

# Maryland Alcohol and Drug Abuse Administration

*Department of Health and Mental Hygiene*



## *PREVENTION PROGRAM ANNUAL REPORT*

**FISCAL YEAR  
2012**

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# Maryland Alcohol and Drug Abuse Administration



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# TABLE OF CONTENTS

<b>INTRODUCTION.....</b>	<b>1</b>
What is Prevention?.....	1
Prevention Network.....	1
Overview.....	1
System Architecture.....	1
<b>PREVENTION SERVICES IN MARYLAND.....</b>	<b>2</b>
Numbers Served.....	2
Program Characteristics.....	2
Service Population.....	2
<b>PREVENTION SERVICES IN MARYLAND.....</b>	<b>3</b>
Program Type.....	3
Service Population.....	3
<b>MARYLAND PREVENTION DEMOGRAPHICS.....</b>	<b>4</b>
Demographic Profile (Gender, Age and Race).....	4
<b>RECURRING PROGRAM COMPLETIONS.....</b>	<b>5</b>
Program Completions.....	5
Completion Percentages.....	5
<b>CSAP STRATEGIES.....</b>	<b>6</b>
<b>COLLEGE PREVENTION CENTERS.....</b>	<b>7</b>
<b>CSAP EVIDENCE-BASED PROGRAMS.....</b>	<b>8</b>
<b>INSTITUTE OF MEDICINE (IOM) CATEGORY.....</b>	<b>9</b>
<b>ENVIRONMENTAL STRATEGIES.....</b>	<b>10</b>

# TABLE OF CONTENTS

<b>COUNTY PREVENTION DATA.....</b>	<b>11</b>
Allegany County.....	12
Anne Arundel County.....	13
Baltimore City.....	14
Baltimore County.....	15
Calvert County.....	16
Caroline County.....	17
Carroll County.....	18
Cecil County .....	19
Charles County .....	20
Dorchester County .....	21
Frederick County.....	22
Garrett County .....	23
Harford County.....	24
Howard County .....	25
Kent County .....	26
Montgomery County .....	27
Prince George’s County .....	28
Queen Anne’s County .....	29
St. Mary’s County .....	30
Somerset County .....	31
Talbot County .....	32
Washington County .....	33
Wicomico County.....	34
Worcester County .....	35
<b>DEFINITIONS OF CSAP STRATEGIES AND ACTIVITIES.....</b>	<b>36-37</b>
Alternatives.....	36
Community-based.....	36
Education.....	36
Environmental.....	37
Information Dissemination.....	37
Problem Id and Referral.....	37
<b>ACRONYMS AND ABBREVIATIONS.....</b>	<b>38</b>

# 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, treatment and recovery services. It serves as the initial point of contact for technical assistance and regulatory interpretation for all Maryland Department of Health and Mental Hygiene (DHMH) prevention and certified treatment programs.

### **WHAT IS PREVENTION?**

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

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

There is a special emphasis on implementing programming that incorporates:

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

### **PREVENTION NETWORK**

In support of this process, 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 to support evaluation of prevention activities by states, communities, providers, and individuals.

## **SYSTEM ARCHITECTURE**

The MDS is a Web-based client-server data collection system that uses Internet technology, including standard Web browsers like Microsoft Internet Explorer to collect evaluation data. The MDS is run from a centralized database and web server at the state level. The MDS collects very specific process and group level information and serves as the main repository for prevention program data collection in Maryland.

The Minimum Data Set system was designed to collect basic process data about the services provided. The MDS collects a small set of well-defined data about each prevention service. All information collected about service participants is only at the whole-group level. MDS data includes the type of service, target population, group and activity information, dates the service was performed, and applicable CSAP strategy. Other data such as item counts, participant demographics, and state-defined data are also collected. The MDS data collection system is uniform across the state and implements extensive validations to ensure it is internally consistent.

The MDS system is designed to run under state control, and does not require continued federal involvement for its ongoing operation. A server at the state level runs the application code and serves as the repository for all data collected. The Internet allows providers to communicate with this server over the Web. Therefore, data can be entered from any location where an Internet connection and Web browser are available.

# Prevention Services In Maryland

Figure 1  
Total Numbers Served  
FY 2009-2012

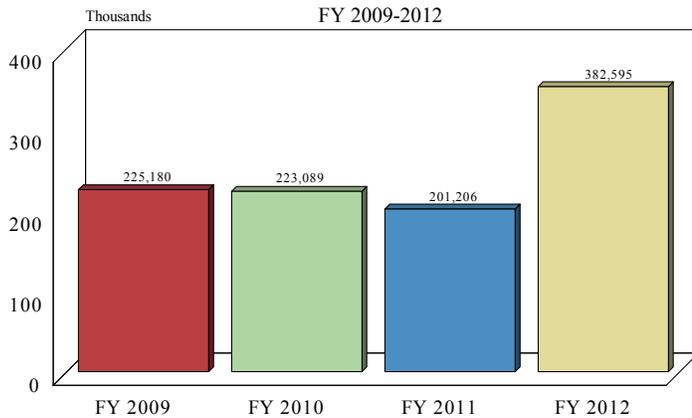


Figure 2  
Program Characteristics  
FY 2012

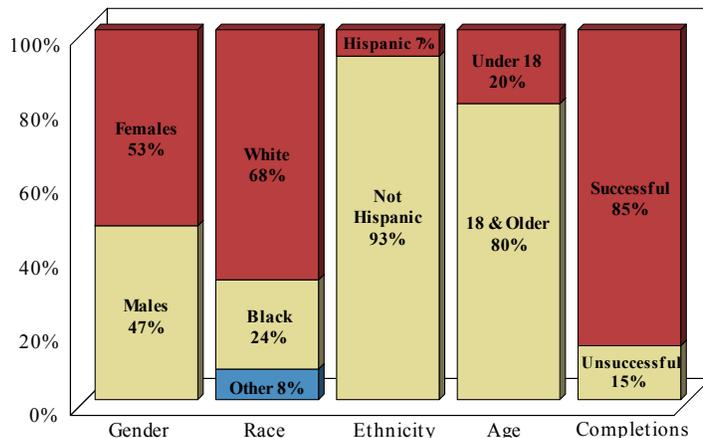
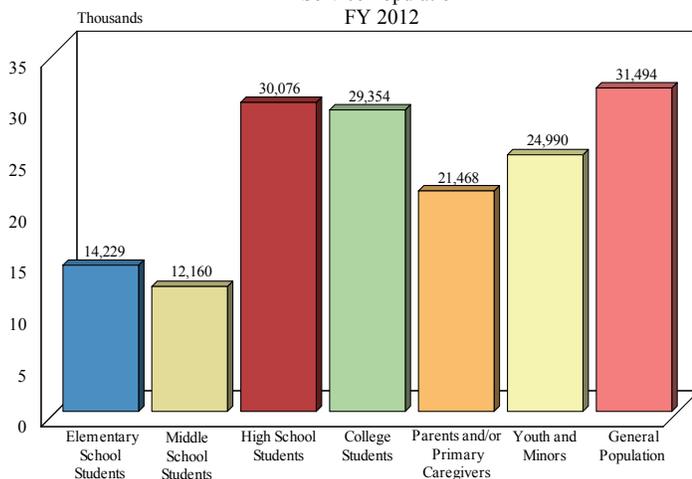


Figure 3  
Service Population  
FY 2012



## NUMBERS SERVED

In fiscal year 2012 over 380,000 individuals received prevention services in Maryland. Beginning in FY 2012, the Alcohol & Drug Abuse Administration, in alignment with substance abuse prevention research and federal prevention priorities, initiated a policy change which required local jurisdictions to use at least 50% of their Prevention Block Grant funding on *Environmental Prevention Strategies*. These strategies are designed to change community-level conditions, policies and practices, rather than individual-level factors, and are shown to be more likely to result in community-level reductions in substance use and abuse than individual-level prevention activities alone. As a result of this policy change, the Administration saw an increase in single service prevention activities and numbers served during fiscal year 2012.

## PROGRAM CHARACTERISTICS

### *Age*

Over three quarters of all individuals receiving prevention services in fiscal year 2012 were 18 years of age and older. Figures show about 37 percent were parents or primary caregivers. Programs targeting high risk youth represented 28 percent of those individuals receiving prevention services.

### *Gender, Race and Ethnicity*

Females represented a slightly higher distribution (53%) than males (47%) in fiscal year 2012. Caucasians (68%) and African Americans (24%) accounted for the majority of the population receiving prevention services (Figure 2). Some gains are being made in service delivery to a growing statewide Hispanic population. In fiscal year 2012, seven percent of the total population served were Hispanic.

### *Program Completions*

Recurring prevention programs showed an overall statewide completion rate of 85% in fiscal year 2012. 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 2012, 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 382,000 people received prevention services in fiscal year 2012.

### Recurring Prevention Programs

Recurring prevention programs are defined by the following criteria:

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

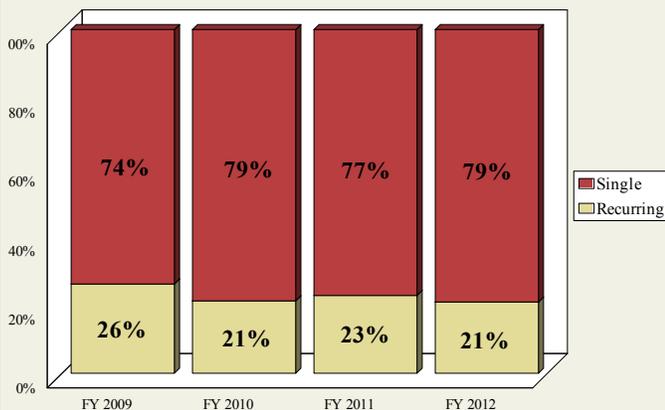
In fiscal year 2012, a total of 328 recurring prevention programs were offered across the state of Maryland. The total number of individuals actively participating in ADAA funded recurring prevention programs was 9,080.

### Single Service Activities

Single service prevention activities are defined as activities that include, but are not limited to, presentations, speaking engagements, community services, training services, technical assistance and programs with the same population occurring less than four separate occasions.

In fiscal year 2012, a total of 1,253 single service prevention services were offered throughout the state of Maryland. The total number of individuals served through single service prevention activities was 373,515.

**Figure 4**  
Prevention Programs by Program Type  
FY 2009-2012



## SERVICE POPULATION

During fiscal year 2012, Maryland offered prevention services to 26 different service populations. Table 1 shows the service population distribution for fiscal year 2012.

**Table 1**  
Numbers Served by Service Population  
FY2012

Service Population	Numbers Served
Business and Industry	1054
Civic Groups/Coalitions	3128
College Students	29,354
Children of Substance Abusers	1107
Delinquent/Violent Youth	223
Economically Disadvantaged People	407
Elementary School Students	14,229
General Population	146,494
Government/Elected Officials	664
Health Professionals	3442
High School Students	30,076
Homeless/Runaway Youth	75
Law Enforcement/Military	372
Middle/Junior High School Students	12,160
Older Adults	840
Parents/Families	104,114
People in Recovery	86
People Using Substances	1495
People with Disabilities	30
People with Mental Health Problems	475
Pregnant Females	495
Preschool Students	2004
Prevention/Treatment Professionals	2228
Religious Groups	999
Teachers/Administrators/Counselors	2054
Youth/Minors	24,990
<b>Total</b>	<b>382,595</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 2012. Fifty-three percent of program participants were female while 47 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

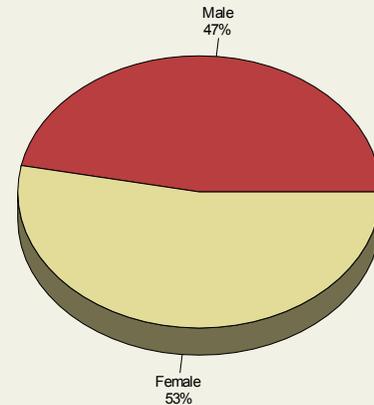
During fiscal year 2012, over three quarters of the prevention program participants (80%) receiving services were adults over 18 years of age. Parents comprised 37 percent of those adults who attended prevention programs in fiscal year 2012. Youth under the age of 18 represented 28 percent of individuals participating in prevention programs. All age categories for prevention programs are shown in Figure 6.

## RACE AND ETHNICITY

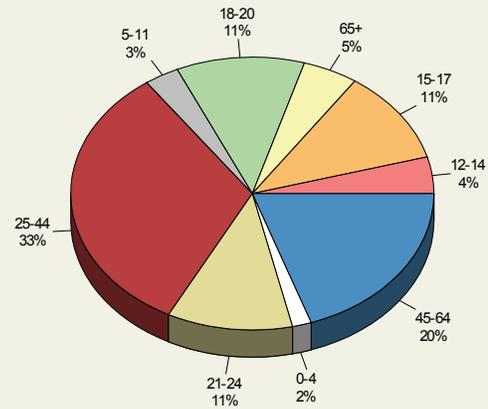
CSAP has defined five racial categories for use by states to provide consistency in reporting MDS data on a national level. For the purposes of this report, ADA has combined three of the five racial groups into one standard category defined as "Other." The "Other" category includes American Indian, Asian,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

Caucasians accounted for 68 percent of program participants while African Americans comprised 24 percent of the individuals attending prevention programs in fiscal year 2012 (Figure 7). In addition, Hispanics represented seven percent of the participants receiving prevention services in fiscal year 2012.

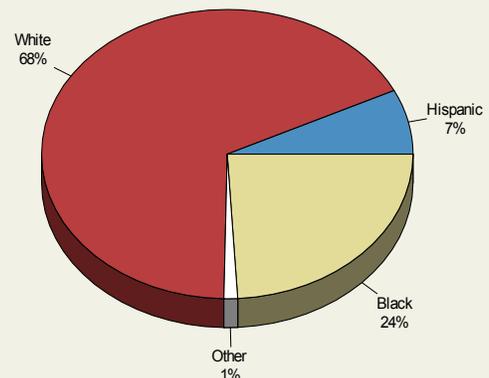
**Figure 5**  
**Gender Distribution FY 2012**



**Figure 6**  
**Age Distribution FY 2012**



**Figure 7**  
**Race Distribution FY 2012**



# Recurring Program Completions

**Table 2**  
**Recurring Program Completions**  
**Fiscal Year 2012**

COUNTY	Total Number of Participants	Total Number of Completions	Percentage Completed
Allegany	118	105	89%
Anne Arundel	285	243	85%
Baltimore City	1350	1135	84%
Baltimore	120	101	84%
Calvert	181	152	84%
Caroline	219	181	83%
Carroll	308	269	87%
Cecil	221	200	90%
Charles	190	178	94%
Dorchester	78	67	86%
Frederick	356	299	84%
Garrett	1033	877	85%
Harford	39	32	82%
Howard	36	31	86%
Kent	519	464	89%
Montgomery	131	109	83%
Prince George's	923	794	86%
Queen Anne's	483	403	83%
St. Mary's	175	146	83%
Somerset	37	30	81%
Talbot	330	282	85%
Washington	247	215	87%
Wicomico	378	323	85%
Worcester	1056	907	86%
Bowie St.	254	203	80%
Frostburg	0	0	0%
Towson	0	0	0%
U.M.E.S	13	10	77%
<b>Total</b>	<b>9080</b>	<b>7756</b>	<b>85%</b>

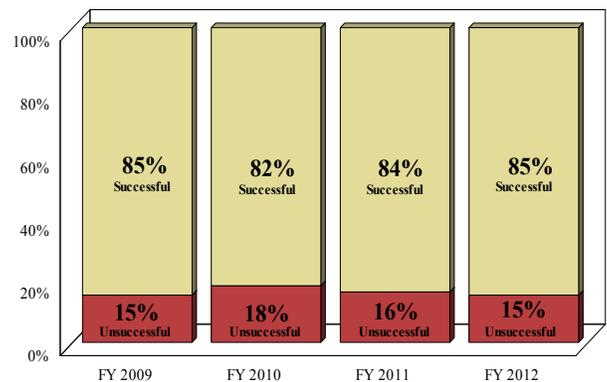
## PROGRAM COMPLETION

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 8) have steadily averaged 84 percent in the last four years. Table 1 shows the jurisdictional breakdown of individuals served in recurring programs and those who successfully completed the program.

**Figure 8**  
**Completion Percentages**  
**FY 2009-2012**



The average Statewide completion rate for fiscal year 2012 was 85%.



# CSAP Strategies

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

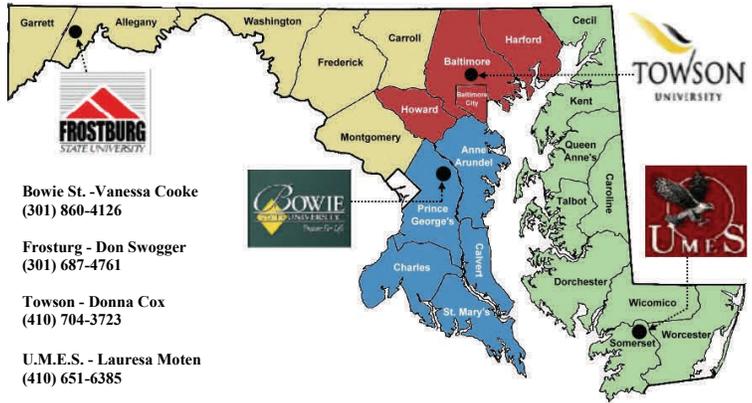
**Table 3**  
**CSAP Strategies and Number of Participants Served**  
**Fiscal Year 2012**

County	Alternatives	Community Based Process	Education	Environmental	Information Dissemination	Problem ID And Referral	Total
Allegany	358	465	118	32,256	1445	234	34,876
Anne Arundel	109	215	285	346	1173	0	2128
Baltimore City	216	0	1339	54	1335	342	3286
Baltimore	7272	295	63	234	5643	0	13,507
Calvert	305	850	153	3100	2426	0	6834
Caroline	529	644	219	102	183	0	1677
Carroll	10,105	3512	608	11,645	12,245	216	38,331
Cecil	0	116	221	65	2417	0	2819
Charles	0	0	190	2253	1511	0	3954
Dorchester	1349	181	78	201	860	0	2669
Frederick	66	566	305	76,999	3712	24	81,672
Garrett	5502	1700	658	154	0	0	8014
Harford	3361	626	0	4993	10,027	0	19,007
Howard	0	0	36	21	751	0	808
Kent	0	116	519	15,191	0	0	15,826
Montgomery	0	0	125	6	0	0	131
Prince George's	0	0	843	40,123	2193	0	43,159
Queen Anne's	1235	527	0	1248	714	0	3724
St. Mary's	2110	14	175	280	495	0	3074
Somerset	0	29	37	160	2336	0	2562
Talbot	0	438	48	25,158	1150	0	26,794
Washington	0	0	247	271	148	507	1173
Wicomico	970	1329	378	24,817	79	0	27,573
Worcester	9750	391	743	349	490	0	11,723
Bowie St.	500	0	3230	774	0	0	4504
Frostburg	3280	4446	1387	2752	1536	0	13,401
Towson	100	140	0	8211	0	0	8451
U.M.E.S.	426	42	33	46	364	7	918
<b>TOTAL</b>	<b>47,543</b>	<b>16,642</b>	<b>12,038</b>	<b>251,809</b>	<b>53,233</b>	<b>1330</b>	<b>382,595</b>
<b>PERCENTAGE</b>	<b>13%</b>	<b>4%</b>	<b>3%</b>	<b>66%</b>	<b>14%</b>	<b>&lt;1%</b>	<b>100%</b>

# 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 2012, the college centers provided prevention services to 27,274 individuals statewide with a primary focus on peer education. Figures 9-12 show demographic characteristics for all four college ATOD prevention centers for fiscal year 2012.

## INDIVIDUALS SERVED BY COLLEGE PREVENTION CENTERS FISCAL YEAR 2012

Figure 9  
Gender Distribution

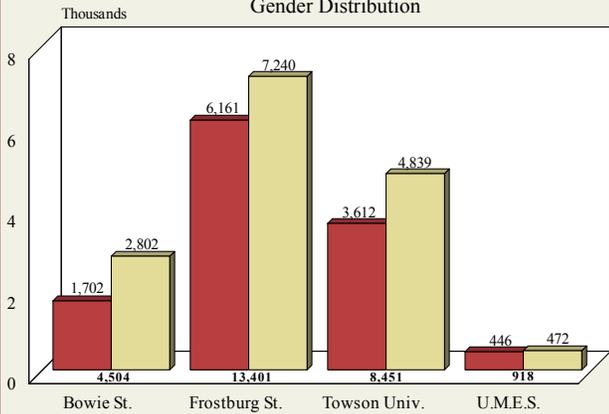


Figure 10  
Race Distribution

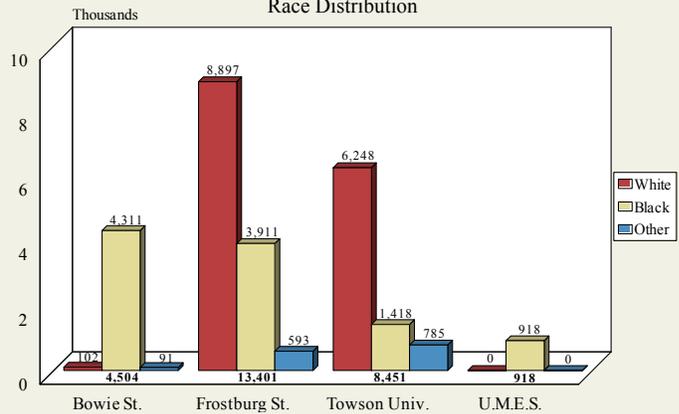


Figure 11  
Statewide Gender Distribution

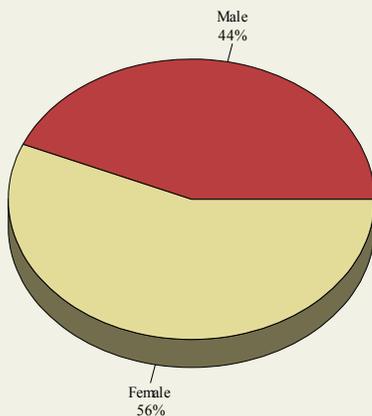
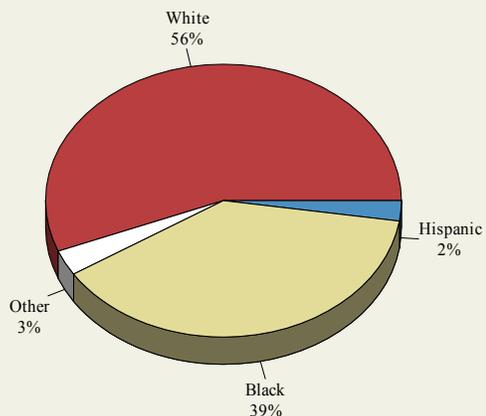


Figure 12  
Statewide Race Distribution

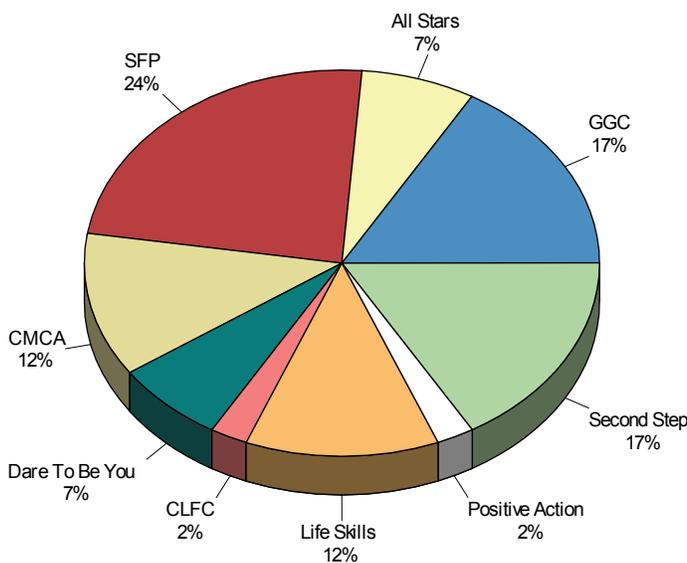


# CSAP Evidence-Based Programs

**Table 4**  
**Numbers Served By CSAP Model Program**  
**Fiscal Year 2012**

Evidence-based Program	Number of Programs	Numbers Served
All Stars	3	827
Creating Lasting Family Connections (CLFC)	1	117
Communities Mobilizing for Change on Alcohol (CMCA)	5	9323
Dare To Be You (DTBY)	3	419
Guiding Good Choices (GGC)	7	452
Life Skills Training (LST)	5	1381
Positive Action	1	187
Second Step	7	724
Strengthening Families Program (SFP)	10	714
<b>Total</b>	<b>42</b>	<b>14,144</b>

**Figure 13**  
**Evidence-based Program Distribution**  
**FY 2012**



## 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 ADA funded evidence-based prevention programs were selected from NREPP.

## EVIDENCE-BASED PRACTICE IN THE CONTEXT OF NREPP

NREPP does not offer a single, authoritative definition of evidence-based practice. SAMHSA expects that people who use this system will come with their own perspectives and contexts for understanding the information that NREPP offers. By providing a range of objective information about the research that has been conducted on each particular intervention, SAMHSA hopes users will make their own judgments about which interventions are best suited to particular needs.

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

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

Table 4 shows the number of individuals served by evidence-based program for fiscal year 2012. Figure 19 shows evidence-based program distribution for fiscal year 2012.

# Institute of Medicine (IOM) Category

**Table 5**  
**Numbers Served By Intervention Type (IOM Category)**  
**Fiscal Year 2012**

County	Universal	Selected	Indicated	Total
Allegany	34,411	328	137	34,876
Anne Arundel	672	1456	0	2128
Baltimore City	532	2738	16	3286
Baltimore	13,070	437	0	13,507
Calvert	6834	0	0	6834
Caroline	3	1674	0	1677
Carroll	35,750	989	1592	38,331
Cecil	2799	20	0	2819
Charles	3954	0	0	3954
Dorchester	2629	0	40	2669
Frederick	80,989	661	22	81,672
Garrett	7976	0	38	8014
Harford	5744	13,178	85	19,007
Howard	808	0	0	808
Kent	15,510	316	0	15,826
Montgomery	0	131	0	131
Prince George's	42,371	783	5	43,159
Queen Anne's	2686	1038	0	3724
St. Mary's	3074	0	0	3074
Somerset	2562	0	0	2562
Talbot	26,741	26	27	26,794
Washington	284	703	186	1173
Wicomico	26,374	1160	39	27,573
Worcester	11,723	0	0	11,723
Bowie St.	1313	3011	180	4504
Frostburg	13,401	0	0	13,401
Towson	8451	0	0	8451
U.M.E.S.	433	439	46	918
<b>Total</b>	<b>351,094</b>	<b>29,088</b>	<b>2413</b>	<b>382,595</b>
<b>Percentage</b>	<b>92%</b>	<b>8%</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.

# Environmental Strategies

## ENVIRONMENTAL STRATEGIES

In FY 2012, the Alcohol & Drug Abuse Administration, in alignment with substance abuse prevention research and federal prevention priorities, initiated a policy change which required local jurisdictions to use at least 50% of their Prevention Block Grant funding on *Environmental Prevention Strategies*. These strategies are designed to change community-level conditions, policies and practices, rather than individual-level factors, and are shown to be more likely to result in community-level reductions in substance use and abuse than individual-level prevention activities alone.

Through the focus on environmental strategies, ADAA-funded County Prevention Coordinators devote a great deal of their time and attention to working with community members, coalitions and community agency partners to:

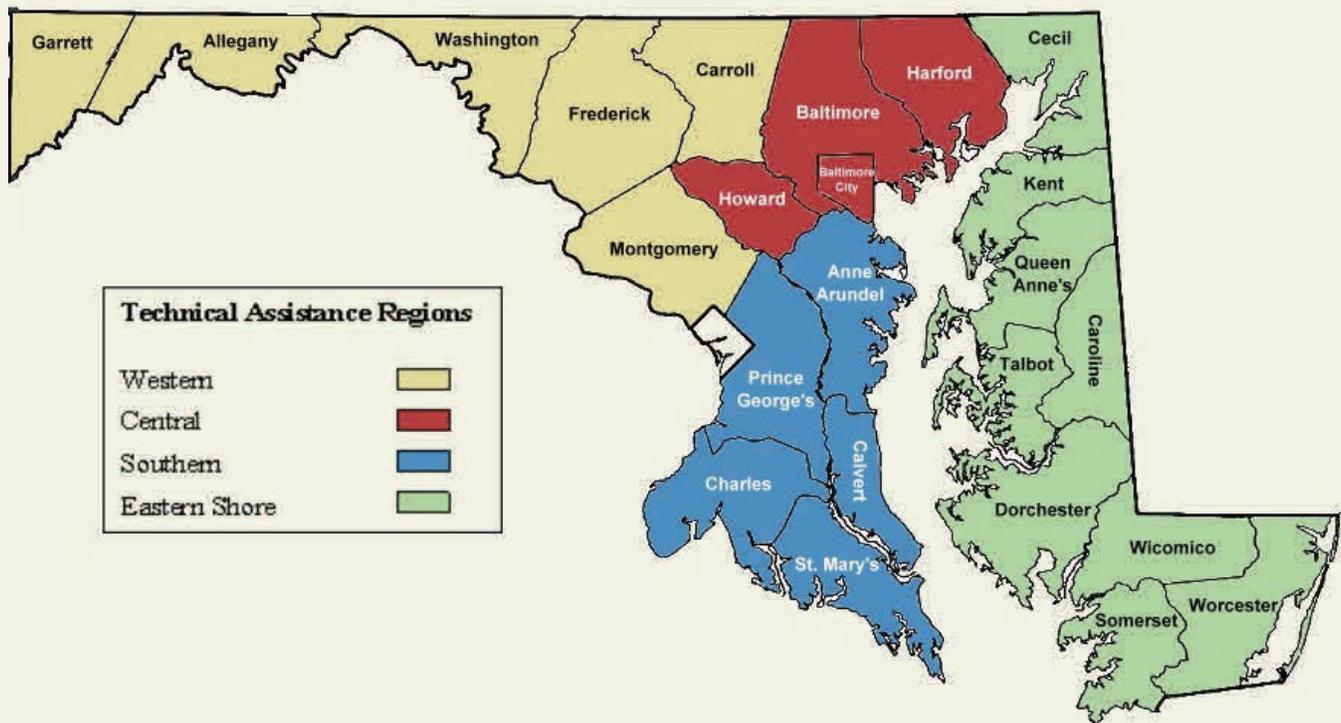
- reduce the availability of alcohol and other drugs in the community
- increase youth and parent awareness of the harms and risks of substance abuse
- strengthen alcohol and drug law enforcement and adjudication
- change community norms, attitudes and policies that are tolerant of substance use
- send clear, consistent messages through multiple media and forums about the health, safety, legal, social and personal consequences of substance use and abuse
- mobilize communities to action

Through the environmental approach, Prevention Coordinators assist the community to use data to assess community needs and develop plans to address those needs; implement environmental strategies that are most likely to work in their specific community; and evaluate the effectiveness of those strategies. With environmental strategies, progress will be measured not by the number of individuals who receive direct services, but rather by actual changes in levels of community substance use and consequences over time.

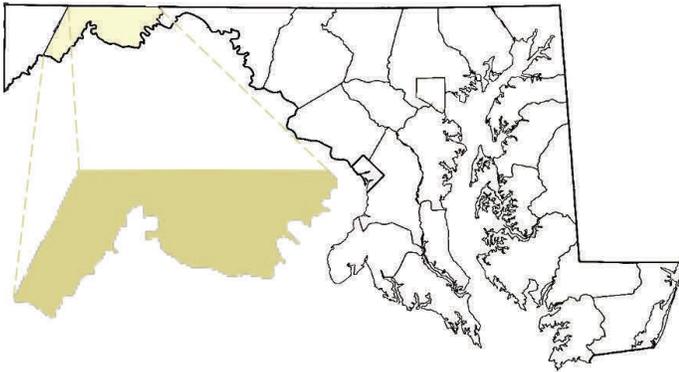
**Table 6**  
**Numbers Served by Environmental Strategy**  
**FY2012**

County	Total Served	Environmental Numbers Served	Percentage of Total Numbers Served
Allegany	34,876	32,256	92%
Anne Arundel	2128	346	16%
Baltimore City	3286	54	2%
Baltimore	13,507	234	2%
Calvert	6834	3100	45%
Caroline	1677	102	6%
Carroll	38,331	11,645	30%
Cecil	2819	65	2%
Charles	3954	2253	57%
Dorchester	2669	201	8%
Frederick	81,672	76,999	94%
Garrett	8014	154	2%
Harford	19,007	4993	26%
Howard	808	21	3%
Kent	15,826	15,191	96%
Montgomery	131	6	5%
Prince George's	43,159	40,123	93%
Queen Anne's	3724	1248	34%
St. Mary's	3074	280	9%
Somerset	2562	160	6%
Talbot	26,794	25,158	94%
Washington	1173	271	23%
Wicomico	27,573	24,817	90%
Worcester	11,723	349	3%
Bowie St.	4504	774	17%
Frostburg St.	13,401	2752	21%
Towson	8451	8211	97%
U.M.E.S	918	46	5%
<b>Total</b>	<b>382,595</b>	<b>251,809</b>	<b>66%</b>

# COUNTY PREVENTION DATA



# ALLEGANY COUNTY



## Prevention Coordinator

Chris Delaney  
(301) 759-5050

## College Coordinator

Don Swogger  
(301) 687-4761

### SAMHSA EVIDENCE-BASED PROGRAMS

- ▶ Creating Lasting Family Connections

### DEMOGRAPHICS

#### GENDER

Figure 14 shows the countywide distribution of prevention programs for gender. Females represented 51 percent of program participants while 49 percent of the participants countywide were male.

#### AGE

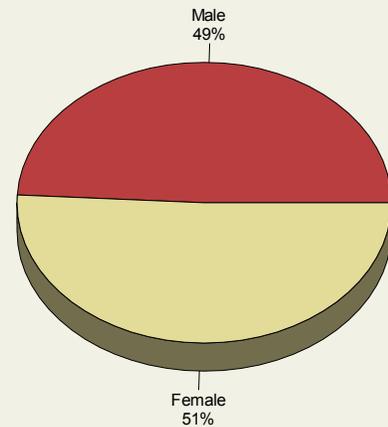
During fiscal year 2012, 40 percent of all those participating in prevention programs were parents or primary care givers. School-aged children represented 3 percent of the total served. Figure 15 shows the overall county distribution for age.

#### RACE AND ETHNICITY

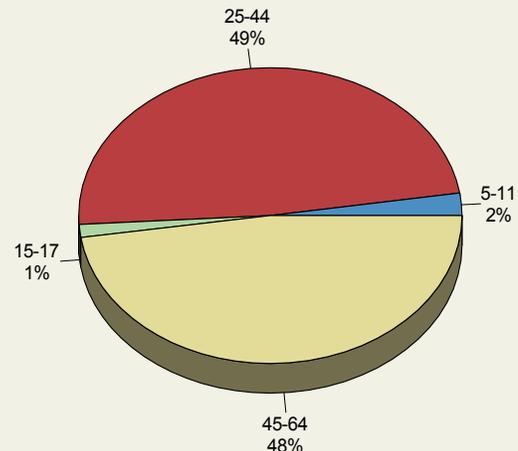
Caucasians accounted for 88 percent of the racial distribution receiving prevention services while African Americans comprised 12 percent. Figure 16 shows the overall county distribution for Race/Ethnicity.

- The total number of individuals receiving prevention services through the Allegany County prevention office was 34,876 in fiscal year 2012.
- The ATOD Center at Frostburg State University served 13,401 individuals in fiscal year 2012.

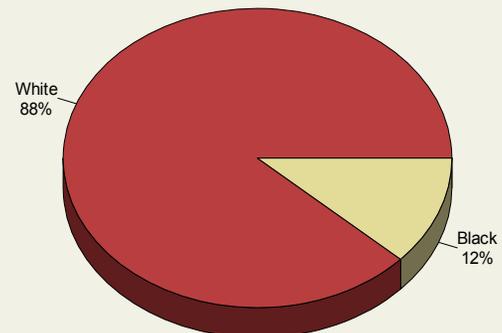
**Figure 14**  
**Gender Distribution FY 2012**



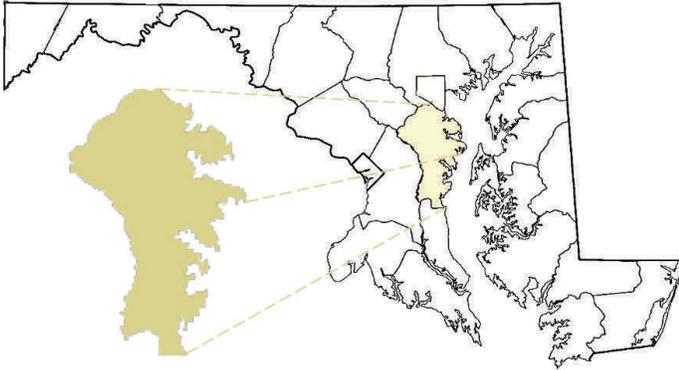
**Figure 15**  
**Age Distribution FY 2012**



**Figure 16**  
**Race Distribution FY 2012**



# ANNE ARUNDEL COUNTY



## Prevention Coordinator

Heather Eshleman  
(410) 222-6724

### SAMHSA EVIDENCE-BASED PROGRAMS

#### ► Second Step

### DEMOGRAPHICS

#### GENDER

Figure 17 shows the countywide distribution of prevention programs for gender in fiscal year 2012. Females represented 60 percent of program participants while 40 percent of the participants countywide were male.

#### AGE

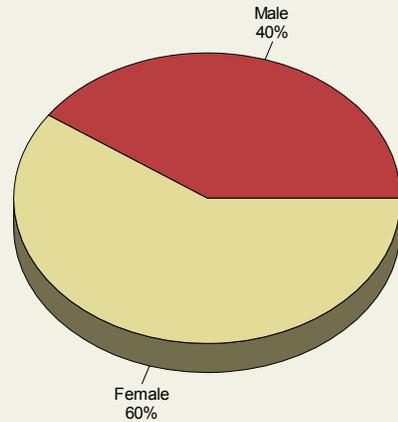
During fiscal year 2012, 45 percent of all those participating in prevention programs were adolescents. Twenty-two percent of Anne Arundel County residents receiving services were parents or primary care givers. Figure 18 shows the overall county distribution for age.

#### RACE AND ETHNICITY

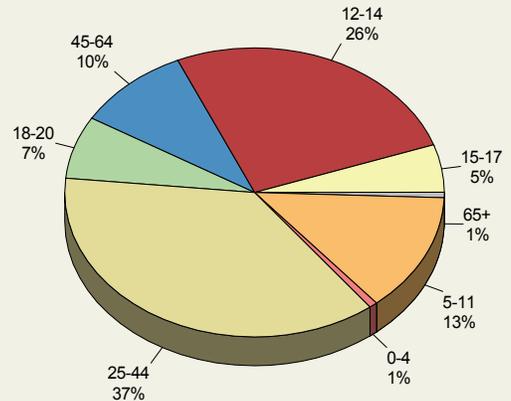
Caucasians (56%) and African Americans (35%) accounted for 91 percent of the racial distribution receiving prevention services in Anne Arundel County during fiscal year 2012 (Figure 19). Hispanics (6%) and Asians (3%) comprised 9 percent of the remaining distribution.

**The total number of individuals receiving prevention services in Anne Arundel County was 2,128 in fiscal year 2012.**

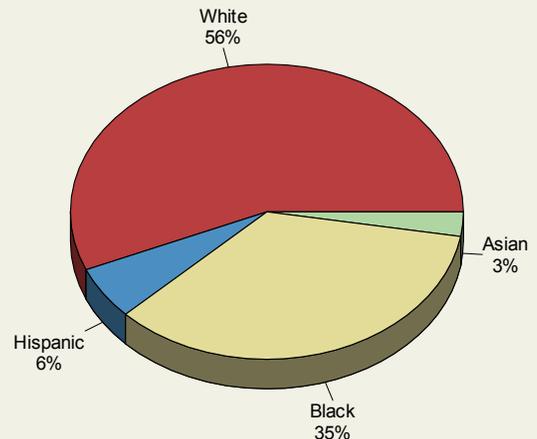
**Figure 17**  
**Gender Distribution FY 2012**



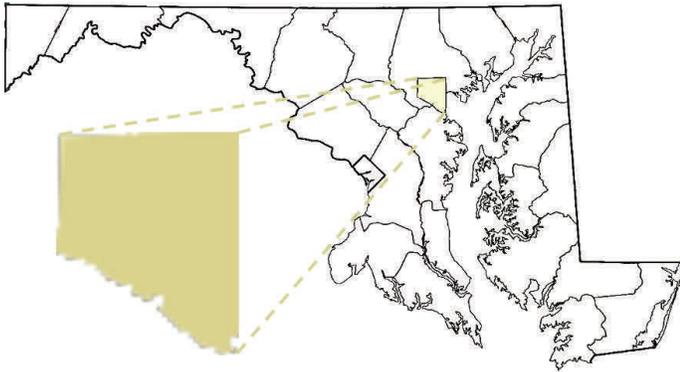
**Figure 18**  
**Age Distribution FY 2012**



**Figure 19**  
**Race Distribution FY 2012**



# BALTIMORE CITY



## Prevention Coordinator

Rita Mattison  
(410) 637-1900

### SAMHSA EVIDENCE-BASED PROGRAMS

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

### DEMOGRAPHICS

#### GENDER

Figure 20 shows the countywide distribution of prevention programs for gender in fiscal year 2012. Females represented 68 percent of program participants while 32 percent of the participants countywide were male.

#### AGE

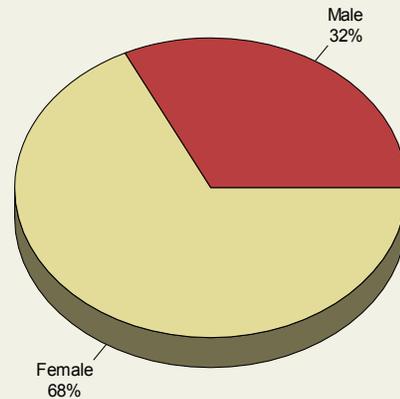
During fiscal year 2012, approximately 47 percent of all individuals participating in prevention programs were adolescents. Parents or primary care givers represented 21 percent of the distribution in Baltimore City. Figure 21 shows the overall county distribution for age.

#### RACE AND ETHNICITY

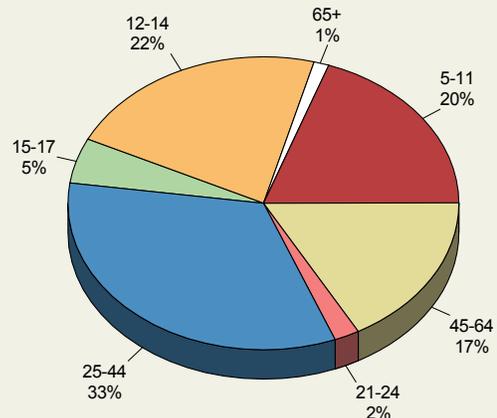
As shown in Figure 22, African Americans accounted for 81 percent of the racial distribution receiving prevention services in Baltimore City while Caucasians comprised 18 percent during fiscal year 2012. Hispanics (1%) accounted for the remainder of the distribution.

**The total number of individuals receiving prevention services in Baltimore City was 3,286 in fiscal year 2012.**

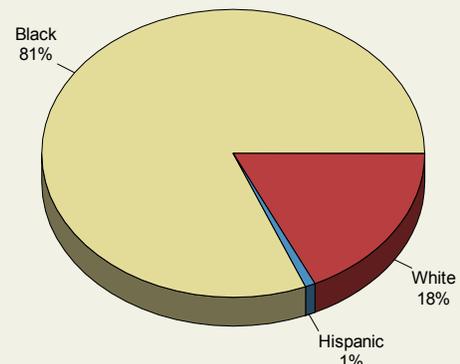
**Figure 20**  
**Gender Distribution FY 2012**



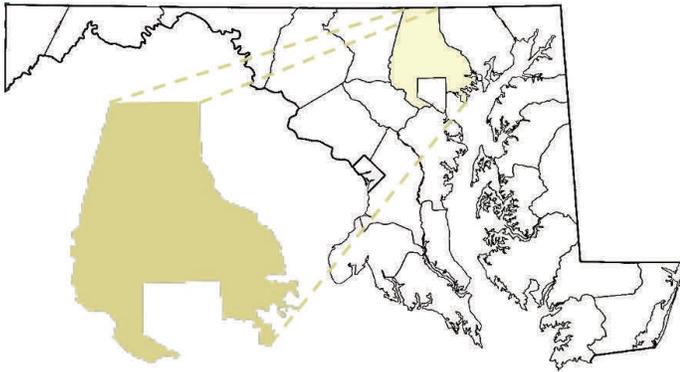
**Figure 21**  
**Age Distribution FY 2012**



**Figure 22**  
**Race Distribution FY 2012**



# BALTIMORE COUNTY



## Prevention Coordinator

Joyce Weddington  
(410) 887-3828

## College Coordinator

Donna Cox  
(410) 704-4214

### SAMHSA EVIDENCE-BASED PROGRAMS

- ▶ All Stars
- ▶ CMCA
- ▶ Second Step

### DEMOGRAPHICS

#### GENDER

Figure 23 shows the countywide distribution of prevention programs for gender in fiscal year 2012. Females represented 60 percent of program participants while 40 percent of the participants countywide were male.

#### AGE

Figure 24 shows the overall county distribution for age during fiscal year 2012. Adolescents accounted for 34 percent of those served. Parents represented 16 percent of individuals receiving services in Baltimore County.

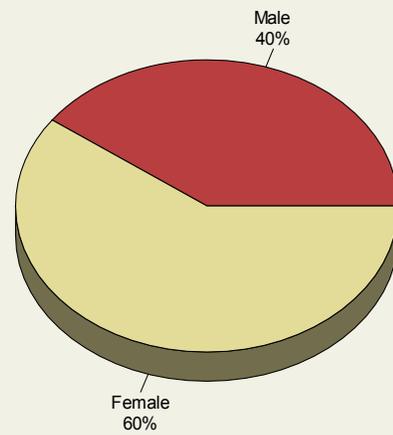
#### RACE AND ETHNICITY

During fiscal year 2012, Caucasians accounted for 53 percent of the racial distribution while African Americans comprised 37 percent in Baltimore County (Figure 25). Asian (5%) and Hispanics (5%) accounted the remaining 10 percent of the distribution.

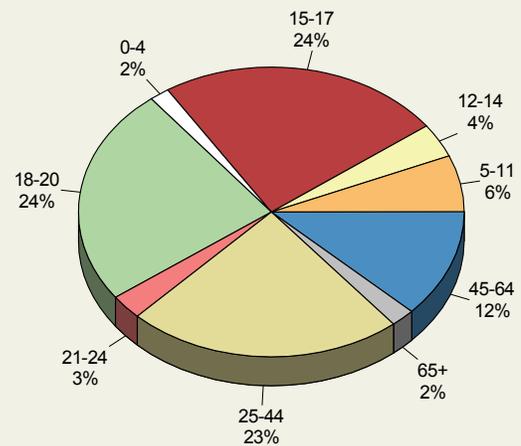
- The total number of individuals receiving prevention services through the Baltimore County prevention office was 13,507 in fiscal year 2012.

- The ATOD Center at Towson University served 8,451 individuals in fiscal year 2012.

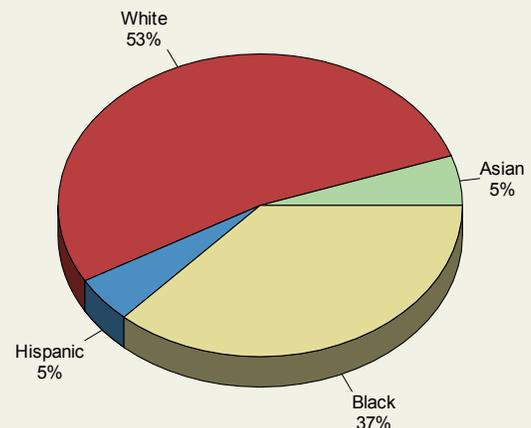
**Figure 23**  
**Gender Distribution FY 2012**



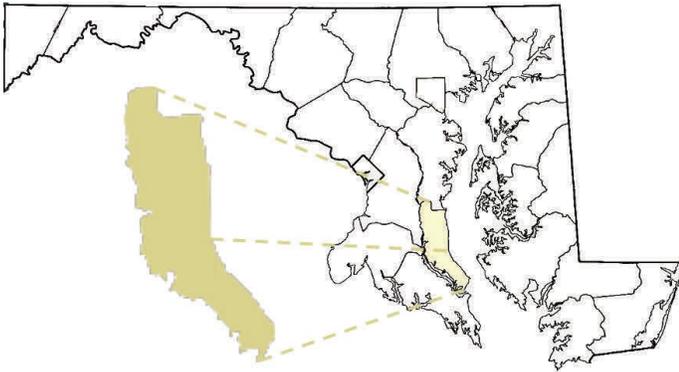
**Figure 24**  
**Age Distribution FY 2012**



**Figure 25**  
**Race Distribution FY 2012**



# CALVERT COUNTY



## Prevention Coordinator

Julie Boutaugh  
(410) 535-3079 ext. 26

### SAMHSA EVIDENCE-BASED PROGRAMS

- ▶ Guiding Good Choices
- ▶ Life Skills

### DEMOGRAPHICS

#### GENDER

Figure 26 shows the countywide distribution of prevention programs for gender in fiscal year 2012. Females represented 55 percent of program participants while 45 percent of the participants countywide were male.

#### AGE

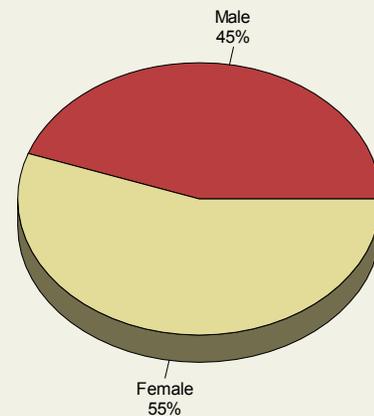
During fiscal year 2012, approximately one-third (32%) of all individuals participating in prevention programs were adolescents. Parents or primary care givers represent the next highest distribution at 19 percent for all Calvert County programs. Figure 27 shows the overall county distribution for age.

#### RACE AND ETHNICITY

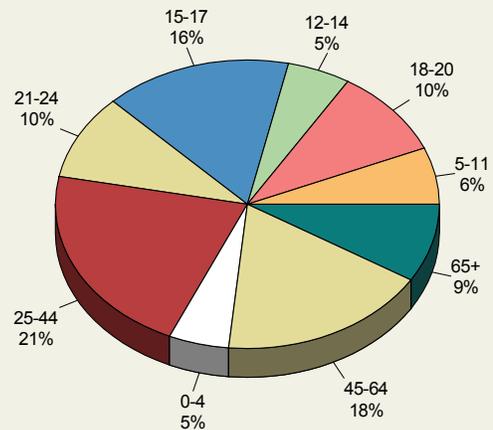
Caucasians comprised 68 percent of the racial distribution while African American accounted for 24 percent. Hispanics (4%) and Asians (4%) accounted for the remaining 8 percent of the distribution during fiscal year 2012 (Figure 28).

**The total number of individuals receiving prevention services in Calvert County was 6,834 in fiscal year 2012.**

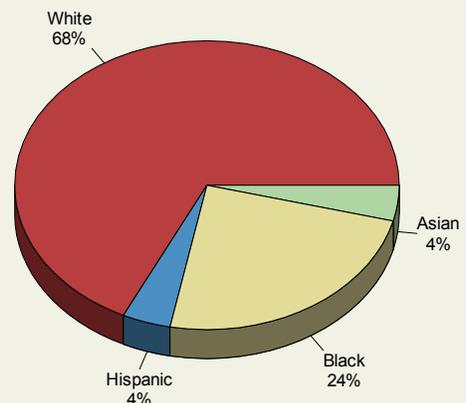
**Figure 26**  
**Gender Distribution FY 2012**



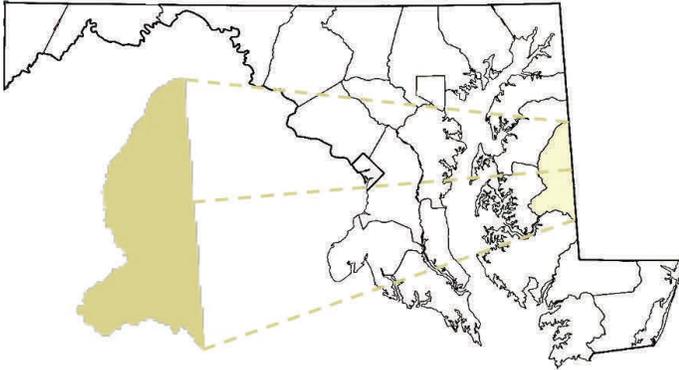
**Figure 27**  
**Age Distribution FY 2012**



**Figure 28**  
**Race Distribution FY 2012**



# CAROLINE COUNTY



## Prevention Coordinator

Karen Bishop  
(410) 479-3501

### SAMHSA EVIDENCE-BASED PROGRAMS

- Communities Mobilizing for Change on Alcohol

### DEMOGRAPHICS

#### GENDER

Figure 29 shows the countywide distribution of prevention programs for gender in fiscal year 2012. Females represented 65 percent of program participants while 35 percent of the participants countywide were male.

#### AGE

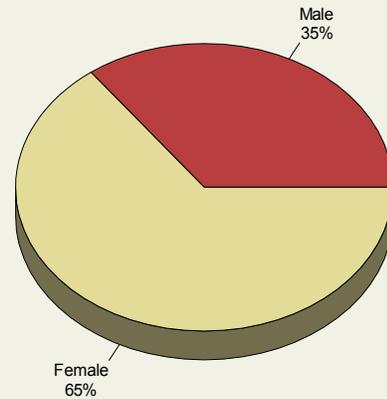
During fiscal year 2012, more than half (57%) of all those participating in prevention programs were adolescents. Parents and primary caregivers represented 18 percent of individuals participating in prevention programs in Caroline County. Figure 30 shows the overall county distribution for age.

#### RACE AND ETHNICITY

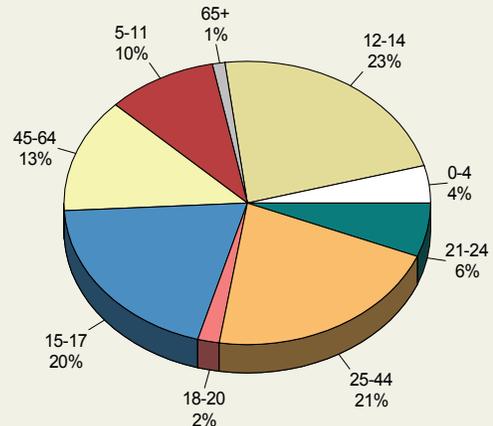
Caucasians accounted for 51 percent of the racial distribution receiving prevention services while African Americans comprised 43 percent during fiscal year 2012 (Figure 31). Hispanics account for the remaining six percent of the overall racial distribution.

**The total number of individuals receiving prevention services in Caroline County was 1,677 in fiscal year 2012.**

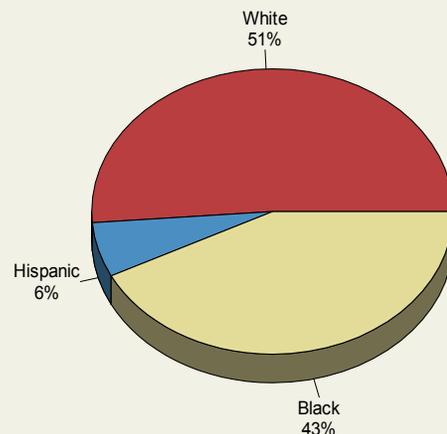
**Figure 29**  
**Gender Distribution FY 2012**



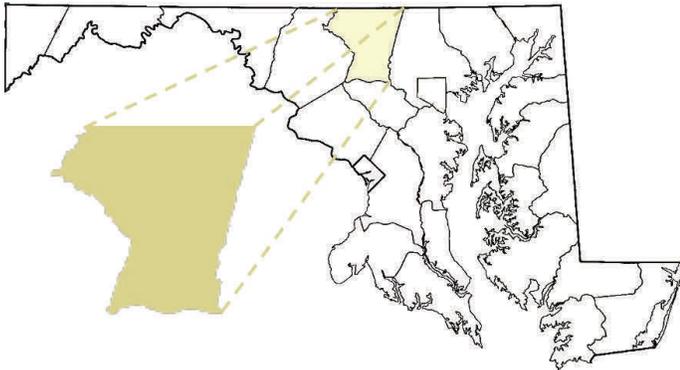
**Figure 30**  
**Age Distribution FY 2012**



**Figure 31**  
**Gender Distribution FY 2012**



# CARROLL COUNTY



## Prevention Coordinator

Linda Auerback  
(410) 876-4800 ext.728

### SAMHSA EVIDENCE-BASED PROGRAMS

- Guiding Good Choices

### DEMOGRAPHICS

#### GENDER

Figure 32 shows the countywide distribution of prevention programs for gender in fiscal year 2012. Females represented 55 percent of program participants while 45 percent of the participants countywide were male.

#### AGE

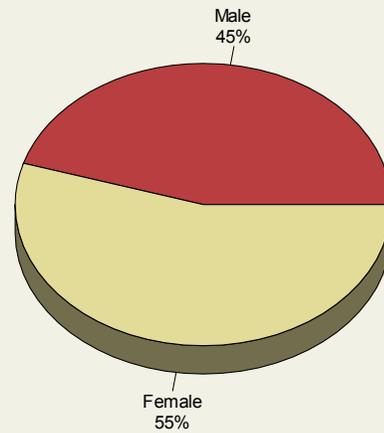
During fiscal year 2012, approximately one-quarter (21%) of all those participating in prevention programs were adolescents. Parents and primary caregivers represented 57 percent of individuals attending prevention programs in Carroll County. Figure 33 shows the overall county distribution for age.

#### RACE AND ETHNICITY

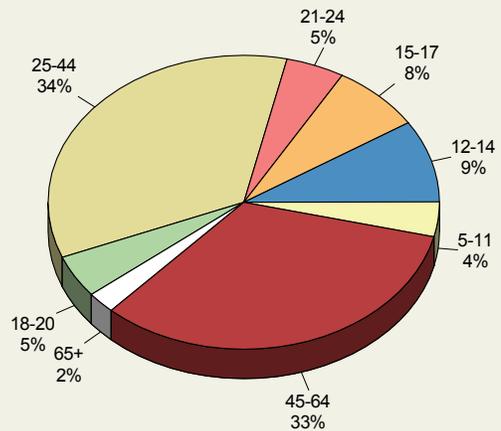
Caucasians accounted for 94 percent of the racial distribution receiving prevention services in Carroll County. African Americans (4%) and Hispanics (2%) represented the remaining six percent of the racial distribution. Figure 34 shows the overall county distribution for Race/Ethnicity.

**The total number of individuals receiving prevention services in Carroll County was 38,331 in fiscal year 2012.**

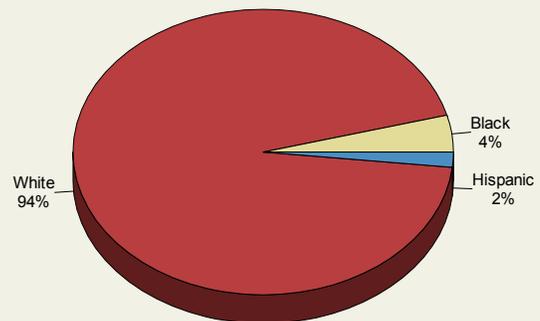
**Figure 32**  
Gender Distribution FY 2012



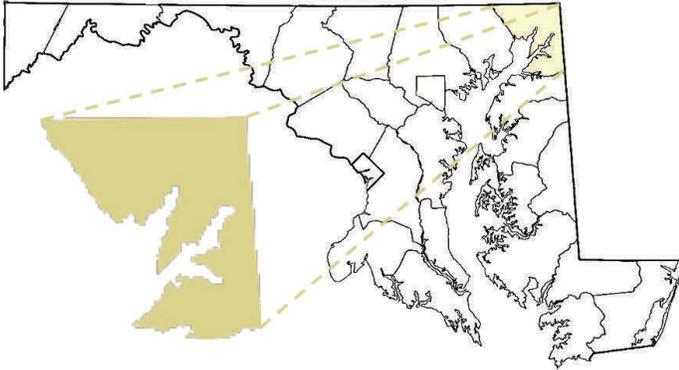
**Figure 33**  
Age Distribution FY 2012



**Figure 34**  
Race Distribution FY 2012



# CECIL COUNTY



## Prevention Coordinator

Jennifer Padgett  
(410) 996-5168

### SAMHSA EVIDENCE-BASED PROGRAMS

- Keep a Clear Mind

### DEMOGRAPHICS

#### GENDER

Figure 35 shows the countywide distribution of prevention programs for gender in fiscal year 2012. Females represented 54 percent of program participants while 46 percent of the participants countywide were male.

#### AGE

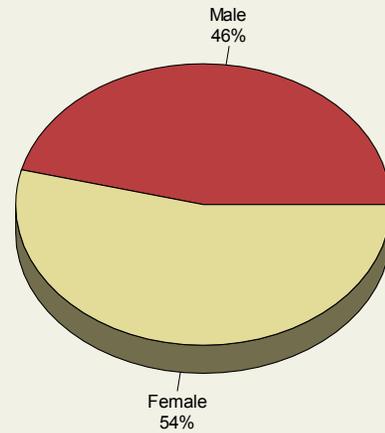
During fiscal year 2012, 56 percent of all those participating in prevention programs were parents or primary caregivers. Adolescents represented 13 percent of those receiving prevention services in Cecil County. Figure 36 shows the overall county distribution for age.

#### RACE AND ETHNICITY

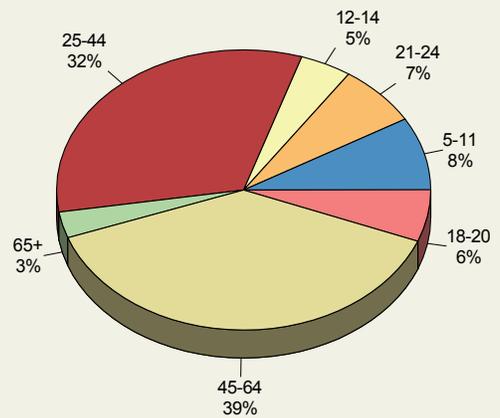
As shown in Figure 37, Caucasians (67%) and African Americans (32%) accounted for the majority of the racial distribution in Cecil County. Hispanics (1%) represented the remaining distribution in fiscal year 2012.

**The total number of individuals receiving prevention services in Cecil County was 2,819 in fiscal year 2012.**

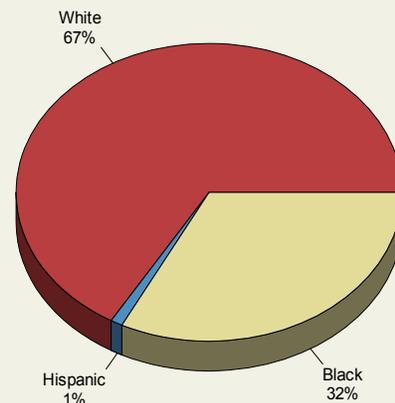
**Figure 35**  
**Gender Distribution FY 2012**



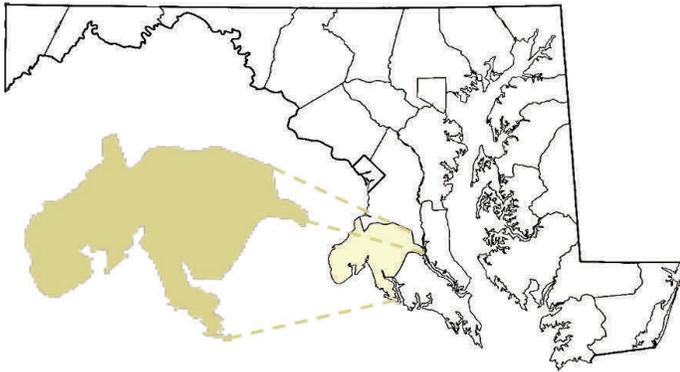
**Figure 36**  
**Age Distribution FY 2012**



**Figure 37**  
**Race Distribution FY 2012**



# CHARLES COUNTY



## Prevention Coordinator

Al Evans  
(301) 609-6631

### SAMHSA EVIDENCE-BASED PROGRAMS

#### ► Second Step

### DEMOGRAPHICS

#### GENDER

Figure 38 shows the countywide distribution of prevention programs for gender in fiscal year 2012. There was a relative equal distribution of males (52%) and females (48%) in fiscal year 2012.

#### AGE

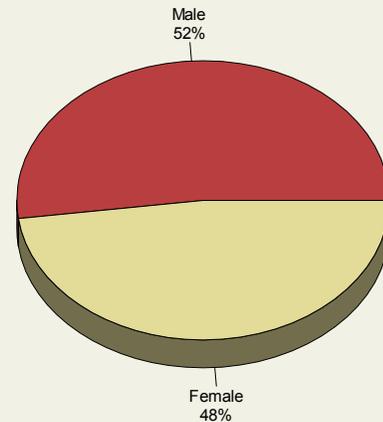
During fiscal year 2012, approximately one-half (48%) of all those participating in prevention programs were adolescents. Parents and primary care givers represented 6 percent of the age distribution for fiscal year 2012. Figure 39 shows the overall county distribution for age.

#### RACE AND ETHNICITY

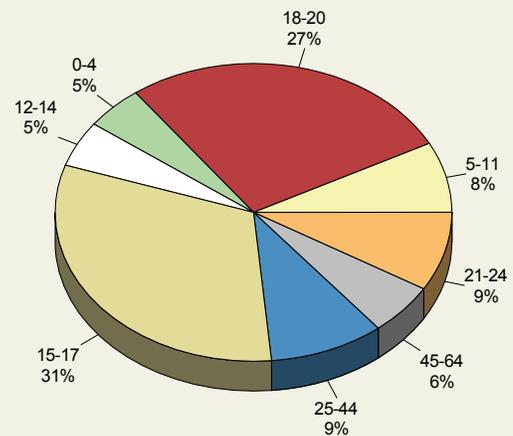
African Americans accounted for 48 percent of the racial distribution receiving prevention services in Charles County while Caucasians comprised 41 percent during fiscal year 2012 (Figure 40). Hispanics (10%) and Asians (1%) accounted for eleven percent (11%) of the remaining distribution.

**The total number of individuals receiving prevention services in Charles County was 3,954 in fiscal year 2012.**

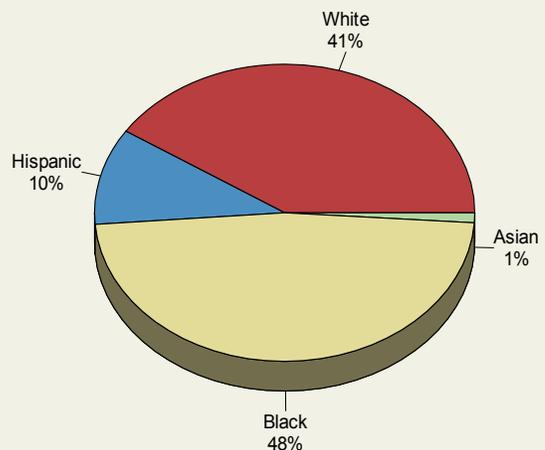
**Figure 38**  
**Gender Distribution FY 2012**



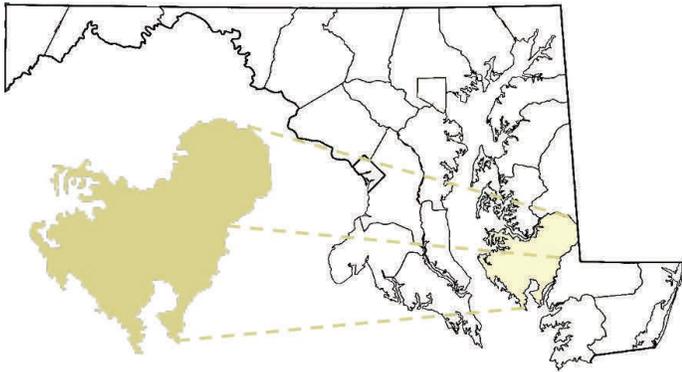
**Figure 39**  
**Age Distribution FY 2012**



**Figure 40**  
**Race Distribution FY 2012**



# DORCHESTER COUNTY



## Prevention Coordinator

Ervina Johnson  
(410) 901-3224

### SAMHSA EVIDENCE-BASED PROGRAMS

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

### DEMOGRAPHICS

#### GENDER

Figure 41 shows the gender distribution of prevention programs for fiscal year 2012. Females represented 69 percent of program participants while 31 percent of the participants countywide were male.

#### AGE

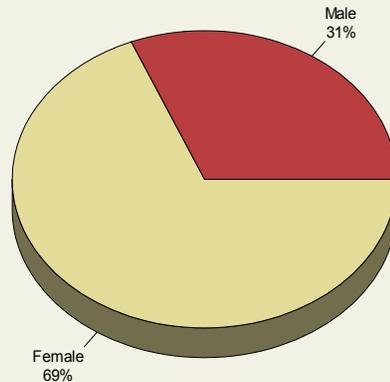
During fiscal year 2012, more than one-third (43%) of those receiving prevention services in Dorchester County were adolescents. Parents or primary care givers accounted for 22 percent of the distribution. Figure 42 shows the overall county distribution for age.

#### RACE AND ETHNICITY

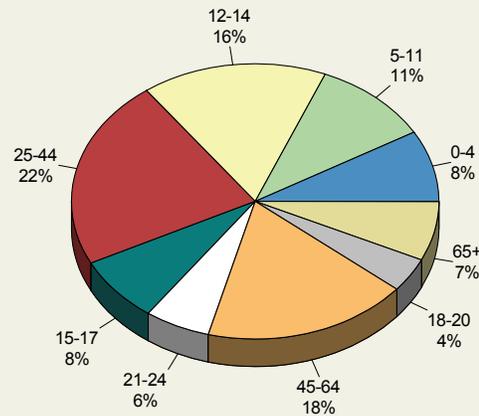
As shown in Figure 43, African Americans accounted for 53 percent of the racial distribution receiving prevention services in Dorchester County. Caucasians (41%), Hispanics (3%) and Asians (3%) comprised the remaining racial distribution during fiscal year 2012.

**The total number of individuals receiving prevention services in Dorchester County was 2,669 in fiscal year 2012.**

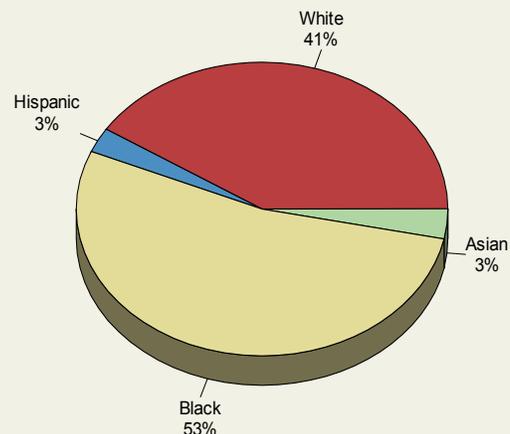
**Figure 41**  
**Gender Distribution FY 2012**



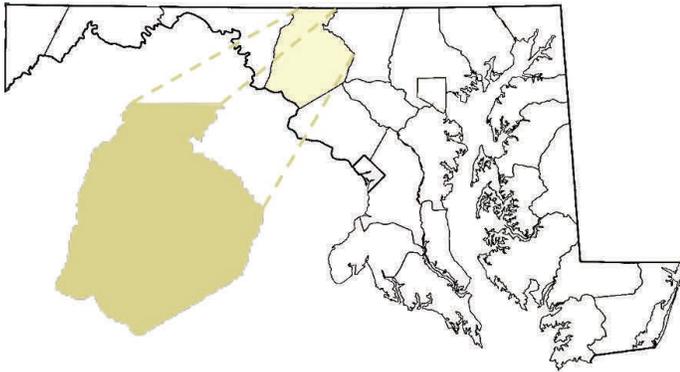
**Figure 42**  
**Age Distribution FY 2012**



**Figure 43**  
**Race Distribution FY 2012**



# FREDERICK COUNTY



## Prevention Coordinator

Todd Crum  
(301) 600-3285

### SAMHSA EVIDENCE-BASED PROGRAMS

- ▶ Guiding Good Choices

### DEMOGRAPHICS

#### GENDER

Figure 44 shows the countywide distribution of prevention programs for gender in fiscal year 2012. There was an equal distribution of males (50%) and females (50%) in fiscal year 2012.

#### AGE

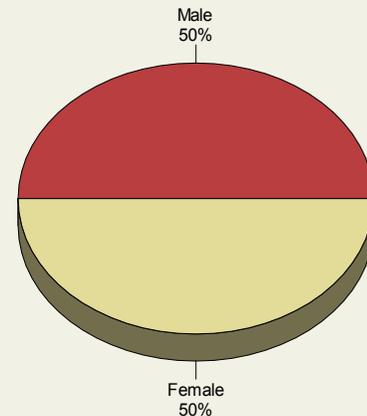
More than one-third (41%) of all individuals served in Frederick County were parents. Adolescents represented 11 percent of the population receiving services. (Figure 45).

#### RACE AND ETHNICITY

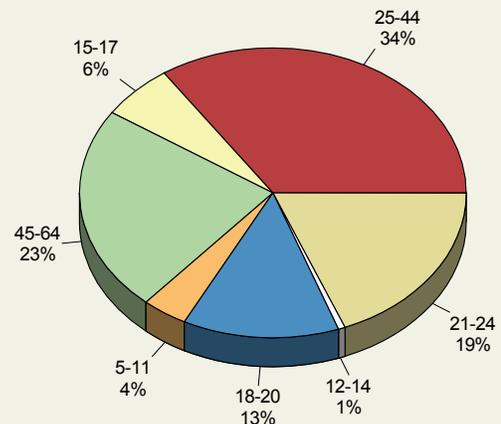
As shown in Figure 46, Caucasians accounted for 79 percent of the racial distribution in fiscal year 2012. African Americans (11%), Hispanics (8%) and Asians (2%) comprised the remaining 21 percent of the overall distribution.

**The total number of individuals receiving prevention services in Frederick County was 81,672 in fiscal year 2012.**

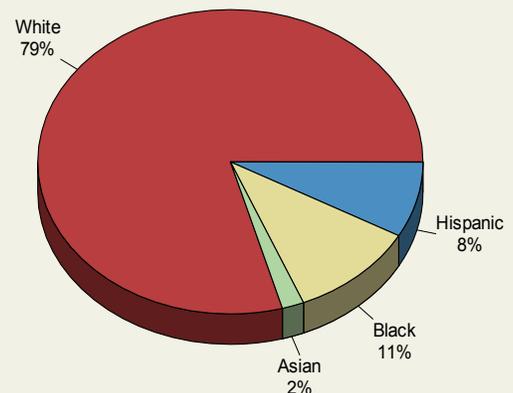
**Figure 44**  
**Gender Distribution FY 2012**



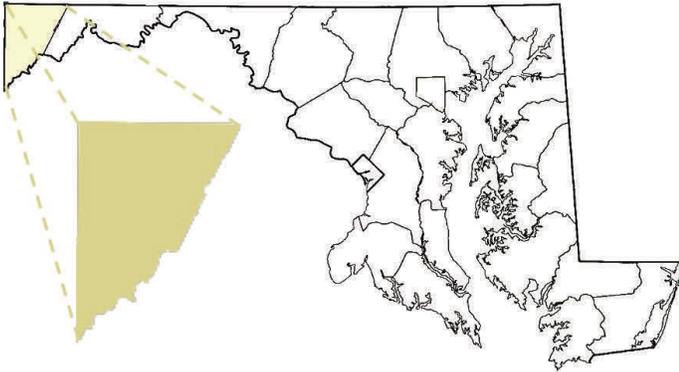
**Figure 45**  
**Age Distribution FY 2012**



**Figure 46**  
**Race Distribution FY 2012**



# GARRETT COUNTY



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

## SAMHSA EVIDENCE-BASED PROGRAMS

► Second Step

### DEMOGRAPHICS

#### GENDER

Figure 47 shows the countywide distribution of prevention programs for gender in fiscal year 2012. Females represented 65 percent of program participants while 35 percent of the participants countywide were male.

#### AGE

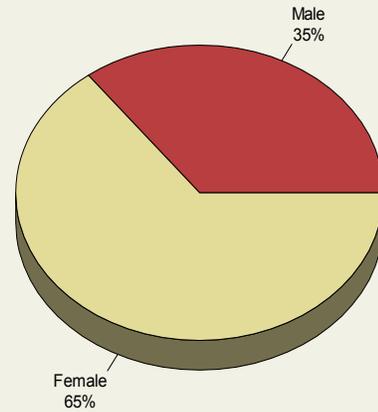
During fiscal year 2012, adolescents accounted for 61 percent of those individuals receiving prevention services in Garrett County. Approximately one-quarter (21%) of all those participating in prevention programs were parents or primary care givers. Figure 48 shows the overall county distribution for age.

#### RACE AND ETHNICITY

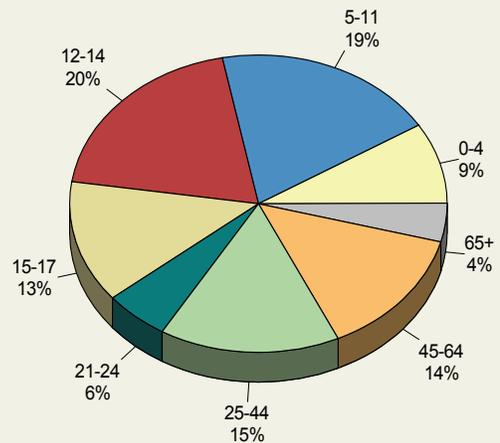
As shown in Figure 49, Caucasians accounted for 100 percent of the racial distribution receiving prevention services in Garrett County during fiscal year 2012.

**The total number of individuals receiving prevention services in Garrett County was 8,014 in fiscal year 2012.**

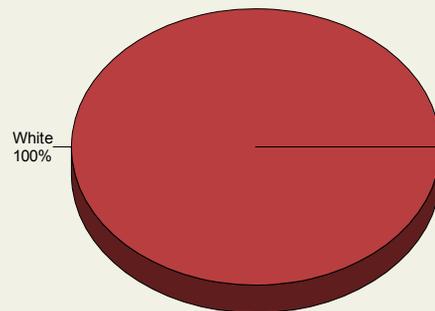
**Figure 47**  
**Gender Distribution FY 2012**



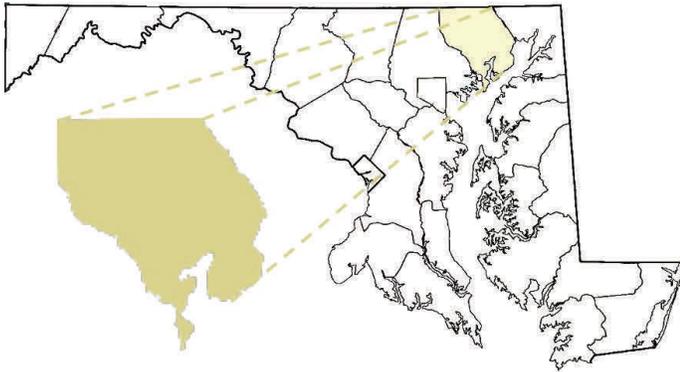
**Figure 48**  
**Age Distribution FY 2012**



**Figure 49**  
**Race Distribution FY 2012**



# HARFORD COUNTY



## Prevention Coordinator

Joseph Ryan  
(410) 638-3333

### SAMHSA EVIDENCE-BASED PROGRAMS

- All Stars

### DEMOGRAPHICS

#### GENDER

Figure 50 shows the countywide distribution of prevention programs for gender in fiscal year 2012. Females represented 60 percent of program participants while 40 percent of the participants countywide were male.

#### AGE

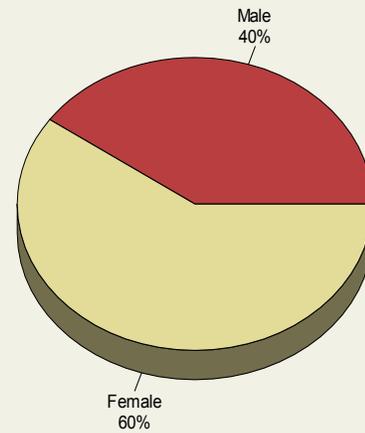
During fiscal year 2012, over one-third (40%) of all those participating in prevention programs were adolescents. Parents or primary care givers represented approximately one third (31%) of the individuals receiving prevention services in Harford County. Figure 51 shows the overall county distribution for age.

#### RACE AND ETHNICITY

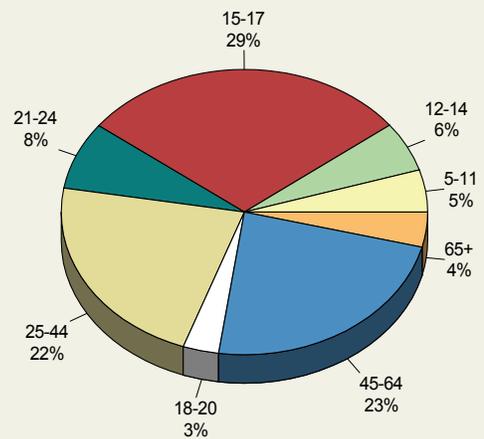
As shown in Figure 52, Caucasians accounted for 64 percent of the racial distribution receiving prevention services in Harford County while African Americans comprised 31 percent during fiscal year 2012. Hispanics (2%) and Asians (3%) accounted for the remaining five percent of the overall distribution.

**The total number of individuals receiving prevention services in Harford County was 19,007 in fiscal year 2012.**

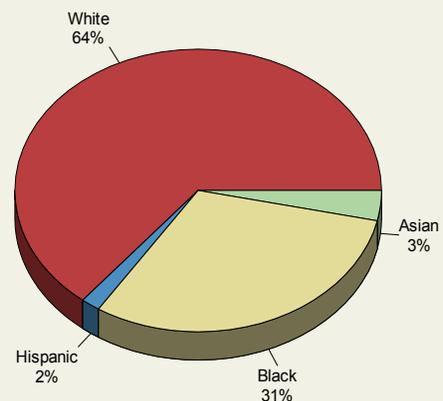
**Figure 50**  
**Gender Distribution FY 2012**



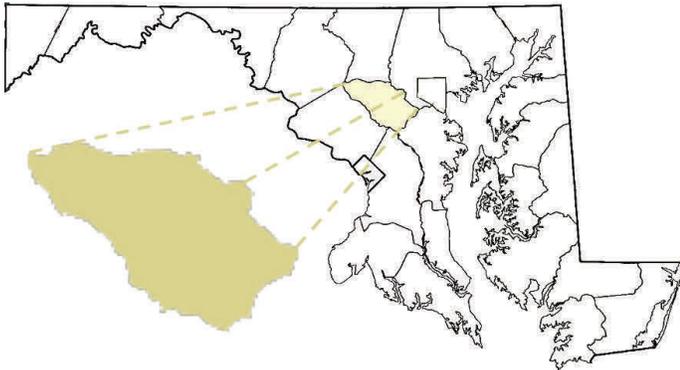
**Figure 51**  
**Age Distribution FY 2012**



**Figure 52**  
**Race Distribution FY 2012**



# HOWARD COUNTY



**Prevention Coordinator**  
Joan Webb-Scornaienchi  
(443) 325-0040

## SAMHSA EVIDENCE-BASED PROGRAMS

► Guiding Good Choices

### DEMOGRAPHICS

#### GENDER

Figure 53 shows the countywide distribution of prevention programs for gender in fiscal year 2012. Females represented 67 percent of program participants while 33 percent of the participants countywide were male.

#### AGE

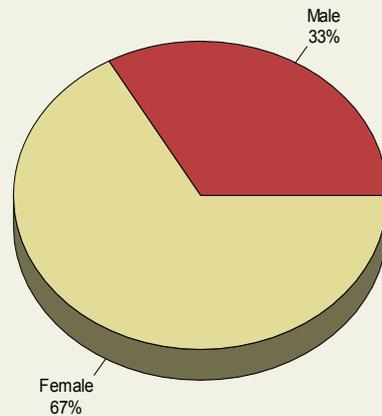
During fiscal year 2012, over 25 percent of all those participating in prevention programs were parents or primary care givers. Adolescents accounted for 31 percent of the distribution. Figure 54 shows the overall county distribution for age.

#### RACE AND ETHNICITY

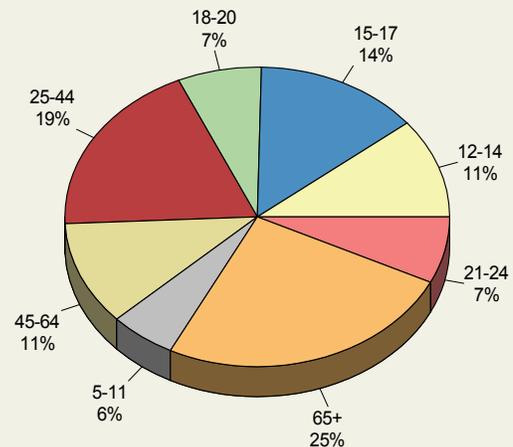
As shown in Figure 55, Hispanics represented 48 percent of the racial distribution receiving prevention services in fiscal year 2012. Caucasians (34%), African Americans (16%) and Asians (2%) accounted for 52 percent of the remaining distribution.

**The total number of individuals receiving prevention services in Howard County was 808 in fiscal year 2012.**

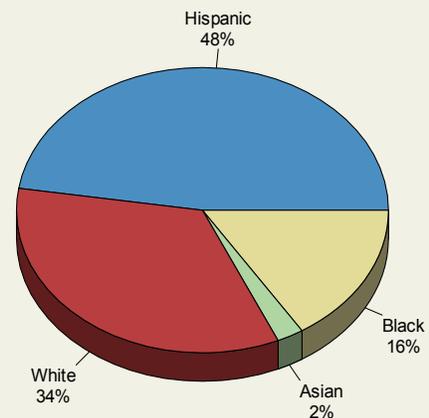
**Figure 53**  
**Gender Distribution FY 2012**



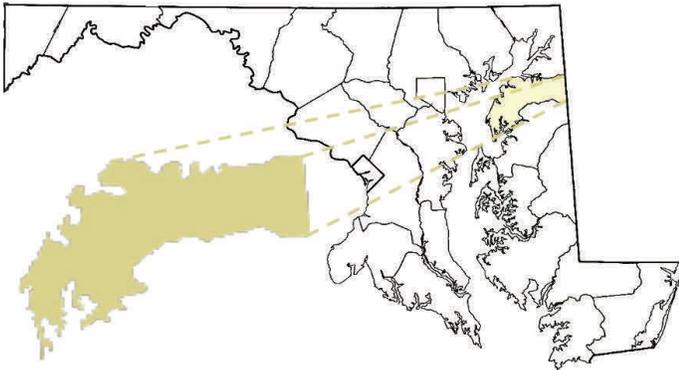
**Figure 54**  
**Age Distribution FY 2012**



**Figure 55**  
**Race Distribution FY 2012**



# KENT COUNTY



## Prevention Coordinator

Nora Becker  
(410) 778-7918 ext. 23

### SAMHSA EVIDENCE-BASED PROGRAMS

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

### DEMOGRAPHICS

#### GENDER

Figure 56 shows the countywide distribution of prevention programs for gender in fiscal year 2012. Females represented 53 percent of program participants while 47 percent of the participants countywide were male.

#### AGE

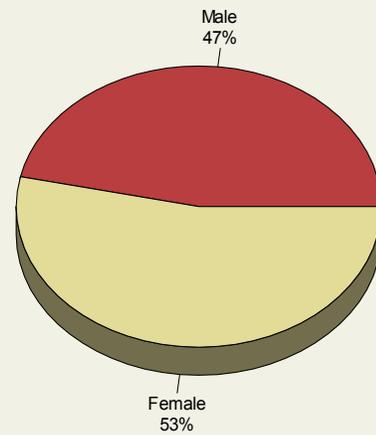
During fiscal year 2012, approximately one-half (47%) of all those participating in prevention programs were parents. Adolescents comprised 9 percent of the individuals attending prevention programs in Kent County. Figure 57 shows the overall county distribution for age.

#### RACE AND ETHNICITY

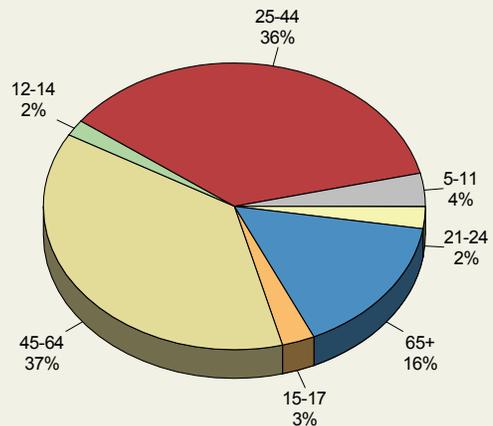
As shown in Figure 58, Caucasians accounted for 78 percent of the racial distribution in Kent County while African Americans comprised 20 percent during fiscal year 2012. Hispanics accounted for the remaining 2 percent of the overall distribution.

**The total number of individuals receiving prevention services in Kent County was 15,826 in fiscal year 2012.**

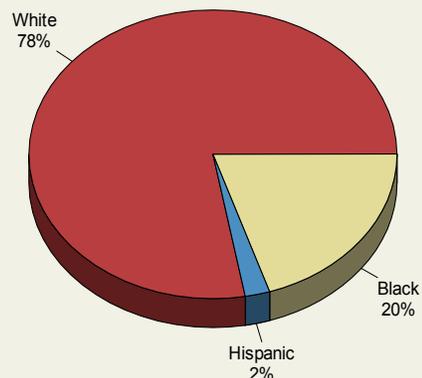
**Figure 56**  
**Gender Distribution FY 2012**



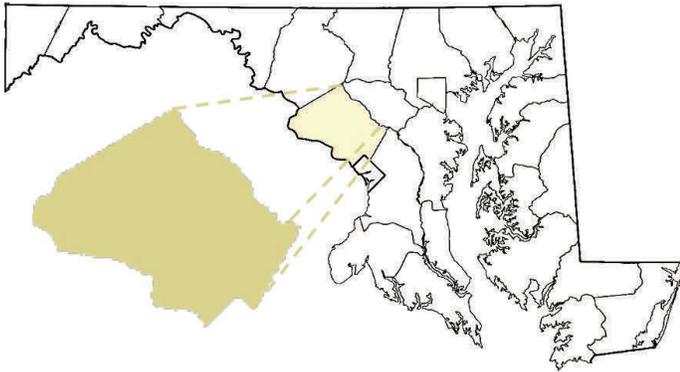
**Figure 57**  
**Age Distribution FY 2012**



**Figure 58**  
**Race Distribution FY 2012**



# MONTGOMERY COUNTY



## Prevention Coordinator

Ben Stevenson  
(240) 777-4241

### SAMHSA EVIDENCE-BASED PROGRAMS

- Dare to be you

### DEMOGRAPHICS

#### GENDER

Figure 59 shows the countywide distribution of prevention programs for gender in fiscal year 2012. Females represented 53 percent of program participants while 47 percent of the participants countywide were male.

#### AGE

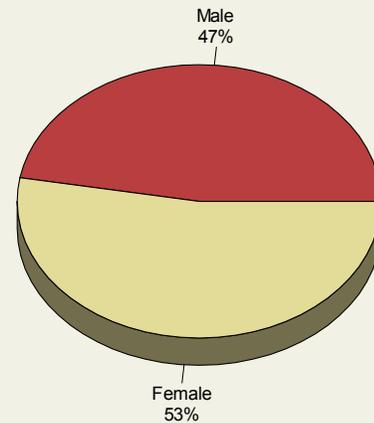
During fiscal year 2012, adolescents represented 54 percent of those individuals receiving services in Montgomery County. One-third (34%) of those receiving services were parents and primary care givers. Figure 60 shows the overall county distribution for age.

#### RACE AND ETHNICITY

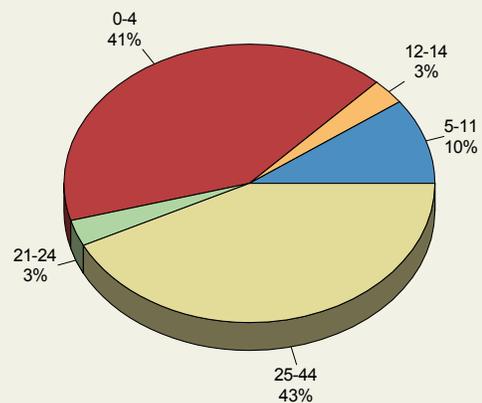
As shown in Figure 61, Hispanics accounted for 71 percent of the racial distribution receiving prevention services in Montgomery County. African Americans (27%) and Caucasians (2%) accounted for the remaining distribution.

**The total number of individuals receiving prevention services in Montgomery County was 131 in fiscal year 2012.**

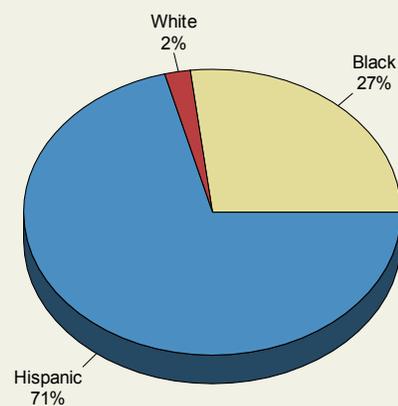
**Figure 59**  
**Gender Distribution FY 2012**



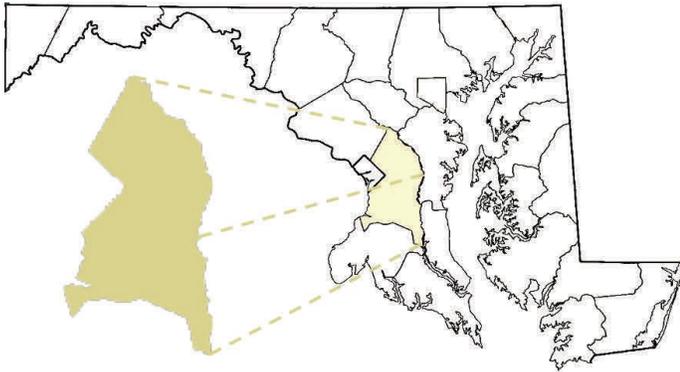
**Figure 60**  
**Age Distribution FY 2012**



**Figure 61**  
**Race Distribution FY 2012**



# PRINCE GEORGE'S COUNTY



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

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

## SAMHSA EVIDENCE-BASED PROGRAMS

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

## DEMOGRAPHICS

### GENDER

Figure 62 shows the countywide distribution of prevention programs for gender in fiscal year 2012. Females represented 51 percent of program participants while 49 percent of the participants countywide were male.

### AGE

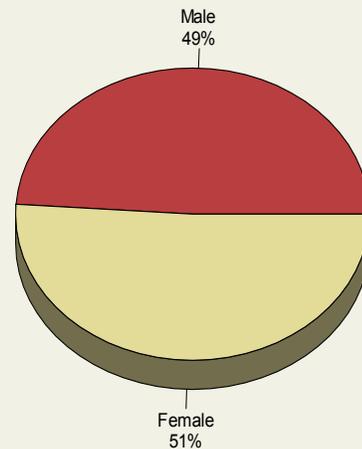
Figure 63 shows the overall distribution for age in Prince George's County during fiscal year 2012. Adolescents accounted for 29 percent of those individuals receiving prevention services.

### RACE AND ETHNICITY

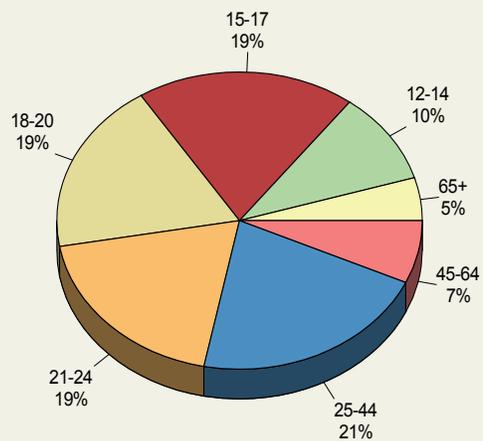
As shown in Figure 64, African Americans accounted for 52 percent of the racial distribution in Prince George's County. Hispanics (28%) and Caucasians (20%) accounted for the remainder of the distribution for fiscal year 2012.

- **The total number of individuals receiving prevention services in Prince George's County was 43,159 in fiscal year 2012.**
- **The ATOD Center at Bowie State University served 4,504 individuals in fiscal year 2012.**

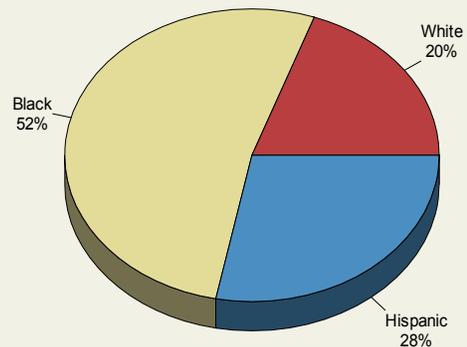
**Figure 62**  
**Gender Distribution FY 2012**



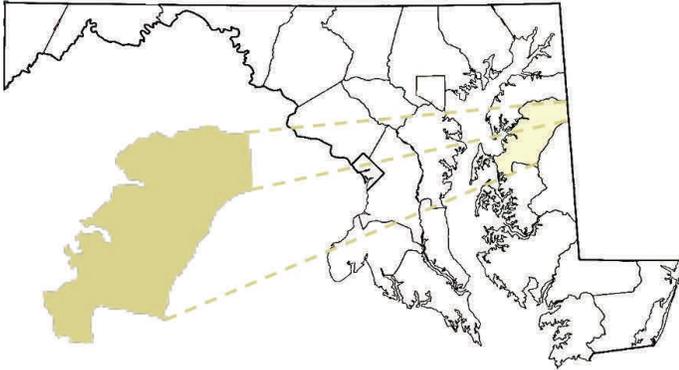
**Figure 63**  
**Age Distribution FY 2012**



**Figure 64**  
**Race Distribution FY 2012**



# QUEEN ANNE'S COUNTY



**Prevention Coordinator**  
 Kathy Wright  
 (410) 758-1306 ext. 304

## SAMHSA EVIDENCE-BASED PROGRAMS

- Communities Mobilizing for Change on Alcohol

## DEMOGRAPHICS

### GENDER

Figure 65 shows the countywide distribution of prevention programs for gender in fiscal year 2012. Females represented 56 percent of program participants while 44 percent were male.

### AGE

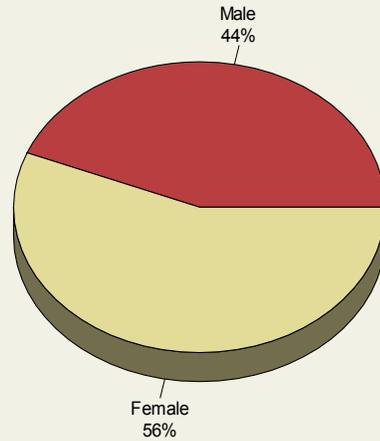
During fiscal year 2012, twenty percent of all those participating in prevention programs were adolescents. Parents and primary care givers accounted for 52 percent of the distribution. Figure 66 shows the overall county distribution for age.

### RACE AND ETHNICITY

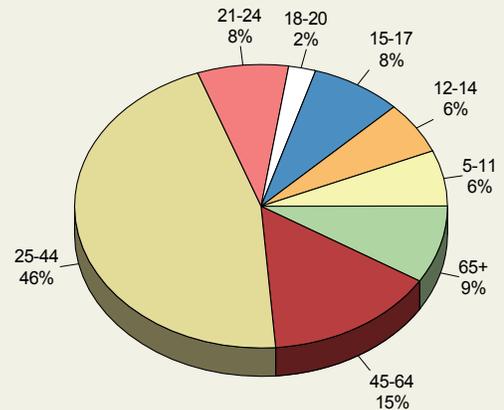
As shown in Figure 67, Caucasians (66%) and African Americans (32%) accounted for 98 percent of the racial distribution receiving prevention services in Queen Anne's County. Hispanics (2%) accounted for the remaining racial distribution in fiscal year 2012.

**The total number of individuals receiving prevention services in Queen Anne's County was 3,724 in fiscal year 2012.**

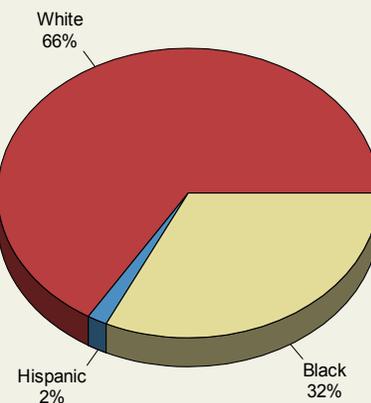
**Figure 65**  
**Gender Distribution FY 2012**



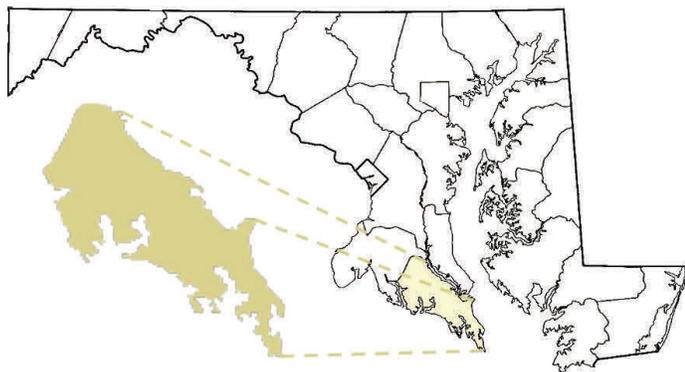
**Figure 66**  
**Age Distribution FY 2012**



**Figure 67**  
**Race Distribution FY 2012**



# ST. MARY'S COUNTY



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

## SAMHSA EVIDENCE-BASED PROGRAMS

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

## DEMOGRAPHICS

### GENDER

Figure 68 shows the countywide distribution of prevention programs for gender in fiscal year 2012. Females represented 52% of program participants while 48 percent were male.

### AGE

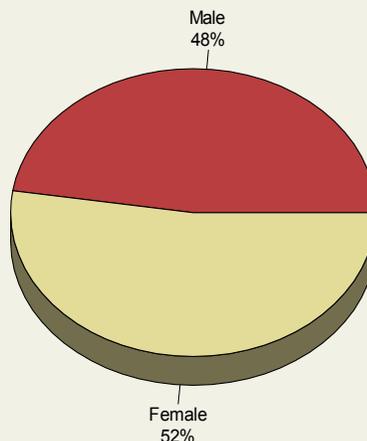
During fiscal year 2012, approximately three-quarters (73%) of all those participating in prevention programs were adolescents. Figure 69 shows the overall county distribution for age.

### RACE AND ETHNICITY

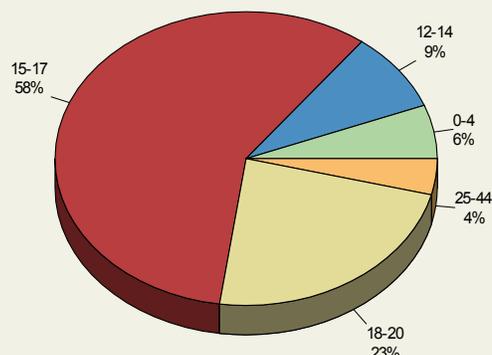
As shown in Figure 70, Caucasians accounted for 54 percent of the racial distribution in St. Mary's County while African Americans comprised 31 percent. Asians (8%) and Hispanics (4%) accounted for the remaining 12 percent of the distribution.

**The total number of individuals receiving prevention services in St. Mary's County was 3,074 in fiscal year 2012.**

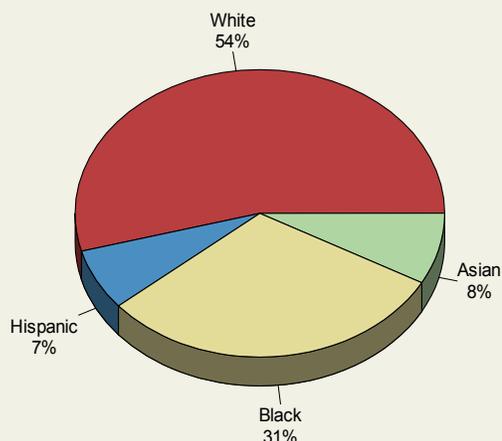
**Figure 68**  
**Gender Distribution FY 2012**



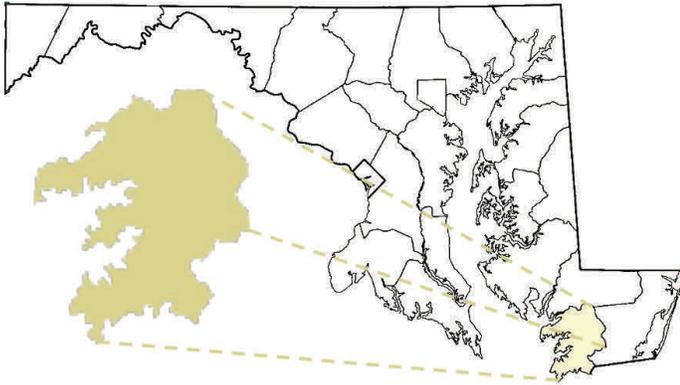
**Figure 69**  
**Age Distribution FY 2012**



**Figure 70**  
**Race Distribution FY 2012**



# SOMERSET COUNTY



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

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

## SAMHSA EVIDENCE-BASED PROGRAMS

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

## DEMOGRAPHICS

### GENDER

Figure 71 shows the countywide distribution of prevention programs for gender in fiscal year 2012. Females represented 54 percent of program participants while 46 percent of the participants countywide were male.

### AGE

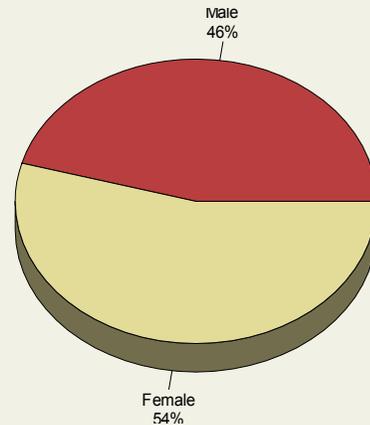
During fiscal year 2012, three-quarters (76%) of individuals participating in prevention programs were adolescents. Figure 72 shows the overall county distribution for age.

### RACE AND ETHNICITY

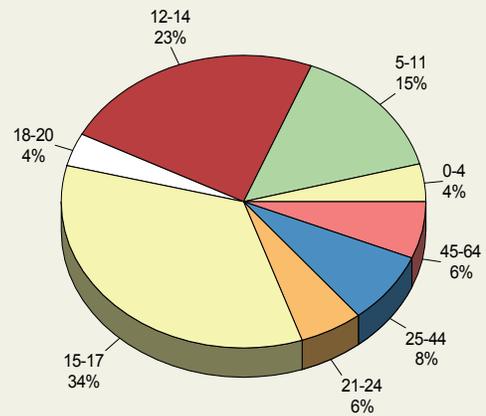
As shown in Figure 73, Caucasians (50%) and African Americans (39%) accounted for 89 percent of the racial distribution in Somerset County. Hispanics (11%) accounted for the remaining racial distribution.

- **The total number of individuals receiving prevention services through the Somerset County prevention office was 2,562 in fiscal year 2012.**
- **The ATOD Center at the University of Maryland Eastern Shore served 918 individuals in fiscal year 2012.**

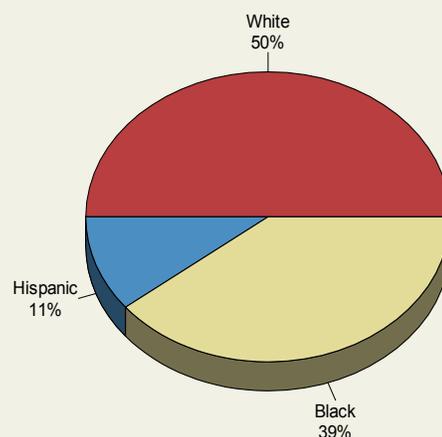
**Figure 71**  
**Gender Distribution FY 2012**



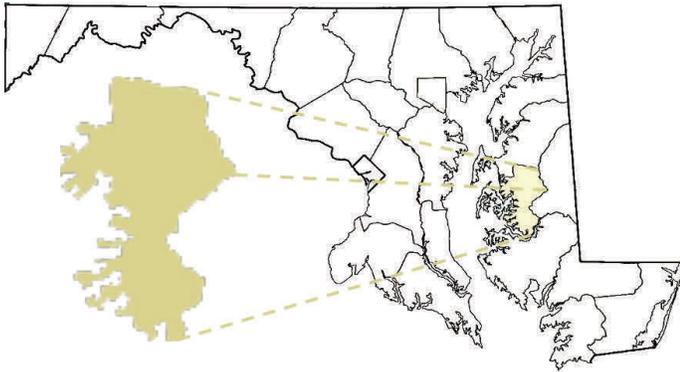
**Figure 72**  
**Age Distribution FY 2012**



**Figure 73**  
**Race Distribution FY 2012**



# TALBOT COUNTY



## Prevention Coordinator

Paula Lowry  
(410) 819-8067

### SAMHSA EVIDENCE-BASED PROGRAMS

- ▶ All Stars
- ▶ Communities Mobilizing for Change on Alcohol
- ▶ Guiding Good Choices

### DEMOGRAPHICS

#### GENDER

Figure 74 shows the countywide distribution of prevention programs for gender in fiscal year 2012. Females represented 51 percent of program participants while 49 percent of the participants countywide were male.

#### AGE

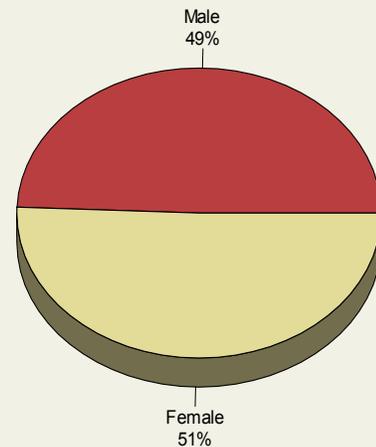
During fiscal year 2012, approximately one-third (31%) of all those participating in prevention programs were parents or primary care givers. Adolescents represented 15 percent of the distribution. Figure 75 shows the overall county distribution for age.

#### RACE AND ETHNICITY

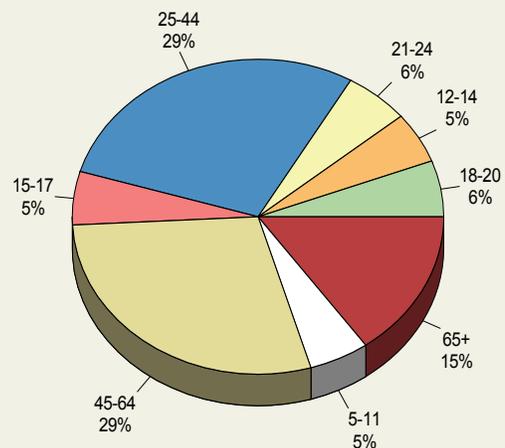
Caucasians represented for 83 percent of the racial distribution receiving prevention services. African Americans (12%) and Hispanics (5%) accounted for the remaining distribution (Figure 76).

**The total number of individuals receiving prevention services in Talbot County was 26,794 in fiscal year 2012.**

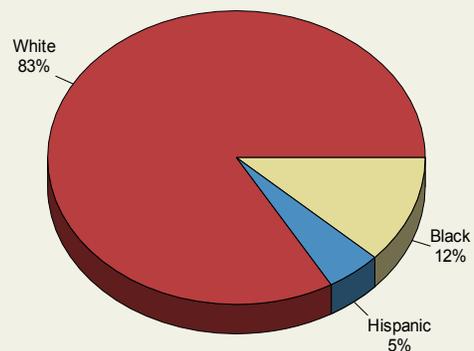
**Figure 74**  
**Gender Distribution FY 2012**



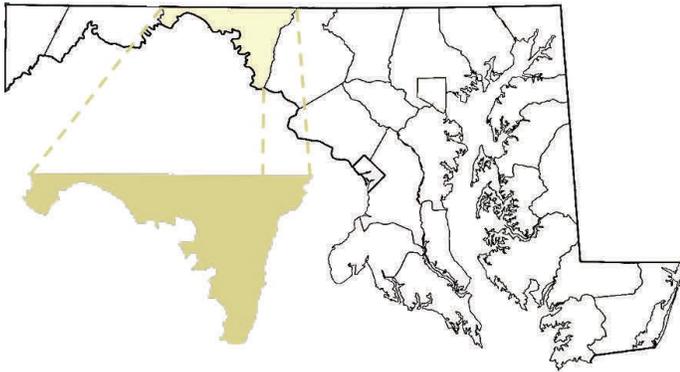
**Figure 75**  
**Age Distribution FY 2012**



**Figure 76**  
**Race Distribution FY 2012**



# WASHINGTON COUNTY



## Prevention Coordinator

April Rouzer  
(240) 313-3356

### SAMHSA EVIDENCE-BASED PROGRAMS

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

### DEMOGRAPHICS

#### GENDER

Figure 77 shows the countywide distribution of prevention programs for gender in fiscal year 2012. Females represented 51 percent of program participants while 49 percent of the participants countywide were male.

#### AGE

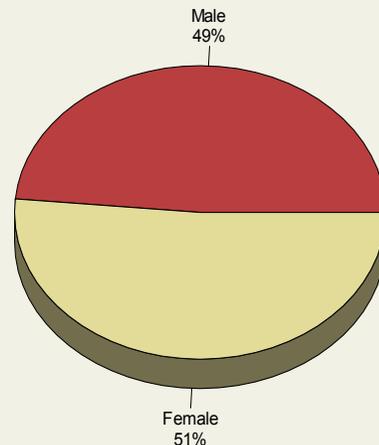
During fiscal year 2012, more than one-half (58%) of those receiving prevention services were parents or primary caregivers. Adolescents accounted for 22 percent of individuals receiving prevention services in Washington County. Figure 78 shows the overall county distribution for age.

#### RACE AND ETHNICITY

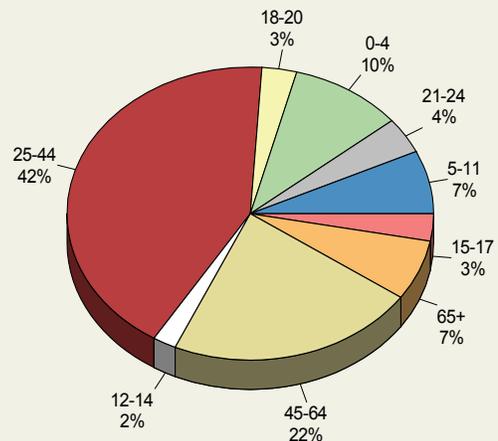
Caucasians (84%) and African Americans (14%) accounted for 98 percent of the racial distribution receiving prevention services. Hispanics (2%) represented the remaining distribution during fiscal year 2012 (Figure 79).

**The total number of individuals receiving prevention services in Washington County was 1,173 in fiscal year 2012.**

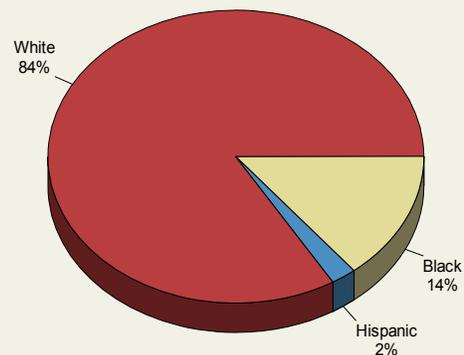
**Figure 77**  
**Gender Distribution FY 2012**



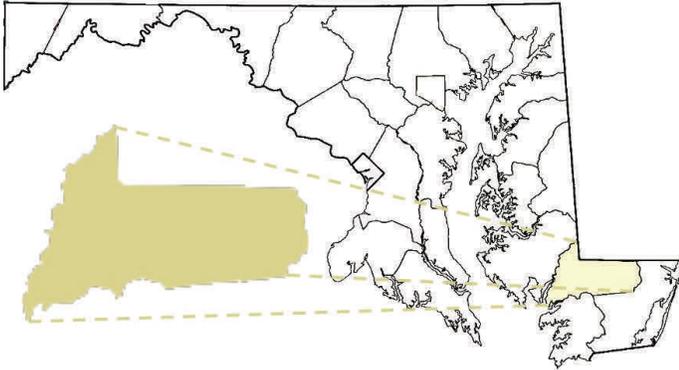
**Figure 78**  
**Age Distribution FY 2012**



**Figure 79**  
**Race Distribution FY 2012**



# WICOMICO COUNTY



## Prevention Coordinator

Cindy Shifler  
(410) 219-7544

### SAMHSA EVIDENCE-BASED PROGRAMS

- ▶ CMCA
- ▶ Second Step
- ▶ Strengthening Families

### DEMOGRAPHICS

#### GENDER

Figure 80 shows the countywide distribution of prevention programs for gender in fiscal year 2012. Females represented 51 percent of program participants while 49 percent of the participants countywide were male.

#### AGE

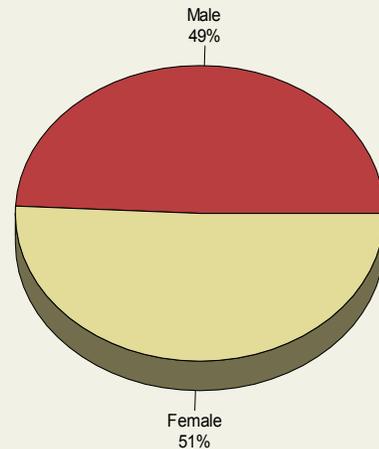
During fiscal year 2012, more than one-half (53%) of those receiving prevention services were parents or primary caregivers. Adolescents accounted for 21 percent of individuals receiving prevention services in Wicomico County. Figure 81 shows the overall county distribution for age.

#### RACE AND ETHNICITY

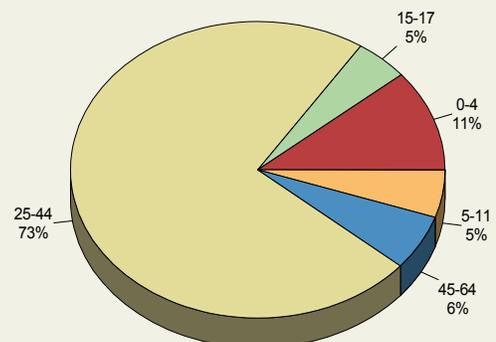
Caucasians accounted for 59 percent receiving prevention services in fiscal year 2012. African Americans comprised 41 percent of the racial distribution (Figure 82).

**The total number of individuals receiving prevention services in Wicomico County was 27,573 in fiscal year 2012.**

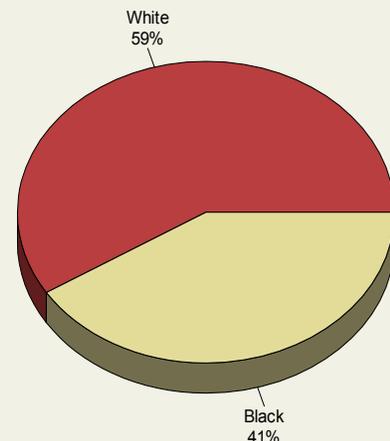
**Figure 80**  
**Gender Distribution FY 2012**



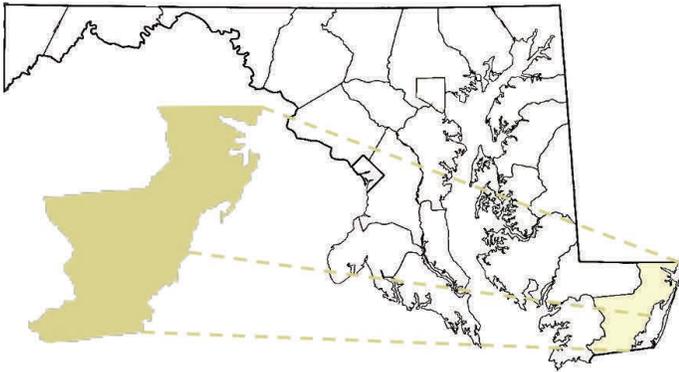
**Figure 81**  
**Age Distribution FY 2012**



**Figure 82**  
**Race Distribution FY 2012**



# WORCESTER COUNTY



## Prevention Coordinator

Marty Pusey  
(410) 632-1100

### SAMHSA EVIDENCE-BASED PROGRAMS

- ▶ All Stars
- ▶ Life Skills

### DEMOGRAPHICS

#### GENDER

Figure 83 shows the countywide distribution of prevention programs for gender in fiscal year 2012. Males represented 54 percent of program participants while 46 percent of the participants countywide were female.

#### AGE

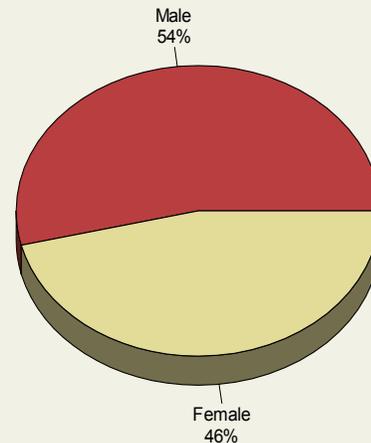
During fiscal year 2012, the majority of those participating in prevention programs were adolescents (93%). Figure 84 shows the overall county distribution for age.

#### RACE AND ETHNICITY

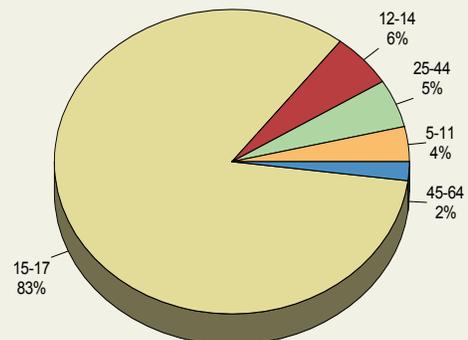
As shown in Figure 85, African Americans represented 51 percent of those receiving prevention services in Worcester County. Caucasians (47%) and Hispanics (2%) accounted for the remaining racial distribution during fiscal year 2012.

**The total number of individuals receiving prevention services in Worcester County was 11,723 in fiscal year 2012.**

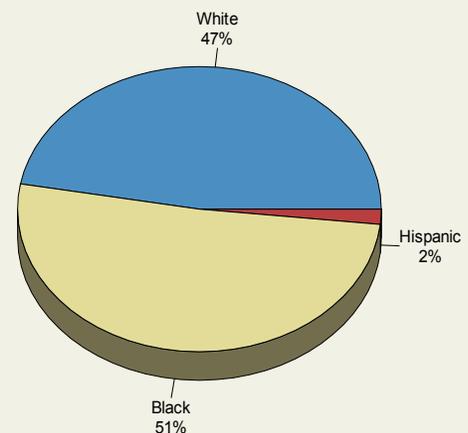
**Figure 83**  
**Gender Distribution FY 2012**



**Figure 84**  
**Age Distribution FY 2012**



**Figure 85**  
**Race Distribution FY 2012**



# 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 2012, ADAA promoted all of the following six CASP strategies.

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

**Activities for this strategy:**

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

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

**Activities for this strategy:**

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

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

**Activities for this strategy:**

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

# DEFINITIONS OF CSAP STRATEGIES AND ACTIVITIES

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

**Activities for this strategy:**

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

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

**Activities for this strategy:**

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

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

**Activities for this strategy:**

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

# ACRONYMS AND ABBREVIATIONS

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

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