**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:** |