



# 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Method of Communication for Initial Contact (check one) <input type="checkbox"/> Call <input type="checkbox"/> 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.

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Race is not listed
<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> Don't know
<input type="checkbox"/> Black or African American	<input type="checkbox"/> 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.

<input type="checkbox"/> African	<input type="checkbox"/> Cuban	<input type="checkbox"/> Mexican
<input type="checkbox"/> African American	<input type="checkbox"/> Dominican	<input type="checkbox"/> Middle Eastern or North Africa
<input type="checkbox"/> American	<input type="checkbox"/> Eastern European	<input type="checkbox"/> Portuguese
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> European	<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Brazilian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Russian
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Salvadorean
<input type="checkbox"/> Cape Verdean	<input type="checkbox"/> Haitian	<input type="checkbox"/> South American
<input type="checkbox"/> Caribbean Islander	<input type="checkbox"/> Honduran	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Central American	<input type="checkbox"/> Japanese	<input type="checkbox"/> Ethnicity is not listed (please specify)
<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Don't know
<input type="checkbox"/> Colombian	<input type="checkbox"/> Laotian/Lao	<input type="checkbox"/> Choose not to answer

Highest Level of Education, if Known

<b>Any Reasonable Accommodations Needed to Help Access Services (e.g., hearing- , vision- , mobility-impaired):</b>	
<b>Legal Status:</b> <input type="checkbox"/> Pre-trial <input type="checkbox"/> Sentenced	<b>Anticipated Date of Release</b>
<b>Next Court Date</b> (if known)	<b>Which court is involved?</b> (if known—including specialty courts)
<b>Parole/Probation Supervision</b> <input type="checkbox"/> Probation <input type="checkbox"/> Parole	
<b>Name of Person Making Referral</b>	<b>Tel.</b>
<b>Relationship of Referring Person to Client</b> (e.g., parole officer)	<b>Referring Individual's Organization</b>
<b>Date/Time of Next Scheduled Appointment with Enrollee</b>	
<b>Behavioral Health Diagnosis</b> (includes mental health and/or substance use) Self-Reported <input type="checkbox"/> Yes	

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

<b>MassHealth ID Number</b>	<b>MassHealth Plan</b> (if known)
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**What are the most urgent need areas for this individual?**

<input type="checkbox"/> Benefits	<input type="checkbox"/> Employment/education	<input type="checkbox"/> Government identification
<input type="checkbox"/> Mental health supports	<input type="checkbox"/> Substance use disorder support	<input type="checkbox"/> Social supports
<input type="checkbox"/> Physical health supports	<input type="checkbox"/> Obtaining/reactivating MassHealth	<input type="checkbox"/> Income
<input type="checkbox"/> Exploring housing options	<input type="checkbox"/> Other	

**Additional Documentation**

Signed release of information	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of ORAS, LS/CMI, or other risk assessments (or scores and score breakdown)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Most recent bio-psycho-social (or course of treatment plan, if available)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conditions of probation/parole	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Photocopy of MassHealth card (if available)	<input type="checkbox"/> Yes, included	<input type="checkbox"/> No, not available

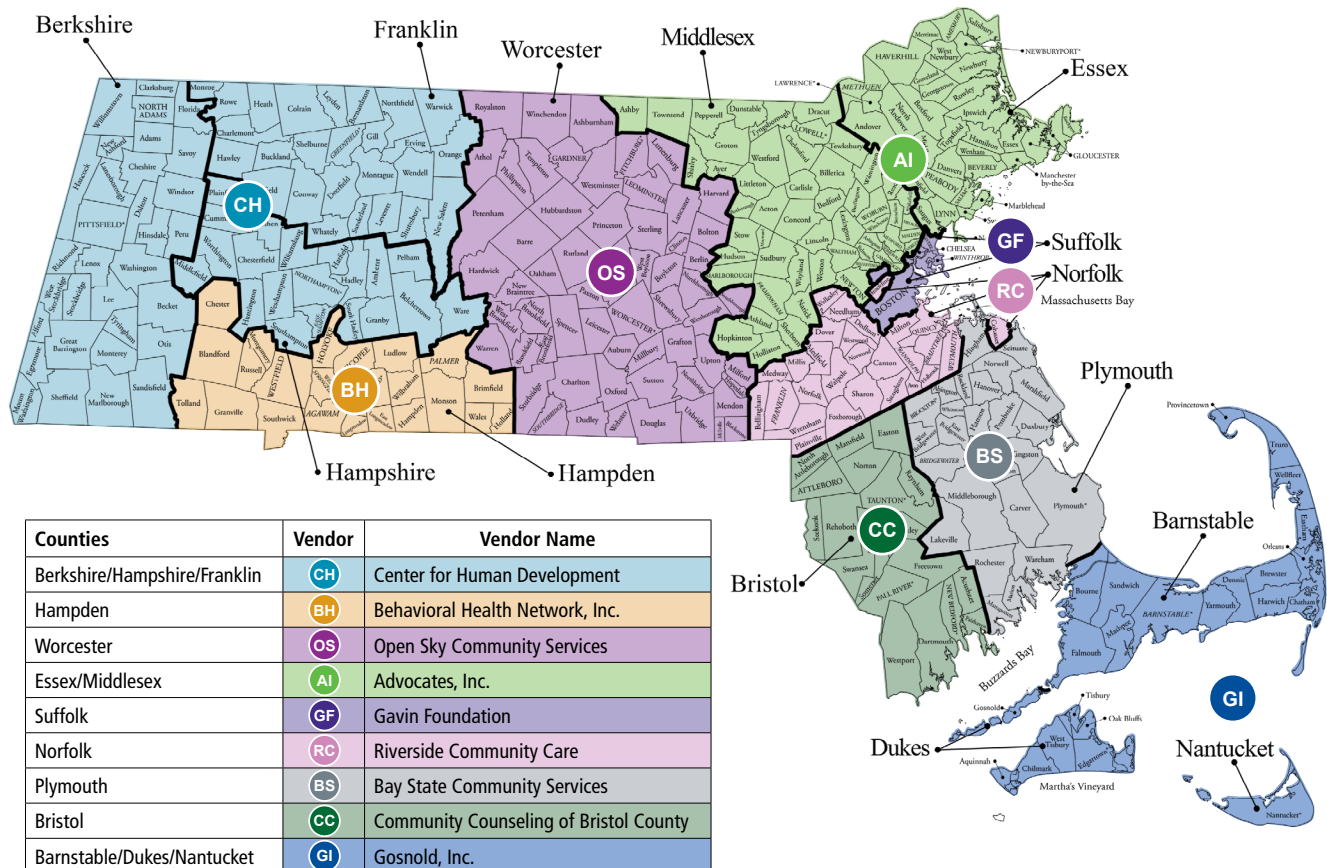
## Additional Helpful Information

BH-JI Website:

<https://www.mass.gov/BHJI>

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

County	Organization Name	Email	Phone Number
Barnstable	Gosnold, Inc.	BHJI@gosnold.org	(508) 540-6550 ext. 5023
Berkshire	Center for Human Development	Bhjireferrals@chd.org	(413) 636-5782
Bristol	Community Counseling of Bristol County	mdasilva@comcounseling.org	(774) 303-8131
Dukes	Gosnold, Inc.	BHJI@gosnold.org	(508) 540-6550 ext. 5023
Essex	Advocates, Inc.	BHJI_Referrals@Advocates.org	(508) 630-4148
Franklin	Center for Human Development	Bhjireferrals@chd.org	(413) 636-5782
Hampden	Behavioral Health Network, Inc.	Keith.Mumblo@bhninc.org	(413) 348-9754
Hampshire	Center for Human Development	Bhjireferrals@chd.org	(413) 636-5782
Middlesex	Advocates, Inc.	BHJI_Referrals@Advocates.org	(508) 630-4148
Nantucket	Gosnold, Inc.	BHJI@gosnold.org	(508) 540-6550 ext. 5023
Norfolk	Riverside Community Care	BHJI@riversidecc.org	(781) 234-1650
Plymouth	Bay State Community Services	bhji@baystatecs.org	(781) 689-3995
Suffolk	Gavin Foundation	RoscoeHurley@GavinFoundation.org	(857) 496-7161
Worcester	Open Sky Community Services	JusticeServices@openskycs.org	(774) 232-0640



## CSP-JI Providers

County	Organization Name	Email	Phone Number
Bristol	High Point Treatment Center	sbennett@hptc.org	(508) 641-1419
Bristol	Ignite Recovery	heather.c@ignitemyrecovery.com	(508) 296-0523
Bristol	Steppingstone	mkachapis@steppingstoneinc.org	(508) 674-2788, ext. 11101
Middlesex	Vinfen	hakeyk@vinfen.org	(877) 284-6336
Norfolk	Volunteers of America	lpaolantonio@voamass.org	(617) 522-8086
Norfolk and Plymouth	New Life Counseling	wanda.casillas@nlcwc.org	(781) 986-4800 or (857) 324-3317
Suffolk	Casa Esperanza	strieweiler@casaesperanza.org	(617) 874-7578
Suffolk	Fathers' Uplift	apalacios@fathersuplift.org	(617) 708-0870
Suffolk	North Suffolk Community Services	eporto@northsuffolk.org	(617) 388-1594
Suffolk and Hampden	Community Caring Clinic	Communitycaringclinic@gmail.com	(617) 541-1829
Worcester	Community Health Link	dpierce@communityhealthlink.org	(508) 860-1000