FY 2027 Budget Performance Review
14800 STATE BOARD OF BEHAVIORAL HEALTH LICENSURE

Version	Original	Date submitted	XX/XX/XXXX
Lead Administrator: Eric Ashmore		Lead Financial Officer: Eric Ashmore	

Agency Mission

The mission of the State Board of Behavioral Health Licensure (BBHL) is to protect the public by promoting and enforcing laws and regulations which govern the practice of Licensed Professional Counselors (LPC), Licensed Marital and Family Therapists (LMFT), and Licensed Behavioral Practitioners (LBP).

Division and Program Descriptions

Note: Please define any acronyms used in program descriptions.

Division or Program Number and Name

The State Board of Behavioral Health Licensure (BBHL) regulates licensure for Licensed Professional Counselors (LPC), Licensed Martial and Family Therapists (LMFT), and Licensed Behavioral Practitioners (LBP). This includes, but is not limited to, processing applications for licensure, issuing exam eligibility letters, approving and disapproving supervision agreements, calculating earned supervised experience, issuing licenses, investigating requests for inquiry in accordance with Oklahoma Administrative Code (OAC).

FY'26 Budgeted Department Funding By Source

Dept. #	Department Name	Appropriations	Federal	Revolving	Local[1]	Other[2]	Total
1000001	General Administration			$453,544			$453,544
8800001	Information Services - Data Processing			$79,061			$79,061
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0

FY 2027 Budget Performance Review
14800 STATE BOARD OF BEHAVIORAL HEALTH LICENSURE

Version Original		**Date submitted**		XX/XX/XXXX
Lead Administrator: Eric Ashmore		**Lead Financial Officer: Eric Ashmore**		

					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
Total	$0	$0	$532,605	$0	$0	$532,605

1. Please describe source of Local funding not included in other categories:

2. Please describe source(s) and % of total of "Other" funding if applicable for each department:

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 ($)**	**Total Expended Amount as of 8/31/2025 ($)**	**Balance as of 8/31/2025 ($)**
						$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. 194, 195). Do not report carryover class funds seperately.
Include appropriations located in disbursing funds. Report PREP, but not ARPA/SRF, appropriations.

What changes did the agency make between FY'25 and FY'26?	
1.) Are there any services no longer provided because of budget cuts?	N/A
2.) What services are provided at a higher cost to the user?	N/A
3.) What services are still provided but with a slower response rate?	N/A
4.) Did the agency provide any pay raises that were not legislatively/statutorily req	N/A

Appropriation Increase Review					
	Appropriation Increases *(Additional to Agency Base Appropriation)*			**Expenditures**	
Appropriation Increase Purpose	**FY 2024**	**FY 2025**	**Total Amount Received FY 2024-2025**	**Total Expenditure of Increase as of 6/30/2025**	**If funds have not been spent, please explain why.**
			$0		
			$0		
			$0		
			$0		
			$0		
			$0		
			$0		
Total:	$0	$0	$0	$0	

List appropriation increases that the agency has received in the prior two years. List amounts received in each year. Include PREP, but not ARPA/SRF, appropriations.

FY'27 Requested Funding By Department and Source						
Dept. #	**Department Name**	**Appropriations**	**Federal**	**Revolving**	**Other[1]**	**Total**	**% Change**
1000001	General Administration	$0	$0	$453,544	$0	$453,544	0.00%
8800001	Information Services - Data Processing	$0	$0	$79,061	$0	$79,061	0.00%

FY 2027 Budget Performance Review
14800 STATE BOARD OF BEHAVIORAL HEALTH LICENSURE

Version Original
Lead Administrator: Eric Ashmore

Date submitted XX/XX/XXXX
Lead Financial Officer: Eric Ashmore

	$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!
	$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!
	$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	$532,605	$0	$532,605	0.00%

1. Please describe source(s) and % of total of "Other" funding for each department:

FY'27 Top Five Incremental 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-26 Budget (including all requests)				
Difference between Top Five requests and total requests:				$0

* Capital requests in the table above should be listed in the next table.

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

Does the agency has any costs associated with the Pathfinder retirement system and federal employees? If so, please describe the impact.

* Include the total number of federally funded FTE in the Pathfinder system.

FY 2027 Budget Performance Review
14800 STATE BOARD OF BEHAVIORAL HEALTH LICENSURE

Version Original		**Date submitted**	XX/XX/XXXX
Lead Administrator: Eric Ashmore		**Lead Financial Officer: Eric Ashmore**	

How would the agency be affected by receiving the same appropriation for FY '27 as was received in FY '26? (Flat / 0% change)

How would the agency handle a 2% appropriation reduction in FY '27?

Is the agency seeking any fee increases for FY '27?		
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 26 budget ($)**	**FY 25 actuals ($)**	**FY 24 actuals ($)**	**FY 23 actuals ($)**	**FY 25 budgeted FTE (#)**
	N/A						

FY 2027 Budget Performance Review
14800 STATE BOARD OF BEHAVIORAL HEALTH LICENSURE

Version Original
Lead Administrator: Eric Ashmore

Date submitted XX/XX/XXXX
Lead Financial Officer: Eric Ashmore

Federal Government Impact

1.) How much federal money received by the agency is tied to a mandate by the Federal Government?

N/A

2.) Are any of those funds inadequate to pay for the federal mandate?

N/A

3.) What would the consequences be of ending all of the federal funded programs for your agency?

N/A

4.) How will your agency be affected by federal budget cuts in the coming fiscal year?

N/A

5.) Has the agency requested any additional federal earmarks or increases?

N/A

FY 2026 Budgeted FTE

Division #	Division Name	Supervisors	Non-Supervisors	$0 - $35 K	$35 K - $70 K	$70 K - $100K	$100K+
1000001	General Administration	1	2		2	1	
Total		**1**	**2**	**0**	**2**	**1**	**0**

FTE History by Fiscal Year

Division #	Division Name	FY 2026 Budgeted	FY 2026 YTD	FY 2025	FY 2024	FY 2023	FY 2017
1000001	General Administration	3.0	3.0	3.0	3.5	3.5	3.0
Total		**3.0**	**3.0**	**3.0**	**3.5**	**3.5**	**3.0**

Performance Measure Review

Program Name	FY 2025	FY 2024	FY 2023	FY 2022	FY 2021

FY 2027 Budget Performance Review
14800 STATE BOARD OF BEHAVIORAL HEALTH LICENSURE

Version   Original   **Date submitted**   XX/XX/XXXX
Lead Administrator: Eric Ashmore   **Lead Financial Officer: Eric Ashmore**

Revolving Funds (200 Series Funds)			
	FY'23-25 Avg. Revenues	**FY'23-25 Avg. Expenditures**	**June 2025 Balance**
23000: Licensed Marital & Family Therapists Revolving Fund			
Licensing and Regulation	$81,609	$63,982	$244,467
25500: Licensed Professional Counselors Revolving Fund			
Licensing and Regulation		$354,071	$1,148,569
25700: Licensed Behavioral Practioner Revolving fund			
Licensing and Regulation		$12,782	$23,112

FY 2027 Budget Performance Review
14800 STATE BOARD OF BEHAVIORAL HEALTH LICENSURE

Version	Original			Date submitted		XX/XX/XXXX
Lead Administrator: Eric Ashmore				Lead Financial Officer: Eric Ashmore		

FY 2026 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 (#)			
Agency Location / Address	City	County	Onsite (5 days onsite, rarely remote)	Hybrid (2-4 days onsite weekly)	Remote (1 day or less weekly onsite)	Total Employees
3815 N Santa Fe, Ste 110	OKC	OK	3			3
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
			Total Agency Employees			3