

|  |          |   |           |
|--|----------|---|-----------|
| <p align="center"><b>FY 2026 Budget Performance Review</b></p> <p align="center"><b>Oklahoma State Board of Licensed Alcohol and Drug Counselors</b></p> |          |   |           |
| Version  | Original | Date submitted                          | 10/1/2024 |
| Lead Administrator: Richard Pierson  |          | Lead Financial Officer: Richard Pierson |           |

**Date submitted**  
**Lead Financial Officer: Richard Pierson**

| Agency Mission   |
|--|
| To promote Health, Safety and Well-Being of the citizens (clients/consumers) of Oklahoma by requiring a high level of qualifications, standards and continuing education for certification/licensure of alcohol and drug counselorsl. To protect the on-going Health, Safety and Well-Being of the citizens (clients/consumers) of Oklahoma by investigaring complaints, conducting public hearings, effectuating and monitoring disciplinary actions against any of the aforementioned certified or licensed professionals, while providing the certified or licensed professional with proper due process and all rights afforded under the law. To provide any member of society, upon request, a copy of the specific public records and information on any of the aforementioned certitied or licensed professionals. |

*Note: Please define any acronyms used in program descriptions.*

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[illegible]

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|       |     |     |     |     |     |     |
|-------|-----|-----|-----|-----|-----|-----|
|       |     |     |     |     |     | \$0 |
|       |     |     |     |     |     | \$0 |
|       |     |     |     |     |     | \$0 |
|       |     |     |     |     |     | \$0 |
|       |     |     |     |     |     | \$0 |
|       |     |     |     |     |     | \$0 |
|       |     |     |     |     |     | \$0 |
|       |     |     |     |     |     | \$0 |
|       |     |     |     |     |     | \$0 |
|       |     |     |     |     |     | \$0 |
|       |     |     |     |     |     | \$0 |
|       |     |     |     |     |     | \$0 |
|       |     |     |     |     |     | \$0 |
|       |     |     |     |     |     | \$0 |
|       |     |     |     |     |     | \$0 |
| Total | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |

| Balances of Appropriated Funds from Prior Fiscal Years   |                 |                         |                                       |                                    |  |                              |
|--|-----------------|-------------------------|---------------------------------------|------------------------------------|--|------------------------------|
| 3-digit Class Fund #   | Class Fund Name | GA Bill # and Section # | Fiscal Year of Original Appropriation | Original Appropriation Amount (\$) | Total Expended Amount as of 8/31/2024 (\$) | Balance as of 8/31/2024 (\$) |
|  |                 |                         |                                       |                                    |  | \$0                          |
|  |                 |                         |                                       |                                    |  | \$0                          |
|  |                 |                         |                                       |                                    |  | \$0                          |
|  |                 |                         |                                       |                                    |  | \$0                          |
|  |                 |                         |                                       |                                    |  | \$0                          |
| Total remaining prior year appropriation balance:  |                 |                         |                                       |                                    |  | \$0                          |
| Report appropriations that have existing balances from all prior fiscal years at the 3-digit class fund number (i.e. 193, 194). Do not report carryover class funds separately. Include appropriations located in disbursing funds. Report PREP, but not ARPA/SRF, appropriations. |                 |                         |                                       |                                    |  |                              |

| What changes did the agency make between FY'24 and FY'25?                                   |  |
|---|--|
| 1.) Are there any services no longer provided because of budget cuts?                       |  |
| 2.) What services are provided at a higher cost to the user?                                |  |
| 3.) What services are still provided but with a slower response rate?                       |  |
| 4.) Did the agency provide any pay raises that were not legislatively/statutorily required? |  |

| Appropriation Increase Review  |   |            |  |   |  |
|--------------------------------|---|------------|--|---|--|
|                                | Appropriation Increases<br><i>(Additional to Agency Base Appropriation)</i> |            |  | Expenditures  |  |
| Appropriation Increase Purpose | FY 2023   | FY 2024    | Total Amount<br>Received<br>FY 2023-2024 | Total Expenditure<br>of Increase as of<br>6/30/2024 | If funds have not been spent, please<br>explain why. |
|                                |   |            | \$0                                      |   |  |
|                                |   |            | \$0                                      |   |  |
|                                |   |            | \$0                                      |   |  |
|                                |   |            | \$0                                      |   |  |
|                                |   |            | \$0                                      |   |  |
|                                |   |            | \$0                                      |   |  |
|                                |   |            | \$0                                      |   |  |
| <b>Total:</b>                  | <b>\$0</b>  | <b>\$0</b> | <b>\$0</b>                               | <b>\$0</b>  |  |

| FY'26 Requested Funding By Department and Source |                 |                |         |           |                    |       |          |
|--|-----------------|----------------|---------|-----------|--------------------|-------|----------|
| Dept. #  | Department Name | Appropriations | Federal | Revolving | Other <sup>1</sup> | Total | % Change |

|  |          |   |           |
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|       |     |     |     |     |     |         |
|-------|-----|-----|-----|-----|-----|---------|
|       | \$0 | \$0 | \$0 | \$0 | \$0 | #DIV/0! |
|       | \$0 | \$0 | \$0 | \$0 | \$0 | #DIV/0! |
|       | \$0 | \$0 | \$0 | \$0 | \$0 | #DIV/0! |
|       | \$0 | \$0 | \$0 | \$0 | \$0 | #DIV/0! |
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|       | \$0 | \$0 | \$0 | \$0 | \$0 | #DIV/0! |
|       | \$0 | \$0 | \$0 | \$0 | \$0 | #DIV/0! |
|       | \$0 | \$0 | \$0 | \$0 | \$0 | #DIV/0! |
|       | \$0 | \$0 | \$0 | \$0 | \$0 | #DIV/0! |
|       | \$0 | \$0 | \$0 | \$0 | \$0 | #DIV/0! |
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|       | \$0 | \$0 | \$0 | \$0 | \$0 | #DIV/0! |
|       | \$0 | \$0 | \$0 | \$0 | \$0 | #DIV/0! |
|       | \$0 | \$0 | \$0 | \$0 | \$0 | #DIV/0! |
|       | \$0 | \$0 | \$0 | \$0 | \$0 | #DIV/0! |
|       | \$0 | \$0 | \$0 | \$0 | \$0 | #DIV/0! |
|       | \$0 | \$0 | \$0 | \$0 | \$0 | #DIV/0! |
|       | \$0 | \$0 | \$0 | \$0 | \$0 | #DIV/0! |
|       | \$0 | \$0 | \$0 | \$0 | \$0 | #DIV/0! |
|       | \$0 | \$0 | \$0 | \$0 | \$0 | #DIV/0! |
|       | \$0 | \$0 | \$0 | \$0 | \$0 | #DIV/0! |
|       | \$0 | \$0 | \$0 | \$0 | \$0 | #DIV/0! |
|       | \$0 | \$0 | \$0 | \$0 | \$0 | #DIV/0! |
| Total | \$0 | \$0 | \$0 | \$0 | \$0 | #DIV/0! |

| FY'26 Top Five Operational Appropriated Funding Increase Requests |                     |  |                                   |  |
|---|---------------------|--|-----------------------------------|--|
| Request by Priority   | Request Description | Is this a Supplemental Request? (Yes/No) | Timeframe (One-Time or Recurring) | Appropriation Request Increase Amount (\$) |
| Request 1:  |                     |  |                                   |  |
| Request 2:  |                     |  |                                   |  |
| Request 3:  |                     |  |                                   |  |
| Request 4:  |                     |  |                                   |  |
| Request 5:  |                     |  |                                   |  |
| Top Five Request Subtotal:  |                     |  |                                   | \$0  |
| Total Increase above FY-25 Budget (including all requests)        |                     |  |                                   |  |
| Difference between Top Five requests and total requests:          |                     |  |                                   | \$0  |

| FY'26 Top Five Operational Appropriated Funding Increase Requests |                          |       |
|---|--------------------------|-------|
| 1   | Police Department        | 10.0% |
| 2   | Fire Department          | 8.0%  |
| 3   | Public Works Department  | 7.0%  |
| 4   | Public Health Department | 6.0%  |
| 5   | Public Safety Department | 5.0%  |

| What are the agency's top 2-3 capital or technology (one-time) requests, if applicable? |                                       |                                      |
|---|---------------------------------------|--------------------------------------|
| Description of requested increase in order of priority                                  | Needed State Funding for Project (\$) | Submitted to LRCP or OCAMP? (Yes/No) |
| Priority 1  |                                       |                                      |
| Priority 2  |                                       |                                      |
| Priority 3  |                                       |                                      |

## List any requests for new construction from the Legacy Capital Fund

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| Priority 1<br>Priority 2<br>Priority 3 |  |  |
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| Does the agency have any costs associated with the Pathfinder retirement system and federal employees? |
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| How would the agency be affected by receiving the same appropriation for FY '26 as was received in FY '25? (Flat/ 0% change) |
|  |

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|---|
| How would the agency handle a 2% appropriation reduction in FY '26? |
|   |

| Is the agency seeking any fee increases for FY '26?    |                           |                                     |
|--|---------------------------|-------------------------------------|
|  |                           |                                     |
| Description of requested increase in order of priority | Fee Increase Request (\$) | Statutory change required? (Yes/No) |
| Increase 1   |                           |                                     |
| Increase 2   |                           |                                     |
| Increase 3   |                           |                                     |

| Federal Funds |                      |                |                   |                    |                    |                    |                        |
|---------------|----------------------|----------------|-------------------|--------------------|--------------------|--------------------|------------------------|
| CFDA          | Federal Program Name | Agency Dept. # | FY 25 budget (\$) | FY 24 actuals (\$) | FY 23 actuals (\$) | FY 22 actuals (\$) | FY 24 budgeted FTE (#) |
|               |                      |                |                   |                    |                    |                    |                        |

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## Federal Government Impact

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| FY 2025 Budgeted FTE |     |
|----------------------|-----|
| 1                    | 1   |
| 2                    | 2   |
| 3                    | 3   |
| 4                    | 4   |
| 5                    | 5   |
| 6                    | 6   |
| 7                    | 7   |
| 8                    | 8   |
| 9                    | 9   |
| 10                   | 10  |
| 11                   | 11  |
| 12                   | 12  |
| 13                   | 13  |
| 14                   | 14  |
| 15                   | 15  |
| 16                   | 16  |
| 17                   | 17  |
| 18                   | 18  |
| 19                   | 19  |
| 20                   | 20  |
| 21                   | 21  |
| 22                   | 22  |
| 23                   | 23  |
| 24                   | 24  |
| 25                   | 25  |
| 26                   | 26  |
| 27                   | 27  |
| 28                   | 28  |
| 29                   | 29  |
| 30                   | 30  |
| 31                   | 31  |
| 32                   | 32  |
| 33                   | 33  |
| 34                   | 34  |
| 35                   | 35  |
| 36                   | 36  |
| 37                   | 37  |
| 38                   | 38  |
| 39                   | 39  |
| 40                   | 40  |
| 41                   | 41  |
| 42                   | 42  |
| 43                   | 43  |
| 44                   | 44  |
| 45                   | 45  |
| 46                   | 46  |
| 47                   | 47  |
| 48                   | 48  |
| 49                   | 49  |
| 50                   | 50  |
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| 67                   | 67  |
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| 76                   | 76  |
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| 89                   | 89  |
| 90                   | 90  |
| 91                   | 91  |
| 92                   | 92  |
| 93                   | 93  |
| 94                   | 94  |
| 95                   | 95  |
| 96                   | 96  |
| 97                   | 97  |
| 98                   | 98  |
| 99                   | 99  |
| 100                  | 100 |

| Division # | Division Name | Supervisors | Non-Supervisors | \$0 - \$35 K | \$35 K - \$70 K | \$70 K - \$100K | \$100K+ |
|------------|---------------|-------------|-----------------|--------------|-----------------|-----------------|---------|
|            |               |             |                 |              |                 |                 |         |
| Total      |               | 0           | 0               | 0            | 0               | 0               | 0       |

## FTE History by Fiscal Year

| Division # | Division Name | FY 2025 Budgeted | FY 2025 YTD | FY 2024 | FY 2023 | FY 2022 | FY 2016 |
|------------|---------------|------------------|-------------|---------|---------|---------|---------|
|            |               |                  |             |         |         |         |         |
| Total      |               | 0.0              | 0.0         | 0.0     | 0.0     | 0.0     | 0.0     |

## Performance Measure Review

|              | FY 2024 | FY 2023 | FY 2022 | FY 2021 | FY 2020 |
|--------------|---------|---------|---------|---------|---------|
| Program Name |         |         |         |         |         |
|              |         |         |         |         |         |

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| Revolving Funds (200 Series Funds)   |                        |                            |                  |
|--|------------------------|----------------------------|------------------|
|  | FY'22-24 Avg. Revenues | FY'22-24 Avg. Expenditures | June '24 Balance |
| <b>Fund:</b> Fund Number, Fund Name<br><br><i>Describe fund purpose and revenue source. Include the statutory citation for the fund if applicable.</i> |                        |                            |                  |
|  |                        |                            |                  |
|  |                        |                            |                  |
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| FY 2025 Current Employee Telework Summary   |  |  |   |                                       |  |                 |
|---|--|--|---|---------------------------------------|--|-----------------|
| List each agency physical location (not division), then report the number of employees associated with that location in the teleworking categories indicated. Use "No specified location" to account for remote employees not associated with a site. Use actual current employees (headcount), not budgeted or actual FTE. |  |  | Full-time and Part-time Employees (#)       |                                       |  |                 |
|   |  |  | Onsite<br>(5 days onsite,<br>rarely remote) | Hybrid<br>(2-4 days onsite<br>weekly) | Remote<br>(1 day or less<br>weekly onsite) | Total Employees |
|   |  |  |   |                                       |  | 0               |
|   |  |  |   |                                       |  | 0               |
|   |  |  |   |                                       |  | 0               |
|   |  |  |   |                                       |  | 0               |
|   |  |  |   |                                       |  | 0               |
|   |  |  |   |                                       |  | 0               |
|   |  |  |   |                                       |  | 0               |
|   |  |  |   |                                       |  | 0               |
|   |  |  |   |                                       |  | 0               |
|   |  |  |   |                                       |  | 0               |
|   |  |  |   |                                       |  | 0               |
|   |  |  |   |                                       |  | 0               |
|   |  |  |   |                                       |  | 0               |
| Total Agency Employees  |  |  |   |                                       |  | 0               |