Maryland Behavioral Health Administration

GENERAL INFORMATION

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AND

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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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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

In fiscal year 2014 over 400,000 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 2014.

Program Characteristics

Age
Over three quarters (76%) of all individuals receiving prevention services in fiscal year 2014 were 18 years of age and older. Figures show about 29 percent were parents or primary caregivers. Programs targeting high risk youth represented 16 percent of those individuals receiving prevention services.

Gender, Race and Ethnicity
Females represented a slightly higher distribution (54%) than males (46%) in fiscal year 2014. Caucasians (68%) and African Americans (25%) 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 2014, four percent of the total population served were Hispanic.

Program Completions
Recurring prevention programs showed an overall statewide completion rate of 83% in fiscal year 2014. Program completion rates have remained steady over the last four years.

Service Population
During fiscal year 2014, 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 400,000 people received prevention services in fiscal year 2014.

**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 2014, a total of 257 recurring prevention programs were offered across the state of Maryland. The total number of individuals actively participating in BHA funded recurring prevention programs was 7,364.

**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 2014, a total of 1,255 single service prevention services were offered throughout the state of Maryland. The total number of individuals served through single service prevention activities was 394,367.

**Service Population**
During fiscal year 2014, Maryland offered prevention services to 26 different service populations. Table 1 shows the service population distribution for fiscal year 2014.

Table 1
Numbers Served by Service Population
FY2014

<table>
<thead>
<tr>
<th>Service Population</th>
<th>Numbers Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business and Industry</td>
<td>1939</td>
</tr>
<tr>
<td>Civic Groups/Coalitions</td>
<td>5284</td>
</tr>
<tr>
<td>College Students</td>
<td>21,134</td>
</tr>
<tr>
<td>Children of Substance Abusers</td>
<td>814</td>
</tr>
<tr>
<td>Delinquent/Violent Youth</td>
<td>737</td>
</tr>
<tr>
<td>Economically Disadvantaged People</td>
<td>998</td>
</tr>
<tr>
<td>Elementary School Students</td>
<td>16,263</td>
</tr>
<tr>
<td>General Population</td>
<td>193,899</td>
</tr>
<tr>
<td>Government/Elected Officials</td>
<td>1121</td>
</tr>
<tr>
<td>Health Professionals</td>
<td>3190</td>
</tr>
<tr>
<td>High School Students</td>
<td>29,209</td>
</tr>
<tr>
<td>Homeless/Runaway Youth</td>
<td>318</td>
</tr>
<tr>
<td>Law Enforcement/Military</td>
<td>1322</td>
</tr>
<tr>
<td>Middle/Junior High School Students</td>
<td>23,604</td>
</tr>
<tr>
<td>Older Adults</td>
<td>7449</td>
</tr>
<tr>
<td>Parents/Families</td>
<td>45,310</td>
</tr>
<tr>
<td>People in Recovery</td>
<td>1404</td>
</tr>
<tr>
<td>People Using Substances</td>
<td>6084</td>
</tr>
<tr>
<td>People with Disabilities</td>
<td>150</td>
</tr>
<tr>
<td>People with Mental Health Problems</td>
<td>968</td>
</tr>
<tr>
<td>Pregnant Females</td>
<td>803</td>
</tr>
<tr>
<td>Preschool Students</td>
<td>1646</td>
</tr>
<tr>
<td>Prevention/Treatment Professionals</td>
<td>6799</td>
</tr>
<tr>
<td>Religious Groups</td>
<td>804</td>
</tr>
<tr>
<td>Teachers/Administrators/Counselors</td>
<td>3479</td>
</tr>
<tr>
<td>Youth/Minors</td>
<td>27,003</td>
</tr>
<tr>
<td>Total</td>
<td>401,731</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 2014. Fifty-four percent of program participants were female while 46 percent of the participants statewide were male. A breakdown of jurisdictional data gathered in the last four years show a trend of relatively equal distribution between males and females in most subdivisions.

**AGE**
During fiscal year 2014, over three quarters of the prevention program participants (77%) receiving services were adults over 18 years of age. Parents comprised 29 percent of those adults who attended prevention programs in fiscal year 2014. Youth under the age of 18 represented 23 percent of individuals participating in prevention programs. All age categories for prevention programs are shown in Figure 6.

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

Caucasians accounted for 68 percent of program participants while African Americans comprised 25 percent of the individuals attending prevention programs in fiscal year 2014 (Figure 7). In addition, Hispanics represented four percent of the participants receiving prevention services in fiscal year 2014.
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 83 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 2014 was 83%.
CSAP Strategies

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

<table>
<thead>
<tr>
<th>County</th>
<th>Alternatives</th>
<th>Community Based Process</th>
<th>Education</th>
<th>Environmental</th>
<th>Information Dissemination</th>
<th>Problem ID And Referral</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allegany</td>
<td>265</td>
<td>1156</td>
<td>106</td>
<td>33,059</td>
<td>1803</td>
<td>473</td>
<td>36,862</td>
</tr>
<tr>
<td>Anne Arundel</td>
<td>12</td>
<td>1591</td>
<td>246</td>
<td>243</td>
<td>0</td>
<td>0</td>
<td>2092</td>
</tr>
<tr>
<td>Baltimore City</td>
<td>39</td>
<td>10</td>
<td>1009</td>
<td>294</td>
<td>1173</td>
<td>329</td>
<td>2854</td>
</tr>
<tr>
<td>Baltimore</td>
<td>5253</td>
<td>639</td>
<td>224</td>
<td>510</td>
<td>6112</td>
<td>0</td>
<td>12738</td>
</tr>
<tr>
<td>Calvert</td>
<td>98</td>
<td>1380</td>
<td>114</td>
<td>2545</td>
<td>2412</td>
<td>133</td>
<td>6682</td>
</tr>
<tr>
<td>Caroline</td>
<td>1431</td>
<td>558</td>
<td>9</td>
<td>25</td>
<td>4981</td>
<td>0</td>
<td>7004</td>
</tr>
<tr>
<td>Carroll</td>
<td>3205</td>
<td>4225</td>
<td>232</td>
<td>33,457</td>
<td>3524</td>
<td>141</td>
<td>44,784</td>
</tr>
<tr>
<td>Cecil</td>
<td>124</td>
<td>748</td>
<td>218</td>
<td>18,374</td>
<td>4167</td>
<td>0</td>
<td>23,631</td>
</tr>
<tr>
<td>Charles</td>
<td>193</td>
<td>10</td>
<td>202</td>
<td>150</td>
<td>473</td>
<td>0</td>
<td>1028</td>
</tr>
<tr>
<td>Dorchester</td>
<td>2689</td>
<td>23</td>
<td>56</td>
<td>23</td>
<td>331</td>
<td>0</td>
<td>3122</td>
</tr>
<tr>
<td>Frederick</td>
<td>0</td>
<td>954</td>
<td>169</td>
<td>65,124</td>
<td>2722</td>
<td>0</td>
<td>68,969</td>
</tr>
<tr>
<td>Garrett</td>
<td>12,044</td>
<td>228</td>
<td>394</td>
<td>2144</td>
<td>656</td>
<td>0</td>
<td>15,466</td>
</tr>
<tr>
<td>Harford</td>
<td>905</td>
<td>976</td>
<td>55</td>
<td>8814</td>
<td>4745</td>
<td>600</td>
<td>16,095</td>
</tr>
<tr>
<td>Howard</td>
<td>3421</td>
<td>0</td>
<td>0</td>
<td>18</td>
<td>104</td>
<td>0</td>
<td>3543</td>
</tr>
<tr>
<td>Kent</td>
<td>0</td>
<td>175</td>
<td>0</td>
<td>691</td>
<td>0</td>
<td>0</td>
<td>866</td>
</tr>
<tr>
<td>Montgomery</td>
<td>0</td>
<td>292</td>
<td>783</td>
<td>81</td>
<td>1490</td>
<td>0</td>
<td>2646</td>
</tr>
<tr>
<td>Prince George’s</td>
<td>272</td>
<td>23</td>
<td>248</td>
<td>45,444</td>
<td>2944</td>
<td>0</td>
<td>48,931</td>
</tr>
<tr>
<td>Queen Anne’s</td>
<td>0</td>
<td>544</td>
<td>0</td>
<td>24</td>
<td>1748</td>
<td>0</td>
<td>2316</td>
</tr>
<tr>
<td>St. Mary’s</td>
<td>0</td>
<td>140</td>
<td>273</td>
<td>152</td>
<td>1261</td>
<td>0</td>
<td>1826</td>
</tr>
<tr>
<td>Somerset</td>
<td>18</td>
<td>0</td>
<td>0</td>
<td>1513</td>
<td>400</td>
<td>0</td>
<td>1931</td>
</tr>
<tr>
<td>Talbot</td>
<td>0</td>
<td>370</td>
<td>30</td>
<td>7028</td>
<td>53</td>
<td>11</td>
<td>7492</td>
</tr>
<tr>
<td>Washington</td>
<td>0</td>
<td>290</td>
<td>81</td>
<td>21,248</td>
<td>6056</td>
<td>47</td>
<td>27,722</td>
</tr>
<tr>
<td>Wicomico</td>
<td>569</td>
<td>1023</td>
<td>433</td>
<td>24,650</td>
<td>1023</td>
<td>0</td>
<td>27,698</td>
</tr>
<tr>
<td>Worcester</td>
<td>3721</td>
<td>803</td>
<td>225</td>
<td>9420</td>
<td>29</td>
<td>0</td>
<td>14,198</td>
</tr>
<tr>
<td>Bowie St.</td>
<td>0</td>
<td>0</td>
<td>1321</td>
<td>53</td>
<td>0</td>
<td>0</td>
<td>1374</td>
</tr>
<tr>
<td>Frostburg</td>
<td>666</td>
<td>1424</td>
<td>575</td>
<td>1911</td>
<td>876</td>
<td>8</td>
<td>5460</td>
</tr>
<tr>
<td>Towson</td>
<td>3758</td>
<td>3081</td>
<td>3955</td>
<td>1979</td>
<td>90</td>
<td>0</td>
<td>12863</td>
</tr>
<tr>
<td>U.M.E.S.</td>
<td>88</td>
<td>499</td>
<td>12</td>
<td>79</td>
<td>315</td>
<td>545</td>
<td>1538</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>38,771</strong></td>
<td><strong>21,162</strong></td>
<td><strong>10,970</strong></td>
<td><strong>279,053</strong></td>
<td><strong>49,488</strong></td>
<td><strong>2287</strong></td>
<td><strong>401,731</strong></td>
</tr>
<tr>
<td><strong>PERCENTAGE</strong></td>
<td><strong>10%</strong></td>
<td><strong>5%</strong></td>
<td><strong>3%</strong></td>
<td><strong>70%</strong></td>
<td><strong>12%</strong></td>
<td><strong>&lt;1%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Maryland Behavioral Health Administration
Prevention Program Activity Report 2014

6
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 2014, the college centers provided prevention services to 21,235 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 2014.

INDIVIDUALS SERVED BY COLLEGE PREVENTION CENTERS
FISCAL YEAR 2014

<table>
<thead>
<tr>
<th>College</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bowie St.</td>
<td>1,286</td>
<td>2,017</td>
</tr>
<tr>
<td>Frostburg St.</td>
<td>2,017</td>
<td>2,789</td>
</tr>
<tr>
<td>Towson Univ.</td>
<td>2,114</td>
<td>2,435</td>
</tr>
<tr>
<td>U.M.E.S.</td>
<td>2,114</td>
<td>3,017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>College</th>
<th>White</th>
<th>Black</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bowie St.</td>
<td>1,286</td>
<td>2,017</td>
<td>2,017</td>
</tr>
<tr>
<td>Frostburg St.</td>
<td>2,017</td>
<td>2,789</td>
<td>2,789</td>
</tr>
<tr>
<td>Towson Univ.</td>
<td>2,114</td>
<td>2,435</td>
<td>2,435</td>
</tr>
<tr>
<td>U.M.E.S.</td>
<td>2,114</td>
<td>3,017</td>
<td>3,017</td>
</tr>
</tbody>
</table>

Figure 9
Gender Distribution

Figure 10
Race Distribution

Figure 11
Statewide Gender Distribution

Figure 12
Statewide Race Distribution
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/about-evidence.htm

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/about-evidence.htm

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

Table 4 shows the number of individuals served by evidence-based program for fiscal year 2014. Figure 19 shows evidence-based program distribution for fiscal year 2014.

Maryland Behavioral Health Administration
Prevention Program Activity Report 2014
**Table 5**
**Numbers Served By Intervention Type (IOM Category)**
**Fiscal Year 2014**

<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>36,552</td>
<td>7</td>
<td>303</td>
<td>36,862</td>
</tr>
<tr>
<td>Anne Arundel</td>
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| Percentage   | 95% | 4% | 1% | 100% |

---

**IOM Category Definitions**

**Universal** - Universal prevention strategies address the entire population (national, local community, school, neighborhood), with messages and programs aimed at preventing or delaying the abuse of alcohol, tobacco, and other drugs. The mission of universal prevention is to deter the onset of substance abuse by providing all individuals the information and skills necessary to prevent the problem. Universal prevention programs are delivered to large groups without any prior screening for substance abuse risk. The entire population is assessed as at-risk for substance abuse and capable of benefiting from prevention programs.

**Selected** - Selected prevention strategies target subsets of the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment—for example, children of adult alcoholics, 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 2014, 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.

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<tr>
<th>County</th>
<th>Total Served</th>
<th>Environmental Numbers Served</th>
<th>Percentage of Total Numbers Served</th>
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COUNTY PREVENTION DATA

Technical Assistance Regions

- Western
- Central
- Southern
- Eastern Shore
DEMOGRAPHICS

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

AGE
During fiscal year 2014, 31 percent of all those participating in prevention programs were parents or primary care givers. Figure 15 shows the overall county distribution for age.

RACE AND ETHNICITY
Caucasians accounted for 94 percent of the racial distribution receiving prevention services while African Americans comprised 6 percent. Figure 16 shows the overall county distribution for Race/Ethnicity.

- The total number of individuals receiving prevention services through the Allegany County prevention office was 36,862 in fiscal year 2014.
- The ATOD Center at Frostburg State University served 5,460 individuals in fiscal year 2014.
**DEMOGRAPHICS**

**GENDER**
Figure 17 shows the countywide distribution of prevention programs for gender in fiscal year 2014. Females represented 66 percent of program participants while 34 percent of the participants countywide were male.

**AGE**
During fiscal year 2014, 24 percent of all those participating in prevention programs were adolescents. Thirty-four 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 (63%) and African Americans (34%) accounted for 94 percent of the racial distribution receiving prevention services in Anne Arundel County during fiscal year 2014 (Figure 19). Hispanics (3%) comprised the remaining distribution.

The total number of individuals receiving prevention services in Anne Arundel County was 2,092 in fiscal year 2014.
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 2014. Females represented 65 percent of program participants while 35 percent of the participants countywide were male.

Age
During fiscal year 2014, approximately 43 percent of all individuals participating in prevention programs were adolescents. Parents or primary care givers represented 21 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 72 percent of the racial distribution receiving prevention services in Baltimore City while Caucasians comprised 24 percent during fiscal year 2014. Asians (3%) and Hispanics (1%) accounted for the remainder of the distribution.

The total number of individuals receiving prevention services in Baltimore City was 2,854 in fiscal year 2014.
Baltimore County

Prevention Coordinator  
Vicki Pfannenstein  
(410) 887-3828

College Coordinator  
Donna Cox  
(410) 704-4214

SAMHSA Evidence-Based Programs

► Communities Mobilizing for Change on Alcohol
► Life Skills

Demographics

Gender
Figure 23 shows the countywide distribution of prevention programs for gender in fiscal year 2014. Females represented 61 percent of program participants while 39 percent of the participants countywide were male.

Age
Figure 24 shows the overall county distribution for age during fiscal year 2014. Adolescents accounted for 42 percent of those served. Parents represented 16 percent of individuals receiving services in Baltimore County.

Race and Ethnicity
During fiscal year 2014, Caucasians accounted for 48 percent of the racial distribution while African Americans comprised 41 percent in Baltimore County (Figure 25). Asian (6%) and Hispanics (5%) accounted the remaining 11 percent of the distribution.

- The total number of individuals receiving prevention services through the Baltimore County prevention office was 12,738 in fiscal year 2014.
- The ATOD Center at Towson University served 12,863 individuals in fiscal year 2014.
Calvert County

Prevention Coordinator
Julie Boutaugh
(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 2014. Females represented 51 percent of program participants while 49 percent of the participants countywide were male.

Age
During fiscal year 2014, over one-third (38%) 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 76 percent of the racial distribution while African American accounted for 15 percent. Hispanics (7%) and Asians (2%) accounted for the remaining 9 percent of the distribution during fiscal year 2014 (Figure 28).

The total number of individuals receiving prevention services in Calvert County was 6,682 in fiscal year 2014.


**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 2014. Females represented 63 percent of program participants while 37 percent of the participants countywide were male.

**Age**

During fiscal year 2014, over one-half (51%) of all those participating in prevention programs were adolescents. Parents and primary caregivers represented 21 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 44 percent of the racial distribution receiving prevention services while African Americans comprised 30 percent during fiscal year 2014 (Figure 31). Hispanics (10%), American Indians (9%) and Asians (7%) accounted for the remaining 26 percent of the overall racial distribution.

The total number of individuals receiving prevention services in Caroline County was 7,004 in fiscal year 2014.
Prevention Coordinator
Linda Auerback
(410) 876-4800 ext.728

SAMHSA EVIDENCE-BASED PROGRAMS

► Guiding Good Choices

DEMOGRAPHICS

GENDER
Figure 32 shows the countywide distribution of prevention programs for gender in fiscal year 2014. Females represented 55 percent of program participants while 45 percent of the participants countywide were male.

AGE
During fiscal year 2014, over one-quarter (28%) of all those participating in prevention programs were adolescents. Parents and primary caregivers represented 29 percent of individuals attending prevention programs in Carroll County. Figure 33 shows the overall county distribution for age.

RACE AND ETHNICITY
Caucasians accounted for 93 percent of the racial distribution receiving prevention services in Carroll County. African Americans (5%) and Hispanics (2%) represented the remaining ten percent of the racial distribution. Figure 34 shows the overall county distribution for Race/Ethnicity.

The total number of individuals receiving prevention services in Carroll County was 44,784 in fiscal year 2014.
Cecil County

Prevention Coordinator
Mike Massuli
(410) 996-5168

SAMHSA Evidence-based Programs

Keep a Clear Mind

Demographics

Gender
Figure 35 shows the countywide distribution of prevention programs for gender in fiscal year 2014. Females represented 51 percent of program participants while 49 percent of the participants countywide were male.

Age
During fiscal year 2014, 28 percent of all those participating in prevention programs were parents or primary caregivers. Adolescents represented 20 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 (91%) accounted for the majority of the racial distribution. African Americans (5%), Asians (2%) and Hispanics (2%) represented the remaining distribution in fiscal year 2014.

The total number of individuals receiving prevention services in Cecil County was 23,631 in fiscal year 2014.
CHARLES COUNTY

Prevention Coordinator
Al Evans
(301) 609-6631

SAMHSA EVIDENCE-BASED PROGRAMS

► Second Step

DEMOGRAPHICS

GENDER
Figure 38 shows the countywide distribution of prevention programs for gender in fiscal year 2014. Females represented 60 percent of program participants while 40 percent of the participants countywide were male.

AGE
During fiscal year 2014, 62 percent all those participating in prevention programs were adolescents. Parents and primary care givers represented 7 percent of the age distribution for fiscal year 2014. Figure 39 shows the overall county distribution for age.

RACE AND ETHNICITY
African Americans accounted for 53 percent of the racial distribution receiving prevention services in Charles County while Caucasians comprised 43 percent during fiscal year 2014 (Figure 40). Hispanics (4%) accounted for the remaining distribution.

The total number of individuals receiving prevention services in Charles County was 1,028 in fiscal year 2014.
Figure 41 shows the gender distribution of prevention programs for fiscal year 2014. Females represented 57 percent of program participants while 43 percent of the participants countywide were male.

**AGE**
During fiscal year 2014, one-third (34%) of those receiving prevention services in Dorchester County were adolescents. Parents or primary caregivers accounted for 16 percent of the distribution. Figure 42 shows the overall county distribution for age.

**RACE AND ETHNICITY**
As shown in Figure 43, American Indians accounted for 44 percent of the racial distribution receiving prevention services in Dorchester County. African Americans (29%), Caucasians (26%) and Hispanics (1%) comprised the remaining racial distribution during fiscal year 2014.

The total number of individuals receiving prevention services in Dorchester County was 3,122 in fiscal year 2014.
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 2014. There was an equal distribution of males (50%) and females (50%) in fiscal year 2014.

AGE
During fiscal year 2014, approximately one-quarter (21%) of those receiving prevention services in Dorchester County were adolescents. Parents or primary care givers accounted for 14 percent of the distribution. Figure 42 shows the overall county distribution for age.

RACE AND ETHNICITY
As shown in Figure 46, Caucasians accounted for 78 percent of the racial distribution in fiscal year 2014. 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 68,969 in fiscal year 2014.


**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 2014. Females represented 54 percent of program participants while 46 percent of the participants countywide were male.

**AGE**
During fiscal year 2014, adolescents accounted for 59 percent of those individuals receiving prevention services in Garrett County. Parents and primary caregivers comprised 13% 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 99 percent of the racial distribution. African Americans comprised two percent (1%) of the remaining distribution receiving prevention services in Garrett County during fiscal year 2014.

The total number of individuals receiving prevention services in Garrett County was 15,466 in fiscal year 2014.
**HARFORD COUNTY**

**Prevention Coordinator**
Joseph Ryan
(410) 638-3333

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**SAMHSA EVIDENCE-BASED PROGRAMS**

**DEMOGRAPHICS**

**GENDER**
Figure 50 shows the countywide distribution of prevention programs for gender in fiscal year 2014. Females represented 56 percent of program participants while 44 percent of the participants countywide were male.

**AGE**
During fiscal year 2014, over one-half (51%) of all those participating in prevention programs were adolescents. Parents or primary care givers represented approximately one third (9%) of the individuals receiving prevention services in Harford County. Figure 51 shows the overall county distribution for age.

**RACE AND ETHNICITY**
As shown in Figure 52, Caucasians accounted for 75 percent of the racial distribution receiving prevention services in Harford County while African Americans comprised 18 percent during fiscal year 2014. Hispanics (6%) and Asians (1%) accounted for the remaining seven percent of the overall distribution.

The total number of individuals receiving prevention services in Harford County was 16,095 in fiscal year 2014.
**Gender**
Figure 53 shows the countywide distribution of prevention programs for gender in fiscal year 2014. Females represented 56 percent of program participants while 44 percent of the participants countywide were male.

**Age**
During fiscal year 2014, approximately one-quarter (22%) of all those participating in prevention programs were parents or primary care givers. Adolescents accounted for 56 percent of the distribution. Figure 54 shows the overall county distribution for age.

**Race and Ethnicity**
As shown in Figure 55, Caucasians represented 52 percent of the racial distribution receiving prevention services in fiscal year 2014. African Americans (29%), Asians (10%) and Hispanics (9%) accounted for 48 percent of the remaining distribution.

The total number of individuals receiving prevention services in Howard County was 3,543 in fiscal year 2014.
PREVENTION PROGRAM ACTIVITY REPORT 2014
MARYLAND BEHAVIORAL HEALTH ADMINISTRATION

Kent County

Prevention Coordinator
Latosha Brooks
(410) 778-7918 ext. 23

SAMHSA EVIDENCE-BASED PROGRAMS

► Communities Mobilizing for Change on Alcohol

DEMOGRAPHICS

GENDER
Figure 56 shows the countywide distribution of prevention programs for gender in fiscal year 2014. Females represented 52 percent of program participants while 48 percent of the participants countywide were male.

AGE
During fiscal year 2014, approximately one-fifth (19%) of all those participating in prevention programs were parents. Adolescents comprised 13 percent of the individuals attending prevention programs in Kent County. 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 while African Americans comprised 24 percent during fiscal year 2014. Hispanics accounted for the remaining 2 percent of the overall distribution.

The total number of individuals receiving prevention services in Kent County was 866 in fiscal year 2014.

Figure 56
Gender Distribution FY 2014

Male 48%
Female 52%

Figure 57
Age Distribution FY 2014

18-20 12%
25-44 37%
45-64 38%
16-17 13%

Figure 58
Race Distribution FY 2014

White 74%
Black 24%
Hispanic 2%
Prevention Coordinator
Ben Stevenson
(240) 777-4241

SAMHSA EVIDENCE-BASED PROGRAMS

► Dare to be you
► Strengthening Families

DEMOGRAPHICS

GENDER
Figure 59 shows the countywide distribution of prevention programs for gender in fiscal year 2014. Females represented 61 percent of program participants while 39 percent of the participants countywide were male.

AGE
During fiscal year 2014, adolescents represented 56 percent of those individuals receiving services in Montgomery County. Parents and Primary care givers accounted for 12 percent of those receiving prevention services. Figure 60 shows the overall county distribution for age.

RACE AND ETHNICITY
As shown in Figure 61, Caucasians accounted for 43 percent of the racial distribution receiving prevention services in Montgomery County. Hispanics (33%), African Americans (17%) and Asians (7%) accounted for the remaining distribution.

The total number of individuals receiving prevention services in Montgomery County was 2,646 in fiscal year 2014.
PRINCE GEORGE’S COUNTY

Prevention Coordinator
Patricia Ramseur
(301) 883-3508

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 2014. Females represented 56 percent of program participants while 44 percent of the participants countywide were male.

AGE
Figure 63 shows the overall distribution for age in Prince George’s County during fiscal year 2014. Parents and primary care givers accounted for 23 percent of those individuals receiving prevention services.

RACE AND ETHNICITY
As shown in Figure 64, African Americans accounted for 79 percent of the racial distribution in Prince George’s County. Hispanics (11%) and Caucasians (10%) accounted for the remainder of the distribution for fiscal year 2014.

- The total number of individuals receiving prevention services in Prince George’s County was 48,931 in fiscal year 2014.
- The ATOD Center at Bowie State University served 1,374 individuals in fiscal year 2014.
**QUEEN ANNE’S COUNTY**

**Prevention Coordinator**
Kathy Wright
(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 2014. Males represented 51 percent of program participants while 49 percent were female.

**AGE**
During fiscal year 2014, Sixty-six percent of all those participating in prevention programs were adolescents. Parents and primary care givers accounted for 8 percent of the distribution. Figure 66 shows the overall county distribution for age.

**RACE AND ETHNICITY**
As shown in Figure 67, Caucasians (86%) and African Americans (10%) accounted for 96 percent of the racial distribution receiving prevention services in Queen Anne’s County. Hispanics (2%) and Asians (2%) accounted for the remaining racial distribution in fiscal year 2014.

The total number of individuals receiving prevention services in Queen Anne’s County was 2,316 in fiscal year 2014.
St. Mary’s County

Prevention Coordinator
Matthew Reisdorph
(301) 475-4200  ext. 1682

SAMHSA Evidence-based Programs
► Communities Mobilizing for Change on Alcohol
► Guiding Good Choices
► Second Step

Demographics

Gender
Figure 68 shows the countywide distribution of prevention programs for gender in fiscal year 2014. Females represented 52 percent of program participants while 48 percent were male.

Age
During fiscal year 2014, over one-quarter (28%) 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 56 percent of the racial distribution in St. Mary’s County while African Americans comprised 28 percent. Hispanics (11%) and Asians (5%) accounted for the remaining 16 percent of the distribution.

The total number of individuals receiving prevention services in St. Mary’s County was 1,826 in fiscal year 2014.
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 2014. Females represented 53 percent of program participants while 47 percent of the participants countywide were male.

AGE
During fiscal year 2014, approximately one-third (32%) 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 (48%) accounted for 97 percent of the racial distribution in Somerset County. Hispanics (3%) accounted for the remaining racial distribution.

- The total number of individuals receiving prevention services through the Somerset County prevention office was 1,931 in fiscal year 2014.
- The ATOD Center at the University of Maryland Eastern Shore served 1,538 individuals in fiscal year 2014.
TALBOT COUNTY

Prevention Coordinator
Paula Lowry
(410) 819-8067

SAMHSA EVIDENCE-BASED PROGRAMS

► All Stars
► Communities Mobilizing for Change on Alcohol
► Strengthening Families

DEMOGRAPHICS

GENDER
Figure 74 shows the countywide distribution of prevention programs for gender in fiscal year 2014. Females represented 56 percent of program participants while 44 percent of the participants countywide were male.

AGE
During fiscal year 2014, approximately one-quarter (22%) of all those participating in prevention programs were parents or primary caregivers. Figure 75 shows the overall county distribution for age.

RACE AND ETHNICITY
Caucasians represented 84 percent of the racial distribution receiving prevention services. African Americans (14%) and Hispanics (2%) accounted for the remaining distribution (Figure 76).

The total number of individuals receiving prevention services in Talbot County was 7,492 in fiscal year 2014.
Washington County

Prevention Coordinator
April Rouzer
(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 2014. There was an equal distribution of males (50%) and females (50%) in fiscal year 2014.

Age
During fiscal year 2014, approximately one-quarter (24%) of those receiving prevention services were parents or primary caregivers. Figure 78 shows the overall county distribution for age.

Race and Ethnicity
Caucasians (82%) and African Americans (11%) accounted for 93 percent of the racial distribution receiving prevention services. Hispanics (4%) and Asians (3%) represented the remaining distribution during fiscal year 2014 (Figure 79).

The total number of individuals receiving prevention services in Washington County was 27,722 in fiscal year 2014.
Prevention Coordinator
Cindy Shifler
(410) 219-7544

SAMHSA EVIDENCE-BASED PROGRAMS

► CMCA
► Second Step
► Strengthening Families

DEMOGRAPHICS

GENDER
Figure 80 shows the countywide distribution of prevention programs for gender in fiscal year 2014. Females represented 58 percent of program participants while 42 percent of the participants countywide were male.

AGE
During fiscal year 2014, approximately one-quarter (24%) of those receiving prevention services were parents or primary caregivers. Adolescents accounted for 32 percent of individuals receiving prevention services in Wicomico County. Figure 81 shows the overall county distribution for age.

RACE AND ETHNICITY
Caucasians (68%) and African Americans (28%) accounted for 96 percent receiving prevention services in fiscal year 2014. Hispanics comprised 4 percent of the remaining racial distribution (Figure 82).

The total number of individuals receiving prevention services in Wicomico County was 27,698 in fiscal year 2014.
Prevention Coordinator
Marty Pusey
(410) 632-1100

SAMHSA EVIDENCE-BASED PROGRAMS

► All Stars
► Guiding Good Choices
► Parenting Wisely

DEMOGRAPHICS

GENDER
Figure 83 shows the countywide distribution of prevention programs for gender in fiscal year 2014. Females represented 51 percent of program participants while 49 percent of the participants countywide were male.

AGE
During fiscal year 2014, approximately two-thirds (64%) of those participating in prevention programs were adolescents (93%). Figure 84 shows the overall county distribution for age.

RACE AND ETHNICITY
As shown in Figure 85, Caucasians (55%) and African Americans (39%) represented 94 percent of those receiving prevention services in Worcester County. Asians (4%) and Hispanics (2%) accounted for the remaining racial distribution during fiscal year 2014.

The total number of individuals receiving prevention services in Worcester County was 14,198 in fiscal year 2014.
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 2014, BHA promoted all of the following six CASP strategies.

**Alternatives** - This Alternatives strategy provides for the participation of target populations in activities that exclude substance abuse. The assumption is that constructive and healthy activities offset the attraction to or otherwise meet the needs usually filled by alcohol, tobacco, and other drugs and would therefore minimize or remove the need to use these substances.

**Activities for this strategy:**
1. Alcohol/Tobacco/Drug-Free Social/Recreational Events
2. Community Drop-In Centers
3. Community Service Activities
4. Youth/Adult Leadership Activities

**Community-Based Process** - Community-based process strategies aim to enhance the ability of the community to more effectively provide substance abuse prevention and treatment. Services in this strategy include organizing, planning, and enhancing the efficiency and effectiveness of services implementation, interagency collaboration, coalition building and network building.

**Activities for this strategy:**
1. Assessing Services and Funding
2. Assessing Community Needs
3. Community and Volunteer Services
4. Formal Community Teams and Activities
5. Training Services and Technical Assistance
6. Systematic Planning

**Education** - Substance abuse prevention education involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator and/or facilitator and the participants is the basis of its components. Services under this strategy aim to improve critical life and social skills, including decision-making, refusal skills, critical analysis, and systematic judgment abilities.

**Activities for this strategy:**
1. Children of Substance Abuse (COSA) Groups
2. Education Programs for Youth
3. Parenting and Family Management
4. Preschool ATOD Prevention Programs
5. Peer Leader/Helper Programs
6. Ongoing Classroom and/or Small Group Sessions
DEFINITIONS OF CSAP
STRATEGIES AND ACTIVITIES

ENVIRONMENTAL - The environmental strategy establishes or changes written and unwritten community standards, codes and attitudes thereby influencing the incidence and prevalence of the abuse of alcohol, tobacco and other drugs by the general population. This strategy is divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to service- and a-oriented initiatives.

Activities for this strategy:
1. Public Policy Efforts
2. Changing Environmental Codes, Ordinances, Regulations and Legislation
3. Preventing Underage Alcohol Sales
4. Preventing Underage Sale of Tobacco and Tobacco Products (SYNAR)

INFORMATION DISSEMINATION - Information Dissemination provides awareness and knowledge of the nature and extent of substance abuse and addiction and its effects on individuals, families, and communities. The strategy is also intended to increase knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.

Activities for this strategy:
1. Clearinghouse/Information Resource Center (brochures, pamphlets and other literature)
2. Health Fairs
3. Health Promotion
4. Media Campaigns
5. Resource Directories
6. Speaking Engagements

PROBLEM ID AND REFERRAL - Problem identification and referral aims to classify those who have indulged in illegal or age inappropriate use of tobacco or alcohol and those who have indulged in the first use of illicit drugs and to assess whether their behavior can be reversed through education. It should be noted, however, that this strategy does not include any function designed to determine whether a person is in need of treatment.

Activities for this strategy:
1. Employee Assistance Programs
2. Student Assistance Programs
3. DUI/DWI Programs
4. Prevention Assessment and Referral Services
# ACRONYMS AND ABBREVIATIONS

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<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>BHA</td>
<td>Behavioral Health Administration</td>
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<tr>
<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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<td>DHMH</td>
<td>Department of Health and Mental Hygiene</td>
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<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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<td>MIS</td>
<td>Management Information Systems</td>
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<td>NIDA</td>
<td>National Institute on Drug Abuse</td>
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<td>NREPP</td>
<td>National Registry of Evidence-based Programs and Practices</td>
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<tr>
<td>SAMHSA</td>
<td>Substance Abuse and Mental Health Services Administration</td>
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www.bha.dhmh.maryland.gov

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