



MassHealth Behavioral Health Supports for Justice Involved Individuals (BH-JI)

UNIVERSAL REFERRAL FORM

Date of referral:	Date of Birth:
Name:	Address: If homeless or unstably housed, support area/county requested
State:	Zip:

Phone/cell#:	Ok to leave voicemail: <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred method of communication to referred 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:
Highest level of education, if known:		
Any reasonable accommodations needed to help access services (ex. Hearing, vision, mobility impaired):		
Legal Status: <input type="checkbox"/> Pre-trial <input type="checkbox"/> Sentenced	Anticipated date of release:	
Next court date (if known):	What court involved with (if known-including specialty courts):	
Parole/Probation supervision: <input type="checkbox"/> Probation <input type="checkbox"/> Parole		
Name of person making referral:	Phone/cell #:	
Relationship of referring person to client (ex. PO):	Referring individual's organization:	
Date/time of Next scheduled appointment w/ enrollee:		

MassHealth Insurance Info

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

MassHealth ID Number:	MassHealth plan (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"/> Govt. 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/re-activating MassHealth	<input type="checkbox"/> Income
<input type="checkbox"/> Exploring housing options	<input type="checkbox"/> Other _____	<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

Please send completed referral forms to: [See chart below]



Additional Helpful Information

BH-JI Website:

<https://www.mass.gov/masshealth-behavioral-health-supports-for-justice-involved-individuals-bh-ji>

BH-JI Vendor by County:

County	Name	Email	Phone Number
Barnstable	Gosnold, Inc.	BHJI@gosnold.org	508-540-6550 ext 5023
Berkshire	Center for Human Development	acovefoster@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	acovefoster@chd.org	413-636-5782
Hampden	Behavioral Health Network, Inc.	Keith.Mumblo@bhninc.org	413-348-9754
Hampshire	Center for Human Development	acovefoster@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	amy.thebeau@openskycs.org	774-232-0640

BH-JI Vendor Map:

