Local MCAH Jurisdiction Survey on Prenatal Substance Use Screening Data

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Introduction

Numerous studies suggest that the use of alcohol, tobacco and drugs during pregnancy is associated with unfavorable health outcomes for both mother and baby. Poor perinatal outcomes include preterm labor, low birth weight, prematurity, congenital anomalies, stillbirths and mental retardation. Alcohol exposure during pregnancy is the leading cause of preventable mental retardation and may result in physical, mental, behavioral, and neurodevelopmental consequences that can have lifelong repercussions.

Estimating the prevalence of prenatal drug and alcohol exposure is particularly challenging, and no system exists for ongoing surveillance in the State of California. Efforts are under way to make an estimate of the current prevalence by the Epidemiology and Evaluation Section of the Maternal Child and Adolescent Health/Office of Family Planning Branch (MCAH/OFP), California Department of Health Services.

Local health jurisdictions (LHJs) have responded to the problem of perinatal substance abuse through a variety of activities and services as described in *Working in Partnership, Needs and Opportunities for Improving Perinatal Substance Abuse Services in California, July 2002* (prepared by the California Conference of Local Directors of Maternal, Child, and Adolescent Health). Such program activities and services coincidently generate data that can help to illustrate the issue of drug and alcohol use in pregnancy. In collaboration with the Alcohol and Other Drug (AOD) Work Group of the State Interagency Team (SIT), MCAH/OFP conducted a survey to assess the availability and format of local MCAH data on prenatal substance use. The survey also inquires about local use of prenatal substance use screening tools, resources and public health activities. As such, we hope that this document will also be a useful resource for LHJs seeking support and ideas to enhance their activities surrounding perinatal substance use prevention.

Methods

A questionnaire was sent to all 61 MCAH Directors in April 2006 to assess local prenatal substance use screening and associated data (see Appendix A). The survey period was from April to July 2006. To improve response rates, follow-up phone interviews were conducted using the same survey instrument for LHJs that had not responded by July 15, 2006.

Please note that survey responses were not confirmed for accuracy and may not be comprehensive depending on the level of knowledge of the survey respondent.

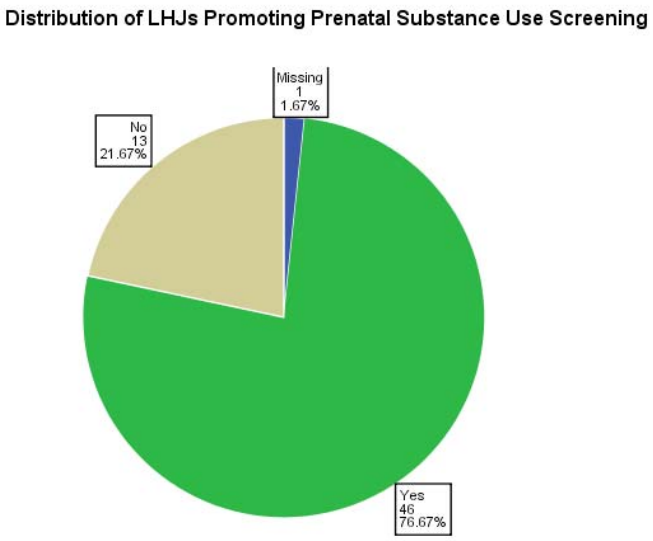
Results

The survey had a 98% response rate overall, with 60 of the 61 LHJs completing the survey. Most of those who completed the survey were local MCAH Directors (60%; 36/60). Other staff who completed the survey for their LHJ included perinatal services coordinators (n=3), public health nurses (n=3), Nursing Directors (n=2), Medical Directors (n=2), a health education specialist, a health program coordinator, a MCAH coordinator, an outreach health clinic manager, a public health program specialist and a perinatal substance abuse coordinator.

A. Do you promote prenatal screening for drug, alcohol, or tobacco exposure in your jurisdiction? Specify the particular drugs for which you promote screening.

The survey found that 77% (46/60) of LHJs reported that they promote a prenatal screening program in their respective jurisdiction. However, caution should be used in interpreting this data. The question used the term "promote" which can be interpreted in different ways. It can mean actually conducting screening versus endorsing, advertising or merely advocating for prenatal screening, whether or not such a program exists in their respective jurisdictions. This ambiguity is most obvious among those who reported they do not "promote" prenatal screening, yet reported receiving funds for the prenatal screening program and/or have either used or developed prenatal screening media materials for public education. If we define "promote" to include all LHJs that receive funds and/or have conducted public education related to prenatal screening, we find that 97% (58/60) of LHJs fall under this premise.

Figure1.



Among the LHJs that promote prenatal substance use screening, tobacco (94%; 43/46) and illicit drugs (94%; 43/46) are most commonly promoted as part of the local screening program. Anecdotally, some LHJs report that among illicit drugs, methamphetamine use is of concern. Other substances that LHJs promote screening for include alcohol (91%; 42/46), marijuana (87%; 40/46) and prescription drugs (56%; 26/46).

Table 1. Abused Substances Promoted for Prenatal Screening by Local Health Jurisdiction

Local Health Jurisdiction	Screen for Alcohol?	Screen for Tobacco?	Screen for Marijuana?	Screen for Illicit Drugs?	Screen for Prescription Drugs?
Alameda	Yes	Yes	Yes	Yes	Yes
Alpine	Yes	Yes	Yes	Yes	Yes
Berkeley	Yes	Yes	Yes	Yes	.
Butte	Yes	Yes	Yes	Yes	Yes
Contra Costa	Yes	Yes	Yes	Yes	Yes
El Dorado	Yes	Yes	Yes	Yes	Yes
Fresno	Yes	Yes	.	Yes	.
Glenn	Yes	Yes	Yes	Yes	Yes
Humboldt	Yes	Yes	Yes	Yes	Yes
Inyo	.	Yes	.	.	.
Kern	Yes	Yes	Yes	Yes	.
Lake	Yes	Yes	Yes	Yes	.
Lassen	Yes	Yes	Yes	Yes	Yes
Madera	Yes	Yes	Yes	Yes	Yes
Mariposa	Yes	Yes	Yes	Yes	Yes
Mendocino	Yes	Yes	Yes	Yes	.
Merced	Yes	Yes	Yes	Yes	Yes
Modoc	Yes	Yes	.	Yes	.
Mono	Yes	Yes	Yes	Yes	Yes
Napa	Yes	Yes	Yes	Yes	.
Nevada	Yes	Yes	Yes	Yes	Yes
Pasadena	Yes	Yes	Yes	Yes	Yes
Placer	Yes	Yes	Yes	Yes	Yes
Plumas	Yes	Yes	Yes	Yes	Yes
Riverside	Yes	Yes	Yes	Yes	.
Sacramento	Yes	Yes	Yes	Yes	Yes
San Bernardino	Yes	Yes	Yes	Yes	Yes
San Diego	.	Yes	.	Yes	.
San Francisco	Yes	Yes	Yes	Yes	Yes
San Luis Obispo	Yes	Yes	Yes	Yes	.
San Mateo	Yes	Yes	Yes	Yes	.
Santa Clara	Yes	Yes	Yes	Yes	.
Santa Cruz	Yes	Yes	Yes	Yes	.
Shasta	Yes	Yes	Yes	Yes	.
Sierra	Yes	Yes	Yes	Yes	.
Siskiyou	Yes	Yes	Yes	Yes	.
Solano	Yes	Yes	Yes	Yes	Yes
Sonoma	Yes	Yes	Yes	Yes	.
Stanislaus	Yes	Yes	Yes	Yes	Yes
Tehama	Yes	.	Yes	Yes	Yes
Trinity	Yes	Yes	Yes	Yes	Yes
Tulare	Yes	Yes	Yes	Yes	Yes
Tuolumne	Yes	Yes	Yes	Yes	Yes
Ventura	Yes	Yes	Yes	Yes	Yes
Total (yes responses)	42	43	40	43	26

B. In what year did you begin any screening promotion efforts among prenatal care providers? In what year did the promotion of screening among prenatal care providers become an intervention in your jurisdiction's MCAH plan?

