**Southern Plains Behavioral Health Services**

**Systems of Care**

**Action Plan**

|  |  |
| --- | --- |
| **Youth Name:** | **Date:** |
|  |  |
| **Domain/Area of Need:**  **\_\_\_\_ Basic Needs \_\_\_\_ Community Supports**  **\_\_\_\_ Social Supports \_\_\_\_ Housing Supports**  **\_\_\_\_ Emotional Needs \_\_\_\_ Health**  **\_\_\_\_ Educational Needs \_\_\_\_ Safety** | **Notes/Comments** |
|  |  |
| **Needs/Goals:** | **Actions/Responsible Person:** |