| **Focus Area:** Choose an item.  ***Check one:* Treatment Group(s)  Evidence-Based Intervention    EBI Name:** | **Anticipated Outcomes** | [**STATUS**](#STATUS) | | | | **YTD (Total)** |
| --- | --- | --- | --- | --- | --- | --- |
| **Q1** | **Q2** | **Q3** | **Q4** |
| Number of participants/clients: | |  |  |  |  |  |
| Number of visits/sessions: | |  |  |  |  |  |
| Outcome Objective #1 (required): |  |  |  |  |  |  |
| Outcome Objective #2 (required): |  |  |  |  |  |  |

**FY23 Behavioral Health Services GAS Workplan  
BHS Name:**