

Maryland Behavioral Health Administration

Department of Health and Mental Hygiene



PREVENTION PROGRAM ANNUAL REPORT

**FISCAL YEAR
2016**

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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 2013-2016

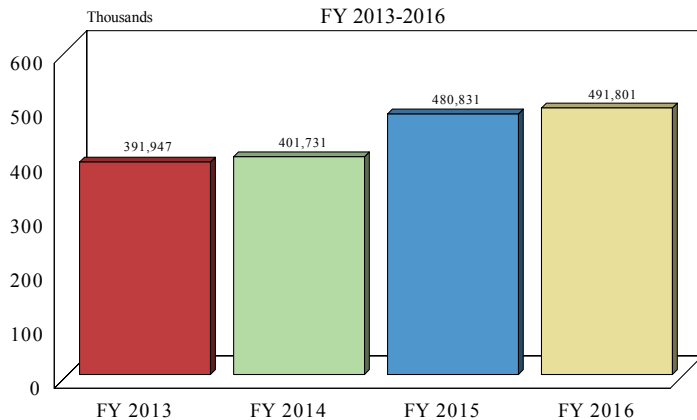


Figure 2
Program Characteristics
FY 2016

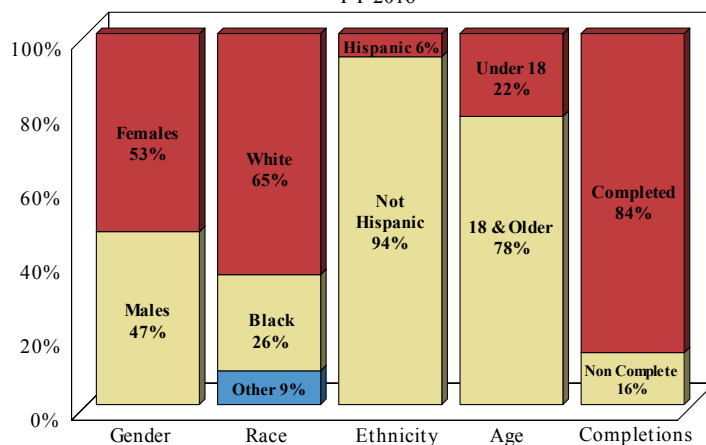
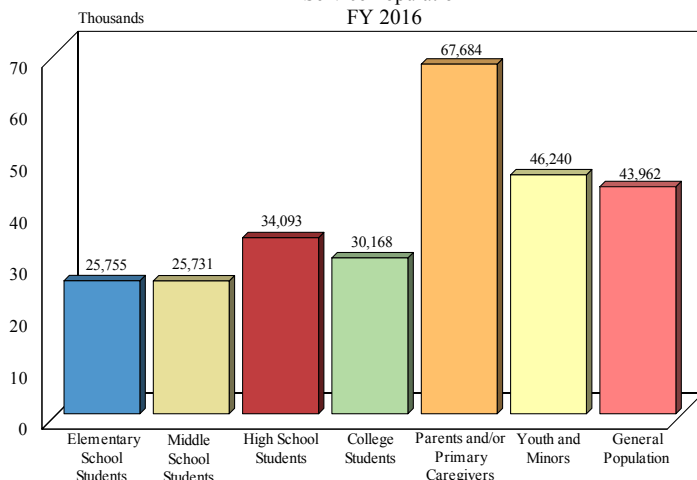


Figure 3
Service Population
FY 2016



NUMBERS SERVED

In fiscal year 2016 over 490,000 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 2016.

PROGRAM CHARACTERISTICS

Age

Over three quarters (78%) of all individuals receiving prevention services in fiscal year 2016 were 18 years of age and older. Figures show about 21 percent were parents or primary caregivers. Programs targeting high risk youth represented 18 percent of those individuals receiving prevention services.

Gender, Race and Ethnicity

Females represented a slightly higher distribution (53%) than males (47%) in fiscal year 2016. Caucasians (65%) and African Americans (26%) 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 2016, six percent of the total population served were Hispanic.

Program Completions

Recurring prevention programs showed an overall statewide completion rate of 84% in fiscal year 2016. Program completion rates have remained steady over the last four years.

SERVICE POPULATION

During fiscal year 2016, 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 480,000 people received prevention services in fiscal year 2016.

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.

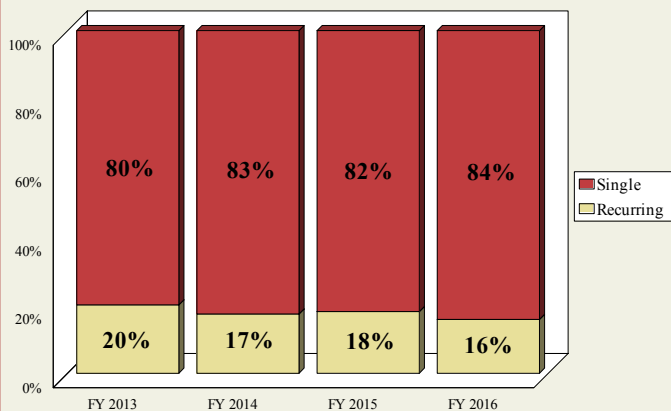
In fiscal year 2016, a total of 249 recurring prevention programs were offered across the state of Maryland. The total number of individuals actively participating in BHA funded recurring prevention programs was 6,132.

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 2016, a total of 1,337 single service prevention services were offered throughout the state of Maryland. The total number of individuals served through single service prevention activities was 485,669.

Figure 4
Prevention Programs by Program Type
FY 2013-2016



SERVICE POPULATION

During fiscal year 2016, Maryland offered prevention services to 26 different service populations. Table 1 shows the service population distribution for fiscal year 2016.

Table 1
Numbers Served by Service Population
FY2016

Service Population	Numbers Served
Business and Industry	2362
Civic Groups/Coalitions	5076
College Students	30,168
Children of Substance Abusers	207
Delinquent/Violent Youth	371
Economically Disadvantaged People	430
Elementary School Students	25,755
General Population	209,794
Government/Elected Officials	861
Health Professionals	3236
High School Students	34,093
Homeless/Runaway Youth	125
Law Enforcement/Military	820
Middle/Junior High School Students	25,731
Older Adults	21,291
Parents/Families	67,684
People in Recovery	1818
People Using Substances	1688
People with Disabilities	43
People with Mental Health Problems	229
Pregnant Females	739
Preschool Students	1616
Prevention/Treatment Professionals	7142
Religious Groups	1002
Teachers/Administrators/Counselors	3280
Youth/Minors	46,240
Total	491,801

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 2016. Fifty-three percent of program participants were female while 47 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 2016, over three quarters of the prevention program participants (78%) receiving services were adults over 18 years of age. Parents comprised 21 percent of those adults who attended prevention programs in fiscal year 2016. Youth under the age of 18 represented 22% 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 65 percent of program participants while African Americans comprised 26 percent of the individuals attending prevention programs in fiscal year 2016 (Figure 7). In addition, Hispanics represented six percent of the participants receiving prevention services in fiscal year 2016.

Figure 5
Gender Distribution FY 2016

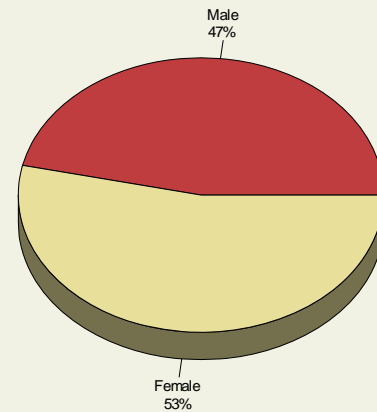


Figure 6
Age Distribution FY 2016

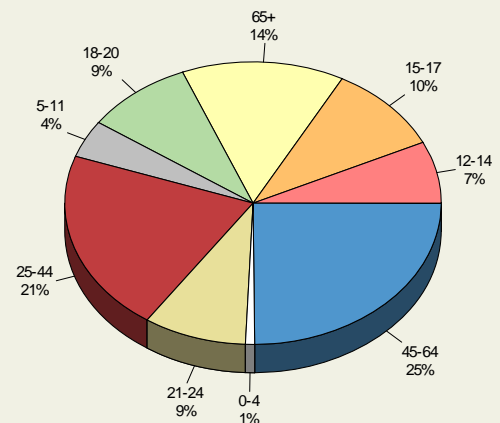
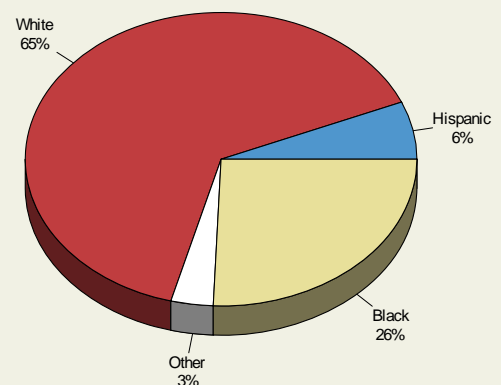


Figure 7
Race Distribution FY 2016



Recurring Program Completions

Table 2
Recurring Program Completions
Fiscal Year 2016

COUNTY	Total Number of Participants	Total Number of Completions	Percentage Completed
Allegany	59	51	86%
Anne Arundel	261	220	84%
Baltimore City	2048	1703	83%
Baltimore	169	144	85%
Calvert	114	92	81%
Caroline	0	0	0%
Carroll	249	212	85%
Cecil	420	366	87%
Charles	54	47	87%
Dorchester	177	149	84%
Frederick	204	168	82%
Garrett	331	279	84%
Harford	34	29	85%
Howard	179	162	91%
Kent	31	25	81%
Montgomery	497	419	84%
Prince George's	423	344	81%
Queen Anne's	266	214	80%
St. Mary's	60	49	82%
Somerset	23	19	83%
Talbot	164	135	82%
Washington	53	43	81%
Wicomico	92	78	85%
Worcester	197	161	82%
Bowie St.	17	17	100%
Frostburg	0	0	0%
Towson	0	0	0%
U.M.E.S	10	10	100%
Total	6132	5136	84%

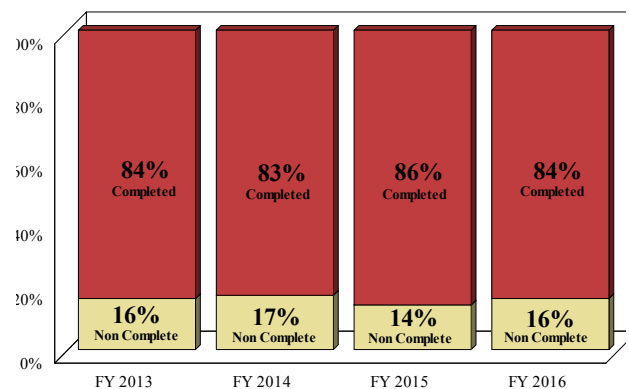
PROGRAM COMPLETION

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 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 2013-2016



The average Statewide completion rate for fiscal year 2016 was 84%.



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 2016

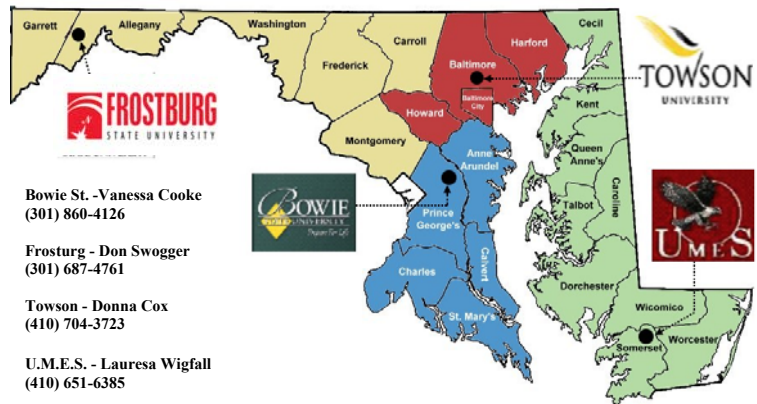
County	Alternatives	Community Based Process	Education	Environmental	Information Dissemination	Problem ID And Referral	Total
Allegany	555	1743	59	38,145	2209	434	43,145
Anne Arundel	378	1380	261	1555	5837	18	9429
Baltimore City	0	300	1791	444	648	1486	4669
Baltimore	4818	1364	108	63,558	2828	0	72,676
Calvert	450	1206	114	1177	3685	24	6656
Caroline	0	0	0	548	110	0	658
Carroll	488	2357	195	61,806	899	0	65,745
Cecil	171	161	420	32,966	4603	0	38,321
Charles	103	0	54	1188	354	0	1699
Dorchester	577	81	146	300	1382	0	2486
Frederick	0	1246	204	60,651	1436	48	63,585
Garrett	3902	335	567	12,905	324	13	18,046
Harford	1397	509	34	6342	11,187	0	19,469
Howard	1404	27	0	1300	0	0	2731
Kent	80	161	31	164	377	0	813
Montgomery	256	86	454	768	558	0	2122
Prince George's	38	75	320	59,130	3048	0	62,611
Queen Anne's	0	587	0	8431	0	0	9018
St. Mary's	146	139	6	934	1177	0	2402
Somerset	0	0	0	60	726	0	786
Talbot	137	165	0	4040	4	0	4346
Washington	0	360	53	73	0	0	486
Wicomico	49	1313	92	8216	1766	0	11,436
Worcester	7946	135	55	10,647	800	33	19,616
Bowie St.	0	0	1410	490	27	0	1927
Frostburg	1990	75	65	8046	1495	25	11,696
Towson	2024	6236	5814	90	0	0	14,164
U.M.E.S.	606	0	10	66	358	23	1063
TOTAL	27,515	20,041	12,263	384,040	45,838	2104	491,801
PERCENTAGE	6%	4%	2%	78%	9%	<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

within the region to promote ATOD prevention strategies. In fiscal year 2016, the college centers provided prevention services to 28,850 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 2016.



INDIVIDUALS SERVED BY COLLEGE PREVENTION CENTERS FISCAL YEAR 2016

Figure 9
Gender Distribution

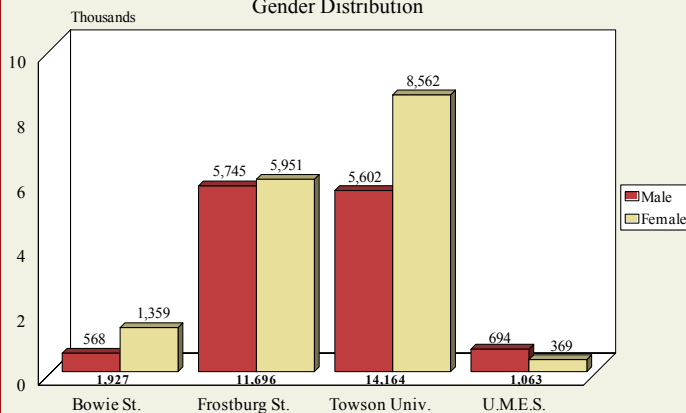


Figure 10
Race Distribution

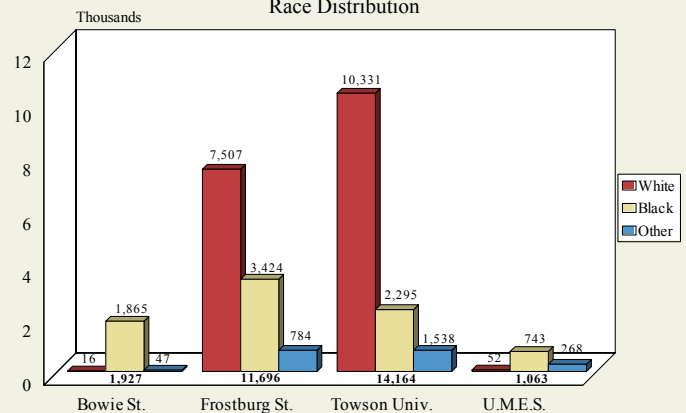


Figure 11
Statewide Gender Distribution

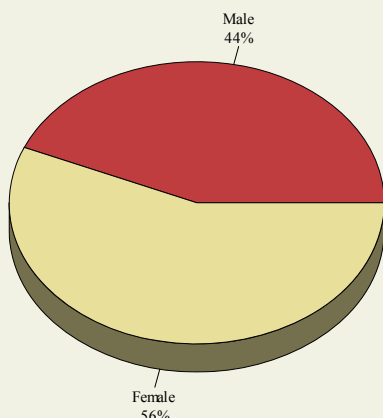
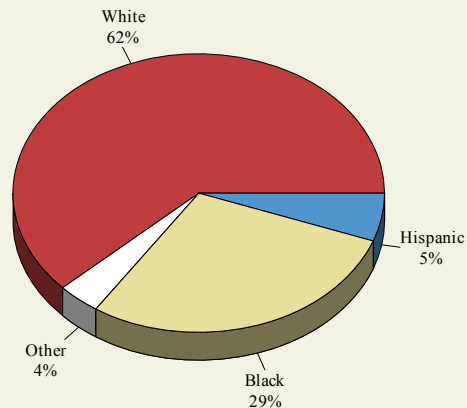


Figure 12
Statewide Race Distribution

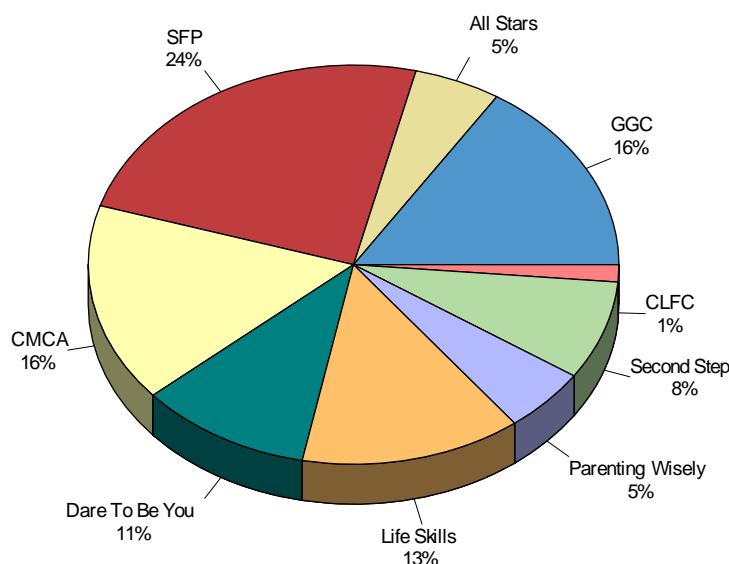


CSAP Evidence-Based Programs

Table 4
Numbers Served By CSAP Model Program
Fiscal Year 2016

Evidence-based Program	Number of Programs	Numbers Served
All Stars	2	248
Creating Lasting Family Connections (CLFC)	1	59
Communities Mobilizing for Change on Alcohol (CMCA)	6	1691
Dare To Be You (DTBY)	4	567
Guiding Good Choices (GGC)	6	331
Life Skills Training (LST)	5	1919
Parenting Wisely	2	119
Second Step	3	165
Strengthening Families Program (SFP)	9	846
Total	38	5945

Figure 13
Evidence-based Program Distribution
FY 2016



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/02_about.aspx

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/02_about.aspx

For more information on NREPP please visit:

<http://www.samhsa.gov/nrepp>

Table 4 shows the number of individuals served by evidence-based program for fiscal year 2016. Figure 19 shows evidence-based program distribution for fiscal year 2016.

Institute of Medicine (IOM) Category

Table 5
Numbers Served By Intervention Type (IOM Category)
Fiscal Year 2016

County	Universal	Selected	Indicated	Total
Allegany	42,658	141	346	43,145
Anne Arundel	6857	2566	6	9429
Baltimore City	3868	801	0	4669
Baltimore	72,605	71	0	72,676
Calvert	6195	335	126	6656
Caroline	658	0	0	658
Carroll	63,946	1035	764	65,745
Cecil	36,516	1805	0	38,321
Charles	1699	0	0	1699
Dorchester	2486	0	0	2486
Frederick	63,122	463	0	63,585
Garrett	17,963	26	57	18,046
Harford	13,548	5856	65	19,469
Howard	2731	0	0	2731
Kent	636	166	11	813
Montgomery	2042	80	0	2122
Prince George's	62,090	521	0	62,611
Queen Anne's	9018	0	0	9018
St. Mary's	2402	0	0	2402
Somerset	766	20	0	786
Talbot	4346	0	0	4346
Washington	448	31	7	486
Wicomico	10,154	1205	77	11,436
Worcester	18,151	748	717	19,616
Bowie St.	1910	17	0	1927
Frostburg	11,696	0	0	11,696
Towson	7286	6592	286	14,164
U.M.E.S.	606	411	46	1063
Total	466,403	22,890	2508	491,801
Percentage	95%	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 2016, 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:

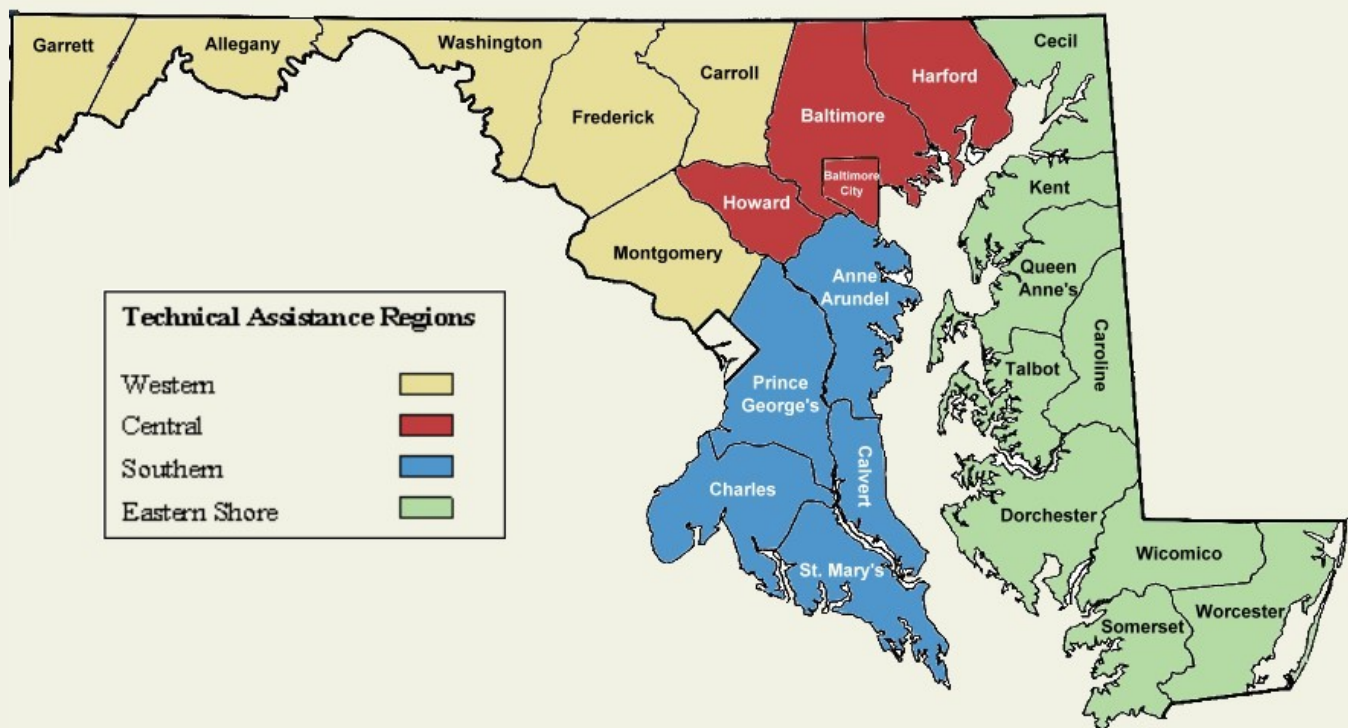
- reduce the availability of alcohol and other drugs in the community
- increase youth and parent awareness of the harms and risks of substance abuse
- strengthen alcohol and drug law enforcement and adjudication
- change community norms, attitudes and policies that are tolerant of substance use
- send 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
FY2016

County	Total Served	Environmental Numbers Served	Percentage of Total Numbers Served
Allegany	43,145	38,145	88%
Anne Arundel	9429	1555	16%
Baltimore City	4669	444	10%
Baltimore	72,676	63,566	87%
Calvert	6656	1177	18%
Caroline	658	548	83%
Carroll	65,745	61,806	94%
Cecil	38,321	32,966	86%
Charles	1699	1188	70%
Dorchester	2486	300	12%
Frederick	63,585	60,651	95%
Garrett	18,046	12,905	72%
Harford	19,469	6342	33%
Howard	2731	1300	48%
Kent	813	164	20%
Montgomery	2122	768	36%
Prince George's	62,611	59,169	95%
Queen Anne's	9018	8431	93%
St. Mary's	2402	934	39%
Somerset	786	83	11%
Talbot	4346	4040	93%
Washington	486	73	15%
Wicomico	11,436	8216	72%
Worcester	19,616	10,647	54%
Bowie St.	1927	451	23%
Frostburg St.	11,696	8046	69%
Towson	14,164	82	<1%
U.M.E.S	1063	43	4%
Total	491,801	384,040	78%

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. There was an equal distribution of males (50%) and females (50%) in fiscal year 2016.

AGE

During fiscal year 2016, 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 63 percent of the racial distribution receiving prevention services while Hispanics (30%) and African Americans (7%) comprised the remaining distribution. 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 43,145 in fiscal year 2016.
- The ATOD Center at Frostburg State University served 11,696 individuals in fiscal year 2016.

Figure 14
Gender Distribution FY 2016

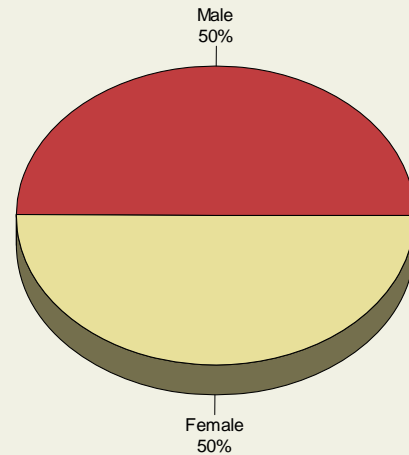


Figure 15
Age Distribution FY 2016

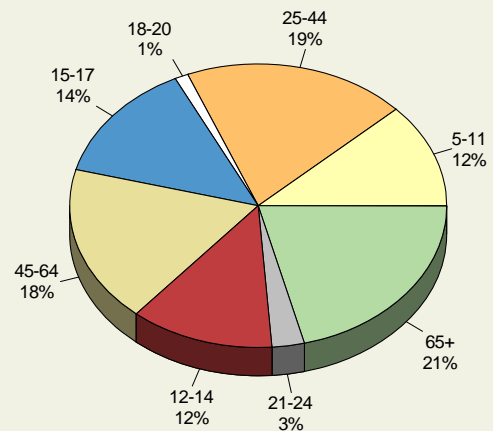
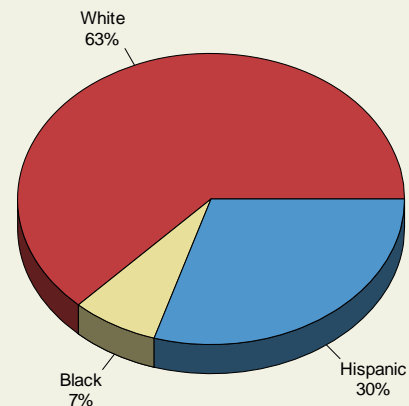
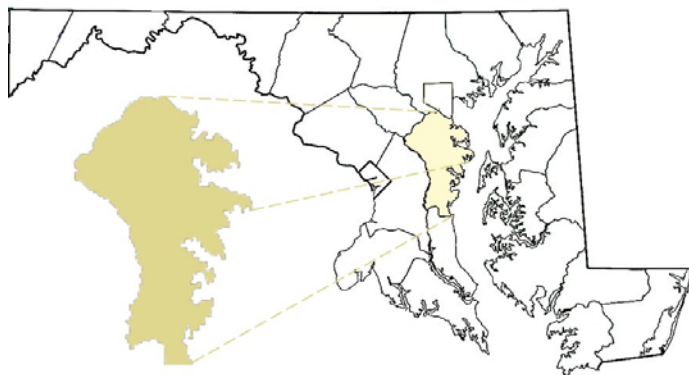


Figure 16
Race Distribution FY 2016



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 2016. Females represented 61 percent of program participants while 39 percent of the participants countywide were male.

AGE

During fiscal year 2016, 38 percent of all those participating in prevention programs were adolescents. Twenty-nine 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 (71%) and African Americans (20%) accounted for 91 percent of the racial distribution receiving prevention services in Anne Arundel County during fiscal year 2016 (Figure 19). Hispanics (9%) comprised the remaining distribution.

The total number of individuals receiving prevention services in Anne Arundel County was 9,429 in fiscal year 2016.

Figure 17
Gender Distribution FY 2016

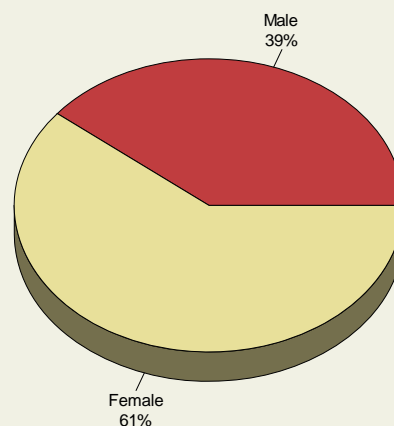


Figure 18
Age Distribution FY 2016

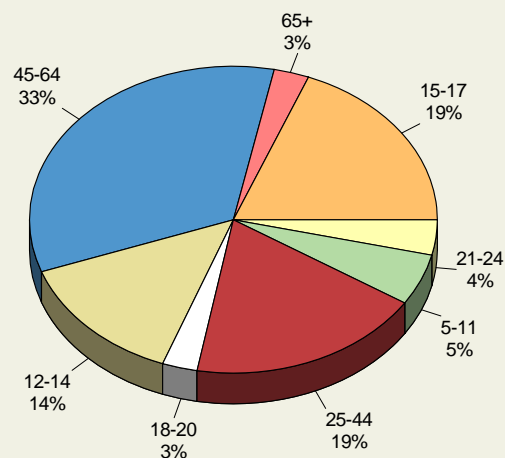
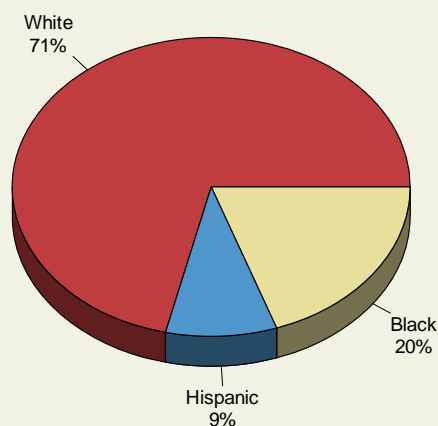
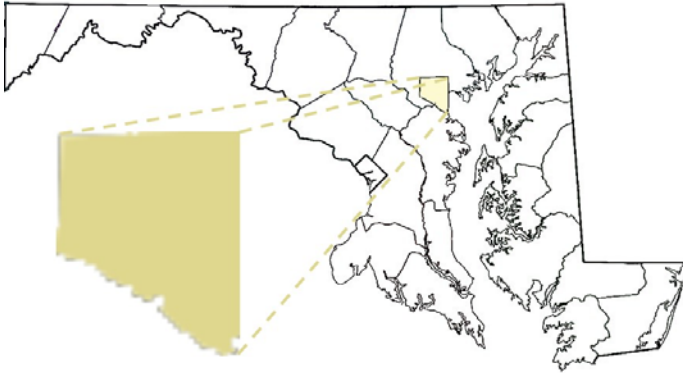


Figure 19
Race Distribution FY 2016



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 2016. Females represented 65 percent of program participants while 35 percent of the participants countywide were male.

AGE

During fiscal year 2016, approximately 53 percent of all individuals participating in prevention programs were adolescents. Parents or primary care givers represented 13 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 71 percent of the racial distribution receiving prevention services in Baltimore City while Caucasians comprised 25 percent during fiscal year 2016. Hispanics (4%) accounted for the remainder of the distribution.

The total number of individuals receiving prevention services in Baltimore City was 4,669 in fiscal year 2016.

Figure 20
Gender Distribution FY 2016

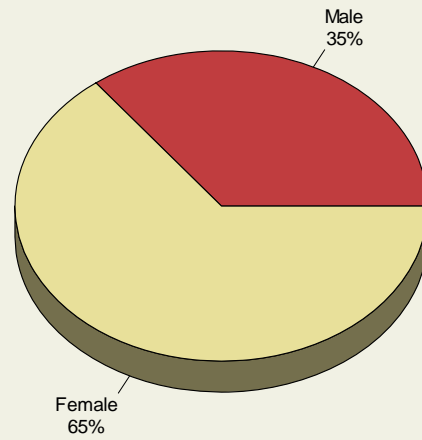


Figure 21
Age Distribution FY 2016

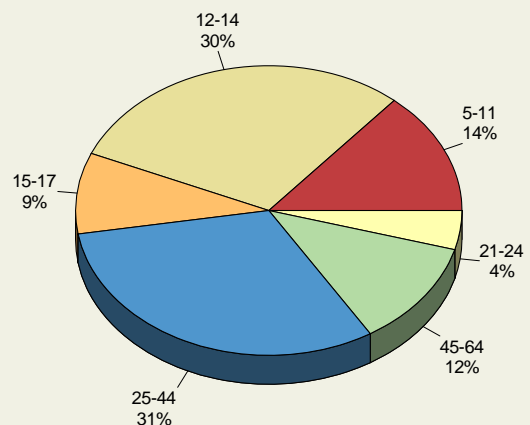
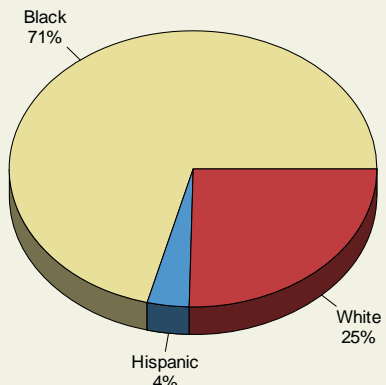
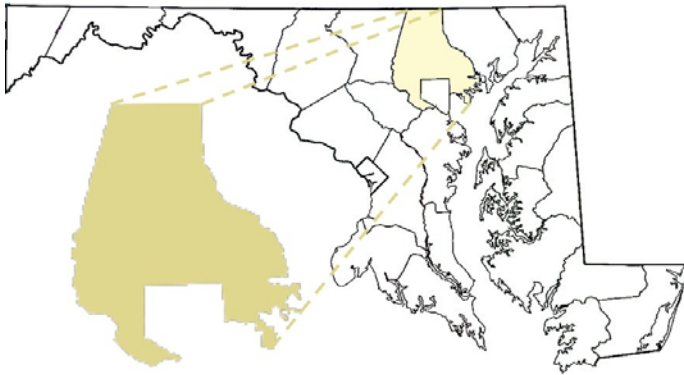


Figure 22
Race Distribution FY 2016



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 2016. Females represented 54 percent of program participants while 46 percent of the participants countywide were male.

AGE

Figure 24 shows the overall county distribution for age during fiscal year 2016. Parents accounted for 47 percent of those served. Adolescents represented 6 percent of individuals receiving services in Baltimore County.

RACE AND ETHNICITY

During fiscal year 2016, Caucasians accounted for 62 percent of the racial distribution while African Americans comprised 28 percent in Baltimore County (Figure 25). Asian (6%) and Hispanics (4%) accounted the remaining 11 percent of the distribution.

- The total number of individuals receiving prevention services through the Baltimore County prevention office was 72,676 in fiscal year 2016.
- The ATOD Center at Towson University served 14,164 individuals in fiscal year 2016.

Figure 23
Gender Distribution FY 2016

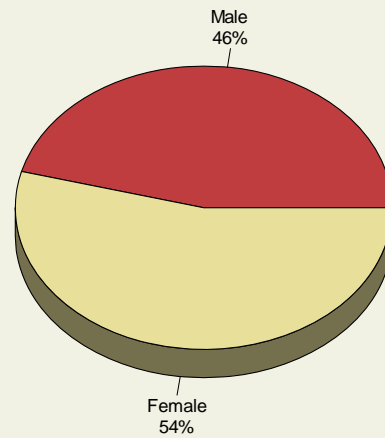


Figure 24
Age Distribution FY 2016

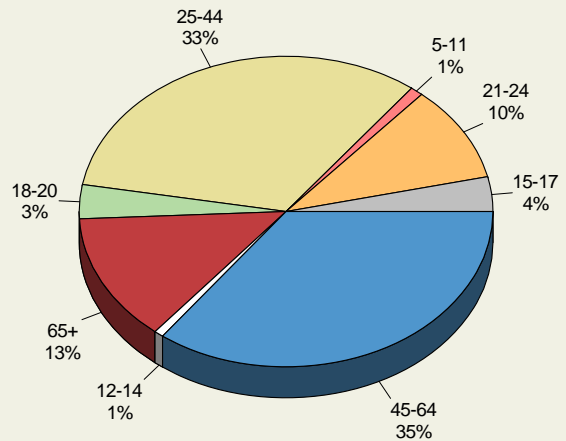
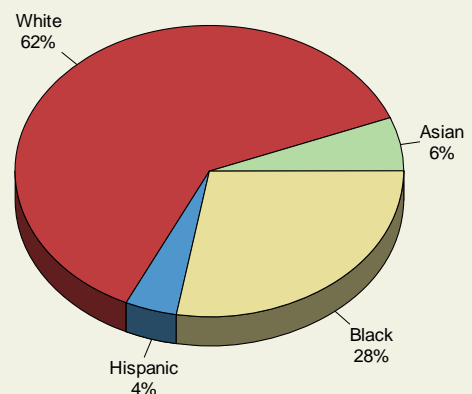
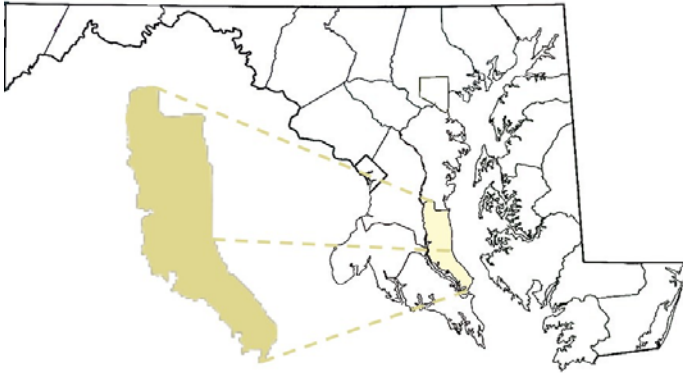


Figure 25
Race Distribution FY 2016



CALVERT COUNTY



Prevention Coordinator

Julie Mulligan

(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 2016. Females represented 51 percent of program participants while 49 percent of the participants countywide were male.

AGE

During fiscal year 2016, twenty-five 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 82 percent of the racial distribution while African American accounted for 12 percent. Hispanics (3%) and Asians (3%) accounted for the remaining 6 percent of the distribution during fiscal year 2016 (Figure 28).

The total number of individuals receiving prevention services in Calvert County was 6,656 in fiscal year 2016.

Figure 26
Gender Distribution FY 2016

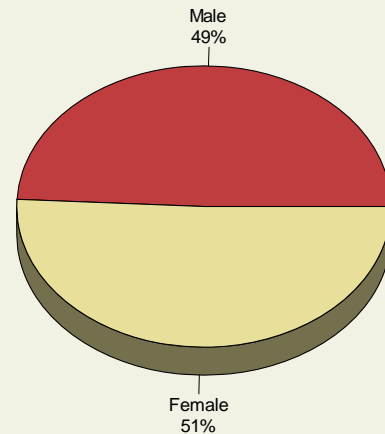


Figure 27
Age Distribution FY 2016

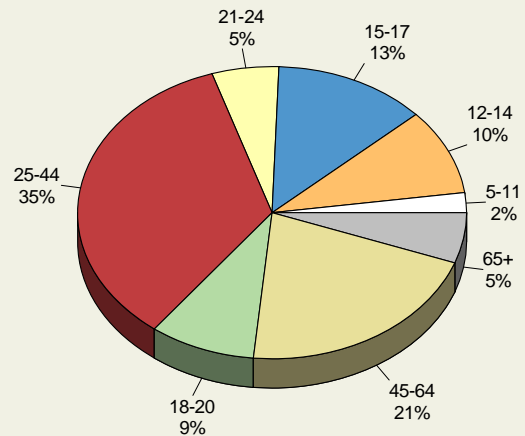
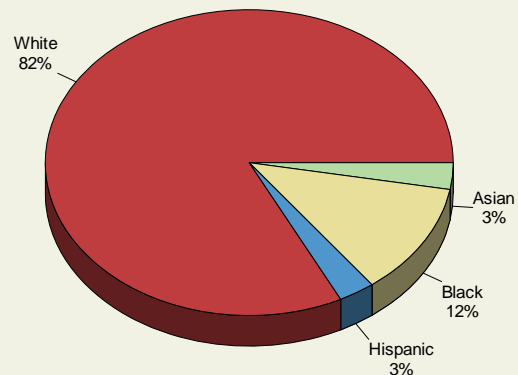
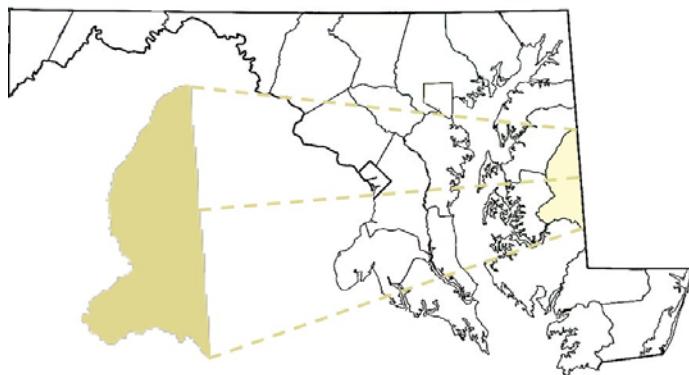


Figure 28
Race Distribution FY 2016



CAROLINE COUNTY



Prevention Coordinator

Melanie Rodriguez
(410) 479-8164

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 2016. Females represented 54 percent of program participants while 46 percent of the participants countywide were male.

AGE

During fiscal year 2016, over one-third (38%) 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 49 percent of the racial distribution receiving prevention services while African Americans comprised 44 percent during fiscal year 2016 (Figure 31). Hispanics (3%) and Asians (4%) accounted for the remaining 7 percent of the overall racial distribution.

The total number of individuals receiving prevention services in Caroline County was 658 in fiscal year 2016.

Figure 29
Gender Distribution FY 2016

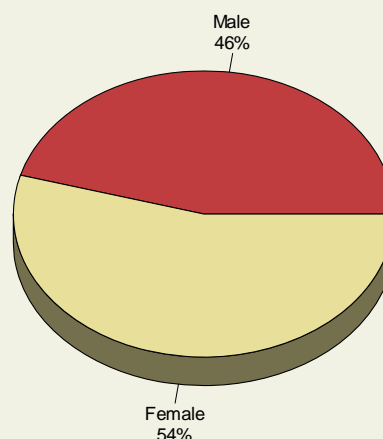


Figure 30
Age Distribution FY 2016

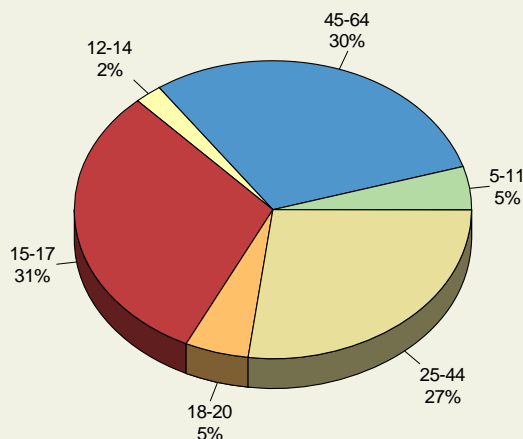
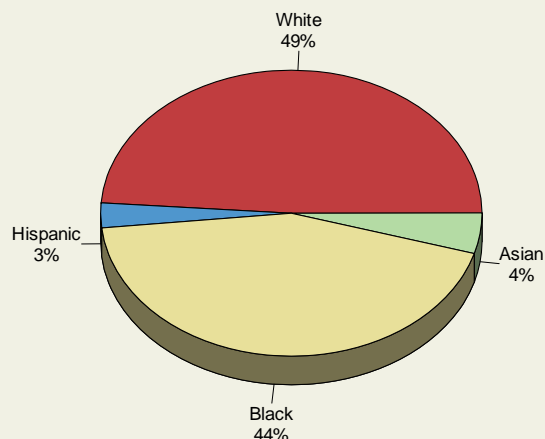
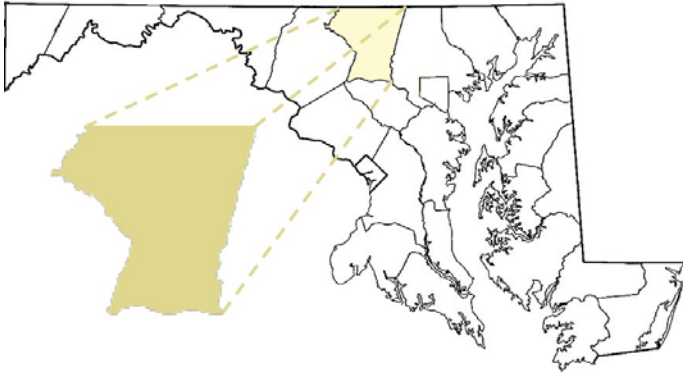


Figure 31
Gender Distribution FY 2016



CARROLL COUNTY



Prevention Coordinator

Linda Auerback
(410) 876-4803

SAMHSA EVIDENCE-BASED PROGRAMS

► Guiding Good Choices

DEMOGRAPHICS

GENDER

Figure 32 shows the countywide distribution of prevention programs for gender in fiscal year 2016. Females represented 55 percent of program participants while 45 percent of the participants countywide were male.

AGE

During fiscal year 2016, approximately one-fifth (18%) of all those participating in prevention programs were adolescents. Parents and primary caregivers represented 31 percent of individuals attending prevention programs in Carroll County. Figure 33 shows the overall county distribution for age.

RACE AND ETHNICITY

Caucasians accounted for 96 percent of the racial distribution receiving prevention services in Carroll County. African Americans (3%) and Hispanics (1%) represented the remaining four 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 65,745 in fiscal year 2016.

Figure 32
Gender Distribution FY 2016

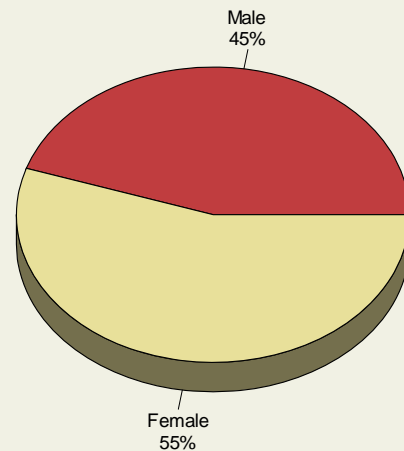


Figure 33
Age Distribution FY 2016

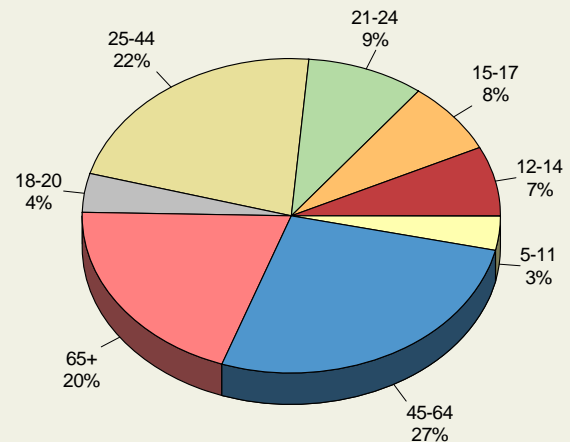
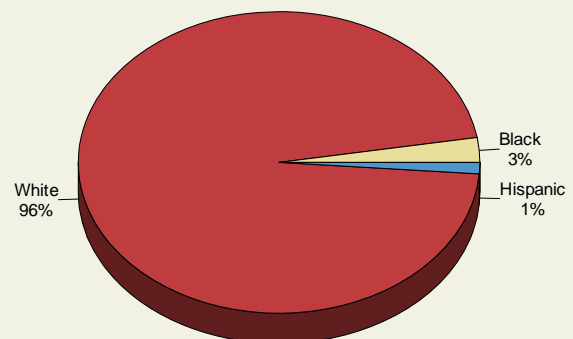
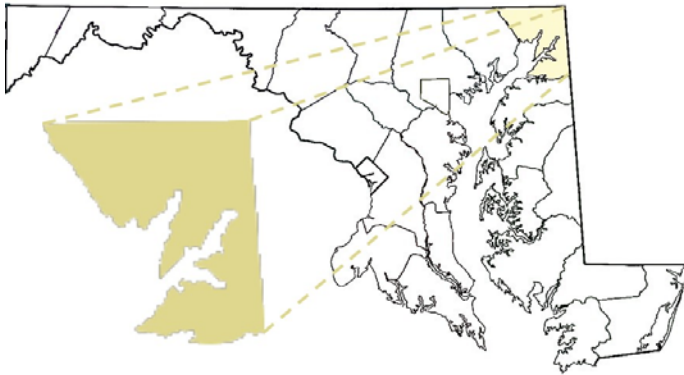


Figure 34
Race Distribution FY 2016



CECIL COUNTY



Prevention Coordinator

Mike Massuli
(410) 996-5168

SAMHSA EVIDENCE-BASED PROGRAMS

► Life Skills

DEMOGRAPHICS

GENDER

Figure 35 shows the countywide distribution of prevention programs for gender in fiscal year 2016. Females represented 54 percent of program participants while 46 percent of the participants countywide were male.

AGE

During fiscal year 2016, 23 percent of all those participating in prevention programs were parents or primary caregivers. Adolescents represented 17 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 (65%) accounted for the majority of the racial distribution. African Americans (18%), Native Hawaiian (10%), Hispanics (5%) and Asians (2%) represented the remaining distribution in fiscal year 2016.

The total number of individuals receiving prevention services in Cecil County was 38,321 in fiscal year 2016.

Figure 35
Gender Distribution FY 2016

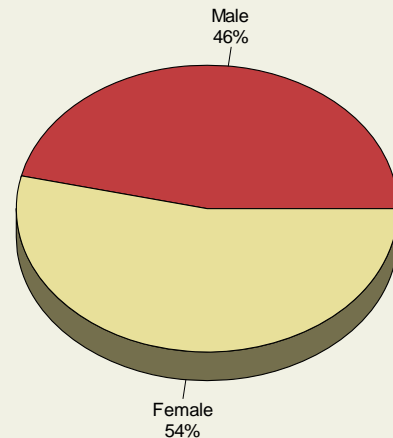


Figure 36
Age Distribution FY 2016

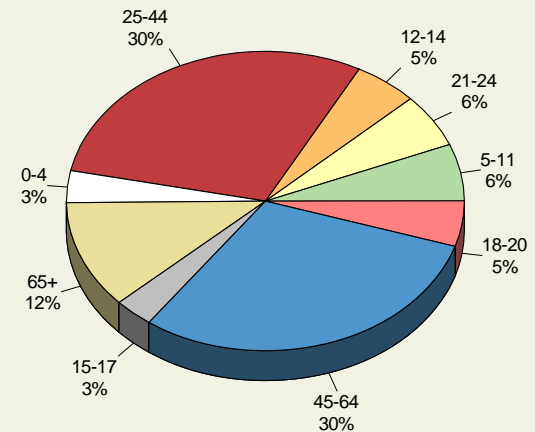
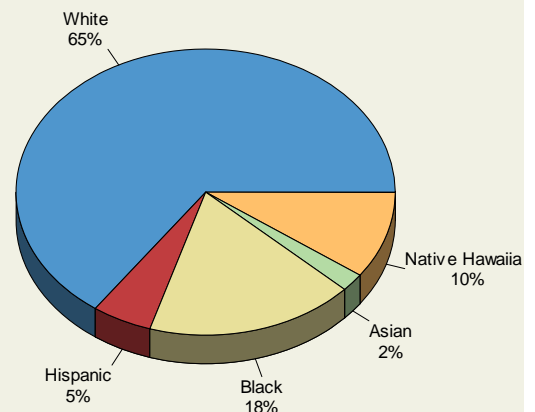
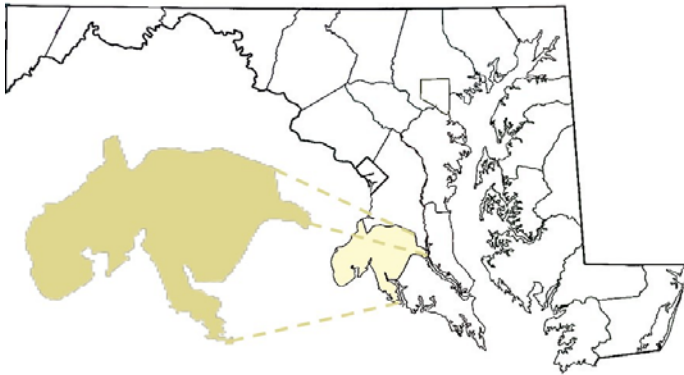


Figure 37
Race Distribution FY 2016



CHARLES COUNTY



Prevention Coordinator

Stephen Hunt
(301) 609-6900

SAMHSA EVIDENCE-BASED PROGRAMS

► Second Step

DEMOGRAPHICS

GENDER

Figure 38 shows the countywide distribution of prevention programs for gender in fiscal year 2016. Females represented 58 percent of program participants while 42 percent of the participants countywide were male.

AGE

During fiscal year 2016, approximately one-third (31%) of those participating in prevention programs were adolescents. Parents and primary care givers represented 19 percent of the age distribution for fiscal year 2016. Figure 39 shows the overall county distribution for age.

RACE AND ETHNICITY

Caucasians accounted for 50 percent of the racial distribution receiving prevention services in Charles County while African Americans comprised 49 percent during fiscal year 2016 (Figure 40). Hispanics (1%) accounted for the remaining distribution.

The total number of individuals receiving prevention services in Charles County was 1,699 in fiscal year 2016.

Figure 38
Gender Distribution FY 2016

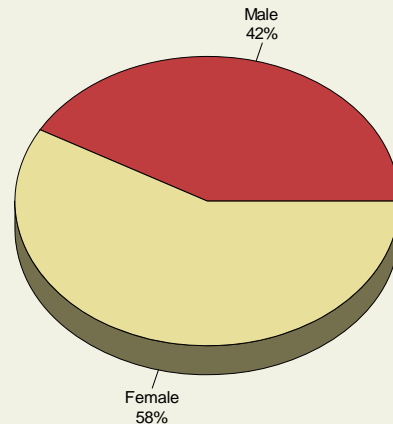


Figure 39
Age Distribution FY 2016

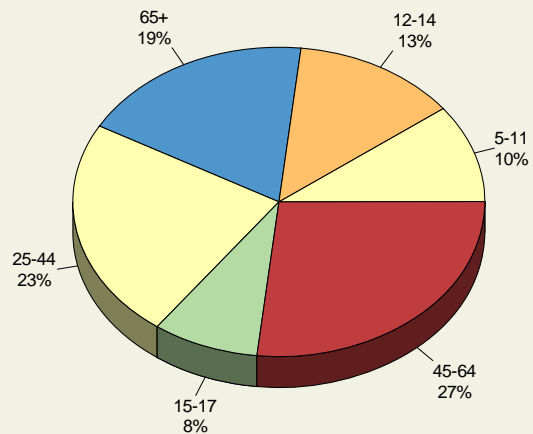
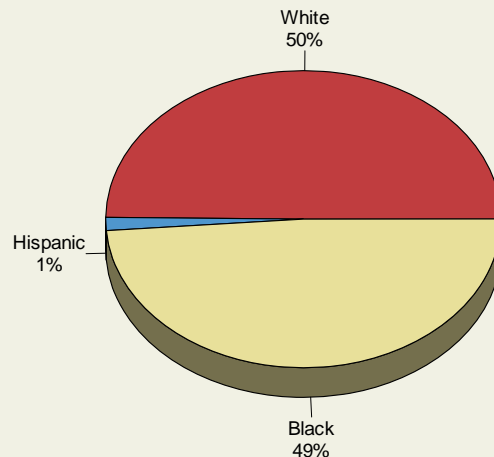


Figure 40
Race Distribution FY 2016



DORCHESTER COUNTY



Prevention Coordinator

Charlene Jones
(410) 901-8162

SAMHSA EVIDENCE-BASED PROGRAMS

► Second Step

DEMOGRAPHICS

GENDER

Figure 41 shows the gender distribution of prevention programs for fiscal year 2016. Females represented 55 percent of program participants while 45 percent of the participants countywide were male.

AGE

During fiscal year 2016, over two-thirds (69%) of those receiving prevention services in Dorchester County were adolescents. Parents or primary care givers accounted for 6 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 48 percent of the racial distribution receiving prevention services in Dorchester County. Caucasians (42%), Hispanics (5%) and Asians (5%) comprised the remaining racial distribution during fiscal year 2016.

The total number of individuals receiving prevention services in Dorchester County was 2,486 in fiscal year 2016.

Figure 41
Gender Distribution FY 2016

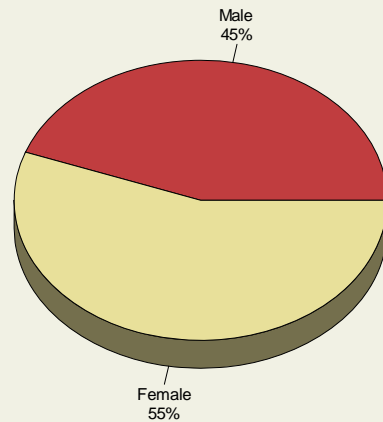


Figure 42
Age Distribution FY 2016

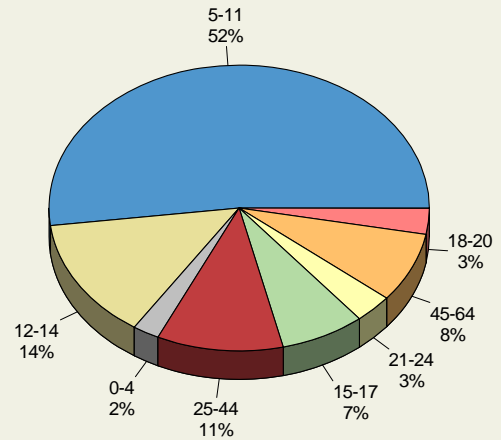
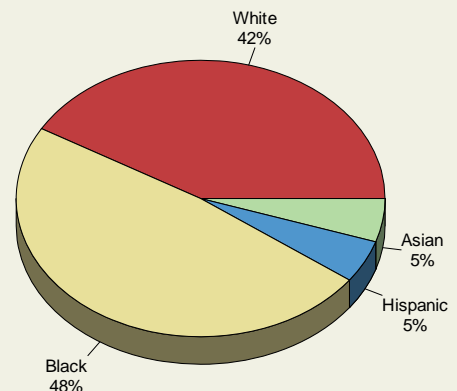
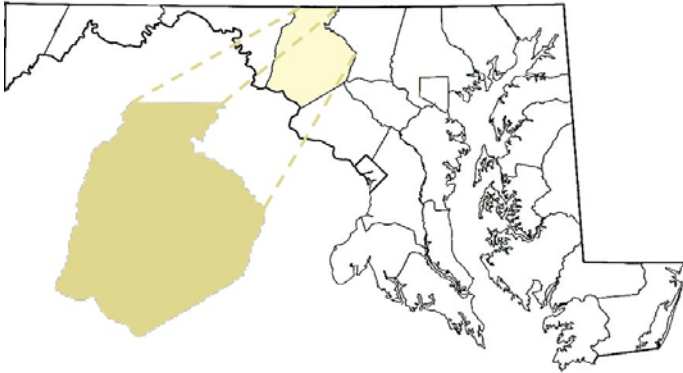


Figure 43
Race Distribution FY 2016



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 2016. There was an equal distribution of males (50%) and females (50%) in fiscal year 2016.

AGE

During fiscal year 2016, approximately one-quarter (22%) of those receiving prevention services in Frederick County were adolescents. Parents or primary care givers accounted for 15 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 2016. 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 63,585 in fiscal year 2016.

Figure 44
Gender Distribution FY 2016

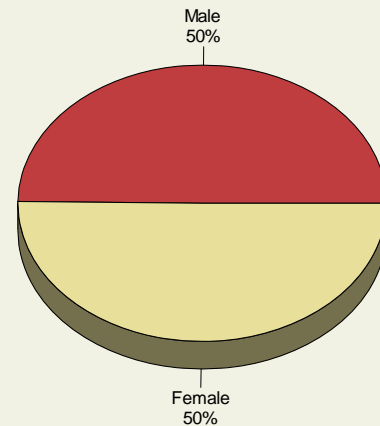


Figure 45
Age Distribution FY 2016

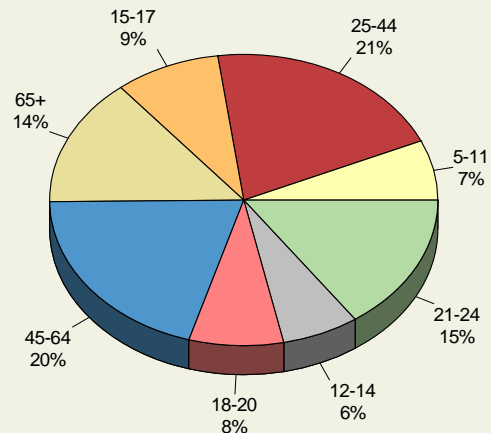
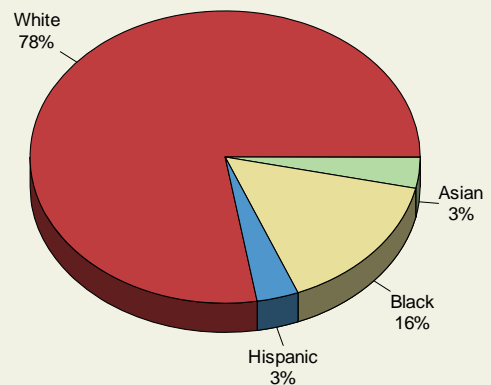
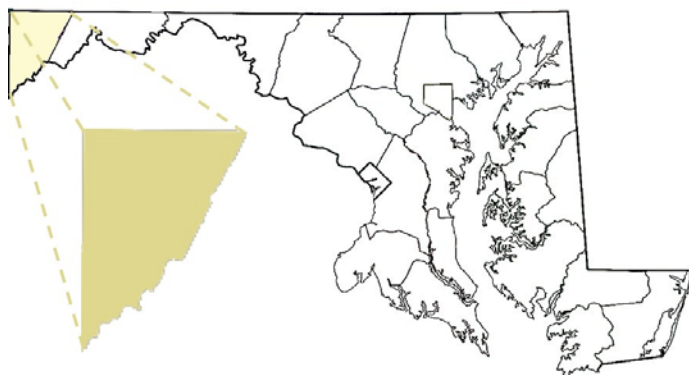


Figure 46
Race Distribution FY 2016



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 2016. Females represented 59 percent of program participants while 41 percent of the participants countywide were male.

AGE

During fiscal year 2016, adolescents accounted for 14 percent of those individuals receiving prevention services in Garrett County. Parents and primary care givers comprised 29% 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 97 percent of the racial distribution. African Americans comprised three percent (3%) of the remaining distribution receiving prevention services in Garrett County during fiscal year 2016.

The total number of individuals receiving prevention services in Garrett County was 18,046 in fiscal year 2016.

Figure 47
Gender Distribution FY 2016

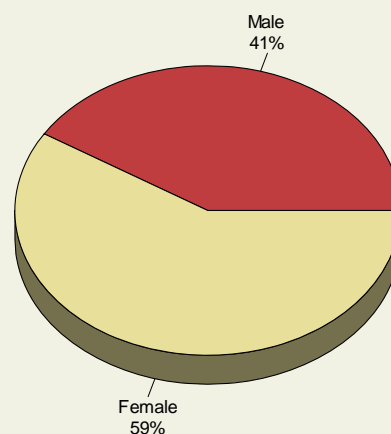


Figure 48
Age Distribution FY 2016

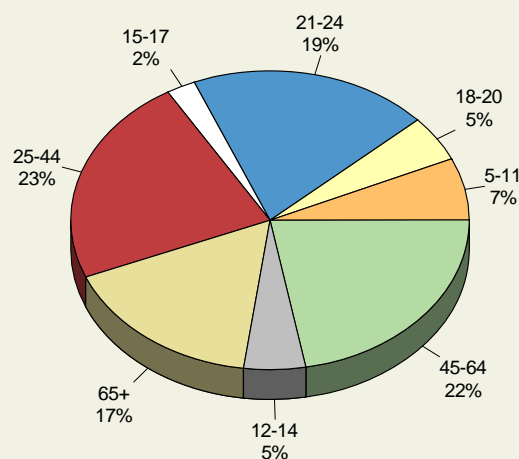
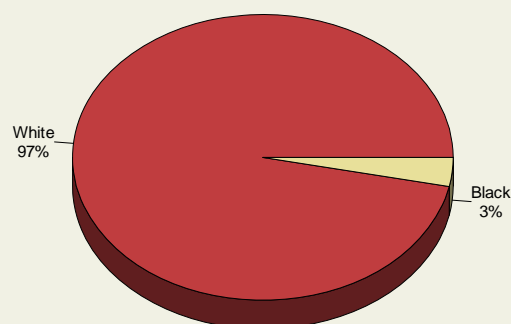
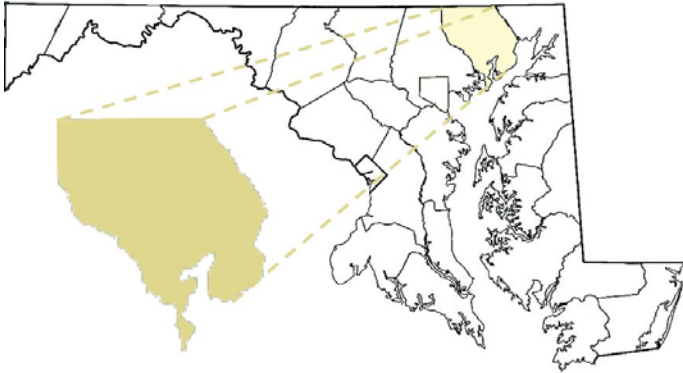


Figure 49
Race Distribution FY 2016



HARFORD COUNTY



Prevention Coordinator

Joseph Ryan
(410) 879-2000 ext. 3333

SAMHSA EVIDENCE-BASED PROGRAMS

DEMOGRAPHICS

GENDER

Figure 50 shows the countywide distribution of prevention programs for gender in fiscal year 2016. Males represented 51 percent of program participants while 49 percent of the participants countywide were female.

AGE

During fiscal year 2016, approximately two-thirds (62%) of all those participating in prevention programs were adolescents. Parents or primary care givers represented nine percent 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 17 percent during fiscal year 2016. Hispanics (6%) and Asians (2%) accounted for the remaining eight percent of the overall distribution.

The total number of individuals receiving prevention services in Harford County was 19,469 in fiscal year 2016.

Figure 50
Gender Distribution FY 2016

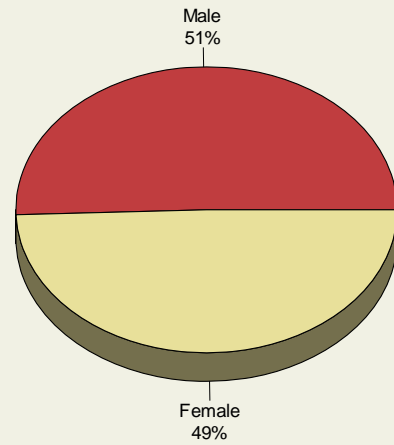


Figure 51
Age Distribution FY 2016

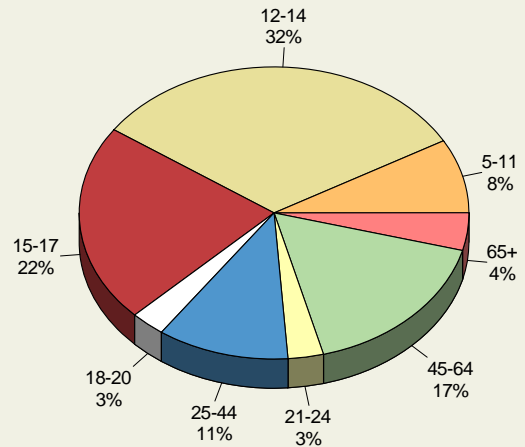
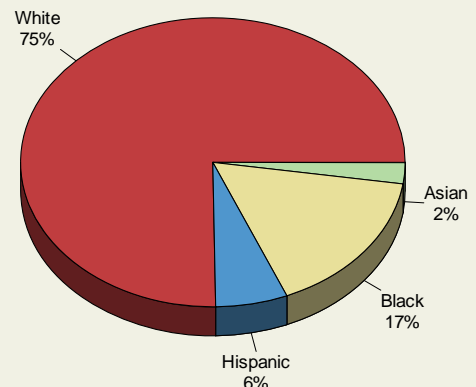
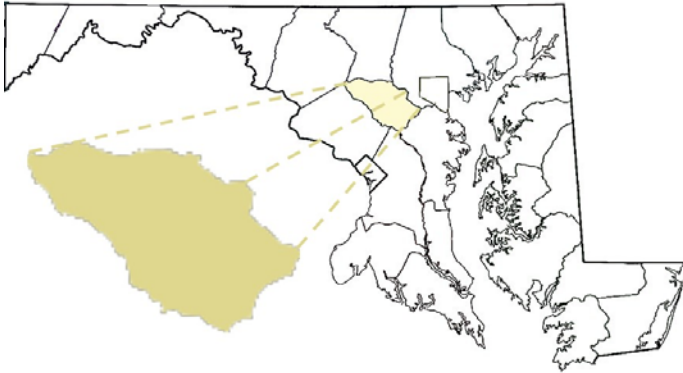


Figure 52
Race Distribution FY 2016



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 2016. Females represented 52 percent of program participants while 48 percent of the participants countywide were male.

AGE

During fiscal year 2016, Adolescents accounted for 55 percent of the distribution. Seven percent of all those participating in prevention programs were parents or primary care givers. Figure 54 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 55, Caucasians represented 53 percent of the racial distribution receiving prevention services in fiscal year 2016. Asians (21%), African Americans (16%) and Hispanics (10%) accounted for 47 percent of the remaining distribution.

The total number of individuals receiving prevention services in Howard County was 2,731 in fiscal year 2016.

Figure 53
Gender Distribution FY 2016

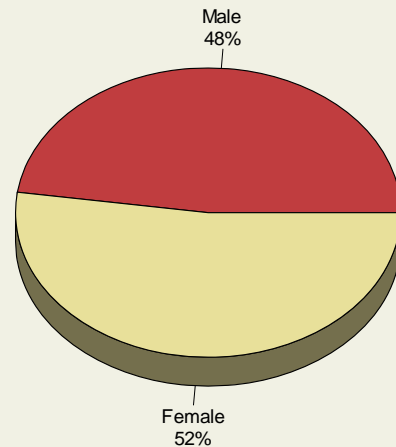


Figure 54
Age Distribution FY 2016

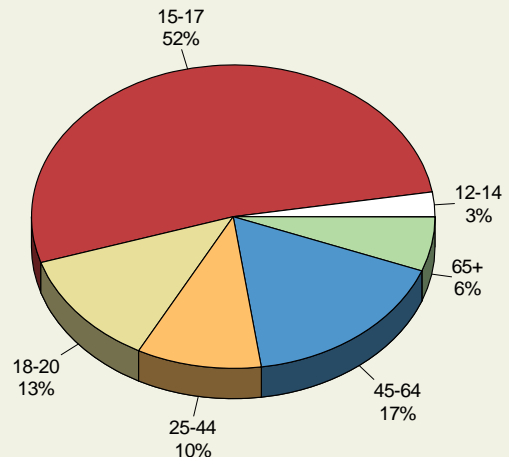
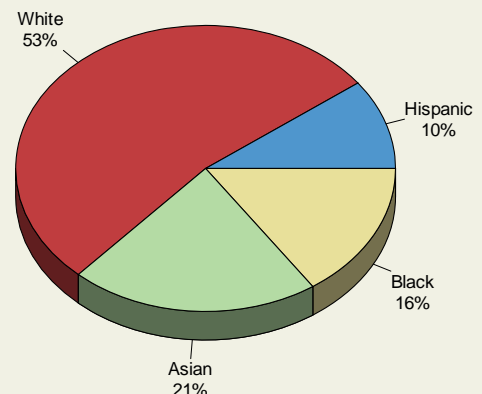
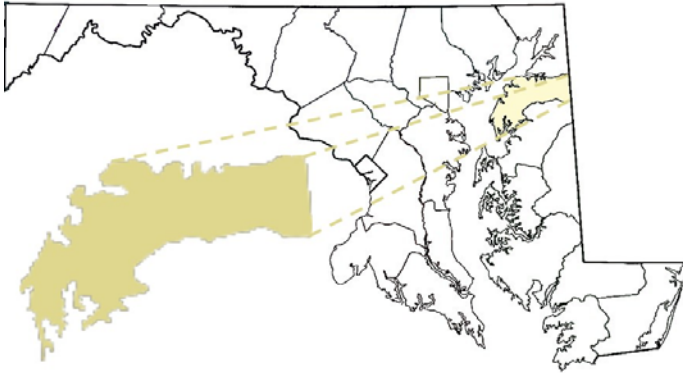


Figure 55
Race Distribution FY 2016



KENT COUNTY



Prevention Coordinator

Tim Dove
(410) 778-2616

SAMHSA EVIDENCE-BASED PROGRAMS

DEMOGRAPHICS

GENDER

Figure 56 shows the countywide distribution of prevention programs for gender in fiscal year 2016. Females represented 56 percent of program participants while 44 percent of the participants countywide were male.

AGE

During fiscal year 2016, over half (57%) of all those participating in prevention programs were adolescents. 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. African Americans (18%) and Hispanics (8%) comprised 26 percent during fiscal year 2016.

The total number of individuals receiving prevention services in Kent County was 813 in fiscal year 2016.

Figure 56
Gender Distribution FY 2016

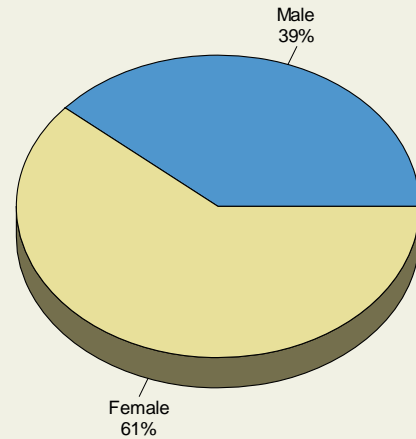


Figure 57
Age Distribution FY 2016

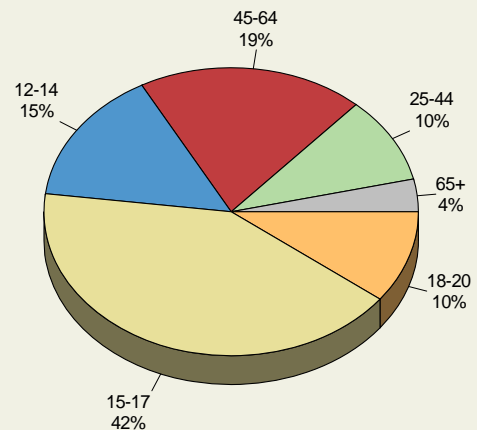
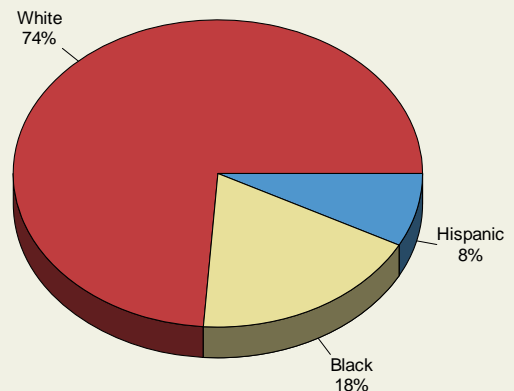
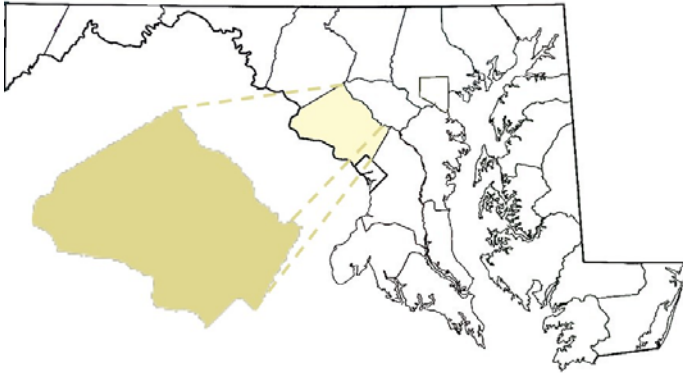


Figure 58
Race Distribution FY 2016



MONTGOMERY COUNTY



Prevention Coordinator

Ben Stevenson
(240) 777-3969

SAMHSA EVIDENCE-BASED PROGRAMS

- ▶ Communities Mobilizing for Change on Alcohol
- ▶ Dare to be you
- ▶ Strengthening Families

DEMOGRAPHICS

GENDER

Figure 59 shows the countywide distribution of prevention programs for gender in fiscal year 2016. Females represented 58 percent of program participants while 42 percent of the participants countywide were male.

AGE

During fiscal year 2016, adolescents represented 76 percent of those individuals receiving services in Montgomery County. Parents and Primary care givers accounted for six percent of those receiving prevention services. Figure 60 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 61, Hispanics accounted for 31 percent of the racial distribution receiving prevention services in Montgomery County. Caucasians (28%), African Americans (23%), Asians (8%), Hawaiians (6%) and American Indians (4%) accounted for the remaining distribution.

The total number of individuals receiving prevention services in Montgomery County was 2,122 in fiscal year 2016.

Figure 59
Gender Distribution FY 2016

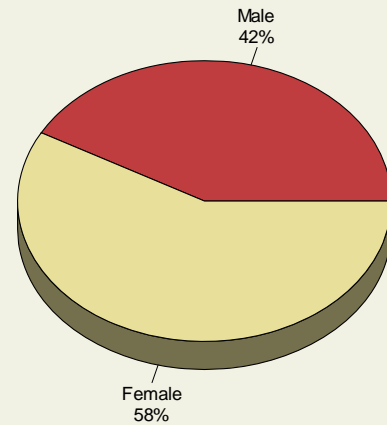


Figure 60
Age Distribution FY 2016

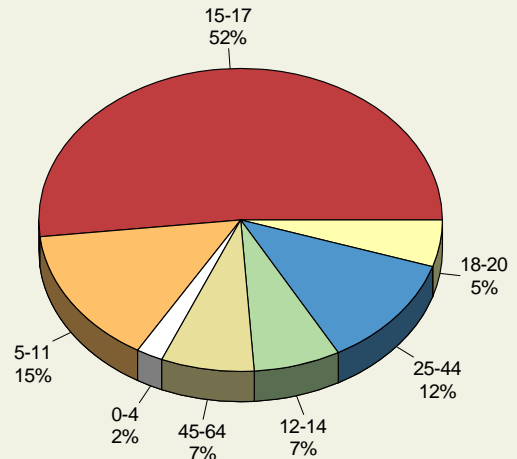
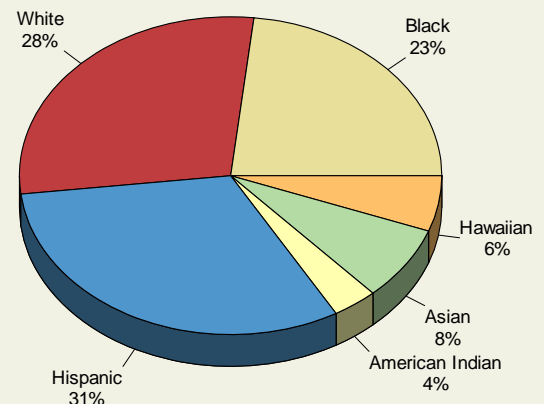
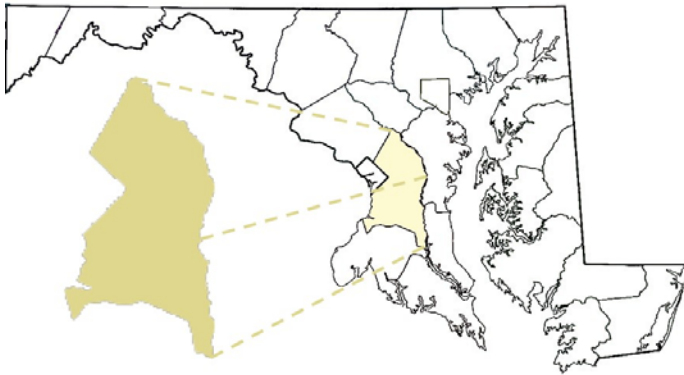


Figure 61
Race Distribution FY 2016



PRINCE GEORGE'S COUNTY



Prevention Coordinator

Patricia Ramseur
(301) 324-2991

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 2016. Females represented 52 percent of program participants while 48 percent of the participants countywide were male.

AGE

Figure 63 shows the age distribution in Prince George's County during fiscal year 2016. Parents represented 29% of the distribution. Adolescents accounted for 15 percent of individuals receiving prevention services.

RACE AND ETHNICITY

As shown in Figure 64, African Americans (77%) and Caucasians (17%) accounted for 94 percent of the racial distribution in Prince George's County. Hispanics (4%) and Asians (2%) accounted for the remainder of the distribution for fiscal year 2016.

- The total number of individuals receiving prevention services in Prince George's County was 62,611 in fiscal year 2016.

- The ATOD Center at Bowie State University served 1,927 individuals in fiscal year 2016.

Figure 62
Gender Distribution FY 2016

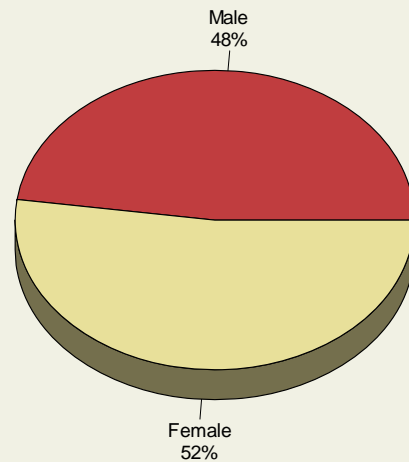


Figure 63
Age Distribution FY 2016

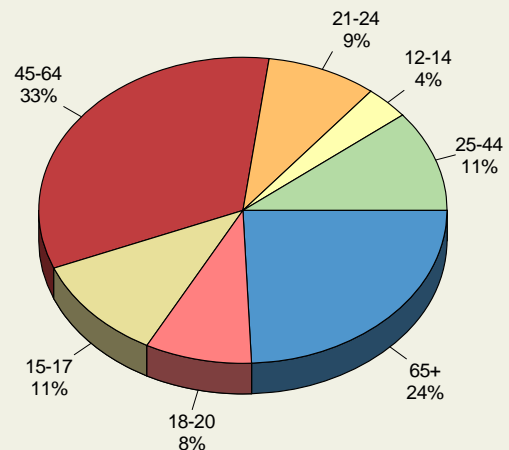
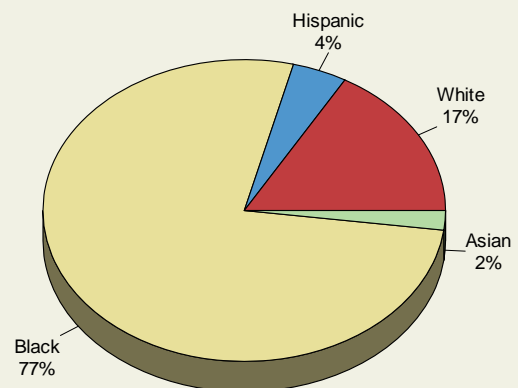
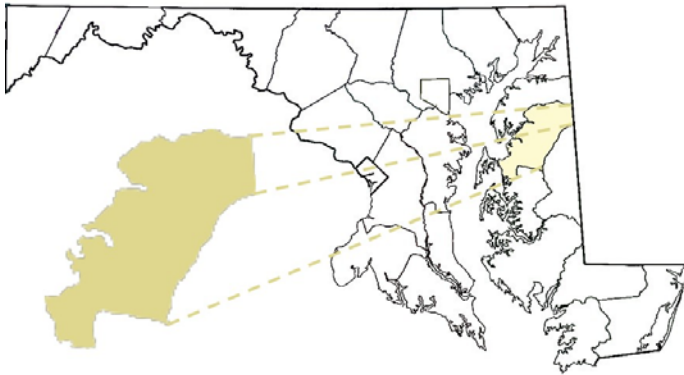


Figure 64
Race Distribution FY 2016



QUEEN ANNE'S COUNTY



Prevention Coordinator

Iris Carter

(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 2016. Females represented 53 percent of program participants while 47 percent were male.

AGE

During fiscal year 2016, Thirty-four percent of all those participating in prevention programs were adolescents. Parents and primary care givers accounted for 24 percent of the distribution. Figure 66 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 67, African Americans (44%) and Caucasians (43%) represented 87 percent of the racial distribution receiving prevention services in Queen Anne's County. Hispanics (10%) and Asians (3%) accounted for the remaining racial distribution in fiscal year 2016.

The total number of individuals receiving prevention services in Queen Anne's County was 9,018 in fiscal year 2016.

Figure 65
Gender Distribution FY 2016

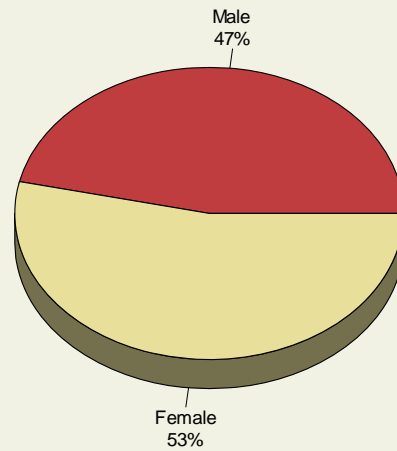


Figure 66
Age Distribution FY 2016

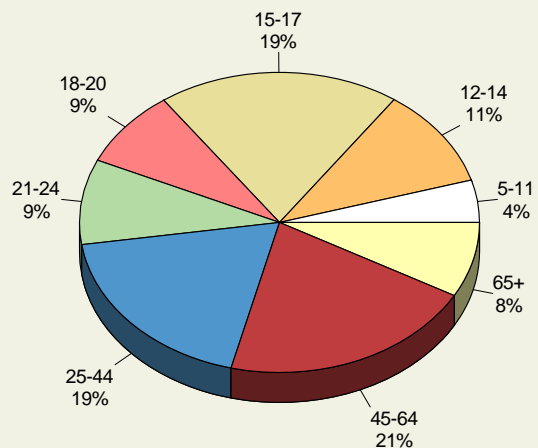
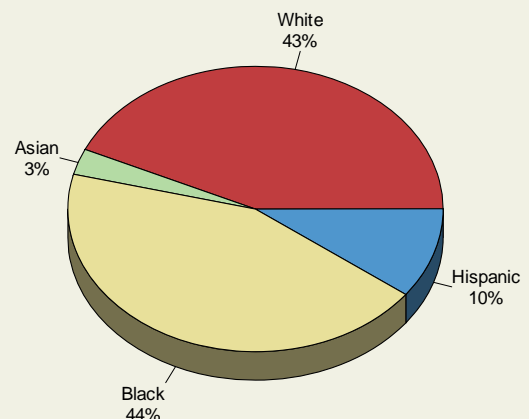
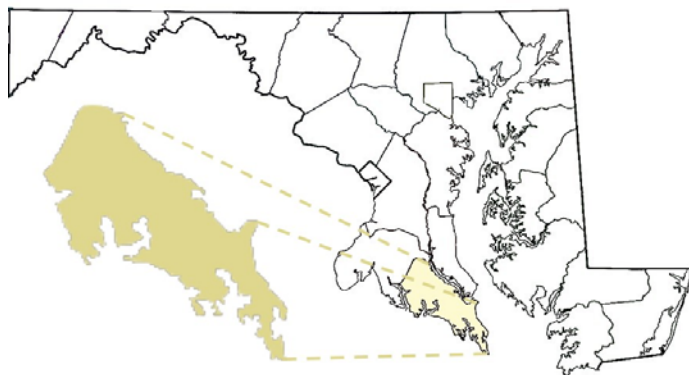


Figure 67
Race Distribution FY 2016



ST. MARY'S COUNTY



Prevention Coordinator

Maryellen Kraese
(301) 475-4200 ext. 1851

SAMHSA EVIDENCE-BASED PROGRAMS

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

DEMOGRAPHICS

GENDER

Figure 68 shows the countywide distribution of prevention programs for gender in fiscal year 2016. Females represented 54 percent of program participants while 46 percent were male.

AGE

During fiscal year 2016, over one-third (43%) 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 53 percent of the racial distribution in St. Mary's County while African Americans comprised 40 percent. Hispanics (7%) accounted for the remaining 3 percent of the distribution.

The total number of individuals receiving prevention services in St. Mary's County was 2,402 in fiscal year 2016.

Figure 68
Gender Distribution FY 2016

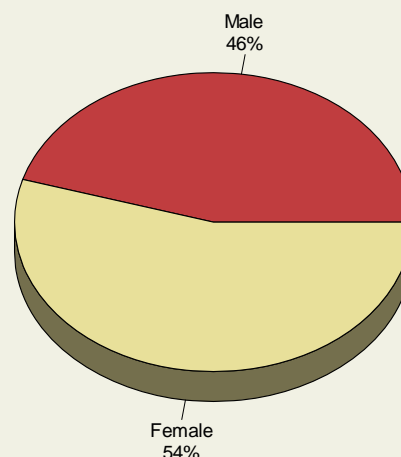


Figure 69
Age Distribution FY 2016

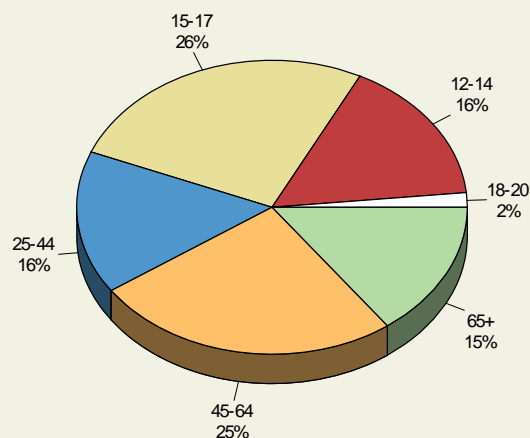
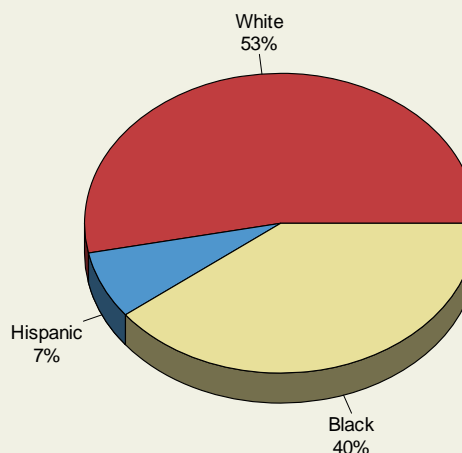
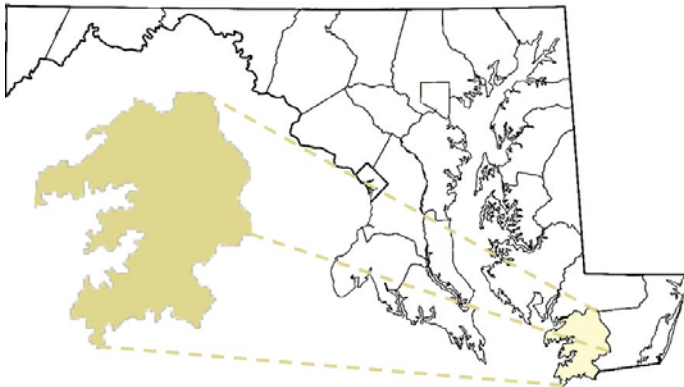


Figure 70
Race Distribution FY 2016



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 2016. Females represented 54 percent of program participants while 46 percent of the participants countywide were male.

AGE

During fiscal year 2016, over one-quarter (26%) 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 (45%) accounted for 94 percent of the racial distribution in Somerset County. Hispanics (6%) accounted for the remaining racial distribution.

- The total number of individuals receiving prevention services through the Somerset County prevention office was 786 in fiscal year 2016.
- The ATOD Center at the University of Maryland Eastern Shore served 1,063 individuals in fiscal year 2016.

Figure 71
Gender Distribution FY 2016

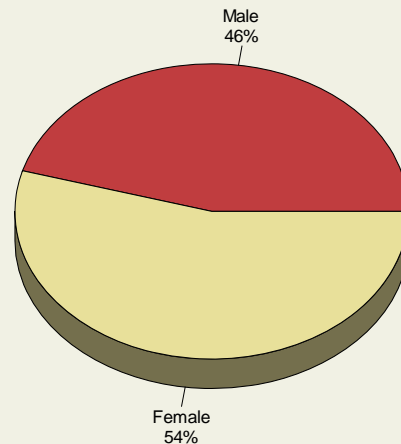


Figure 72
Age Distribution FY 2016

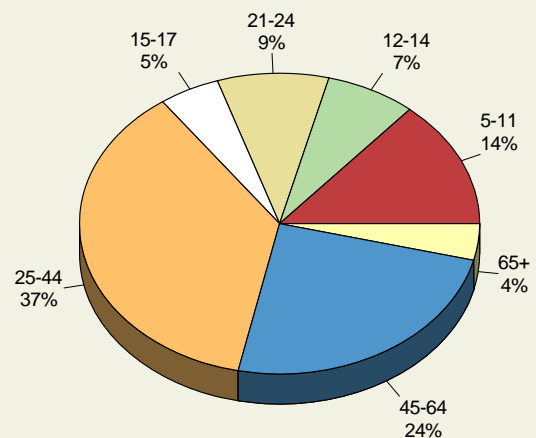
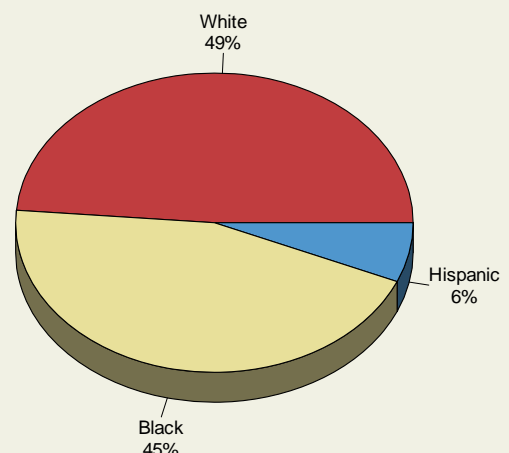
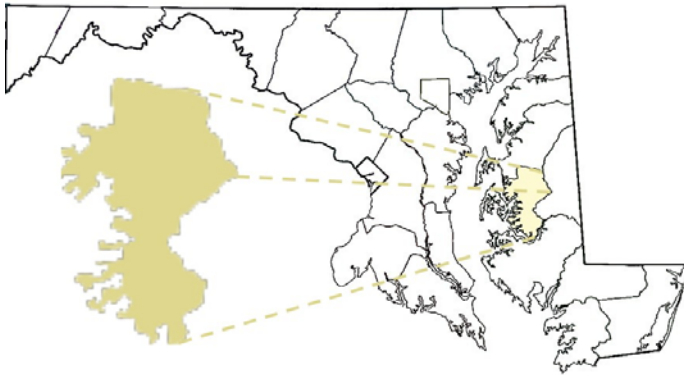


Figure 73
Race Distribution FY 2016



TALBOT COUNTY



Prevention Coordinator

Alenandra Duff
(410) 819-5641

SAMHSA EVIDENCE-BASED PROGRAMS

- Communities Mobilizing for Change on Alcohol

DEMOGRAPHICS

GENDER

Figure 74 shows the countywide distribution of prevention programs for gender in fiscal year 2016. Females represented 62 percent of program participants while 38 percent of the participants countywide were male.

AGE

During fiscal year 2016, approximately one-quarter (23%) 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 85 percent of the racial distribution receiving prevention services. African Americans (13%) accounted for the remaining distribution (Figure 76).

The total number of individuals receiving prevention services in Talbot County was 4,346 in fiscal year 2016.

Figure 74
Gender Distribution FY 2016

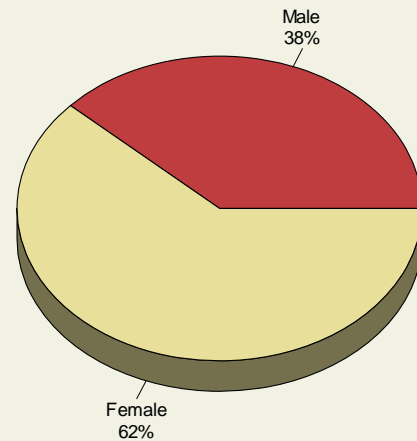


Figure 75
Age Distribution FY 2016

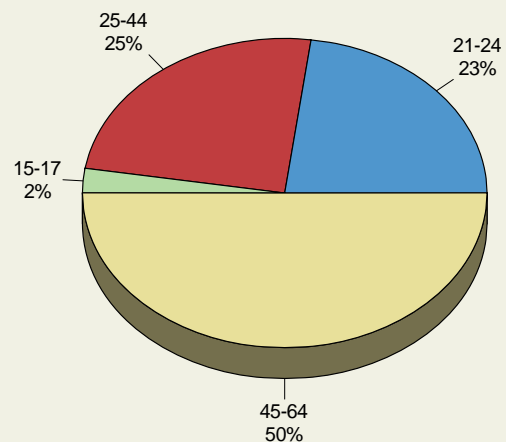
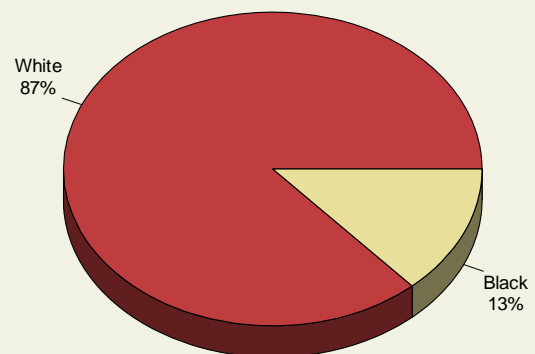
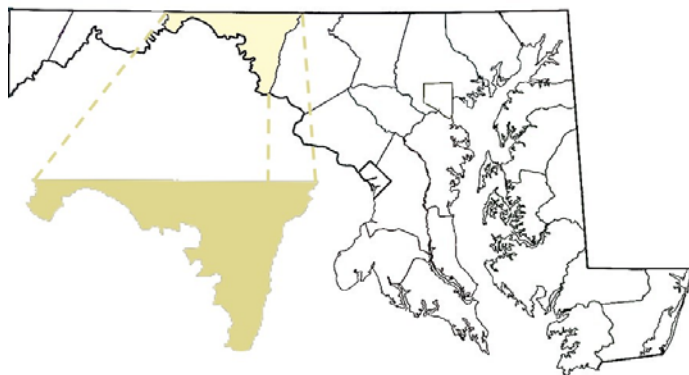


Figure 76
Race Distribution FY 2016



WASHINGTON COUNTY



Prevention Coordinator

Tammy Keener
(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 2016. Males represented 51 percent of program participants while 49 percent of the participants countywide were female.

AGE

During fiscal year 2016, one-third (34%) of those receiving prevention services were parents or primary caregivers. Figure 78 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 79, Caucasians accounted for 78 percent of the racial distribution receiving prevention services in Washington County. African Americans (16%), Hispanics (3%) and Asians (3%) accounted for 22 percent of the remaining distribution.

The total number of individuals receiving prevention services in Washington County was 486 in fiscal year 2016.

Figure 77
Gender Distribution FY 2016

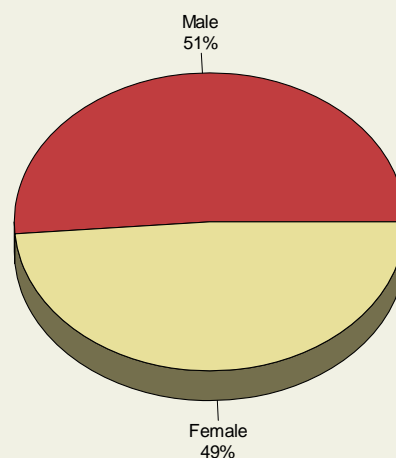


Figure 78
Age Distribution FY 2016

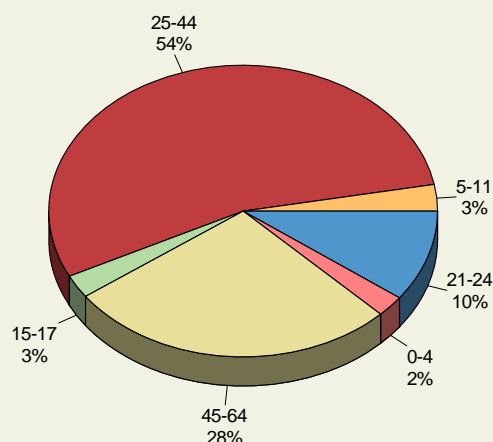
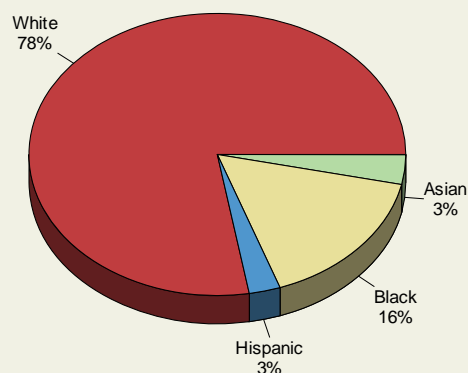
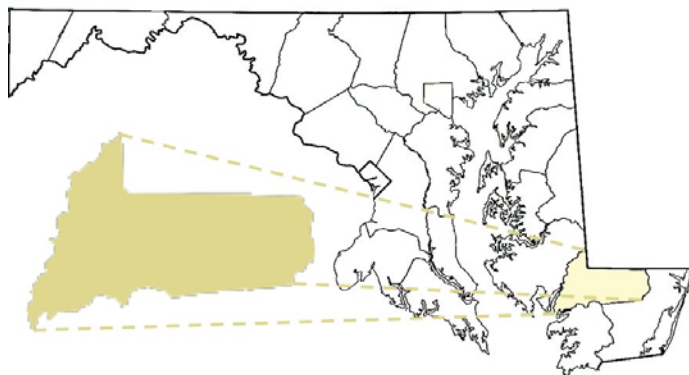


Figure 79
Race Distribution FY 2016



WICOMICO COUNTY



Prevention Coordinator

Cindy Shifler
(410) 219-7544

SAMHSA EVIDENCE-BASED PROGRAMS

- ▶ Second Step
- ▶ Strengthening Families

DEMOGRAPHICS

GENDER

Figure 80 shows the countywide distribution of prevention programs for gender in fiscal year 2016. Females represented 58 percent of program participants while 42 percent of the participants countywide were male.

AGE

During fiscal year 2016, one-quarter (28%) of those receiving prevention services were parents or primary caregivers. Adolescents accounted for 17 percent of individuals receiving prevention services in Wicomico County. Figure 81 shows the overall county distribution for age.

RACE AND ETHNICITY

Caucasians (63%) and African Americans (35%) accounted for 98 percent receiving prevention services in fiscal year 2016. Hispanics (1%) and Asians (1%) represented 2 percent of the remaining racial distribution (Figure 82).

The total number of individuals receiving prevention services in Wicomico County was 11,436 in fiscal year 2016.

Figure 80
Gender Distribution FY 2016

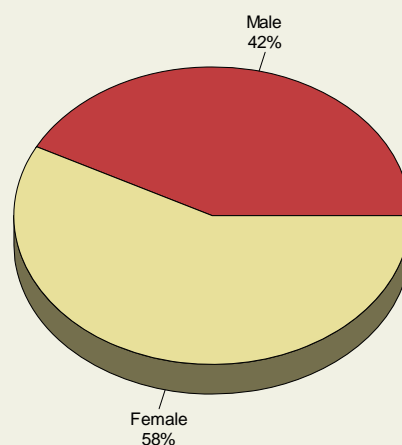


Figure 81
Age Distribution FY 2016

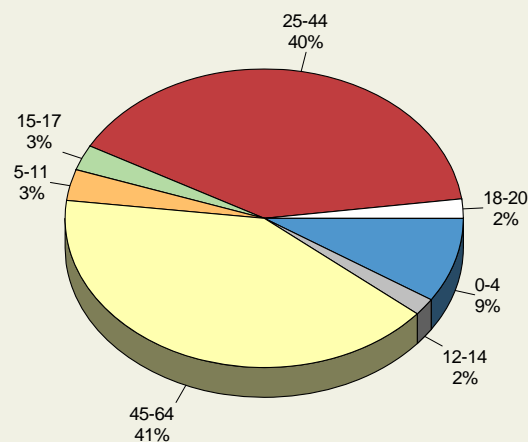
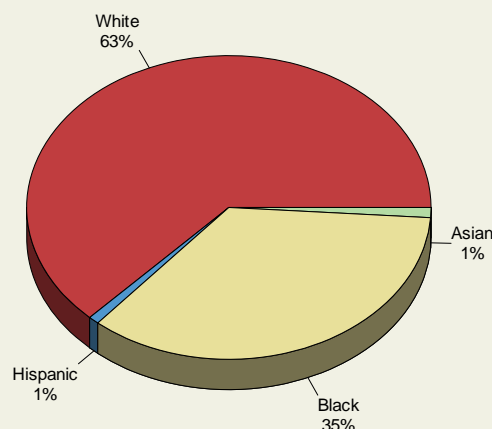
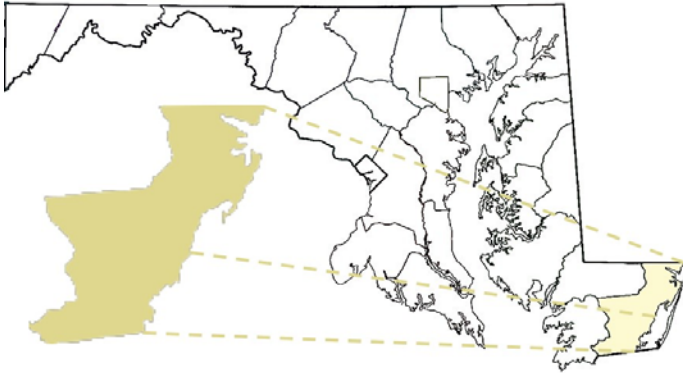


Figure 82
Race Distribution FY 2016



WORCESTER COUNTY



Prevention Coordinator

David Baker
(410) 632-1100

SAMHSA EVIDENCE-BASED PROGRAMS

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

DEMOGRAPHICS

GENDER

Figure 83 shows the countywide distribution of prevention programs for gender in fiscal year 2016. Females represented 52 percent of program participants while 48 percent of the participants countywide were male.

AGE

During fiscal year 2016, approximately two-thirds (64%) of those participating in prevention programs were adolescents. Figure 84 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 85, Caucasians (63%) and African Americans (35%) represented 98 percent of those receiving prevention services in Worcester County. Asians (2%) accounted for the remaining racial distribution during fiscal year 2016.

The total number of individuals receiving prevention services in Worcester County was 19,616 in fiscal year 2016.

Figure 83
Gender Distribution FY 2016

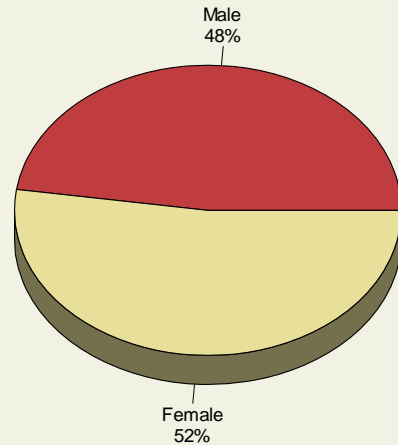


Figure 84
Age Distribution FY 2016

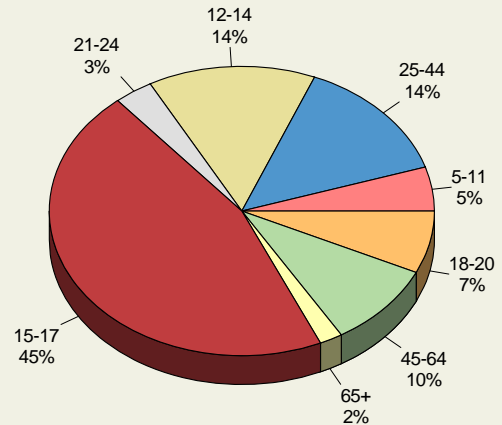
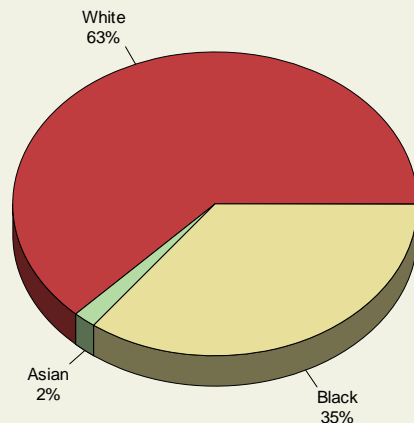


Figure 85
Race Distribution FY 2016



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 2016, 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>

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