

Maryland Behavioral Health Administration

Maryland Department of Health



PREVENTION PROGRAM ANNUAL REPORT

**FISCAL YEAR
2017**

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Maryland Behavioral Health Administration

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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 (MDH) 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 2014-2017

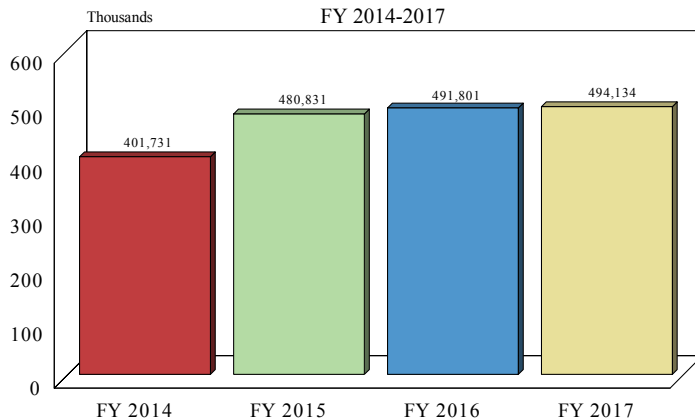


Figure 2
Program Characteristics
FY 2017

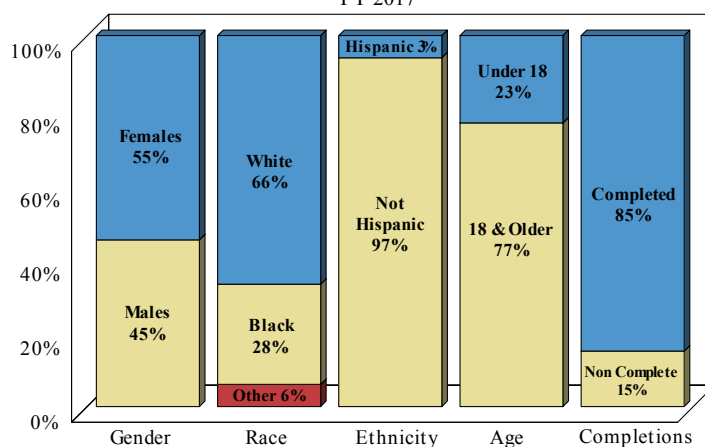
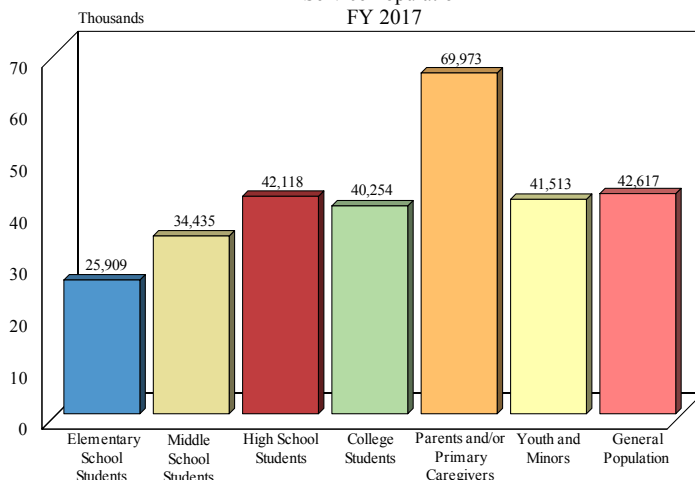


Figure 3
Service Population
FY 2017



NUMBERS SERVED

In fiscal year 2017 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 2017.

PROGRAM CHARACTERISTICS

Age

Over three quarters (77%) of all individuals receiving prevention services in fiscal year 2017 were 18 years of age and older. Figures show about 21 percent were parents or primary caregivers. Programs targeting high risk youth represented 14 percent of those individuals receiving prevention services.

Gender, Race and Ethnicity

Females represented a slightly higher distribution (55%) than males (45%) in fiscal year 2017. Caucasians (66%) and African Americans (28%) 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 2017, three percent of the total population served were Hispanic.

Program Completions

Recurring prevention programs showed an overall statewide completion rate of 85% in fiscal year 2017. Program completion rates have remained steady over the last four years.

SERVICE POPULATION

During fiscal year 2017, 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 490,000 people received prevention services in fiscal year 2017.

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.

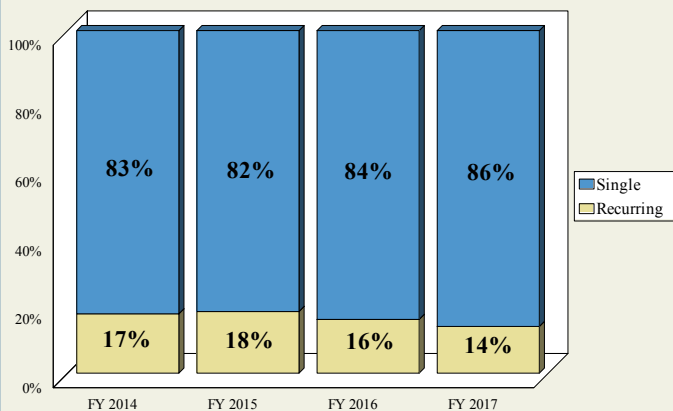
In fiscal year 2017, a total of 206 recurring prevention programs were offered across the state of Maryland. The total number of individuals actively participating in BHA funded recurring prevention programs was 5,397.

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 2017, a total of 1,304 single service prevention services were offered throughout the state of Maryland. The total number of individuals served through single service prevention activities was 488,737.

Figure 4
Prevention Programs by Program Type
FY 2014-2017



SERVICE POPULATION

During fiscal year 2017, Maryland offered prevention services to 26 different service populations. Table 1 shows the service population distribution for fiscal year 2017.

Table 1
Numbers Served by Service Population
FY2017

Service Population	Numbers Served
Business and Industry	2545
Civic Groups/Coalitions	5057
College Students	40,254
Children of Substance Abusers	223
Delinquent/Violent Youth	64
Economically Disadvantaged People	104
Elementary School Students	25,909
General Population	186,405
Government/Elected Officials	2494
Health Professionals	5360
High School Students	42,118
Homeless/Runaway Youth	59
Law Enforcement/Military	906
LGBTQ	16
Middle/Junior High School Students	34,435
Older Adults	5674
Parents/Families	69,973
People in Recovery	1424
People Using Substances	1291
People with Mental Health Problems	362
Pregnant Females	588
Preschool Students	1553
Prevention/Treatment Professionals	20,474
Religious Groups	893
Teachers/Administrators/Counselors	4440
Youth/Minors	41,513
Total	494,134

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 2017. Fifty-five percent of program participants were female while 45 percent of the participants statewide were male. A breakdown of jurisdictional data gathered in the last four years show a trend of relatively equal distribution between males and females in most subdivisions.

AGE

During fiscal year 2017, over three quarters of the prevention program participants (77%) receiving services were adults over 18 years of age. Parents comprised 20 percent of those adults who attended prevention programs in fiscal year 2017. 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 67 percent of program participants while African Americans comprised 27 percent of the individuals attending prevention programs in fiscal year 2017 (Figure 7). In addition, Hispanics represented three percent of the participants receiving prevention services in fiscal year 2017.

Figure 5
Gender Distribution FY 2017

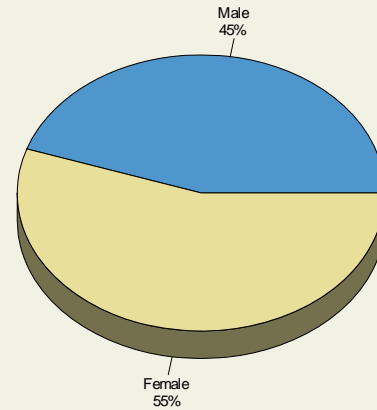


Figure 6
Age Distribution FY 2017

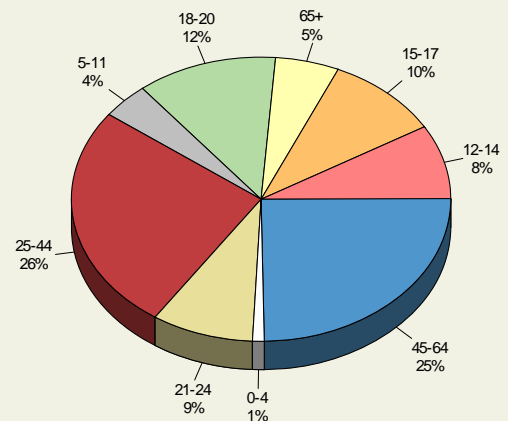
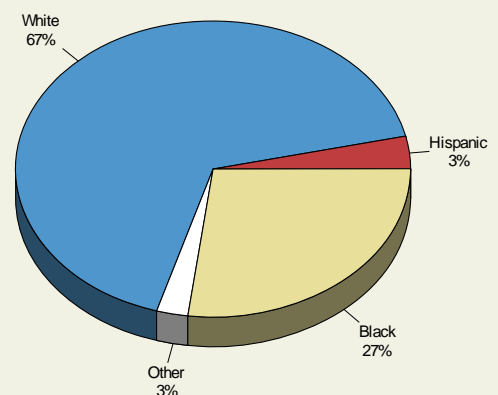


Figure 7
Race Distribution FY 2017



Recurring Program Completions

Table 2
Recurring Program Completions
Fiscal Year 2017

COUNTY	Total Number of Participants	Total Number of Completions	Percentage Completed
Allegany	24	20	83%
Anne Arundel	656	558	84%
Baltimore City	1675	1429	85%
Baltimore	65	56	85%
Calvert	163	136	83%
Caroline	8	8	100%
Carroll	160	139	87%
Cecil	317	279	88%
Charles	43	38	88%
Dorchester	33	27	82%
Frederick	208	177	85%
Garrett	196	161	82%
Harford	0	0	-
Howard	159	142	89%
Kent	283	236	83%
Montgomery	233	201	86%
Prince George's	212	176	83%
Queen Anne's	331	271	82%
St. Mary's	22	19	86%
Somerset	0	0	-
Talbot	79	66	84%
Washington	227	193	85%
Wicomico	84	72	86%
Worcester	213	180	85%
Bowie St.	0	0	-
Frostburg	0	0	-
Towson	0	0	-
U.M.E.S	6	6	100%
Total	5397	4590	85%

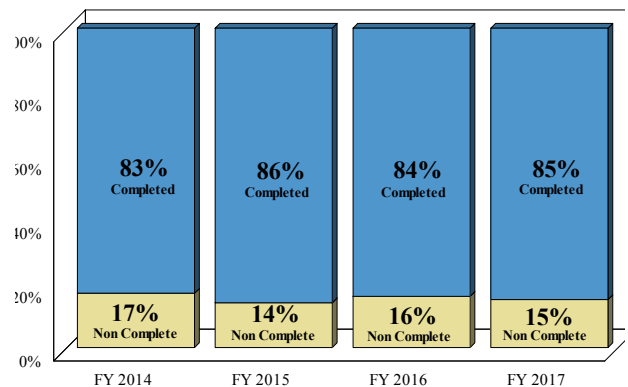
PROGRAM COMPLETION

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 85 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 2014-2017



The average Statewide completion rate for fiscal year 2017 was 85%.



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 2017

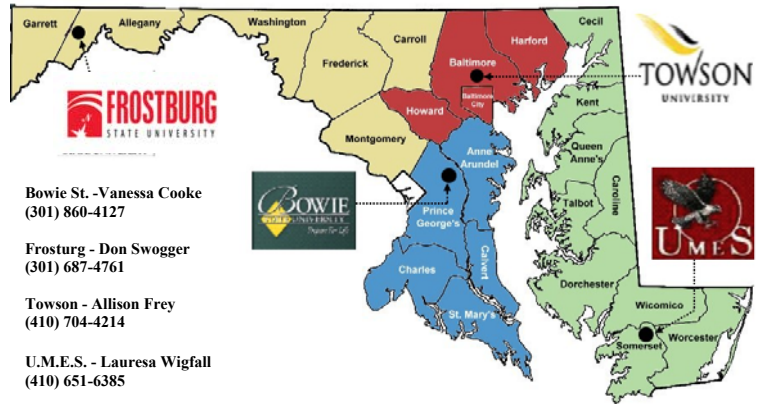
County	Alternatives	Community Based Process	Education	Environmental	Information Dissemination	Problem ID And Referral	Total
Allegany	7	1032	0	44,170	1180	317	46,706
Anne Arundel	4228	1436	658	4899	4144	145	15,510
Baltimore City	473	337	1482	115	0	1103	3510
Baltimore	3943	888	21	69,063	65	0	73,980
Calvert	400	364	163	1100	4505	0	6532
Caroline	17	1468	8	5491	1248	0	8232
Carroll	832	17,219	160	40,298	2481	46	61,036
Cecil	0	633	317	26,130	1630	0	28,710
Charles	11	0	43	1430	502	0	1986
Dorchester	156	0	33	365	700	0	1254
Frederick	0	1879	165	48,140	4816	57	55,057
Garrett	8856	10	131	166	428	0	9591
Harford	1448	946	0	2378	17,986	0	22,758
Howard	984	0	107	130	0	55	1276
Kent	70	535	0	792	1767	0	3164
Montgomery	153	431	233	5070	1314	0	7201
Prince George's	1255	100	102	53,010	3315	0	57,782
Queen Anne's	0	331	0	9929	0	0	10,260
St. Mary's	0	144	14	500	838	0	1496
Somerset	0	0	0	57	487	0	544
Talbot	0	34	0	2224	337	0	2595
Washington	0	0	227	0	0	0	227
Wicomico	7	503	84	20,788	1508	0	22,890
Worcester	4540	400	53	8342	235	11	13,581
Bowie St.	0	0	2003	0	0	0	2003
Frostburg	319	479	203	4829	11,342	40	17,212
Towson	3506	2759	3347	8261	0	0	17,873
U.M.E.S.	199	0	6	939	24	0	1168
TOTAL	31,404	31,928	9,560	358,616	60,852	1,774	494,134
PERCENTAGE	6%	6%	2%	74%	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

within the region to promote ATOD prevention strategies. In fiscal year 2017, the college centers provided prevention services to 38,256 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 2017.



Bowie St. - Vanessa Cooke
(301) 860-4127

Frostburg - Don Swogger
(301) 687-4761

Towson - Allison Frey
(410) 704-4214

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

INDIVIDUALS SERVED BY COLLEGE PREVENTION CENTERS FISCAL YEAR 2017

Figure 9
Gender Distribution

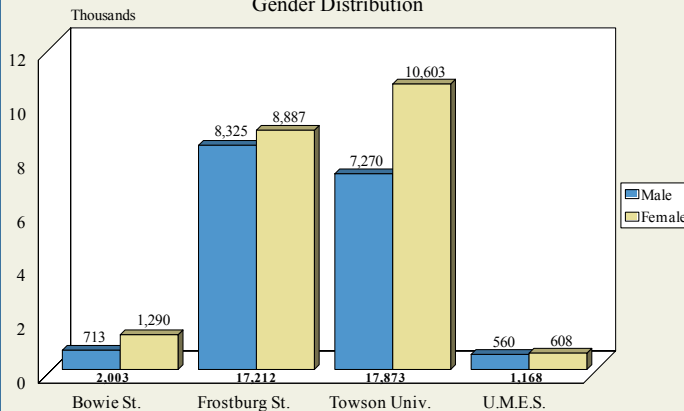


Figure 10
Race Distribution

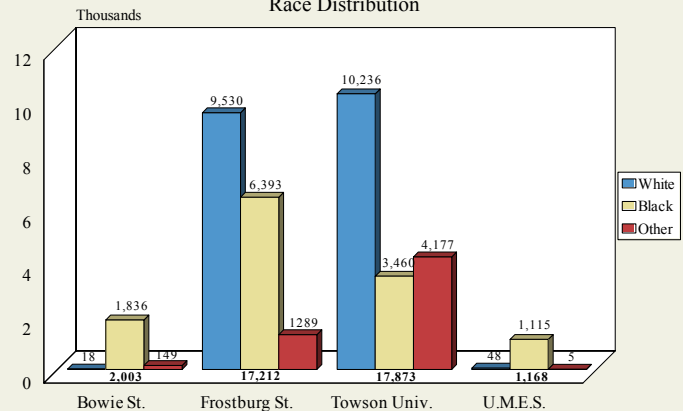


Figure 11
Statewide Gender Distribution

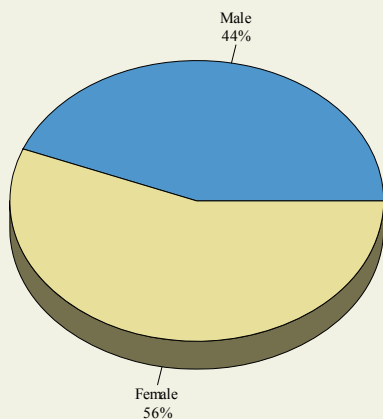
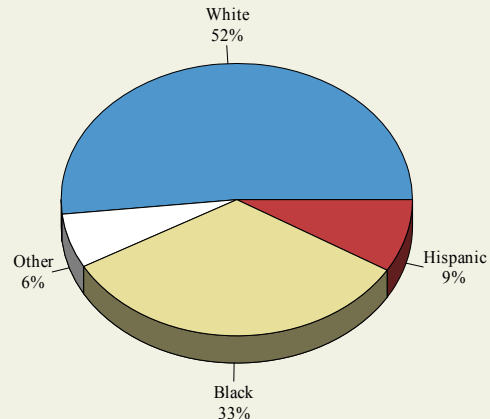


Figure 12
Statewide Race Distribution

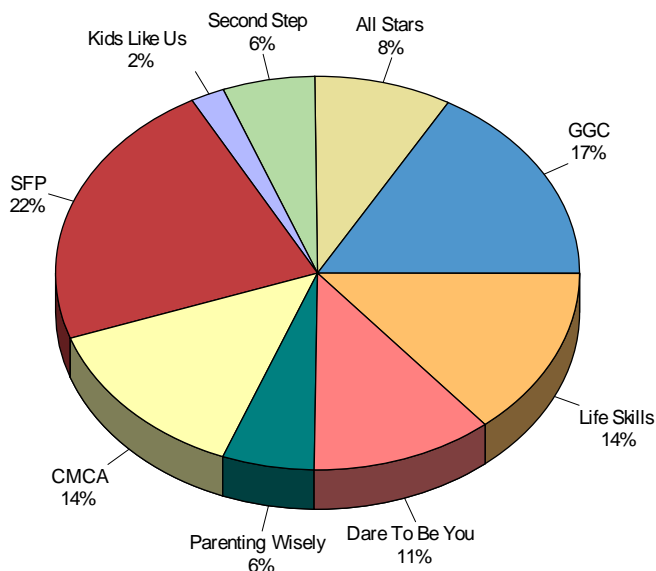


CSAP Evidence-Based Programs

Table 4
Numbers Served By CSAP Model Program
Fiscal Year 2017

Evidence-based Program	Number of Programs	Numbers Served
All Stars	3	72
Communities Mobilizing for Change on Alcohol (CMCA)	5	1078
Dare To Be You (DTBY)	4	516
Guiding Good Choices (GGC)	6	336
Kids Like Us	1	208
Life Skills Training (LST)	5	1268
Parenting Wisely	2	140
Second Step	2	108
Strengthening Families Program (SFP)	8	1326
Total	36	5052

Figure 13
Evidence-based Program Distribution
FY 2017



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 2017. Figure 19 shows evidence-based program distribution for fiscal year 2017.

Institute of Medicine (IOM) Category

Table 5
Numbers Served By Intervention Type (IOM Category)
Fiscal Year 2017

County	Universal	Selected	Indicated	Total
Allegany	46,090	458	158	46,706
Anne Arundel	6183	9327	0	15,510
Baltimore City	2615	895	0	3510
Baltimore	73,980	0	0	73,980
Calvert	4957	1120	455	6532
Caroline	8232	0	0	8232
Carroll	59,244	1568	224	61,036
Cecil	28,150	560	0	28,710
Charles	1678	308	0	1986
Dorchester	1254	0	0	1254
Frederick	53,669	1349	39	55,057
Garrett	9248	0	343	9591
Harford	16,717	6041	0	22,758
Howard	1276	0	0	1276
Kent	3135	0	29	3164
Montgomery	7188	13	0	7201
Prince George's	56,451	1331	0	57,782
Queen Anne's	10,260	0	0	10,260
St. Mary's	1496	0	0	1496
Somerset	361	183	0	544
Talbot	2595	0	0	2595
Washington	62	165	0	227
Wicomico	22,671	137	82	22,890
Worcester	10,095	2971	515	13,581
Bowie St.	32	0	1971	2003
Frostburg	17,212	0	0	17,212
Towson	16,953	610	310	17,873
U.M.E.S.	714	454	0	1168
Total	462,518	27,490	4126	494,134
Percentage	94%	6%	<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 2015, 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:

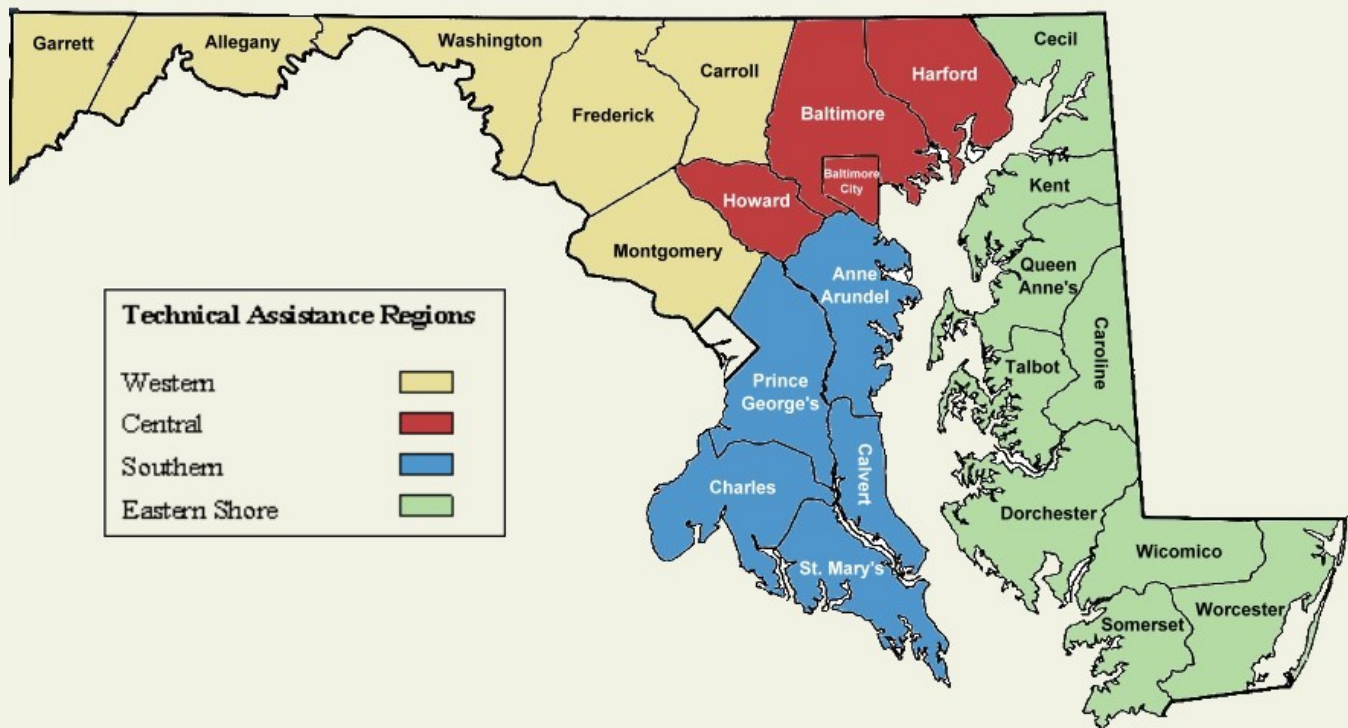
- reduce the availability of alcohol and other drugs in the community
- increase youth and parent awareness of the harms and risks of substance abuse
- strengthen alcohol and drug law enforcement and adjudication
- change community norms, attitudes and policies that are tolerant of substance use
- send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

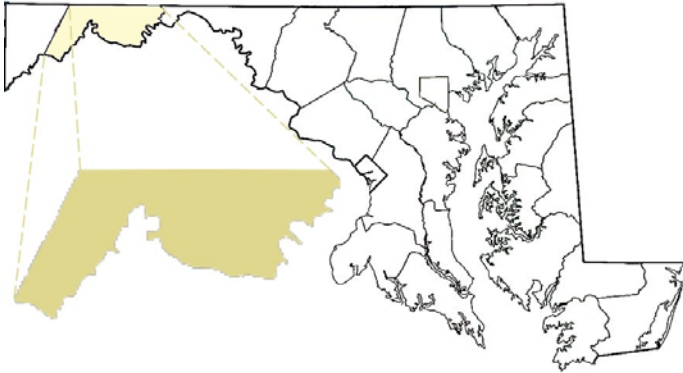
Table 6
Numbers Served by Environmental Strategy
FY2017

County	Total Served	Environmental Numbers Served	Percentage of Total Numbers Served
Allegany	46,706	44,260	95%
Anne Arundel	15,510	4899	32%
Baltimore City	3510	115	3%
Baltimore	73,980	69,063	93%
Calvert	6532	1100	17%
Caroline	8232	5491	67%
Carroll	61,036	40,298	66%
Cecil	28,710	26,130	91%
Charles	1986	1430	72%
Dorchester	1254	365	29%
Frederick	55,057	48,140	87%
Garrett	9591	166	2%
Harford	22,758	2378	10%
Howard	1276	130	10%
Kent	3164	792	25%
Montgomery	7201	5080	71%
Prince George's	57,782	53,010	92%
Queen Anne's	10,260	9929	97%
St. Mary's	1496	500	33%
Somerset	544	57	10%
Talbot	2595	2224	86%
Washington	227	0	0%
Wicomico	22,890	20,788	91%
Worcester	13,581	8342	61%
Bowie St.	2003	0	0%
Frostburg St.	17,212	4739	28%
Towson	17,873	8261	46%
U.M.E.S	1168	939	80%
Total	494,134	358,626	73%

COUNTY PREVENTION DATA



ALLEGANY COUNTY



Prevention Coordinator

Chris Delaney
(301) 759-5050

College Coordinator

Don Swogger
(301) 687-4761

SAMHSA EVIDENCE-BASED PROGRAMS

DEMOGRAPHICS

GENDER

Figure 14 shows the countywide distribution of prevention programs for gender. Females represented 57 percent of program participants while 43 percent of the participants countywide were male in fiscal year 2017.

AGE

During fiscal year 2017, 34 percent of all those participating in prevention programs were adolescents. Nineteen percent of Allegany County residents receiving services were parents or primary care givers. Figure 15 shows the overall county distribution for age.

RACE AND ETHNICITY

Caucasians accounted for 92 percent of the racial distribution receiving prevention services while African Americans comprised 8 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 46,706 in fiscal year 2017.
- The ATOD Center at Frostburg State University served 17,212 individuals in fiscal year 2017.

Figure 14
Gender Distribution FY 2017

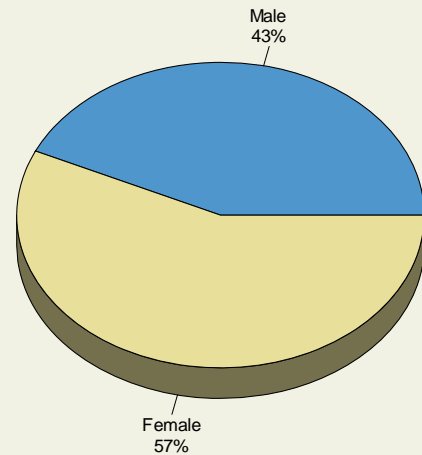


Figure 15
Age Distribution FY 2017

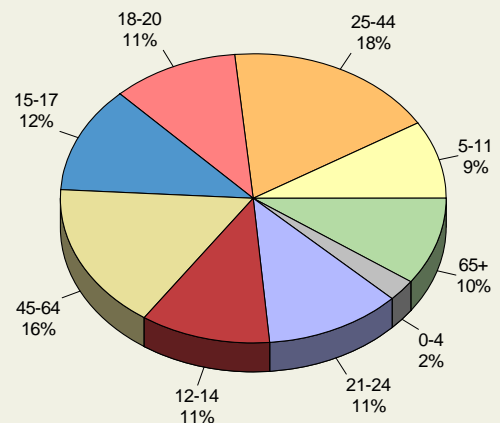
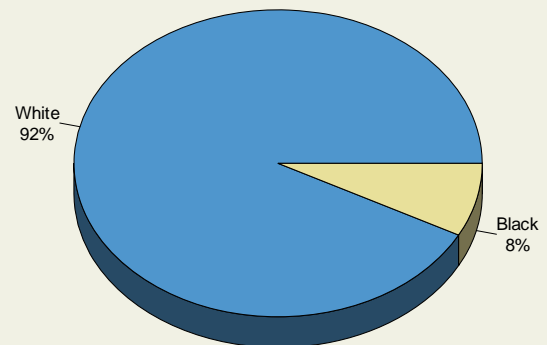
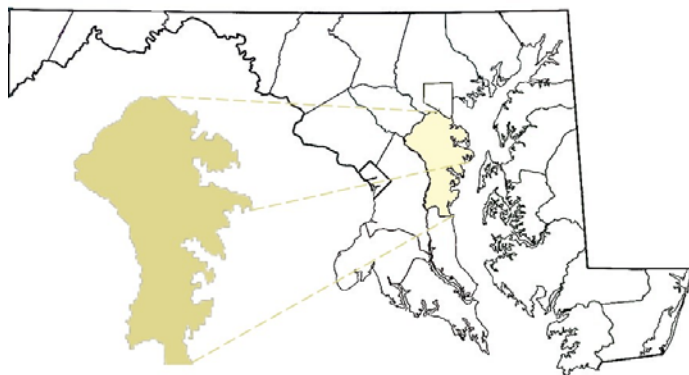


Figure 16
Race Distribution FY 2017



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 2017. Females represented 60 percent of program participants while 40 percent of the participants countywide were male.

AGE

During fiscal year 2017, 12 percent of all those participating in prevention programs were adolescents. Thirty-three 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 (65%) and African Americans (23%) accounted for 88 percent of the racial distribution receiving prevention services in Anne Arundel County during fiscal year 2017 (Figure 19). Asians (9%) and Hispanics (3%) comprised the remaining distribution.

The total number of individuals receiving prevention services in Anne Arundel County was 15,510 in fiscal year 2017.

Figure 17
Gender Distribution FY 2017

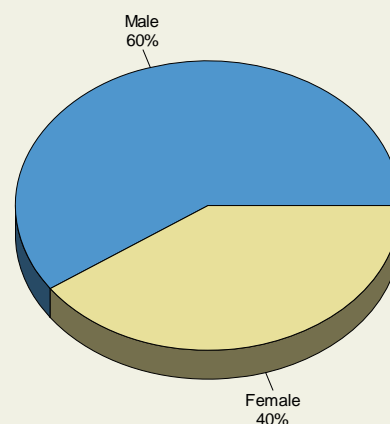


Figure 18
Age Distribution FY 2017

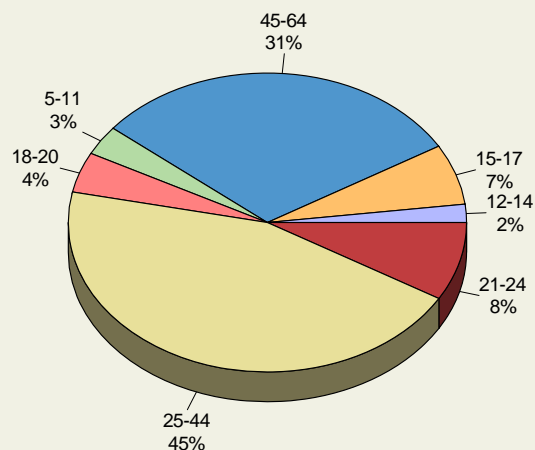
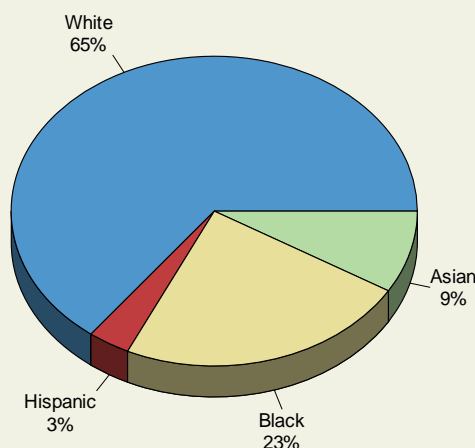
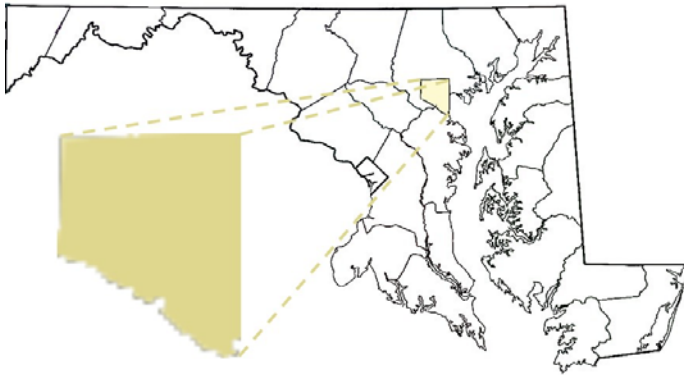


Figure 19
Race Distribution FY 2017



BALTIMORE CITY



Prevention Coordinator

LaTosha Brooks
(410) 735-8587

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 2017. Females represented 65 percent of program participants while 35 percent of the participants countywide were male.

AGE

During fiscal year 2017, fifty percent of all individuals participating in prevention programs were adolescents. Parents or primary care givers represented 15 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 78 percent of the racial distribution receiving prevention services in Baltimore City while Caucasians comprised 18 percent during fiscal year 2017. Hispanics (3%) and Asians (1%) accounted for the remainder of the distribution.

The total number of individuals receiving prevention services in Baltimore City was 3,510 in fiscal year 2017.

Figure 20
Gender Distribution FY 2017

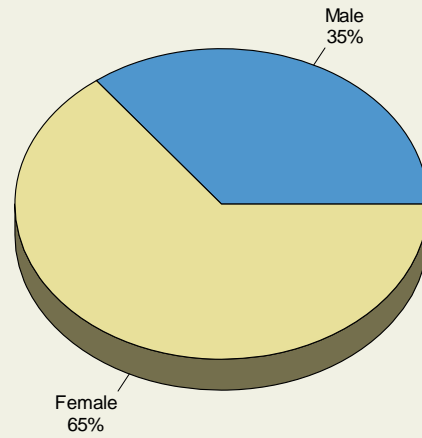


Figure 21
Age Distribution FY 2017

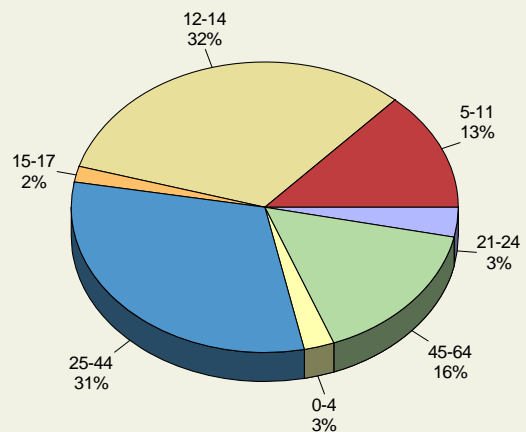
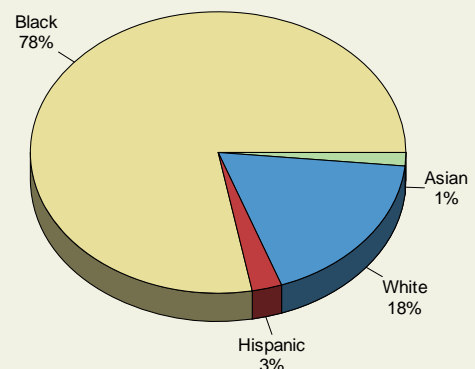
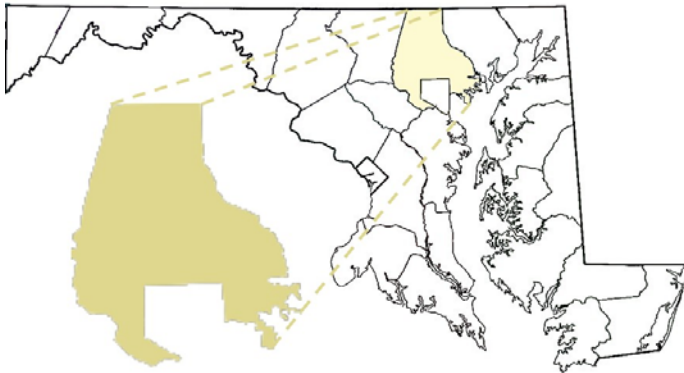


Figure 22
Race Distribution FY 2017



BALTIMORE COUNTY



Prevention Coordinator
Charlotte Crenson
(410) 887-6581

College Coordinator
Allison Frey
(410) 704-4214

SAMHSA EVIDENCE-BASED PROGRAMS

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

DEMOGRAPHICS

GENDER

Figure 23 shows the countywide distribution of prevention programs for gender in fiscal year 2017. 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 2017. Parents accounted for 42 percent of those served. Adolescents represented 9 percent of individuals receiving services in Baltimore County.

RACE AND ETHNICITY

During fiscal year 2017, Caucasians accounted for 63 percent of the racial distribution while African Americans comprised 29 percent in Baltimore County (Figure 25). Asian (4%) and Hispanics (4%) accounted the remaining 8 percent of the distribution.

- The total number of individuals receiving prevention services through the Baltimore County prevention office was 73,980 in fiscal year 2017.
- The ATOD Center at Towson University served 17,873 individuals in fiscal year 2017.

Figure 23
Gender Distribution FY 2017

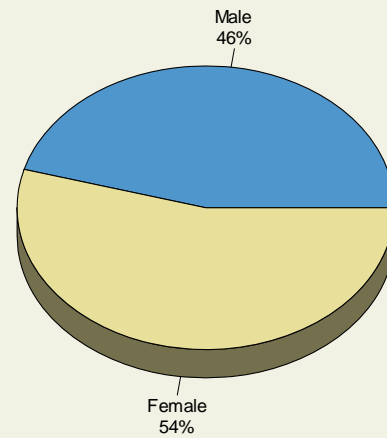


Figure 24
Age Distribution FY 2017

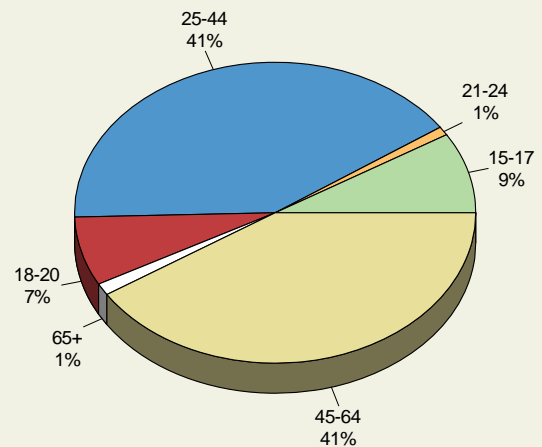
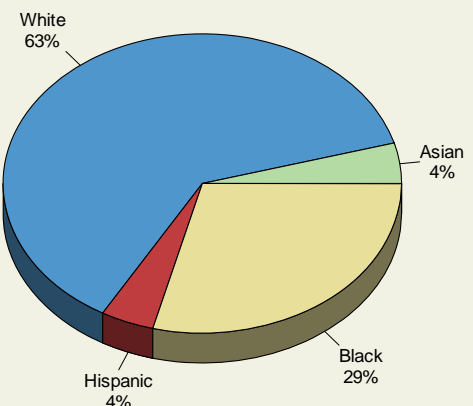


Figure 25
Race Distribution FY 2017



CALVERT COUNTY



Prevention Coordinator

Ashley Staples

(410) 535-3079 ext. 41

SAMHSA EVIDENCE-BASED PROGRAMS

► Guiding Good Choices

DEMOGRAPHICS

GENDER

Figure 26 shows the countywide distribution of prevention programs for gender in fiscal year 2017. Females represented 52 percent of program participants while 48 percent of the participants countywide were male.

AGE

During fiscal year 2017, forty-eight of all individuals participating in prevention programs were adolescents. Parents or primary care givers represent the next highest distribution at 16 percent for all Calvert County programs. Figure 27 shows the overall county distribution for age.

RACE AND ETHNICITY

Caucasians comprised 70 percent of the racial distribution while African American accounted for 18 percent. Hispanics (7%) and Asians (5%) accounted for the remaining 12 percent of the distribution during fiscal year 2017 (Figure 28).

The total number of individuals receiving prevention services in Calvert County was 6,532 in fiscal year 2017.

Figure 26
Gender Distribution FY 2017

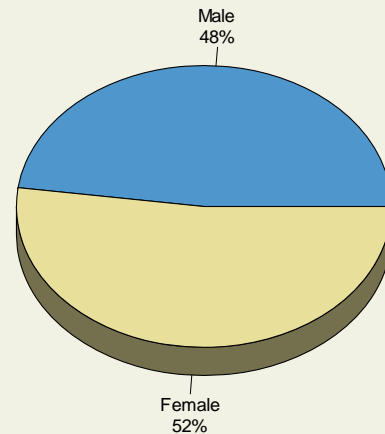


Figure 27
Age Distribution FY 2017

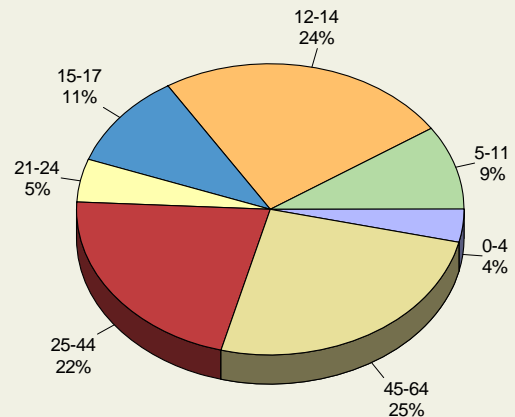
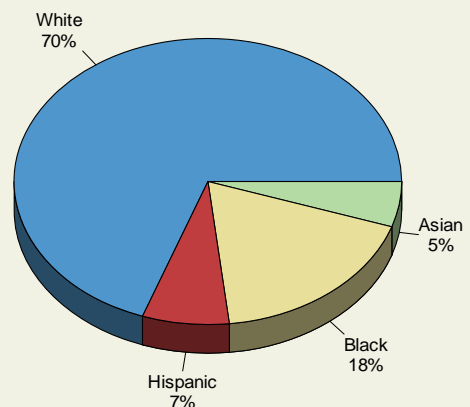
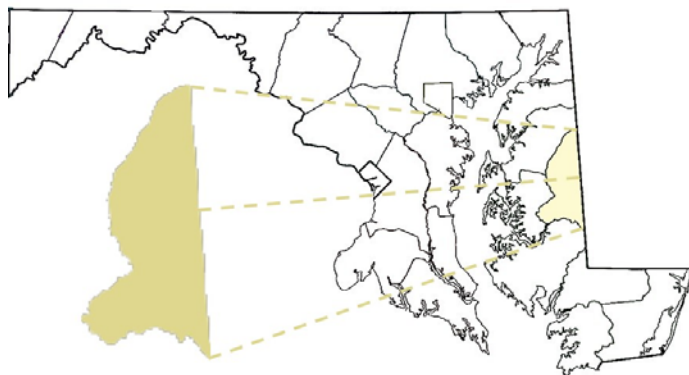


Figure 28
Race Distribution FY 2017



CAROLINE COUNTY



Prevention Coordinator

Melanie Rodriguez
(410) 479-8038

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 2017. Females represented 54 percent of program participants while 46 percent of the participants countywide were male.

AGE

During fiscal year 2017, over one-fifth (21%) of all those participating in prevention programs were adolescents. Parents and primary caregivers represented 25 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 79 percent of the racial distribution receiving prevention services while African Americans comprised 19 percent during fiscal year 2017 (Figure 31). Hispanics (2%) accounted for the remaining racial distribution.

The total number of individuals receiving prevention services in Caroline County was 8232 in fiscal year 2017.

Figure 29
Gender Distribution FY 2017

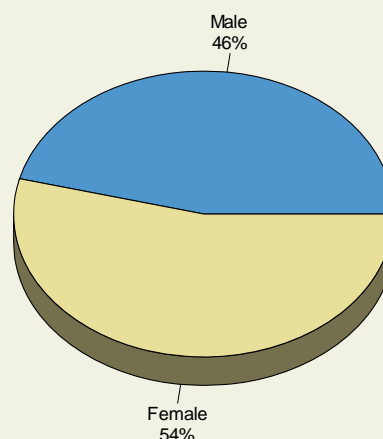


Figure 30
Age Distribution FY 2017

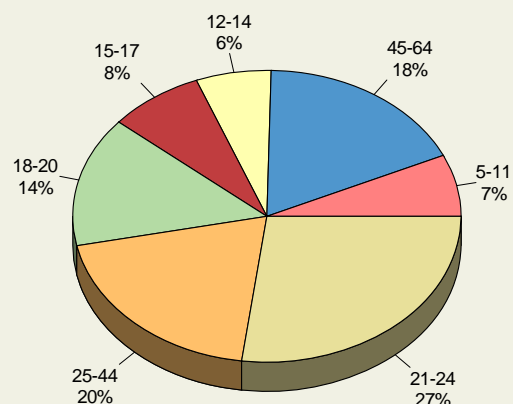
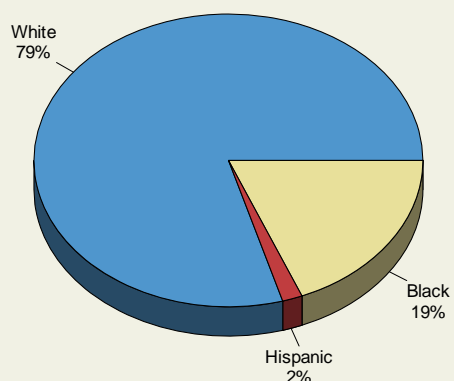
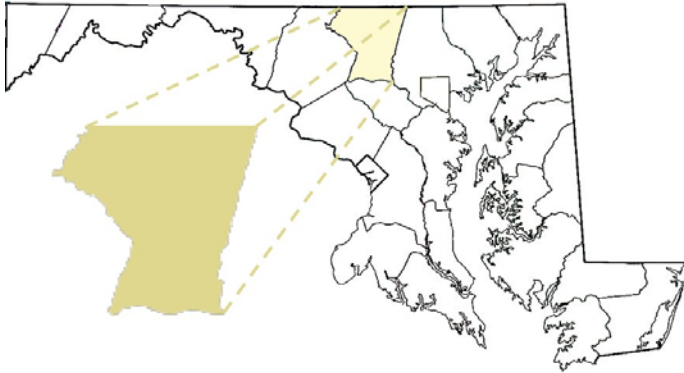


Figure 31
Gender Distribution FY 2017



CARROLL COUNTY



Prevention Coordinator

Linda Auerback
(410) 876-4449

SAMHSA EVIDENCE-BASED PROGRAMS

► Guiding Good Choices

DEMOGRAPHICS

GENDER

Figure 32 shows the countywide distribution of prevention programs for gender in fiscal year 2017. Females represented 51 percent of program participants while 49 percent of the participants countywide were male.

AGE

During fiscal year 2017, approximately one-quarter (24%) of all those participating in prevention programs were adolescents. Parents and primary caregivers represented 34 percent of individuals attending prevention programs in Carroll County. Figure 33 shows the overall county distribution for age.

RACE AND ETHNICITY

Caucasians accounted for 97 percent of the racial distribution receiving prevention services in Carroll County. African Americans (2%) and Hispanics (1%) represented the remaining three 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 61,036 in fiscal year 2017.

Figure 32
Gender Distribution FY 2017

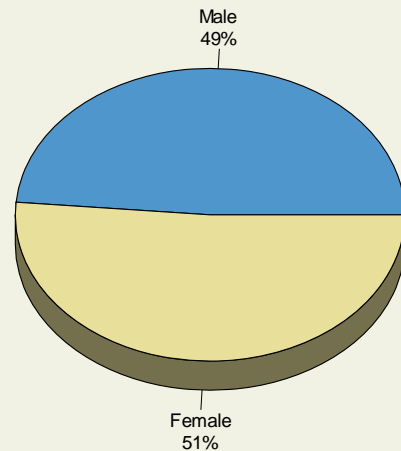


Figure 33
Age Distribution FY 2017

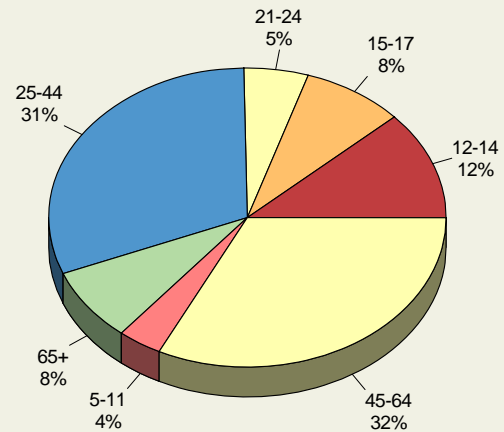
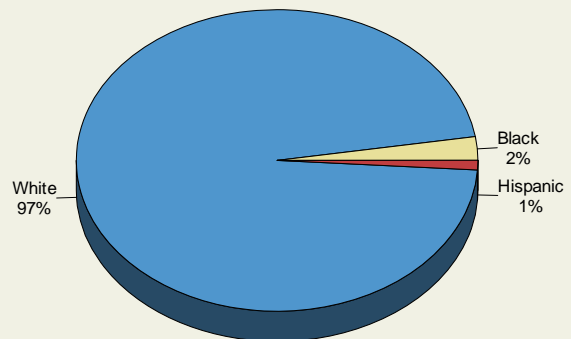
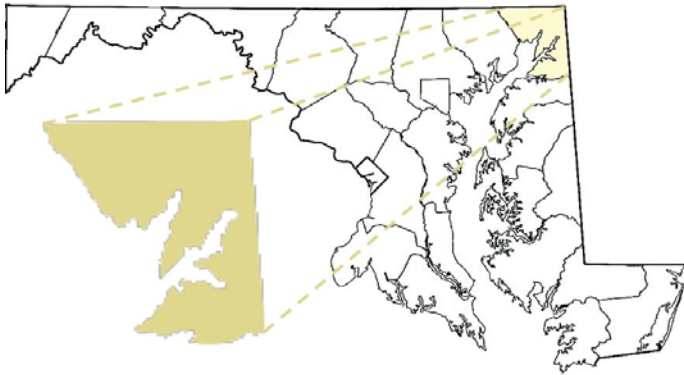


Figure 34
Race Distribution FY 2017



CECIL COUNTY



Prevention Coordinator

Mike Massuli
(410) 996-5106

SAMHSA EVIDENCE-BASED PROGRAMS

► Life Skills

DEMOGRAPHICS

GENDER

Figure 35 shows the countywide distribution of prevention programs for gender in fiscal year 2017. Females represented 50 percent of program participants while 50 percent of the participants countywide were male.

AGE

During fiscal year 2017, over one-quarter (27%) percent of all those participating in prevention programs were adolescents. Parents and primary care givers represented 23 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 (89%) accounted for the majority of the racial distribution. African Americans (7%), Hispanics (3%) and Asians (1%) represented the remaining distribution in fiscal year 2017.

The total number of individuals receiving prevention services in Cecil County was 28,710 in fiscal year 2017.

Figure 35
Gender Distribution FY 2017

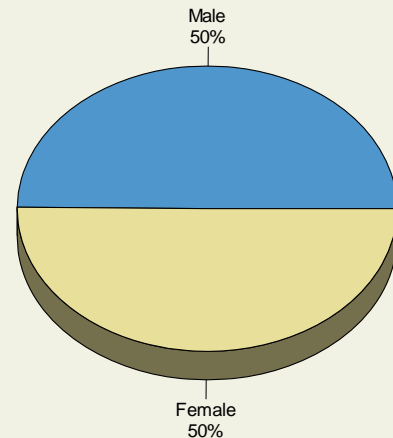


Figure 36
Age Distribution FY 2017

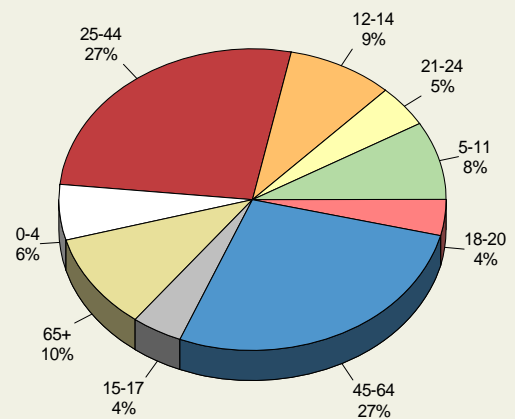
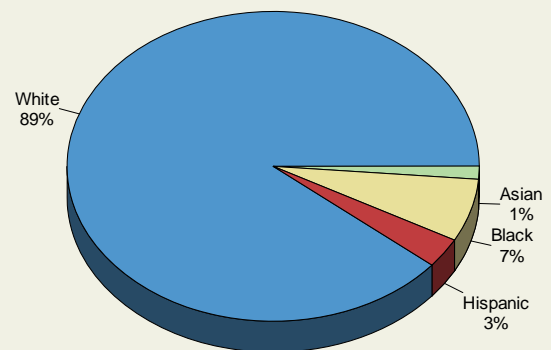


Figure 37
Race Distribution FY 2017



CHARLES COUNTY



Prevention Coordinator
Melanie Wegand
(301) 609-6627

SAMHSA EVIDENCE-BASED PROGRAMS

► Life Skills

DEMOGRAPHICS

GENDER

Figure 38 shows the countywide distribution of prevention programs for gender in fiscal year 2017. Females represented 55 percent of program participants while 45 percent of the participants countywide were male.

AGE

During fiscal year 2017, over three-quarters (77%) of those participating in prevention programs were adolescents. Parents and primary care givers represented 11 percent of the age distribution for fiscal year 2017. 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 45 percent during fiscal year 2017 (Figure 40). Hispanics (2%) accounted for the remaining distribution.

The total number of individuals receiving prevention services in Charles County was 1,986 in fiscal year 2017.

Figure 38
Gender Distribution FY 2017

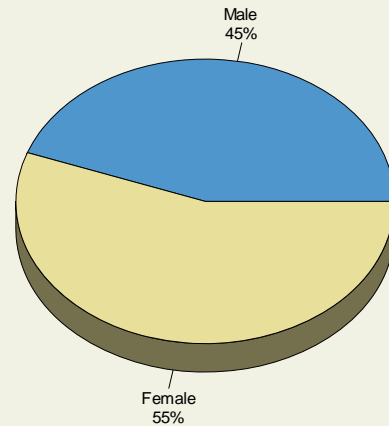


Figure 39
Age Distribution FY 2017

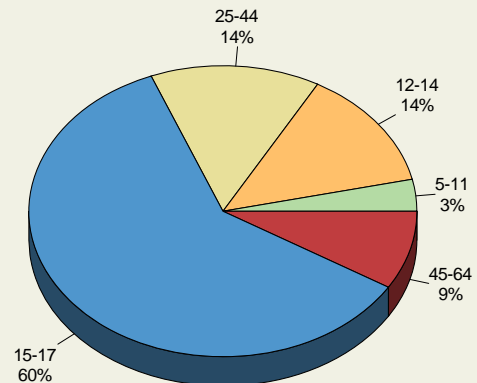
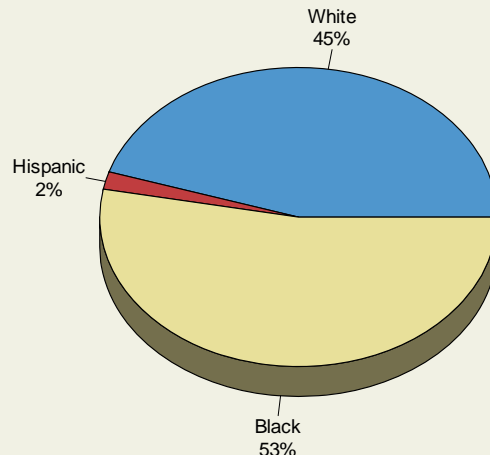


Figure 40
Race Distribution FY 2017



DORCHESTER COUNTY



Prevention Coordinator

Charlene Jones
(410) 901-8162

SAMHSA EVIDENCE-BASED PROGRAMS

DEMOGRAPHICS

GENDER

Figure 41 shows the gender distribution of prevention programs for fiscal year 2017. Females represented 56 percent of program participants while 44 percent of the participants countywide were male.

AGE

During fiscal year 2017, over two-thirds (68%) of those receiving prevention services in Dorchester County were adolescents. Parents or primary care givers accounted for 9 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 68 percent of the racial distribution receiving prevention services in Dorchester County. Caucasians (28%), Hispanics (2%) and Asians (2%) comprised the remaining racial distribution during fiscal year 2017.

The total number of individuals receiving prevention services in Dorchester County was 1,254 in fiscal year 2017.

Figure 41
Gender Distribution FY 2017

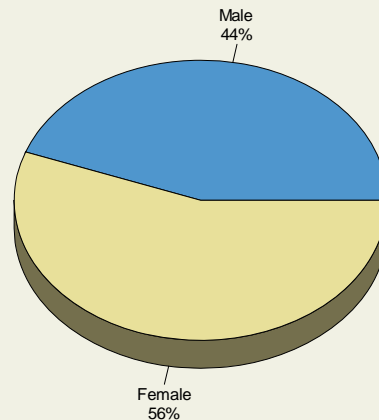


Figure 42
Age Distribution FY 2017

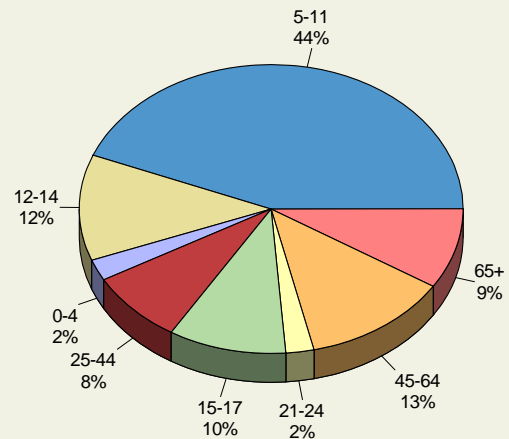
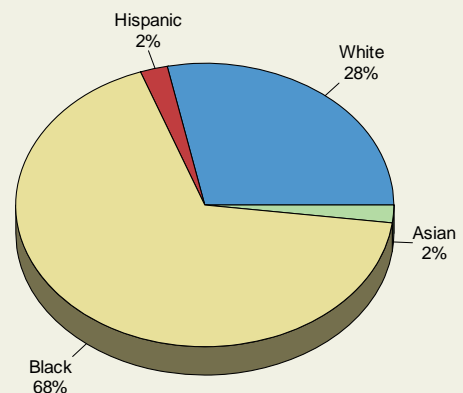
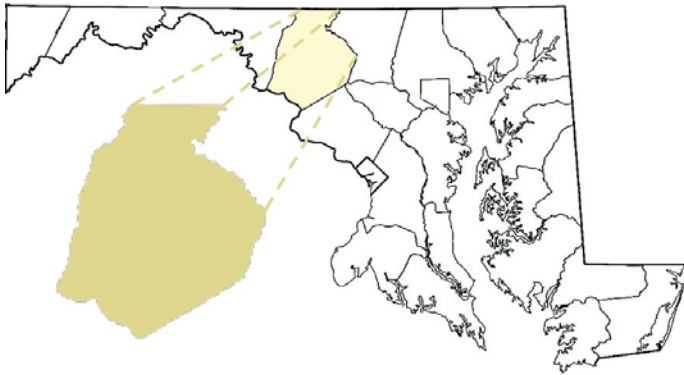


Figure 43
Race Distribution FY 2017



FREDERICK COUNTY



Prevention Coordinator

Todd Crum
(301) 600-3285

SAMHSA EVIDENCE-BASED PROGRAMS

► Kids Like Us

DEMOGRAPHICS

GENDER

Figure 44 shows the countywide distribution of prevention programs for gender in fiscal year 2017. There was a relatively equal distribution of males (51%) and females (49%) in fiscal year 2017.

AGE

During fiscal year 2017, approximately one-fifth (18%) of those receiving prevention services in Frederick County were adolescents. Parents or primary care givers accounted for 21 percent of the distribution. Figure 42 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 46, Caucasians accounted for 72 percent of the racial distribution in fiscal year 2017. African Americans (19%), Hispanics (5%) and Asians (4%) comprised the remaining 28 percent of the overall distribution.

The total number of individuals receiving prevention services in Frederick County was 55,057 in fiscal year 2017.

Figure 44
Gender Distribution FY 2017

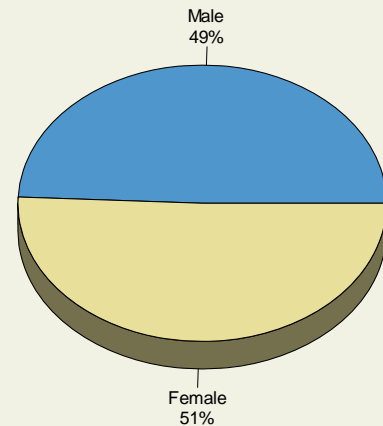


Figure 45
Age Distribution FY 2017

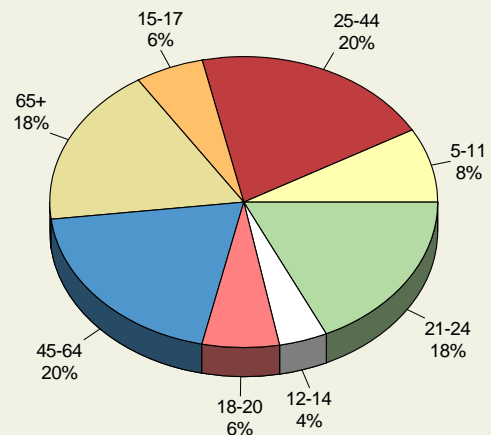
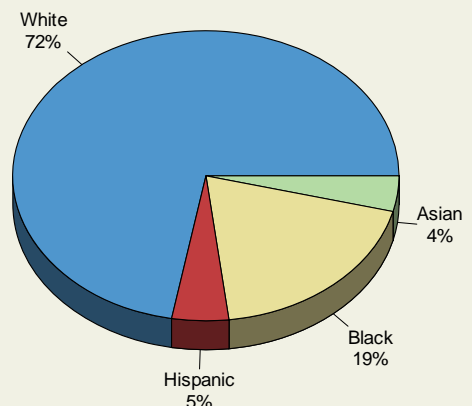
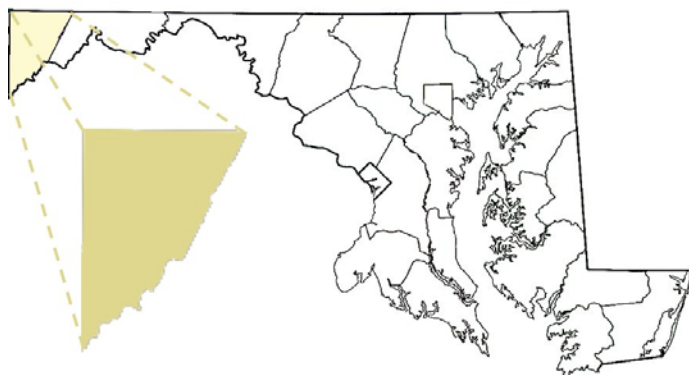


Figure 46
Race Distribution FY 2017



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 2017. Females represented 57 percent of program participants while 43 percent of the participants countywide were male.

AGE

During fiscal year 2017, adolescents accounted for 45 percent of those individuals receiving prevention services in Garrett County. Parents and primary care givers comprised 16 percent 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 92 percent of the racial distribution. African Americans comprised eight percent (8%) of the remaining distribution receiving prevention services in Garrett County during fiscal year 2017.

The total number of individuals receiving prevention services in Garrett County was 9,591 in fiscal year 2017.

Figure 47
Gender Distribution FY 2017

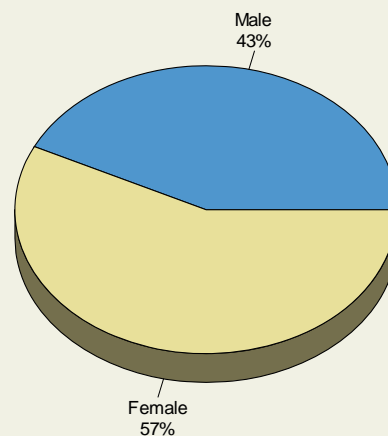


Figure 48
Age Distribution FY 2017

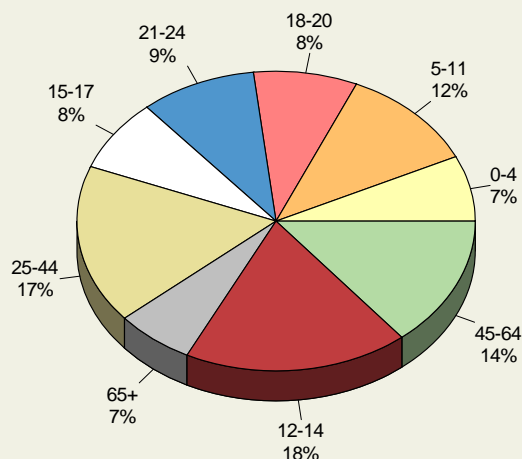
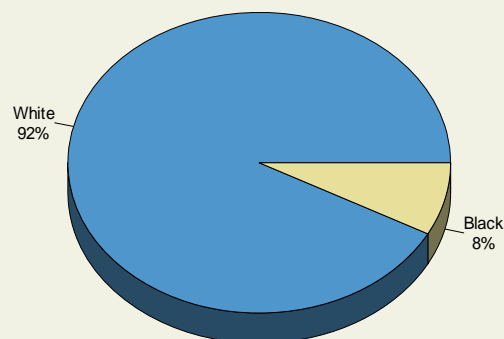
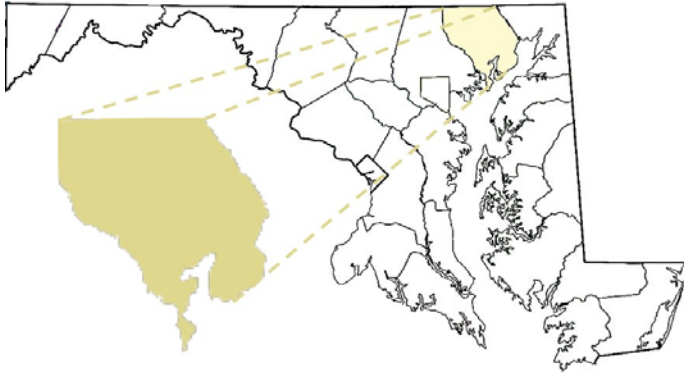


Figure 49
Race Distribution FY 2017



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 2017. Females represented 52 percent of program participants while 48 percent of the participants countywide were female.

AGE

During fiscal year 2017, approximately one-half (50%) of all those participating in prevention programs were adolescents. Parents or primary care givers represented eleven 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 67 percent of the racial distribution receiving prevention services in Harford County while African Americans comprised 26 percent during fiscal year 2017. Hispanics (5%) and Asians (2%) accounted for the remaining seven percent of the overall distribution.

The total number of individuals receiving prevention services in Harford County was 22,758 in fiscal year 2017.

Figure 50
Gender Distribution FY 2017

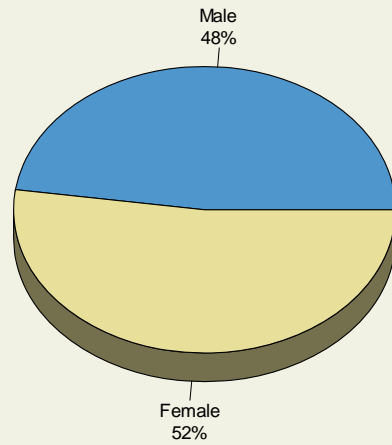


Figure 51
Age Distribution FY 2017

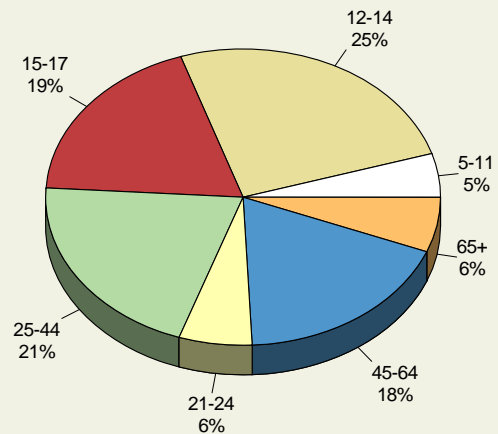
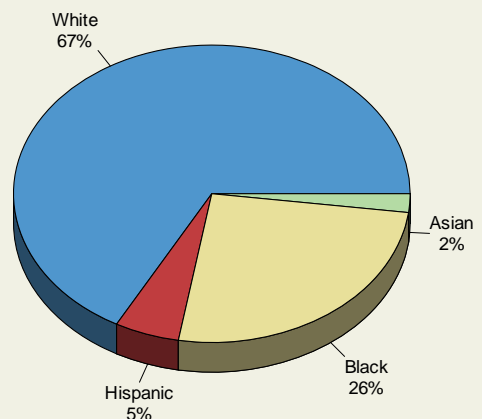
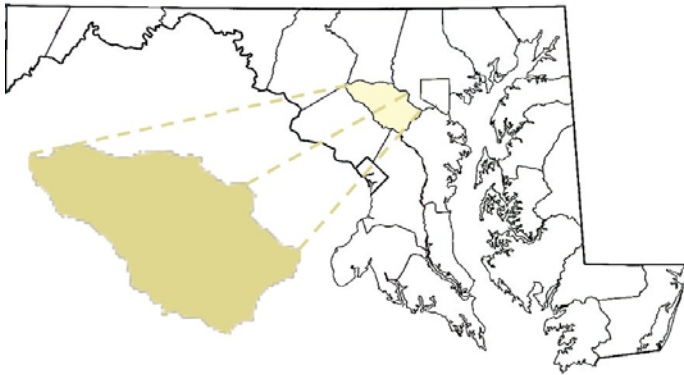


Figure 52
Race Distribution FY 2017



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 2017. Females represented 62 percent of program participants while 38 percent of the participants countywide were male.

AGE

During fiscal year 2017, Adolescents accounted for 27 percent of the distribution. Twenty-one 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 70 percent of the racial distribution receiving prevention services in fiscal year 2017. African Americans (14%), Asians (11%) and Hispanics (5%) accounted for 30 percent of the remaining distribution.

The total number of individuals receiving prevention services in Howard County was 1,276 in fiscal year 2017.

Figure 53
Gender Distribution FY 2017

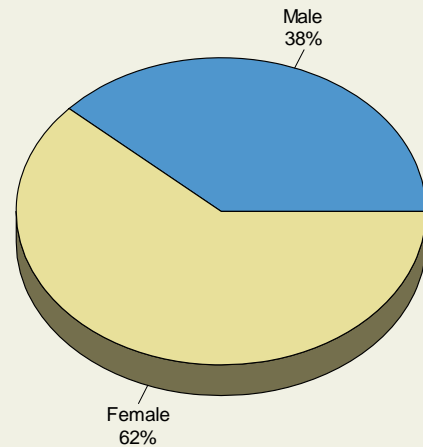


Figure 54
Age Distribution FY 2017

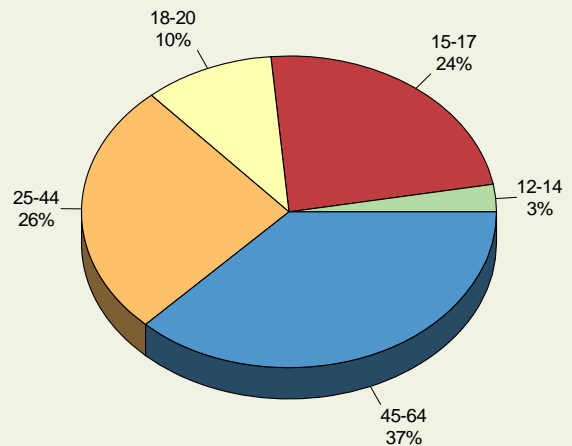
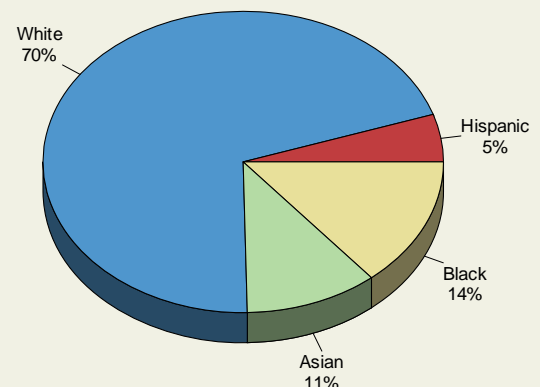
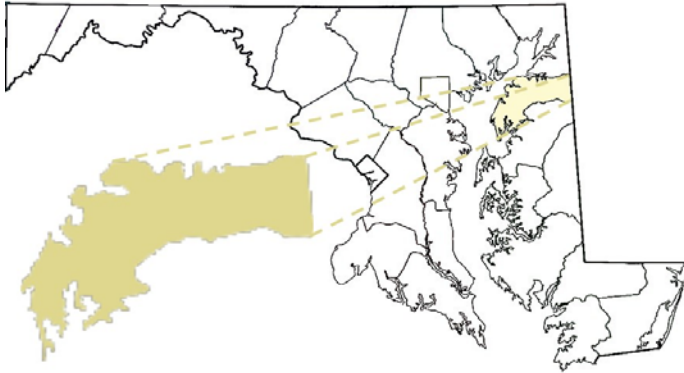


Figure 55
Race Distribution FY 2017



KENT COUNTY



Prevention Coordinator

Annette Duckery
(410) 778-7918

SAMHSA EVIDENCE-BASED PROGRAMS

DEMOGRAPHICS

GENDER

Figure 56 shows the countywide distribution of prevention programs for gender in fiscal year 2017. Females represented 54 percent of program participants while 46 percent of the participants countywide were male.

AGE

During fiscal year 2017, approximately half (46%) 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 66 percent of the racial distribution in Kent County. African Americans (26%), Hispanics (7%) and Asians (1%) comprised 34 percent during fiscal year 2017.

The total number of individuals receiving prevention services in Kent County was 3,164 in fiscal year 2017.

Figure 56
Gender Distribution FY 2017

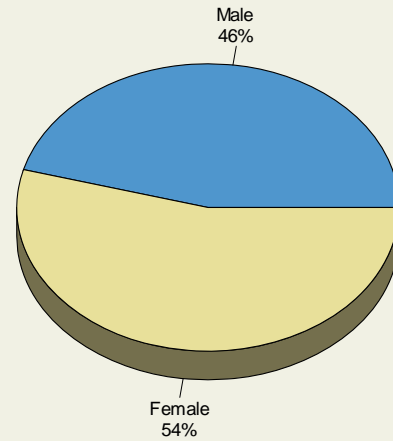


Figure 57
Age Distribution FY 2017

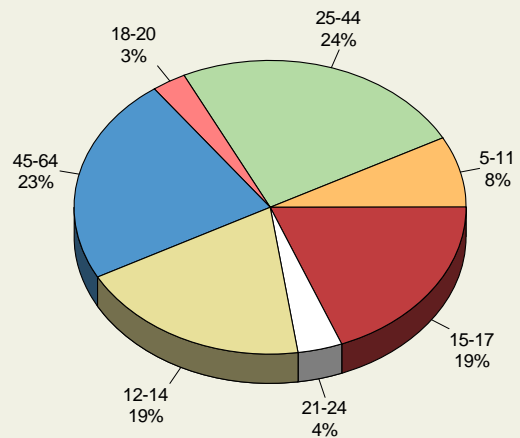
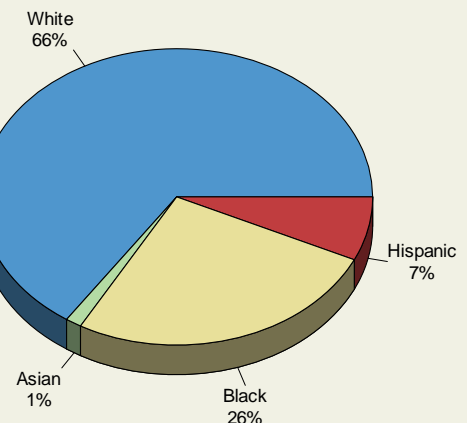
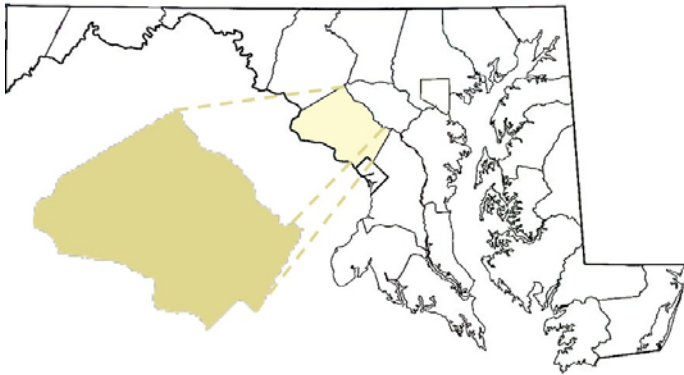


Figure 58
Race Distribution FY 2017



MONTGOMERY COUNTY



Prevention Coordinator

Regina Morales
(240) 777-1116

SAMHSA EVIDENCE-BASED PROGRAMS

- Communities Mobilizing for Change on Alcohol
- Dare to be you

DEMOGRAPHICS

GENDER

Figure 59 shows the countywide distribution of prevention programs for gender in fiscal year 2017. Females represented 62 percent of program participants while 38 percent of the participants countywide were male.

AGE

During fiscal year 2017, Parents and primary care givers adolescents represented 52 percent of those individuals receiving services in Montgomery County. Adolescents accounted for fourteen percent of those receiving prevention services. Figure 60 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 61, African Americans accounted for 40 percent of the racial distribution receiving prevention services in Montgomery County. Caucasians (36%), Hispanics (20%) and Asians (4%) accounted for the remaining distribution.

The total number of individuals receiving prevention services in Montgomery County was 7,201 in fiscal year 2017.

Figure 59
Gender Distribution FY 2017

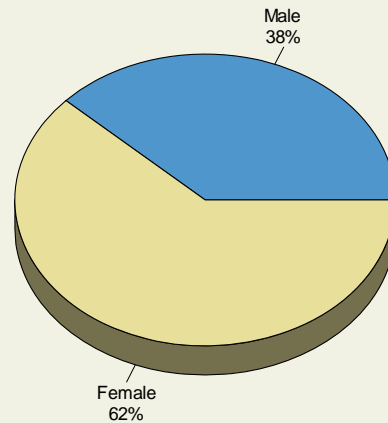


Figure 60
Age Distribution FY 2017

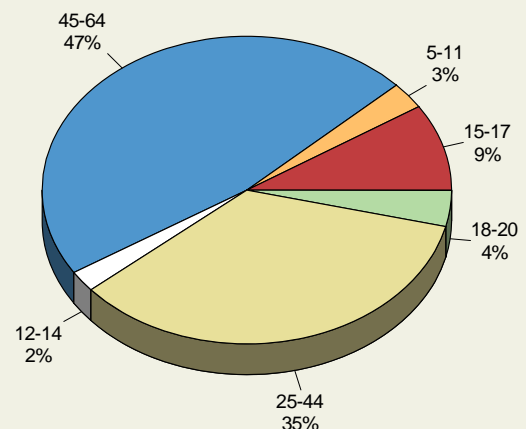
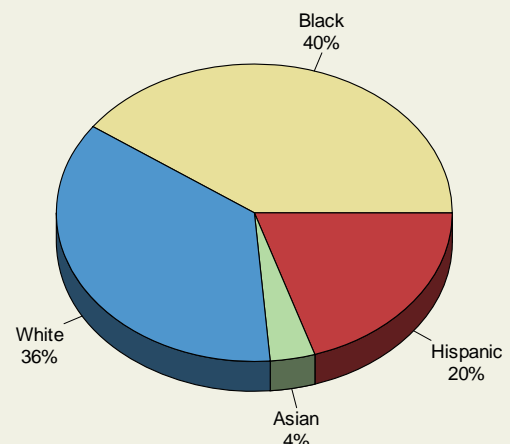
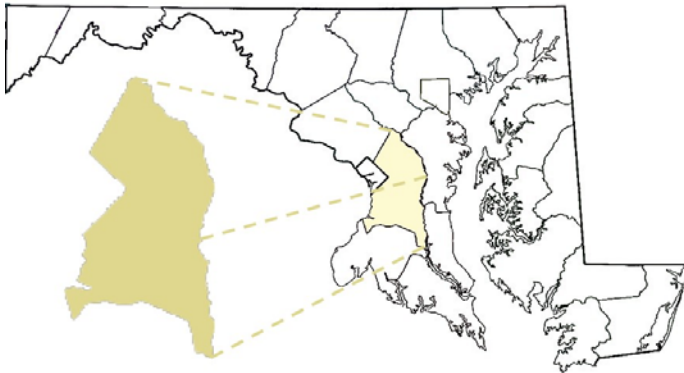


Figure 61
Race Distribution FY 2017



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
- ▶ Strengthening Families

DEMOGRAPHICS

GENDER

Figure 62 shows the countywide distribution of prevention programs for gender in fiscal year 2017. Females represented 58 percent of program participants while 42 percent of the participants countywide were male.

AGE

Figure 63 shows the age distribution in Prince George's County during fiscal year 2017. Parents represented 36 percent of the distribution. Adolescents accounted for 11 percent of individuals receiving prevention services.

RACE AND ETHNICITY

As shown in Figure 64, African Americans (79%) and Caucasians (20%) accounted for 99 percent of the racial distribution in Prince George's County. Hispanics (1%) accounted for the remainder of the distribution for fiscal year 2017.

- The total number of individuals receiving prevention services in Prince George's County was 57,782 in fiscal year 2017.
- The ATOD Center at Bowie State University served 2,003 individuals in fiscal year 2017.

Figure 62
Gender Distribution FY 2017

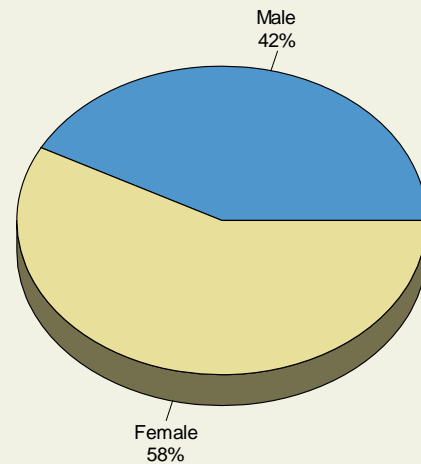


Figure 63
Age Distribution FY 2017

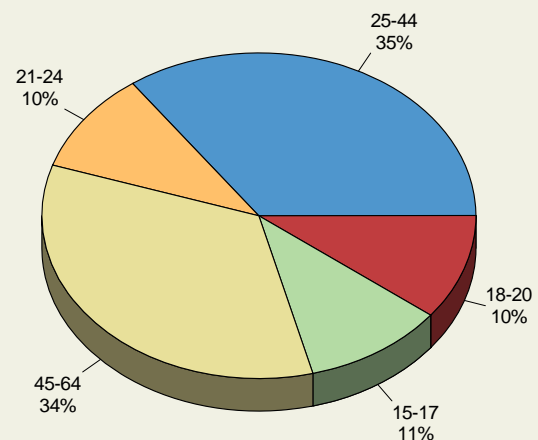
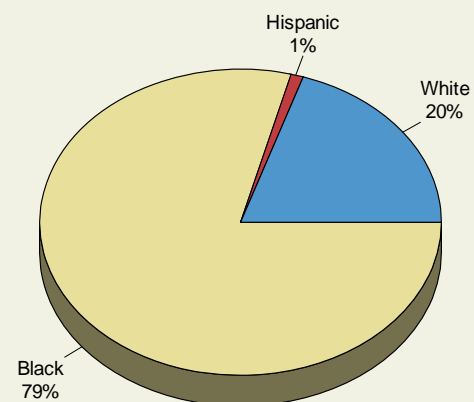
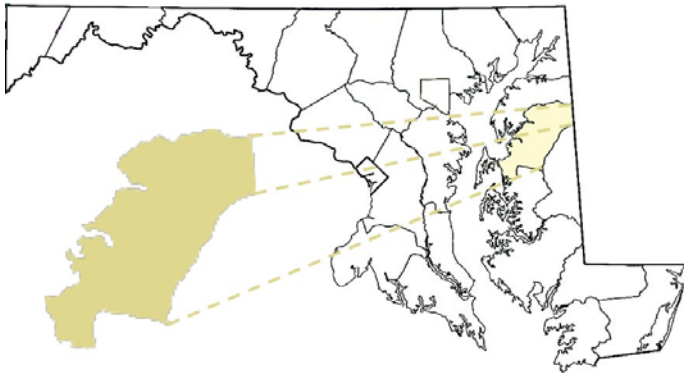


Figure 64
Race Distribution FY 2017



QUEEN ANNE'S COUNTY



Prevention Coordinator
Dorine Fassett
(410) 758-1306 ext. 4539

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 2017. Females represented 52 percent of program participants while 48 percent were male.

AGE

During fiscal year 2017, Approximately one-half (49%) of all those participating in prevention programs were adolescents. Parents and primary care givers accounted for 17 percent of the distribution. Figure 66 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 67, Caucasians (75%) and African Americans (19%) represented 94 percent of the racial distribution receiving prevention services in Queen Anne's County. Hispanics (6%) accounted for the remaining racial distribution in fiscal year 2017.

The total number of individuals receiving prevention services in Queen Anne's County was 10,260 in fiscal year 2017.

Figure 65
Gender Distribution FY 2017

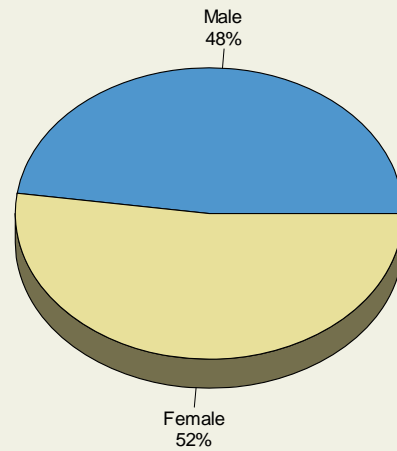


Figure 66
Age Distribution FY 2017

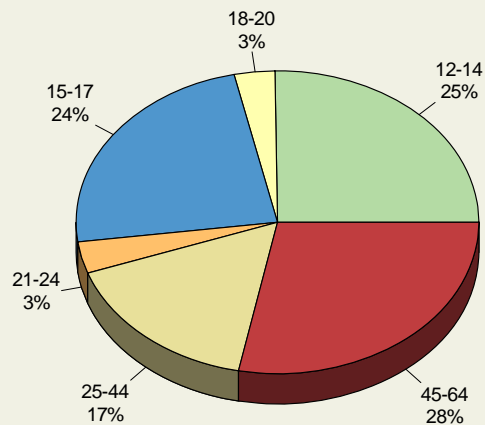
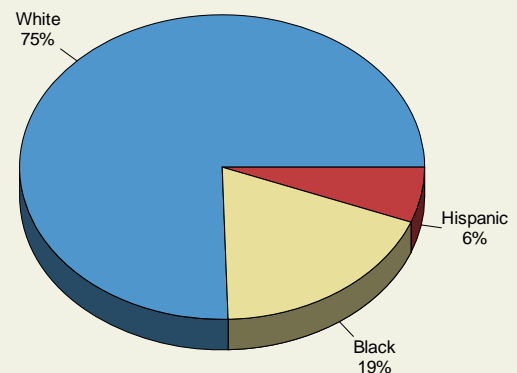
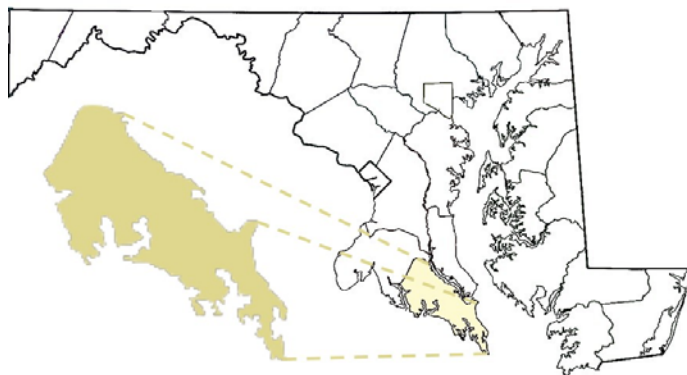


Figure 67
Race Distribution FY 2017



ST. MARY'S COUNTY



Prevention Coordinator

Maryellen Kraese
(301) 475-4951

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 2017. Females represented 64 percent of program participants while 36 percent were male.

AGE

During fiscal year 2017, one-third (34%) of all those participating in prevention programs were parents or primary caregivers. Figure 69 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 70, Caucasians accounted for 61 percent of the racial distribution in St. Mary's County while African Americans comprised 37 percent. Hispanics (2%) accounted for the remainder of the distribution.

The total number of individuals receiving prevention services in St. Mary's County was 1,496 in fiscal year 2017.

Figure 68
Gender Distribution FY 2017

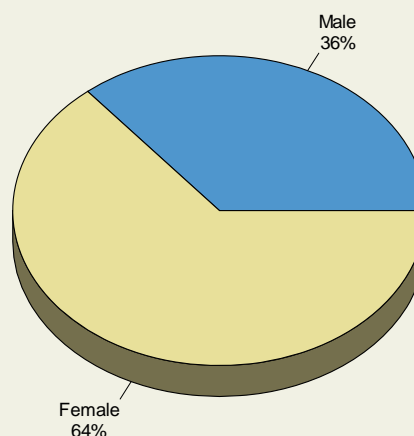


Figure 69
Age Distribution FY 2017

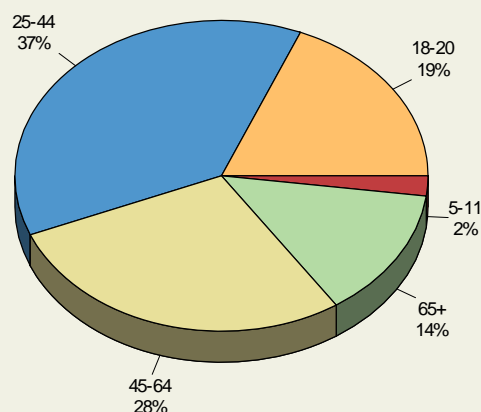
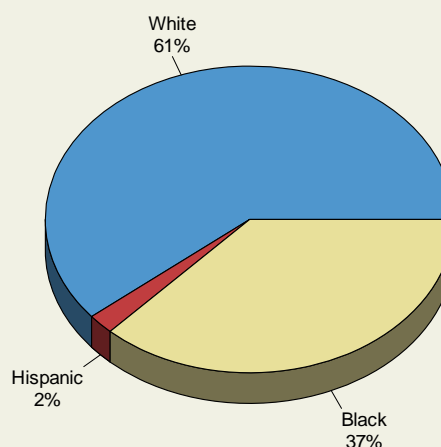
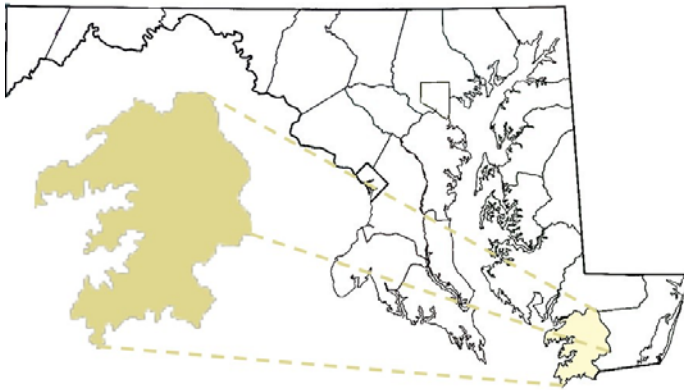


Figure 70
Race Distribution FY 2017



SOMERSET COUNTY



Prevention Coordinator
Viola Smith
(443) 523-1723

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 2017. Females represented 58 percent of program participants while 42 percent of the participants countywide were male.

AGE

During fiscal year 2017, over one-half (53%) of individuals participating in prevention programs were adolescents. Figure 72 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 73, African Americans (50%) and Caucasians (44%) 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 544 in fiscal year 2017.
- The ATOD Center at the University of Maryland Eastern Shore served 1,168 individuals in fiscal year 2017.

Figure 71
Gender Distribution FY 2017

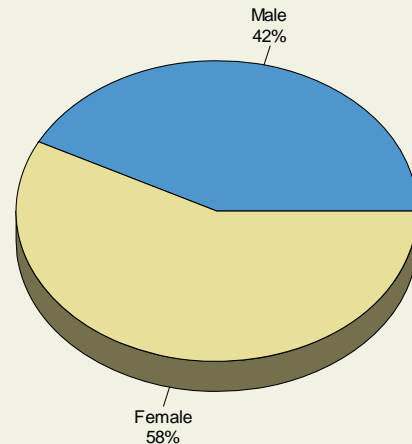


Figure 72
Age Distribution FY 2017

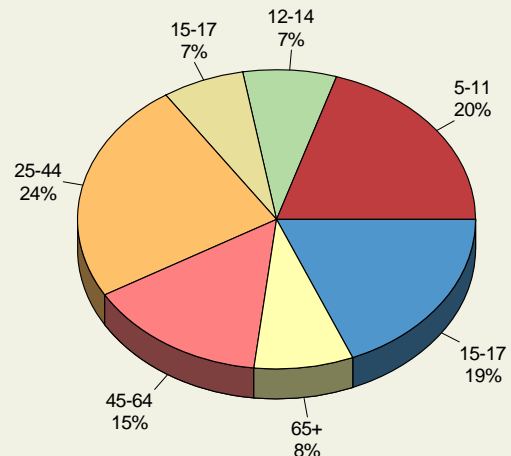
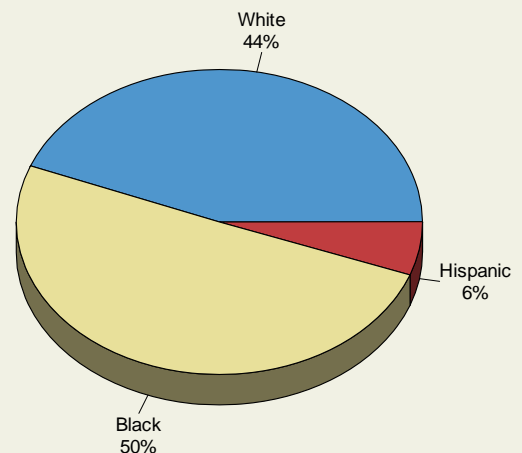
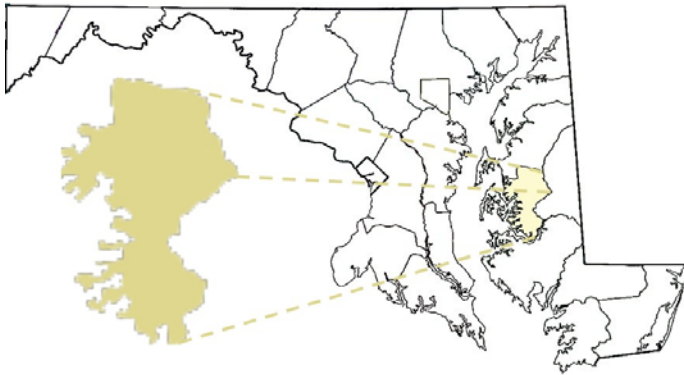


Figure 73
Race Distribution FY 2017



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 2017. Females represented 64 percent of program participants while 36 percent of the participants countywide were male.

AGE

During fiscal year 2017, over one-third (34%) 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 83 percent of the racial distribution receiving prevention services. African Americans (15%) and Hispanics (2%) accounted for the remaining distribution (Figure 76).

The total number of individuals receiving prevention services in Talbot County was 2,595 in fiscal year 2017.

Figure 74
Gender Distribution FY 2017

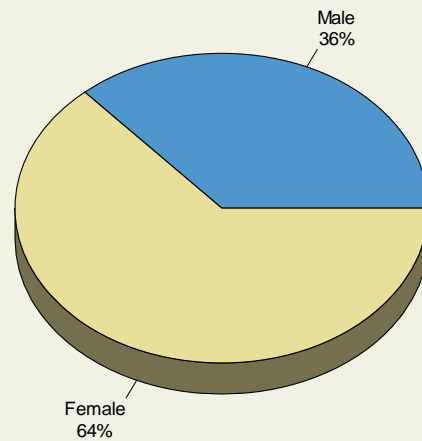


Figure 75
Age Distribution FY 2017

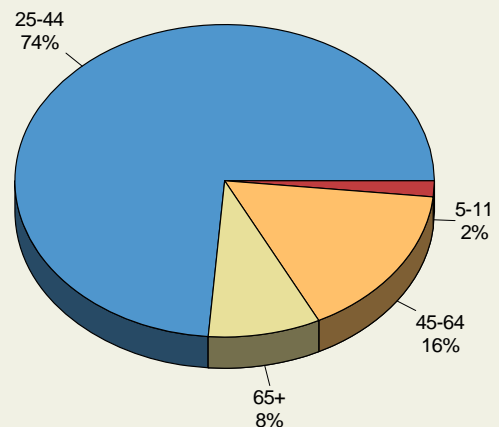
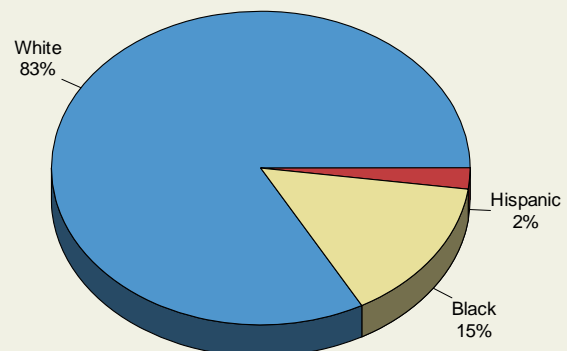
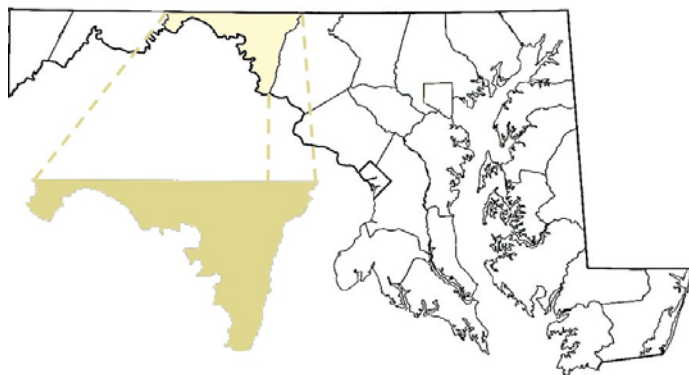


Figure 76
Race Distribution FY 2017



WASHINGTON COUNTY



Prevention Coordinator

Holly Luther
(240) 313-3374

SAMHSA EVIDENCE-BASED PROGRAMS

► Dare to be you

DEMOGRAPHICS

GENDER

Figure 77 shows the countywide distribution of prevention programs for gender in fiscal year 2017. Males represented 60 percent of program participants while 40 percent of the participants countywide were female.

AGE

During fiscal year 2017, over three-quarters (86%) of those receiving prevention services were adolescents. Figure 78 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 79, African Americans (48%) and Caucasians (43%) accounted for 91 percent of the racial distribution receiving prevention services in Washington County. Hispanics (9%) represented for remaining distribution.

The total number of individuals receiving prevention services in Washington County was 227 in fiscal year 2017.

Figure 77
Gender Distribution FY 2017

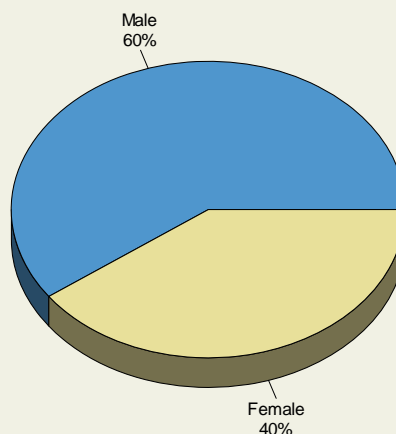


Figure 78
Age Distribution FY 2017

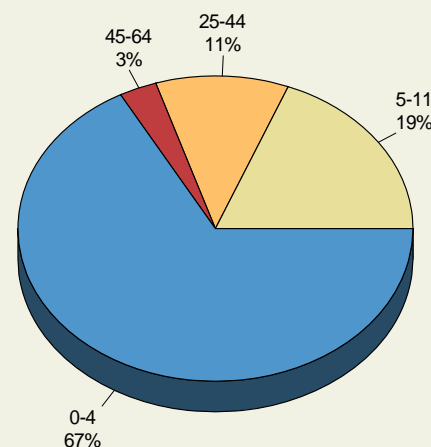
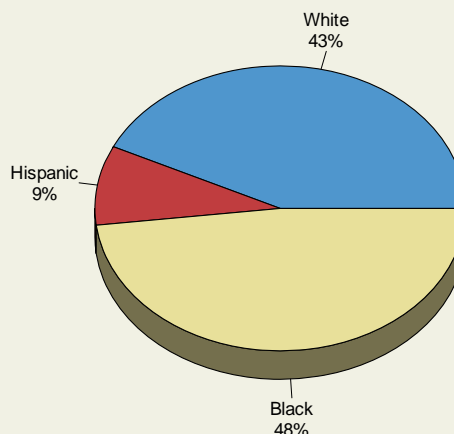
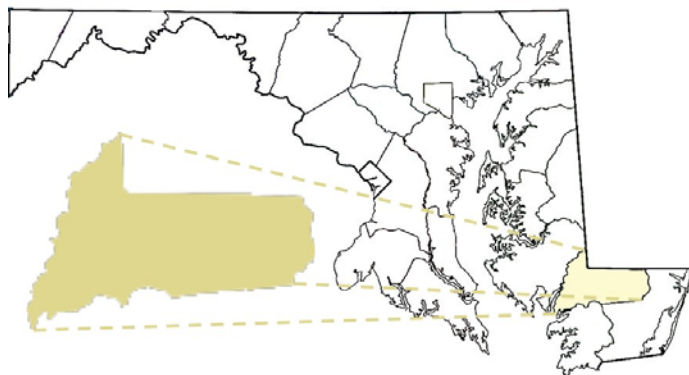


Figure 79
Race Distribution FY 2017



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 2017. Females represented 70 percent of program participants while 30 percent of the participants countywide were male.

AGE

During fiscal year 2017, approximately one-third (31%) of those receiving prevention services were parents or primary caregivers. Adolescents accounted for 12 percent of individuals receiving prevention services in Wicomico County. Figure 81 shows the overall county distribution for age.

RACE AND ETHNICITY

Caucasians (62%) and African Americans (34%) accounted for 96 percent receiving prevention services in fiscal year 2017. Hispanics (4%) represented the remaining racial distribution (Figure 82).

The total number of individuals receiving prevention services in Wicomico County was 22,890 in fiscal year 2017.

Figure 80
Gender Distribution FY 2017

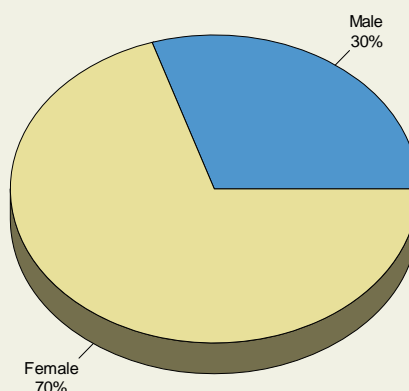


Figure 81
Age Distribution FY 2017

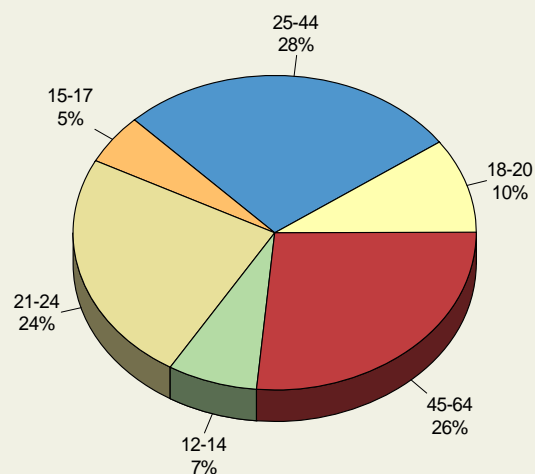
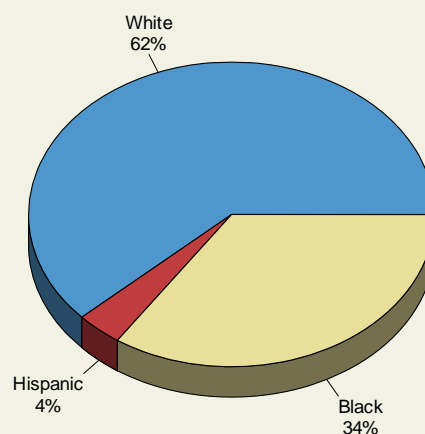
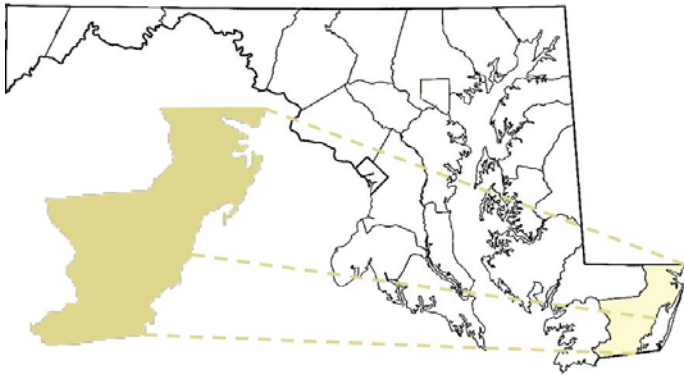


Figure 82
Race Distribution FY 2017



WORCESTER COUNTY



Prevention Coordinator
David Baker
(410) 632-1100 ext. 1106

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 2017. Females represented 52 percent of program participants while 48 percent of the participants countywide were male.

AGE

During fiscal year 2017, approximately three-quarters (72%) 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 (67%) and African Americans (32%) represented 99 percent of those receiving prevention services in Worcester County. Hispanics (1%) accounted for the remaining racial distribution during fiscal year 2017.

The total number of individuals receiving prevention services in Worcester County was 13,581 in fiscal year 2017.

Figure 83
Gender Distribution FY 2017

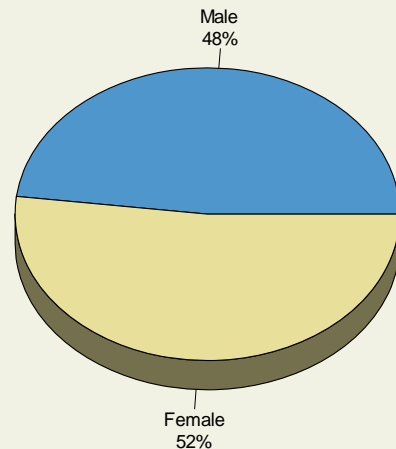


Figure 84
Age Distribution FY 2017

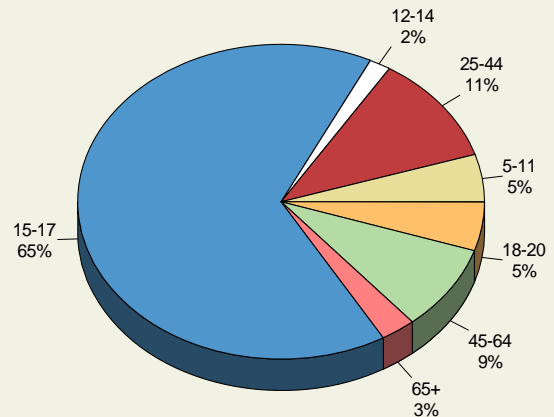
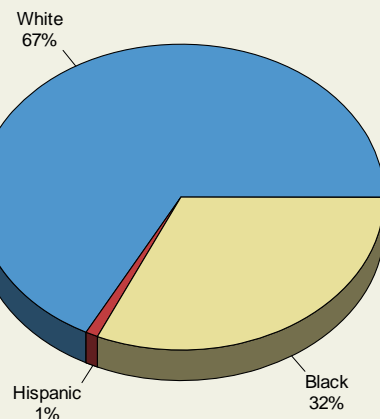


Figure 85
Race Distribution FY 2017



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 2017, 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>
FY	<i>Fiscal Year</i>
IOM	<i>Institute of Medicine</i>
MDH	<i>Maryland Department of Health</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>

<https://bha.health.maryland.gov>

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Fax: (410) 402-8601**