Office of Prevention and Wellness Services

ANNUAL REPORT
Fiscal Year 2015

The Maryland Department of Health and Mental Hygiene
Behavioral Health Administration
Division of Population Based Behavioral Health

CHANGING
Maryland
for the Better

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Office of Prevention and Wellness (OPW)
Fiscal Year 2015 Annual Report

The Office of Prevention and Wellness Services (OPW) was formed in July 2014 as an arm of the Population Based Behavioral Health Division in the newly integrated Behavioral Health Administration (BHA).

The OPW supports the BHA Mission to, "promote recovery, resiliency, health, and wellness for individuals who have, or are at risk for, behavioral health disorders. Our shared vision is one of "improved health, wellness, and quality of life for individuals across the lifespan."

More specifically, our Office is focused on disseminating resources to enhance early identification of behaviors that compromise the health and wellbeing of Marylanders. Through public education and community level support we strive to increase awareness and understanding of the role of behavioral health in building strong and resilient individuals and communities.

OPW is comprised of four sub-divisions each focused on promoting public health and tasked with identifying and supporting sustainable community-level approaches and strategies that promote evidence-based practices.

The OPW sub-divisions include:

- Prevention
- Screening Brief Intervention and Referral to Treatment
- Media/Communications
- Health Technology/Innovation

The OPW exists to assist Maryland's communities, and other organizations, to apply prevention knowledge effectively to a myriad of issues that impact the health and wellness of individuals and communities and reduce stigma associated with behavioral health disorders.

Prevention

The Prevention Services Unit is responsible for overseeing OPW's major grant programs, including the Substance Abuse Block Grant (SABG) Prevention Services grant program, the Maryland Strategic Prevention Framework2 (MSPF2) grant program and the Opioid Misuse Prevention Program (OMPP).

BHA and its Office of Prevention & Wellness consider the SABG Prevention Services grant program to be the backbone of the public prevention services system in Maryland. Using SABG funds from the Substance Abuse & Mental Health Service Administration (SAMHSA), OPW provides SABG funds to all 24 local jurisdictions, primarily through awards to their local health departments. These awards provide funding for each jurisdiction's Substance Abuse Prevention Coordinator, other prevention office personnel, prevention office administration, and a variety of primary prevention strategies and programs instituted at the local level.

SABG prevention funds also support awards to 4 College Alcohol and Other Drug (AOD) Prevention Centers, again supporting their prevention staff and a variety of on-campus and community prevention activities. Together, the 28 SABG awards total $6,208,310 annually.

Each year, jurisdictions determine their substance abuse prevention needs and propose community-level prevention strategies and individual-level services to address those needs. Upon review and approval by OPW, awards are made to the jurisdictions to implement their proposed prevention activities. Through this process, Maryland supports an array of prevention activities designed to reach a broad and diverse group of Maryland youth, at various levels of risk for substance use and abuse, resulting in a reduction of youth substance abuse.

Beginning in July 2016, OPW will require jurisdictions to develop structured SABG Strategic Prevention Framework (SPF) Plans for delivering their SABG-funded prevention activities. The SAMHSA Strategic Prevention Framework is a five step planning process that includes needs assessment, capacity building, strategic planning, program implementation, and evaluation activities. The SPF process has been piloted and implemented over the past six years in Maryland through the MSPF and OMPP grant programs.

SAMHSA now requires all grant recipients supported with its funds to adhere to the SPF process, and BHA through its Evaluation & Technical Assistance contractor, the UMD School of Pharmacy, will provide ongoing training and technical assistance to jurisdictions and colleges to assist them with their SPF planning. Beginning in July 2017, all SABG funded activities must be a product of the jurisdiction's or college's SPF planning process.

The Prevention Services Unit also manages three major prevention services contracts. As mentioned above, it contracts with the University of Maryland School of Pharmacy for the provision of expert evaluation and technical assistance services for the SABG, MSPF2 and OMPP grant programs. OPW also contracts with the School of Pharmacy to manage and coordinate Maryland's State Epidemiology Outcomes Workgroup (SEOW) which collects, analyzes and disseminates information on state and jurisdictional level alcohol and other drug use, consequences and contributing factors. The third contract is with the University of Maryland, College Park to administer the Maryland Collaborative to Reduce College Drinking and Related Problems, which provides guidance, training and technical assistance to participating colleges and their community partners assisting them to provide evidence-based individual and environmental-level prevention and intervention strategies.

In 2016 the Prevention Services Unit will also work closely with the new Maryland Behavioral Health Advisory Council's Prevention Committee to develop a statewide Behavioral Health Services Strategic Plan. Consistent with SAMHSA requirements, this strategic plan will be developed using its Strategic Prevention Framework model.

Maryland Strategic Prevention Framework (MSPF)

The Maryland Strategic Prevention Framework (MSPF2) Project utilizes Partnership for Success funding from SAMHSA to achieve two goals: 1) reduce underage and binge drinking in Maryland and 2) strengthen state and local community prevention capacity and infrastructure.

Ten jurisdictions were selected to participate in the MSPF2 Project: Anne Arundel County, Baltimore City, Baltimore County, Calvert County, Cecil County, Frederick County, Garrett County, Kent County, St. Mary's County, and Worcester County. The jurisdictions were selected to receive funding based on a formula that first considered prevalence indicators of youth alcohol use, consequences, and contributing factors. Past success in bringing SPF resources to bear and each jurisdictions contribution to the cultural diversity and geographic balance of the project were also considered. During FY16 the jurisdictions are engaging in capacity building activities and will be completing a local Needs Assessment.

Opioid Misuse Prevention Program (OMPP)

The Opioid Misuse Prevention Program (OMPP) is administered by the Division of Population-Based Behavioral Health within the Behavioral Health Administration (BHA) and utilizes the Strategic Prevention Framework (SPF) process created by SAMHSA. There are 17 jurisdictions receiving grant funding for the OMPP project (the five counties that make up the Mid-Shore are working collaboratively). The funds are provided to strengthen and enhance their local overdose prevention plans and to implement evidence-based misuse prevention strategies contained in those enhanced plans.

The purpose of the OMPP is to reduce opioid misuse, overdoses, and overdose fatalities by supporting the implementation of effective and sustainable prevention strategies across Maryland jurisdictions. Jurisdictions are required to work through the five stages (assessment, capacity, planning, implementation, and evaluation) of the SPF model in order to implement their evidence-based strategies. In year one of the program, selected jurisdictions were to conduct the first three steps of the SPF process (data collection/assessment, capacity building and strategic planning) while implementing a local communication campaign designed to increase community awareness about opioid misuse. To date, all 18 jurisdictions have submitted a needs assessment of which 13 have been approved. Nine of those 13 have moved on to submit their strategic plans and have been approved.

Fifteen jurisdictions have started running their communications campaigns with messages ranging from awareness of prescription drug misuse leading to heroin use; education focused towards high-risk populations; and safe storage and disposal of medications. Various forms of media such as print, broadcast, and internet have been used to disseminate the message to different audiences. There have been PSAs, billboards, information cards, fliers, television/radio ads, banners, posters, social media, and websites created to bring attention to this growing epidemic.

Prevention Data Collection System

The Behavioral Health Administration (BHA) requires all funded prevention program providers to collect and report prevention data using the Minimum Data Set (MDS). The MDS is a web-based data collection system that uses Internet technology, including standard Web browsers to collect evaluation data. The system is run from a centralized database and web server at the state level.

The MDS is designed to collect basic process data about prevention services provided. The system collects a set of well-defined data about each prevention service. Information collected about service participants is at the whole-group level. MDS data includes, but is not limited to, data on the type of service, service population, group and activity information, dates the service was provided 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 was developed to serve as a model for a standardized prevention data collection system. It allows the state and our prevention service providers to quantify and compare the number and type of primary prevention and early intervention services delivered. The MDS also permits county prevention coordinators and prevention service providers to generate onsite reports and analysis relating to services offered, target populations and staff resource deployment.

The FY2015 annual prevention report is available at:
http://bha.dhmh.maryland.gov/Documents/2015%20Report.pdf

Screening, Brief Intervention and Referral to Treatment (SBIRT)

SBIRT is an evidence-based comprehensive, integrated public health approach to the delivery of early intervention and treatment services to patients at risk for substance use.

A five-year, 9.7 million dollar grant from the U.S Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) was awarded to Maryland Department of Health and Mental Hygiene, Behavioral Health Administration on August 1, 2014, to fund the Maryland SBIRT Project.

BHA's objective is to implement and expand the Maryland SBIRT Project into 53 Community Primary Care Centers and two hospitals in 15 jurisdictions across Maryland with the expectation of screening *at least* 90,000 individuals. The primary goals are to improve the health status of Marylanders through the integration of behavioral health and somatic health care services, reduce overdose deaths and promote health equality through the provision of universal behavioral health prevention and early intervention approaches, and to demonstrate increased capacity to treat substance related disorders in underserved regions of Maryland.

From FFY1 and through December 2015, 2-months of the 2nd quarter of FFY2, 49,527 patients were *Screened*, 4,643 patients have received *Brief Intervention* services in primary care clinics throughout five jurisdictions, and there were 826 high-risk patients *Referred to Treatment*. We also held a non-grantee physician training during the 1st year in June 2015, 73 medical staff attended, of which 62 were doctors. We are coordinating, before 2nd years end, two additional non-grantee trainings in jurisdictions throughout Southern Maryland and all counties on the Eastern Shore. In addition, we also developed educational, and marketing materials (brochures, rack cards, and posters).

The Maryland SBIRT project, moving forward, will be seeking new ways to improve the health of Marylanders through the development of Public Service Announcements (PSA's) and marketing materials, focusing on how to to talk with your health practioner about substance use behaviors that may be adversely impacting your health. The project is also creating a a web-based SBIRT training program for health practiioners, building partnerships with College and University health centers and establishing policy goals to expand reimbursement for SBIRT services delivered by non-physicians. Upcoming trainings supported by the project include:

- 3/26/16 – SBIRT training for Planned Parenthood of Maryland Physicians and other medical professionals.

- 4/9/16 – SBIRT Training "Reducing Unhealthy Alcohol and Drugs Use Among Patients in Office-based Physicians practices". Partners include Behavioral Health Services Network (BHSN) Integration Workgroup, under Mid-Shore Mental Health Systems and jurisdictions throughout the Eastern Shore.

- 4/18/16-SBIRT Training "Pregnancy and Substance Use Disorders Training (including SBIRT) for obstetricians and other medical and mental health professionals" in Southern Maryland. Partners include Calvert Hospital and the local health departments in Calvert, Charles, and St. Mary's counties.

Media/Communications

Marketing and communications staff lead the planning and implementation of communication campaigns for prevention, overdose prevention, and medication assisted treatment and consult with colleagues on anti-smoking and problem gambling as needed. In the first quarter of fiscal year 2015, staff developed and launched the Be A Hero - Save A Life campaign which included brochures, posters, pocket cards and bus advertisement. That campaign focused on public education regarding identifying the signs of an overdose and calling 911 for emergency assistance and calling 211 or the Maryland Crisis Hotline for assistance if a person or their loved-one was suffering with an addiction. This year, staff is planning a new state-wide communications campaign. This campaign may include a website, TV, radio, and print ad, social media, transit advertising, and more.

In addition to working on projects for population-based health at BHA, staff provides technical assistance to OMPP grantees around communications and marketing planning and execution. Recently, several outstanding campaigns were created and a few messages were adopted for use state-wide. Staff also supported the public awareness and communications efforts of the Lieutenant Governor's Heroin and Opioid Task Force. Last fall, staff coordinated activities for Overdose Awareness Week, created emergency cards for distribution by the Maryland State Police, and worked with local universities and other state agencies on the production of video public service announcements to air on local TV stations, State agency websites, and social media.

Health Technology/Innovation

Avatar Project

The Avatar project is a new initiative in Maryland that offers virtual counseling to those unable to attend traditional substance use disorder treatment. The Behavioral Health Administration, in partnership with the University of Maryland, School of Medicine is currently using the Avatar platform in two treatment agencies:

Epoch Counseling Center
- Catonsville location
- Essex location

Carroll County Health Department

What is AVATAR?

Avatar is a new and exciting way to engage in substance related disorder treatment. Avatar Assisted Therapy is an innovative treatment format that leverages technology to provide counseling services through a virtual world environment. The program is designed specifically to bring improved access, opportunity, and effectiveness to the counseling experience, while still continuing to support proven, evidence-based counseling practices. A majority of the activity in the Avatar Assisted Therapy environment resembles traditional counseling treatment plans. Clients have a primary counselor orchestrating the session and various activities completed in the virtual world environment include individual counseling sessions, group counseling, lectures or learning sessions, and informal meetings. The counselor interacts with the patient using standardized counseling methods while connecting with the patient in a different capacity.

The Virtual World

The Virtual World is a constructed online environment that is designed to be attractive, entertaining and functional for users. Using the same concepts employed in the development of online gaming platforms, a virtual world is constructed to meet the needs of the service population. The graphically rich, 3-dimensional nature of the virtual world supports a feeling of involvement in which meaningful interactions and counseling sessions take place. Realistic environments offer clients the opportunity to meet and interact using the same virtual space. Once in the virtual world, users can navigate between various worlds and scenes to experience different environments. Users interact within those environments and technology gradually transforms into a comfortable, virtual space for meaningful and personal interactions with other users.

The Avatar

To effectively interact with others in a virtual world, you must have a character or entity that represents you. The common name for this character is an Avatar. An Avatar is a computerized figure which represents you in the virtual world, and allows you to meet and interact simultaneously with others who are in the same virtual space.

Users have the ability to choose and customize their individual Avatar and use it to navigate through the virtual space. Users can choose to create a similar representation of their physical appearance, or something creative and different. Regardless of Avatar choice, users always have

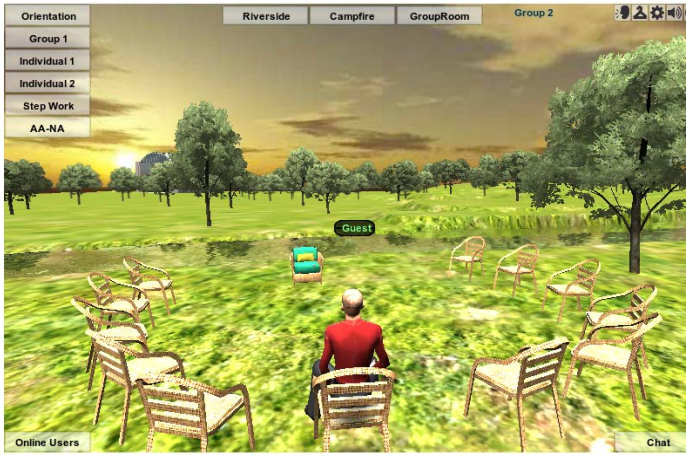
the opportunity to be anonymous to other users by using a pseudonym. Generally what you see in the virtual world is seen from the perspective of your Avatar. Avatars have the ability to interact with each other within the virtual world environment through voice or chat.

BHA Behavioral Health Administration

Substance Abuse and Mental Health Services Administration SAMHSA

University of Maryland School of Medicine

Avatar Assisted Therapy



Office of Prevention and Wellness
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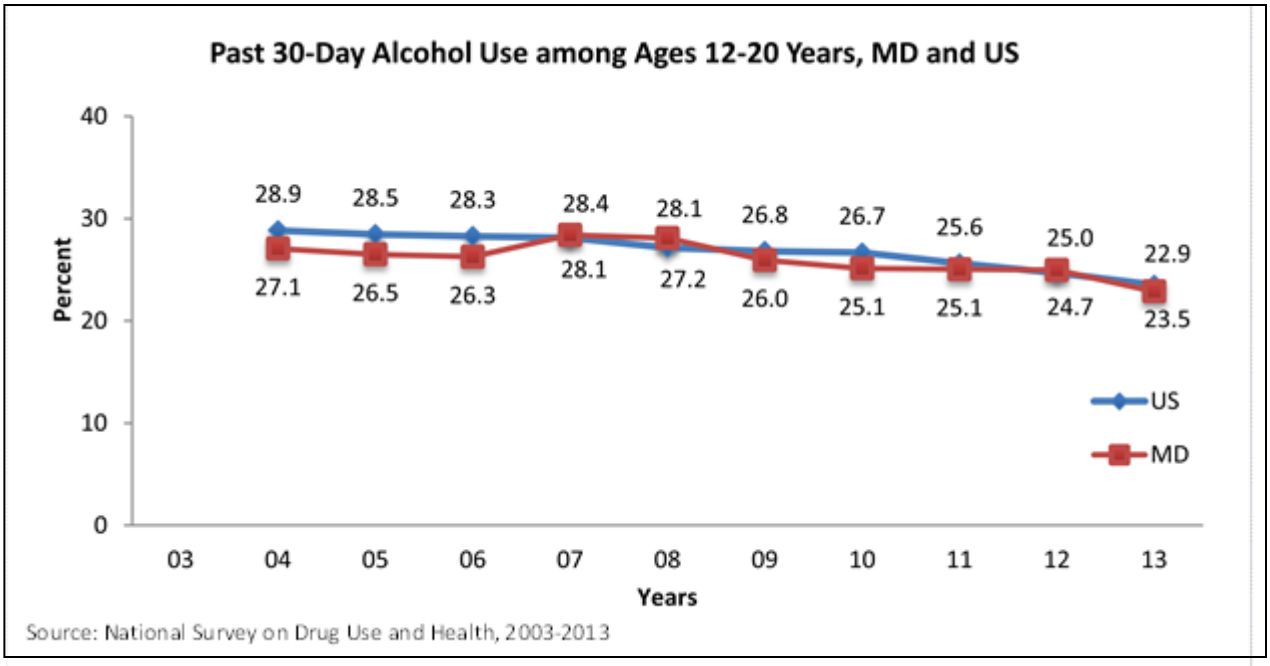
State Level Maryland Strategic Prevention Framework Outcome Evaluation

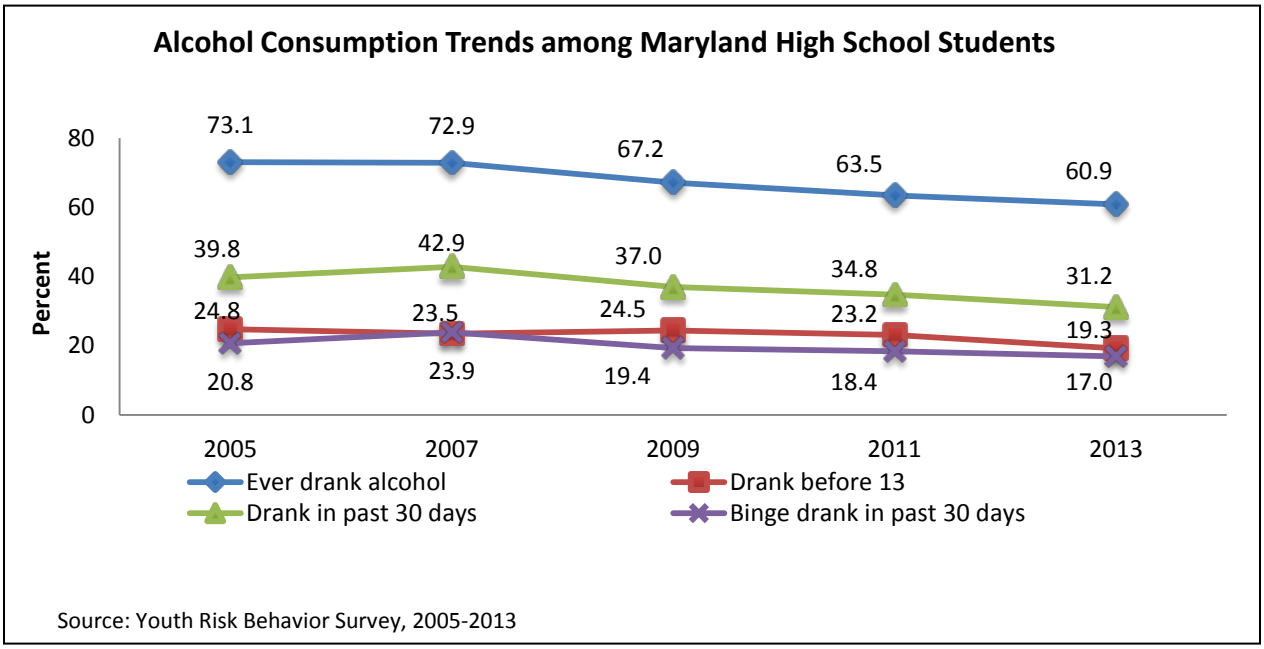
Priority #1: Reduce the number of Maryland youth, ages 12-20, reporting past month alcohol use

For this priority, underage drinking was operationalized as alcohol consumption within the past 30 days among youth ages 12 to 20 years. National surveys suggest that Maryland underage drinking rates are significantly lower than the national average.

Overall, Maryland Youth Risk Behavioral Survey (YRBS) data shows a downtrend in underage drinking since 2005. Another national survey, the National Survey on Drug Use and Health (NSDUH) conducted among ages 12 and older supports this finding. Underage drinking among Maryland youth (ages 12 to 20 years) declined from 27.1% in 2004 to 22.9% in 2013 (Figure 2). (Note: this survey has different questions and sample population compared to YRBS likely contributing to the different estimates.)

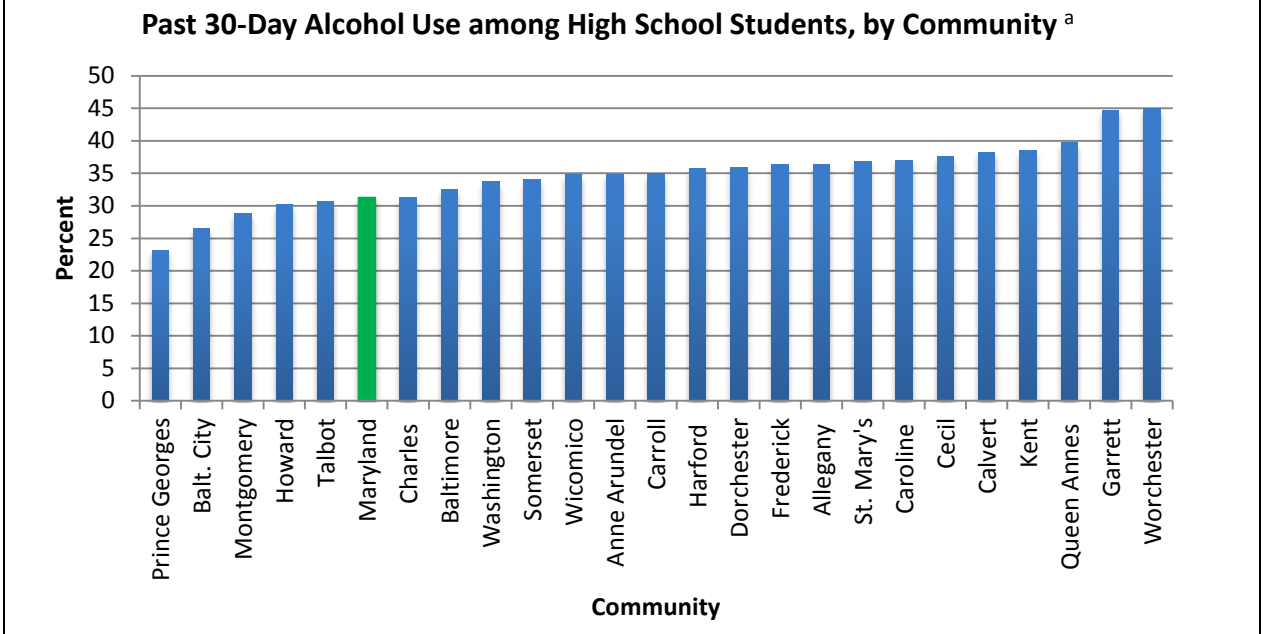


Lifetime underage drinking among Maryland high school students has declined from 73.1% in 2005 to 60.9% in 2013 according to the YRBS. This is significantly lower than the national rate of 66.2%.



Source: Youth Risk Behavior Survey, 2005-2013

Comparison between different jurisdictions reveals a wide range in underage drinking rates: while 23.2% of Prince George's County's high school students report past month alcohol use, nearly 45% of Worcester County students report doing so.



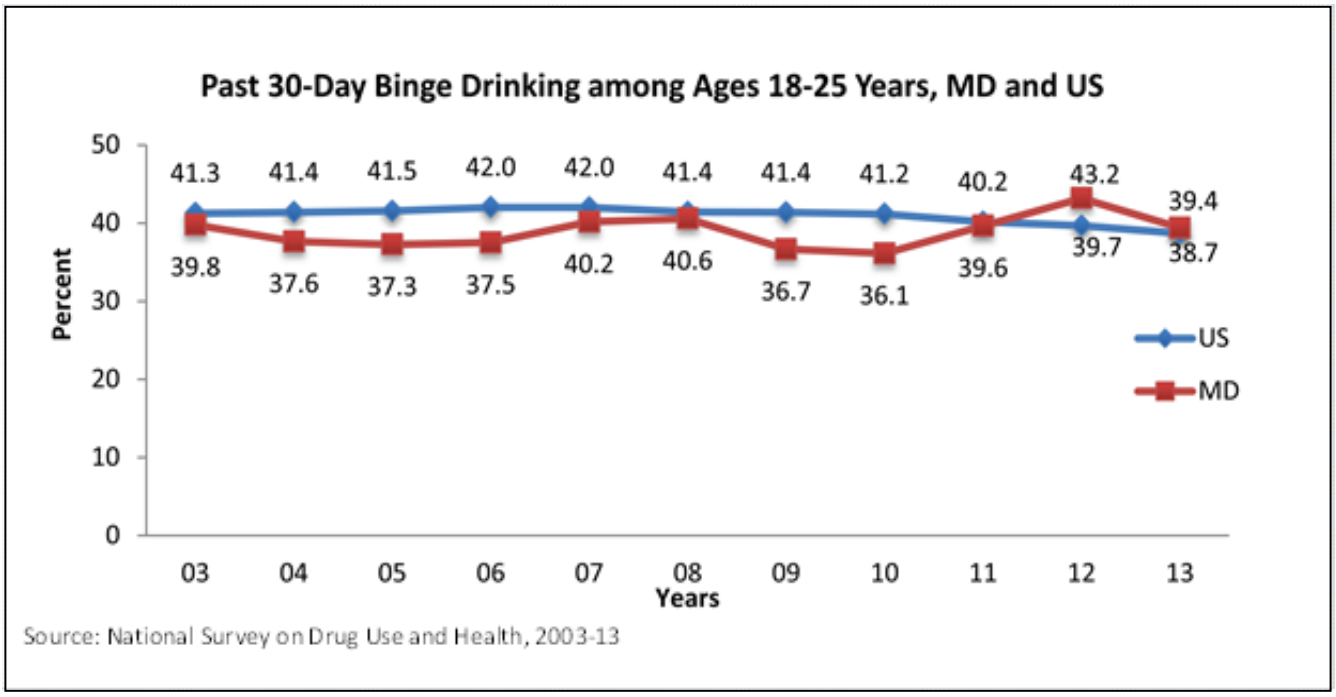
[a] - Percentage of high school students reporting at least one drink of alcohol on one or more of the past 30 days
Source: Youth Risk Behavior Survey, 2013

Priority #2: Reduce the number of Maryland young adults, ages 18-25, reporting past month binge drinking

For the purposes of MSPF, binge drinking was defined as having five or more drinks of alcohol in a row among young adults. In the decade since 2003, about 40% of young adults have reported binge drinking although this number has fluctuated between 36.1% and 43.2% during this time (Figure 5).

