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Mentoring Programs for Youth in Hagerstown, Maryland: Addressing the Opioid Epidemic

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Prevention, Consultation, and Advocacy

Social Change Portfolio

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Contents

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OVERVIEW

Keywords: Mentoring programs, youth prevention, opioid epidemic, Hagerstown, Maryland

Mentoring Programs for Youth in Hagerstown, Maryland: Addressing the Opioid Epidemic

Goal Statement: The goal of this social change portfolio is to help develop and promote mentoring programs for youth in Hagerstown, Maryland as preventive strategy to reduce the impact of the opioid epidemic. This initiative seeks to strengthen resilience, enhance academic performance and foster healthy decision-making among adolescents through consistent, supportive adult-youth relationships. The proposed mentoring framework to integrate culturally responsive, trauma-informed and community-based approaches address the systemic and interpersonal factors contributing to misuse in Washington County.

Significant Findings: In Washington County, where Hagerstown is located, it continues to experience one of the highest opioids overdoes within Maryland which is nearly double the national average (Centers for Disease Control and Prevention [CDC], 2022). Youth in the region are disproportionately affected due to family instability, economic hardship and limited access to positive role models (Substance Abuse and Mental Health Services Administration [SAMHSA], 2019). Consequences of the epidemic have included increased rates of trauma exposure, declining academic performance and community disconnection. Research has demonstrated that mentoring programs such as Big Brothers Big Sisters can serve as an effective protective factor which can enhance coping skills, improving emotional well-being and reducing early initiation of substance use (Grossman & Tierney, 1998; Raposa et al., 2019). Findings have also indicated

that community-based, culturally adapted mentoring models improve engagement and sustainability in these high-risk populations. Therefore, implementing a structured mentoring model in Hagerstown could mitigate intergenerational cycles of addiction and strengthen overall community resilience.

Objectives/Strategies/Interventions/Next Steps:

1. **Develop a Community-Based Mentoring Framework:** Collaborating with local schools, recovery organizations, and the Big Brothers Big Sisters model to design a culturally responsive and evidence-based mentoring program to target at-risk adolescents.
2. **Recruit and Train Culturally Diverse Mentors:** Engaging volunteers, including individuals in recovery and bilingual mentors to help promote trust and reduce stigma within Latino and other underserved populations.
3. **Integrating Mentoring into Schools and Youth Services:** Advocating for inclusion of mentoring within school wellness programs and after-school initiatives to provide consistent, accessible support for adolescents.
4. **Implement Trauma-Informed and Resilience-Focused Training:** Provide professional development for mentors on topics such as trauma awareness, emotional regulation and strengths-based mentoring to build adaptive coping skills among youth.
5. **Evaluate Outcomes and Sustain Programs:** Partnering with the Washington County Health Department and the Maryland Department of Education to help assess progress using measurable indicators such as school attendance, self-efficacy and substance use reduction. Secure ongoing funding through public health grants and local partnerships to ensure programs sustainability.

INTRODUCTION

Mentoring Programs for Youth in Hagerstown, Maryland: Addressing the Opioid Epidemic

This social change portfolio will focus on the development of mentoring programs for youth in Hagerstown, Maryland as a preventive strategy to mitigate the consequences of the opioid epidemic. Washington County, where Hagerstown resides, has been disproportionately impacted by opioid related overdoses. The rates have exceeded both state and national averages (County Health Ranking & Roadmaps, 2018). The youth in the community are especially vulnerable because they often face exposure to family and neighborhood-level substance misuse, economic hardship and limited access to positive role models. Mentoring programs help offer protective factors by fostering supportive adult-youth relationships, building resilience and promoting healthy decision making. Addressing consequences, empowering youth to pursue academic, social and personal success. This portfolio will be community, particularly for its youth population with the goal of developing a prevention-oriented approach rooted in mentoring.

PART 1: SCOPE AND CONSEQUENCES

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Scope of the Problem

The opioid epidemic in Washington County has reached crisis levels. In 2021, the Maryland Department of Health reported that Washington County had one of the highest opioid overdose death rates in the state with 61.5 deaths per 100,000 residents compared to the national average of 28.3 per 100,000 residents (Center for Disease Control and Prevention [CDC], 2022).

Overdose rates in the county have been steadily increasing since 2010. This reflects both the persistence of prescription opioid misuse and the rise of fentanyl-related fatalities. These rates have surpassed those of neighboring counties, underscoring the concentrated impact in Hagerstown and surrounding areas.

Youth in the community are particularly vulnerable to these trends. When adolescents have exposure to substance misuse in families, peers and neighborhoods they significantly increase the likelihood of adolescent initiation of alcohol or drug use (SAMHSA, 2019). Additionally, youth who are living in communities with high rates of overdoes often experience secondary trauma, instability at home and stigma related to addiction. This can further compound risk factors for mental health challenges and substance use. If there are no targeted prevention strategies, this generation of youth faces increased risk of entering the same cycle of addiction that has devasted many adults in the community.

Consequences of the Problem

The consequences of the opioid epidemic are multifaceted, impacting physical health, mental health, family functioning, education and economics. Physically, opioid misuse has led to a surge in overdose deaths, increased transmission of infectious diseases through interjection use and chronic health conditions in those who have long-term addiction. Mentally, community members, particularly the youth, experience heightened rates of anxiety, depression and trauma exposure. This is from losing loved ones of living in unstable environments marked by substance use.

The family system can also be deeply affected. Many children are placed in kinship care or foster care due to parental addiction which can create cycles of instability. Educationally, students experience stress at home may show declining academic performance, absenteeism and

reduced engagement at school (Parents Lead, n.d.). Economically, the opioid crisis has strained local resources which includes healthcare systems, social services and the criminal justice system. Washington County has spent millions annually trying to address treatment, incarceration and prevention needs tied to the epidemic while lost workforce participation due to addiction further weakens the local economy.

Mentoring programs have been identified as promising protective factors to address these consequences. Evidence-based mentoring connects youth with consistent, supportive adults who provide guidance, model resilience and encourage positive coping strategies. Building strong mentor-mentee relationships have been shown to reduce substance use initiation, improve academic outcomes and strengthen emotional well-being among at risk youth (Tucker, 2015). In Hagerstown, these mentoring programs represent a prevention-focused approach that not only reduces immediate risk but can also contribute to long-term community resilience.

PART 2: SOCIAL-ECOLOGICAL MODEL

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The social-ecological model (SEM) helps illustrate how individual behavior is shaped by multiple influences in personal, relational, community and societal. Each one of these levels show both risk factors that increase vulnerability to substance use and protective factors that promote resilience. Hagerstown families and neighborhoods are deeply impacted by the opioid epidemic. Mentoring programs for youth can serve as a vital prevention strategy. By applying SEM, it becomes clear how structured mentoring can intervene across levels to reduce risks and strengthen protective supports.

Individual Level

When it comes to the individual level, risk factors can include personal vulnerabilities such as impulsivity, early exposure to trauma, poor coping skills and low self-esteem. In the city of Hagerstown, many youth have lost family members to opioid overdose or currently live in homes affected by addiction which can increase symptoms of grief, anxiety or depression. These types of emotional challenges may push adolescents towards unhealthy coping mechanisms such as experimenting with alcohol or drugs at this early age (SAMHSA,2019).

Protective factors can focus on building resilience and equipping youth with heathier coping strategies. Mentoring can help provide individualized encouragement and help adolescents learn problem-solving, emotional regulation and self-confidence. Research shows that structured mentoring programs can improve adolescents' ability to manage their stress and set goals (Raposa et al., 2019). One strength in Hagerstown is the potential to involve mentors who are recovered addicts or family members affected by addiction. When adolescents are able to see that others have lived through similar struggles and rebuilt their lives it can help normalize their feelings but also help provide tangible hope that recovery and resilience are possible. This kind of lived-experience mentoring can be impactful at an individual level and inspire adolescents to believe in their own capacity for change.

Relationship Level

Relationship level puts emphasis on the powerful influence of family and peers. In Hagerstown, family structures are often seen as strained by addiction which leaves adolescents without consistent emotional support. Parents that are in recovery may be focused solely on the own sobriety whereas other may avoid discussing addiction completely. Peers can also act as a strong risk factor especially when adolescents gravitate toward groups that use substances or engage in other risky behaviors (SAMHSA, 2019).

Protective factors on the relationship level include supportive adult-youth connections and peer groups. Mentors can fill relational gaps which offer stability and accountability. There are programs such as The Big Brothers Big Sisters program that have shown mentored youth are less likely to initiate alcohol and drug use (Grossman & Tierney, 1998). In Hagerstown, an additional protective layer can be created by recruiting mentors with lived experience of the opioid epidemic. This would include individuals in recovery or family members who have lost loved ones to addiction. These mentors can bring authenticity, credibility and empathy to the relationship. Mentors can openly share how substance use affected their lives and how support, treatment and resilience led them to healing. These narratives help reduce stigma while showing adolescents that change is not only possible but within reach.

Community Level

The community level within Hagerstown faces visible reminders of the opioid epidemic. This is shown in high overdose rates to neighborhoods marked by economic hardship. These environmental risks can make drug use commonplace and contribute to a sense of hopelessness. Our schools and local organizations are stretched thin as they try to balance academic priorities with growing mental health needs.

Protective factors for the community can emerge when the community invests in prevention. Mentoring programs run through schools, nonprofit or churches can offer a safe space where adolescents feel supported and engaged. Community-based mentoring programs in Hagerstown could integrate peer mentors who are in recovery or families directly impacted by addiction. Some of these individuals often have a strong motivation to “give back” and prevent others from experiencing the pain they endured. These volunteers’ involvement can deepen community buy-in, reduce stigma and build bridges between prevention programs and recovery

networks. Using lived experiences as part of prevention can help communities create protective spaces but also new opportunities for healing and reintegration for those in recovery.

Societal Level

The opioid epidemic reflects systemic challenges such as overprescription, limited treatment access and persistent stigma. National trends show that overdose deaths from synthetic opioids like fentanyl have increased sharply over the past decade (Spencer et al., 2022). Forces like this impact communities such as Hagerstown shaping both risks and opportunities for prevention.

The protective factors at this level include policies, funding streams and public health campaigns that can normalize prevention and recovery. State and federal initiatives that help fund mentoring programs can ensure sustainability while broader stigma-reduction campaigns will help encourage both families and mentors with lived experience to engage openly in prevention. If we incorporate mentor who are recovered addicts or affected family members it will align with the societal-level goals by breaking down stigma. Their voices help highlight that addiction is not a moral failing, but a public health challenge and that recovery, prevention and resilience are all interconnected parts of the solution.

Conclusion

The social-ecological model shows how mentoring can serve as a prevention strategy at every level. When it comes to the individual level, mentors help build coping skills and resilience. Relationally, they provide consistent support and can help model healthy behaviors when families are disrupted. On the community level, mentoring programs help offer safe spaces and reinforce a protective network. On the societal level, mentors with lived experience can help challenge stigma and connect prevention with broader recovery initiatives. In Hagerstown,

drawing on mentors who are recovered addicts or family members who are impacted by addiction adds an authentic, credible and deeply empathic dimension to prevention. These lived experiences from mentors can bridge the gap between adolescents and broader community, offering both guidance and hope in the face of this opioid epidemic.

PART 3: THEORIES OF PREVENTION

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When it comes to prevention programs, they are most effective when they are grounded in clear theoretical frameworks that help explain how and why change occurs. There are two well-established prevention theories that would suit the youth mentoring in Hagerstown, Resiliency Theory and the Theory of Planned Behavior (TPB). Both of these theories complement one another. Resiliency Theory helps to highlight the internal and external assets that help adolescents adapt positively even with adversity. Whereas TPB helps explain how attitudes, perceived norms and perceived behavioral control influence decisions about substance use.

Resiliency Theory

The Resiliency Theory explains how individuals draw on protective factors like positive relationships, competence and self-efficacy in order to adapt successfully in the face of stress or trauma. In Hagerstown, this would be relevant for adolescents who have been exposed to loss, family addiction and the community-wide opioid related stressors. Research has stated that

mentoring relationships can be a powerful mechanism for building resilience because it helps provide consistent adult support and opportunities for adolescents to practice problem solving and emotional regulation (Fergus & Zimmerman, 2005; Raposa et al., 2019).

In mentoring programs, mentors would help adolescents identify personal strengths, reframe challenges as opportunities for growth and help them set realistic academic and personal goals. In Hagerstown, there could be potential mentors who have been in recovery or have experienced family addiction, these mentors with lived experience can help adolescents model resilience in action by demonstrating that it is possible to thrive even after adversity. This helps align with finding that resilient role models and meaningful adult connection to help buffer those adolescents from risk factors like early substance initiation and depression (Masten & Barnes, 2018). Mentors help create a sense of resilience early on that becomes a protective factor that adolescents can carry into their adulthood and possibly pass along to younger generations.

Theory of Planned Behavior (TPB)

Theory of Planned Behavior helps provide a complementary perspective by explaining behavioral intention is shaped by attitudes, subjective norms and perceived control (Ajzen, 1991). For youths beliefs about whether peers approve of substance use, their attitudes toward drugs and confidence in resisting peer pressure that can be directly influence whether they experiment. Mentoring programs can help address each components of TPB. These mentors can challenge pro-drug attitudes, provide accurate information and help create alternative peer norms that discourage use. They would also be able to help adolescents to practice refusal skills which strengthening perceived control over their choices.

There is research that supports TPB's relevance for substance-use prevention. Studies have linked positive attitudes toward substance use and permissible peer norms to higher rates of

adolescent drug and alcohol experimentation while self-efficacy predicts lower risk (McEachan et al., 2016). If TPB is embedded in mentoring such as setting explicit goals around health decision-making and discussing social pressures, programs can effectively reduce intentions to use opioids or other substances.

Evidence-Based Program Example

One of the existing evidence based models that integrates these theories is the Big Brothers Big Sisters (BBBS) program. This is a community based mentoring program that matches adolescents 6 to 18 years old from many disadvantaged or high risk environments, they match them with carefully screened and trained adult volunteers who can provide consistent, supportive relationships. There has been decades of research the demonstrates this one on one mentoring approach significantly reduces the likelihood of early drug use and alcohol use, enhances social-emotional wellbeing and improving school attendance (Grossman & Tierney, 1998). The BBBS program is recognized by *EvidenceBasedPrograms.org* as one an effective evidence-based practices. Their review shows well conducted randomized controlled trials show meaningful reductions in substance use and misconduct over an 18 month follow-up periods among those mentored youth and confirms that BBBS as a Suggestive Tier program that has rigorous evidence of impact (EvidenceBasedPrograms.org, 2022).

If Hagerstown was to adapt BBBS it would provide a tested framework for mentoring youth at risk because of the opioid epidemic within the community. One key innovation would be recruiting mentors who are recovered addicts or family members affected by addiction this would allow adolescents to see real life examples of resilience and recovery. Mentors could openly discuss consequences of substance use, help model positive coping strategies and help shift adolescent attitudes and perceived norms that align with TPB principles. The programs

long-term relationship centered design helps design a natural competence and confidence emphasized by Resiliency Theory. Implementing a BBBS style initiative in Hagerstown could provide an evidence-based, theoretically grounded prevention strategy capable of reducing youth substance misuse and strengthening the overall health of the community.

Conclusion

Resiliency Theory and the Theory of Planned Behavior together help provide a strong foundation for mentoring programs that aim to prevent substance use among adolescents in Hagerstown, Maryland. Resiliency Theory pushes for focus on cultivating internal strengths and adaptive skills whereas TPB targets cognitive and social processes that lead to behavioral choices. Both of these theories are supported by extensive research and align with evidence-based programs like Big Brothers Big Sisters. If Hagerstown grounds mentoring initiative in these theories will enhance its effectiveness and sustainability in the community to prevent opioid misuse and promote long-term wellbeing among adolescents.

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

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Specific Population and Subgroup

The primary population of concern are adolescents living in Hagerstown and the greater Washington County who are vulnerable to opioid misuse. Inside of the population, Latino youth is a subgroup that experiences disproportionate risk. County Heath Rankings (2018) and a Maryland Youth Risk Behavior survey revealed that Latino adolescents in the region have reported higher lifetime and past-month use of substance such as alcohol, marijuana and

prescription opioids compared to their White peers. These findings are parallel to national patterns where Latino youth are more likely to confront structural barriers to culturally responsive prevention and treatment services (Villatoro et al., 2020).

Several contextual factors can magnify these risks. Many Latino families in Hagerstown are first or second generation immigrants that are navigating acculturative stress such as the challenge of balancing heritage and U.S. cultural norms while contending with economic disadvantage and limited access to bilingual mental health and prevention services (Potochnick et al., 2021). In their communities these adolescents may also experience a role reversal by serving as language brokers for parents which can generate another level of stress and pressure. Due to the stigma related to substance use or mental health in the Latino community it can delay early detection and treatment which creates conditions where opioids use escalates undetected (SAMHSA, 2019).

Unique Impact of the Subgroup

Latino adolescents often experience the opioid epidemic in ways that differ from their non-Latino peers. There has been research that shows that discrimination, social exclusion and acculturative stress are linked to depressive symptoms and anxiety which are established predictors of early substance use (Villatoro et al., 2020). In Hagerstown, these types of challenges are compounded by gaps in culturally and linguistically appropriate services. When there are no prevention programs tailored to cultural values and language needs the youth may receive less support at critical stages of risk escalation.

Immigration related fears further complicate help seeking. Families often worry about documentation status and may avoid engagement with schools, healthcare providers or law enforcement which can limit access to accurate information and early intervention (Potochnick et

al., 2021). These dynamics underscore the urgency of culturally responsive mentoring that can build trust and address these unique cultural barriers to prevention and care.

Mechanisms to Increase Cultural Relevance

Building an effective mentoring model for this subgroup requires culturally grounded adaptions that allow us to honor Latino cultural strengths while address vulnerabilities (Reese & Vera, 2007; SAMHSA, n.d.). Three interrelated mechanisms stand out:

1. **Bilingual and bicultural mentoring and materials.**

   Recruiting and training mentors who share cultural backgrounds as well as providing all programs in both Spanish and English fosters trust and accessibility. Culturally matched mentors would be more effective in addressing stigma, discussing sensitive topics like substance use and serve as credible role models (Reese & Vera, 2007). This practice might include bilingual training sessions, Spanish-language consent forms and culturally relevant educational videos.

2. **Family-centered engagement alignment with *familismo.***

   Prevention activities should actively involve parents, grandparents and extended family members. Some examples of this include family nights, culturally familiar meals and flexible scheduling to accommodate nontraditional work hours. These types of approaches affirm the Latino cultural value of collective decision-making and strengthen parental monitoring which can consistently link to lower rates of adolescent substance use (SAMHSA, 2019).

3. **Strength-based storytelling and cultural pride.**

   Integrating stories of Latino resilience, such as local mentors who have overcome addiction or community elders who model healthy coping skills, can help adolescents

cultivate positive ethnic identity and self-efficacy. There is research that indicates that a strong, affirming ethnic identity protects against stress related risk behaviors and helps foster long-term resilience (Potochnick et al., 2021).

These mechanisms are developmentally appropriate because they can help promote self-identity, enhance decision-making and build trusted youth-adult relationships at a life stage when peer pressure and identity exploration strongly influence behaviors.

Ethical Considerations in Prevention Programming

It is also important for culturally responsive prevention to meet high ethical standards that are guided for the American Counseling Association (ACA) Code of Ethics and best practices in community engagement.

1. **Stakeholder collaboration and community voice**.

   If we follow Sirolli's (2012) principle to "shut up and listen," program developers should involve the Latino adolescents, parents, faith leaders and local health organizations from the outset. This aligns with ACA (2014) Section A.1.d which expresses partnership with clients and communities to enhance well-being. If there is genuine collaboration it will ensure that the program reflects community needs as well as cultural perspectives.

2. **Informed consent and adolescent assent.**

   Bilingual consent and assent forms should always explain program goals, potential benefits and confidentiality limits in clear and culturally sensitive language supports the clients. This practice supports ACA (2014) Standard A.2.a and ensures that parents and adolescents fully understand their rights and the voluntary nature of participation.

3. **Confidentiality and trust.**

Mentors and counselors should protect sensitive information, especially regarding immigration status or family substance use, while they clarify mandatory reporting limits. ACA (2014) Standard B.1.c helps underscore the need to respect privacy and to define exceptions in advance which will help sustain trust,

4. **Equity and access.**

   When it coms to ethical practice it demands eliminating barriers to participation. Programs are able to schedule sessions at trusted community sites which include churches or Latino cultural centers, provide transportation assistance and offer childcare when needed. These steps demonstrate respect for families' time and cultural realities (SAMSHA, n.d.).

Together these ethical considerations help ensure that mentoring programs meet professional standards but also embody social justice and enquiry principles. This helps to empower families and build community trust.

Integrating Diversity and Ethics into Prevention

Embedding diversity and ethical considerations strengthens the ecological fit of mentoring programs in Hagerstown. When we recognize the cultural assets and structural barriers faced by Latino adolescents and operating within an ethical framework that values community voice, informed consent, confidentiality and equitable access. These are prevention efforts that can be more effective in disrupting cycles of opioid misuse. This integrated approach will also support sustainable social change by positioning mentoring programs as trusted community resources that honor their culture, promote resilience and protect adolescents will beyond the period of direct program involvement.

PART 5: ADVOCACY

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Barriers at Institutional, Community and Public Policy Levels

The Multicultural and Social Justice Counseling Competencies (MSJCC; 2015) states that advocacy extends beyond direct service provisions and requires that counselors challenge and systemic inequities that sustain oppression and marginalization. The fourth domain, Counseling and Advocacy Interventions, help call for action at the individual, institutional, community and public policy levels to address barriers that restrict access to equitable care. In the context of Hagerstown, Maryland, institutional, community and policy-level challenges significantly limit access to effective prevention and mentoring programs for adolescents especially those among Latino adolescents affected by the opioid epidemic.

Institutional Barriers

The institutional barrier shows a lack of funding and cultural competence among school systems and local health agencies which hinders early prevention efforts. Hagerstown's school-based programs are designed around a general, nonculturally specific curriculum that doesn't reflect the linguistic, cultural or socioeconomic realities of the community's Latino adolescents. The absence of bilingual mentors and counselors results in miscommunication, reduced trust and lower rates of engagement among families who could already feel alienated from educational institutions (SAMHSA, n.d.). It is also shown that there is limited access to trauma-informed and

culturally responsive training for educators and school-based staff which continues to perpetuate systemic inequities. Schools will often focus more heavily on academic outcomes rather than holistic prevention programming which marginalizes prevention work that could mitigate early risk factors for substance use and mental health concerns.

Community Barriers

There is a stigma that surrounds mental health and substance use and it remains one of the most significant obstacles to program participation. Many Latino families in Hagerstown value privacy and may interpret mental health or prevention services as indicators of family dysfunction rathe than sources for empowerment. There is also cultural mistrust in institutional systems especially among immigrant families who may fear judgement or immigration consequences this further reduces engagement in community-based programs (Black Counselors and Social Workers, 2020). Structural inequalities like limited access to safe public spaces and after-school resources can also heighten vulnerability. These types of environmental conditions increase idle time for adolescents which can elevate the likelihood of exposure to substance use or peer influence.

Public Policy Barriers

For policy level, prevention programming in Maryland remains fragmented and oftentimes reactive. Most federal and state funds prioritize crisis response, overdose reversal and addiction treatment instead of long-term prevention care. These initiatives are necessary, but they overlook early intervention programs that build resilience and social connection among adolescents. The bureaucratic complexity of funding systems can discourage smaller, community-based organizations from applying for prevention grants due to administrative burden or lack of grant writing expertise (Toporek et al., 2009). These policy frameworks rarely

require programs to demonstrate any cultural competence or linguistic accessibility which can inadvertently exclude marginalized populations such as Latino and low-income families in Hagerstown.

Advocacy Actions Across Levels

Institutional Level: Advocate for Culturally Responsive Prevention Curriculum

One effective institutional advocacy action involves collaborating with school administrators, local agencies and mental health professionals in order to integrate culturally responsive prevention curricula within the school-based mentoring programs. In this, counselors can conduct professional development workshops on topics such as acculturative stress, cultural humility and trauma-informed mentoring. When there is advocacy at this level it involves both empowerment and systems change which aligns with Toporek et al.,'s (2009) model of professional advocacy in institutional contexts. When we implement bilingual materials, culturally relevant stories and family-inclusive mentoring modules it can foster stronger engagement and enhance a student's sense of belonging. Additionally, these institutional advocacies can include mentoring recruitment initiatives that emphasize cultural diversity, ensuring that program leaders reflect the populations they serve. Over time, this type of approach can transform institutional culture, establishing schools into inclusive spaces that can affirm cultural identity while addressing behavioral and emotional needs.

Community Level: Establish a Multicultural Prevention Coalition

On the community level, advocacy must mobilize collaborative, cross-sector efforts that empower local voices. A formation of a Multicultural Prevention Coalition in Hagerstown could unite faith leaders, schools, social service agencies and bilingual mentors to promote awareness and access different prevention resources. This coalition would hold things like bilingual

community forums, provide culturally tailored education sessions as well as foster partnerships between schools and grassroots organizations. Murray and Crowe (2016) states that advocacy efforts that amplify community narratives can build resilience and create lasting systemic change. A coalition approach can ensure that prevention is not imposed on the community but co-created within, which reflects Sirolli's (2012) philosophy of "listening first" before we implement solutions. Engaging adolescents as peer advocates within these coalitions empowers them to serve as role models, help destigmatize mental health and substance use conversations within peer groups.

Public Policy Level: Lobby for Sustained Funding and Equity-Based Prevention Mandates

On this level, there should be focus on securing sustainable funding and legislative support for culturally grounded prevention initiatives. At this current time, most prevention programs depend on temporary grant funding which can limit their longevity and reach. Counselors, educators and community stakeholders can help to collaborate draft policy briefs for Maryland legislators emphasizing the cost-effectiveness and social benefits of preventive mentoring programs. These advocates can present local data from Washington County to demonstrate how prevention reduces long-term treatment costs and improves public health outcomes. Toporek et al. (2009) states that policy-level advocacy should aim to "restructure the distribution of resources and power" (p.263), which ensures that marginalized communities receive equitable access to preventative care.

Policy advocacy should target the development of the statewide standards for cultural competence within prevention programs which requires agencies that receive state or federal funding to demonstrate compliance with inclusion, language access and community engagement

criteria. This would help align public health practices with MSJCC (2015) principles by institutionalizing equity in these prevention systems. By ensuring that prevention funding is explicitly supporting bilingual staffing, culturally relevant content and interagency collaboration it will allow Maryland to move toward a sustainable, equitable prevention framework that addresses root causes instead of just the symptoms.

Rationale for Effectiveness

These advocacy actions, at institutional, community and policy levels, aligns with the MSJCC's (2015) call for counselors to act as agents of change within the systems that perpetuate inequities. In institutional advocacy builds cultural competence among educators and mentors, creating inclusive environments that help promote belonging and resilience. The community-level advocacy helps amplify marginalized voices, strengthen partnerships and enhance trust which can lead to greater participation and long-term sustainability. When it comes to policy advocacy it helps address structural inequities by embedding equity and prevention into legislation, ensuring culturally tailored programs are not dependent on temporary funding or political cycles.

Using these combined efforts embodies what Murray and Crowe (2016) express as transformative advocacy where awareness leads to empowerment and systemic change. In Hagerstown, multilevel advocacy can help raise awareness about the intersection of cultural identity, prevention and public health while ensuring that Latino adolescents, and all adolescents, can have equitable opportunities to thrive free from the threat of opioid misuse.

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