While most programs initiated their prenatal screening promotion within the past four years, some local promotion or intervention programs were initiated as early as 1984.

Table 2. Year Prenatal Screening Promotion or Intervention was Initiated by LHJ

Local Health Jurisdiction	Year Initiated Prenatal Screening **Promotion**	Year Initiated Prenatal Screening **Intervention**
Alameda	2001	2000
Alpine	2004	2004
Berkeley	.	1989
Butte	2002	2002
Contra Costa	1990	1990
El Dorado	1990	1998
Fresno	1997	1998
Glenn	2001	.
Humboldt	2004	2004
Kern	2005	.
Lassen	2005	2005
Madera	2003	2004
Mariposa	1999	.
Mendocino	2006	2005
Merced	2001	2001
Modoc	2003	2003
Mono	1993	.
Nevada	1984	2004
Pasadena	1989	1989
Placer	1985	1985
Plumas	2004	2004
Riverside	2005	2004
Sacramento	2005	2005
San Bernardino	2002	2000
San Diego	2002	2002
San Francisco	1986	.
San Luis Obispo	2003	2003
San Mateo	2002	2001
Santa Clara	1993	1992
Santa Cruz	2005	2005
Shasta	2005	2006
Siskiyou	2002	.
Solano	2006	2006
Sonoma	2004	2004
Tehama	2005	2005
Trinity	1996	.
Tulare	2001	2001
Tuolumne	1994	1994
Ventura	2001	2004

C. Please note if there are any particular client populations that are targets of your efforts.

Half (23/46) of all LHJs that promote prenatal substance use screening reported that they offer universal screening. Among those who seek out target populations for screening, 30% (14/46) target Comprehensive Perinatal Services Program (CPSP) clients, 15% (7/46) target Medi-Cal clients, 9% (4/46) target teens, 9% (4/46) target patients with a history of substance use and 4% (2/46) target other populations which include case-managed clients and people of color.

Table 3. Populations Targeted for Prenatal Substance Use Screening by Local Health Jurisdiction

Local Health Jurisdiction	Universal Screening	Medi-Cal	CPSP Clients	Teens	Patients with a History of Substance Use	Other Populations
Alameda	Yes	.	.	.	.	.
Alpine	.	Yes	Yes	Yes	Yes	.
Berkeley	Yes	.	.	.	.	.
Butte	Yes	.	.	.	.	.
Contra Costa	.	.	Yes	.	.	.
El Dorado	Yes	.	.	.	.	.
Fresno	.	Yes	.	.	.	Case managed clients.
Glenn	Yes	.	.	.	.	.
Humboldt	Yes	.	.	.	.	.
Inyo	.	Yes	.	.	.	.
Kern	.	.	Yes	.	.	.
Lake	Yes	.	.	.	.	.
Long Beach	.	.	Yes	.	.	.
Madera	Yes	.	.	.	.	.
Mariposa	Yes	.	.	.	.	.
Mendocino	Yes	.	.	.	.	.
Merced	.	Yes	Yes	Yes	Yes	.
Modoc	Yes	.	.	.	.	.
Mono	Yes	.	.	.	.	.
Monterey	.	.	Yes	.	.	.
Napa	Yes	.	.	.	.	.
Nevada	Yes	.	.	.	.	.
Pasadena	.	.	.	.	.	.
Placer	Yes	.	.	.	.	.
Plumas	Yes	.	.	.	.	.
Riverside	Yes	.	.	.	.	.
Sacramento	.	.	Yes	.	.	.
San Bernardino	.	.	.	.	.	.
San Diego	.	.	Yes	.	.	.
San Francisco	.	Yes	Yes	.	.	.
San Luis Obispo	Yes	.	.	.	.	.
San Mateo	.	Yes	Yes	Yes	.	People of Color
Santa Clara	Yes	.	.	.	.	.
Santa Cruz	.	.	Yes	.	.	.
Shasta	Yes	.	.	.	.	.
Siskiyou	.	Yes	Yes	Yes	Yes	.
Solano	.	.	Yes	.	.	.

Tehama	Yes	.	.	.	.	.
Trinity	Yes	.	.	.	.	.
Tulare	.	.	Yes	.	Yes	.
Tuolumne	Yes	.	.	.	.	.

D. What tool(s) does your jurisdiction promote to screen for prenatal substance use?

Several screening tools are available that use a validated series of questions to identify if a client is at risk of or is using substances that can potentially harm the developing fetus. The questions associated with each particular screening tool are listed in Appendix B.

Forty-six percent (21/46) of LHJs that promote prenatal substance use screening also promote or currently use the 4P's Plus assessment tool, while 26% (12/46) use the CPSP assessment tool solely or in conjunction with other available prenatal screening tools. Thirty-seven percent (16/46) of LHJs reported that they do not promote a specific assessment tool. Other prenatal screening tools used by LHJ providers are those that were locally developed or provided by the Black Infant Health (BIH) program, the American College of Obstetricians and Gynecologists (ACOG) or Kaiser. Again, use of the term "promote" should be kept in mind when interpreting these results. (See Table 4, next page)

Table 4. Prenatal Substance Use Screening/Assessment Tool Used/Promoted by Local Health Jurisdiction

Local Health Jurisdiction	4P's Plus	4P's	T-ACE	TWEAK	AUDIT	CAGE	CPSP Assessment tool	Other Tools	Do not promote a specific tool
Alameda	Yes	.	.	.	.	.	Yes		.
Alpine	Yes	.	.	.	.	.			.
Berkeley	Yes	.	.	.	.	.			.
Butte	Yes	.	.	.	.	.			.
Contra Costa	.	.	.	.	.	.	Yes	5P's	.
El Dorado	Yes	.	.	.	.	.			.
Fresno	Yes	.	.	.	.	.		BIH Assessment tool	.
Glenn	Yes	.	.	.	.	.	Yes		.
Humboldt	Yes	.	.	.	.	.	Yes	ACOG forms	.
Inyo	.	.	.	.	.	.			Yes
Kern	.	.	.	.	.	.	Yes	ACOG/locally developed	.
Lake	.	.	.	.	.	Yes			.
Lassen	.	.	.	.	.	.			Yes
Long Beach	.	.	.	.	.	.			Yes
Madera	Yes	.	.	.	.	.	Yes		.
Mariposa	.	Yes	.	.	.	.	Yes		Yes
Mendocino	Yes	.	.	.	.	.	Yes		.
Merced	.	.	.	.	.	.			Yes
Modoc	.	.	.	.	.	.		Locally developed	.
Mono	.	.	.	.	.	.		Client intake form	Yes
Monterey	Yes	.	.	.	.	.			.
Napa	Yes	.	.	.	.	.	Yes		.
Nevada	.	.	.	.	.	.			Yes
Pasadena	.	.	.	.	.	.	Yes		.
Placer	.	.	.	.	.	.		Locally developed	.
Plumas	.	.	.	.	.	.			Yes
Riverside	Yes	.	.	.	.	.			.
Sacramento	Yes	.	.	.	.	.		Kaiser Healthy Start	.
San Bernardino	Yes	.	.	.	.	.			.
San Diego	.	.	.	.	.	.			Yes
San Francisco	.	.	.	.	.	.	Yes		.
San Luis Obispo	Yes	.	.	.	.	.			.
San Mateo	.	.	.	.	.			Local Hospital/ Kaiser	.
Santa Clara	Yes	.	Yes	Yes	Yes	Yes			.
Santa Cruz	.	.	.	.	.	.			Yes
Shasta	Yes	.	.	.	.	.	Yes		.
Sierra	.	.	.	.	.	.			Yes
Siskiyou	.	.	.	.	.	.			Yes
Solano	Yes	.	.	.	.	.			.
Sonoma	.	Yes	.	.	.	.		Kaiser tool	.
Stanislaus	.	.	.	.	.	.			Yes
Tehama	.	.	.	.	.	.			Yes
Trinity	.	.	.	.	.	.			Yes
Tulare	.	.	.	.	.	.			Yes
Tuolumne	.	.	Yes	.	.	.			.
Ventura	Yes	.	.	.	.	.			.

E. **Do you collect data from screenings in an electronic database? If yes, what type of database is used?**

Of the LHJs that promote prenatal screening, 30% (14/46) reported collecting prenatal screening data electronically. Six LHJs reported using Microsoft Access® to collect data while 4 reported using Microsoft Excel®.

Table 5. Electronic Medium Used to Capture Prenatal Screening Data by Local Health Jurisdiction

Local Health Jurisdiction	Excel®	Access®	Other Medium
Alameda	.	Yes	
Alpine	Yes	.	
Butte	.	Yes	
Fresno	.	Yes	
Humboldt	Yes	.	
Long Beach	.	.	First 5 LA web reporting
Madera	.	.	
Merced	.	Yes	
Placer	Yes	.	Lodestar
Sacramento	.	Yes	
San Bernardino	.	Yes	
Santa Clara	.	.	Online reporting
Shasta	Yes	.	
Ventura	.	.	

F. How are the prenatal screening efforts for alcohol and illicit drugs in your local jurisdiction funded?

Eighty-three percent (50/60) of LHJs completing the survey reported source funding information for local alcohol and illicit drug prenatal screening efforts. Of those who reported funding information, CPSP (60%; 30/50), the local health department (42%; 21/50) and Medi-Cal (28%;14/50) were the three most commonly cited funding sources for local drug and alcohol prenatal screening efforts. Other funding sources include First Five, March of Dimes, Title V, other state and federal programs and health foundations.

Table 6. Source Funding for Prenatal Screening by Local Health Jurisdiction

Local Health Jurisdiction	First Five	March of Dimes	Title V	Other state funds	Medi-Cal	Local Health Dept.	CPSP	Other1	Other2	Other3
Alameda	Yes	.	.	.	Yes	Yes	.	Behavioral Health Care Services (A0D)	Federal Healthy Start	Social Service Agency
Alpine	.	.	.	.	.	.	.	California Endowment		
Berkeley	.	.	Yes	.	Yes	Yes	Yes			
Butte	.	.	.	.	.	Yes	.			
Colusa	.	.	.	.	Yes	.	.			
Contra Costa	.	.	.	.	.	.	Yes			
Del Norte	.	.	.	.	.	.	Yes			
El Dorado	.	.	.	.	.	.	Yes			
Fresno	.	.	Yes	.	.	.	Yes			
Humboldt	.	Yes	Yes	.	.	Yes	Yes	FFP*		
Imperial	.	.	.	.	Yes	.	Yes			
Inyo	.	.	.	Yes	.	.	.	Proposition 63		
Kings	.	.	.	.	.	.	.	Alcohol & Drug		
Lake	.	.	.	.	.	Yes	.			
Lassen	.	.	.	.	.	.	Yes			
Long Beach	Yes	.	Yes	.	Yes	Yes	Yes			
Los Angeles	.	.	.	.	Yes	.	Yes			
Madera	Yes	.	.	.	.	.	.	DSS Prevention monies		
Marin	.	.	.	.	.	.	Yes			
Mendocino	.	.	Yes	.	.	.	.			
Merced	Yes	.	Yes	.	.	Yes	Yes			
Modoc	Yes	.	.	.	.	.	.			
Mono	.	.	.	.	Yes	.	.	Private insurance		
Monterey	.	.	.	.	.	.	Yes			
Napa	.	.	.	.	.	Yes	Yes			
Nevada	.	.	.	.	.	.	Yes			
Pasadena	.	.	.	.	Yes	.	Yes			
Placer	.	.	.	.	.	Yes	.			
Plumas	Yes	.	.	.	Yes	Yes	.			
Riverside	Yes	Yes	.	.	.	Yes/ County Funds	.	Local Health Foundation		
Sacramento	.	.	.	.	.	Yes	.			
San Benito	.	.	.	.	Yes	.	.			

San Bernardino	Yes	.	Yes	Yes	.	Yes	Yes			
San Francisco	.	.	.	.	.	.	Yes			
San Luis Obispo	Yes	.	.	.	.	Yes	Yes			
San Mateo	.	.	Yes	Yes	.	Yes	Yes			
Santa Barbara	.	.	Yes	.	.	.	Yes			
Santa Cruz	.	Yes	.	.	.	.	.	HHS grant		
Shasta	.	.	.	.	.	Yes	.			
Sierra	.	.	.	.	.	Yes	.			
Siskiyou	.	.	.	.	Yes	.	Yes			
Solano	Yes	.	.	.	Yes	.	Yes			
Sonoma	Yes	.	.	.	.	.	.	California Endowment		
Stanislaus	.	.	.	.	Yes	.	Yes			
Tehama	.	.	.	.	Yes	Yes	Yes	Private Insurance		
Tulare	Yes	Yes	.	.	.	Yes	Yes			
Tuolumne	Yes	.	Yes	.	.	Yes	Yes			
Ventura	.	.	.	.	.	Yes	Yes			
Yolo	.	.	.	.	.	.	Yes			
Yuba	.	.	.	.	.	.	Yes			
Total	13	4	10	3	14	21	30	n.a.	n.a.	n.a.

*Federal Financial Participation (FFP)

G. What percentage of your jurisdiction's births is covered by this screening project? In your estimate, what percentage of prenatal care providers in your jurisdiction use screening tool(s) for prenatal exposure to drugs or alcohol? Specify tool.

The median percentage of births covered by the local screening project is between 25-30% as reported by 24 of the 60 LHJs who answered these questions. Note that the question "What percentage of your jurisdiction's births is covered by this screening project?" implicitly assumes that all LHJs have births that occur within their jurisdiction and a prenatal screening project is in existence. In some cases, LHJs do not meet one or both assumptions to correctly answer this question. As such, these LHJs may have opted not to report any percentages or may have reported "0" percent. Thirty-six LHJs did not provide information on the percentage of births covered by the local screening project.

The median estimated percentage of local prenatal care providers using screening tools is between 40-50%, as reported by 38 of the 60 LHJs who completed the survey. Twenty-two LHJs did not provide information on the estimated percentage of local prenatal care providers using screening tools. The tools reportedly used by prenatal care providers include the 4P's Plus (n=5), CPSP (n=5), 4P's (n=1), ACOG (n=1) and ACOG/locally developed tools (n=1).

Again, caution should be used when interpreting the response to the question "What percentage of prenatal care providers use screening tools…?" The question implicitly assumes that each jurisdiction has prenatal care providers. Some LHJs may not have prenatal providers in their jurisdictions. As such, these LHJs may have opted not to report any percentage or may have reported "0" percent.

H. Do you have any data that enables you to estimate the prevalence of prenatal exposure, during any part of the pregnancy, to illicit drugs or alcohol in your local jurisdiction as a rate per live births? What are the sources of data utilized to estimate this rate?

