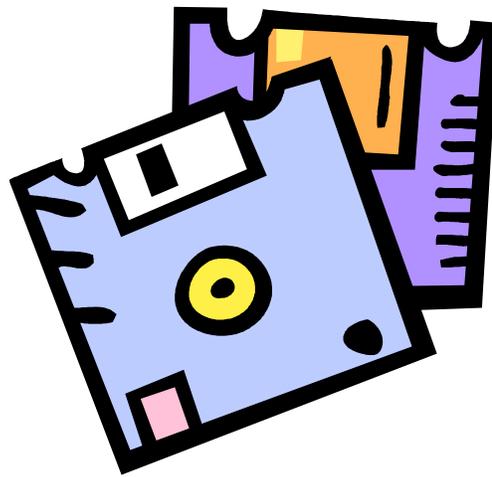


# Maryland Alcohol and Drug Abuse Administration

*Department of Health and Mental Hygiene*



## *PREVENTION PROGRAM ACTIVITY REPORT*

**FISCAL YEAR  
2007**

*Martin O'Malley., Governor*



*Anthony G. Brown, Lt. Governor*



*John M. Colmers, Secretary*



*Peter F. Luongo, Ph.D., Director*

# Maryland Alcohol and Drug Abuse Administration



## GENERAL INFORMATION

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AND

Visit our website at: [www.maryland-adaa.org](http://www.maryland-adaa.org)

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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.*

# TABLE OF CONTENTS

<b>INTRODUCTION.....</b>	<b>1</b>
<b>PREVENTION SERVICES IN MARYLAND.....</b>	<b>2</b>
What is Prevention? .....	2
Prevention Services.....	2
Special Program Initiatives.....	2
Numbers Served.....	3
Program Characteristics.....	3
<b>MANAGEMENT INFORMATION SERVICES.....</b>	<b>4</b>
Overview.....	4
System Architecture.....	4
ADAA Prevention Program Data.....	4
<b>MARYLAND STATE DEMOGRAPHICS.....</b>	<b>5</b>
Demographic Profile (Gender, Age and Race).....	5
<b>NUMBERS SERVED AND PROGRAM TYPE.....</b>	<b>6</b>
Recurring Prevention Services.....	6
Single Prevention Services.....	6
<b>PROGRAM COMPLETIONS.....</b>	<b>7</b>
Completion Rate and Definition.....	7
Completion Percentages.....	7
<b>CSAP STRATEGIES.....</b>	<b>8</b>
<b>HIGH RISK PRESCHOOL INITIATIVE.....</b>	<b>9</b>
<b>COLLEGE PREVENTION CENTERS.....</b>	<b>10</b>
<b>MODEL PROGRAM INITIATIVE.....</b>	<b>11</b>
<b>CSAP MODEL PROGRAMS.....</b>	<b>12</b>
<b>INSTITUTE OF MEDICINE (IOM) CATEGORY.....</b>	<b>13</b>

# TABLE OF CONTENTS

<b>COUNTY PREVENTION DATA.....</b>	<b>14</b>
Allegany County.....	15
Anne Arundel County.....	16
Baltimore City.....	17
Baltimore County.....	18
Calvert County.....	19
Caroline County.....	20
Carroll County.....	21
Cecil County .....	22
Charles County .....	23
Dorchester County .....	24
Frederick County.....	25
Garrett County .....	26
Harford County.....	27
Howard County .....	28
Kent County .....	29
Montgomery County .....	30
Prince George’s County .....	31
Queen Anne’s County .....	32
St. Mary’s County .....	33
Somerset County .....	34
Talbot County .....	35
Washington County .....	36
Wicomico County.....	37
Worcester County .....	38
<b>DEFINITIONS OF CSAP STRATEGIES AND ACTIVITIES.....</b>	<b>39-40</b>
Alternatives.....	39
Community-based.....	39
Education.....	39
Environmental.....	40
Information Dissemination.....	40
Problem Id and Referral.....	40
<b>ACRONYMS AND ABBREVIATIONS.....</b>	<b>41</b>

# INTRODUCTION

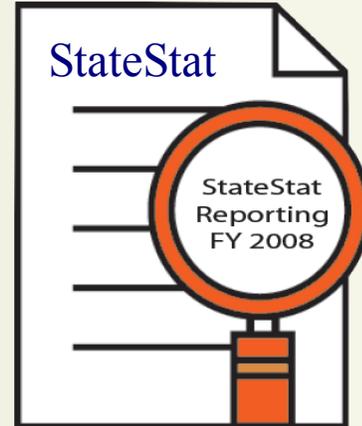
## ALCOHOL AND DRUG ABUSE ADMINISTRATION

The Alcohol and Drug Abuse Administration (ADAA) is the single state agency responsible for the provision, coordination, and regulation of the statewide network of substance abuse prevention, intervention and treatment 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.

## REGIONAL TEAMS

ADAA's Regional Teams bring together a variety and depth of experience in order to provide support, technical assistance, and consultation to the funded substance abuse prevention, intervention and treatment programs in Maryland. Each team is led by a Regional Services Manager and team members represent the four divisions of the Alcohol and Drug Abuse Administration. The Management Services Division lends fiscal expertise to help with the grant application process. The Information Services Division offers expertise on training, data collection, research and implementation of the SMART and MDS electronic record and data collection systems. The Quality Assurance Division supplies knowledge on legislation and regulation and compliance issues. The Community Services Division provides assistance on the implementation of special projects and program management.

The team members serve as primary conduits for information between the administration and the local jurisdictions responsible for the development and implementation of the addiction's prevention, intervention and treatment systems. Additionally, the teams serve as a resource to the jurisdictional programs to provide technical assistance in all aspects of program planning and implementation, bringing new technologies to the field, and aiding in the continuous process of getting better at serving the citizens of Maryland who are struggling with addiction.



*"We are going to do everything we can to make our government more open and transparent – so that we understand what things are working, what things are not working, and how we can maximize the investment that the hard working people of our State make in the important work of state government. It is going to be our foundation for restoring accountability and for driving our progress" said Governor, Martin O'Malley as he signed new legislation establishing "StateStat."*<sup>1</sup>

Based on the Governor's "City Stat" used in Baltimore City when he was Mayor, the StateStat project asks executive branch departments, administrations and programs to report outcomes and progress toward pre-defined goals on a regular basis.

As requirements for new performance measures are developed, ADAA is able to look to previous issues of the Annual Prevention Report for benchmarks and will be able to quickly modify the MDS application to collect any new data elements as needed.

<sup>1</sup> *Bill Signing Ceremony, Maryland State House, April 10 2007*

# Prevention Services in Maryland

## WHAT IS PREVENTION?

Prevention is the promotion of constructive lifestyles and norms that discourage drug use. It is the development of social and physical environments that facilitate drug-free lifestyles. Prevention is achieved through the application of multiple strategies; it is an ongoing process that must relate to each emerging generation.

From the process of evidence-based prevention, a set of effective principles, strategies, and model programs can be derived to guide prevention efforts. This process is sometimes referred to as research or science-based.

## PREVENTION SERVICES

The Alcohol and Drug Abuse Administration (ADAA) is the single state agency responsible for the planning, development, coordination, and delivery of prevention services to all Maryland residents. The Community Services Division serves as the major liaison between ADAA and prevention service providers in Maryland.

The Community Services Division has adopted a community development model for its prevention/intervention system. The model focuses on developing effective comprehensive programs that give participants a positive identity and the skills, opportunities, relationships, and experiences to develop a drug free lifestyle.

ADAA-funded prevention programs are developed in cooperation with communities and are designed and implemented for all age groups with a special emphasis on evidence-based programming that demonstrates effective outcomes.

## PREVENTION NETWORK

In support of this process, ADAA 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.

## SPECIAL PROGRAM INITIATIVES

### *High Risk Preschool Initiative*

The ADAA continues to fund and support an initiative to focus on alcohol, tobacco and other drugs (ATOD) high risk preschool children and their families. ADAA's High Risk Preschool Initiative now encompasses six counties (see page 9). The objective of these programs is to reduce the exposure to alcohol, tobacco and other drugs among high risk preschool children by identifying and reducing risk factors in the family and the community that place them at a greater risk for ATOD use.

### *College Prevention Centers*

The ADAA began a new initiative during fiscal year 1998 to prevent alcohol and drug abuse on college campuses (see page 10). Four strategically located ATOD College Prevention Centers at Frostburg State University, Towson University, Bowie St. University and the University of Maryland Eastern Shore receive funding to support ongoing ATOD prevention efforts. 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.

## ***MODEL PROGRAM INITIATIVE***

In an ongoing effort to prevent substance use in Maryland, the ADAA provided \$600,000 to select jurisdictions to implement evidence-based programs. The Model Program Initiative (MPI) requires jurisdictions to use Substance Abuse and Mental Health Services Administration (SAMHSA) Model Programs to respond to identified community needs.

Evidence-based programs have proven their success through scientific investigation and research methodology and have demonstrated consistent positive results. Maryland is dedicated to the pursuit of positive State prevention outcomes. ADAA staff have received extensive training by the Center for Substance Abuse Prevention (CSAP) and model program developers in evidence-based model programs and work very closely with prevention coordinators to implement these services.

**In fiscal year 2007, a total of 51 prevention programs were offered throughout the nine MPI funded jurisdictions serving 1,674 individuals.**

# Prevention Services In Maryland

Figure 1  
Total Number Served  
FY 2004-2007

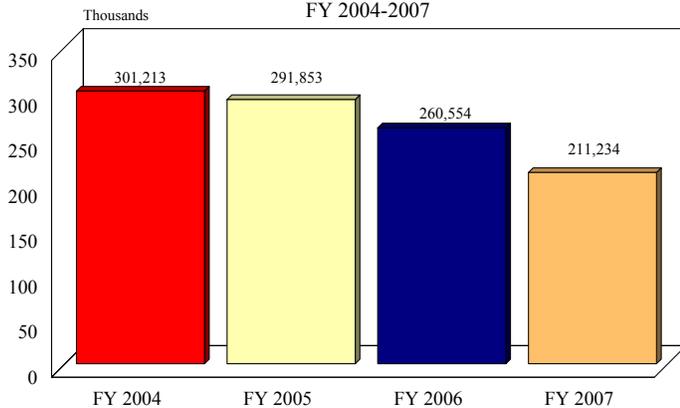


Figure 2  
Program Characteristics  
FY 2007

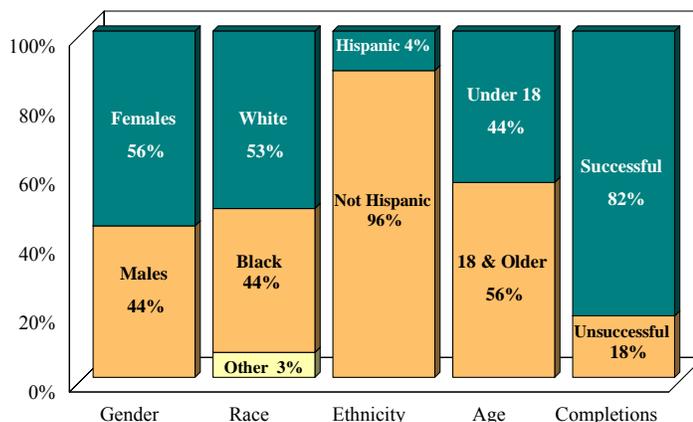
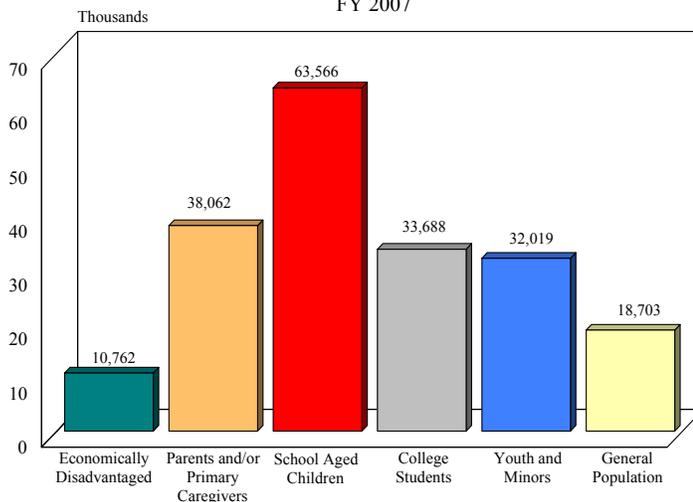


Figure 3  
Service Population  
FY 2007



## NUMBERS SERVED

In fiscal year 2007 over 211,000 individuals received prevention services in Maryland. Tight resources, staff vacancies and more sophisticated programming requirements have caused the total number of individuals served to dip during the past two years. Over the past four years there has been a shift from “one shot” single service activities to more intensive recurring service activities. In the last four years, data have shown Maryland averaging approximately 266,000 individuals served annually through prevention services.

## PROGRAM CHARACTERISTICS

### *Age*

Over half of all individuals receiving prevention services in fiscal year 2007 were 18 years of age and older. Figures show about 26 percent were parents or primary caregivers. School-aged children represented 63 percent of those individuals under the age of 18 receiving prevention services.

### *Gender and Race*

Females represented a slightly higher distribution (56%) than males (44%) in fiscal 2007. Caucasians (53%) and African Americans (44%) 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, but much remains to be accomplished. In FY07, four percent (4%) of the total population served were Hispanic.

### *Program Completions*

Recurring prevention programs showed an overall statewide completion rate of 82% in fiscal year 2007. Program completion rates have grown slightly over the last four years due to an increased knowledge of prevention programming as well as staff training and technical assistance.

## SERVICE POPULATION

During fiscal year 2007, Maryland offered prevention services to 26 different service populations. The majority of individuals receiving services were parents and school aged children (Figure 3).

# Management Information Services

## 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 (PrevTech) 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 Web-based 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, or 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.

## **ADAA PREVENTION PROGRAM DATA**

In the State of Maryland, approximately 211,000 people received prevention services in fiscal year 2007.

### Recurring Prevention Programs

Recurring prevention programs are defined by the following criteria:

- ▶ The program must be partially or fully ADAA funded and coordinated through the county prevention office.
- ▶ The program must be an approved SAMHSA Model Program.
- ▶ The program must meet with the same group of individuals within the specified service population for a minimum of five separate occasions.

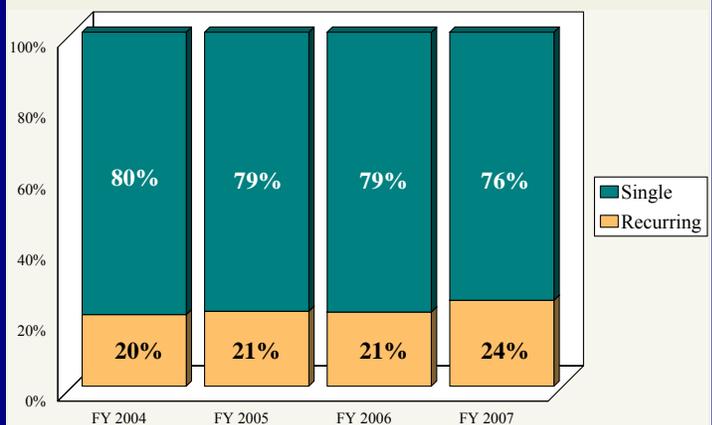
In fiscal year 2007, a total of 477 recurring prevention programs were offered across the state of Maryland. The total number of individuals actively participating in ADAA funded recurring prevention programs was 28,762.

### 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 on less than six separate occasions.

In fiscal year 2007, a total of 1,489 single service prevention services were offered throughout the state of Maryland. The total number of individuals attending single service prevention activities was 182,472.

**Figure 4**  
**Prevention Programs by Program Type**  
**FY 2004-2007**



# Maryland State 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 2007. Approximately 56 percent of program participants were female while 44 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

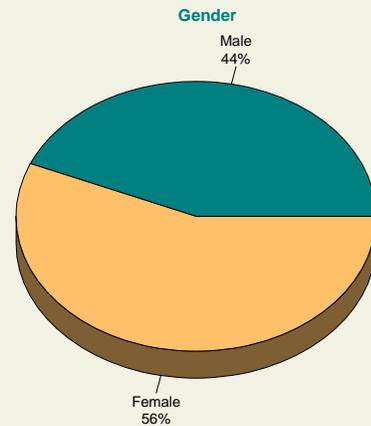
During fiscal year 2007, more than half of the prevention program participants (56%) receiving services were adults over 18 years of age. Parents comprised 30 percent of those adults who attended prevention programs in fiscal year 2007. Youth under the age of 18 represented 44 percent of individuals participating in prevention programs. All age breakdowns for prevention programs are shown in Figure 6.

### RACE AND ETHNICITY

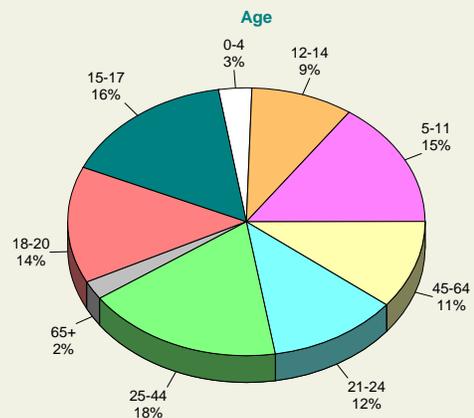
CSAP has defined five racial categories for use by states to provide consistency in reporting MDS data on a national level. For the purposes of this report, ADA has combined three of the five racial groups into one standard category defined as "Other." The "Other" category includes American Indian, Asian,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

Caucasians made up for 52 percent of program participants while African Americans comprised 41 percent of the individuals attending prevention programs in fiscal year 2007 (Figure 7). Hispanics represented four percent of the participants receiving prevention services in fiscal year 2007.

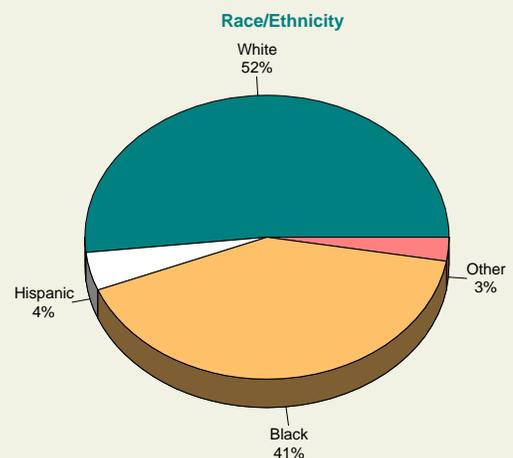
**Figure 5**  
Gender Distribution FY 2007



**Figure 6**  
Age Distribution FY 2007



**Figure 7**  
Race Distribution FY 2007



# Numbers Served and Program Type

In fiscal year 2007, Maryland continued to implement SAMHSA Model Programs statewide with a primary focus on providing prevention services to all populations who were considered at risk for substance abuse. In the last four years, data have shown Maryland averaging approximately 266,000 individuals served annually through prevention services.

## RECURRING PREVENTION SERVICES

In fiscal year 2007 there were 28,762 individuals who actively participated in recurring prevention programs in Maryland. As a result of a two year transitioning period in which the state has mandated its funded prevention service providers to implement SAMHSA model programs, the state has seen a slight decrease in the annual totals for participants in recurring programs. As service providers begin to establish an infrastruc-

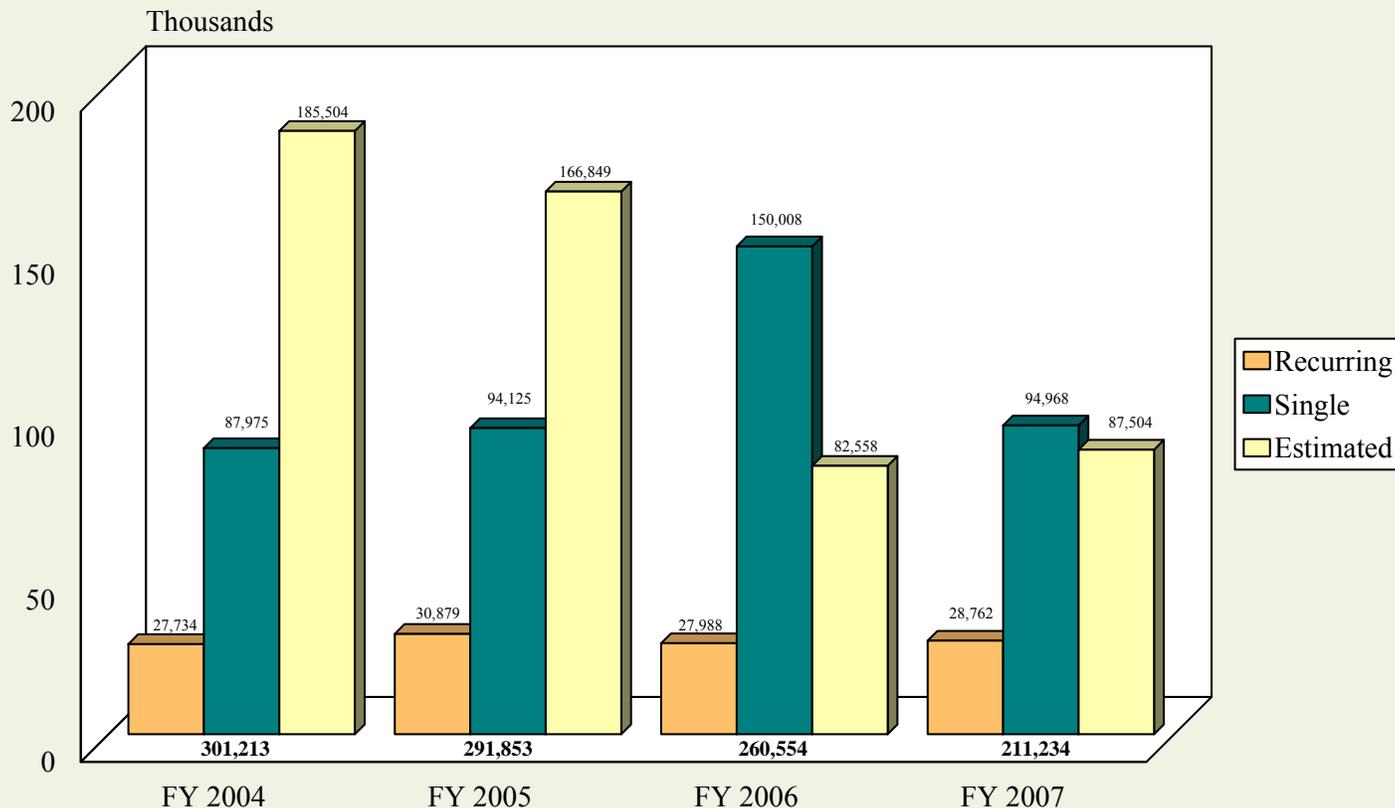
ture to implement their chosen SAMHSA model programs, it is anticipated that the number of individuals attending recurring prevention programs will increase.

## SINGLE PREVENTION SERVICES

The total number of individuals attending single prevention services or activities was 94,968 in fiscal year 2007. Annual totals for all prevention services in the last four years are shown below in Figure 8.

Based on information obtained from the MDS demographic estimate indicator (used only when the actual number of attendees at a specific event can not be accurately counted) there were an additional 87,504 individuals who attended or received prevention services in fiscal year 2007.

**Figure 8**  
**Numbers Served**  
**FY 2004-2007**



# Recurring Program Completions

**Table 1**  
**Recurring Program Completions**  
**Fiscal Year 2007**

COUNTY	Total Number of Participants	Total Number of Completions	Percentage Completed
Allegany	443	391	88%
Anne Arundel	431	345	80%
Baltimore City	15,043	12,226	81%
Baltimore	1048	874	83%
Calvert	530	419	79%
Caroline	46	38	83%
Carroll	339	285	84%
Cecil	219	193	88%
Charles	497	403	81%
Dorchester	241	193	80%
Frederick	803	694	86%
Garrett	1082	879	81%
Harford	846	688	81%
Howard	147	116	79%
Kent	52	44	85%
Montgomery	1650	1398	85%
Prince George's	2911	2412	83%
Queen Anne's	73	61	84%
St. Mary's	341	291	85%
Somerset	148	128	86%
Talbot	329	293	89%
Washington	468	361	77%
Wicomico	918	794	86%
Worcester	157	129	82%
<b>Total</b>	<b>28,762</b>	<b>23,655</b>	<b>82%</b>

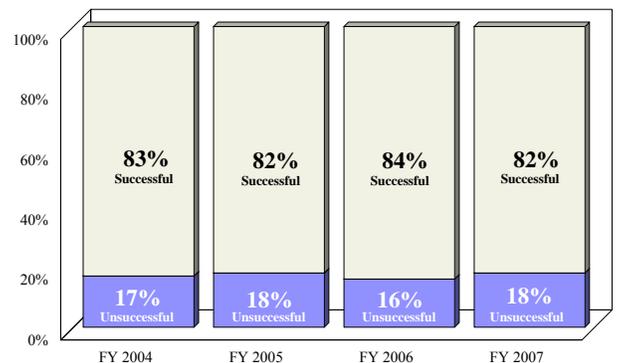
## COMPLETION RATE

The Alcohol and Drug Abuse 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 participants completion is defined by each individual program and is based upon the criteria outlined in the program curriculum.

## COMPLETION PERCENTAGES

Completion rates statewide (Figure 9) have steadily averaged 83 percent in the last four years. Table 1 shows a jurisdictional breakdown of individuals served in recurring programs and those who successfully completed the program.

**Figure 9**  
**Completion Percentages**  
**FY 2004-2007**



The average Statewide completion rate for fiscal year 2007 was 82%.



# CSAP Strategies

All strategies and service types reported in the MIS 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 2 below shows the total number of individuals served by jurisdiction and CSAP strategy.

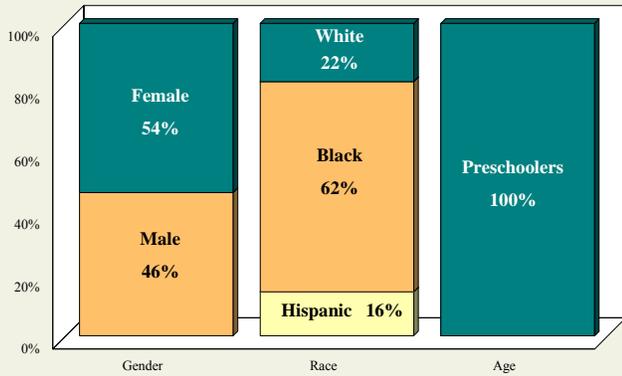
**Table 2**  
**CSAP Strategies and Number of Participants Served**  
**Fiscal Year 2007**

County	Alternatives	Community Based Process	Education	Environmental	Information Dissemination	Problem ID And Referral	Total
Allegany	4904	631	443	102	3588	0	<b>9,668</b>
Anne Arundel	116	89	431	0	4629	58	<b>5,323</b>
Baltimore City	9651	514	1899	100	21,885	9069	<b>43,118</b>
Baltimore	9379	26	1005	17,264	14,698	0	<b>42,372</b>
Calvert	1484	270	263	0	2727	0	<b>4,744</b>
Caroline	2473	197	46	12	3749	0	<b>6,477</b>
Carroll	174	380	339	0	15,064	0	<b>15,957</b>
Cecil	0	219	0	0	73	0	<b>292</b>
Charles	30	497	0	0	1015	0	<b>1,542</b>
Dorchester	225	75	241	151	1919	0	<b>2,611</b>
Frederick	300	80	803	13	403	4	<b>1,603</b>
Garrett	4409	1184	540	99	245	232	<b>6,709</b>
Harford	2312	2337	747	150	5829	230	<b>11,605</b>
Howard	0	409	147	246	4355	0	<b>5,157</b>
Kent	0	103	52	120	916	0	<b>1,191</b>
Montgomery	75	504	1507	0	3859	0	<b>5,945</b>
Prince George's	2069	102	2318	414	4465	0	<b>9,368</b>
Queen Anne's	1445	1300	75	0	963	178	<b>3,961</b>
St. Mary's	0	1087	335	50	5701	0	<b>7,173</b>
Somerset	27	52	96	9	3521	0	<b>3,705</b>
Talbot	44	493	109	53	1100	0	<b>1,799</b>
Washington	645	344	355	0	230	2090	<b>3,664</b>
Wicomico	201	89	918	0	1050	0	<b>2,258</b>
Worcester	13,064	34	134	0	1760	0	<b>14,992</b>
<b>TOTAL</b>	<b>53,027</b>	<b>11,016</b>	<b>12,803</b>	<b>18,783</b>	<b>103,744</b>	<b>11,861</b>	<b>211,234</b>
<b>PERCENTAGE</b>	<b>25%</b>	<b>5%</b>	<b>6%</b>	<b>9%</b>	<b>49%</b>	<b>6%</b>	<b>100%</b>

# High Risk Preschool Initiative

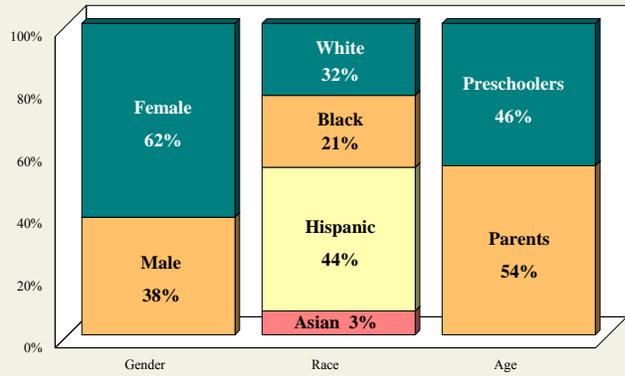
The ADAA continues to fund and support an initiative to focus on ATOD High Risk Preschool children and their families. ADAA's High Risk Preschool Initiative now encompasses six of the 24 jurisdictions. The objective of these programs is to reduce the onset of alcohol, tobacco and other drugs among high risk preschool children by identifying and reducing risk factors in the family and the community that place them at a greater risk for ATOD use. A total of 2,763 individuals received prevention services through the High Risk Preschool initiative in fiscal year 2007 (Figures 10-15).

Figure 10  
Baltimore Co. Preschool Program Characteristics



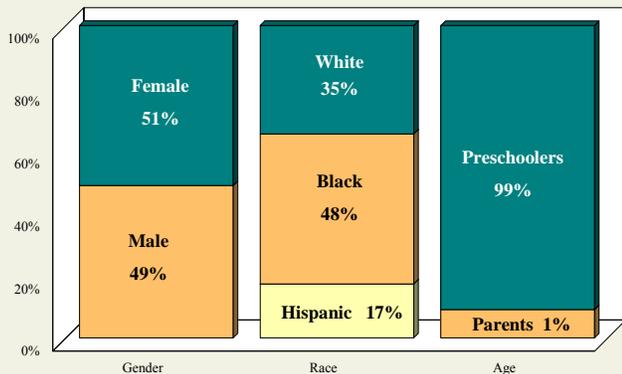
Total Served = 264

Figure 13  
Montgomery Co. Preschool Program Characteristics



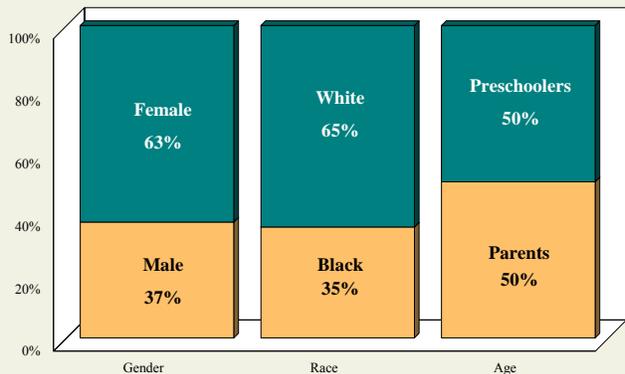
Total Served = 1042

Figure 11  
Frederick Co. Preschool Program Characteristics



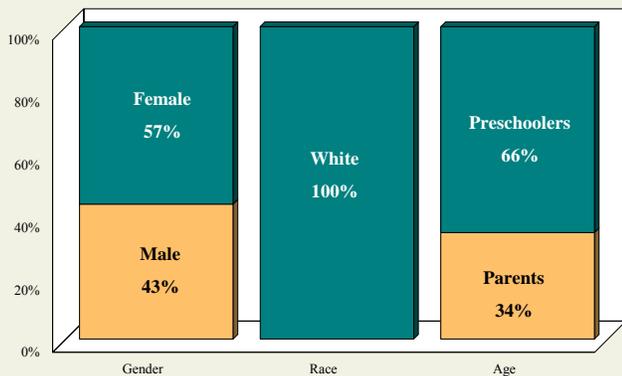
Total Served = 672

Figure 14  
Washington Co. Preschool Program Characteristics



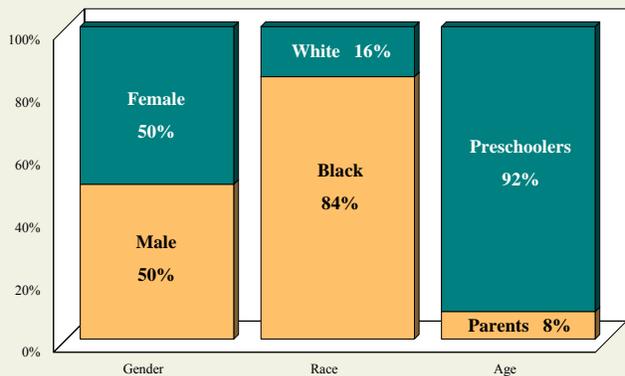
Total Served = 62

Figure 12  
Garrett Co. Preschool Program Characteristics



Total Served = 273

Figure 15  
Wicomico Co. Preschool Program Characteristics



Total Served = 450

# College Prevention Centers

## COLLEGE INITIATIVE

The ADAA began a new initiative in fiscal year 1998 to prevent alcohol and drug abuse on college campuses. Four strategically located ATOD College Prevention Centers at Frostburg University, Towson University, Bowie State University and the University of Maryland Eastern Shore receive funding to support ongoing ATOD efforts. 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 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.

## COLLEGE CENTER DATA

In fiscal year 2007, the college centers provided prevention services to 31,006 individuals statewide with a primary focus on peer education. Figures 16-19 show demographic characteristics for all four college prevention centers for fiscal year 2007.

