



**PROJECT I FAMAGU'ON-TA
(OUR CHILDREN)**

A System of Care, Child Mental Health Initiative Grant Program
Administered by the Department of Mental Health and Substance Abuse

Wraparound Closure Summary and Form 5A

Youth Family ID: _____ Date: _____

Care Coordinator: _____

- Status of Case: Eligible at one time
 Ineligible
 Intake never completed, eligibility not determined

A. Main reason for closure

- The planned treatment was completed
- The family refused to receive or participate in services
- This is a planned pause in treatment
- Goals/Outcomes reached and services no longer needed
- Does not meet criteria at this time, and so was referred to: _____
- Unable to contact family
- Other: _____

B. Source of closure decision. The decision to terminate was:

- Family initiated
- Wraparound Team mutual decision
- Other (specify): _____

C. Wraparound activities/processes:

- Referred on date: _____
- Date of first contact: _____
- Date of last contact: _____
- Total Number of contacts: _____

	Successful	Unsuccessful
◆ Phone Contact	_____	_____
◆ Wrap Meeting	_____	_____
◆ Home Visits	_____	_____
◆ Other Personal Contact	_____	_____

Kinds of services (indicate all services received)

- Diagnostic/Assessment
- Care Coordination/Case Management
- Individual psychotherapy for _____ sessions
- Couple/family therapy for _____ sessions
- Home based services for _____ sessions
- Therapeutic Group Home
- Therapeutic Foster Care
- Respite
- Flex Fund
- Crisis/Emergency
- Day TX
- Transitional Services
- Other: _____

Parent/Guardian Signature(s): _____ Date: _____

Care Coordinator: _____ Date: _____

Clinical Supervisor: _____ Date: _____

Other notable aspects of treatment outcome change or progress:

REACTIVATION

Reason: _____

Wraparound Coordinator: _____ Date: _____

Clinical Supervisor: _____ Date: _____

Lead Wraparound Coordinator: _____ Date: _____