



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: