GENERAL INFORMATION

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OR

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

AND

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

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

The Department, in compliance with the Americans with Disabilities Act, ensures that qualified individuals with disabilities are given an opportunity to participate in and benefit from DHMH services, programs, benefits, and employment opportunities.
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Maryland Behavioral Health Administration  Prevention Program Activity Report 2016
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 2016 over 490,000 individuals received prevention services in Maryland. Beginning in FY 2012, the Behavioral Health Administration, in alignment with substance abuse prevention research and federal prevention priorities, initiated a policy change which required local jurisdictions to use at least 50% of their Prevention Block Grant funding on Environmental Prevention Strategies. These strategies are designed to change community-level conditions, policies and practices, rather than individual-level factors, and are shown to be more likely to result in community-level reductions in substance use and abuse than individual-level prevention activities alone. As a result of this policy change, the Administration saw an increase in single service prevention activities and numbers served during fiscal year 2016.

PROGRAM CHARACTERISTICS

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

Gender, Race and Ethnicity
Females represented a slightly higher distribution (53%) than males (47%) in fiscal year 2016. Caucasians (65%) and African Americans (26%) accounted for the majority of the population receiving prevention services (Figure 2). Some gains are being made in service delivery to a growing statewide Hispanic population. In fiscal year 2016, six percent of the total population served were Hispanic.

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

SERVICE POPULATION
During fiscal year 2016, Maryland offered prevention services to 26 different service populations. The majority of individuals receiving services were parents and school aged children (Figure 3).
**Prevention Services in Maryland**

**Prevention Program Data**
In the State of Maryland, over 480,000 people received prevention services in fiscal year 2016.

**Recurring Prevention Programs**
Recurring prevention programs are defined by the following criteria:
- The program must meet with the same group of individuals within the specified service population for a minimum of four separate occasions.
- The program must be an approved SAMHSA Evidence-based Program.
- The program must be partially or fully BHA funded and coordinated through the county prevention office.

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

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

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

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

<table>
<thead>
<tr>
<th>Service Population</th>
<th>Numbers Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business and Industry</td>
<td>2362</td>
</tr>
<tr>
<td>Civic Groups/Coalitions</td>
<td>5076</td>
</tr>
<tr>
<td>College Students</td>
<td>30,168</td>
</tr>
<tr>
<td>Children of Substance Abusers</td>
<td>207</td>
</tr>
<tr>
<td>Delinquent/Violent Youth</td>
<td>371</td>
</tr>
<tr>
<td>Economically Disadvantaged People</td>
<td>430</td>
</tr>
<tr>
<td>Elementary School Students</td>
<td>25,755</td>
</tr>
<tr>
<td>General Population</td>
<td>209,794</td>
</tr>
<tr>
<td>Government/Elected Officials</td>
<td>861</td>
</tr>
<tr>
<td>Health Professionals</td>
<td>3236</td>
</tr>
<tr>
<td>High School Students</td>
<td>34,093</td>
</tr>
<tr>
<td>Homeless/Runaway Youth</td>
<td>125</td>
</tr>
<tr>
<td>Law Enforcement/Military</td>
<td>820</td>
</tr>
<tr>
<td>Middle/Junior High School Students</td>
<td>25,731</td>
</tr>
<tr>
<td>Older Adults</td>
<td>21,291</td>
</tr>
<tr>
<td>Parents/Families</td>
<td>67,684</td>
</tr>
<tr>
<td>People in Recovery</td>
<td>1818</td>
</tr>
<tr>
<td>People Using Substances</td>
<td>1688</td>
</tr>
<tr>
<td>People with Disabilities</td>
<td>43</td>
</tr>
<tr>
<td>People with Mental Health Problems</td>
<td>229</td>
</tr>
<tr>
<td>Pregnant Females</td>
<td>739</td>
</tr>
<tr>
<td>Preschool Students</td>
<td>1616</td>
</tr>
<tr>
<td>Prevention/Treatment Professionals</td>
<td>7142</td>
</tr>
<tr>
<td>Religious Groups</td>
<td>1002</td>
</tr>
<tr>
<td>Teachers/Administrators/Counselors</td>
<td>3280</td>
</tr>
<tr>
<td>Youth/Minors</td>
<td>46,240</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>491,801</strong></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 2016. Fifty-three percent of program participants were female while 47 percent of the participants statewide were male. A breakdown of jurisdictional data gathered in the last four years show a trend of relatively equal distribution between males and females in most subdivisions.

**AGE**
During fiscal year 2016, over three quarters of the prevention program participants (78%) receiving services were adults over 18 years of age. Parents comprised 21 percent of those adults who attended prevention programs in fiscal year 2016. Youth under the age of 18 represented 22% percent of individuals participating in prevention programs. All age categories for prevention programs are shown in Figure 6.

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

Caucasians accounted for 65 percent of program participants while African Americans comprised 26 percent of the individuals attending prevention programs in fiscal year 2016 (Figure 7). In addition, Hispanics represented six percent of the participants receiving prevention services in fiscal year 2016.
Recurring Program Completions

Table 2
Recurring Program Completions
Fiscal Year 2016

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

**Program Completion**

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

**Completion Percentages**

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

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

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

Table 3
CSAP Strategies and Number of Participants Served
Fiscal Year 2016

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

PERCENTAGE 6% 4% 2% 78% 9% <1% 100%

Maryland Behavioral Health Administration
Prevention Program Activity Report 2016
College Prevention Centers

**College Initiative**
The BHA funds four strategically located ATOD College Prevention Centers at Frostburg University, Towson University, Bowie State University and the University of Maryland Eastern Shore who receive funding to support ongoing ATOD efforts on college campuses. A primary focus of these centers is to provide education and training for college students regarding ATOD prevention by creating and/or enhancing peer education networks. Each college prevention center is also responsible for the collaboration and development of ATOD campus policies and to provide a process for linkages with other colleges within the region to promote ATOD prevention strategies. In fiscal year 2016, the college centers provided prevention services to 28,850 individuals statewide with a primary focus on peer education. Figures 9-12 show demographic characteristics for all four college ATOD prevention centers for fiscal year 2016.

**Individuals Served by College Prevention Centers Fiscal Year 2016**

- **Bowie St.** - Vanessa Cooke (301) 860-4126
- **Frostburg St.** - Don Swogger (301) 687-4761
- **Towson Univ.** - Donna Cox (410) 704-3723
- **U.M.E.S.** - Lauresa Wigfall (410) 651-4385

**Figure 9**
Gender Distribution

<table>
<thead>
<tr>
<th></th>
<th>Thousands</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bowie St.</td>
<td>1,072</td>
</tr>
<tr>
<td>Frostburg St.</td>
<td>11,096</td>
</tr>
<tr>
<td>Towson Univ.</td>
<td>14,144</td>
</tr>
<tr>
<td>U.M.E.S.</td>
<td>1,063</td>
</tr>
</tbody>
</table>

**Figure 10**
Race Distribution

<table>
<thead>
<tr>
<th></th>
<th>Thousands</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bowie St.</td>
<td>1,359</td>
</tr>
<tr>
<td>Frostburg St.</td>
<td>5,745</td>
</tr>
<tr>
<td>Towson Univ.</td>
<td>5,602</td>
</tr>
<tr>
<td>U.M.E.S.</td>
<td>8,562</td>
</tr>
</tbody>
</table>

**Figure 11**
Statewide Gender Distribution

- Male: 44%
- Female: 56%

**Figure 12**
Statewide Race Distribution

- White: 62%
- Black: 29%
- Hispanic: 5%
- Other: 4%
CSAP Evidence-Based Programs

Table 4
Numbers Served By CSAP Model Program
Fiscal Year 2016

<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>2</td>
<td>248</td>
</tr>
<tr>
<td>Creating Lasting Family Connections (CLFC)</td>
<td>1</td>
<td>59</td>
</tr>
<tr>
<td>Communities Mobilizing for Change on Alcohol (CMCA)</td>
<td>6</td>
<td>1691</td>
</tr>
<tr>
<td>Dare To Be You (DTBY)</td>
<td>4</td>
<td>567</td>
</tr>
<tr>
<td>Guiding Good Choices (GGC)</td>
<td>6</td>
<td>331</td>
</tr>
<tr>
<td>Life Skills Training (LST)</td>
<td>5</td>
<td>1919</td>
</tr>
<tr>
<td>Parenting Wisely</td>
<td>2</td>
<td>119</td>
</tr>
<tr>
<td>Second Step</td>
<td>3</td>
<td>165</td>
</tr>
<tr>
<td>Strengthening Families Program (SFP)</td>
<td>9</td>
<td>846</td>
</tr>
<tr>
<td>Total</td>
<td>38</td>
<td>5945</td>
</tr>
</tbody>
</table>

Figure 13
Evidence-based Program Distribution
FY 2016

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

http://nrepp.samhsa.gov/02_about.aspx

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

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

http://nrepp.samhsa.gov/02_about.aspx

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

Table 4 shows the number of individuals served by evidence-based program for fiscal year 2016. Figure 19 shows evidence-based program distribution for fiscal year 2016.
Institute of Medicine (IOM) Category

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

<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>42,658</td>
<td>141</td>
<td>346</td>
<td>43,145</td>
</tr>
<tr>
<td>Anne Arundel</td>
<td>6857</td>
<td>2566</td>
<td>6</td>
<td>9429</td>
</tr>
<tr>
<td>Baltimore City</td>
<td>3868</td>
<td>801</td>
<td>0</td>
<td>4669</td>
</tr>
<tr>
<td>Baltimore</td>
<td>72,605</td>
<td>71</td>
<td>0</td>
<td>72,676</td>
</tr>
<tr>
<td>Calvert</td>
<td>6195</td>
<td>335</td>
<td>126</td>
<td>6656</td>
</tr>
<tr>
<td>Caroline</td>
<td>658</td>
<td>0</td>
<td>0</td>
<td>658</td>
</tr>
<tr>
<td>Carroll</td>
<td>63,946</td>
<td>1035</td>
<td>764</td>
<td>65,745</td>
</tr>
<tr>
<td>Cecil</td>
<td>36,516</td>
<td>1805</td>
<td>0</td>
<td>38,321</td>
</tr>
<tr>
<td>Charles</td>
<td>1699</td>
<td>0</td>
<td>0</td>
<td>1699</td>
</tr>
<tr>
<td>Dorchester</td>
<td>2486</td>
<td>0</td>
<td>0</td>
<td>2486</td>
</tr>
<tr>
<td>Frederick</td>
<td>63,122</td>
<td>463</td>
<td>0</td>
<td>63,585</td>
</tr>
<tr>
<td>Garrett</td>
<td>17,963</td>
<td>26</td>
<td>57</td>
<td>18,046</td>
</tr>
<tr>
<td>Harford</td>
<td>13,548</td>
<td>5856</td>
<td>65</td>
<td>19,469</td>
</tr>
<tr>
<td>Howard</td>
<td>2731</td>
<td>0</td>
<td>0</td>
<td>2731</td>
</tr>
<tr>
<td>Kent</td>
<td>636</td>
<td>166</td>
<td>11</td>
<td>813</td>
</tr>
<tr>
<td>Montgomery</td>
<td>2042</td>
<td>80</td>
<td>0</td>
<td>2122</td>
</tr>
<tr>
<td>Prince George's</td>
<td>62,090</td>
<td>521</td>
<td>0</td>
<td>62,611</td>
</tr>
<tr>
<td>Queen Anne's</td>
<td>9018</td>
<td>0</td>
<td>0</td>
<td>9018</td>
</tr>
<tr>
<td>St. Mary's</td>
<td>2402</td>
<td>0</td>
<td>0</td>
<td>2402</td>
</tr>
<tr>
<td>Somerset</td>
<td>766</td>
<td>20</td>
<td>0</td>
<td>786</td>
</tr>
<tr>
<td>Talbot</td>
<td>4346</td>
<td>0</td>
<td>0</td>
<td>4346</td>
</tr>
<tr>
<td>Washington</td>
<td>448</td>
<td>31</td>
<td>7</td>
<td>486</td>
</tr>
<tr>
<td>Wicomico</td>
<td>10,154</td>
<td>1205</td>
<td>77</td>
<td>11,436</td>
</tr>
<tr>
<td>Worcester</td>
<td>18,151</td>
<td>748</td>
<td>717</td>
<td>19,616</td>
</tr>
<tr>
<td>Bowie St.</td>
<td>1910</td>
<td>17</td>
<td>0</td>
<td>1927</td>
</tr>
<tr>
<td>Frostburg</td>
<td>11,696</td>
<td>0</td>
<td>0</td>
<td>11,696</td>
</tr>
<tr>
<td>Towson</td>
<td>7286</td>
<td>6592</td>
<td>286</td>
<td>14,164</td>
</tr>
<tr>
<td>U.M.E.S.</td>
<td>606</td>
<td>411</td>
<td>46</td>
<td>1063</td>
</tr>
<tr>
<td>Total</td>
<td>466,403</td>
<td>22,890</td>
<td>2508</td>
<td>491,801</td>
</tr>
<tr>
<td>Percentage</td>
<td>95%</td>
<td>5%</td>
<td>&lt;1%</td>
<td>100%</td>
</tr>
</tbody>
</table>

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.
Environmental Strategies

In FY 2016, the Behavioral Health Administration, in alignment with substance abuse prevention research and federal prevention priorities, initiated a policy change which required local jurisdictions to use at least 50% of their Prevention Block Grant funding on Environmental Prevention Strategies. These strategies are designed to change community-level conditions, policies and practices, rather than individual-level factors, and are shown to be more likely to result in community-level reductions in substance use and abuse than individual-level prevention activities alone.

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

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

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

### Table 6
Numbers Served by Environmental Strategy FY2016

<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>43,145</td>
<td>38,145</td>
<td>88%</td>
</tr>
<tr>
<td>Anne Arundel</td>
<td>9429</td>
<td>1555</td>
<td>16%</td>
</tr>
<tr>
<td>Baltimore City</td>
<td>4669</td>
<td>444</td>
<td>10%</td>
</tr>
<tr>
<td>Baltimore</td>
<td>72,676</td>
<td>63,566</td>
<td>87%</td>
</tr>
<tr>
<td>Calvert</td>
<td>6656</td>
<td>1177</td>
<td>18%</td>
</tr>
<tr>
<td>Caroline</td>
<td>658</td>
<td>548</td>
<td>83%</td>
</tr>
<tr>
<td>Carroll</td>
<td>65,745</td>
<td>61,806</td>
<td>94%</td>
</tr>
<tr>
<td>Cecil</td>
<td>38,321</td>
<td>32,966</td>
<td>86%</td>
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<tr>
<td>Charles</td>
<td>1699</td>
<td>1188</td>
<td>70%</td>
</tr>
<tr>
<td>Dorchester</td>
<td>2486</td>
<td>300</td>
<td>12%</td>
</tr>
<tr>
<td>Frederick</td>
<td>63,585</td>
<td>60,651</td>
<td>95%</td>
</tr>
<tr>
<td>Garrett</td>
<td>18,046</td>
<td>12,905</td>
<td>72%</td>
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<tr>
<td>Harford</td>
<td>19,469</td>
<td>6342</td>
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</tr>
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<td>Kent</td>
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<td>20%</td>
</tr>
<tr>
<td>Montgomery</td>
<td>2122</td>
<td>768</td>
<td>36%</td>
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<td>Prince George’s</td>
<td>62,611</td>
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<td>Queen Anne’s</td>
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<td>93%</td>
</tr>
<tr>
<td>St. Mary’s</td>
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<td>39%</td>
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<td>83</td>
<td>11%</td>
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<td>Talbot</td>
<td>4346</td>
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<td>Washington</td>
<td>486</td>
<td>73</td>
<td>15%</td>
</tr>
<tr>
<td>Wicomico</td>
<td>11,436</td>
<td>8216</td>
<td>72%</td>
</tr>
<tr>
<td>Worcester</td>
<td>19,616</td>
<td>10,647</td>
<td>54%</td>
</tr>
<tr>
<td>Bowie St.</td>
<td>1927</td>
<td>451</td>
<td>23%</td>
</tr>
<tr>
<td>Frostburg St.</td>
<td>11,696</td>
<td>8046</td>
<td>69%</td>
</tr>
<tr>
<td>Towson</td>
<td>14,164</td>
<td>82</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>U.M.E.S</td>
<td>1063</td>
<td>43</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>491,801</strong></td>
<td><strong>384,040</strong></td>
<td><strong>78%</strong></td>
</tr>
</tbody>
</table>
COUNTY PREVENTION DATA

Technical Assistance Regions
- Western
- Central
- Southern
- Eastern Shore
ALLEGANY COUNTY

Prevention Coordinator
Chris Delaney
(301) 759-5050

College Coordinator
Don Swogger
(301) 687-4761

SAMHSA EVIDENCE-BASED PROGRAMS
► Creating Lasting Family Connections

DEMOGRAPHICS

GENDER
Figure 14 shows the countywide distribution of prevention programs for gender. There was an equal distribution of males (50%) and females (50%) in fiscal year 2016.

AGE
During fiscal year 2016, 31 percent of all those participating in prevention programs were parents or primary caregivers. Figure 15 shows the overall county distribution for age.

RACE AND ETHNICITY
Caucasians accounted for 63 percent of the racial distribution receiving prevention services while Hispanics (30%) and African Americans (7%) comprised the remaining distribution. Figure 16 shows the overall county distribution for Race/Ethnicity.

- The total number of individuals receiving prevention services through the Allegany County prevention office was 43,145 in fiscal year 2016.
- The ATOD Center at Frostburg State University served 11,696 individuals in fiscal year 2016.
ANNE ARUNDEL COUNTY

Prevention Coordinator
Heather Eshleman
(410) 222-6724

SAMHSA EVIDENCE-BASED PROGRAMS

► Strengthening Families

DEMOGRAPHICS

GENDER
Figure 17 shows the countywide distribution of prevention programs for gender in fiscal year 2016. Females represented 61 percent of program participants while 39 percent of the participants countywide were male.

AGE
During fiscal year 2016, 38 percent of all those participating in prevention programs were adolescents. Twenty-nine percent of Anne Arundel County residents receiving services were parents or primary care givers. Figure 18 shows the overall county distribution for age.

RACE AND ETHNICITY
Caucasians (71%) and African Americans (20%) accounted for 91 percent of the racial distribution receiving prevention services in Anne Arundel County during fiscal year 2016 (Figure 19). Hispanics (9%) comprised the remaining distribution.

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

Prevention Coordinator
Rita Mattison
(410) 637-1900

SAMHSA Evidence-Based Programs

- Life Skills Training
- Second Step
- Strengthening Families

Demographics

Gender
Figure 20 shows the countywide distribution of prevention programs for gender in fiscal year 2016. Females represented 65 percent of program participants while 35 percent of the participants countywide were male.

Age
During fiscal year 2016, approximately 53 percent of all individuals participating in prevention programs were adolescents. Parents or primary caregivers represented 13 percent of the distribution in Baltimore City. Figure 21 shows the overall county distribution for age.

Race and Ethnicity
As shown in Figure 22, African Americans accounted for 71 percent of the racial distribution receiving prevention services in Baltimore City while Caucasians comprised 25 percent during fiscal year 2016. Hispanics (4%) accounted for the remainder of the distribution.

The total number of individuals receiving prevention services in Baltimore City was 4,669 in fiscal year 2016.
**SAMHSA EVIDENCE-BASED PROGRAMS**

► Communities Mobilizing for Change on Alcohol
► Life Skills

**DEMOGRAPHICS**

**GENDER**

Figure 23 shows the countywide distribution of prevention programs for gender in fiscal year 2016. Females represented 54 percent of program participants while 46 percent of the participants countywide were male.

**AGE**

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

**RACE AND ETHNICITY**

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

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

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

SAMHSA EVIDENCE-BASED PROGRAMS
► Guiding Good Choices

DEMOGRAPHICS

GENDER
Figure 26 shows the countywide distribution of prevention programs for gender in fiscal year 2016. Females represented 51 percent of program participants while 49 percent of the participants countywide were male.

AGE
During fiscal year 2016, twenty-five of all individuals participating in prevention programs were adolescents. Parents or primary care givers represent the next highest distribution at 19 percent for all Calvert County programs. Figure 27 shows the overall county distribution for age.

RACE AND ETHNICITY
Caucasians comprised 82 percent of the racial distribution while African American accounted for 12 percent. Hispanics (3%) and Asians (3%) accounted for the remaining 6 percent of the distribution during fiscal year 2016 (Figure 28).

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

Prevention Coordinator
Melanie Rodriguez
(410) 479-8164

SAMHSA EVIDENCE-BASED PROGRAMS

► Communities Mobilizing for Change on Alcohol

DEMOGRAPHICS

GENDER
Figure 29 shows the countywide distribution of prevention programs for gender in fiscal year 2016. Females represented 54 percent of program participants while 46 percent of the participants countywide were male.

AGE
During fiscal year 2016, over one-third (38%) of all those participating in prevention programs were adolescents. Parents and primary caregivers represented 23 percent of individuals participating in prevention programs in Caroline County. Figure 30 shows the overall county distribution for age.

RACE AND ETHNICITY
Caucasians accounted for 49 percent of the racial distribution receiving prevention services while African Americans comprised 44 percent during fiscal year 2016 (Figure 31). Hispanics (3%) and Asians (4%) accounted for the remaining 7 percent of the overall racial distribution.

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

Prevention Coordinator
Linda Auerback
(410) 876-4803

SAMHSA EVIDENCE-BASED PROGRAMS

► Guiding Good Choices

DEMOGRAPHICS

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

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

RACE AND ETHNICITY
Caucasians accounted for 96 percent of the racial distribution receiving prevention services in Carroll County. African Americans (3%) and Hispanics (1%) represented the remaining four percent of the racial distribution. Figure 34 shows the overall county distribution for Race/Ethnicity.

The total number of individuals receiving prevention services in Carroll County was 65,745 in fiscal year 2016.
CECIL COUNTY

Prevention Coordinator
Mike Massuli
(410) 996-5168

SAMHSA EVIDENCE-BASED PROGRAMS

► Life Skills

DEMOGRAPHICS

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

AGE
During fiscal year 2016, 23 percent of all those participating in prevention programs were parents or primary caregivers. Adolescents represented 17 percent of those receiving prevention services in Cecil County. Figure 36 shows the overall county distribution for age.

RACE AND ETHNICITY
As shown in Figure 37, Caucasians (65%) accounted for the majority of the racial distribution. African Americans (18%), Native Hawaiian (10%), Hispanics (5%) and Asians (2%) represented the remaining distribution in fiscal year 2016.

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

Prevention Coordinator
Stephen Hunt
(301) 609-6900

SAMHSA EVIDENCE-BASED PROGRAMS

► Second Step

DEMOGRAPHICS

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

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

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

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

Prevention Coordinator
Charlene Jones
(410) 901-8162

**SAMHSA EVIDENCE-BASED PROGRAMS**

► Second Step

**DEMOGRAPHICS**

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

**AGE**
During fiscal year 2016, over two-thirds (69%) of those receiving prevention services in Dorchester County were adolescents. Parents or primary care givers accounted for 6 percent of the distribution. Figure 42 shows the overall county distribution for age.

**RACE AND ETHNICITY**
As shown in Figure 43, African Americans accounted for 48 percent of the racial distribution receiving prevention services in Dorchester County. Caucasians (42%), Hispanics (5%) and Asians (5%) comprised the remaining racial distribution during fiscal year 2016.

