



ACEs Aware Screening, Training, and Certification Progress: June 2025 Update

June 24, 2025

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
3. Training Evaluation Results.....	17
D. Implementing Practice Changes Based on Training	17
E. Confidence in Ability to Make Intended Changes	19
F. Barriers to Implementing Practice Change	20
G. 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 MCP	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 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.

Between December 2019 and March 2025, **46,270** individuals completed the training. Approximately **21,730** of those who completed the training are Medi-Cal clinicians who became ACEs Aware-certified.

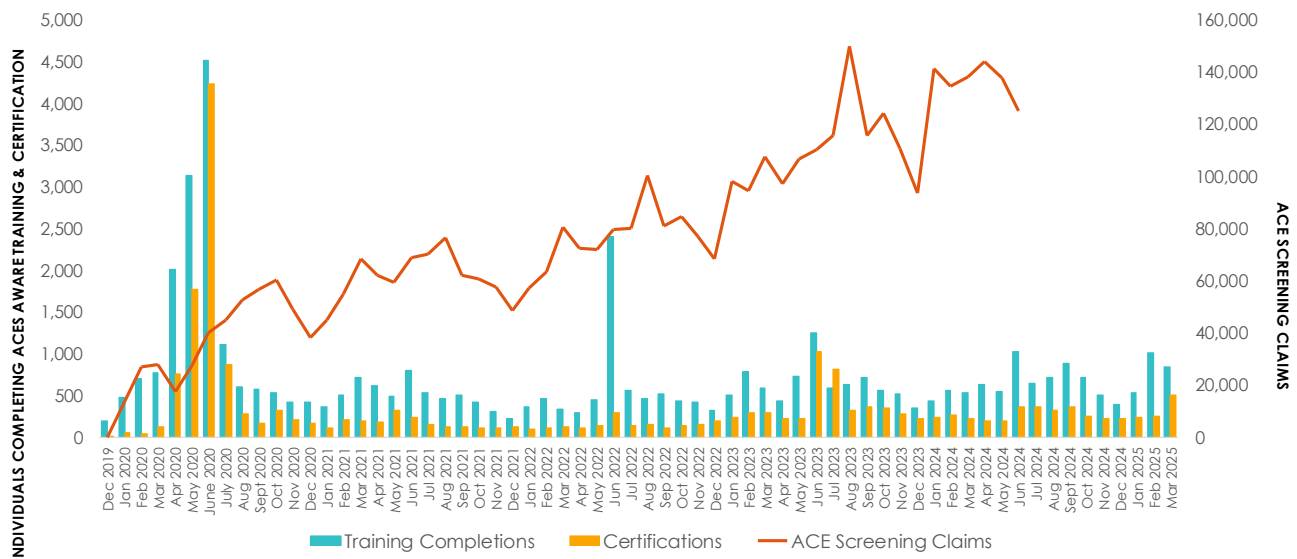
46,270 individuals
completed the ACEs Aware
training as of March 2025.

*Nearly **2,395,440** children,
adolescents, and adults were
screened for ACEs between
January 2020 and June 2024.*

Medi-Cal clinicians conducted nearly **4,258,610** ACE screenings of approximately **2,395,440** unique Medi-Cal members across California between January 2020 and June 2024, 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

46,270 individuals **completed** *Becoming ACEs Aware in California* training
21,730 individuals became **ACEs Aware-certified**
4,258,610 ACE screenings were **conducted**



ACEs Aware June 2025 Data Update
 Data Sources: ACEs Aware Learning Center, Data from: Dec 4, 2019, to March 31, 2025
 ACEs Claims, Data from: Jan 2020, to June 2024
 MIS/DSS data warehouse; Claims Data Extraction Date: 3/7/2025

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 – March 31, 2025)

- Among the approximately **12,730** participants who completed the training and reported that they did not screen any of their patients for ACEs, **74%** indicated that they plan to implement routine ACE screening for children or adults.
- **63%** of individuals reported they planned to implement changes in their practice based on the information presented.
- **91%** 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, 2024)

- Nearly one-third (**25%**) of the **2,395,440** unique Medi-Cal members screened were children 5 years of age and younger; and three-quarters (**72%**) of all unique members screened were pediatric patients under age 18. Additionally, **670,159** unique members ages 18 and older were screened for ACEs (**28%**).
- Of the **1,725,284** unique Medi-Cal members ages 0 to 17 screened for ACEs, **7%** had an ACE score of 4 or greater, indicating a high risk for toxic stress. Of the **670,159** unique Medi-Cal members ages 18 to 64 screened for ACEs, **17%** had an ACE score of 4 or more.
- **High-risk ACE scores** among adults were most prevalent among **females ages 18 to 44 (71%)**.
- **American Indian/Alaskan Native (AI/AN) Medi-Cal members** had the greatest prevalence of high-risk ACE scores of 4 or more (**21%**), followed by White members (**19%**), Black/African American members (**13%**), members who did not report their race or ethnicity (**9%**), Hispanic members (**9%**), members who reported other race or ethnicity (**7%**), and Asian/Pacific Islander (A/PI) members (**5%**).
- 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 (**19%** of **9,533** members screened),
 - Sierra Range/Foothills region (**10%** of **14,252** members screened), and



- The Bay Area (**7%** of **169,866** 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 **2,962** members screened),
 - Sierra Range/Foothills region (**27%** of **2,689** members screened), and
 - The Bay Area (**24%** of **12,279** members screened).
- Among clinicians who conducted ACE screenings, **17%** specialize in pediatrics and **17%** specialize in family medicine.
- MCP clinicians screened **1,501,231** individuals 20 years of age and younger, representing **30.4%** 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, 2024 (and were not dually eligible for Medi-Cal and Medicare) and had at least one primary care visit in the same time period.
- MCP clinicians screened **462,134** individuals ages 21 through 64, representing **7.6%** 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, 2024 (and were not dually eligible for Medi-Cal and Medicare) and had at least one primary care visit in the same time period.



Introduction

In December 2019, DHCS and CA-OSG launched a first-in-the-nation effort to screen children and adults for 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, and clinicians outside of California. Therefore, not everyone who completes the ACEs Aware training will become certified. Additionally, there are 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 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, 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.
- 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, 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

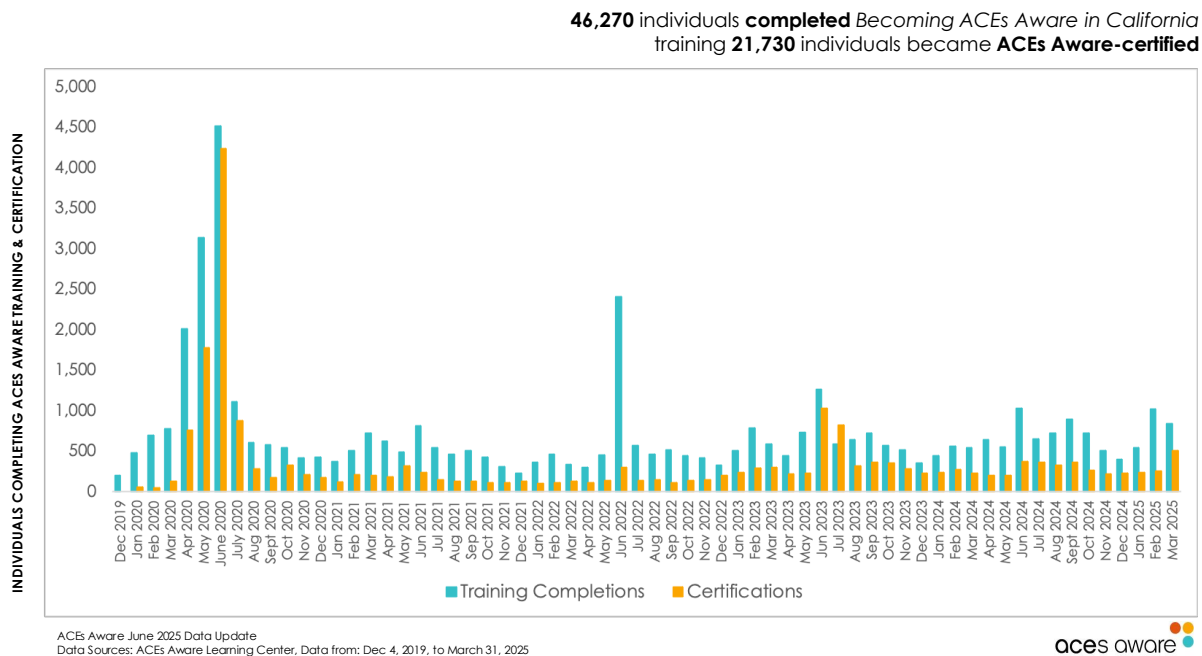
Section 2 provides information on the Medi-Cal claims submitted for ACE screenings. This report provides demographic information about the members who have been screened for ACEs and information about the Medi-Cal clinicians who have conducted the screenings.

Section 1: ACEs Aware Training Completion and Certification Data

1. Results

46,270 individuals completed the Becoming ACEs Aware in California training between December 4, 2019 and March 31, 2025. Additionally, **21,730** Medi-Cal clinicians became ACEs Aware-certified between January 13, 2020 and March 31, 2025, 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

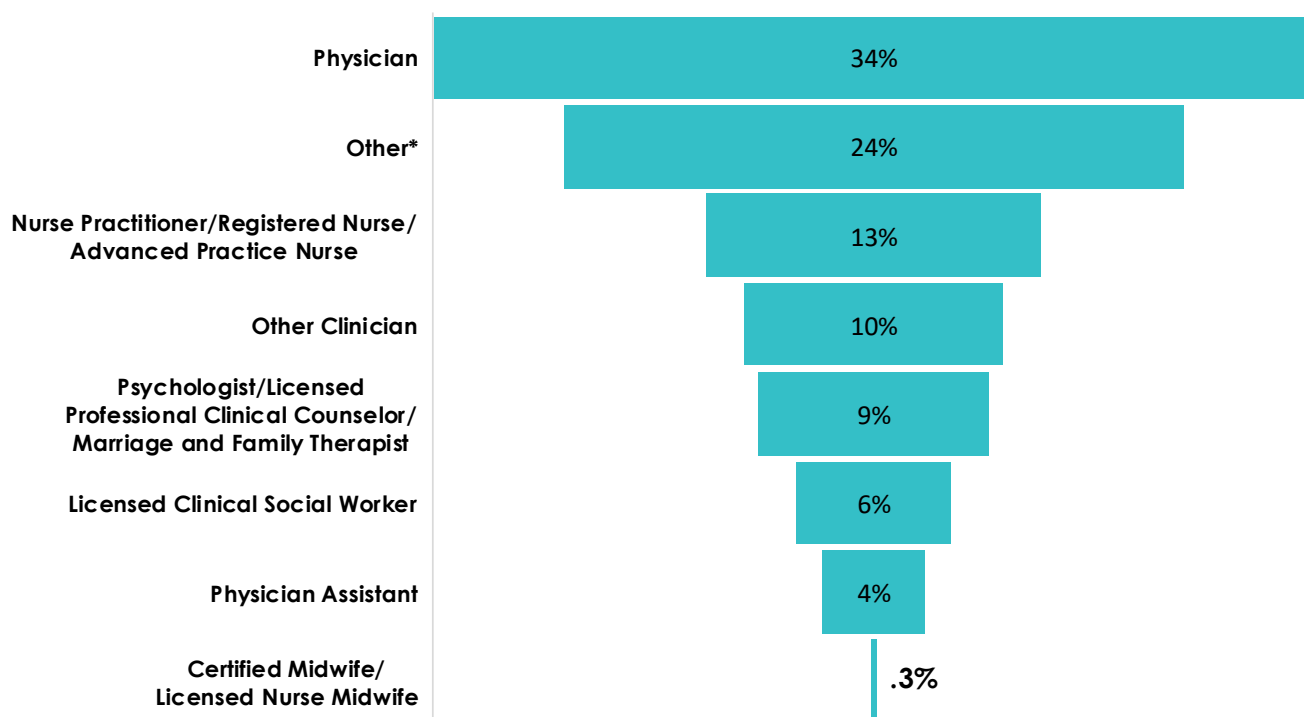


Notes: **Training Completions** indicate the number of individuals who completed the Becoming ACEs Aware in California training. **Certifications** indicate the number of individuals who have attested to receive Medi-Cal payment for conducting qualified ACE screenings. Data labels are rounded to the 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 June 2025 Data Update

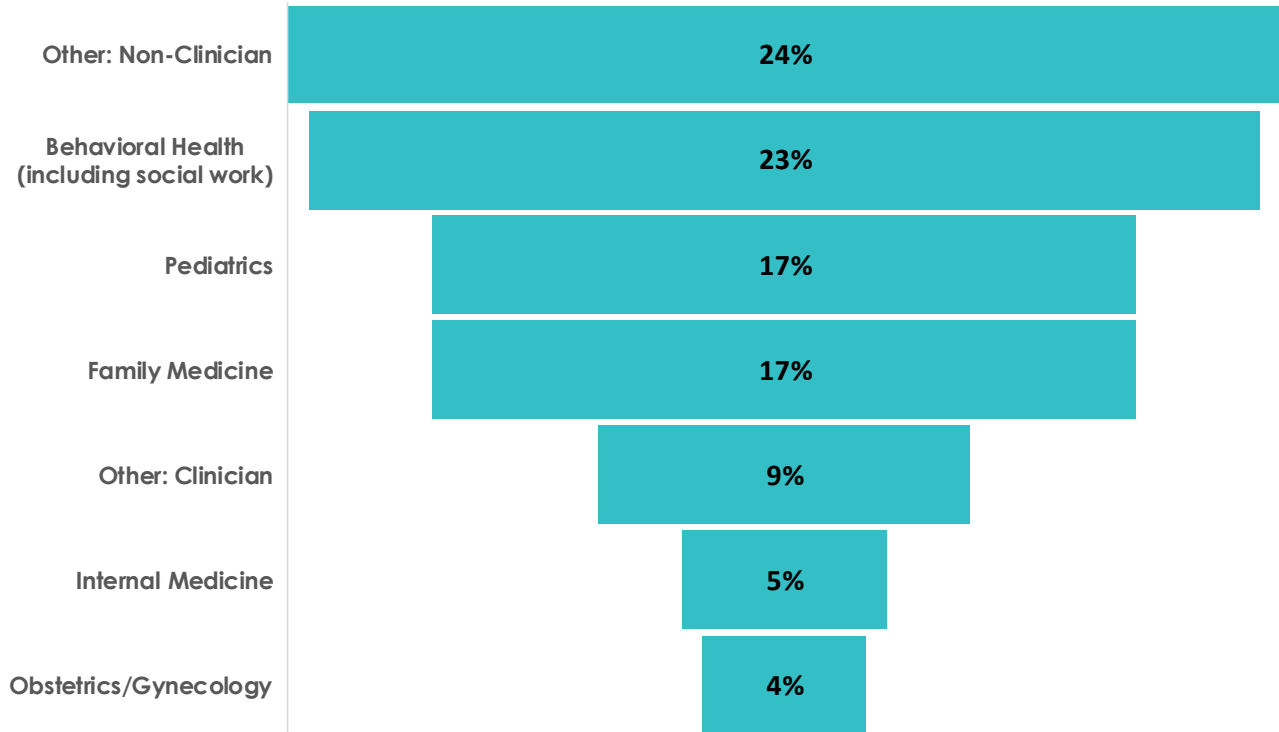
*Other category include: other non-clinician (13%), government staff (4%), office staff (2%), non-profit/advocacy (2%), and social work (non-clinician) (1%)

Data Source: ACEs Aware Learning Center, Data from: Dec 4, 2019, to March 31, 2025

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

34% of the individuals who completed the training are physicians; **13%** are nurse practitioners, registered nurses, or advanced practice nurses; **10%** are other clinicians; **9%** are psychologists, licensed professional clinical counselors, or marriage and family therapists; **6%** are licensed clinical social workers; **4%** are physician assistants; **<1%** are certified nurse midwives/licensed nurse midwives; and around **24%** represent other occupations, including non-clinical staff from health care, governmental, and other nonprofit/advocacy organizations.

Exhibit 1.3: Specialty Among Training Participants



ACEs Aware June 2025 Data Update
Data Source: ACES Aware Learning Center, Data from: Dec 4, 2019, to March 31, 2025
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; **17%** specialize in pediatrics, and **17%** 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 percent of other non-clinicians completing the training.

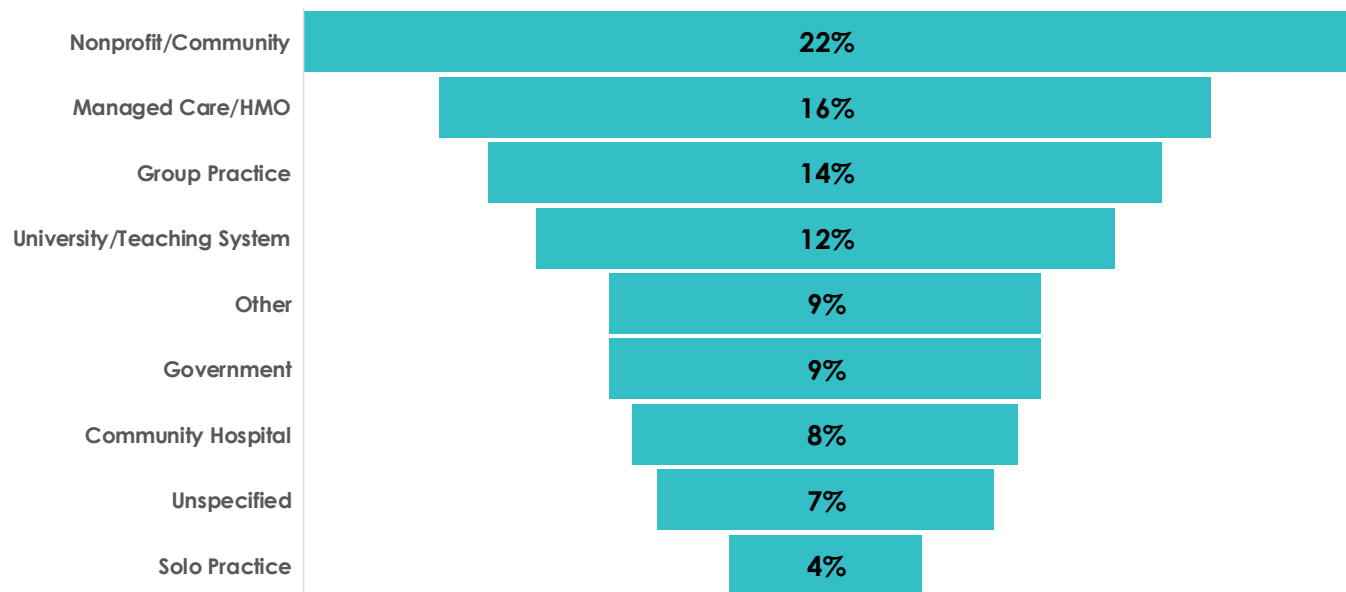
A. ACEs Aware Eligible Medi-Cal Provider Status

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; **16%** are part of a managed care organization (MCO) or health maintenance organization (HMO) provider network, and **14%** 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 June 2025 Data Update
Data Source: ACEs Aware Learning Center, Data from: Dec 4, 2019, to March 31, 2025
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, **48%** of individuals reported screening less than one-quarter of their patients for ACEs, with nearly one-third (**28%**) not screening any patients; **28%** 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%	28%
1-25%	20%
26-50%	7%
51-75%	5%
76-99%	6%
100%	7%
I do not directly provide care	28%

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

3. Training Evaluation Results

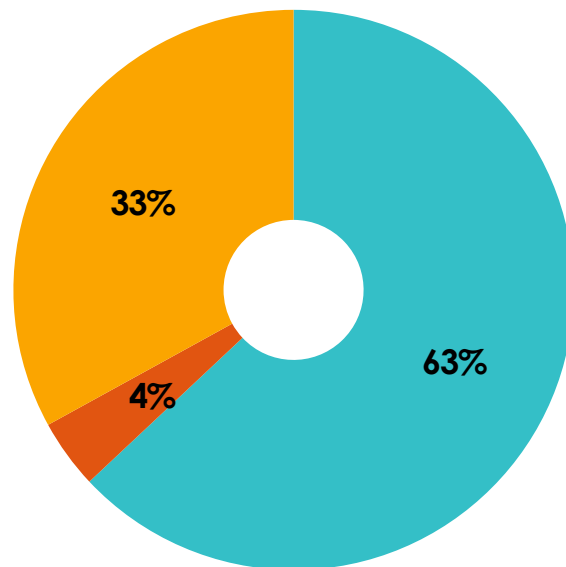
After completing the training, participants were asked to complete an evaluation. This section summarizes the results of the training evaluations. Overall, the results presented in this section are consistent with previous reports.

D. 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

- I do plan to implement changes in my practice based on the information presented
- I need more information before I will change my practice
- My current practice has been reinforced by the information presented



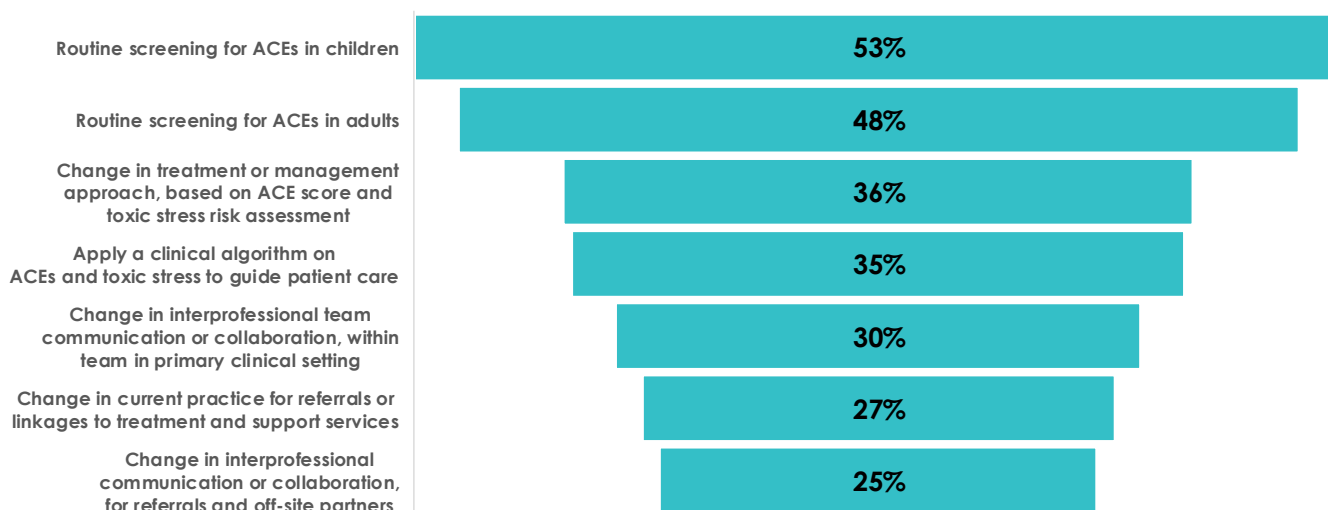
ACEs Aware June 2025 Data Update

Data Source: ACEs Aware Learning Center, Data from: Dec 4, 2019, to March 31, 2025
Percentages are rounded to the nearest whole number and may not sum to 100%.

- Two-thirds (**63%**) of participants reported that they plan to implement changes in their practice based on the information presented, **33%** indicated their current practice has been reinforced by the information presented, and **4%** indicated that they need more information before changing their practice.

- Among the approximately **12,730** participants who completed the training and reported that they did not screen any of their patients for ACEs, **74%** 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 (**35%**) 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

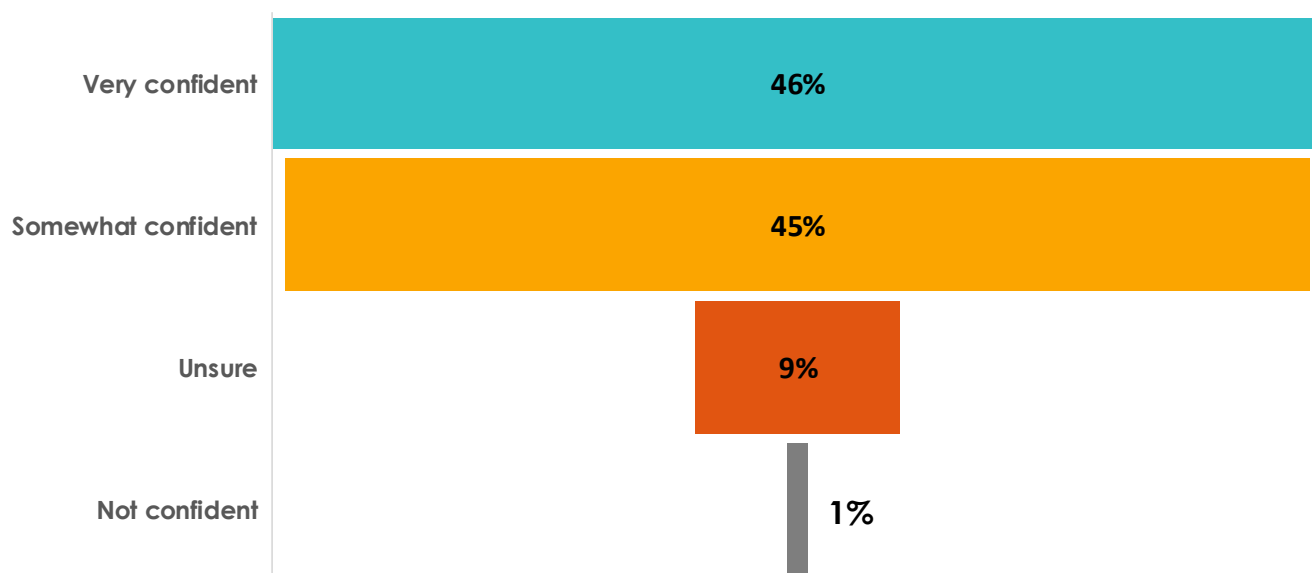


ACEs Aware June 2025 Data Update
Data Source: ACEs Aware Learning Center, Data from: Dec 4, 2019, to March 31, 2025
Percentages are rounded to the nearest whole number and may not sum to 100%.

E. Confidence in Ability to Make Intended Changes

Nearly all (**91%**) 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

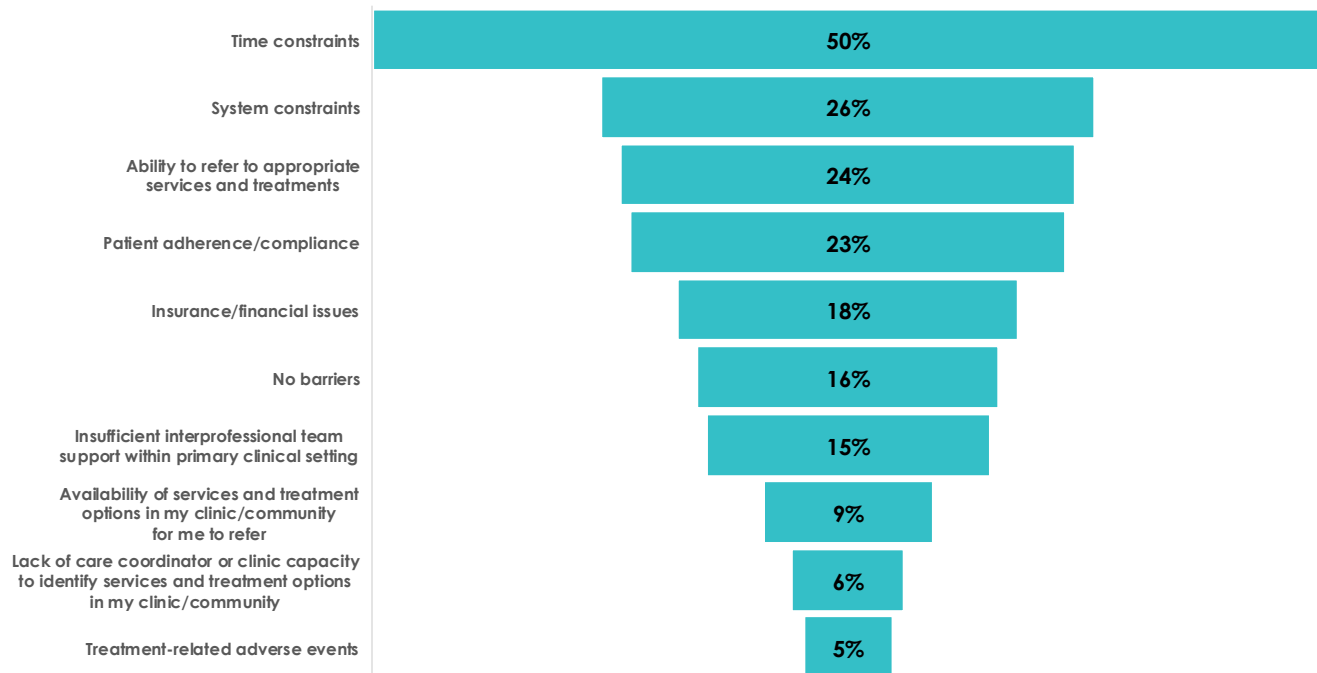


ACEs Aware June 2025 Data Update
Data Source: ACES Aware Learning Center, Data from: Dec 4, 2019, to March 31, 2025
Percentages are rounded to the nearest whole number and may not sum to 100%.

F. Barriers to Implementing Practice Change

Time constraints (**50%**) and system constraints (**26%**) were most commonly chosen as anticipated barriers to implementing change. Individuals could select more than one answer.

Exhibit 1.9: Barriers to Implementing Change Among All Training Participants



ACEs Aware June 2025 Data Update
Data Source: ACEs Aware Learning Center, Data from: Dec 4, 2019, to March 31, 2025
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.

G. 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 effectively met key goals related to building practical understanding and application:

- 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 **(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 **(91%)**.
- Identified the Medi-Cal billing codes for administering ACE screening **(81%)**.

Section 2: ACE Screening Data

Unless otherwise specified, this section summarizes ACE screening service dates between January 1, 2020 and June 30, 2024. The information reflects Medi-Cal managed care and FFS claims data extracted as of March 3, 2025. 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.

These data update includes the following:

- 1) Total number of ACE screenings conducted between January 2020 and June 2024.
- 2) Demographics of the population screened for ACEs.
- 3) Information about clinicians who conducted ACE screenings.
- 4) Number of screenings conducted by clinicians in each Medi-Cal MCP network.

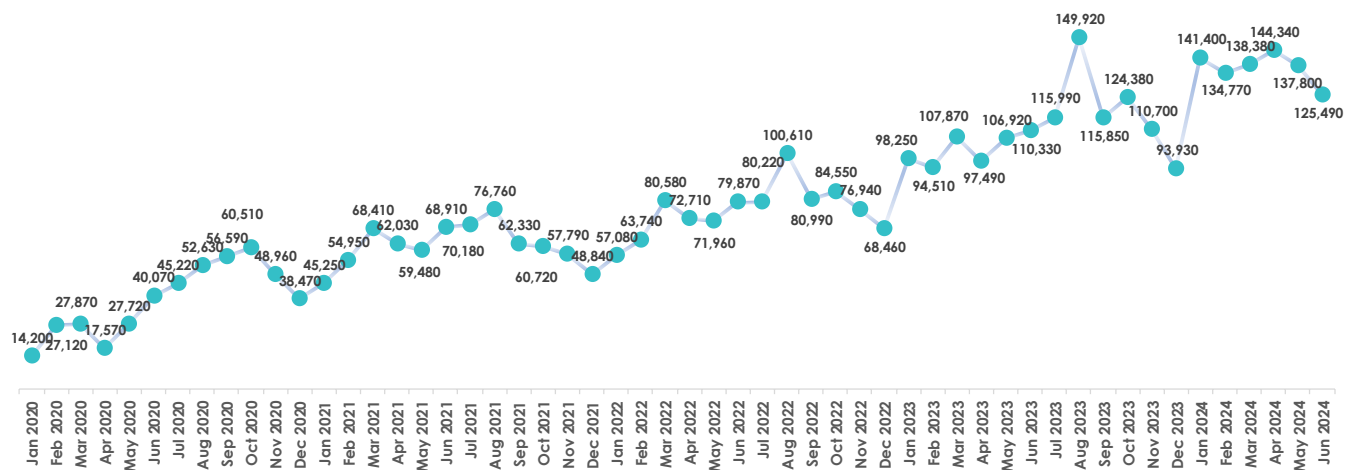
1. Total Number of ACE Screenings

Medi-Cal clinicians conducted a total of **4,258,610** ACE screenings between January 2020 and June 2024. Because some members may be screened more than once, there were **2,395,440** unique Medi-Cal members were 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 June 2025 Data Update
Data Source: MIS/DSS Data Warehouse; Data Extraction Date: 3/3/2025
Data labels are rounded to the nearest 10 and may not sum to the total.

Month and Year
(n = 4,258,610)

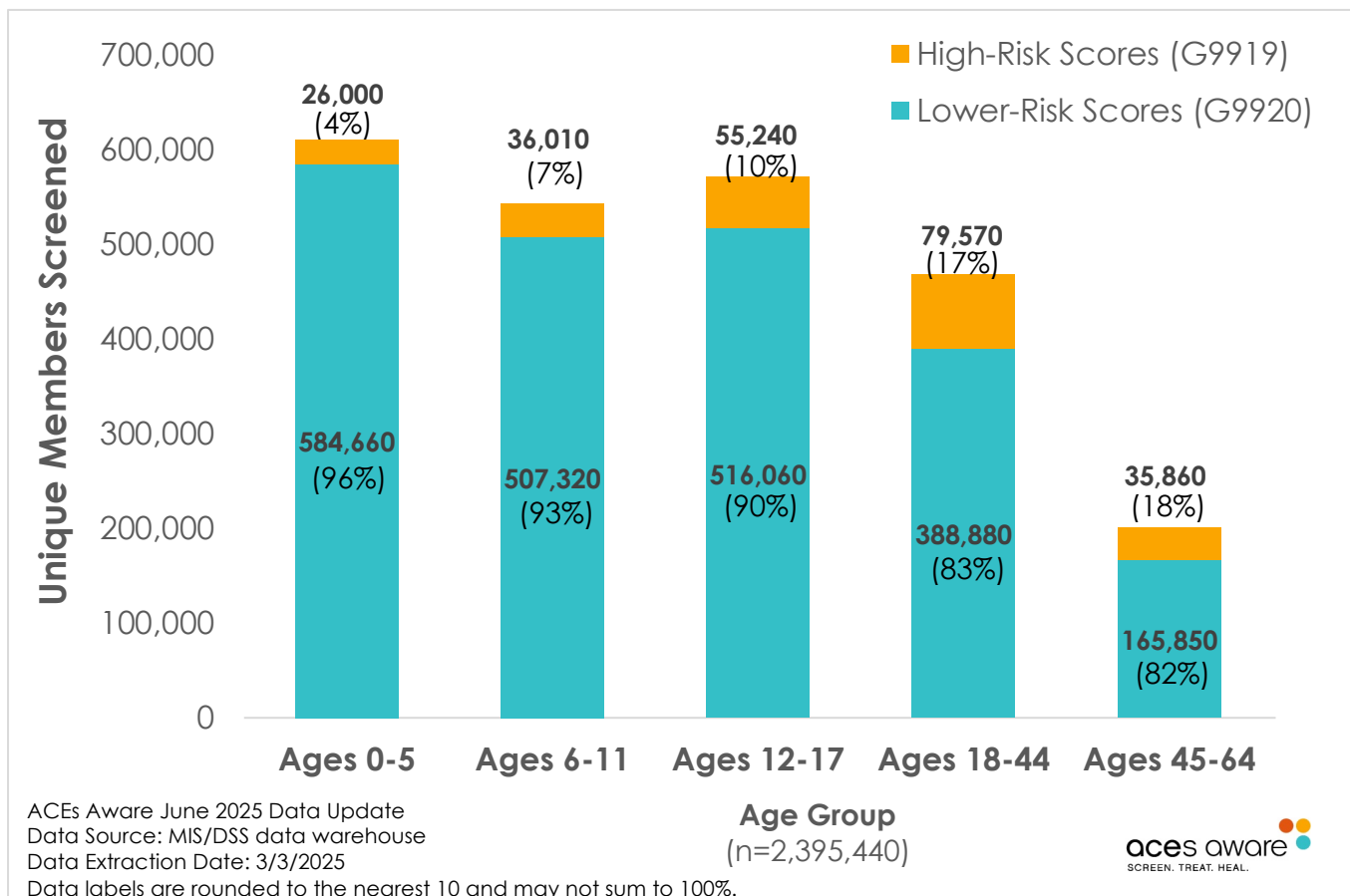
2. Demographics of Medi-Cal Members Screened for ACEs

A. ACE Screenings by Age

A quarter (**25%**) of unique screenings were conducted with children ages 5 and younger. Three-quarters (**72%**) of all unique screenings conducted were with the pediatric population under age 18, and **28%** of all screenings conducted were with the adult population ages 18 to 64. Of the **2,395,440** unique Medi-Cal members screened, the percentage of members with a high-risk ACE score increased with age.

Of the **1,725,280** unique Medi-Cal members ages 0 to 17 screened for ACEs, **7%** had an ACE score of 4 or greater, indicating a high risk for toxic stress. Of the **670,160** unique Medi-Cal members ages 18 to 64 screened for ACEs, **17%** had an ACE score of 4 or more.

Exhibit 2.2: ACE Screenings by Age Group and Procedure Code



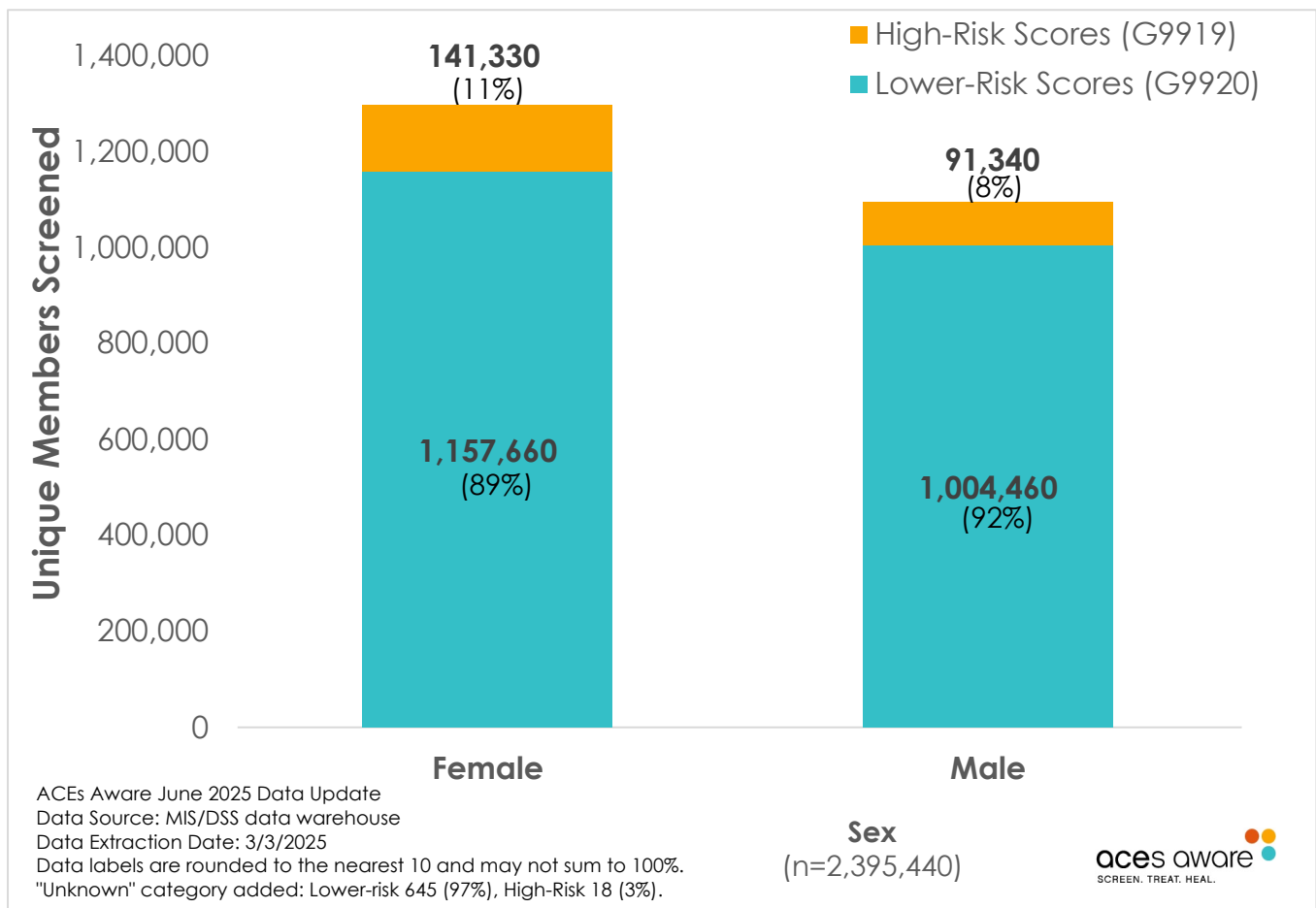
B. ACE Screenings by Sex

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, **11%** had high-risk ACE scores of four or more, compared to **8%** of unique male members screened for ACEs.

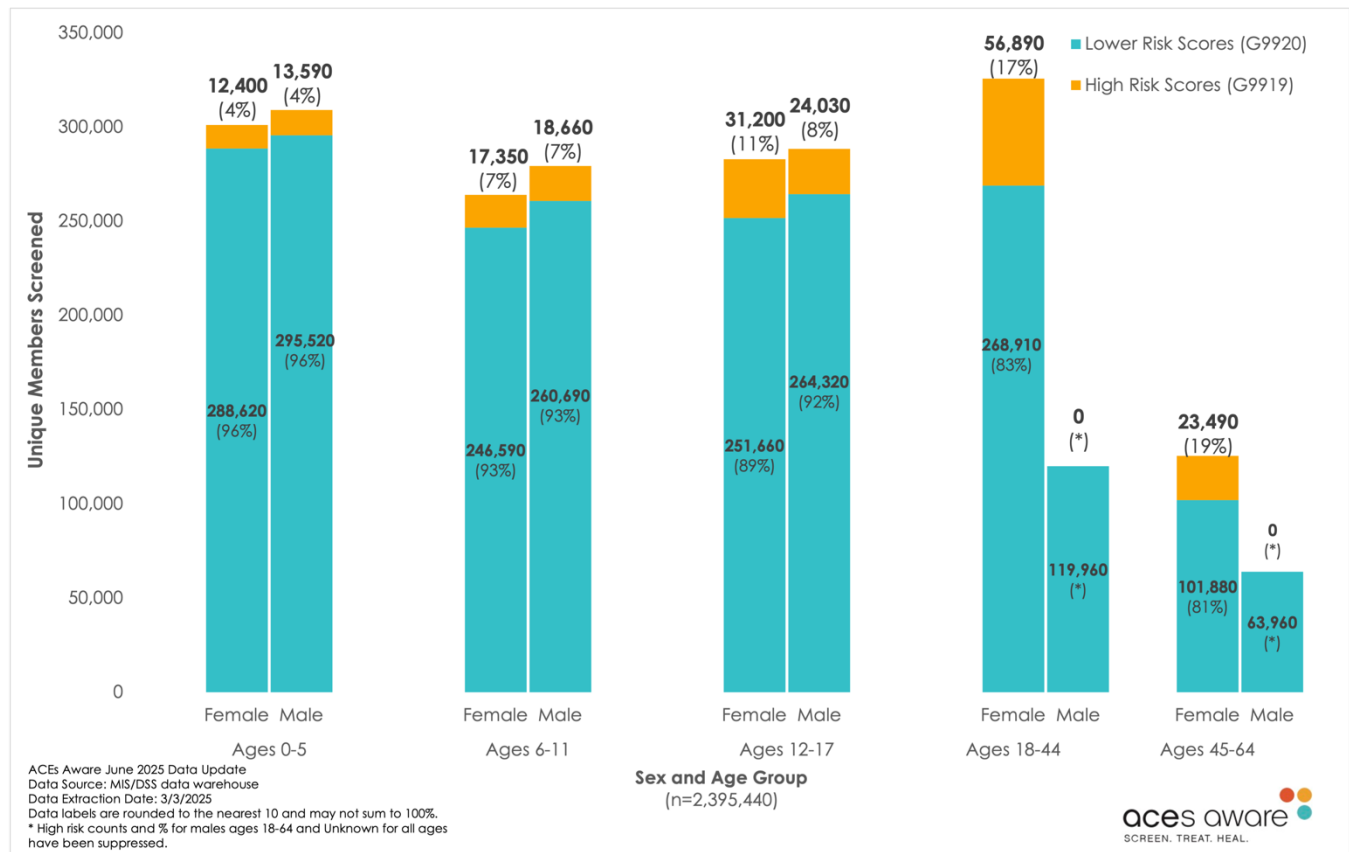
Exhibit 2.3: ACE Screenings by Sex and Procedure Code



C. ACE Screenings by Age and Sex

High-risk ACE scores of four or more were prevalent among females ages 18 through 44 (**17%**). High-risk ACE scores do not differ by sex until the teen years (12 and older), at which time they start becoming higher among females.

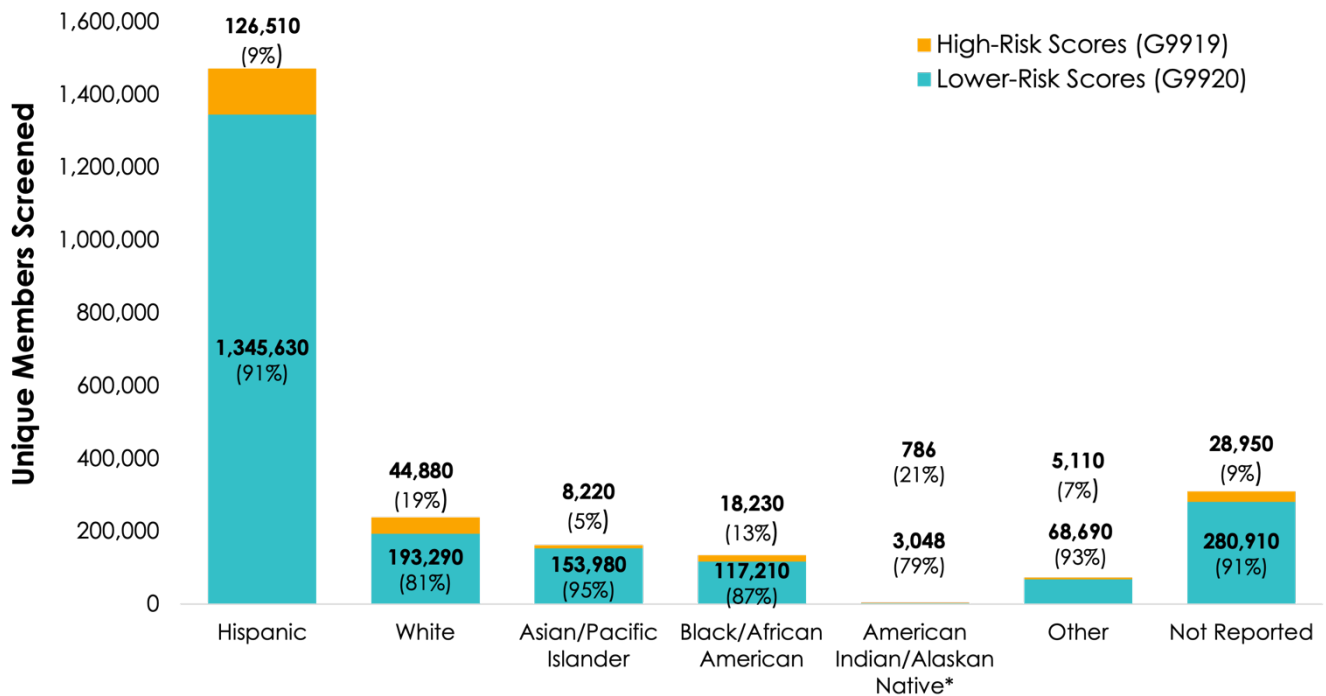
Exhibit 2.4: ACE Screenings by Age Group, Sex, and Procedure Code



D. ACE Screenings by Race/Ethnicity

The greatest number of Medi-Cal ACE screenings were conducted with Hispanic members (**61%**), followed by members who did not report their race or ethnicity (**13%**), White members (**10%**), A/PI members (**7%**), Black/African American members (**6%**), members who reported other race or ethnicity (**3%**), and AI/AN members (**<1%**).

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



ACEs Aware June 2025 Data Update
Data Source: MIS/DSS data warehouse
Data Extraction Date: 3/3/2025
Data labels are rounded to the nearest 10 and may not sum to 100%.
American Indian/Alaskan Native: Lower-Risk 3,048 (79%), High-Risk 786 (21%)

Race/Ethnicity
(n=2,395,440)



AI/AN Medi-Cal members had the greatest prevalence of high-risk ACE scores of four or more (**21%**), followed by White members (**19%**), Black/African American members (**13%**), members who did not report their race or ethnicity (**9%**), Hispanic members (**9%**), members who reported other race or ethnicity (**7%**), and A/PI members (**5%**).

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 **2,395,440** unique Medi-Cal members screened, **624,600** members (**26%**) were in Los Angeles County. **315,110** members (**13%**) were in San Bernardino County, **290,070** members (**12%**) were in Riverside County, and **254,360** members (**11%**) were in Orange 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	61,450	3%	9%	91%
Alpine	--	--	--	--
Amador	650	<1	29%	71%
Butte	360	<1	34%	66%
Calaveras	470	<1	32%	68%
Colusa	50	<1	44%	56%
Contra Costa	14,040	1%	8%	92%
Del Norte	480	<1	28%	72%
El Dorado	1,730	<1	21%	79%
Fresno	74,890	3%	7%	93%
Glenn	100	<1	44%	56%
Humboldt	5,020	<1	22%	78%
Imperial	7,930	<1	4%	96%
Inyo	1,150	<1	11%	89%
Kern	59,870	2%	7%	93%
Kings	8,590	<1	8%	92%
Lake	130	<1	28%	72%
Lassen	200	<1	36%	64%
Los Angeles	624,600	26%	6%	94%
Madera	11,920	<1	9%	91%
Marin	9,040	<1	10%	90%
Mariposa	360	<1	22%	78%
Mendocino	3,520	<1	16%	84%
Merced	11,260	<1	9%	91%
Modoc	20	<1	--	--
Mono	110	<1	15%	85%
Monterey	46,210	2%	7%	93%

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	1,270	<1	17%	83%
Nevada	1,980	<1	20%	80%
Orange	254,360	11%	5%	95%
Placer	9,930	<1	6%	94%
Plumas	30	<1	--	--
Riverside	290,070	12%	17%	83%
Sacramento	92,500	4%	6%	94%
San Benito	350	<1	9%	91%
San Bernardino	315,110	13%	16%	84%
San Diego	182,090	8%	10%	90%
San Francisco	14,150	1%	5%	95%
San Joaquin	26,450	1%	5%	95%
San Luis Obispo	5,220	<1	18%	82%
San Mateo	15,110	1%	4%	96%
Santa Barbara	30,530	1%	9%	91%
Santa Clara	40,570	2%	5%	95%
Santa Cruz	13,540	1%	14%	86%
Shasta	2,910	<1	56%	44%
Sierra	--	--	--	--
Siskiyou	310	<1	42%	58%
Solano	8,590	<1	13%	87%
Sonoma	17,930	1%	15%	85%
Stanislaus	14,280	1%	13%	87%
Sutter	450	<1	40%	60%
Tehama	5,070	<1	16%	84%
Trinity	100	<1	27%	73%
Tulare	63,150	3%	8%	92%
Tuolumne	310	<1	34%	66%
Ventura	38,330	2%	7%	93%
Yolo	5,640	<1	18%	82%
Yuba	940	<1	32%	68%
Total	2,395,440	100%	Average 18%	Average 82%

*Data extraction date: 3/3/2025

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

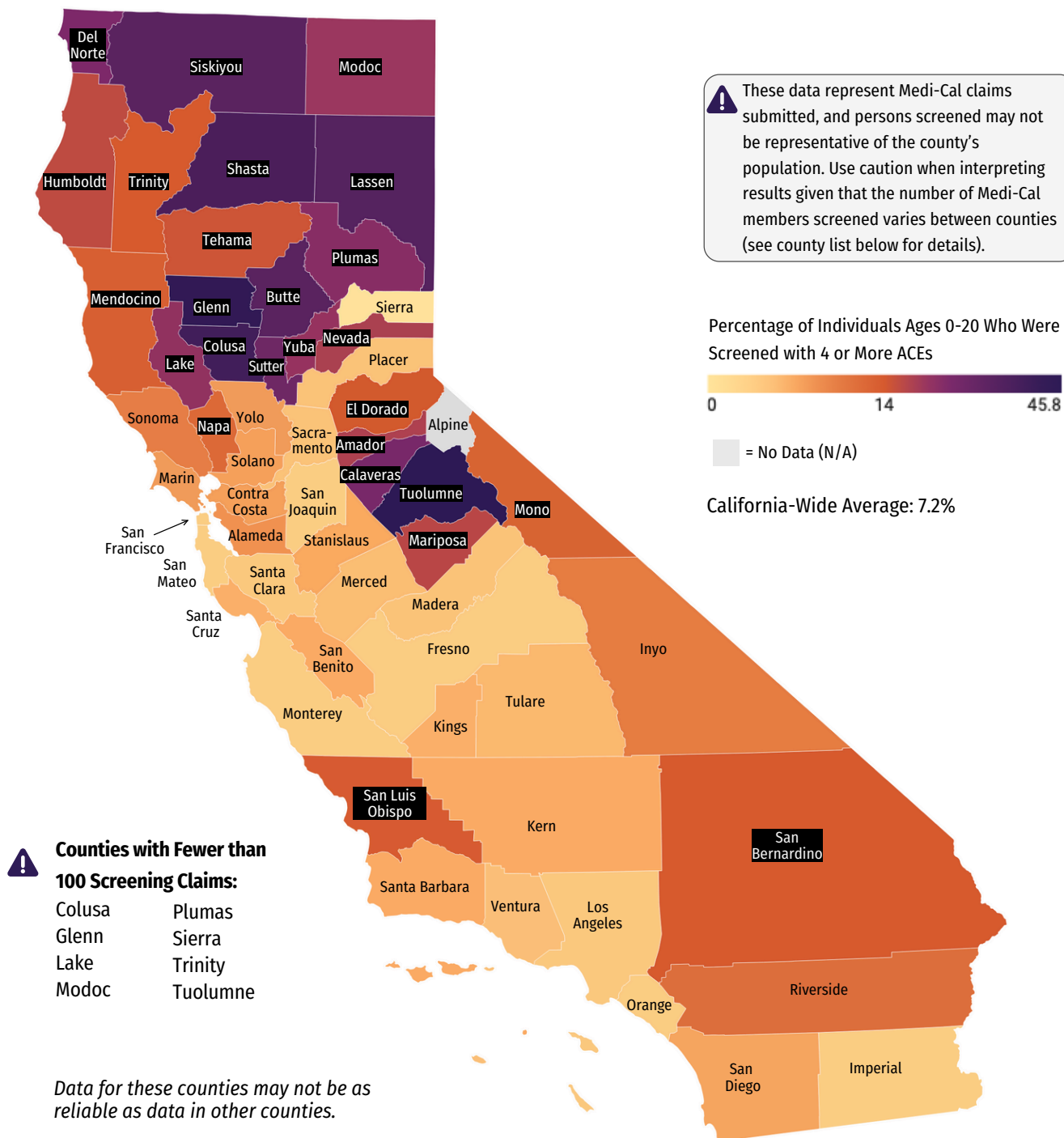
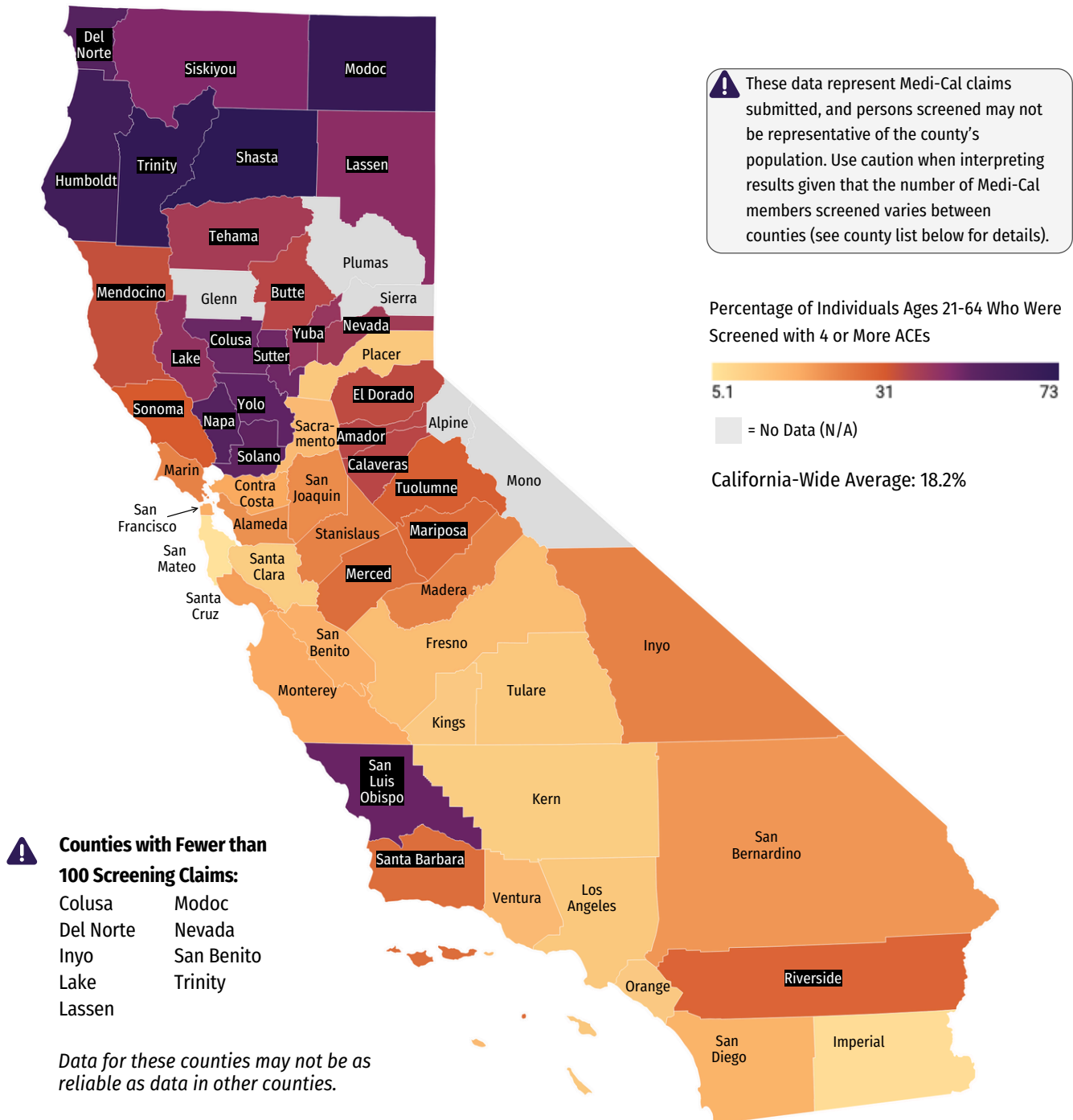


Exhibit 2.7b: Percentage of Patients Ages 21 to 64 Who Disclosed an ACE Score of 4 or More, Based on Medi-Cal Claims Data, by County



F. ACE Screenings by Region

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

About four in ten (**41%**) 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 (**27%**) 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 (**19%** of **9,533** members)
- Sierra Range/Foothills region (**10%** of **14,252** members)
- Bay Area (**7%** of **169,866** members)
- Sacramento Valley (**6%** of **91,572** members)
- Southern California (**9%** of **753,868** members)
- Central Coast (**6%** of **105,153** members)
- Central Valley (**5%** of **204,142** members)
- Los Angeles (**5%** of **492,633** members)

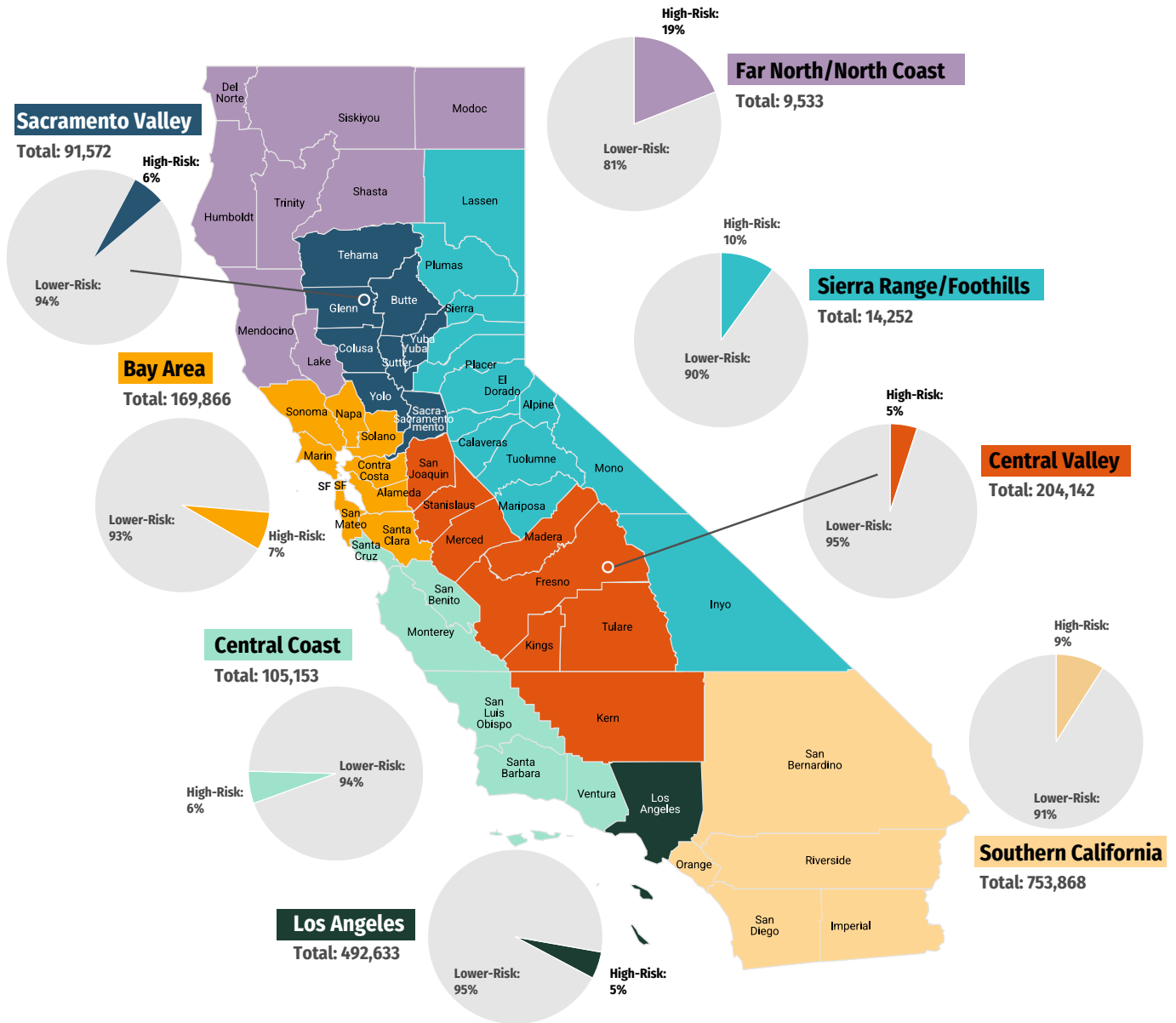
ACE Screenings by Region (Adults Ages 21 to 64)

More than half (**53%**) of ACE screenings for individuals ages 21-64 were conducted with members residing in Southern California, followed by Los Angeles County (**24%**) and the Central Valley (**12%**).

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

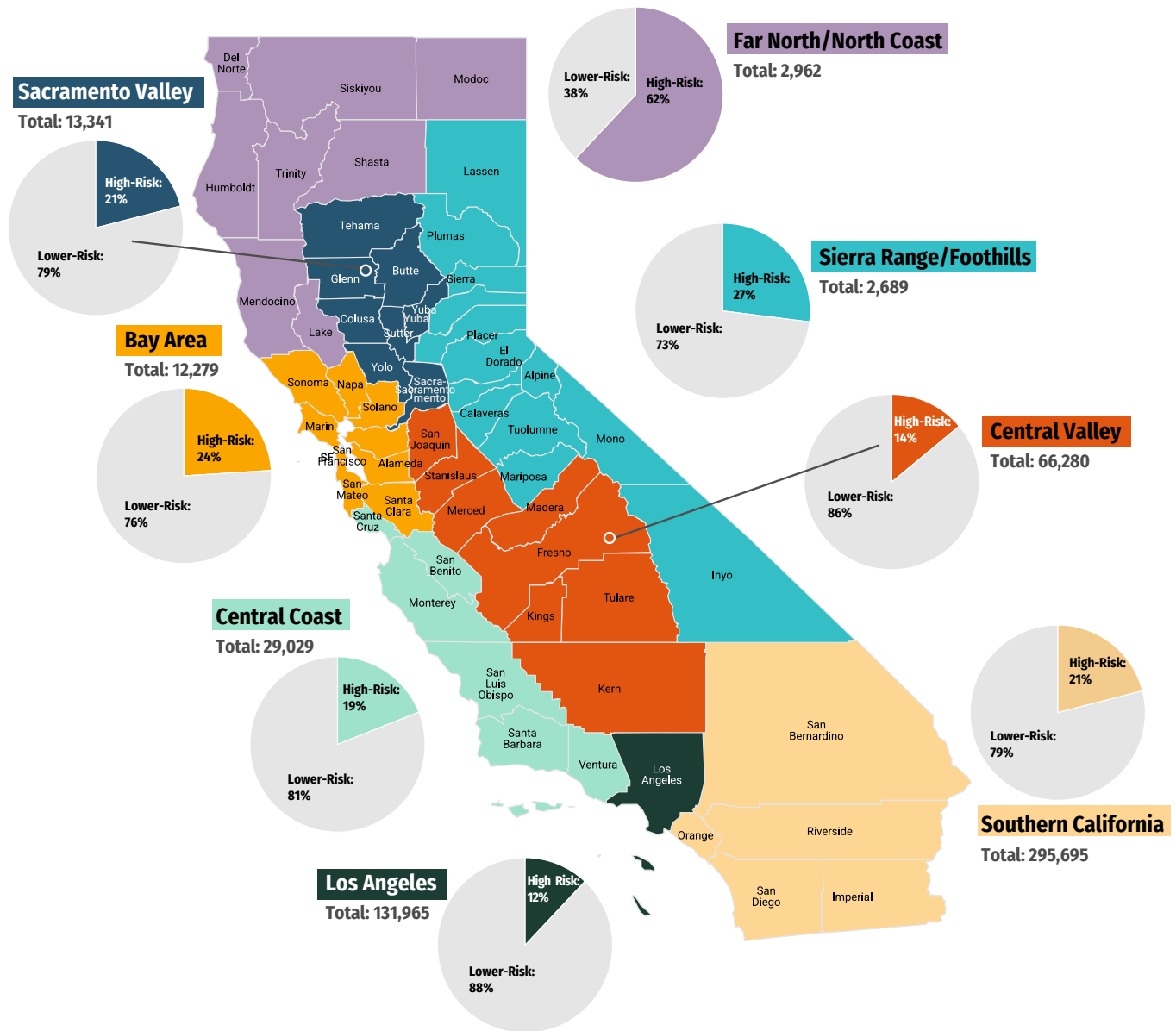
- Far North/North Coast region (**62%** of **2,962** members)
- Sierra Range/Foothills region (**27%** of **2,689** members)
- Bay Area (**24%** of **12,279** members)
- Sacramento Valley (**21%** of **13,341** members)
- Central Coast (**19%** of **29,029** members)
- Southern California (**21%** of **295,695** members)
- Central Valley (**14%** of **66,280** members)
- Los Angeles (**12%** of **131,965** 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 members screened varies between regions.

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



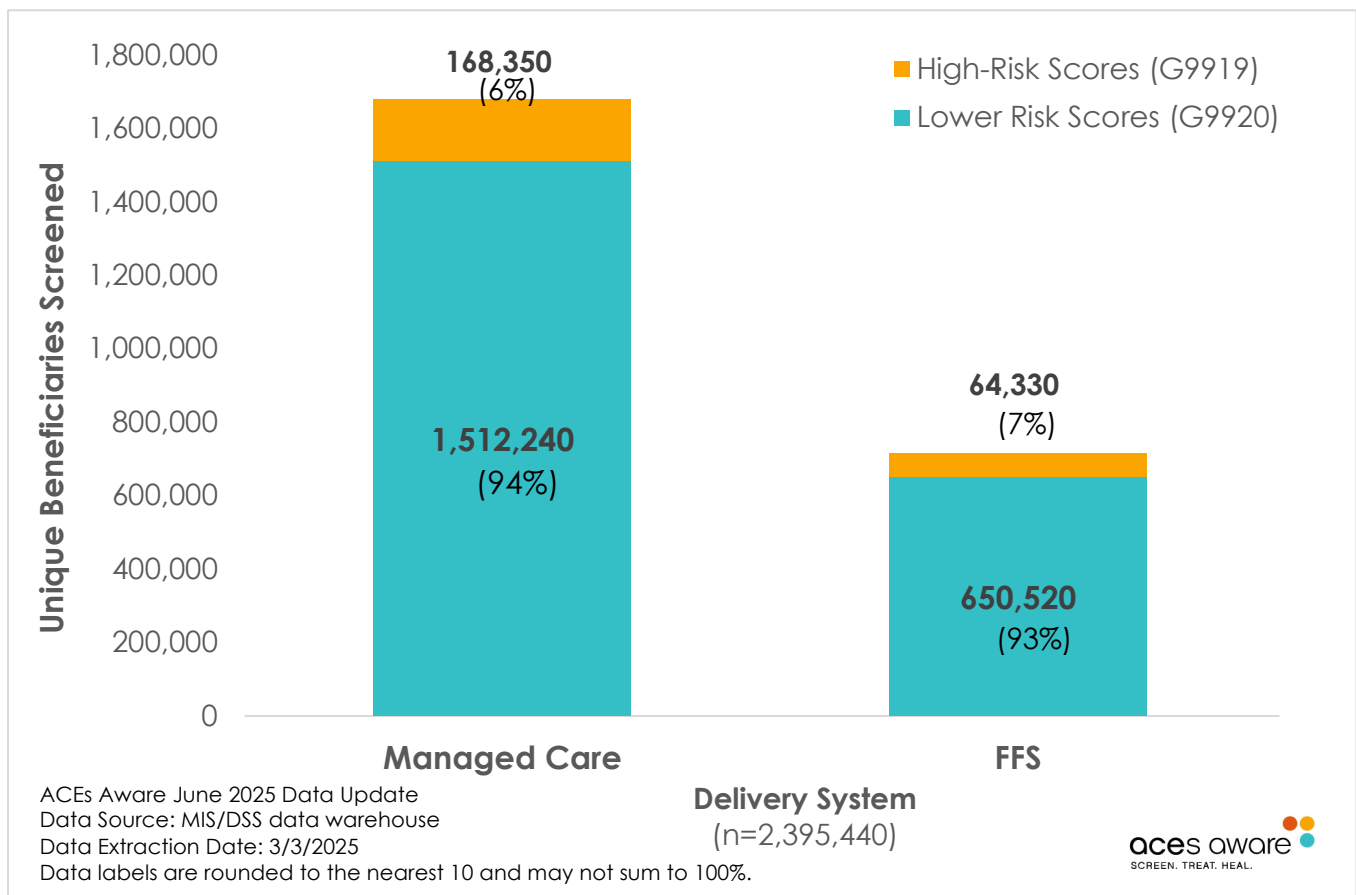
These data represent claims submitted, so they're not representative samples of a region's population. Use caution when interpreting results given that the number of Medi-Cal members screened varies between regions.

3. Summary of Providers Conducting ACE Screenings

A. ACE Screenings by Delivery System

Most ACE screenings (**70%**) were conducted by providers in the Medi-Cal managed care delivery system compared to **30%** in the FFS delivery system.

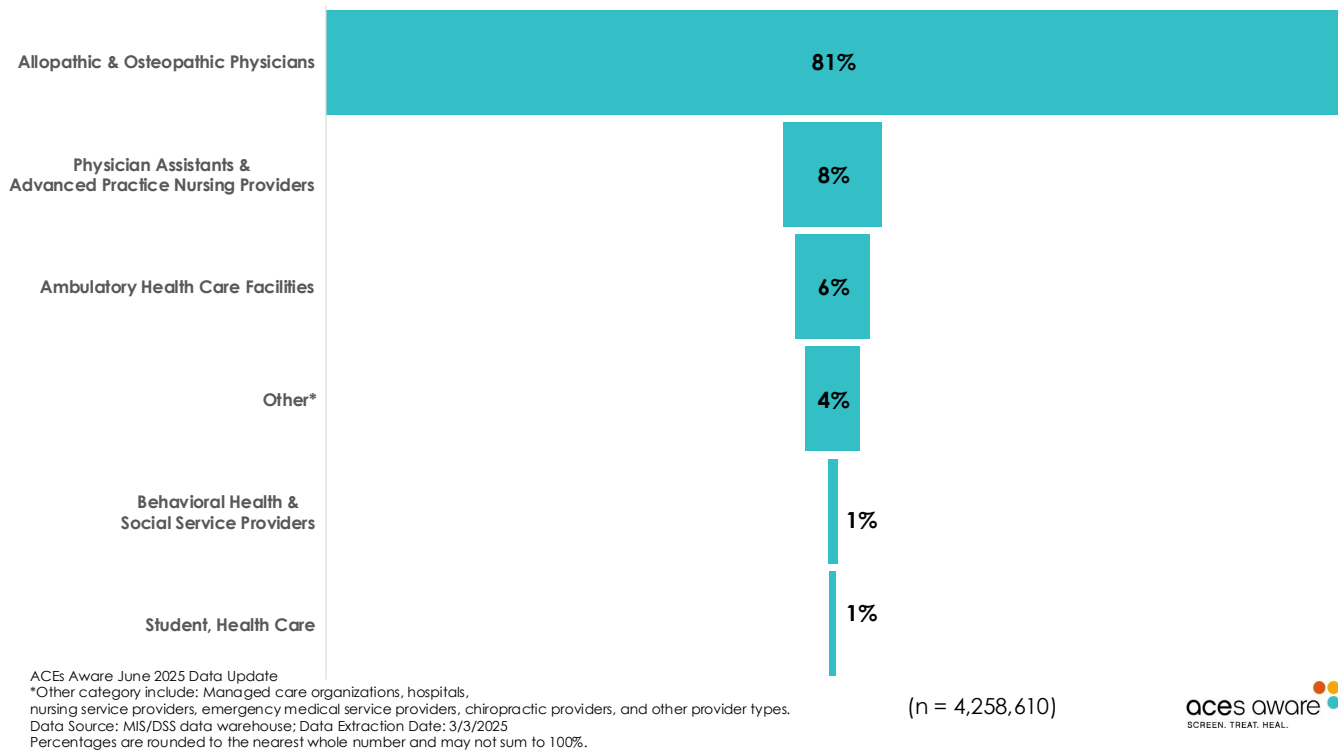
Exhibit 2.9: ACE Screenings by Delivery System and Procedure Code



B. ACE Screenings by Provider Type and Specialty

Of the **4,258,610** ACE screenings for which a rendering provider type has been identified, a physician was the rendering provider for **81%** of screenings.

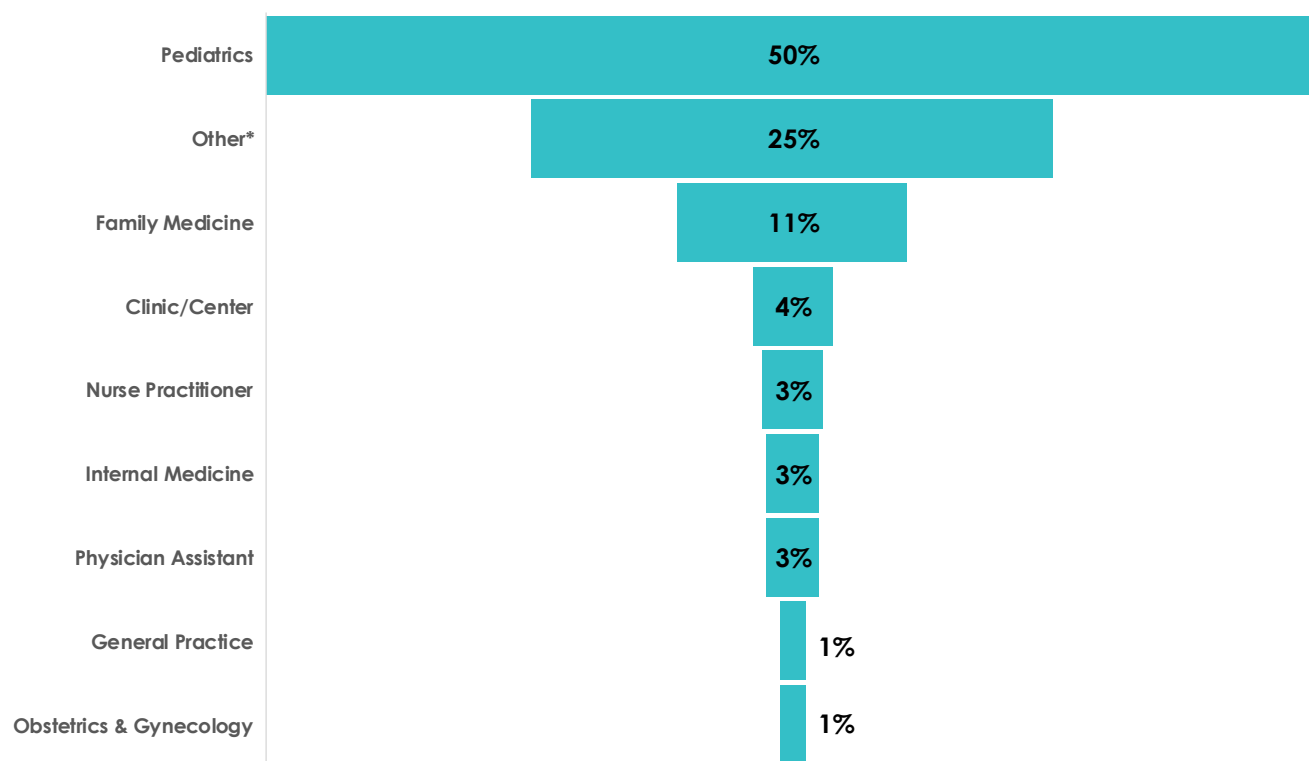
Exhibit 2.10: ACE Screenings by Provider Type



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

Of the **4,258,610** ACE screenings for which there is a rendering physician type identified, **50%** specialize in pediatrics, followed by other (**25%**), family medicine (**11%**), clinic/center (**4%**), nurse practitioner (**3%**), internal medicine (**3%**), physician assistant (**3%**), general practice (**1%**), and obstetrics and gynecology (**1%**). The other category (**25%**) 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 June 2025 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: 3/3/2025

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

(n = 4,258,610)

4. ACE Screenings by Medi-Cal MCP

A. ACE Screening Rates by Medi-Cal MCP

- **Children, Adolescents, and Young Adults (ages 0 to 20):** MCP clinicians screened **1,583,584** individuals, representing **28.1%** 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, 2024 (and were not dually eligible for Medi-Cal and Medicare). FFS clinicians screened **9.6%** 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 **474,300** individuals, representing **6%** 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, 2024 (and were not dually eligible for Medi-Cal and Medicare). FFS clinicians screened **0.5%** 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 MCP
(January 1, 2020 – June 30, 2024)**

MCP	Number of Unique Members Screened	Medi-Cal Enrollment ⁴	Percentage of Medi-Cal Population Screened
Aetna Better Health of California	2,732	18,930	14.4%
Alameda Alliance for Health	41,016	118,089	34.7%
Blue Cross of CA Partnership	89,208	427,743	20.9%
Blue Shield of California Promise Health Plan	11,579	39,923	29.0%
CalOPTIMA (COHS)	191,357	368,113	52.0%
CalViva Health	43,675	211,316	20.7%
California Health & Wellness Plan	9,046	106,091	8.5%
CenCal Health	29,965	105,651	28.4%
Central California Alliance (COHS)	49,891	200,251	24.9%
Community Health Group Partnership Plan	43,688	147,151	29.7%
Contra Costa Health Plan (LI)	6,887	95,028	7.2%
Gold Coast Health Plan	26,334	109,894	24.0%
Health Net Community Solutions, Inc.	184,888	692,358	26.7%
Health Plan of San Joaquin	27,525	214,026	12.9%
Health Plan of San Mateo	11,540	60,114	19.2%
Inland Empire Health	331,394	752,079	44.1%
Kaiser Permanente Cal, LLC	31,813	90,761	35.1%
Kern Health Systems	37,900	177,379	21.4%
L.A. Care Health Plan	275,511	998,797	27.6%
Molina Healthcare of California Partner Plan, Inc.	62,649	240,882	26.0%
Partnership HealthPlan of California	38,802	270,263	14.4%
San Francisco Health Plan	10,713	51,354	20.9%
Santa Clara Family Health Plan	24,375	126,051	19.3%
United Healthcare Community Plan	1,096	8,083	13.6%
Total ACE Screenings by MCP	1,583,584	5,630,327	28.1%
Total ACE Screenings in FFS	33,562	349,407	9.6%

**Exhibit 2.13: ACE Screenings for Members Ages 21 to 64 by Medi-Cal MCP
(January 1, 2020 – June 30, 2024)**

MCP	Number of Unique Members Screened	Medi-Cal Enrollment ⁴	Percentage of Medi-Cal Population Screened
Aetna Better Health of California	1,972	37,746	5.2%
Alameda Alliance for Health	848	198,174	0.4%
Blue Cross of CA Partnership	22,582	615,675	3.7%
Blue Shield of California Promise Health Plan	9,374	96,149	9.7%
CalOPTIMA (COHS)	35,134	556,929	6.3%
CalViva Health	16,901	234,081	7.2%
California Health & Wellness Plan	1,020	146,183	0.7%
CenCal Health	2,868	123,812	2.3%
Central California Alliance (COHS)	16,341	223,429	7.3%
Community Health Group Partnership Plan	19,513	205,613	9.5%
Contra Costa Health Plan (LI)	--	145,844	--
Gold Coast Health Plan	7,163	136,349	5.3%
Health Net Community Solutions, Inc.	51,431	1,000,895	5.1%
Health Plan of San Joaquin	4,507	238,867	1.9%
Health Plan of San Mateo	1,144	85,763	1.3%
Inland Empire Health	159,496	918,794	17.4%
Kaiser Permanente Cal, LLC	863	106,942	0.8%
Kern Health Systems	10,546	193,636	5.4%
L.A. Care Health Plan	72,145	1,590,694	4.5%
Molina Healthcare of California Partner Plan, Inc.	27,803	340,944	8.2%
Partnership Health Plan of California	9,667	396,771	2.4%
San Francisco Health Plan	453	119,210	0.4%
Santa Clara Family Health Plan	931	182,911	0.5%
United Healthcare Community Plan	1,214	19,053	6.4%
Total ACE Screenings by MCP	474,300	7,918,740	6.0%
Total ACE Screenings in FFS	8,924	1,663,614	0.5%

B. ACE Screening Rate by MCP, Encounter Based

- Children, Adolescents, and Young Adults (ages 0 to 20):** MCP clinicians screened **1,501,231** individuals, representing **30.4%** 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, 2024 (and were not dually eligible for Medi-Cal and Medicare) and have had at least one primary care visit in the same time period. FFS clinicians screened **13.8%** 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 **462,134** individuals, representing **7.6%** 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, 2024 (and were not dually eligible for Medi-Cal and Medicare) and have had at least one primary care visit in the same time period. FFS clinicians screened **1%** 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 MCP Network file (based on the CHHS Open Data Portal <https://data.chhs.ca.gov/dataset/medi-cal-managed-care-provider-listing> file. In the Open Data Portal file, a PCP was shown by the data element PCP = TRUE.)
 - Federally Qualified Health Center (FQHC) primary care visits were identified by Current Procedural Terminology 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, **93%** of members had an ACE score between 0 and 3, and **7%** had an ACE score of 4 or more. Of the members 20 years of age and younger screened by FFS clinicians, **84%** had an ACE score between 0 and 3, and **16%** had an ACE score of 4 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, **82%** had an ACE score between 0 and 3, and **18%** had an ACE score of 4 or more. Among adult Medi-Cal members screened by FFS clinicians, **84%** had an ACE score between 0 and 3, and **16%** had an ACE score of 4 or more.

Exhibit 2.14: Encounter-Based ACE Screenings for Members Ages 0 to 20 by Medi-Cal MCP Who Had At Least One Primary Care Visit (January 1, 2020 – June 30, 2024)

MCP	# 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	2,747	15,041	18.3%	197	2,550	7%	93%
Alameda Alliance for Health	40,802	105,735	38.6%	3,567	37,235	9%	91%
Blue Cross of CA Partnership	86,831	374,550	23.2%	4,960	81,871	6%	94%
Blue Shield of California Promise Health Plan	11,163	33,876	33%	783	10,380	7%	93%
California Health & Wellness Plan	8,985	96,705	9.3%	769	8,216	9%	91%
CalOPTIMA (COHS)	162,574	286,496	56.7%	6,686	155,888	4%	96%
CalViva Health	41,953	192,642	21.8%	1,489	40,464	4%	96%
CenCal Health	29,704	98,719	30.1%	2,335	27,369	8%	92%
Central California Alliance (COHS)	49,209	183,980	26.7%	2,129	47,080	4%	96%
Community Health Group Partnership Plan	41,896	133,004	31.5%	2,944	38,952	7%	93%
Contra Costa Health Plan (LI)	6,798	83,521	8.1%	427	6,371	6%	94%
Gold Coast Health Plan	25,629	97,245	26.4%	1,393	24,236	5%	95%

MCP	# 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.	178,757	603,868	29.6%	8,435	170,322	5%	95%
Health Plan of San Joaquin	26,827	189,562	14.2%	1,051	25,776	4%	96%
Health Plan of San Mateo	11,344	51,704	21.9%	442	10,902	4%	96%
Inland Empire Health	316,769	662,969	47.8%	42,442	274,327	13%	87%
Kern Health Systems	36,392	161,148	22.6%	2,276	34,116	6%	94%
Kaiser Permanente Cal, LLC	31,517	85,589	36.8%	1,539	29,978	5%	95%
L.A. Care Health Plan	261,154	877,614	29.8%	11,391	249,763	4%	96%
Molina Healthcare of California Partner Plan, Inc.	58,118	198,160	29.3%	5,019	53,099	9%	91%
Partnership Health Plan of California	37,334	244,081	15.3%	4,186	33,148	11%	89%
San Francisco Health Plan	10,409	47,081	22.1%	317	10,092	3%	97%
Santa Clara Family Health Plan	23,585	113,622	20.8%	1,144	22,441	5%	95%
United Healthcare Community Plan	734	6,450	11.4%	79	655	11%	89%
Total ACE Screenings by MCP	1,501,231	4,943,362	30.4%	106,000	1,395,231	7%	93%
Total ACE Screenings in FFS	32,674	236,775	13.8%	--	27,474	16%	84%

Exhibit 2.15: Encounter-Based ACE Screenings for Members Ages 21 to 64 by Medi-Cal MCP Who Had At Least One Primary Care Visit (January 1, 2020 – June 30, 2024)

MCP	# 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	1,950	24,962	7.8%	242	1,708	12%	88%
Alameda Alliance for Health	835	147,997	0.6%	179	656	21%	79%
Blue Cross of CA Partnership	22,370	464,466	4.8%	3,487	18,883	16%	84%
Blue Shield of California Promise Health Plan	9,400	70,707	13.3%	1,851	7,549	20%	80%
California Health & Wellness Plan	1,017	121,948	0.8%	320	697	31%	69%
CalOPTIMA (COHS)	32,125	373,132	8.6%	3,590	28,535	11%	89%
CalViva Health	16,672	192,903	8.6%	2,310	14,362	14%	86%
CenCal Health	2,861	97,797	2.9%	951	1,910	33%	67%
Central California Alliance (COHS)	16,332	184,648	8.8%	3,301	13,031	20%	80%
Community Health Group Partnership Plan	19,584	162,485	12.1%	3,033	16,551	15%	85%
Contra Costa Health Plan (LI)	--	115,814	--	--	315	--	--
Gold Coast Health Plan	7,155	104,054	6.9%	1,074	6,081	15%	85%
Health Net Community Solutions, Inc.	50,705	747,740	6.8%	5,990	44,715	12%	88%
Health Plan of San Joaquin	4,412	188,390	2.3%	1,062	3,350	24%	76%

MCP	# 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	1,138	61,209	1.9%	56	1,082	5%	95%
Inland Empire Health	154,518	719,884	21.5%	38,074	116,444	25%	75%
Kern Health Systems	10,307	162,150	6.4%	1,033	9,274	10%	90%
Kaiser Permanente Cal, LLC	860	96,879	0.9%	115	745	13%	87%
L.A. Care Health Plan	70,281	1,215,667	5.8%	8,421	61,860	12%	88%
Molina Healthcare of California Partner Plan, Inc.	27,141	241,303	11.2%	4,312	22,829	16%	84%
Partnership Health Plan of California	9,555	318,480	3%	4,242	5,313	44%	56%
San Francisco Health Plan	450	94,912	0.5%	70	380	16%	84%
Santa Clara Family Health Plan	923	140,491	0.7%	66	857	7%	93%
United Healthcare Community Plan	1,159	13,309	8.7%	177	982	15%	85%
Total ACE Screenings by MCP	462,134	6,064,958	7.6%	84,023	378,111	18%	82%
Total ACE Screenings in FFS	8,906	936,227	1%	1,416	7,490	16%	84%



Exhibits 2.12-15 Data Notes:

1 Data Extraction Date: March 3, 2025, 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 of 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.

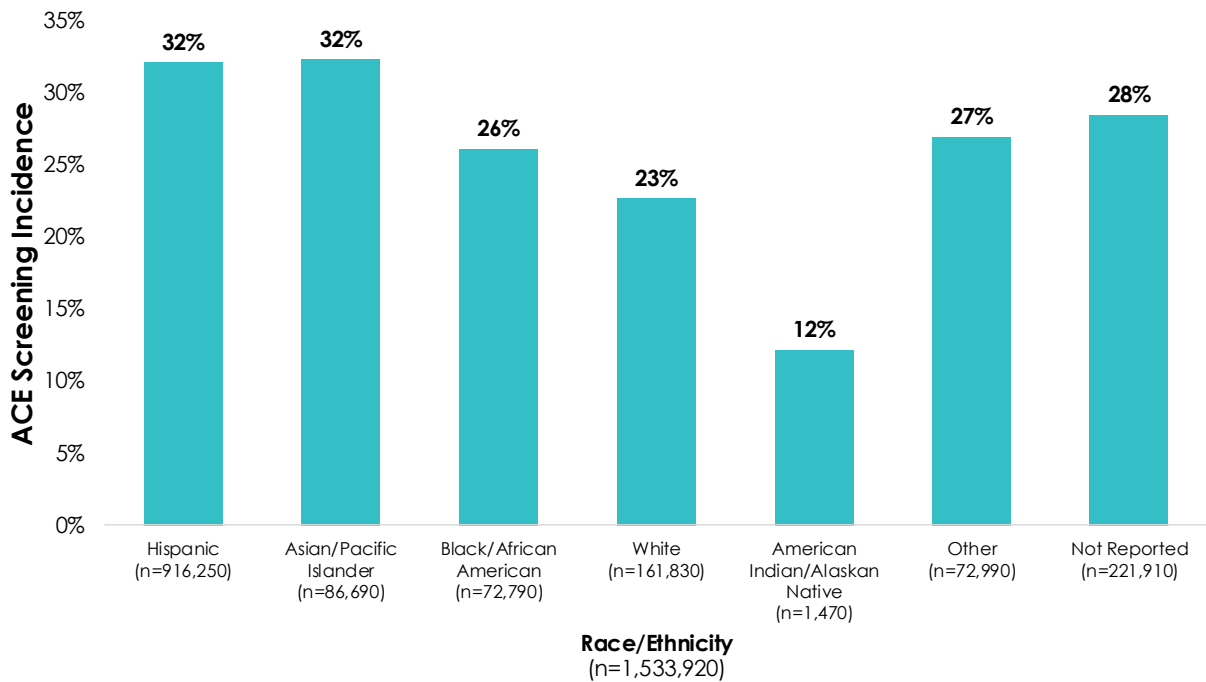
4 "Medi-Cal Enrollment" is the count of distinct non-dual individuals who had been enrolled in a single plan from January 1, 2020 to June 30, 2024.

5 Cells with "--" have been suppressed in instances where values were at least one but less than 11, or where 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

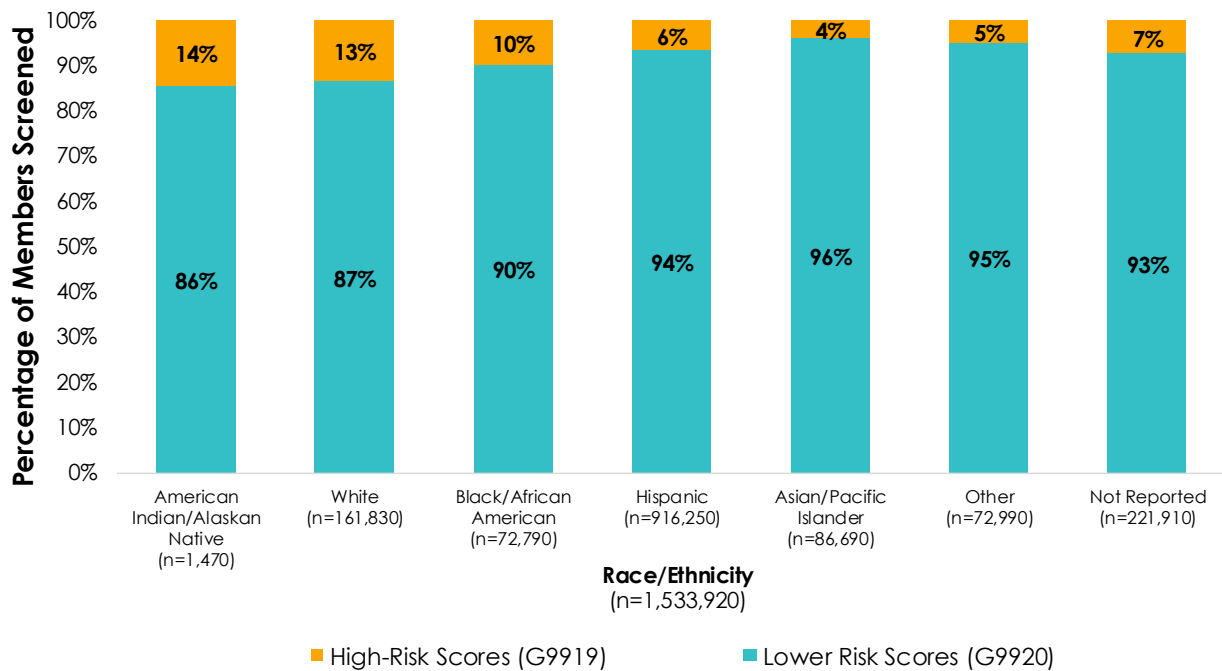
- **Children, Adolescents, and Young Adults (ages 0 to 20):** Among Medi-Cal members ages 0 to 20 who were not dually eligible for Medi-Cal and Medicare, were continuously enrolled in one MCP for any 12 continuous months during **January 1, 2020 to June 30, 2024**, and had at least one primary care visit in the same time period, **30%** overall were screened for ACEs.
 - Asian/Pacific Islander members had a screening rate of **32%**; Hispanic members had a screening rate of **32%**; members who did not report their race or ethnicity had a screening rate of **28%**; members who reported other race or ethnicity each had a screening rate of **27%**; Black/African American members had a screening rate of **26%**; White members had a screening rate of **23%**; and American Indian/Alaskan Native (AI/AN) members had a screening rate of **12%**.
 - AI/AN Medi-Cal members had the greatest prevalence of high-risk ACE scores of four or more (**14%**); followed by White members (**13%**); Black/African American members (**10%**); members who did not report their race or ethnicity (**7%**); Hispanic members (**6%**); 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, 2024**, and had at least one primary care visit in the same time period, **7%** overall were screened for ACEs.
 - Hispanic members had a screening rate of **8%**; Black/African American members had a screening rate of **7%**; 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 **6%**; and American Indian/Alaskan Native (AI/AN) members had a screening rate of **4%**.
 - AI/AN Medi-Cal members had the greatest prevalence of high-risk ACE scores of four or more (**32%**); followed by White members (**27%**); Black/African American members (**21%**); members who did not report their race or ethnicity (**19%**); Hispanic members (**16%**); members who reported other race or ethnicity (**15%**); and Asian/Pacific Islander members (**9%**).

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, 2024



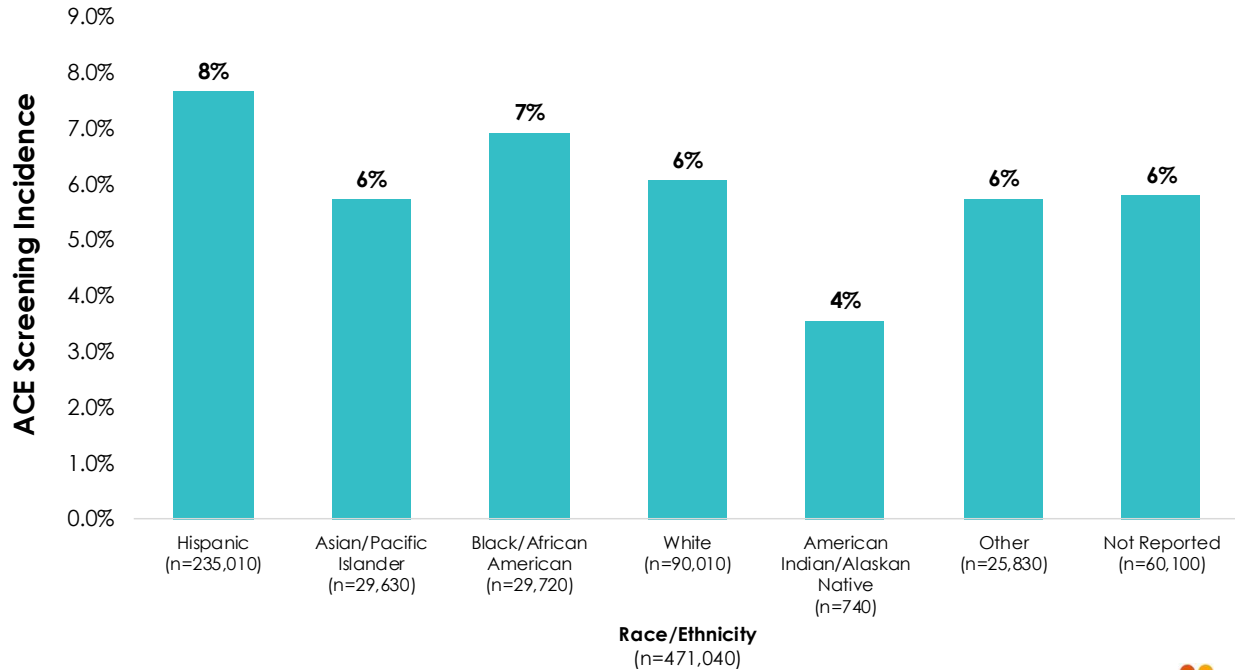
ACEs Aware June 2025 Data Update
Data Source: MIS/DSS Data Warehouse; Data Extraction Date: 3/3/2025
Data labels are rounded to the nearest 10 and may not sum to 100%.

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, 2024



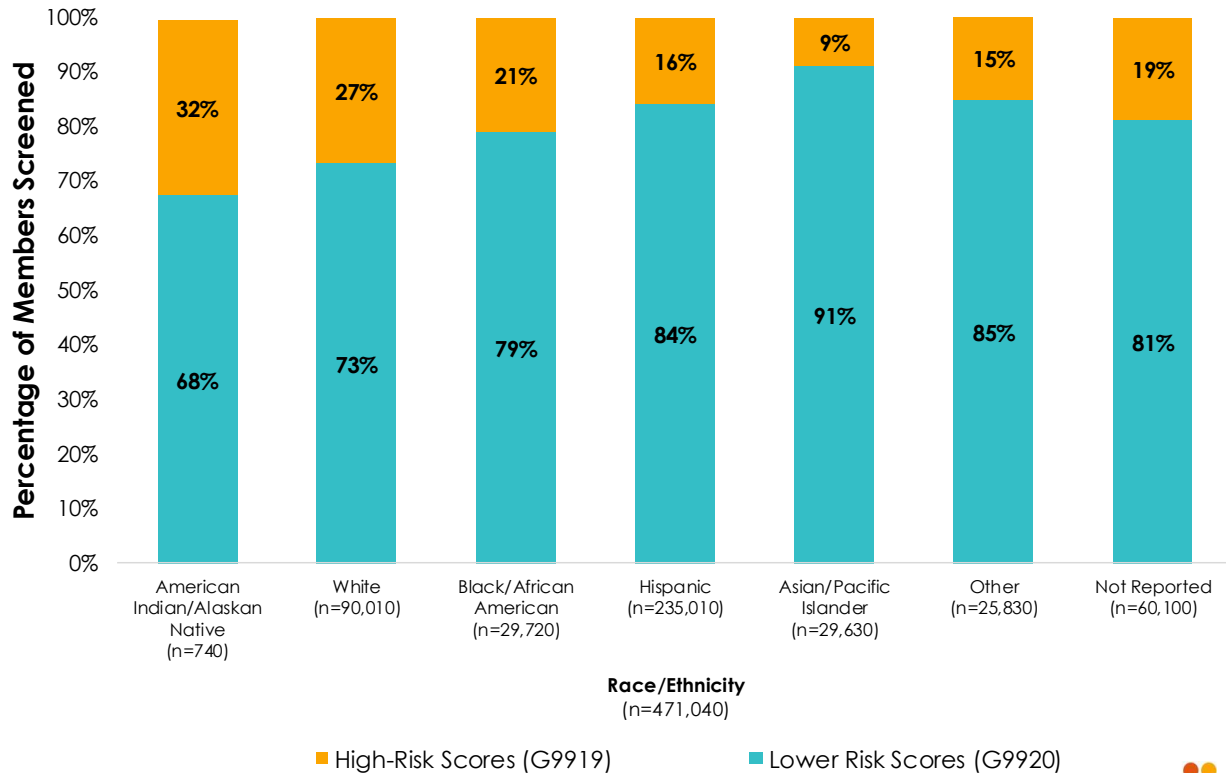
ACEs Aware June 2025 Data Update
Data Source: MIS/DSS Data Warehouse; Data Extraction Date: 3/3/2025
Data labels are rounded to the nearest 10 and may not sum to 100%.

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, 2024



ACEs Aware June 2025 Data Update
Data Source: MIS/DSS Data Warehouse; Data Extraction Date: 3/3/2025
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, 2024



ACEs Aware June 2025 Data Update
Data Source: MIS/DSS Data Warehouse; Data Extraction Date: 3/3/2025
Data labels are rounded to the nearest 10 and may not sum to 100%.