

# BROWNSTONE YOUTH SERVICES NON-MEDICAL REFERRAL

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The Brownstone Youth Services (BYSC) & County Social Services (CSS) serves youth between the ages of 8-17 years. Appropriate youth to refer **do not** meet criteria for inpatient mental health hospitalization. The youth may need additional stabilization or is experiencing a decreased level of functioning secondary to a mental health crisis. The individual must be screened by a licensed mental health professional prior to admission.

**Contact Information:**

**Address:**

1402 Logan Ave.

Waterloo, IA 50703

(319) 229-2240 (Main line)

[Brownstone@nirservices.com](mailto:Brownstone@nirservices.com)

Trisha Duitsman, LMHC

Clinical Director

(319) 242-3409 (Office)

[trishad@nirservices.com](mailto:trishad@nirservices.com)

Brittany Davie

Program Coordinator

(319) 242-5472 (Office)

The following criteria **prohibits** consideration of admission to the BYSC:

*Under Arrest or active warrant*

*Registered sexual offender*

The following criteria may require additional information upon request:

*History of violence or high risk of violence*

*Acute medical needs*

*Physically disabled*

*History of self-injurious behavior*

*Actively psychotic*

*Actively suicidal or homicidal*

*Over the legal limit or impaired due to drug use*

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## REFERRAL INFORMATION

Full Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

Who is the youth's a legal guardian: \_\_\_\_\_

Contact Information: \_\_\_\_\_

**Reason for Referral** (presenting problems/chief complaint)

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\*Any additional information would be helpful (recent traumatic events, aggression, truancy, sexual deviance, fire starting, criminal mischief, etc.)

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### **Youth Crisis Stabilization Center (YCSC)**

The goal of YCSC is to stabilize and reintegrate the youth back into the community. The YCSC is designed for individuals who voluntarily choose these services and who are in need of a safe, secure environment less intensive and restrictive than acute inpatient psychiatric hospital services. The appropriate services are determined by a mental health assessment.

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Date and Time Received by BYSC: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

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## Referral Source:

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Contact Person- Name/address/number:

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## Admission Criteria:

Does the youth have any criminal pending/charge(s)?

Explain:

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Does the youth have a history of violent behaviors/aggression?

Explain:

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Does the youth have a history of elopement/running away?

Explain:

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Is there anyone that the youth should NOT have contact with?

Explain:

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**I have reviewed the admission criteria and believe that the patient is appropriate for services at  
Brownstone.**

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Referring Professional Signature & Affiliation

**Any additional information:**

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FORM 001

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Date and Time Received by BYSC: \_\_\_\_\_  
FORM 001

Reviewed by: \_\_\_\_\_