# ­­­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](mailto:BHJI@gosnold.org)   
**Phone Number:** (508) 540-6550 ext. 5023

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

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

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

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

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

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

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

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

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

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

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

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

**County:** Worcester   
**Organization Name:** Open Sky Community Services   
**Email:** [JusticeServices@openskycs.org](mailto: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](mailto:Communitycaringclinic@gmail.com)   
**Phone Number:**  (617) 541-1829

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

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

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

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

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

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

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

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

BH-JI 2025-05