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ACEs Aware Screening, Training, and Certification Progress: February 2023 Update

February 24, 2023

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Executive Summary

The California Department of Health Care Services (DHCS) and the Office of the California Surgeon General are leading ACEs Aware, a first-in-the-nation, statewide effort to implement screening for Adverse Childhood Experiences (ACEs) and treatment of toxic stress to improve the health and well-being of Californians.

On January 1, 2020, DHCS began providing payment to certified, eligible Medi-Cal clinicians for conducting ACE screenings for children, adolescents, and adults up to age 64 with full-scope Medi-Cal. To become ACEs Aware-certified, Medi-Cal clinicians must complete an ACEs Aware Core Training and attest to completing it.

The Becoming ACEs Aware in California core training (training) is free and available to anyone, including non-billing Medi-Cal care team members (such as medical assistants and office staff) who play a critical role in ACE screening, clinicians who are not Medi-Cal providers, and clinicians outside of California. Therefore, it is important to note that not everyone who completes the training will become ACEs Aware-certified.

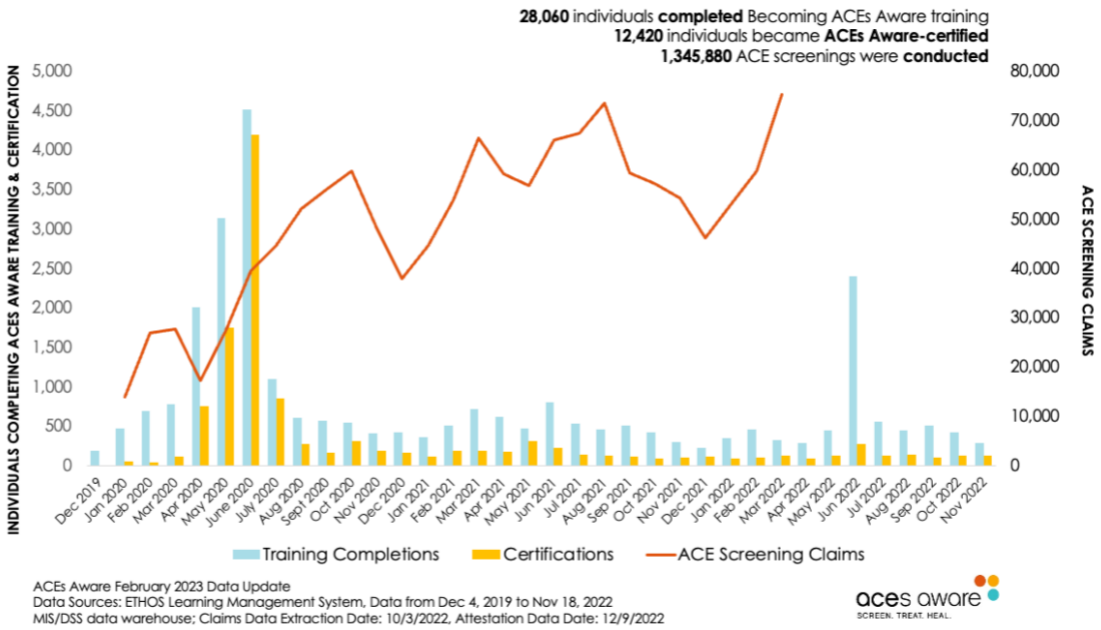
__28,060__ individuals completed the ACEs Aware training as of December 2022.

Between December 2019 and November 2022, **28,060** individuals completed the training. Approximately **12,420** of those who completed the training are Medi-Cal clinicians who became ACEs Aware-certified.

Nearly __998,870__ children, adolescents, and adults were screened for ACEs between January 2020 and March 2022.

Medi-Cal clinicians conducted nearly **1,345,880** ACE screenings of approximately **998,870** unique Medi-Cal beneficiaries across California between January 2020 and March 2022, based on Medi-Cal claims data. ACE screenings continue to increase, demonstrating the value of ACE screening to clinicians.

Exhibit 1: ACE Training Completion, Certification, and Screenings by Month



Notes: ***Training Completions*** *indicate the number of individuals who completed the Becoming ACEs Aware in California training.* ***Certifications*** *indicate the number of individuals who have submitted the ACEs Provider Training Attestation form to receive Medi-Cal payment for conducting qualified ACE screenings.* ***ACE Screening Claims*** *indicate total number of Medi-Cal claims submitted for payment. Data labels are rounded to the nearest 100 and do not sum to the total. The June 2022 spike in training completions is due to a large California state agency partnering with ACEs Aware to train their workforce through the Becoming ACEs Aware in California training.*

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ACEs Aware Data Highlights

Below are key data highlights regarding ACE screenings and results from the ACEs Aware training evaluations.

ACEs Aware Training Evaluations (December 4, 2019 – November 18, 2022)

- Approximately **8,710** individuals who completed the training reported they were not screening any of their patients for ACEs at the time; **5,803** reported they do not directly provide care, totaling **52%** who had not previously screened patients for ACEs prior to the training. Of these individuals who have not previously screened patients for ACEs prior to the training, more than half reported they plan to conduct routine ACE screenings for children (**54%**) and almost half reported they plan to conduct routine ACE screenings for adults (**46%**).
- **65%** of individuals reported they planned to implement changes in their practice based on the information presented.
- **89%** of individuals who completed the training reported being somewhat or very confident that they would be able to make their intended practice changes.

ACE Screenings (January 1, 2020 – March 31, 2022)

- Nearly one-third **(30%)** of the **998,870** unique ACE screenings were conducted with children ages 5 and under; and more than three-quarters **(79%)** of all unique ACE screenings were with pediatric patients under age 18. Additionally, **211,340** adults 18 and older were screened for ACEs (**21%**).
- Of the **787,520** unique Medi-Cal beneficiaries ages 0 to 20 screened for ACEs, **4%** had an ACE score of 4 or greater, indicating a high risk for toxic stress. Of the **211,340** unique Medi-Cal beneficiaries ages 21 to 64 screened for ACEs, **13%** had an ACE score of 4 or more.
- **High-risk ACE scores** among adults were most prevalent among **females ages 18 to 44** (**14%**), as well as among **females ages 45 through 64** (**14%**).
- **American Indian/Alaskan Native Medi-Cal beneficiaries** had the greatest prevalence of high-risk ACE scores of 4 or more (**18%**), followed by White beneficiaries (**14%**), Black/African American beneficiaries (**10%**), beneficiaries who reported other race or ethnicity (**8%**), beneficiaries who did not report their race or ethnicity (**5%**), Hispanic beneficiaries (**5%**), and Asian/Pacific Islander beneficiaries (**3%**).

- The California regions with the greatest share of high-risk ACE scores for children, adolescents, and young adults ages 0 to 20 were:
    - Far North/North Coast region (**16%** of **4,218** beneficiaries screened),
    - Sierra Range/Foothills region (**8%** of **6,413** beneficiaries screened), and
    - the Bay Area (**7%** of **65,314** beneficiaries screened).
- The California regions with the greatest share of high-risk ACE scores for adults ages 21 to 64 were:
    - Far North/North Coast region (**60%** of **1,534** beneficiaries screened),
    - Sierra Range/Foothills region (**30%** of **1,181** beneficiaries screened), and
    - the Bay Area (**32%** of **3,647** beneficiaries screened).

- Among clinicians who conducted ACE screenings, **62%** specialize in pediatrics and **11%** specialize in family medicine.
- Managed care plan (MCP) clinicians screened **719,888** individuals ages 20 and under, representing **14.8%** of unique Medi-Cal beneficiaries in that age range who were enrolled with a single plan in any continuous 12-month period between January 1, 2020 and March 31, 2022 (and were not dually eligible for Medi-Cal and Medicare) and have had at least one primary care visit in the same time period.
- Managed care plan (MCP) clinicians screened **146,047** individuals ages 21 through 64, representing **2.7%** of unique Medi-Cal beneficiaries in that age range who were enrolled with a single plan in any continuous 12-month period between January 1, 2020 and March 31, 2022 (and were not dually eligible for Medi-Cal and Medicare) and have had at least one primary care visit in the same time period.

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Introduction

In December 2019, the Department of Health Care Services (DHCS) and the Office of the California Surgeon General (CA-OSG) launched a first-in-the-nation effort to screen children and adults for Adverse Childhood Experiences (ACEs) and treat toxic stress to improve the health and well-being of Californians across the state.

The ACEs Aware initiative offers clinicians training, screening tools, clinical protocols, and Medi-Cal payment for screening children and adults for ACEs. Screening for ACEs, assessing for risk of toxic stress, and responding with evidence-based interventions and trauma-informed care can significantly improve the health of individuals and families. More information and resources are available at www.ACEsAware.org.

Effective January 1, 2020, DHCS began providing payment to certified, qualified Medi-Cal providers for conducting ACE screenings of children, adolescents, and adults up to age 65 with full-scope Medi-Cal.

This report tracks the initiative's progress in training Medi-Cal providers to effectively screen for ACEs and respond with trauma-informed care.

ACEs Aware Certification

To become ACEs Aware-certified and qualify for Medi-Cal payment, Medi-Cal providers must complete an ACEs Aware Core Training and attest to completing the training.

ACEs Aware developed a free, two-hour online core training – Becoming ACEs Aware in California – that educates clinicians and their teams about how to provide trauma-informed care, screen for ACEs and the risk of toxic stress, assess for health conditions related to toxic stress, identify evidence-based interventions for mitigating stress, and use the information to create evidence-based treatment plans. The training presents different cases featuring pediatric, internal medicine, family medicine, and women's health patients. Clinical team members receive 2.0 Continuing Medical Education (CME) and/or 2.0 Maintenance of Certification (MOC) credits upon completion.

The training is free and available to anyone, including non-billing Medi-Cal providers (such as medical assistants and office staff) who play a critical role in ACE screening, clinicians who are not Medi-Cal providers, as well as clinicians outside of California. Therefore, not everyone who completes the ACEs Aware training will become certified. Additionally, there are also supplemental trainings that are developed by ACEs Aware grantees and address key topics that support providers as they screen and respond to ACEs; supplemental training data are not included in this report.

Medi-Cal Payment

A $29 Medi-Cal payment is available for ACEs Aware-certified providers for conducting qualified ACE screenings. Screenings may occur in clinical settings where billing occurs through Medi-Cal fee-for-service (FFS) as well as in settings where the provider is a member of a Medi-Cal managed care plan (MCP) network.

A list of eligible provider types can be found on the ACEs Aware Provider Types Eligible for Medi-Cal payment web page.

Medi-Cal payment is available for ACE screenings based on the following schedule:

- **Children and adolescents (under age 21)** may be screened and periodically re-screened for ACEs as determined appropriate and medically necessary, not more than once per year, per provider (per MCP).
- **Adults (ages 21 through 64)** may receive an ACE screening once per adult lifetime (through age 64), per provider (per MCP). Screenings completed while the person is under age 21 do not count toward the one screening allowed in their adult lifetime.

ACE Screening Tools

To receive Medi-Cal payment for ACE screenings, clinicians must screen Medi-Cal beneficiaries using a qualified ACE screening tool based on the patient's age. For children, adolescents, and young adults, ages 0-17 years, providers must use the Pediatric ACEs and Related Life-events Screener (PEARLS), developed by the Bay Area Research Consortium on Toxic Stress and Health (BARC). For adolescents ages 18-19, providers may use either the PEARLS or the ACE Questionnaire for Adults (or an alternative as described below).

The PEARLS for children ages 0-11 is to be completed by a caregiver, and the PEARLS for adolescents ages 12-19 is to be completed by a caregiver and/or the adolescent or young adult. Clinicians receive a single Medi-Cal payment if either person completes the screening. However, the best practice is for both the adolescent and the caregiver to complete the screening questionnaire individually. When this yields different scores, the higher score should be used for billing and treatment planning.

For adults ages 20-64, providers must use the ACE Questionnaire for Adults, adapted from the work of Kaiser Permanente and the Centers for Disease Control and Prevention, or an alternative version that contains questions on the 10 original categories of ACEs. Find the ACEs Aware screening tools here.

The ACE score refers to the sum of reported exposures among the 10 ACE categories indicated in Part 1 of the PEARLS and in the ACE Questionnaire for Adults. ACE scores range from 0 to 10. Results from Part 2 of the PEARLS are not added to the ACE score.

Medi-Cal Billing Codes

Providers must bill using the following Healthcare Common Procedure Coding System (HCPCS), based on the patient's ACE score:

- **G9919**: Patient's ACE score is four or greater (i.e., at high risk for toxic stress). The screening was performed, and the result indicates that the patient is at high risk for toxic stress; education and evidence-based interventions (as necessary) should be provided.
- **G9920**: Patient's ACE score is between 0 and 3 (i.e., at lower risk for toxic stress). The screening was performed, and the result indicates that the patient is at lower risk for toxic stress; education and evidence-based interventions (as necessary) should be provided.

Providers must document all of the following:

- The screening tool that was used;
- That the completed screen was reviewed;
- The results of the screen;
- The interpretation of screening results; and
- What was discussed with the member and/or family, and any appropriate actions taken.

This documentation must remain in the beneficiary's medical record, and be available upon request.

ACEs Aware Data Update: Overview

This report provides information on the number of individuals who have completed the ACEs Aware training, the number of ACE screenings that have taken place in California, as well as a profile of clinicians who have completed the ACEs Aware training and the number of clinicians who have been certified to screen for ACEs and receive payment.

Section 1: ACEs Aware Training Completion and Certification Data

Section 1 illustrates the progress of the ACEs Aware initiative in training clinical teams and staff and encouraging qualified Medi-Cal clinicians to become ACEs Aware-certified. It summarizes the characteristics of these individuals and their practices. It also explores the effectiveness of the training as reported in participant evaluations.

Section 2: ACE Screening Data

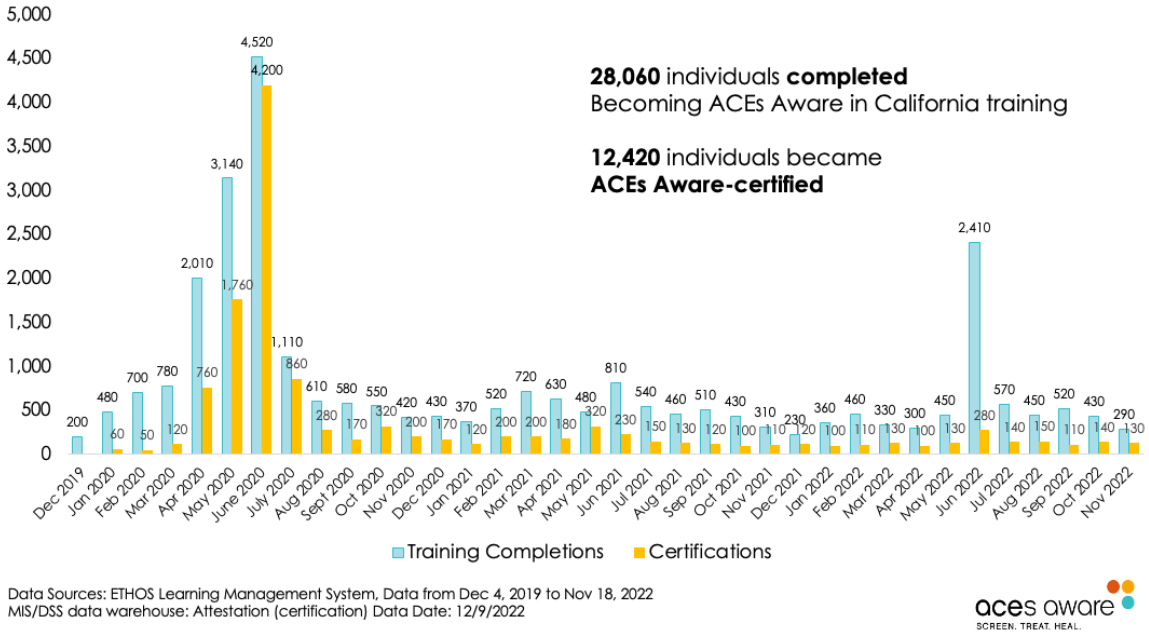
Section 2 provides information on the Medi-Cal claims submitted for ACE screenings. This report provides demographic information about the beneficiaries who have been screened for ACEs, as well as information about the Medi-Cal clinicians who have conducted the screenings.

Section 1: ACEs Aware Training Completion and Certification Data

1. Results

28,060 individuals completed the Becoming ACEs Aware in California training between December 4, 2019 and November 18, 2022. Additionally, more than **12,420** Medi-Cal providers became ACEs Aware-certified between January 13, 2020 and November 30, 2022, enabling them to receive Medi-Cal payment for conducting ACE screenings. Please note, the attestation form needed to complete the certification process became available on January 13, 2020. Percentages are rounded to the nearest whole number.

Exhibit 1.1: Training Completion and Certification, by Month



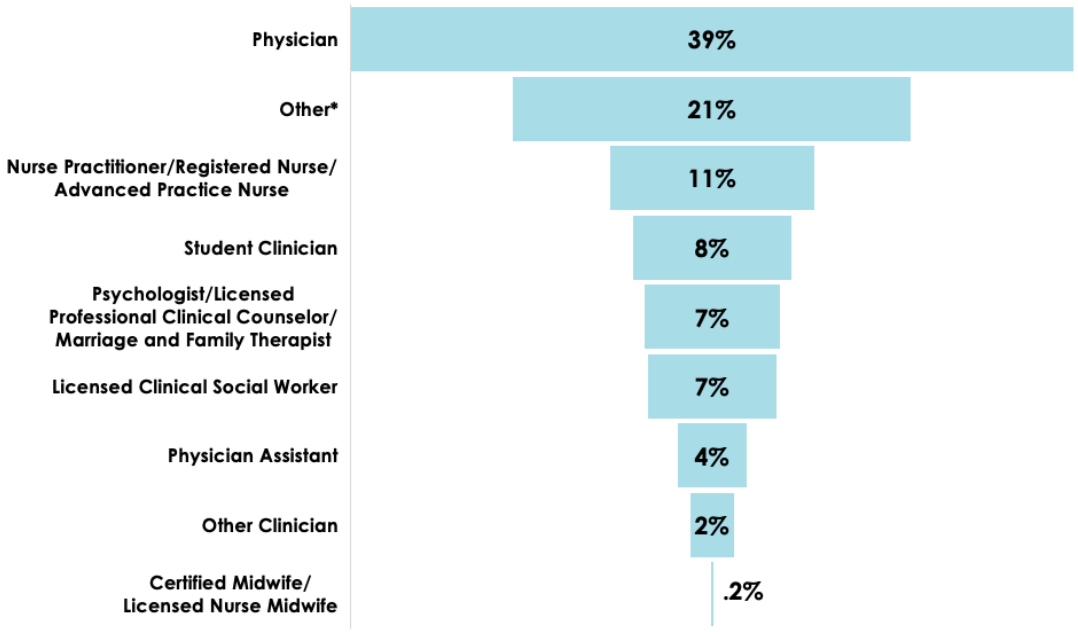
Notes: ***Training Completions*** *indicate the number of individuals who completed the Becoming ACEs Aware in California training.* ***Certifications*** *indicate the number of individuals who have submitted the ACEs Provider Training Attestation form to receive Medi-Cal payment for conducting qualified ACE screenings. Data labels are rounded to the nearest 10 and do not sum to the total. The June 2022 spike in training completions is due to a large California state agency partnering with ACEs Aware to train their workforce through the Becoming ACEs Aware in California training.*

Monthly certification data may not match prior reports due to providers who may have re-attested to completing the training to ensure that they qualify for Medi-Cal payment or make updates to their information. For purposes of this report, only the most recent attestation is counted. Therefore there may be differences in monthly totals when compared with prior reports.

2. Clinical Team Member and Practice Information

The ACEs Aware training registration form asks for information about individual registrants and their practices. In December 2020, the ACEs Aware training registration form was updated to include new occupation and specialty fields. Based on new categories, the occupation and specialty percentages listed in this report are not comparable with previously published reports.

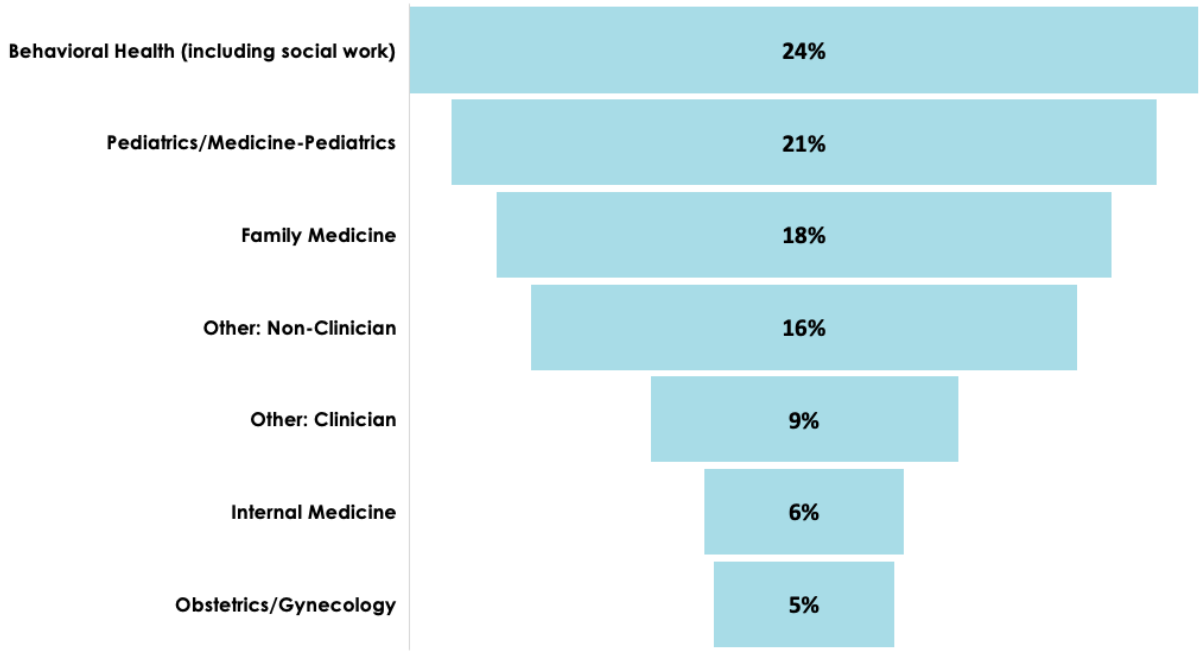
Exhibit 1.2: Occupation Types Among All Training Participants



ACEs Aware February 2023 Data Update
*Other categories include: other non-clinician (12%), government staff (3%), office staff (3%), student (non-clinical) (1%), non-profit/advocacy (1%), researcher (non-clinician) (<1%), and trade association staff (non-clinician) (<1%)
Data Source: ETHOS Learning Management System, Data from Dec 4, 2019 to Nov 18, 2022
Percentages are rounded to the nearest whole number and may not total 100 percent.

39% of the individuals who completed the training are physicians; **11%** are nurse practitioners, registered nurses, or advanced practice nurses; **8%** are student clinicians; **7%** are psychologists, licensed professional clinical counselors, or marriage and family therapists; **7%** are licensed clinical social workers; **4%** are physician assistants; **2%** are other clinicians; **<1%** are certified nurse midwives/ licensed nurse midwives; and around **21%** represent other occupations, including non-clinical staff from health care, governmental, and other non-profit/advocacy organizations, students (non-clinical), researchers (non-clinician), and trade association staff (non-clinician).

Exhibit 1.3: Specialty Among All Training Participants



ACEs Aware February 2023 Data Update
Data Source: ETHOS Learning Management System, Data from Dec 4, 2019 to Nov 18, 2022
Percentages are rounded to the nearest whole number and may not total 100 percent.

- Of the individuals who completed the training, **24%** specialize in psychology or behavioral health; **21%** specialize in pediatrics and medicine-pediatrics, and **18%** specialize in family medicine.
    - Additional specialty areas represented amongst the clinicians include internal medicine, obstetrics/gynecology, and others (psychiatry, emergency medicine, general practice, dermatology, podiatry, addiction medicine, ophthalmology, neurology, endocrinology, general surgery, palliative medicine, pathology, allergy, etc.). Over time, there has been an increase in the share of other non-clinicians completing the training.

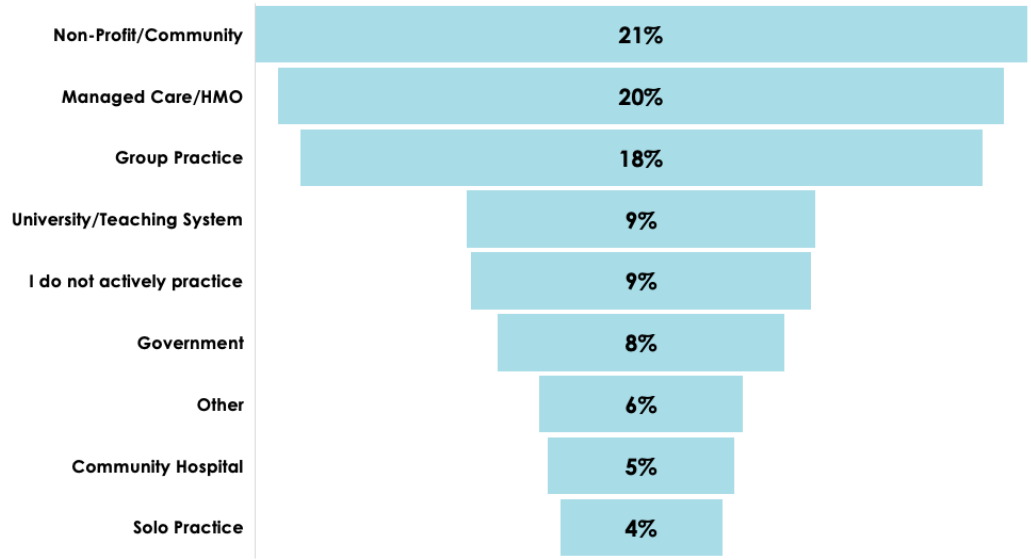
A. ACEs Aware Eligible Medi-Cal Provider Status

Clinicians who would like to receive Medi-Cal payment for conducting ACE screenings are required to provide their National Provider Identifier (NPI) number when they complete the training. Individuals without a NPI may still register for and complete the training.

B. Practice Setting

Among individuals who completed the training, **21%** work at a nonprofit or in the community; **20%** are part of a managed care organization (MCO) or health maintenance organization (HMO) provider network, and **18%** are in group practice. Other settings include university/teaching systems, community hospitals, solo practices, government, not actively practicing, and others.

Exhibit 1.4: Primary Practice Setting Among All Training Participants



ACEs Aware February 2023 Data Update
Data Source: ETHOS Learning Management System, Data from Dec 4, 2019 to Nov 18, 2022
Percentages are rounded to the nearest whole number and may not total 100 percent.

C. ACE Screening Rate Prior to Completing Training

Before taking the training, more than half (**53%**) of individuals reported screening less than one-quarter of their patients for ACEs, with nearly one-third (**31%**) not screening any patients. **21%** indicated they do not directly provide care.

Exhibit 1.5: Percentage of Patients Screened for ACEs Among All Training Participants Prior to Completing Training

Percentage of Patients Screened for ACEs	Percentage of Providers Reporting Screening Patients for ACEs
0%	31%
1-25%	22%
26-50%	7%
51-75%	5%
76-100%	7%
100%	8%
I do not directly provide care	21%

Note: Percentages are rounded to the nearest whole number and may not total 100%.

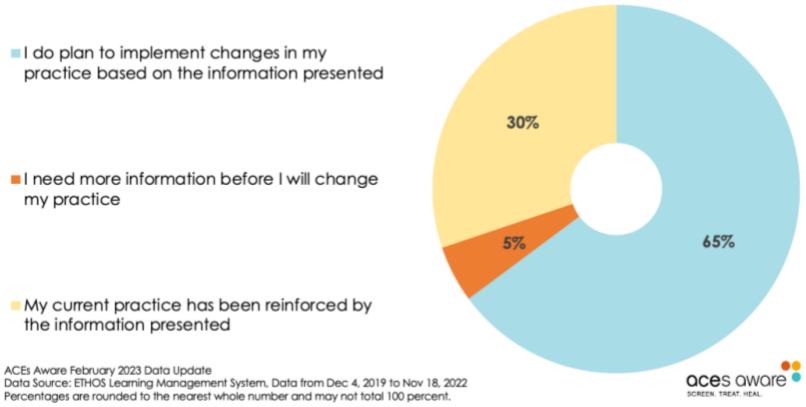
3. Training Evaluation Results

After completing the training, participants were asked to fill out an evaluation. This section summarizes the results of the training evaluations. Overall, the results presented in this section are consistent with previous reports.

