



**ACEs Aware Screening, Training,
and Certification Progress:
July 2026 Update
July 7, 2026**



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Executive Summary

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

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

The [Becoming ACES Aware in California](#) core training 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 2026, **55,250** individuals completed the training. Approximately **25,330** of those who completed the training are Medi-Cal clinicians who became ACES Aware-certified.

***55,250** individuals
completed the ACES Aware
training as of March 2026.*

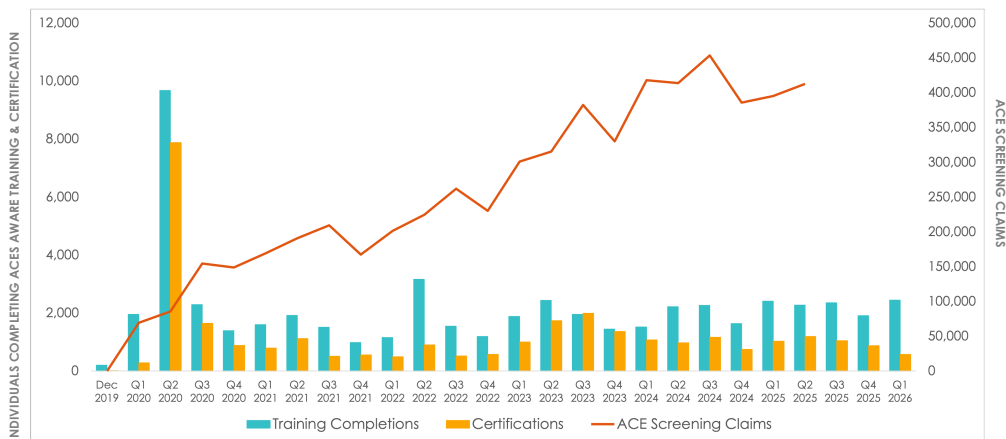
*Nearly **3,045,940** children,
adolescents, and adults were
screened for ACEs between
January 2020 and June 2025.*

Medi-Cal clinicians conducted nearly **5,918,450** ACE screenings of approximately **3,045,940** unique Medi-Cal members across California between January 2020 and June 2025, 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 Quarter

55,250 individuals completed *Becoming ACEs Aware in California* training
 25,330 individuals became **ACEs Aware-certified**
 5,918,450 ACE screenings were **conducted**



ACES Aware July 2026 Data Update
 Data Sources: ACES Aware Learning Center, Data from: Dec 2019 to March 2026
 ACES Claims, Data from: Jan 2020, to June 2025
 MIS/DSS data warehouse; Claims Data Extraction Date: 3/6/2026



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.



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, 2026)

- Among the approximately **14,350** 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, 2025)

- Nearly one-third (**24%**) of the **3,045,940** unique Medi-Cal members screened were children 5 years of age and younger; and three-quarters (**70%**) of all unique members screened were pediatric patients under age 18. Additionally, **917,296** unique members ages 18 and older were screened for ACEs (**30%**).
- Of the **2,128,639** unique Medi-Cal members ages 0 to 17 screened for ACEs, **8%** had an ACE score of 4 or greater, indicating a high risk for toxic stress. Of the **917,296** unique Medi-Cal members ages 18 to 64 screened for ACEs, **20%** had an ACE score of 4 or more.
- **High-risk ACE scores** among adults were most prevalent among **females ages 18 to 44 (70%)**.
- **American Indian/Alaskan Native (AI/AN) Medi-Cal members** had the greatest prevalence of high-risk ACE scores of 4 or more (**23%**), followed by White members (**20%**), Black/African American members (**15%**), Hispanic members (**12%**), members who did not report their race or ethnicity (**10%**), members who reported other race or ethnicity (**8%**), and Asian/Pacific Islander (A/PI) members (**6%**).
- MCP clinicians screened **1,824,517** individuals 20 years of age and younger, representing **33.2%** 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, 2025 (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 **609,670** individuals ages 21 through 64, representing **8.5%** 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, 2025 (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.



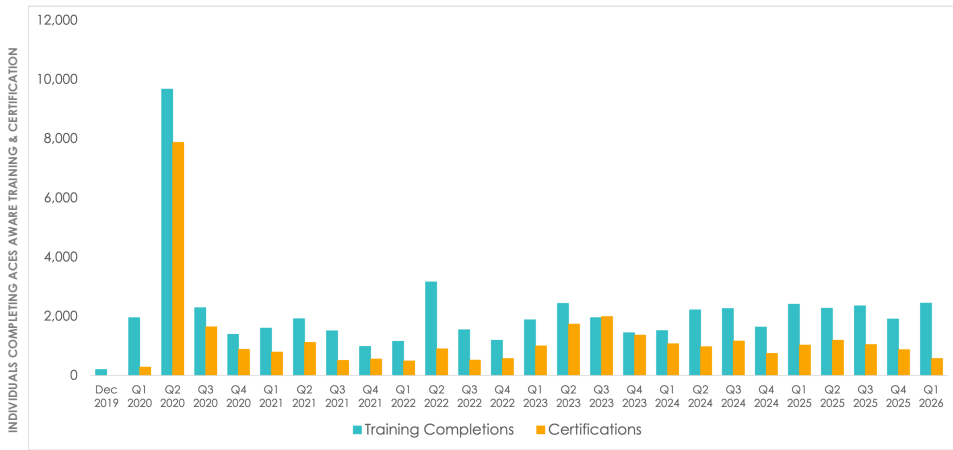
Section 1: ACEs Aware Training Completion and Certification Data

1. Results

55,250 individuals completed the Becoming ACEs Aware in California training between December 4, 2019 and March 31, 2026. Additionally, **25,330** Medi-Cal clinicians became ACEs Aware-certified between January 13, 2020 and March 31, 2026, 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 Quarter

55,250 individuals **completed** Becoming ACEs Aware in California training
25,330 individuals became **ACEs Aware-certified**



ACES Aware July 2026 Data Update
 Data Sources: ACEs Aware Learning Center, Data from: Dec 4, 2019, to March 31, 2026

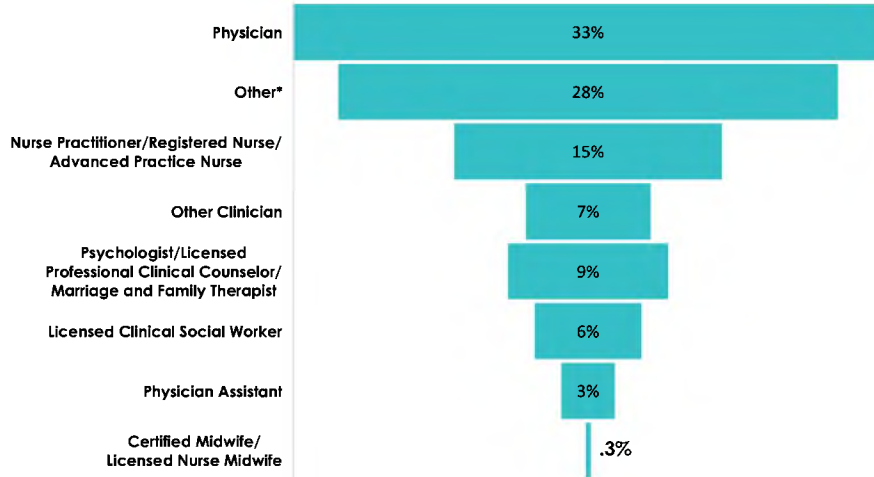


Notes: **Training Completions** indicate the number of individuals who completed the Becoming ACEs Aware in California training. **Certifications** indicate the number of individuals who have attested to receive Medi-Cal payment for conducting qualified ACE screenings. Data labels are rounded to the 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 July 2026 Data Update

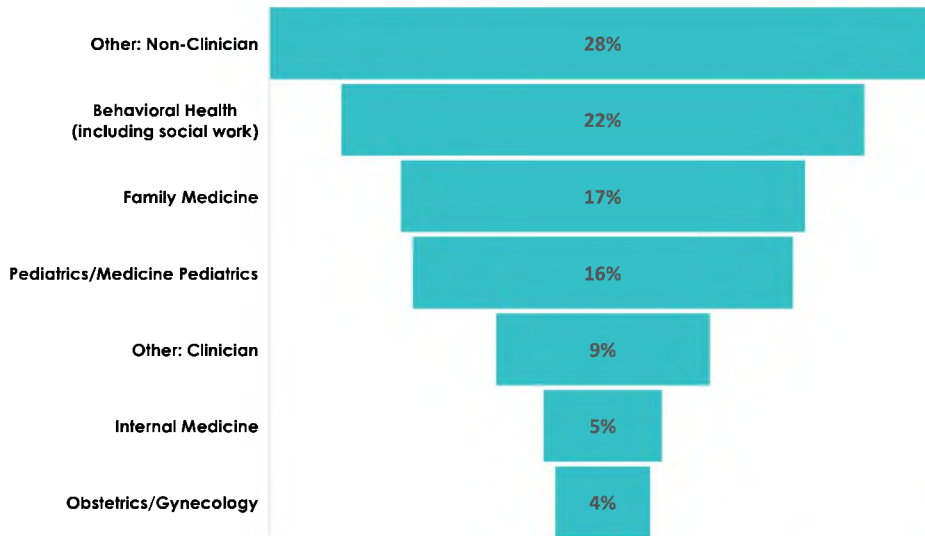
*Other category includes: other non-clinician (13%), government staff (3%), office staff (2%), non-profit/advocacy (3%), and social work (non-clinician) (2%)

Data Source: ACEs Aware Learning Center. Data from: Dec 4, 2019, to March 31, 2026

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

33% of the individuals who completed the training are physicians; **15%** are nurse practitioners, registered nurses, or advanced practice nurses; **7%** are other clinicians; **9%** are psychologists, licensed professional clinical counselors, or marriage and family therapists; **6%** are licensed clinical social workers; **3%** are physician assistants; **<1%** are certified nurse midwives/licensed nurse midwives; and around **28%** represent other occupations, including non-clinical staff from health care, governmental, and other non-profit/advocacy organizations.

Exhibit 1.3: Specialty Among Training Participants



ACEs Aware July 2026 Data Update
Data Source: ACES Aware Learning Center, Data from: Dec 4, 2019, to March 31, 2026
Percentages are rounded to the nearest whole number and may not sum to 100%.

- Of the individuals who completed the training, **22%** specialize in psychology or behavioral health; **17%** specialize in family medicine; and **16%** specialize in pediatrics/medicine-pediatrics.
 - 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.



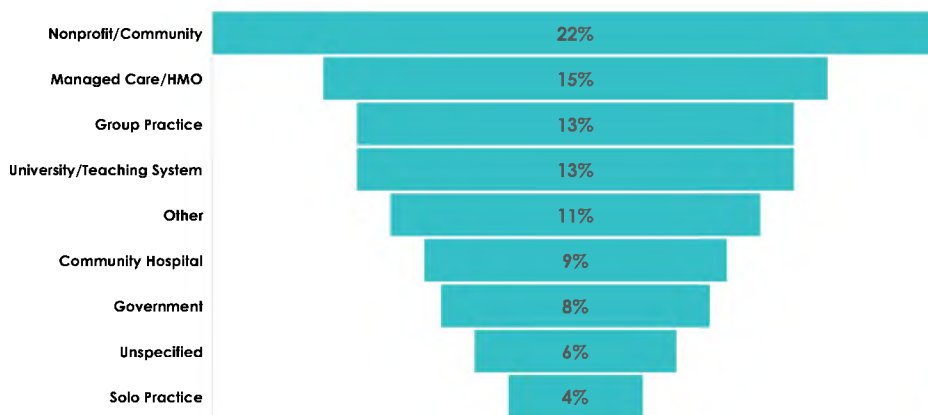
A. ACES Aware Eligible Medi-Cal Provider Status

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; **15%** are part of a managed care organization (MCO) or health maintenance organization (HMO) provider network, and **13%** 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 July 2026 Data Update
Data Source: ACES Aware Learning Center, Data from: Dec 4, 2019, to March 31, 2026
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, **46%** of individuals reported screening less than one-quarter of their patients for ACEs, with nearly one-third (**26%**) not screening any patients; **30%** 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%	26%
1-25%	20%
26-50%	7%
51-75%	5%
76-99%	6%
100%	7%
I do not directly provide care	30%

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



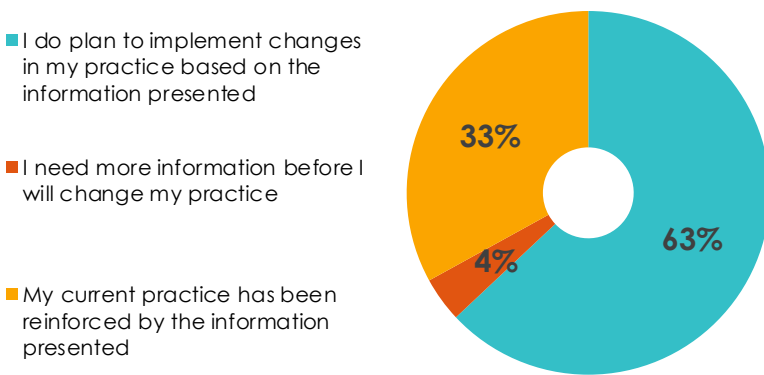
3. Training Evaluation Results

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



ACES Aware July 2026 Data Update
Data Source: ACES Aware Learning Center, Data from: Dec 4, 2019, to March 31, 2026
Percentages are rounded to the nearest whole number and may not sum to 100%.

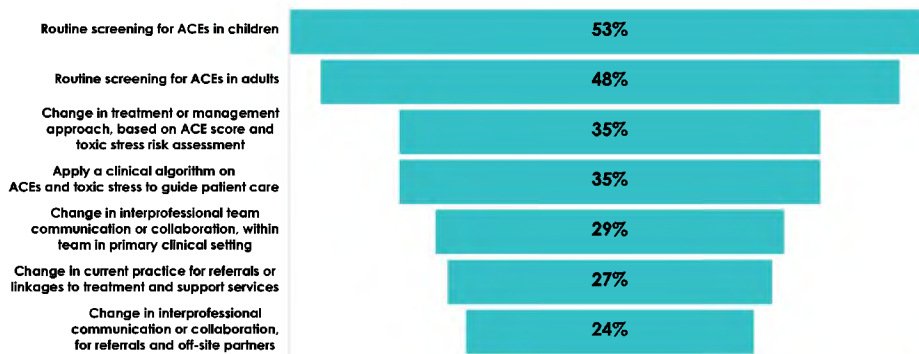


- Two-thirds (**63%**) of participants reported that they plan to implement changes in their practice based on the information presented, **33%** indicated their current practice has been reinforced by the information presented, and **4%** indicated that they need more information before changing their practice.
- Among the approximately **14,350** 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, **35%** 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 July 2026 Data Update
 Data Source: ACEs Aware Learning Center. Data from: Dec 4, 2019, to March 31, 2026
 Percentages are rounded to the nearest whole number and may not sum to 100%.

