# ­­­Behavioral Health and Community Supports for Justice-Involved Individuals (BH-JI)

## UNIVERSAL REFERRAL FORM

**Date of Referral**

**Date of Birth**

**Name**

**Address**

(If homeless or unstably housed, name of support area/county requested)

**State**

**Zip**

**Tel**

**Okay to leave voicemail?** [ ]  Yes [ ]  No

**Preferred Method of Communication to be Referred for Initial Contact** (check one) [ ]  Call [ ]  Text

**Secondary Contact Name**

**Secondary Contact Number**

**Social Security or Tax Identification Number**

**Preferred Language**

**Gender**

**Ethnicity/Race**

**Which of these describes your current sexual orientation?**Sexual orientation describes how a person defines their physical and/or emotional attraction to others. Select up to five options.

[ ]  Straight or Heterosexual

[ ]  Lesbian or Gay

[ ]  Bisexual

[ ]  Queer, pansexual, or questioning

[ ]  Sexual orientation not listed. Please specify

[ ]  Don’t know

[ ]  Choose not to answer

**Are you of Hispanic or Latino origin or descent?**

Hispanic or Latino refers to someone of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

[ ]  Yes, Hispanic or Latino [ ]  No, Non-Hispanic or Latino [ ]  Don’t know [ ]  Choose not to answer

**Race (Optional)**

**Choose the options that best describe you by placing a checkmark in the box next to your race. You may choose as many as you need.**

[ ]  American Indian or Alaska Native
[ ]  Asian

[ ]  Native Hawaiian or Other Pacific Islander

[ ]  Race is not listed

[ ]  White

[ ]  Don’t know

[ ]  Black or African American

[ ]  Choose not to answer

**Ethnicity**

Ethnicity refers to your background, heritage, culture, ancestry, or the country where you or your family were born.

**Choose the options that best describe you by placing a checkmark in the box next to your ethnicity. You may choose as many as you need.**

[ ]  African
[ ]  African American
[ ]  American
[ ]  Asian Indian

[ ]  Brazilian

[ ]  Cambodian

[ ]  Cape Verdean

[ ]  Central American

[ ]  Chinese

[ ]  Colombian

[ ]  Cuban

[ ]  Dominican

[ ]  Eastern European

[ ]  European
[ ]  Filipino
[ ]  Guatemalan
[ ]  Haitian
[ ]  Honduran
[ ]  Japanese
[ ]  Korean
[ ]  Laotian/Lao

[ ]  Mexican

[ ]  Middle Eastern or North Africa
[ ]  Portuguese

[ ]  Puerto Rican

[ ]  Russian

[ ]  Salvadorean

[ ]  South American

[ ]  Caribbean Islander

[ ]  Vietnamese

[ ]  Ethnicity is not listed (please specify)

[ ]  Don’t know

[ ]  Choose not to answer

**Highest Level of Education, if Known**

**Any Reasonable Accommodations Needed to Help Access Services (e.g., hearing- , vision- , mobility-impaired):**

**Legal Status:** [ ]  Pre-trial [ ]  Sentenced

**Anticipated Date of Release**

**Which court is involved?**

**Next Court Date** (if known)

**Parole/Probation Supervision:** [ ]  Probation [ ]  Parole (if known—including specialty courts)

**Name of Person Making Referral**

**Tel.**

**Relationship of Referring Person to Client (e.g., parole officer)**

**Referring Individual’s Organization**

**Date/Time of Next Scheduled Appointment with Enrollee**

**Behavioral Health Diagnosis** (includes mental health and/or substance use)
Self-Reported [ ]  Yes

**MassHealth Insurance Information**

***(Note: Individual must have or be eligible for MassHealth to enroll in the BH-JI Program.)***

**MassHealth ID Number**

**MassHealth Plan** (if known)

**What are the most urgent need areas for this individual?**

[ ]  Benefits

[ ]  Employment/education

[ ]  Government identification

[ ]  Mental health supports

[ ]  Substance use disorder support

[ ]  Social supports

[ ]  Physical health supports

[ ]  Obtaining/reactivating MassHealth

[ ]  Income

[ ]  Exploring housing options

[ ]  Other

**Additional Documentation**

Signed release of information [ ]  Yes [ ]  No

Copy of ORAS, LS/CMI, or other risk assessments (or scores and score breakdown) [ ]  Yes [ ]  No

Most recent bio-psycho-social (or course of treatment plan, if available) [ ]  Yes [ ]  No

Conditions of probation/parole [ ]  Yes [ ]  No

Photocopy of MassHealth card (if available): [ ]  Yes, included [ ]  No, not available

**Additional Helpful Information**BH-JI Website:<https://www.mass.gov/BHJI>

**BH-JI Vendor by County (Please note: BH-JI vendors are also CSP providers.)**

BH-JI Website:
https://www.mass.gov/BHJI

**BH-JI Vendor by County**

**County:** Barnstable
**Organization:** Gosnold, Inc.
**Email:** BHJI@gosnold.org
**Phone Number:** (508) 540-6550 ext. 5023

**County:** Berkshire
**Organization:** Center for Human Development
**Email:** Bhjireferrals@chd.org
**Phone Number:** (413) 636-5782

**County:** Bristol
**Organization Name:** Community Counseling of Bristol County
**Email:** mdasilva@comcounseling.org
**Phone Number:** (774) 303-8131

**County:** Dukes
**Organization Name:** Gosnold, Inc.
**Email:** BHJI@gosnold.org
**Phone Number:** (508) 540-6550 ext. 5023

**County:** Essex
**Organization Name:** Advocates, Inc.
**Email:** BHJI\_Referrals@Advocates.org
**Phone Number:** (508) 630-4148

**County:** Franklin
**Organization Name:** Center for Human Development
**Email:** Bhjireferrals@chd.org
**Phone Number:** (413) 636-5782

**County:** Hampden
**Organization Name:** Behavioral Health Network, Inc.
**Email:** cspji-bhjireferral@bhninc.org
**Phone Number:** (413) 485-8381

**County:** Hampshire
**Organization Name:** Center for Human Development
**Email:** Bhjireferrals@chd.org
**Phone Number:** (413) 636-5782

**County:** Middlesex
**Organization Name:** Advocates, Inc.
**Email:** BHJI\_Referrals@Advocates.org
**Phone Number:** (508) 630-4148

**County:** Nantucket
**Organization Name:** Gosnold, Inc.
**Email:** BHJI@gosnold.org
**Phone Number:** (508) 540-6550 ext. 5023

**County:** Norfolk
**Organization Name:** Riverside Community Care
**Email:** BHJI@riversidecc.org
**Phone Number:** (781) 234-1650

**County:** Plymouth
**Organization Name:** Bay State Community Services
**Email:** bhji@baystatecs.org
**Phone Number:** (781) 689-3995

**County:** Suffolk
**Organization Name:** Gavin Foundation
**Email:** RoscoeHurley@GavinFoundation.org
**Phone Number:** (857) 496-7161

**County:** Worcester
**Organization Name:** Open Sky Community Services
**Email:** JusticeServices@openskycs.org
**Phone Number:** (774) 232-0640

**Counties:** Berkshire/Hampshire/Franklin
**Vendor:** CH
**Vendor Name:** Center for Human Development

**Counties:** Hampden
**Vendor:** BH
**Vendor Name:** Behavioral Health Network, Inc.

**Counties:** Worcester
**Vendor:** OS
**Vendor Name:** Open Sky Community Services

**Counties:** Essex/Middlesex
**Vendor:** AI
**Vendor Name:** Advocates, Inc.

**Counties:** Suffolk
**Vendor:** GF
**Vendor Name:** Gavin Foundation

**Counties:**  Norfolk
**Vendor:** RC
**Vendor Name:** Riverside Community Care

**Counties:** Plymouth
**Vendor:** BS
**Vendor Name:** Bay State Community Services

**Counties:** Bristol
**Vendor:** CC
**Vendor Name:** Community Counseling of Bristol County

**Counties:** Barnstable/Dukes/Nantucket
**Vendor:** GI
**Vendor Name:** Gosnold, Inc.

**CSP-JI Providers**

**County:** Suffolk and Hampden
**Organization Name:** Community Caring Clinic
**Email:** Communitycaringclinic@gmail.com
**Phone Number:**  (617) 541-1829

**County:** Bristol
**Organization Name:** High Point Treatment Center
**Email:** sbennett@hptc.org
**Phone Number:**  (508) 641-1419

**County:** Bristol
**Organization Name:** Steppingstone
**Email:** mkachapis@steppingstoneinc.org
**Phone Number:**  (508) 674-2788, ext. 11101

**County:** Middlesex
**Organization Name:** Vinfen
**Email:** hakeyk@vinfen.org
**Phone Number:** (877) 284-6336

**County:** Norfolk
**Organization Name:** Volunteers of America
**Email:** lpaolantonio@voamass.org
**Phone Number:** (617) 522-8086

**County:** Suffolk
**Organization Name:** Casa Esperanza
**Email:** FamiliasOutpatientIntake@casaesperanza.org
**Phone Number:** (617) 445-1123, ext. 849

**County:** Suffolk
**Organization Name:** Fathers’ Uplift
**Email:** apalacios@fathersuplift.org
**Phone Number:** (617) 708-0870

**County:** Suffolk
**Organization Name:** North Suffolk Community Services
**Email:** eporto@northsuffolk.org
**Phone Number:** (617) 388-1594

**County:** Worcester
**Organization Name:** Community Health Link
**Email:** dpierce@communityhealthlink.org
**Phone Number:** (508) 860-1000

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