

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

Agency:

Representative:

Date:

Reporting Period:

### Agency Caseloads/Waiting Lists

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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

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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: