Maryland Behavioral Health Administration

Department of Health and Mental Hygiene

PREVENTION PROGRAM
ANNUAL REPORT

FISCAL YEAR
2015

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GENERAL INFORMATION

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Maryland Behavioral Health Administration
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

**Numbers Served**

In fiscal year 2015 over 480,000 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 2015.

**Program Characteristics**

**Age**

Approximately three quarters (72%) of all individuals receiving prevention services in fiscal year 2015 were 18 years of age and older. Figures show about 27 percent were parents or primary caregivers. Programs targeting high risk youth represented 13 percent of those individuals receiving prevention services.

**Gender, Race and Ethnicity**

Females represented a slightly higher distribution (54%) than males (46%) in fiscal year 2015. Caucasians (68%) and African Americans (24%) 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 2015, four percent of the total population served were Hispanic.

**Program Completions**

Recurring prevention programs showed an overall statewide completion rate of 86% in fiscal year 2015. Program completion rates have remained steady over the last four years.

**Service Population**

During fiscal year 2015, 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 2015.

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 2015, a total of 284 recurring prevention programs were offered across the state of Maryland. The total number of individuals actively participating in BHA funded recurring prevention programs was 7,270.

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 2015, a total of 1,294 single service prevention services were offered throughout the state of Maryland. The total number of individuals served through single service prevention activities was 473,561.

SERVICE POPULATION
During fiscal year 2015, Maryland offered prevention services to 26 different service populations. Table 1 shows the service population distribution for fiscal year 2015.

Table 1
Numbers Served by Service Population
FY2015

<table>
<thead>
<tr>
<th>Service Population</th>
<th>Numbers Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business and Industry</td>
<td>1870</td>
</tr>
<tr>
<td>Civic Groups/Coalitions</td>
<td>6262</td>
</tr>
<tr>
<td>College Students</td>
<td>44,356</td>
</tr>
<tr>
<td>Children of Substance Abusers</td>
<td>291</td>
</tr>
<tr>
<td>Delinquent/Violent Youth</td>
<td>128</td>
</tr>
<tr>
<td>Economically Disadvantaged People</td>
<td>124</td>
</tr>
<tr>
<td>Elementary School Students</td>
<td>26,437</td>
</tr>
<tr>
<td>General Population</td>
<td>202,422</td>
</tr>
<tr>
<td>Government/Elected Officials</td>
<td>786</td>
</tr>
<tr>
<td>Health Professionals</td>
<td>3355</td>
</tr>
<tr>
<td>High School Students</td>
<td>38,108</td>
</tr>
<tr>
<td>Homeless/Runaway Youth</td>
<td>383</td>
</tr>
<tr>
<td>Law Enforcement/Military</td>
<td>1554</td>
</tr>
<tr>
<td>Middle/Junior High School Students</td>
<td>28,669</td>
</tr>
<tr>
<td>Older Adults</td>
<td>1845</td>
</tr>
<tr>
<td>Parents/Families</td>
<td>40,022</td>
</tr>
<tr>
<td>People in Recovery</td>
<td>1562</td>
</tr>
<tr>
<td>People Using Substances</td>
<td>1743</td>
</tr>
<tr>
<td>People with Disabilities</td>
<td>168</td>
</tr>
<tr>
<td>People with Mental Health Problems</td>
<td>467</td>
</tr>
<tr>
<td>Pregnant Females</td>
<td>896</td>
</tr>
<tr>
<td>Preschool Students</td>
<td>446</td>
</tr>
<tr>
<td>Prevention/Treatment Professionals</td>
<td>10,655</td>
</tr>
<tr>
<td>Religious Groups</td>
<td>828</td>
</tr>
<tr>
<td>Teachers/Administrators/Counselors</td>
<td>2194</td>
</tr>
<tr>
<td>Youth/Minors</td>
<td>65,260</td>
</tr>
<tr>
<td>Total</td>
<td>480,831</td>
</tr>
</tbody>
</table>
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 2015. Fifty-four percent of program participants were female while 46 percent of the participants statewide were male. A breakdown of jurisdictional data gathered in the last four years show a trend of relatively equal distribution between males and females in most subdivisions.

AGE
During fiscal year 2015, approximately three quarters of the prevention program participants (72%) receiving services were adults over 18 years of age. Parents comprised 27 percent of those adults who attended prevention programs in fiscal year 2015. Youth under the age of 18 represented 28% percent of individuals participating in prevention programs. All age categories for prevention programs are shown in Figure 6.

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

Caucasians accounted for 68 percent of program participants while African Americans comprised 24 percent of the individuals attending prevention programs in fiscal year 2015 (Figure 7). In addition, Hispanics represented four percent of the participants receiving prevention services in fiscal year 2015.
The average Statewide completion rate for fiscal year 2015 was 86%.

**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.
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>
<thead>
<tr>
<th>County</th>
<th>Alternatives</th>
<th>Community Based Process</th>
<th>Education</th>
<th>Environmental</th>
<th>Information Dissemination</th>
<th>Problem ID And Referral</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allegany</td>
<td>1340</td>
<td>1054</td>
<td>101</td>
<td>34,070</td>
<td>972</td>
<td>482</td>
<td>38,019</td>
</tr>
<tr>
<td>Anne Arundel</td>
<td>8</td>
<td>1928</td>
<td>213</td>
<td>5</td>
<td>200</td>
<td>10</td>
<td>2364</td>
</tr>
<tr>
<td>Baltimore City</td>
<td>76</td>
<td>176</td>
<td>2159</td>
<td>272</td>
<td>0</td>
<td>1415</td>
<td>4098</td>
</tr>
<tr>
<td>Baltimore</td>
<td>5301</td>
<td>852</td>
<td>71</td>
<td>57,634</td>
<td>3645</td>
<td>0</td>
<td>67,503</td>
</tr>
<tr>
<td>Calvert</td>
<td>1525</td>
<td>479</td>
<td>153</td>
<td>1080</td>
<td>1028</td>
<td>50</td>
<td>4315</td>
</tr>
<tr>
<td>Caroline</td>
<td>0</td>
<td>9750</td>
<td>9</td>
<td>605</td>
<td>0</td>
<td>0</td>
<td>10,364</td>
</tr>
<tr>
<td>Carroll</td>
<td>1591</td>
<td>7808</td>
<td>671</td>
<td>46,676</td>
<td>2617</td>
<td>98</td>
<td>59,461</td>
</tr>
<tr>
<td>Cecil</td>
<td>0</td>
<td>768</td>
<td>371</td>
<td>23,859</td>
<td>4877</td>
<td>0</td>
<td>29,875</td>
</tr>
<tr>
<td>Charles</td>
<td>865</td>
<td>0</td>
<td>85</td>
<td>540</td>
<td>1068</td>
<td>0</td>
<td>2558</td>
</tr>
<tr>
<td>Dorchester</td>
<td>1545</td>
<td>76</td>
<td>217</td>
<td>297</td>
<td>192</td>
<td>0</td>
<td>2327</td>
</tr>
<tr>
<td>Frederick</td>
<td>0</td>
<td>494</td>
<td>142</td>
<td>61,049</td>
<td>1550</td>
<td>0</td>
<td>63,235</td>
</tr>
<tr>
<td>Garrett</td>
<td>10,805</td>
<td>407</td>
<td>504</td>
<td>3918</td>
<td>1000</td>
<td>0</td>
<td>16,634</td>
</tr>
<tr>
<td>Harford</td>
<td>2467</td>
<td>972</td>
<td>0</td>
<td>5570</td>
<td>9387</td>
<td>0</td>
<td>18,396</td>
</tr>
<tr>
<td>Howard</td>
<td>2676</td>
<td>50</td>
<td>0</td>
<td>225</td>
<td>0</td>
<td>0</td>
<td>2951</td>
</tr>
<tr>
<td>Kent</td>
<td>17</td>
<td>23</td>
<td>9</td>
<td>93</td>
<td>0</td>
<td>0</td>
<td>142</td>
</tr>
<tr>
<td>Montgomery</td>
<td>9</td>
<td>462</td>
<td>385</td>
<td>700</td>
<td>917</td>
<td>0</td>
<td>2473</td>
</tr>
<tr>
<td>Prince George’s</td>
<td>2913</td>
<td>173</td>
<td>443</td>
<td>44,236</td>
<td>4736</td>
<td>0</td>
<td>52,501</td>
</tr>
<tr>
<td>Queen Anne’s</td>
<td>0</td>
<td>598</td>
<td>0</td>
<td>2366</td>
<td>1527</td>
<td>0</td>
<td>4491</td>
</tr>
<tr>
<td>St. Mary’s</td>
<td>0</td>
<td>0</td>
<td>272</td>
<td>1250</td>
<td>118</td>
<td>0</td>
<td>1640</td>
</tr>
<tr>
<td>Somerset</td>
<td>0</td>
<td>346</td>
<td>0</td>
<td>0</td>
<td>1007</td>
<td>0</td>
<td>1353</td>
</tr>
<tr>
<td>Talbot</td>
<td>0</td>
<td>783</td>
<td>10</td>
<td>6388</td>
<td>0</td>
<td>5</td>
<td>7186</td>
</tr>
<tr>
<td>Washington</td>
<td>12</td>
<td>375</td>
<td>89</td>
<td>8015</td>
<td>98</td>
<td>4</td>
<td>8593</td>
</tr>
<tr>
<td>Wicomico</td>
<td>19</td>
<td>833</td>
<td>183</td>
<td>18,432</td>
<td>1785</td>
<td>0</td>
<td>21,252</td>
</tr>
<tr>
<td>Worcester</td>
<td>13,319</td>
<td>361</td>
<td>94</td>
<td>3659</td>
<td>70</td>
<td>89</td>
<td>17,592</td>
</tr>
<tr>
<td>Bowie St.</td>
<td>1008</td>
<td>0</td>
<td>2111</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3119</td>
</tr>
<tr>
<td>Frostburg</td>
<td>5257</td>
<td>1181</td>
<td>1027</td>
<td>1005</td>
<td>9259</td>
<td>24</td>
<td>17,753</td>
</tr>
<tr>
<td>Towson</td>
<td>4171</td>
<td>3140</td>
<td>160</td>
<td>10,007</td>
<td>1933</td>
<td>50</td>
<td>19,461</td>
</tr>
<tr>
<td>U.M.E.S.</td>
<td>848</td>
<td>0</td>
<td>13</td>
<td>56</td>
<td>216</td>
<td>42</td>
<td>1175</td>
</tr>
<tr>
<td>TOTAL</td>
<td>55,772</td>
<td>33,089</td>
<td>9492</td>
<td>332,007</td>
<td>48,202</td>
<td>2269</td>
<td>480,831</td>
</tr>
<tr>
<td>PERCENTAGE</td>
<td>12%</td>
<td>7%</td>
<td>2%</td>
<td>69%</td>
<td>10%</td>
<td>&lt;1%</td>
<td>100%</td>
</tr>
</tbody>
</table>
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 2015, the college centers provided prevention services to 41,508 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 2015.

INDIVIDUALS SERVED BY COLLEGE PREVENTION CENTERS
FISCAL YEAR 2015

Bowie St. - Vanessa Cooke (301) 860-4126
Frostburg - Don Swogger (301) 687-4761
Towson - Donna Cox (410) 704-3723
U.M.E.S. - Lauresa Moten (410) 651-6385

Maryland Behavioral Health Administration
Prevention Program Activity Report 2015
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 2015. Figure 19 shows evidence-based program distribution for fiscal year 2015.

Table 4
Numbers Served By CSAP Model Program
Fiscal Year 2015

<table>
<thead>
<tr>
<th>Evidence-based Program</th>
<th>Number of Programs</th>
<th>Numbers Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Stars</td>
<td>3</td>
<td>173</td>
</tr>
<tr>
<td>Creating Lasting Family Connections (CLFC)</td>
<td>1</td>
<td>101</td>
</tr>
<tr>
<td>Communities Mobilizing for Change on Alcohol (CMCA)</td>
<td>6</td>
<td>2354</td>
</tr>
<tr>
<td>Dare To Be You (DTBY)</td>
<td>4</td>
<td>403</td>
</tr>
<tr>
<td>Guiding Good Choices (GGC)</td>
<td>4</td>
<td>392</td>
</tr>
<tr>
<td>Life Skills Training (LST)</td>
<td>7</td>
<td>2081</td>
</tr>
<tr>
<td>Parenting Wisely</td>
<td>2</td>
<td>106</td>
</tr>
<tr>
<td>Second Step</td>
<td>5</td>
<td>683</td>
</tr>
<tr>
<td>Strengthening Families Program (SFP)</td>
<td>8</td>
<td>888</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>7181</td>
</tr>
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</table>

Figure 13
Evidence-based Program Distribution FY 2015

http://nrepp.samhsa.gov/02_about.aspx
## Institute of Medicine (IOM) Category

### 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, dropouts, 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.

### Table 5

**Numbers Served By Intervention Type (IOM Category) Fiscal Year 2015**

<table>
<thead>
<tr>
<th>County</th>
<th>Universal</th>
<th>Selected</th>
<th>Indicated</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allegany</td>
<td>37,775</td>
<td>73</td>
<td>171</td>
<td>38,019</td>
</tr>
<tr>
<td>Anne Arundel</td>
<td>159</td>
<td>52</td>
<td>2153</td>
<td>2364</td>
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<tr>
<td>Baltimore City</td>
<td>2792</td>
<td>1306</td>
<td>0</td>
<td>4098</td>
</tr>
<tr>
<td>Baltimore</td>
<td>67,422</td>
<td>81</td>
<td>0</td>
<td>67,503</td>
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<tr>
<td>Calvert</td>
<td>3672</td>
<td>220</td>
<td>423</td>
<td>4315</td>
</tr>
<tr>
<td>Caroline</td>
<td>10,364</td>
<td>0</td>
<td>0</td>
<td>10,364</td>
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<tr>
<td>Carroll</td>
<td>57,440</td>
<td>1074</td>
<td>947</td>
<td>59,461</td>
</tr>
<tr>
<td>Cecil</td>
<td>26,491</td>
<td>3381</td>
<td>3</td>
<td>29,875</td>
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<tr>
<td>Charles</td>
<td>2558</td>
<td>0</td>
<td>0</td>
<td>2558</td>
</tr>
<tr>
<td>Dorchester</td>
<td>2327</td>
<td>0</td>
<td>0</td>
<td>2327</td>
</tr>
<tr>
<td>Frederick</td>
<td>63,007</td>
<td>228</td>
<td>0</td>
<td>63,235</td>
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<tr>
<td>Garrett</td>
<td>16,434</td>
<td>0</td>
<td>200</td>
<td>16,634</td>
</tr>
<tr>
<td>Harford</td>
<td>10,782</td>
<td>7614</td>
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<td>18,396</td>
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<tr>
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<td>0</td>
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<tr>
<td>Kent</td>
<td>134</td>
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<tr>
<td>Montgomery</td>
<td>2156</td>
<td>317</td>
<td>0</td>
<td>2473</td>
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<tr>
<td>Prince George's</td>
<td>51,415</td>
<td>1086</td>
<td>0</td>
<td>52,501</td>
</tr>
<tr>
<td>Queen Anne's</td>
<td>4491</td>
<td>0</td>
<td>0</td>
<td>4491</td>
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<tr>
<td>St. Mary's</td>
<td>1640</td>
<td>0</td>
<td>0</td>
<td>1640</td>
</tr>
<tr>
<td>Somerset</td>
<td>1353</td>
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<td>0</td>
<td>1353</td>
</tr>
<tr>
<td>Talbot</td>
<td>6999</td>
<td>57</td>
<td>130</td>
<td>7186</td>
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<tr>
<td>Washington</td>
<td>8242</td>
<td>325</td>
<td>26</td>
<td>8593</td>
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<tr>
<td>Wicomico</td>
<td>21,010</td>
<td>198</td>
<td>44</td>
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<td>Worcester</td>
<td>17,254</td>
<td>161</td>
<td>177</td>
<td>17,592</td>
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<tr>
<td>Bowie St.</td>
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<td>2111</td>
<td>0</td>
<td>3119</td>
</tr>
<tr>
<td>Frostburg</td>
<td>17,753</td>
<td>0</td>
<td>0</td>
<td>17,753</td>
</tr>
<tr>
<td>Towson</td>
<td>15,518</td>
<td>3168</td>
<td>775</td>
<td>19,461</td>
</tr>
<tr>
<td>U.M.E.S.</td>
<td>848</td>
<td>248</td>
<td>79</td>
<td>1175</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>453,995</td>
<td>21,708</td>
<td>5128</td>
<td>480,831</td>
</tr>
<tr>
<td><strong>Percentage</strong></td>
<td>94%</td>
<td>5%</td>
<td>1%</td>
<td>100%</td>
</tr>
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</table>
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>
<thead>
<tr>
<th>County</th>
<th>Total Served</th>
<th>Environmental Numbers Served</th>
<th>Percentage of Total Numbers Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allegany</td>
<td>38,019</td>
<td>34,240</td>
<td>90%</td>
</tr>
<tr>
<td>Anne Arundel</td>
<td>2364</td>
<td>5</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Baltimore City</td>
<td>4098</td>
<td>272</td>
<td>7%</td>
</tr>
<tr>
<td>Baltimore</td>
<td>67,503</td>
<td>57,634</td>
<td>85%</td>
</tr>
<tr>
<td>Calvert</td>
<td>4315</td>
<td>1080</td>
<td>25%</td>
</tr>
<tr>
<td>Caroline</td>
<td>10,364</td>
<td>605</td>
<td>6%</td>
</tr>
<tr>
<td>Carroll</td>
<td>59,461</td>
<td>46,676</td>
<td>78%</td>
</tr>
<tr>
<td>Cecil</td>
<td>29,875</td>
<td>23,859</td>
<td>80%</td>
</tr>
<tr>
<td>Charles</td>
<td>2558</td>
<td>540</td>
<td>21%</td>
</tr>
<tr>
<td>Dorchester</td>
<td>2327</td>
<td>297</td>
<td>13%</td>
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<tr>
<td>Frederick</td>
<td>63,235</td>
<td>61,049</td>
<td>97%</td>
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<tr>
<td>Garrett</td>
<td>16,634</td>
<td>3918</td>
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<tr>
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<td>18,396</td>
<td>5570</td>
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<tr>
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<td>2951</td>
<td>225</td>
<td>8%</td>
</tr>
<tr>
<td>Kent</td>
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<td>93</td>
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</tr>
<tr>
<td>Montgomery</td>
<td>2473</td>
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<td>28%</td>
</tr>
<tr>
<td>Prince George’s</td>
<td>52,501</td>
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</tr>
<tr>
<td>Queen Anne’s</td>
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<td>53%</td>
</tr>
<tr>
<td>St. Mary’s</td>
<td>1640</td>
<td>1250</td>
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</tr>
<tr>
<td>Somerset</td>
<td>1353</td>
<td>37</td>
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</tr>
<tr>
<td>Talbot</td>
<td>7186</td>
<td>6388</td>
<td>89%</td>
</tr>
<tr>
<td>Washington</td>
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<td>8015</td>
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</tr>
<tr>
<td>Wicomico</td>
<td>21,252</td>
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<tr>
<td>Worcester</td>
<td>17,592</td>
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<tr>
<td>Bowie St.</td>
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<td>0%</td>
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<tr>
<td>Frostburg St.</td>
<td>17,753</td>
<td>835</td>
<td>5%</td>
</tr>
<tr>
<td>Towson</td>
<td>19,461</td>
<td>10,007</td>
<td>51%</td>
</tr>
<tr>
<td>U.M.E.S</td>
<td>1175</td>
<td>19</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>480,831</strong></td>
<td><strong>332,007</strong></td>
<td><strong>69%</strong></td>
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</tbody>
</table>
COUNTY PREVENTION DATA
SAMHSA EVIDENCE-BASED PROGRAMS

► Creating Lasting Family Connections

DEMOGRAPHICS

GENDER
Figure 14 shows the countywide distribution of prevention programs for gender. Females represented 52 percent of program participants while 48 percent of the participants countywide were male.

AGE
During fiscal year 2015, 29 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 92 percent of the racial distribution receiving prevention services while African Americans comprised 7 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 38,019 in fiscal year 2015.

- The ATOD Center at Frostburg State University served 17,753 individuals in fiscal year 2015.
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 2015. Females represented 64 percent of program participants while 36 percent of the participants countywide were male.

AGE
During fiscal year 2015, 14 percent of all those participating in prevention programs were adolescents. Thirty-six 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 (72%) and African Americans (26%) accounted for 98 percent of the racial distribution receiving prevention services in Anne Arundel County during fiscal year 2015 (Figure 19). Hispanics (2%) comprised the remaining distribution.

The total number of individuals receiving prevention services in Anne Arundel County was 2,364 in fiscal year 2015.
**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 2015. Females represented 64 percent of program participants while 36 percent of the participants countywide were male.

**AGE**

During fiscal year 2015, approximately 55 percent of all individuals participating in prevention programs were adolescents. Parents or primary caregivers represented 19 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 75 percent of the racial distribution receiving prevention services in Baltimore City while Caucasians comprised 19 percent during fiscal year 2015. Asians (1%) and Hispanics (5%) accounted for the remainder of the distribution.

The total number of individuals receiving prevention services in Baltimore City was 4,098 in fiscal year 2015.
Baltimore County

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 2015. 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 2015. Parents accounted for 42 percent of those served. Adolescents represented 5 percent of individuals receiving services in Baltimore County.

Race and Ethnicity
During fiscal year 2015, Caucasians accounted for 61 percent of the racial distribution while African Americans comprised 28 percent in Baltimore County (Figure 25). Asian (6%) and Hispanics (5%) accounted for the remaining 11 percent of the distribution.

- The total number of individuals receiving prevention services through the Baltimore County prevention office was 67,503 in fiscal year 2015.
- The ATOD Center at Towson University served 19,461 individuals in fiscal year 2015.
SAMHSA EVIDENCE-BASED PROGRAMS

► Guiding Good Choices

DEMOGRAPHICS

GENDER
Figure 26 shows the countywide distribution of prevention programs for gender in fiscal year 2015. Females represented 52 percent of program participants while 48 percent of the participants countywide were male.

AGE
During fiscal year 2015, over half (54%) 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 82 percent of the racial distribution while African American accounted for 13 percent. Hispanics (2%) and Asians (3%) accounted for the remaining 5 percent of the distribution during fiscal year 2015 (Figure 28).

The total number of individuals receiving prevention services in Calvert County was 4,315 in fiscal year 2015.
CAROLINE COUNTY

Prevention Program Activity Report 2015
Maryland Behavioral Health Administration

Prevention Coordinator
Donald Hall, Interim
(410) 479-3501

SAMHSA EVIDENCE-BASED PROGRAMS

► Communities Mobilizing for Change on Alcohol

DEMOGRAPHICS

GENDER
Figure 29 shows the countywide distribution of prevention programs for gender in fiscal year 2015. Females represented 61 percent of program participants while 39 percent of the participants countywide were male.

AGE
During fiscal year 2015, over one-third (38%) of all those participating in prevention programs were adolescents. Parents and primary caregivers represented 19 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 52 percent of the racial distribution receiving prevention services while African Americans comprised 29 percent during fiscal year 2015 (Figure 31). Hispanics (11%), American Indians (3%) and Asians (5%) accounted for the remaining 19 percent of the overall racial distribution.

The total number of individuals receiving prevention services in Caroline County was 10,364 in fiscal year 2015.
CARROLL COUNTY

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

SAMHSA EVIDENCE-BASED PROGRAMS

Guiding Good Choices

DEMOGRAPHICS

GENDER
Figure 32 shows the countywide distribution of prevention programs for gender in fiscal year 2015. Females represented 54 percent of program participants while 46 percent of the participants countywide were male.

AGE
During fiscal year 2015, approximately one-fifth (18%) of all those participating in prevention programs were adolescents. Parents and primary caregivers represented 33 percent of individuals attending prevention programs in Carroll County. Figure 33 shows the overall county distribution for age.

RACE AND ETHNICITY
Caucasians accounted for 93 percent of the racial distribution receiving prevention services in Carroll County. African Americans (6%) and Hispanics (1%) represented the remaining ten percent of the racial distribution. Figure 34 shows the overall county distribution for Race/Ethnicity.

The total number of individuals receiving prevention services in Carroll County was 59,461 in fiscal year 2015.
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 2015. Females represented 51 percent of program participants while 49 percent of the participants countywide were male.

AGE
During fiscal year 2015, 21 percent of all those participating in prevention programs were parents or primary caregivers. Adolescents represented 31 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 (83%) accounted for the majority of the racial distribution. African Americans (10%), Asians (2%) and Hispanics (5%) represented the remaining distribution in fiscal year 2015.

The total number of individuals receiving prevention services in Cecil County was 29,875 in fiscal year 2015.
CHARLES COUNTY

Prevention Coordinator
Al Evans
(301) 609-6631

SAMHSA EVIDENCE-BASED PROGRAMS

► Second Step

DEMOGRAPHICS

GENDER
Figure 38 shows the countywide distribution of prevention programs for gender in fiscal year 2015. Females represented 54 percent of program participants while 46 percent of the participants countywide were male.

AGE
During fiscal year 2015, 50 percent all those participating in prevention programs were adolescents. Parents and primary caregivers represented 5 percent of the age distribution for fiscal year 2015. Figure 39 shows the overall county distribution for age.

RACE AND ETHNICITY
Caucasians accounted for 51 percent of the racial distribution receiving prevention services in Charles County while African Americans comprised 42 percent during fiscal year 2015 (Figure 40). Hispanics (5%) and Asians (2%) accounted for the remaining distribution.

The total number of individuals receiving prevention services in Charles County was 2,558 in fiscal year 2015.
**DORCHESTER COUNTY**

**Prevention Coordinator**
Charlene Jones  
(410) 901-8162

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**SAMHSA EVIDENCE-BASED PROGRAMS**
- Second Step

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**DEMOGRAPHICS**

**GENDER**
Figure 41 shows the gender distribution of prevention programs for fiscal year 2015. Females represented 53 percent of program participants while 47 percent of the participants countywide were male.

**AGE**
During fiscal year 2015, over one-half (57%) of those receiving prevention services in Dorchester County were adolescents. Parents or primary care givers accounted for 10 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 81 percent of the racial distribution receiving prevention services in Dorchester County. Caucasians (17%), and Hispanics (2%) comprised the remaining racial distribution during fiscal year 2015.

The total number of individuals receiving prevention services in Dorchester County was 2,327 in fiscal year 2015.

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*Maryland Behavioral Health Administration  Prevention Program Activity Report 2015*
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 2015. There was an equal distribution of males (50%) and females (50%) in fiscal year 2015.

AGE
During fiscal year 2015, approximately one-quarter (21%) of those receiving prevention services in Frederick County were adolescents. Parents or primary care givers accounted for 14 percent of the distribution. Figure 42 shows the overall county distribution for age.

RACE AND ETHNICITY
As shown in Figure 46, Caucasians accounted for 78 percent of the racial distribution in fiscal year 2015. 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 63,235 in fiscal year 2015.
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 2015. Females represented 61 percent of program participants while 39 percent of the participants countywide were male.

AGE
During fiscal year 2015, adolescents accounted for 66 percent of those individuals receiving prevention services in Garrett County. Parents and primary care givers comprised 8% 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 98 percent of the racial distribution. African Americans comprised two percent (2%) of the remaining distribution receiving prevention services in Garrett County during fiscal year 2015.

The total number of individuals receiving prevention services in Garrett County was 16,634 in fiscal year 2015.
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 2015. Females represented 54 percent of program participants while 46 percent of the participants countywide were male.

AGE
During fiscal year 2015, two-thirds (68%) of all those participating in prevention programs were adolescents. Parents or primary care givers represented approximately one third (5%) of the individuals receiving prevention services in Harford County. Figure 51 shows the overall county distribution for age.

RACE AND ETHNICITY
As shown in Figure 52, Caucasians accounted for 75 percent of the racial distribution receiving prevention services in Harford County while African Americans comprised 18 percent during fiscal year 2015. 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 18,396 in fiscal year 2015.


**Howard County**

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**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 2015. Females represented 56 percent of program participants while 44 percent of the participants countywide were male.

**Age**

During fiscal year 2015, Adolescents accounted for 51 percent of the distribution. Nine 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 47 percent of the racial distribution receiving prevention services in fiscal year 2015. African Americans (21%), Asians (21%) and Hispanics (11%) accounted for 53 percent of the remaining distribution.

The total number of individuals receiving prevention services in Howard County was 2,951 in fiscal year 2015.
KENT COUNTY

Prevention Coordinator
Latosha Brooks
(410) 778-7918

SAMHSA EVIDENCE-BASED PROGRAMS

► Life Skills

DEMOGRAPHICS

GENDER
Figure 56 shows the countywide distribution of prevention programs for gender in fiscal year 2015. Females represented 61 percent of program participants while 39 percent of the participants countywide were male.

AGE
During fiscal year 2015, approximately one-third (32%) of all those participating in prevention programs were parents. Figure 57 shows the overall county distribution for age.

RACE AND ETHNICITY
As shown in Figure 58, Caucasians accounted for 64 percent of the racial distribution in Kent County while African Americans comprised 36 percent during fiscal year 2015.

The total number of individuals receiving prevention services in Kent County was 142 in fiscal year 2015.
Prevention Coordinator
Ben Stevenson
(240) 777-3969

**MONTGOMERY COUNTY**

**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 2015. Females represented 65 percent of program participants while 35 percent of the participants countywide were male.

**AGE**
During fiscal year 2015, adolescents represented 30 percent of those individuals receiving services in Montgomery County. Parents and Primary care givers accounted for 20 percent of those receiving prevention services. Figure 60 shows the overall county distribution for age.

**RACE AND ETHNICITY**
As shown in Figure 61, Caucasians accounted for 39 percent of the racial distribution receiving prevention services in Montgomery County. Hispanics (36%), African Americans (19%) and Asians (6%) accounted for the remaining distribution.

The total number of individuals receiving prevention services in Montgomery County was 2,473 in fiscal year 2015.
**PRINCE GEORGE’S COUNTY**

**Prevention Coordinator**  
Patricia Ramseur  
(301) 324-2991

**College Coordinator**  
Vanessa Cooke  
(301) 860-4127

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**SAMHSA EVIDENCE-BASED PROGRAMS**

- All Stars
- CMCA
- Dare to be you

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**DEMOGRAPHICS**

**GENDER**

Figure 62 shows the countywide distribution of prevention programs for gender in fiscal year 2015. 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 2015. Adolescents represented more than half (59%) of the distribution. Parents accounted for 12 percent of individuals receiving prevention services.

**RACE AND ETHNICITY**

As shown in Figure 64, African Americans (47%) and Caucasians (27%) accounted for 74 percent of the racial distribution in Prince George’s County. Asians (16%), American Indian (8%) and Hispanics (2%) accounted for the remainder of the distribution for fiscal year 2015.

- The total number of individuals receiving prevention services in Prince George’s County was 52,501 in fiscal year 2015.
- The ATOD Center at Bowie State University served 3,119 individuals in fiscal year 2015.
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 2015. Males represented 52 percent of program participants while 48 percent were female.

AGE
During fiscal year 2015, thirty-eight percent of all those participating in prevention programs were adolescents. Parents and primary caregivers accounted for 23 percent of the distribution. Figure 66 shows the overall county distribution for age.

RACE AND ETHNICITY
As shown in Figure 67, Caucasians represented 95 percent of the racial distribution receiving prevention services in Queen Anne’s County. African Americans (5%) accounted for the remaining racial distribution in fiscal year 2015.