One-third of all LHJs (19/60) reported that they have data that enables them to estimate the prevalence of prenatal exposure to drugs and alcohol, while 13% (8/60) responded they don't know. The sources cited by LHJs to estimate local prenatal exposure prevalence include the following: the 4P's Plus database, the Black Infant Health program, High Risk Infant program, the local Substance Abuse program, Medi-Cal, the public health department, referrals from the CPSP, the 1991 State ADP paper, the 1992 California Perinatal Substance Exposure study, the 2003 University of California study, the 2003 County Health Status Report, the 2004 Sacramento County Indicators of Alcohol and Drugs Abuse Risk, Changing the Landscape 2004, and positive toxicology screens.

Table 7. Sources Used by Local Health Jurisdictions to Estimate Prenatal Exposure Prevalence

Local Health Jurisdiction	Sources Available
Alameda	Public health department data and births from 2003 County Health Status Report
Berkeley	BIH
Butte	1992 State Study, published surveys including national surveys
Fresno	4P's Plus database
Mendocino	1992 CA Perinatal Substance Exposure Study
Merced	Referrals, Positive toxicology screens
Nevada	Referrals from CPSP
Sacramento	2004 Sacramento County Indicators of Alcohol & Drug Abuse Risk, 2004 Changing the Landscape, 2003 University of California Study, 1992 CA Perinatal Substance Exposure Study, 1991 State ADP White Paper
San Luis Obispo	4 P's Plus Assessment forms
Tulare	High Risk Infant Program

I. Are you familiar with the California Perinatal Substance Exposure Study, done in 1992 by U.C. Berkeley? If yes, do you know what the percentage of births with immediate antepartum prenatal exposure to alcohol or illicit drugs was for your county in that study?

Nearly two-thirds of all respondents (32/60) reported familiarity with the 1992 California Perinatal Substance Exposure study. Of the 32 respondents, 56% (18/32) reported they had knowledge of the prevalence of local births with prenatal alcohol and drug exposure while 41% (13/32) reported they did not know. One LHJ reported they have knowledge of the prevalence of local births with prenatal drug but not prenatal alcohol exposure.

Table 8. Familiarity with 1992 CA Perinatal Substance Exposure Study.

	Frequency	Percent
Yes	32	53.3
No	19	31.7
Missing	9	15.0
Total	60	100.0

Table 9. Knowledge of Prevalence of Local Births with Prenatal Alcohol/Drug Exposure

		Frequency	Percent
Valid	Yes, illicit drugs only	1	3.1
	Yes, both alcohol and drugs	18	56.3
	No	13	40.6
	Total	32	100.0

J. Do you survey hospitals to ask how many drug/alcohol-exposed births they detected?

Only 20% (12/60) of LHJs reported that they survey hospitals for drug/ alcohol exposed births. Of the 12 who survey hospitals, 5 reported collecting this information annually. Two-thirds (40/60) reported that they do not survey hospitals for drug/alcohol-exposed births. In interpreting this information, one needs to take into account that some smaller LHJs may not have existing birthing facilities. Also, other LHJs may not survey hospitals due to prior experiences with some facilities not making this information available.

Table 10. Frequency of Hospital Survey Conducted Regarding Drug/Alcohol-Exposed Births

	Frequency	Percent
Yes, annually	5	8.3
Yes, not annually	7	11.7
No	40	66.7
Don't Know	1	1.7
Missing	7	11.7
Total	60	100.0

K. Does you local jurisdiction currently publish, annually, an indicator of the prevalence of substance-exposed births in your jurisdiction? If not, are there other indicators of the prenatal exposure of infants in your jurisdiction that are tracked regularly as measures of the effectiveness of prenatal substance use prevention efforts?

Only three LHJs reported that they publish the local prevalence of substance-exposed births annually. Of the remaining 57 LHJs, 11 reported that they track other birth indicators related to drug/ alcohol exposure.

L. Is prenatal exposure to prescription medications (e.g., pain mediations) an important issue in your local jurisdictions as reflected by efforts in your agency?

Forty-six percent (27/60) of LHJs reported that prenatal exposure to prescription medications is an issue either somewhat or very important in their jurisdiction while 20% (12/60) did not find this a significant issue. A third of LHJs (20/60) were neutral.

M. Have your used or developed media materials to educate the public on prenatal substance use? If yes, in what format?

Seventy-eight percent of LHJs (47/60) acknowledged that they have developed or used prenatal substance use materials for public health education. Nearly all of these LHJs (46/47) have either developed or used flyers or brochures as educational tools. Other more commonly developed or used channels for public education include newspapers (17%; 8/47), radio (15%; 7/47), television (13%; 6/47) and billboards (11%; 5/47). Other media or channels used or developed to educate the public about prenatal substance use include bus shelter ads, videos, posters, cinema ads, key chains, palm cards, temporary tattoos, newsletters, public forum presentations and slide presentations. (See Appendix C for a sample of posters and temporary tattoos from Sonoma County).

Table 11. Media/Channels Used for Public Education by Local Health Jurisdiction

LHJ	T.V.	radio	News paper	brochure /flyer	billboard	Others
Alameda	Yes	Yes	Yes	Yes	.	
Alpine	.	.	.	Yes	.	Posters
Berkeley	.	.	.	Yes	.	
Butte	Yes	.	.	Yes	.	
Calaveras	.	.	.	Yes	.	
El Dorado	.	.	.	Yes	.	
Fresno	Yes	Yes	Yes	Yes	Yes	
Glenn	.	.	.	Yes	.	
Humboldt	Yes	Yes	.	Yes	.	
Kern	Yes	.	.	Yes	.	
Lake	.	.	.	Yes	.	
Lassen	.	.	.	Yes	.	
Los Angeles	.	.	.	Yes	.	
Madera	.	.	.	Yes	.	Power Point presentations
Marin	.	.	.	Yes	.	
Mariposa	.	.	.	Yes	.	
Mendocino	.	.	.	Yes	.	
Merced	.	.	.	Yes	.	
Modoc	.	.	Yes	Yes	.	
Mono	.	.	Yes	Yes	.	
Monterey	.	.	.	Yes	.	
Nevada	.	.	.	Yes	.	Video
Pasadena	.	.	.	Yes	.	
Placer	.	.	.	Yes	.	
Plumas	.	.	.	Yes	.	Public speaking forums, newsletters
Riverside	Yes	Yes	Yes	Yes	Yes	
Sacramento	.	.	.	Yes	.	
San Benito	.	.	.	Yes	.	
San Bernardino	.	.	.	Yes	Yes	Bus shelter ads
San Diego	.	.	.	Yes	.	
San Francisco	.	.	.	Yes	.	
San Luis Obispo	.	.	.	Yes	.	
San Mateo	.	.	.	.	.	

Santa Barbara	.	.	.	Yes	.	
Santa Clara	.	.	Yes	Yes	.	
Shasta	.	.	.	Yes	.	
Siskiyou	.	.	.	Yes	.	
Solano	.	.	.	Yes	.	Videos
Sonoma	.	.	.	Yes	.	Key Chains, Temporary Tattoos, Palm Cards
Stanislaus	.	.	.	Yes	.	
Sutter	.	.	.	Yes	.	
Tehama	.	.	.	Yes	.	Cinema Ads
Trinity	.	.	Yes	Yes	.	Posters
Tulare	.	Yes	.	Yes	Yes	
Tuolumne	.	.	.	Yes	.	
Ventura	.	Yes	.	.	.	
Yolo	.	.	.	Yes	.	
Yuba	.	Yes	Yes	Yes	Yes	Bus stop ads
Total (Yes response)	6	7	8	46	5	

N. Have you promoted pediatric screening for Fetal Alcohol Spectrum Disorder in your local jurisdiction?

Table 12. Frequency of promoting Fetal Alcohol Spectrum Disorder screening.

	Frequency	Percent
Yes	14	23.3
No	46	76.7
Total	60	100.0

Please note that some LHJs do not have pediatric providers and are therefore among those answering in the negative about pediatric FASD screening.

O. Have you increased treatment capacity for drug and alcohol dependency treatments for women and their children? If yes, did you use a new funding source? Reallocate existing funding?

Thirty-two percent of local health jurisdictions (19/60) indicated that they have increased treatment capacity for drug and alcohol dependency for women and children in their jurisdiction. Nine LHJs indicated that they used new funding sources to expand treatment capacity. These new funding sources include: First Five; Drug and Alcohol department; Early and Periodic Screening, Diagnostic, and Treatment (EPSDT); Center for Substance Abuse Prevention (CSAP); Behavioral Health Substance Abuse funds; local drug treatment CBO; local Department of Social Services; and local Health Department funds. Three LHJs indicated that existing funds were reallocated to expand local treatment capacity. Sources of funds for reallocation include the local health department, local drug and alcohol department and EPSDT.

Most questions on program funding for prenatal screening activities seem to have high non-response rates and may reflect limited knowledge of funding information among certain respondents.

Table 13. Increased Capacity for Drug/Alcohol Dependency Treatment for Women/Children

	Frequency	Percent
Yes	19	31.7
No	40	66.7
Missing	1	1.7
Total	60	100.0

Table 14. Funding Sources for Drug/Alcohol Treatment Expansion

	New Funding	Reallocated Existing Funding
First Five	4	
Local Drug and Alcohol Department	2	1
EPSDT (Mental Health for Children)	2	1
CSAP	1	
Behavioral Health Substance Abuse Funds	1	
Local drug treatment CBO	1	
Local DSS	1	
Local Health Department Funds	1	1

Implications:

The ability to quantify the issue of alcohol and drug use in pregnancy is required in order to substantiate the need for prevention and intervention programs. This survey provides an inventory of existing local data that can be used to complement and augment other efforts to quantify prenatal substance use statewide. The task of identifying data to advance perinatal substance use prevention efforts is a priority of the Alcohol and Other Drug Workgroup of the State Interagency Team, the California Fetal Alcohol Spectrum Disorder Task Force and MCAH/OFP. The time and effort taken by local MCAH Directors and their staff to respond to this survey are greatly appreciated by the MCAH/OFP Branch of the California Department of Health Services.

APPENDIX A: Survey Instrument

Prenatal Substance Use Screening
Local MCAH Director Questionnaire
April 2006

Name: _____ Local Jurisdiction: _____

Title: _____Agency: _____

Phone: _____ Email: _____

1. Do you promote prenatal screening for drug, alcohol, or tobacco exposure in your jurisdiction?
   _____ Yes. Specify the particular drugs for which you promote screening (mark all that apply):
   ___alcohol ___tobacco ___marijuana ___illicit drugs ___prescription drugs ___Other, please specify_____

   _____ No (Skip to question 2)

   a. In what year did you begin any screening promotion efforts among prenatal care providers? _____

   b. In what year did the promotion of screening among prenatal care providers become an intervention in your jurisdiction's MCAH plan? _____

   c. Please note if there are any particular client populations that are targets of your efforts (e.g., Medi-Cal beneficiaries, CPSP clients, teens, parents with history of substance use during prior pregnancies, etc.)?
   _____

   d. What tool(s) does your jurisdiction promote to screen for prenatal substance use (check all that apply)?
   ___4P's Plus ___4Ps ___T-ACE ___TWEAK ___AUDIT ___NET
   ___CAGE ___Others (please specify): _____

   ___Do **not** promote a specific tool

   e. Are there other tools used by prenatal care providers to assess prenatal substance use within your jurisdiction?
   _____ Yes _____ No, skip to 2 _____ Don't know

   f. Do you collect data from screenings in an electronic database?
   _____ Yes _____ No, skip to 2

   g. If yes, what type of database is used (check all that apply)?
   ___EXCEL ___Access ___EpiInfo ___SAS data set
   ___Other (please specify): _____

2. How are the prenatal screening efforts for alcohol and illicit drugs in your local jurisdiction funded? *(Check all that apply)*
___First Five ___Prop 63 ___March of Dimes ___Title V
___Other State Funds ___Medi-Cal ___Local Health Department Funding
___Comprehensive Perinatal Services Program ___Other, please specify:
_____

3. What percentage of your jurisdiction's births is covered by this screening project? (If unknown, please state "unknown")
_____%, specify tool(s) if known_____

4. In your estimate, what percentage of prenatal care providers in your jurisdiction use screening tool(s) for prenatal exposure to drugs or alcohol?
_____%, specify tool(s) if known_____

5. Do you have any data that enables you to estimate the prevalence of prenatal exposure, during any part of the pregnancy, to illicit drugs or alcohol in your local jurisdiction as a rate per live births?
_____ Yes _____ No, skip to question 7 _____ Don't Know, skip to question 7

   a. If so, what are the sources of data utilized to estimate this rate?
   _____

6. Are you familiar with the California Perinatal Substance Exposure Study, done in 1992 by UC Berkeley? _____ Yes _____ No, skip to question 8

   a. Do you know what the percentage of births with immediate antepartum prenatal exposure to alcohol or illicit drugs was for your county in that study?
      ____ Yes for alcohol only
      ____ Yes for illicit drugs only
      ____ Yes for both alcohol and illicit drugs
      ____ No, skip to question 8

7. Do you survey hospitals to ask how many drug/alcohol-exposed births they detected?
____ Yes, annually ____ Yes, but not annually ___No __Don't Know

8. Does your local jurisdiction currently publish, annually, an indicator of the prevalence of substance-exposed births in your jurisdiction?
_____ Yes _____ No

   a. If not, are there other indicators of the prenatal exposure of infants in your jurisdiction that are tracked regularly as measures of the effectiveness of prenatal substance use prevention efforts?
      _____ Yes _____ No _____ Don't Know

9. Is prenatal exposure to prescription medications (e.g., pain medications) an important issue in your local jurisdiction as reflected by efforts in your agency? (choose one)
___Very important ___Somewhat important ___Neutral

___Not that important ___Not important at all

10. Have you used or developed media materials to educate the public on prenatal substance use?
_____ Yes _____ No

a. If yes, in what format? (check all that apply)
_____ Television
_____ Radio
_____ Newspaper
_____ Brochures/flyers
_____ Billboards
_____Other, please specify _____

11. Have you promoted pediatric screening for Fetal Alcohol Spectrum Disorder in your local jurisdiction?
_____ Yes _____No

12. Have you increased treatment capacity for drug and alcohol dependency treatments for women and their children?
_____ Yes _____ No

If yes, did you

a. Use a new funding source? Please name funding source_____
b. Reallocate existing funding? Please name funding source_____

Appendix B: Prenatal Alcohol/ Substance Use Screening Tools

1. The 4P's

Author: Ewing H. Born Free Project, Martinez, California

1. Have you ever used drugs or alcohol during this **P**regnancy?
   A) Yes B) No

2. Have you had a problem with drugs or alcohol in the **P**ast?
   A) Yes B) No

3. Does your **P**artner have a problem with drugs or alcohol?
   A) Yes B) No

4. Do you consider one of your **P**arents to be an addict or alcoholic?
   A) Yes B) No

2. The *4P's Plus*©

Author: Chasnoff, I. Children's Research Triangle

•***Parents*** - Did either of your parents ever have a problem with alcohol or drugs?

•***Partner***- Does your partner have a problem with alcohol or drugs?

•***Past***- Have you ever drunk beer, wine, or liquor?

•***Pregnancy***- In the month before you knew you were pregnant, how many *cigarettes d*id you smoke?

In the month before you knew you were pregnant, *how many beers/how much wine/how much liquor* did you drink?

3. Alcohol Use Disorders Identification Test (AUDIT)

Author: Sanders JB

Scores: Total the numbers of all the circled answers. A score of 8 or more is considered a positive screen.

1. How often do you have a drink containing alcohol?
(0) Never (1) Monthly (2) 2-4 X a month (3) 2-3 X a week (4) 4 or more X a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?
(0) 1-2 (1) 3-4 (2) 5-6 (3) 7-9 (4) 10 or more

3. How often do you have six or more drinks on one occasion?
(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily

4. How often during the last year have you found that you were unable to stop drinking once you started?
(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily

5. How often during the last year have you failed to do what was normally expected of you because of drinking?
(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?
(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily

7. How often during the last year have you felt guilt or remorse after drinking?
((0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily

8. How often during the last year have you been unable to remember what happened the night before because of drinking?
(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?
(0) No (2) Yes, but not in the past year (4) Yes, during the last year

10. Has a friend, relative, or doctor or other health worker been concerned about your drinking or suggested you cut down?
(0) No (2) Yes, but not in the past year (4) Yes, during the last year

4. **T-ACE**

Author: Sockol RJ, et al.

Scores: Any woman who answers more than two drinks on question 1 is scored 2 points. Each yes to the additional 3 questions scores 1. A score of 2 or more is considered a positive screen, and the woman should be referred to a specialist for further assessment.

Note: A woman could drink 2 drinks per day during pregnancy (safe level is undetermined) and not get a positive screen using this tool. She may not be at risk for alcoholism, but because of her pregnancy she's drinking at an unsafe level.

1. How many drinks does it take for you to feel high?
(**T**olerance)

2. Have people **A**nnoyed you by criticizing your drinking?
A) Yes B) No

3. Have you ever felt you ought to **C**ut down on your drinking?
A) Yes B) No

4. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover? (**E**yeopener)
A) Yes B) No

5. CAGE

Author: American Society of Addiction Medicine.

Scores: A positive response to 2 questions among items 1-4 is a strong indication of alcoholism.

1. Have you ever felt you should **C**ut down on your drinking or drug use?

2. Have people **A**nnoyed you by criticizing or complaining about your drinking or drug use?

3. Have you ever felt bad or **G**uilty about your drinking or drug use?

4. Have you ever had a drink or drug in the morning (**E**ye Opener) to steady your nerves or to get rid of a hangover?

5. Do you use any drugs other than those prescribed by a physician?

6. Has a physician ever told you to cut down or quit use of alcohol or drugs?

7. Has your drinking/drug use caused family problems?

8. When drinking/using drugs have you ever had a memory loss (blackout)?

6. TWEAK

Author: Russell M.

Scores: A woman receives 2 points on question 1 if she reports that she can hold more than 5 drinks without falling asleep or passing out. A positive response to question 2 scores 2 points, and a positive response to each of the last 3 questions scores 1
point each. A total score of 2 or more indicates that the woman is a risk drinker and requires further assessment.
Note: Drinking at any level during pregnancy is unsafe, even if the woman scores negative with this tool.

1. How many drinks does it take for you to feel high?

2. Does your partner (or do your parents) ever worry or complain about your drinking?
A) Yes B) No

3. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover? (Eyeopener)
A) Yes B) No

4. Have you ever awakened the morning after some drinking the night before and found that you could not remember part of the evening before?
A) Yes B) No

5. Have you ever felt that you ought to cut down on your drinking?
A) Yes B) No

7. Comprehensive Perinatal Services Program (CPSP) Initial Combined Assessment

1. How often do you drink alcohol (beer, wine, wine coolers, hard liquor, mixed drinks)?
Daily Weekends 1-2 Times per month rarely or never

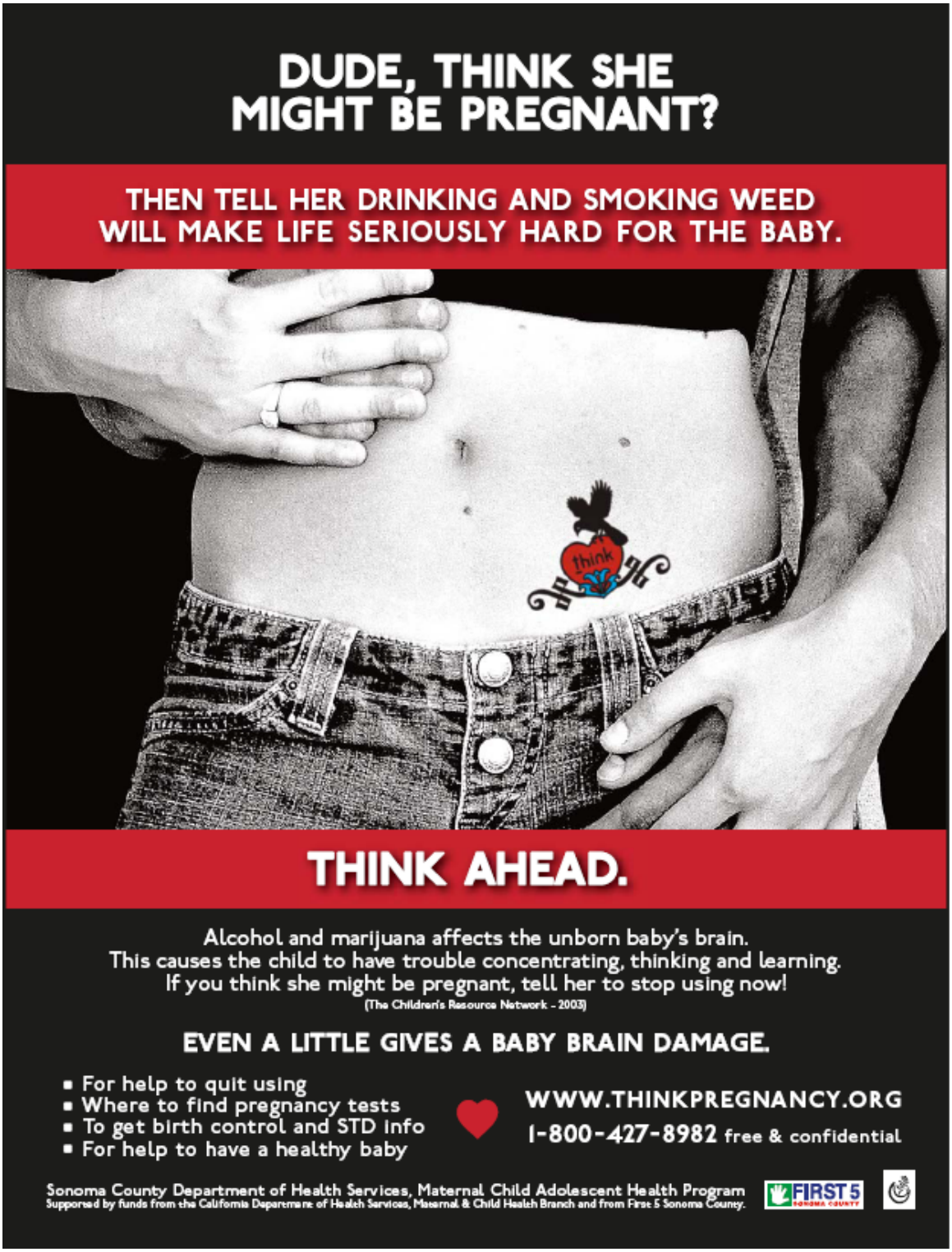
2. Have your alcohol habits changed since you got pregnant? Yes No
If yes, how?

3. Are you interested in stopping or cutting down while you are pregnant? Yes No

4. Have you ever used street drugs (marijuana, cocaine, PCP, crack, speed, crank, ice, heroin, LSD, other)? Yes No
If yes, what: How often?
Are you interested in quitting? Yes No

5. If your partner uses drugs or alcohol, does this create problems for you?
Yes No

Appendix C: Sample Materials from Sonoma County:



Temporary tattoo

Appendix D: Responses to Select Survey Questions by Local Health Jurisdiction

	Alameda	Alpine	Amador	Berkeley	Butte	Calaveras	Colusa	Contra Costa	Del Norte	El Dorado
Promote Prenatal Screening?	Yes	Yes	No	Yes	Yes	No	No	Yes	No	Yes
Screen for Alcohol?	Yes	Yes		Yes	Yes			Yes		Yes
Screen for Tobacco?	Yes	Yes		Yes	Yes			Yes		Yes
Screen for Marijuana?	Yes	Yes		Yes	Yes			Yes		Yes
Screen for Illicit Drugs?	Yes	Yes		Yes	Yes			Yes		Yes
Screen for Prescription Drugs?	Yes	Yes			Yes			Yes		Yes
Screen for Other Drugs?		Meth						Meth		
Year Initiated Prenatal Screening Promotion?	2001	2004			2002			1990		1990
Year Initiated Prenatal Screening Intervention?	2000	2004		1989	2002			1990		1998
Screening tool = 4P Plus	Yes	Yes		Yes	Yes			Yes		Yes
Screening tool =CPSP Assessment Tool	Yes							Yes		
Screening tool = Other	Yes							5Ps		
Collect screening data electronically?	Yes	Yes	No	No	Yes			No		No
Screening funding= First Five	Yes									
Screening funding= Title Five				Yes						
Screening funding= MediCal	Yes			Yes			Yes			
Screening funding= Local Health Dept.	Yes			Yes	Yes					
Screening funding= CPSP				Yes				Yes	Yes	Yes
Other screening funding?	Yes	Yes								
Percent local births covered by screening project.	20%	20%		30%	25%					
Percent of local prenatal care providers using screening tools.	20%			30%	30%	0%				50%
Have data to estimate prenatal exposure prevalence?	Yes	Don't Know	No	Yes	No	Don't Know	No	No	Don't Know	Yes
Has knowledge of prevalence of local births with prenatal alcohol/drug exposure?	Yes	Yes		No	Yes			Yes		Yes
Survey hospitals for drug/alcohol-exposed births?	No	No			No	No	Don't Know	No	No	Yes
Public education on prenatal substance use?	Yes	Yes	No	Yes	Yes	Yes	No	No	No	Yes
Promote pediatric screening for FASD?	No	No	No	No	Yes	No	No	No	No	No
Increased Capacity for drug/alcohol treatment for women/children? Funding source.	Yes: CSAP EPSDT	Yes	No	No	Yes	No	No	No: First 5 Contra Costa	No	Yes: CBO

	Fresno	Glenn	Humboldt	Imperial	Inyo	Kern	Kings	Lake	Lassen	Long Beach
Promote Prenatal Screening?	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes
Screen for Alcohol?	Yes	Yes	Yes			Yes		Yes	Yes	
Screen for Tobacco?	Yes	Yes	Yes		Yes	Yes		Yes	Yes	
Screen for Marijuana?		Yes	Yes			Yes		Yes	Yes	
Screen for Illicit Drugs?	Yes	Yes	Yes			Yes		Yes	Yes	
Screen for Prescription Drugs?		Yes	Yes						Yes	
Year Initiated Prenatal Screening Promotion?	1997	2001	2004			2005			2005	
Year Initiated Prenatal Screening Intervention?	1998		2004						2005	
Screening tool = 4P Plus	Yes	Yes	Yes							
Screening tool = Cage								Yes		
Screening tool = CPSP Assessment Tool		Yes	Yes			Yes				
Screening tool=Other	BIH	Don't Know	ACOG forms		Don't Know	ACOG (local)		No	No	No
Collect screening data electronically?	Yes	No	Yes		No			No	No	Yes
Screening funding= First Five										Yes
Screening funding= Proposition 63					Yes					
Screening funding= March of Dimes			Yes							
Screening funding= Title Five	Yes		Yes							Yes
Screening funding= other state funds					Yes					
Screening funding= MediCal				Yes						Yes
Screening funding= Local Health Dept.			Yes					Yes		Yes
Screening funding= CPSP	Yes		Yes	Yes					Yes	Yes
Other screening funding?			Yes				Yes			
Percent local births covered by screening project.	70%		90%	0%		4%			14%	
Percent of local prenatal care providers using screening tools.	57%		100%	50%		95%			98%	
Have data to estimate prenatal exposure prevalence?	Yes	Don't Know	No	Don't Know	No	Yes	No	No	No	Don't Know
Has knowledge of prevalence of local births with prenatal alcohol/drug exposure?			Yes			Yes				
Survey hospital for drug/alcohol-exposed births?	No	No	Yes	No	No	Yes	No	Yes	No	No
Public education on prenatal substance use?	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes	No
Promote pediatric screening for FASD?	No	No	No	No	No	No	No	Yes	Yes	No
Increased Capacity for drug/alcohol treatment for women/children? Source.	Yes: Behavioral Health	No	Yes	No	No	No	No	No	No	No

	LA	Madera	Marin	Mariposa	Mendocino	Merced	Modoc	Mono	Monterey	Napa
Promote Prenatal Screening?	No	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes
Screen for Alcohol?		Yes		Yes	Yes	Yes	Yes	Yes		Yes
Screen for Tobacco?		Yes		Yes	Yes	Yes	Yes	Yes		Yes
Screen for Marijuana?		Yes		Yes	Yes	Yes		Yes		Yes
Screen for Illicit Drugs?		Yes		Yes	Yes	Yes	Yes	Yes		Yes
Screen for Prescription Drugs?		Yes		Yes		Yes		Yes		
Screen for Other Drugs?										Meth
Year Initiated Prenatal Screening Promotion?		2003		1999	2006	2001	2003	1993		
Year Initiated Prenatal Screening Intervention?		2004			2005	2001	2003			
Screening tool = 4P Plus		Yes			Yes				Yes	Yes
Screening tool = 4P				Yes						
Screening tool = CPSP Assessment Tool		Yes		Yes	Yes					Yes
Screening tool = Other		Yes		Yes	No	Don't Know	Locally dev	Client intake	No	Don't Know
Collect screening data electronically?		Yes		No	No	Yes	No	No		No
Screening funding= First Five		Yes				Yes	Yes			
Screening funding= Title Five					Yes	Yes				
Screening funding= MediCal	Yes							Yes		
Screening funding= Local Health Dept.						Yes				Yes
Screening funding= CPSP	Yes		Yes			Yes			Yes	Yes
Other screening funding?		DSS Prev						Pvt ins		
Percent local births covered by screening project.			60%	32%				100%		60%
Percent of local prenatal care providers using screening tools.	1%	40%	60%	100%		85%		100%	20%	
Have data to estimate prenatal exposure prevalence?	No	No	No	No	Yes	Yes	No	No	Yes	No
Has knowledge of prevalence of local births with prenatal alcohol/drug exposure?		No	No	No	Yes	No	No	No		
Survey hospital for drug/alcohol-exposed births?	Yes	Yes	No	No	No	Yes	No	No	No	No
Public education on prenatal substance use?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Other drug/alcohol-exposed birth evaluation indicators tracked?	No	Yes		No	No	No	No	No		Don't Know
Promote pediatric screening for FASD?	Yes	Yes	No	No	No	Yes	No	No	Yes	Yes
Increased capacity for drug/alcohol treatment for women/children? Source	No	Yes	No	No	No	No	No	No	Yes	No

	Nevada	Pasadena	Placer	Plumas	Riverside	Sacramento	San Benito	San Bernardino	San Diego	San Francisco
Promote Prenatal Screening?	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Screen for Alcohol?	Yes	Yes	Yes	Yes	Yes	Yes		Yes		Yes
Screen for Tobacco?	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes
Screen for Marijuana?	Yes	Yes	Yes	Yes	Yes	Yes		Yes		Yes
Screen for Illicit Drugs?	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes
Screen for Prescription Drugs?	Yes	Yes	Yes	Yes		Yes		Yes		Yes
Year Initiated Prenatal Screening Promotion?	1984	1989	1985	2004	2005	2005		2002	2002	1986
Year Initiated Prenatal Screening Intervention?	2004	1989	1985	2004	2004	2005		2000	2002	
Screening tool = 4P Plus					Yes	Yes		Yes		
Screening tool = CPSP Assessment Tool		Yes			Yes					Yes
Screening tools = Other	Yes	Don't Know	Locally dev	Don't Know	No	Kaiser HlthySrt		Yes	No	Don't Know
Collect screening data electronically?	No	No	Yes	No		Yes		Yes	No	No
Screening funding= First Five				Yes	Yes			Yes		
Screening funding= March of Dimes					Yes					
Screening funding= Title Five								Yes		
Screening funding= other state funds								Yes		
Screening funding= MediCal		Yes		Yes			Yes			
Screening funding= Local Health Dept.			Yes	Yes	Yes	Yes		Yes		
Screening funding= CPSP	Yes	Yes						Yes		Yes
Other Screening funding?					Yes					
Percent local births covered by screening project.	35%					6%	0%	88%		30%
Percent of local prenatal care providers using screening tools.	20%	20%			20%	66%	0%	25%	0%	100%
Percent of local prenatal care providers using screening tools.	20%	20%			20%	66%	0%	25%	0%	100%
Have data to estimate prenatal exposure prevalence?	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No
Has knowledge of prevalence of local births with prenatal alcohol/drug exposure?	Yes		No	No	Yes	Yes		Yes	Yes	No
Survey hospitals for drug/alcohol-exposed births?	No		No	Yes, annually	No	No		No	No	No
Public education on prenatal substance use?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Promote pediatric screening for FASD?	No	No	Yes	No	Yes	No	Yes	No	No	No
Increased Capacity for drug/alcohol treatment for women/children? Source.	Yes	No	Yes	No	No	No	Yes	First 5 EPSDT	No	No

	San Joaquin	San Luis Obispo	San Mateo	Santa Barbara	Santa Clara	Santa Cruz	Shasta	Sierra	Siskiyou	Solano
Promote Prenatal Screening?	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Screen for Alcohol?		Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes
Screen for Tobacco?		Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes
Screen for Marijuana?		Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes
Screen for Illicit Drugs?		Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes
Screen for Prescription Drugs?										Yes
Year Initiated Prenatal Screening Promotion?		2003	2002		1993	2005	2005		2002	2006
Year Initiated Prenatal Screening Intervention?		2003	2001		1992	2005	2006			2006
Screening tool = 4P Plus		Yes			Yes		Yes			Yes
Screening tool = CPSP Assessment Tool							Yes			
Screening tool = TACE					Yes					
Screening tool = TWEAK					Yes					
Screening tool = Audit					Yes					
Screening tool = Cage					Yes					
Screening tools = Other		No	Kaiser; Hospital		Don't know	No	Yes	No	Don't Know	Yes
Collect screening data electronically?			No		Yes		Yes	No	No	
Screening funding= First Five		Yes								Yes
Screening funding= March of Dimes						Yes				
Screening funding= Title Five			Yes	Yes						
Screening funding= other state funds			Yes							
Screening funding= MediCal									Yes	Yes
Screening funding= Local Health Dept.		Yes	Yes				Yes	Yes		
Screening funding= CPSP		Yes	Yes	Yes					Yes	Yes
Other screening funding?						HHS				
Percent local births covered by screening project.		65%		0%			9%			13%
Percent of local prenatal care providers using screening tools.		90%	20%	0%	5%		95%		40%	
Have data to estimate prenatal exposure prevalence?	Yes	Yes	No	No	No	No	No	No	No	No
Has knowledge of prevalence of local births with prenatal alcohol/drug exposure?	No	Yes	Yes	Yes	Yes	No				Yes
Survey hospitals for drug/alcohol-exposed births	No	No	No	No	Yes	No	No	No	Yes	No
Public education on prenatal substance use?	No	Yes	No	Yes	Yes	No	Yes	No	Yes	Yes
Promote pediatric screening for FASD?	No	Yes	No	No	Yes	No	No	No	No	No
Increased capacity for drug/alcohol dependency TX for women/children? Source.	No	Yes, Local Drug & Alcohol	Yes	ADP	No	Yes	Yes, Local PubHlth	No	No	Yes, First 5

	Sonoma	Stanislaus	Sutter	Tehama	Trinity	Tulare	Tuolumne	Ventura	Yolo	Yuba
Promote Prenatal Screening?	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No	No
Screen for Alcohol?	Yes	Yes		Yes	Yes	Yes	Yes	Yes		
Screen for Tobacco?	Yes	Yes			Yes	Yes	Yes	Yes		
Screen for Marijuana?	Yes	Yes		Yes	Yes	Yes	Yes	Yes		
Screen for Illicit Drugs?	Yes	Yes		Yes	Yes	Yes	Yes	Yes		
Screen for Prescription Drugs?		Yes		Yes	Yes	Yes	Yes	Yes		
Screen for Other Drugs?					Meth					
Year Initiated Prenatal Screening Promotion?	2004			2005	1996	2001	1994	2001		
Year Initiated Prenatal Screening Intervention?	2004			2005		2001	1994	2004		
Screening tool = 4P Plus								Yes		
Screening tool = 4P	Yes									
Screening tool = TACE							Yes			
Screening tool = Other	Kaiser tool	Yes		Don't Know	Don't Know	Don't Know	Yes	Don't Know		No
Collect screening data electronically?	No	No		No	No	No	No	Yes		
Screening funding= First Five	Yes					Yes	Yes			
Screening funding= March of Dimes						Yes				
Screening funding= Title Five							Yes			
Screening funding= MediCal		Yes		Yes						
Screening funding= Local Health Dept.				Yes		Yes	Yes	Yes		
Screening funding= CPSP		Yes		Yes		Yes	Yes	Yes	Yes	Yes
Other Screening funding?	Yes, CA Endo wmnt			Yes, Private Ins						
Percent local births covered by screening project.						70%	80%			
Percent of local prenatal care providers using screening tools.	80%	50%		66%		60%	50%	25%		50%
Have data to estimate prenatal exposure prevalence?	Yes	No	No	Don't Know	Don't Know	Yes	No	No	No	No
Has knowledge of prevalence of local births with prenatal alcohol/drug exposure?	No	No		Yes	No			Yes		No
Survey hospitals for drug/alcohol-exposed births?	No		No		No	Yes	No	No	Yes	
Public education on prenatal substance use?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Promote pediatric screening for FASD?	No	No	No	No	No	No	Yes	No	No	No
Increased Capacity for drug/alcohol dependency TX for women/children? Source.	Yes, First 5	No		Yes, Local DSS	No	No	No	No	No	No