



**ACEs Aware Screening, Training,  
and Certification Progress:  
May 2024 Update  
May 31, 2024**



**Table of Contents**

**Executive Summary ..... 4**

    ACEs Aware Data Highlights..... 6

**Introduction ..... 8**

    ACEs Aware Certification..... 8

    Medi-Cal Payment ..... 9

    ACE Screening Tools ..... 9

    Medi-Cal Billing Codes..... 10

**ACEs Aware Data Update: Overview..... 11**

**Section 1: ACes Aware Training Completion and Certification Data ..... 12**

    1. Results ..... 12

    2. Clinical Team Member and Practice Information ..... 13

        A. ACes Aware Eligible Medi-Cal Provider Status ..... 15

        B. Practice Setting ..... 15

        C. ACE Screening Rate Prior to Completing Training ..... 16

        A. Implementing Practice Changes Based on Training ..... 17

        B. Confidence in Ability to Make Intended Changes ..... 19

        C. Barriers to Implementing Practice Change ..... 20

        D. Training Learning Objectives ..... 21

**Section 2: ACE Screening Data ..... 22**

    1. Total Number of ACE Screenings ..... 22

    2. Demographics of Medi-Cal Members Screened for ACes ..... 24

        A. ACE Screenings by Age ..... 24

        B. ACE Screenings by Sex ..... 25

        C. ACE Screenings by Age and Sex ..... 26

        D. ACE Screenings by Race/Ethnicity ..... 27

        E. ACE Screenings by County ..... 29

        F. ACE Screenings by Region ..... 33

    3. Summary of Providers Conducting ACE Screenings ..... 36

        A. ACE Screenings by Delivery System ..... 36

        B. ACE Screenings by Provider Type and Specialty ..... 37



4. ACE Screenings by Medi-Cal Managed Care Plan.....	39
A. ACE Screening Rates by Medi-Cal Managed Care Plan	39
B. ACE Screening Rate by Managed Care Plans, Encounter Based	42
C. ACE Screening Incidence by Race/Ethnicity for Members Who Had A Primary Care Visit	48



## 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.

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**37,230** individuals completed the ACEs Aware training as of January 2024.

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Therefore, it is important to note that not everyone who completes the training will become ACEs Aware-certified.

Between December 2019 and February 2024, **37,230** individuals completed the training. Approximately **17,920** of those who completed the training are Medi-Cal clinicians who became ACEs Aware-certified.

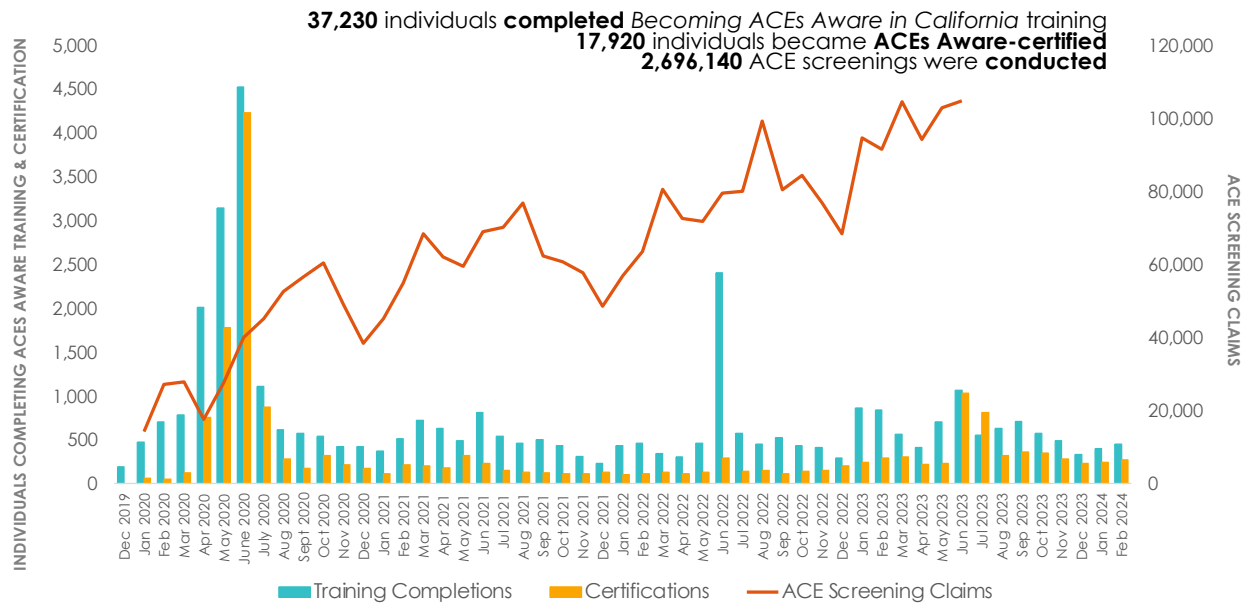
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*Nearly **1,684,580** children, adolescents, and adults were screened for ACEs between January 2020 and June 2023.*

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Medi-Cal clinicians conducted nearly **2,696,140** ACE screenings of approximately **1,684,580** unique Medi-Cal members across California between January 2020 and June 2023, 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



ACES Aware May 2024 Data Update  
 Data Sources: ACEs Aware Learning Center, Data from: Dec 4, 2019, to Feb 29, 2024  
 MIS/DSS data warehouse; Claims Data Extraction Date: 2/27/2024

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.



## 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 – February 29, 2024)

- Approximately **10,740** individuals who completed the training reported they were not screening any of their patients for ACEs at the time; **9,210** reported they do not directly provide care, totaling **29%** 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 (**52%**) and almost half reported they plan to conduct routine ACE screenings for adults (**45%**).
- **63%** of individuals reported they planned to implement changes in their practice based on the information presented.
- **90%** 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 – June 30, 2023)

- Nearly one-third (**28%**) of the **1,684,580** unique Medi-Cal members screened were of children 5 and under; and three-quarters (**75%**) of all unique members screened were pediatric patients under age 18. Additionally, **417,240** unique members ages 18 and older were screened for ACEs (**25%**).
- Of the **1,267,340** unique Medi-Cal members ages 0 to 17 screened for ACEs, **5%** had an ACE score of 4 or greater, indicating a high risk for toxic stress. Of the **417,240** unique Medi-Cal members ages 18 to 64 screened for ACEs, **14%** had an ACE score of 4 or more.
- **High-risk ACE scores** among adults were most prevalent among **females ages 18 to 44 (53%)**.
- **American Indian/Alaskan Native Medi-Cal members** had the greatest prevalence of high-risk ACE scores of 4 or more (**19%**), followed by White members (**17%**), Black/African American members (**11%**), members who did not report their race or ethnicity (**7%**), Hispanic members (**6%**), members who reported other race or ethnicity (**6%**), and Asian/Pacific Islander members (**4%**).



- 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 (**17%** of **7,082** members screened),
  - Sierra Range/Foothills region (**9%** of **10,185** members screened), and
  - the Bay Area (**7%** of **121,996** members 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 (**62%** of **2,135** members screened),
  - Sierra Range/Foothills region (**29%** of **1,901** members screened), and
  - the Bay Area (**27%** of **8,342** members screened).
- Among clinicians who conducted ACE screenings, **61%** specialize in pediatrics and **12%** specialize in family medicine.
- Managed care plan (MCP) clinicians screened **849,029** individuals 20 years of age and younger, representing **21.5%** of unique Medi-Cal members in that age range who were enrolled with a single plan in any continuous 12-month period between January 1, 2020 and June 30, 2023 (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 **252,915** individuals ages 21 through 64, representing **5.3%** of unique Medi-Cal members in that age range who were enrolled with a single plan in any continuous 12-month period between January 1, 2020 and June 30, 2023 (and were not dually eligible for Medi-Cal and Medicare) and have had at least one primary care visit in the same time period.



## 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](http://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 clinicians 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 members using a qualified ACE screening tool based on the patient's age. For children, adolescents, and young adults, ages 0 to 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 to 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 to 11 is to be completed by a caregiver, and the PEARLS for adolescents ages 12 to 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 to 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 member'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**

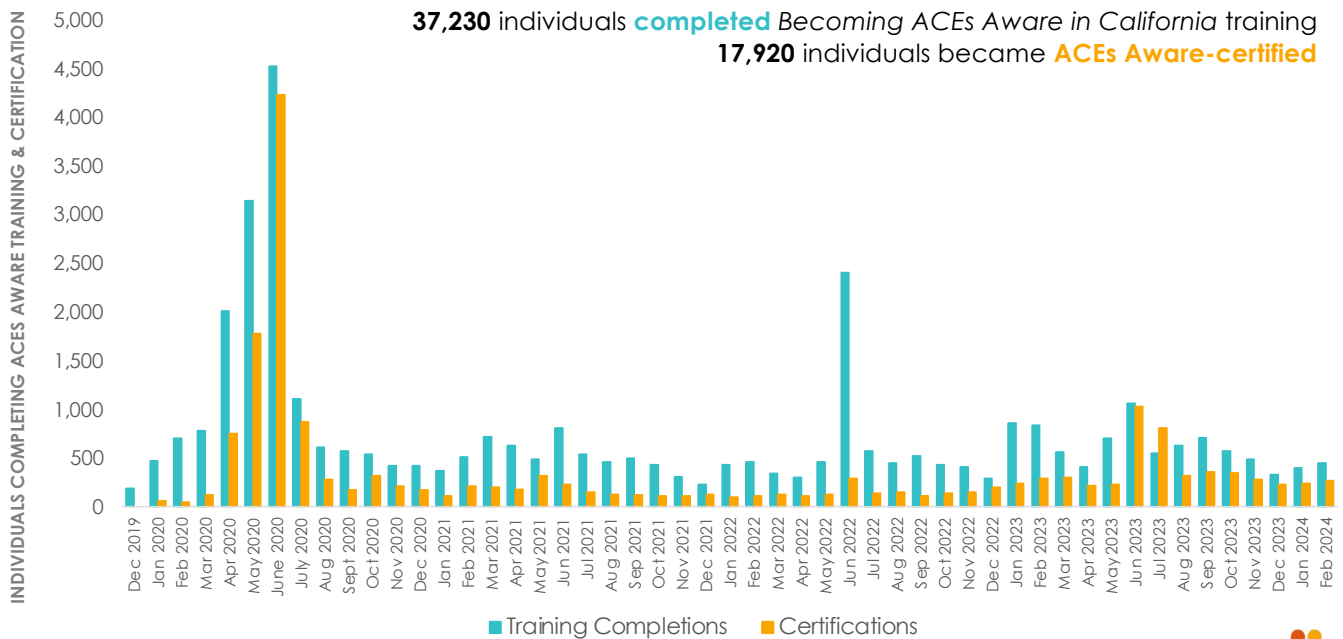
Section 2 provides information on the Medi-Cal claims submitted for ACE screenings. This report provides demographic information about the members who have been screened for ACEs, as well as information about the Medi-Cal clinicians who have conducted the screenings.

## Section 1: ACEs Aware Training Completion and Certification Data

### 1. Results

**37,230** individuals completed the Becoming ACEs Aware in California training between December 4, 2019 and February 29, 2024. Additionally, **17,920** Medi-Cal clinicians became ACEs Aware-certified between January 13, 2020 and February 29, 2024, enabling them to receive Medi-Cal payment for conducting ACE screenings. Percentages are rounded to the nearest whole number.

#### Exhibit 1.1: Training Completion and Certification, by Month



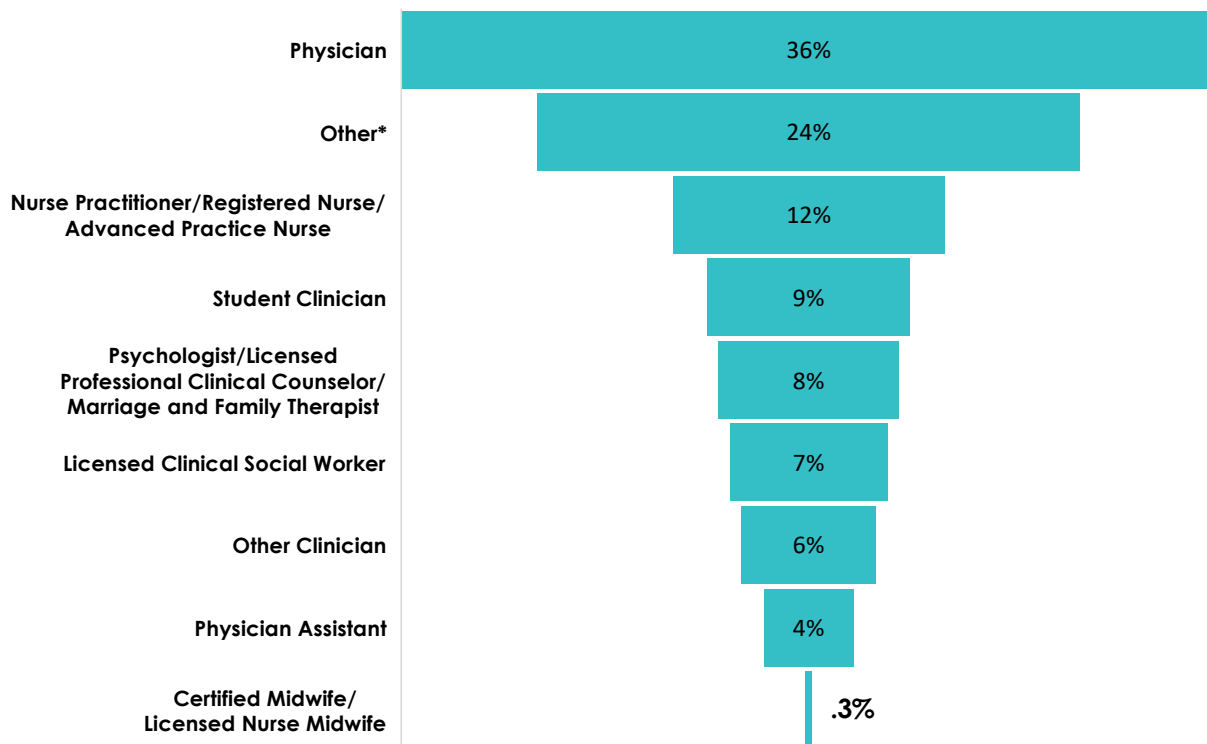
ACES Aware May 2024 Data Update  
Data Sources: ACEs Aware Learning Center, Data from: Dec 4, 2019, to Feb 29, 2024  
MIS/DSS data warehouse: Claims Data Extraction Date: 2/27/2024

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 attested 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.

## 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

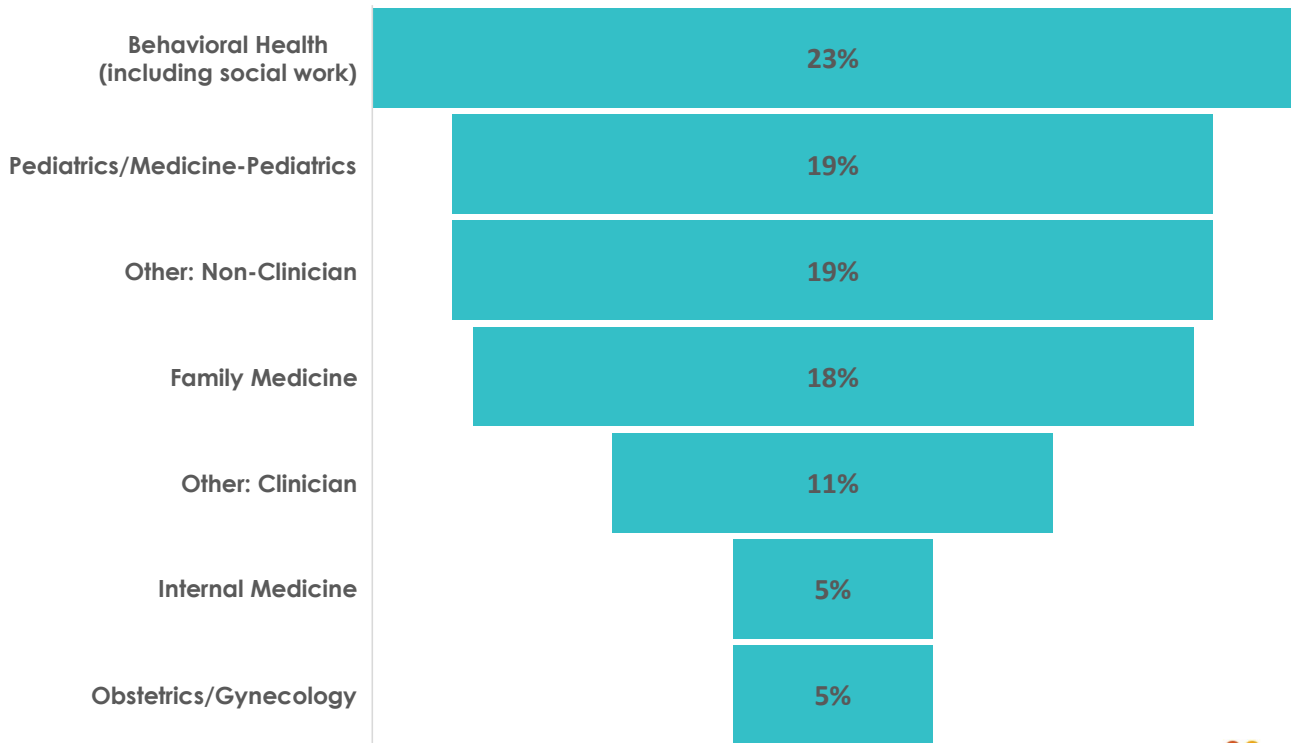


ACEs Aware May 2024 Data Update

\*Other category include: other non-clinician (9%), government staff (3%), office staff (2%), student (non-clinical) (1%), non-profit/advocacy (1%), researcher (non-clinician) (<1%), and trade association staff (non-clinician) (<1%)  
Data Source: ACEs Aware Learning Center, Data from: Dec 4, 2019, to Feb 29, 2024  
Percentages are rounded to the nearest whole number and may not sum to 100%.

**36%** of the individuals who completed the training are physicians; **12%** are nurse practitioners, registered nurses, or advanced practice nurses; **9%** are student clinicians; **8%** are psychologists, licensed professional clinical counselors, or marriage and family therapists; **7%** are licensed clinical social workers; **4%** are physician assistants; **6%** are other clinicians; **<1%** are certified nurse midwives/ licensed nurse midwives; and around **24%** represent other occupations, including non-clinical staff from health care, governmental, and other non-profit/advocacy organizations, students (non-clinical), researchers (non-clinical), and trade association staff (non-clinical).

### Exhibit 1.3: Specialty Among Training Participants



ACEs Aware May 2024 Data Update

Data Source: ACEs Aware Learning Center, Data from: Dec 4, 2019, to Feb 29, 2024  
Percentages are rounded to the nearest whole number and may not sum to 100%.

- Of the individuals who completed the training, **23%** specialize in psychology or behavioral health; **19%** specialize in pediatrics and medicine-pediatrics, and **18%** specialize in family medicine.
  - Additional specialty areas represented amongst the clinicians include 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.

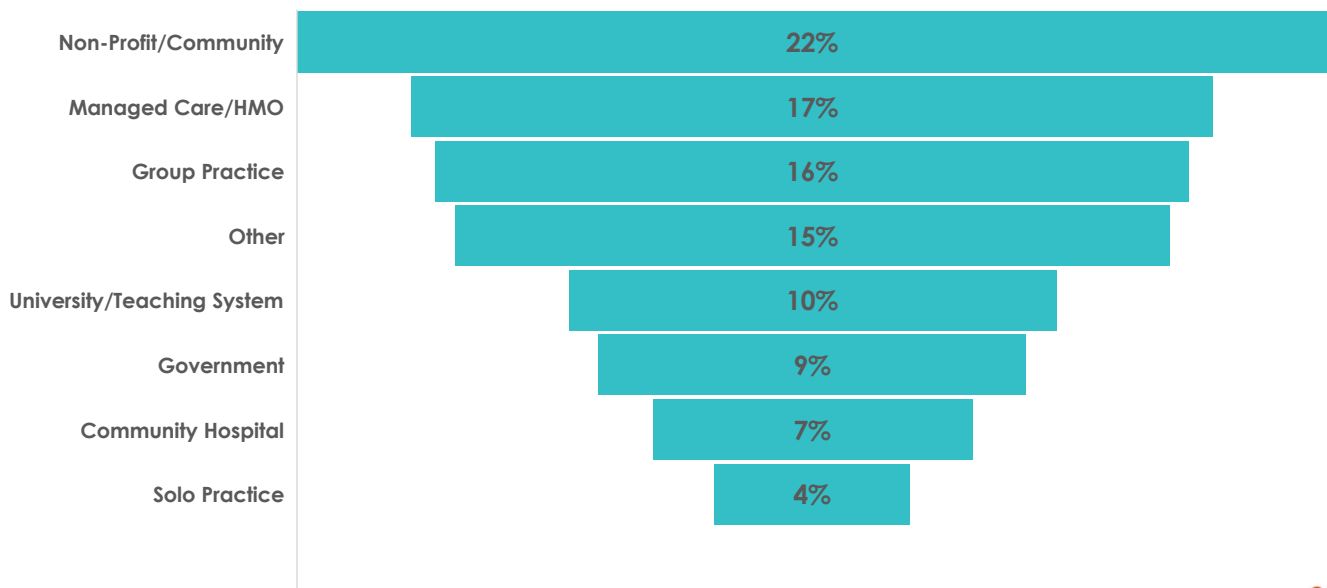
### A. ACEs Aware Eligible Medi-Cal Provider Status

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, **22%** work at a nonprofit or in the community; **17%** are part of a managed care organization (MCO) or health maintenance organization (HMO) provider network, and **16%** 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 May 2024 Data Update  
Data Source: ACEs Aware Learning Center, Data from: Dec 4, 2019, to Feb 29, 2024  
Percentages are rounded to the nearest whole number and may not sum to 100%.



### C. ACE Screening Rate Prior to Completing Training

Before taking the training, around half (**50%**) of individuals reported screening less than one-quarter of their patients for ACEs, with nearly one-third (**29%**) not screening any patients. **25%** 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
<b>0%</b>	29%
<b>1-25%</b>	21%
<b>26-50%</b>	7%
<b>51-75%</b>	5%
<b>76-100%</b>	6%
<b>100%</b>	7%
<b>I do not directly provide care</b>	25%

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



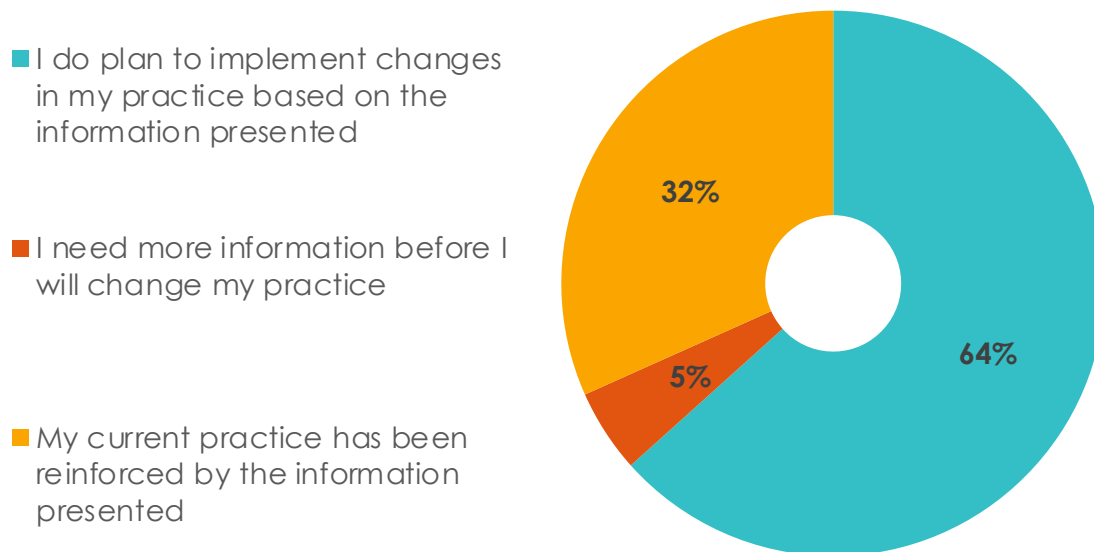
### 3. Training Evaluation Results

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**

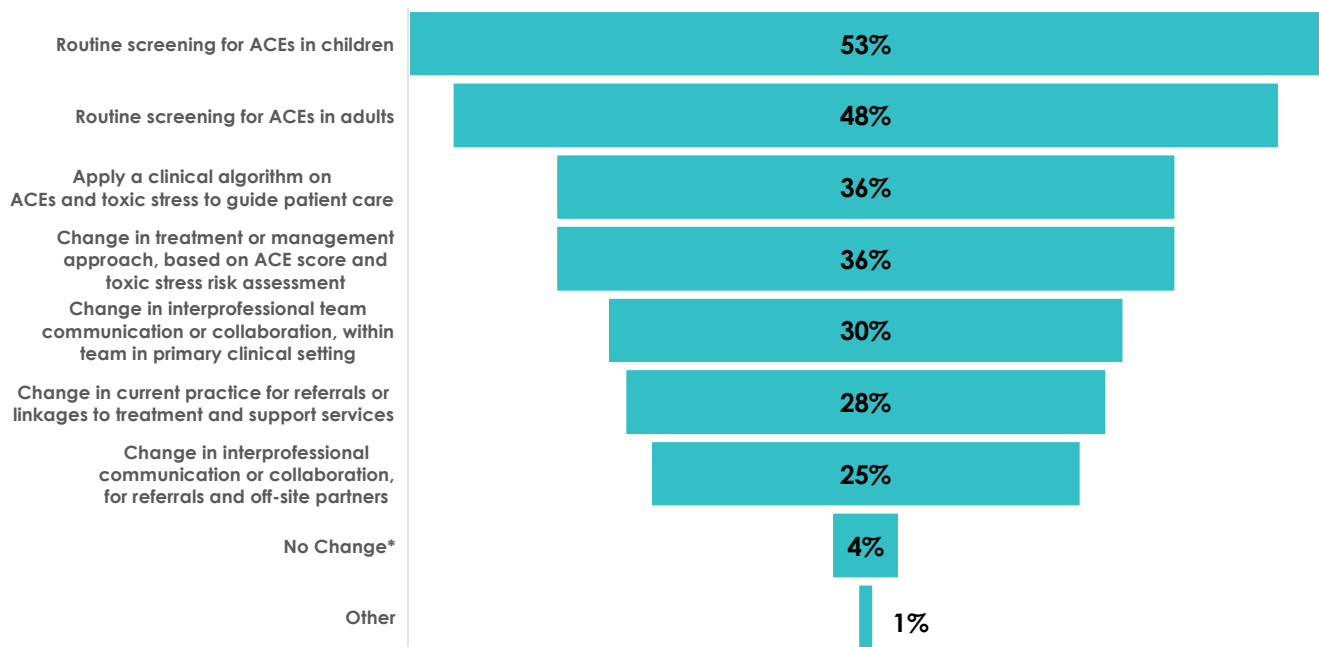


ACEs Aware May 2024 Data Update  
Data Source: ACEs Aware Learning Center  
Data from: Dec 4, 2019, to Feb 29, 2024  
Percentages are rounded to the nearest whole number and may not sum to 100%.

- Two-thirds (**64%**) of participants reported that they plan to implement changes in their practice based on the information presented, **32%** indicated their current practice has been reinforced by the information presented, and **5%** indicated that they need more information before changing their practice.
- Among the approximately **10,740** participants who completed the training and reported that they did not screen any of their patients for ACEs, **75%** 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 (**53%**) and adults (**48%**).
- Some individuals (**36%**) plan to apply a clinical algorithm on ACEs and toxic stress to guide patient care. Additionally, **36%** 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

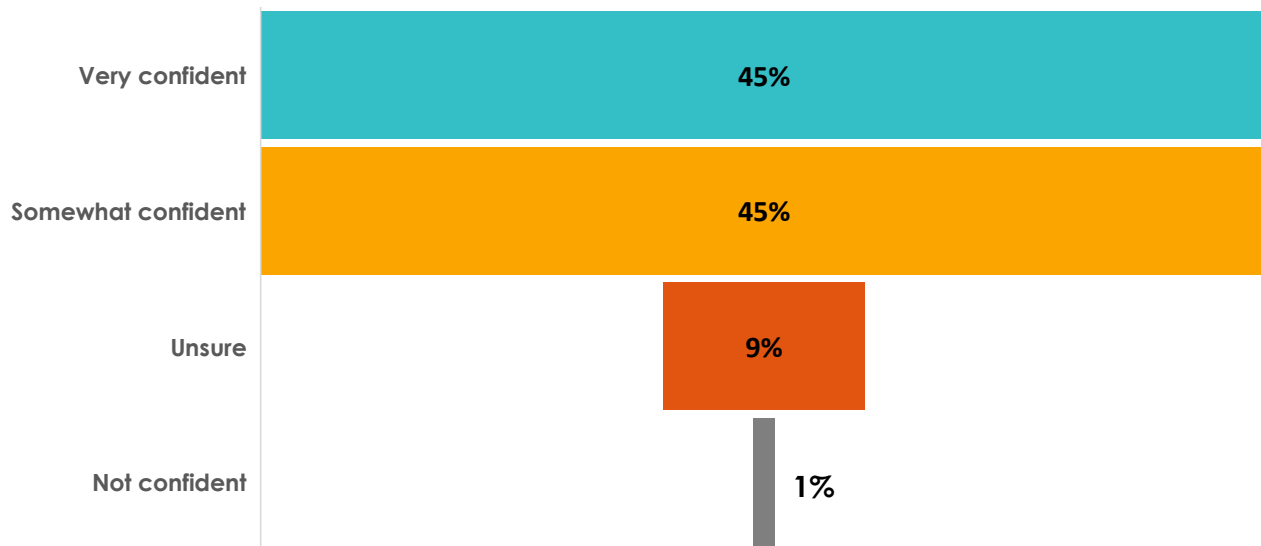


ACEs Aware May 2024 Data Update  
 Data Source: ACEs Aware Learning Center, Data from: Dec 4, 2019, to Feb 29, 2024  
 Percentages are rounded to the nearest whole number and may not sum to 100%.  
 \*\*"No Change" was added as an answer choice in May 2021.

## B. Confidence in Ability to Make Intended Changes

Nearly all (**90%**) 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**

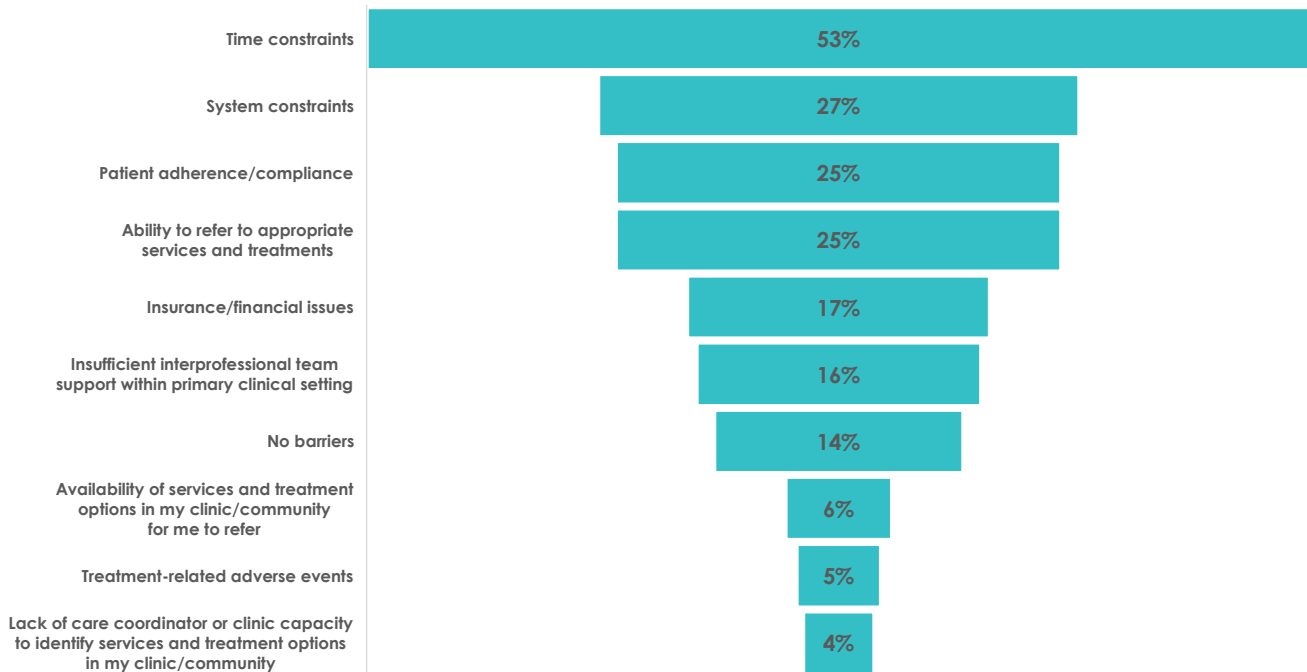


ACEs Aware May 2024 Data Update  
Data Source: ACEs Aware Learning Center, Data from: Dec 4, 2019, to Feb 29, 2024  
Percentages are rounded to the nearest whole number and may not sum to 100%.

### C. Barriers to Implementing Practice Change

Time constraints (**53%**) and system constraints (**27%**) 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 May 2024 Data Update  
 Data Source: ACEs Aware Learning Center, Data from: Dec 4, 2019, to Feb 29, 2024  
 Percentages are rounded to the nearest whole number and may not sum to 100%.  
 \*"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 (**94%**).
- Enhanced their current knowledge base (**93%**).
- Was effective in presenting the material through cases (**93%**).
- 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 (**90%**).
- Identified the Medi-Cal billing codes for administering ACE screening (**80%**).

## Section 2: ACE Screening Data

Unless otherwise specified, this section summarizes ACE screening service dates between January 1, 2020 and June 30, 2023. The information reflects Medi-Cal managed care and FFS claims data extracted as of February 27, 2024. 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 June 2023;
- 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.

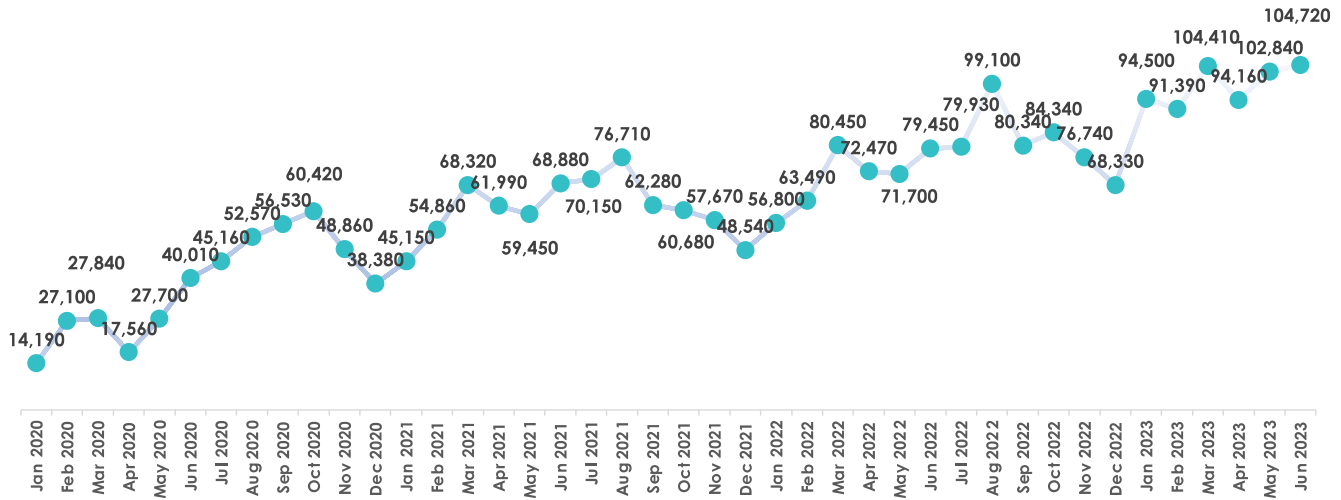
### 1. Total Number of ACE Screenings

Medi-Cal clinicians conducted a total of **2,696,140** ACE screenings between January 2020 and June 2023. Because there are some cases where members may be screened more than once, there were **1,684,580** unique Medi-Cal members screened for ACEs.

Medi-Cal members 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

## ACE Screenings by Month



ACEs Aware May 2024 Data Update  
 Data Source: MIS/DSS Data Warehouse; Data Extraction Date: 2/27/2024  
 Data Labels are rounded to the nearest 10 and may not sum to the total.

Month and Year  
 (n = 2,696,140)

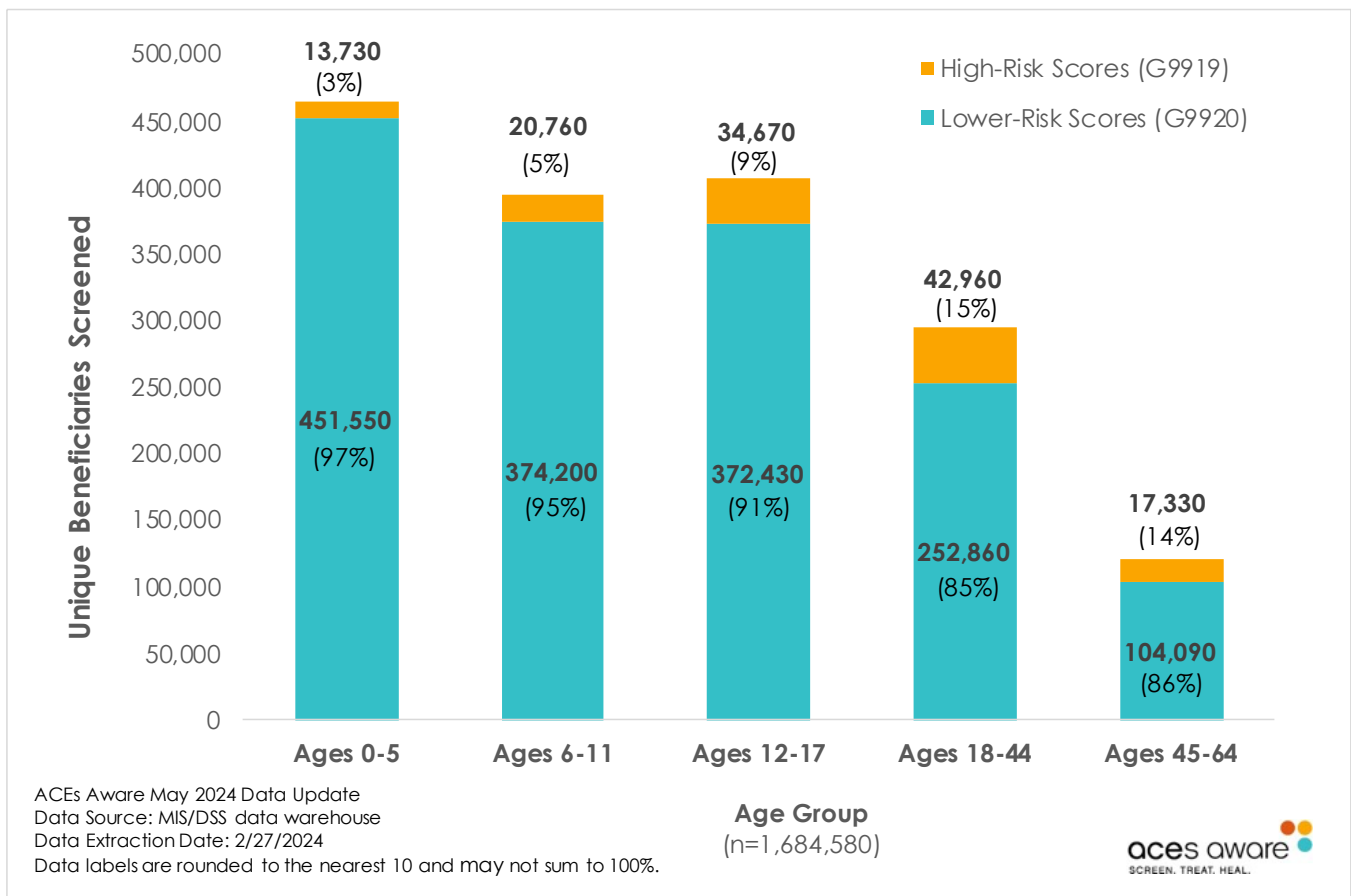
## 2. Demographics of Medi-Cal Members Screened for ACEs

### A. ACE Screenings by Age

Nearly one-third (**28%**) of unique screenings were conducted with children ages 5 and under. Three-quarters (**75%**) of all unique screenings conducted were with the pediatric population under age 18. **25%** of all screenings conducted were with the adult population ages 18 to 64. Of the **1,684,580** unique Medi-Cal members screened, the percentage of members with a high-risk ACE score increased with age.

Of the **1,267,340** unique Medi-Cal members ages 0 to 17 screened for ACEs, **5%** had an ACE score of 4 or greater, indicating a high risk for toxic stress. Of the **417,240** unique Medi-Cal members ages 18 to 64 screened for ACEs, **14%** had an ACE score of 4 or more.

**Exhibit 2.2: ACE Screenings by Age Group and Procedure Code**





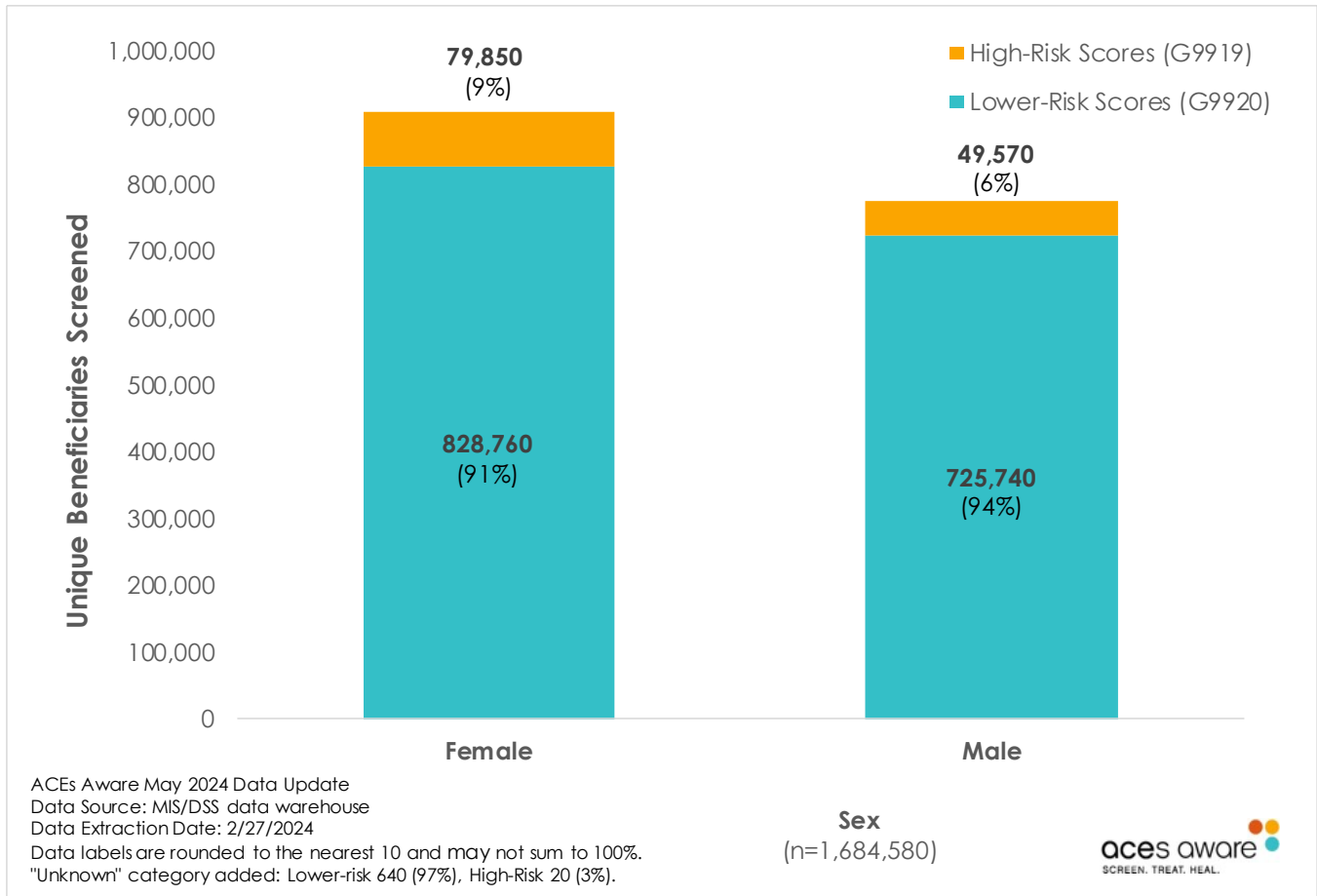
## B. ACE Screenings by Sex

More than half (**54%**) of the unique Medi-Cal members 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 members' gender identities, but the data are currently incomplete.

Of the unique female members screened for ACEs, **9%** had high-risk ACE scores of four or more, compared to **6%** of unique male members screened for ACEs.

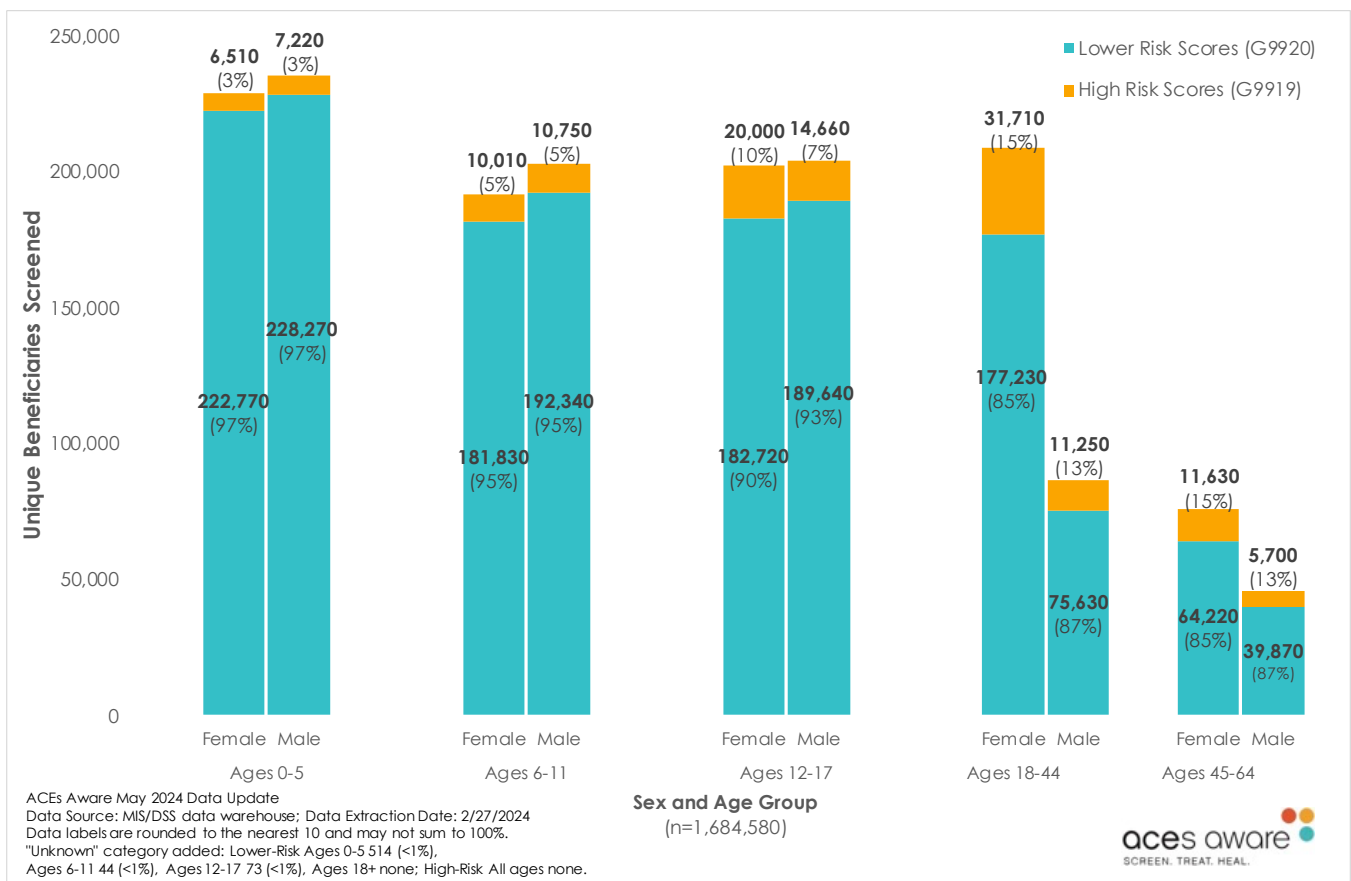
**Exhibit 2.3: ACE Screenings by Sex and Procedure Code**



### C. ACE Screenings by Age and Sex

High-risk ACE scores of four or more were prevalent among females ages 18 through 44 (**53%**). 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.

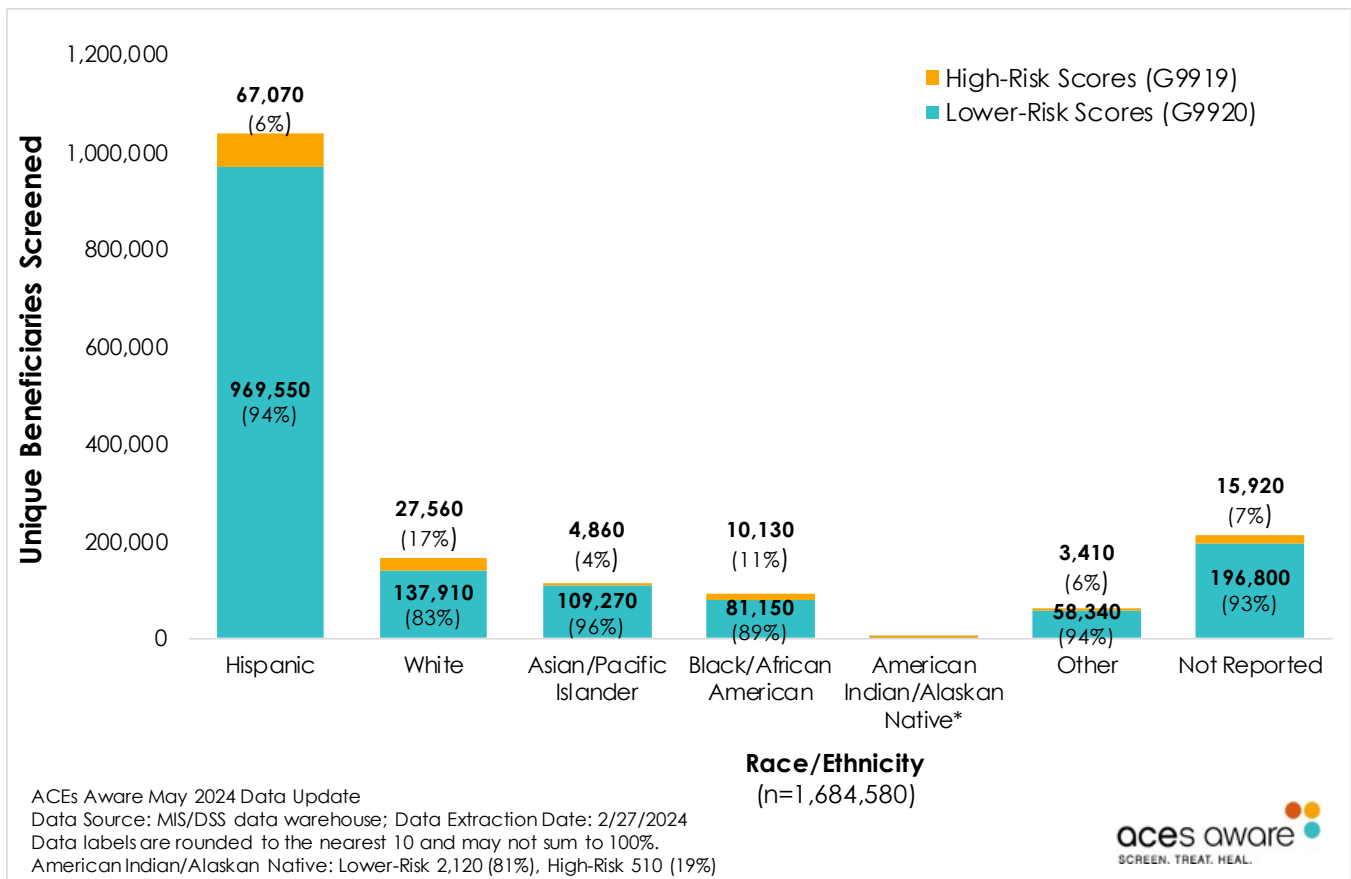
**Exhibit 2.4: ACE Screenings by Age Group, Sex, and Procedure Code**



### D. ACE Screenings by Race/Ethnicity

The greatest number of Medi-Cal ACE screenings were conducted with Hispanic members (**62%**), followed by members who did not report their race or ethnicity (**13%**), White members (**10%**), Asian/Pacific Islander members (**7%**), Black/African American members (**5%**), members who reported other race or ethnicity (**4%**), and American Indian/Alaskan Native (AI/AN) members (<**1%**).

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





AI/AN Medi-Cal members had the greatest prevalence of high-risk ACE scores of four or more (**19%**), followed by White members (**17%**), Black/African American members (**11%**), members who did not report their race or ethnicity (**7%**), Hispanic members (**6%**), members who reported other race or ethnicity (**6%**), and Asian/Pacific Islander members (**4%**).

### **Notes about Race/Ethnicity Data Collection**

- “Hispanic” includes members 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 members for whom data is missing.

## E. ACE Screenings by County

Of the **1,684,580** unique Medi-Cal members screened, **424,080** members (**25%**) screened were in Los Angeles County. **225,640** members (**13%**) screened were in San Bernardino County, **203,860** members (**12%**) screened were in Orange County, followed by **192,080** members (**11%**) screened were in Riverside County.

**Exhibit 2.6 ACE Screening by County and Procedure Code**

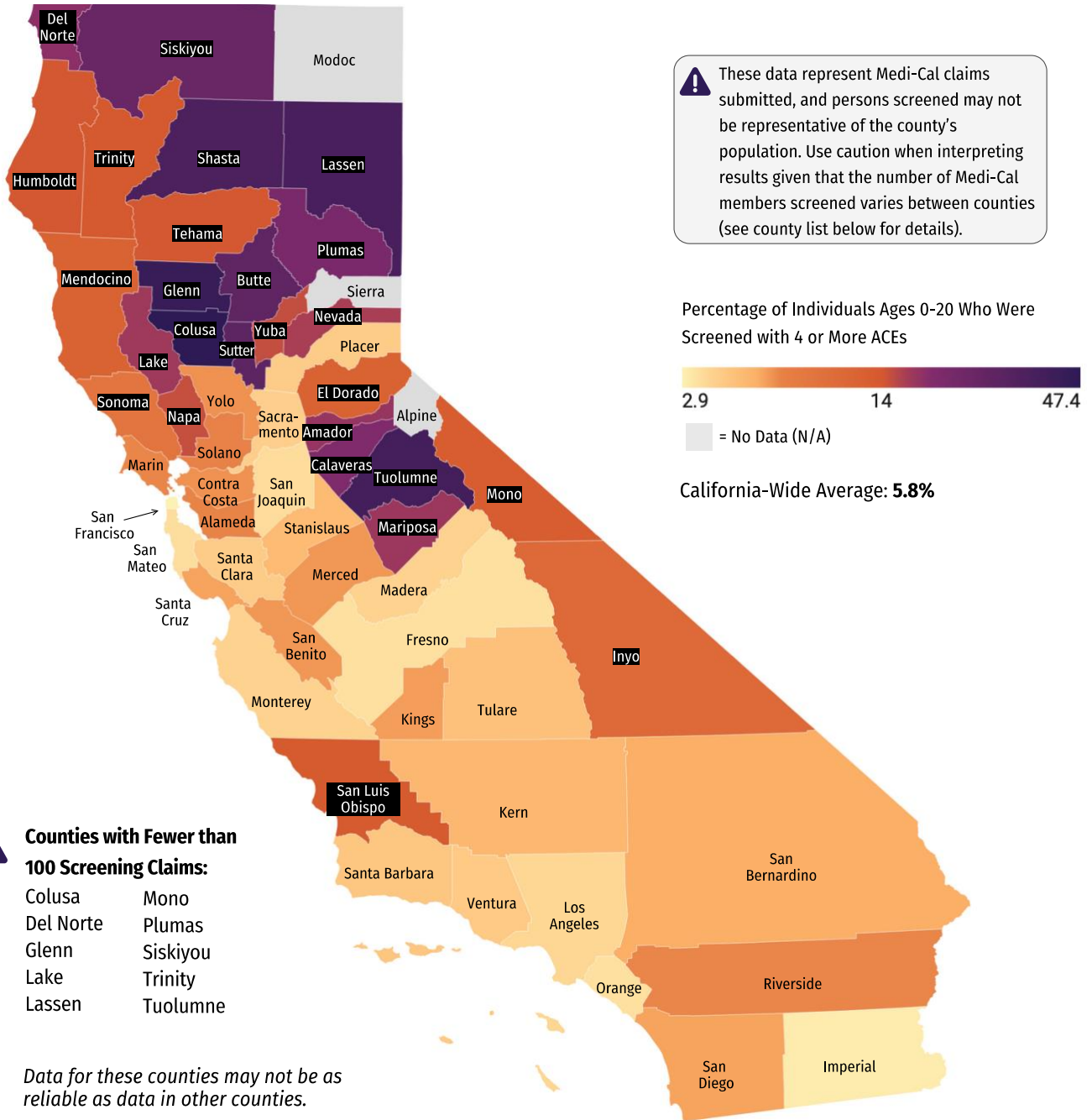
County	Number of Unique Members Screened*	Percentage of Total Statewide Screenings	Percentage of High-Risk ACE Score (G9919)	Percentage of Lower-Risk ACE Score (G9920)
Alameda	46,500	3%	8%	92%
Alpine	--	--	--	--
Amador	520	<1	30%	70%
Butte	230	<1	34%	66%
Calaveras	440	<1	31%	69%
Colusa	40	<1	51%	49%
Contra Costa	7,620	<1	9%	91%
Del Norte	120	<1	31%	69%
El Dorado	1,280	<1	21%	79%
Fresno	47,860	3%	5%	95%
Glenn	70	<1	46%	54%
Humboldt	3,560	<1	20%	80%
Imperial	6,040	<1	3%	97%
Inyo	930	<1	12%	88%
Kern	49,550	3%	7%	93%
Kings	5,320	<1	9%	91%
Lake	90	<1	27%	73%
Lassen	70	<1	42%	58%
Los Angeles	424,080	25%	6%	94%
Madera	10,570	1%	8%	92%
Marin	8,180	<1	11%	89%
Mariposa	290	<1	25%	75%
Mendocino	3,050	<1	15%	85%
Merced	3,370	<1	13%	87%
Modoc	30	<1	59%	41%
Mono	70	<1	--	100%
Monterey	21,500	1%	8%	92%

County	Number of Unique Members Screened*	Percentage of Total Statewide Screenings	Percentage of High-Risk ACE Score (G9919)	Percentage of Lower-Risk ACE Score (G9920)
Napa	670	<1	23%	77%
Nevada	1,510	<1	19%	81%
Orange	203,860	12%	5%	95%
Placer	6,710	<1	5%	95%
Plumas	20	<1	--	100%
Riverside	192,080	11%	10%	90%
Sacramento	63,040	4%	5%	95%
San Benito	230	<1	9%	91%
San Bernardino	225,640	13%	10%	90%
San Diego	130,690	8%	10%	90%
San Francisco	10,540	1%	3%	97%
San Joaquin	15,950	1%	5%	95%
San Luis Obispo	3,740	<1	18%	82%
San Mateo	8,840	1%	4%	96%
Santa Barbara	24,270	1%	6%	94%
Santa Clara	28,570	2%	5%	95%
Santa Cruz	7,310	<1	16%	84%
Shasta	2,090	<1	57%	43%
Sierra	--	--	--	--
Siskiyou	180	<1	43%	57%
Solano	4,820	<1	15%	85%
Sonoma	14,510	1%	14%	86%
Stanislaus	10,830	1%	12%	88%
Sutter	340	<1	44%	56%
Tehama	3,830	<1	15%	85%
Trinity	80	<1	28%	72%
Tulare	51,990	3%	8%	92%
Tuolumne	290	<1	33%	67%
Ventura	25,530	2%	7%	93%
Yolo	4,330	<1	19%	81%
Yuba	680	<1	30%	70%
<b>Total</b>	<b>1,684,580</b>	<b>100%</b>	<b>Average 18%</b>	<b>Average 79%</b>

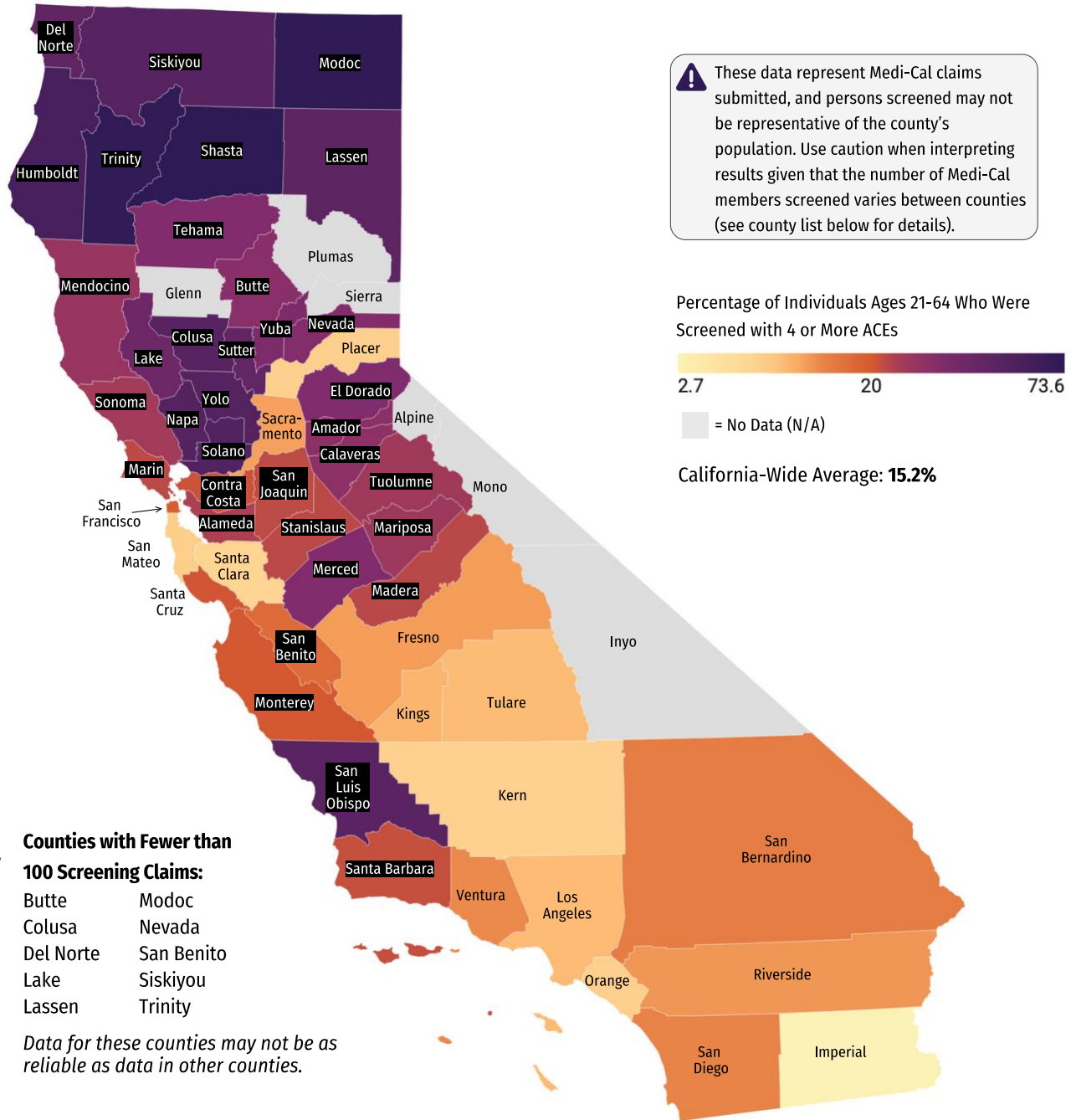
\*Data extraction date: 2/27/2024

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 Who Disclosed an ACE Score of 4 or More, Based on Medi-Cal Claims Data, by County**



**Exhibit 2.7b: Percentage of Patients Ages 21 to 64 Who Disclosed an 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 to 20)

About four in ten (**43%**) of ACE screenings for individuals ages 0 to 20 were conducted with members 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 (**11%**).

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

- Far North/North Coast region (**17%** of **7,082** members);
- Sierra Range/Foothills region (**9%** of **10,185** members);
- Bay Area (**7%** of **121,996** members);
- Sacramento Valley (**6%** of **65,640** members);
- Southern California (**6%** of **573,911** members);
- Central Coast (**6%** of **66,720** members);
- Central Valley (**5%** of **155,149** members);
- Los Angeles (**4%** of **348,862** members).

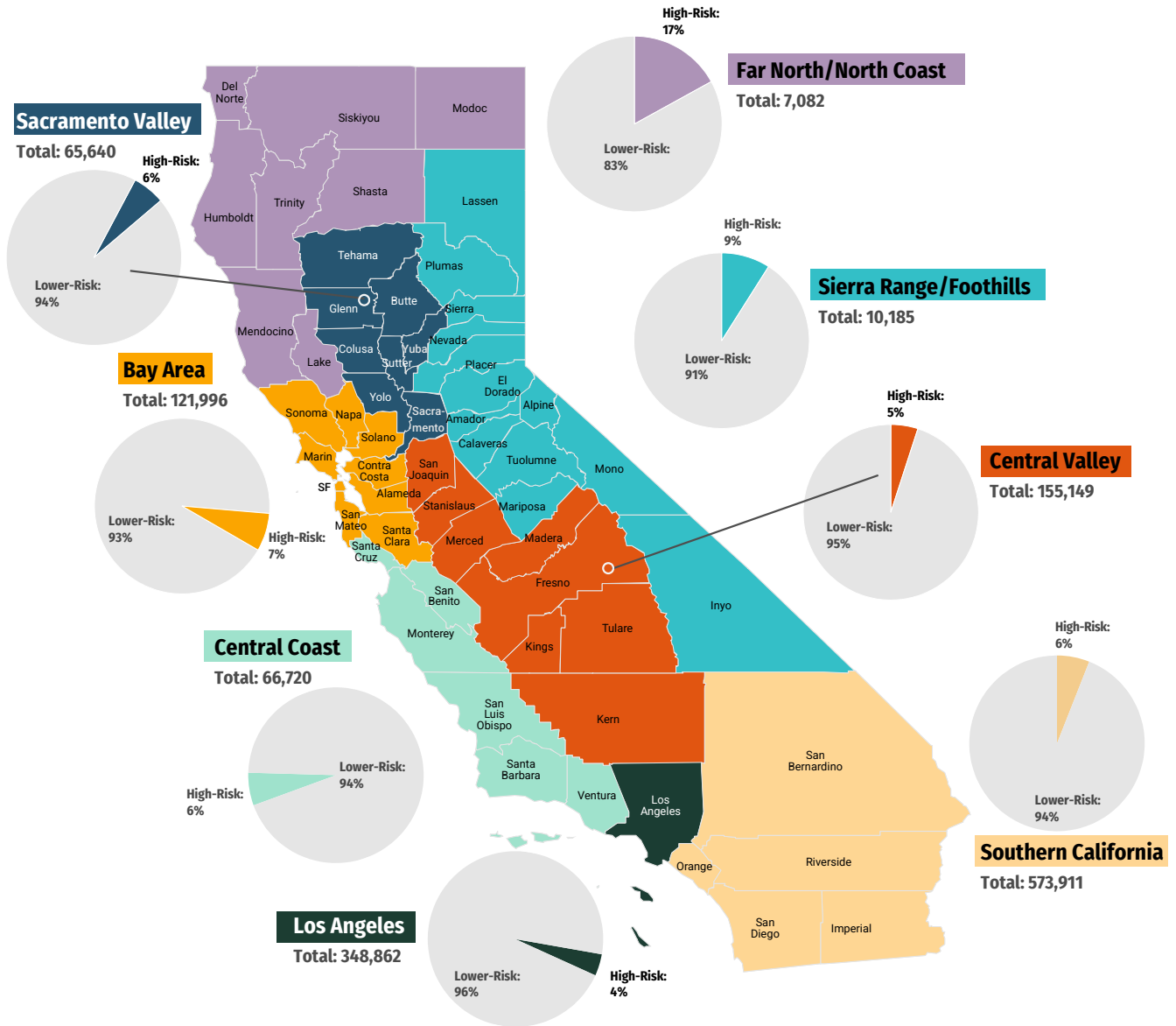
### ACE Screenings by Region (Adults Ages 21 to 64)


More than half (**55%**) of ACE screenings for individuals ages 21-64 were conducted with members 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 (**22%**) and the Central Valley (**12%**).

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

- Far North/North Coast region (**62%** of **2,135** members);
- Sierra Range/Foothills region (**29%** of **1,901** members);
- Bay Area (**27%** of **8,342** members);
- Sacramento Valley (**24%** of **6,857** members);
- Central Coast (**20%** of **15,937** members);
- Southern California (**15%** of **187,000** members);
- Central Valley (**14%** of **40,468** members);
- Los Angeles (**12%** of **76,002** members).

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



 These data represent claims submitted, so they're not representative samples of a region's population. Use caution when interpreting results given that the number of Medi-Cal enrollees screened varies between regions.

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



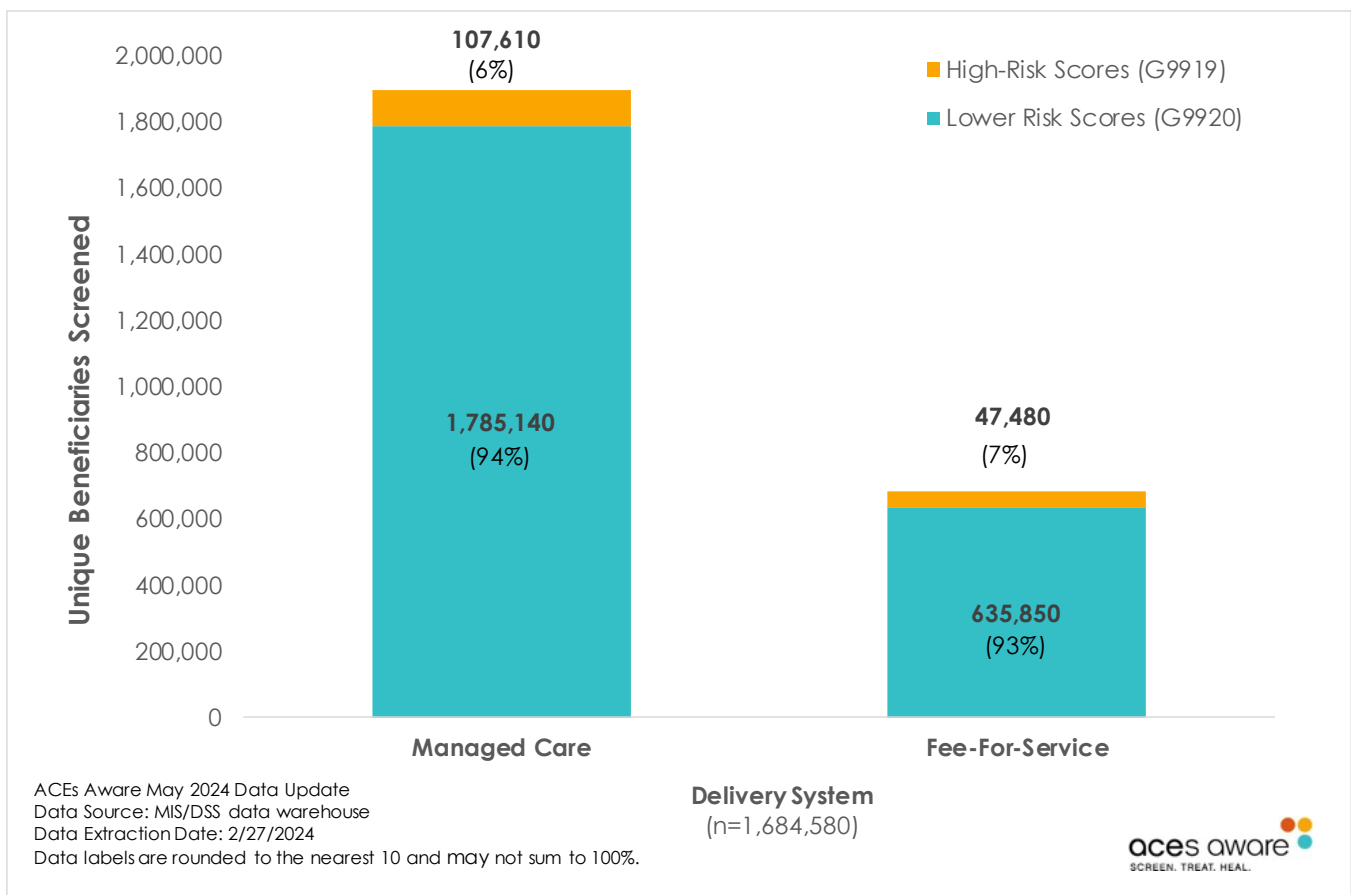
**!** These data represent claims submitted, so they're not representative samples of a region's population. Use caution when interpreting results given that the number of Medi-Cal enrollees screened varies between regions.

### 3. Summary of Providers Conducting ACE Screenings

#### A. ACE Screenings by Delivery System

Most ACE screenings (**73%**) were conducted by providers in the Medi-Cal managed care delivery system compared to **27%** in the FFS delivery system.

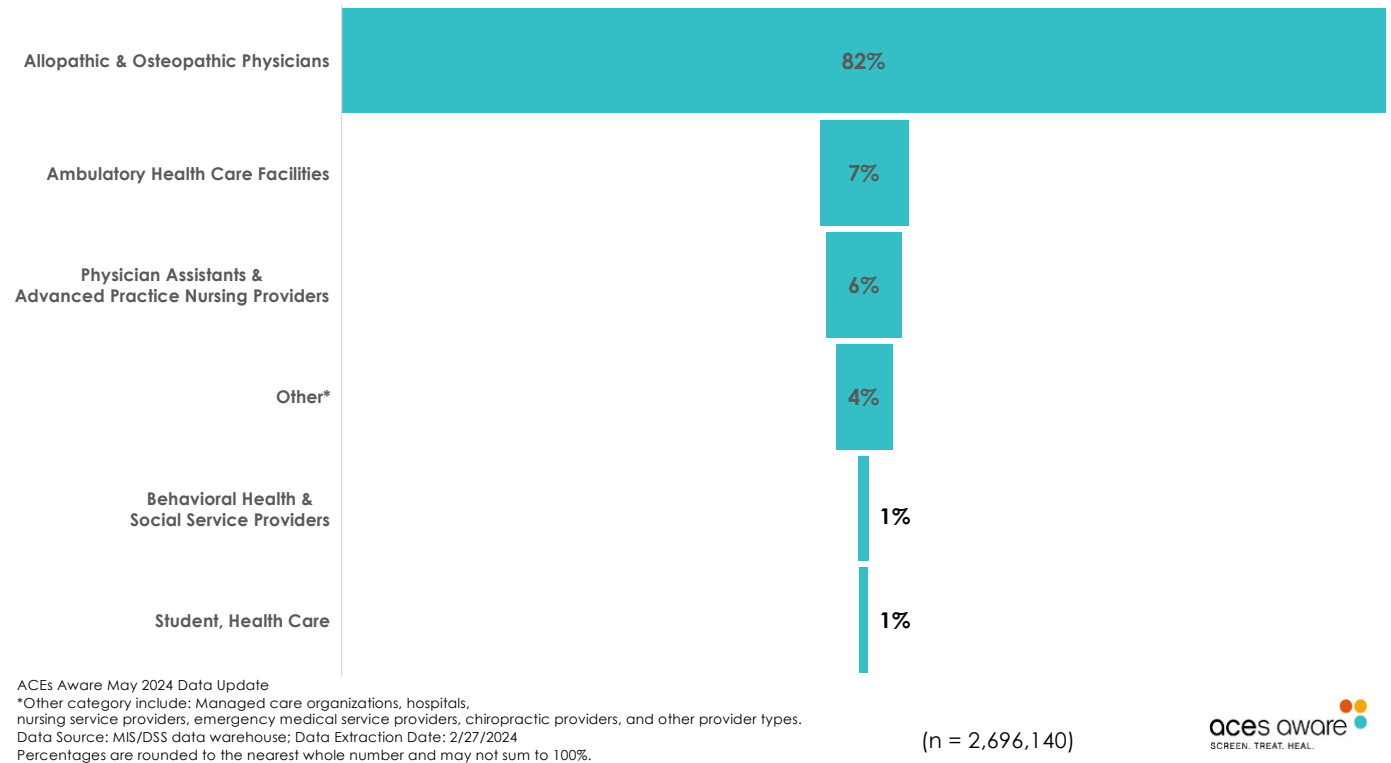
**Exhibit 2.9: ACE Screenings by Delivery System and Procedure Code**



## B. ACE Screenings by Provider Type and Specialty

Of the **2,696,140** ACE screenings for which there is a rendering provider type identified, for **82%** of screenings the rendering provider was a physician.

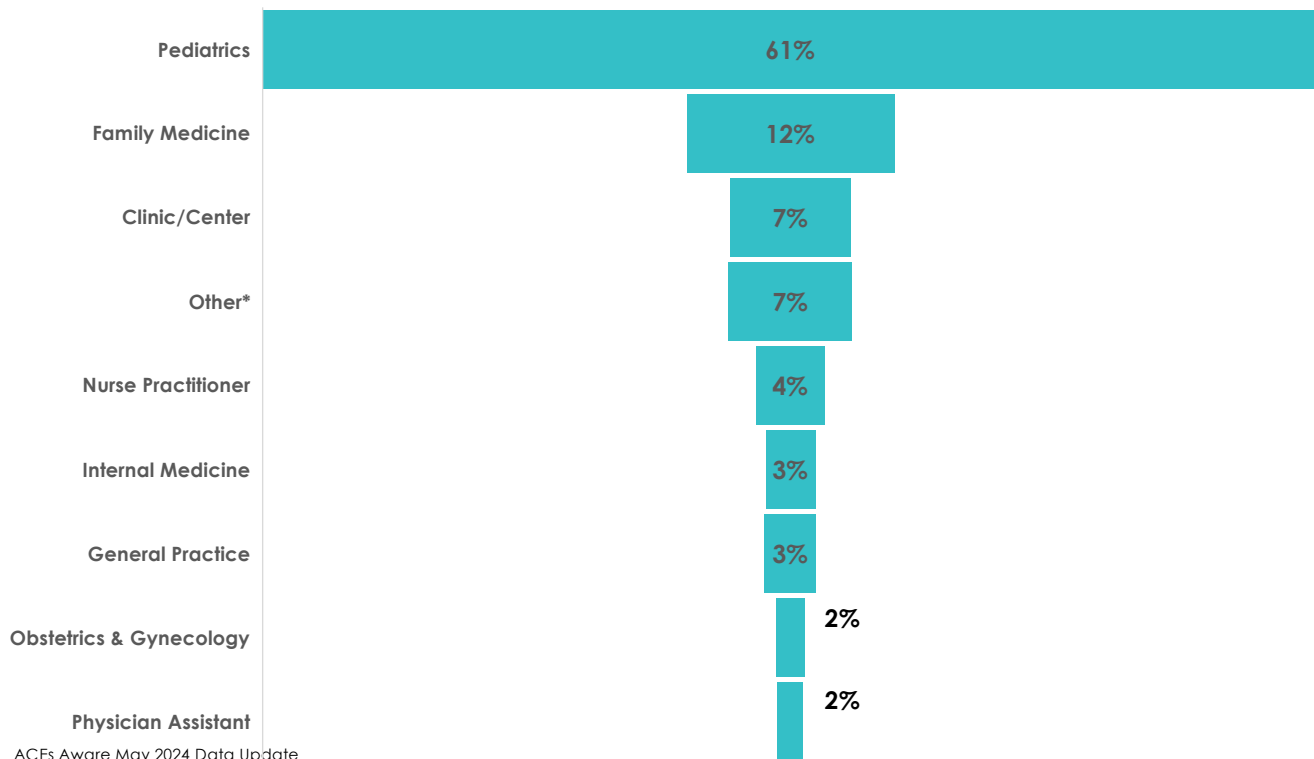
**Exhibit 2.10: ACE Screenings by Provider Type**



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 **2,696,140** ACE screenings for which there is a rendering physician type identified, **61%** specialize in pediatrics, followed by family medicine (**12%**), clinic/center (**7%**), nurse practitioner (**4%**), internal medicine (**3%**), general practice (**3%**), 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 May 2024 Data Update

\*Other category 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: 2/27/2024

Percentages are rounded to the nearest whole number and may not sum to 100%.

(n = 2,696,140)



#### 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 **1,188,738** individuals, representing **22.2%** of unique Medi-Cal members 20 years of age and younger who were enrolled with a single plan in any continuous 12-month period between January 1, 2020 and June 30, 2023 (and were not dually eligible for Medi-Cal and Medicare). Fee-for-service (FFS) clinicians screened **8.5%** of Medi-Cal members who were not enrolled in any plan during the measurement period (Exhibit 2.12).
- **Adults (Ages 21 to 64):** MCP clinicians screened 300,110 individuals, representing **4.3%** of unique Medi-Cal members ages 21 through 64 who were enrolled with a single plan in any continuous 12-month period between January 1, 2020 and June 30, 2023 (and were not dually eligible for Medi-Cal and Medicare). Fee-for-service (FFS) clinicians screened **0.3%** of Medi-Cal members who were not enrolled in any plan during the measurement period (Exhibit 2.13).



**Exhibit 2.12: ACE Screenings for Members Ages 0 to 20 by Medi-Cal Managed Care Plan (January 1, 2020 – June 30, 2023)**

Managed Care Health Plan	Number of Unique Members Screened	Medi-Cal Enrollment <sup>4</sup>	Percentage of Medi-Cal Population Screened
Aetna Better Health of California	2,235	16,303	13.7%
Alameda Alliance for Health	32,899	117,421	28.0%
Blue Cross of CA Partnership	72,079	406,879	17.7%
Blue Shield of California Promise Health Plan	7,730	33,694	22.9%
CalOPTIMA (COHS)	159,866	356,252	44.9%
CalViva Health	33,284	203,278	16.4%
California Health & Wellness Plan	7,748	104,229	7.4%
CenCal Health	24,589	101,123	24.3%
Central California Alliance (COHS)	20,436	192,379	10.6%
Community Health Group Partnership Plan	31,966	137,364	23.3%
Contra Costa Health Plan (LI)	4,736	93,650	5.1%
Gold Coast Health Plan	18,719	106,037	17.7%
Health Net Community Solutions, Inc.	145,423	656,862	22.1%
Health Plan of San Joaquin	18,485	203,067	9.1%
Health Plan of San Mateo	7,716	56,794	13.6%
Inland Empire Health	250,756	710,715	35.3%
Kaiser Permanente Cal, LLC	16,341	89,292	18.3%
Kern Health Systems	32,599	167,259	19.5%
L.A. Care Health Plan	194,504	943,407	20.6%
Molina Healthcare of California Partner Plan, Inc.	47,305	224,481	21.1%
Partnership HealthPlan of California	30,953	257,558	12.0%
San Francisco Health Plan	8,514	49,119	17.3%
Santa Clara Family Health Plan	18,726	119,748	15.6%
United Healthcare Community Plan	1,129	8,439	13.4%
<b>Total ACE Screenings by MCP</b>	<b>1,188,738</b>	<b>5,355,350</b>	<b>22.2%</b>
<b>Total ACE Screenings in FFS</b>	<b>27,074</b>	<b>318,331</b>	<b>8.5%</b>





**Exhibit 2.13: ACE Screenings for Members Ages 21 to 64 by Medi-Cal Managed Care Plan (January 1, 2020 – June 30, 2023)**

Managed Care Health Plan	Number of Unique Members Screened	Medi-Cal Enrollment <sup>4</sup>	Percentage of Medi-Cal Population Screened
Aetna Better Health of California	1,581	32,849	4.8%
Alameda Alliance for Health	560	182,004	0.3%
Blue Cross of CA Partnership	13,831	545,037	2.5%
Blue Shield of California Promise Health Plan	7,290	78,100	9.3%
CalOPTIMA (COHS)	26,304	487,728	5.4%
CalViva Health	7,291	209,098	3.5%
California Health & Wellness Plan	904	135,032	0.7%
CenCal Health	1,380	107,942	1.3%
Central California Alliance (COHS)	8,965	196,304	4.6%
Community Health Group Partnership Plan	15,832	174,769	9.1%
Contra Costa Health Plan (LI)	--	133,025	--
Gold Coast Health Plan	4,181	119,489	3.5%
Health Net Community Solutions, Inc.	34,363	861,647	4.0%
Health Plan of San Joaquin	3,489	211,760	1.6%
Health Plan of San Mateo	244	74,092	0.3%
Inland Empire Health	91,379	811,417	11.3%
Kaiser Permanente Cal, LLC	278	97,516	0.3%
Kern Health Systems	7,900	171,031	4.6%
L.A. Care Health Plan	44,143	1,409,159	3.1%
Molina Healthcare of California Partner Plan, Inc.	20,276	294,905	6.9%
Partnership Health Plan of California	7,766	351,254	2.2%
San Francisco Health Plan	247	105,578	0.2%
Santa Clara Family Health Plan	695	159,972	0.4%
United Healthcare Community Plan	1,211	18,697	6.5%
<b>Total ACE Screenings by MCP</b>	<b>300,110</b>	<b>6,971,680</b>	<b>4.3%</b>
<b>Total ACE Screenings in FFS</b>	<b>5,286</b>	<b>1,546,755</b>	<b>0.3%</b>

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

- **Children, Adolescents, and Young Adults (ages 0 to 20):** MCP clinicians screened **849,029** individuals, representing **21.5%** of unique Medi-Cal members 20 years of age and younger who were enrolled with a single plan in any continuous 12-month period between January 1, 2020 and June 30, 2023 (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 **11.8%** of Medi-Cal members 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 **252,915** individuals, representing **5.3%** of unique Medi-Cal members ages 21 through 64 who were enrolled with a single plan in any continuous 12-month period between January 1, 2020 and June 30, 2023 (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 **0.8%** of Medi-Cal members 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, adolescents, and young adult Medi-Cal members 20 years of age and younger (and were not dually eligible, were continuously enrolled, and have had at least one primary care visit) who were screened by MCP clinicians, **94.4%** of members had an ACE score between zero and three, and **5.6%** had an ACE score of four or more. Of members 20 years of age and younger screened by FFS clinicians, **84.3%** had an ACE score between zero and three, and **15.7%** had an ACE score of four or more. Among adult Medi-Cal members 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, **84.4%** had an ACE score between zero and three, and **15.6%** had an ACE score of four or more. Among adult Medi-Cal members screened by FFS clinicians, **86.5%** had an ACE score between zero and three, and **13.5%** had an ACE score of four or more.



**Exhibit 2.14: Encounter-Based ACE Screenings for Members Ages 0 to 20 by Medi-Cal Managed Care Plan Who Had At Least One Primary Care Visit (January 1, 2020 – June 30, 2023)**

Managed Care Health Plan	# Unique Members Screened	Total Unique Members	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	1,838	10,956	16.8%	149	1,689	8.1%	91.9%
Alameda Alliance for Health	32,146	98,015	32.8%	2,580	29,566	8.0%	92.0%
Blue Cross of CA Partnership	54,730	290,663	18.8%	3,534	51,196	6.5%	93.5%
Blue Shield of California Promise Health Plan	7,506	27,643	27.2%	480	7,026	6.4%	93.6%
California Health & Wellness Plan	7,422	90,832	8.2%	638	7,422	8.6%	91.4%
CalOPTIMA (COHS)	40,030	110,329	36.3%	2,017	38,013	5.0%	95.0%
CalViva Health	13,040	132,711	9.8%	650	12,390	5.0%	95.0%
CenCal Health	8,094	58,927	13.7%	705	7,389	8.7%	91.3%
Central California Alliance (COHS)	15,469	157,406	9.8%	798	14,671	5.2%	94.8%
Community Health Group Partnership Plan	30,844	121,647	25.4%	2,295	28,549	7.4%	92.6%
Contra Costa Health Plan (LI)	4,645	71,817	6.5%	285	4,360	6.1%	93.9%
Gold Coast Health Plan	17,797	88,666	20.1%	950	16,847	5.3%	94.7%



Managed Care Health Plan	# Unique Members Screened	Total Unique Members	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.	132,389	526,295	25.2%	6,035	126,354	4.6%	95.4%
Health Plan of San Joaquin	11,381	141,193	8.1%	503	10,878	4.4%	95.6%
Health Plan of San Mateo	5,579	41,669	13.4%	243	5,336	4.4%	95.6%
Inland Empire Health	144,240	423,455	34.1%	10,275	133,965	7.1%	92.9%
Kern Health Systems	31,754	147,573	21.5%	1,928	29,826	6.1%	93.9%
Kaiser Permanente Cal, LLC	16,199	82,130	19.7%	639	15,560	3.9%	96.1%
L.A. Care Health Plan	182,626	799,133	22.9%	6,654	175,972	3.6%	96.4%
Molina Healthcare of California Partner Plan, Inc.	34,943	155,700	22.4%	1,906	33,037	5.5%	94.5%
Partnership Health Plan of California	28,740	210,733	13.6%	3,074	25,666	10.7%	89.3%
San Francisco Health Plan	8,332	40,978	20.3%	180	8,152	2.2%	97.8%
Santa Clara Family Health Plan	18,233	105,493	17.3%	923	17,310	5.1%	94.9%
United Healthcare Community Plan	1,052	6,381	16.5%	90	962	8.6%	91.4%
<b>Total ACE Screenings by MCP</b>	<b>849,029</b>	<b>3,940,345</b>	<b>21.5%</b>	<b>47,531</b>	<b>801,498</b>	<b>5.6%</b>	<b>94.4%</b>
<b>Total ACE Screenings in FFS</b>	<b>21,421</b>	<b>181,649</b>	<b>11.8%</b>	<b>3,354</b>	<b>18,067</b>	<b>15.7%</b>	<b>84.3%</b>



**Exhibit 2.15: Encounter-Based ACE Screenings for Members Ages 21 to 64 by Medi-Cal Managed Care Plan Who Had At Least One Primary Care Visit (January 1, 2020 – June 30, 2023)**

Managed Care Health Plan	# Unique Members Screened	Total Unique Members	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	1,512	18,275	8.3%	187	1,325	12.4%	87.6%
Alameda Alliance for Health	529	122,644	0.4%	122	407	23.1%	76.9%
Blue Cross of CA Partnership	13,054	370,229	3.5%	2,170	10,884	16.6%	83.4%
Blue Shield of California Promise Health Plan	7,294	53,752	13.6%	1,360	5,934	18.6%	81.4%
California Health & Wellness Plan	885	106,184	0.8%	285	600	32.2%	67.8%
CalOPTIMA (COHS)	10,521	188,735	5.6%	1,527	8,994	14.5%	85.5%
CalViva Health	6,125	154,967	4.0%	957	5,168	15.6%	84.4%
CenCal Health	1,259	68,810	1.8%	427	832	33.9%	66.1%
Central California Alliance (COHS)	8,479	151,759	5.6%	1,911	6,568	22.5%	77.5%
Community Health Group Partnership Plan	15,848	132,501	12.0%	2,333	13,515	14.7%	85.3%
Contra Costa Health Plan (LI)	251	98,373	0.3%	54	197	22%	78%
Gold Coast Health Plan	3,946	84,515	4.7%	635	3,311	16.1%	83.9%
Health Net Community Solutions, Inc.	32,921	589,819	5.6%	4,044	28,877	12.3%	87.7%
Health Plan of San Joaquin	3,179	146,693	2.2%	794	2,385	25.0%	75.0%

Managed Care Health Plan	# Unique Members Screened	Total Unique Members	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	170	46,766	0.4%	15	155	8.8%	91.2%
Inland Empire Health	69,190	507,709	13.6%	10,740	58,450	15.5%	84.5%
Kern Health Systems	7,699	137,554	5.6%	778	6,921	10.1%	89.9%
Kaiser Permanente Cal, LLC	264	83,137	0.3%	45	219	17.0%	83.0%
L.A. Care Health Plan	42,289	1,017,905	4.2%	5,290	36,999	12.5%	87.5%
Molina Healthcare of California Partner Plan, Inc.	17,884	181,937	9.8%	2,149	15,465	13.5%	86.5%
Partnership Health Plan of California	7,502	260,884	2.9%	3,204	4,298	42.7%	57.3%
San Francisco Health Plan	239	78,310	0.3%	42	197	17.6%	82.4%
Santa Clara Family Health Plan	674	117,410	0.6%	47	627	7.0%	93.0%
United Healthcare Community Plan	1,199	12,017	10.0%	183	1,016	15.3%	84.7%
<b>Total ACE Screenings by MCP</b>	<b>252,915</b>	<b>4,733,280</b>	<b>5.3%</b>	<b>39,570</b>	<b>213,345</b>	<b>15.6%</b>	<b>84.4%</b>
<b>Total ACE Screenings in FFS</b>	<b>4,872</b>	<b>622,421</b>	<b>0.8%</b>	<b>658</b>	<b>4,214</b>	<b>13.5%</b>	<b>86.5%</b>



**Exhibits 2.12-15 Data Notes:**

<sup>1</sup> Data Extraction Date: 2/27/2024 from the DHCS Management Information System/Decision Support System (MIS/DSS) data warehouse

<sup>2</sup> "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.

<sup>3</sup> 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.

<sup>4</sup> "Medi-Cal Enrollment" is the count of distinct non-dual individuals who had been enrolled in a single plan from January 1, 2020 to June 30, 2023.

<sup>5</sup> 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.

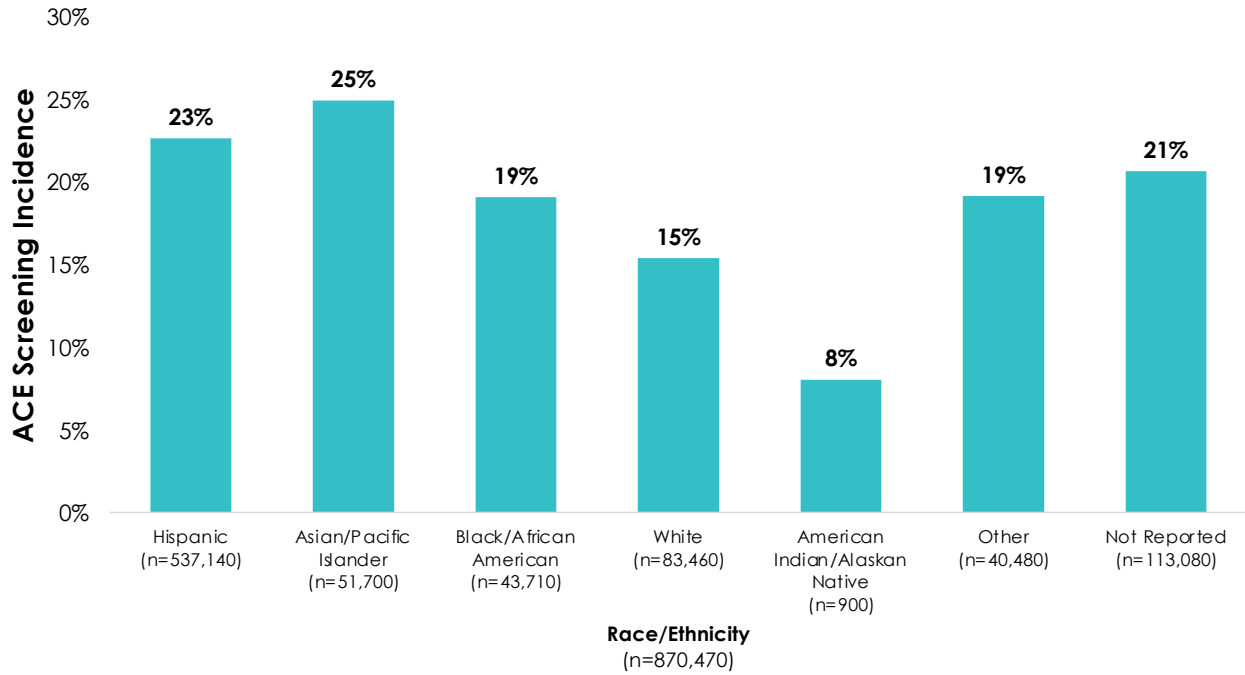


### C. ACE Screening Incidence by Race/Ethnicity for Members Who Had A Primary Care Visit

- **Children, Adolescents, and Young Adults (ages 0 to 20):** Among Medi-Cal members 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 June 30, 2023**, and had at least one primary care visit in the same time period, **21%** overall were screened for ACEs.
  - Asian/Pacific Islander members had a screening rate of **25%**; Hispanic members had a screening rate of **23%**; members who did not report their race or ethnicity had a screening rate of **21%**; Black/African American members and members who reported other race or ethnicity each had a screening rate of **19%**; White members had a screening rate of **15%**; and American Indian/Alaskan Native (AI/AN) members had a screening rate of **8%**.
  - AI/AN Medi-Cal members had the greatest prevalence of high-risk ACE scores of four or more (**14%**); followed by White members (**12%**); Black/African American members (**8%**); members who did not report their race or ethnicity (**6%**); Hispanic members (**5%**); members who reported other race or ethnicity (**5%**); and Asian/Pacific Islander members (**4%**).
- **Adults (ages 21 to 64):** Among Medi-Cal members 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 June 30, 2023**, and had at least one primary care visit in the same time period, **5%** overall were screened for ACEs.
  - Hispanic members had a screening rate of **6%**; Black/African American members had a screening rate of **5%**; Asian/Pacific Islander members, White members, members who reported other race or ethnicity, and members who did not report their race or ethnicity each had a screening rate of **4%**; and American Indian/Alaskan Native (AI/AN) members had a screening rate of **3%**.
  - AI/AN Medi-Cal members had the greatest prevalence of high-risk ACE scores of four or more (**30%**); followed by White members (**25%**); Black/African American members and members who did not report their race or ethnicity (**17%**); members who reported other race or ethnicity (**15%**); Hispanic members (**12%**); and Asian/Pacific Islander members (**7%**).

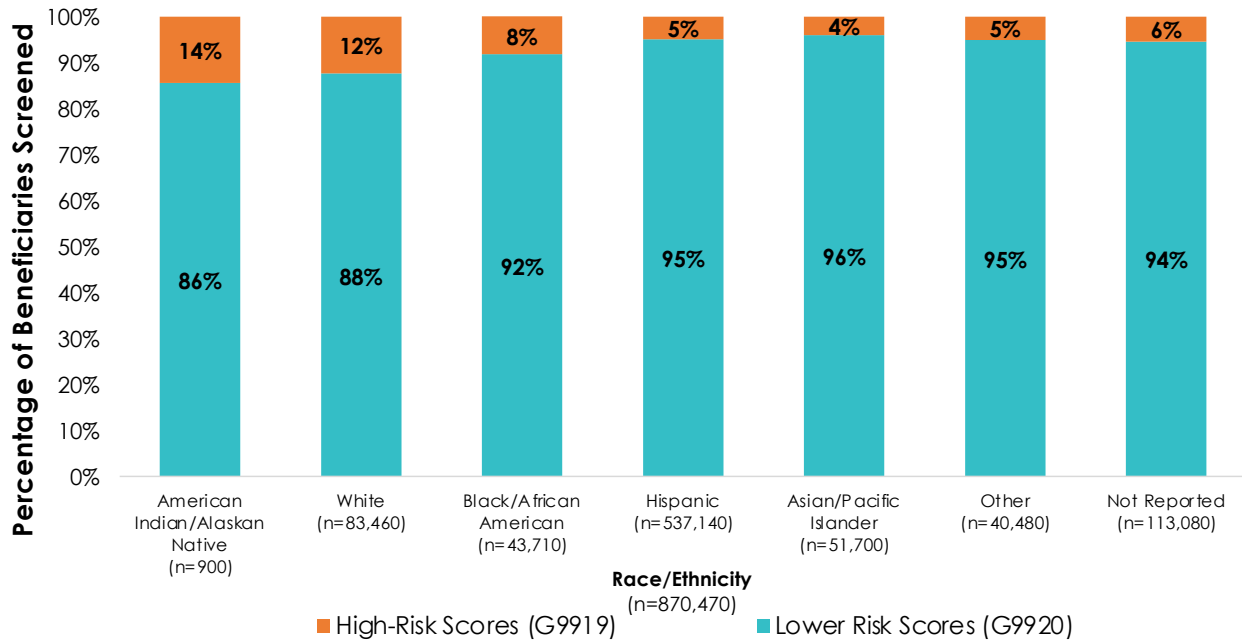


**Exhibit 2.16: ACE Screening Prevalence (i.e., Percent of Specified Population Who Were Screened for ACEs) by Race/Ethnicity for Members Ages 0 to 20 Who Had a Primary Care Visit – January 1, 2020 to June 30, 2023**



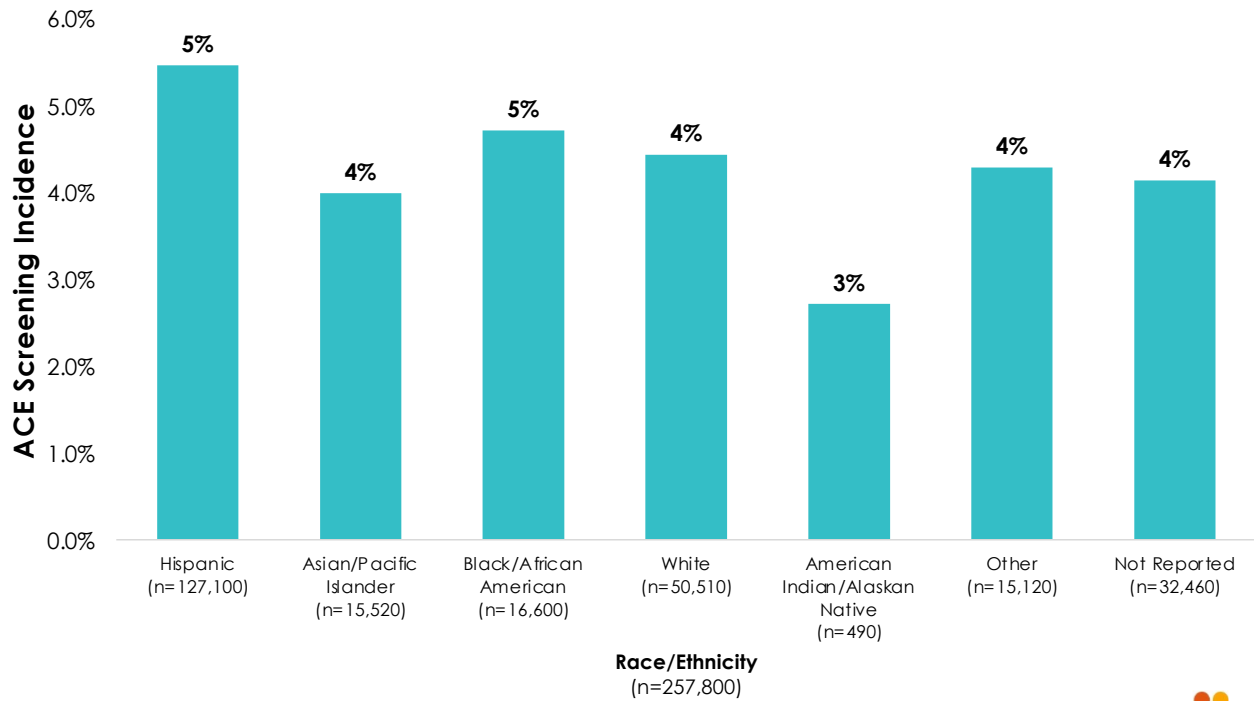
ACEs Aware May 2024 Data Update  
 Data Source: MIS/DSS Data Warehouse; Data Extraction Date: 2/27/2024  
 Data labels are rounded to the nearest 10 and may not sum to 100%.

**Exhibit 2.17: High-Risk vs Lower-Risk ACE Scores by Race/Ethnicity for Screened Members Ages 0 to 20 Who Had a Primary Care Visit – January 1, 2020 to June 30, 2023**



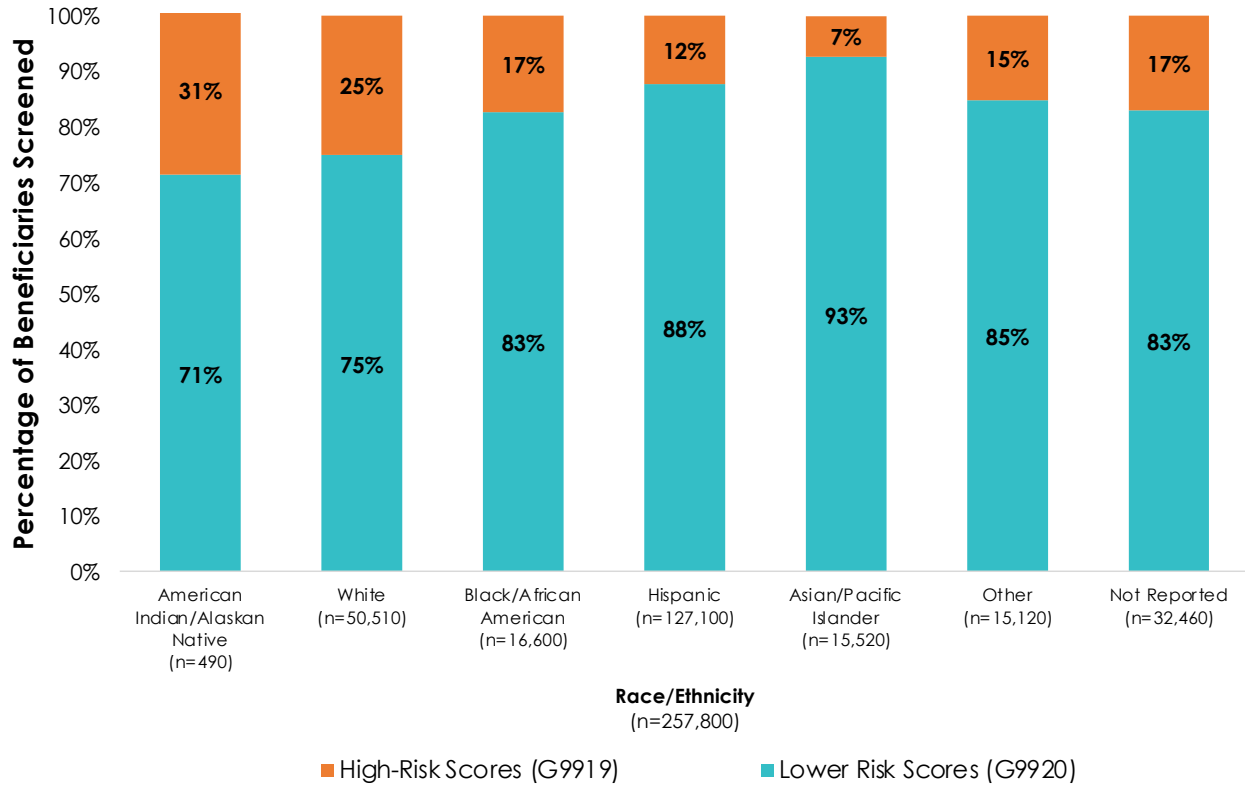
ACEs Aware May 2024 Data Update  
Data Source: MIS/DSS Data Warehouse; Data Extraction Date: 2/27/2024  
Data labels are rounded to the nearest 10 and may not sum to 100%.

**Exhibit 2.18: ACE Screening Prevalence (i.e., Percent of Specified Population Who Were Screened for ACEs) by Race/Ethnicity for Members Ages 21 to 64 Who Had a Primary Care Visit – January 1, 2020 to June 30, 2023**



ACEs Aware May 2024 Data Update  
 Data Source: MIS/DSS Data Warehouse; Data Extraction Date: 2/27/2024  
 Data labels are rounded to the nearest 10 and may not sum to 100%.

**Exhibit 2.19: High-Risk vs Lower-Risk ACE Scores by Race/Ethnicity for Screened Members Ages 21 to 64 Who Had a Primary Care Visit – January 1, 2020 to June 30, 2023**



ACEs Aware May 2024 Data Update  
Data Source: MIS/DSS Data Warehouse; Data Extraction Date: 2/27/2024  
Data labels are rounded to the nearest 10 and may not sum to 100%.