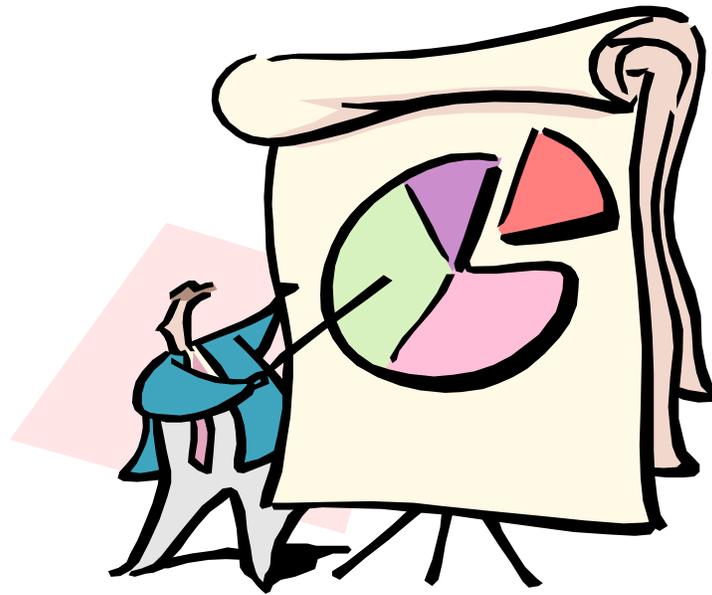


Maryland Alcohol and Drug Abuse Administration

Department of Health and Mental Hygiene



PREVENTION PROGRAM ANNUAL REPORT

FISCAL YEAR 2009

Martin O'Malley., Governor



Anthony G. Brown, Lt. Governor



John M. Colmers, Secretary



Thomas Cargiulo, Pharm.D., Director

Maryland Alcohol and Drug Abuse Administration



GENERAL INFORMATION

For Information about ADAA and Prevention Services please contact:

Alcohol and Drug Abuse Administration
55 Wade Avenue
Catonsville, Maryland 21228

Phone:

Community Services: (410) 402-8600
Fax: (410) 402-8601 or (410) 402-8602
TTY: (410) 735-2258 (Maryland Relay Service)

OR

E-mail your questions and comments to: gondere@dhmh.state.md.us

AND

Visit our website: www.maryland-adaa.org

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

The Department, in compliance with the Americans with Disabilities Act, ensures that qualified individuals with disabilities are given an opportunity to participate in and benefit from DHMH services, programs, benefits, and employment opportunities.

TABLE OF CONTENTS

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

TABLE OF CONTENTS

COUNTY PREVENTION DATA.....	14
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
DEFINITIONS OF CSAP STRATEGIES AND ACTIVITIES.....	39-40
Alternatives.....	39
Community-based.....	39
Education.....	39
Environmental.....	40
Information Dissemination.....	40
Problem Id and Referral.....	40
ACRONYMS AND ABBREVIATIONS.....	41

INTRODUCTION

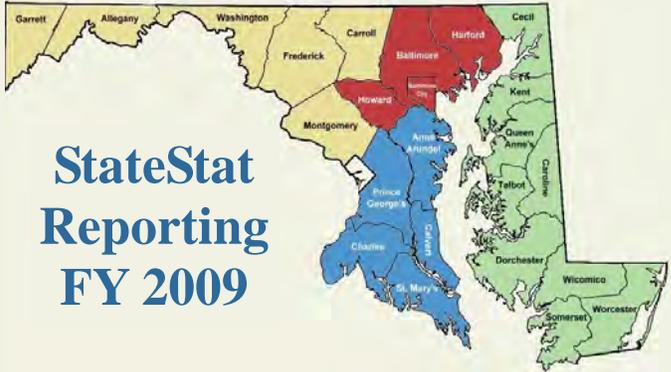
ALCOHOL AND DRUG ABUSE ADMINISTRATION

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.



**StateStat
Reporting
FY 2009**

*"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."*¹

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.

¹ *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.

CHILDREN OF ADDICTED PARENTS PREVENTION INITIATIVE

In an ongoing effort to prevent substance use in Maryland, the ADAA provided \$600,000 to select jurisdictions to implement the Children of Addicted Parents Prevention Initiative (CAPPI). The CAPPI requires jurisdictions to use Substance Abuse and Mental Health Services Administration (SAMHSA) Evidence Based Programs to respond to identified needs of children of addicted parents.

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 2009, a total of 18 prevention programs were offered throughout the five CAPPI funded jurisdictions serving 438 individuals.

Prevention Services In Maryland

Figure 1
Total Number Served
FY 2006-2009

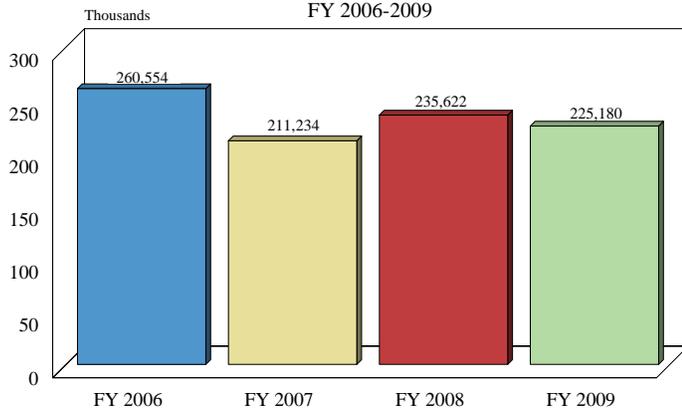


Figure 2
Program Characteristics
FY 2009

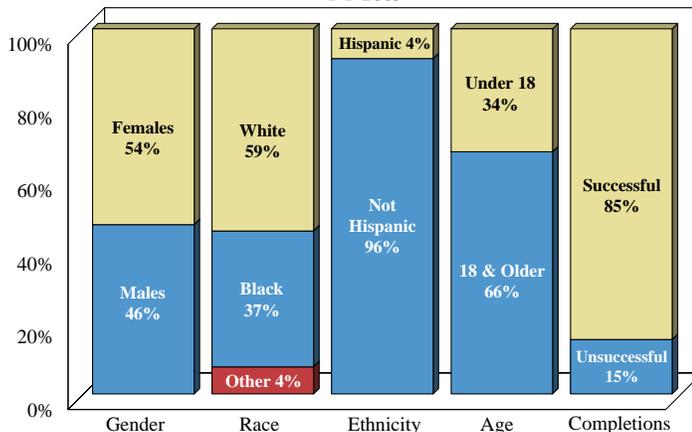
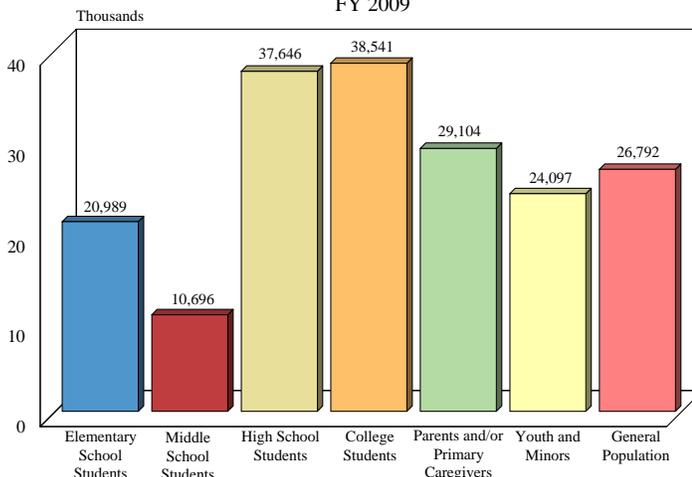


Figure 3
Service Population
FY 2009



NUMBERS SERVED

In fiscal year 2009 over 225,000 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 time” single service activities to more intensive recurring service activities. Recently data have shown Maryland averaging approximately 230,000 individuals served annually through prevention services.

PROGRAM CHARACTERISTICS

Age

Over half of all individuals receiving prevention services in fiscal year 2009 were 18 years of age and older. Figures show about 28 percent were parents or primary caregivers. School-aged children represented 56 percent of those individuals under the age of 18 receiving prevention services.

Gender and Race

Females represented a slightly higher distribution (54%) than males (46%) in fiscal year 2009. Caucasians (59%) and African Americans (37%) 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 fiscal year 2009, four percent of the total population served were Hispanic.

Program Completions

Recurring prevention programs showed an overall statewide completion rate of 85% in fiscal year 2009. 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 2009, Maryland offered prevention services to 27 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, over 225,100 people received prevention services in fiscal year 2009.

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 Evidence-based Program.
- ▶ The program must meet with the same group of individuals within the specified service population for a minimum of four separate occasions.

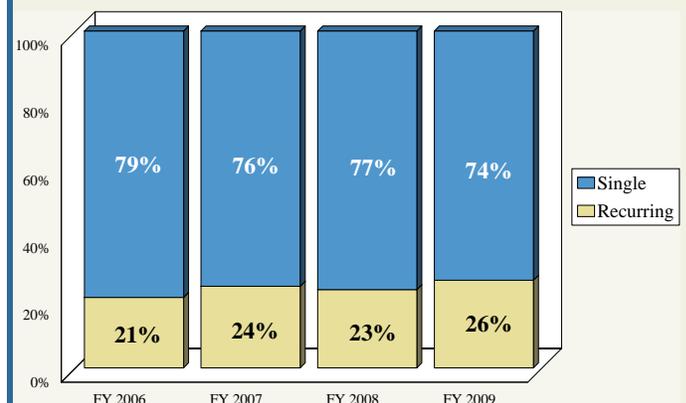
In fiscal year 2009, a total of 436 recurring prevention programs were offered across the state of Maryland. The total number of individuals actively participating in ADAA funded recurring prevention programs was 20,841.

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 four separate occasions.

In fiscal year 2009, a total of 1,364 single service prevention services were offered throughout the state of Maryland. The total number of individuals attending single service prevention activities was 204,339.

Figure 4
Prevention Programs by Program Type
FY 2006-2009



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 2009. Fifty-four percent of program participants were female while 46 percent of the participants statewide were male. A breakdown of jurisdictional data gathered in the last four years show a trend of relatively equal distribution between males and females in most subdivisions.

AGE

During fiscal year 2009, more than half of the prevention program participants (66%) receiving services were adults over 18 years of age. Parents comprised 17 percent of those adults who attended prevention programs in fiscal year 2008. Youth under the age of 18 represented 34 percent of individuals participating in prevention programs. All age categories for prevention programs are shown in Figure 6.

RACE AND ETHNICITY

CSAP has defined five racial categories for use by states to provide consistency in reporting MDS data on a national level. For the purposes of this report, 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 accounted for 58 percent of program participants while African Americans comprised 35 percent of the individuals attending prevention programs in fiscal year 2009 (Figure 7). In addition, Hispanics represented four percent of the participants receiving prevention services in fiscal year 2009.

Figure 5
Gender Distribution FY 2009

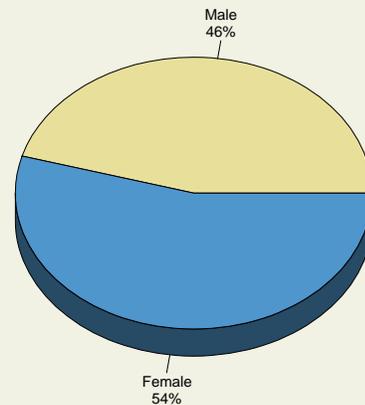


Figure 6
Age Distribution FY 2009

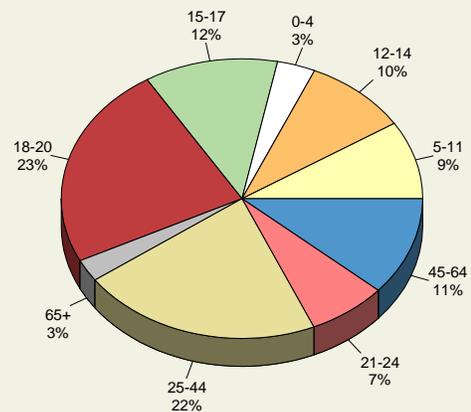
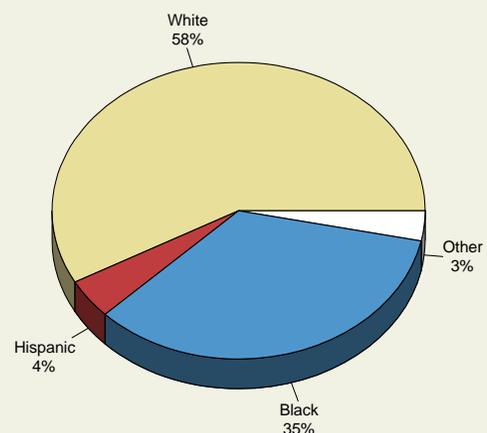


Figure 7
Race Distribution FY 2009



Numbers Served and Program Type

In fiscal year 2009, Maryland continued to implement SAMHSA Evidence-based 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 230,000 individuals served annually through prevention services.

RECURRING PREVENTION SERVICES

In fiscal year 2009 there were 20,841 individuals who actively participated in recurring prevention programs throughout Maryland. During the previous two fiscal years, the state has averaged approximately 25,000 participants served in recurring programs. As service providers begin to establish an infrastructure to implement their chosen SAMHSA evidence-based pro-

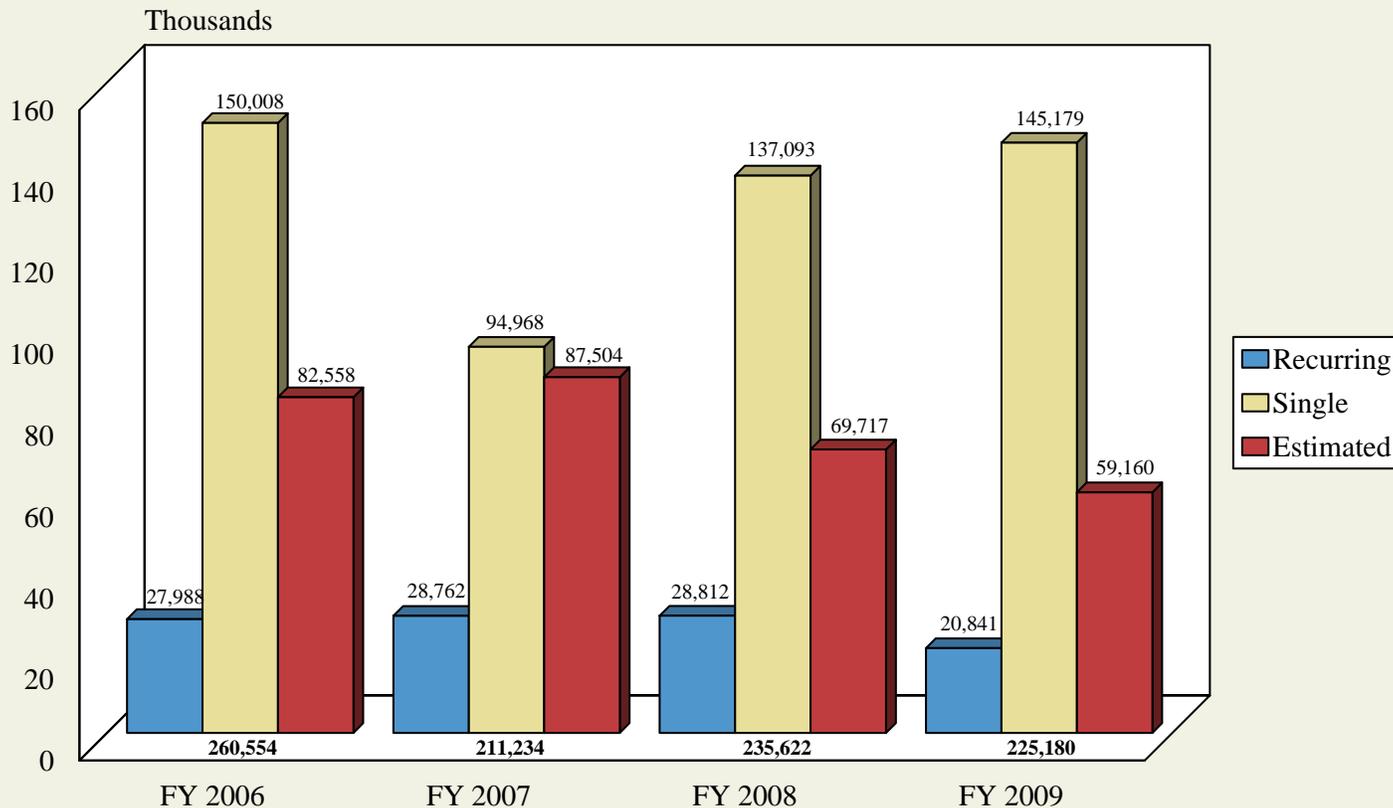
grams, it is anticipated that the number of individuals attending recurring prevention programs will continue to slightly increase.

SINGLE PREVENTION SERVICES

The total number of individuals attending single prevention services or activities was 145,179 in fiscal year 2009. 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 59,160 individuals who attended or received prevention services in fiscal year 2009.

Figure 8
Numbers Served
FY 2006-2009



Recurring Program Completions

Table 1
Recurring Program Completions
Fiscal Year 2009

COUNTY	Total Number of Participants	Total Number of Completions	Percentage Completed
Allegany	451	399	88%
Anne Arundel	556	463	83%
Baltimore City	5093	4261	84%
Baltimore	720	596	83%
Calvert	500	426	85%
Caroline	138	122	88%
Carroll	412	335	81%
Cecil	168	148	88%
Charles	531	484	91%
Dorchester	437	354	81%
Frederick	713	578	81%
Garrett	1204	965	80%
Harford	1906	1583	83%
Howard	97	79	81%
Kent	48	42	88%
Montgomery	689	607	88%
Prince George's	2334	2165	93%
Queen Anne's	1582	1319	83%
St. Mary's	310	267	86%
Somerset	107	93	87%
Talbot	695	622	89%
Washington	419	361	86%
Wicomico	751	664	88%
Worcester	436	372	85%
Bowie St.	525	427	81%
Frostburg	0	0	0%
Towson	0	0	0%
U.M.E.S	19	18	95%
Total	20,841	17,750	85%

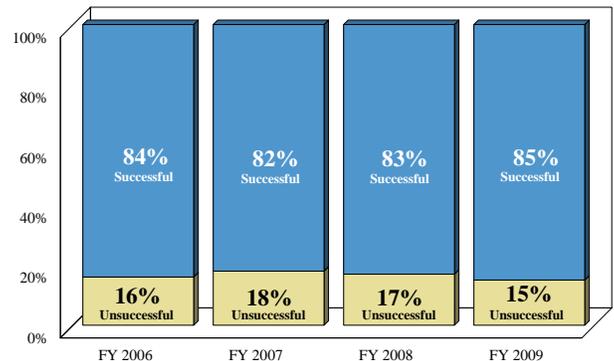
COMPLETION RATE

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 participant's completion is defined by each individual program and is based upon the criteria outlined in the program curriculum.

COMPLETION PERCENTAGES

Completion rates statewide (Figure 9) have steadily averaged 85 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 2006-2009



The average Statewide completion rate for fiscal year 2009 was 85%.



CSAP Strategies

All strategies and service types reported in the ADAA 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.

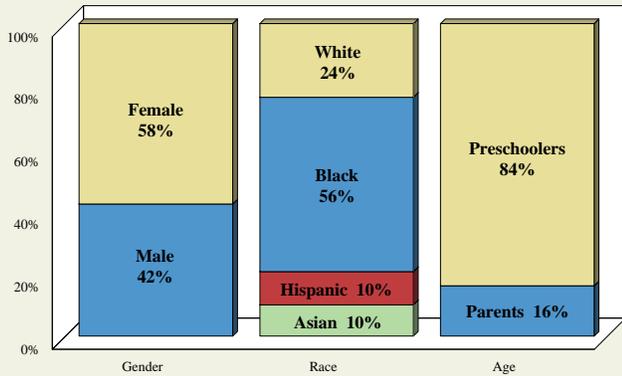
Table 2
CSAP Strategies and Number of Participants Served
Fiscal Year 2009

County	Alternatives	Community Based Process	Education	Environmental	Information Dissemination	Problem ID And Referral	Total
Allegany	0	262	441	199	2233	0	3,135
Anne Arundel	334	56	556	0	2924	0	3,870
Baltimore City	6060	1236	3661	0	13,755	1293	26,005
Baltimore	8377	52	601	263	9552	0	18,845
Calvert	1779	117	244	0	6165	50	8,355
Caroline	674	232	138	22	1538	0	2,604
Carroll	18	2618	412	0	5901	16	8,965
Cecil	200	29	168	0	4425	0	4,822
Charles	75	30	456	0	6090	200	6,851
Dorchester	165	100	437	492	2214	0	3,408
Frederick	0	28	713	0	1249	36	2,026
Garrett	4733	1233	908	80	102	66	7,122
Harford	5886	2418	1768	0	7772	0	17,844
Howard	1388	3251	97	0	1875	40	6,651
Kent	387	562	48	210	2754	0	3,961
Montgomery	33	375	689	0	5918	0	7,015
Prince George's	749	90	2028	0	1593	0	4,460
Queen Anne's	5544	2946	20	941	2184	11	11,646
St. Mary's	13,629	23	310	0	1900	0	15,862
Somerset	0	31	89	0	459	0	579
Talbot	112	741	111	74	1700	5	2,743
Washington	150	133	419	3750	495	250	5,197
Wicomico	73	587	651	118	459	0	1,888
Worcester	13,983	303	436	141	1069	35	15,967
Bowie St.	800	255	270	0	2062	0	3,387
Frostburg	6786	2129	0	1059	4328	0	14,302
Towson	0	0	0	13801	1226	0	15,027
U.M.E.S.	1549	24	287	0	783	0	2,643
TOTAL	73,484	19,861	15,958	21,150	92,725	2,002	225,180
PERCENTAGE	33%	9%	7%	9%	41%	11%	100%

High Risk Preschool Initiative

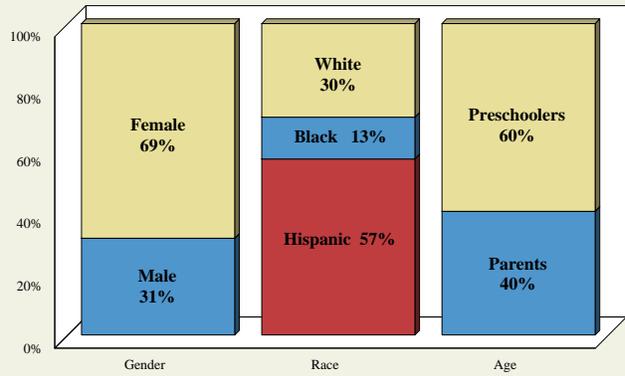
The ADAA continues to fund and support an initiative to focus on ATOD High Risk Preschool children and their families. ADAA's High Risk Preschool Initiative encompasses six of the 24 jurisdictions in Maryland. The objective of these programs is to reduce the onset of alcohol, tobacco and other drugs 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 3,198 individuals received prevention services through the High Risk Preschool initiative in fiscal year 2009 (Figures 10-15).

Figure 10
Baltimore Co. Preschool Program Characteristics



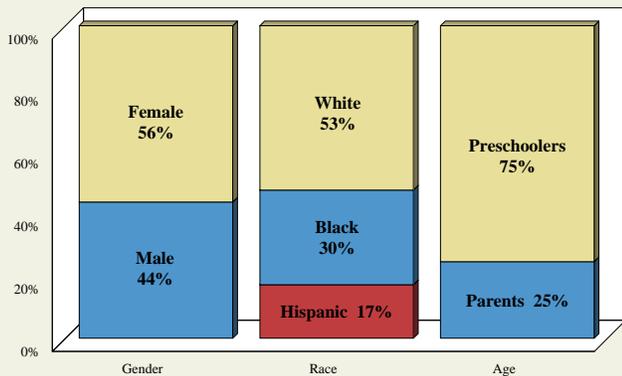
Total Served = 310

Figure 13
Montgomery Co. Preschool Program Characteristics



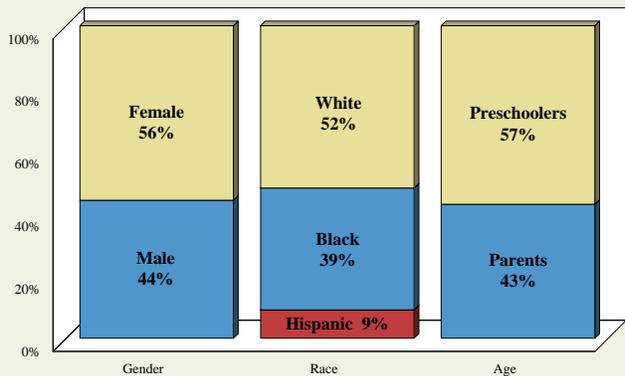
Total Served = 612

Figure 11
Frederick Co. Preschool Program Characteristics



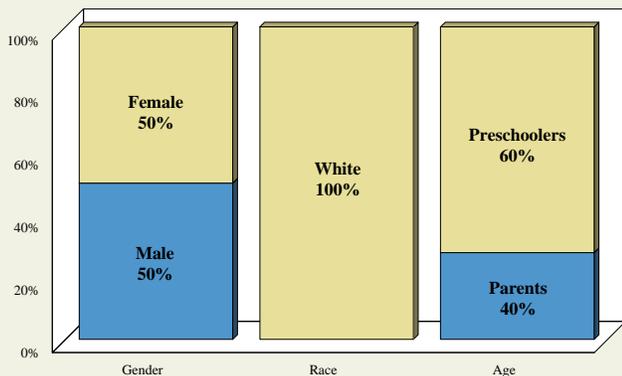
Total Served = 755

Figure 14
Washington Co. Preschool Program Characteristics



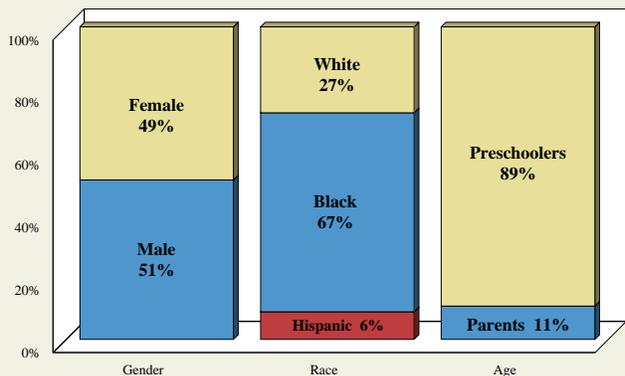
Total Served = 77

Figure 12
Garrett Co. Preschool Program Characteristics



Total Served = 872

Figure 15
Wicomico Co. Preschool Program Characteristics



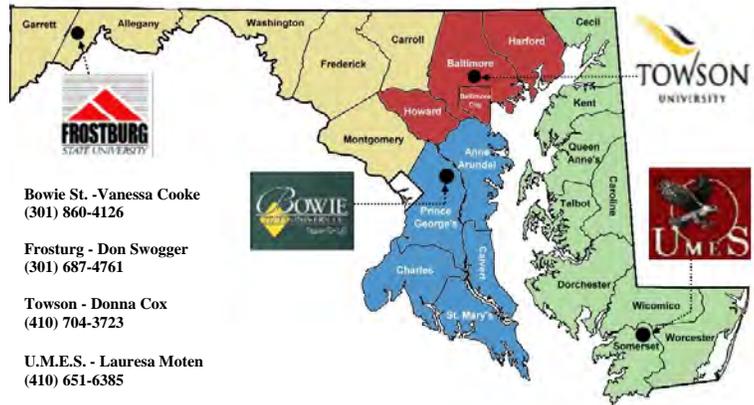
Total Served = 572

College Prevention Centers

COLLEGE INITIATIVE

The ADAA funds four strategically located ATOD College Prevention Centers at Frostburg University, Towson University, Bowie State University and the University of Maryland Eastern Shore who receive funding to support ongoing ATOD efforts on college campuses. A primary focus of these centers is to provide education and training for college students regarding ATOD prevention by creating and/or enhancing peer education networks. Each college prevention center is also responsible for the collaboration and development of ATOD campus policies and to provide a process for linkages with other colleges

within the region to promote ATOD prevention strategies. In fiscal year 2009, the college centers provided prevention services to 35,359 individuals statewide with a primary focus on peer education. Figures 16-19 show demographic characteristics for all four college ATOD prevention centers for fiscal year 2009.



Bowie St. - Vanessa Cooke
(301) 860-4126

Frostburg - Don Swogger
(301) 687-4761

Towson - Donna Cox
(410) 704-3723

U.M.E.S. - Lauresa Moten
(410) 651-6385

INDIVIDUALS SERVED BY COLLEGE PREVENTION CENTERS FISCAL YEAR 2009

Figure 16
Gender Distribution

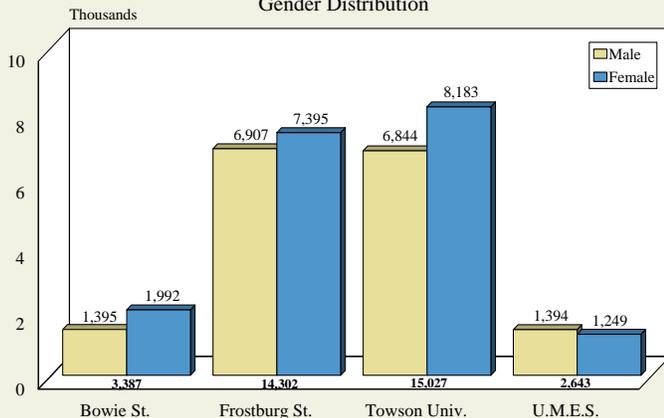


Figure 17
Race Distribution

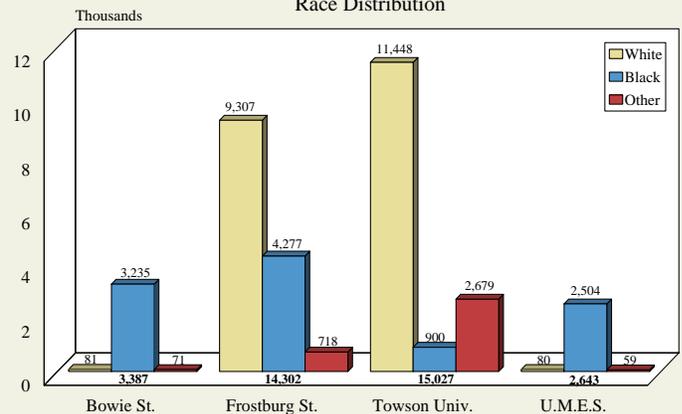


Figure 18
Statewide Gender Distribution

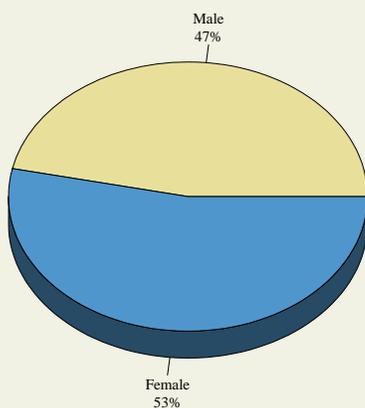
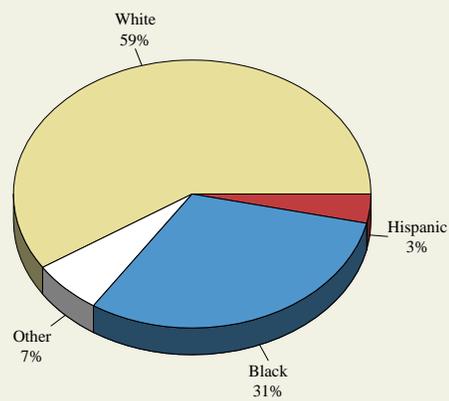


Figure 19
Statewide Race Distribution



CHILDREN OF ADDICTED PARENTS PROGRAM INITIATIVE

In an ongoing effort to prevent substance use in Maryland, the ADAA provided \$600,000 to five jurisdictions to implement a new initiative serving children of addicted parents. The Children of Addicted Parents Program Initiative (CAPPI) requires jurisdictions to use Substance Abuse and Mental Health Services Administration (SAMHSA) Evidenced-based Programs to respond to the needs of children between the ages of 10-17 and their addicted parents.

Each of the five selected jurisdictions chose to implement the Strengthening Families Program (SFP). The Strengthening Families Program is a family skills training program designed to increase resilience and reduce risk factors for behavioral, emotional, academic and social problems in children 3-17 years old. During fiscal year 2009 the CAPPI served 438 individuals through the Strengthening Families Program. In addition, there was a total of 968 individuals who attended single service prevention activities as part of the CAPPI outreach efforts.

Table 3
Number of Programs
FY 2009

County	Number of Recurring Programs
Allegany	5
Anne Arundel	4
Frederick	3
Montgomery	3
Wicomico	3
Total	18

Table 4
Numbers Served
FY 2009

County	Total Numbers Served
Allegany	71
Anne Arundel	154
Frederick	31
Montgomery	77
Wicomico	105
Total	438

Figure 20
Gender Distribution FY 2009

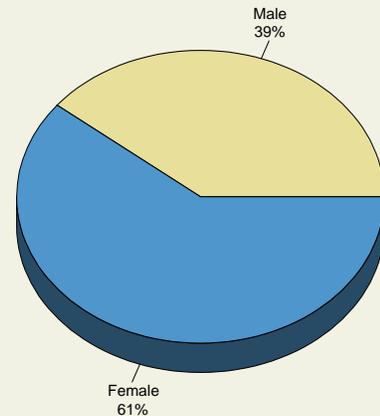


Figure 21
Age Distribution FY 2009

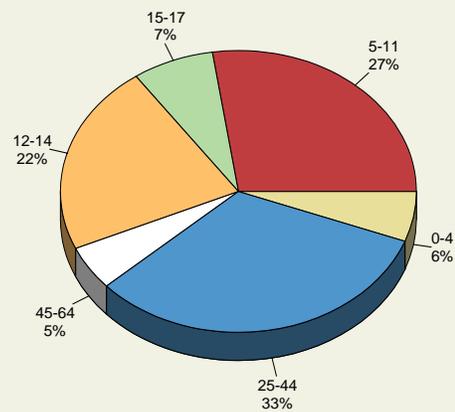
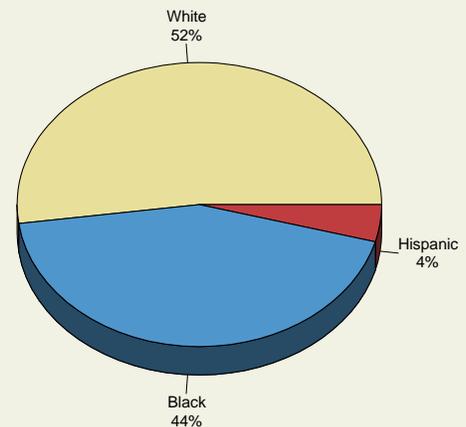


Figure 22
Race Distribution FY 2009

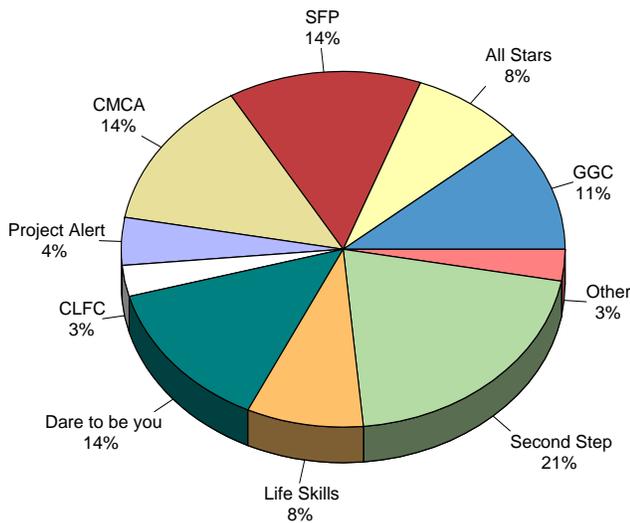


CSAP Evidence-based Programs

Table 5
Numbers Served By CSAP Model Program
Fiscal Year 2009

Model Program	Number of Programs	Numbers Served
Across Ages	1	240
All Stars	6	713
Creating Lasting Family Connections (CLFC)	2	397
Communities Mobilizing for Change on Alcohol (CMCA)	10	7,488
Dare To Be You (DTBY)	10	1,187
Guiding Good Choices (GGC)	9	988
Life Skills Training (LST)	6	607
Project Alert	3	348
Second Step	16	4,619
Strengthening Families Program (SFP)	10	1,162
Why Try	1	495
Total	74	18,244

Figure 23
Model Program Distribution
FY 2009



Note: Model Programs in the "Other" category include: Across Ages, and Why Try

WHAT IS EVIDENCE-BASED?

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

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

NATIONAL REGISTRY OF EVIDENCE-BASED PROGRAMS & PRACTICES (NREPP)

The National Registry of Evidence-based Programs and Practices (NREPP), is a voluntary rating and classification system for mental health and substance abuse prevention and treatment interventions. The system is designed to identify, review, and disseminate information about interventions. All 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.

<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 2009. Figure 23 shows model program distribution for fiscal year

Institute of Medicine (IOM) Category

Table 6
Numbers Served By Intervention Type (IOM Category)
Fiscal Year 2009

County	Universal	Selected	Indicated	Total
Allegany	1842	1293	0	3,135
Anne Arundel	2428	1426	16	3,870
Baltimore City	17,906	7805	294	26,005
Baltimore	17,825	885	135	18,845
Calvert	8355	0	0	8355
Caroline	1135	1469	0	2,604
Carroll	7397	678	890	8,965
Cecil	3937	885	0	4,822
Charles	6828	23	0	6,851
Dorchester	3294	114	0	3,408
Frederick	1340	677	9	2,026
Garrett	6830	144	148	7,122
Harford	8826	7093	1925	17,844
Howard	6651	0	0	6,651
Kent	3424	388	149	3,961
Montgomery	6901	109	5	7,015
Prince George's	4460	0	0	4,460
Queen Anne's	11,544	88	14	11,646
St. Mary's	15,862	0	0	15,862
Somerset	579	0	0	579
Talbot	2614	57	72	2,743
Washington	5197	0	0	5,197
Wicomico	1192	660	36	1,888
Worcester	15,967	0	0	15,967
Bowie St.	2246	1141	0	3,387
Frostburg	14,302	0	0	14,302
Towson	15,027	0	0	15,027
U.M.E.S.	1599	1044	0	2,643
Total	195,508	25,979	3,693	225,180
Percentage	87%	12%	1%	100%

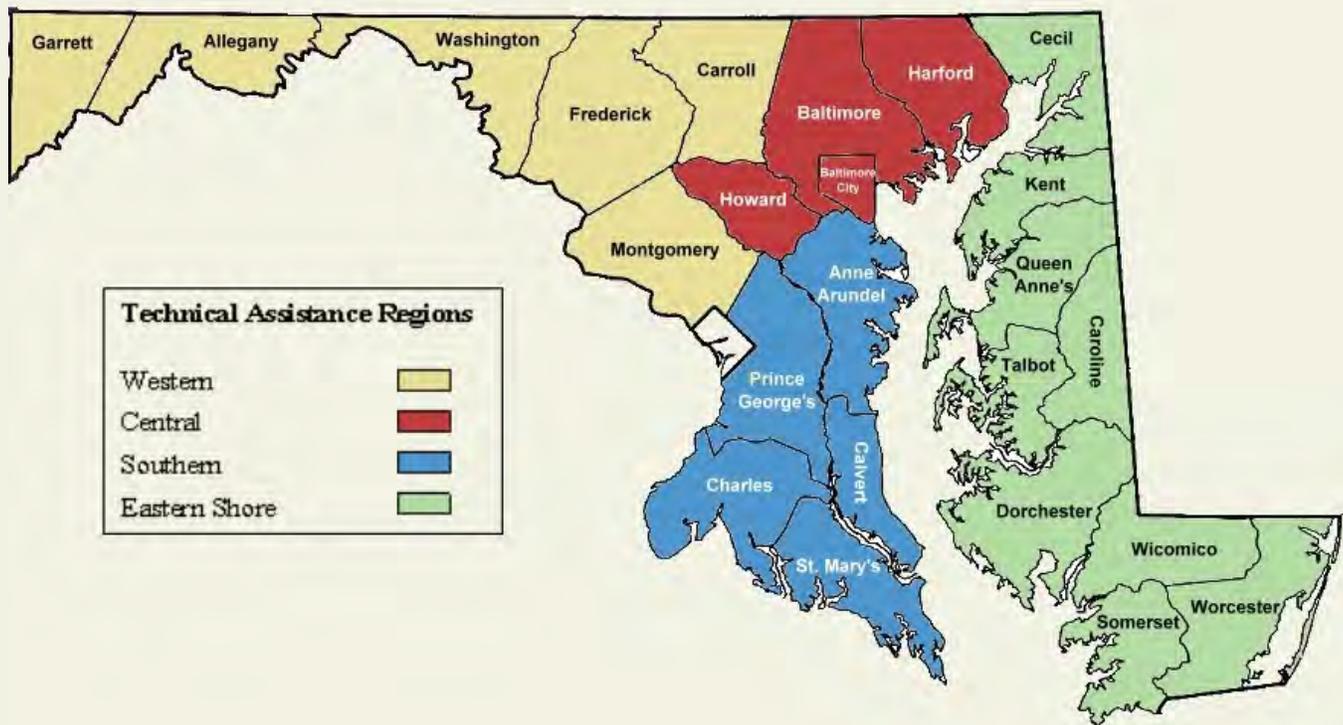
IOM CATEGORY DEFINITIONS

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

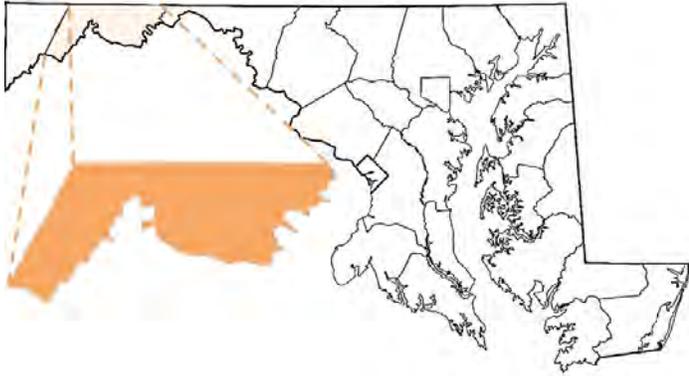
Selected - Selected prevention strategies target subsets of the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment--for example, children of adult alcoholics, drop-outs, or students who are failing academically. Selective 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
- ▶ Strengthening Families

DEMOGRAPHICS

GENDER

Figure 24 shows the countywide distribution of prevention programs for gender in fiscal year 2009. Females represented 52 percent of program participants while 48 percent of the participants countywide were male.

AGE

During fiscal year 2009, 26 percent of all those participating in prevention programs were parents or primary care givers. School-aged children represented 31 percent of the total served. Figure 25 shows the overall county distribution for age.

RACE AND ETHNICITY

Caucasians accounted for 82 percent of the racial distribution receiving prevention services while African Americans comprised 16 percent. Figure 26 shows the overall county distribution for Race/Ethnicity.

- The total number of individuals receiving prevention services through the Allegany County prevention office was 3,135 in fiscal year 2009.
- The ATOD Center at Frostburg State University served 14,302 individuals in fiscal year 2009.

Figure 24
Gender Distribution FY 2009

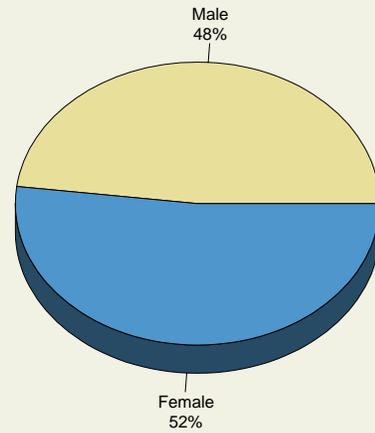


Figure 25
Age Distribution FY 2009

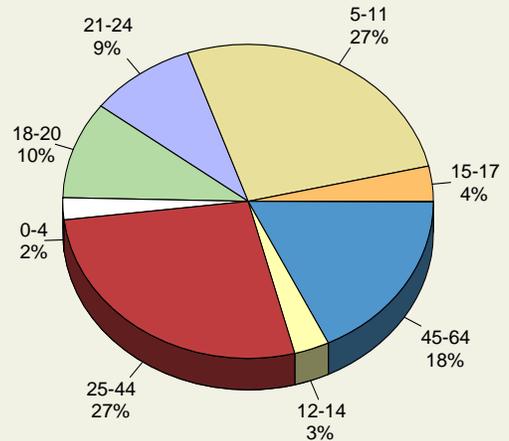
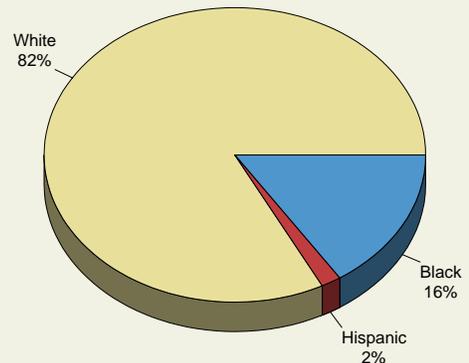
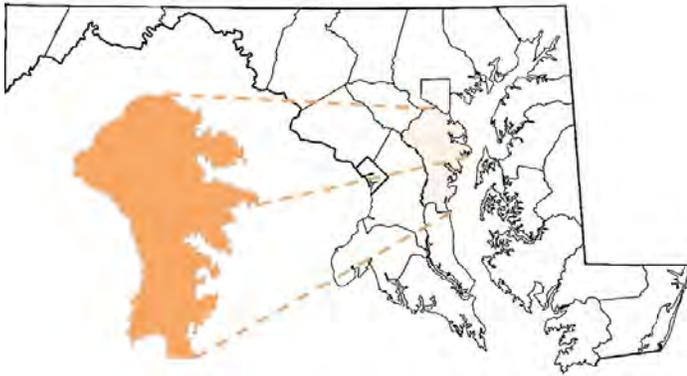


Figure 26
Race Distribution FY 2009



ANNE ARUNDEL COUNTY



Prevention Coordinator

Heather Eshleman
(410) 222-6724

SAMHSA MODEL PROGRAMS

- ▶ Guiding Good Choices
- ▶ Project Alert
- ▶ Second Step
- ▶ Strengthening Families

DEMOGRAPHICS

GENDER

Figure 27 shows the countywide distribution of prevention programs for gender in fiscal year 2009. Females represented 56 percent of program participants while 44 percent of the participants countywide were male.

AGE

During fiscal year 2009, 56 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 (60%) and African Americans (38%) accounted for 98 percent of the racial distribution receiving prevention services in Anne Arundel County during fiscal year 2009 (Figure 29). Hispanics comprised 2 percent of the remaining distribution.

The total number of individuals receiving prevention services in Anne Arundel County was 3,870 in fiscal year 2009.

Figure 27
Gender Distribution FY 2009

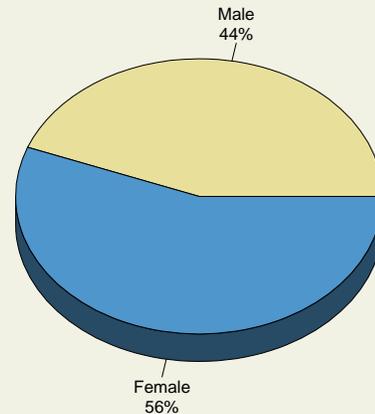


Figure 28
Age Distribution FY 2009

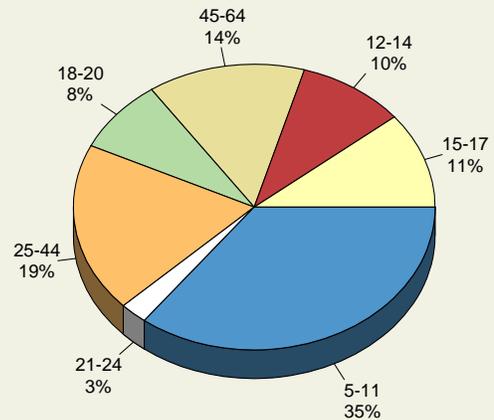
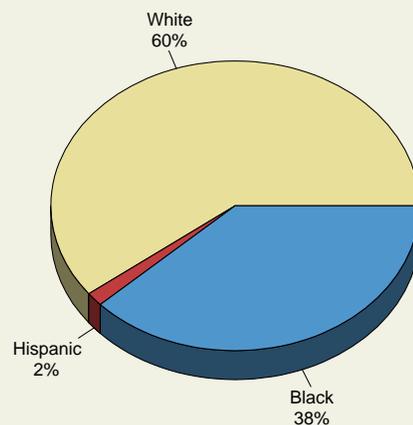
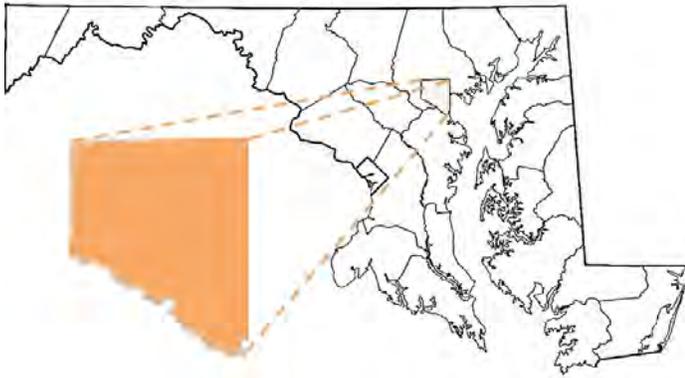


Figure 29
Race Distribution FY 2009



BALTIMORE CITY



Prevention Coordinator
 Shirley Stokes
 (410) 637-1900

SAMHSA MODEL PROGRAMS

- ▶ Life Skills Training
- ▶ Project Alert
- ▶ Strengthening Families

DEMOGRAPHICS

GENDER

Figure 30 shows the countywide distribution of prevention programs for gender in fiscal year 2009. Females represented 54 percent of program participants while 46 percent of the participants countywide were male.

AGE

During fiscal year 2009, approximately 59 percent of all individuals participating in prevention programs were adolescents. Parents or primary care givers represented 22 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 84 percent of the racial distribution receiving prevention services in Baltimore City while Caucasians comprised 12 percent during fiscal year 2009. Hispanics (2%) and Other (2%) accounted for the remainder of the distribution (4%).

The total number of individuals receiving prevention services in Baltimore City was 26,005 in fiscal year 2009.

Figure 30
Gender Distribution FY 2009

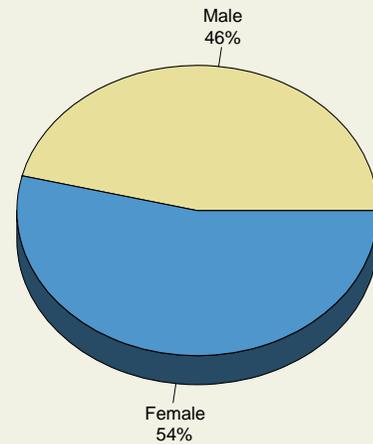


Figure 31
Age Distribution FY 2009

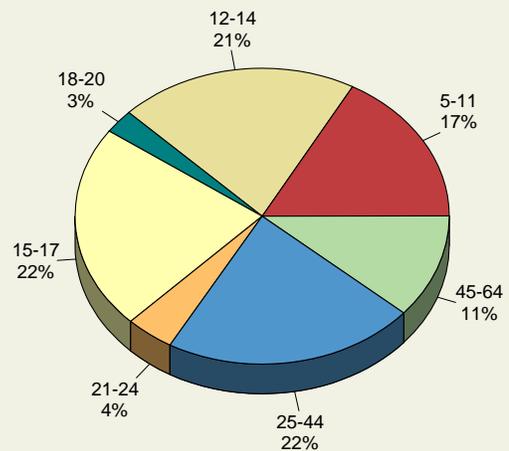
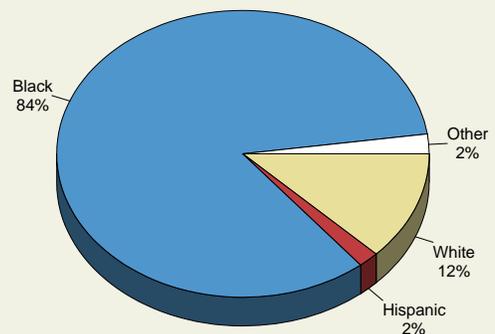
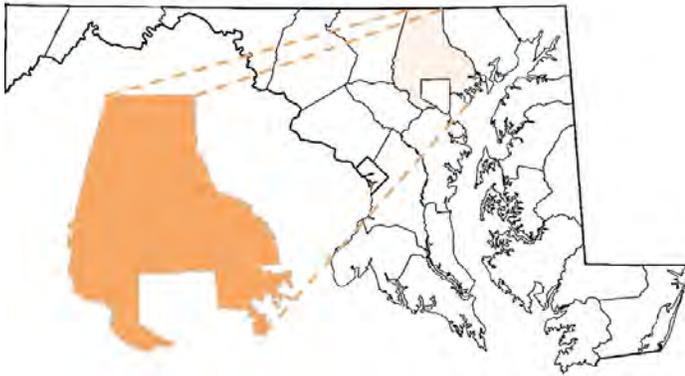


Figure 32
Race Distribution FY 2009



BALTIMORE COUNTY



Prevention Coordinator
Mary Viggiani
(410) 887-3828

College Coordinator
Donna Cox
(410) 704-4670

SAMHSA MODEL PROGRAMS

- ▶ All Stars
- ▶ CMCA
- ▶ Second Step
- ▶ Strengthening Families

DEMOGRAPHICS

GENDER

Figure 33 shows the countywide distribution of prevention programs for gender in fiscal year 2009. Females represented 55 percent of program participants while 45 percent of the participants countywide were male.

AGE

Figure 34 shows the overall county distribution for age during fiscal year 2009. Parents (34%) and school-aged children (25%) accounted for 59% of those served in Baltimore County.

RACE AND ETHNICITY

During fiscal year 2009, Caucasians accounted for 53 percent of the racial distribution while African Americans comprised 37 percent in Baltimore County (Figure 35). Asian (5%) and Hispanics (5%) accounted the remaining 10 percent of the distribution.

- The total number of individuals receiving prevention services through the Baltimore County prevention office was 18845, in fiscal year 2009.
- The ATOD Center at Towson University served 15,027 individuals in fiscal year 2009.

Figure 33
Gender Distribution FY 2009

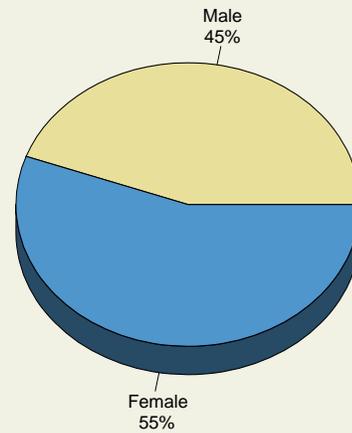


Figure 34
Age Distribution FY 2009

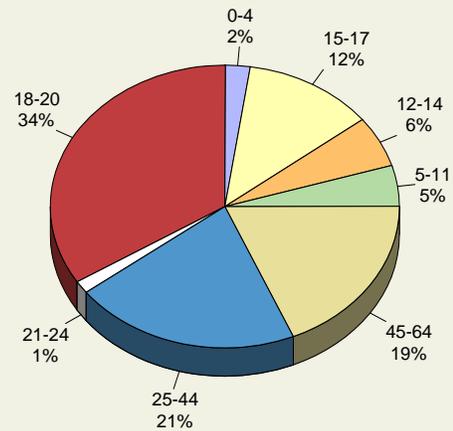
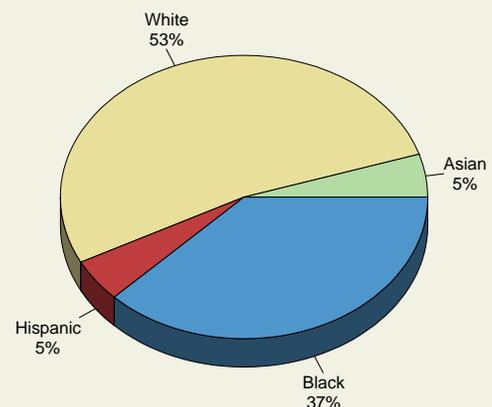
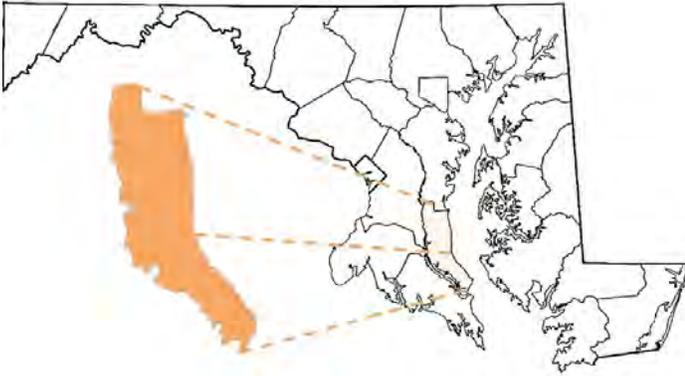


Figure 35
Race Distribution FY 2009



CALVERT COUNTY



Prevention Coordinator
 LaTisha Hawkins
 (410) 535-3079 ext. 26

SAMHSA MODEL PROGRAMS

- ▶ Guiding Good Choices
- ▶ Life Skills
- ▶ Second Step

DEMOGRAPHICS

GENDER

Figure 36 shows the countywide distribution of prevention programs for gender in fiscal year 2009. Females represented 55 percent of program participants while 45 percent of the participants countywide were male.

AGE

During fiscal year 2009, approximately one half (48%) of all individuals participating in prevention programs were adolescents. Parents or primary care givers represent the next highest distribution at 34 percent for all Calvert County programs. Figure 37 shows the overall county distribution for age.

RACE AND ETHNICITY

Caucasians comprised 50 percent of the racial distribution while African American accounted for 36 percent during fiscal year 2009 (Figure 38).

The total number of individuals receiving prevention services in Calvert County was 8,355 in fiscal year 2009.

Figure 36
Gender Distribution FY 2009

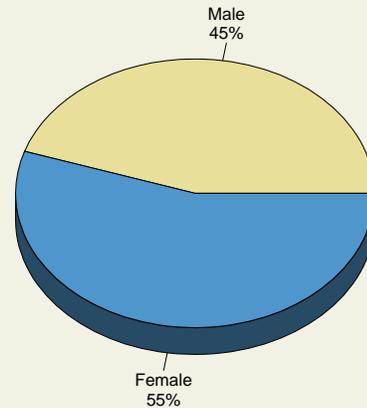


Figure 37
Age Distribution FY 2009

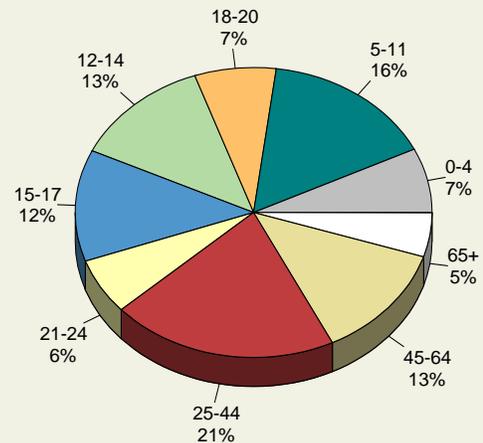
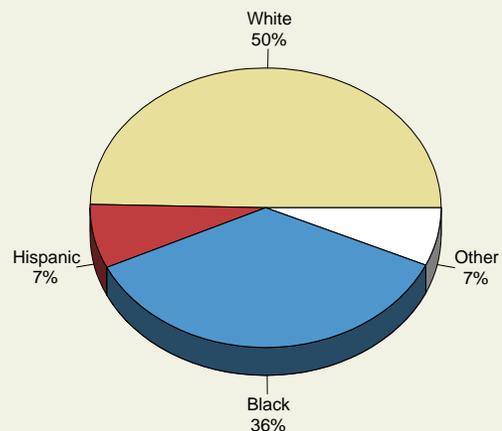
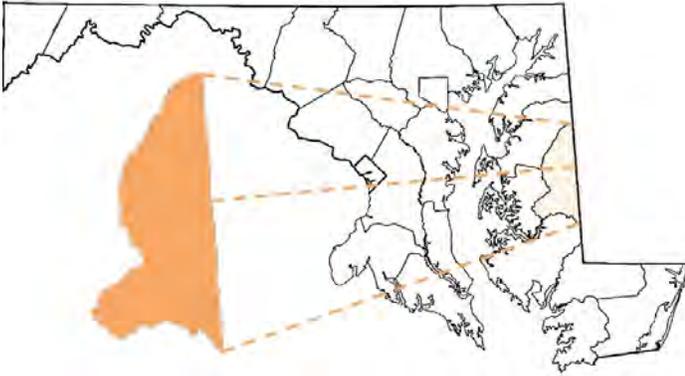


Figure 38
Race Distribution FY 2009



CAROLINE COUNTY



Prevention Coordinator
 Karen Bishop
 (410) 479-3501

SAMHSA MODEL PROGRAMS

- ▶ All Stars
- ▶ Communities Mobilizing for Change on Alcohol

DEMOGRAPHICS

GENDER

Figure 39 shows the countywide distribution of prevention programs for gender in fiscal year 2009. Females represented 54 percent of program participants while 46 percent of the participants countywide were male.

AGE

During fiscal year 2009, over three quarters (87%) of all those participating in prevention programs were adolescents. Parents and primary caregivers represented 10 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 76 percent of the racial distribution receiving prevention services while African Americans comprised 20 percent during fiscal year 2009 (Figure 41). Hispanics account for the remaining four percent of the overall racial distribution.

The total number of individuals receiving prevention services in Caroline County was 2,604 in fiscal year 2009.

Figure 39
Gender Distribution FY 2009

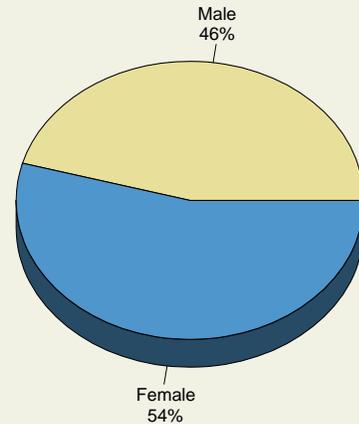


Figure 40
Age Distribution FY 2009

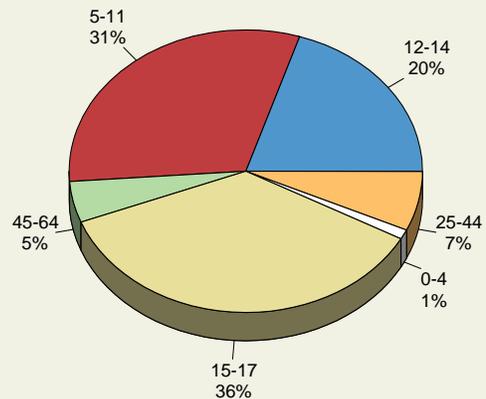
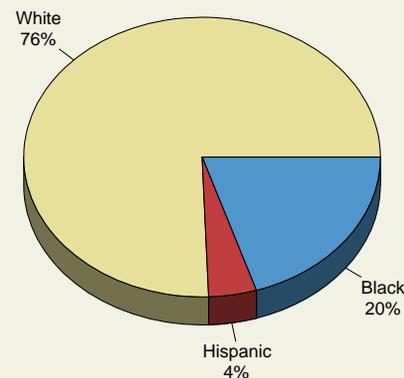
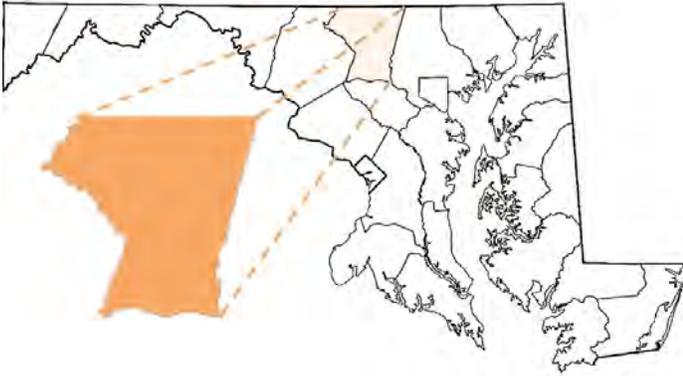


Figure 41
Gender Distribution FY 2009



CARROLL COUNTY



Prevention Coordinator
Linda Auerback
(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 2009. Females represented 57 percent of program participants while 43 percent of the participants countywide were male.

AGE

During fiscal year 2009, one third (39%) of all those participating in prevention programs were adolescents. Parents and primary caregivers represented 46 percent of individuals attending prevention programs in Carroll County. Figure 43 shows the overall county distribution for age.

RACE AND ETHNICITY

Caucasians accounted for 94 percent of the racial distribution receiving prevention services in Carroll County. African American (5%) and Hispanics (1%) represented the remaining seven percent of the racial distribution. Figure 44 shows the overall county distribution for Race/Ethnicity.

The total number of individuals receiving prevention services in Carroll County was 8,965 in fiscal year 2009.

Figure 42
Gender Distribution FY 2009

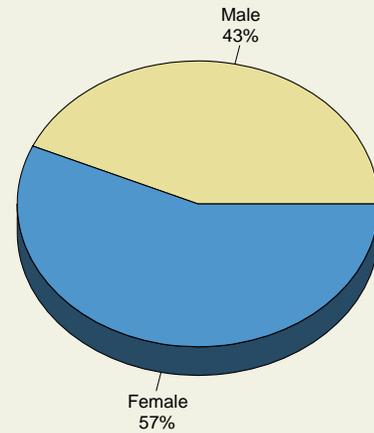


Figure 43
Age Distribution FY 2009

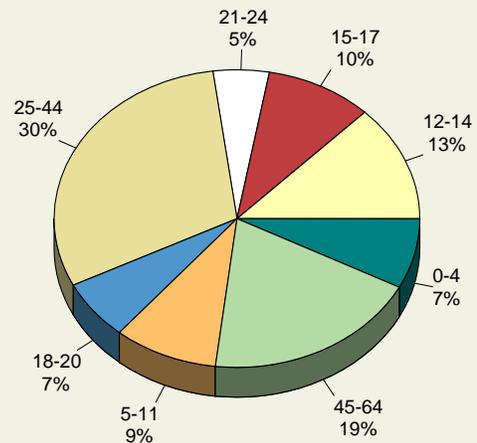
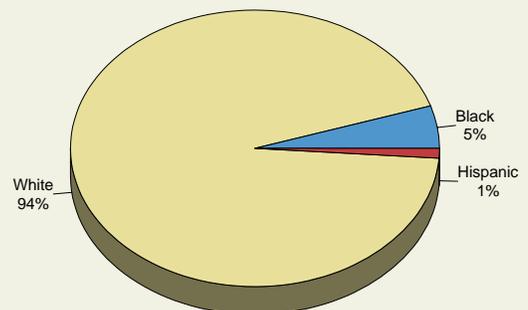
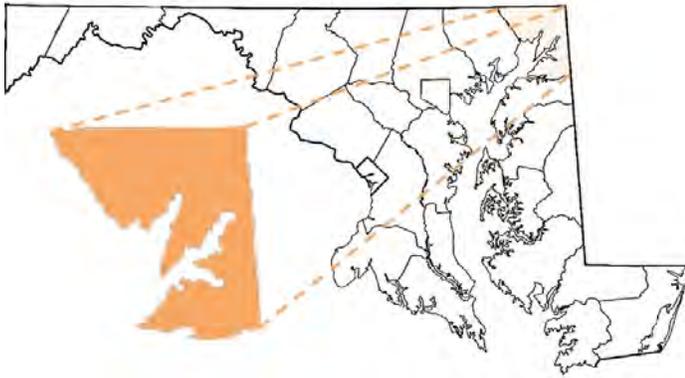


Figure 44
Race Distribution FY 2009



CECIL COUNTY



Prevention Coordinator
 Angela Johnson
 (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 2009. Both males and females represented 50 percent of program participants countywide.

AGE

During fiscal year 2009, 74 percent of all those participating in prevention programs were parents or primary caregivers. Adolescents represented 10 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 (79%) and African Americans (19%) accounted for the majority of the racial distribution in Cecil County. Asians (1%) and Hispanics (1%) represented the remaining 2% of the overall distribution in fiscal year 2009.

The total number of individuals receiving prevention services in Cecil County was 4,822 in fiscal year 2009.

Figure 45
Gender Distribution FY 2009

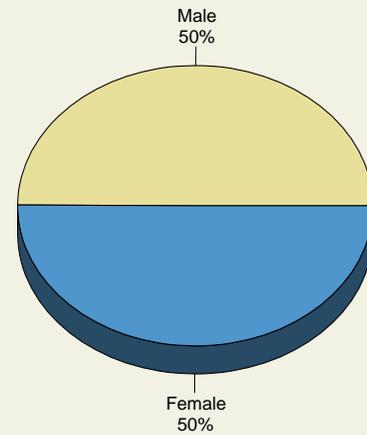


Figure 46
Age Distribution FY 2009

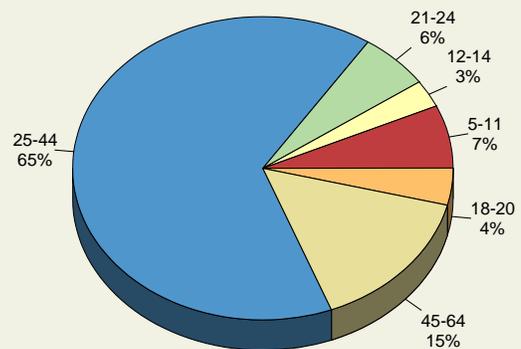
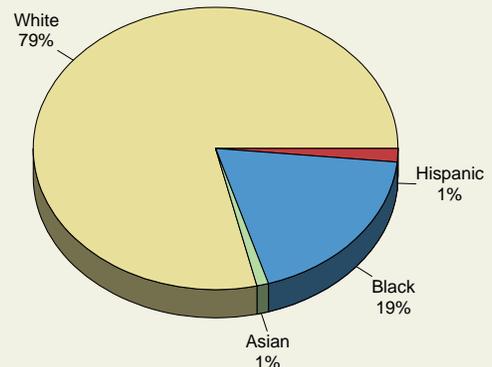
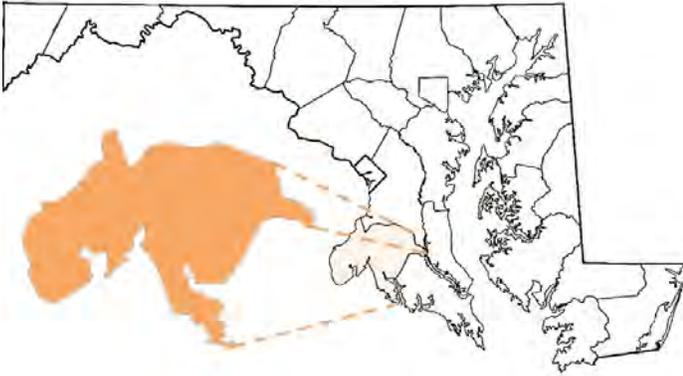


Figure 47
Race Distribution FY 2009



CHARLES COUNTY



Prevention Coordinator
 Al Evans
 (301) 609-6631

SAMHSA MODEL PROGRAMS

- ▶ Life Skills
- ▶ Second Step

DEMOGRAPHICS

GENDER

Figure 48 shows the countywide distribution of prevention programs for gender in fiscal year 2009. Females represented 58 percent of program participants while 42 percent of the participants countywide were male.

AGE

During fiscal year 2009, over one third (38%) of all those participating in prevention programs were adolescents. Parents and primary care givers represented 42 percent of the age distribution for fiscal year 2009. Figure 49 shows the overall county distribution for age.

RACE AND ETHNICITY

African Americans accounted for 50 percent of the racial distribution receiving prevention services in Charles County while Caucasians comprised 48 percent during fiscal year 2009 (Figure 50). Hispanics accounted for two percent (2%) of the remaining distribution.

The total number of individuals receiving prevention services in Charles County was 6,851 in fiscal year 2009.

Figure 48
Gender Distribution FY 2009

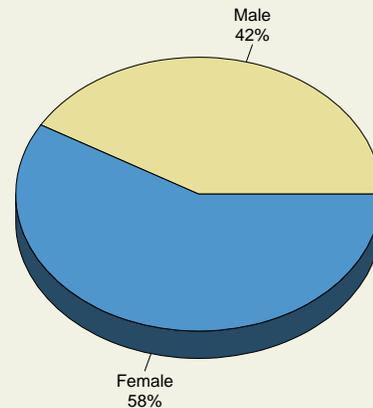


Figure 49
Age Distribution FY 2009

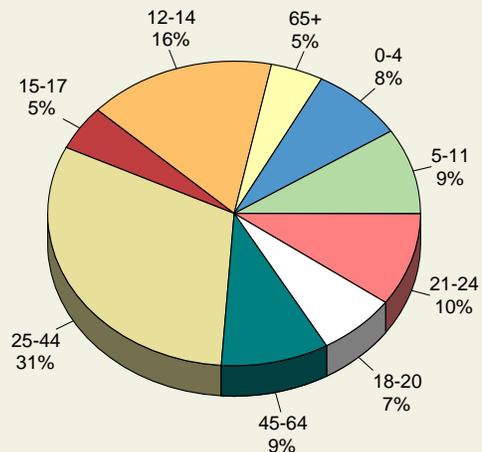
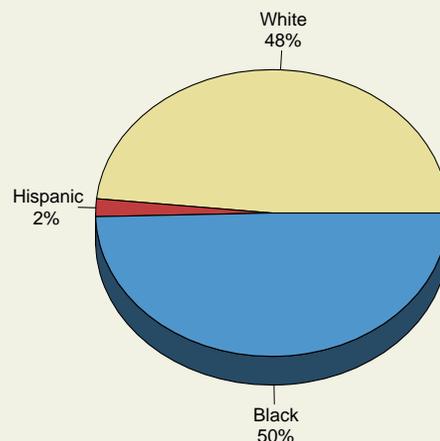
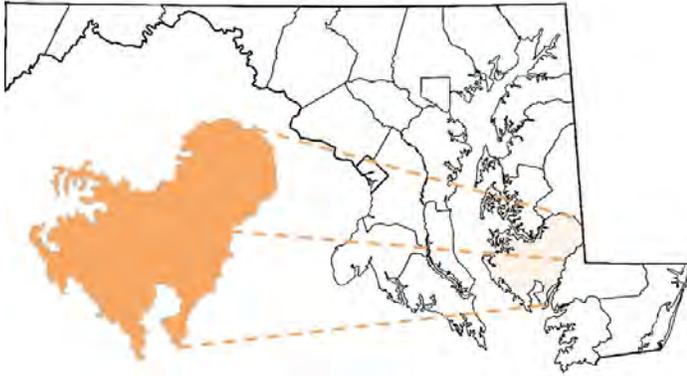


Figure 50
Race Distribution FY 2009



DORCHESTER COUNTY



Prevention Coordinator
 Ervina Johnson
 (410) 901-8134

SAMHSA MODEL PROGRAMS

- ▶ Communities Mobilizing for Change on Alcohol
- ▶ Second Step

DEMOGRAPHICS

GENDER

Figure 51 shows the gender distribution of prevention programs for fiscal year 2009. Females represented 61 percent of program participants while 39 percent of the participants countywide were male.

AGE

During fiscal year 2009, approximately one half (47%) of those receiving prevention services in Dorchester County were adolescents. Parents or primary care givers accounted for 41 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 56 percent of the racial distribution receiving prevention services in Dorchester County. Caucasians (39%), Hispanics (3%) and "Other" (2%) comprised the remaining racial distribution during fiscal year 2009.

The total number of individuals receiving prevention services in Dorchester County was 3,408 in fiscal year 2009.

Figure 51
Gender Distribution FY 2009

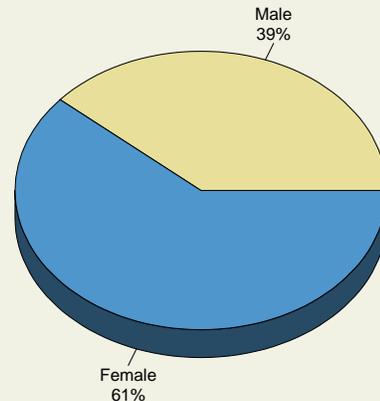


Figure 52
Age Distribution FY 2009

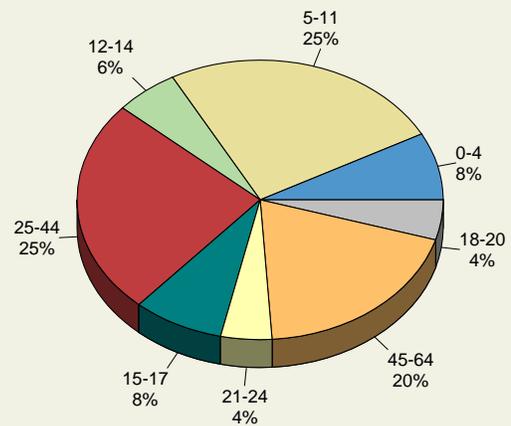
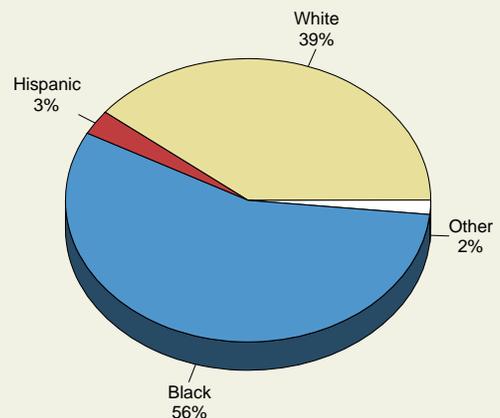
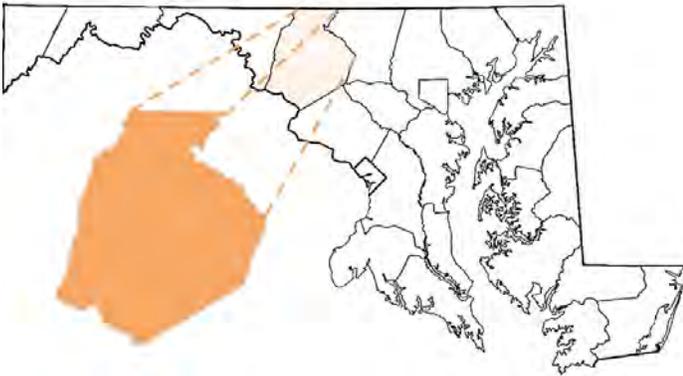


Figure 53
Race Distribution FY 2009



FREDERICK COUNTY



Prevention Coordinator
 Todd Crum
 (301) 631-3285

SAMHSA MODEL PROGRAMS

- ▶ Guiding Good Choices
- ▶ Second Step
- ▶ Strengthening Families

DEMOGRAPHICS

GENDER

Figure 54 shows the countywide distribution of prevention programs for gender in fiscal year 2009. Females represented 62 percent of program participants while 38 percent of the participants countywide were male.

AGE

Parents and preschoolers participating in Frederick County's preschool program accounted for approximately 37 percent of the total number of individuals receiving prevention services in fiscal year 2009. Thirty-three percent of all individuals served were adolescents. Parents represented 48 percent of the population receiving services. (Figure 55).

RACE AND ETHNICITY

As shown in Figure 56, Caucasians accounted for 62 percent of the racial distribution while African Americans comprised 25 percent during fiscal year 2009. Hispanics (9%) and "Other" (4%) accounted for the remaining 13 percent of the overall racial distribution.

The total number of individuals receiving prevention services in Frederick County was 2,026 in fiscal year 2009.

Figure 54
Gender Distribution FY 2009

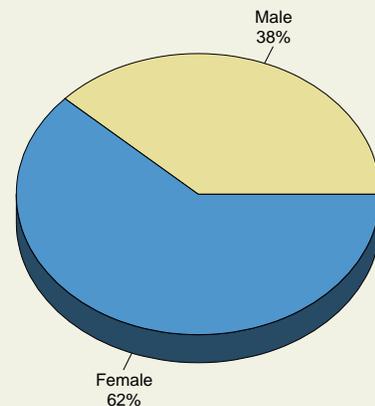


Figure 55
Age Distribution FY 2009

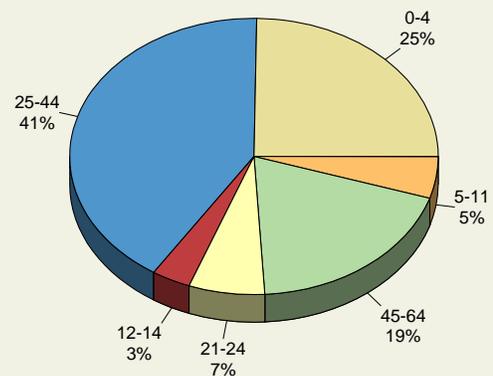
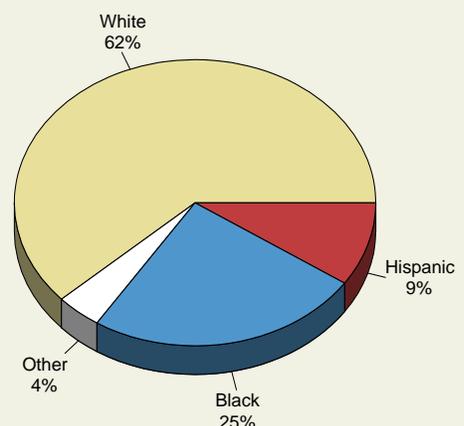
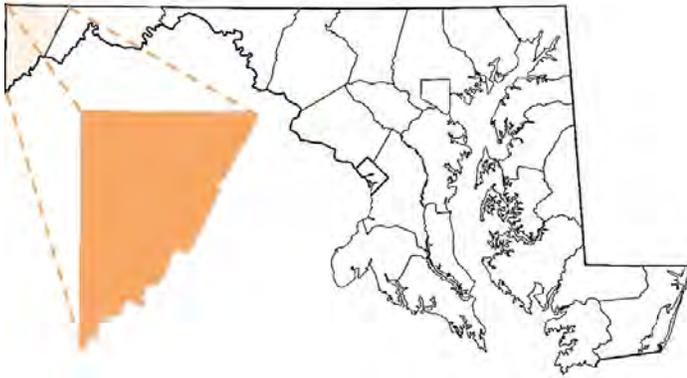


Figure 56
Race Distribution FY 2009



GARRETT COUNTY



Prevention Coordinator
 Nancy Brady
 (301) 334-7730

SAMHSA MODEL PROGRAMS

- ▶ Dare to be you
- ▶ Life Skills Training
- ▶ Second Step

DEMOGRAPHICS

GENDER

Figure 57 shows the countywide distribution of prevention programs for gender in fiscal year 2009. Females represented 58 percent of program participants while 42 percent of the participants countywide were male.

AGE

During fiscal year 2009, approximately one third (33%) of all those participating in prevention programs were parents or primary care givers. Adolescents accounted for 51 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 2009.

The total number of individuals receiving prevention services in Garrett County was 7,122 in fiscal year 2009.

Figure 57
Gender Distribution FY 2009

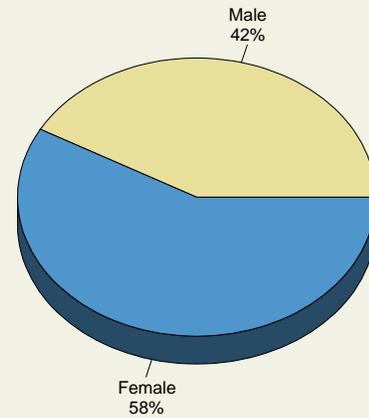


Figure 58
Age Distribution FY 2009

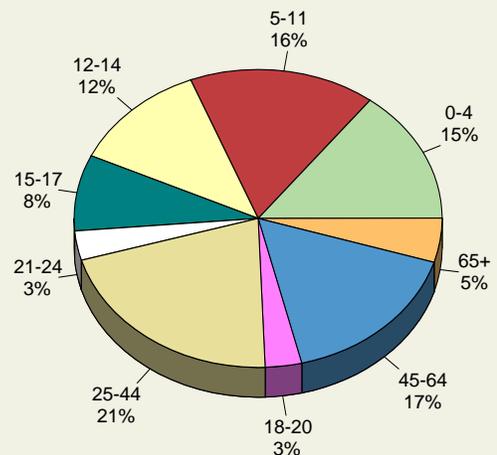
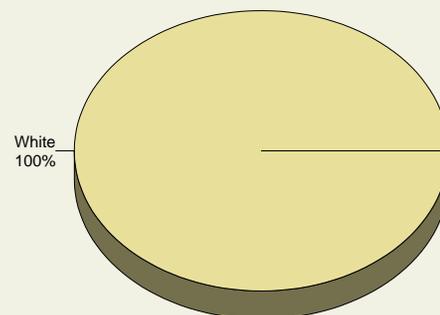
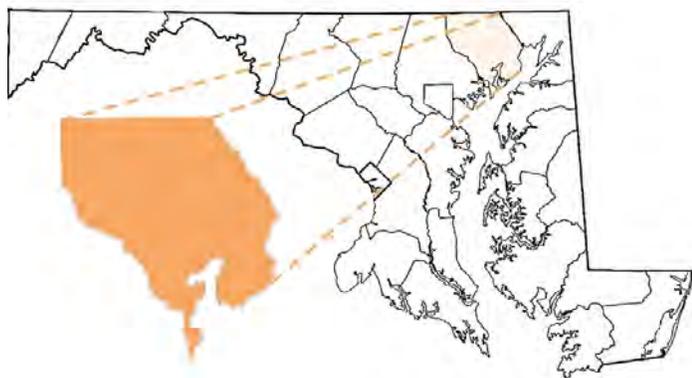


Figure 59
Race Distribution FY 2009



HARFORD COUNTY



Prevention Coordinator

Joseph Ryan
(410) 638-3333

SAMHSA MODEL PROGRAMS

- ▶ Across Ages
- ▶ All Stars

DEMOGRAPHICS

GENDER

Figure 60 shows the countywide distribution of prevention programs for gender in fiscal year 2009. Females represented 52 percent of program participants while 48 percent of the participants countywide were male.

AGE

During fiscal year 2009, one third (34%) of all those participating in prevention programs were adolescents. Parents or primary care givers represented one half (52%) 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 61 percent of the racial distribution receiving prevention services in Harford County while African Americans comprised 37 percent during fiscal year 2009. Hispanics (1%) and "Other" (1%) accounted for the remaining two percent of the overall distribution.

The total number of individuals receiving prevention services in Harford County was 17,844 in fiscal year 2009.

Figure 60
Gender Distribution FY 2009

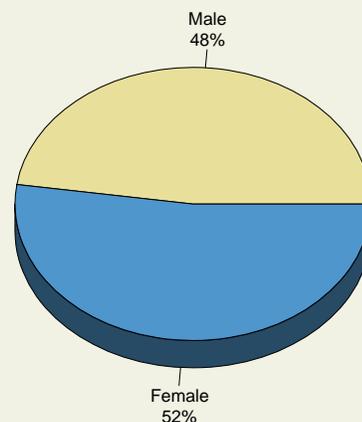


Figure 61
Age Distribution FY 2009

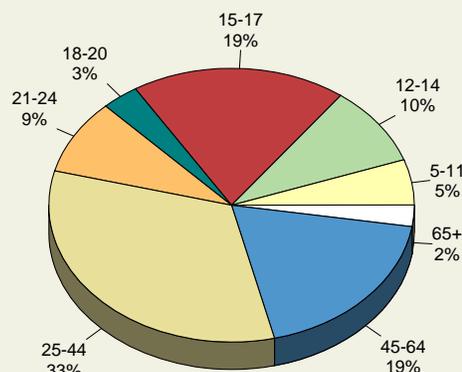
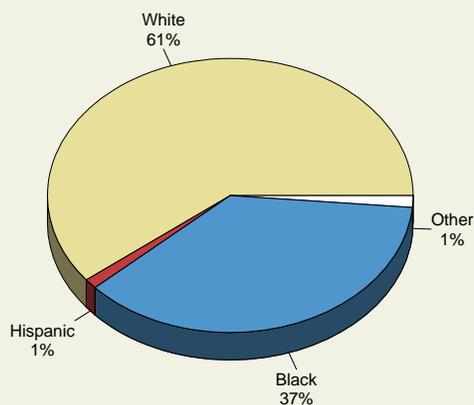
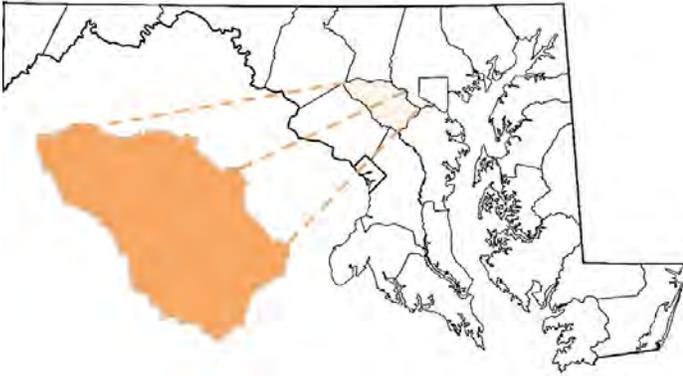


Figure 62
Race Distribution FY 2009



HOWARD COUNTY



Prevention Coordinator, Acting
 Debbie Meyers
 (410) 313-6202

SAMHSA MODEL PROGRAMS

► Guiding Good Choices

DEMOGRAPHICS

GENDER

Figure 63 shows the countywide distribution of prevention programs for gender in fiscal year 2009. Females represented 59 percent of program participants while 41 percent of the participants countywide were male.

AGE

During fiscal year 2009, over 62 percent of all those participating in prevention programs were parents or primary care givers. Adolescents accounted for 28 percent of the distribution. Figure 64 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 65, Caucasians accounted for 49 percent of the racial distribution receiving prevention services in fiscal year 2009. African Americans represented 38 percent of participants served while Hispanic (11%) and "Other's" (2%) accounted for 13 percent of the remaining distribution.

The total number of individuals receiving prevention services in Howard County was 6,651 in fiscal year 2009.

Figure 63
Gender Distribution FY 2009

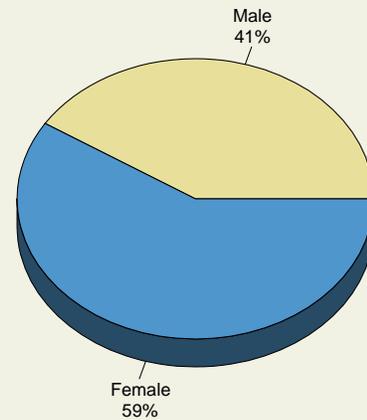


Figure 64
Age Distribution FY 2009

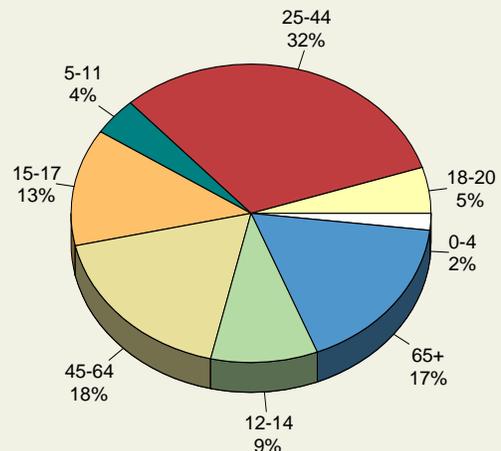
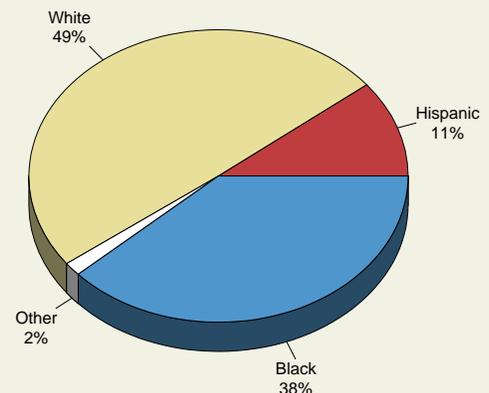
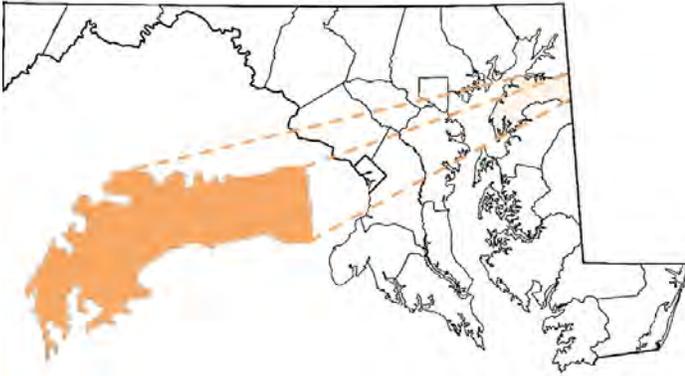


Figure 65
Race Distribution FY 2009



KENT COUNTY



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

SAMHSA MODEL PROGRAMS

- ▶ All Stars
- ▶ Communities Mobilizing for Change on Alcohol

DEMOGRAPHICS

GENDER

Figure 66 shows the countywide distribution of prevention programs for gender in fiscal year 2009. Females represented 51 percent of program participants while 49 percent of the participants countywide were male.

AGE

During fiscal year 2009, approximately one third (39%) of all those participating in prevention programs were adolescents. Parents or primary care givers comprised 47 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 76 percent of the racial distribution in Kent County while African Americans comprised 20 percent during fiscal year 2009. Hispanics accounted for the remaining 4 percent of the overall distribution.

The total number of individuals receiving prevention services in Kent County was 3,961 in fiscal year 2009.

Figure 66
Race Distribution FY 2009

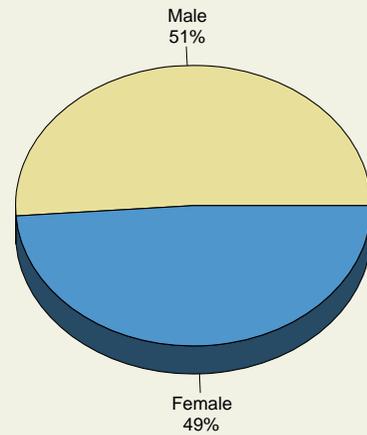


Figure 67
Race Distribution FY 2009

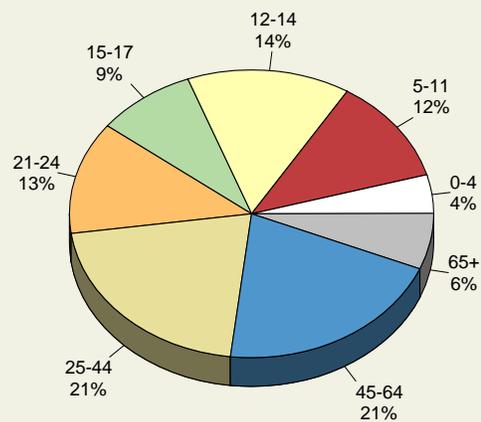
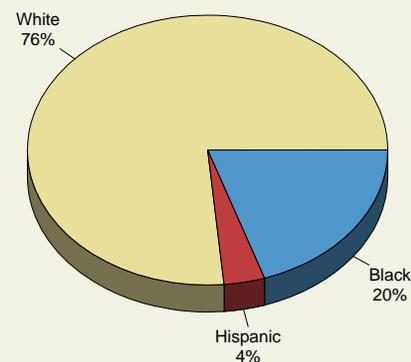
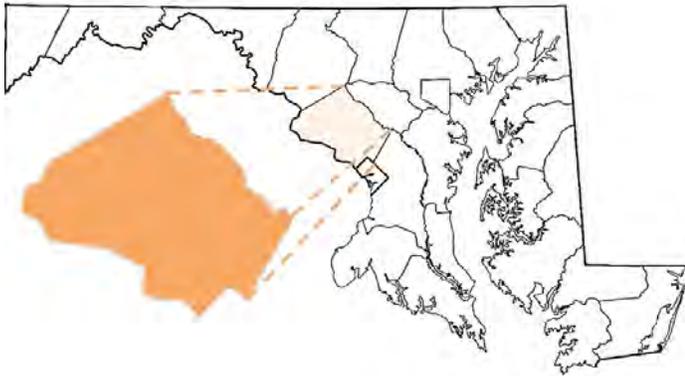


Figure 68
Race Distribution FY 2009



MONTGOMERY COUNTY



Prevention Coordinator
Dorothy Moore
(240) 777-1116

Preschool Coordinator
Wylea Chase
(240) 864-1061

SAMHSA MODEL PROGRAMS

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

DEMOGRAPHICS

GENDER

Figure 69 shows the countywide distribution of prevention programs for gender in fiscal year 2009. Females represented 60 percent of program participants while 40 percent of the participants countywide were male.

AGE

During fiscal year 2009, parents and preschoolers participating in Montgomery County's preschool program accounted for 10 percent of the overall distribution. In addition, adolescents represented 35 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, Hispanics accounted for 43 percent of the racial distribution receiving prevention services in Montgomery County. Caucasians (24%), African Americans (18%) and Asians (15%) accounted for the remaining distribution.

The total number of individuals receiving prevention services in Montgomery County was 7,015 in fiscal year 2009.

Figure 69
Gender Distribution FY 2009

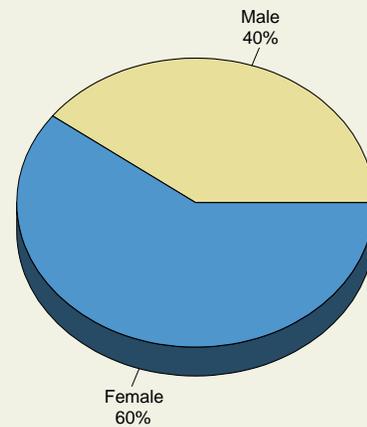


Figure 70
Age Distribution FY 2009

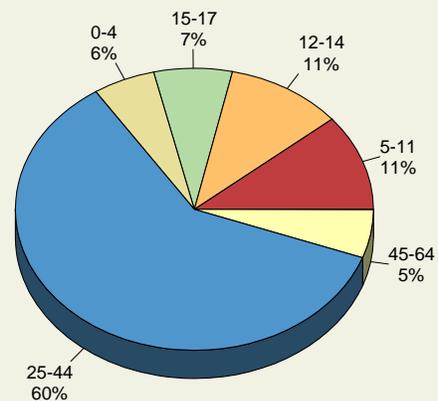
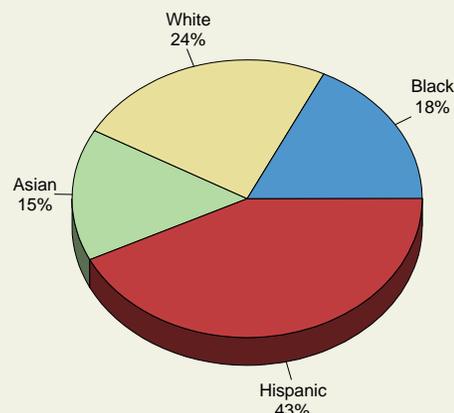
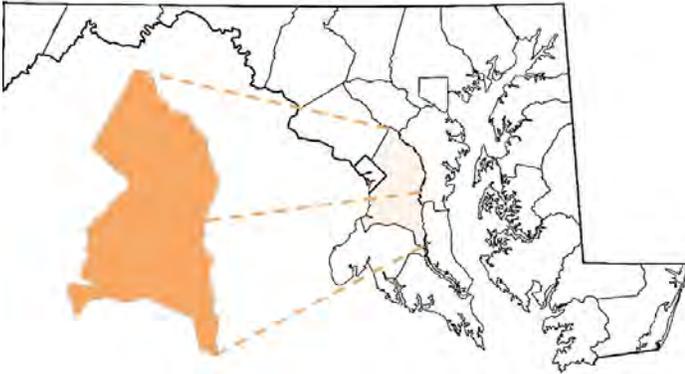


Figure 71
Race Distribution FY 2009



PRINCE GEORGE'S COUNTY



Prevention Coordinator
 Patricia Ramseur
 (301) 883-3508

College Coordinator
 Vanessa Cooke
 (301) 860-4126

SAMHSA MODEL PROGRAMS

- ▶ Dare to be you
- ▶ Second Step
- ▶ Strengthening Families

DEMOGRAPHICS

GENDER

Figure 72 shows the countywide distribution of prevention programs for gender in fiscal year 2009. Females represented 65 percent of program participants while 35 percent of the participants countywide were male.

AGE

Figure 73 shows the overall distribution for age in Prince George's County during fiscal year 2009. Adolescents accounted for 58 percent of those individuals receiving prevention services.

RACE AND ETHNICITY

As shown in Figure 74, African Americans accounted for 62 percent of the racial distribution in Prince George's County. Caucasians (24%) and Hispanics (14%) accounted for the remainder of the distribution for fiscal year 2009.

- **The total number of individuals receiving prevention services in Prince George's County was 4,460 in fiscal year 2009.**
- **The ATOD Center at Bowie State University served 3,387 individuals in fiscal year 2009.**

Figure 72
Gender Distribution FY 2009

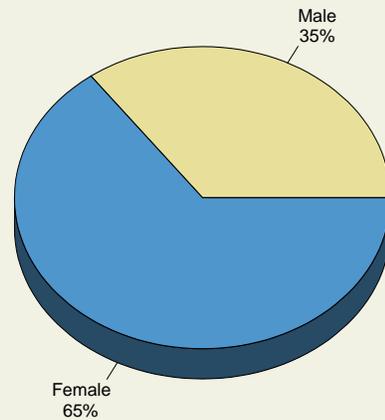


Figure 73
Age Distribution FY 2009

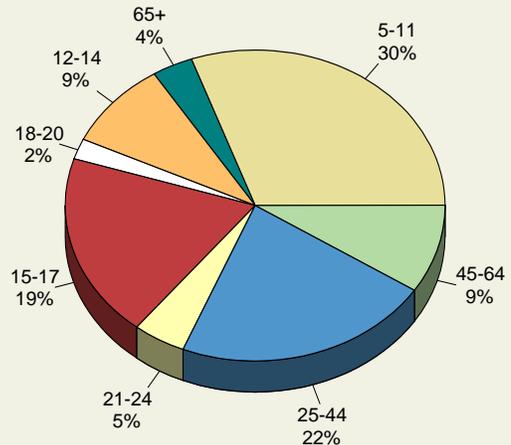
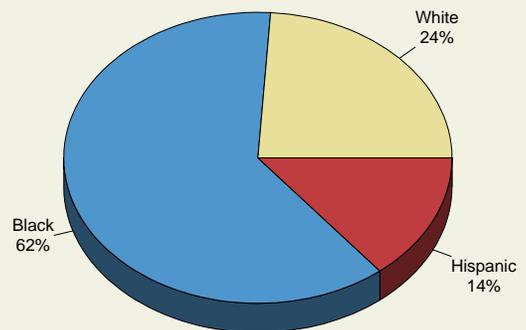
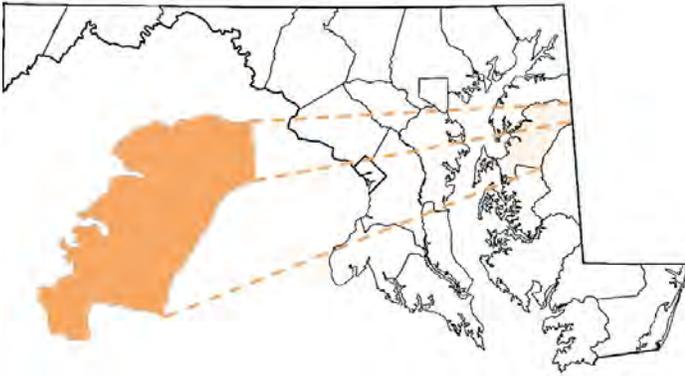


Figure 74
Race Distribution FY 2009



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 2009. Females represented 53 percent of program participants while 47 percent of the participants countywide were male.

AGE

During fiscal year 2009, approximately half (48%) of all those participating in prevention programs were adolescents. Parents and primary care givers accounted for 27 percent of the distribution. Figure 76 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 77, Caucasians (60%) and African Americans (38%) 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 2009.

The total number of individuals receiving prevention services in Queen Anne's County was 11,646 in fiscal year 2009.

Figure 75
Gender Distribution FY 2009

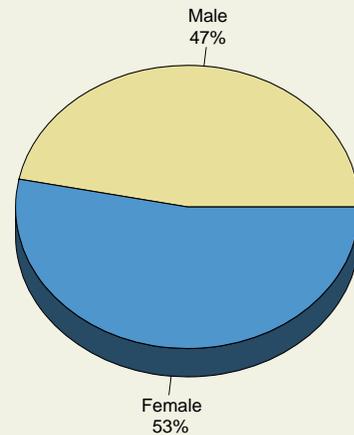


Figure 76
Age Distribution FY 2009

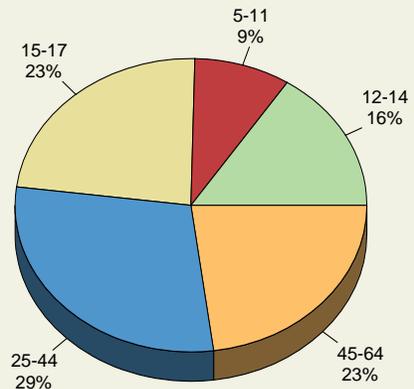
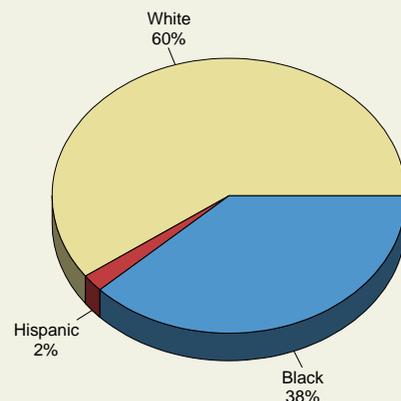
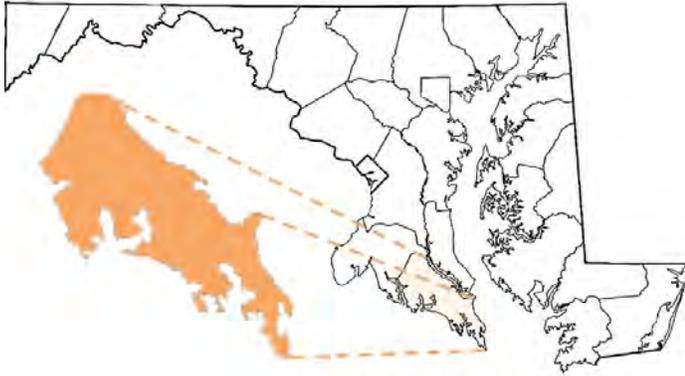


Figure 77
Race Distribution FY 2009



ST. MARY'S COUNTY



Prevention Coordinator
 Walter Biscoe
 (301) 475-4632

SAMHSA MODEL PROGRAMS

- ▶ Communities Mobilizing for Change on Alcohol
- ▶ Guiding Good Choices
- ▶ Second Step

DEMOGRAPHICS

GENDER

Figure 78 shows the countywide distribution of prevention programs for gender in fiscal year 2009. Females represented 50 percent of program participants while 50 percent of the participants countywide were male.

AGE

During fiscal year 2009, approximately one half (44%) of all those participating in prevention programs were adolescents. Parents and primary caregivers represented 22 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 70 percent of the racial distribution in St. Mary's County while African Americans comprised 21 percent. Hispanics (4%), and Asians (5%) accounted for the remaining 9 percent of the distribution.

The total number of individuals receiving prevention services in St. Mary's County was 15,862 in fiscal year 2009.

Figure 78
Gender Distribution FY 2009

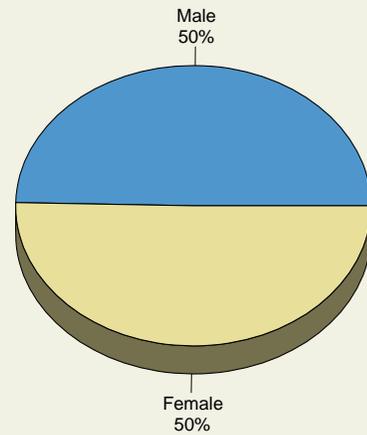


Figure 79
Age Distribution FY 2009

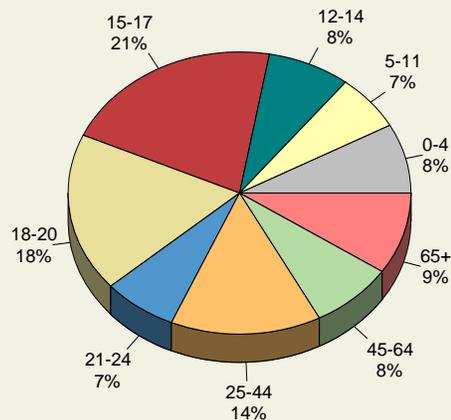
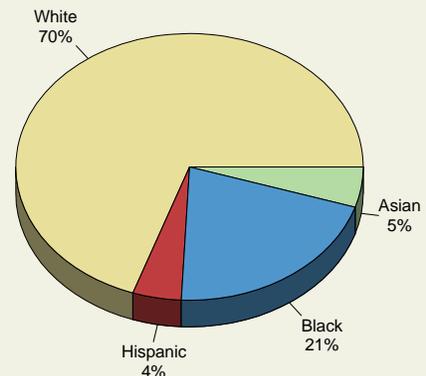
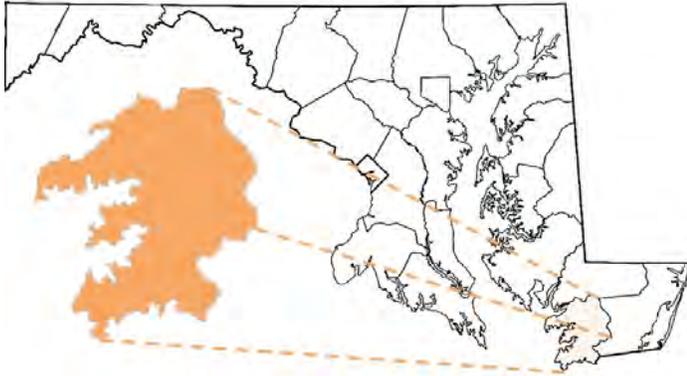


Figure 80
Race Distribution FY 2009



SOMERSET COUNTY



Prevention Coordinator
Charity Holley
(443) 523-1725

College Coordinator
Laurea 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 2009. Females represented 53 percent of program participants while 47 percent of the participants countywide were male.

AGE

During fiscal year 2009, approximately 67 percent of individuals participating in prevention programs were adolescents. 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 (70%). Caucasians (28%) and Hispanics (2%) accounted for the remaining racial distribution.

- The total number of individuals receiving prevention services through the Somerset County prevention office was 579 in fiscal year 2009.
- The ATOD Center at the University of Maryland Eastern Shore served 2,643 individuals in fiscal year 2009.

Figure 81
Gender Distribution FY 2009

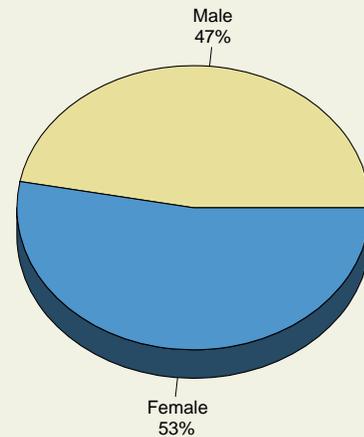


Figure 82
Age Distribution FY 2009

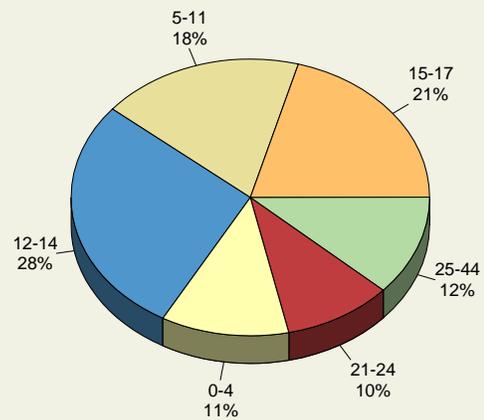
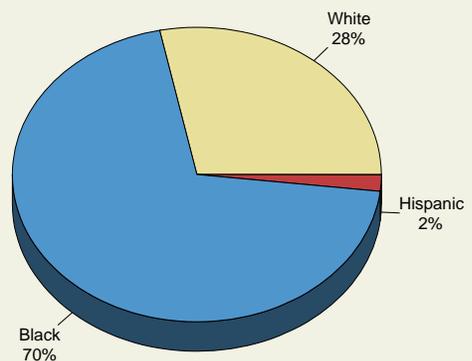
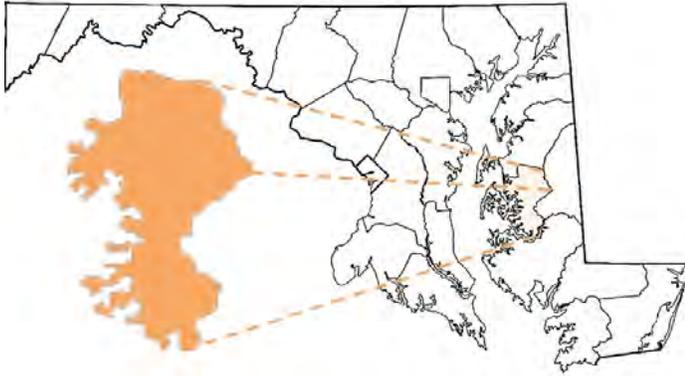


Figure 83
Race Distribution FY 2009



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 2009. Females represented 57 percent of program participants while 43 percent of the participants countywide were male.

AGE

During fiscal year 2009, more than half (57%) of all those participating in prevention programs were parents or primary care givers. Adolescents represented 10 percent of the distribution. Figure 85 shows the overall county distribution for age.

RACE AND ETHNICITY

Caucasians accounted for 86 percent of the racial distribution receiving prevention services while African Americans comprised 10 percent during fiscal year 2009. Hispanics (2%) and Asians (2%) accounted for four percent of the remaining distribution (Figure 86).

The total number of individuals receiving prevention services in Talbot County was 2,743 in fiscal year 2009.

Figure 84
Gender Distribution FY 2009

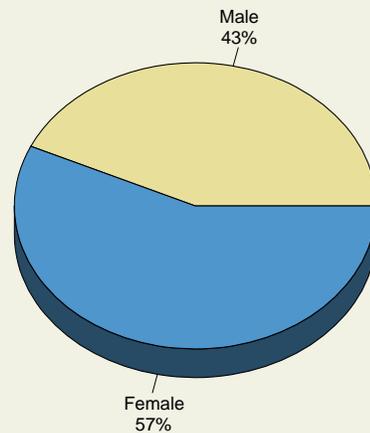


Figure 85
Age Distribution FY 2009

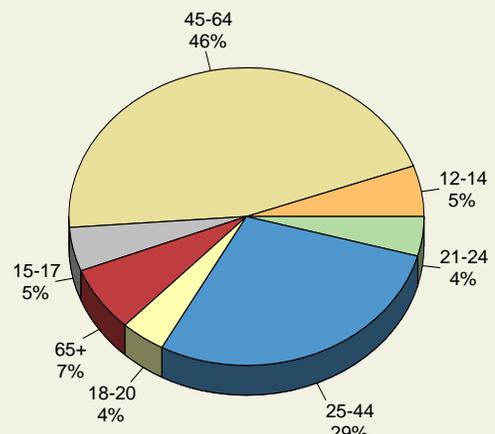
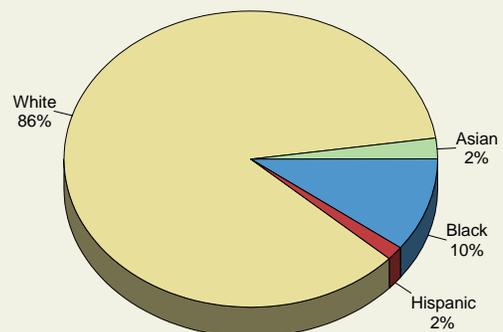
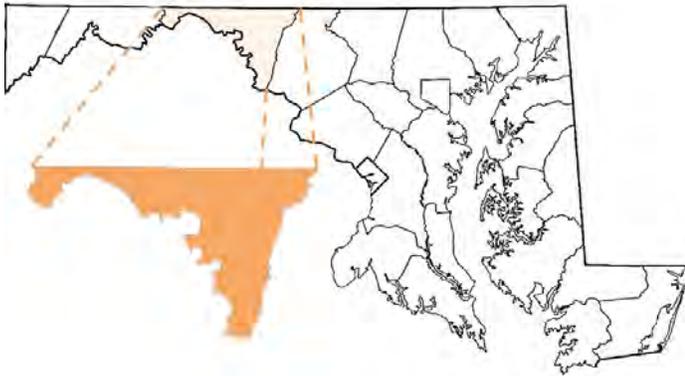


Figure 86
Race Distribution FY 2009



WASHINGTON COUNTY



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

SAMHSA MODEL PROGRAMS

- ▶ Dare to be you
- ▶ Guiding Good Choices
- ▶ Life Skills
- ▶ Second Step

DEMOGRAPHICS

GENDER

Figure 87 shows the countywide distribution of prevention programs for gender in fiscal year 2009. Females represented 51 percent of program participants while 49 percent of the participants countywide were male.

AGE

During fiscal year 2009, about one half (43%) of those receiving prevention services were adolescents. Parents and primary care accounted for 25 percent of individuals receiving prevention services in Washington County. Figure 88 shows the overall county distribution for age.

RACE AND ETHNICITY

Caucasians (80%) and African Americans (14%) accounted for 94 percent of the racial distribution receiving prevention services. Hispanics (4%) and Asians (2%) represented the remaining 6 percent of the total racial distribution during fiscal year 2009 (Figure 89).

The total number of individuals receiving prevention services in Washington County was 3,995 in fiscal year 2009.

Figure 87
Gender Distribution FY 2009

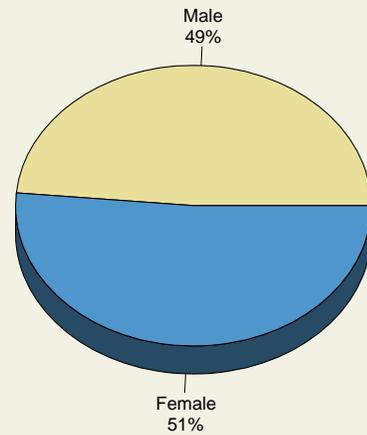


Figure 88
Age Distribution FY 2009

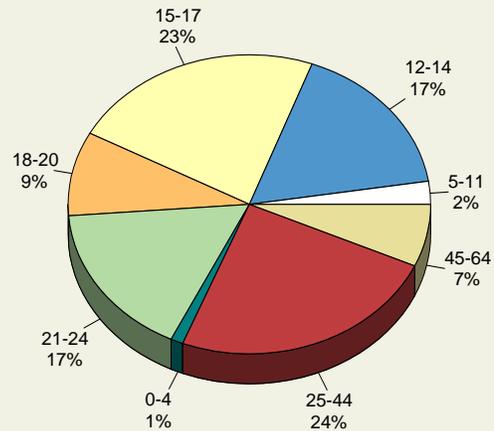
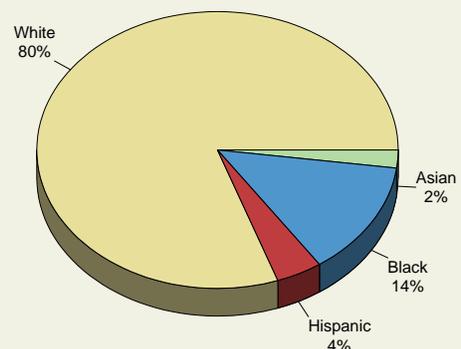
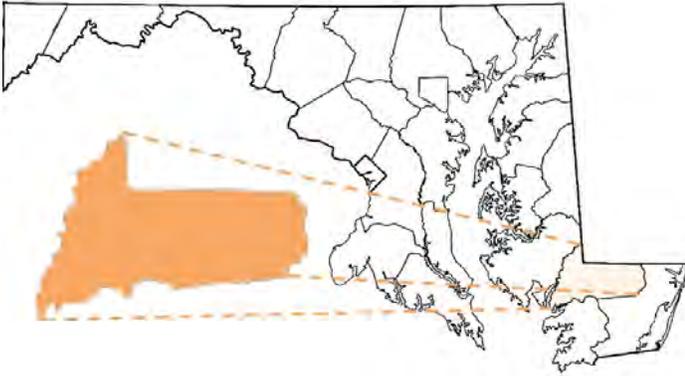


Figure 89
Race Distribution FY 2009



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
- ▶ Strengthening Families
- ▶ CMCA
- ▶ Second Step

DEMOGRAPHICS

GENDER

Figure 90 shows the countywide distribution of prevention programs for gender in fiscal year 2009. Females represented 52 percent of program participants while 48 percent of the participants countywide were male.

AGE

Parents (11%) and preschoolers (89%) participating in Wicomico County's preschool program accounted for approximately one third of the individuals receiving prevention services in fiscal year 2009. Over one half (57%) of those receiving prevention services were adolescents. Figure 91 shows the overall county distribution for age.

RACE AND ETHNICITY

African Americans accounted for 52 percent receiving prevention services while Caucasians comprised 45 percent of the racial distribution (Figure 92). Hispanics (2%) accounted for the remaining distribution.

The total number of individuals receiving prevention services in Wicomico County was 1,888 in fiscal year 2009.

Figure 90
Gender Distribution FY 2009

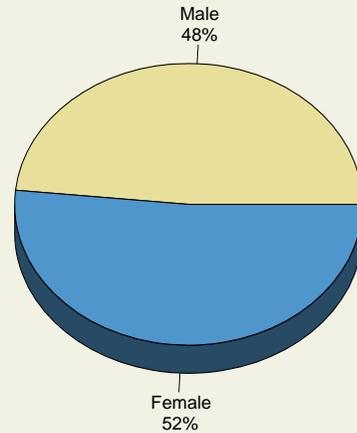


Figure 91
Age Distribution FY 2009

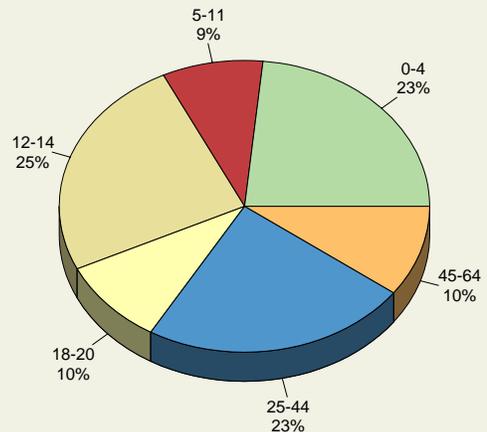
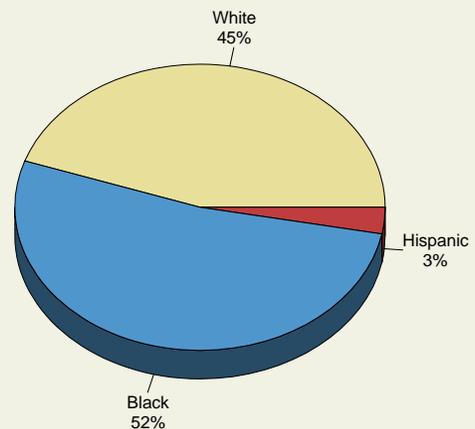
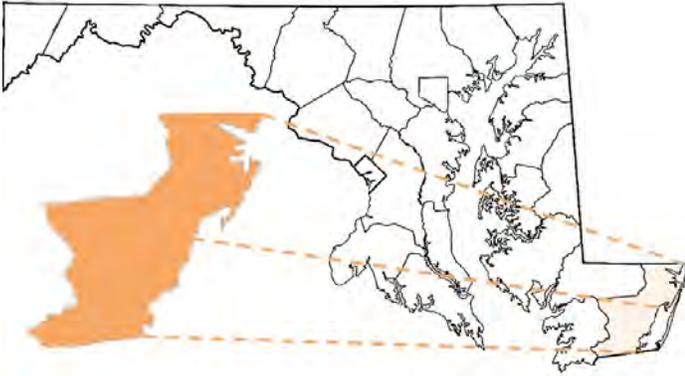


Figure 92
Race Distribution FY 2009



WORCESTER COUNTY



Prevention Coordinator
 Esther Harrell
 (410) 632-0056

SAMHSA MODEL PROGRAMS

► All Stars

DEMOGRAPHICS

GENDER

Figure 93 shows the countywide distribution of prevention programs for gender in fiscal year 2009. Males represented 51 percent of program participants while 49 percent of the participants countywide were female.

AGE

During fiscal year 2009, more than one third (40%) of those participating in prevention programs were adolescents. Fifty-two 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 65 percent of those receiving prevention services in Worcester County while African Americans comprised 35 percent of the racial distribution during fiscal year 2009.

The total number of individuals receiving prevention services in Worcester County was 15,967 in fiscal year 2009.

Figure 93
Gender Distribution FY 2009

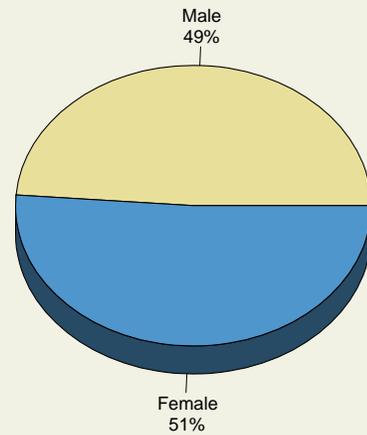


Figure 94
Age Distribution FY 2009

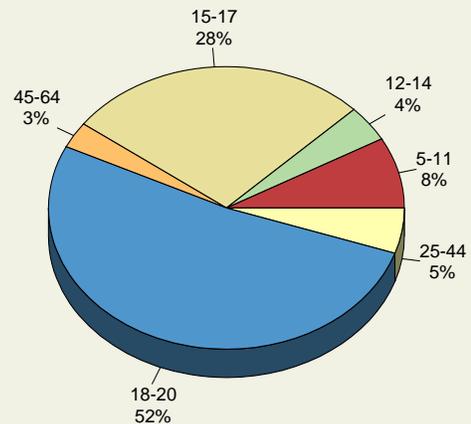
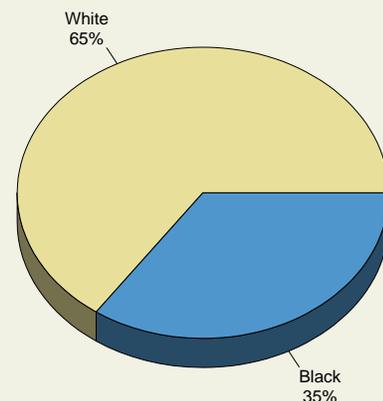


Figure 95
Race Distribution FY 2009



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 2008, 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

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

www.maryland-adaa.org

Maryland Alcohol and Drug Abuse Administration

55 Wade Avenue

Catonsville, Maryland 21228

Phone (410) 402-8600

Fax: (410) 402-8601

E-mail: adaainfo@dhmh.state.md.us



ADAA Publication No. 10-5-007
Published January 2010