### INDIVIDUALS SERVED BY COLLEGE PREVENTION CENTERS FISCAL YEAR 2007

Figure 16  
Gender Distribution

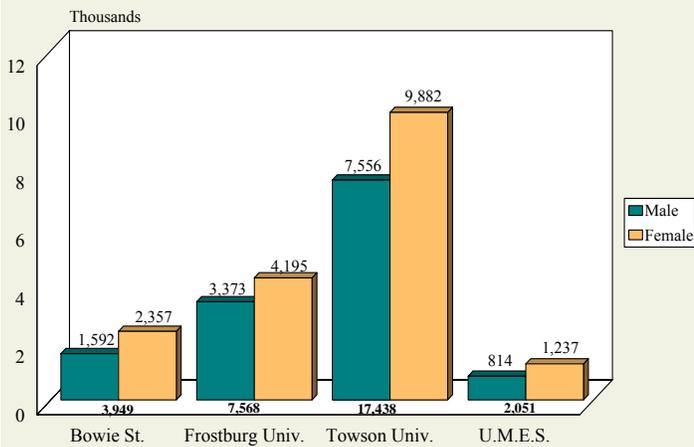


Figure 17  
Race Distribution

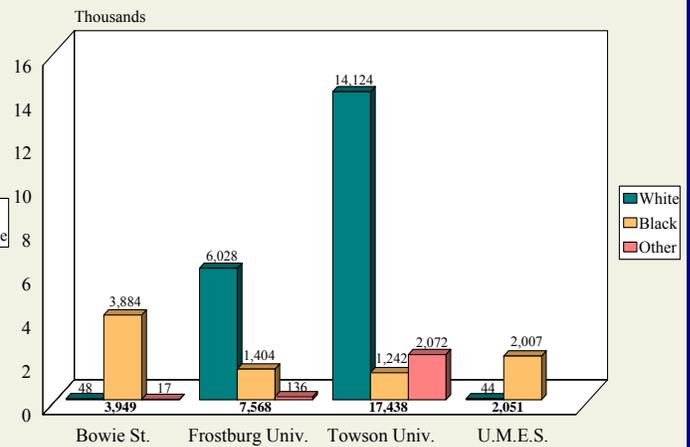


Figure 18  
Statewide Gender Distribution

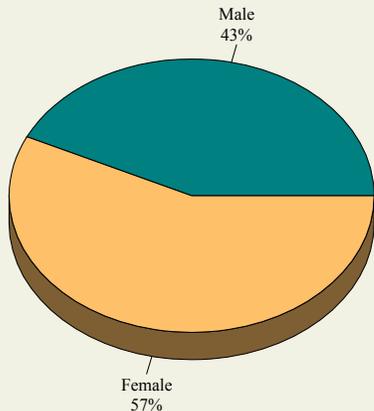
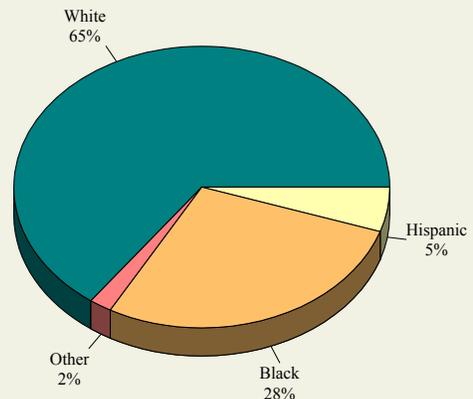


Figure 19  
Statewide Race Distribution



# MODEL PROGRAM INITIATIVE

In an ongoing effort to prevent substance use in Maryland, the ADAA provided an additional \$600,000 to select jurisdictions to implement evidence-based programs. The Model Program Initiative (MPI) requires jurisdictions to use Substance Abuse and Mental Health Services Administration (SAMHSA) Model Programs to respond to identified community needs.

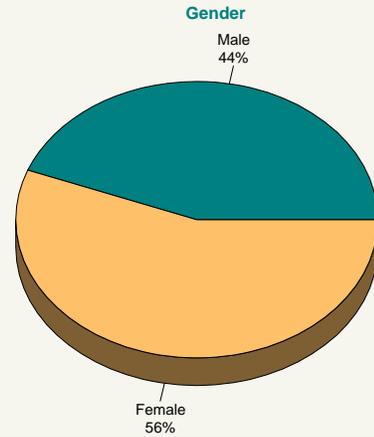
**Table 3**  
Number of Programs

County	Number of Programs		Total Programs
	Recurring	Single	
Allegany	2	0	2
Anne Arundel	2	15	17
Calvert	2	0	2
Carroll	3	3	6
Charles	2	0	2
Dorchester	2	0	2
Garrett	4	0	4
Howard	1	12	13
Montgomery	1	0	1
<b>Total</b>	<b>19</b>	<b>30</b>	<b>49</b>

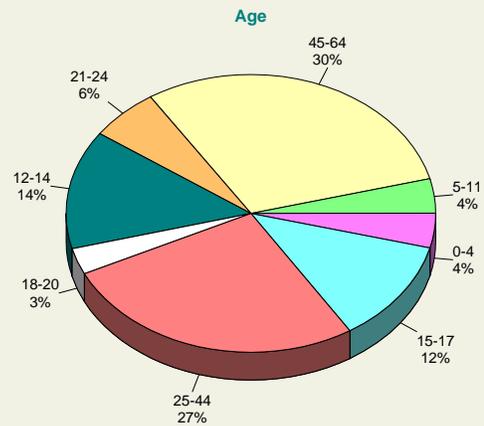
**Table 4**  
Numbers Served

County	Numbers Served		Total Served
	Recurring	Single	
Allegany	72	0	72
Anne Arundel	99	115	214
Calvert	145	0	145
Carroll	130	170	300
Charles	215	0	215
Dorchester	49	0	49
Garrett	24	0	24
Howard	40	150	190
Montgomery	465	0	465
<b>Total</b>	<b>1,239</b>	<b>435</b>	<b>1,674</b>

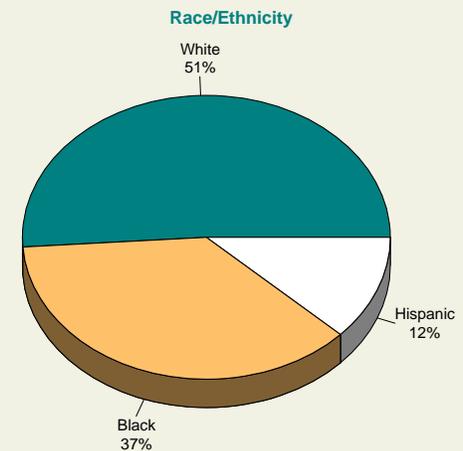
**Figure 20**  
Gender Distribution FY 2007



**Figure 21**  
Age Distribution FY 2007



**Figure 22**  
Race Distribution FY 2007

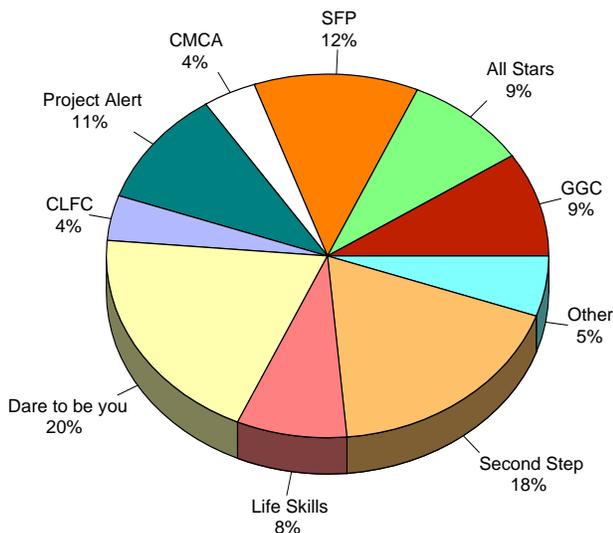


# CSAP Model Programs

**Table 5**  
**Numbers Served by CSAP Model Program**  
**Fiscal Year 2007**

Model Program	Number of Programs	Numbers Served
Across Ages	2	495
All Stars	8	465
Communities Mobilizing for Change on Alcohol (CMCA)	3	475
Creating Lasting Family Connections (CLFC)	3	477
Dare To Be You (DTBY)	18	1822
Guiding Good Choices (GGC)	8	779
Life Skills Training (LST)	6	611
Positive Action	1	215
Project Alert	8	2023
Project Towards No Drug Use (Project TND)	1	22
Second Step	15	4115
Strengthening Families Program (SFP)	10	1981
<b>Total</b>	<b>83</b>	<b>13,480</b>

**Figure 23**  
**Model Program Distribution**  
**FY 2007**



Note: Model Programs in the "Other" category include: Across Ages, Positive Action and Project TND

## 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.<sup>1</sup>

<sup>1</sup><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 ADAA 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.<sup>2</sup>

<sup>2</sup><http://nrepp.samhsa.gov/about-evidence.htm>

For more information on NREPP please visit:

<http://nrepp.samhsa.gov>

Table 5 shows the number of individuals served by model program for fiscal year 2007. Figure 23 shows model program distribution for fiscal year 2007.

# Institute of Medicine (IOM) Category

**Table 6**  
**Numbers Served By Intervention Type (IOM Category)**  
**Fiscal Year 2007**

COUNTY	Universal	Selected	Indicated	Total
Allegany	8975	685	8	9,668
Anne Arundel	4340	983	0	5,323
Baltimore City	37,727	5338	53	43,118
Baltimore	38,751	3394	227	42,372
Calvert	4744	0	0	4,744
Caroline	6362	113	2	6,477
Carroll	14,912	688	357	15,957
Cecil	53	219	20	292
Charles	872	670	0	1,542
Dorchester	2510	33	68	2,611
Frederick	1596	7	0	1,603
Garrett	6331	378	0	6,709
Harford	11,153	402	50	11,605
Howard	4134	1023	0	5,157
Kent	985	194	12	1,191
Montgomery	5841	104	0	5,945
Prince George's	5512	3856	0	9,368
Queen Anne's	3961	0	0	3,961
St. Mary's	7164	9	0	7,173
Somerset	3654	51	0	3,705
Talbot	1714	85	0	1,799
Washington	3618	46	0	3,664
Wicomico	1378	826	54	2,258
Worcester	14,901	91	0	14,992
<b>Total</b>	<b>191,188</b>	<b>19,195</b>	<b>851</b>	<b>211,234</b>
<b>Percentage</b>	<b>91%</b>	<b>9%</b>	<b>&gt;1%</b>	<b>100%</b>

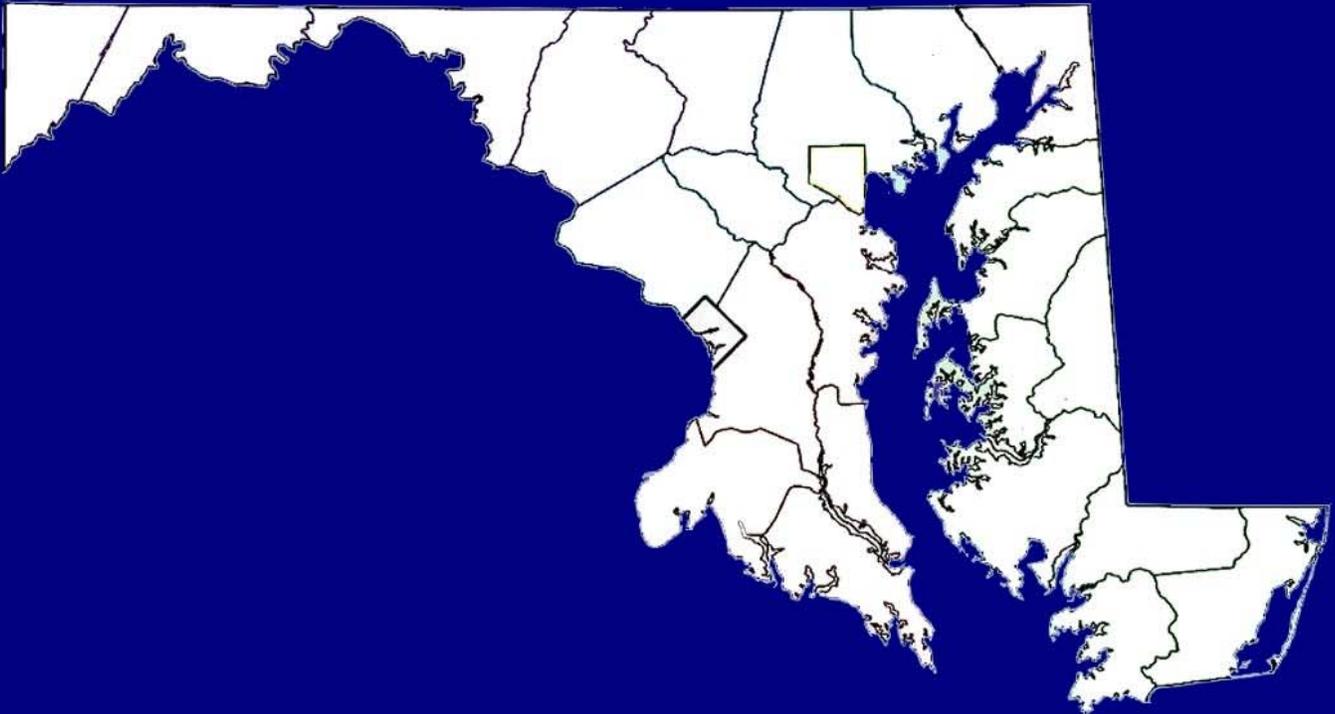
## IOM CATEGORY DEFINITIONS

**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.

**Selective** - Selective prevention strategies target subsets of the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment--for example, children of adult alcoholics, drop-outs, or students who are failing academically. Selective prevention targets the entire subgroup regardless of the degree of risk of any individual within the group. The selective prevention program is presented to the entire subgroup because the subgroup as a whole is at higher risk for substance abuse than the general population.

**Indicated** - Indicated prevention strategies are designed to prevent the onset of substance abuse in individuals who do not meet DSM-IV criteria for addiction, but who are showing early danger signs, such as falling grades and consumption of alcohol and other gateway drugs. The mission of indicated prevention is to identify individuals who are exhibiting early signs of substance abuse and other problem behaviors associated with substance abuse and to target them with special programs. Indicated prevention approaches are used for individuals who may or may not be abusing substances, but exhibit risk factors that increase their chances of developing a drug abuse problem.

# COUNTY PREVENTION DATA



# ALLEGANY COUNTY



**Prevention Coordinator**  
Chris Delaney  
(301) 759-5050

**College Coordinator**  
Don Swogger  
(301) 687-4761

## SAMHSA MODEL PROGRAMS

- ▶ Creating Lasting Family Connections
- ▶ Dare to be you
- ▶ Project Towards No Drugs

## DEMOGRAPHICS

### GENDER

Figure 24 shows the countywide distribution of prevention programs for gender in fiscal year 2007. Females represented 54 percent of program participants while 46 percent of the participants countywide were male.

### AGE

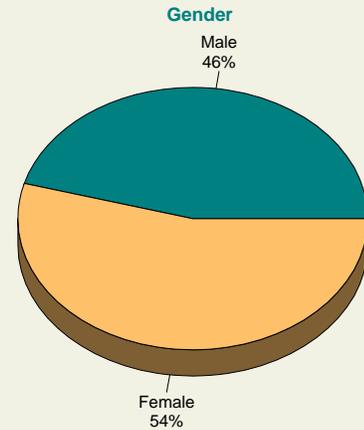
During fiscal year 2007, 23 percent of all those participating in prevention programs were parents or primary care givers. College students attending Frostburg State University accounted for 40 percent of those individuals receiving prevention services in Allegany County. Figure 25 shows the overall county distribution for age.

### RACE AND ETHNICITY

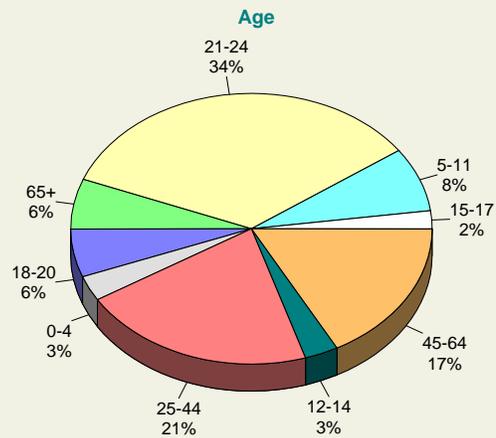
Caucasians accounted for 79 percent of the racial distribution receiving prevention services in Allegany county while African Americans comprised 19 percent during fiscal year 2007. Figure 26 shows the overall county distribution for Race/Ethnicity.

**The total number of individuals receiving prevention services in Allegany County was 9,668 in fiscal year 2007.**

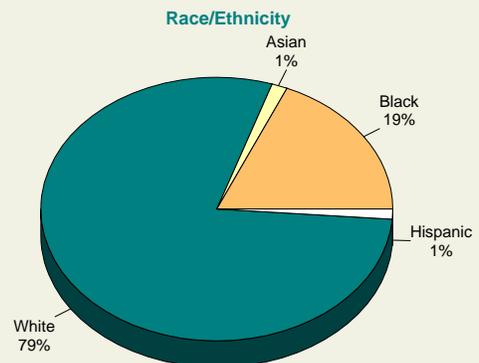
**Figure 24**  
**Gender Distribution FY 2007**



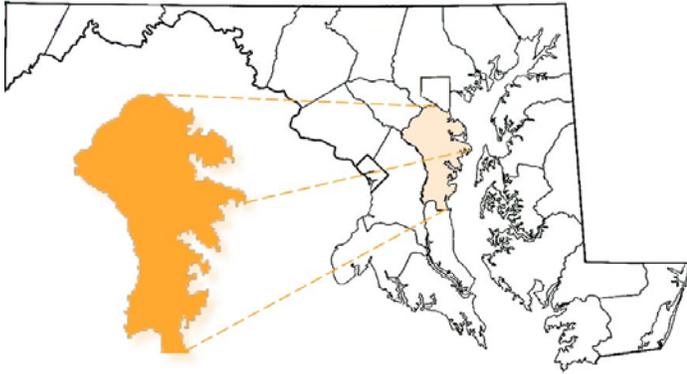
**Figure 25**  
**Age Distribution FY 2007**



**Figure 26**  
**Race Distribution FY 2007**



# ANNE ARUNDEL COUNTY



## Prevention Coordinator

Heather Eshleman  
(410) 222-6724

### SAMHSA MODEL PROGRAMS

- ▶ Second Step
- ▶ Strengthening Families

### DEMOGRAPHICS

#### GENDER

Figure 27 shows the countywide distribution of prevention programs for gender in fiscal year 2007. Females represented 52 percent of program participants while 48 percent of the participants countywide were male.

