

# 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: