GENERAL INFORMATION

For Information about ADAA and Prevention Services please contact:

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

Phone:
ADAA Main: (410) 402-8600
Fax: (410) 402-8601 or (410) 402-8602
TTY: (410) 735-2258 (Maryland Relay Service)

OR

E-mail your questions and comments to: erik.gonder@maryland.gov

AND

Visit our website: www.adaa.dhmh.maryland.gov

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

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

**Introduction**......................................................................................................................... 1
What is Prevention?.......................................................................................................................... 1
Prevention Network....................................................................................................................... 1
Overview......................................................................................................................................... 1
System Architecture...................................................................................................................... 1

**Prevention Services in Maryland**............................................................................................. 2
Numbers Served............................................................................................................................. 2
Program Characteristics............................................................................................................... 2
Service Population......................................................................................................................... 2

**Prevention Services in Maryland**............................................................................................. 3
Program Type.................................................................................................................................. 3
Service Population......................................................................................................................... 3

**Maryland Prevention Demographics**....................................................................................... 4
Demographic Profile (Gender, Age and Race)................................................................................. 4

**Recurring Program Completions**............................................................................................. 5
Program Completions..................................................................................................................... 5
Completion Percentages.................................................................................................................. 5

**CSAP Strategies**....................................................................................................................... 6

**College Prevention Centers**...................................................................................................... 7

**CSAP Evidence-based Programs**............................................................................................. 8

**Institute of Medicine (IOM) Category**...................................................................................... 9

**Environmental Strategies**....................................................................................................... 10
# TABLE OF CONTENTS

**COUNTY PREVENTION DATA**........................................................................................................ 11

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

**DEFINITIONS OF CSAP STRATEGIES AND ACTIVITIES**................................................................. 36-37

Alternatives................................................................................................................................ 36
Community-based......................................................................................................................... 36
Education.................................................................................................................................... 36
Environmental.............................................................................................................................. 37
Information Dissemination.......................................................................................................... 37
Problem Id and Referral............................................................................................................... 37

**ACRONYMS AND ABBREVIATIONS**................................................................................................ 38
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

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.

Table 1
Numbers Served by Service Population
FY2012

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

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

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 Rates

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.

Recurring Program Completions

Table 2
Recurring Program Completions
Fiscal Year 2012

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

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

Maryland Alcohol and Drug Abuse Administration
Prevention Program Activity Report 2012

6
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

Bowie St. - Vanessa Cooke
(301) 860-4126
Frostburg - Don Swogger
(301) 687-4761
Towson - Donna Cox
(410) 704-3723
U.M.E.S. - Lauresa Moten
(410) 651-4385
CSAP Evidence-Based Programs

Table 4
Numbers Served By CSAP Model Program
Fiscal Year 2012

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

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 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

<table>
<thead>
<tr>
<th>County</th>
<th>Universal</th>
<th>Selected</th>
<th>Indicated</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allegany</td>
<td>34,411</td>
<td>328</td>
<td>137</td>
<td>34,876</td>
</tr>
<tr>
<td>Anne Arundel</td>
<td>672</td>
<td>1456</td>
<td>0</td>
<td>2128</td>
</tr>
<tr>
<td>Baltimore City</td>
<td>532</td>
<td>2738</td>
<td>16</td>
<td>3286</td>
</tr>
<tr>
<td>Baltimore</td>
<td>13,070</td>
<td>437</td>
<td>0</td>
<td>13,507</td>
</tr>
<tr>
<td>Calvert</td>
<td>6834</td>
<td>0</td>
<td>0</td>
<td>6834</td>
</tr>
<tr>
<td>Caroline</td>
<td>3</td>
<td>1674</td>
<td>0</td>
<td>1677</td>
</tr>
<tr>
<td>Carroll</td>
<td>35,750</td>
<td>989</td>
<td>1592</td>
<td>38,331</td>
</tr>
<tr>
<td>Cecil</td>
<td>2799</td>
<td>20</td>
<td>0</td>
<td>2819</td>
</tr>
<tr>
<td>Charles</td>
<td>3954</td>
<td>0</td>
<td>0</td>
<td>3954</td>
</tr>
<tr>
<td>Dorchester</td>
<td>2629</td>
<td>0</td>
<td>40</td>
<td>2669</td>
</tr>
<tr>
<td>Frederick</td>
<td>80,989</td>
<td>661</td>
<td>22</td>
<td>81,672</td>
</tr>
<tr>
<td>Garrett</td>
<td>7976</td>
<td>0</td>
<td>38</td>
<td>8014</td>
</tr>
<tr>
<td>Harford</td>
<td>5744</td>
<td>13,178</td>
<td>85</td>
<td>19,007</td>
</tr>
<tr>
<td>Howard</td>
<td>808</td>
<td>0</td>
<td>0</td>
<td>808</td>
</tr>
<tr>
<td>Kent</td>
<td>15,510</td>
<td>316</td>
<td>0</td>
<td>15,826</td>
</tr>
<tr>
<td>Montgomery</td>
<td>0</td>
<td>131</td>
<td>0</td>
<td>131</td>
</tr>
<tr>
<td>Prince George's</td>
<td>42,371</td>
<td>783</td>
<td>5</td>
<td>43,159</td>
</tr>
<tr>
<td>Queen Anne's</td>
<td>2686</td>
<td>1038</td>
<td>0</td>
<td>3724</td>
</tr>
<tr>
<td>St. Mary's</td>
<td>3074</td>
<td>0</td>
<td>0</td>
<td>3074</td>
</tr>
<tr>
<td>Somerset</td>
<td>2562</td>
<td>0</td>
<td>0</td>
<td>2562</td>
</tr>
<tr>
<td>Talbot</td>
<td>26,741</td>
<td>26</td>
<td>27</td>
<td>26,794</td>
</tr>
<tr>
<td>Washington</td>
<td>284</td>
<td>703</td>
<td>186</td>
<td>1173</td>
</tr>
<tr>
<td>Wicomico</td>
<td>26,374</td>
<td>1160</td>
<td>39</td>
<td>27,573</td>
</tr>
<tr>
<td>Worcester</td>
<td>11,723</td>
<td>0</td>
<td>0</td>
<td>11,723</td>
</tr>
<tr>
<td>Bowie St.</td>
<td>1313</td>
<td>3011</td>
<td>180</td>
<td>4504</td>
</tr>
<tr>
<td>Frostburg</td>
<td>13,401</td>
<td>0</td>
<td>0</td>
<td>13,401</td>
</tr>
<tr>
<td>Towson</td>
<td>8451</td>
<td>0</td>
<td>0</td>
<td>8451</td>
</tr>
<tr>
<td>U.M.E.S.</td>
<td>433</td>
<td>439</td>
<td>46</td>
<td>918</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>351,094</strong></td>
<td><strong>29,088</strong></td>
<td><strong>2413</strong></td>
<td><strong>382,595</strong></td>
</tr>
<tr>
<td><strong>Percentage</strong></td>
<td>92%</td>
<td>8%</td>
<td>&lt;1%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**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, dropouts, 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.
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

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

PREVENTION PROGRAM ACTIVITY REPORT 2012

MARYLAND ALCOHOL AND DRUG ABUSE ADMINISTRATION

PREVENTION COORDINATOR College Coordinator
Chris Delaney Don Swogger
(301) 759-5050 (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.

Maryland Alcohol and Drug Abuse Administration

Prevention Program Activity Report 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.
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.
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.
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 caregivers 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.
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.
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.
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.
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.

Maryland Alcohol and Drug Abuse Administration
Prevention Program Activity Report 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.


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

SAMHSA EVIDENCE-BASED PROGRAMS

► Guiding Good Choices

DEMOGRAPHICS

GENERIC
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 caregivers. 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.
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.
**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.
PRINCE GEORGE’S COUNTY

Prevention Coordinator
Patricia Ramseur
(301) 883-3508

College Coordinator
Vanessa Cooke
(301) 860-4127

SAMHSA EVIDENCE-BASED PROGRAMS
► All Stars
► Strengthening Families
► CMCA
► Dare to be you

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.
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.
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.
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.
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.
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.
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.
**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.
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

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADAA</td>
<td>Alcohol and Drug Abuse Administration</td>
</tr>
<tr>
<td>ATOD</td>
<td>Alcohol, Tobacco and Other Drugs</td>
</tr>
<tr>
<td>CSAP</td>
<td>Center For Substance Abuse Prevention</td>
</tr>
<tr>
<td>DHMH</td>
<td>Department of Health and Mental Hygiene</td>
</tr>
<tr>
<td>FY</td>
<td>Fiscal Year</td>
</tr>
<tr>
<td>IOM</td>
<td>Institute of Medicine</td>
</tr>
<tr>
<td>MDS</td>
<td>Minimum Data Set</td>
</tr>
<tr>
<td>MIS</td>
<td>Management Information Systems</td>
</tr>
<tr>
<td>NIDA</td>
<td>National Institute on Drug Abuse</td>
</tr>
<tr>
<td>NREPP</td>
<td>National Registry of Evidence-based Programs and Practices</td>
</tr>
<tr>
<td>SAMHSA</td>
<td>Substance Abuse and Mental Health Services Administration</td>
</tr>
</tbody>
</table>
www.adaa.dhmh.maryland.gov

Maryland Alcohol and Drug Abuse Administration
55 Wade Avenue
Catonsville, Maryland 21228
Phone (410) 402-8600
Fax: (410) 402-8601
E-mail: adaainfo@dhmh.state.md.us

ADAA Publication No. 10-5-010
Published January 2013