

# Maryland Alcohol and Drug Abuse Administration

*Department of Health and Mental Hygiene*



## *PREVENTION PROGRAM ANNUAL REPORT*

**FISCAL YEAR  
2011**

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# Maryland Alcohol and Drug Abuse Administration



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# INTRODUCTION

## ALCOHOL AND DRUG ABUSE ADMINISTRATION

The Maryland 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.

### WHAT IS PREVENTION?

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

Funded programs are developed in cooperation with local jurisdictions and communities and are designed and implemented for all age groups.

There is a special emphasis on implementing programming that incorporates:

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

### PREVENTION NETWORK

In support of this process, 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.

## 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.

# Prevention Services In Maryland

Figure 1  
Total Number Served  
FY 2008-2011

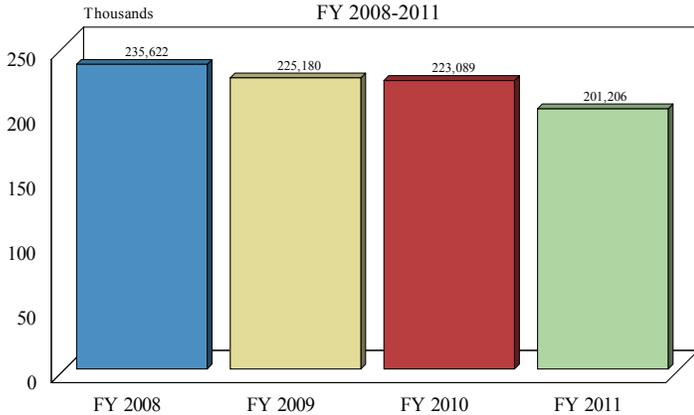


Figure 2  
Program Characteristics  
FY 2011

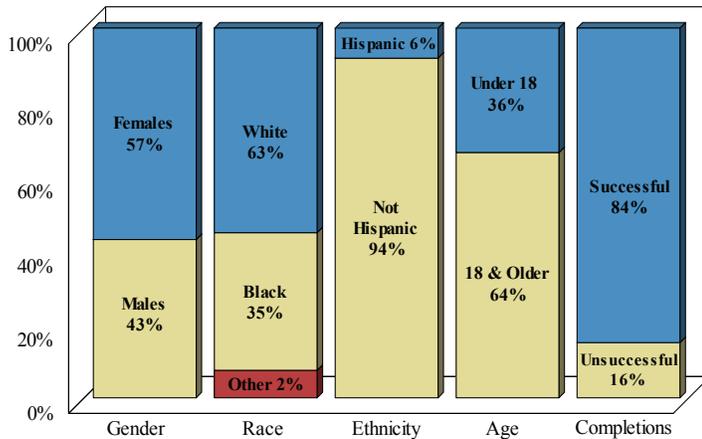
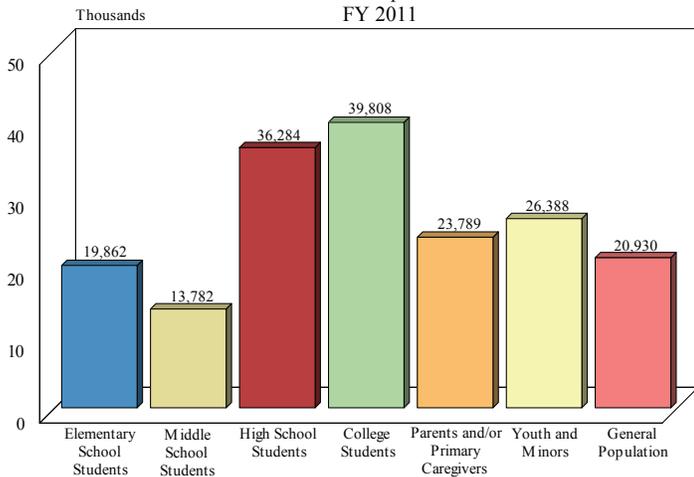


Figure 3  
Service Population  
FY 2011



## NUMBERS SERVED

In fiscal year 2011 over 200,000 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 220,000 individuals served annually through prevention services.

## PROGRAM CHARACTERISTICS

### *Age*

Two thirds of all individuals receiving prevention services in fiscal year 2011 were 18 years of age and older. Figures show about 23 percent were parents or primary caregivers. Programs targeting high risk youth in schools represented 55 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 2011. Caucasians (63%) and African Americans (35%) 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 2011, six percent of the total population served were Hispanic.

### *Program Completions*

Recurring prevention programs showed an overall statewide completion rate of 84% in fiscal year 2011. 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 2011, Maryland offered prevention services to 26 different service populations. The majority of individuals receiving services were parents and school aged children (Figure 3).

# Prevention Services in Maryland

## ADAA PREVENTION PROGRAM DATA

In the State of Maryland, over 201,000 people received prevention services in fiscal year 2011.

### 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.

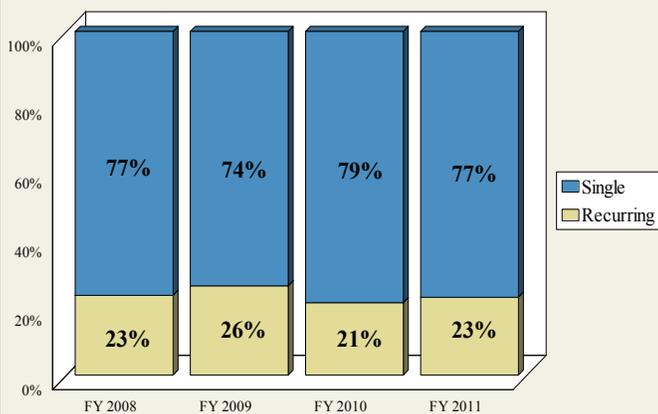
In fiscal year 2011, a total of 362 recurring prevention programs were offered across the state of Maryland. The total number of individuals actively participating in ADAA funded recurring prevention programs was 13,367.

### 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 2011, a total of 1,235 single service prevention services were offered throughout the state of Maryland. The total number of individuals attending single service prevention activities was 187,839.

Figure 4  
Prevention Programs by Program Type  
FY 2008-2011



## SERVICE POPULATION

During fiscal year 2011, Maryland offered prevention services to 26 different service populations. Table 1 shows the service population distribution for fiscal year 2011.

Table 1  
Numbers Served by Service Population  
FY2011

Service Population	Numbers Served
Business and Industry	796
Civic Groups/Coalitions	2828
College Students	39,808
Children of Substance Abusers	328
Delinquent/Violent Youth	8
Economically Disadvantaged People	2106
Elementary School Students	19,862
General Population	20,930
Government/Elected Officials	277
Health Professionals	2525
High School Students	36,284
Homeless/Runaway Youth	115
Law Enforcement/Military	1071
Middle/Junior High School Students	13,782
Older Adults	1498
Parents/Families	23,789
People Using Substances	819
People with Disabilities	270
People with Mental Health Problems	126
Physically/Emotionally Abused People	11
Pregnant Females	173
Preschool Students	2425
Prevention/Treatment Professionals	2273
Religious Groups	330
Teachers/Administrators/Counselors	2384
Youth/Minors	26,388
<b>Total</b>	<b>201,206</b>

# Maryland Prevention Demographics

## STATEWIDE DEMOGRAPHIC PROFILE

All information represented in this report was obtained using CSAP's Minimum Data Set (MDS). MDS data includes demographic data on numbers served, the type of service, target population, group and activity information, dates the service was performed, risk factors and applicable CSAP strategy.

## GENDER

Figure 5 shows the statewide distribution of gender for prevention program participants in fiscal year 2011. 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

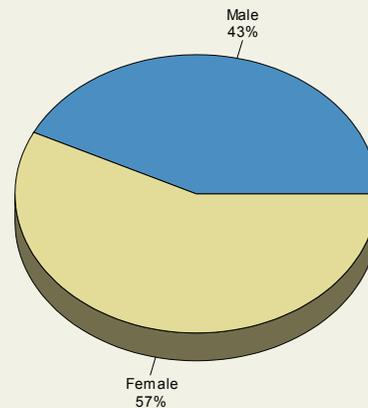
During fiscal year 2011, approximately two-thirds of the prevention program participants (68%) receiving services were adults over 18 years of age. Parents comprised 15 percent of those adults who attended prevention programs in fiscal year 2011. Youth under the age of 18 represented 32 percent of individuals participating in prevention programs. All age categories for prevention programs are shown in Figure 6.

## RACE AND ETHNICITY

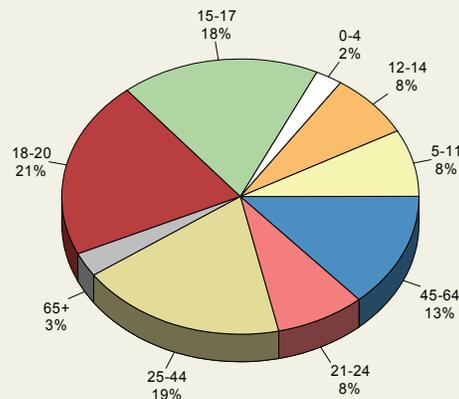
CSAP has defined five racial categories for use by states to provide consistency in reporting MDS data on a national level. For the purposes of this report, ADAA has combined three of the five racial groups into one standard category defined as "Other." The "Other" category includes American Indian, 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 2011 (Figure 7). In addition, Hispanics represented six percent of the participants receiving prevention services in fiscal year 2011.

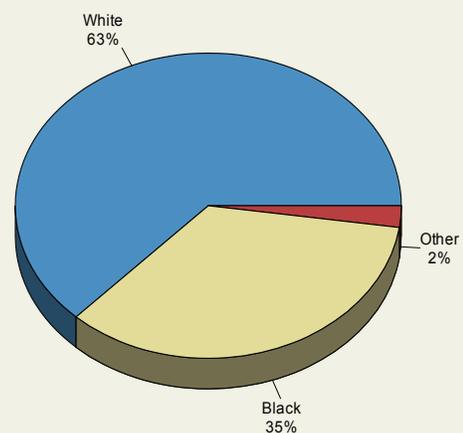
**Figure 5**  
**Gender Distribution FY 2011**



**Figure 6**  
**Age Distribution FY 2011**



**Figure 7**  
**Race Distribution FY 2011**



# Recurring Program Completions

**Table 2**  
**Recurring Program Completions**  
**Fiscal Year 2011**

COUNTY	Total Number of Participants	Total Number of Completions	Percentage Completed
Allegany	162	141	87%
Anne Arundel	629	533	85%
Baltimore City	1084	883	81%
Baltimore	717	603	84%
Calvert	179	149	83%
Caroline	480	407	85%
Carroll	264	219	83%
Cecil	200	190	95%
Charles	318	277	87%
Dorchester	519	439	85%
Frederick	652	534	82%
Garrett	1257	1038	83%
Harford	246	205	83%
Howard	30	26	87%
Kent	826	721	87%
Montgomery	174	148	85%
Prince George's	1859	1582	85%
Queen Anne's	1407	1191	85%
St. Mary's	545	454	83%
Somerset	71	59	83%
Talbot	612	518	85%
Washington	223	192	86%
Wicomico	506	422	83%
Worcester	162	135	83%
Bowie St.	208	169	81%
Frostburg	0	0	0%
Towson	0	0	0%
U.M.E.S	37	28	76%
<b>Total</b>	<b>13,367</b>	<b>11,263</b>	<b>84%</b>

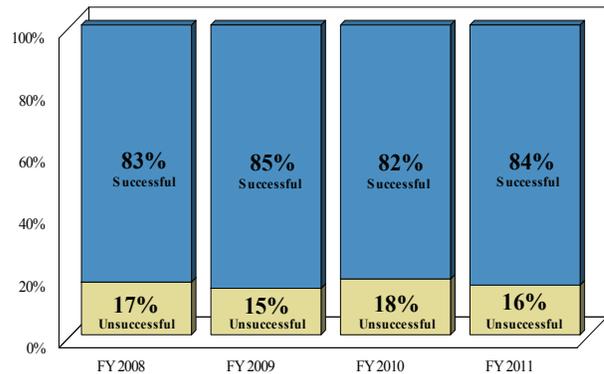
## PROGRAM COMPLETION

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 84 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 8**  
**Completion Percentages**  
**FY 2008-2011**



The average Statewide completion rate for fiscal year 2011 was 84%.



# 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 3**  
**CSAP Strategies and Number of Participants Served**  
**Fiscal Year 2011**

County	Alternatives	Community Based Process	Education	Environmental	Information Dissemination	Problem ID And Referral	Total
Allegany	388	246	162	64	2061	0	2921
Anne Arundel	158	409	629	0	1071	56	2323
Baltimore City	200	0	1084	53	10,485	403	12,225
Baltimore	7869	0	670	47	9833	0	18,419
Calvert	426	1141	179	0	5860	101	7707
Caroline	593	600	480	15	1795	0	3483
Carroll	392	3731	369	34	17,488	51	22,065
Cecil	0	80	200	30	3675	0	3985
Charles	2673	0	318	0	462	0	3453
Dorchester	279	476	346	314	2011	0	3426
Frederick	0	207	1085	0	2030	13	3335
Garrett	4791	4631	710	2	76	0	10,210
Harford	3382	367	87	771	11,263	0	15,870
Howard	26	0	30	0	2486	0	2542
Kent	44	132	826	319	321	0	1642
Montgomery	0	39	174	3	3061	0	3277
Prince George's	99	179	1651	0	5772	0	7701
Queen Anne's	2225	1770	0	223	2868	0	7086
St. Mary's	1070	407	465	0	6679	0	8621
Somerset	0	0	71	108	121	0	300
Talbot	14	348	93	370	2400	9	3234
Washington	0	119	223	0	723	226	1291
Wicomico	19	1256	506	6	285	0	2072
Worcester	12,728	18	162	0	2168	0	15,076
Bowie St.	0	0	2626	0	0	0	2626
Frostburg	4100	2785	3589	0	4247	0	14,721
Towson	0	0	0	20,448	0	0	20,448
U.M.E.S.	762	37	0	106	232	10	1147
<b>TOTAL</b>	<b>42,238</b>	<b>18,978</b>	<b>16,735</b>	<b>22,913</b>	<b>99,473</b>	<b>869</b>	<b>201,206</b>
<b>PERCENTAGE</b>	<b>21%</b>	<b>10%</b>	<b>8%</b>	<b>11%</b>	<b>50%</b>	<b>&lt;1%</b>	<b>100%</b>

# High Risk Preschool Initiative

The ADAA continues to fund and support an initiative to focus on ATOD High Risk Preschool children and their families. ADAA's High Risk Preschool Initiative 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 2011 (Figures 10-15).

Figure 9  
Baltimore Co. Preschool Program Characteristics

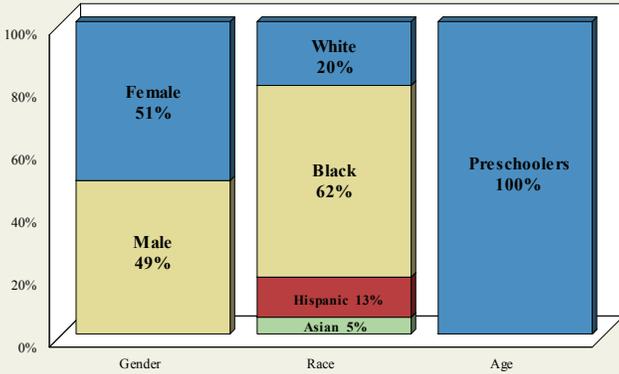


Figure 12  
Montgomery Co. Preschool Program Characteristics

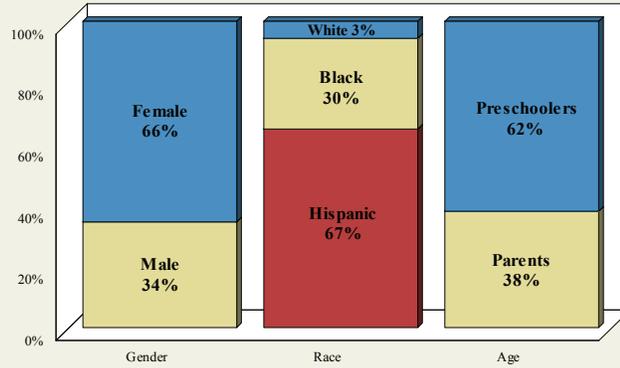


Figure 10  
Frederick Co. Preschool Program Characteristics

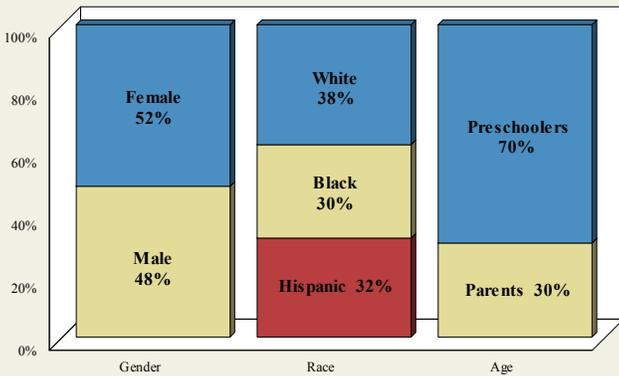


Figure 13  
Washington Co. Preschool Program Characteristics

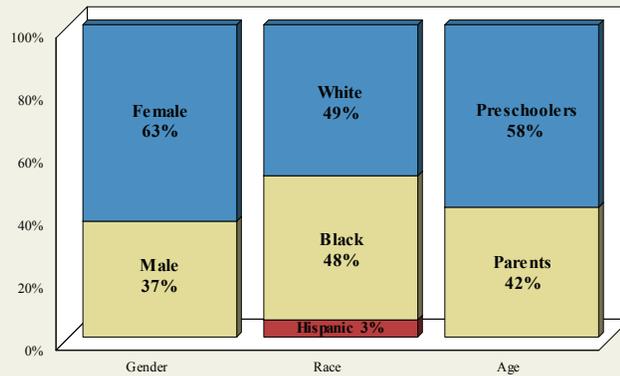


Figure 11  
Garrett Co. Preschool Program Characteristics

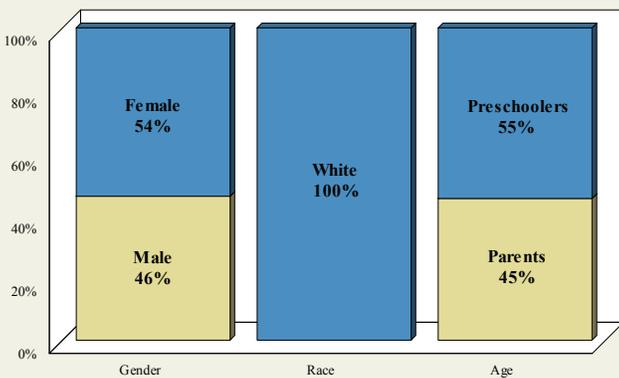
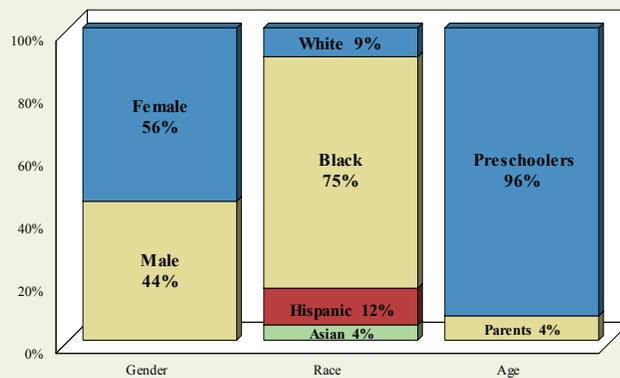


Figure 14  
Wicomico Co. Preschool Program Characteristics

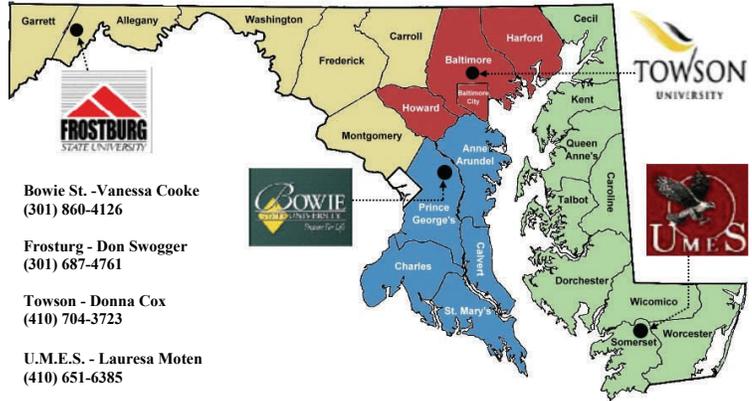


# College Prevention Centers

## 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 2011, the college centers provided prevention services to 38,942 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 2011.



## INDIVIDUALS SERVED BY COLLEGE PREVENTION CENTERS FISCAL YEAR 2011

Figure 15  
Gender Distribution

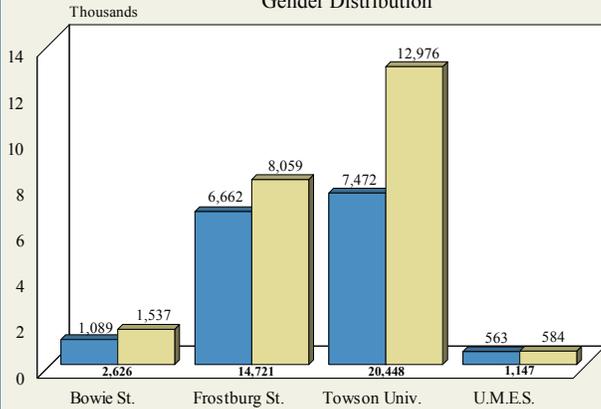


Figure 16  
Race Distribution

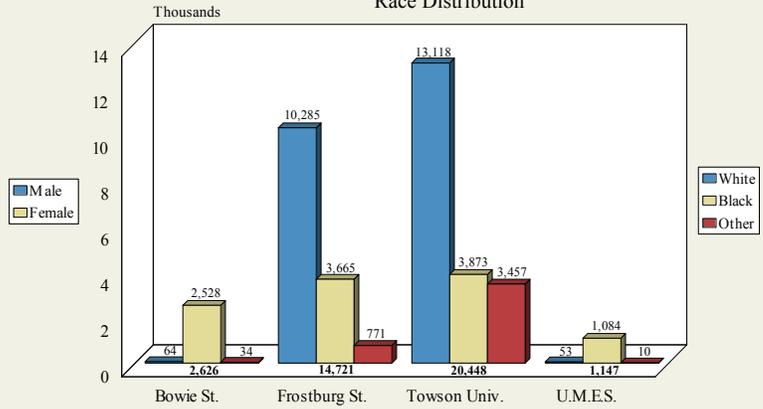


Figure 17  
Statewide Gender Distribution

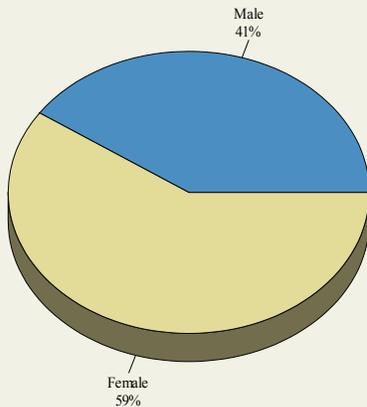
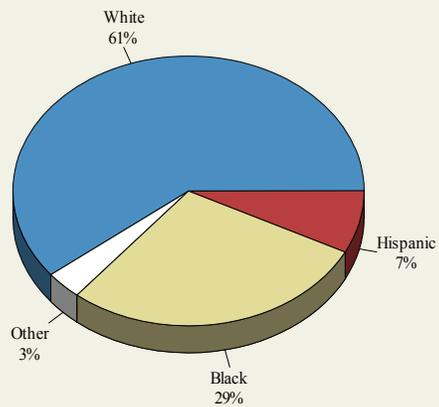


Figure 18  
Statewide Race Distribution



# CSAP Evidence-Based Programs

**Table 4**  
**Numbers Served By CSAP Model Program**  
**Fiscal Year 2011**

Evidence-based Program	Number of Programs	Numbers Served
All Stars	5	1097
Creating Lasting Family Connections (CLFC)	2	180
Communities Mobilizing for Change on Alcohol (CMCA)	9	7430
Dare To Be You (DTBY)	8	733
Guiding Good Choices (GGC)	9	811
Life Skills Training (LST)	4	984
Positive Action	1	46
Project Alert	1	136
Second Step	9	2873
Strengthening Families Program (SFP)	4	650
<b>Total</b>	<b>52</b>	<b>14,940</b>

## 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

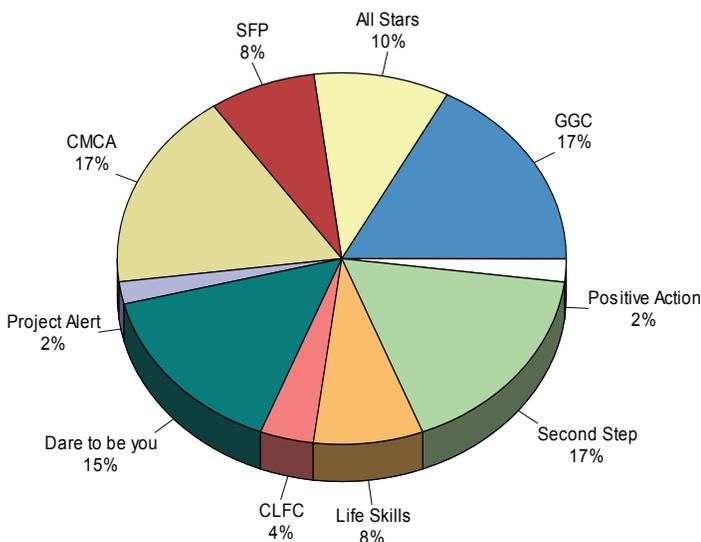
NREPP does not offer a single, authoritative definition of evidence-based practice. SAMHSA expects that people who use this system will come with their own perspectives and contexts for understanding the information that NREPP offers. By providing a range of objective information about the research that 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 4 shows the number of individuals served by model program for fiscal year 2011. Figure 19 shows model program distribution for fiscal year 2011.

**Figure 19**  
**Evidence-based Program Distribution**  
**FY 2011**



# Institute of Medicine (IOM) Category

**Table 5**  
**Numbers Served By Intervention Type (IOM Category)**  
**Fiscal Year 2011**

County	Universal	Selected	Indicated	Total
Allegany	2305	457	159	2921
Anne Arundel	1436	887	0	2323
Baltimore City	10,237	1988	0	12,225
Baltimore	17,591	819	9	18,419
Calvert	7707	0	0	7707
Caroline	256	3227	0	3483
Carroll	20,963	951	151	22,065
Cecil	3985	0	0	3985
Charles	3453	0	0	3453
Dorchester	3408	18	0	3426
Frederick	2866	412	57	3335
Garrett	10,106	7	97	10,210
Harford	10,836	5034	0	15,870
Howard	2542	0	0	2542
Kent	1240	197	205	1642
Montgomery	3277	0	0	3277
Prince George's	2502	5191	8	7701
Queen Anne's	7045	41	0	7086
St. Mary's	8505	116	0	8621
Somerset	179	121	0	300
Talbot	3150	31	53	3234
Washington	963	133	195	1291
Wicomico	1566	487	19	2072
Worcester	15,076	0	0	15,076
Bowie St.	1014	1612	0	2626
Frostburg	14,721	0	0	14,721
Towson	20,448	0	0	20,448
U.M.E.S.	775	362	10	1147
<b>Total</b>	<b>178,152</b>	<b>22,091</b>	<b>963</b>	<b>201,206</b>
<b>Percentage</b>	<b>89%</b>	<b>11%</b>	<b>&lt;1%</b>	<b>100%</b>

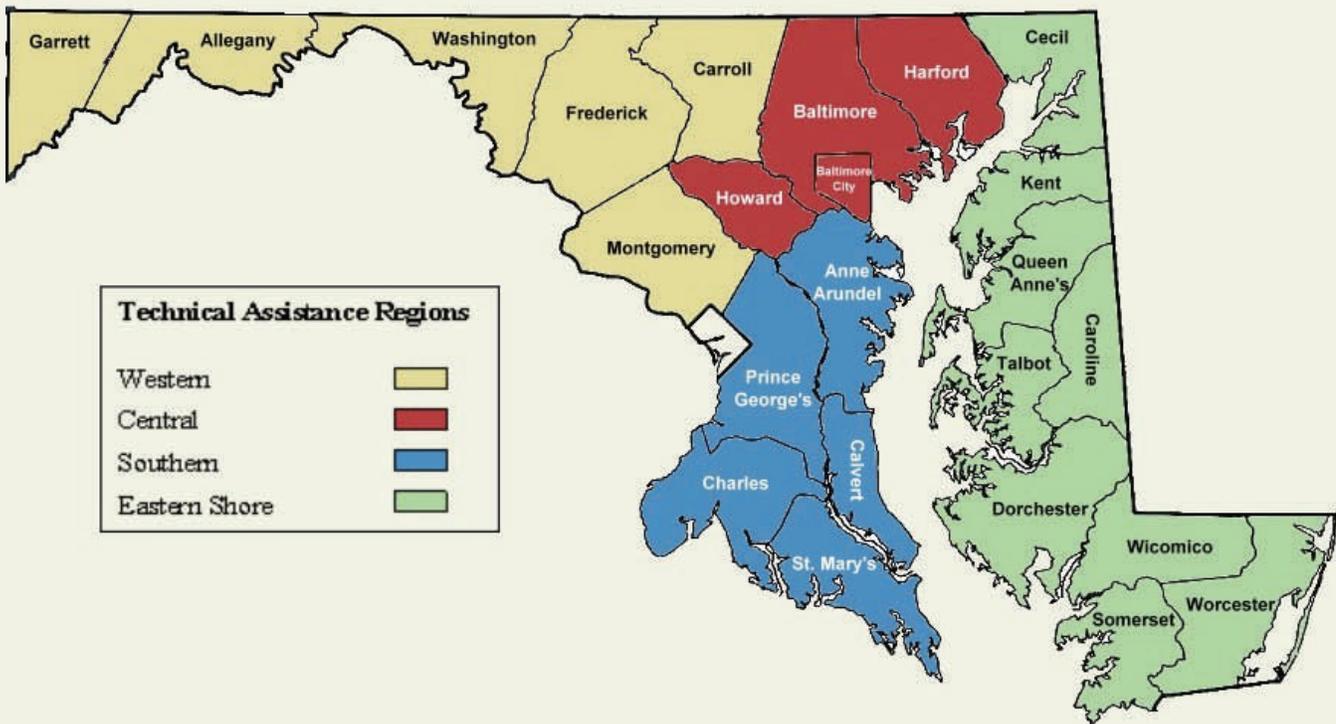
## IOM CATEGORY DEFINITIONS

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

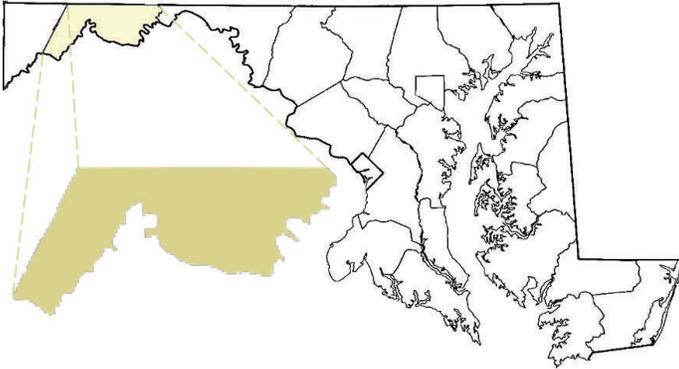
**Selected** - Selected prevention strategies target subsets of the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment--for example, children of adult alcoholics, drop-outs, or students who are failing academically. Selective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

## DEMOGRAPHICS

### GENDER

Figure 20 shows the countywide distribution of prevention programs for gender. Females represented 60 percent of program participants while 40 percent of the participants countywide were male.

### AGE

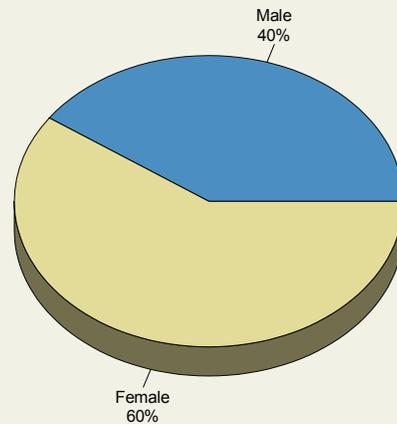
During fiscal year 2011, 36 percent of all those participating in prevention programs were parents or primary caregivers. School-aged children represented 24 percent of the total served. Figure 21 shows the overall county distribution for age.

### RACE AND ETHNICITY

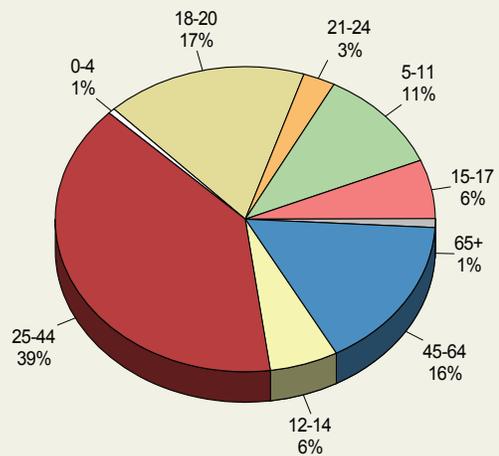
Caucasians accounted for 83 percent of the racial distribution receiving prevention services while African Americans comprised 7 percent. Figure 22 shows the overall county distribution for Race/Ethnicity.

- The total number of individuals receiving prevention services through the Allegany County prevention office was 2,921 in fiscal year 2011.
- The ATOD Center at Frostburg State University served 14,721 individuals in fiscal year 2011.

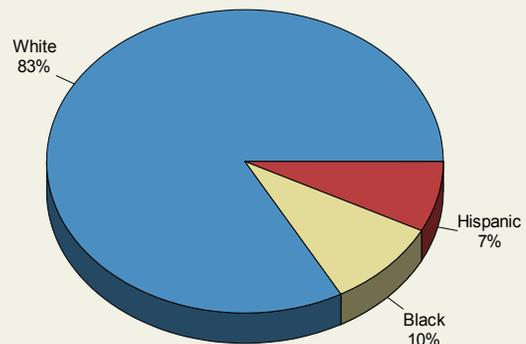
**Figure 20**  
**Gender Distribution FY 2011**



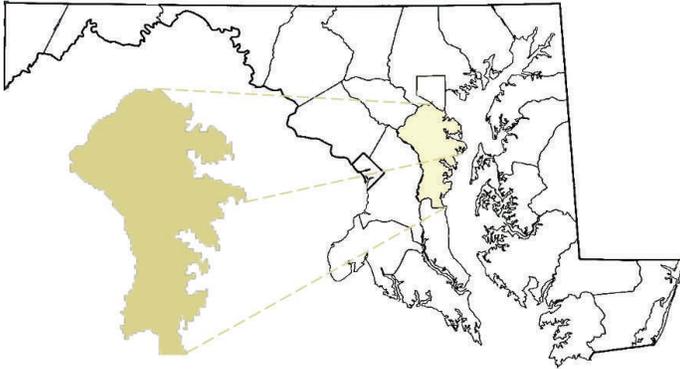
**Figure 21**  
**Age Distribution FY 2011**



**Figure 22**  
**Race Distribution FY 2011**



# ANNE ARUNDEL COUNTY



**Prevention Coordinator**  
 Heather Eshleman  
 (410) 222-6724

## SAMHSA MODEL PROGRAMS

- ▶ Second Step
- ▶ Strengthening Families

## DEMOGRAPHICS

### GENDER

Figure 23 shows the countywide distribution of prevention programs for gender in fiscal year 2011. Females represented 57 percent of program participants while 43 percent of the participants countywide were male.

### AGE

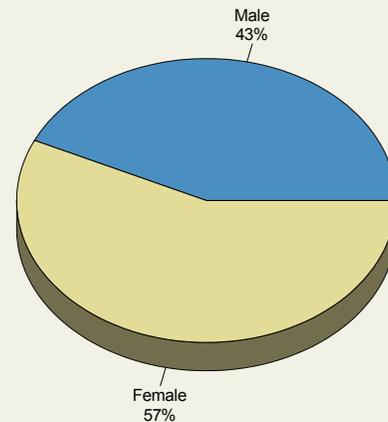
During fiscal year 2011, 61 percent of all those participating in prevention programs were adolescents. Sixteen percent of Anne Arundel County residents receiving services were parents or primary care givers. Figure 24 shows the overall county distribution for age.

### RACE AND ETHNICITY

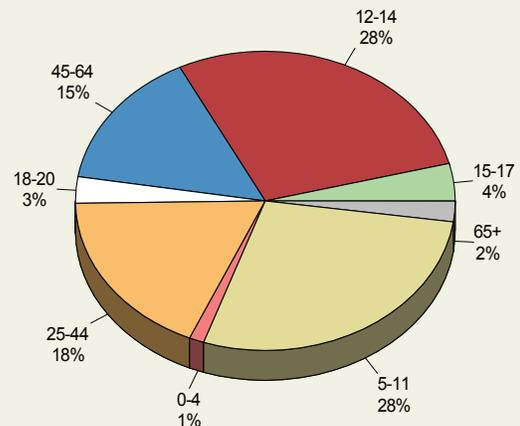
Caucasians (64%) and African Americans (32%) accounted for 98 percent of the racial distribution receiving prevention services in Anne Arundel County during fiscal year 2011 (Figure 25). Hispanics comprised 4 percent of the remaining distribution.

**The total number of individuals receiving prevention services in Anne Arundel County was 2,323 in fiscal year 2011.**

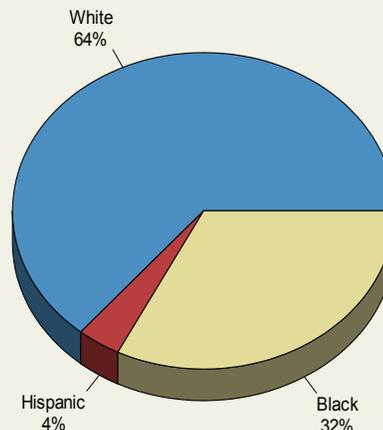
**Figure 23**  
**Gender Distribution FY 2011**



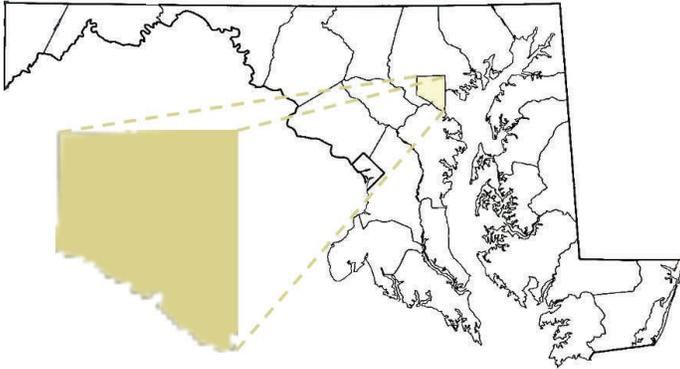
**Figure 24**  
**Age Distribution FY 2011**



**Figure 25**  
**Race Distribution FY 2011**



# BALTIMORE CITY



**Prevention Coordinator**  
 Rita Mattison  
 (410) 637-1900

## SAMHSA MODEL PROGRAMS

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

## DEMOGRAPHICS

### GENDER

Figure 26 shows the countywide distribution of prevention programs for gender in fiscal year 2011. Females represented 59 percent of program participants while 41 percent of the participants countywide were male.

### AGE

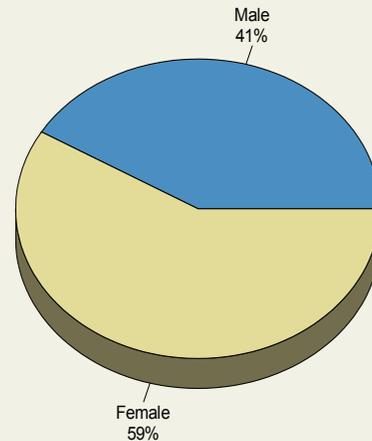
During fiscal year 2011, approximately 52 percent of all individuals participating in prevention programs were adolescents. Parents or primary care givers represented 23 percent of the distribution in Baltimore City. Figure 27 shows the overall county distribution for age.

### RACE AND ETHNICITY

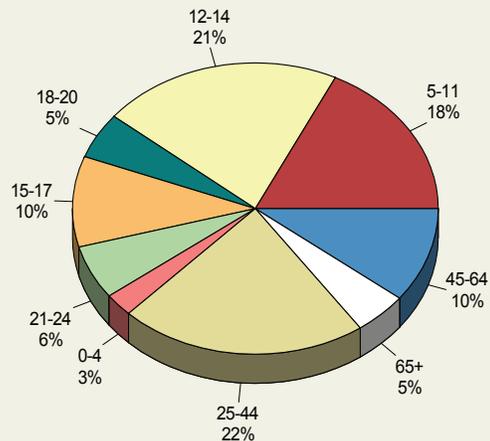
As shown in Figure 28, African Americans accounted for 76 percent of the racial distribution receiving prevention services in Baltimore City while Caucasians comprised 16 percent during fiscal year 2011. Hispanics (8%) accounted for the remainder of the distribution.

**The total number of individuals receiving prevention services in Baltimore City was 12,225 in fiscal year 2011.**

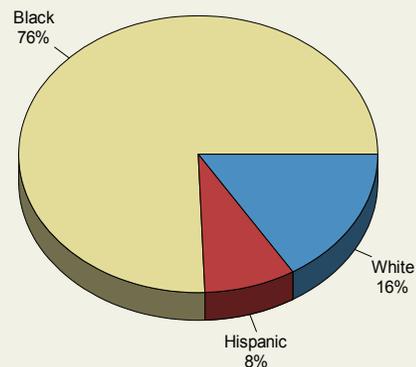
**Figure 26**  
**Gender Distribution FY 2011**



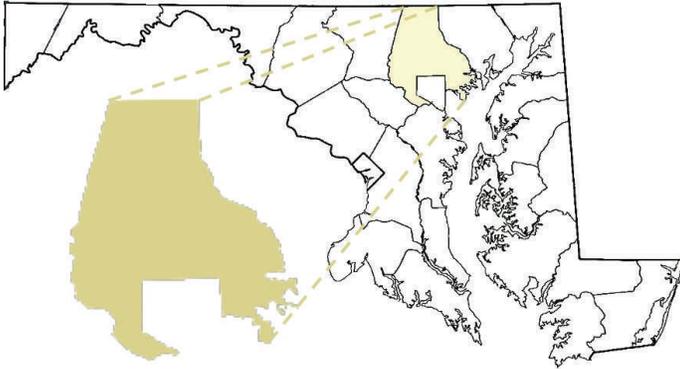
**Figure 27**  
**Age Distribution FY 2011**



**Figure 28**  
**Race Distribution FY 2011**



# BALTIMORE COUNTY



**Prevention Coordinator**  
Joyce Weddington  
(410) 887-3828

**College Coordinator**  
Donna Cox  
(410) 704-4214

## SAMHSA MODEL PROGRAMS

- ▶ All Stars
- ▶ CMCA
- ▶ Second Step

## DEMOGRAPHICS

### GENDER

Figure 29 shows the countywide distribution of prevention programs for gender in fiscal year 2011. Females represented 59 percent of program participants while 41 percent of the participants countywide were male.

### AGE

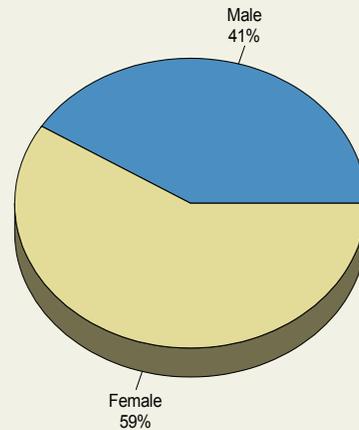
Figure 30 shows the overall county distribution for age during fiscal year 2011. Adolescents accounted for 49 percent of those served. Parents represented 24% percent of individuals receiving services in Baltimore County.

### RACE AND ETHNICITY

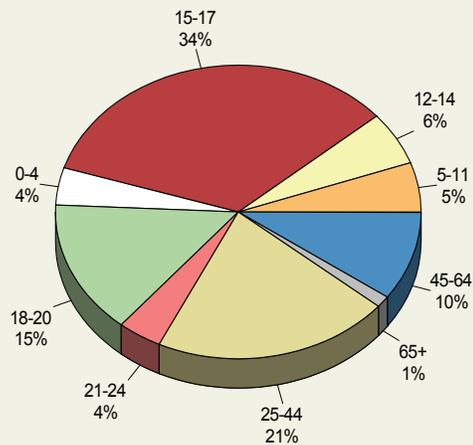
During fiscal year 2011, Caucasians accounted for 48 percent of the racial distribution while African Americans comprised 41 percent in Baltimore County (Figure 31). Asian (6%) and Hispanics (5%) accounted the remaining 9 percent of the distribution.

- The total number of individuals receiving prevention services through the Baltimore County prevention office was 18,419 in fiscal year 2011.
- The ATOD Center at Towson University served 20,448 individuals in fiscal year 2011.

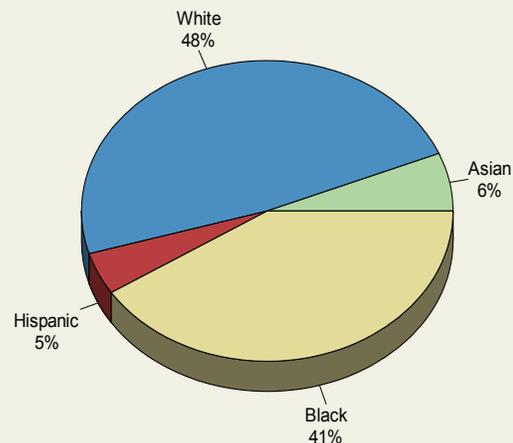
**Figure 29**  
**Gender Distribution FY 2011**



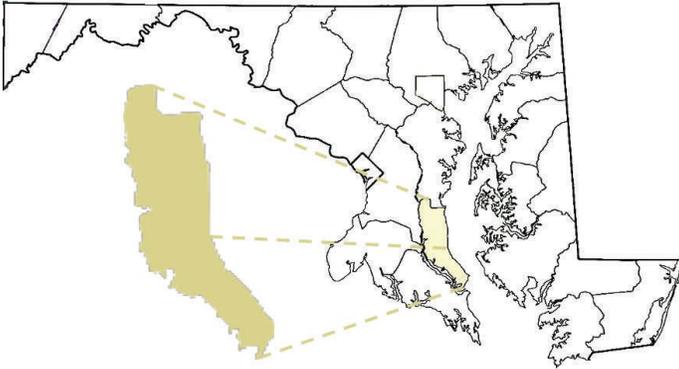
**Figure 30**  
**Age Distribution FY 2011**



**Figure 31**  
**Race Distribution FY 2011**



# CALVERT COUNTY



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

## SAMHSA MODEL PROGRAMS

► Guiding Good Choices

## DEMOGRAPHICS

### GENDER

Figure 32 shows the countywide distribution of prevention programs for gender in fiscal year 2011. Females represented 55 percent of program participants while 45 percent of the participants countywide were male.

### AGE

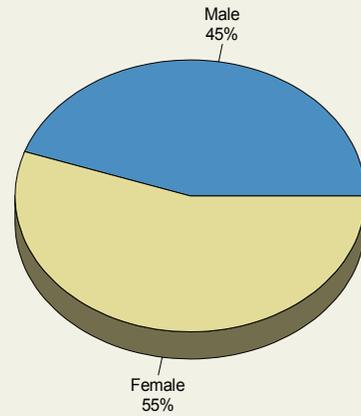
During fiscal year 2011, more than one-third (41%) of all individuals participating in prevention programs were adolescents. Parents or primary care givers represent the next highest distribution at 21 percent for all Calvert County programs. Figure 33 shows the overall county distribution for age.

### RACE AND ETHNICITY

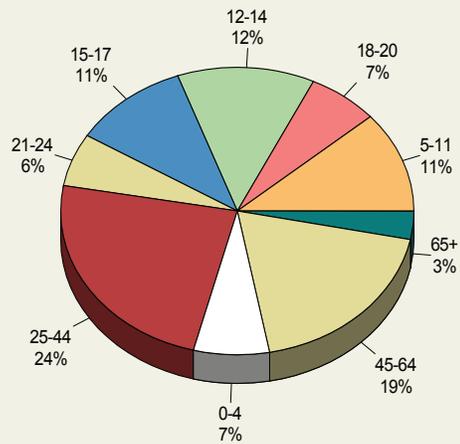
Caucasians comprised 50 percent of the racial distribution while African American accounted for 35 percent. Hispanics (8%) and Asians (7%) accounted for the remaining 15 percent of the distribution during fiscal year 2011 (Figure 34).

**The total number of individuals receiving prevention services in Calvert County was 7,707 in fiscal year 2011.**

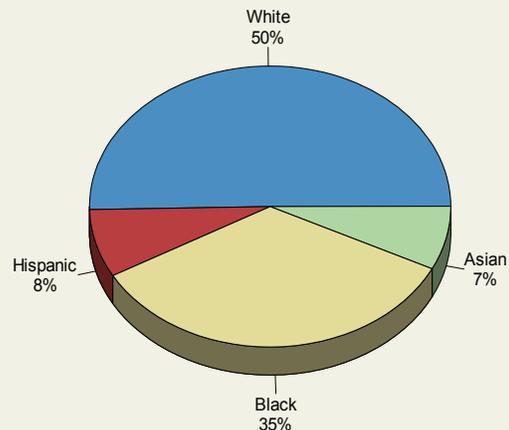
**Figure 32**  
**Gender Distribution FY 2011**



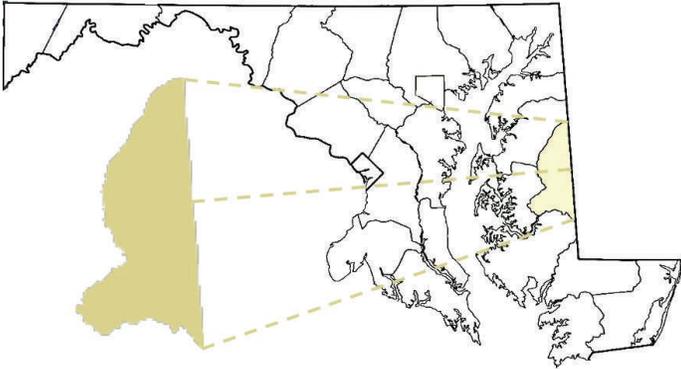
**Figure 33**  
**Age Distribution FY 2011**



**Figure 34**  
**Race Distribution FY 2011**



# CAROLINE COUNTY



**Prevention Coordinator**  
Karen Bishop  
(410) 479-3501

## SAMHSA MODEL PROGRAMS

- ▶ Communities Mobilizing for Change on Alcohol

## DEMOGRAPHICS

### GENDER

Figure 35 shows the countywide distribution of prevention programs for gender in fiscal year 2011. Females represented 55 percent of program participants while 45 percent of the participants countywide were male.

### AGE

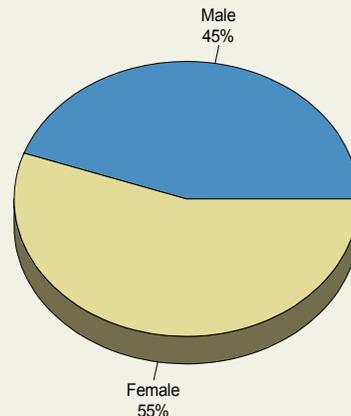
During fiscal year 2011, approximately three-quarters (71%) of all those participating in prevention programs were adolescents. Parents and primary caregivers represented 8 percent of individuals participating in prevention programs in Caroline County. Figure 36 shows the overall county distribution for age.

### RACE AND ETHNICITY

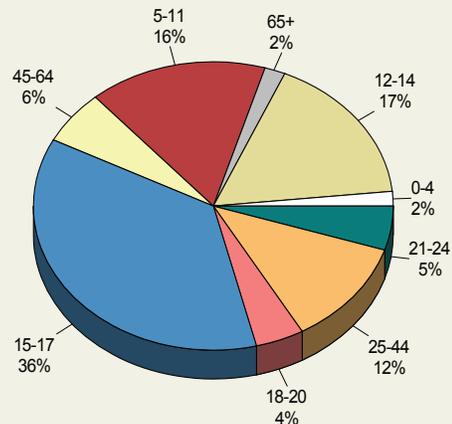
Caucasians accounted for 62 percent of the racial distribution receiving prevention services while African Americans comprised 30 percent during fiscal year 2011 (Figure 37). Hispanics account for the remaining eight percent of the overall racial distribution.

**The total number of individuals receiving prevention services in Caroline County was 3,483 in fiscal year 2011.**

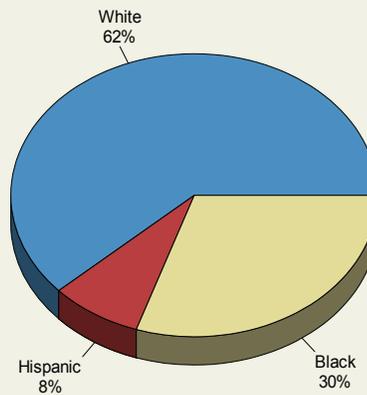
**Figure 35**  
**Gender Distribution FY 2011**



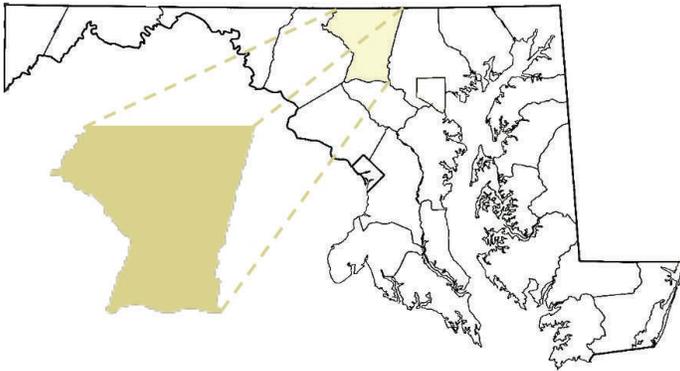
**Figure 36**  
**Age Distribution FY 2011**



**Figure 37**  
**Gender Distribution FY 2011**



# CARROLL COUNTY



**Prevention Coordinator**  
Linda Auerback  
(410) 876-4800 ext.728

## SAMHSA MODEL PROGRAMS

- ▶ Guiding Good Choices

### DEMOGRAPHICS

#### GENDER

Figure 38 shows the countywide distribution of prevention programs for gender in fiscal year 2011. Females represented 56 percent of program participants while 44 percent of the participants countywide were male.

#### AGE

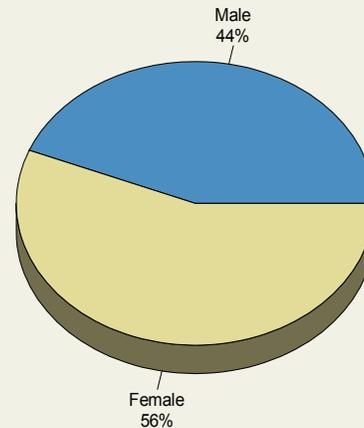
During fiscal year 2011, approximately one-quarter (23%) of all those participating in prevention programs were adolescents. Parents and primary caregivers represented 53 percent of individuals attending prevention programs in Carroll County. Figure 39 shows the overall county distribution for age.

#### RACE AND ETHNICITY

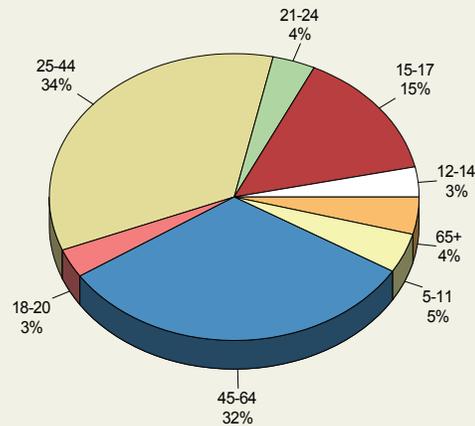
Caucasians accounted for 93 percent of the racial distribution receiving prevention services in Carroll County. African Americans (5%) and Hispanics (2%) represented the remaining seven percent of the racial distribution. Figure 40 shows the overall county distribution for Race/Ethnicity.

**The total number of individuals receiving prevention services in Carroll County was 22,065 in fiscal year 2011.**

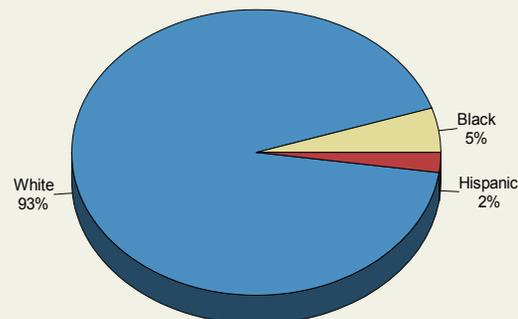
**Figure 38**  
**Gender Distribution FY 2011**



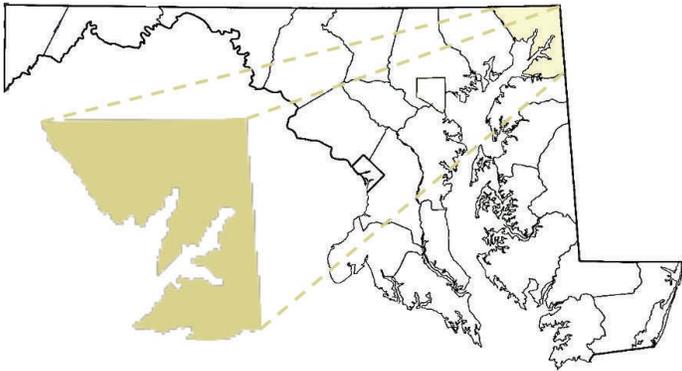
**Figure 39**  
**Age Distribution FY 2011**



**Figure 40**  
**Race Distribution FY 2011**



# CECIL COUNTY



**Prevention Coordinator**  
 Ruby Simon  
 (410) 996-5168

## SAMHSA MODEL PROGRAMS

- ▶ Life Skills Training

## DEMOGRAPHICS

### GENDER

Figure 41 shows the countywide distribution of prevention programs for gender in fiscal year 2011. Females represented 58 percent of program participants while 42 percent of the participants countywide were male.

### AGE

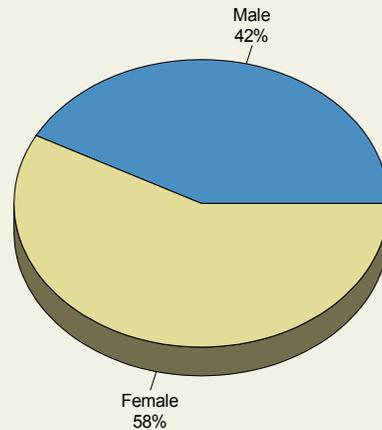
During fiscal year 2011, 32 percent of all those participating in prevention programs were parents or primary caregivers. Adolescents represented 29 percent of those receiving prevention services in Cecil County. Figure 42 shows the overall county distribution for age.

### RACE AND ETHNICITY

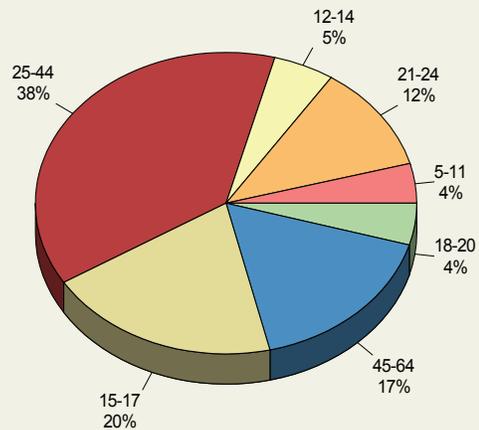
As shown in Figure 43, Caucasians (74%) and African Americans (25%) accounted for the majority of the racial distribution in Cecil County. Hispanics (1%) represented the remaining distribution in fiscal year 2011.

**The total number of individuals receiving prevention services in Cecil County was 3,985 in fiscal year 2011.**

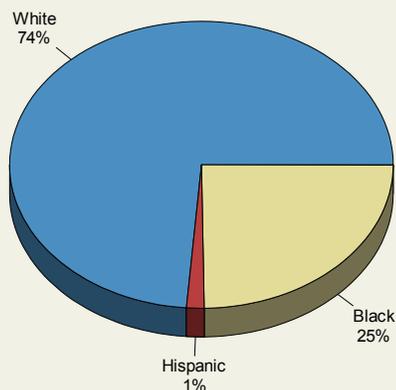
**Figure 41**  
**Gender Distribution FY 2011**



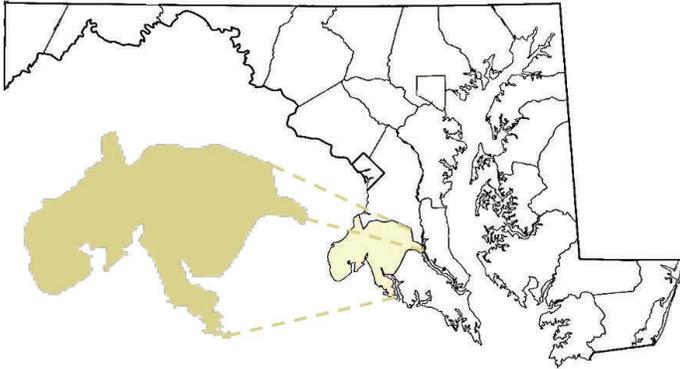
**Figure 42**  
**Age Distribution FY 2011**



**Figure 43**  
**Race Distribution FY 2011**



# CHARLES COUNTY



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

## SAMHSA MODEL PROGRAMS

► Second Step

### DEMOGRAPHICS

#### GENDER

Figure 44 shows the countywide distribution of prevention programs for gender in fiscal year 2011. There was an equal distribution of males (50%) and females (50) in fiscal year 2011.

#### AGE

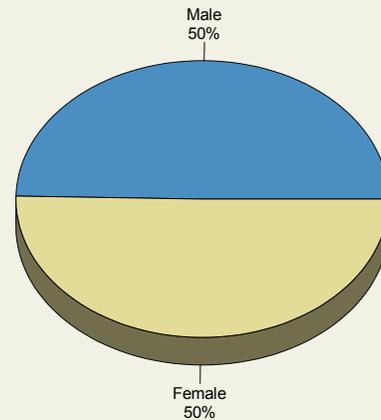
During fiscal year 2011, approximately one-half (44%) of all those participating in prevention programs were adolescents. Parents and primary care givers represented 8 percent of the age distribution for fiscal year 2011. Figure 45 shows the overall county distribution for age.

#### RACE AND ETHNICITY

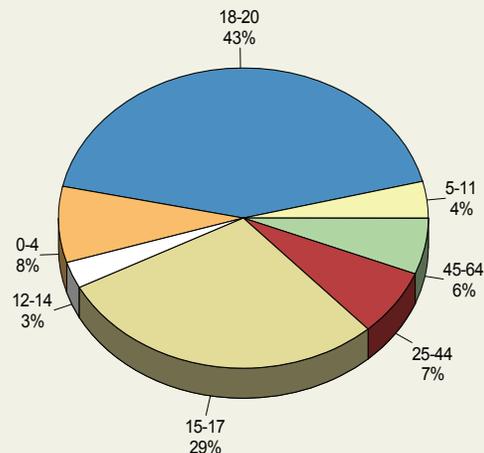
African Americans accounted for 49 percent of the racial distribution receiving prevention services in Charles County while Caucasians comprised 45 percent during fiscal year 2011 (Figure 46). Hispanics accounted for six percent (6%) of the remaining distribution.

**The total number of individuals receiving prevention services in Charles County was 3,453 in fiscal year 2011.**

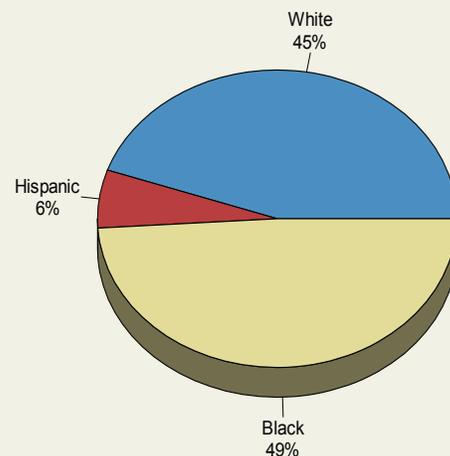
**Figure 44**  
**Gender Distribution FY 2011**



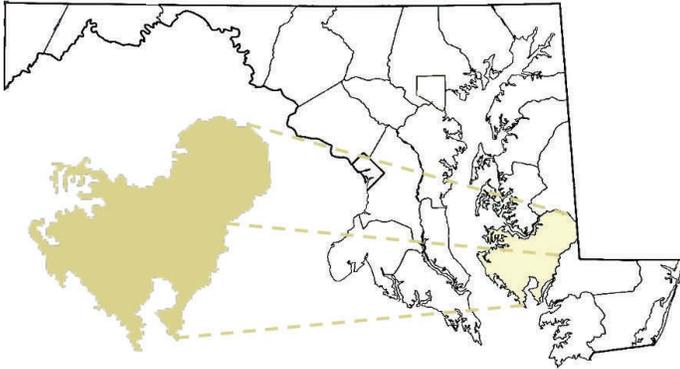
**Figure 45**  
**Age Distribution FY 2011**



**Figure 46**  
**Race Distribution FY 2011**



# DORCHESTER COUNTY



**Prevention Coordinator**  
 Ervina Johnson  
 (410) 901-3224

## SAMHSA MODEL PROGRAMS

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

## DEMOGRAPHICS

### GENDER

Figure 47 shows the gender distribution of prevention programs for fiscal year 2011. Females represented 55 percent of program participants while 45 percent of the participants countywide were male.

### AGE

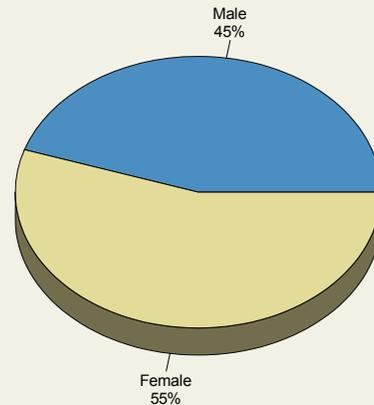
During fiscal year 2011, more than one-third (41%) of those receiving prevention services in Dorchester County were adolescents. Parents or primary care givers accounted for 27 percent of the distribution. Figure 48 shows the overall county distribution for age.

### RACE AND ETHNICITY

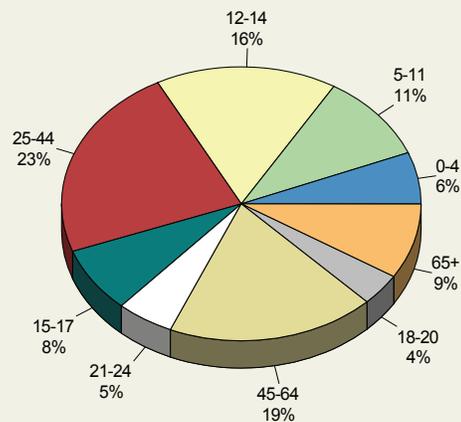
As shown in Figure 49, African Americans accounted for 59 percent of the racial distribution receiving prevention services in Dorchester County. Caucasians (39%) and Hispanics (2%) comprised the remaining racial distribution during fiscal year 2011.

**The total number of individuals receiving prevention services in Dorchester County was 3,426 in fiscal year 2011.**

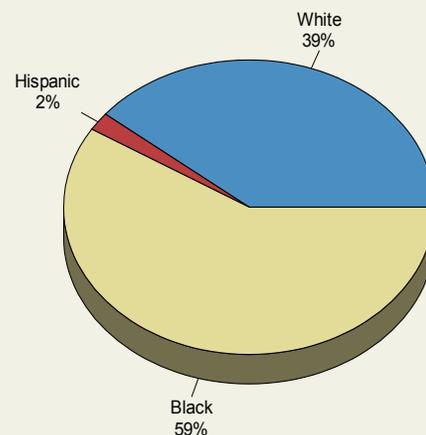
**Figure 47**  
**Gender Distribution FY 2011**



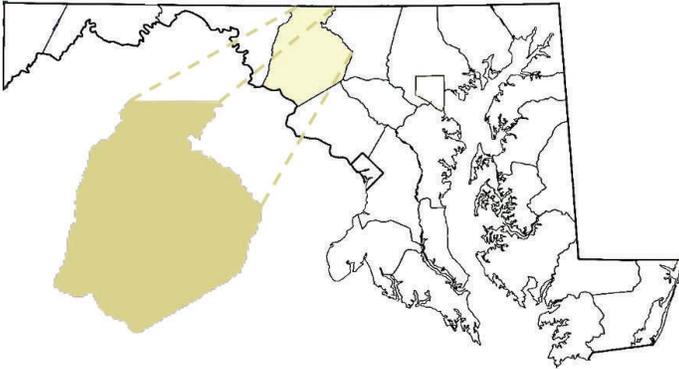
**Figure 48**  
**Age Distribution FY 2011**



**Figure 49**  
**Race Distribution FY 2011**



# FREDERICK COUNTY



**Prevention Coordinator**  
 Todd Crum  
 (301) 600-3285

## SAMHSA MODEL PROGRAMS

- ▶ Guiding Good Choices
- ▶ Second Step

## DEMOGRAPHICS

### GENDER

Figure 50 shows the countywide distribution of prevention programs for gender in fiscal year 2011. Females represented 55 percent of program participants while 45 percent of the participants countywide were male.

### AGE

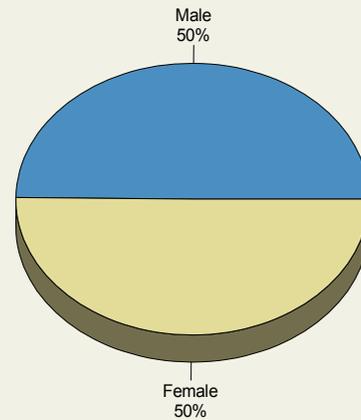
Approximately one-third (35%) of all individuals served in Frederick County were adolescents. Parents represented 39 percent of the population receiving services. (Figure 51).

### RACE AND ETHNICITY

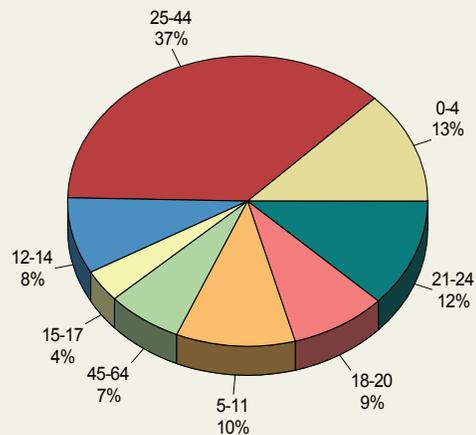
As shown in Figure 52, Caucasians accounted for 55 percent of the racial distribution while African Americans comprised 26 percent during fiscal year 2011. Hispanics (15%) and Asians (4%) accounted for the remaining 19 percent of the overall racial distribution.

**The total number of individuals receiving prevention services in Frederick County was 3,335 in fiscal year 2011.**

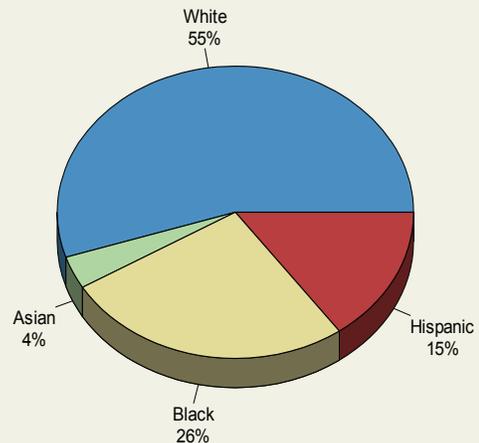
**Figure 50**  
**Gender Distribution FY 2011**



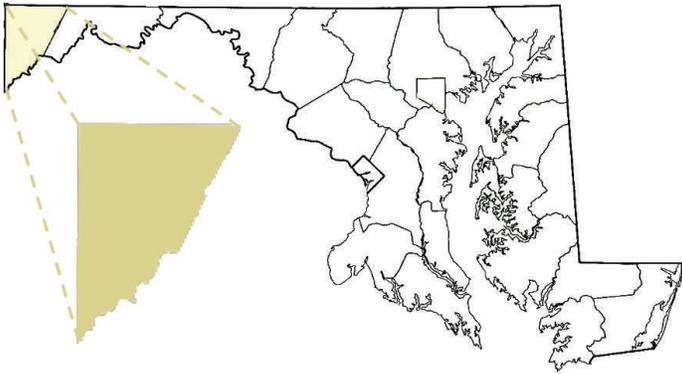
**Figure 51**  
**Age Distribution FY 2011**



**Figure 52**  
**Race Distribution FY 2011**



# GARRETT COUNTY



**Prevention Coordinator**  
Sandy Miller  
(301) 334-7730

## SAMHSA MODEL PROGRAMS

- ▶ Dare to be you
- ▶ Second Step

## DEMOGRAPHICS

### GENDER

Figure 53 shows the countywide distribution of prevention programs for gender in fiscal year 2011. Females represented 57 percent of program participants while 43 percent of the participants countywide were male.

### AGE

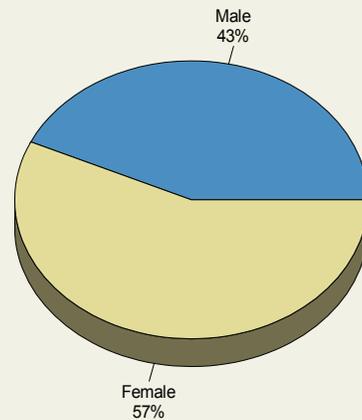
During fiscal year 2011, adolescents accounted for 62 percent of those individuals receiving prevention services in Garrett County. Approximately one-quarter (22%) of all those participating in prevention programs were parents or primary care givers. Figure 54 shows the overall county distribution for age.

### RACE AND ETHNICITY

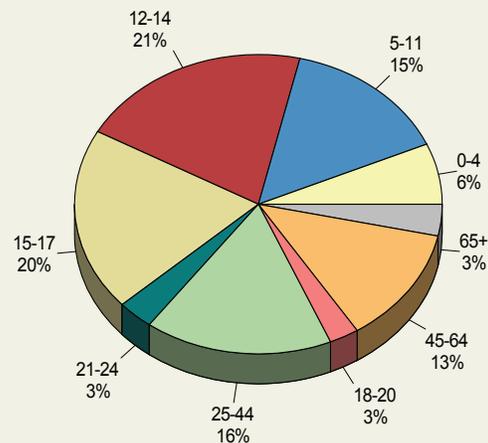
As shown in Figure 55, Caucasians accounted for 100 percent of the racial distribution receiving prevention services in Garrett County during fiscal year 2011.

**The total number of individuals receiving prevention services in Garrett County was 10,210 in fiscal year 2011.**

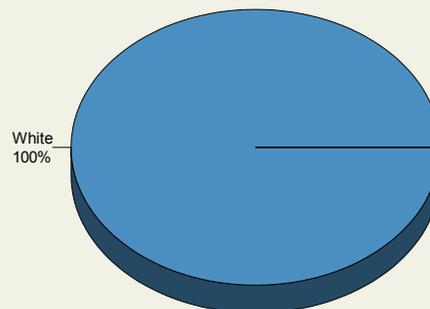
**Figure 53**  
**Gender Distribution FY 2011**



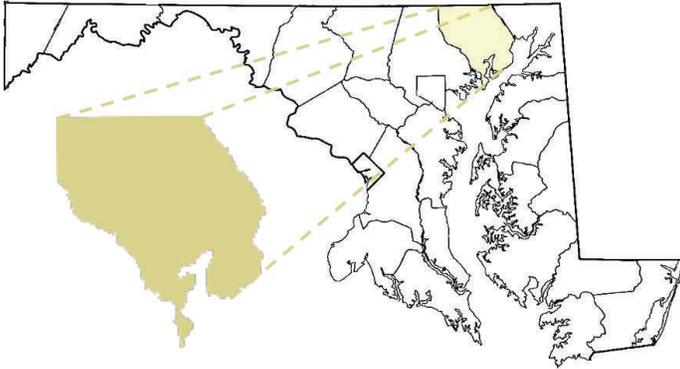
**Figure 54**  
**Age Distribution FY 2011**



**Figure 55**  
**Race Distribution FY 2011**



# HARFORD COUNTY



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

## SAMHSA MODEL PROGRAMS

► All Stars

## DEMOGRAPHICS

### GENDER

Figure 56 shows the countywide distribution of prevention programs for gender in fiscal year 2011. Females represented 52 percent of program participants while 48 percent of the participants countywide were male.

### AGE

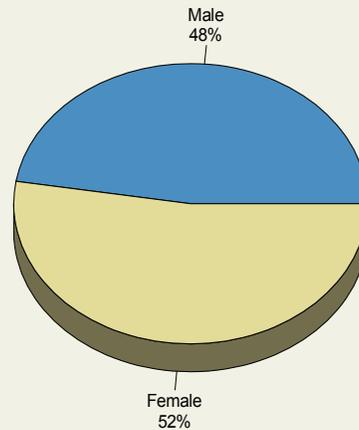
During fiscal year 2011, over one-third (37%) of all those participating in prevention programs were adolescents. Parents or primary care givers represented approximately one third (34%) of the individuals receiving prevention services in Harford County. Figure 57 shows the overall county distribution for age.

### RACE AND ETHNICITY

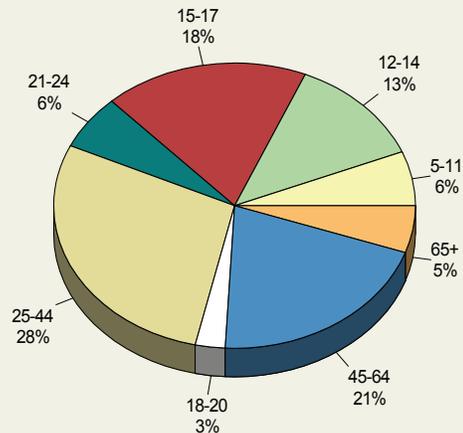
As shown in Figure 58, Caucasians accounted for 66 percent of the racial distribution receiving prevention services in Harford County while African Americans comprised 29 percent during fiscal year 2011. Hispanics (3%) and Asians (2%) accounted for the remaining five percent of the overall distribution.

**The total number of individuals receiving prevention services in Harford County was 15,870 in fiscal year 2011.**

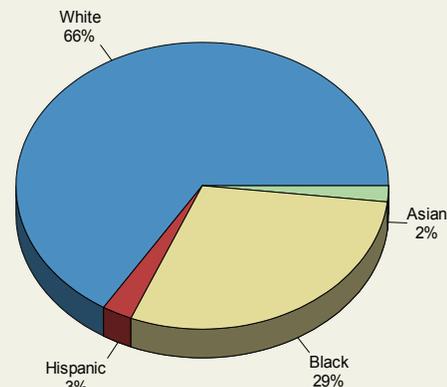
**Figure 56**  
**Gender Distribution FY 2011**



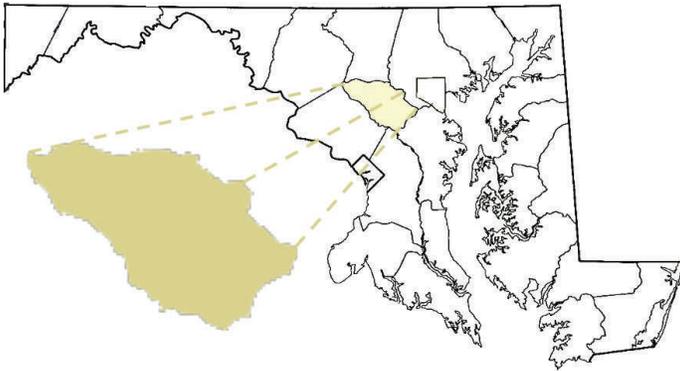
**Figure 57**  
**Age Distribution FY 2011**



**Figure 58**  
**Race Distribution FY 2011**



# HOWARD COUNTY



**Prevention Coordinator**  
 Dudley Greer, Acting  
 (410) 313-7238

## SAMHSA MODEL PROGRAMS

► Guiding Good Choices

## DEMOGRAPHICS

### GENDER

Figure 59 shows the countywide distribution of prevention programs for gender in fiscal year 2011. Females represented 63 percent of program participants while 37 percent of the participants countywide were male.

### AGE

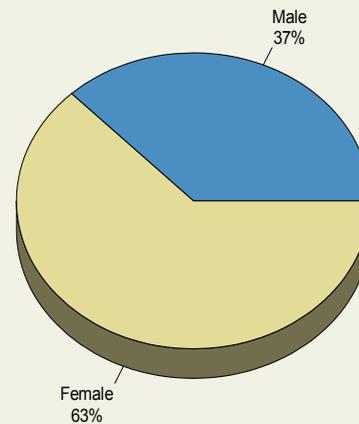
During fiscal year 2011, over 32 percent of all those participating in prevention programs were parents or primary care givers. Adolescents accounted for 16 percent of the distribution. Figure 60 shows the overall county distribution for age.

### RACE AND ETHNICITY

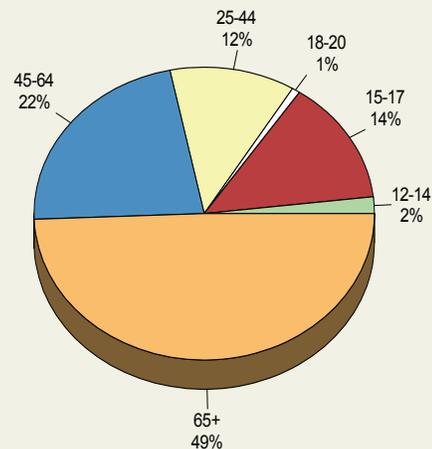
As shown in Figure 61, Caucasians accounted for 65 percent of the racial distribution receiving prevention services in fiscal year 2011. African Americans represented 28 percent of participants served while Hispanic (5%) and Asians (2%) accounted for 7 percent of the remaining distribution.

**The total number of individuals receiving prevention services in Howard County was 2,542 in fiscal year 2011.**

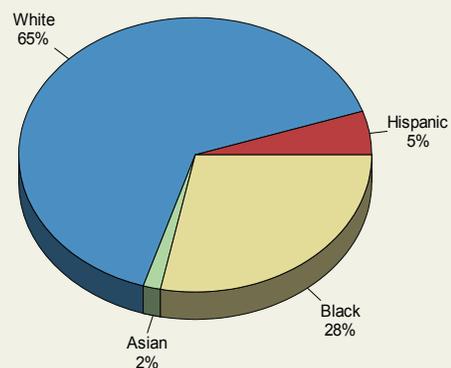
**Figure 59**  
**Gender Distribution FY 2011**



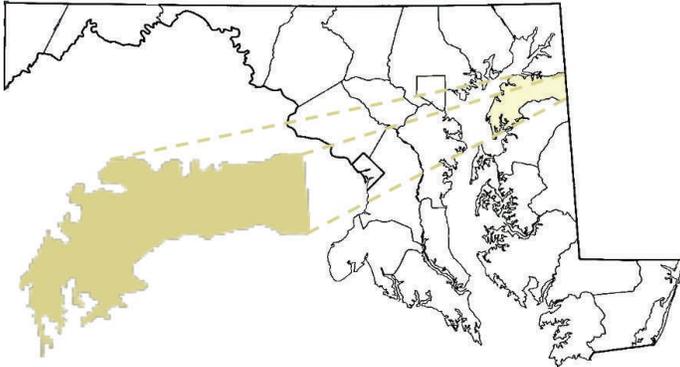
**Figure 60**  
**Age Distribution FY 2011**



**Figure 61**  
**Race Distribution FY 2011**



# KENT COUNTY



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

## SAMHSA MODEL PROGRAMS

- ▶ Communities Mobilizing for Change on Alcohol
- ▶ Life Skills

## DEMOGRAPHICS

### GENDER

Figure 62 shows the countywide distribution of prevention programs for gender in fiscal year 2011. Females represented 51 percent of program participants while 49 percent of the participants countywide were male.

### AGE

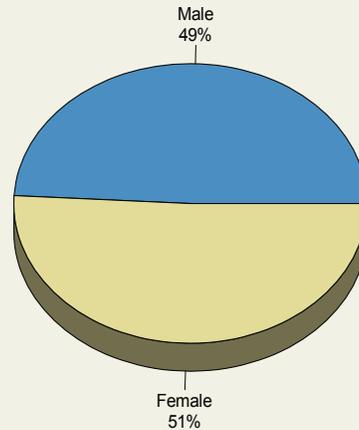
During fiscal year 2011, approximately three-quarters (71%) of all those participating in prevention programs were adolescents. Parents or primary care givers comprised 15 percent of the individuals attending prevention programs in Kent County. Figure 63 shows the overall county distribution for age.

### RACE AND ETHNICITY

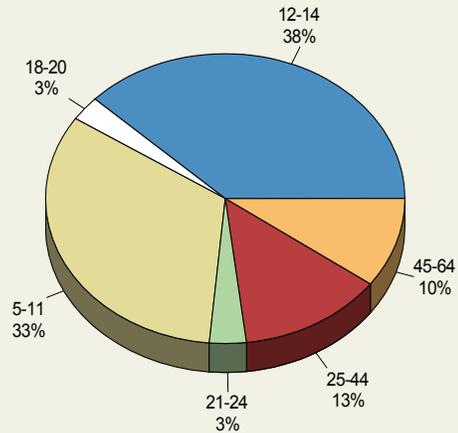
As shown in Figure 64, Caucasians accounted for 74 percent of the racial distribution in Kent County while African Americans comprised 20 percent during fiscal year 2011. Hispanics accounted for the remaining 6 percent of the overall distribution.

**The total number of individuals receiving prevention services in Kent County was 1,642 in fiscal year 2011.**

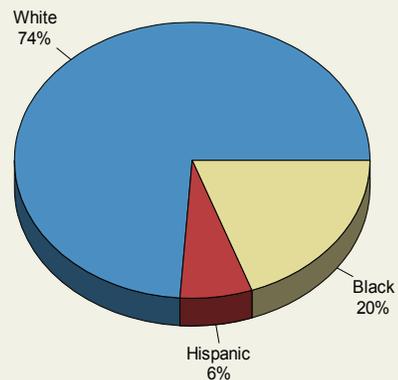
**Figure 62**  
**Gender Distribution FY 2011**



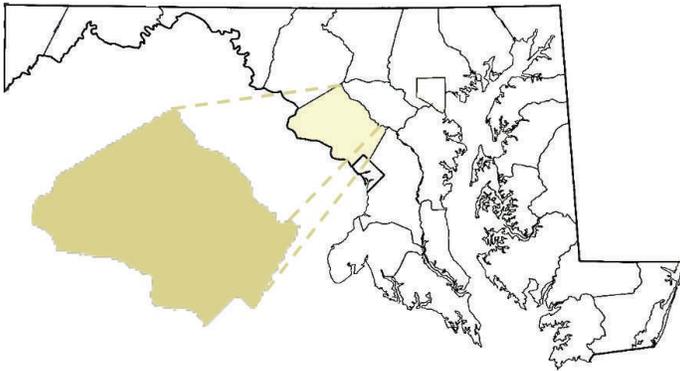
**Figure 63**  
**Age Distribution FY 2011**



**Figure 64**  
**Race Distribution FY 2011**



# MONTGOMERY COUNTY



**Prevention Coordinator**  
 Nikki Drotleff  
 (240) 777-4241

## SAMHSA MODEL PROGRAMS

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

## DEMOGRAPHICS

### GENDER

Figure 65 shows the countywide distribution of prevention programs for gender in fiscal year 2011. Females represented 66 percent of program participants while 34 percent of the participants countywide were male.

### AGE

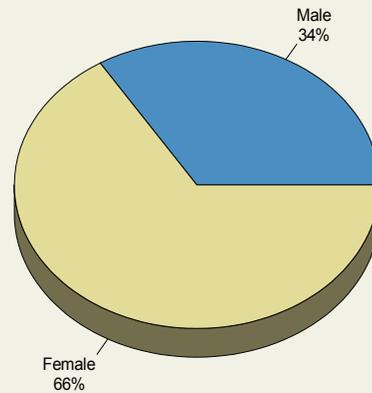
During fiscal year 2011, parents represented 74 percent of those individuals receiving services in Montgomery County. Figure 66 shows the overall county distribution for age.

### RACE AND ETHNICITY

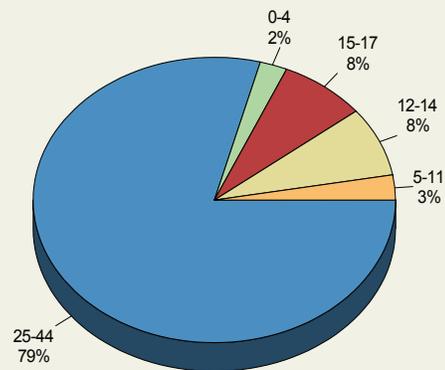
As shown in Figure 67, Hispanics accounted for 51 percent of the racial distribution receiving prevention services in Montgomery County. African Americans (27%) and Caucasians (22%) accounted for the remaining distribution.

**The total number of individuals receiving prevention services in Montgomery County was 3,277 in fiscal year 2011.**

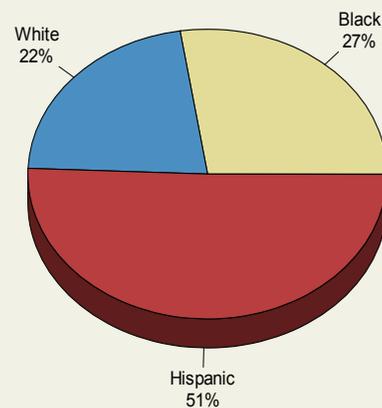
**Figure 65**  
**Gender Distribution FY 2011**



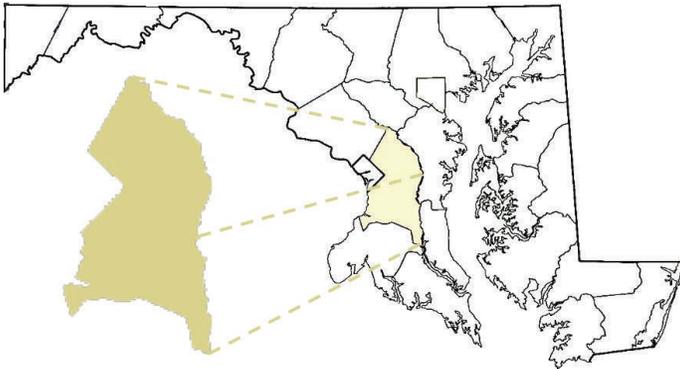
**Figure 66**  
**Age Distribution FY 2011**



**Figure 67**  
**Race Distribution FY 2011**



# PRINCE GEORGE'S COUNTY



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

**College Coordinator**  
 Vanessa Cooke  
 (301) 860-4127

## SAMHSA MODEL PROGRAMS

- ▶ All Stars
- ▶ CMCA
- ▶ Dare to be you
- ▶ Strengthening Families

## DEMOGRAPHICS

### GENDER

Figure 68 shows the countywide distribution of prevention programs for gender in fiscal year 2011. Females represented 64 percent of program participants while 36 percent of the participants countywide were male.

### AGE

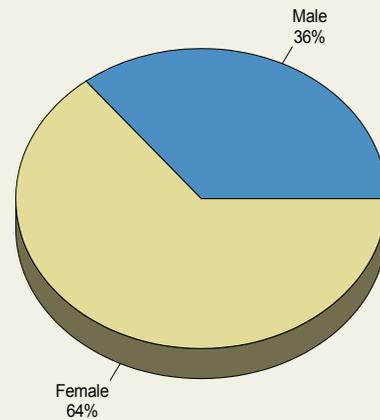
Figure 69 shows the overall distribution for age in Prince George's County during fiscal year 2011. Adolescents accounted for 63 percent of those individuals receiving prevention services.

### RACE AND ETHNICITY

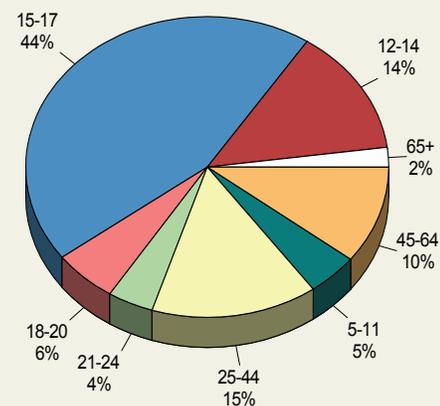
As shown in Figure 70, African Americans accounted for 86 percent of the racial distribution in Prince George's County. Hispanics (11%) and Caucasians (3%) accounted for the remainder of the distribution for fiscal year 2011.

- The total number of individuals receiving prevention services in Prince George's County was 7,701 in fiscal year 2011.
- The ATOD Center at Bowie State University served 2,626 individuals in fiscal year 2011.

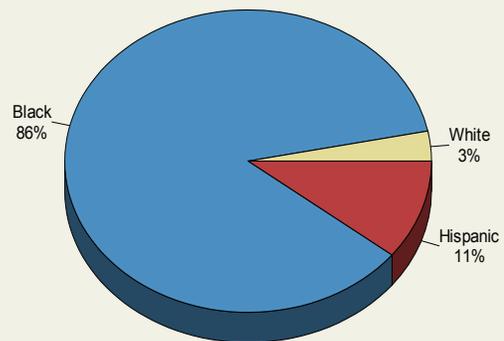
**Figure 68**  
**Gender Distribution FY 2011**



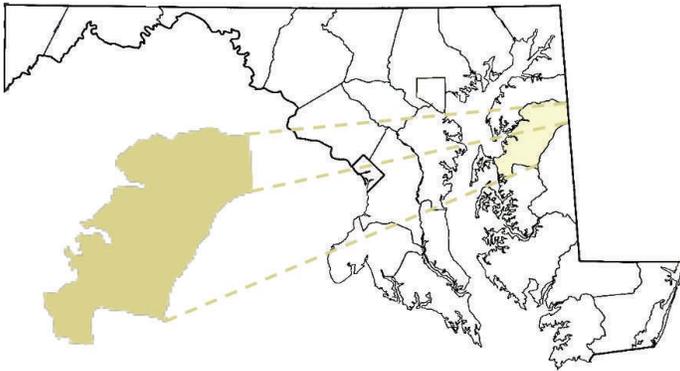
**Figure 69**  
**Age Distribution FY 2011**



**Figure 70**  
**Race Distribution FY 2011**



# 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 71 shows the countywide distribution of prevention programs for gender in fiscal year 2011. Males represented 55 percent of program participants while 45 percent of the participants countywide were female.

### AGE

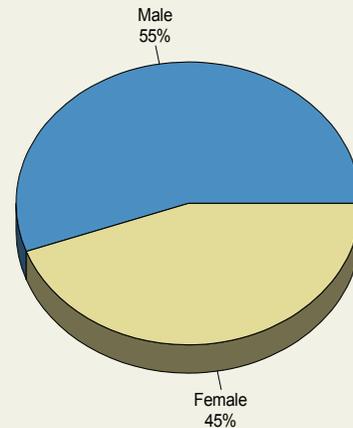
During fiscal year 2011, one-third (37%) of all those participating in prevention programs were adolescents. Parents and primary care givers accounted for 31 percent of the distribution. Figure 72 shows the overall county distribution for age.

### RACE AND ETHNICITY

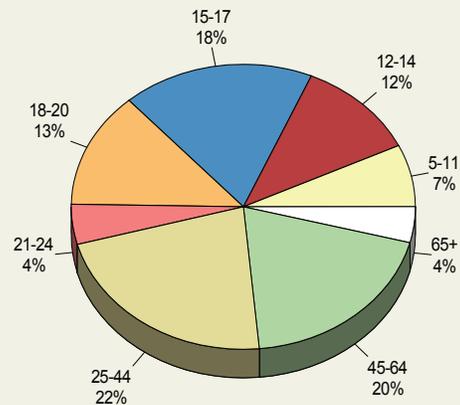
As shown in Figure 73, Caucasians (65%) and African Americans (34%) accounted for 99 percent of the racial distribution receiving prevention services in Queen Anne's County. Hispanics (1%) accounted for the remaining racial distribution in fiscal year 2011.

**The total number of individuals receiving prevention services in Queen Anne's County was 7,086 in fiscal year 2011.**

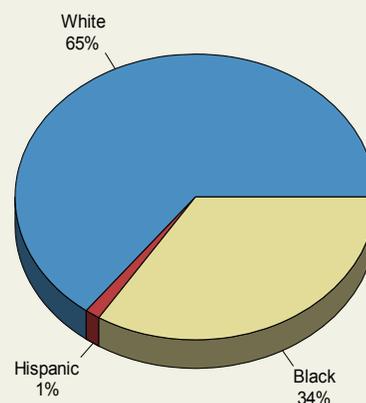
**Figure 71**  
**Gender Distribution FY 2011**



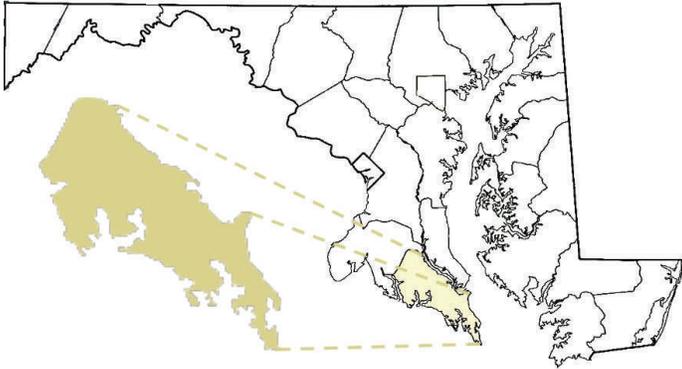
**Figure 72**  
**Age Distribution FY 2011**



**Figure 73**  
**Race Distribution FY 2011**



# ST. MARY'S COUNTY



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

## SAMHSA MODEL PROGRAMS

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

## DEMOGRAPHICS

### GENDER

Figure 74 shows the countywide distribution of prevention programs for gender in fiscal year 2011. There was an equal distribution of males (50%) and females (50) in fiscal year 2011.

### AGE

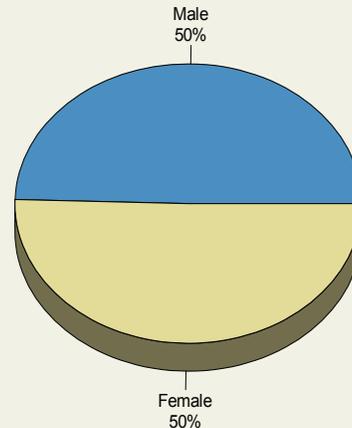
During fiscal year 2011, eighty-six percent (86%) of all those participating in prevention programs were adolescents. Parents and primary caregivers represented 7 percent of the age distribution. Figure 75 shows the overall county distribution for age.

### RACE AND ETHNICITY

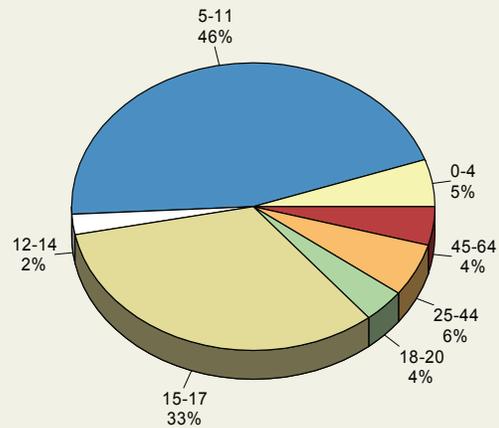
As shown in Figure 76, Caucasians accounted for 66 percent of the racial distribution in St. Mary's County while African Americans comprised 26 percent. Hispanics (4%), and Asians (4%) accounted for the remaining 10 percent of the distribution.

**The total number of individuals receiving prevention services in St. Mary's County was 8,621 in fiscal year 2011.**

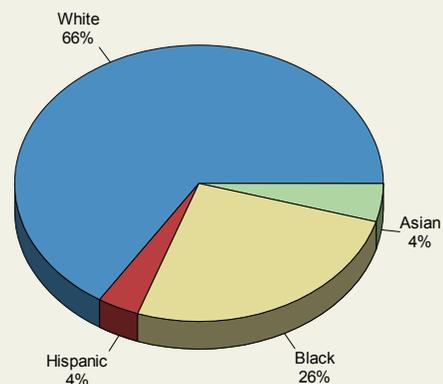
**Figure 74**  
**Gender Distribution FY 2011**



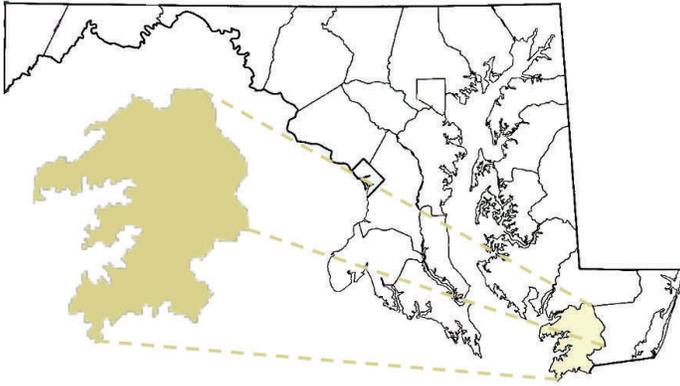
**Figure 75**  
**Age Distribution FY 2011**



**Figure 76**  
**Race Distribution FY 2011**



# SOMERSET COUNTY



**Prevention Coordinator**  
Brenda Andujar-Martinez  
(443) 523-1726

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

## SAMHSA MODEL PROGRAMS

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

## DEMOGRAPHICS

### GENDER

Figure 77 shows the countywide distribution of prevention programs for gender in fiscal year 2011. Females represented 63 percent of program participants while 37 percent of the participants countywide were male.

### AGE

During fiscal year 2011, twenty-six percent (26%) of individuals participating in prevention programs were adolescents. Figure 78 shows the overall county distribution for age.

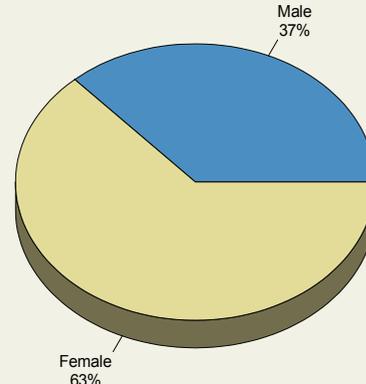
### RACE AND ETHNICITY

As shown in Figure 79, African Americans accounted for 58 percent of the racial distribution in Somerset County while Caucasians comprised 40 percent. Hispanics (2%) accounted for the remaining racial distribution.

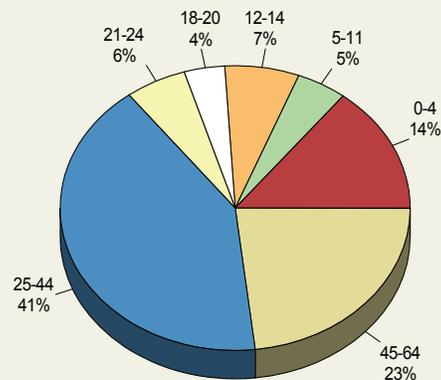
- The total number of individuals receiving prevention services through the Somerset County prevention office was 300 in fiscal year 2011.

- The ATOD Center at the University of Maryland Eastern Shore served 1,147 individuals in fiscal year 2011.

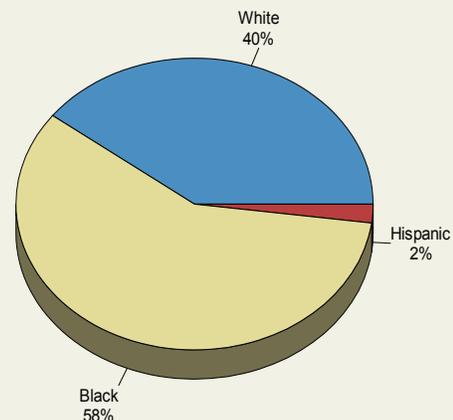
**Figure 77**  
**Gender Distribution FY 2011**



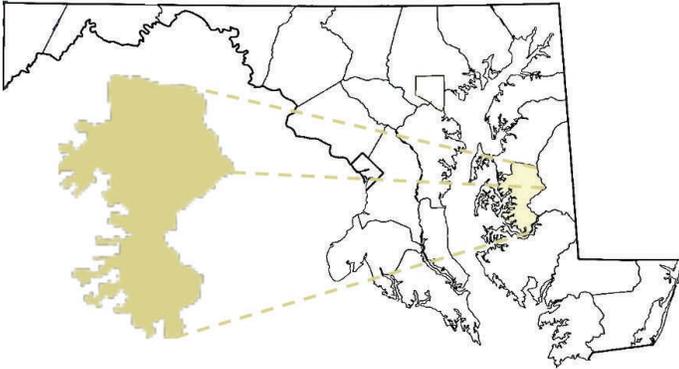
**Figure 78**  
**Age Distribution FY 2011**



**Figure 79**  
**Race Distribution FY 2011**



# TALBOT COUNTY



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

## SAMHSA MODEL PROGRAMS

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

## DEMOGRAPHICS

### GENDER

Figure 80 shows the countywide distribution of prevention programs for gender in fiscal year 2011. Females represented 68 percent of program participants while 32 percent of the participants countywide were male.

### AGE

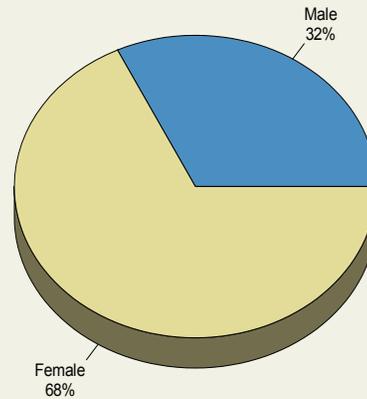
During fiscal year 2011, approximately one-quarter (22%) of all those participating in prevention programs were parents or primary care givers. Adolescents represented 12 percent of the distribution. Figure 81 shows the overall county distribution for age.

### RACE AND ETHNICITY

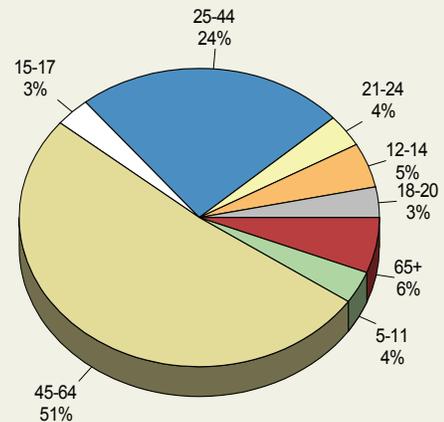
Caucasians accounted for 85 percent of the racial distribution receiving prevention services while African Americans comprised 13 percent during fiscal year 2011. Hispanics (2%) accounted for the remaining distribution (Figure 82).

**The total number of individuals receiving prevention services in Talbot County was 3,234 in fiscal year 2011.**

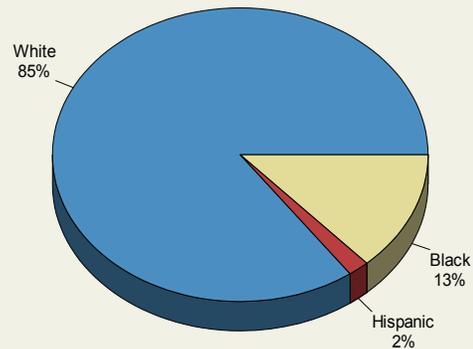
**Figure 80**  
**Gender Distribution FY 2011**



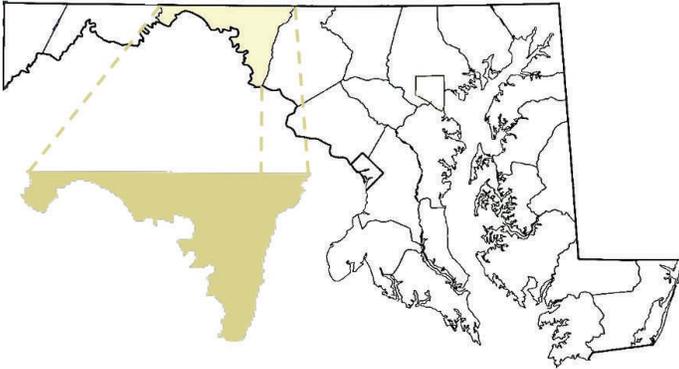
**Figure 81**  
**Age Distribution FY 2011**



**Figure 82**  
**Race Distribution FY 2011**



# WASHINGTON COUNTY



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

## SAMHSA MODEL PROGRAMS

- ▶ Dare to be you
- ▶ Guiding Good Choices
- ▶ Strengthening Families

## DEMOGRAPHICS

### GENDER

Figure 83 shows the countywide distribution of prevention programs for gender in fiscal year 2011. Females represented 65 percent of program participants while 35 percent of the participants countywide were male.

### AGE

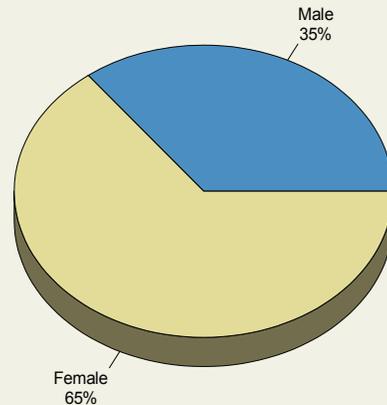
During fiscal year 2011, approximately two-thirds (71%) of those receiving prevention services were parents or primary caregivers. Adolescents accounted for 11 percent of individuals receiving prevention services in Washington County. Figure 84 shows the overall county distribution for age.

### RACE AND ETHNICITY

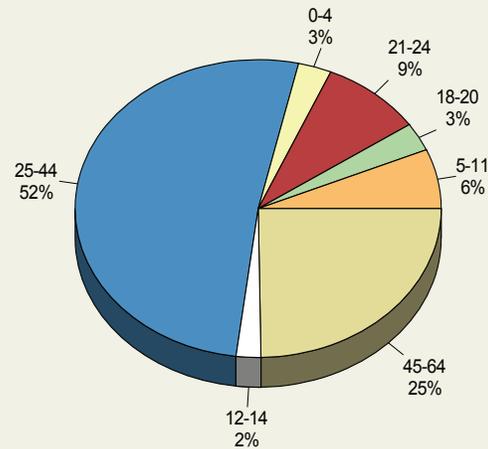
Caucasians (66%) and African Americans (31%) accounted for 97 percent of the racial distribution receiving prevention services. Hispanics (3%) represented the remaining distribution during fiscal year 2011 (Figure 85).

**The total number of individuals receiving prevention services in Washington County was 1,291 in fiscal year 2011.**

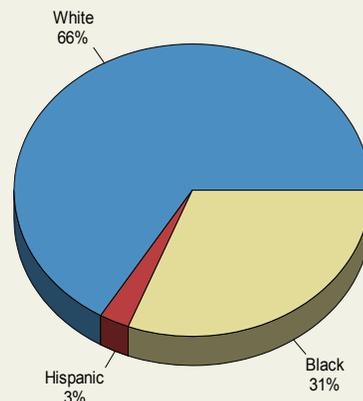
**Figure 83**  
**Gender Distribution FY 2011**



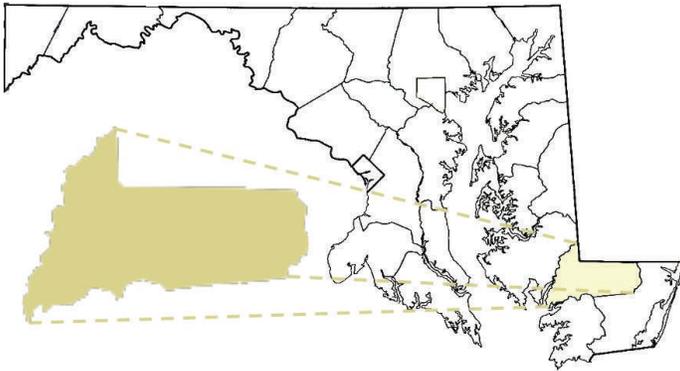
**Figure 84**  
**Age Distribution FY 2011**



**Figure 85**  
**Race Distribution FY 2011**



# WICOMICO COUNTY



**Prevention Coordinator**  
Cindy Shifler  
(410) 219-7544

## SAMHSA MODEL PROGRAMS

- ▶ Dare to be you
- ▶ CMCA
- ▶ Second Step

## DEMOGRAPHICS

### GENDER

Figure 86 shows the countywide distribution of prevention programs for gender in fiscal year 2011. Females represented 60 percent of program participants while 40 percent of the participants countywide were male.

### AGE

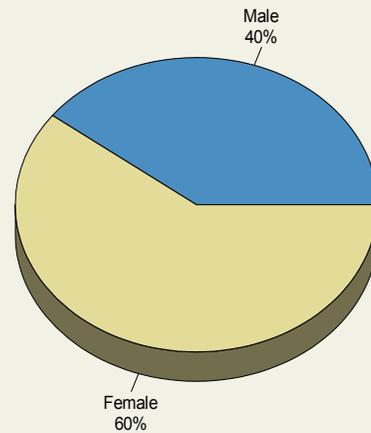
During fiscal year 2011, over half (51%) of those receiving prevention services were parents or primary caregivers. Adolescents accounted for 30 percent of individuals receiving prevention services in Wicomico County. Figure 87 shows the overall county distribution for age.

### RACE AND ETHNICITY

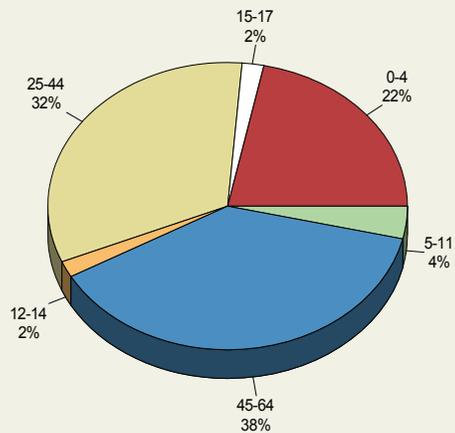
Caucasians accounted for 49 percent receiving prevention services while African Americans comprised 45 percent of the racial distribution (Figure 88). Hispanics (6%) accounted for the remaining distribution.

**The total number of individuals receiving prevention services in Wicomico County was 2,072 in fiscal year 2011.**

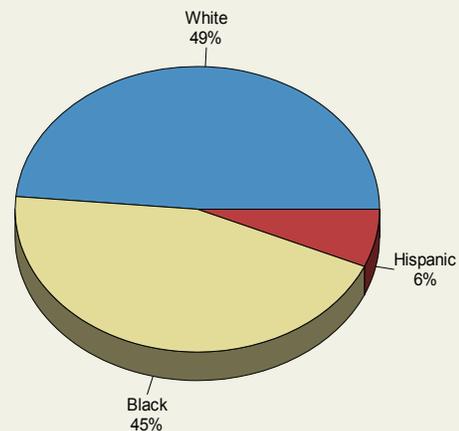
**Figure 86**  
**Gender Distribution FY 2011**



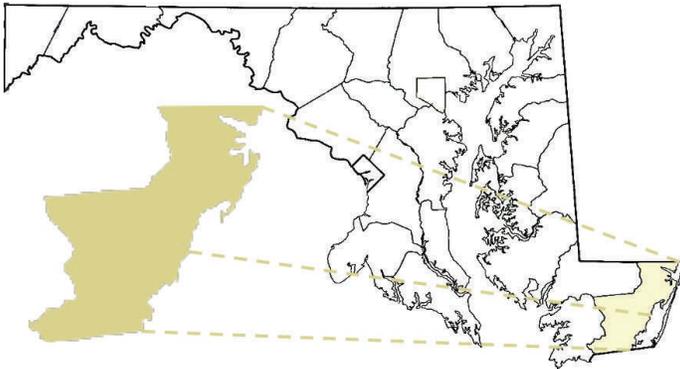
**Figure 87**  
**Age Distribution FY 2011**



**Figure 88**  
**Race Distribution FY 2011**



# WORCESTER COUNTY



**Prevention Coordinator**  
 Esther Harrell  
 (410) 632-1100

## SAMHSA MODEL PROGRAMS

- ▶ All Stars

## DEMOGRAPHICS

### GENDER

Figure 89 shows the countywide distribution of prevention programs for gender in fiscal year 2011. Females represented 51 percent of program participants while 49 percent of the participants countywide were male.

### AGE

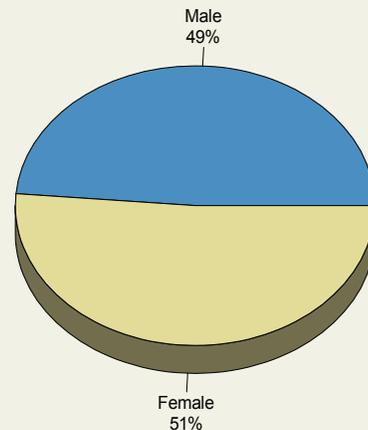
During fiscal year 2011, more than half (52%) of those participating in prevention programs were adolescents. Forty-four percent of those served were between the ages 18 and 20 years of age. Figure 90 shows the overall county distribution for age.

### RACE AND ETHNICITY

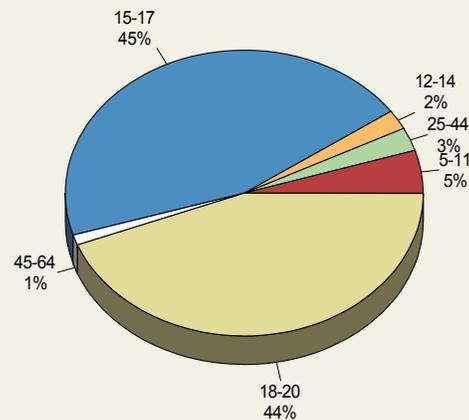
As shown in Figure 91, African Americans accounted for 51 percent of those receiving prevention services in Worcester County while Caucasians comprised 47 percent of the racial distribution during fiscal year 2011.

**The total number of individuals receiving prevention services in Worcester County was 15,076 in fiscal year 2011.**

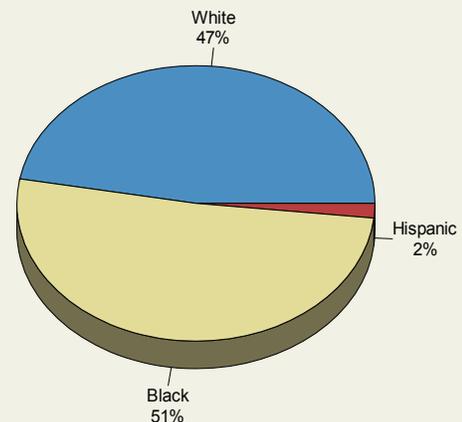
**Figure 89**  
**Gender Distribution FY 2011**



**Figure 90**  
**Age Distribution FY 2011**



**Figure 91**  
**Race Distribution FY 2011**



# 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 2011, ADAA promoted all of the following six CASP strategies.

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

**Activities for this strategy:**

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

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

**Activities for this strategy:**

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

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

**Activities for this strategy:**

1. Children of Substance Abuse (COSA) Groups
2. Education Programs for Youth
3. Parenting and Family Management
4. Preschool ATOD Prevention Programs
5. Peer Leader/Helper Programs
6. Ongoing Classroom and/or Small Group Sessions

# DEFINITIONS OF CSAP STRATEGIES AND ACTIVITIES

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

**Activities for this strategy:**

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

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

**Activities for this strategy:**

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

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

**Activities for this strategy:**

1. Employee Assistance Programs
2. Student Assistance Programs
3. DUI/DWI Programs
4. Prevention Assessment and Referral Services

# ACRONYMS AND ABBREVIATIONS

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

[www.dhmmh.md.gov/adaa](http://www.dhmmh.md.gov/adaa)

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