A. Implementing Practice Changes Based on Training

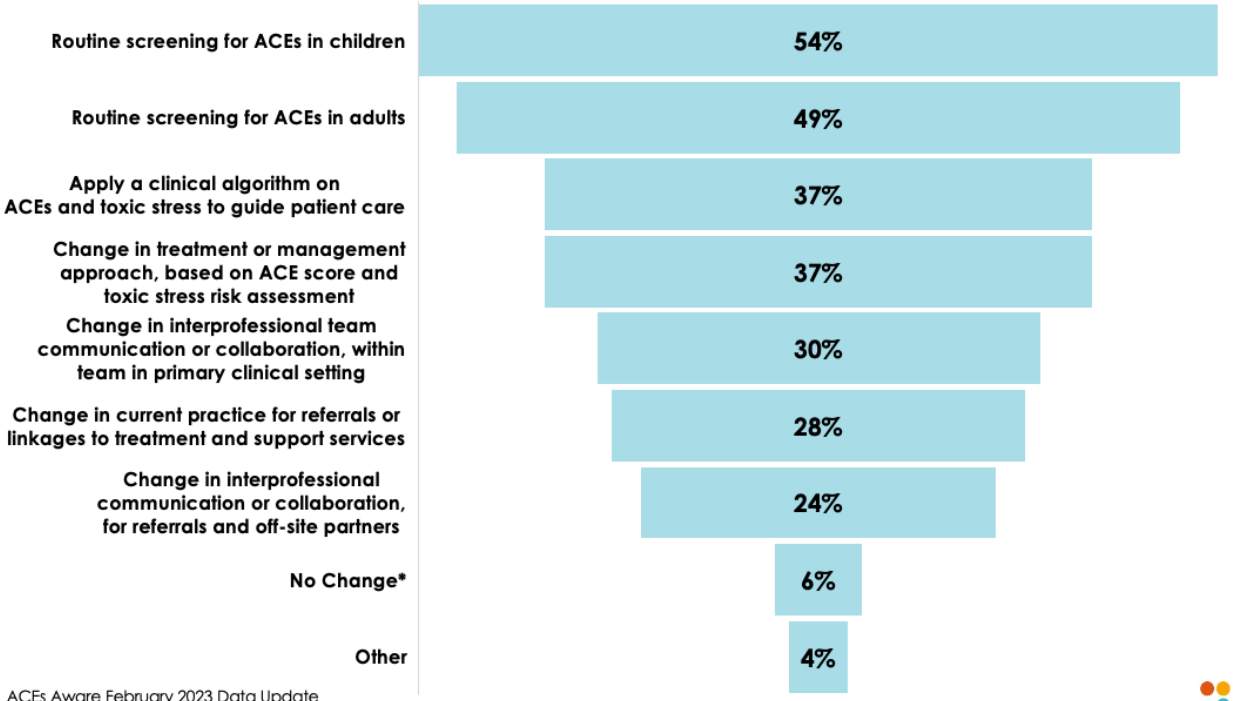
The evaluation asked training participants to report any practice changes they intended to make based on the training. Respondents were able to select more than one practice change:

Exhibit 1.6: Percentage of Training Participants Intending to Change Practice After Completing ACEs Aware Training



- Two-thirds (**65%**) of participants reported that they plan to implement changes in their practice based on the information presented, **30%** indicated that they need more information before changing their practice, and **5%** do not intend to change their practice.
- Among the approximately **8,710** participants who completed the training and reported that they did not screen any of their patients for ACEs, **77%** indicated that they plan to implement routine ACE screening for children or adults.
- More than half of all individuals who completed the training reported that they plan to conduct routine ACE screenings for children (**54%**) and adults (**49%**).
- Some individuals (**37%**) plan to apply a clinical algorithm on ACEs and toxic stress to guide patient care. Additionally, **37%** plan to change their treatment or management approach based on the patient's ACE score and toxic stress risk assessment.

Exhibit 1.7: Types of Intended Practice Change Among All Training Participants

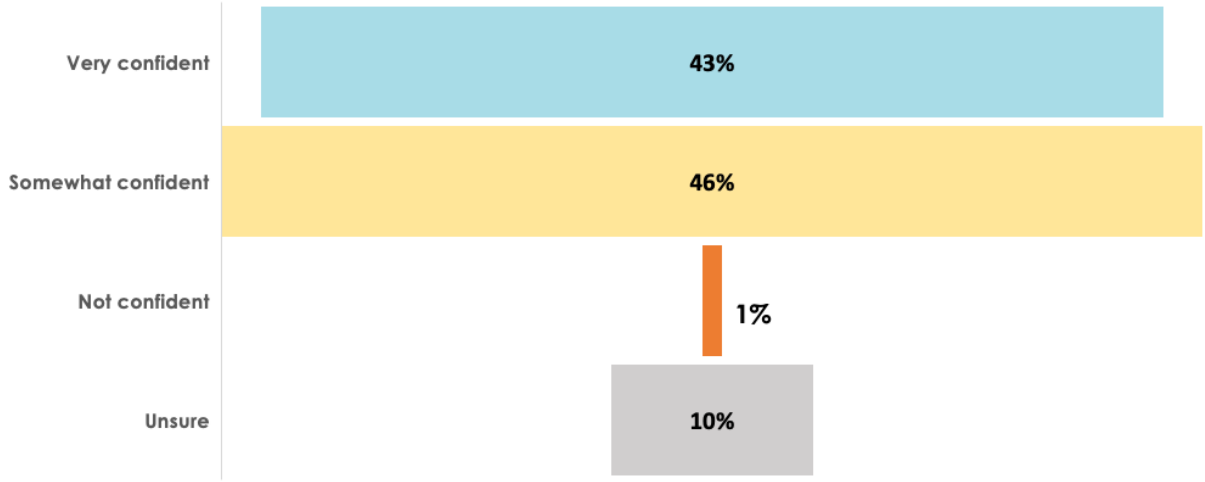


ACEs Aware February 2023 Data Update
Data Source: ETHOS Learning Management System, Data from Dec 4, 2019 to Nov 18, 2022
Percentages are rounded to the nearest whole number and may not total 100 percent.
*"No Change" was added as an answer choice in May 2021.

B. Confidence in Ability to Make Intended Changes

Nearly all (**89%**) of the individuals who completed the training reported being somewhat or very confident that they would be able to make their intended changes. This is consistent with previous reports.

Exhibit 1.8: Confidence in Ability to Make Intended Changes Among All Training Participants

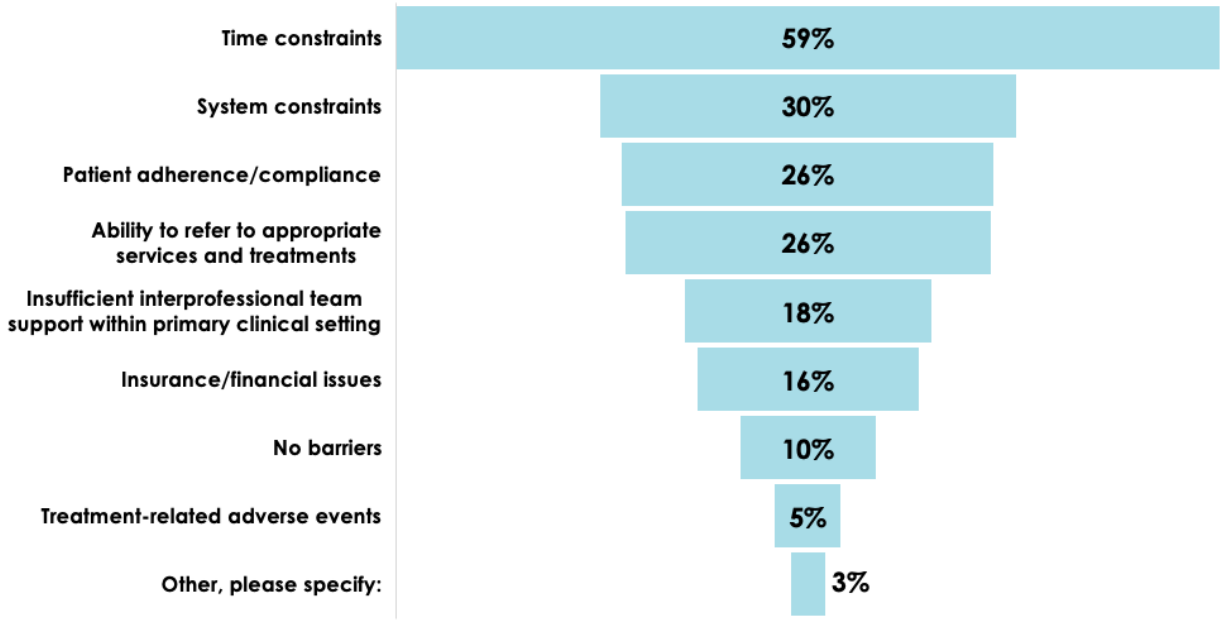


ACEs Aware February 2023 Data Update
Data Source: ETHOS Learning Management System, Data from Dec 4, 2019 to Nov 18, 2022
Percentages are rounded to the nearest whole number and may not total 100 percent.

C. Barriers to Implementing Practice Change

Time constraints (**59%**) and system constraints (**30%**) were most commonly chosen as anticipated barriers to implementing change. Individuals were able to select more than one answer.

Exhibit 1.9: Barriers to Implementing Change Among All Training Participants



ACEs Aware February 2023 Data Update
Data Source: ETHOS Learning Management System, Data from Dec 4, 2019 to Nov 18, 2022
Percentages are rounded to the nearest whole number and may not total 100 percent.
*"No Barriers" was added as an answer choice in May 2021.

D. Training Learning Objectives

Consistent with previous reports, the vast majority of individuals who completed the ACEs Aware training agreed or strongly agreed that the course met the training learning objectives:

- Defined ACEs, their prevalence, and their impacts on health, including underlying biological mechanisms (**95%**).
- Was evidence-based (**93%**).
- Identified how to introduce and integrate ACE screening into clinical care (**93%**).
- Enhanced their current knowledge base (**93%**).
- Was effective in presenting the material through cases (**92%**).
- Provided useful information to their practice (**91%**).
- Helped them apply the clinical algorithm for ACE screening and assessment for ACE screening and assessment for associated health conditions in creating a tailored treatment and follow-up plan (**89%**).
- Identified the Medi-Cal billing codes for administering ACE screening (**78%**).

Section 2: ACE Screening Data

Unless otherwise specified, this section summarizes ACE screening service dates between January 1, 2020 and March 31, 2022. The information reflects Medi-Cal managed care and FFS claims data extracted as of October 3, 2022. Due to the flexible timing of submitting Medi-Cal claims for payment, claims data may not be complete for up to 12 months after an ACE screening occurs. Most claims are complete within six months after the service date. The data source for this report is the DHCS Management Information System/Decision Support System (MIS/DSS) Data Warehouse. Percentages are rounded to the nearest whole number.

This data update includes the following:

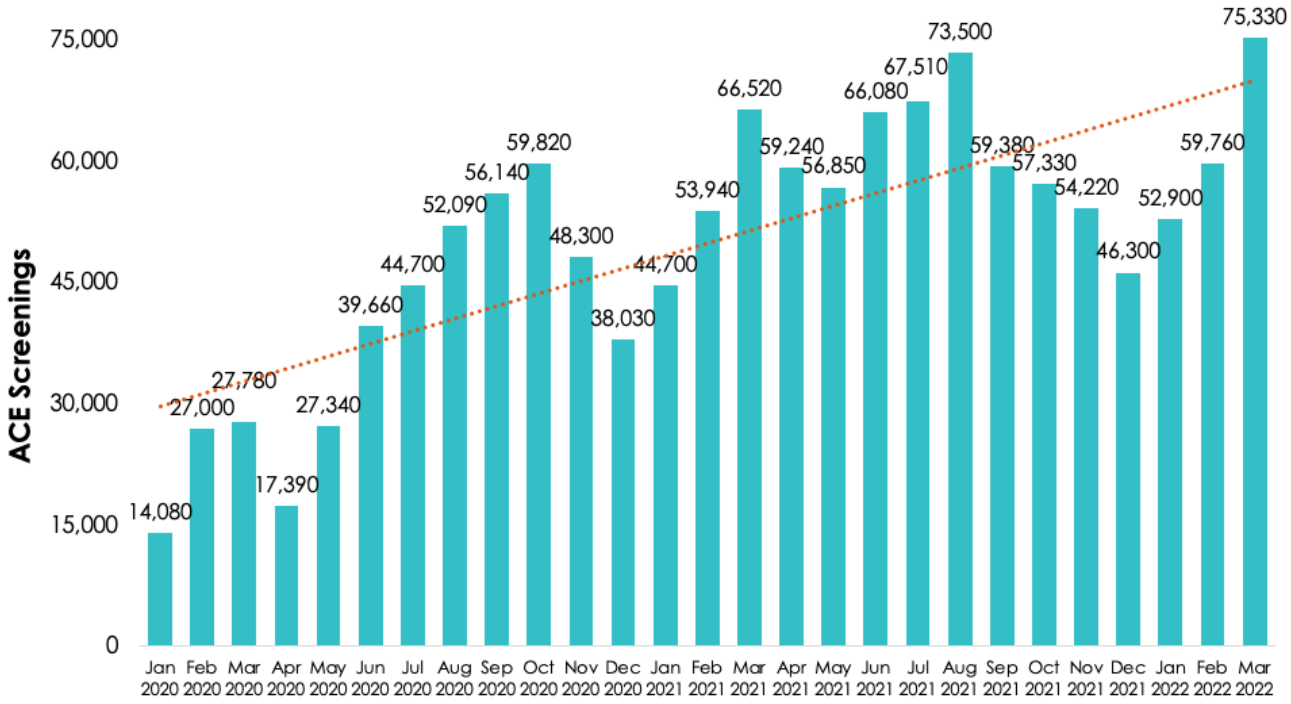
1) Total number of ACE screenings conducted between January 2020 and March 2022;
2) Demographics of the population screened for ACEs;
3) Information about clinicians who conducted ACE screenings; and
4) Number of screenings conducted by clinicians in each Medi-Cal MCP network.

1. Total Number of ACE Screenings

Medi-Cal clinicians conducted a total of **1,345,880** ACE screenings between January 2020 and March 2022. Because there are some cases where beneficiaries may be screened more than once, there were **998,870** unique Medi-Cal beneficiaries screened for ACEs.

Medi-Cal beneficiaries may be screened more than once per year, since multiple Medi-Cal clinician types are eligible to submit claims for screening children (once per year, per clinician, and, as applicable, per MCP) and adults (once per lifetime, per clinician, and, as applicable, per MCP).

Exhibit 2.1: Total ACE Screenings by Month



ACEs Aware February 2023 Data Update
Data Source: MIS/DSS Data Warehouse
Data Extraction Date: 10/3/2022
Data labels are rounded to the nearest 10 and may not sum to the total.

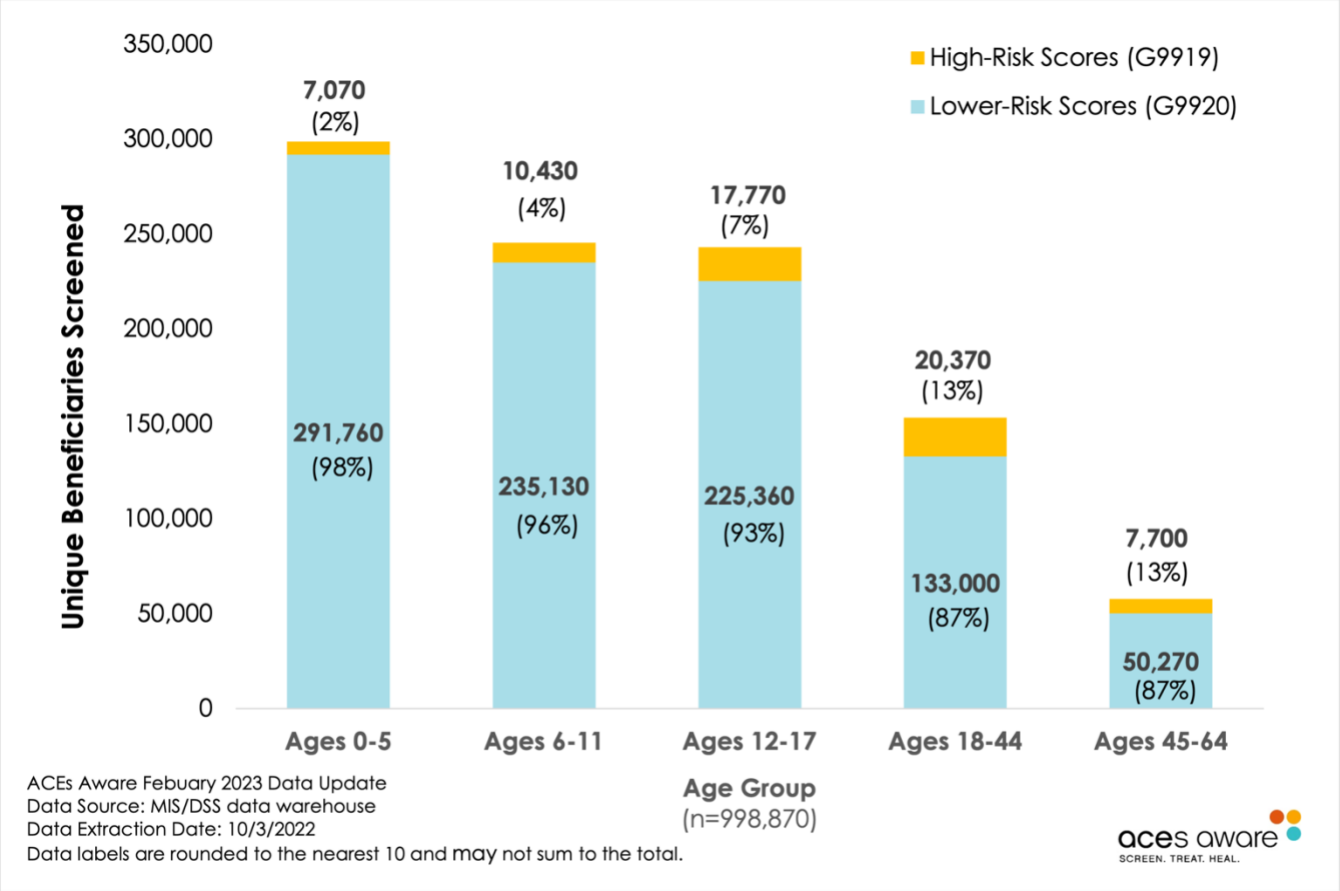
2. Demographics of Medi-Cal Beneficiaries Screened for ACEs

A. ACE Screenings by Age

Nearly one-third (**30%**) of unique screenings were conducted with children ages 5 and under. More than three-quarters (**79%**) of all unique screenings conducted were with the pediatric population under age 18. **21%** of all screenings conducted were with the adult population ages 18 to 64. Of the **998,870** unique Medi-Cal beneficiaries screened, the percentage of beneficiaries with a high-risk ACE score increased with age.

Of the **787,520** unique Medi-Cal beneficiaries ages 0 to 20 screened for ACEs, **4%** had an ACE score of 4 or greater, indicating a high risk for toxic stress. Of the **211,340** unique Medi-Cal beneficiaries ages 21 to 64 screened for ACEs, **13%** had an ACE score of 4 or more.

Exhibit 2.2: ACE Screenings by Age Group and Procedure Code



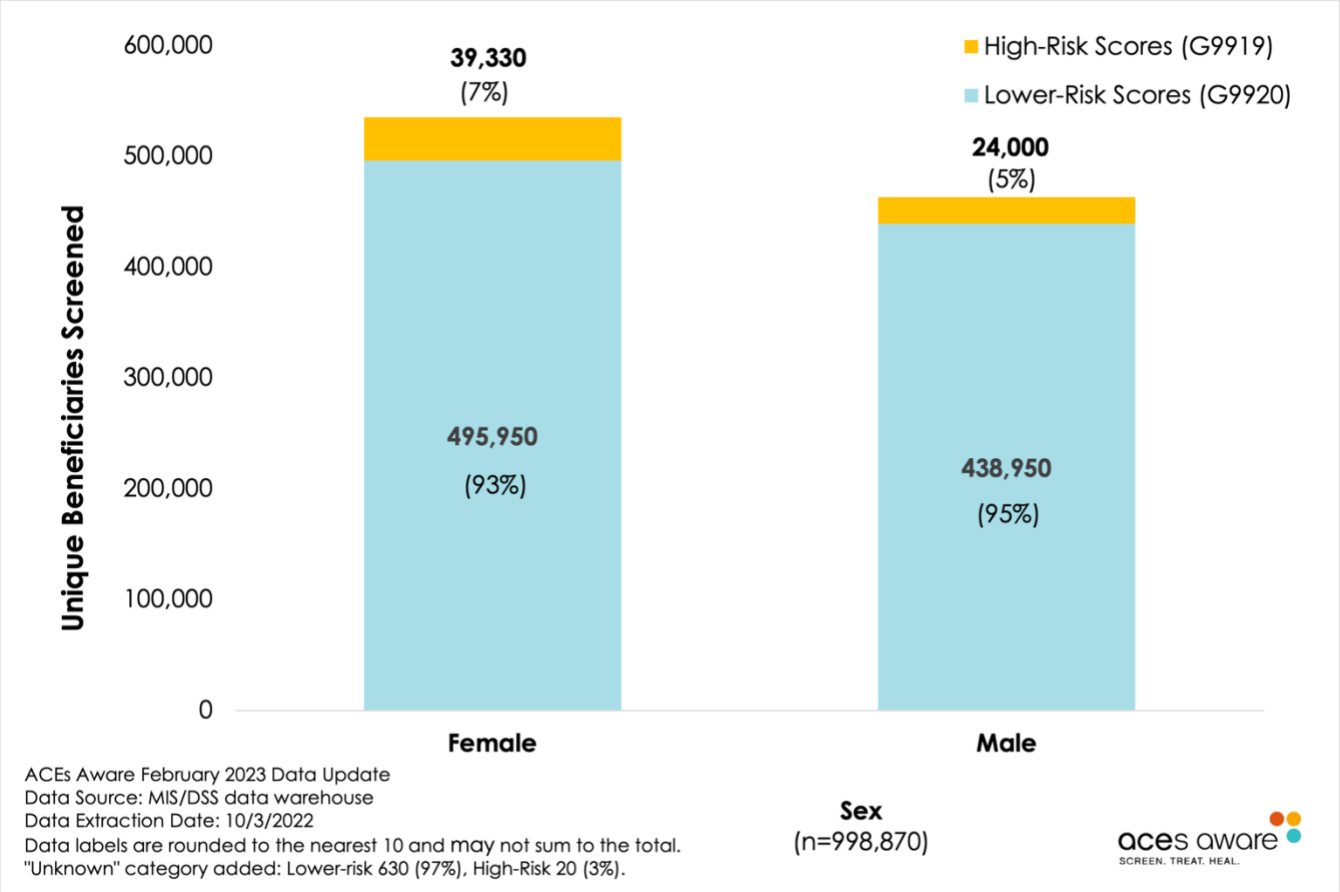
B. ACE Screenings by Sex

More than half (**54%**) of the unique Medi-Cal beneficiaries screened were female.

- **Note**: DHCS recognizes that male/female categorizations do not include all gender identities with which a person may identify. DHCS is updating its processes and collecting more self-reported information about Medi-Cal beneficiaries' gender identities, but the data are currently incomplete.

Of the unique female beneficiaries screened for ACEs, **7%** had high-risk ACE scores of four or more, compared to **5%** of unique male beneficiaries screened for ACEs.

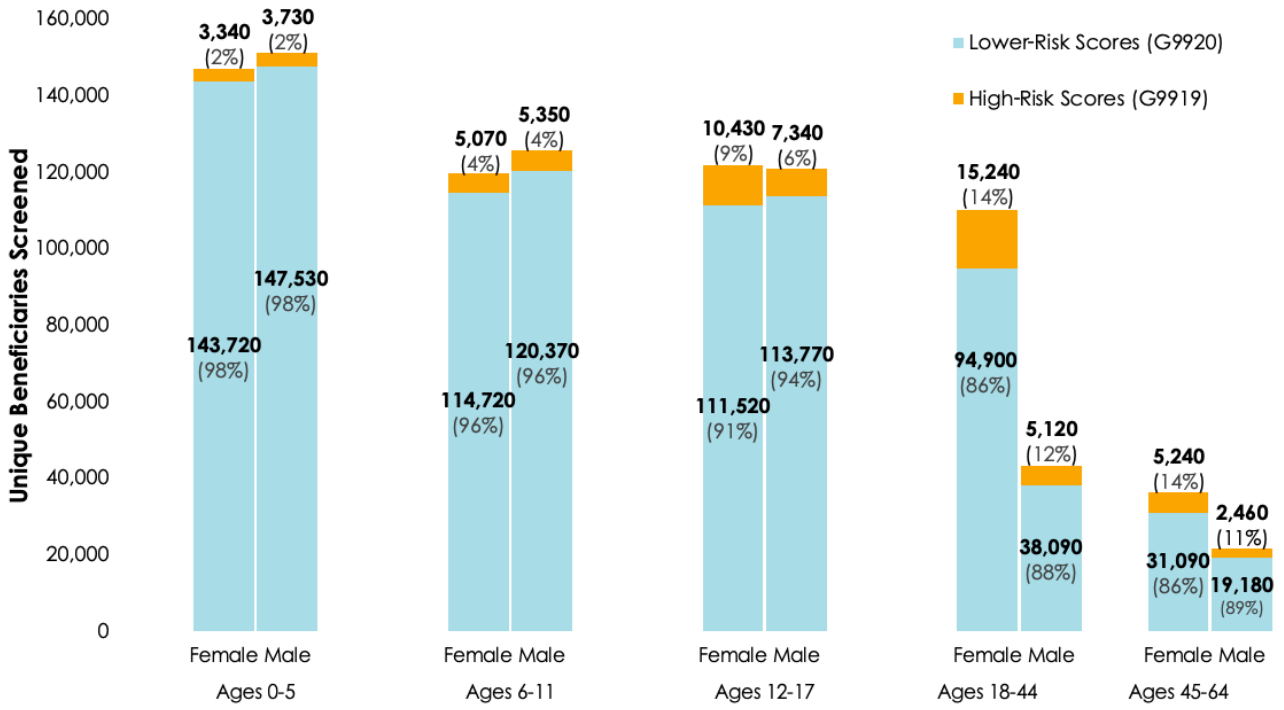
Exhibit 2.3: ACE Screenings by Sex and Procedure Code



C. ACE Screenings by Age and Sex

High-risk ACE scores of four or more were equally prevalent among females ages 18 through 44 (**14%**) and females 45 through 64 (**14%**). High-risk ACE scores do not differ by age until the teen years (12 and older), at which time high-risk ACE scores start becoming higher among females.

Exhibit 2.4: ACE Screenings by Age Group, Sex, and Procedure Code

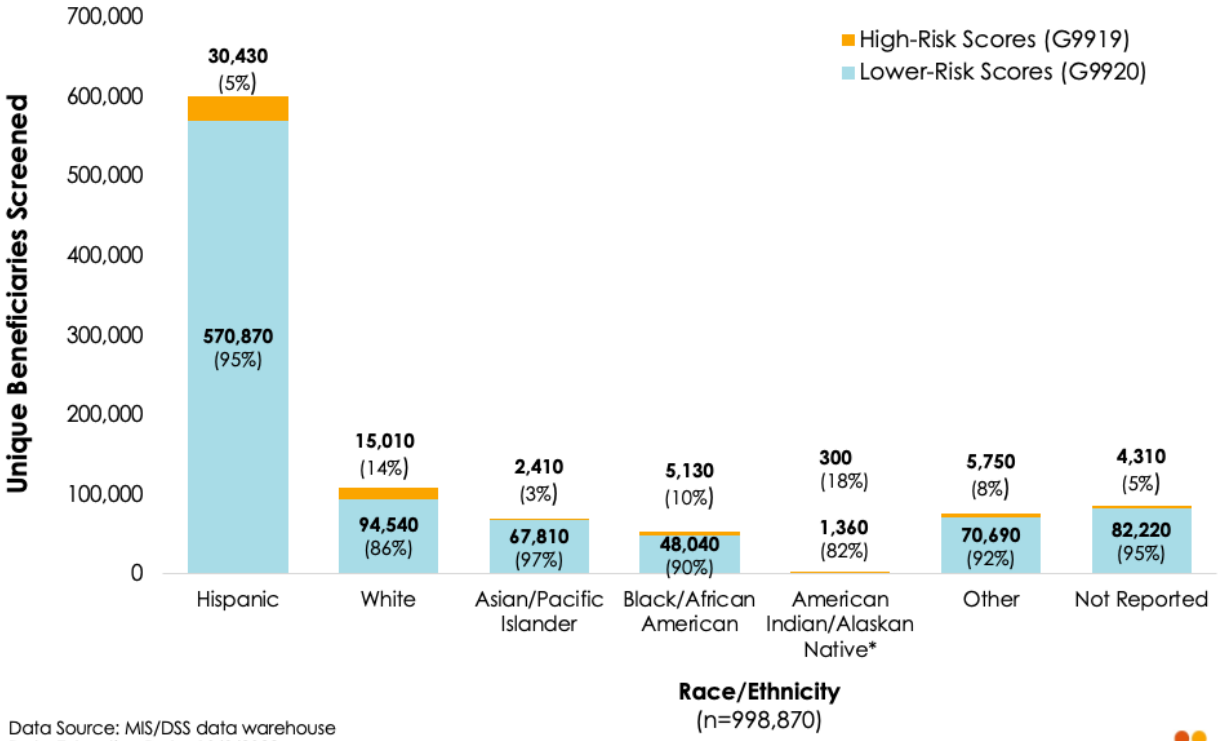


ACEs Aware February 2023 Data Update
Data Source: MIS/DSS data warehouse
Data Extraction Date: 10/3/2022
Data labels are rounded to the nearest 10 and may not sum to the total.
Not shown Unknown category: Lower-Risk Ages 0-5 510 (<1%), Ages 6-11 40 (<1%),Ages 12-17 70 (<1%), Ages 18+ none; High-Risk All ages none.

D. ACE Screenings by Race/Ethnicity

The greatest number of Medi-Cal ACE screenings were conducted with Hispanic beneficiaries (**60%**), followed by White beneficiaries (**14%**), beneficiaries who did not report their race or ethnicity (**9%**), beneficiaries who reported other race or ethnicity (**8%**), Asian/Pacific Islander beneficiaries (**7%**), Black/African American beneficiaries (**5%**) and American Indian/Alaskan Native (AI/AN) beneficiaries (**<1%**).

Exhibit 2.5: ACE Screenings by Race/Ethnicity and Procedure Code



Data Source: MIS/DSS data warehouse
Data Extraction Date: 10/3/2022
Data labels are rounded to the nearest 10 and may not sum to the total.

*

AI/AN Medi-Cal beneficiaries had the greatest prevalence of high-risk ACE scores of four or more (**18%**), followed by White beneficiaries (**14%**), Black/African American beneficiaries (**10%**), beneficiaries who reported other race or ethnicity (**8%**), beneficiaries who did not report their race or ethnicity (**5%**), Hispanic beneficiaries (**5%**), and Asian/Pacific Islander beneficiaries (**3%**).

Notes about Race/Ethnicity Data Collection

- "Hispanic" includes beneficiaries with Hispanic ethnicity, regardless of race.
- "Asian" includes Asian and Pacific Islander categories.
- "Other" includes other race/ethnicity categories and bi-/multi-racial individuals.
- "Not Reported" includes beneficiaries for whom data is missing.

E. ACE Screenings by County

Of the **998,870** unique Medi-Cal beneficiaries screened, **252,400** beneficiaries (**25%**) were screened in Los Angeles County. **146,340** beneficiaries (**15%**) screened were in Orange County, followed by **122,330** beneficiaries (**12%**) were in San Bernardino County, and **102,410** beneficiaries (**10%**) were in Riverside County.

Exhibit 2.6 ACE Screening by County and Procedure Code

County	Number of Unique Beneficiaries Screened*	Percentage of Total Statewide Screenings	Percentage of High-Risk ACE Score (G9919)	Percentage of Lower-Risk ACE Score (G9920)
Alameda	28,160	3%	8%	92%
Alpine	--	--	--	--
Amador	380	<1	33%	67%
Butte	110	<1	31%	69%
Calaveras	360	<1	31%	69%
Colusa	--	--	--	--
Contra Costa	2,920	<1	9%	91%
Del Norte	50	<1	45%	55%
El Dorado	760	<1	20%	80%
Fresno	34,810	3%	5%	95%
Glenn	50	<1	51%	49%
Humboldt	1,920	<1	19%	81%
Imperial	3,590	<1	3%	97%
Inyo	560	<1	13%	87%
Kern	32,890	3%	7%	93%
Kings	2,890	<1	9%	91%
Lake	50	<1	31%	69%
Lassen	50	<1	25%	75%
Los Angeles	252,400	25%	5%	95%
Madera	8,510	1%	7%	93%
Marin	5,290	1%	10%	90%
Mariposa	180	<1	28%	72%
Mendocino	2,350	<1	14%	86%
Merced	370	<1	43%	57%
Modoc	10	<1	100%	--
Mono	30	<1	--	100%
Monterey	1,620	<1	16%	84%

County	Number of Unique Beneficiaries Screened*	Percentage of Total Statewide Screenings	Percentage of High-Risk ACE Score (G9919)	Percentage of Lower-Risk ACE Score (G9920)
Napa	330	<1	32%	68%
Nevada	370	<1	17%	83%
Orange	146,340	15%	4%	96%
Placer	4,690	<1	4%	96%
Plumas	--	--	--	--
Riverside	102,410	10%	7%	93%
Sacramento	38,820	4%	5%	95%
San Benito	--	--	--	--
San Bernardino	122,330	12%	6%	94%
San Diego	77,460	8%	11%	89%
San Francisco	4,410	<1	3%	97%
San Joaquin	7,940	1%	6%	94%
San Luis Obispo	1,120	<1	18%	82%
San Mateo	5,200	1%	3%	97%
Santa Barbara	17,400	2%	3%	97%
Santa Clara	12,910	1%	3%	97%
Santa Cruz	2,130	<1	16%	84%
Shasta	1,190	<1	66%	34%
Sierra	--	--	--	--
Siskiyou	130	<1	44%	56%
Solano	1,510	<1	30%	70%
Sonoma	8,650	1%	15%	85%
Stanislaus	6,120	1%	12%	88%
Sutter	130	<1	43%	57%
Tehama	2,000	<1	16%	84%
Trinity	40	<1	28%	72%
Tulare	36,150	4%	7%	93%
Tuolumne	170	<1	32%	68%
Ventura	15,400	2%	6%	94%
Yolo	2,760	<1	20%	80%
Yuba	300	<1	31%	69%
Total	**998,870**	**100%**	**Average 6%**	**Average 94%**

**Data extraction date: 10/3/2022*
Notes: "Number of ACE Screenings" is rounded to the nearest 10 and may not sum to the total. Cells have been suppressed in instances where values were at least one but less than 11, or whereby related data with values less than 11 not presented here could be deduced from the information in this table. Please note, these ACE screenings are not a random and representative sample. DHCS does not recommend comparing the prevalence of high-risk ACE scores across counties.

Exhibit 2.7a: Percentage of Patients Ages 0 to 20 with ACE Score of 4 or More, Based on Medi-Cal Claims Data, by County

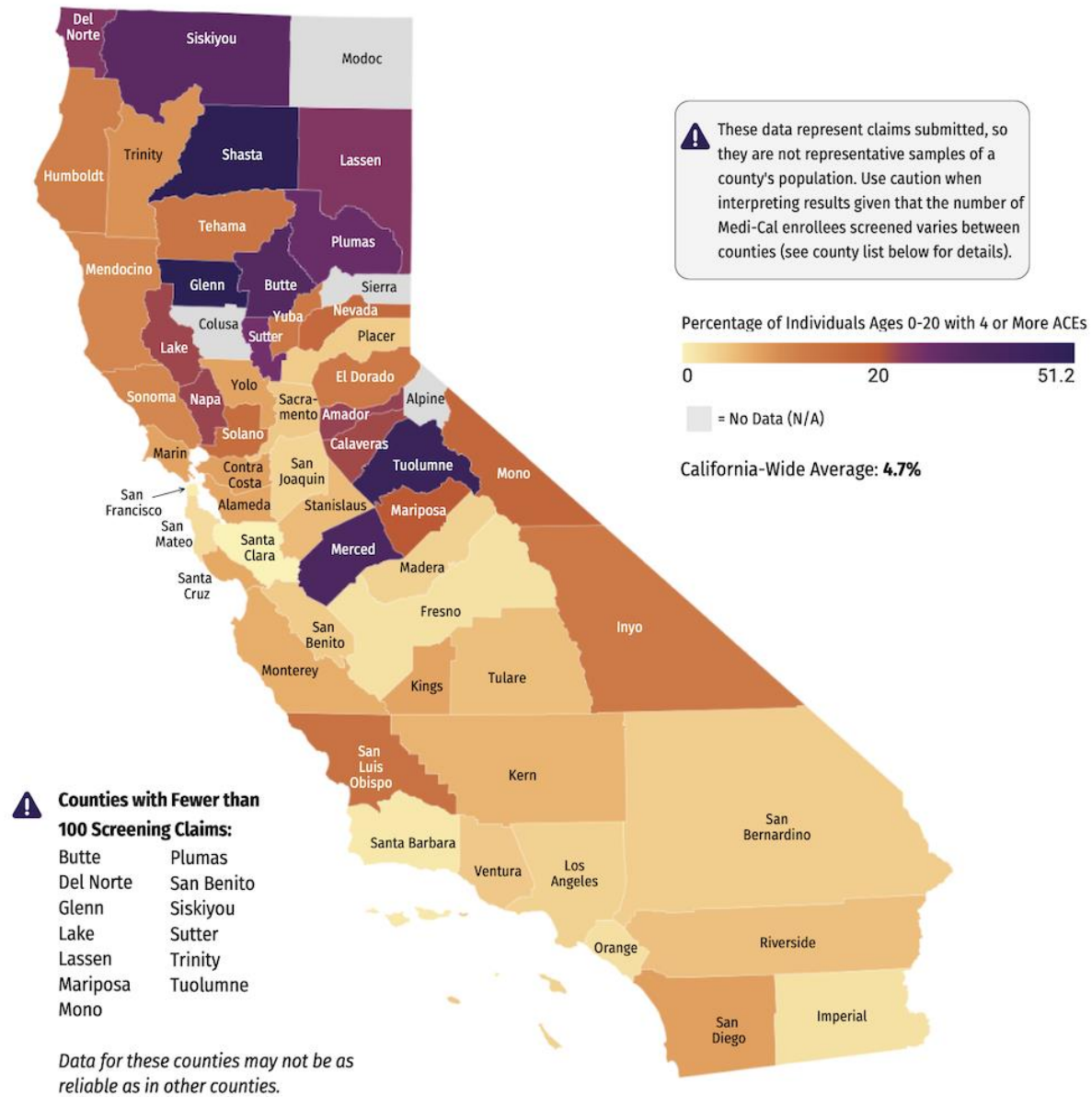


Exhibit 2.7b: Percentage of Patients Ages 21 to 64 with ACE Score of 4 or More, Based on Medi-Cal Claims Data, by County

F. ACE Screenings by Region

ACE Screenings by Region (Children, Adolescents, and Young Adults Ages 0-20)

About four in ten (**44%**) of ACE screenings for individuals ages 0-20 were conducted with beneficiaries residing in Southern California (for purposes of this report, Southern California includes San Bernardino, Riverside, Orange, San Diego, and Imperial counties), followed by Los Angeles county (**26%**) and the Central Valley (**13%**).

The share of screened beneficiaries with high-risk ACE scores by region, is as follows:

- Far North/North Coast region (**16%** of **4,218** beneficiaries);
- Sierra Range/Foothills region (**8%** of **6,413** beneficiaries);
- Bay Area (**7%** of **65,314** beneficiaries);
- Sacramento Valley (**5%** of **41,416** beneficiaries);
- Central Valley (**5%** of **108,172** beneficiaries);
- Southern California (**5%** of **361,473** beneficiaries);
- Central Coast (**4%** of **32,422** beneficiaries);
- Los Angeles (**4%** of **211,498** beneficiaries).

ACE Screenings by Region (Adults Ages 21-64)

More than half (**54%**) of ACE screenings for individuals ages 21-64 were conducted with beneficiaries residing in Southern California (for purposes of this report, Southern California includes San Bernardino, Riverside, Orange, San Diego, and Imperial counties), followed by Los Angeles county (**24%**) and the Central Valley (**13%**).

The share of screened beneficiaries with high-risk ACE scores by region, is as follows:

- Far North/North Coast region (**60%** of **1,534** beneficiaries);
- Sierra Range/Foothills region (**30%** of **1,181** beneficiaries);
- Bay Area (**32%** of **3,647** beneficiaries);
- Sacramento Valley (**26%** of **2,855** beneficiaries);
- Central Valley (**15%** of **21,497** beneficiaries);
- Southern California (**13%** of **90,704** beneficiaries);
- Central Coast (**18%** of **5,251** beneficiaries);
- Los Angeles (**12%** of **40,939** beneficiaries).

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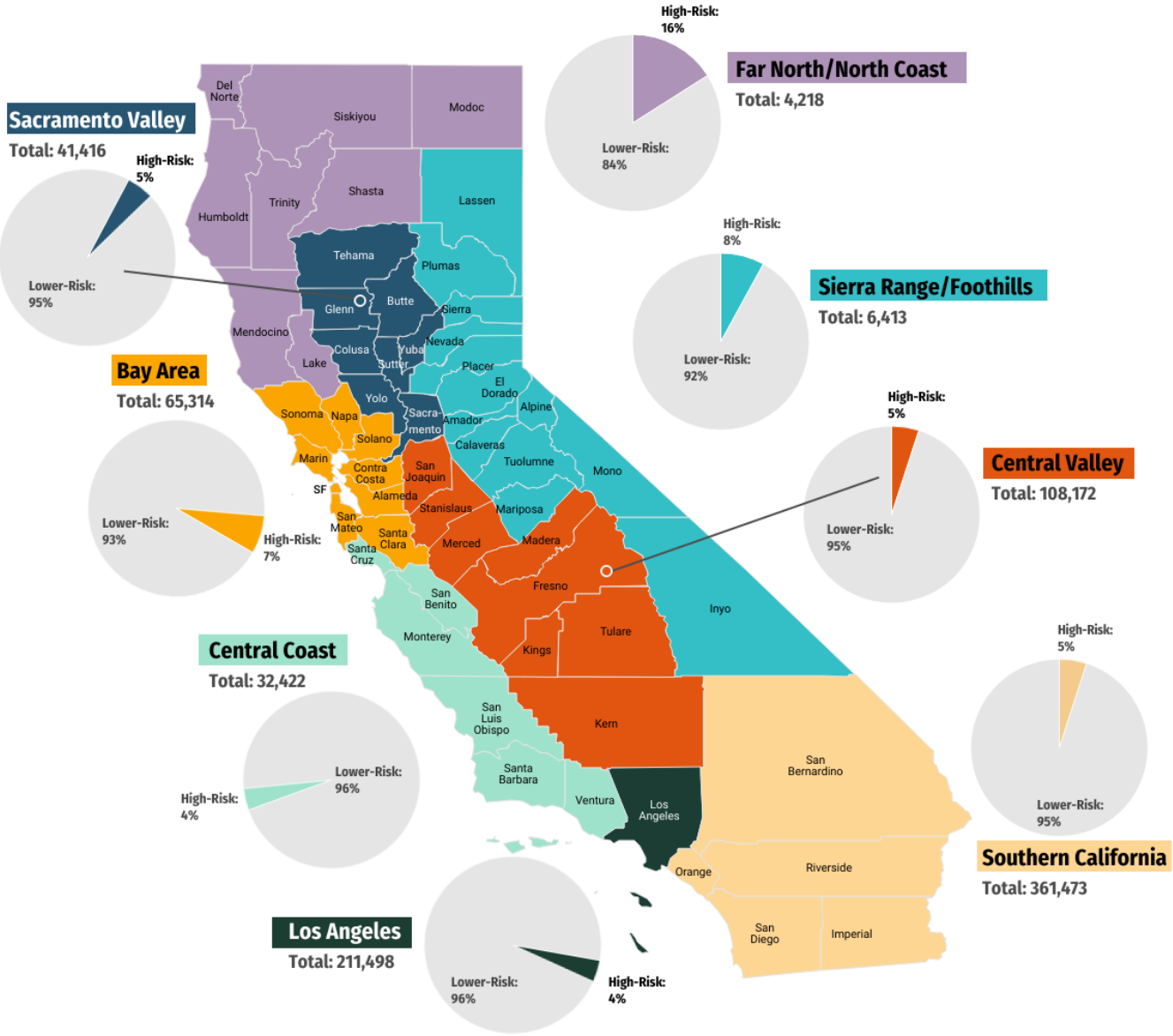
Exhibit 2.8a: ACE Screenings by Region and Procedure Code: Ages 0-20



Note: These data represent claims submitted; they are not representative samples of a region's population. Use caution when interpreting results given that the number of Medi-Cal members screened varies between regions.

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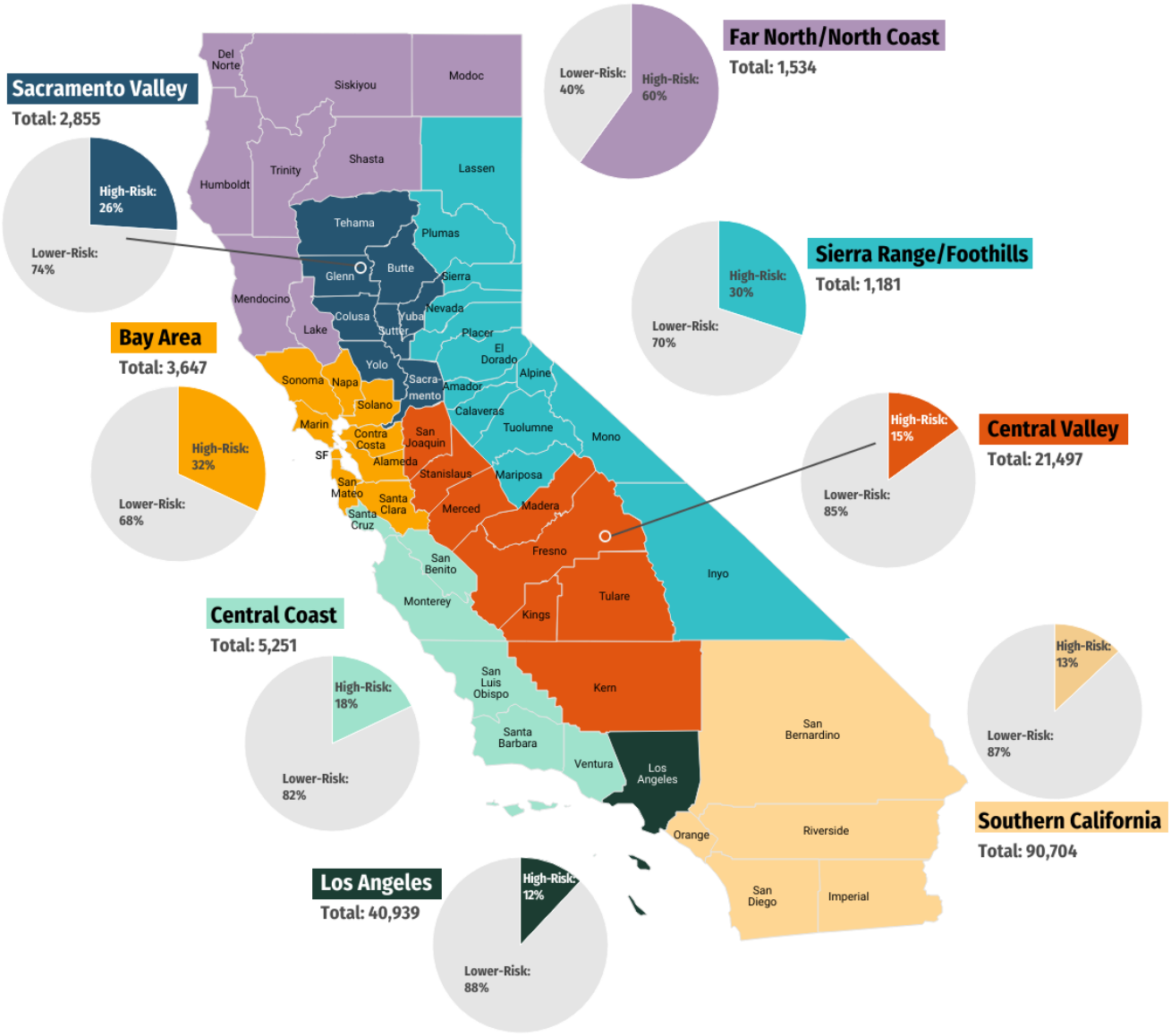
Exhibit 2.8b: ACE Screenings by Region and Procedure Code: Ages 21-64



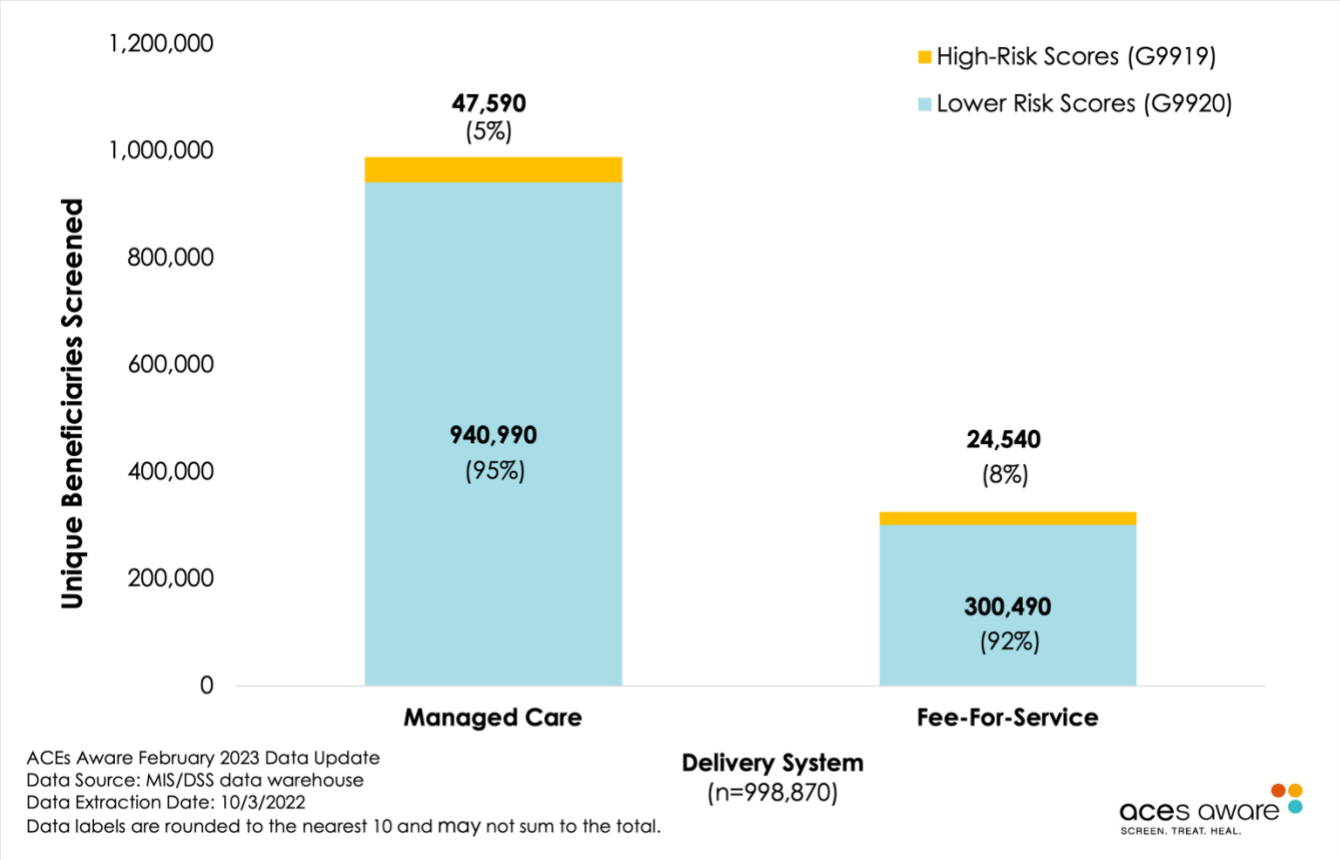
Note: These data represent claims submitted; they are not representative samples of a region's population. Use caution when interpreting results given that the number of Medi-Cal members screened varies between regions.

3. Summary of Providers Conducting ACE Screenings

A. ACE Screenings by Delivery System

Most ACE screenings (**75%**) were conducted by providers in the Medi-Cal managed care delivery system compared to **25%** in the FFS delivery system.

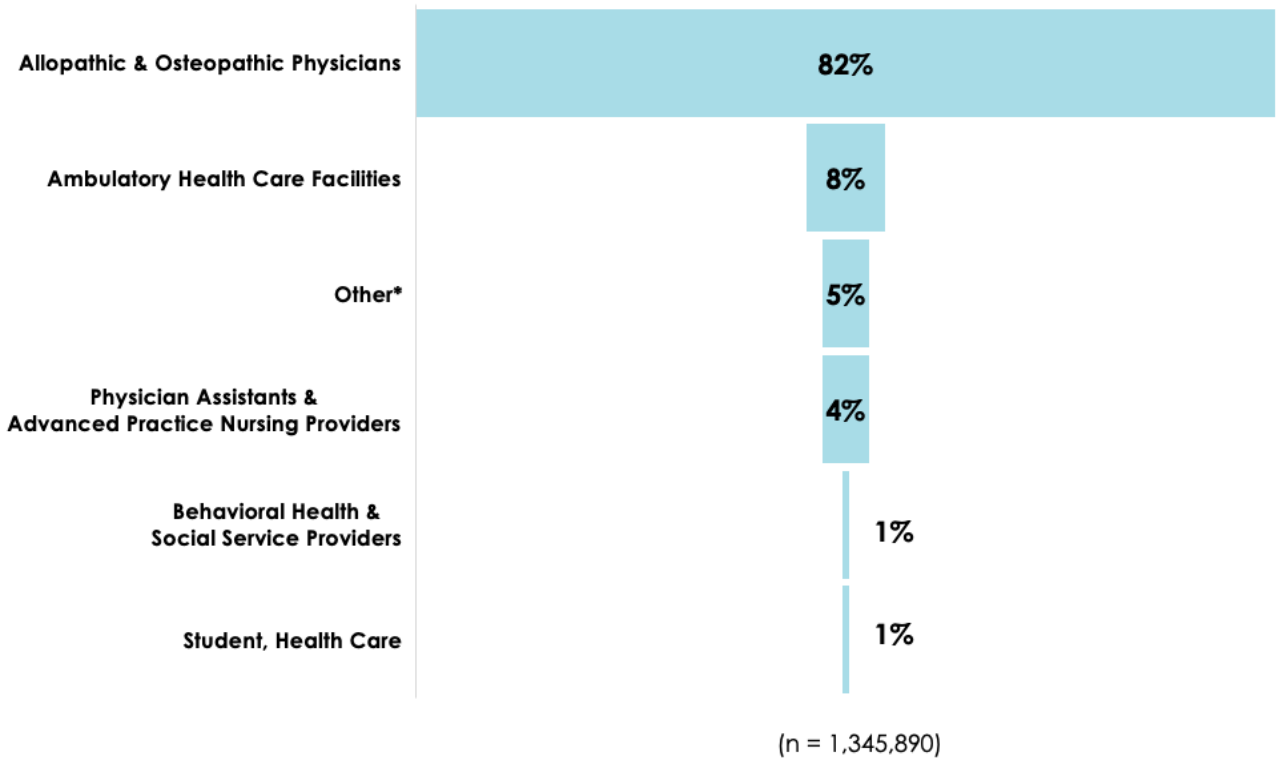
Exhibit 2.9: ACE Screenings by Delivery System and Procedure Code



B. ACE Screenings by Provider Type and Specialty

Of the **1,345,890** ACE screenings for which there is a rendering provider type identified, for **82%** of screenings the rendering provider was a physician.

Exhibit 2.10: ACE Screenings by Provider Type

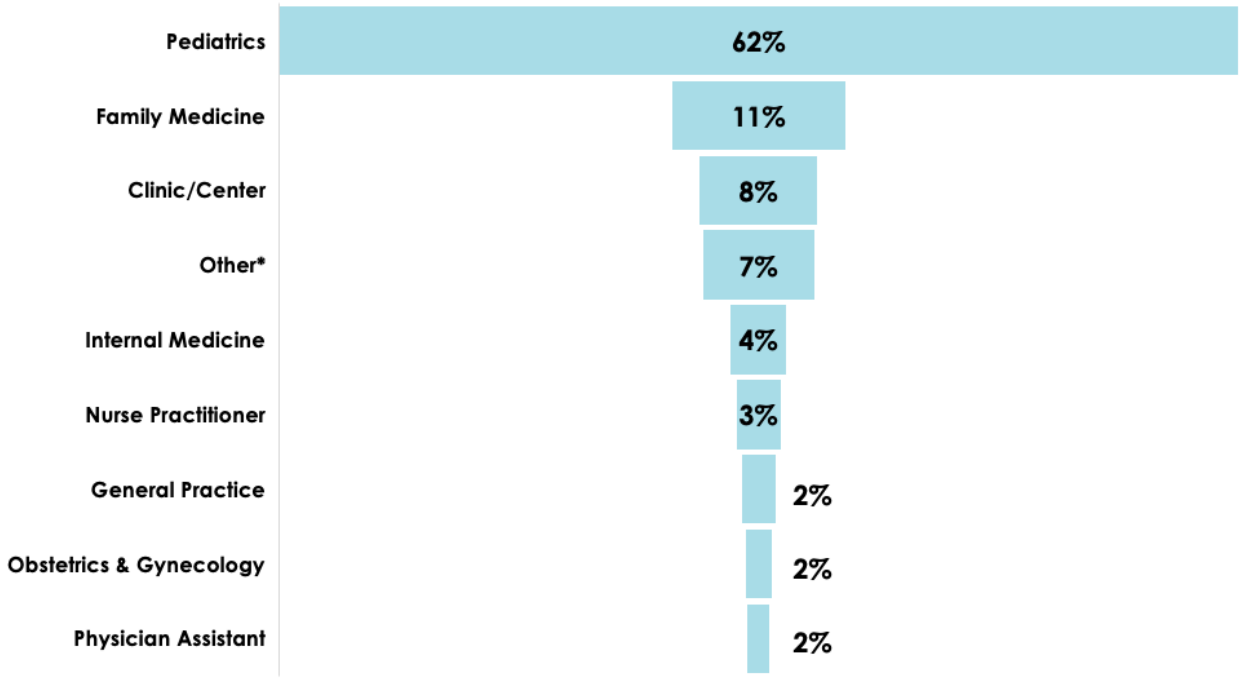


ACEs Aware February 2023 Data Update
*Other categories include: Managed care organizations, hospitals, nursing service providers, emergency medical service providers, chiropractic providers, and other provider types.
Data Source: MIS/DSS data warehouse; Data Extraction Date: 10/3/2022
Percentages are rounded to the nearest whole number and may not total 100 percent.

Notes: Exhibit 2.10 represents provider types using rendering NPIs as indicated in the claims/encounter form. Rendering provider types may be an individual provider or clinic type.

Of the **1,345,890** ACE screenings for which there is a rendering physician type identified, **62%** specialize in pediatrics, followed by family medicine (**11%**), clinic/center (**8%**), internal medicine (**4%**), nurse practitioner (**3%**), general practice (**2%**), obstetrics and gynecology (**2%**), and physician assistant (**2%**). The other category (**7%**) includes emergency medicine, social workers, marriage and family therapists, registered nurses, psychiatry and neurology, students in training programs, and other specialties.

Exhibit 2.11: ACE Screenings by Physician Specialty



ACEs Aware February 2023 Data Update
*Other categories include: emergency medicine, social workers, marriage and family therapists, registered nurses, psychiatry and neurology, students in training programs, and other specialties.
Data Source: MIS/DSS data warehouse; Data Extraction Date: 10/3/2022
Percentages are rounded to the nearest whole number and may not total 100 percent.

4. ACE Screenings by Medi-Cal Managed Care Plan

A. ACE Screening Rates by Medi-Cal Managed Care Plan

- **Children, Adolescents, and Young Adults (ages 0 to 20):** MCP clinicians screened **719,888** individuals, representing **14.8%** of unique Medi-Cal beneficiaries ages 20 and under who were enrolled with a single plan in any continuous 12-month period between January 1, 2020 and March 31, 2022 (and were not dually eligible for Medi-Cal and Medicare). Fee-for-service (FFS) clinicians screened **6.9%** of Medi-Cal beneficiaries who were not enrolled in any plan during the measurement period (Exhibit 2.12).

- **Adults (Ages 21 to 64):** MCP clinicians screened **146,047** individuals, representing **2.7%** of unique Medi-Cal beneficiaries ages 21 through 64 who were enrolled with a single plan in any continuous 12-month period between January 1, 2020 and March 21, 2022 (and were not dually eligible for Medi-Cal and Medicare). Fee-for-service (FFS) clinicians screened **0.2%** of Medi-Cal beneficiaries who were not enrolled in any plan during the measurement period (Exhibit 2.13).

Exhibit 2.12: ACE Screenings for Beneficiaries Ages 0 to 20 by Medi-Cal Managed Care Plan (January 1, 2020 – March 31, 2022)

Managed Care Health Plan	Number of ACE Screenings*	Medi-Cal Enrollment[4]	Percentage of Medi-Cal Population Screened
Aetna Better Health of California	1,111	--	--
Alameda Alliance for Health	19,314	105,467	18.3%
Blue Cross of CA Partnership	49,116	356,510	13.8%
Blue Shield of California Promise Health Plan	4,645	27,584	16.8%
CalOPTIMA (COHS)	115,382	333,014	34.6%
CalViva Health	25,344	190,423	13.3%
California Health & Wellness Plan	4,125	93,632	4.4%
CenCal Health	16,610	93,870	17.7%
Central California Alliance for Health	1,468	181,143	0.8%
Community Health Group Partnership Plan	19,270	125,475	15.4%
Contra Costa Health Plan	1,335	82,505	1.6%
Gold Coast Health Plan	11,510	99,287	11.6%
Health Net Community Solutions, Inc.	96,695	598,114	16.2%
Health Plan of San Joaquin	8,866	184,281	4.8%
Health Plan of San Mateo	4,498	51,647	8.7%
Inland Empire Health	146,755	643,937	22.8%
Kern Health Systems	22,563	150,956	14.9%
Kaiser Permanente Cal, LLC	4,159	79,171	5.3%
L.A. Care Health Plan	109,290	875,649	12.5%
Molina Healthcare of California Partner Plan, Inc.	27,741	190,619	14.6%
Partnership HealthPlan of California	17,251	237,180	7.3%
San Francisco Health Plan	3,372	44,367	7.6%
Santa Clara Family Health Plan	8,773	109,398	8,0%
United Healthcare Community Plan	695	--[5]	--
Total ACE Screenings by MCP	**719,888**	**4,865,229**	**14.8%**
Total ACE Screenings in FFS	**17,203**	**248,144**	**6.9%**

Exhibit 2.13: ACE Screenings for Beneficiaries Ages 21 to 64 by Medi-Cal Managed Care Plan (January 1, 2020 – March 31, 2022)

Managed Care Health Plan	Number of ACE Screenings*	Medi-Cal Enrollment[4]	Percentage of Medi-Cal Population Screened
Aetna Better Health of California	861	21,124	4.1%
Alameda Alliance for Health	255	142,518	0.2%
Blue Cross of CA Partnership	6,940	421,614	1.6%
Blue Shield of California Promise Health Plan	4,735	59,825	7.9%
CalOPTIMA (COHS)	16,864	387,490	4.4%
CalViva Health	3,984	176,433	2.3%
California Health & Wellness Plan	529	110,845	0.5%
CenCal Health	513	85,694	0.6%
Central California Alliance for Health	2,049	157,466	1.3%
Community Health Group Partnership Plan	9,918	137,144	7.2%
Contra Costa Health Plan (LI)	--	102,881	--
Gold Coast Health Plan	2,269	96,031	2.4%
Health Net Community Solutions, Inc.	18,956	673,290	2.8%
Health Plan of San Joaquin	2,259	171,216	1.3%
Health Plan of San Mateo	54	54,805	0.1%
Inland Empire Health	33,529	645,105	5.2%
Kern Health Systems	3,218	135,360	2.4%
Kaiser Permanente Cal, LLC	--	76,662	--
L.A. Care Health Plan	23,409	1,098,878	2.1%
Molina Healthcare of California Partner Plan, Inc.	9,940	225,346	4.4%
Partnership Health Plan of California	4,598	284,966	1.6%
San Francisco Health Plan	57	82,389	0.1%
Santa Clara Family Health Plan	197	121,806	0.2%
United Healthcare Community Plan	879	14,673	6.0%
Total ACE Screenings by MCP	**146,047**	**5,485,398**	**2.7%**
Total ACE Screenings in FFS	**2,660**	**1,245,751**	**0.2%**

B. ACE Screening Rate by Managed Care Plans, Encounter Based

- **Children, Adolescents, and Young Adults (ages 0 to 20):** MCP clinicians screened **637,382** individuals, representing **16.8%** of unique Medi-Cal beneficiaries ages 20 and under who were enrolled with a single plan in any continuous 12-month period between January 1, 2020 and March 31, 2022 (and were not dually eligible for Medi-Cal and Medicare) and have had at least one primary care visit in the same time period. Fee-for-service (FFS) clinicians screened **10.8%** of Medi-Cal beneficiaries who had a primary care visit but were not enrolled in any plan during the measurement period (Exhibit 2.14).

- **Adults (ages 21 to 64):** MCP clinicians screened **134,872** individuals, representing **3.6%** of unique Medi-Cal beneficiaries ages 21 through 64 who were enrolled with a single plan in any continuous 12-month period between January 1, 2020 and March 21, 2022 (and were not dually eligible for Medi-Cal and Medicare) and have had at least one primary care visit in the same time period. Fee-for-service (FFS) clinicians screened **0.7%** of Medi-Cal beneficiaries who had a primary care visit but were not enrolled in any plan during the measurement period (Exhibit 2.15).

- **Primary care providers (PCPs) were defined as:**
  - The rendering provider NPI was identified as a PCP at least once in the Managed Care Provider Network file (based on the CHHS Open Data Portal https://data.chhs.ca.gov/dataset/managed-care-provider-network file. In the Open Data Portal file, a PCP was shown by the data element PCP = TRUE.)
  - FQHC primary care visits were identified by CPT Code T1015 (Medical, per visit)

- **Risk Stratification for Toxic Stress:** In children and young adult Medi-Cal beneficiaries ages 0 to 20 (and were not dually eligible, were continuously enrolled, and have had at least one primary care visit) who were screened by MCP clinicians, **95.4%** of beneficiaries had an ACE score between zero and three, and **4.6%** had an ACE score of four or more. Of beneficiaries ages 0 to 20 screened by FFS clinicians, **85.8%** had an ACE score of zero to three, and **14.2%** had an ACE score of four or more. Among adult Medi-Cal beneficiaries ages 21 to 64 (and were not dually eligible, were continuously enrolled, and have had at least one primary care visit) who were screened by MCP clinicians, **85.5%** had an ACE score between zero and three, and **14.5%** had an ACE score of four or more. Among adult Medi-Cal beneficiaries screened by FFS clinicians, **87.2%** had an ACE score between zero and three, and **12.8%** had an ACE score of four or more.

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Exhibit 2.14: Encounter-Based ACE Screenings for Beneficiaries Ages 0 to 20 by Medi-Cal Managed Care Plan Who Had at Least One Primary Care Visit (January 1, 2020 – March 31, 2022)

Managed Care Health Plan	# Unique Beneficiaries Screened	Total Unique Beneficiaries	Percentage of Medi-Cal Population Screened	# High Risk ACE Score (G9919)	# Low Risk ACE Score (G9920)	% High-Risk ACE Score (G9919)	% Lower Risk ACE Score (G9920)
Aetna Better Health of California	1,090	7,840	13.9%	78	1,012	7.2%	92.8%
Alameda Alliance for Health	19,228	87,996	21.9%	1,483	17,745	7.7%	92.3%
Blue Cross of CA Partnership	48,317	286,835	16.8%	2,425	45,892	5.0%	95.0%
Blue Shield of California Promise Health Plan	4,520	21,541	21.0%	283	4,237	6.3%	93.7%
California Health & Wellness Plan	4,080	79,646	5.1%	312	3,768	7.6%	92.4%
CalOPTIMA (COHS)	52,122	150,512	34.6%	1,829	50,293	3.5%	96.5%
CalViva Health	22,273	146,164	15.2%	650	21,623	2.9%	97.1%
CenCal Health	16,577	83,632	19.8%	567	16,010	3.4%	96.6%
Central California Alliance for Health	1,424	157,621	0.9%	113	1,311	7.9%	92.1%
Community Health Group Partnership Plan	18,812	107,180	17.6%	1,512	17,300	8.0%	92.0%
Contra Costa Health Plan (LI)	1,315	67,501	1.9%	--	1,207	--	91.8%
Gold Coast Health Plan	11,366	81,255	14.0%	536	10,830	4.7%	95.3%

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Managed Care Health Plan	# Unique Beneficiaries Screened	Total Unique Beneficiaries	Percentage of Medi-Cal Population Screened	# High Risk ACE Score (G9919)	# Low Risk ACE Score (G9920)	% High-Risk ACE Score (G9919)	% Lower Risk ACE Score (G9920)
Health Net Community Solutions, Inc.	94,008	472,926	19.9%	4,124	89,884	4.4%	95.6%
Health Plan of San Joaquin	8,706	146,259	6.0%	289	8,417	3.3%	96.7%
Health Plan of San Mateo	4,494	40,878	11.0%	157	4,337	3.5%	96.5%
Inland Empire Health	142,418	504,477	28.2%	6,738	135,680	4.7%	95.3%
Kern Health Systems	22,241	126,254	17.6%	1,374	20,867	6.2%	93.8%
Kaiser Permanente Cal, LLC	4,118	68,882	6.0%	133	3,985	3.2%	96.8%
L.A. Care Health Plan	103,558	685,741	15.1%	3,406	100,152	3.3%	96.7%
Molina Healthcare of California Partner Plan, Inc.	27,047	145,881	18.5%	1,267	25,870	4.7%	95.3%
Partnership Health Plan of California	16,932	197,833	8.6%	1,874	15,058	11.1%	88.9%
San Francisco Health Plan	3,372	38,674	8.7%	67	3,305	2.0%	98.0%
Santa Clara Family Health Plan	8,696	92,240	9.4%	191	8,505	2.2%	97.8%
United Healthcare Community Plan	668	4,767	14.0%	--	608	--	91.0%
Total ACE Screenings by MCP	**637,382**	**3,802,535**	**16.8%**	**29,516**	**607,806**		
Total ACE Screenings in FFS	**14,902**	**137,787**	**10.8%**	**2,115**	**12,787**		

Exhibit 2.15: Encounter-Based ACE Screenings for Beneficiaries Ages 21 to 64 by Medi-Cal Managed Care Plan Who Had At Least One Primary Care Visit (January 1, 2020 – March 31, 2022)

Managed Care Health Plan	# Unique Beneficiaries Screened	Total Unique Beneficiaries	Percentage of Medi-Cal Population Screened	# High Risk ACE Score (G9919)	# Low Risk ACE Score (G9920)	% High-Risk ACE Score (G9919)	% Lower Risk ACE Score (G9920)
Aetna Better Health of California	858	12,192	7.0%	104	754	12.1%	87.9%
Alameda Alliance for Health	238	97,640	0.2%	59	179	24.8%	75.2%
Blue Cross of CA Partnership	6,831	289,752	2.4%	1,060	5,771	15.5%	84.5%
Blue Shield of California Promise Health Plan	4,716	39,722	11.9%	880	3,836	18.7%	81.3%
California Health & Wellness Plan	519	85,140	0.6%	168	351	32.4%	67.6%
CalOPTIMA (COHS)	11,987	195,434	6.1%	1,479	10,508	12.3%	87.7%
CalViva Health	3,543	129,488	2.7%	529	3,014	14.9%	85.1%
CenCal Health	510	62,395	0.8%	81	429	15.9%	84.1%
Central California Alliance for Health	2,026	120,499	1.7%	504	1,522	24.9%	75.1%
Community Health Group Partnership Plan	9,905	102,094	9.7%	1,444	8,461	14.6%	85.4%
Contra Costa Health Plan (LI)	34	77,267	0.0%	--	28	--	82.4%
Gold Coast Health Plan	2,265	66,926	3.4%	319	1,946	14.1%	85.9%
Health Net Community Solutions, Inc.	17,735	425,508	4.2%	2,093	15,642	11.8%	88.2%
Health Plan of San Joaquin	2,149	122,085	1.8%	501	1,648	23.3%	76.7%

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Managed Care Health Plan	# Unique Beneficiaries Screened	Total Unique Beneficiaries	Percentage of Medi-Cal Population Screened	# High Risk ACE Score (G9919)	# Low Risk ACE Score (G9920)	% High-Risk ACE Score (G9919)	% Lower Risk ACE Score (G9920)
Health Plan of San Mateo	53	35,091	0.2%	--	52	--	98.1%
Inland Empire Health	31,535	446,247	7.1%	3,865	27,670	12.3%	87.7%
Kern Health Systems	3,072	104,001	3.0%	366	2,706	11.9%	88.1%
Kaiser Permanente Cal, LLC	26	63,864	0.0%	--	22	--	84.6%
L.A. Care Health Plan	21,519	718,139	3.0%	2,563	18,956	11.9%	88.1%
Molina Healthcare of California Partner Plan, Inc.	9,740	142,904	6.8%	1,244	8,496	12.8%	87.2%
Partnership Health Plan of California	4,490	210,085	2.1%	2,085	2,405	46.4%	53.6%
San Francisco Health Plan	56	61,602	0.1%	14	42	25.0%	75.0%
Santa Clara Family Health Plan	191	86,233	0.2%	17	174	8.9%	91.1%
United Healthcare Community Plan	874	9,104	9.6%	136	738	15.6%	84.4%
Total ACE Screenings by MCP	**134,872**	**3,704,502**	**3.6%**	**19,511**	**115,350**		
Total ACE Screenings in FFS	**2,400**	**351,032**	**0.7%**	**307**	**2,093**		

Exhibits 2.12-15 Data Notes:

[1] *Data Extraction Date: 10/3/2022 from the DHCS Management Information System/Decision Support System (MIS/DSS) data warehouse*

[2] *"Number of ACE Screenings" and "Medi-Cal Enrollment" are rounded to the nearest 100 and may not sum to the total. "Percentage Medi-Cal Population Screened," Percentage of High-Risk ACE Score," and "Percentage of Lower-Risk ACE Score" are rounded to the nearest 0.1 percent.*

[3] *The screens in this report are collected by capturing claims utilizing the designated G9919 and G9920 codes for ACE screenings. Some plans report implementing ACE screening during the measurement period without the electronic coding and capture of the G9919 and G9920 codes. Any additional screenings that were not documented with these codes would not be counted in this report.*

[4] *"Medi-Cal Enrollment" is the count of distinct non-dual individuals who had been enrolled in a single plan from January 1, 2020 to March 31, 2022.*

[5] *Cells with "--" have been suppressed in instances where values were at least one but less than 11, or whereby related data with values less than 11 not presented here could be deduced from the information in this table.*

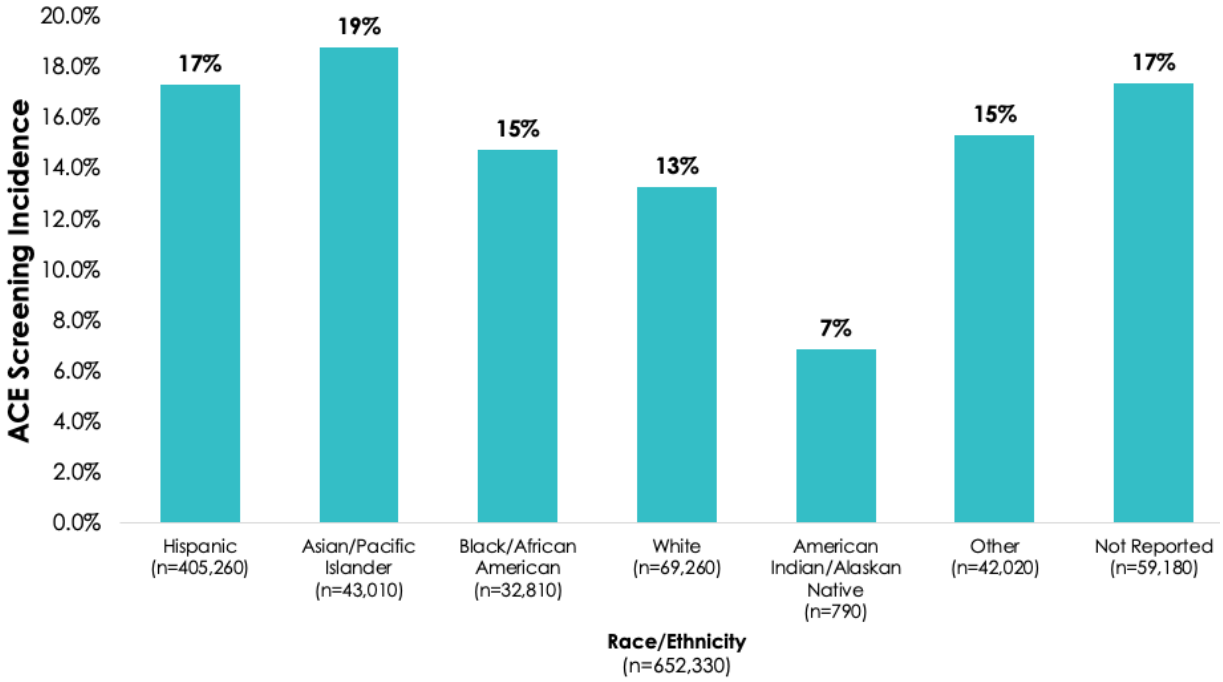
C. ACE Screening Incidence by Race/Ethnicity for Beneficiaries Who Had A Primary Care Visit

- **Children, Adolescents, and Young Adults (ages 0 to 20):** Among Medi-Cal beneficiaries ages 0 to 20 who were not dually eligible for Medi-Cal and Medicare, were continuously enrolled in one MCP for any 12 continuous months during **January 1, 2020 to March 31, 2022,** and had at least one primary care visit in the same time period, **17%** overall were screened for ACEs.
  - Asian/Pacific Islander beneficiaries had a screening rate of **19%**; Hispanic beneficiaries and beneficiaries who did not report their race or ethnicity each had a screening rate of **17%**; Black/African American beneficiaries and beneficiaries who reported other race or ethnicity each had a screening rate of **15%**; **13%** of White beneficiaries, and **7%** of American Indian/Alaskan Native (AI/AN) beneficiaries received an ACE screening.
  - AI/AN Medi-Cal beneficiaries had the greatest prevalence of high-risk ACE scores of four or more (**11%**), followed by White beneficiaries (**10%**), Black/African American beneficiaries **(7%**), beneficiaries who reported other race or ethnicity (**5%**), beneficiaries who did not report their race or ethnicity (**4%**), Hispanic beneficiaries (**4%**), and Asian/Pacific Islander beneficiaries (**3%**).

- **Adults (ages 21 to 64):** Among Medi-Cal beneficiaries ages 21 to 64 who were not dually eligible for Medi-Cal and Medicare, were continuously enrolled in one MCP for any 12 continuous months during **January 1, 2020 to March 31, 2022,** and had at least one primary care visit in the same time period, **3%** overall were screened for ACEs.

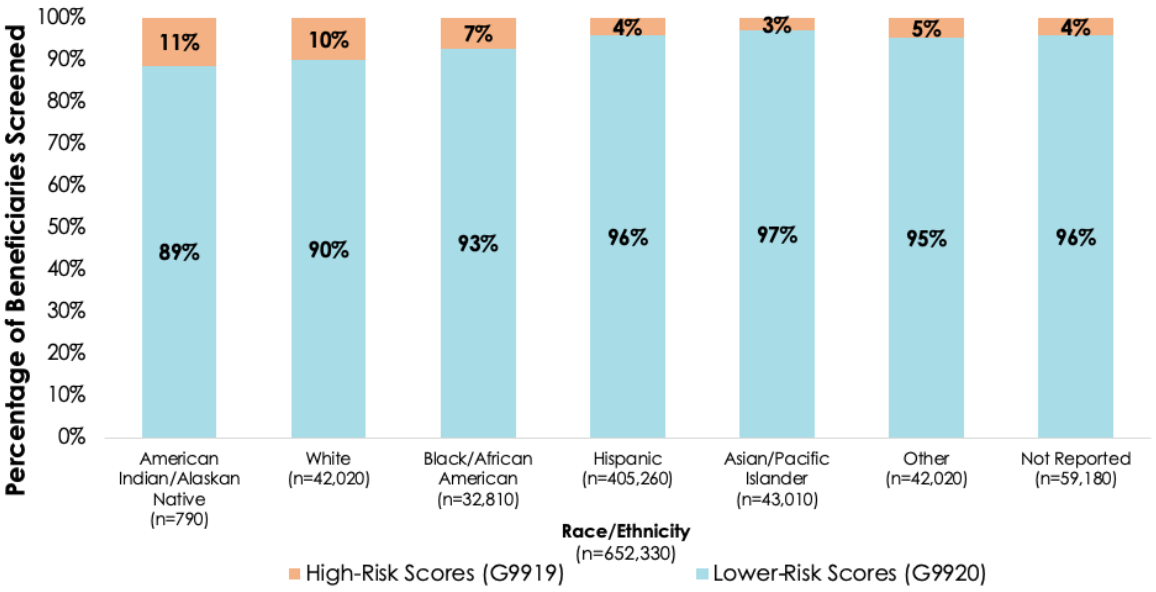
  - Hispanic beneficiaries and beneficiaries who reported other race or ethnicity each had a screening rate of **4%**; White beneficiaries, Black/African American beneficiaries, Asian/Pacific Islander beneficiaries, and beneficiaries who did not report their race or ethnicity each had a screening rate of **3%**; and **2%** of American Indian/Alaskan Native (AI/AN) beneficiaries were screened for ACEs.
  - AI/AN Medi-Cal beneficiaries had the greatest prevalence of high-risk ACE scores of four or more (**35%**), followed by White beneficiaries (**24%**), Black/African American beneficiaries and beneficiaries who did not report their race or ethnicity **(16%**), beneficiaries who reported other race or ethnicity (**15%**), Hispanic beneficiaries (**11%**), and Asian/Pacific Islander beneficiaries (**6%**).

Exhibit 2.16: ACE Screening Prevalence (i.e., Percent of Specified Population Who Were Screened for ACEs) by Race/Ethnicity for Beneficiaries Ages 0 to 20 Who Had a Primary Care Visit – January 1, 2020 to March 31, 2022



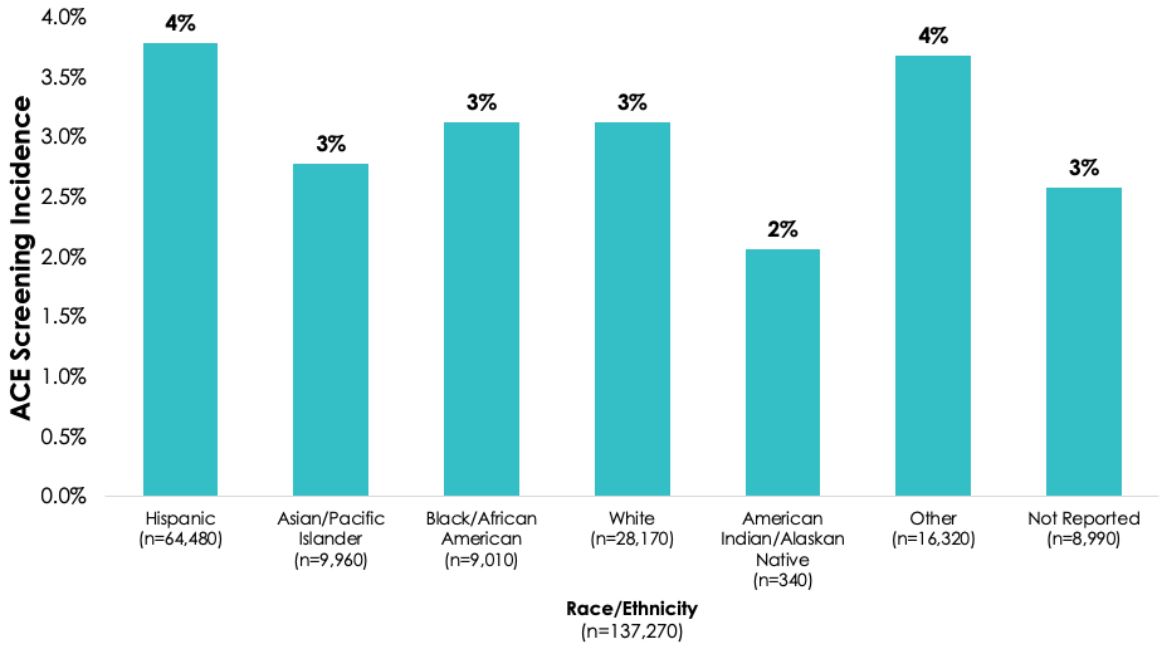
ACEs Aware February 2023 Data Update
Data Source: MIS/DSS Data Warehouse
Data Extraction Date: 10/3/2022
Data labels are rounded to the nearest 10 and may not sum to the total.

Exhibit 2.17: High-Risk vs Lower-Risk ACE Scores by Race/Ethnicity for Screened Beneficiaries Ages 0 to 20 Who Had a Primary Care Visit – April 1, 2020 to March 31, 2021



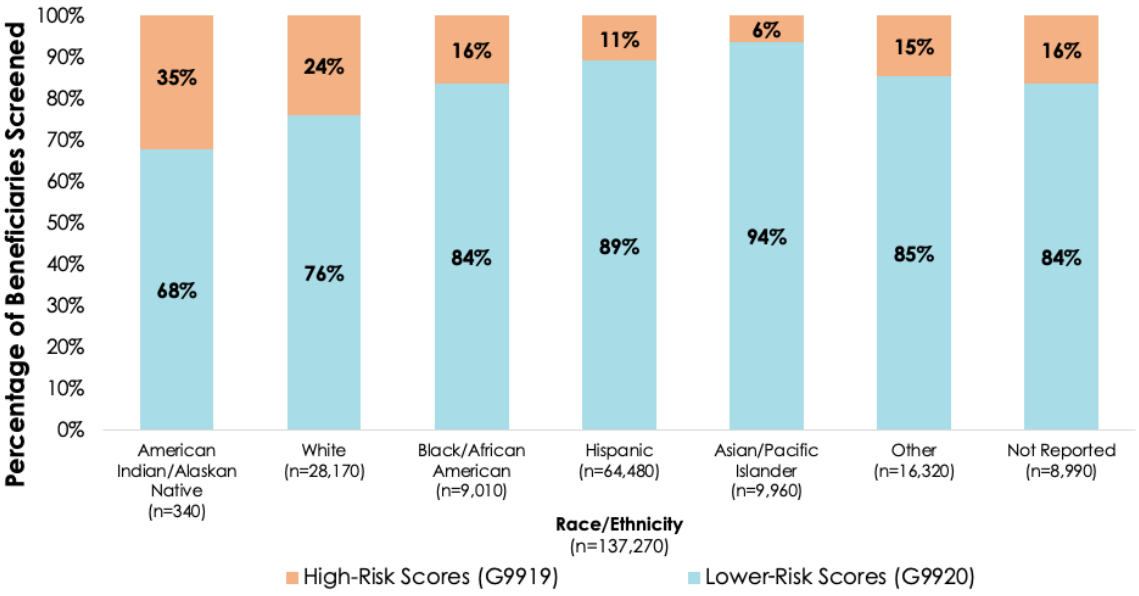
ACEs Aware February 2023 Data Update
Data Source: MIS/DSS Data Warehouse
Data Extraction Date: 10/3/2022
Data labels are rounded to the nearest 10 and may not sum to the total.

Exhibit 2.18: ACE Screening Prevalence (i.e., Percent of Specified Population Who Were Screened for ACEs) by Race/Ethnicity for Beneficiaries Ages 21 to 64 Who Had a Primary Care Visit – January 1, 2020 to March 31, 2022



ACEs Aware February 2023 Data Update
Data Source: MIS/DSS Data Warehouse
Data Extraction Date: 10/3/2022
Data labels are rounded to the nearest 10 and may not sum to the total.

Exhibit 2.19: High-Risk vs Lower-Risk ACE Scores by Race/Ethnicity for Screened Beneficiaries Ages 21 to 64 Who Had a Primary Care Visit – January 1, 2020 to March 31, 2022



ACEs Aware February 2023 Data Update
Data Source: MIS/DSS Data Warehouse
Data Extraction Date: 10/3/2022
Data labels are rounded to the nearest 10 and may not sum to the total.