

## **HOW TO MAKE A FCS REFERRAL**

- ◊ The Pinal FCS team referral can come from a Crisis Mobile Team, (CMT), NurseWise (NW) or a Crisis Center (CRC 23 hours Observation Unit) following a crisis incident or service
- ◊ DCS, families, foster parents and group homes can call to make a referral  
**Please note: A Crisis Mobile team will have to be sent out first to assess and then will make a referral for FCS program**
- ◊ Nurse wise will complete the FCS referral form which includes demographic information, AHCCCS ID, Assigned ICCA, contact information and synopsis of CMT assessment including needs prompting the referral
- ◊ Once a referral is made FCS will call the placement and schedule an initial meeting
- ◊ A face to face meeting will be completed within 24 hours of dispatch for the referral of the FCS team

## **FOR MEDICAL EMERGENCIES OR RISK OF SERIOUS INJURY**

**CALL 911**

If Child is in Crisis– Please contact NurseWise for a Crisis Mobile team at  
**1-866-495-6735**

## **FOSTER CARE STABILIZATION**

**HOURS:**

**7 days a week 10am to 8pm**



EMIPACT - SUICIDE PREVENTION CENTER

### **Pinal Foster Care Stabilization**

San Tan Office  
2474 E. Hunt Highway #100  
San Tan Valley, Arizona 85143  
480-784-1514



EMIPACT - SUICIDE PREVENTION CENTER

**Pinal Foster Care**



*Providing services to children*

*in the custody of*

*Department of Child Safety | DCS*

La Frontera, EMIPACT - Suicide Prevention Center  
**Your Partner for Hope and Solutions**

### WHAT YOU NEED TO KNOW

Children suffering from traumatic stress symptoms generally have difficulty regulating their behaviors and emotions. They may be dingy and fearful of new situations, easily frightened, difficult to console, and/or aggressive and impulsive. They may also have difficulty sleeping, lose recently acquired developmental skills, and show regression in functioning and behavior.

In regards to forming healthy attachments, traumatized children feel that the world is uncertain and unpredictable. Their relationships can be characterized by problems with boundaries as well as distrust and suspiciousness. As a result, children that have experienced trauma can become socially isolated and have difficulty relating to and empathizing with others.

*It is important to note that with the right support and care, most children show extraordinary resiliency and determination. They can and do get better with treatment and go on to live fulfilling lives.*

### CHILD SPECIFIC TREATMENT PLANNING

The FCS (Foster Care Stabilization) team member is assigned to the child in your care, will work with the child to build positive coping skills to prevent future crisis situations. Placement providers, caregivers and school staff are able to reach FCS staff by cell phone directly to for direct support and psychoeducation. Additional behavioral health services that could also be advocated by an FCS may include the following:

- ICCA intake
- Individual / group / family counseling OR trauma focused therapy
- Behavior coaching
- High Needs Case Manager
- IEP or assistance at school



### WHAT DO THE STABILIZATION TEAMS DO?

Members of the FCS Teams, receive specialized training enabling them to effectively meet the needs of children in DCS custody. FCS will participate in the CFT process and provide intense services for up to 30 days. The FCS staff will provide behavior modification, support and psychoeducation to the child and family.

*Stabilization teams provide support after crisis incidents to children in DCS custody that meet the following criteria:*

- ◊ Experienced multiple crisis incidents in the past 3-6 months
- ◊ Current risk or history of disruption in placement
- ◊ Child approved for and awaiting higher level of care
- ◊ Child being transitioned from higher level of care
- ◊ Child adjusting to a new placement (shelters, group homes, foster or adoptive homes)

### COMMON EMOTIONAL, BEHAVIORAL & PHYSICAL PROBLEMS OF CHILDREN IN FOSTER CARE:

- ◊ Nightmares or sleep difficulties
- ◊ Wetting the bed or self after being toilet trained or exhibiting other regressive behaviors
- ◊ Difficulties focusing or learning in school
- ◊ Learning disabilities
- ◊ Demanding attention through both positive and negative behaviors
- ◊ Behavior that is indicative of a younger age
- ◊ Verbally/physically abusive
- ◊ Screaming or crying excessively
- ◊ Unable to trust others or make friends
- ◊ Fear of being separated from parent/caregiver
- ◊ Irritability, sadness, and anxiety

### CRISIS SUPPORT

**Contact 9-1-1 in case of medical emergency or risk of serious injury.**

Your child is in crisis if he/she: is at risk for hurting him/herself or others (e.g. cutting; suicide; assault); is unable to deescalate during a severe behavior outburst after a normal cooling off period or after using their coping skills. If he/she is in crisis please contact NurseWise for a crisis team. FCS will meet with client and family after the crisis to provide support



**Please Contact  
NurseWise Crisis Line**

**1-866-495-6735**