| **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:**