

Maryland Alcohol and Drug Abuse Administration

Department of Health and Mental Hygiene



PREVENTION PROGRAM ANNUAL REPORT

**FISCAL YEAR
2010**

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Maryland Alcohol and Drug Abuse Administration



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AND

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INTRODUCTION

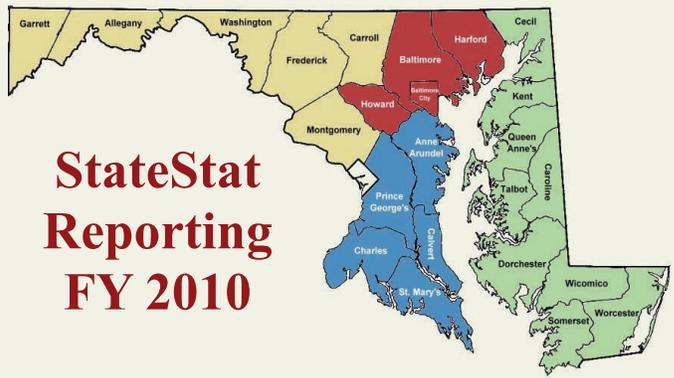
ALCOHOL AND DRUG ABUSE ADMINISTRATION

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 2010**

*"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 abuse. It is the development social environments that facilitate health lifestyles. Prevention is achieved through the application of multiple strategies; it is an ongoing process that must relate to each emerging generation.

The ADAA has utilized a community development process for its prevention services. Funded programs are developed in cooperation with local jurisdictions and communities and are designed and implemented for all age groups.

There is a special emphasis on implementing programming that incorporates:

- ▶ Best Practices based on sound theory and research
- ▶ Knowledgeable and competent staff
- ▶ Services that are culturally appropriate
- ▶ Collaborative partnerships
- ▶ Evaluation

PREVENTION 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.

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 has established four strategically located ATOD College Prevention Centers at Frostburg State University, Towson University, Bowie St. University and the University of Maryland Eastern Shore (see page 10). 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 funded 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 2010, a total of 16 prevention programs were offered throughout the five CAPPI funded jurisdictions serving 612 individuals.

Prevention Services In Maryland

Figure 1
Total Number Served
FY 2007-2010

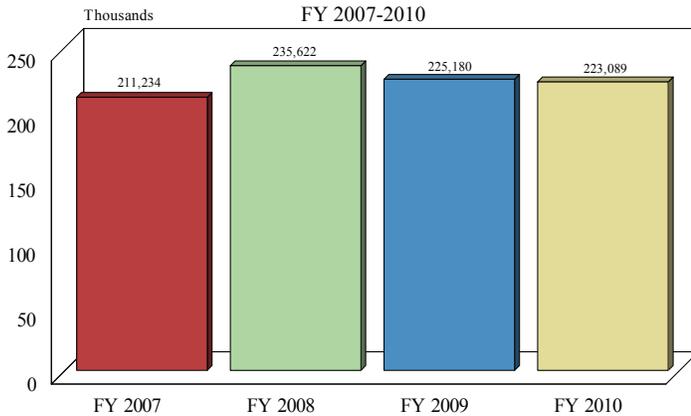


Figure 2
Program Characteristics
FY 2010

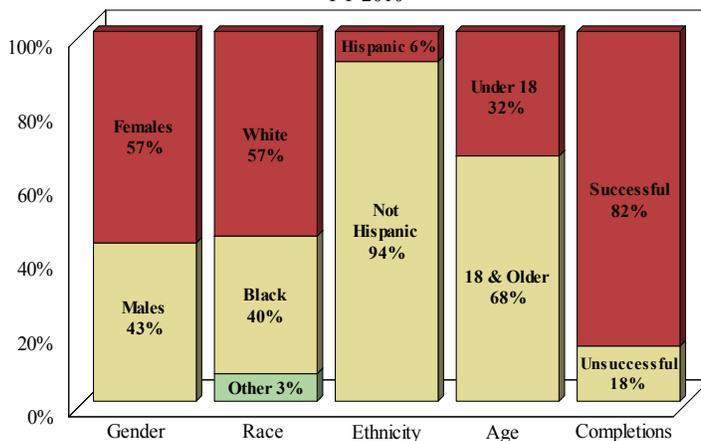
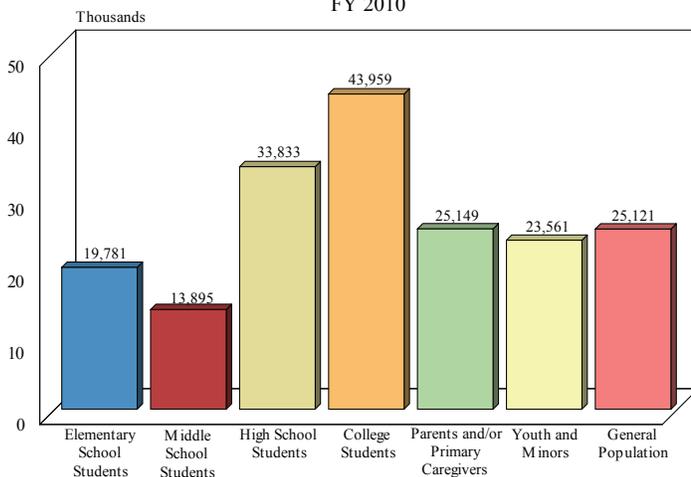


Figure 3
Service Population
FY 2010



NUMBERS SERVED

In fiscal year 2010 over 223,000 individuals received prevention services in Maryland. Tight resources, staff vacancies and more sophisticated programming requirements have caused the total number of individuals served to decrease 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 224,000 individuals served annually through prevention services.

PROGRAM CHARACTERISTICS

Age

Two thirds of all individuals receiving prevention services in fiscal year 2010 were 18 years of age and older. Figures show about 26 percent were parents or primary caregivers. Programs targeting high risk youth in schools represented 54 percent of those individuals under the age of 18 receiving prevention services.

Gender, Race and Ethnicity

Females represented a slightly higher distribution (57%) than males (43%) in fiscal year 2010. Caucasians (57%) and African Americans (40%) 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 2010, six percent of the total population served were Hispanic.

Program Completions

Recurring prevention programs showed an overall statewide completion rate of 82% in fiscal year 2010. 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 2010, Maryland offered prevention services to 22 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 223,000 people received prevention services in fiscal year 2010.

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.

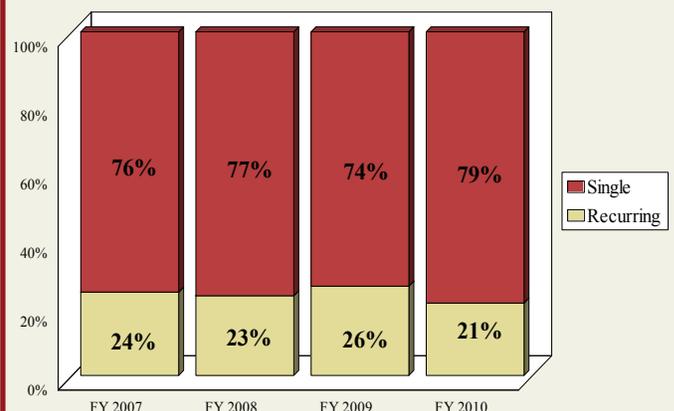
In fiscal year 2010, a total of 375 recurring prevention programs were offered across the state of Maryland. The total number of individuals actively participating in ADAA funded recurring prevention programs was 14,363.

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 2010, a total of 1,403 single service prevention services were offered throughout the state of Maryland. The total number of individuals attending single service prevention activities was 208,726.

Figure 4
Prevention Programs by Program Type
FY 2007-2010



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 2010. Fifty-seven percent of program participants were female while 43 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 2010, approximately two-thirds of the prevention program participants (68%) receiving services were adults over 18 years of age. Parents comprised 15 percent of those adults who attended prevention programs in fiscal year 2010. Youth under the age of 18 represented 32 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 57 percent of program participants while African Americans comprised 40 percent of the individuals attending prevention programs in fiscal year 2010 (Figure 7). In addition, Hispanics represented six percent of the participants receiving prevention services in fiscal year 2010.

Figure 5
Gender Distribution FY 2010

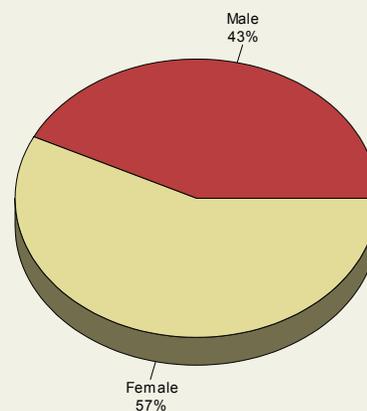


Figure 6
Age Distribution FY 2010

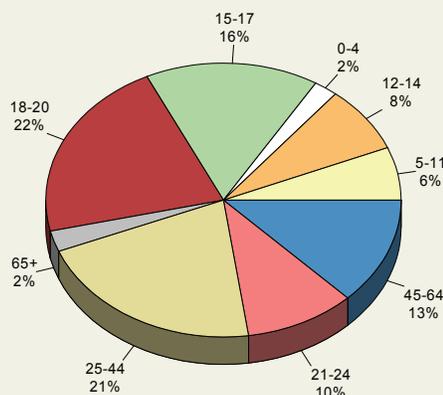
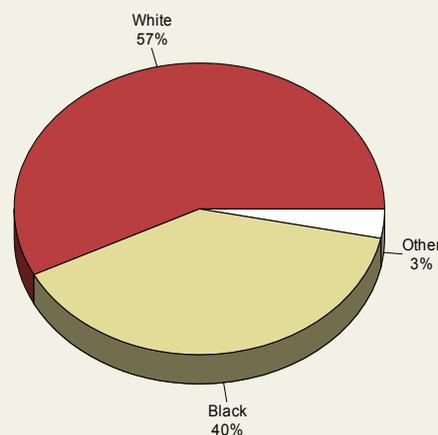


Figure 7
Race Distribution FY 2010



Numbers Served and Program Type

In fiscal year 2010, 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 220,000 individuals served annually through prevention services.

RECURRING PREVENTION SERVICES

In fiscal year 2010 there were 14,363 individuals who actively participated in recurring prevention programs throughout Maryland. During the previous two fiscal years, the state has averaged approximately 18,000 participants served in recurring programs. As service providers begin to establish an infrastructure to implement their chosen SAMHSA evidence-based pro-

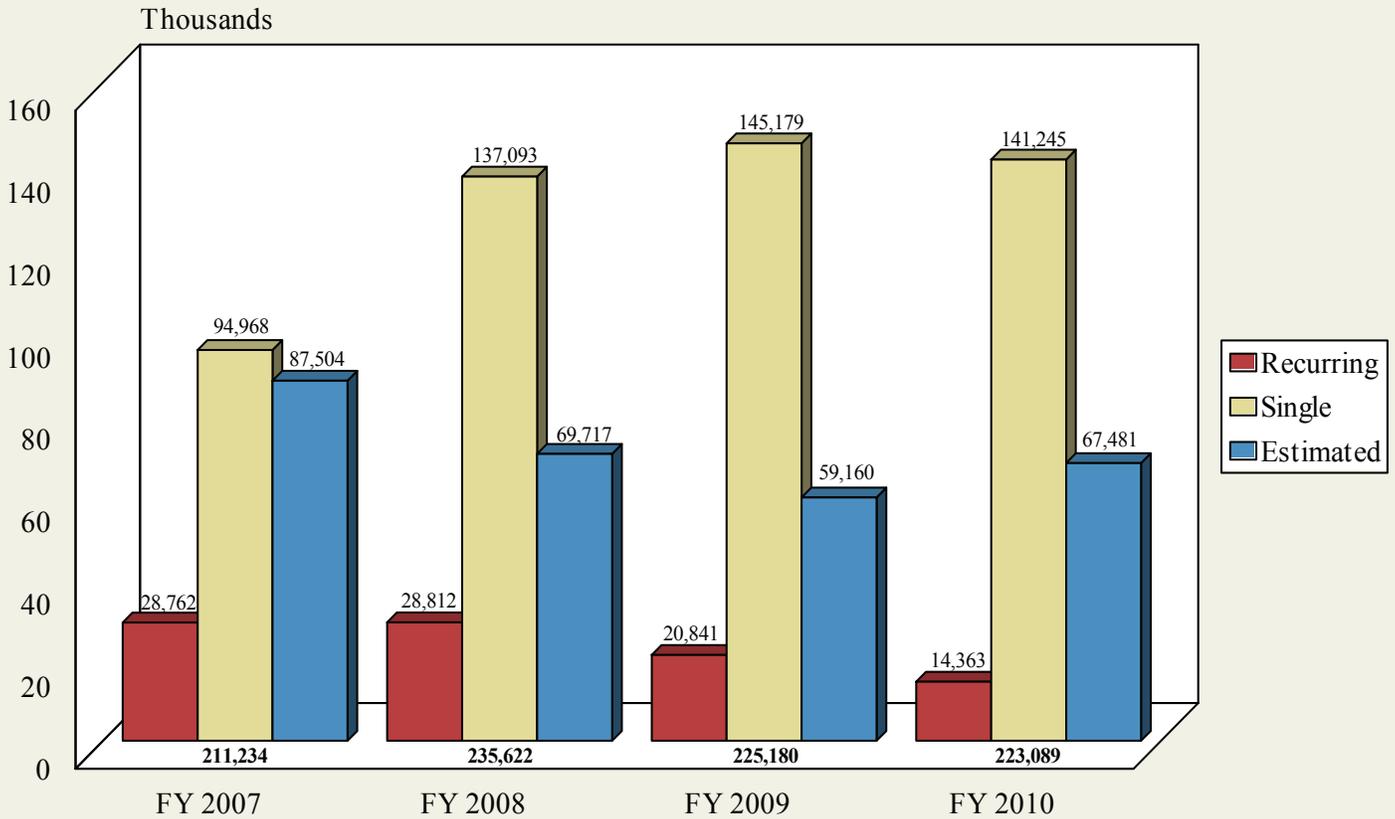
grams, it is anticipated that the number of individuals attending recurring prevention programs will continue to slightly increase.

SINGLE PREVENTION SERVICES

The total number of individuals attending single prevention services or activities was 141,245 in fiscal year 2010. 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 67,481 individuals who attended or received prevention services in fiscal year 2010.

Figure 8
Numbers Served
FY 2007-2010



Recurring Program Completions

Table 1
Recurring Program Completions
Fiscal Year 2010

COUNTY	Total Number of Participants	Total Number of Completions	Percentage Completed
Allegany	423	359	85%
Anne Arundel	660	531	80%
Baltimore City	1841	1499	81%
Baltimore	542	447	82%
Calvert	445	367	82%
Caroline	56	46	82%
Carroll	382	315	82%
Cecil	289	246	85%
Charles	466	397	85%
Dorchester	225	180	80%
Frederick	717	588	82%
Garrett	741	601	81%
Harford	441	357	81%
Howard	55	46	84%
Kent	228	192	84%
Montgomery	369	308	83%
Prince George's	1556	1324	85%
Queen Anne's	1901	1546	81%
St. Mary's	657	532	81%
Somerset	52	43	83%
Talbot	627	539	86%
Washington	234	194	83%
Wicomico	613	503	82%
Worcester	235	193	82%
Bowie St.	608	451	74%
Frostburg	0	0	0%
Towson	0	0	0%
U.M.E.S	0	0	0%
Total	14,363	11,804	82%

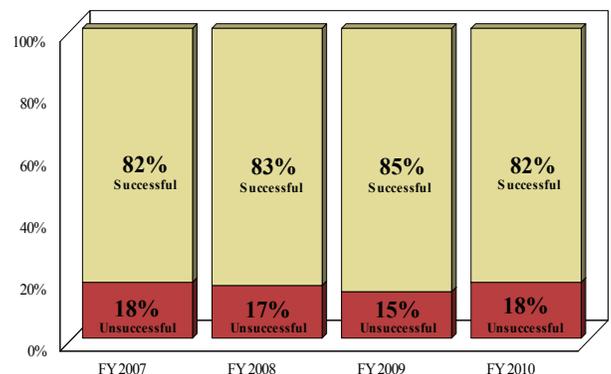
COMPLETION RATE

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 83 percent in the last four years. Table 1 shows a jurisdictional breakdown of individuals served in recurring programs and those who successfully completed the program.

Figure 9
Completion Percentages
FY 2007-2010



The average Statewide completion rate for fiscal year 2010 was 82%.



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 2010

County	Alternatives	Community Based Process	Education	Environmental	Information Dissemination	Problem ID And Referral	Total
Allegany	0	147	423	779	3073	0	4,422
Anne Arundel	142	160	631	0	1648	0	2,581
Baltimore City	424	1925	1801	0	19,095	0	23,245
Baltimore	8346	1	466	77	14,244	0	23,134
Calvert	666	444	445	85	7502	0	9,142
Caroline	263	216	56	142	2179	0	2,856
Carroll	557	3925	523	134	14,117	92	19,348
Cecil	0	1141	289	0	5682	0	7,112
Charles	950	157	466	0	3463	52	5,088
Dorchester	1934	337	211	237	1202	0	3,921
Frederick	67	309	717	0	1350	0	2,443
Garrett	309	792	741	58	55	6	1,961
Harford	2000	8073	150	3260	9937	97	23,517
Howard	268	49	55	0	2123	0	2,495
Kent	1883	213	12	330	282	0	2,720
Montgomery	120	66	369	399	5709	0	6,663
Prince George's	942	215	1183	131	2677	0	5,148
Queen Anne's	1634	1841	0	2174	1321	0	6,970
St. Mary's	4850	200	657	773	918	0	7,398
Somerset	0	0	24	22	792	0	838
Talbot	4	527	70	254	2600	20	3,475
Washington	0	113	234	111	163	299	920
Wicomico	32	820	613	10	814	0	2,289
Worcester	12,384	868	235	0	631	0	14,118
Bowie St.	0	0	2533	0	0	0	2,533
Frostburg	3527	5369	1633	82	5192	43	15,846
Towson	0	0	0	20,294	0	0	20,294
U.M.E.S.	2109	6	0	0	497	0	2,612
TOTAL	43,411	27,914	14,537	29,352	107,266	609	223,089
PERCENTAGE	19%	13%	7%	13%	48%	<1%	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 2,302 individuals received prevention services through the High Risk Preschool initiative in fiscal year 2010 (Figures 10-15).

Figure 10
Baltimore Co. Preschool Program Characteristics

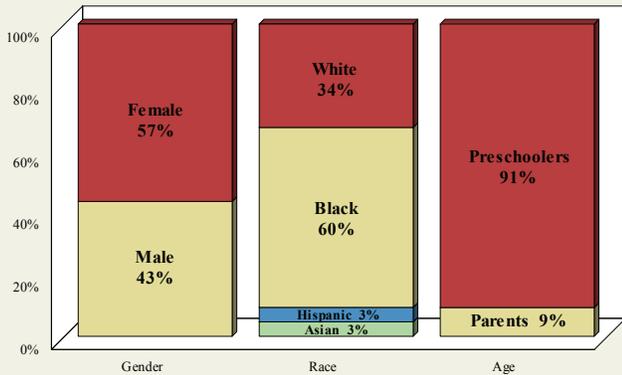


Figure 13
Montgomery Co. Preschool Program Characteristics

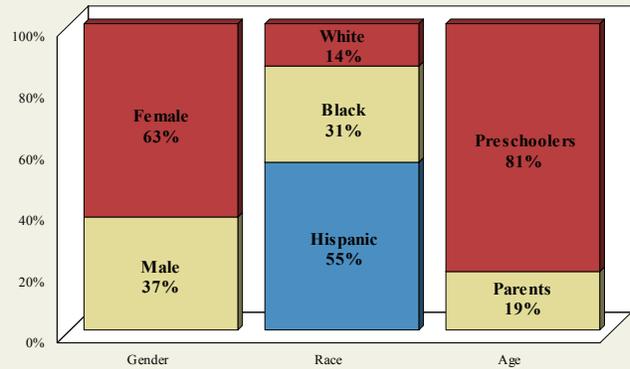


Figure 11
Frederick Co. Preschool Program Characteristics

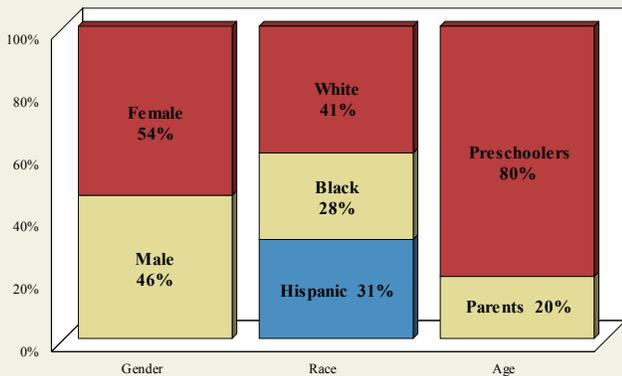


Figure 14
Washington Co. Preschool Program Characteristics

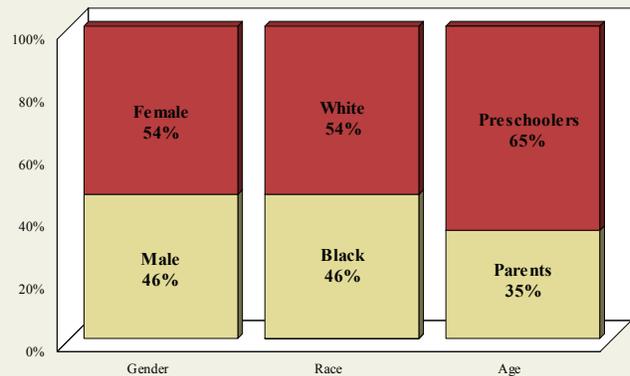


Figure 12
Garrett Co. Preschool Program Characteristics

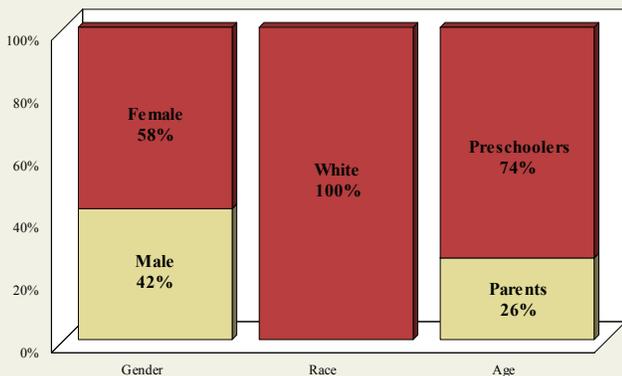
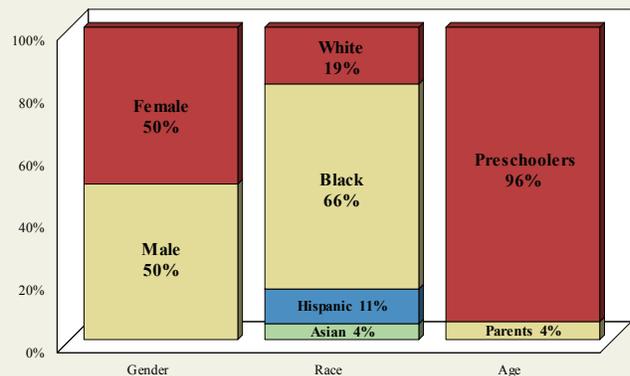


Figure 15
Wicomico Co. Preschool Program Characteristics

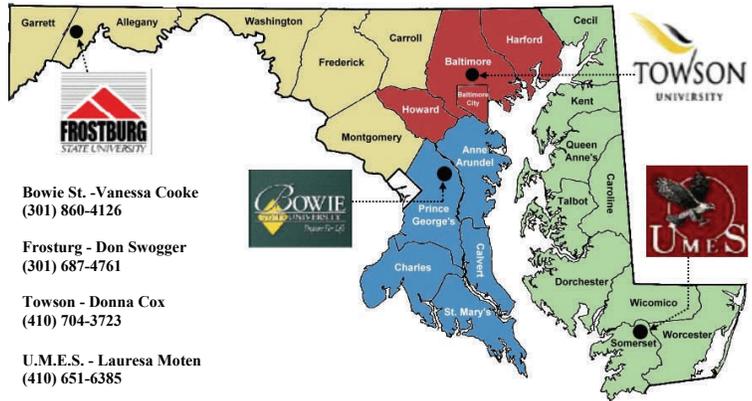


College Prevention Centers

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 2010, the college centers provided prevention services to 41,285 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 2010.



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 2010

Figure 16
Gender Distribution

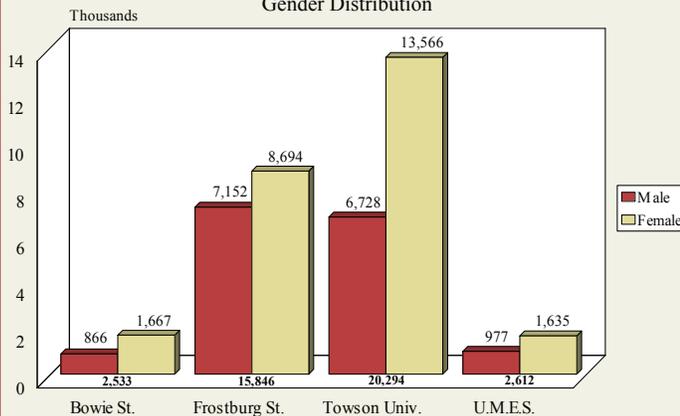


Figure 17

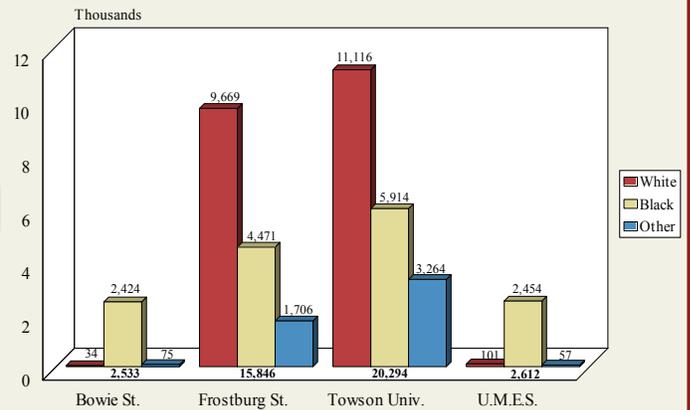


Figure 18
Statewide Gender Distribution

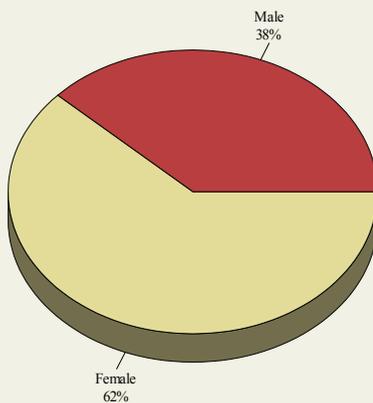
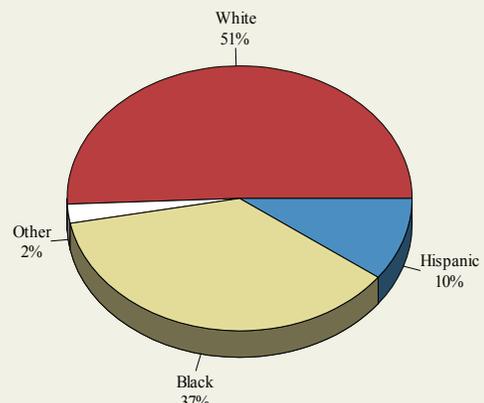


Figure 19
Statewide Race Distribution



CHILDREN OF ADDICTED PARENTS PROGRAM INITIATIVE

In an ongoing effort to prevent substance use in Maryland, the ADAA funded 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 2010 the CAPPI served 612 individuals through the Strengthening Families Program.

Table 3
Number of Programs
FY 2010

County	Number of Recurring Programs
Allegany	5
Anne Arundel	3
Frederick	2
Montgomery	3
Wicomico	3
Total	16

Table 4
Numbers Served
FY 2010

County	Total Numbers Served
Allegany	68
Anne Arundel	133
Frederick	176
Montgomery	95
Wicomico	140
Total	612

Figure 20
Gender Distribution FY 2010

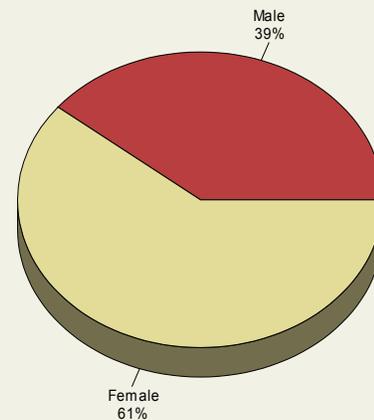


Figure 21
Age Distribution FY 2010

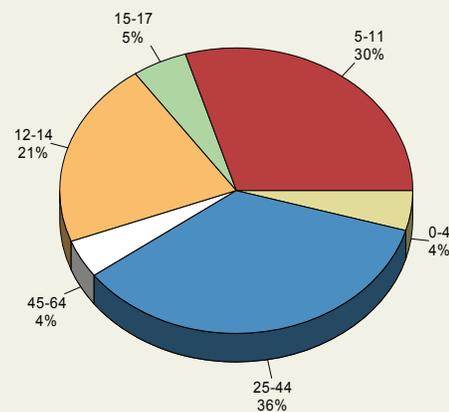
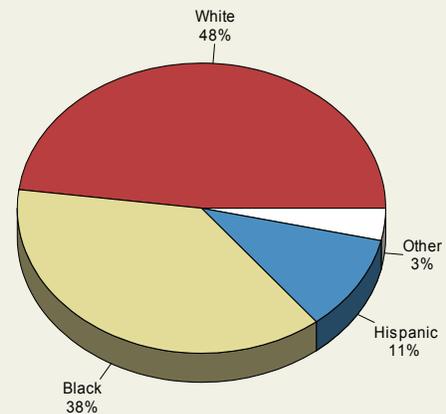


Figure 22
Race Distribution FY 2010

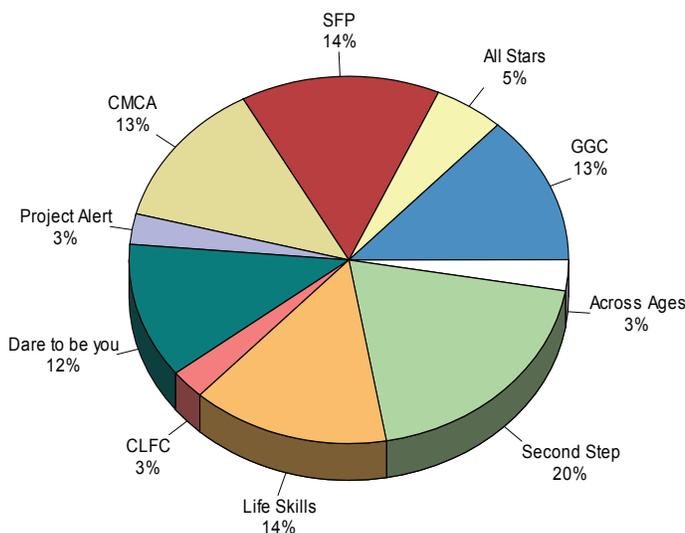


CSAP Evidence-based Programs

Table 5
Numbers Served By CSAP Model Program
Fiscal Year 2010

Model Program	Number of Programs	Numbers Served
Across Ages	1	80
All Stars	4	235
Creating Lasting Family Connections (CLFC)	2	379
Communities Mobilizing for Change on Alcohol (CMCA)	10	6830
Dare To Be You (DTBY)	9	822
Guiding Good Choices (GGC)	10	1092
Life Skills Training (LST)	11	577
Project Alert	2	566
Second Step	14	3037
Strengthening Families Program (SFP)	11	1248
Total	74	14,866

Figure 23
Model Program Distribution
FY 2010



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 2010. Figure 23 shows model program distribution for fiscal year 2010.

Institute of Medicine (IOM) Category

Table 6
Numbers Served By Intervention Type (IOM Category)
Fiscal Year 2010

County	Universal	Selected	Indicated	Total
Allegany	3753	610	59	4,422
Anne Arundel	1951	519	111	2,581
Baltimore City	17,068	6165	12	23,245
Baltimore	20,663	2422	49	23,134
Calvert	9142	0	0	9,142
Caroline	657	2192	7	2,856
Carroll	17,357	1201	790	19,348
Cecil	7112	0	0	7,112
Charles	4978	110	0	5,088
Dorchester	3921	0	0	3,921
Frederick	1869	554	20	2,443
Garrett	1772	45	144	1,961
Harford	8552	14,924	41	23,517
Howard	2495	0	0	2495
Kent	2096	451	173	2,720
Montgomery	6474	189	0	6,663
Prince George's	5148	0	0	5,148
Queen Anne's	6926	44	0	6,970
St. Mary's	7374	24	0	7,398
Somerset	838	0	0	838
Talbot	3285	29	161	3,475
Washington	920	0	0	920
Wicomico	1674	615	0	2,289
Worcester	14,118	0	0	14,118
Bowie St.	0	2533	0	2,533
Frostburg	15,831	15	0	15,846
Towson	20,294	0	0	20,294
U.M.E.S.	2409	203	0	2,612
Total	188,677	32,845	1,567	223,089
Percentage	85%	15%	<1%	100%

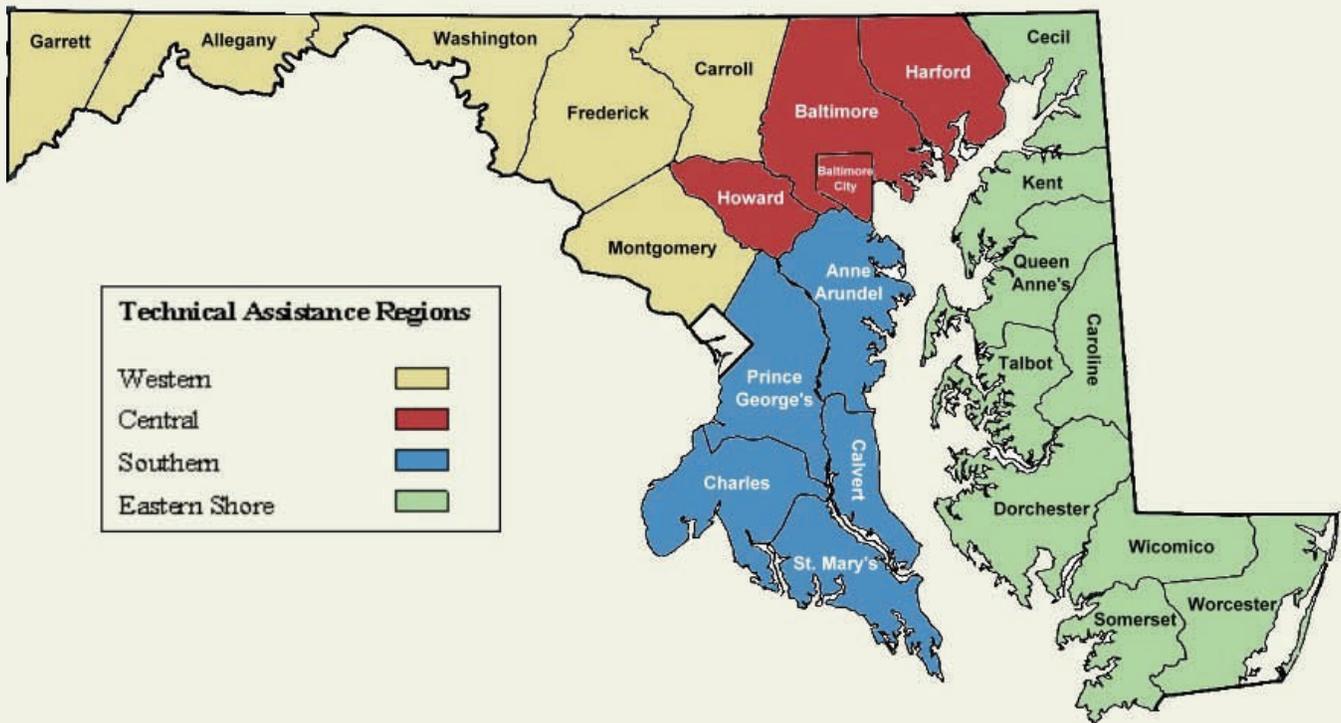
IOM CATEGORY DEFINITIONS

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.

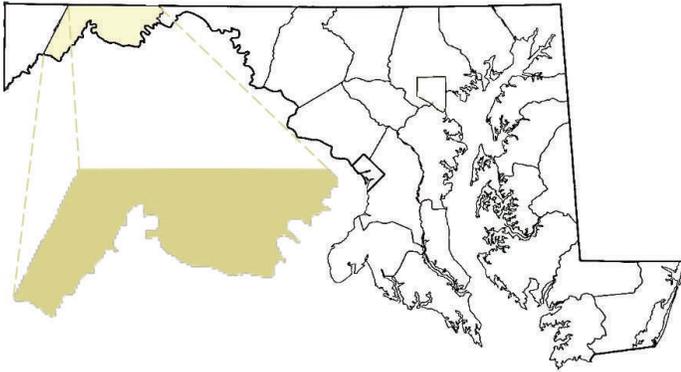
Selected - Selected prevention strategies target subsets of the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment--for example, children of adult alcoholics, drop-outs, or students who are failing academically. Selective 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. There was an equal distribution between males and females (50%) during fiscal year 2010.

AGE

During fiscal year 2010, 31 percent of all those participating in prevention programs were parents or primary care givers. School-aged children represented 29 percent of the total served. Figure 25 shows the overall county distribution for age.

RACE AND ETHNICITY

Caucasians accounted for 73 percent of the racial distribution receiving prevention services while African Americans comprised 27 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 4,422 in fiscal year 2010.
- The ATOD Center at Frostburg State University served 15,846 individuals in fiscal year 2010.

Figure 24
Gender Distribution FY 2010

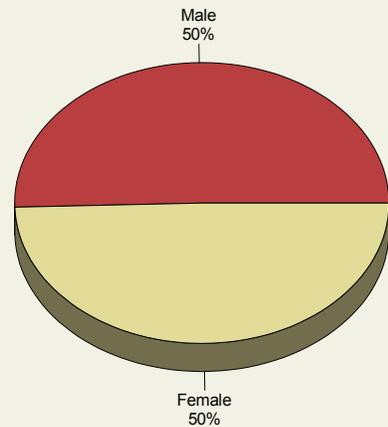


Figure 25
Age Distribution FY 2010

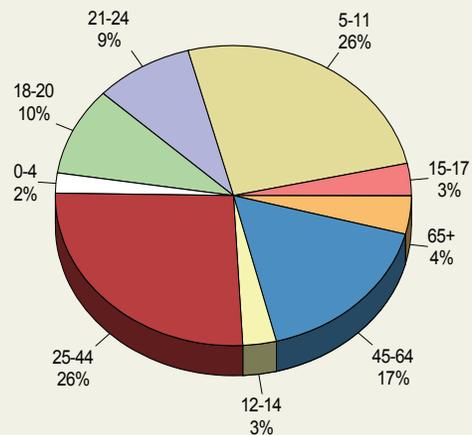
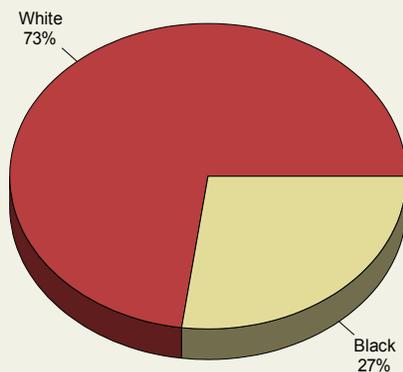
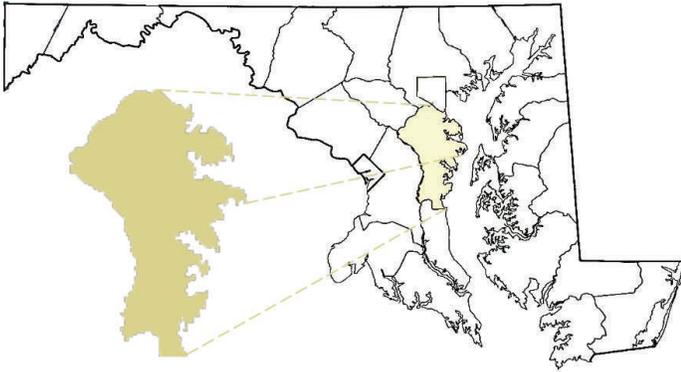


Figure 26
Race Distribution FY 2010



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 2010. Females represented 55 percent of program participants while 46 percent of the participants countywide were male.

AGE

During fiscal year 2010, 81 percent of all those participating in prevention programs were adolescents. Sixteen 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 (54%) and African Americans (42%) accounted for 98 percent of the racial distribution receiving prevention services in Anne Arundel County during fiscal year 2010 (Figure 29). Hispanics comprised 4 percent of the remaining distribution.

The total number of individuals receiving prevention services in Anne Arundel County was 2,581 in fiscal year 2010.

Figure 27
Gender Distribution FY 2010

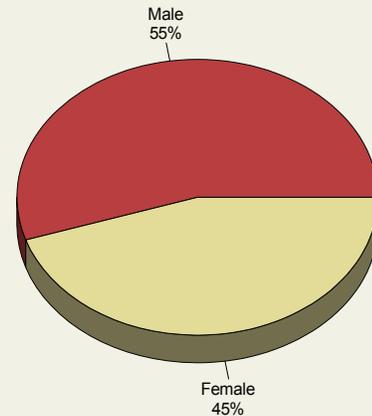


Figure 28
Age Distribution FY 2010

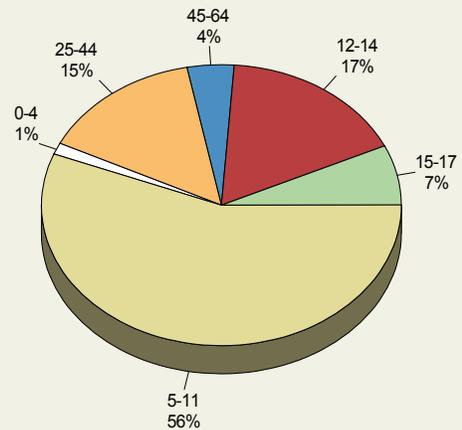
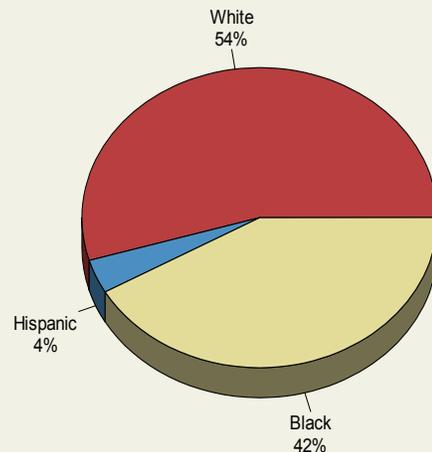
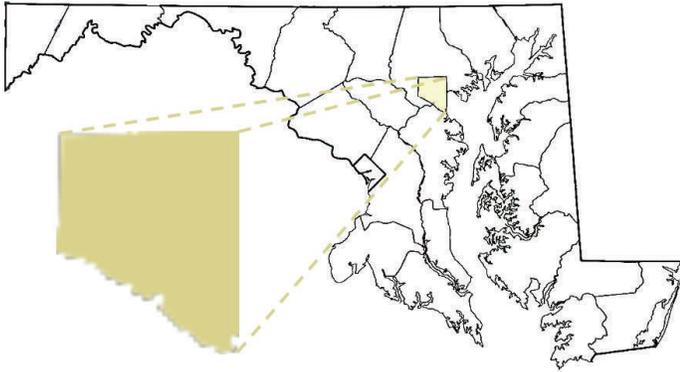


Figure 29
Race Distribution FY 2010



BALTIMORE CITY



Prevention Coordinator

Tracy Shafer
(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 2010. Females represented 60 percent of program participants while 40 percent of the participants countywide were male.

AGE

During fiscal year 2010, approximately 37 percent of all individuals participating in prevention programs were adolescents. Parents or primary care givers represented 26 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 76 percent of the racial distribution receiving prevention services in Baltimore City while Caucasians comprised 14 percent during fiscal year 2010. Hispanics (7%) and Asian (3%) accounted for the remainder of the distribution (10%).

The total number of individuals receiving prevention services in Baltimore City was 23,245 in fiscal year 2010.

Figure 30
Gender Distribution FY 2010

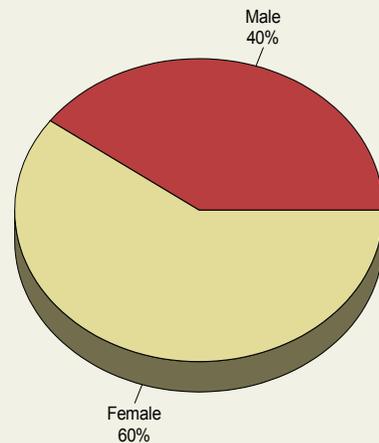


Figure 31
Age Distribution FY 2010

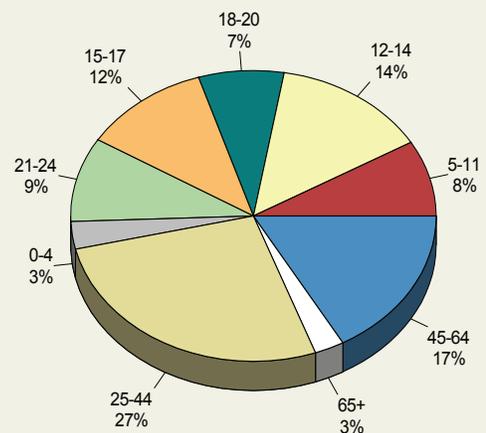
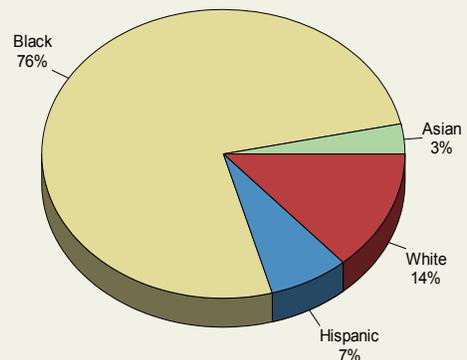
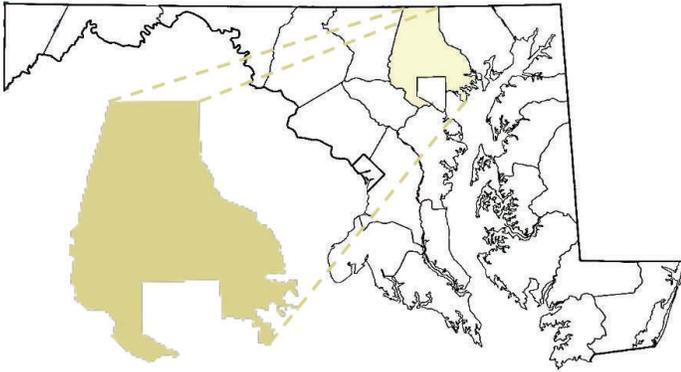


Figure 32
Race Distribution FY 2010



BALTIMORE COUNTY



Prevention Coordinator

Joyce Weddington
(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 2010. Females represented 57 percent of program participants while 43 percent of the participants countywide were male.

AGE

Figure 34 shows the overall county distribution for age during fiscal year 2010. Parents (35%) and adolescents (27%) accounted for 62% of those served in Baltimore County.

RACE AND ETHNICITY

During fiscal year 2010, Caucasians accounted for 49 percent of the racial distribution while African Americans comprised 44 percent in Baltimore County (Figure 35). Asian (3%) and Hispanics (4%) accounted the remaining 7 percent of the distribution.

- **The total number of individuals receiving prevention services through the Baltimore County prevention office was 23,134 in fiscal year 2010.**

- **The ATOD Center at Towson University served 20,294 individuals in fiscal year 2010.**

Figure 33
Gender Distribution FY 2010

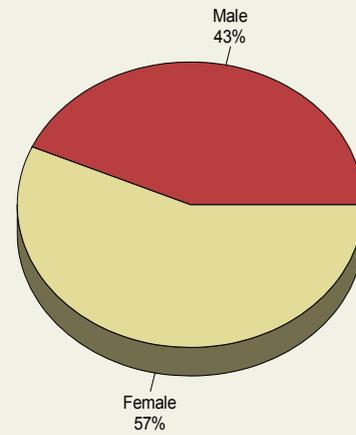


Figure 34
Age Distribution FY 2010

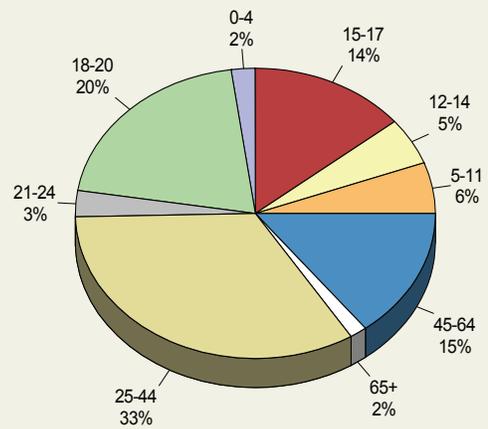
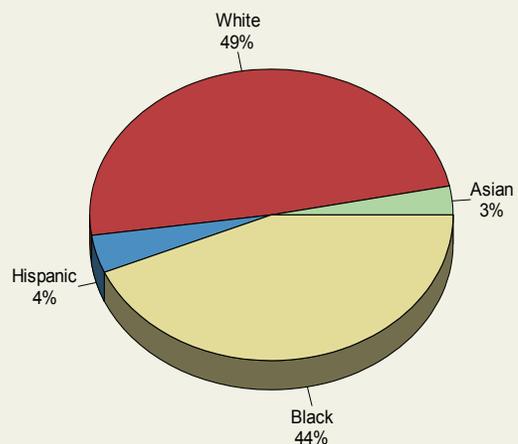
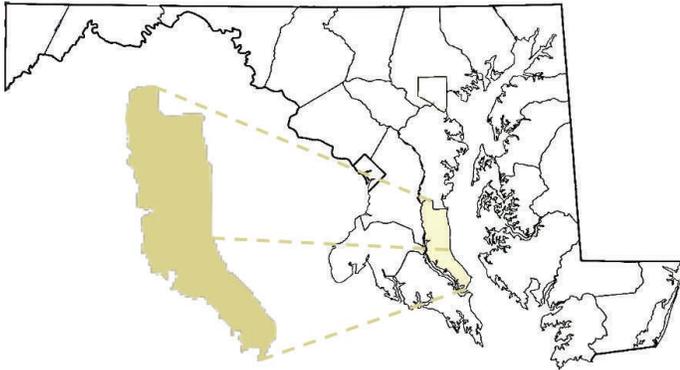


Figure 35
Race Distribution FY 2010



CALVERT COUNTY



Prevention Coordinator

LaTisha Hawkins
(410) 535-3079 ext. 26

SAMHSA MODEL PROGRAMS

- ▶ Guiding Good Choices
- ▶ Life Skills

DEMOGRAPHICS

GENDER

Figure 36 shows the countywide distribution of prevention programs for gender in fiscal year 2010. Females represented 55 percent of program participants while 45 percent of the participants countywide were male.

AGE

During fiscal year 2010, approximately one third (33%) of all individuals participating in prevention programs were adolescents. Parents or primary care givers represent the next highest distribution at 36 percent for all Calvert County programs. Figure 37 shows the overall county distribution for age.

RACE AND ETHNICITY

Caucasians comprised 54 percent of the racial distribution while African American accounted for 36 percent. Hispanics (6%) and those in the "Other" category (4%) accounted for the remaining 10 percent of the distribution during fiscal year 2010 (Figure 38).

The total number of individuals receiving prevention services in Calvert County was 9,142 in fiscal year 2010.

Figure 36
Gender Distribution FY 2010

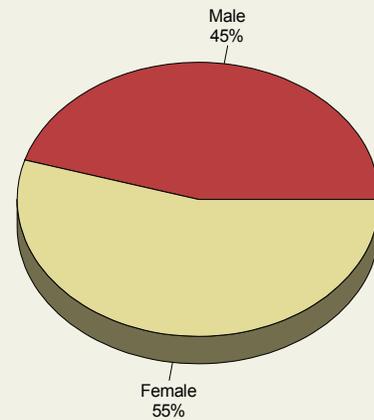


Figure 37
Age Distribution FY 2010

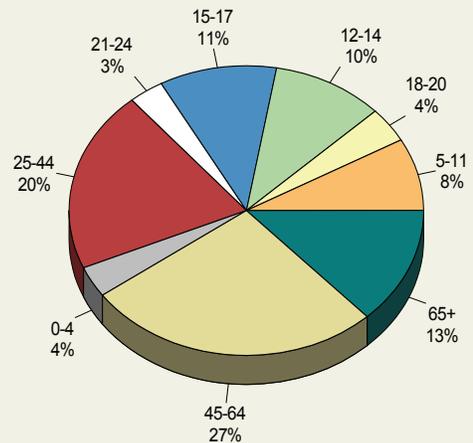
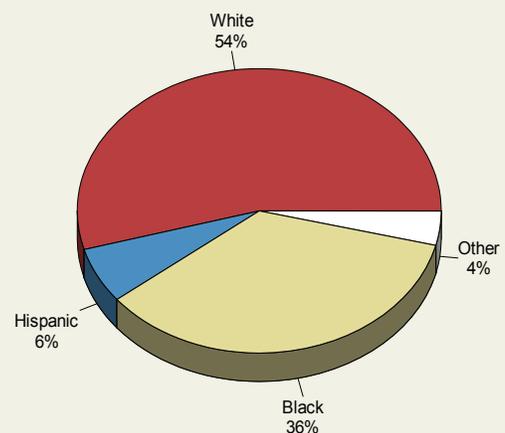
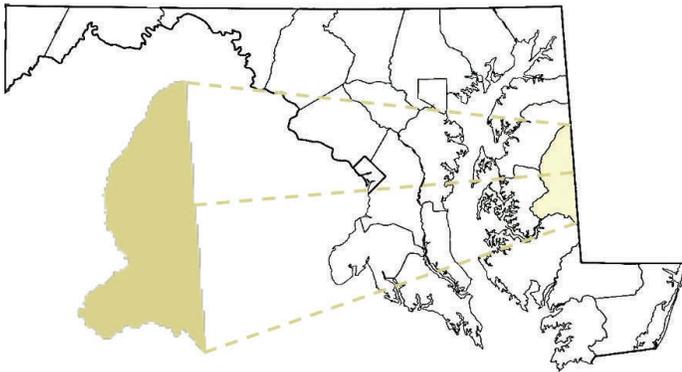


Figure 38
Race Distribution FY 2010



CAROLINE COUNTY



Prevention Coordinator

Karen Bishop
(410) 479-3501

SAMHSA MODEL PROGRAMS

- Communities Mobilizing for Change on Alcohol

DEMOGRAPHICS

GENDER

Figure 39 shows the countywide distribution of prevention programs for gender in fiscal year 2010. Males represented 51 percent of program participants while 49 percent of the participants countywide were female.

AGE

During fiscal year 2010, over three quarters (73%) of all those participating in prevention programs were adolescents. Parents and primary caregivers represented 11 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 59 percent of the racial distribution receiving prevention services while African Americans comprised 34 percent during fiscal year 2010 (Figure 41). Hispanics account for the remaining seven percent of the overall racial distribution.

The total number of individuals receiving prevention services in Caroline County was 2,856 in fiscal year 2010.

Figure 39
Gender Distribution FY 2010

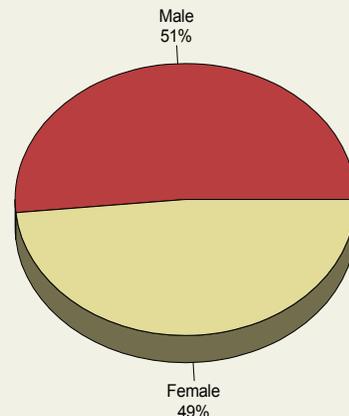


Figure 40
Age Distribution FY 2010

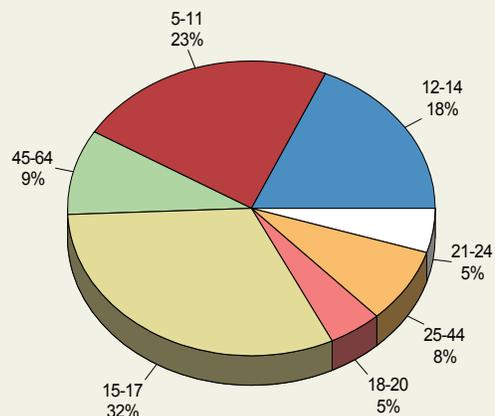
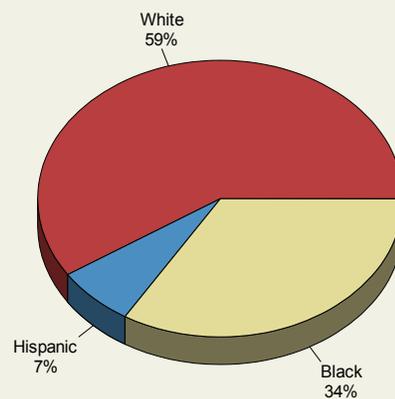
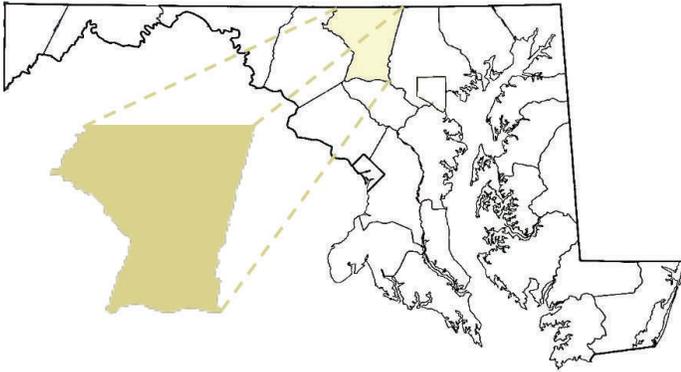


Figure 41
Gender Distribution FY 2010



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 2010. Females represented 56 percent of program participants while 44 percent of the participants countywide were male.

AGE

During fiscal year 2010, one third (32%) of all those participating in prevention programs were adolescents. Parents and primary caregivers represented 49 percent of individuals attending prevention programs in Carroll County. Figure 43 shows the overall county distribution for age.

RACE AND ETHNICITY

Caucasians accounted for 93 percent of the racial distribution receiving prevention services in Carroll County. African Americans (5%) and Hispanics (2%) represented the remaining 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 19,348 in fiscal year 2010.

Figure 42
Gender Distribution FY 2010

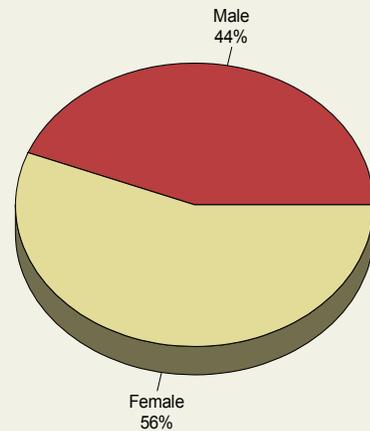


Figure 43
Age Distribution FY 2010

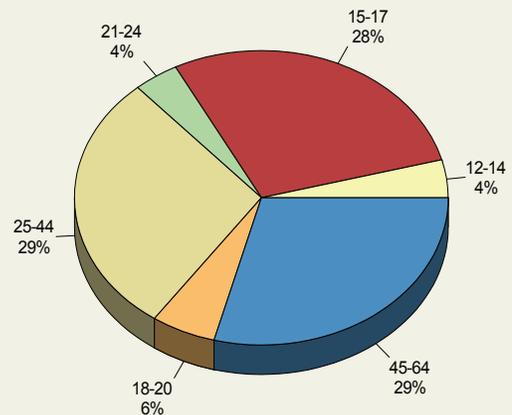
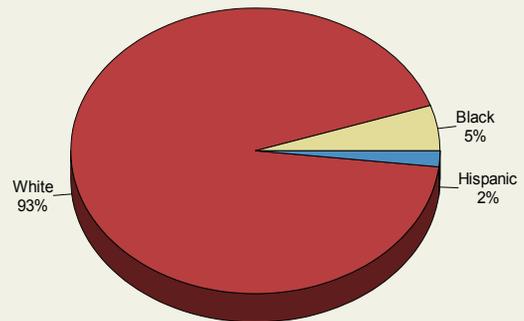
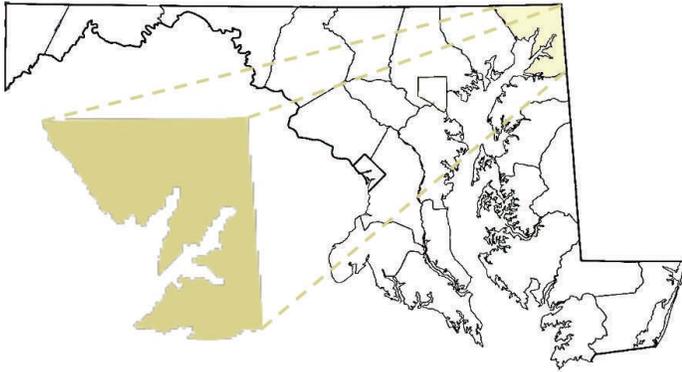


Figure 44
Race Distribution FY 2010



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 2010. Females represented 55 percent of program participants while 44 percent of the participants countywide were male.

AGE

During fiscal year 2010, 71 percent of all those participating in prevention programs were parents or primary caregivers. Adolescents represented 12 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 (63%) and African Americans (34%) accounted for the majority of the racial distribution in Cecil County. Hispanics (3%) represented the remaining distribution in fiscal year 2010.

The total number of individuals receiving prevention services in Cecil County was 7,112 in fiscal year 2010.

Figure 45
Gender Distribution FY 2010

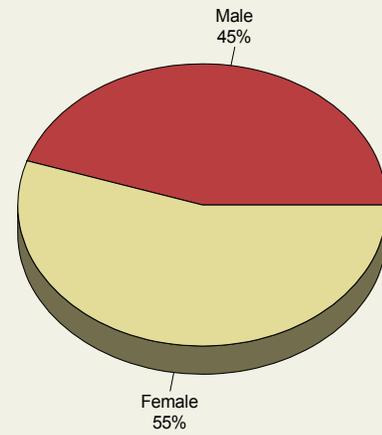


Figure 46
Age Distribution FY 2010

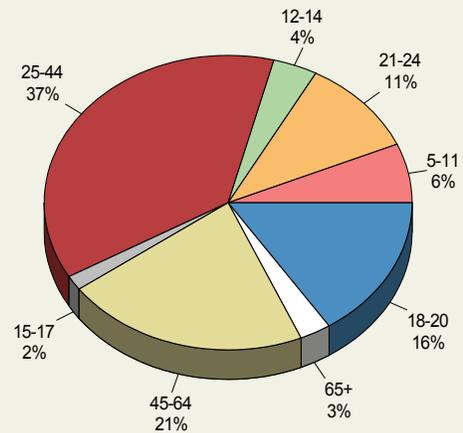
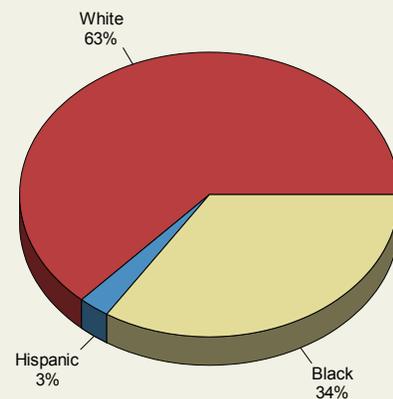
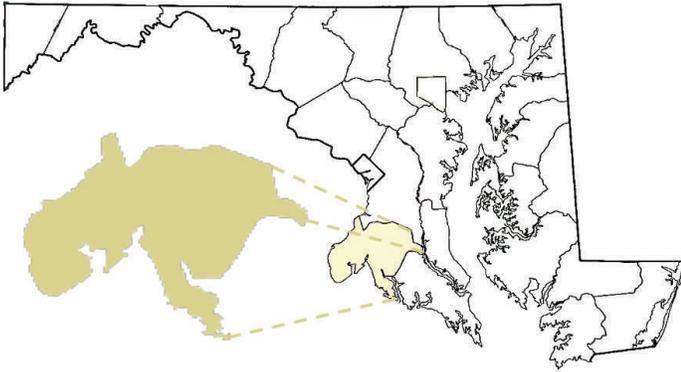


Figure 47
Race Distribution FY 2010



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 2010. Females represented 62 percent of program participants while 38 percent of the participants countywide were male.

AGE

During fiscal year 2010, over one half (52%) of all those participating in prevention programs were adolescents. Parents and primary care givers represented 36 percent of the age distribution for fiscal year 2010. Figure 49 shows the overall county distribution for age.

RACE AND ETHNICITY

Caucasians accounted for 50 percent of the racial distribution receiving prevention services in Charles County while African Americans comprised 47 percent during fiscal year 2010 (Figure 50). Hispanics accounted for three percent (3%) of the remaining distribution.

The total number of individuals receiving prevention services in Charles County was 5,088 in fiscal year 2010.

Figure 48
Gender Distribution FY 2010

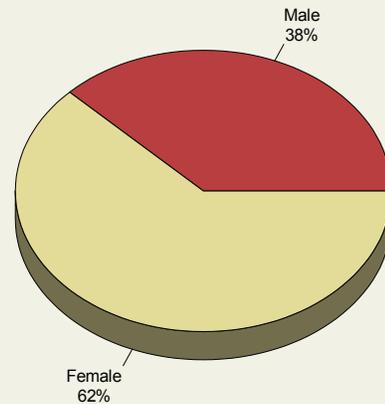


Figure 49
Age Distribution FY 2010

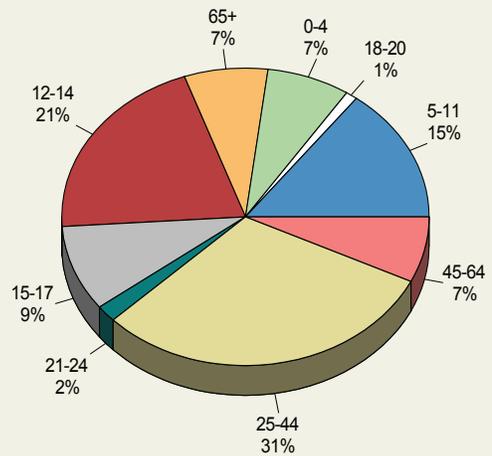
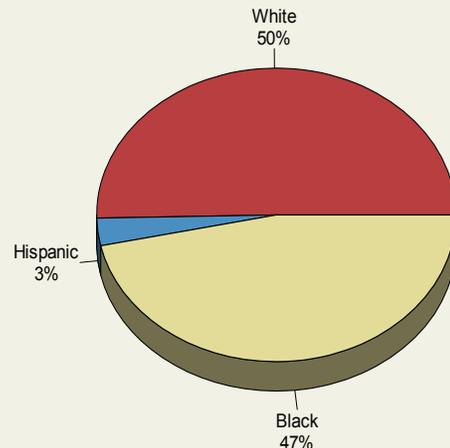
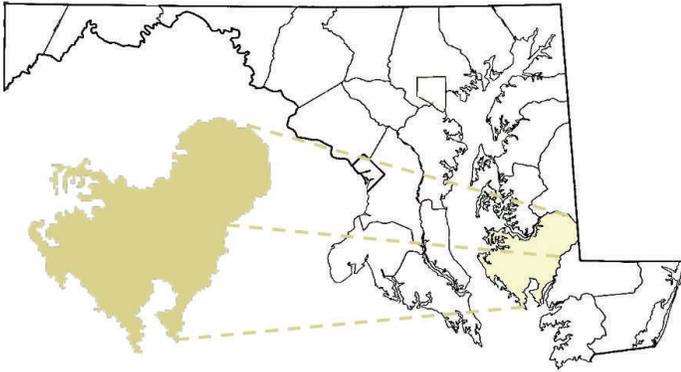


Figure 50
Race Distribution FY 2010



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 2010. Females represented 63 percent of program participants while 37 percent of the participants countywide were male.

AGE

During fiscal year 2010, approximately one third (31%) of those receiving prevention services in Dorchester County were adolescents. Parents or primary care givers accounted for 43 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 63 percent of the racial distribution receiving prevention services in Dorchester County. Caucasians (35%) and Hispanics (2%) comprised the remaining racial distribution during fiscal year 2010.

The total number of individuals receiving prevention services in Dorchester County was 3,921 in fiscal year 2010.

Figure 51
Gender Distribution FY 2010

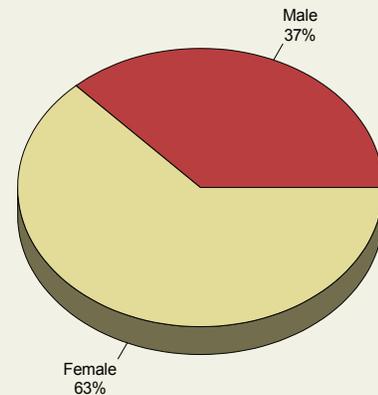


Figure 52
Age Distribution FY 2010

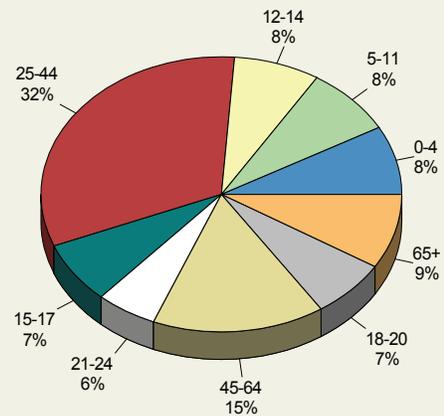
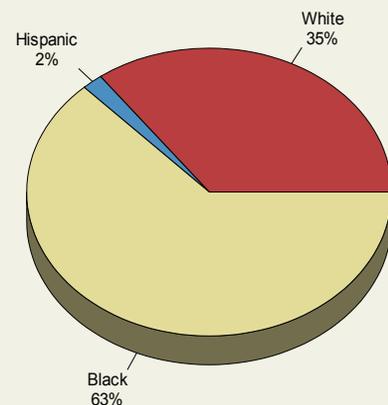
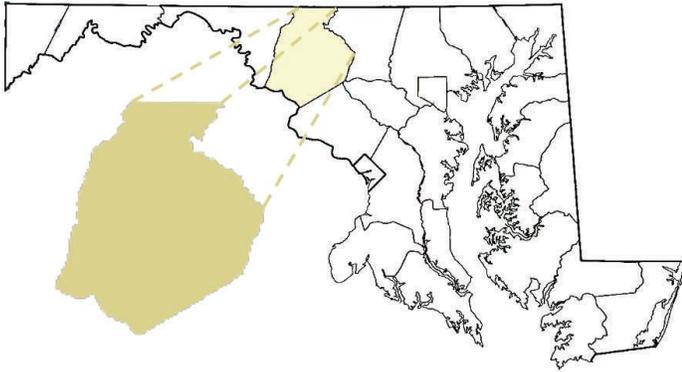


Figure 53
Race Distribution FY 2010



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 2010. Females represented 55 percent of program participants while 45 percent of the participants countywide were male.

AGE

Parents and preschoolers participating in Frederick County's preschool program accounted for approximately 19 percent of the total number of individuals receiving prevention services in fiscal year 2010. Fifty-one percent of all individuals served were adolescents. Parents represented 42 percent of the population receiving services. (Figure 55).

RACE AND ETHNICITY

As shown in Figure 56, Caucasians accounted for 70 percent of the racial distribution while African Americans comprised 20 percent during fiscal year 2010. Hispanics (8%) and Asians (2%) accounted for the remaining 10 percent of the overall racial distribution.

The total number of individuals receiving prevention services in Frederick County was 2,443 in fiscal year 2010.

Figure 54
Gender Distribution FY 2010

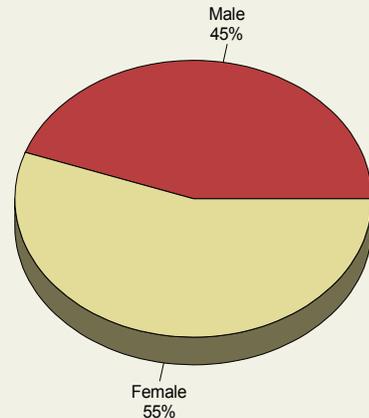


Figure 55
Age Distribution FY 2010

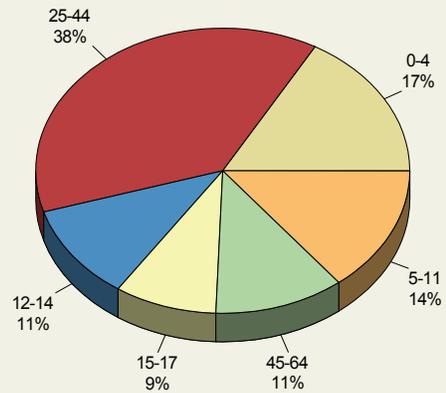
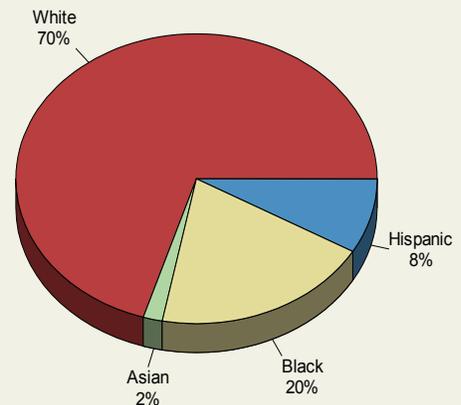
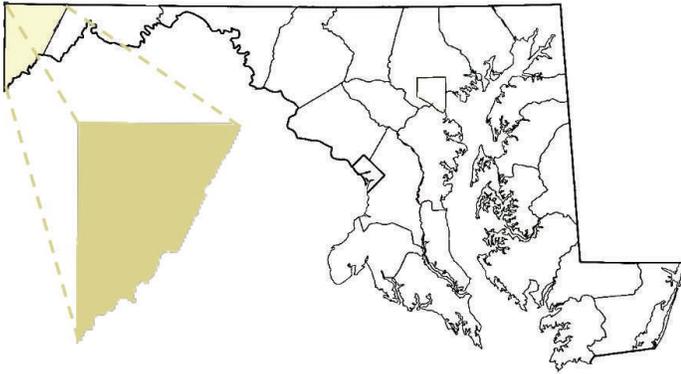


Figure 56
Race Distribution FY 2010



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 2010. Females represented 58 percent of program participants while 42 percent of the participants countywide were male.

AGE

During fiscal year 2010, adolescents accounted for 73 percent of those individuals receiving prevention services in Garrett County. Approximately one quarter (23%) of all those participating in prevention programs were parents or primary care givers. 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 2010.

The total number of individuals receiving prevention services in Garrett County was 1,961 in fiscal year 2010.

Figure 57
Gender Distribution FY 2010

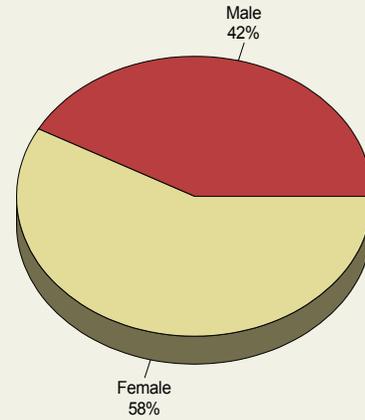


Figure 58
Age Distribution FY 2010

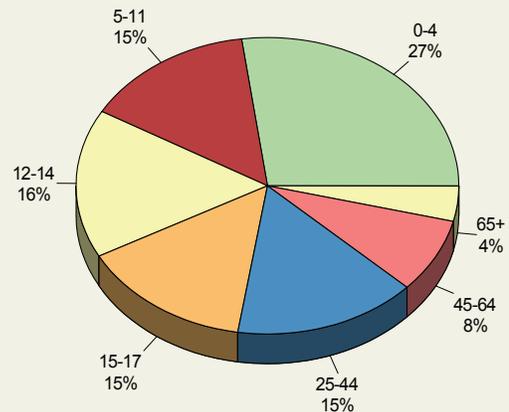
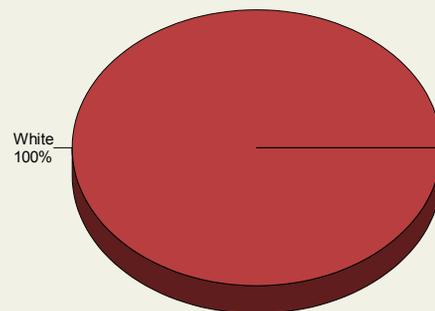
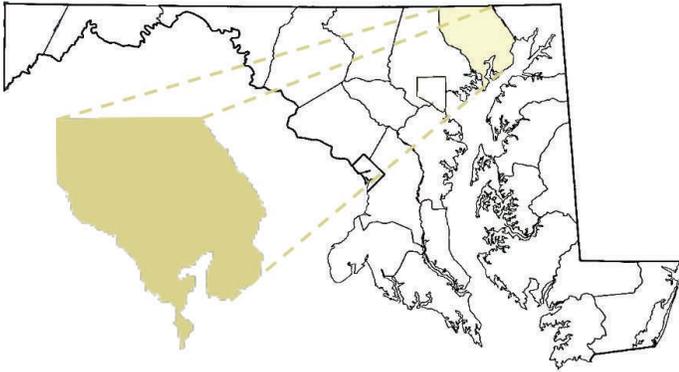


Figure 59
Race Distribution FY 2010



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 2010. Females represented 51 percent of program participants while 49 percent of the participants countywide were male.

AGE

During fiscal year 2010, over one half (58%) of all those participating in prevention programs were adolescents. Parents or primary care givers represented one quarter (27%) 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 57 percent of the racial distribution receiving prevention services in Harford County while African Americans comprised 37 percent during fiscal year 2010. Hispanics (3%) and Asians (3%) accounted for the remaining six percent of the overall distribution.

The total number of individuals receiving prevention services in Harford County was 23,517 in fiscal year 2010.

Figure 60
Gender Distribution FY 2010

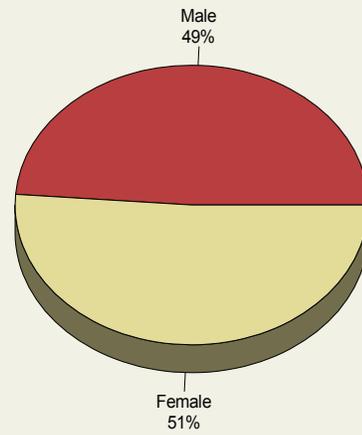


Figure 61
Age Distribution FY 2010

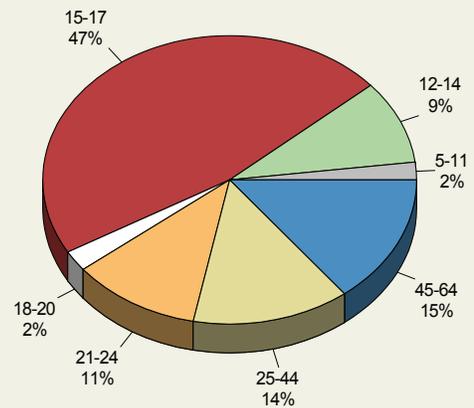
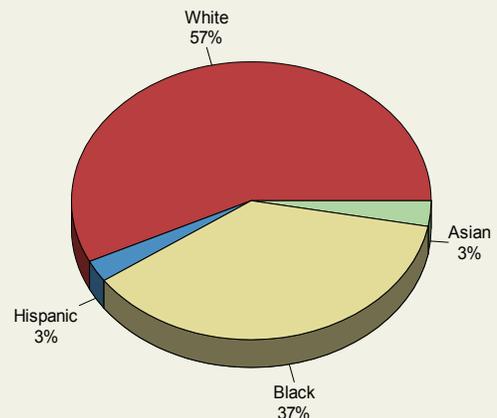
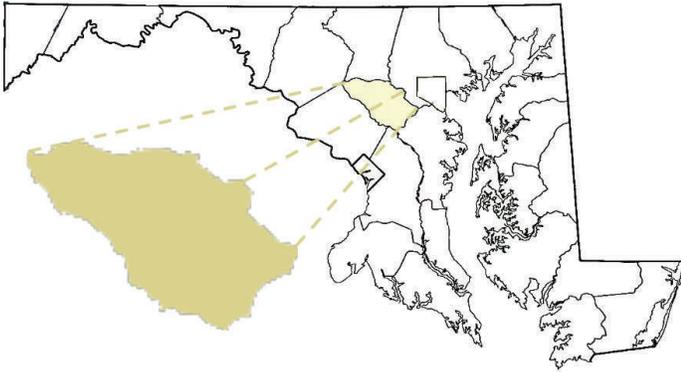


Figure 62
Race Distribution FY 2010



HOWARD COUNTY



Prevention Coordinator

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 2010. Females represented 68 percent of program participants while 32 percent of the participants countywide were male.

AGE

During fiscal year 2010, over 64 percent of all those participating in prevention programs were parents or primary care givers. Adolescents accounted for 14 percent of the distribution. Figure 64 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 65, Caucasians accounted for 67 percent of the racial distribution receiving prevention services in fiscal year 2010. African Americans represented 28 percent of participants served while Hispanic (2%) and Asians (2%) accounted for 4 percent of the remaining distribution.

The total number of individuals receiving prevention services in Howard County was 2,495 in fiscal year 2010.

Figure 63
Gender Distribution FY 2010

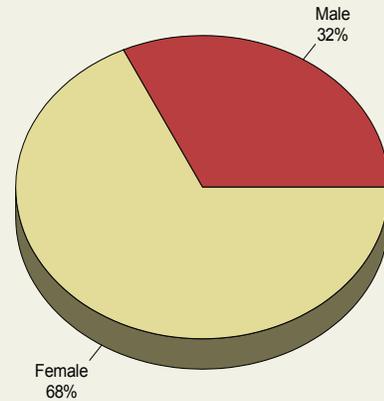


Figure 64
Age Distribution FY 2010

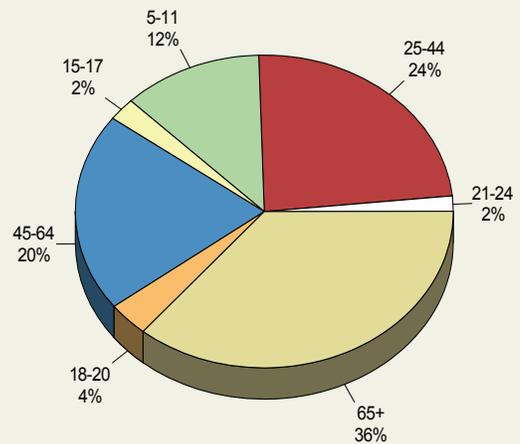
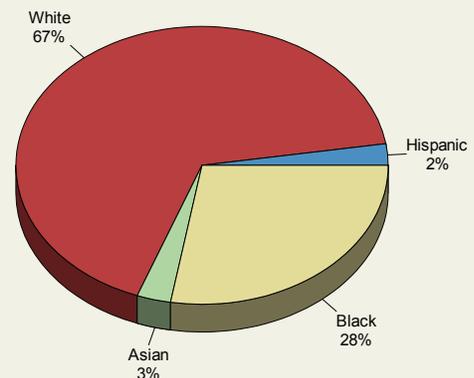
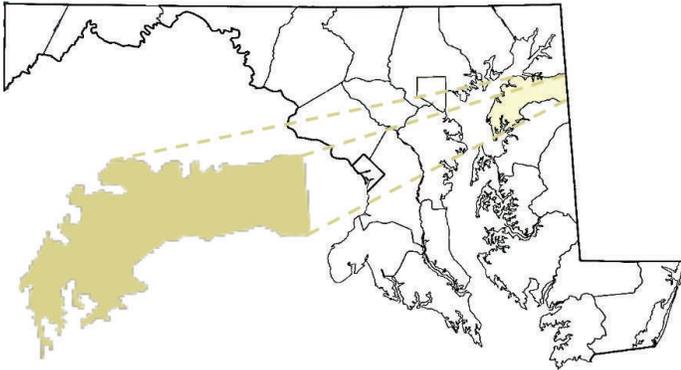


Figure 65
Race Distribution FY 2010



KENT COUNTY



Prevention Coordinator

Nora Becker
(410) 778-7918 ext. 23

SAMHSA MODEL PROGRAMS

- Communities Mobilizing for Change on Alcohol

DEMOGRAPHICS

GENDER

Figure 66 shows the countywide distribution of prevention programs for gender in fiscal year 2010. Females represented 51 percent of program participants while 49 percent of the participants countywide were male.

AGE

During fiscal year 2010, 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 2010. Hispanics accounted for the remaining 4 percent of the overall distribution.

The total number of individuals receiving prevention services in Kent County was 2,720 in fiscal year 2010.

Figure 66
Race Distribution FY 2010

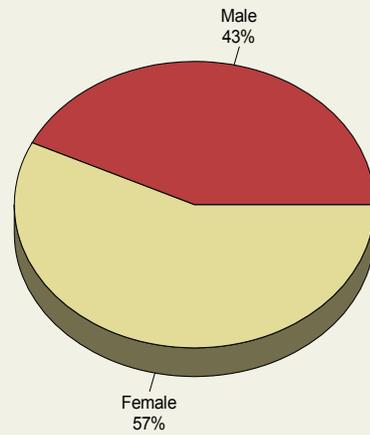


Figure 67
Race Distribution FY 2010

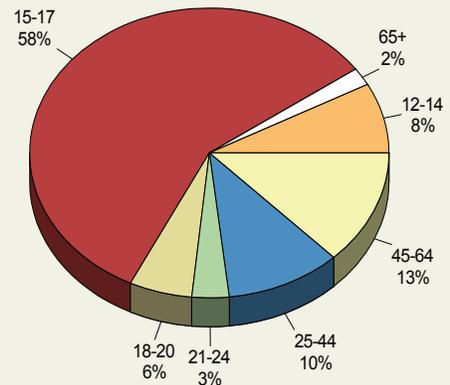
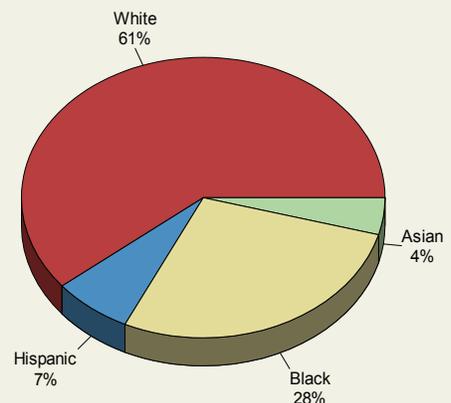
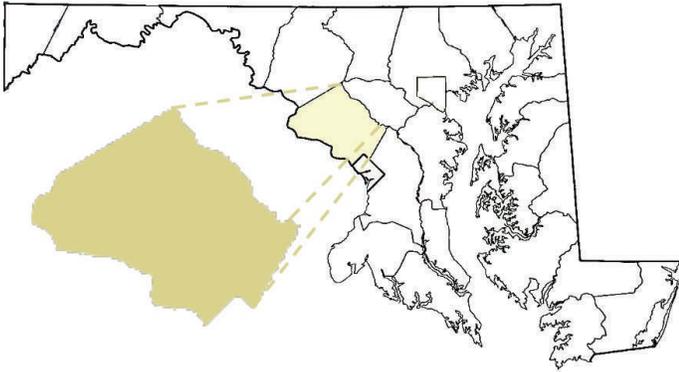


Figure 68
Race Distribution FY 2010



MONTGOMERY COUNTY



Prevention Coordinator

Dorothy Moore
(240) 777-1116

Preschool Coordinator

Monica Wiley-Peterson
(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 2010. Females represented 57 percent of program participants while 43 percent of the participants countywide were male.

AGE

During fiscal year 2010, parents and preschoolers participating in Montgomery County's preschool program accounted for four percent of the overall distribution. In addition, parents represented 68 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 42 percent of the racial distribution receiving prevention services in Montgomery County. Caucasians (34%) and African Americans (24%) accounted for the remaining distribution.

The total number of individuals receiving prevention services in Montgomery County was 6,663 in fiscal year 2010.

Figure 69
Gender Distribution FY 2010

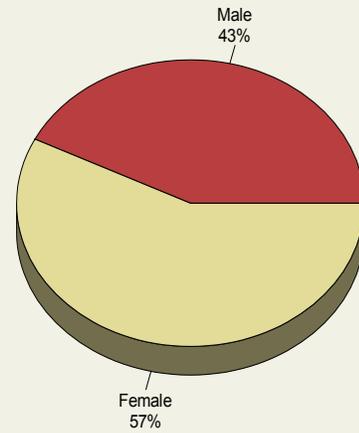


Figure 70
Age Distribution FY 2010

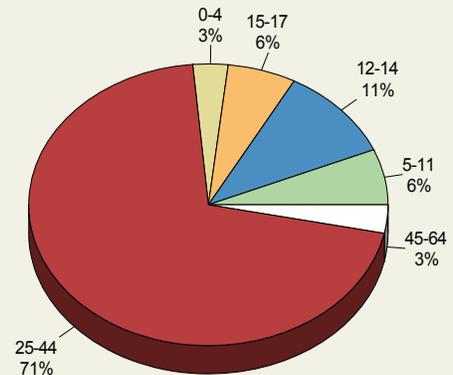
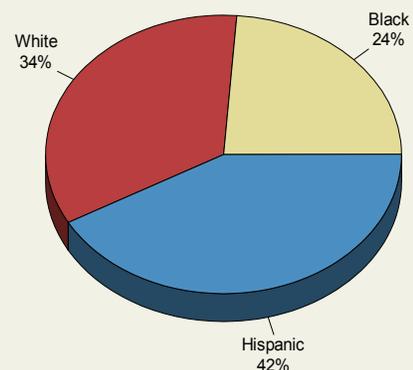
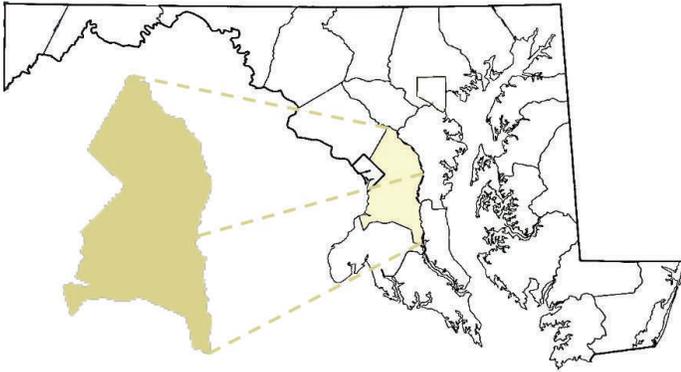


Figure 71
Race Distribution FY 2010



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 2010. Females represented 64 percent of program participants while 36 percent of the participants countywide were male.

AGE

Figure 73 shows the overall distribution for age in Prince George's County during fiscal year 2010. Adolescents accounted for 44 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 (20%), Hispanics (16%) and Asians (2%) accounted for the remainder of the distribution for fiscal year 2010.

- **The total number of individuals receiving prevention services in Prince George's County was 5,148 in fiscal year 2010.**

- **The ATOD Center at Bowie State University served 2,533 individuals in fiscal year 2010.**

Figure 72
Gender Distribution FY 2010

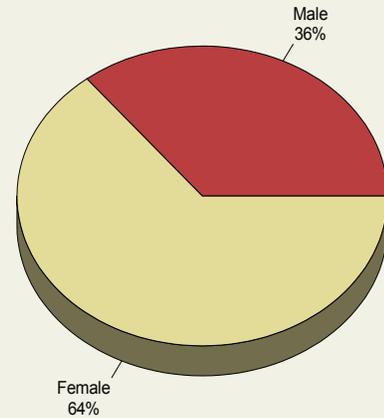


Figure 73
Age Distribution FY 2010

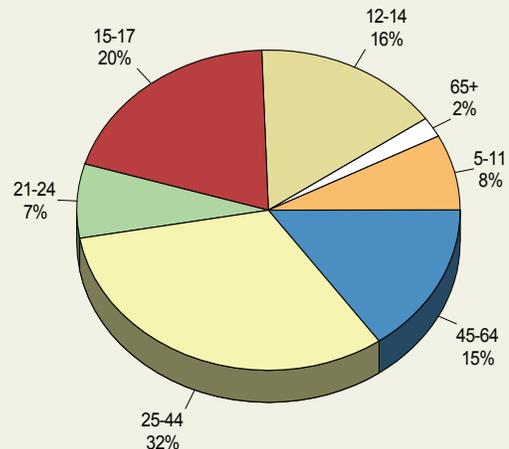
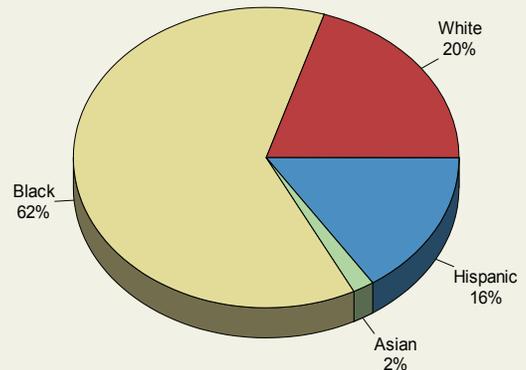
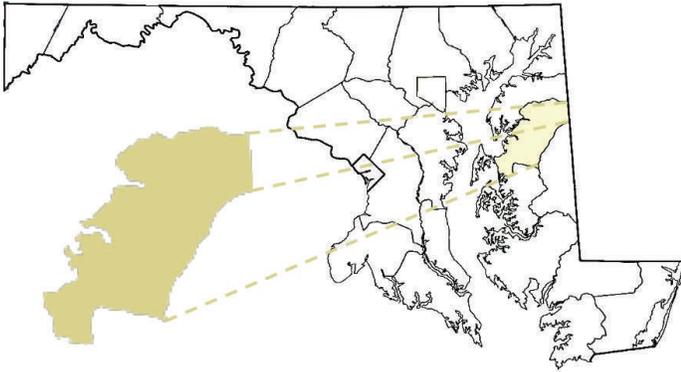


Figure 74
Race Distribution FY 2010



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 2010. Females represented 55 percent of program participants while 45 percent of the participants countywide were male.

AGE

During fiscal year 2010, half (50%) of all those participating in prevention programs were adolescents. Parents and primary care givers accounted for 29 percent of the distribution. Figure 76 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 77, Caucasians (66%) and African Americans (33%) accounted for 99 percent of the racial distribution receiving prevention services in Queen Anne's County. Hispanics (1%) accounted for the remaining racial distribution in fiscal year 2010.

The total number of individuals receiving prevention services in Queen Anne's County was 6,970 in fiscal year 2010.

Figure 75
Gender Distribution FY 2010

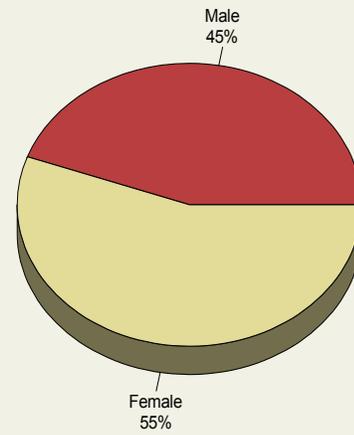


Figure 76
Age Distribution FY 2010

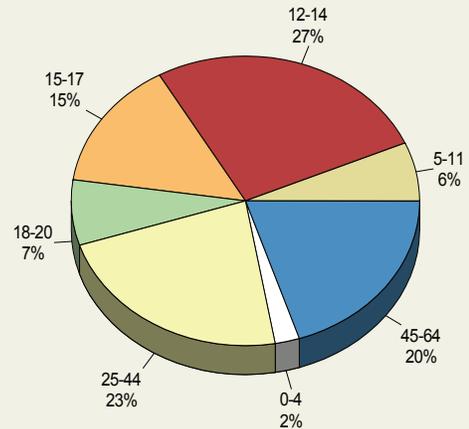
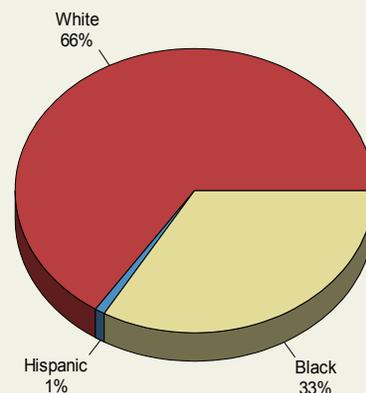
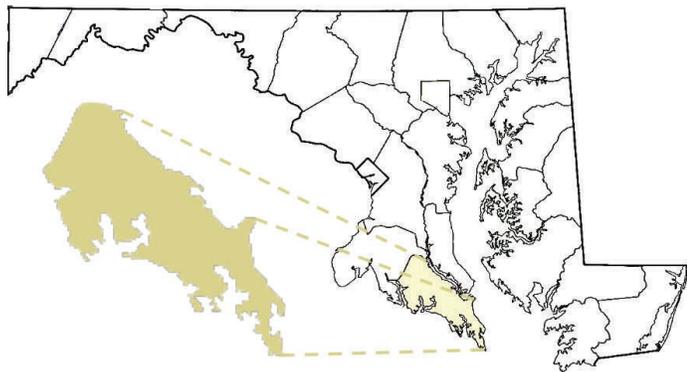


Figure 77
Race Distribution FY 2010



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 2010. Females represented 51 percent of program participants while 49 percent of the participants countywide were male.

AGE

During fiscal year 2010, more than one-third (38%) of all those participating in prevention programs were adolescents. Parents and primary caregivers represented 30 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 57 percent of the racial distribution in St. Mary's County while African Americans comprised 33 percent. Hispanics (2%), and Asians (8%) accounted for the remaining 10 percent of the distribution.

The total number of individuals receiving prevention services in St. Mary's County was 7,398 in fiscal year 2010.

Figure 78
Gender Distribution FY 2010

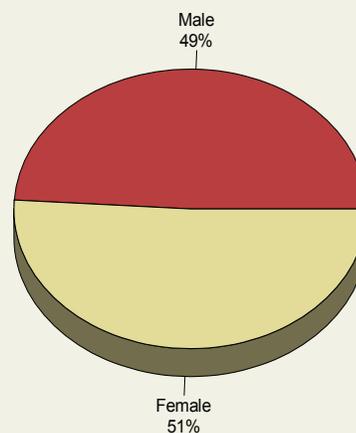


Figure 79
Age Distribution FY 2010

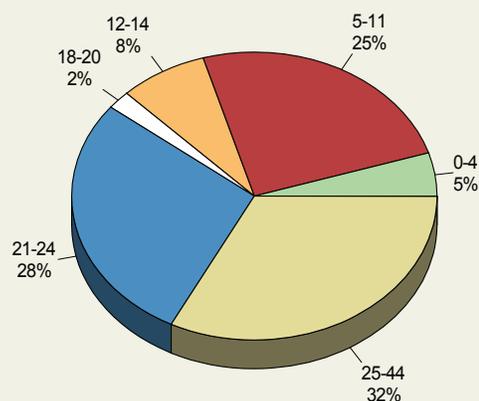
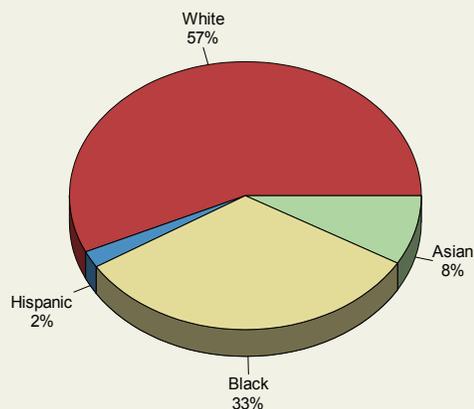
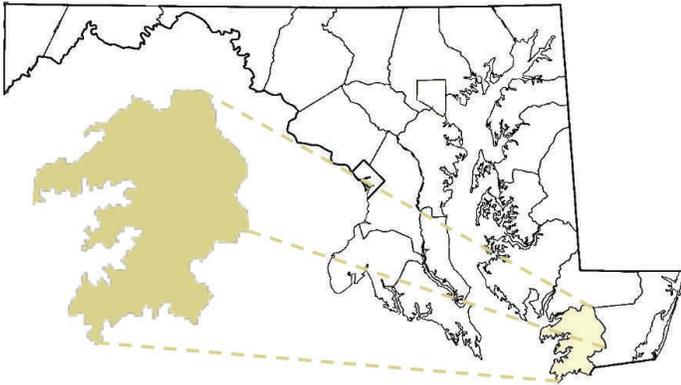


Figure 80
Race Distribution FY 2010



SOMERSET COUNTY



Prevention Coordinator
 Jessica Lambertson
 (443) 523-1725

College Coordinator
 Lauresa Moten
 (410) 651-6385

SAMHSA MODEL PROGRAMS

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

DEMOGRAPHICS

GENDER

Figure 81 shows the countywide distribution of prevention programs for gender in fiscal year 2010. Females represented 54 percent of program participants while 46 percent of the participants countywide were male.

AGE

During fiscal year 2010, thirty 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, African Americans accounted for 49 percent of the racial distribution in Somerset County while Caucasians comprised 47 percent. Hispanics (4%) accounted for the remaining racial distribution.

- **The total number of individuals receiving prevention services through the Somerset County prevention office was 838 in fiscal year 2010.**
- **The ATOD Center at the University of Maryland Eastern Shore served 2,612 individuals in fiscal year 2010.**

Figure 81
Gender Distribution FY 2010

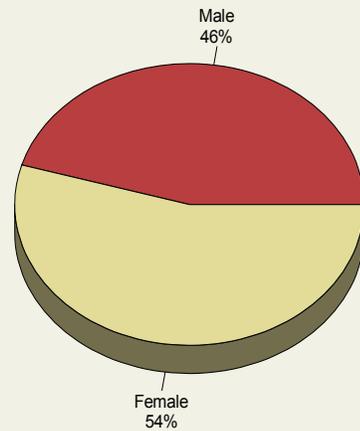


Figure 82
Age Distribution FY 2010

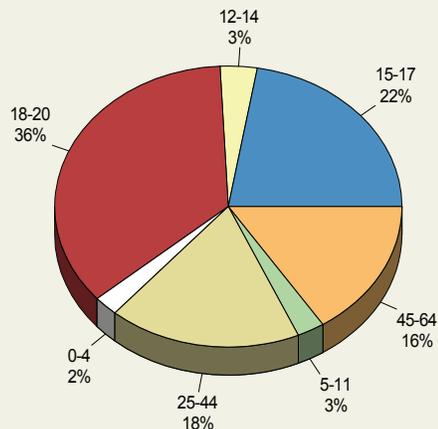
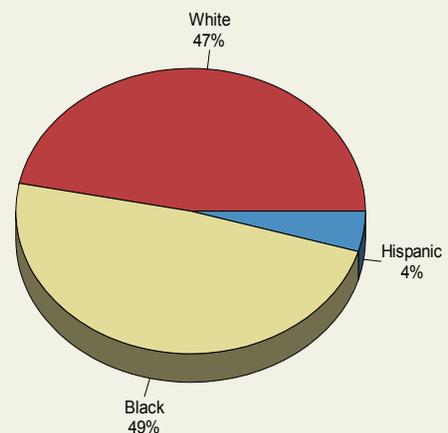
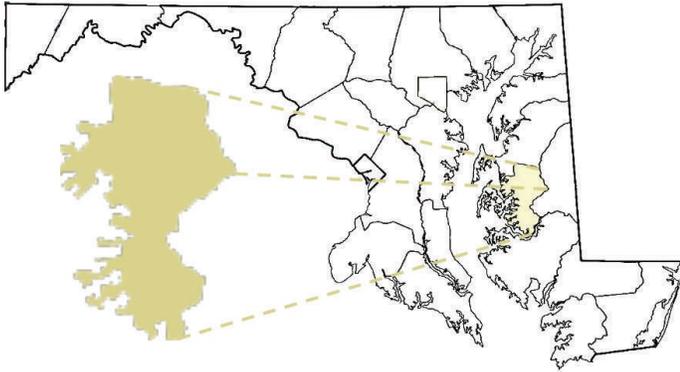


Figure 83
Race Distribution FY 2010



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 2010. Females represented 70 percent of program participants while 30 percent of the participants countywide were male.

AGE

During fiscal year 2010, more than half (60%) of all those participating in prevention programs were parents or primary care givers. Adolescents represented 19 percent of the distribution. Figure 85 shows the overall county distribution for age.

RACE AND ETHNICITY

Caucasians accounted for 81 percent of the racial distribution receiving prevention services while African Americans comprised 16 percent during fiscal year 2010. Hispanics (3%) accounted for the remaining distribution (Figure 86).

The total number of individuals receiving prevention services in Talbot County was 3,475 in fiscal year 2010.

Figure 84
Gender Distribution FY 2010

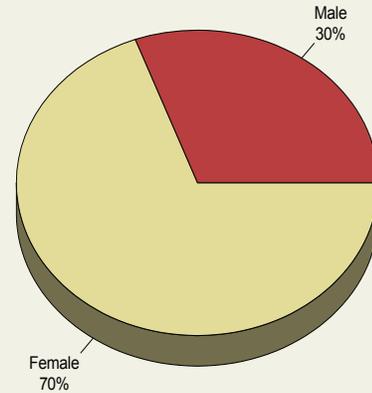


Figure 85
Age Distribution FY 2010

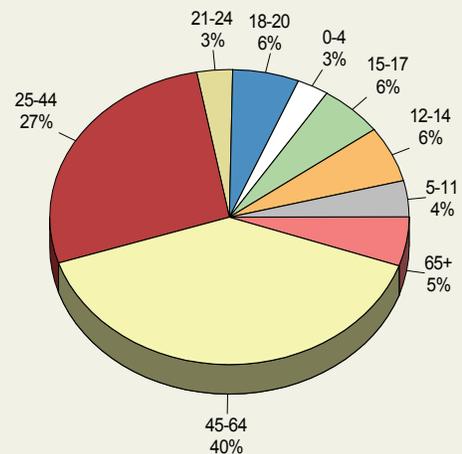
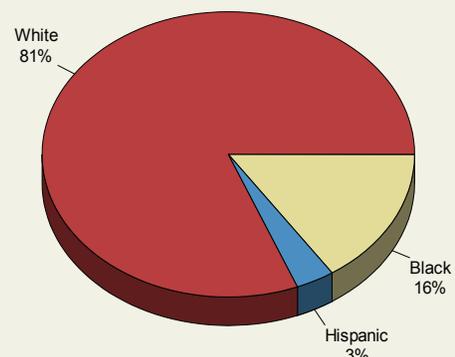
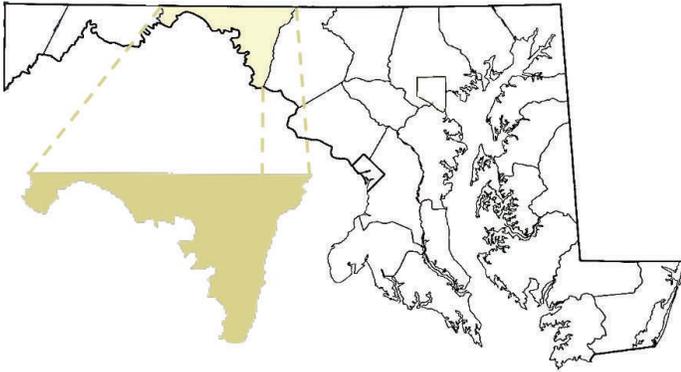


Figure 86
Race Distribution FY 2010



WASHINGTON COUNTY



Prevention Coordinator

April Rouzer
(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 2010. Females represented 62 percent of program participants while 38 percent of the participants countywide were male.

AGE

During fiscal year 2010, over one-third (41%) of those receiving prevention services were adolescents. Parents and primary care accounted for 41 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 (17%) accounted for 97 percent of the racial distribution receiving prevention services. Hispanics (3%) represented the remaining distribution during fiscal year 2010 (Figure 89).

The total number of individuals receiving prevention services in Washington County was 920 in fiscal year 2010.

Figure 87
Gender Distribution FY 2010

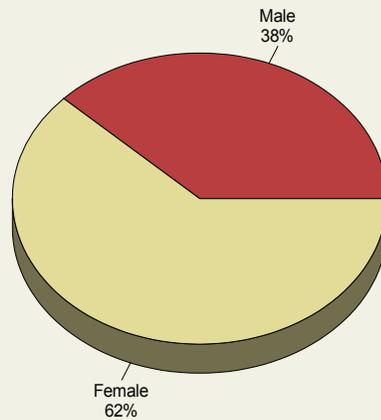


Figure 88
Age Distribution FY 2010

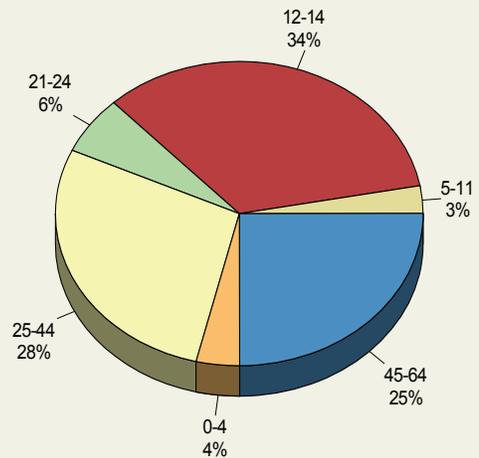
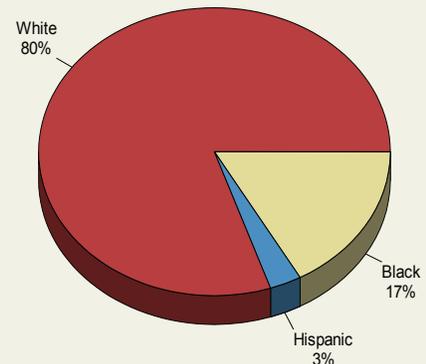
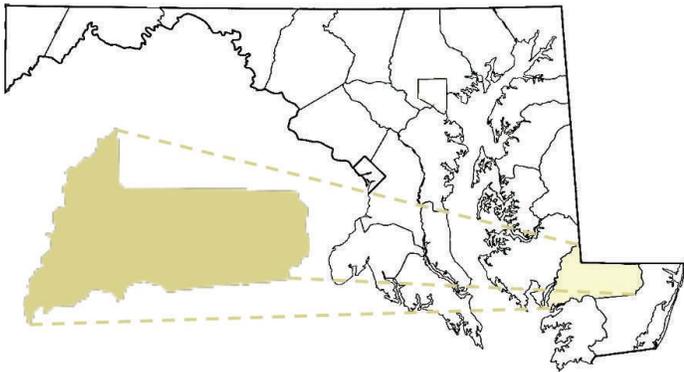


Figure 89
Race Distribution FY 2010



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
- ▶ CMCA
- ▶ Second Step
- ▶ Strengthening Families

DEMOGRAPHICS

GENDER

Figure 90 shows the countywide distribution of prevention programs for gender in fiscal year 2010. Females represented 59 percent of program participants while 41 percent of the participants countywide were male.

AGE

Parents (2%) and preschoolers (23%) participating in Wicomico County's preschool program accounted for approximately one quarter of the individuals receiving prevention services in fiscal year 2010. Approximately one half (46%) 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 (3%) accounted for the remaining distribution.

The total number of individuals receiving prevention services in Wicomico County was 2,289 in fiscal year 2010.

Figure 90
Gender Distribution FY 2010

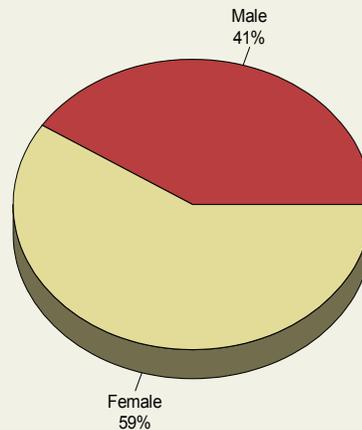


Figure 91
Age Distribution FY 2010

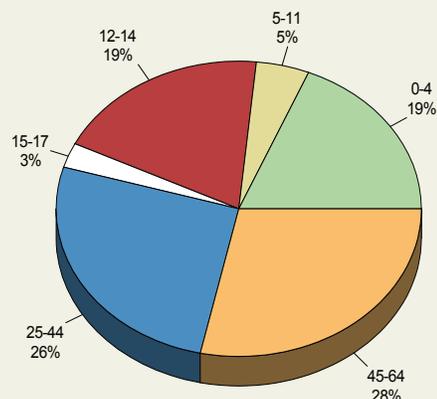
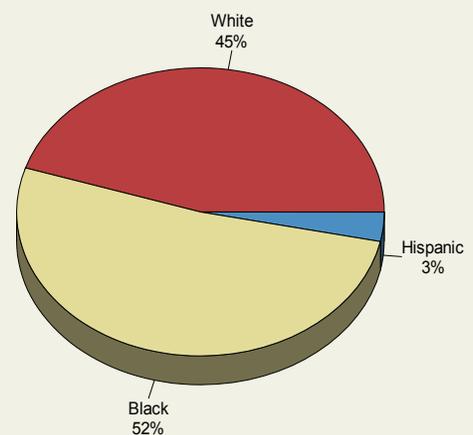
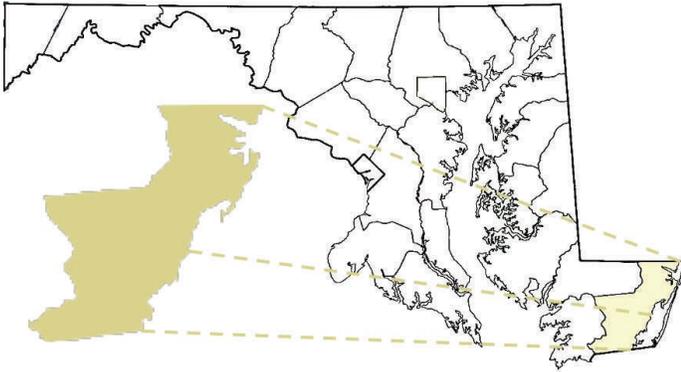


Figure 92
Race Distribution FY 2010



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 2010. Males represented 51 percent of program participants while 49 percent of the participants countywide were female.

AGE

During fiscal year 2010, 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 2010.

The total number of individuals receiving prevention services in Worcester County was 14,118 in fiscal year 2010.

Figure 93
Gender Distribution FY 2010

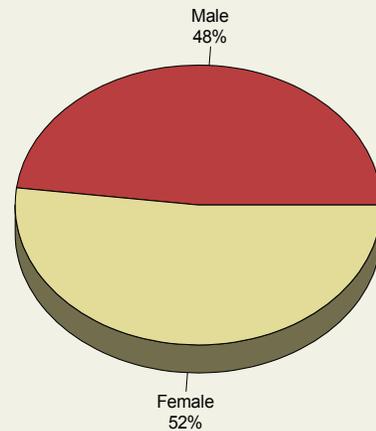


Figure 94
Age Distribution FY 2010

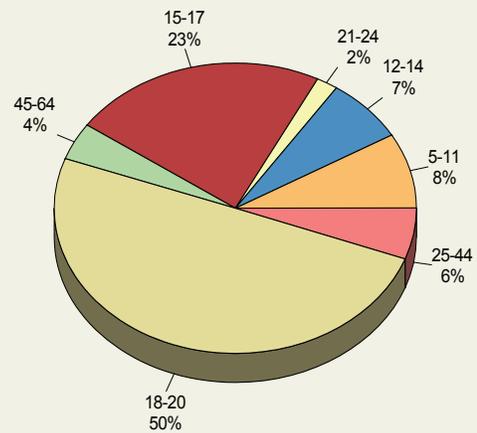
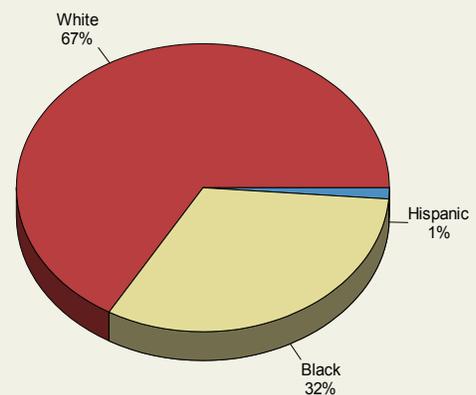


Figure 95
Race Distribution FY 2010



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>

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