

Alameda CalAIM Children and Youth Workgroup

August 12, 2025



Workgroup Objective

Enable outreach, referrals, and enrollment for children into ECM and Community Supports

Today's Agenda

Time	Agenda Topic
11:00-11:10	Welcome and Introductions
11:10-11:15	July Workgroup Recap
11:15-11:25	Provider Update: First 5 Alameda
11:25-11:35	ECM Data Highlights
11:35-11:45	Looking Ahead & Wrap-up

Introductions

Please share:

- Your Name
- Your Organization and Role
- Your connection to CalAIM (provider, referral partner, youth-serving agency, etc)
- Any updates from your organization you'd like to share
- And... describe your work with children and youth in one word

July Workgroup Recap

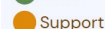
Child Welfare Care Coordination Handout

💬 Share suggestions or
comments any time at:
pathinfo@bluepathhealth.com



Alameda Child Welfare Coordination Resource

Topic	Child Welfare Social Worker	HCPCFC Public Health Nurses	Lead Care Manager
Court Documents/Court Ordered Services	● Lead	● Support (as necessary)	
Foster Youth Application	● Lead		
Medi-Cal Application/Eligibility (CalSAWS)	● Lead	● Inform	
CANS (Child and Adolescent Needs & Strengths Assessment Tool)	● Lead	● Inform	● Inform
Social Drivers of Health Support (Housing, Transportation, Education, Financial, Food Security, Mental Health/Behavioral Health Support)	● Lead	● Inform	● Support
Multidisciplinary Team Meetings (CFT)	● Lead	● Inform	● Inform
Referrals	● Community & Social Support Referrals	● Medical Referrals	● Community & Social Support Referrals
Medical, Vision, & Dental Appointments		● Lead	● Support
Health Forms for Doctor's Visits/Courts		● Lead	● Support
Health Promotion & Education		● Lead	● Support
Foster Youth Health & Education Passport		● Lead	● Support
Medication Management (including psychotropic medication)	● Support	● Lead	● Support
Interpretation of Medical Reports		● Lead	
Coordinate Services for Children in Out-of-County and Out-of-State Placements	● Mental Health Care	● Health Care	
Medi-Cal MCP Navigation		● Support	● Lead
Regional Center Navigation	● Lead	● Support	● Support
Education and IEP Navigation	● Lead	● Support	● Support
Health Care Comprehensive Transitional Care		● Support	● Lead
Mental Health Comprehensive Transitional Care	● Lead		● Support



HCPCFC Public Health Nurse: Call (510) 618-2070 or email HCPCFCalameda@acgov.org

Lead Care Manager: Contact MCP foster care liaison

[ECM & CS Referral Pathways Website](#)

For questions or feedback about this resource please email: pathinfo@bluepathhealth.com

Alameda County CalAIM PATH Collaborative Resource Center

Alameda CalAIM Resources and Referrals

CalAIM Tools and
Resources

Kaiser Permanente
Referrals

Alameda Alliance for
Health Referrals

[ECM & Community Supports Job Aid: English](#)

[ECM & Community Supports Job Aid: Spanish \(Dec 2024\)](#)

[Alameda County 2024 MCP Transition FAQ](#)

[Alameda County CalAIM Provider List Spreadsheet \(Sept 2024\)](#)

[Alameda County CalAIM Provider List PDF \(Sept 2024\)](#)

First 5 Alameda



**Health care providers,
families, teachers**



**HMG Centralized Access
Point**



**Community Services
and Information**



Help Me Grow Alameda County is a countywide system to promote the development, learning and social-emotional health of children aged birth to 5 living in Alameda County.

Help Me Grow Central Access Point

1-888-510-1211

- Parents and providers can call with questions or concerns about children's development or for connection to resources
- Bilingual staff
- Developmental and anticipatory guidance
- Care Coordination
- Family Navigation
- Referrals and Information



How and who should you refer to HMG



- Use referral form
- Parents can call
- Families with children 0-5 that live in Alameda County
 - Any family with questions or concerns about their child's behavior, learning, or development
 - Parents or families who are interested in connecting to resources or services

Supports and Services

- Early Intervention System Referrals
- Developmental Referrals and Services
- Mental Health Referrals
- Developmental Screening
- Parent or Child Community Activities
- Parent Education & Support
- Dental Health
- Health Insurance
- Basic Needs
- Food
- Financial Assistance





HMG Referral Form

Phone: (888) 510-1211
Fax: (510) 927-3117

Help Me Grow
Alameda County

PEDIATRIC PROVIDER REFERRAL FORM

Please attach the ASQ, ASQ:SE, M-CHAT or other screening tools and any authorization forms (if available)

Has the family agreed to this referral? Yes ☐ No ☐

REFERRING PROVIDER INFORMATION (INDIVIDUAL WHO WILL RECEIVE PROVIDER FEEDBACK)

Referral Date	Referral Site Name	Referring Provider Name	Title
Address		Unit	City
Phone Number		Fax Number	

Did you refer child/family to (check all that apply):
☐ Regional Center of the East Bay (Date Submitted: _____) ☐ EPSDT Mental Health Services (Date Submitted: _____)
☐ SELPA/School District (Date Submitted: _____) ☐ Other: _____ (Date Submitted: _____)

CHILD'S INFORMATION

Child's Last Name	Child's First Name	DOB	Gender <input type="checkbox"/> F <input type="checkbox"/> M
Address		Unit	City
Child's Health Insurance (if known):		Medi-Cal #:	Member ID #:

PARENT / CARETAKER'S INFORMATION

Parent/Caregiver Last Name	Parent/Caregiver First Name	Relationship to Child	Language(s) Spoken
Best Phone (check one) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell () ---		Other Phone (check one) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell () ---	
Email			

Parent/Caregiver Last Name	Parent/Caregiver First Name	Relationship to Child	Language(s) Spoken
Best Phone (check one) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell () ---		Other Phone (check one) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell () ---	
Email			

REASONS FOR CONCERN/REFERRAL (CHECK ALL THAT APPLY)

DEVELOPMENT	BEHAVIOR AND FAMILY	HEALTH AND GENERAL SUPPORT
<input type="checkbox"/> Age-appropriate adaptive skills	<input type="checkbox"/> Behavioral Concerns	<input type="checkbox"/> Basic Needs
<input type="checkbox"/> Cognitive/Learning	<input type="checkbox"/> High Family Stress	<input type="checkbox"/> Child Care
<input type="checkbox"/> Communication/Language Development	<input type="checkbox"/> Parent-Child Relationship	<input type="checkbox"/> Community Resources/Information
<input type="checkbox"/> Fine Motor	<input type="checkbox"/> Parent Support and Education	<input type="checkbox"/> Sensory Concerns
<input type="checkbox"/> General Developmental Guidance	<input type="checkbox"/> Social Skills/Social Emotional	<input type="checkbox"/> Hearing/Audiology
<input type="checkbox"/> Gross Motor	<input type="checkbox"/> Trauma/Adverse Childhood Experiences <u>SCORE</u>	<input type="checkbox"/> Vision
<input type="checkbox"/> Other:		

OTHER COMMENTS/NOTES/REASONS FOR REFERRING TO HELP ME GROW:

Phone: (888) 510-1211
Fax: (510) 927-3117

Help Me Grow
Alameda County

COMMUNITY REFERRAL FORM

Please attach the ASQ, ASQ:SE, M-CHAT or other screening tools and any authorization forms (if available)

Has the family agreed to this referral? Yes ☐ No ☐

REFERRING PROVIDER INFORMATION (INDIVIDUAL WHO WILL RECEIVE PROVIDER FEEDBACK)

Referral Date	Referral Site Name	Referring Provider Name	Title
Address		Unit	City
Phone Number		Fax Number	

Did you refer child/family to (check all that apply):
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CHILD'S INFORMATION

Child's Last Name	Child's First Name	DOB	Gender <input type="checkbox"/> F <input type="checkbox"/> M
Address		Unit	City
Child's Health Insurance (if known):		Medi-Cal #:	Member ID #:

PARENT / CARETAKER'S INFORMATION

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Email			

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Best Phone (check one) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell () ---		Other Phone (check one) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell () ---	
Email			

REASONS FOR CONCERN/REFERRAL (CHECK ALL THAT APPLY)

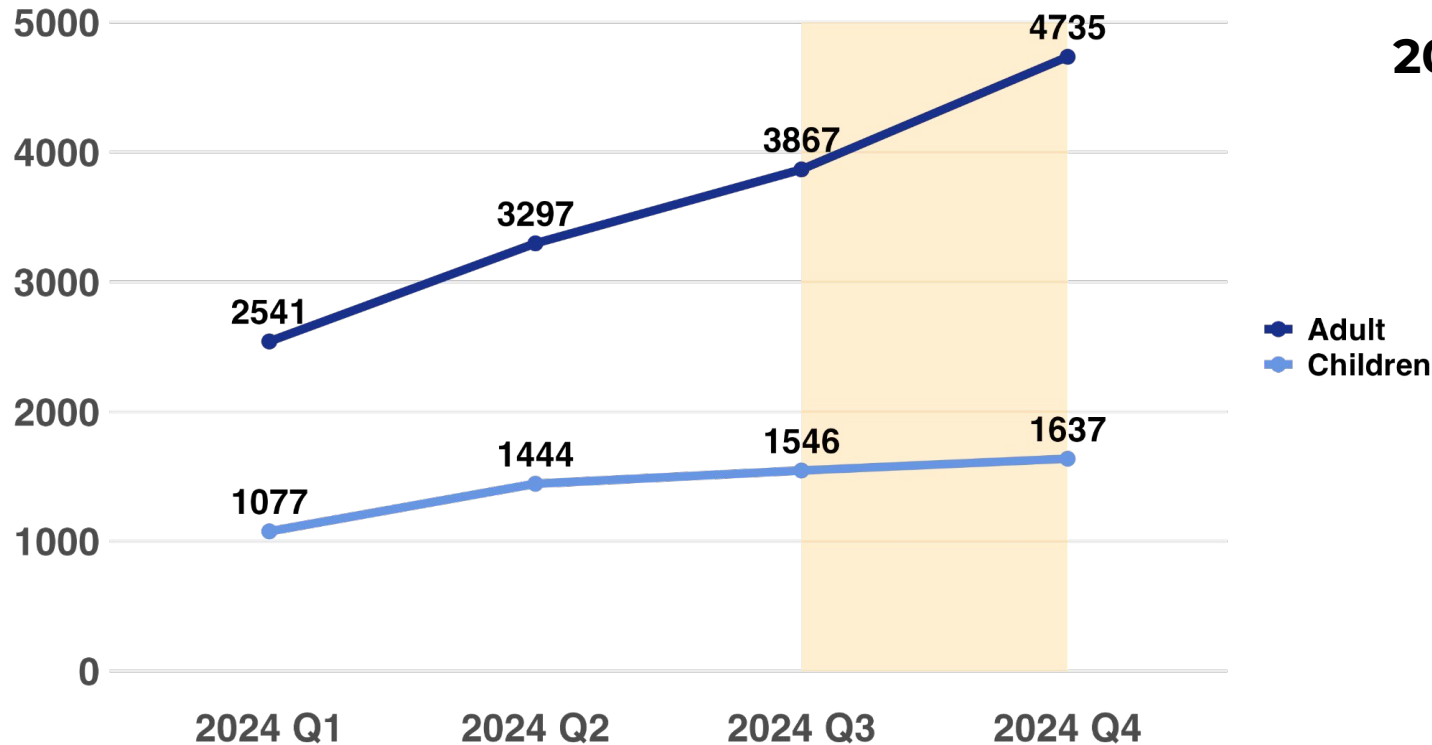
DEVELOPMENT	BEHAVIOR AND FAMILY	HEALTH AND GENERAL SUPPORT
<input type="checkbox"/> Age-appropriate adaptive skills	<input type="checkbox"/> Behavioral Concerns	<input type="checkbox"/> Basic Needs
<input type="checkbox"/> Cognitive/Learning	<input type="checkbox"/> High Family Stress	<input type="checkbox"/> Child Care
<input type="checkbox"/> Communication/Language Development	<input type="checkbox"/> Parent-Child Relationship	<input type="checkbox"/> Community Resources/Information
<input type="checkbox"/> Fine Motor	<input type="checkbox"/> Parent Support and Education	<input type="checkbox"/> Sensory Concerns
<input type="checkbox"/> General Developmental Guidance	<input type="checkbox"/> Social Skills/Social Emotional	<input type="checkbox"/> Health/Medical
<input type="checkbox"/> Gross Motor	<input type="checkbox"/> Trauma/Adverse Childhood Experiences <u>SCORE</u>	<input type="checkbox"/> Hearing/Audiology
<input type="checkbox"/> Other:		

OTHER COMMENTS/NOTES/REASONS FOR REFERRING TO HELP ME GROW:

ECM Data Highlights

Tracking our progress: ECM

Alameda County, ECM Enrollment by Adult and Children



**From January
2024 to December
2024:**

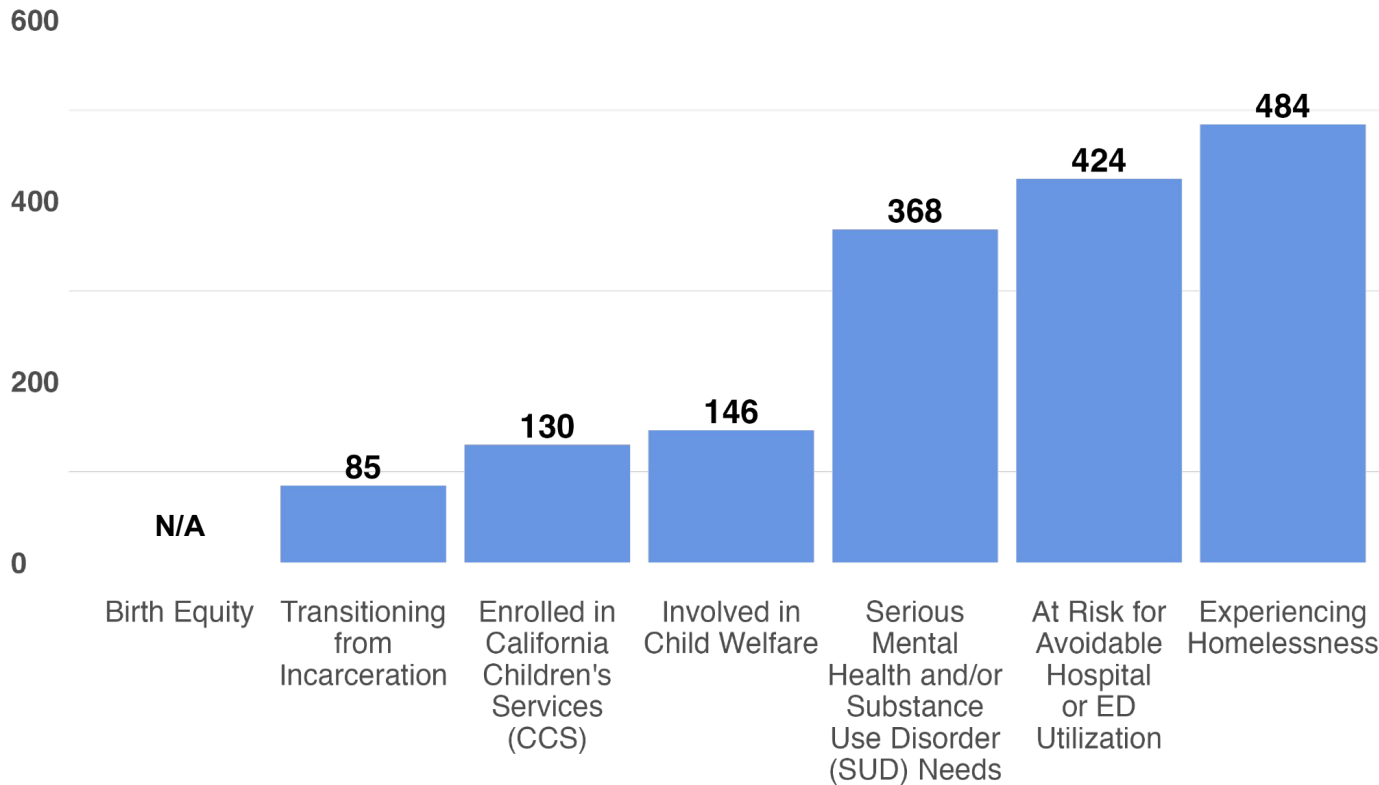
**86% increase
in adults
enrolled**

**52% increase
in children
enrolled**

Tracking our progress: ECM

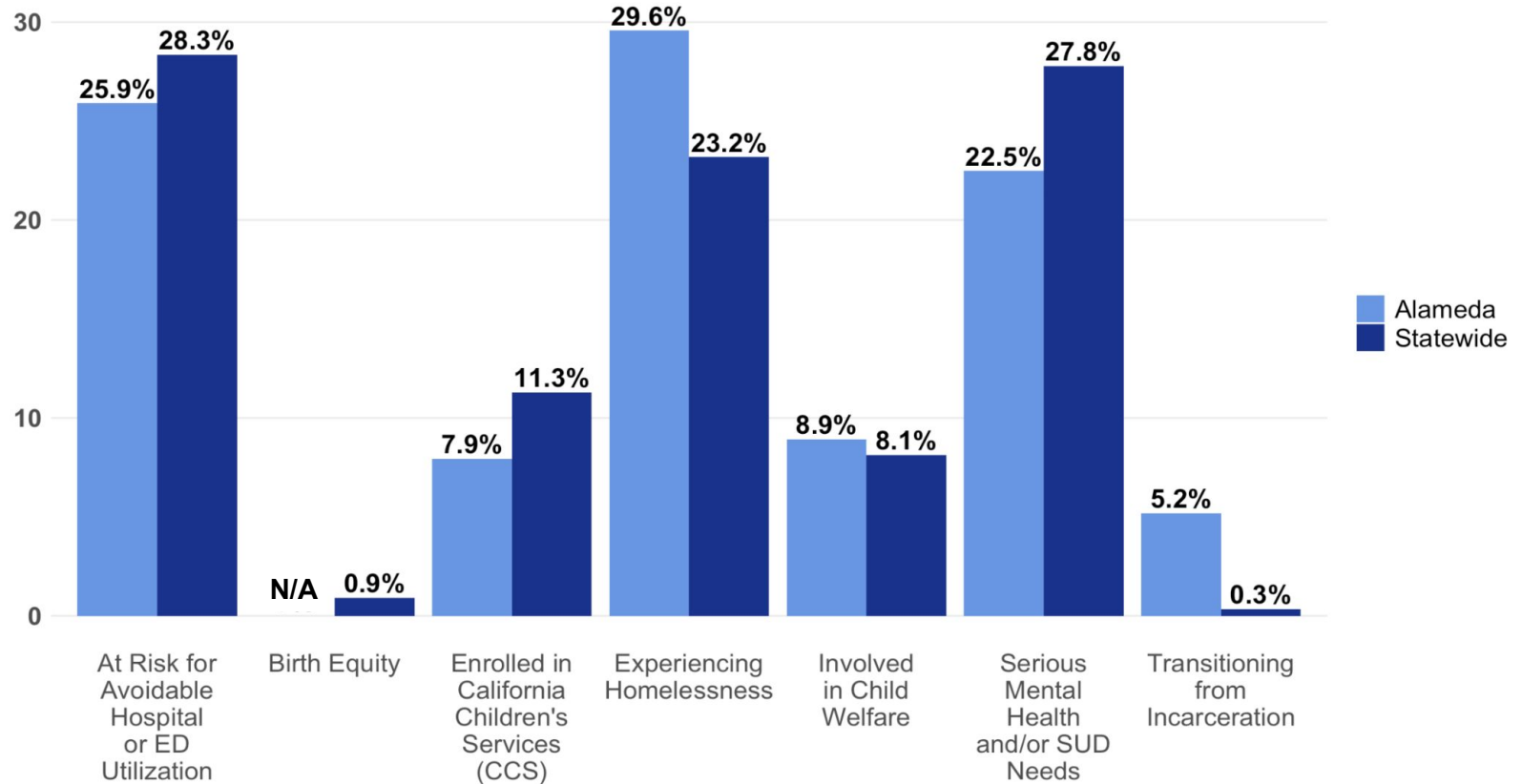
Alameda County, Children PoFs

2024 Q4



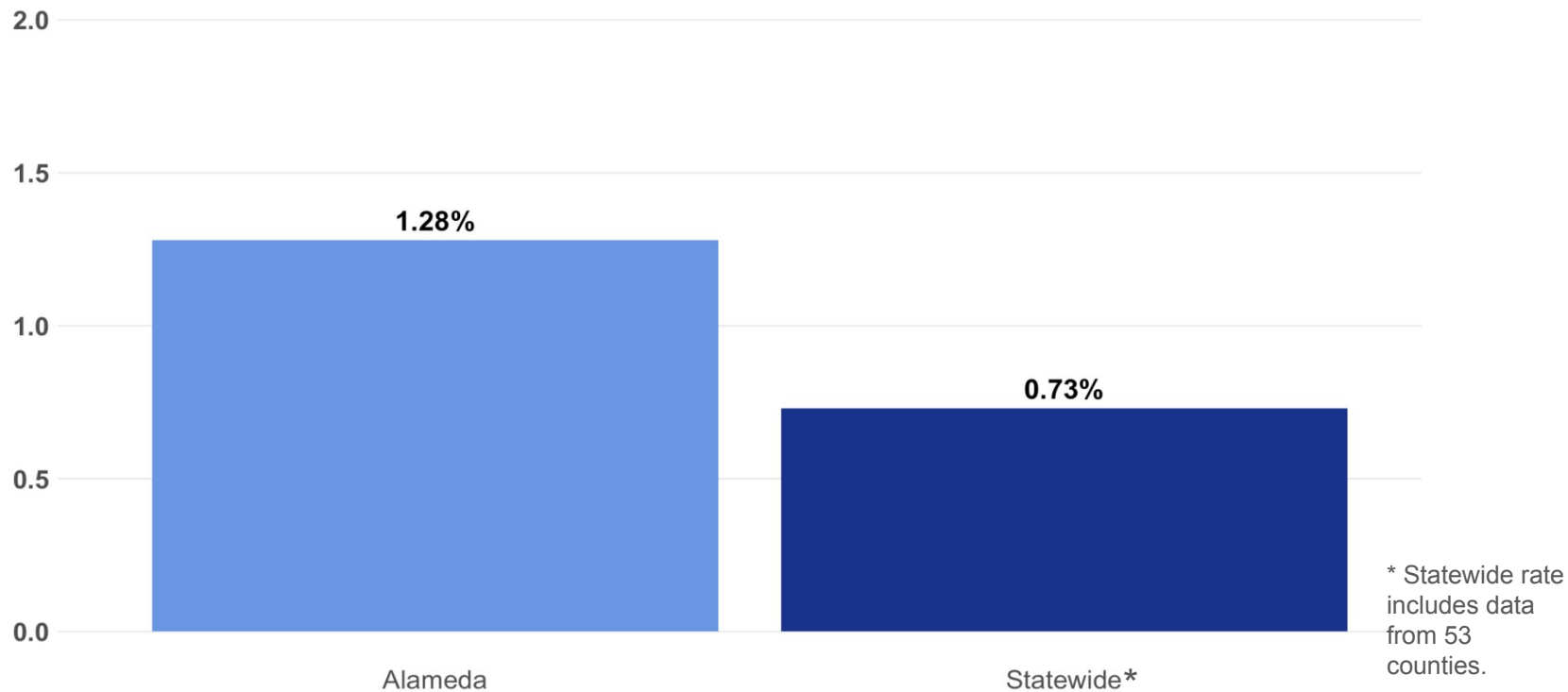
Tracking our progress: ECM

Percentage of Children ECM PoFs for 2024 Q4



Tracking our progress: ECM

ECM Penetration Rate for Children & Youth 2024



Looking Ahead & Wrap-up

See you next month!

Cross-County Children & Youth Workgroup Meeting

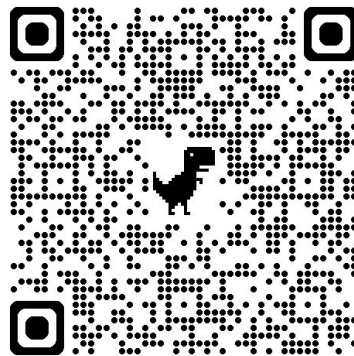
September 9, 2025

11:00am - 12:00pm

On Teams

Topic: Child Welfare Care
Coordination Across County Lines

Register now:



Looking Ahead: In-Person Workgroup Meeting

- Are you interested in attending an in-person Children and Youth workgroup meeting?
- What type of activities would you find most valuable or engaging?
- Any suggested for meeting locations?



We'll launch a quick poll but please feel free to share your thoughts out loud!

Poll time!

**Please take a few moments to share your
feedback!**

Save the Date!

Alameda CalAIM PATH Collaborative Meeting

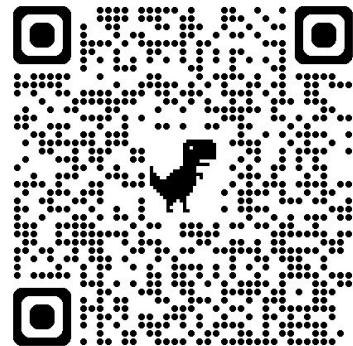
August 22, 2025

10:00am - 12:00pm

On Zoom

Topic: CalAIM Justice-Involved
Initiative

Register now:



Thank you!

Let's keep the conversation going:

madison.olmsted@bluepathhealth.com

cynthia.alvaradomartinez@bluepathhealth.com

