

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 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
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Race is not listed
☐ Don't know
☐ 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
- ☐ Caribbean Islander
- ☐ Central American
- ☐ Colombian
- ☐ Chinese
- ☐ 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
- ☐ 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

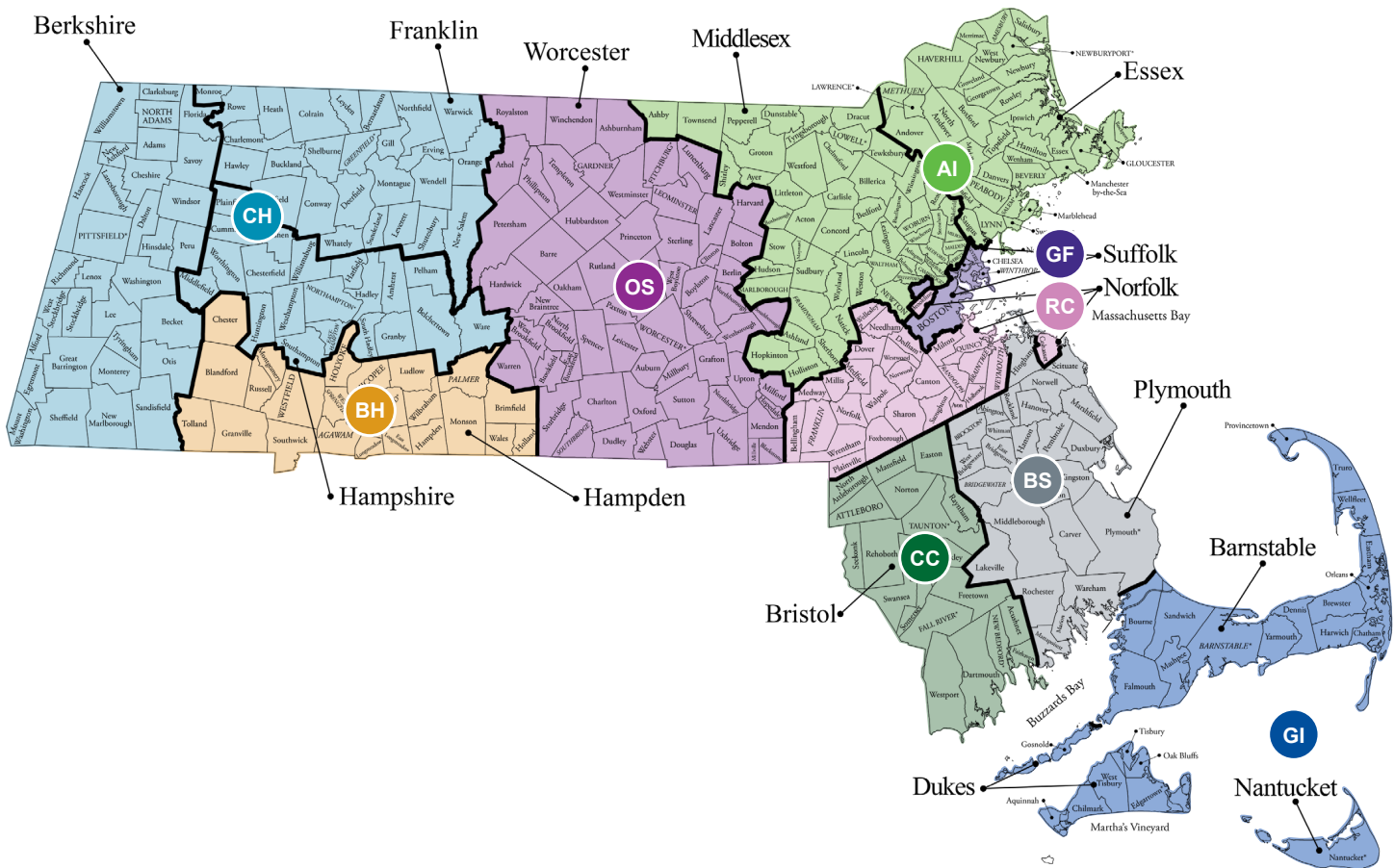
Organization Name: Gavin Foundation










Email: RoscoeHurley@GavinFoundation.org

Phone Number: (857) 496-7161

County: Worcester

Organization Name: Open Sky Community Services



Counties	Vendor	Vendor Name
Berkshire/Hampshire/Franklin		Center for Human Development
Hampden		Behavioral Health Network, Inc.
Worcester		Open Sky Community Services
Essex/Middlesex		Advocates, Inc.
Suffolk		Gavin Foundation
Norfolk		Riverside Community Care
Plymouth		Bay State Community Services
Bristol		Community Counseling of Bristol County
Barnstable/Dukes/Nantucket		Gosnold, Inc.

Email: JusticeServices@openskycs.org

Phone Number: (774) 232-0640

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