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

Maryland Behavioral Health Administration
Prevention Program Activity Report 2016
FREDERICK COUNTY

Prevention Coordinator
Todd Crum
(301) 600-3285

SAMHSA EVIDENCE-BASED PROGRAMS

DEMOGRAPHICS

GENDER
Figure 44 shows the countywide distribution of prevention programs for gender in fiscal year 2016. There was an equal distribution of males (50%) and females (50%) in fiscal year 2016.

AGE
During fiscal year 2016, approximately one-quarter (22%) of those receiving prevention services in Frederick County were adolescents. Parents or primary care givers accounted for 15 percent of the distribution. Figure 42 shows the overall county distribution for age.

RACE AND ETHNICITY
As shown in Figure 46, Caucasians accounted for 78 percent of the racial distribution in fiscal year 2016. African Americans (16%), Asians (3%) and Hispanics (3%) comprised the remaining 22 percent of the overall distribution.

The total number of individuals receiving prevention services in Frederick County was 63,585 in fiscal year 2016.
GARRETT COUNTY

Prevention Coordinator
Sandy Miller
(301) 334-7730

SAMHSA EVIDENCE-BASED PROGRAMS

► Parenting Wisely

DEMOGRAPHICS

GENDER
Figure 47 shows the countywide distribution of prevention programs for gender in fiscal year 2016. Females represented 59 percent of program participants while 41 percent of the participants countywide were male.

AGE
During fiscal year 2016, adolescents accounted for 14 percent of those individuals receiving prevention services in Garrett County. Parents and primary care givers comprised 29% of all those participating in prevention programs. Figure 48 shows the overall county distribution for age.

RACE AND ETHNICITY
As shown in Figure 49, Caucasians accounted for 97 percent of the racial distribution. African Americans comprised three percent (3%) of the remaining distribution receiving prevention services in Garrett County during fiscal year 2016.

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

Prevention Coordinator
Joseph Ryan
(410) 879-2000 ext. 3333

SAMHSA EVIDENCE-BASED PROGRAMS

DEMOGRAPHICS

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

AGE
During fiscal year 2016, approximately two-thirds (62%) of all those participating in prevention programs were adolescents. Parents or primary care givers represented nine percent of the individuals receiving prevention services in Harford County. Figure 51 shows the overall county distribution for age.

RACE AND ETHNICITY
As shown in Figure 52, Caucasians accounted for 75 percent of the racial distribution receiving prevention services in Harford County while African Americans comprised 17 percent during fiscal year 2016. Hispanics (6%) and Asians (2%) accounted for the remaining eight percent of the overall distribution.

The total number of individuals receiving prevention services in Harford County was 19,469 in fiscal year 2016.
SAMHSA EVIDENCE-BASED PROGRAMS

DEMOGRAPHICS

GENDER
Figure 53 shows the countywide distribution of prevention programs for gender in fiscal year 2016. Females represented 52 percent of program participants while 48 percent of the participants countywide were male.

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

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

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

Prevention Coordinator
Tim Dove
(410) 778-2616

SAMHSA Evidence-Based Programs

Demographics

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

Age
During fiscal year 2016, over half (57%) of all those participating in prevention programs were adolescents. Figure 57 shows the overall county distribution for age.

Race and Ethnicity
As shown in Figure 58, Caucasians accounted for 74 percent of the racial distribution in Kent County. African Americans (18%) and Hispanics (8%) comprised 26 percent during fiscal year 2016.

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

Prevention Coordinator
Ben Stevenson
(240) 777-3969

**SAMHSA Evidence-Based Programs**

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

**Demographics**

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

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

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

The total number of individuals receiving prevention services in Montgomery County was 2,122 in fiscal year 2016.
PRINCE GEORGE’S COUNTY

Prevention Coordinator
Patricia Ramseur
(301) 324-2991

College Coordinator
Vanessa Cooke
(301) 860-4127

SAMHSA EVIDENCE-BASED PROGRAMS
► All Stars
► CMCA
► Dare to be you

DEMOGRAPHICS

GENDER
Figure 62 shows the countywide distribution of prevention programs for gender in fiscal year 2016. Females represented 52 percent of program participants while 48 percent of the participants countywide were male.

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

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

- The total number of individuals receiving prevention services in Prince George’s County was 62,611 in fiscal year 2016.
- The ATOD Center at Bowie State University served 1,927 individuals in fiscal year 2016.
QUEEN ANNE’S COUNTY

Prevention Coordinator
Iris Carter
(410) 758-1306 ext. 304

SAMHSA EVIDENCE-BASED PROGRAMS

► Communities Mobilizing for Change on Alcohol

DEMOGRAPHICS

GENDER
Figure 65 shows the countywide distribution of prevention programs for gender in fiscal year 2016. Females represented 53 percent of program participants while 47 percent were male.

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

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

The total number of individuals receiving prevention services in Queen Anne’s County was 9,018 in fiscal year 2016.
Prevention Coordinator
Maryellen Kraese
(301) 475-4200  ext. 1851

**SAMHSA EVIDENCE-BASED PROGRAMS**

- Communities Mobilizing for Change on Alcohol
- Guiding Good Choices

**DEMOGRAPHICS**

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

**AGE**
During fiscal year 2016, over one-third (43%) of all those participating in prevention programs were adolescents. Figure 69 shows the overall county distribution for age.

**RACE AND ETHNICITY**
As shown in Figure 70, Caucasians accounted for 53 percent of the racial distribution in St. Mary’s County while African Americans comprised 40 percent. Hispanics (7%) accounted for the remaining 3 percent of the distribution.

The total number of individuals receiving prevention services in St. Mary’s County was 2,402 in fiscal year 2016.
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 2016. Females represented 54 percent of program participants while 46 percent of the participants countywide were male.

AGE
During fiscal year 2016, over one-quarter (26%) of individuals participating in prevention programs were adolescents. Figure 72 shows the overall county distribution for age.

RACE AND ETHNICITY
As shown in Figure 73, Caucasians (49%) and African Americans (45%) accounted for 94 percent of the racial distribution in Somerset County. Hispanics (6%) accounted for the remaining racial distribution.

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

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

**AGE**
During fiscal year 2016, approximately one-quarter (23%) of all those participating in prevention programs were parents or primary care givers. Figure 75 shows the overall county distribution for age.

**RACE AND ETHNICITY**
Caucasians represented for 85 percent of the racial distribution receiving prevention services. African Americans (13%) accounted for the remaining distribution (Figure 76).

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

Prevention Coordinator
Tammy Keener
(240) 313-3356

SAMHSA Evidence-based Programs

► Dare to be you
► Strengthening Families

Demographics

Gender
Figure 77 shows the countywide distribution of prevention programs for gender in fiscal year 2016. Males represented 51 percent of program participants while 49 percent of the participants countywide were female.

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

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

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

Prevention Coordinator
Cindy Shifler
(410) 219-7544

SAMHSA EVIDENCE-BASED PROGRAMS

- Second Step
- Strengthening Families

DEMOGRAPHICS

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

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

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

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

**Prevention Coordinator**  
David Baker  
(410) 632-1100  

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**SAMHSA Evidence-Based Programs**

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

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**Demographics**

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

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

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

The total number of individuals receiving prevention services in Worcester County was 19,616 in fiscal year 2016.
DEFINITIONS OF CSAP
STRATEGIES AND ACTIVITIES

All strategies and service type codes reported in the Prevention Program Annual Report by each individual program are based on CSAP’s six primary prevention strategies. These six strategies provide a common framework for data collection on primary prevention services. During fiscal year 2016, BHA promoted all of the following six CSAP 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

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<th>Acronym</th>
<th>Description</th>
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<tr>
<td>BHA</td>
<td>Behavioral Health Administration</td>
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<td>ATOD</td>
<td>Alcohol, Tobacco and Other Drugs</td>
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<td>CSAP</td>
<td>Center For Substance Abuse Prevention</td>
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<tr>
<td>DHMH</td>
<td>Department of Health and Mental Hygiene</td>
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<tr>
<td>FY</td>
<td>Fiscal Year</td>
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<td>IOM</td>
<td>Institute of Medicine</td>
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<td>MDS</td>
<td>Minimum Data Set</td>
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