

Agency Director's Report for the Commission on Behavioral Health (Adult)

Agency:

Representative:

Date:

Reporting Period:

Agency Caseloads/Waiting Lists

| | | |
|---------------------|-------------------|-------------------|
| 1. Program: | Case Load: | Wait List: |
| 2. Program: | Case Load: | Wait List: |
| 3. Program: | Case Load: | Wait List: |
| 4. Program: | Case Load: | Wait List: |
| 5. Program: | Case Load: | Wait List: |
| 6. Program: | Case Load: | Wait List: |
| 7. Program: | Case Load: | Wait List: |
| 8. Program: | Case Load: | Wait List: |
| 9. Program: | Case Load: | Wait List: |
| 10. Program: | Case Load: | Wait List: |
| 11. Program: | Case Load: | Wait List: |
| 12. Program: | Case Load: | Wait List: |

Staffing

Percentage of Positions Vacant:

Staffing Difficulties (Give a brief description):

Program Highlight/Difficulties and Summary

Program Difficulties:

Program Changes and/or Successes:

Summary Statement to the Commission: