

Budget Detail Request - Fiscal Year 2016-17

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: Behavioral Health Training Center
2. Date of Submission: 12/23/2015
3. House Member Sponsor(s): Jose Diaz

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d
- b. What is the most recent fiscal year the project was funded? 2015-16
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request (Note that Column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in Column G):

FY:	Input Prior Year Appropriation for this project for FY 2015-16 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2016-17 (If no new Recurring or Nonrecurring funding is requested, enter zeros.)			
	Column: A	B	C	D	E	F	G
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: Column A + Column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	INCREASED or NEW Recurring Requested	TOTAL Nonrecurring Requested (Nonrecurring is one time funding & must be re-requested every year)	Total Funds Requested Over Base Funding (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:	200,000	0	200,000	200,000	300,000	0	300,000

- e. New Nonrecurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs
- f. New Recurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs

5. Requester:

- a. Name: Neal McGarry
- b. Organization: The Florida Certification Board, Inc.
- c. Email: namcgarry@flcertificationboard.org
- d. Phone #: (850)222-6314

6. Organization or Name of Entity Receiving Funds:

- a. Name: The Florida Certification Board, Inc.
- b. County (County where funds are to be expended) Leon
- c. Service Area (Counties being served by the service(s) provided with funding) Statewide

7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project's intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent - for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

The Florida Certification Board seeks to expand its existing training center to a specialized center, with a broader reach ? one that can take the lead in meeting Florida's need for standardized, centralized, and customized training for behavioral health care providers. The proposed Training Center will develop and conduct training and technical assistance activities that are competency-based through innovative instructional methods. A particular emphasis will be on increasing knowledge and improving skills in evidence-based and promising treatment/recovery practices that are culturally responsive ? all within a recovery-oriented system of care and a changing health care environment. A summary of how funds are projected to be spent are:

Positions: 2.65 FTE (Salaries and Fringe)?????????.. \$166,833
 Training Services (Consultants and online course system)?.\$ 80,772
 Operating Expenses?????????????????????...\$ 25,122
 Indirect Expenses (10%)?????????????????????.. \$ 27,273
 \$300,000

The Florida Behavioral Health Training Center will target training and technical assistance activities and resources toward enhancing the knowledge and skills for front-line addictions and mental health counselors, their clinical supervisors, behavioral health technicians, and peer recovery support specialists. Center services will also be relevant to other disciplines that serve persons with behavioral health conditions, such as nurses, psychologists, employee assistance professionals, etc.

There is a tremendous need for this type of training center. Florida does not have a centralized training and technical assistance center for behavioral health. Many training and education programs are piecemeal throughout the state but they are not coordinated. The Florida Behavioral Health Training Center will

serve as a convener for strategic, multidisciplinary partners improve collaboration, and where possible, leverage resources that will advance the state's behavioral workforce agenda. The FCB has a proven track record in this area. Collaboration on projects strengthens our collective mission and responsiveness to Florida's behavioral health workforce needs, reduces duplication of effort, merges talents across the state and ultimately promotes a more unified approach to workforce development.

The expected program results from the Florida Behavioral Health Training Center are to: 1) develop, strengthen, and increase the workforce that provides intervention, treatment and recovery support services for persons with mental health and/or substance use conditions; 2) improve the quality of care for Florida's diverse populations; and 3) build the capacity of behavioral health organizations to be adaptive to the many environmental and practice changes they face. The ultimate goal is to increase the implementation of effective, appropriately applied, and evidence-based services that facilitate recovery and resiliency for persons with mental health and substance use conditions.

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

Federal: 0

State: 300,000 (Excluding the requested Total Amount in #4d, Column G)

Local: 0

Other: 0

9. Is this a multi-year project requiring funding from the state for more than one year?

Yes