

Agency Name: _____

Main Contact: _____

CARES UP Action Plan

After completing the [Strengths and Needs Assessment](#), use this CARES UP Action Plan to make an inventory of those items where you see opportunity for improvement.

- In Column 1, list the inventory of items where you see opportunity for improvement.
- In Column 2, list what resources/support you would need to do so.
- In Column 3, indicate who will be the lead or key contact to making those changes.
- In Column 4, write down a reasonable timeline for completion.

Opportunities for Improvement COLUMN 1	Action Items COLUMN 2	Enhancement / Development of Tasks	
	<ul style="list-style-type: none">• What can we do to improve?• What additional supports will be needed to enhance this area?	Person(s) Responsible COLUMN 3	Target Date (Month / Year) COLUMN 4



Office of Mental Health



NY CARES UP

Strengthening Resiliency & Wellness for Uniformed Personnel

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Opportunities for Improvement COLUMN 1	Action Items COLUMN 2	Enhancement / Development of Tasks	
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