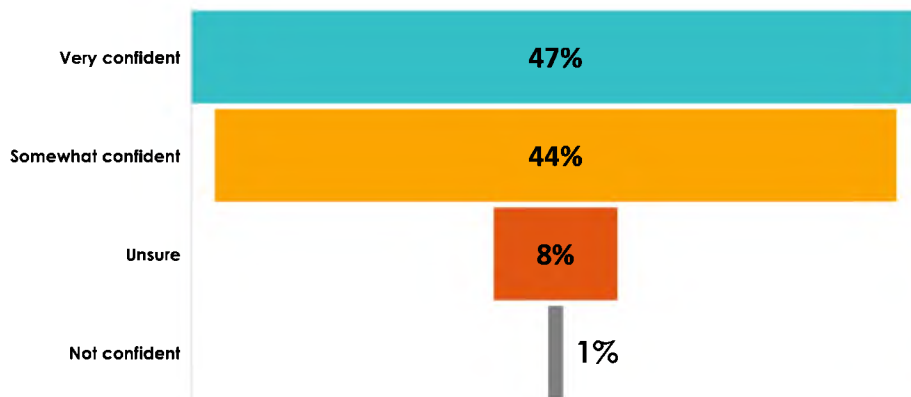




E. Confidence in Ability to Make Intended Changes

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



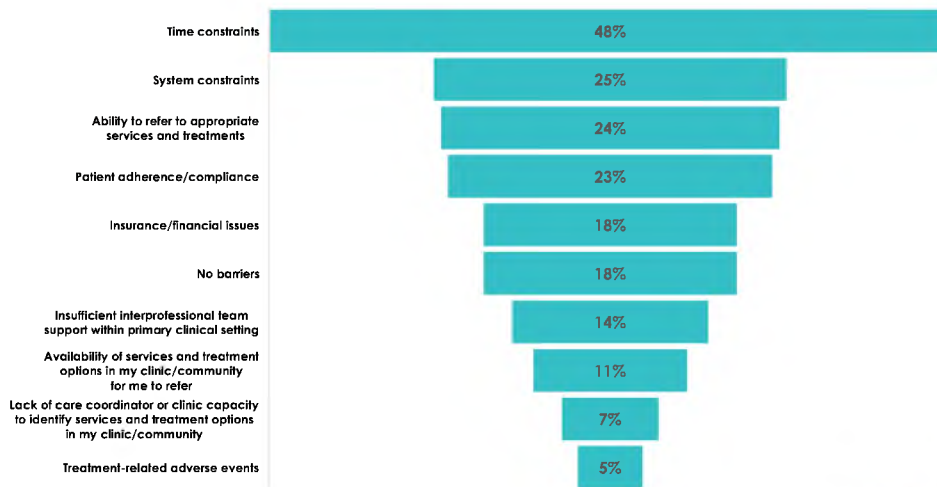
ACEs Aware July 2026 Data Update
Data Source: ACES Aware Learning Center, Data from: Dec 4, 2019, to March 31, 2026
Percentages are rounded to the nearest whole number and may not sum to 100%.



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 July 2026 Data Update
 Data Source: ACEs Aware Learning Center. Data from: Dec 4, 2019, to March 31, 2026
 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 (**92%**).
- 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 (**82%**).



Section 2: ACE Screening Data

Unless otherwise specified, this section summarizes ACE screening service dates between January 1, 2020 and June 30, 2025. The information reflects Medi-Cal managed care and FFS claims data extracted as of March 6, 2026. 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 2025.
- 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.

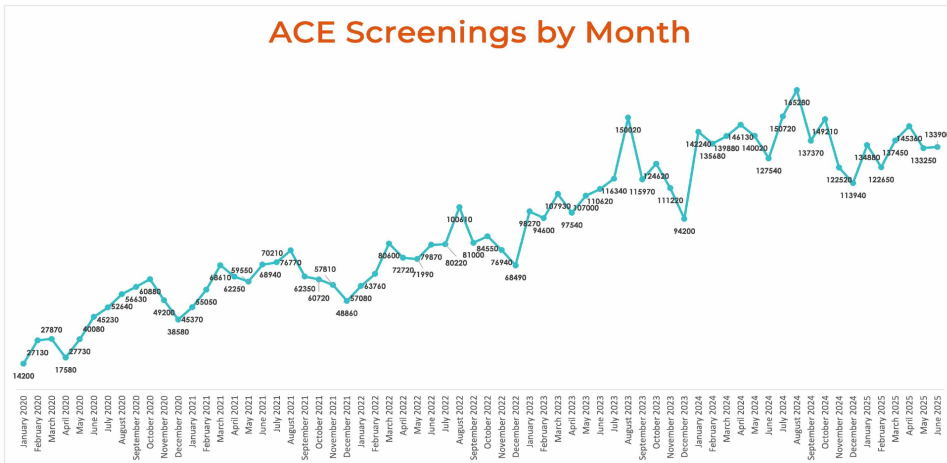
1. Total Number of ACE Screenings

Medi-Cal clinicians conducted a total of **5,918,450** ACE screenings between January 2020 and June 2025. Because some members may be screened more than once, there were **3,045,940** 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



ACES Aware July 2026 Data Update
 Data Source: MIS/DSS Data Warehouse; Data Extraction Date: 3/6/2026
 Data labels are rounded to the nearest 10 and may not sum to the total.

Month and Year
 (n = 5,918,450)





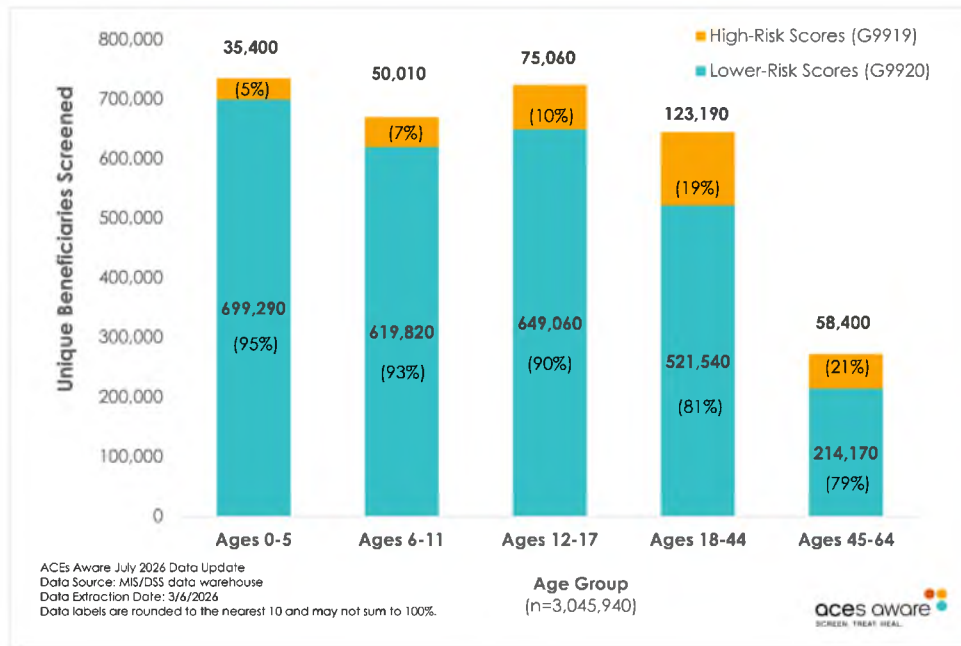
2. Demographics of Medi-Cal Members Screened for ACEs

A. ACE Screenings by Age

A quarter (**24%**) of unique screenings were conducted with children ages 5 and younger. Three-quarters (**70%**) of all unique screenings conducted were with the pediatric population under age 18, and **30%** of all screenings conducted were with the adult population ages 18 to 64. Of the **3,045,940** unique Medi-Cal members screened, the percentage of members with a high-risk ACE score increased with age.

Of the **2,128,639** unique Medi-Cal members ages 0 to 17 screened for ACEs, **8%** had an ACE score of 4 or greater, indicating a high risk for toxic stress. Of the **917,296** unique Medi-Cal members ages 18 to 64 screened for ACEs, **20%** had an ACE score of 4 or more.

Exhibit 2.2: ACE Screenings by Age Group and Procedure Code





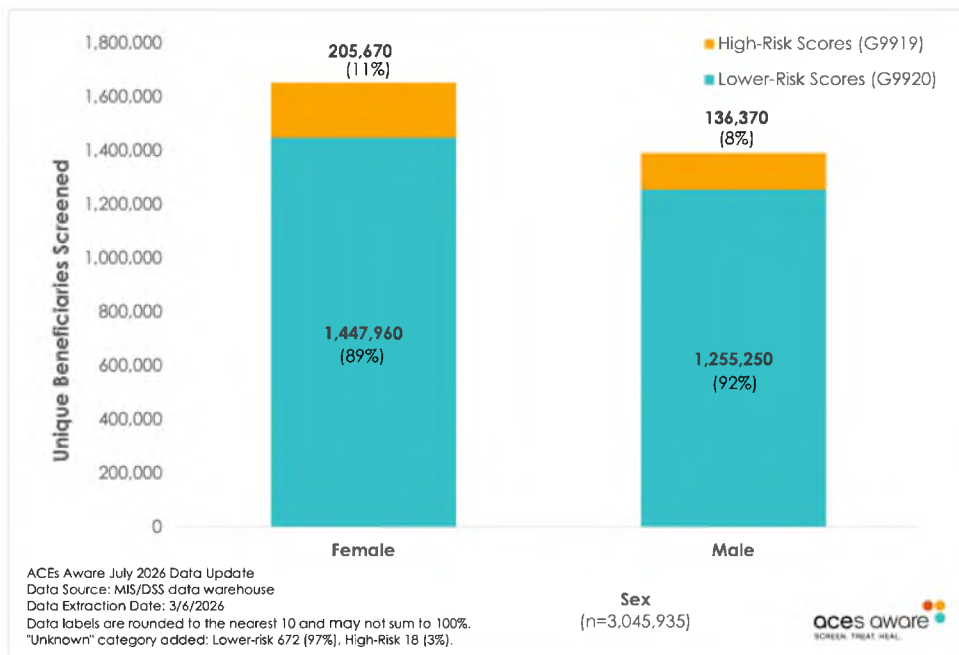
B. ACE Screenings by Sex

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, **12%** had high-risk ACE scores of four or more, compared to **6%** of unique male members screened for ACEs.

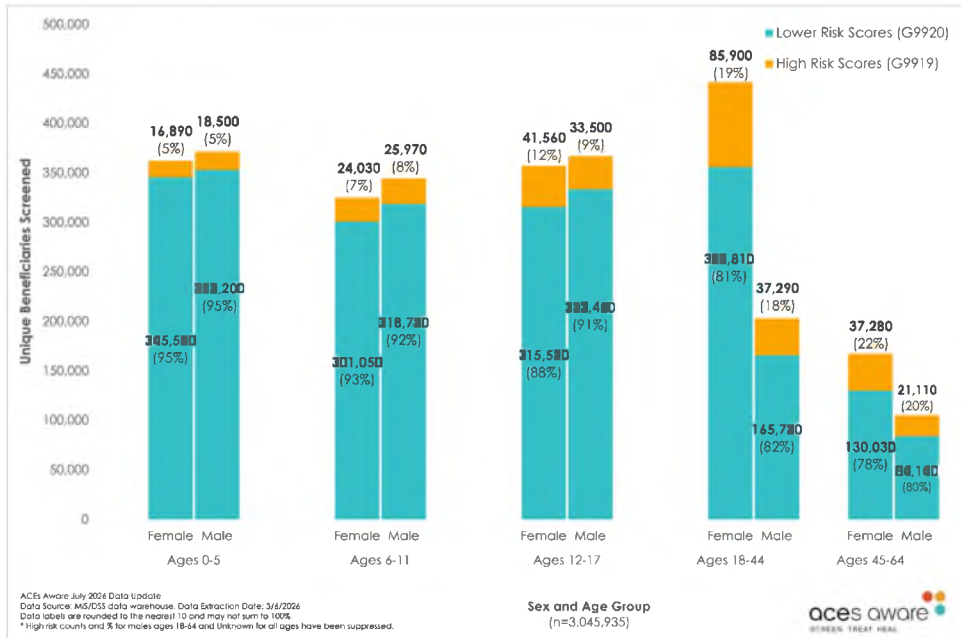
Exhibit 2.3: ACE Screenings by Sex and Procedure Code



C. ACE Screenings by Age and Sex

High-risk ACE scores of four or more were prevalent among females ages 18 through 44 (19%). 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

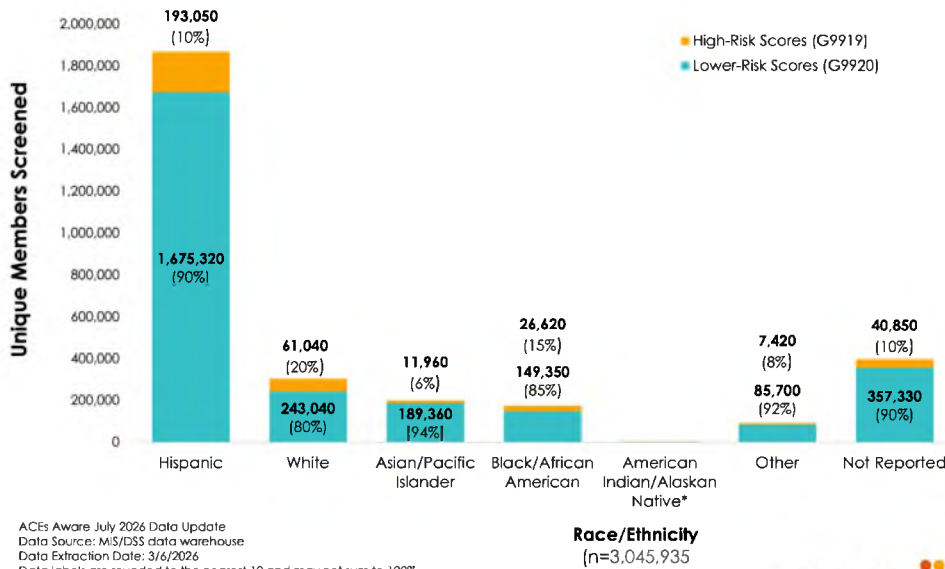


ACES Aware July 2024 Data Update
Data Source: MS/DSS data warehouse. Data Extraction Date: 3/6/2026
Data labels are rounded to the nearest 10 and may not sum to 100%
* High risk counts and % for males ages 18-44 and unknown for all ages have been suppressed.

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 July 2026 Data Update
 Data Source: MIS/DSS data warehouse
 Data Extraction Date: 3/6/2026
 Data labels are rounded to the nearest 10 and may not sum to 100%.
 American Indian/Alaskan Native: Lower-Risk 3,778 (77%), High-Risk 1,117 (23%)



AI/AN Medi-Cal members had the greatest prevalence of high-risk ACE scores of four or more (**23%**), followed by White members (**20%**), Black/African American members (**15%**), Hispanic members (**12%**), members who did not report their race or ethnicity (**10%**), members who reported other race or ethnicity (**8%**), and A/PI members (**6%**).

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 **3,045,940** unique Medi-Cal members screened, **809,090** members (**27%**) were in Los Angeles County. **401,190** members (**13%**) were in San Bernardino County, **381,520** members (**13%**) were in Riverside County, and **299,330** members (**10%**) 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	74,200	2%	9%	91%
Alpine	10	<1	8%	92%
Amador	810	<1	31%	69%
Butte	510	<1	41%	59%
Calaveras	580	<1	34%	66%
Colusa	60	<1	42%	58%
Contra Costa	20,440	1%	8%	92%
Del Norte	530	<1	27%	73%
El Dorado	2,080	<1	21%	79%
Fresno	91,190	3%	7%	93%
Glenn	120	<1	39%	61%
Humboldt	6,530	<1	24%	76%
Imperial	10,710	<1	4%	96%
Inyo	1,240	<1	12%	88%
Kern	73,320	2%	7%	93%
Kings	10,520	<1	8%	92%
Lake	180	<1	31%	69%
Lassen	210	<1	36%	64%
Los Angeles	809,090	27%	7%	93%
Madera	13,840	<1	9%	91%
Marin	11,220	<1	9%	91%
Mariposa	420	<1	20%	80%
Mendocino	3,930	<1	16%	83%
Merced	19,300	1%	8%	92%
Modoc	40	<1	55%	45%
Mono	130	<1	15%	85%
Monterey	65,060	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	1,950	<1	17%	83%
Nevada	2,170	<1	20%	80%
Orange	299,330	10%	6%	94%
Placer	12,650	<1	6%	94%
Plumas	40	<1	26%	74%
Riverside	381,520	13%	23%	77%
Sacramento	114,260	4%	7%	93%
San Benito	460	<1	9%	91%
San Bernardino	401,190	13%	20%	80%
San Diego	228,280	7%	10%	90%
San Francisco	17,420	1%	6%	94%
San Joaquin	35,650	1%	5%	95%
San Luis Obispo	6,270	<1	19%	81%
San Mateo	19,250	1%	4%	96%
Santa Barbara	39,200	1%	10%	90%
Santa Clara	53,500	2%	6%	94%
Santa Cruz	18,660	1%	13%	87%
Shasta	3,610	<1	56%	44%
Sierra	20	<1	<1	100%
Siskiyou	560	<1	41%	59%
Solano	11,270	<1	12%	88%
Sonoma	21,950	1%	16%	84%
Stanislaus	23,050	1%	12%	88%
Sutter	580	<1	41%	59%
Tehama	5,910	<1	18%	82%
Trinity	110	<1	31%	69%
Tulare	74,250	2%	8%	92%
Tuolumne	340	<1	35%	65%
Ventura	48,560	2%	8%	92%
Yolo	6,500	<1	17%	83%
Yuba	1,180	<1	34%	66%
Total	3,045,940	100%	Average 18%	Average 82%

*Data extraction date: 3/6/2026

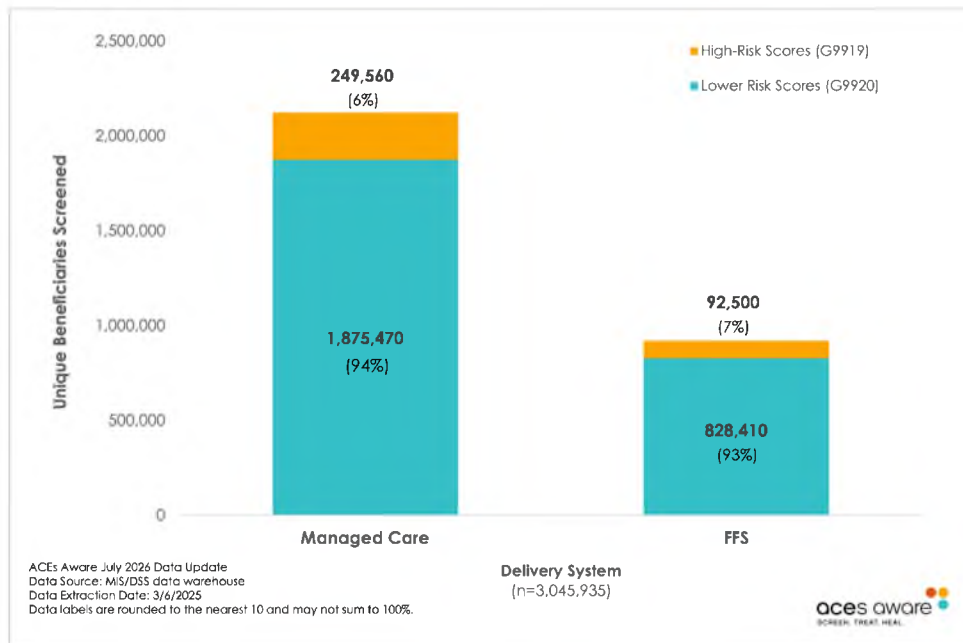
Notes: "Number of ACE Screenings" is rounded to the nearest 10 and may not sum to the total. Please note, these ACE screenings are not a random and representative sample. DHCS does not recommend comparing the prevalence of high-risk ACE scores across counties.

3. Summary of Providers Conducting ACE Screenings

A. ACE Screenings by Delivery System

Most ACE screenings (**69%**) were conducted by providers in the Medi-Cal managed care delivery system compared to **31%** in the FFS delivery system.

Exhibit 2.7: ACE Screenings by Delivery System and Procedure Code

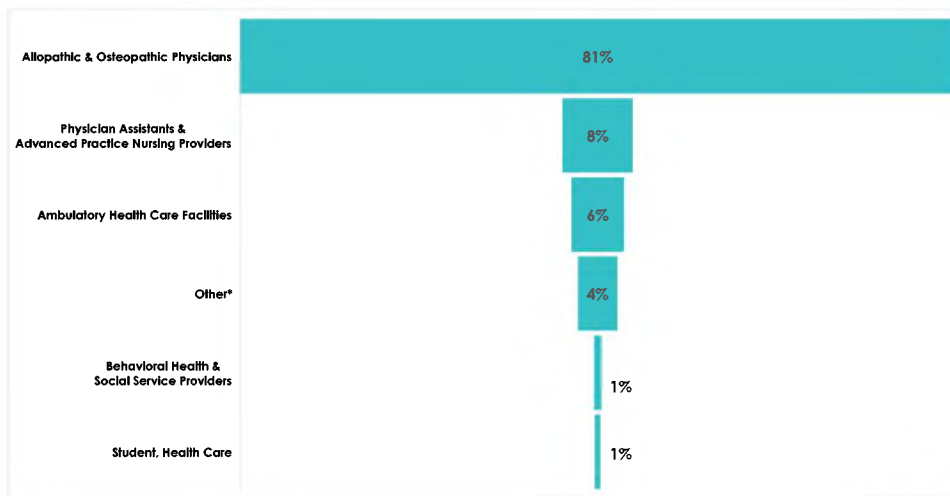




B. ACE Screenings by Provider Type and Specialty

Of the **5,869,934** ACE screenings for which a rendering provider type has been identified, a physician was the rendering provider for **81%** of screenings.

Exhibit 2.8: ACE Screenings by Provider Type



ACEs Aware July 2020 Data Update

*Other category include: Managed care organizations, hospitals, nursing service providers, emergency medical service providers, chiropractic providers, and other provider types.

Data Source: ME/DSS data warehouse; Data Extraction Date: 3/8/2025

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

(n = 5,869,934)

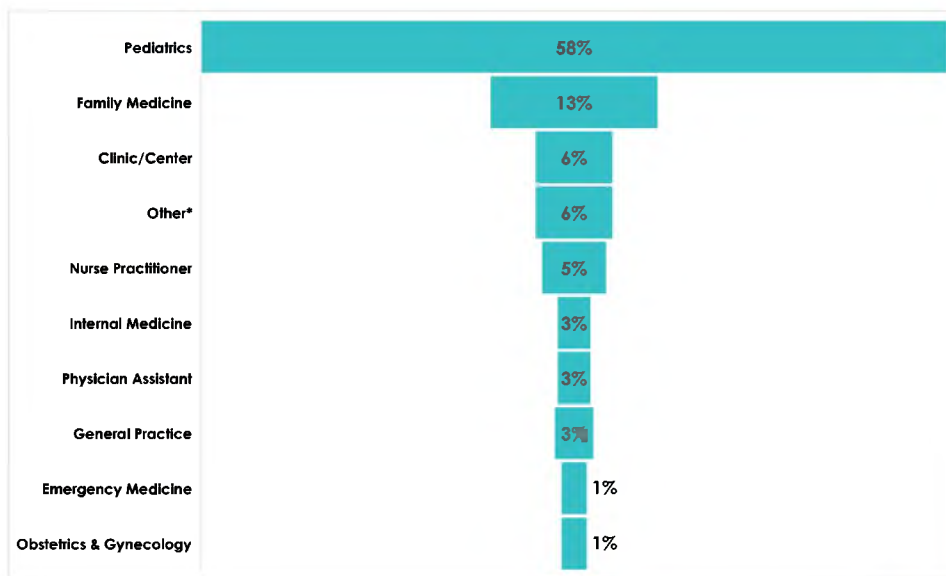


Notes: Exhibit 2.8 represents provider types using rendering NPIs as indicated in the claims/encounter form. Rendering provider types may be individual providers or clinic types.



Of the **5,900,079** ACE screenings for which there is a rendering physician type identified, **58%** specialize in pediatrics, family medicine (**13%**), clinic/center (**6%**), other* (**6%**), nurse practitioner (**3%**), internal medicine (**3%**), physician assistant (**3%**), general practice (**3%**), emergency medicine (**2%**), and obstetrics and gynecology (**2%**). The other category (**25%**) includes social workers, marriage and family therapists, registered nurses, psychiatry and neurology, students in training programs, and other specialties.

Exhibit 2.9: ACE Screenings by Physician Specialty



ACES Aware July 2026 Data Update

*Other category include: 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: 3/6/2026

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

(n = 5,900,079)





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 **2,092,952** individuals, representing **31.6%** 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, 2025 (and were not dually eligible for Medi-Cal and Medicare). FFS clinicians screened **12%** of Medi-Cal members who were not enrolled in any plan during the measurement period (Exhibit 2.10).
- **Adults (Ages 21 to 64):** MCP clinicians screened **664,536** individuals, representing **6.7%** 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, 2025 (and were not dually eligible for Medi-Cal and Medicare). FFS clinicians screened **0.7%** of Medi-Cal members who were not enrolled in any plan during the measurement period (Exhibit 2.11).



**Exhibit 2.10: ACE Screenings for Members Ages 0 to 20 by Medi-Cal MCP
(January 1, 2020 – June 30, 2025)**

MCP	Number of Unique Members Screened	Medi-Cal Enrollment ⁴	Percentage of Medi-Cal Population Screened
Aetna Better Health of California	2,840	19,406	14.6%
Alameda Alliance (LI)	39,223	121,648	32.2%
Alameda Alliance for Health	26,384	105,126	25.1%
Blue Cross of CA Partnership	104,448	464,384	22.5%
Blue Shield of California Promise Health Plan	20,051	57,991	34.6%
CalOPTIMA (COHS)	215,808	382,407	56.4%
CalViva Health	52,063	218,686	23.8%
California Health & Wellness Plan	9,173	108,865	8.4%
CenCal Health	35,834	110,279	32.5%
Central California Alliance (COHS)	70,373	217,033	32.4%
Community Health Group Partnership Plan	56,112	164,527	34.1%
Contra Costa Health Plan (LI)	6,887	95,028	7.2%
Community Health Plan	6,338	34,583	18.3%
Contra Costa Health Plan (LI)	6,912	97,625	7.1%
Contra Costa Health Plan (Single)	3,684	77,283	4.8%
Gold Coast Health Plan	30,649	113,126	27.1%
Health Net Community Solutions, Inc.	224,575	738,122	30.4%
Health Plan of San Joaquin	35,219	223,282	15.8%
Health Plan of San Mateo	13,736	63,888	21.5%
Inland Empire Health	395,922	783,216	50.6%
Kaiser Permanente Cal	185,615	418,850	44.3%
Kern Health Systems	48,046	209,551	22.9%
L.A. Care Health Plan	337,032	1,036,060	32.5%
Molina Healthcare of CA Partner Plan	78,050	267,498	29.2%
Mountain Valley Health Plan	22	1,431	1.5%
Partnership HealthPlan of California	51,665	385,597	13.4%
San Francisco Health Plan	11,678	53,455	21.8%
Santa Clara Family Health Plan	30,389	133,220	22.8%
Universal Care	1,111	8,640	12.9%
Total ACE Screenings by MCP	2,092,952	6,615,779	31.6%
Total ACE Screenings in FFS	60,735	504,892	12%



**Exhibit 2.11: ACE Screenings for Members Ages 21 to 64 by Medi-Cal MCP
(January 1, 2020 – June 30, 2025)**

MCP	Number of Unique Members Screened	Medi-Cal Enrollment ⁴	Percentage of Medi-Cal Population Screened
Aetna Better Health of California	2,000	37,268	5.4%
Alameda Alliance (LI)	755	194,578	0.4%
Alameda Alliance for Health	455	190,286	0.2%
AltaMed	--	1,003	--
Blue Cross of CA Partnership	28,936	701,145	4.1%
Blue Shield of California Promise Health Plan	13,670	128,713	10.6%
CalOPTIMA (COHS)	47,284	645,453	7.3%
CalViva Health	20,863	260,744	8.0%
California Health & Wellness Plan	1,043	143,863	0.7%
CenCal Health	5,512	148,351	3.7%
Central Coast Alliance (COHS)	25,403	274,281	9.3%
Community Health Group Partnership Plan	23,321	251,539	9.3%
Community Health Plan	118	37,155	0.3%
Contra Costa HP (LI)	383	143,221	0.3%
Contra Costa Health Plan (Single)	146	118,165	0.1%
Gold Coast Health Plan	11,185	159,090	7.0%
Health Net Community Solutions, Inc.	70,220	1,185,460	5.9%
Health Plan of San Joaquin	6,757	266,462	2.5%
Health Plan of San Mateo	1,667	107,638	1.5%
Inland Empire Health	229,807	1,025,860	22.4%
Kaiser Permanente Cal	2,948	448,799	0.7%
Kern Health Systems	13,386	242,742	5.5%
L.A. Care Health Plan	107,478	1,833,279	5.9%
Molina Healthcare of CA Partner Plan	35,549	405,400	8.8%
Mountain Valley Health Plan	--	4,231	--
Partnership Health Plan of California	12,176	572,118	2.1%
San Francisco Health Plan	567	134,585	0.4%
Santa Clara Family Health Plan	1,654	217,016	0.8%
Universal Care	1,231	18,493	6.7%
Total ACE Screenings by MCP	664,536	9,900,876	6.7%
Total ACE Screenings in FFS	14,091	1,918,051	0.7%



B. ACE Screening Rate by MCP, Encounter Based

- **Children, Adolescents, and Young Adults (ages 0 to 20):** MCP clinicians screened **1,824,517** individuals, representing **33.2%** 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, 2025 (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 **14.9%** of Medi-Cal members who had a primary care visit but were not enrolled in any plan during the measurement period (Exhibit 2.12).
- **Adults (ages 21 to 64):** MCP clinicians screened **609,670** individuals, representing **8.5%** 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, 2025 (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 **1.2%** of Medi-Cal members who had a primary care visit, but were not enrolled in any plan during the measurement period (Exhibit 2.13).
- **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, **86%** had an ACE score between 0 and 3, and **14%** 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, **79%** had an ACE score between 0 and 3, and **21%** had an ACE score of 4 or more. Among adult Medi-Cal members screened by FFS clinicians, **81%** had an ACE score between 0 and 3, and **19%** had an ACE score of 4 or more.



Exhibit 2.12: 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, 2025)

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	2,750	15,190	18.1%	192	2,558	7%	93%
Alameda Alliance (LI)	38,710	109,050	35.5%	3,209	35,501	8%	92%
Alameda Alliance for Health	26,200	93,509	28.0%	1,759	24,441	7%	93%
Blue Cross of CA Partnership	99,427	404,190	24.6%	5,904	93,523	6%	94%
Blue Shield of California Promise Health Plan	18,882	48,411	39.0%	1,468	17,414	8%	92%
California Health & Wellness Plan	6,858	90,773	7.6%	724	6,134	11%	89%
CalOPTIMA (COHS)	77,212	151,073	51.1%	3,713	73,499	5%	95%
CalViva Health	48,920	199,595	24.5%	1,885	47,035	4%	96%
CenCal Health	35,145	103,198	34.1%	3,078	32,067	9%	91%
Central Coast Alliance (COHS)	56,046	170,164	32.9%	2,563	53,483	5%	95%
Community Health Group Partnership Plan	52,929	146,024	36.2%	3,488	49,441	7%	93%
Community Health Plan	2,705	24,268	11.1%	89	2,616	3%	97%
Contra Costa Health Plan (Single)	3,374	59,636	5.7%	208	3,166	6%	94%
Contra Costa HP (LI)	6,802	78,676	8.6%	421	6,381	6%	94%
Gold Coast Health Plan	28,049	88,492	31.7%	1,570	26,479	6%	94%



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.	203,039	607,714	33.4%	9,874	193,165	5%	95%
Health Plan of San Joaquin	19,806	160,283	12.4%	958	18,848	5%	95%
Health Plan of San Mateo	13,479	54,573	24.7%	553	12,926	4%	96%
Inland Empire Health	375,751	686,503	54.7%	61,034	314,717	16%	84%
Kern Health Systems	46,379	192,536	24.1%	2,763	43,616	6%	94%
Kaiser Permanente Cal	184,128	400,539	46.0%	7,655	176,473	4%	96%
L.A. Care Health Plan	313,572	867,228	36.2%	14,233	299,339	5%	95%
Molina Healthcare of CA Partner Plan	73,613	217,906	33.8%	6,936	66,677	9%	91%
Mountain Valley Health Plan	22	1,214	1.8%	--	--	--	--
Partnership Health Plan of CA	49,765	349,873	14.2%	5,550	44,215	11%	89%
San Francisco Health Plan	11,241	49,076	22.9%	424	10,817	4%	96%
Santa Clara Family Health Plan	28,640	117,648	24.3%	1,587	27,053	6%	94%
Universal Care	1,073	6,542	16.4%	--	--	--	--
Total ACE Screenings by MCP	1,824,517	5,493,884	33.2%	141,923	1,682,594	8%	92%
Total ACE Screenings in FFS	53,421	359,600	14.9%	7,225	46,196	14%	86%



Exhibit 2.13: 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, 2025)

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	1,962	24,648	8.0%	244	1,718	12%	88%
Alameda Alliance (LI)	732	147,308	0.5%	153	579	21%	79%
Alameda Alliance for Health	435	132,764	0.3%	99	336	23%	77%
AltaMed	--	861	--	--	--	--	--
Blue Cross of CA Partnership	28,460	524,881	5.4%	4,543	23,917	16%	84%
Blue Shield of California Promise Health Plan	13,209	92,088	14.3%	2,551	10,658	19%	81%
California Health & Wellness Plan	994	116,579	0.9%	327	667	33%	67%
CalOPTIMA (COHS)	23,515	295,809	7.9%	3,101	20,414	13%	87%
CalViva Health	20,382	212,833	9.6%	2,839	17,543	14%	86%
CenCal Health	5,468	115,700	4.7%	1,776	3,692	32%	68%
Cntl. Coast Alliance (COHS)	15,769	186,489	8.5%	3,069	12,700	19%	81%
Community Health Group Partnership Plan	22,858	192,747	11.9%	3,626	19,232	16%	84%
Community Health Plan	77	29,603	--	--	--	--	--
Contra Costa Health Plan (Single)	137	85,935	0.2%	23	114	17%	83%
Contra Costa HP (LI)	381	111,882	0.3%	66	315	17%	83%
Gold Coast Health Plan	10,940	106,712	10.3%	1,523	9,417	14%	86%



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.	67,225	811,843	8.3%	7,977	59,248	12%	88%
Health Plan of San Joaquin	5,111	184,854	2.8%	1,173	3,938	23%	77%
Health Plan of San Mateo	1,665	76,345	2.2%	79	1,586	5%	95%
Inland Empire Health	221,769	784,121	28.3%	70,438	151,331	32%	68%
Kern Health Systems	13,179	205,954	6.4%	1,204	11,975	9%	91%
Kaiser Permanente Cal	2,923	408,155	0.7%	426	2,497	15%	85%
L.A. Care Health Plan	102,569	1,307,729	7.8%	12,278	90,291	12%	88%
Molina Hlthcare of CA Partner Plan	34,483	278,964	12.4%	6,529	27,954	19%	81%
Mountain Valley Health Plan	--	3,061	--	--	--	--	--
Partnership Health Plan of California	12,020	458,436	2.6%	5,406	6,614	45%	55%
San Francisco Health Plan	564	107,719	0.5%	80	484	14%	86%
Santa Clara Family Health Plan	1,609	161,013	1.0%	200	1,409	12%	88%
Universal Care	1,212	12,703	9.5%	186	1,026	15%	85%
Total ACE Screenings by MCP	609,670	7,180,950	8.5%	129,924	479,746	21%	79%
Total ACE Screenings in FFS	13,451	1,160,852	1.2%	2,532	10,919	19%	81%



Exhibits 2.10-13 Data Notes:

1 Data Extraction Date: March 6, 2026, 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.

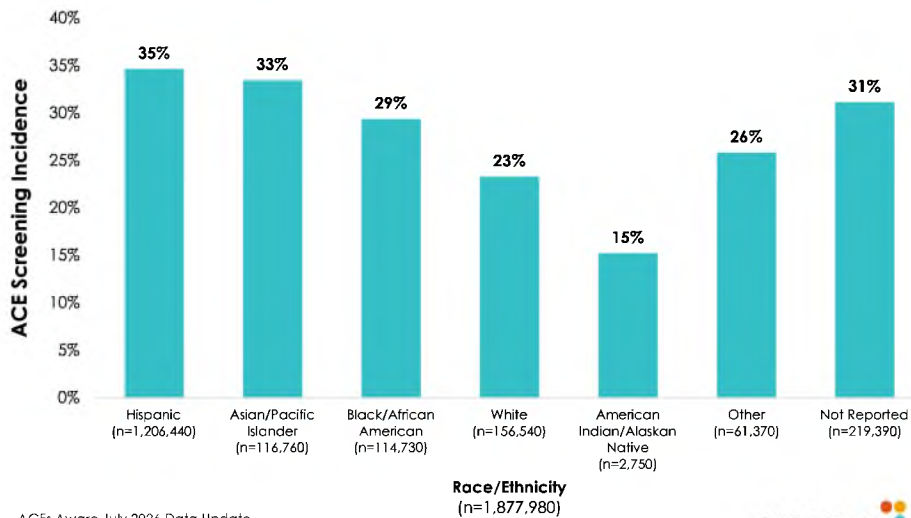
4 "Medi-Cal Enrollment" is the count of distinct non-dual individuals who had been enrolled in a single plan from January 1, 2020 to June 30, 2025.



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

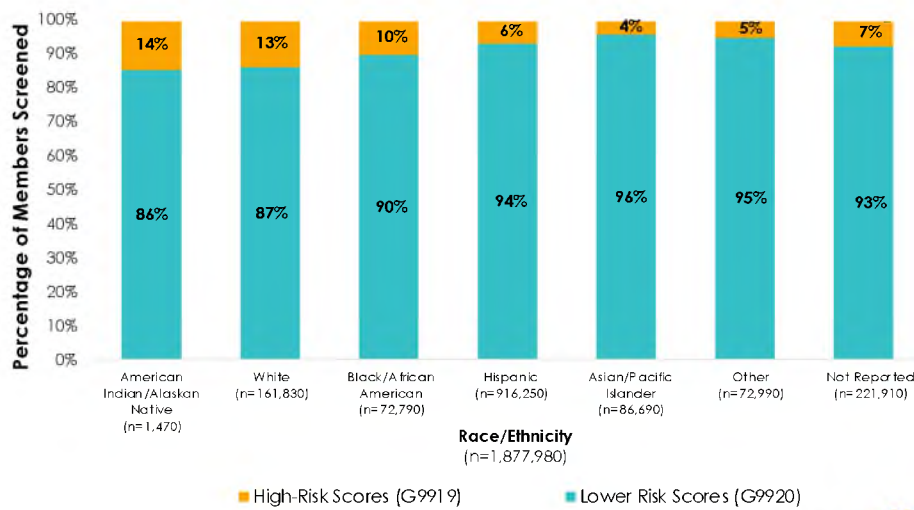
- **Children, Adolescents, and Young Adults (ages 0 to 20):** Among Medi-Cal members ages 0 to 20 who were not dually eligible for Medi-Cal and Medicare, were continuously enrolled in one MCP for any 12 continuous months during **January 1, 2020 to June 30, 2025**, and had at least one primary care visit in the same time period, **33%** 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 **29%**; 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 (**15%**); followed by White members (**14%**); Black/African American members (**10%**); members who did not report their race or ethnicity (**8%**); Hispanic members (**7%**); 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, 2025**, and had at least one primary care visit in the same time period, **8%** overall were screened for ACEs.
 - Hispanic members had a screening rate of **9%**; Black/African American and White members had a screening rate of **7%**; Asian/Pacific Islander members, and members who did not report their race or ethnicity each had a screening rate of **6%**; members who reported other race or ethnicity had a screening rate of **5%**, 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 (**35%**); followed by White members (**29%**); Black/African American members (**24%**); members who did not report their race or ethnicity (**23%**); Hispanic members (**20%**); members who reported other race or ethnicity (**17%**); and Asian/Pacific Islander members (**13%**).

Exhibit 2.14: 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, 2025



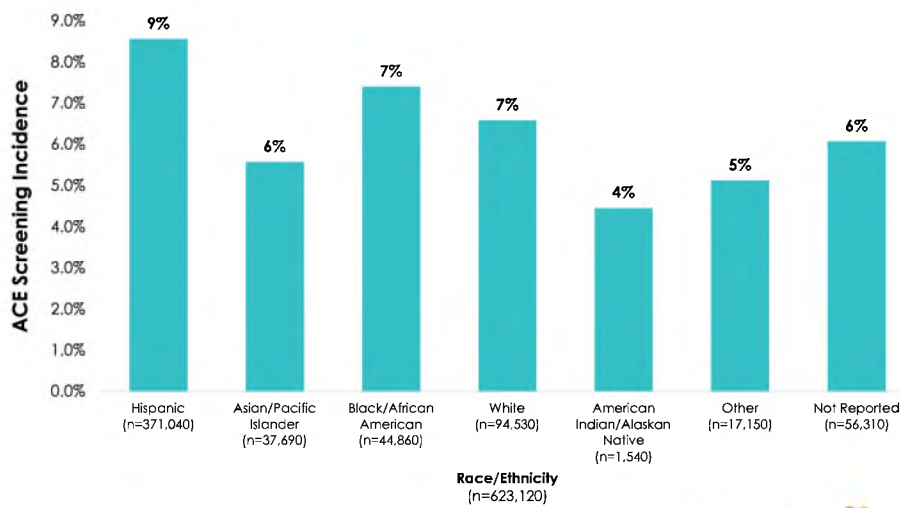
ACEs Aware July 2026 Data Update
Data Source: MIS/DSS Data Warehouse; Data Extraction Date: 3/6/2026
Data labels are rounded to the nearest 10 and may not sum to 100%.

Exhibit 2.15: 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, 2025



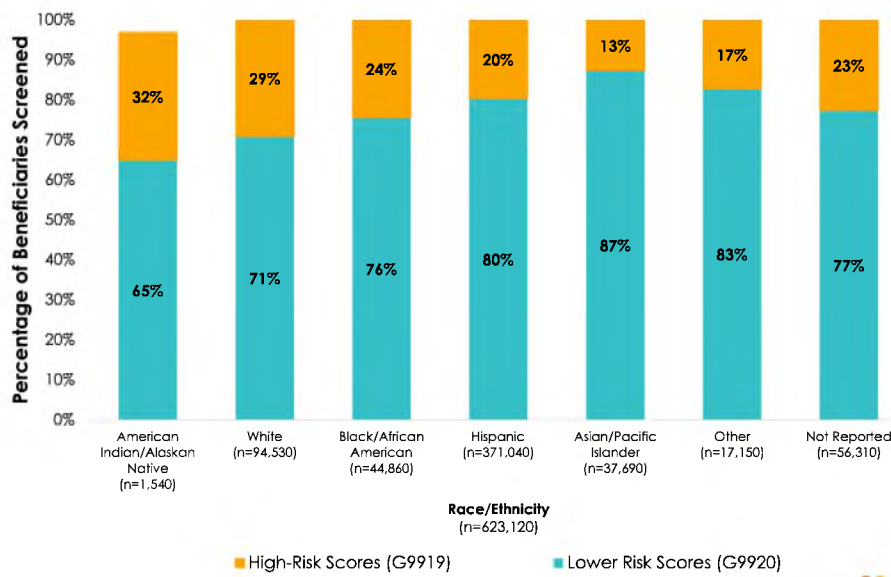
ACES Aware July 2026 Data Update
Data Source: MIS/DSS Data Warehouse; Data Extraction Date: 3/6/2026
Data labels are rounded to the nearest 10 and may not sum to 100%.

Exhibit 2.16: 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, 2025



ACEs Aware July 2026 Data Update
Data Source: MIS/DSS Data Warehouse; Data Extraction Date: 3/6/2026
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 21 to 64 Who Had a Primary Care Visit – January 1, 2020 to June 30, 2025



ACEs Aware July 2026 Data Update
Data Source: MIS/DSS Data Warehouse; Data Extraction Date: 3/6/2026
Data labels are rounded to the nearest 10 and may not sum to 100%.