The total number of individuals receiving prevention services in Queen Anne’s County was 4,491 in fiscal year 2015.
**ST. MARY’S COUNTY**

Prevention Coordinator
Maryellen Kraese
(301) 475-4200 ext. 1851

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**SAMHSA EVIDENCE-BASED PROGRAMS**

- Communities Mobilizing for Change on Alcohol
- Second Step

**DEMOGRAPHICS**

**GENDER**
Figure 68 shows the countywide distribution of prevention programs for gender in fiscal year 2015. Females represented 52 percent of program participants while 48 percent were male.

**AGE**
During fiscal year 2015, approximately one-quarter (24%) 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 80 percent of the racial distribution in St. Mary’s County while African Americans comprised 17 percent. Asians (2%) and Hispanics (1%) accounted for the remaining 3 percent of the distribution.

The total number of individuals receiving prevention services in St. Mary’s County was 1,640 in fiscal year 2015.
SOMERSET COUNTY

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 2015. Females represented 64 percent of program participants while 36 percent of the participants countywide were male.

AGE
During fiscal year 2015, approximately one-third (33%) 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 (52%) and Caucasians (44%) accounted for 96 percent of the racial distribution in Somerset County. Hispanics (4%) accounted for the remaining racial distribution.

- The total number of individuals receiving prevention services through the Somerset County prevention office was 1,353 in fiscal year 2015.
- The ATOD Center at the University of Maryland Eastern Shore served 1,175 individuals in fiscal year 2015.

Prevention Coordinator  College Coordinator
Viola Smith  Lauresa Wigfall
(443) 523-1726  (410) 651-6385

Figure 71  Gender Distribution FY 2015

Figure 72  Age Distribution FY 2015

Figure 73  Race Distribution FY 2015
TALBOT COUNTY

Prevention Coordinator
Alenandra Duff
(410) 819-8067

SAMHSA EVIDENCE-BASED PROGRAMS

► All Stars
► Communities Mobilizing for Change on Alcohol

DEMOGRAPHICS

GENDER
Figure 74 shows the countywide distribution of prevention programs for gender in fiscal year 2015. Females represented 51 percent of program participants while 49 percent of the participants countywide were male.

AGE
During fiscal year 2015, approximately one-quarter (24%) 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 (12%) and Hispanics (3%) accounted for the remaining distribution (Figure 76).

The total number of individuals receiving prevention services in Talbot County was 7,186 in fiscal year 2015.
Washington County

Prevention Coordinator
Tammy Keener
(240) 313-3356

SAMHSA Evidence-Based Programs

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

Demographics

Gender
Figure 77 shows the countywide distribution of prevention programs for gender in fiscal year 2015. Females represented 62 percent of program participants while 38 percent of the participants countywide were male.

Age
During fiscal year 2015, approximately one-third (31%) 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 64 percent of the racial distribution receiving prevention services in Washington County. African Americans accounted for 36 percent of the remaining distribution.

The total number of individuals receiving prevention services in Washington County was 8,593 in fiscal year 2015.
WICOMICO COUNTY

Prevention Coordinator
Cindy Shifler
(410) 219-7544

SAMHSA EVIDENCE-BASED PROGRAMS

► CMCA
► Second Step
► Strengthening Families

DEMOGRAPHICS

GENDER
Figure 80 shows the countywide distribution of prevention programs for gender in fiscal year 2015. Females represented 60 percent of program participants while 40 percent of the participants countywide were male.

AGE
During fiscal year 2015, approximately one-quarter (22%) of those receiving prevention services were parents or primary caregivers. Adolescents accounted for 20 percent of individuals receiving prevention services in Wicomico County. Figure 81 shows the overall county distribution for age.

RACE AND ETHNICITY
Caucasians (54%) and African Americans (38%) accounted for 92 percent receiving prevention services in fiscal year 2015. Hispanics (7%) and Asians (1%) represented 8 percent of the remaining racial distribution (Figure 82).

The total number of individuals receiving prevention services in Wicomico County was 21,252 in fiscal year 2015.
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 2015. Males represented 51 percent of program participants while 49 percent of the participants countywide were female.

AGE
During fiscal year 2015, two-thirds (68%) 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 (54%) and African Americans (38%) represented 92 percent of those receiving prevention services in Worcester County. Asians (5%) and Hispanics (3%) accounted for the remaining racial distribution during fiscal year 2015.

The total number of individuals receiving prevention services in Worcester County was 17,592 in fiscal year 2015.
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 2015, 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  Behavioral Health Administration

ATOD  Alcohol, Tobacco and Other Drugs

CSAP  Center For Substance Abuse Prevention

DHMH  Department of Health and Mental Hygiene

FY  Fiscal Year

IOM  Institute of Medicine

MDS  Minimum Data Set

MIS  Management Information Systems

NIDA  National Institute on Drug Abuse

NREPP  National Registry of Evidence-based Programs and Practices

SAMHSA  Substance Abuse and Mental Health Services Administration