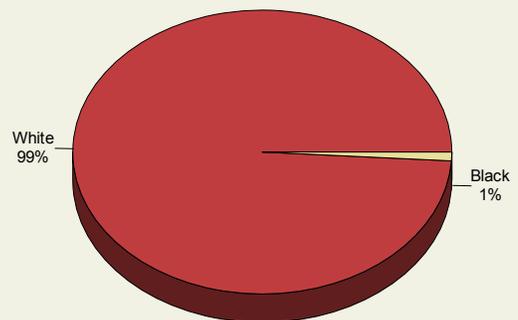
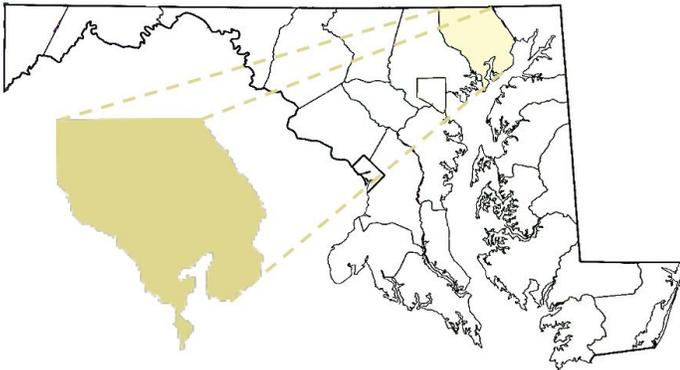


Figure 49
Race Distribution FY 2014



HARFORD COUNTY



Prevention Coordinator

Joseph Ryan
(410) 638-3333

SAMHSA EVIDENCE-BASED PROGRAMS

DEMOGRAPHICS

GENDER

Figure 50 shows the countywide distribution of prevention programs for gender in fiscal year 2014. Females represented 56 percent of program participants while 44 percent of the participants countywide were male.

AGE

During fiscal year 2014, over one-half (51%) of all those participating in prevention programs were adolescents. Parents or primary care givers represented approximately one third (9%) 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 75 percent of the racial distribution receiving prevention services in Harford County while African Americans comprised 18 percent during fiscal year 2014. Hispanics (6%) and Asians (1%) accounted for the remaining seven percent of the overall distribution.

The total number of individuals receiving prevention services in Harford County was 16,095 in fiscal year 2014.

Figure 50
Gender Distribution FY 2014

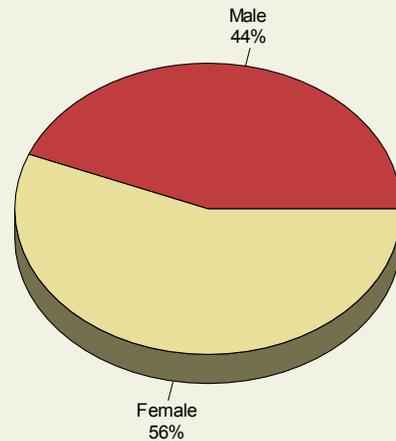


Figure 51
Age Distribution FY 2014

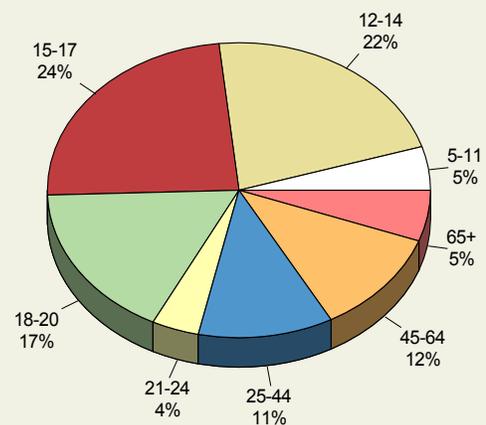
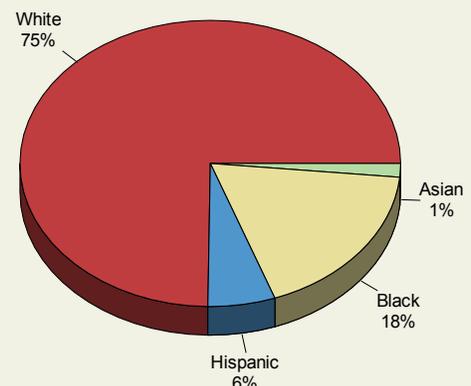
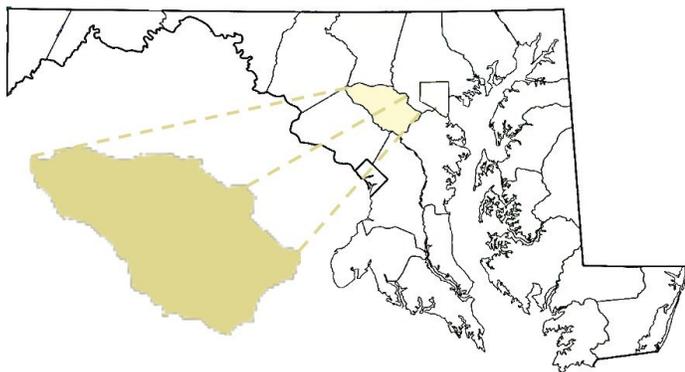


Figure 52
Race Distribution FY 2014



HOWARD COUNTY



Prevention Coordinator

Joan Webb-Scornaienchi
(443) 325-0040

SAMHSA EVIDENCE-BASED PROGRAMS

DEMOGRAPHICS

GENDER

Figure 53 shows the countywide distribution of prevention programs for gender in fiscal year 2014. Females represented 56 percent of program participants while 44 percent of the participants countywide were male.