#### AGE

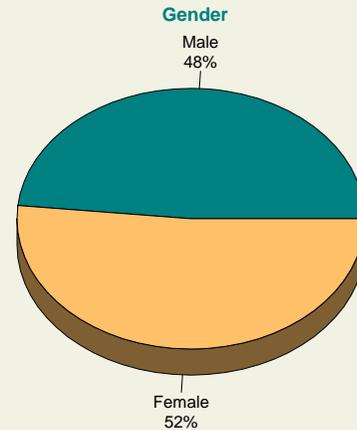
During fiscal year 2007, 76 percent of all those participating in prevention programs were adolescents. Twenty percent of Anne Arundel County residents receiving services were parents or primary care givers. Figure 28 shows the overall county distribution for age.

#### RACE AND ETHNICITY

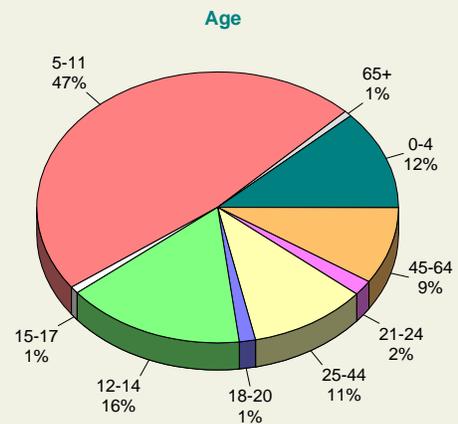
Caucasians (67%) and African Americans (31%) accounted for 98 percent of the racial distribution receiving prevention services in Anne Arundel County during fiscal year 2007 (Figure 29). Hispanics comprised 2 percent of the remaining distribution.

**The total number of individuals receiving prevention services in Anne Arundel County was 5,323 in fiscal year 2007.**

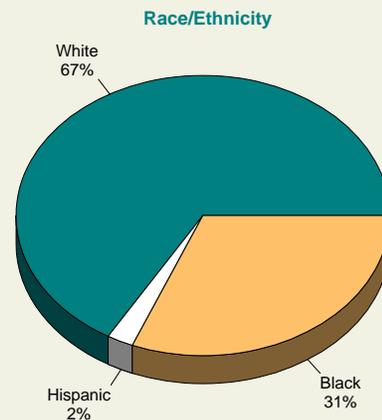
**Figure 27**  
**Gender Distribution FY 2007**



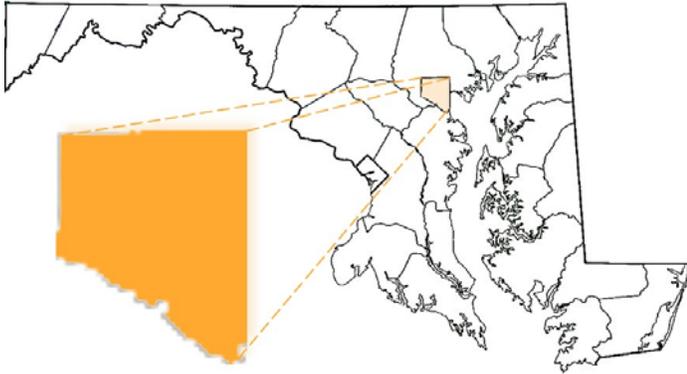
**Figure 28**  
**Age Distribution FY 2007**



**Figure 29**  
**Race Distribution FY 2007**



# BALTIMORE CITY



**Prevention Coordinator**  
 Shirley Stokes  
 (410) 637-1900

## SAMHSA MODEL PROGRAMS

- ▶ All Stars
- ▶ Life Skills Training
- ▶ Project Alert
- ▶ Second Step
- ▶ Strengthening Families

## DEMOGRAPHICS

### GENDER

Figure 30 shows the countywide distribution of prevention programs for gender in fiscal year 2007. Females represented 60 percent of program participants while 40 percent of the participants countywide were male.

### AGE

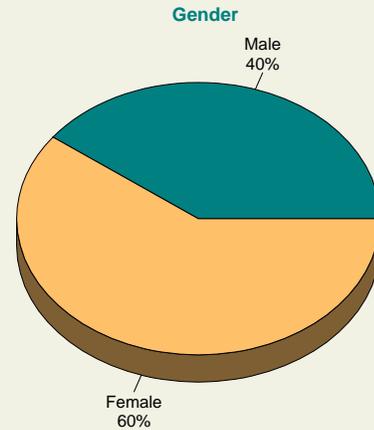
During fiscal year 2007, approximately 65 percent of all individuals participating in prevention programs were adolescents. Parents or primary care givers represented 18 percent of the distribution in Baltimore City. Figure 31 shows the overall county distribution for age.

### RACE AND ETHNICITY

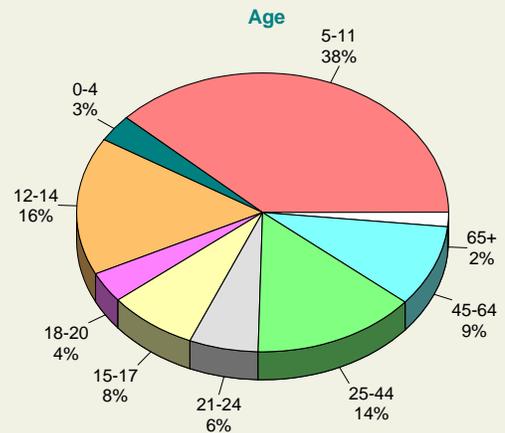
As shown in Figure 32, African Americans accounted for 80 percent of the racial distribution receiving prevention services in Baltimore City while Caucasians comprised 14 percent during fiscal year 2007. Hispanics (4%) and Other (2%) accounted for the remainder of the distribution (6%).

**The total number of individuals receiving prevention services in Baltimore City was 43,118 in fiscal year 2007.**

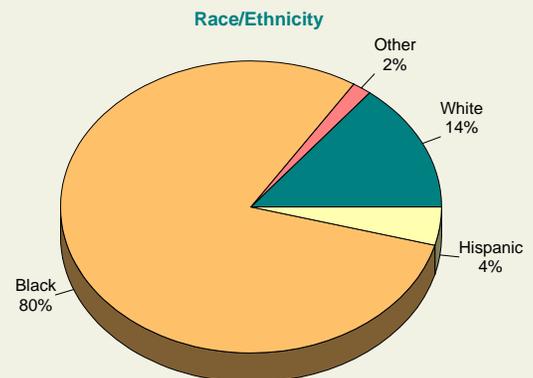
**Figure 30**  
**Gender Distribution FY 2007**



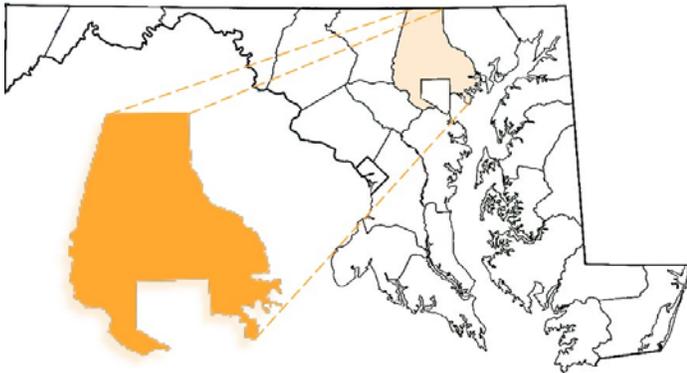
**Figure 31**  
**Age Distribution FY 2007**



**Figure 32**  
**Race Distribution FY 2007**



# BALTIMORE COUNTY



**Prevention Coordinator**  
Mary Viggiani  
(410) 887-3828

**College Coordinator**  
Donna Cox  
(410) 704-4670

## SAMHSA MODEL PROGRAMS

- ▶ All Stars
- ▶ Life Skills Training
- ▶ Second Step
- ▶ Strengthening Families

## DEMOGRAPHICS

### GENDER

Figure 33 shows the countywide distribution of prevention programs for gender in fiscal year 2007. Females represented 57 percent of program participants while 43 percent of the participants countywide were male.

### AGE

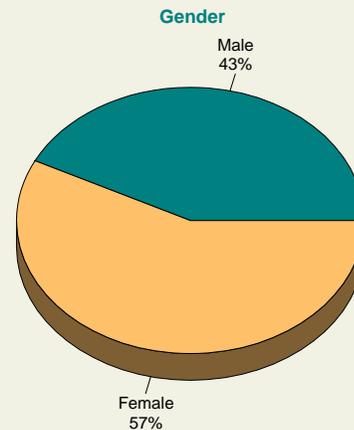
Figure 34 shows the overall county distribution for age during fiscal year 2007. College students attending Towson University represented 43 percent of the those individuals receiving prevention services in Baltimore County.

### RACE AND ETHNICITY

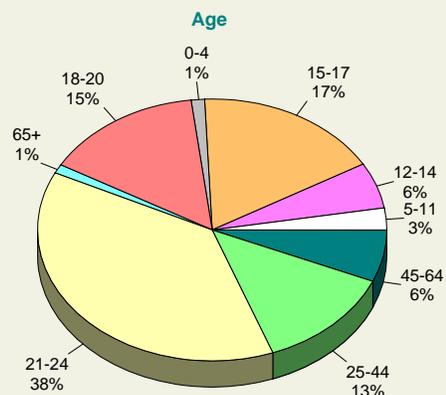
During fiscal year 2007, Caucasians accounted for 58 percent of the racial distribution while African Americans comprised 29 percent in Baltimore County (Figure 35). Asian (3%) and Hispanics (6%) accounted for nine percent of the distribution. Racial groups in the “Other” category (4%) included American Indian, Native Hawaiian.

**The total number of individuals receiving prevention services in Baltimore County was 42,372 in fiscal year 2007.**

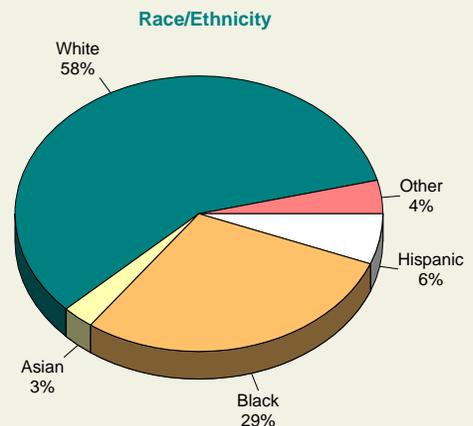
**Figure 33**  
**Gender Distribution FY 2007**



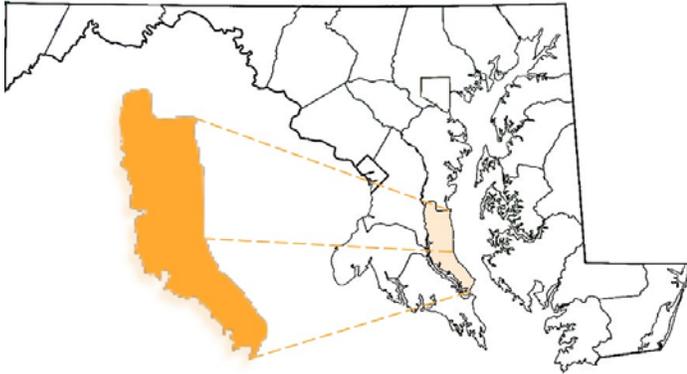
**Figure 34**  
**Age Distribution FY 2007**



**Figure 35**  
**Race Distribution FY 2007**



# CALVERT COUNTY



**Prevention Coordinator**  
 Sarah Penny  
 (410) 535-3079 ext. 26

## SAMHSA MODEL PROGRAMS

- ▶ Guiding Good Choices
- ▶ Second Step

## DEMOGRAPHICS

### GENDER

Figure 36 shows the countywide distribution of prevention programs for gender in fiscal year 2007. Females represented 54 percent of program participants while 46 percent of the participants countywide were male.

### AGE

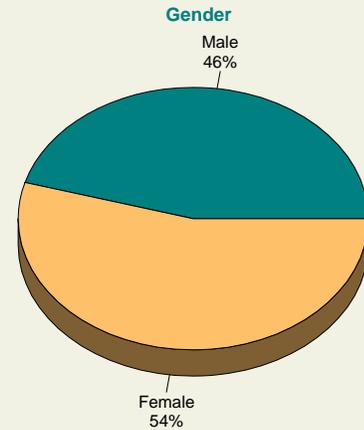
During fiscal year 2007, approximately one half (49%) of all individuals participating in prevention programs were parents or primary care givers. Adolescents represent the next highest distribution at 28 percent for all Calvert County programs. Figure 37 shows the overall county distribution for age.

### RACE AND ETHNICITY

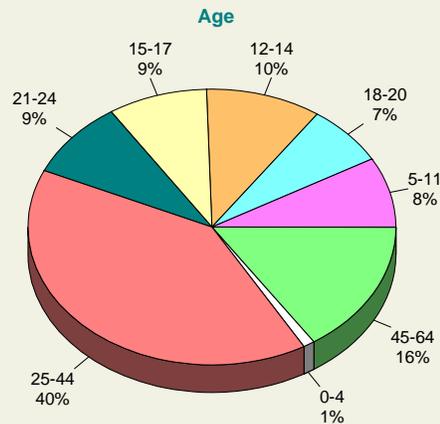
Caucasians accounted for 49 percent of the racial distribution while African Americans comprised 42 percent during fiscal year 2007 (Figure 38). Hawaiians (8%) and Hispanics (1%) accounted for the remaining nine percent of the racial distribution.

**The total number of individuals receiving prevention services in Calvert County was 4,744 in fiscal year 2007.**

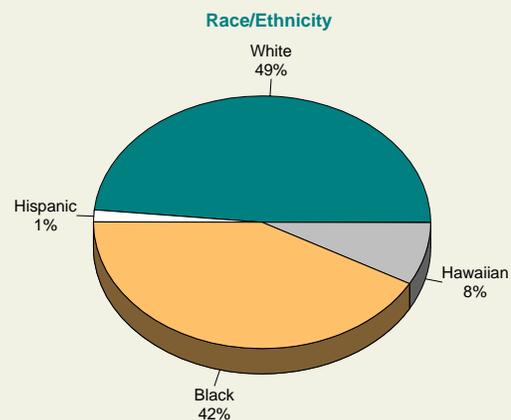
**Figure 36**  
**Gender Distribution FY 2007**



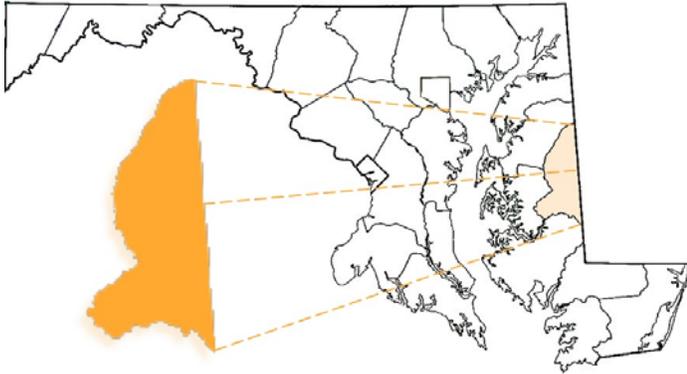
**Figure 37**  
**Age Distribution FY 2007**



**Figure 38**  
**Race Distribution FY 2007**



# CAROLINE COUNTY



**Prevention Coordinator**  
Ann Ferkler  
(410) 479-3501 ext. 12

## SAMHSA MODEL PROGRAMS

- ▶ All Stars

## DEMOGRAPHICS

### GENDER

Figure 39 shows the countywide distribution of prevention programs for gender in fiscal year 2007. Females represented 51 percent of program participants while 49 percent of the participants countywide were male.

### AGE

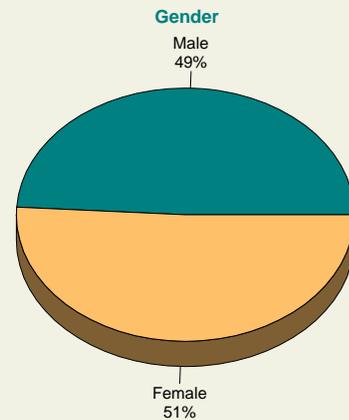
During fiscal year 2007, approximately three quarters (72%) of all those participating in prevention programs were adolescents. Parents and primary caregivers represented 15 percent of individuals participating in prevention programs in Caroline County. Figure 40 shows the overall county distribution for age.

### RACE AND ETHNICITY

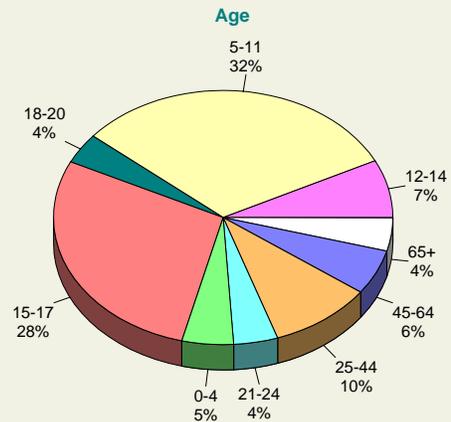
Caucasians accounted for 73 percent of the racial distribution receiving prevention services while African Americans comprised 22 percent during fiscal year 2007 (Figure 41). Hispanics account for the remaining five percent of the overall racial distribution.