While the second MSPF priority focused on young adults 18 to 25 years, State trends reveal changes of drinking behavior among those who are outside of this age range. Fewer adolescents, ages 12 – 17, binge drank in 2013 compared to 2003 (6.8% vs. 9.4%) (Appendix C). In contrast, a slightly greater proportion of those older than 25 years binge drank, trending up from 20.5% to 22.4% during the same time (Appendix C). In both of these populations, the 2013 NSDUH results place Maryland close to the national averages.

While statistically not significant, fewer high school students report binge drinking since 2005 as indicated in YRBS (20.8% in 2005 to 17.0% in 2013) (Figure 3). This is lower than the national average of 20.8% in 2013. As with 30-day alcohol use, a geographic variation is observed here with 9.5% of Prince George's County students and 30.9% of Worcester County students reporting past month binge drinking.



Priority #3: Reduce the number of alcohol-related crashes involving youth and young adults, ages 16-25 in Maryland

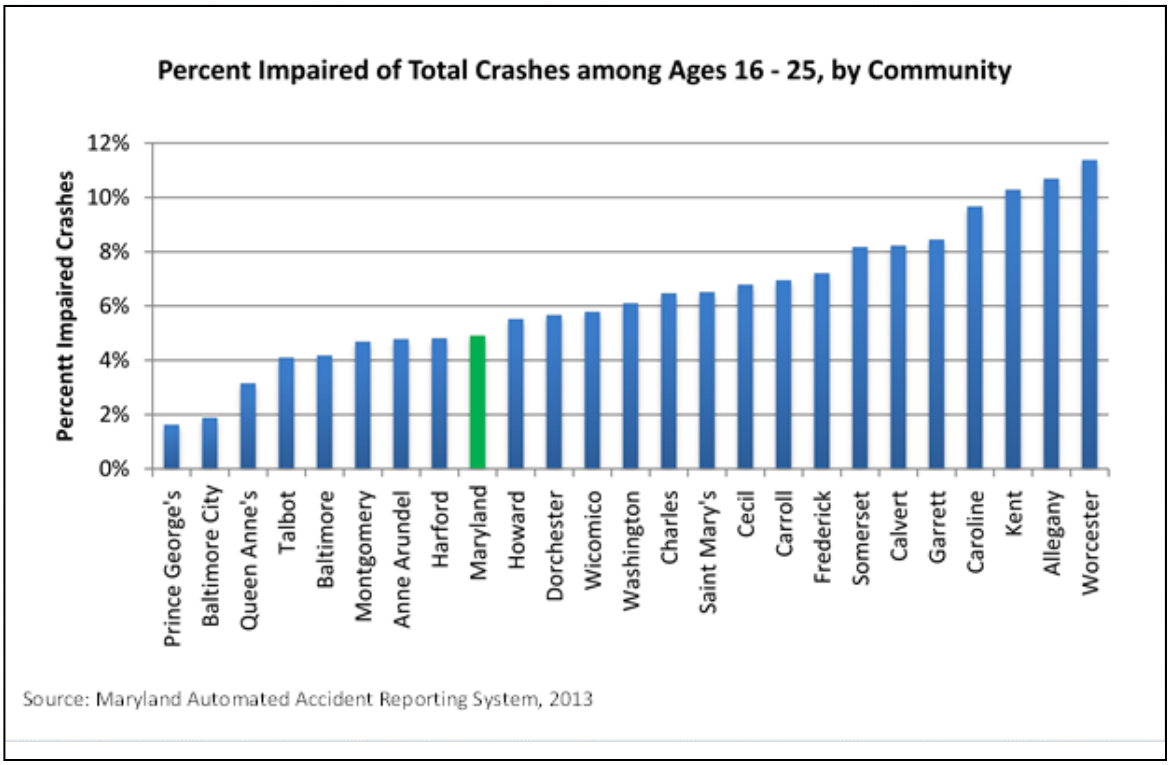
Alcohol-related car crashes are one of the numerous consequences of alcohol consumption. The Maryland Automated Accident Reporting System (MAARS) data provided by the National Study Center at the University of Maryland School of Medicine shows a decline in the number of impaired crashes. From 2008 to 2013, there was a 28% decrease in the number of alcohol related crashes in the priority age group (Table 8).

In 2013, 4.92% of all crashes were by impaired drivers, representing a notable decline compared to previous years. Jurisdictional percentages vary, ranging from 1.64% in Prince George's County to 11.39% in Worcester County (Figure 7). The difference between jurisdictions is even greater when looked at as crashes per 10,000. While the State average is 19.6 impaired crashes per 10,000 people, community rates range from 9 in Baltimore City to 104 in Worcester.

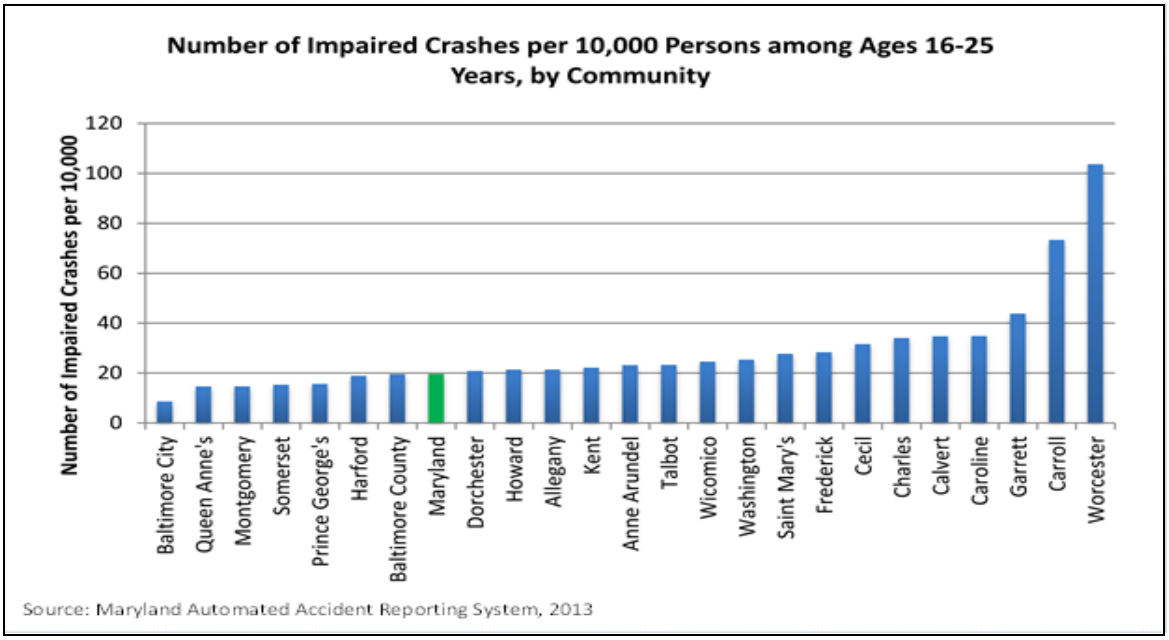
Impaired crashes as a proportion of total crashes

	Impaired Crashes	Total Crashes	Percent Impaired
2008	2,193	39,198	5.59%
2009	2,096	38,362	5.46%
2010	1,879	34,561	5.44%
2011	1,889	32,861	5.75%
2012	1,825	31,875	5.73%
2013	1,570	31,928	4.92%

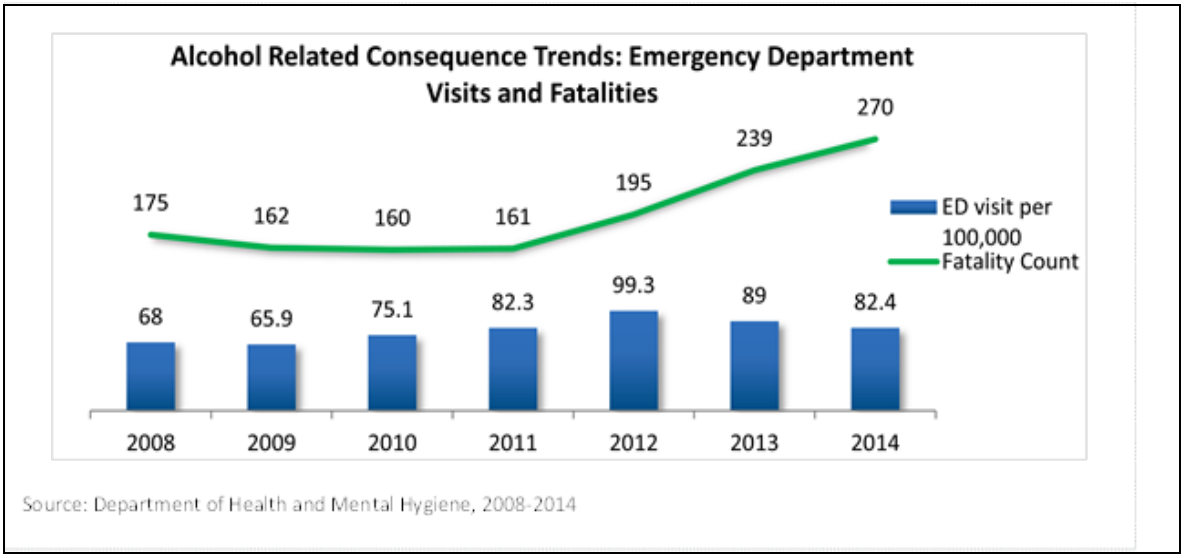
Source: Maryland Automated Accident Reporting System, 2008 - 2013



YRBS suggests that Maryland lies along the national averages with regard to risk factors for alcohol related crashes. In 2013, a fifth (20.7%) of Maryland high school students report having ridden in a car with someone who had been drinking and of those who drive, 8.8% had been drinking while driving.



Other consequences such as hospital utilization and fatalities are also indicative of excessive drinking among Marylanders of all ages. Statewide, the rate of alcohol related emergency department (ED) visits has declined to 82.4 per 100,000 after a peak of 99.3 in 2012 (Figure 9). The youth and young adult ED visit rates have remained unchanged since 2008 hovering around 50 per 100,000 for 15 -24 year olds. In 2014, 26% (or 270) of all intoxication deaths were attributed to alcohol and were often in combination with other substances. Alcohol related fatality has increased by 35% since 2008 peaking at 270 in 2014.

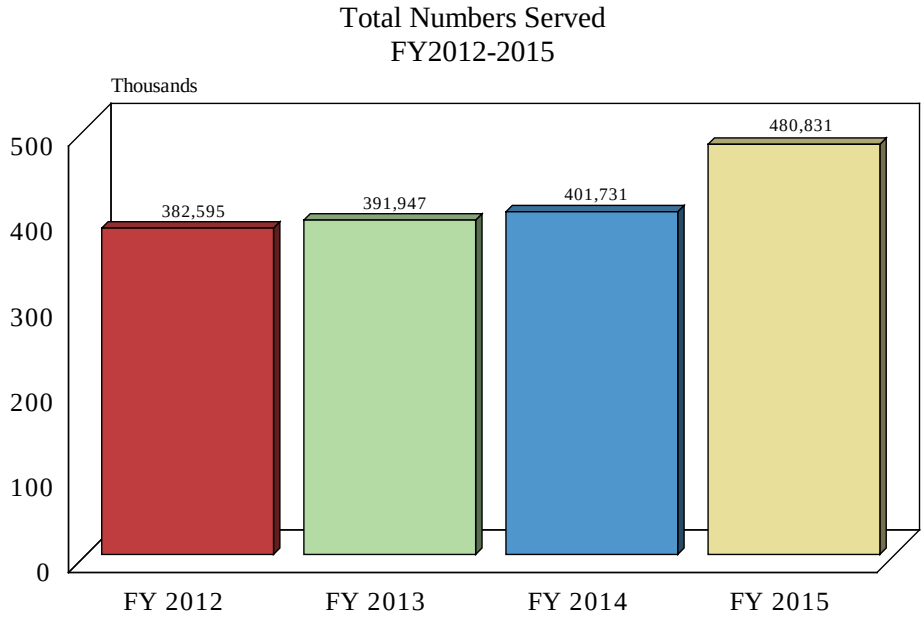


Office of Prevention and Wellness
Fiscal Year 2015 Data

Substance Abuse Block Grant Funded Prevention Program Data Highlights

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 use disorder 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.

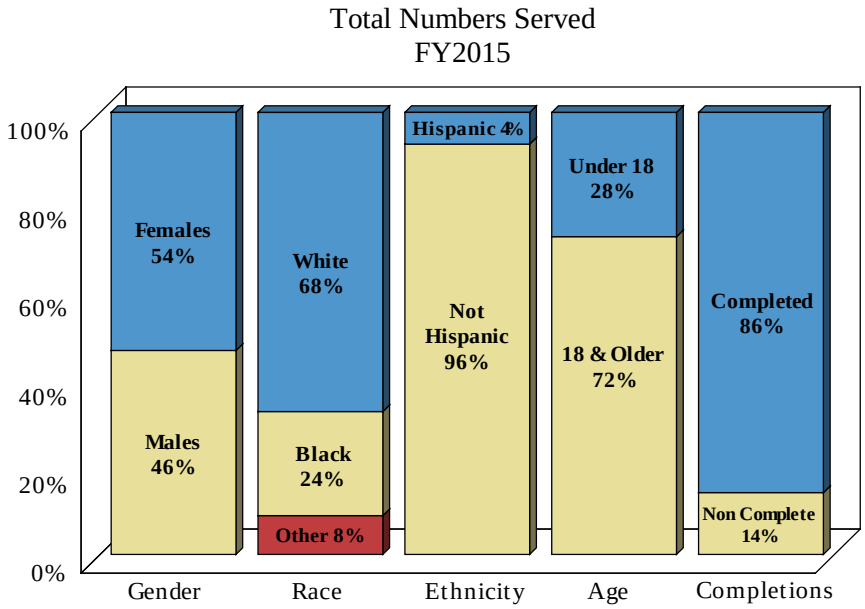
Gender, Race and Ethnicity

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. 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 was Hispanic.

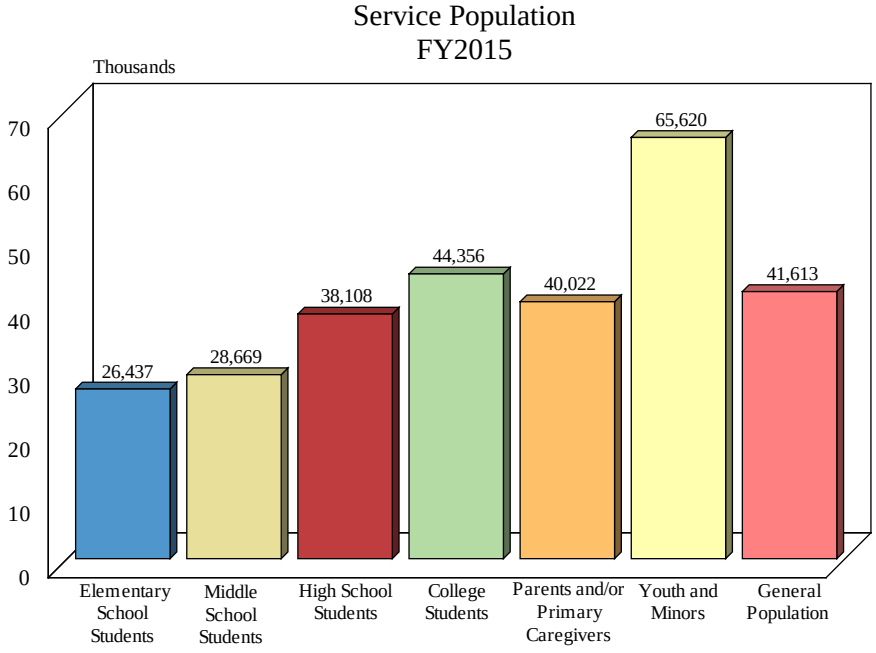
Program Completions

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.



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.

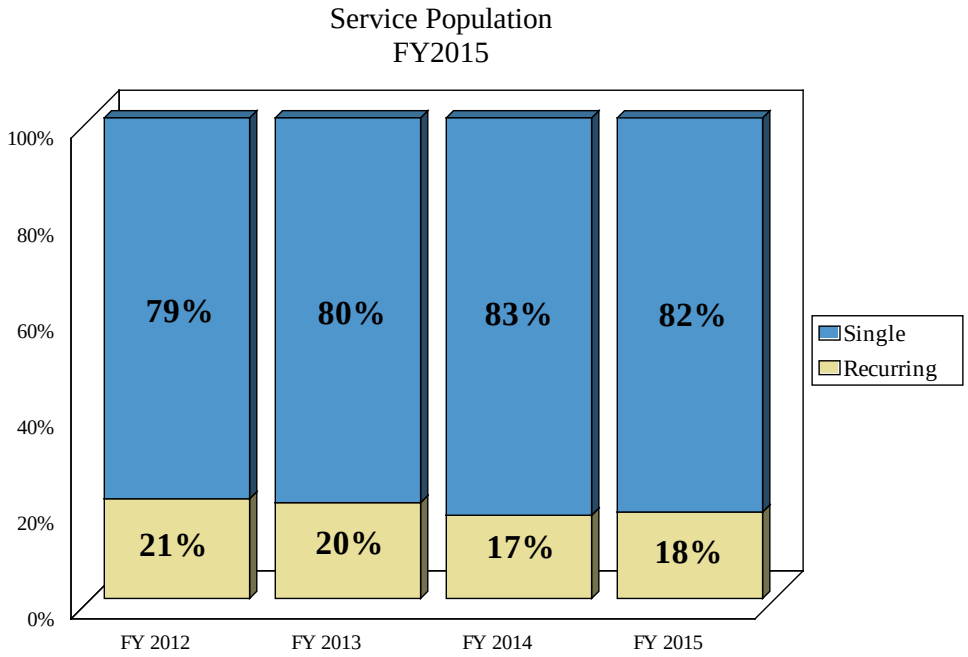
► The program must be partially or fully BHA funded and coordinated through the county prevention office.

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.



CSAP Strategies

All strategies and service types reported 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. The table below shows the total number of individuals served by jurisdiction and CSAP strategy in fiscal year 2015.

CSAP Strategies and Numbers of Participants Served
FY2015

County	Alternatives	Community Based Process	Education	Environmental	Information Dissemination	Problem ID And Referral	Total
Allegany	1340	1054	101	34,070	972	482	38,019
Anne Arundel	8	1928	213	5	200	10	2364
Baltimore City	76	176	2159	272	0	1415	4098
Baltimore	5301	852	71	57,634	3645	0	67,503
Calvert	1525	479	153	1080	1028	50	4315
Caroline	0	9750	9	605	0	0	10,364
Carroll	1591	7808	671	46,676	2617	98	59,461
Cecil	0	768	371	23,859	4877	0	29,875
Charles	865	0	85	540	1068	0	2558
Dorchester	1545	76	217	297	192	0	2327
Frederick	0	494	142	61,049	1550	0	63,235
Garrett	18,805	407	504	3918	1000	0	16,634
Harford	2467	972	0	5570	9387	0	18,396
Howard	2676	50	0	225	0	0	2951
Kent	17	23	9	93	0	0	142
Montgomery	9	462	385	700	917	0	2473
Prince George's	2913	173	443	44,236	4736	0	52,501
Queen Anne's	0	598	0	2366	1527	0	4491
St. Mary's	0	0	272	1250	118	0	1640
Somerset	0	346	0	0	1007	0	1353
Talbot	0	783	10	6388	0	5	7186
Washington	12	375	89	8015	98	4	8593
Wicomico	19	833	183	18,432	1785	0	21,252
Worcester	13,319	361	94	3659	70	89	17,592
Bowie St.	1008	0	2111	0	0	0	3119
Frostburg	5257	1181	1027	1005	9259	24	17,753
Towson	4171	6140	160	10,007	1933	50	19,461
U.M.E.S.	848	0	13	56	216	42	1175
Total	**55,772**	**33,089**	**9492**	**332,007**	**48,202**	**2269**	**480,831**
Percentage	**12%**	**7%**	**2%**	**69%**	**10%**	**<1%**	**100%**

A complete version of the FY2015 Prevention Annual Report can be found on the BHA website at: http://bha.dhmh.maryland.gov/Documents/2015%20Report.pdf

SBIRT Data Highlights

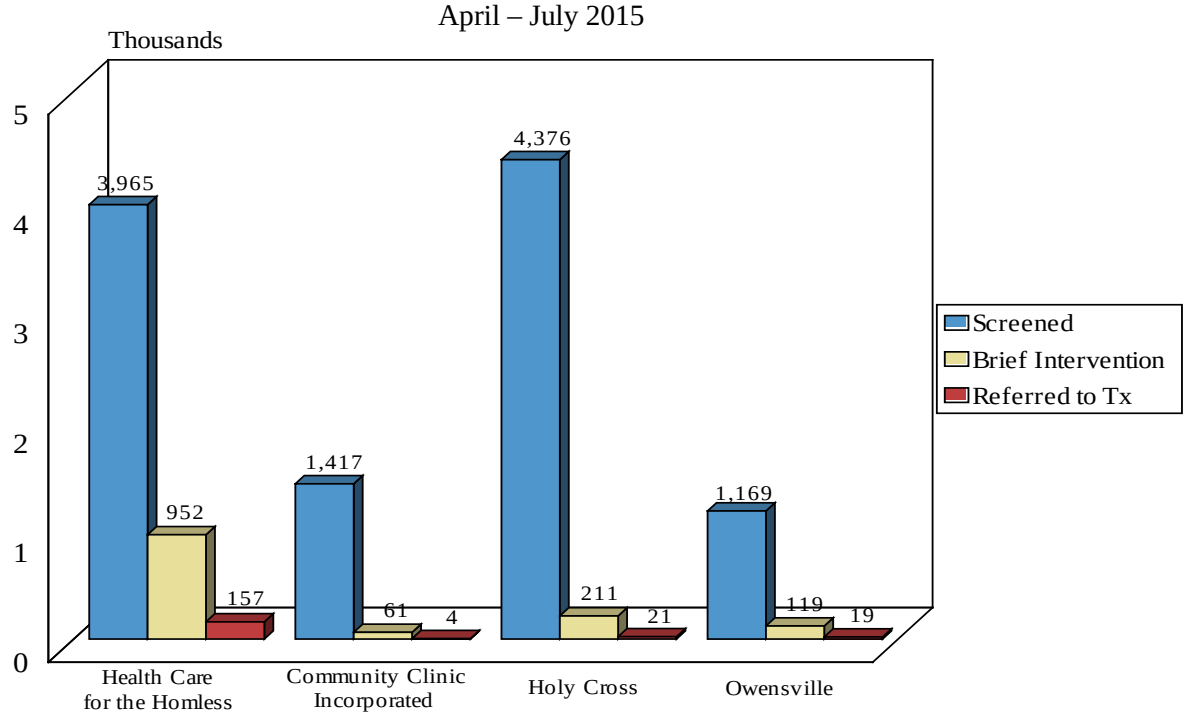
The table below shows SBIRT services for the first quarter of year one. From April through July 2015, a total of 10,927 patients were *Screened*, 1,343 patients received *Brief Intervention* services in primary care clinics throughout six jurisdictions, and there were 201 high-risk patients *Referred to Treatment*.

SBIRT Services by Provider
April – July 2015

Services	Health Care for the Homeless	%	Communities Clinic, Inc.	%	Holy Cross	%	Owensville	%	Grand Total	%
Number of Patients Seen	6570		6701		7840		1668		22,779	
Number of Screens Completed	3965	60%	1417	21%	4376	56%	1169	70%	10,927	48%
Number of Positive Screens	1257	32%	159	11%	383	9%	200	17%	1,999	18%
Number of Brief Interventions	952	76%	61	38%	211	55%	119	60%	1,343	67%
Number of Referrals to Treatment	157	16%	4	7%	21	10%	19	16%	201	15%

- Health Care for the Homeless has sites in the following jurisdictions: Baltimore City, Baltimore County and Harford County
- Community Clinic Incorporated has sites in the following jurisdictions: Montgomery County and Prince George's County
- Holy Cross is located in Montgomery County
- Owensville is located in Anne Arundel County

SBIRT Services
April – July 2015



Media and Communications Highlights

The "Be a Hero, Save a Life" Campaign was created as a public awareness campaign with two key messages. The first message encouraged Marylanders to call 211 to get connected to treatment. The second message informed Marylanders how to identify the signs of an opioid overdose and how to administer Naloxone. The campaign included transit advertising in Central Maryland and on the Easter Shore and posters, brochures, and pocket cards distributed across the state. Campaign materials were mailed to all jurisdictions and given to other partners including the Department of Juvenile Justice. The campaign also included developing and implementing a social media strategy that included the establishment of a Facebook page to communicate with Marylanders interested in issues related to substance use disorders. These efforts work together to increase public awareness about the disease of addiction and reduce stigma.

Jurisdiction	Number of 211 Calls Received				
	FY15 Quarter 1 July – Sept	FY15 Quarter 2 Oct – Dec	FY15 Quarter 3 Jan - March	FY15 Quarter 4 April - June	FY15 Total
Allegany	16	18	4	8	**46**
Anne Arundel	25	9	7	12	**53**
Baltimore City	76	76	52	81	**285**
Baltimore	32	25	25	16	**98**
Calvert	2	5	10	2	**19**
Caroline	7	3	3	2	**15**
Carroll	3	9	5	4	**21**
Cecil	8	3	5	5	**21**
Charles	2	5	2	5	**14**
Dorchester	3	4	2	1	**10**
Frederick	135	127	143	101	**506**
Garrett	0	3	4	4	**11**
Harford	8	9	6	3	**26**
Howard	3	2	7	1	**13**
Kent	2	0	2	3	**7**
Montgomery	48	39	36	36	**159**
Prince George's	43	47	28	36	**154**
Queen Anne's	0	3	1	6	**10**
St. Mary's	1	2	0	2	**5**
Somerset	0	1	2	1	**4**
Talbot	6	9	8	3	**26**
Washington	19	21	32	31	**103**
Wicomico	33	10	14	44	**101**
Worcester	6	8	6	4	**24**
Total	**478**	**438**	**404**	**411**	**1731**
Total Needs	484	535	471	534	**2024**
Total Reported	596	535	492	498	**2121**
Naloxone	2	3	5	4	**14**

Be a Hero, Save a Life Campaign

In addition to distributing brochures, posters and pocket cards, between July and December 2014 BHA implemented a transit advertising campaign that helped to increase calls to the 211 by individuals seeking assistance with substance related issues. The chart below shows more calls (916) were received during the campaign by 211 operators from July to December 2014 for substance related issues versus calls received (794) from July to December 2015 when there was not a transit advertising campaign. A second transit campaign was launched during the fourth quarter of 2015.

Jurisdiction	Number of 211 Calls Received	
	During Campaign July – December 2014	Without Campaign July – December 2015
Allegany	34	21
Anne Arundel	34	11
Baltimore City	152	147
Baltimore	57	39
Calvert	7	2
Caroline	10	12
Carroll	12	9
Cecil	11	16
Charles	7	9
Dorchester	7	10
Frederick	262	221
Garrett	3	12
Harford	17	13
Howard	5	10
Kent	2	3
Montgomery	87	61
Prince George's	90	57
Queen Anne's	3	5
St. Mary's	3	3
Somerset	1	3
Talbot	15	10
Washington	40	53
Wicomico	43	54
Worcester	14	13
Total	**916**	**794**

Acronyms

AOD - Alcohol and Other Drug

BHA - Behavioral Health Administration

CSAP - Center for Substance Abuse Prevention

DHMH – Department of Health and Mental Hygiene

MDS - Minimum Date Set

MSPF - Maryland Strategic Prevention Framework

OMPP - Opioid Misuse Prevention Program

OPW - Office of Prevention and Wellness

PSA's - Public Service Announcement's

SABG - Substance Abuse Block Grant

SAMHSA - Substance Abuse and Mental Health Services Administration

SEOW - State Epidemiology Outcomes Workgroup

UMD - University of Maryland