AGE

During fiscal year 2014, approximately one-quarter (22%) of all those participating in prevention programs were parents or primary care givers. Adolescents accounted for 56 percent of the distribution. Figure 54 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 55, Caucasians represented 52 percent of the racial distribution receiving prevention services in fiscal year 2014. African Americans (29%), Asians (10%) and Hispanics (9%) accounted for 48 percent of the remaining distribution.

The total number of individuals receiving prevention services in Howard County was 3,543 in fiscal year 2014.

Figure 53
Gender Distribution FY 2014

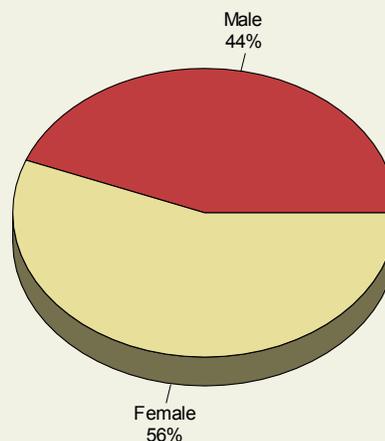


Figure 54
Age Distribution FY 2014

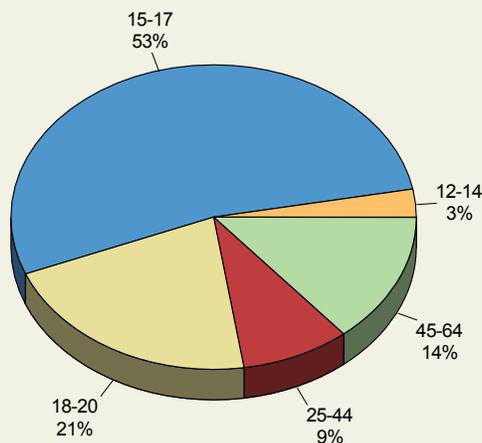
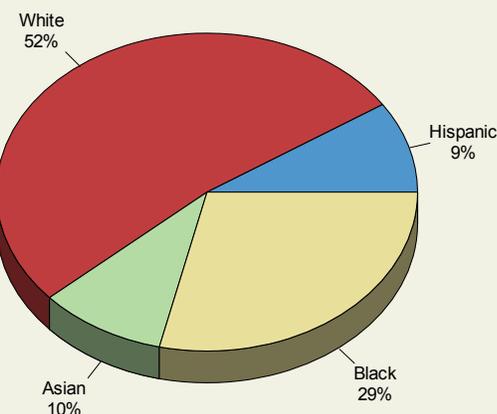
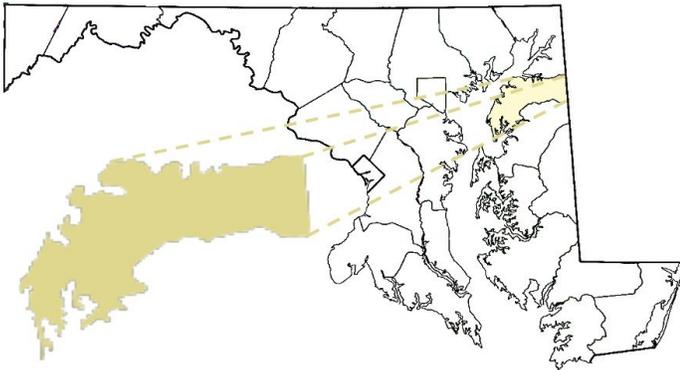


Figure 55
Race Distribution FY 2014



KENT COUNTY



Prevention Coordinator

Latosha Brooks
(410) 778-7918 ext. 23

SAMHSA EVIDENCE-BASED PROGRAMS

- Communities Mobilizing for Change on Alcohol

DEMOGRAPHICS

GENDER

Figure 56 shows the countywide distribution of prevention programs for gender in fiscal year 2014. Females represented 52 percent of program participants while 48 percent of the participants countywide were male.

AGE

During fiscal year 2014, approximately one-fifth (19%) of all those participating in prevention programs were parents. Adolescents comprised 13 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 74 percent of the racial distribution in Kent County while African Americans comprised 24 percent during fiscal year 2014. Hispanics accounted for the remaining 2 percent of the overall distribution.

The total number of individuals receiving prevention services in Kent County was 866 in fiscal year 2014.

Figure 56
Gender Distribution FY 2014

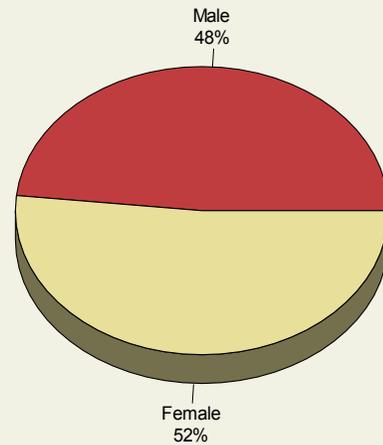


Figure 57
Age Distribution FY 2014

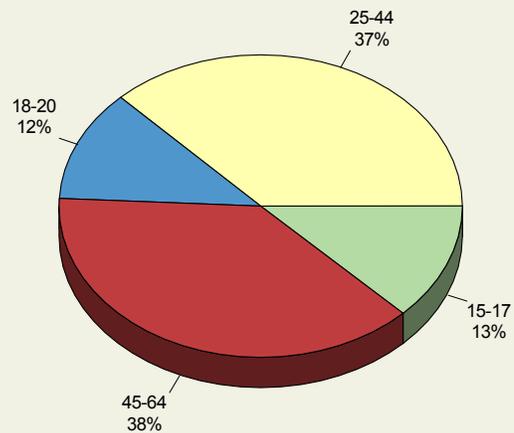
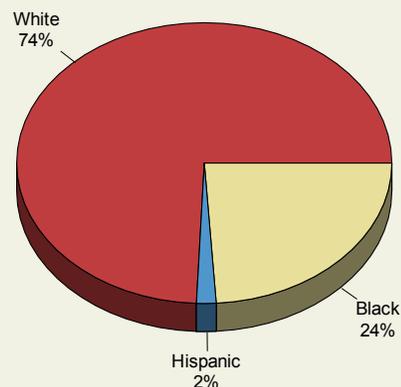
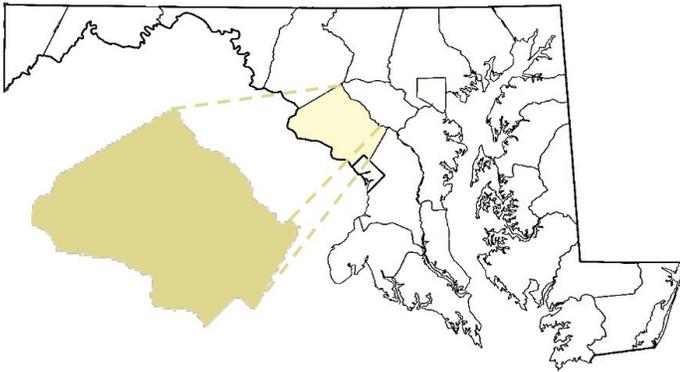


Figure 58
Race Distribution FY 2014



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 2014. Females represented 61 percent of program participants while 39 percent of the participants countywide were male.

AGE

During fiscal year 2014, adolescents represented 56 percent of those individuals receiving services in Montgomery County. Parents and Primary care givers accounted for 12 percent of those receiving prevention services. Figure 60 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 61, Caucasians accounted for 43 percent of the racial distribution receiving prevention services in Montgomery County. Hispanics (33%), African Americans (17%) and Asians (7%) accounted for the remaining distribution.

The total number of individuals receiving prevention services in Montgomery County was 2,646 in fiscal year 2014.

Figure 59
Gender Distribution FY 2014

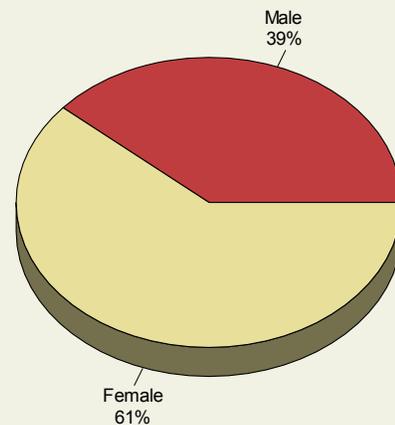


Figure 60
Age Distribution FY 2014

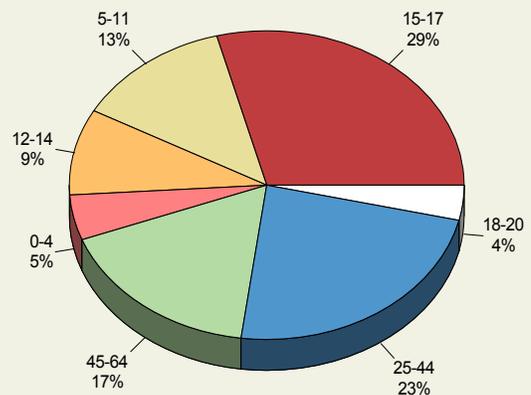
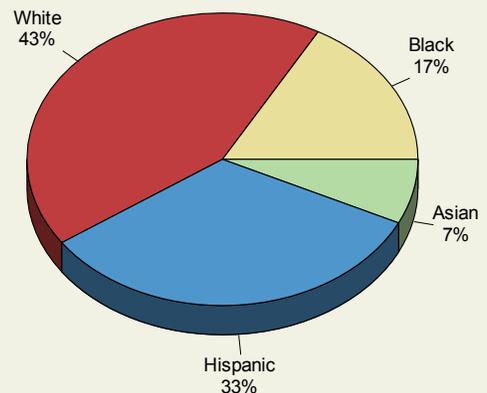
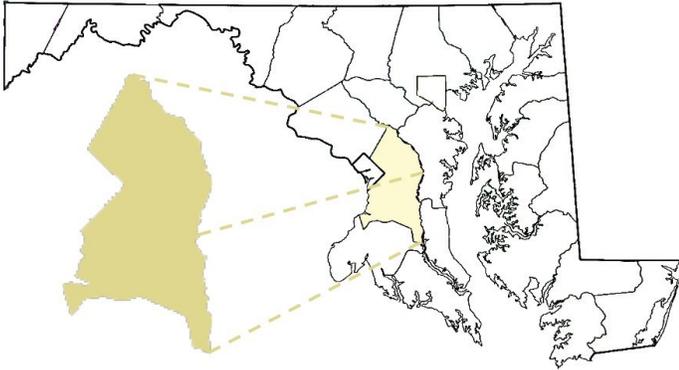


Figure 61
Race Distribution FY 2014



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 2014. Females represented 56 percent of program participants while 44 percent of the participants countywide were male.

AGE

Figure 63 shows the overall distribution for age in Prince George's County during fiscal year 2014. Parents and primary care givers accounted for 23 percent of those individuals receiving prevention services.

RACE AND ETHNICITY

As shown in Figure 64, African Americans accounted for 79 percent of the racial distribution in Prince George's County. Hispanics (11%) and Caucasians (10%) accounted for the remainder of the distribution for fiscal year 2014.

- **The total number of individuals receiving prevention services in Prince George's County was 48,931 in fiscal year 2014.**
- **The ATOD Center at Bowie State University served 1,374 individuals in fiscal year 2014.**

Figure 62
Gender Distribution FY 2014

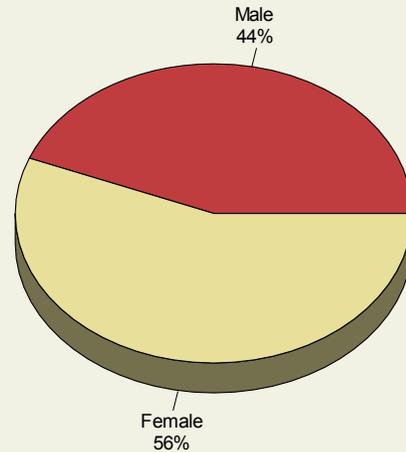


Figure 63
Age Distribution FY 2014

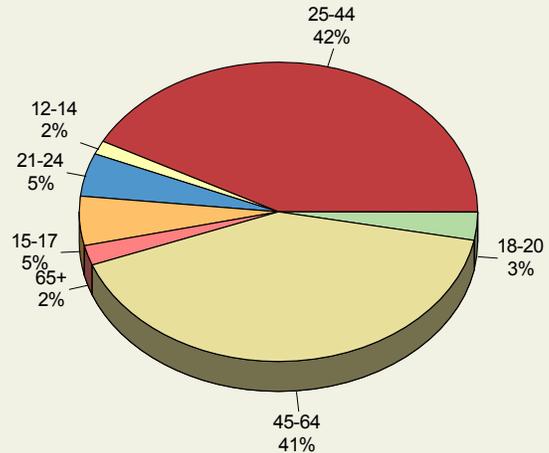
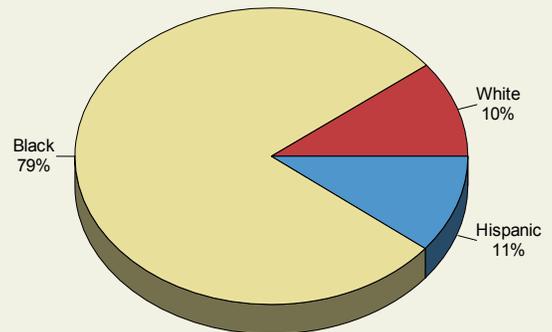
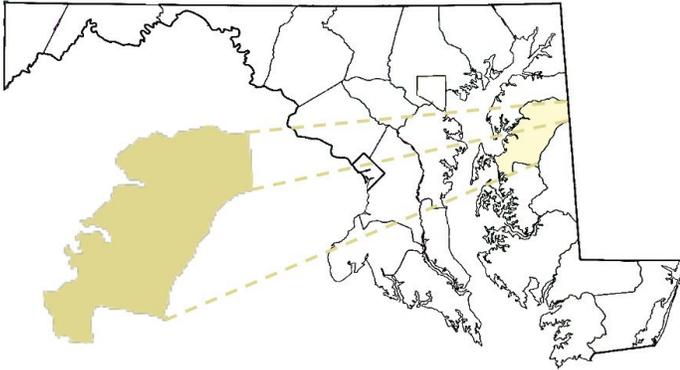


Figure 64
Race Distribution FY 2014



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 2014. Males represented 51 percent of program participants while 49 percent were female.

AGE

During fiscal year 2014, Sixty-six percent of all those participating in prevention programs were adolescents. Parents and primary care givers accounted for 8 percent of the distribution. Figure 66 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 67, Caucasians (86%) and African Americans (10%) accounted for 96 percent of the racial distribution receiving prevention services in Queen Anne's County. Hispanics (2%) and Asians (2%) accounted for the remaining racial distribution in fiscal year 2014.

The total number of individuals receiving prevention services in Queen Anne's County was 2,316 in fiscal year 2014.

Figure 65
Gender Distribution FY 2014

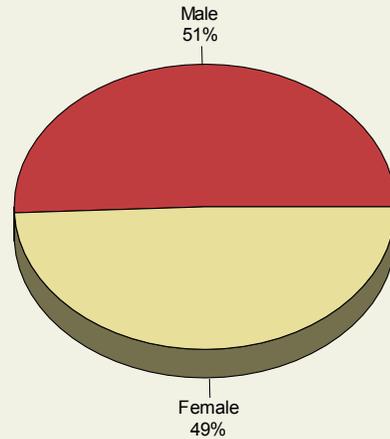


Figure 66
Age Distribution FY 2014

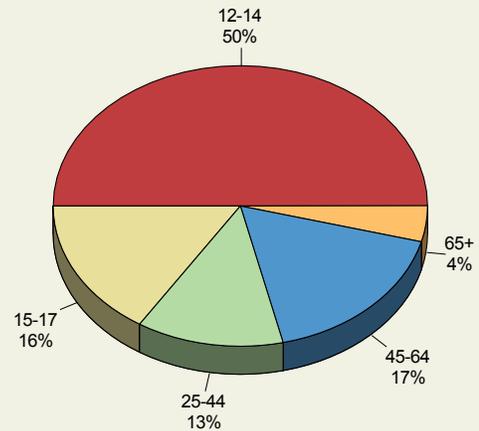
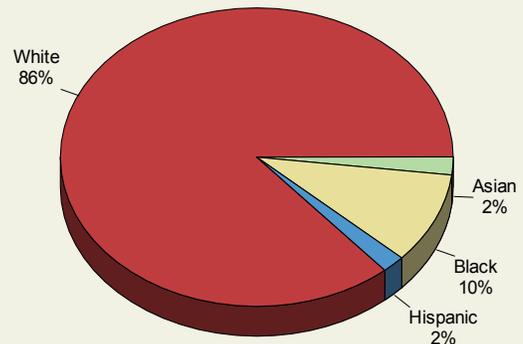
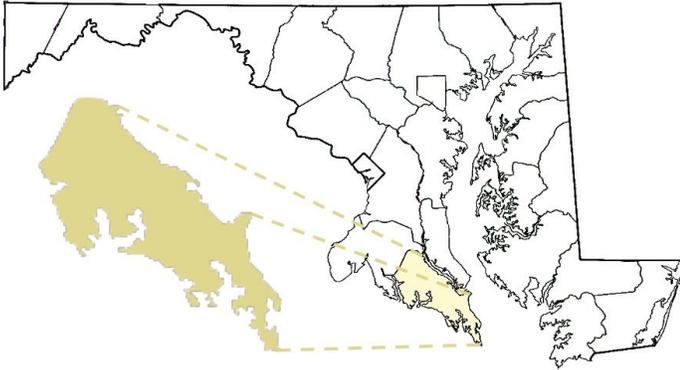


Figure 67
Race Distribution FY 2014



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 2014. Females represented 52 percent of program participants while 48 percent were male.

AGE

During fiscal year 2014, over one-quarter (28%) 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 56 percent of the racial distribution in St. Mary's County while African Americans comprised 28 percent. Hispanics (11%) and Asians (5%) accounted for the remaining 16 percent of the distribution.

The total number of individuals receiving prevention services in St. Mary's County was 1,826 in fiscal year 2014.

Figure 68
Gender Distribution FY 2014

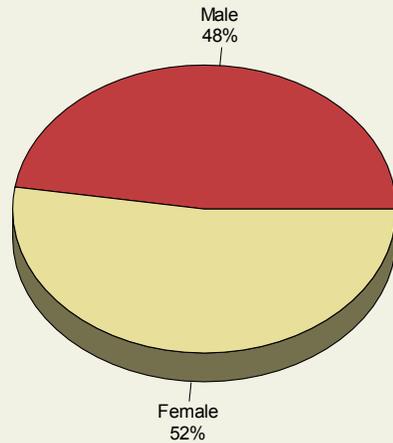


Figure 69
Age Distribution FY 2014

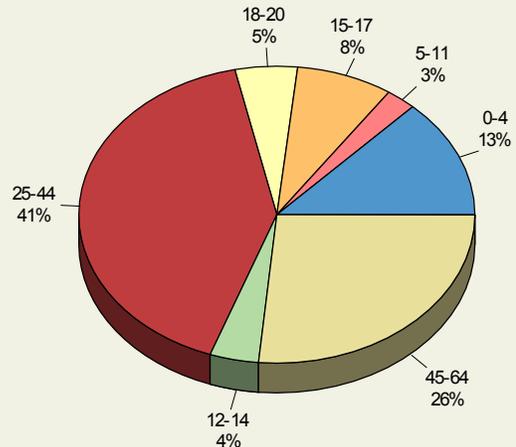
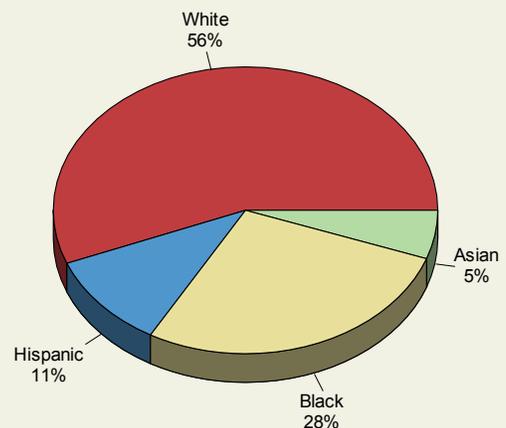
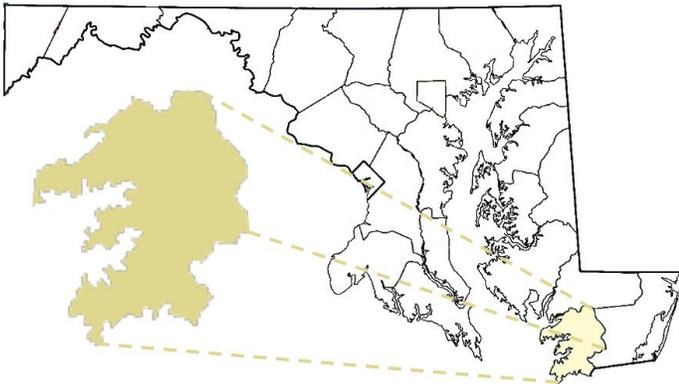


Figure 70
Race Distribution FY 2014



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

DEMOGRAPHICS

GENDER

Figure 71 shows the countywide distribution of prevention programs for gender in fiscal year 2014. Females represented 53 percent of program participants while 47 percent of the participants countywide were male.

AGE

During fiscal year 2014, approximately one-third (32%) 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, Caucasians (49%) and African Americans (48%) accounted for 97 percent of the racial distribution in Somerset County. Hispanics (3%) accounted for the remaining racial distribution.

- **The total number of individuals receiving prevention services through the Somerset County prevention office was 1,931 in fiscal year 2014.**
- **The ATOD Center at the University of Maryland Eastern Shore served 1,538 individuals in fiscal year 2014.**

Figure 71
Gender Distribution FY 2014

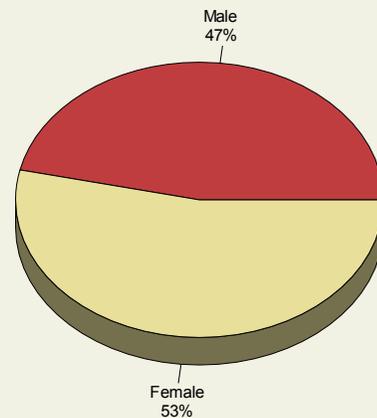


Figure 72
Age Distribution FY 2014

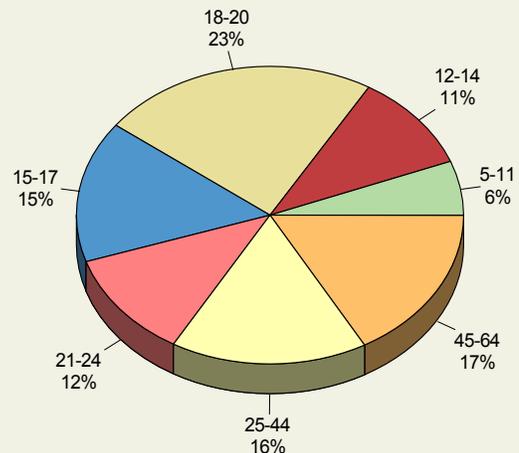
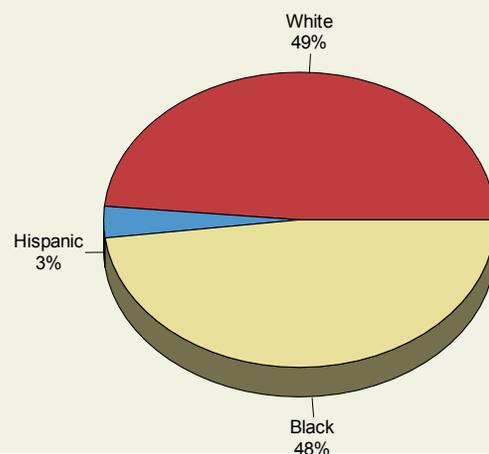
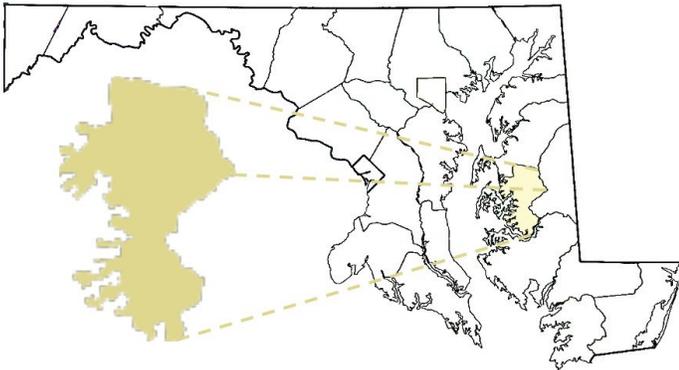


Figure 73
Race Distribution FY 2014



TALBOT COUNTY



Prevention Coordinator

Paula Lowry
(410) 819-8067

SAMHSA EVIDENCE-BASED PROGRAMS

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

DEMOGRAPHICS

GENDER

Figure 74 shows the countywide distribution of prevention programs for gender in fiscal year 2014. Females represented 56 percent of program participants while 44 percent of the participants countywide were male.

AGE

During fiscal year 2014, approximately one-quarter (22%) 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 84 percent of the racial distribution receiving prevention services. African Americans (14%) and Hispanics (2%) accounted for the remaining distribution (Figure 76).

The total number of individuals receiving prevention services in Talbot County was 7,492 in fiscal year 2014.

Figure 74
Gender Distribution FY 2014

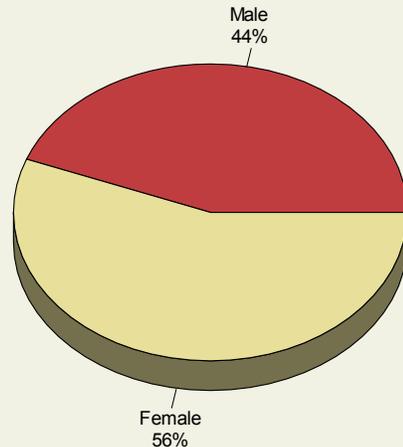


Figure 75
Age Distribution FY 2014

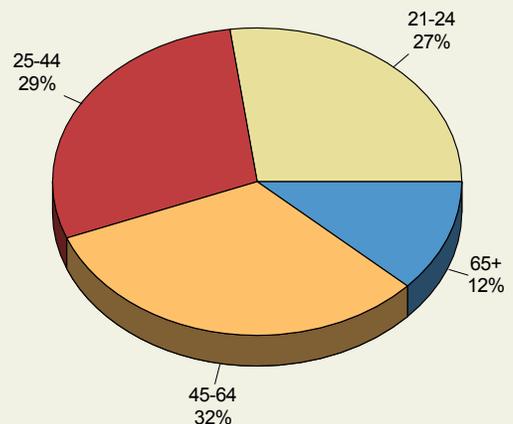
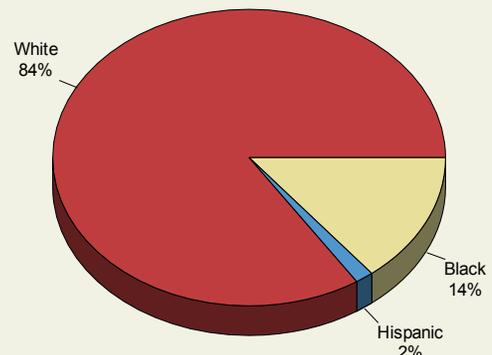
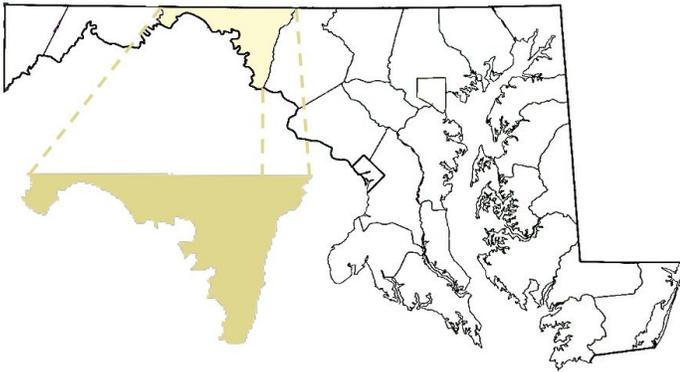


Figure 76
Race Distribution FY 2014



WASHINGTON COUNTY



Prevention Coordinator

April Rouzer
(240) 313-3356

SAMHSA EVIDENCE-BASED PROGRAMS

- ▶ Dare to be you
- ▶ Strengthening Families

DEMOGRAPHICS

GENDER

Figure 77 shows the countywide distribution of prevention programs for gender in fiscal year 2014. There was an equal distribution of males (50%) and females (50%) in fiscal year 2014.

AGE

During fiscal year 2014, approximately one-quarter (24%) of those receiving prevention services were parents or primary caregivers. Figure 78 shows the overall county distribution for age.

RACE AND ETHNICITY

Caucasians (82%) and African Americans (11%) accounted for 93 percent of the racial distribution receiving prevention services. Hispanics (4%) and Asians (3%) represented the remaining distribution during fiscal year 2014 (Figure 79).

The total number of individuals receiving prevention services in Washington County was 27,722 in fiscal year 2014.

Figure 77
Gender Distribution FY 2014

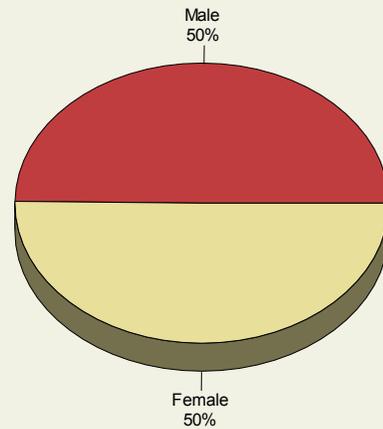


Figure 78
Age Distribution FY 2014

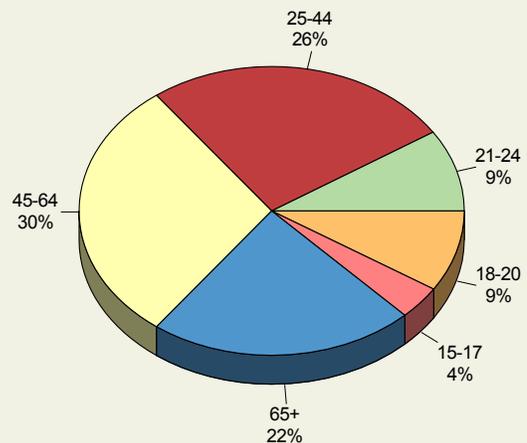
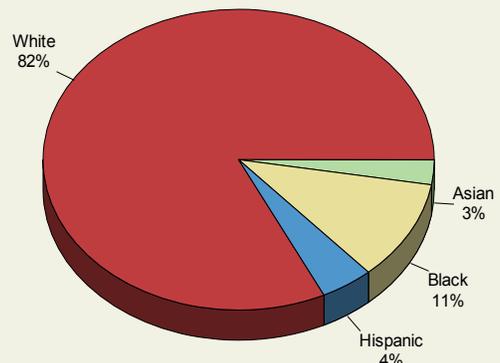
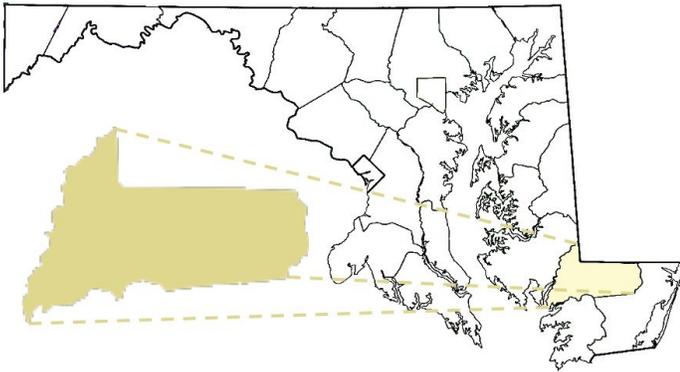


Figure 79
Race Distribution FY 2014



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 2014. Females represented 58 percent of program participants while 42 percent of the participants countywide were male.

AGE

During fiscal year 2014, approximately one-quarter (24%) of those receiving prevention services were parents or primary caregivers. Adolescents accounted for 32 percent of individuals receiving prevention services in Wicomico County. Figure 81 shows the overall county distribution for age.

RACE AND ETHNICITY

Caucasians (68%) and African Americans (28%) accounted for 96 percent receiving prevention services in fiscal year 2014. Hispanics comprised 4 percent of the remaining racial distribution (Figure 82).

The total number of individuals receiving prevention services in Wicomico County was 27,698 in fiscal year 2014.

Figure 80
Gender Distribution FY 2014

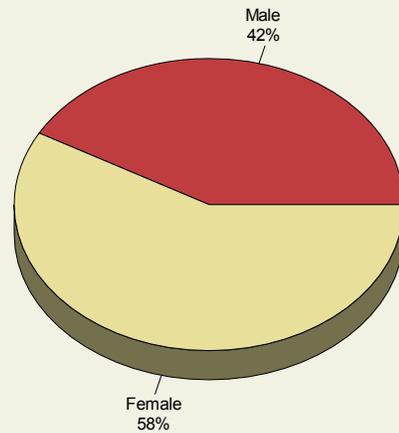


Figure 81
Age Distribution FY 2014

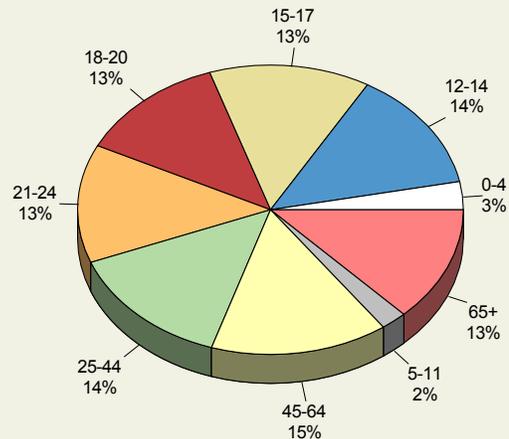
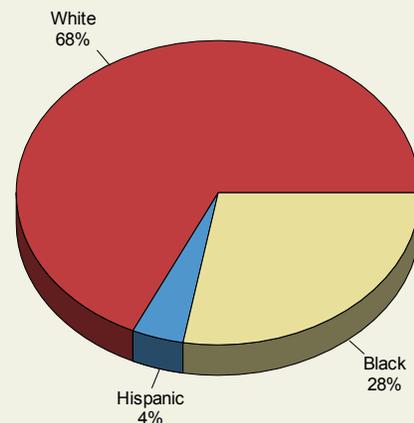
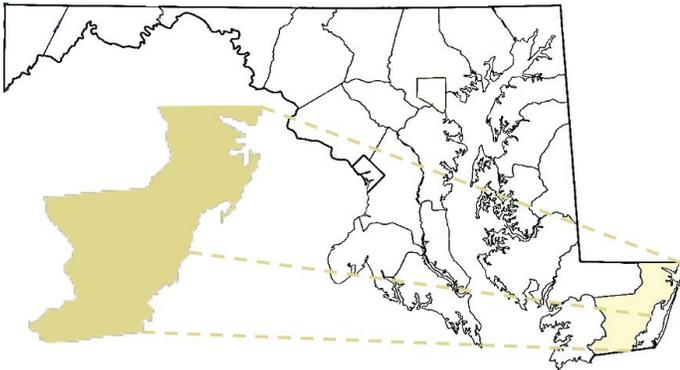


Figure 82
Race Distribution FY 2014



WORCESTER COUNTY



Prevention Coordinator

Marty Pusey
(410) 632-1100

SAMHSA EVIDENCE-BASED PROGRAMS

- ▶ All Stars
- ▶ Guiding Good Choices
- ▶ Parenting Wisely

DEMOGRAPHICS

GENDER

Figure 83 shows the countywide distribution of prevention programs for gender in fiscal year 2014. Females represented 51 percent of program participants while 49 percent of the participants countywide were male.

AGE

During fiscal year 2014, approximately two-thirds (64%) 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 (55%) and African Americans (39%) represented 94 percent of those receiving prevention services in Worcester County. Asians (4%) and Hispanics (2%) accounted for the remaining racial distribution during fiscal year 2014.

The total number of individuals receiving prevention services in Worcester County was 14,198 in fiscal year 2014.

Figure 83
Gender Distribution FY 2014

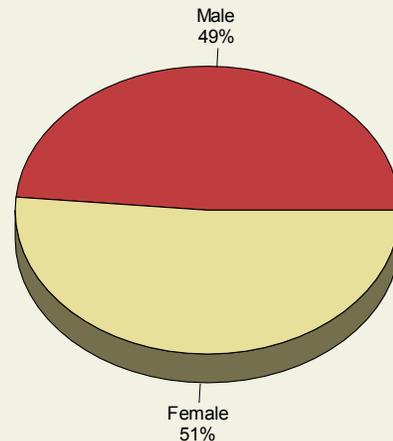


Figure 84
Age Distribution FY 2014

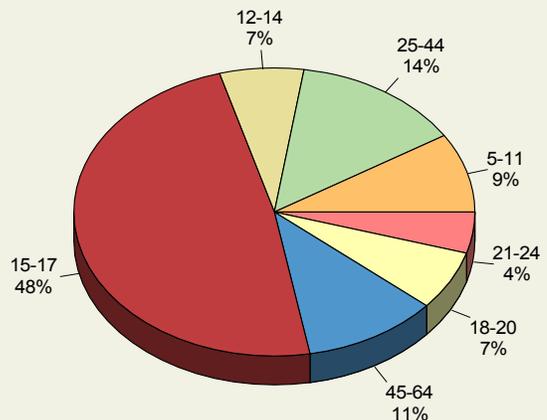
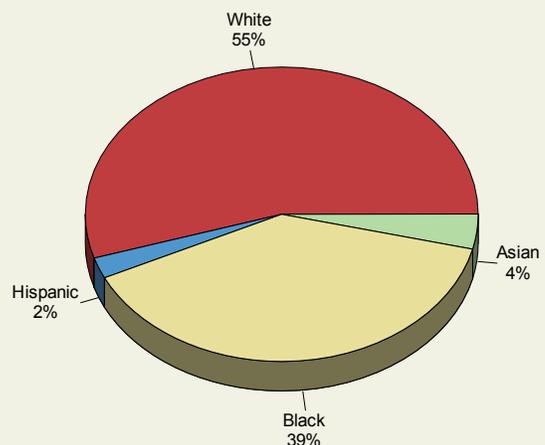


Figure 85
Race Distribution FY 2014



DEFINITIONS OF CSAP STRATEGIES AND ACTIVITIES

All strategies and service type codes reported in the Prevention Program Annual 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 2014, BHA 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

BHA	<i>Behavioral Health 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>

www.bha.dhmf.maryland.gov

Maryland Behavioral Health Administration

55 Wade Avenue

Catonsville, Maryland 21228

Phone (410) 402-8600

Fax: (410) 402-8601