**The total number of individuals receiving prevention services in Caroline County was 6,477 in fiscal year 2007.**

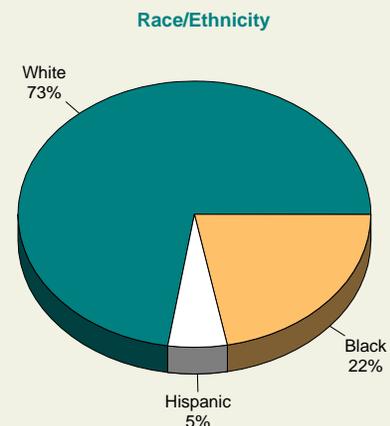
**Figure 39**  
**Gender Distribution FY 2007**



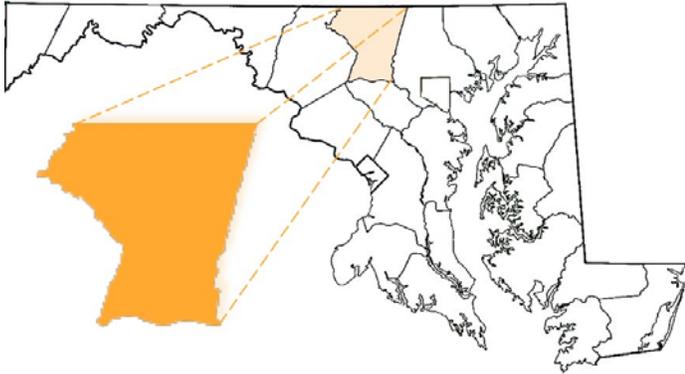
**Figure 40**  
**Age Distribution FY 2007**



**Figure 41**  
**Gender Distribution FY 2007**



# CARROLL COUNTY



**Prevention Coordinator**  
 Mark Yount  
 (410) 876-6100

## SAMHSA MODEL PROGRAMS

- ▶ Guiding Good Choices

## DEMOGRAPHICS

### GENDER

Figure 42 shows the countywide distribution of prevention programs for gender in fiscal year 2007. Females represented 53 percent of program participants while 47 percent of the participants countywide were male.

### AGE

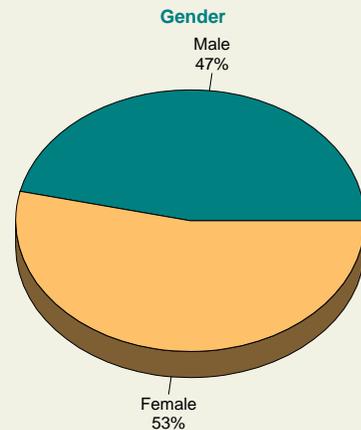
During fiscal year 2007, one third (33%) of all those participating in prevention programs were adolescents. Parents and primary caregivers represented 51 percent of individuals attending prevention programs in Carroll County. Figure 43 shows the overall county distribution for age.

### RACE AND ETHNICITY

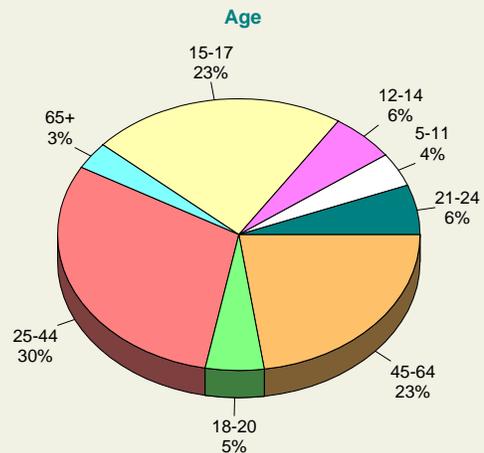
Caucasians (80%) and African Americans (18%) accounted for 98 percent of the racial distribution receiving prevention services in Carroll County. Figure 44 shows the overall county distribution for Race/Ethnicity.

**The total number of individuals receiving prevention services in Carroll County was 15,957 in fiscal year 2007.**

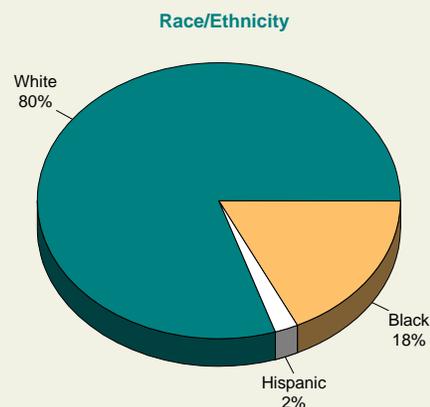
**Figure 42**  
**Gender Distribution FY 2007**



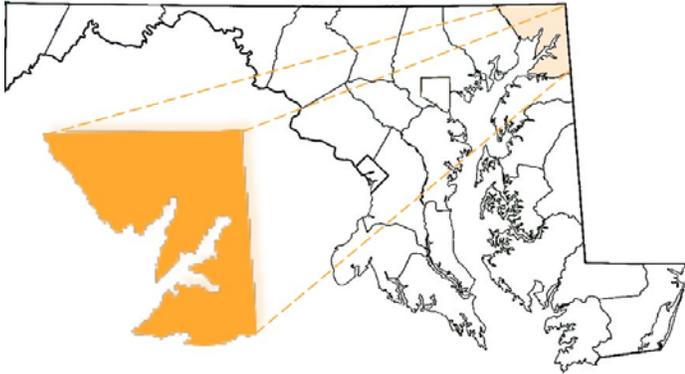
**Figure 43**  
**Age Distribution FY 2007**



**Figure 44**  
**Race Distribution FY 2007**



# CECIL COUNTY



**Prevention Coordinator**  
Jennifer Padgett  
(410) 996-5168

## SAMHSA MODEL PROGRAMS

- ▶ Life Skills Training

## DEMOGRAPHICS

### GENDER

Figure 45 shows the countywide distribution of prevention programs for gender in fiscal year 2007. Females represented 58 percent of program participants while 42 percent of the participants countywide were male.

### AGE

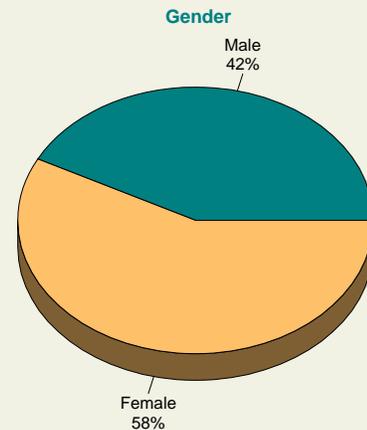
During fiscal year 2007, 81 percent of all those participating in prevention programs were adolescents. Parents or primary care givers represented 15 percent of those receiving prevention services in Cecil County. Figure 46 shows the overall county distribution for age.

### RACE AND ETHNICITY

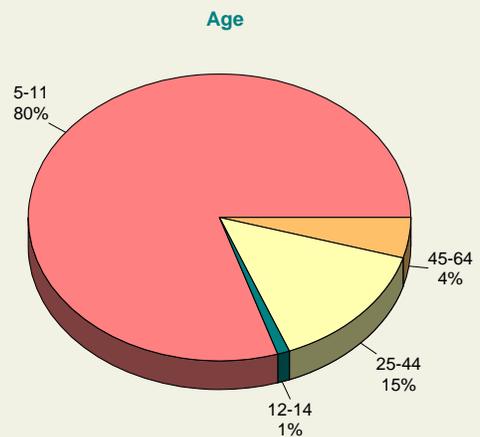
As shown in Figure 47, Caucasians (78%) and African Americans (17%) accounted for the majority of the racial distribution in Cecil County. Asians represented five percent of the overall distribution in fiscal year 2007

**The total number of individuals receiving prevention services in Cecil County was 292 in fiscal year 2007.**

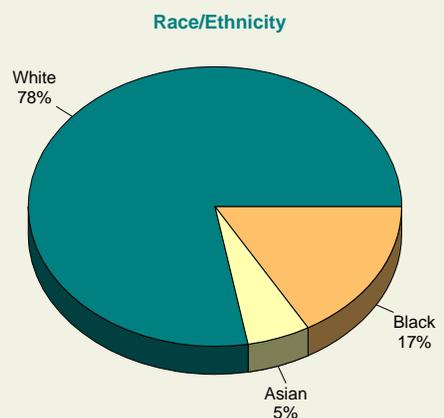
**Figure 45**  
**Gender Distribution FY 2007**



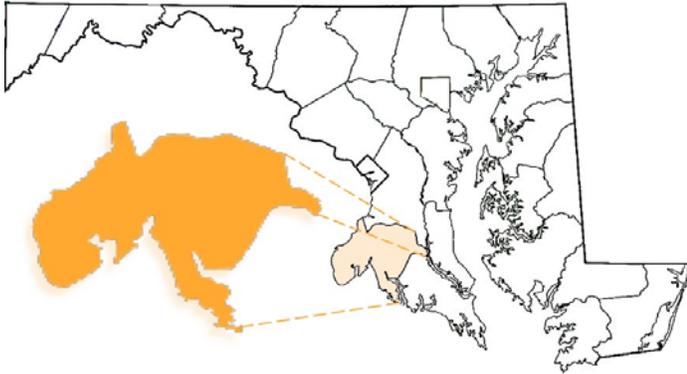
**Figure 46**  
**Age Distribution FY 2007**



**Figure 47**  
**Race Distribution FY 2007**



# CHARLES COUNTY



**Prevention Coordinator**  
 Al Evans  
 (301) 609-6631

## SAMHSA MODEL PROGRAMS

- ▶ Life Skills Training
- ▶ Positive Action

## DEMOGRAPHICS

### GENDER

Figure 48 shows the countywide distribution of prevention programs for gender in fiscal year 2007. Females represented 53 percent of program participants while 47 percent of the participants countywide were male.

### AGE

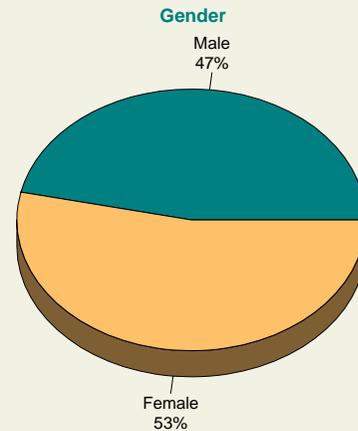
During fiscal year 2007, over half (62%) of all those participating in prevention programs were adolescents. Parents and primary care givers represented 19 percent of the age distribution for fiscal year 2007. Figure 49 shows the overall county distribution for age.

### RACE AND ETHNICITY

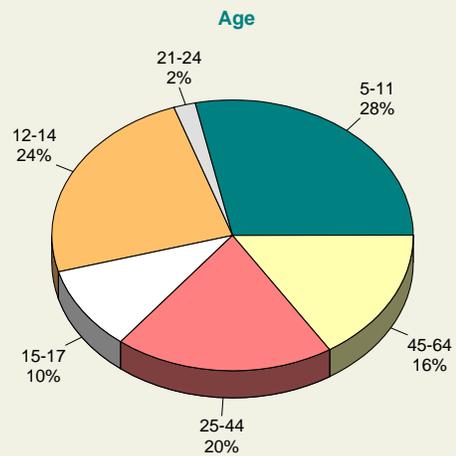
African Americans accounted for 58 percent of the racial distribution receiving prevention services in Charles County while Caucasians comprised 40 percent during fiscal year 2007 (Figure 50). Hispanics accounted for two percent of the remaining distribution.

**The total number of individuals receiving prevention services in Charles County was 1,542 in fiscal year 2007.**

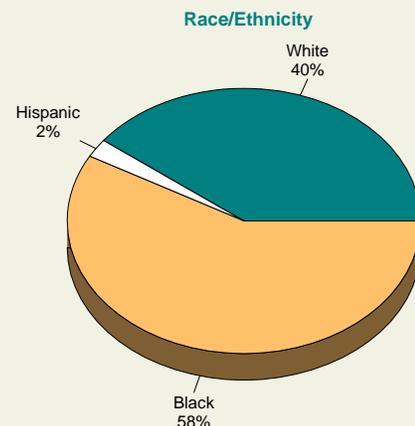
**Figure 48**  
**Gender Distribution FY 2007**



**Figure 49**  
**Age Distribution FY 2007**



**Figure 50**  
**Race Distribution FY 2007**



# DORCHESTER COUNTY



**Prevention Coordinator**  
 Ervina Johnson  
 (410) 901-8134

## SAMHSA MODEL PROGRAMS

- ▶ Creating Lasting Family Connections
- ▶ Second Step

## DEMOGRAPHICS

### GENDER

Figure 51 shows the gender distribution of prevention programs for fiscal year 2007. Females represented 57 percent of program participants while 43 percent of the participants countywide were male.

### AGE

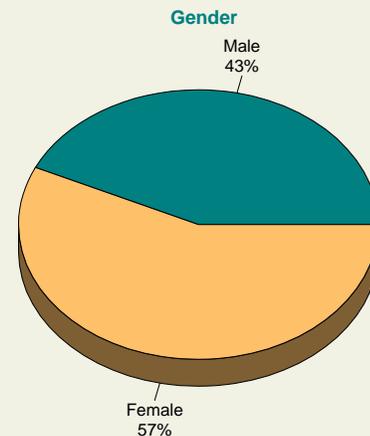
During fiscal year 2007, more than one third (36%) of those receiving prevention services in Dorchester County were adolescents. Parents or primary care givers accounted for 48 percent of the distribution. Figure 52 shows the overall county distribution for age.

### RACE AND ETHNICITY

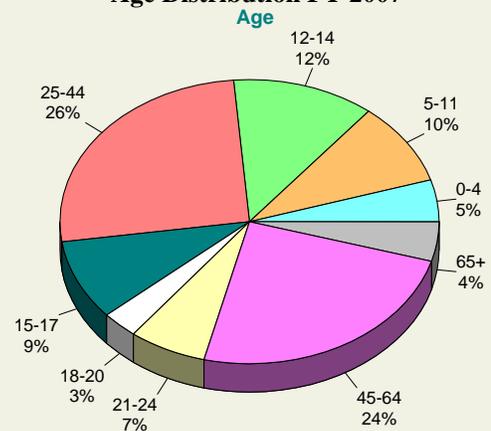
As shown in Figure 53, African Americans accounted for 60 percent of the racial distribution receiving prevention services in Dorchester County. Caucasians (36%) and Hispanics (4%) comprised the remaining racial distribution during fiscal year 2007.

**The total number of individuals receiving prevention services in Dorchester County was 2,611 in fiscal year 2007.**

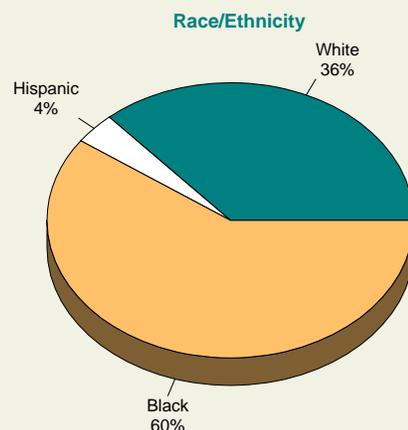
**Figure 51**  
**Gender Distribution FY 2007**



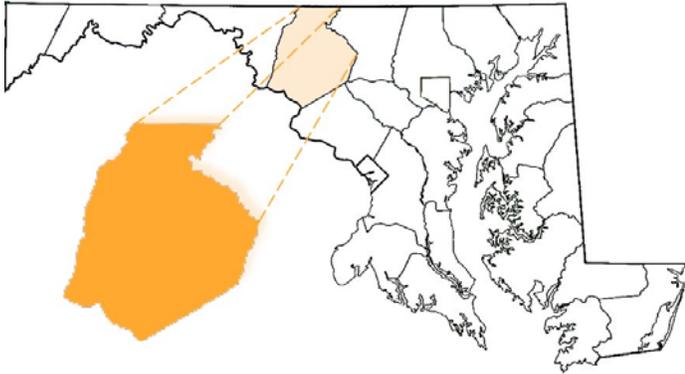
**Figure 52**  
**Age Distribution FY 2007**



**Figure 53**  
**Race Distribution FY 2007**



# FREDERICK COUNTY



**Prevention Coordinator**  
 Todd Crum  
 (301) 631-3285

## SAMHSA MODEL PROGRAMS

- ▶ Guiding Good Choices
- ▶ Second Step

## DEMOGRAPHICS

### GENDER

Figure 54 shows the countywide distribution of prevention programs for gender in fiscal year 2007. Females represented 55 percent of program participants while 45 percent of the participants countywide were male.

### AGE

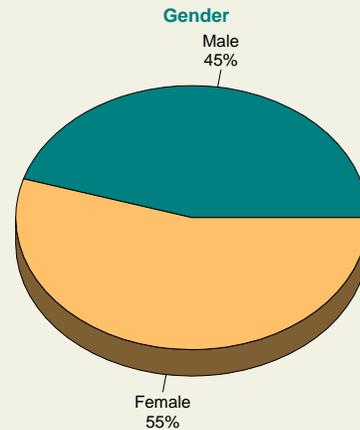
Parents and preschoolers participating in Frederick County's preschool program accounted for approximately 42 percent of the total number of individuals receiving prevention services in fiscal 2007. Sixty three percent of all individuals served were adolescents. Parents represented 28 percent of the population who received prevention services in Frederick County (Figure 55).

### RACE AND ETHNICITY

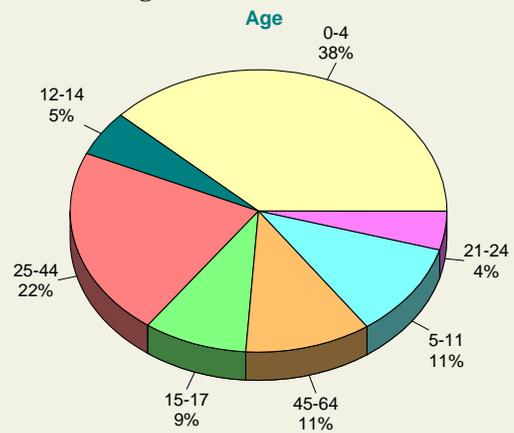
As shown in Figure 56, Caucasians accounted for 53 percent of the racial distribution while African Americans comprised 36 percent during fiscal year 2007. Hispanics represented 10 percent of the individuals served in Frederick County.

**The total number of individuals receiving prevention services in Frederick County was 1,603 in fiscal year 2007.**

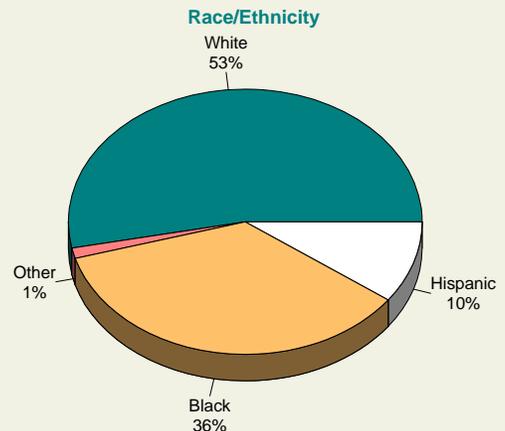
**Figure 54**  
**Gender Distribution FY 2007**



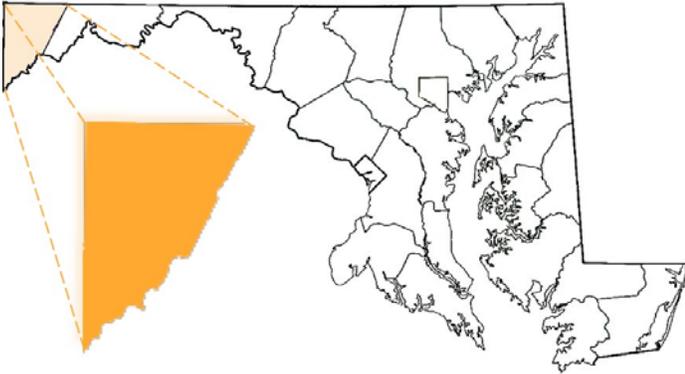
**Figure 55**  
**Age Distribution FY 2007**



**Figure 56**  
**Race Distribution FY 2007**



# GARRETT COUNTY



**Prevention Coordinator**  
 Nancy Brady  
 (301) 334-7730

## SAMHSA MODEL PROGRAMS

- ▶ Dare to be you
- ▶ Life Skills Training

## DEMOGRAPHICS

### GENDER

Figure 57 shows the countywide distribution of prevention programs for gender in fiscal year 2007. Females represented 66 percent of program participants while 34 percent of the participants countywide were male.

### AGE

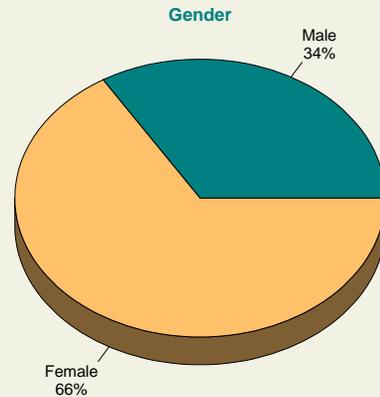
During fiscal year 2007, one third (33%) of all those participating in prevention programs were parents or primary care givers. Adolescents accounted for 52 percent of those individuals receiving prevention services in Garrett County. Figure 58 shows the overall county distribution for age.

### RACE AND ETHNICITY

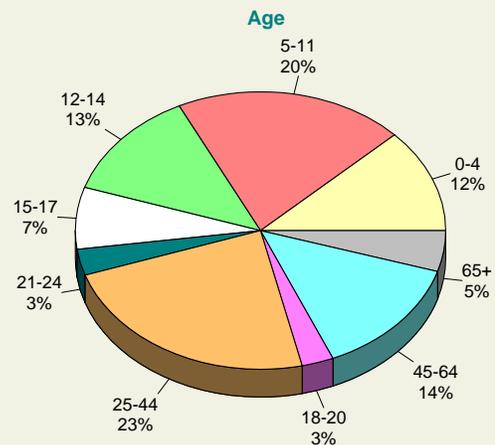
As shown in Figure 59, Caucasians accounted for 100 percent of the racial distribution receiving prevention services in Garrett County during fiscal year 2007.

**The total number of individuals receiving prevention services in Garrett County was 6,709 in fiscal year 2007.**

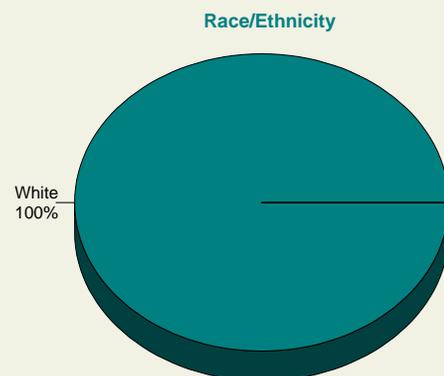
**Figure 57**  
**Gender Distribution FY 2007**



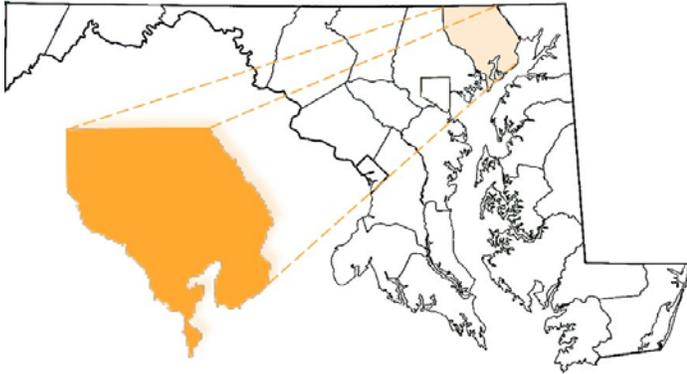
**Figure 58**  
**Age Distribution FY 2007**



**Figure 59**  
**Race Distribution FY 2007**



# HARFORD COUNTY



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

## SAMHSA MODEL PROGRAMS

► Across Ages

## DEMOGRAPHICS

### GENDER

Figure 60 shows the countywide distribution of prevention programs for gender in fiscal year 2007. Females represented 57 percent of program participants while 43 percent of the participants countywide were male.

### AGE

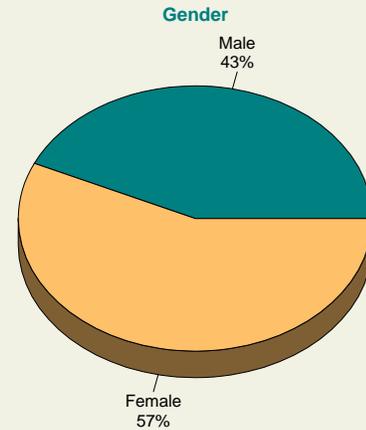
During fiscal year 2007, approximately one half (48%) of all those participating in prevention programs were adolescents in prevention programs. Parents or primary care givers represented one third (30%) of the individuals receiving prevention services in Harford County. Figure 61 shows the overall county distribution for age.

### RACE AND ETHNICITY

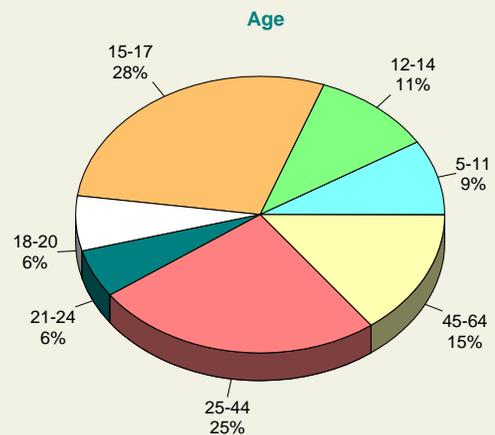
As shown in Figure 62, Caucasians accounted for 60 percent of the racial distribution receiving prevention services in Harford County while African Americans comprised 39 percent during fiscal year 2007. Hispanics accounted for one percent of the overall distribution.

**The total number of individuals receiving prevention services in Harford County was 11,605 in fiscal year 2007.**

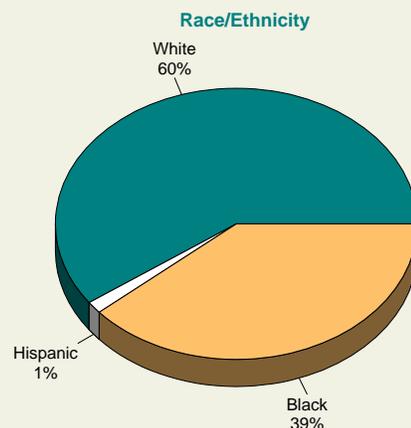
**Figure 60**  
**Gender Distribution FY 2007**



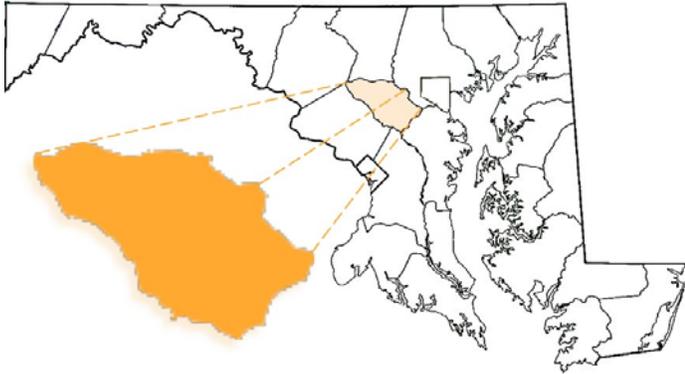
**Figure 61**  
**Age Distribution FY 2007**



**Figure 62**  
**Race Distribution FY 2007**



# HOWARD COUNTY



**Prevention Coordinator**  
 Donnell Stewart  
 (410) 313-6202

## SAMHSA MODEL PROGRAMS

- ▶ All Stars
- ▶ Guiding Good Choices

## DEMOGRAPHICS

### GENDER

Figure 63 shows the countywide distribution of prevention programs for gender in fiscal year 2007. Females represented 62 percent of program participants while 38 percent of the participants countywide were male.

### AGE

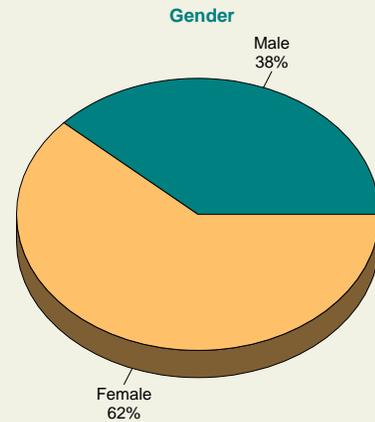
During fiscal year 2007, over 63 percent of all those participating in prevention programs were parents or primary care givers. Adolescents accounted for 11 percent of the distribution. Figure 64 shows the overall county distribution for age.

### RACE AND ETHNICITY

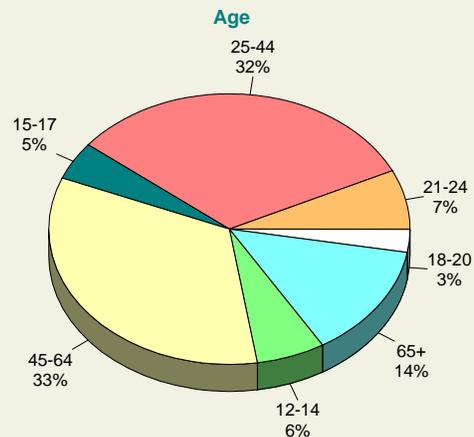
As shown in Figure 65, Caucasians accounted for 54 percent of the racial distribution receiving prevention services in fiscal year 2007. African Americans represented 33 percent of participants served while Asians (7%) and Hispanics (6%) accounted for 13 percent of the remaining distribution.

**The total number of individuals receiving prevention services in Howard County was 5,157 in fiscal year 2007.**

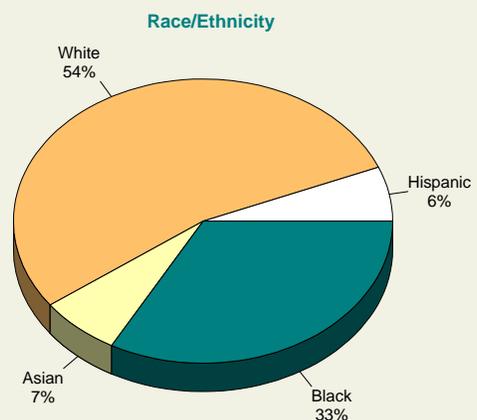
**Figure 63**  
**Gender Distribution FY 2007**



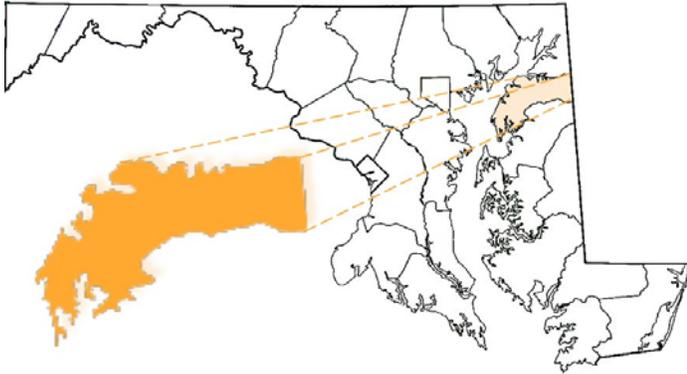
**Figure 64**  
**Age Distribution FY 2007**



**Figure 65**  
**Race Distribution FY 2007**



# KENT COUNTY



**Prevention Coordinator**  
 Nora Becker  
 (410) 778-7918 ext. 23

## SAMHSA MODEL PROGRAMS

- ▶ All Stars
- ▶ Dare to be you

## DEMOGRAPHICS

### GENDER

Figure 66 shows the countywide distribution of prevention programs for gender in fiscal year 2007. Females represented 52 percent of program participants while 48 percent of the participants countywide were male.

### AGE

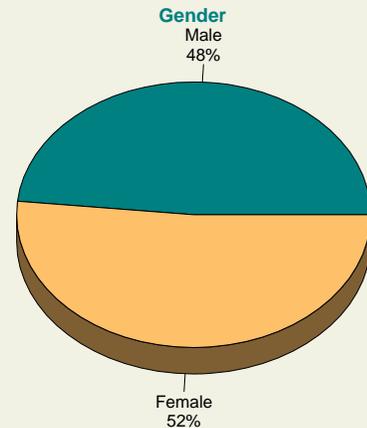
During fiscal year 2007, approximately two thirds (64%) of all those participating in prevention programs were adolescents. Parents or primary care givers comprised 15 percent of the individuals attending prevention programs in Kent County. Figure 67 shows the overall county distribution for age.

### RACE AND ETHNICITY

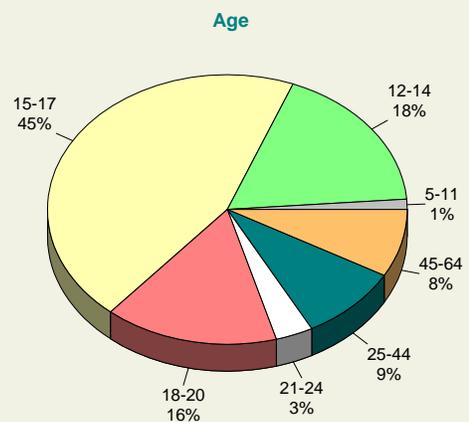
As shown in Figure 68, Caucasians accounted for 70 percent of the racial distribution in Kent County while African Americans comprised 27 percent during fiscal year 2007. Hispanics accounted for the remaining 3 percent of the overall distribution.

**The total number of individuals receiving prevention services in Kent County was 1,191 in fiscal year 2007.**

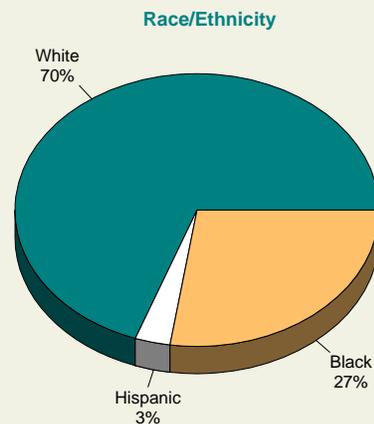
**Figure 66**  
**Race Distribution FY 2007**



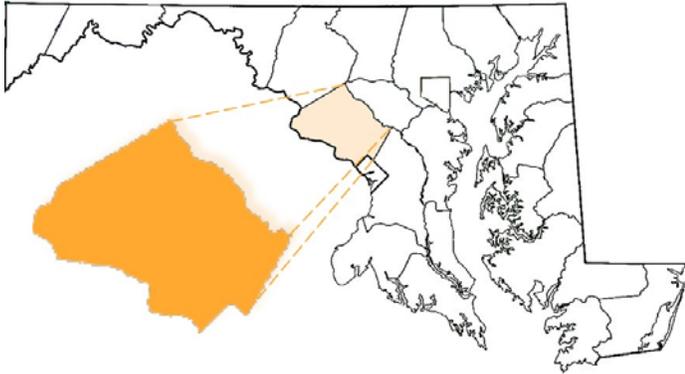
**Figure 67**  
**Race Distribution FY 2007**



**Figure 68**  
**Race Distribution FY 2007**



# MONTGOMERY COUNTY



**Prevention Coordinator**  
Dorothy Moore  
(240) 777-1116

**Preschool Coordinator**  
Wylea Chase  
(240) 864-1061

## SAMHSA MODEL PROGRAMS

- ▶ Across Ages
- ▶ Communities Mobilizing for Change on Alcohol
- ▶ Dare to be you

## DEMOGRAPHICS

### GENDER

Figure 69 shows the countywide distribution of prevention programs for gender in fiscal year 2007. Females represented 59 percent of program participants while 41 percent of the participants countywide were male.

### AGE

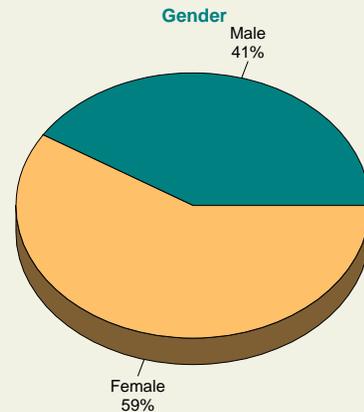
During fiscal year 2007, parents and preschoolers participating in Montgomery County's preschool program accounted for 18 percent of the overall distribution. In addition, adolescents represented 52 percent of those individuals receiving services in Montgomery County. Figure 70 shows the overall county distribution for age.

### RACE AND ETHNICITY

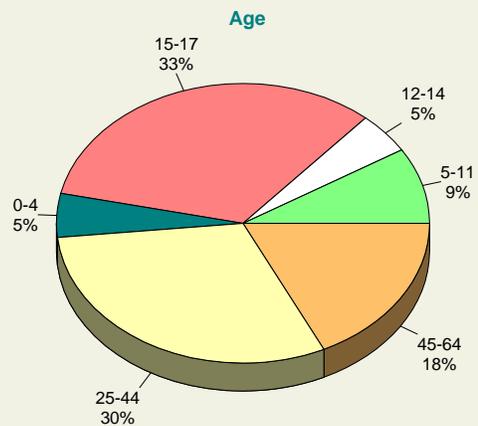
As shown in Figure 71, Caucasians accounted for 48 percent of the racial distribution receiving prevention services in Montgomery County. Hispanics (33%), African Americans (14%) and Asians (5%) accounted for the remaining distribution.

**The total number of individuals receiving prevention services in Montgomery County was 5,945 in fiscal year 2007.**

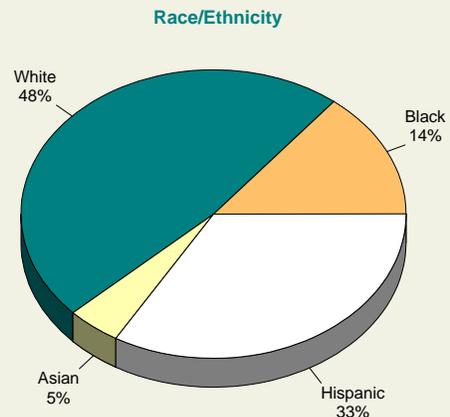
**Figure 69**  
**Gender Distribution FY 2007**



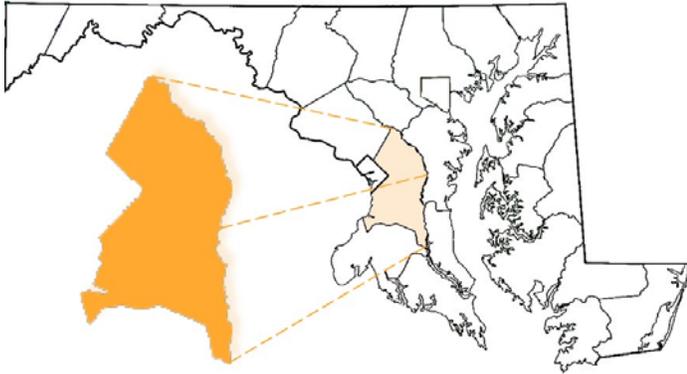
**Figure 70**  
**Age Distribution FY 2007**



**Figure 71**  
**Race Distribution FY 2007**



# PRINCE GEORGE'S COUNTY



**Prevention Coordinator**  
Patricia Ramseur  
(301) 883-3508

**College Coordinator**  
Vanessa Cooke  
(301) 860-4126

## SAMHSA MODEL PROGRAMS

- ▶ Creating Lasting Family Connections
- ▶ Dare to be you
- ▶ Project Towards No Drugs

## DEMOGRAPHICS

### GENDER

Figure 72 shows the countywide distribution of prevention programs for gender in fiscal year 2007. Females represented 58 percent of program participants while 42 percent of the participants countywide were male.

### AGE

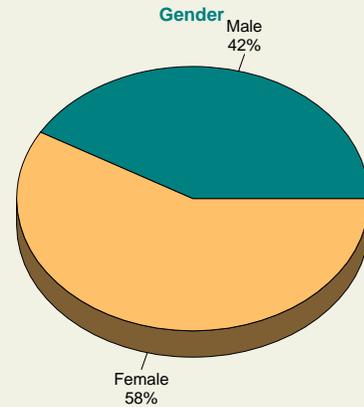
Figure 73 shows the overall distribution for age in Prince George's County during fiscal year 2007. College students attending Bowie State University accounted for 42 percent of those individuals receiving prevention services in Prince George's County. Figure 73 shows the overall county distribution for age.

### RACE AND ETHNICITY

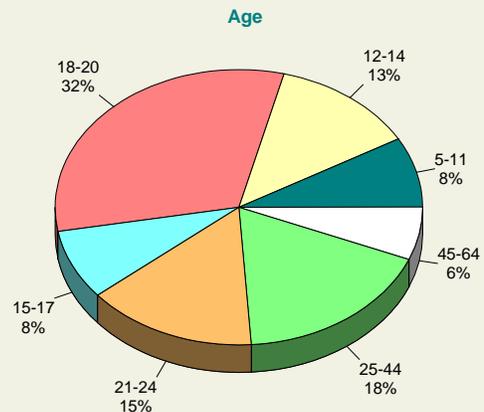
As shown in Figure 74, African Americans accounted for 88 percent of the racial distribution in Prince George's County. Caucasians (8%) and Hispanics (4%) accounted for the remainder of the distribution for fiscal year 2007.

**The total number of individuals receiving prevention services in Prince George's County was 9,368 in fiscal year 2007.**

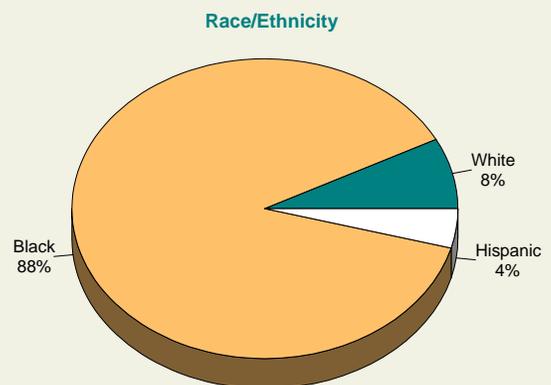
**Figure 72**  
**Gender Distribution FY 2007**



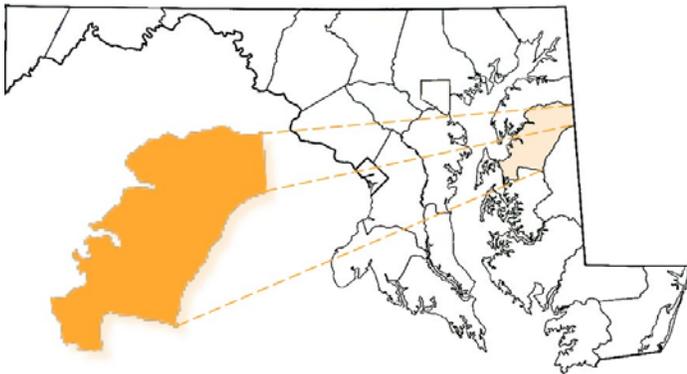
**Figure 73**  
**Age Distribution FY 2007**



**Figure 74**  
**Race Distribution FY 2007**



# QUEEN ANNE'S COUNTY



## Prevention Coordinator

Kathy Wright  
(410) 758-1306 ext 304

### SAMHSA MODEL PROGRAMS

- Communities Mobilizing for Change on Alcohol

### DEMOGRAPHICS

#### GENDER

Figure 75 shows the countywide distribution of prevention programs for gender in fiscal year 2007. Females represented 58 percent of program participants while 42 percent of the participants countywide were male.

#### AGE

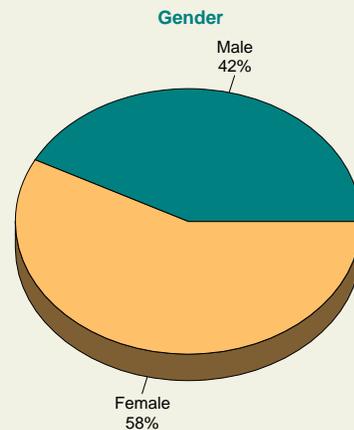
During fiscal year 2007, over half (53%) of all those participating in prevention programs were adolescents. Parents and primary care givers accounted for 28 percent of the distribution. Figure 76 shows the overall county distribution for age.

#### RACE AND ETHNICITY

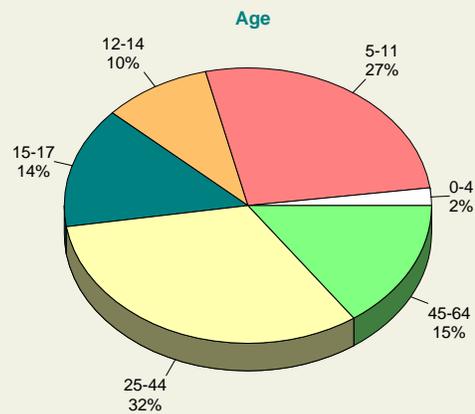
As shown in Figure 77, Caucasians (65%) and African Americans (33%) accounted for 98 percent of the racial distribution receiving prevention services in Queen Anne's County. Hispanics (2%) accounted for the remaining racial distribution in fiscal year 2007.

**The total number of individuals receiving prevention services in Queen Anne's County was 3,961 in fiscal year 2007.**

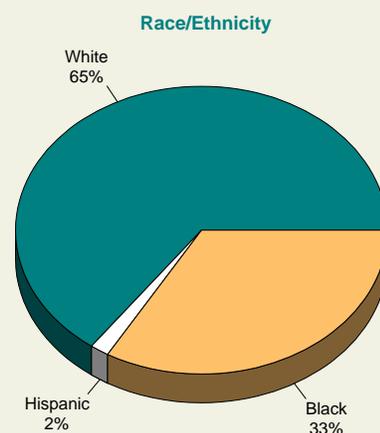
**Figure 75**  
**Gender Distribution FY 2007**



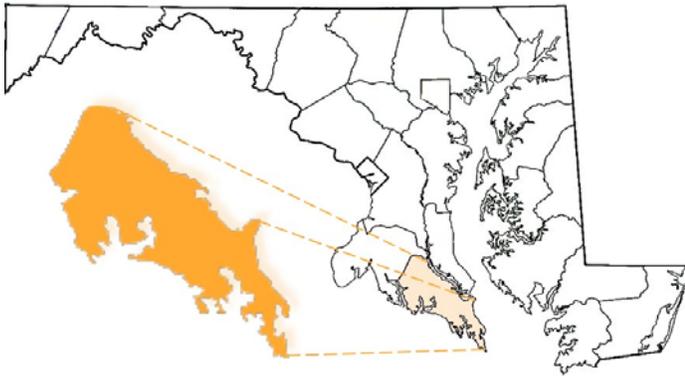
**Figure 76**  
**Age Distribution FY 2007**



**Figure 77**  
**Race Distribution FY 2007**



# ST. MARY'S COUNTY



**Prevention Coordinator**  
 Walter Biscoe  
 (301) 475-4632

## SAMHSA MODEL PROGRAMS

- ▶ Communities Mobilizing for Change on Alcohol
- ▶ Guiding Good Choices
- ▶ Strengthening Families

## DEMOGRAPHICS

### GENDER

Figure 78 shows the countywide distribution of prevention programs for gender in fiscal year 2007. Females represented 51 percent of program participants while 49 percent of the participants countywide were male.

### AGE

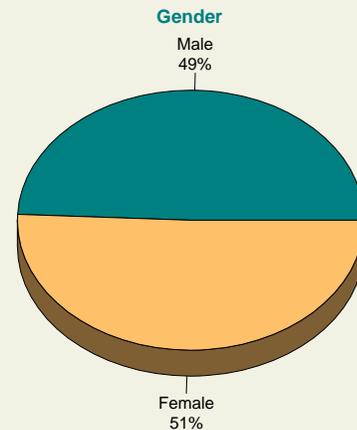
During fiscal year 2007, approximately half (49%) of all those participating in prevention programs were adolescents. Parents and primary caregivers represented 18 percent of the age distribution. Figure 79 shows the overall county distribution for age.

### RACE AND ETHNICITY

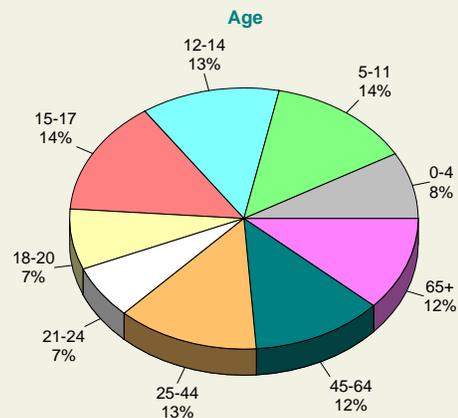
As shown in Figure 80, Caucasians accounted for 53 percent of the racial distribution in St. Mary's County while African Americans comprised 34 percent. Hispanics (6%), Asians (4%) and those in the "Other" category (3%) accounted for the remaining 13 percent of the distribution.

**The total number of individuals receiving prevention services in St. Mary's County was 7,173 in fiscal year 2007.**

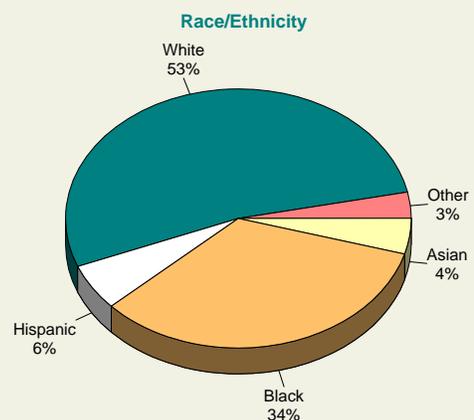
**Figure 78**  
**Gender Distribution FY 2007**



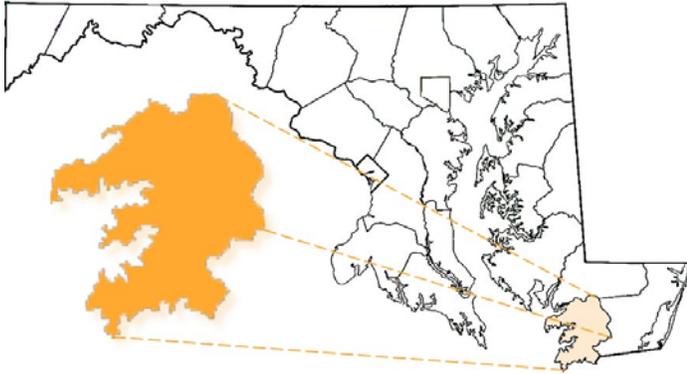
**Figure 79**  
**Age Distribution FY 2007**



**Figure 80**  
**Race Distribution FY 2007**



# SOMERSET COUNTY



**Prevention Coordinator**  
Charity Holley  
(443) 523-1725

**College Coordinator**  
Lauresa Moten  
(410) 651-6385

## SAMHSA MODEL PROGRAMS

- ▶ All Stars
- ▶ Second Step

## DEMOGRAPHICS

### GENDER

Figure 81 shows the countywide distribution of prevention programs for gender in fiscal year 2007. Females represented 55 percent of program participants while 45 percent of the participants countywide were male.

### AGE

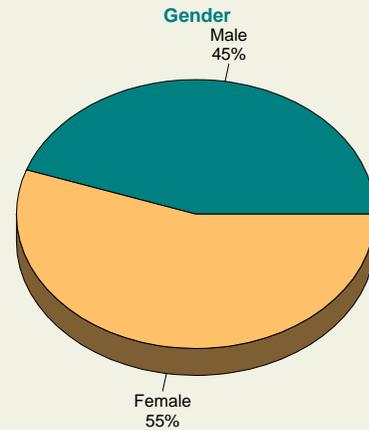
During fiscal year 2007, approximately 18 percent of individuals participating in prevention programs were adolescents. College students attending University of Maryland Eastern Shore (U.M.E.S.) accounted for half (56%) of those individuals receiving prevention services in Somerset County. Figure 82 shows the overall county distribution for age.

### RACE AND ETHNICITY

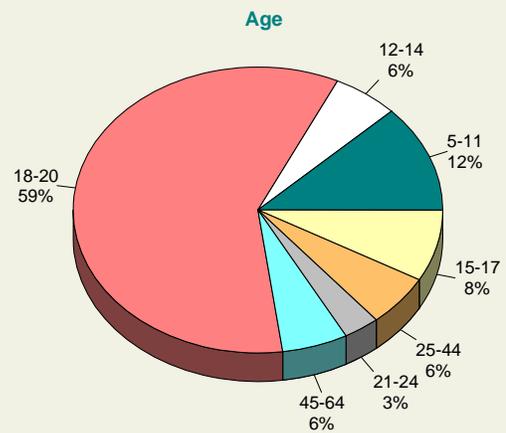
As shown in Figure 83, the majority of those individuals receiving prevention services in Somerset County were African American (78%). Caucasians (22%) accounted for the remaining racial distribution.

**The total number of individuals receiving prevention services in Somerset County was 3,705 in fiscal year 2007.**

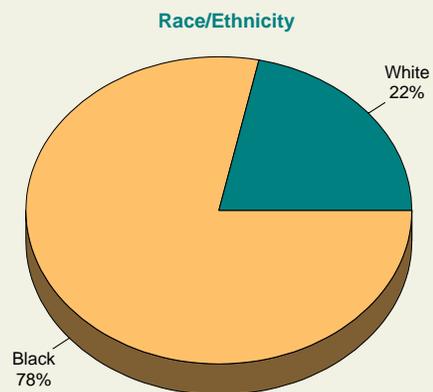
**Figure 81**  
**Gender Distribution FY 2007**



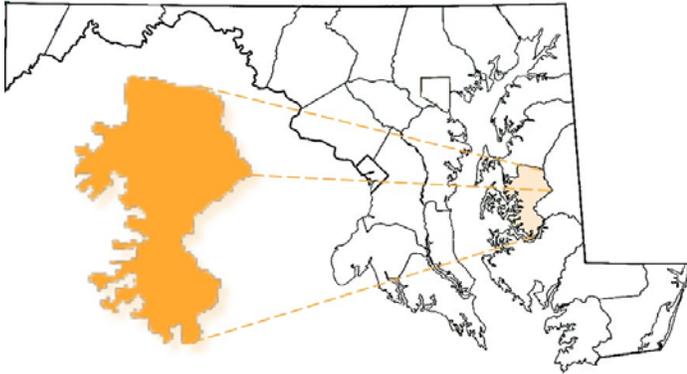
**Figure 82**  
**Age Distribution FY 2007**



**Figure 83**  
**Race Distribution FY 2007**



# TALBOT COUNTY



**Prevention Coordinator**  
 Paula Lowry  
 (410) 819-8067

## SAMHSA MODEL PROGRAMS

- ▶ All Stars
- ▶ Communities Mobilizing for Change on Alcohol
- ▶ Creating Lasting Family Connections
- ▶ Guiding Good Choices

## DEMOGRAPHICS

### GENDER

Figure 84 shows the countywide distribution of prevention programs for gender in fiscal year 2007. Females represented 56 percent of program participants while 44 percent of the participants countywide were male.

### AGE

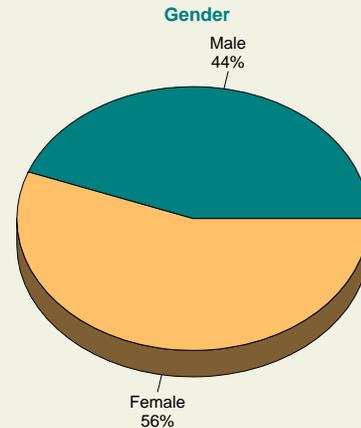
During fiscal year 2007, more than half (57%) of all those participating in prevention programs were parents or primary care givers. Adolescents represented 20 percent of the distribution. Figure 85 shows the overall county distribution for age.

### RACE AND ETHNICITY

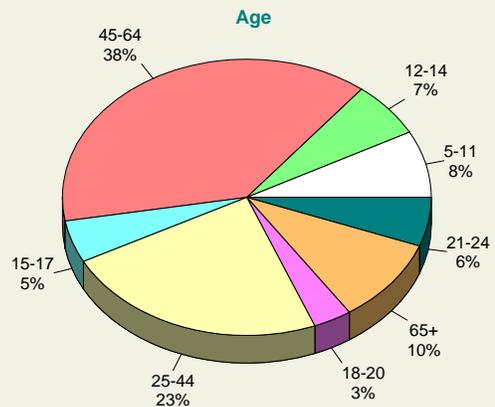
Caucasians accounted for 67 percent of the racial distribution receiving prevention services while African Americans comprised 28 percent during fiscal year 2007. Hispanics accounted for five percent of the remaining distribution (Figure 86).

**The total number of individuals receiving prevention services in Talbot County was 1,799 in fiscal year 2007.**

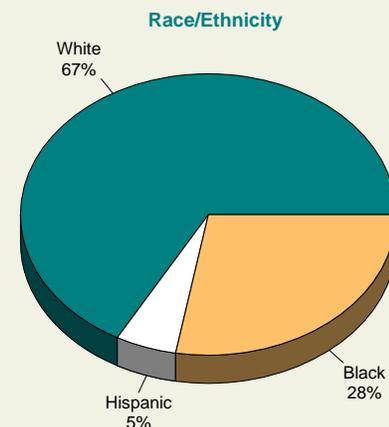
**Figure 84**  
**Gender Distribution FY 2007**



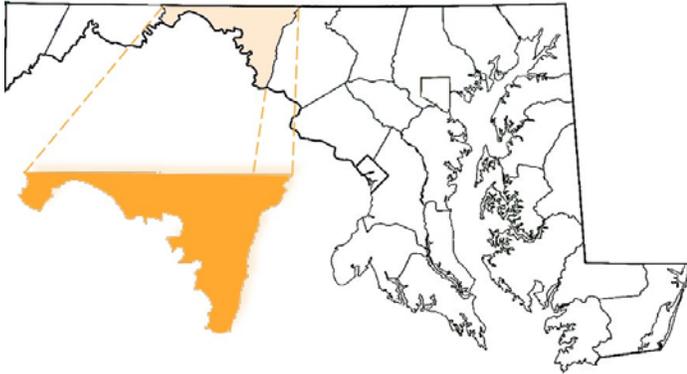
**Figure 85**  
**Age Distribution FY 2007**



**Figure 86**  
**Race Distribution FY 2007**



# WASHINGTON COUNTY



**Prevention Coordinator**  
 April Rouzer, Acting  
 (240) 313-3356

## SAMHSA MODEL PROGRAMS

- ▶ Dare to be you
- ▶ Second Step

## DEMOGRAPHICS

### GENDER

Figure 87 shows the countywide distribution of prevention programs for gender in fiscal year 2007. Females represented 59 percent of program participants while 41 percent of the participants countywide were male.

### AGE

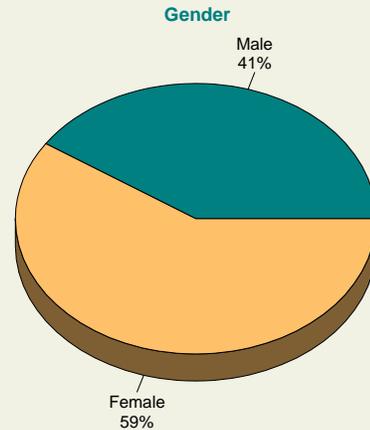
During fiscal year 2007, over half (57%) of those receiving prevention services were parents and primary care givers. Adolescents accounted for 28 percent of individuals receiving prevention services in Washington County. Figure 88 shows the overall county distribution for age.

### RACE AND ETHNICITY

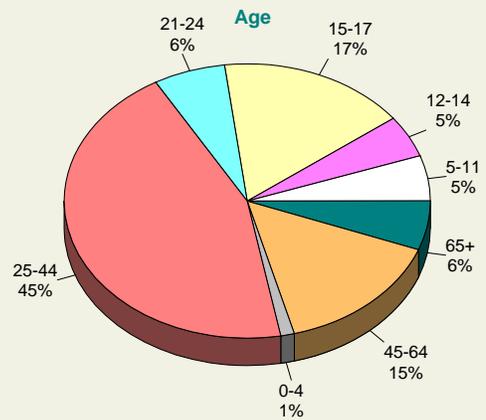
Caucasians accounted for 91 percent of the racial distribution receiving prevention services in Washington County while African Americans comprised 8 percent during fiscal year 2007 (Figure 89).

**The total number of individuals receiving prevention services in Washington County was 3,664 in fiscal year 2007.**

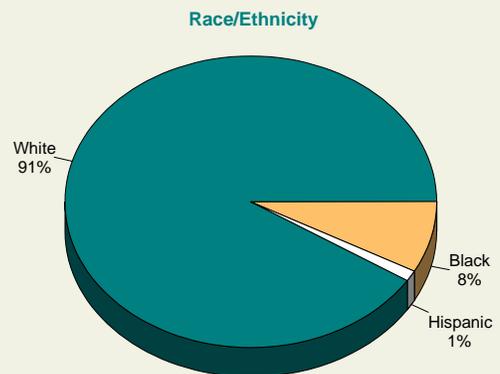
**Figure 87**  
**Gender Distribution FY 2007**



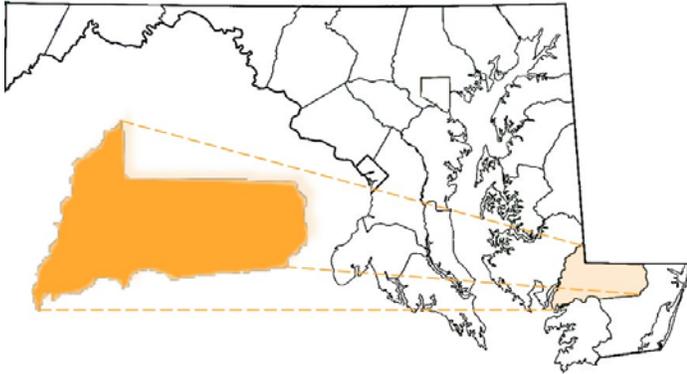
**Figure 88**  
**Age Distribution FY 2007**



**Figure 89**  
**Race Distribution FY 2007**



# WICOMICO COUNTY



**Prevention Coordinator**  
Cindy Shifler  
(410) 548-4939

**Preschool Coordinator**  
Romanda Hutt  
(410) 749-1142 ext. 380

## SAMHSA MODEL PROGRAMS

- ▶ Dare to be you
- ▶ Second Step

## DEMOGRAPHICS

### GENDER

Figure 90 shows the countywide distribution of prevention programs for gender in fiscal year 2007. Males represented 52 percent of program participants while 48 percent of the participants countywide were female.

### AGE

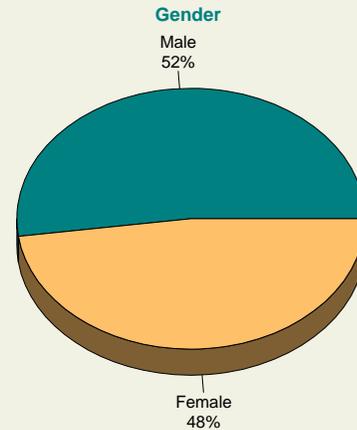
Parents (5%) and preschoolers (13%) participating in Wicomico County's preschool program accounted for approximately one quarter of the individuals receiving prevention services in fiscal year 2007. More than three quarters (87%) of those receiving prevention services were adolescents. Figure 91 shows the overall county distribution for age.

### RACE AND ETHNICITY

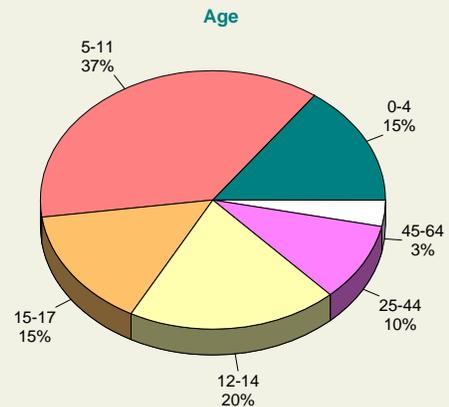
African Americans accounted for 68 percent receiving prevention services while Caucasians comprised 30 percent of the racial distribution (Figure 92). Hispanics (1%) and Asians (1%) accounted for the remaining distribution.

**The total number of individuals receiving prevention services in Wicomico County was 2,258 in fiscal year 2007.**

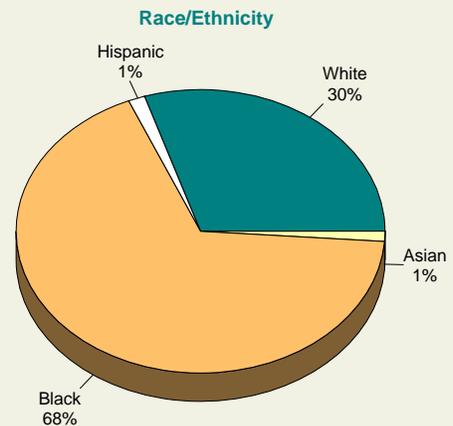
**Figure 90**  
**Gender Distribution FY 2007**



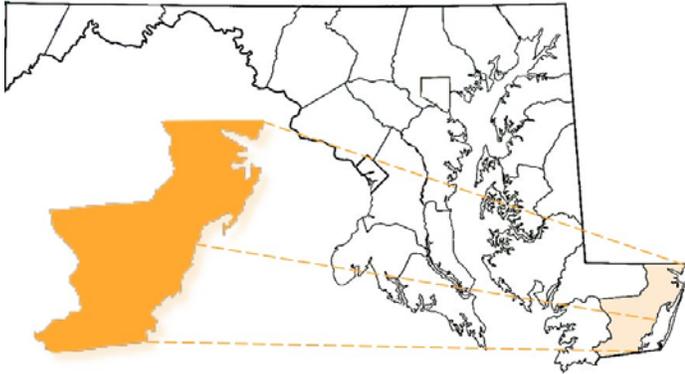
**Figure 91**  
**Age Distribution FY 2007**



**Figure 92**  
**Race Distribution FY 2007**



# WORCESTER COUNTY



**Prevention Coordinator**  
 Esther Harrell  
 (410) 632-0056

## SAMHSA MODEL PROGRAMS

- ▶ All Stars
- ▶ Guiding Good Choices
- ▶ Life Skills Training

## DEMOGRAPHICS

### GENDER

Figure 93 shows the countywide distribution of prevention programs for gender in fiscal year 2007. Males represented 54 percent of program participants while 46 percent of the participants countywide were female.

### AGE

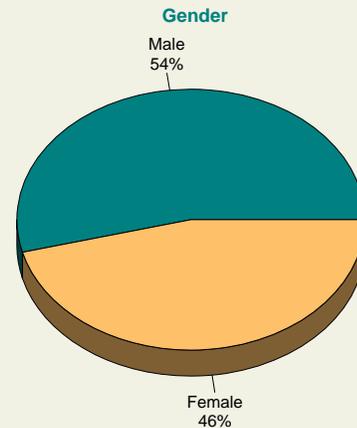
During fiscal year 2007, more than half (51%) of those participating in prevention programs were adolescents. Forty-eight percent of those served were between the ages 18 and 20 years of age. Figure 94 shows the overall county distribution for age.

### RACE AND ETHNICITY

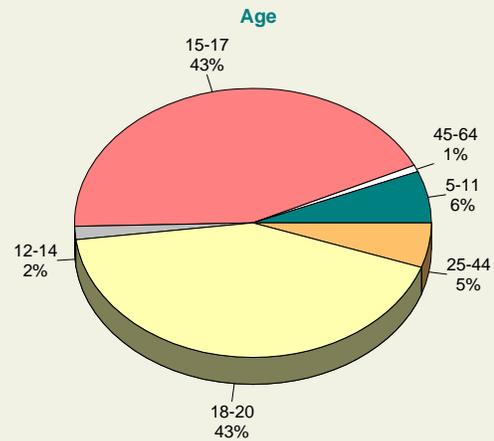
As shown in Figure 95, Caucasians accounted for 69 percent of those receiving prevention services in Worcester County while African Americans comprised 31 percent of the racial distribution during fiscal year 2007.

**The total number of individuals receiving prevention services in Worcester County was 14,992 in fiscal year 2007.**

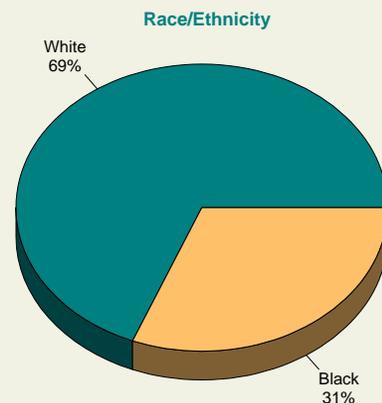
**Figure 93**  
**Gender Distribution FY 2007**



**Figure 94**  
**Age Distribution FY 2007**



**Figure 95**  
**Race Distribution FY 2007**



# DEFINITIONS OF CSAP STRATEGIES AND ACTIVITIES

All strategies and service type codes reported in the MIS 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. During fiscal year 2003, ADAA 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

**ENVIRONMENT** - 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

<b>ADAA</b>	<i>Alcohol and Drug Abuse Administration</i>
<b>ATOD</b>	<i>Alcohol, Tobacco and Other Drugs</i>
<b>CSAP</b>	<i>Center For Substance Abuse Prevention</i>
<b>DHMH</b>	<i>Department of Health and Mental Hygiene</i>
<b>FY</b>	<i>Fiscal Year</i>
<b>IOM</b>	<i>Institute of Medicine</i>
<b>MDS</b>	<i>Minimum Data Set</i>
<b>MIS</b>	<i>Management Information Systems</i>
<b>MPI</b>	<i>Model Program Initiative</i>
<b>NIDA</b>	<i>National Institute on Drug Abuse</i>
<b>NREPP</b>	<i>National Registry of Evidence-based Programs and Practices</i>
<b>PrevTech</b>	<i>Prevention Technology Platform</i>
<b>SAMHSA</b>	<i>Substance Abuse and Mental Health Services Administration</i>



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