

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

Agency:

Representative:

Date:

Reporting Period:

## Agency Caseloads/Waiting Lists

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<b>1. Program:</b>	<b>Case Load:</b>	<b>Wait List:</b>
<b>2. Program:</b>	<b>Case Load:</b>	<b>Wait List:</b>
<b>3. Program:</b>	<b>Case Load:</b>	<b>Wait List:</b>
<b>4. Program:</b>	<b>Case Load:</b>	<b>Wait List:</b>
<b>5. Program:</b>	<b>Case Load:</b>	<b>Wait List:</b>
<b>6. Program:</b>	<b>Case Load:</b>	<b>Wait List:</b>
<b>7. Program:</b>	<b>Case Load:</b>	<b>Wait List:</b>
<b>8. Program:</b>	<b>Case Load:</b>	<b>Wait List:</b>
<b>9. Program:</b>	<b>Case Load:</b>	<b>Wait List:</b>
<b>10. Program:</b>	<b>Case Load:</b>	<b>Wait List:</b>
<b>11. Program:</b>	<b>Case Load:</b>	<b>Wait List:</b>
<b>12. Program:</b>	<b>Case Load:</b>	<b>Wait List:</b>

## Staffing

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Percentage of Positions Vacant:

Staffing Difficulties (Give a brief description):

## Program Highlight/Difficulties and Summary

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Program Difficulties:

Program Changes and/or Successes:

Summary Statement to the Commission: