

Request Form for Mental Health Consultant with California Department of Public Health (CDPH)/ California Home Visiting Program (CHVP) State General Funding (SGF)

CDPH/CHVP local health jurisdictions (LHJs) may use a portion of their State General Fund (SGF) or Maternal, Infant, Early Childhood Home Visiting (MIECHV) (*pending HRSA approval*) allocation to hire or contract with a mental health consultant for CDPH/CHVP in alignment with the parameters outlined in the [CDPH/CHVP MEMO #23-06: Interim Guidance Regarding Allowable Uses of CHVP State General Funding for Mental Health or Social Worker Consultation in Home Visiting](#) and draft [Allowable Uses of CDPH/CHVP Funding for Mental Health and Social Worker Consultation in Home Visiting Policy and Procedure](#).

A mental health consultant position must be approved by CDPH/CHVP prior to adding it on the relevant CDPH/CHVP budget. LHJs must complete and submit this request form to their assigned program consultant (PC). The request will be reviewed by CDPH/CHVP with the following criteria: includes a plan that 1) is clear, reasonable, and fills a specific need/gap for the home visiting program while maintaining home visiting as the primary activity funded by CDPH/CHVP; 2) does not provide direct mental health care services to participants or families; and 3) attests that your LHJ will communicate with the EBHV model developer(s) regarding the plan. The assigned PC will review the request within 10 business days and will reach out for additional questions or approval. Once the assigned PC has approved the request and returns the form with a signature and an approval date, the LHJ may add the mental health consultant position to the relevant CDPH/CHVP budget.

Fiscal Year: _____

Local health jurisdiction (LHJ): _____

Name and contact information of LHJ MCAH Director/ CHVP Coordinator: _____

1. Check here to confirm understanding that, at this time, federal MIECHV funding may not be used for hiring or contracting with a mental health consultant.
2. Check here to confirm understanding that SGF funding may not be used to provide direct mental health care services to participants or families.
3. Use the space below to provide your proposed plan for hiring or contracting with a mental health consultant to support the home visiting program and staff.
 - Please explain how this proposed position and/or project will fill a specific need/gap in your community while maintaining home visiting as the primary activity for CHVP.

- Delineate best practices and local policies and procedures to guide implementation of the plan.
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4. Check here to attest that your LHJ will communicate with the EBHV model developer(s) regarding the plan outlined above.

Key considerations

- LHJs are not required to request model developer approval to refer families to services outside of the program.
- Requests made outside of the agreement funding application (AFA) process that require a budget revision must follow all applicable CDPH/MCAH rules as outlined in the [MCAH Fiscal Policy and Procedure Manual](#):
 - Your request may be submitted prior to the third quarter period, however the budget revision would need to be completed between January-March, of the current fiscal year.
 - Your 2nd quarter invoice has been submitted.
 - Agencies must first contact their assigned Contract Liaison, complete the BR tab on the budget template, and submit for review and approval. MCAH contract managers and program consultants will review the request and if the revision is approved, the contract manager will inform the agency of the approval. All budget revisions will require CDPH/MCAH written approval prior to implementation.
- CDPH/CHVP reserves the right to approve or deny all or part of an LHJ's request.
- Once the CDPH/CHVP P&P governing allowable uses of funding for hiring or subcontracting with a mental health consultant is finalized, approved, and posted, LHJs may be required to amend the scope of the mental health consultant's work to align with the P&P.

For CDPH/CHVP use only

Reviewed and approved by assigned program consultant: X _____

Reviewed and approved by CHVP management: X _____

Date of approval: X _____