



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

Any Reasonable Accommodations Needed to Help Access Services (e.g., hearing- , vision- , mobility-impaired):	
Legal Status: <input type="checkbox"/> Pre-trial <input type="checkbox"/> Sentenced	Anticipated Date of Release
Next Court Date (if known)	Which court is involved? (if known—including specialty courts)
Parole/Probation Supervision <input type="checkbox"/> Probation <input type="checkbox"/> Parole	
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 <input type="checkbox"/> 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)
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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

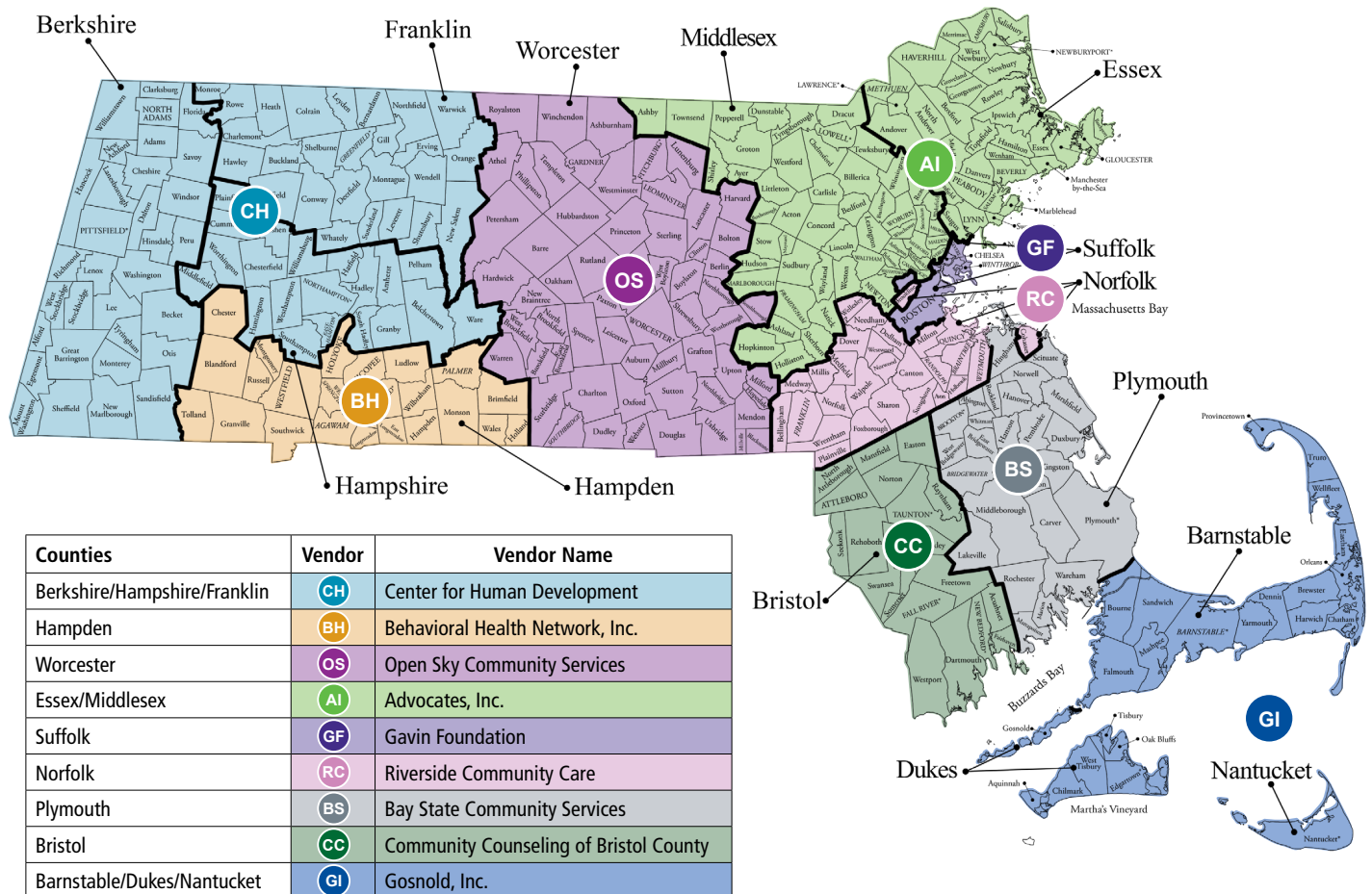
Additional Helpful Information

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.	cspji-bhjireferral@bhninc.org	(413) 485-8381
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
Suffolk and Hampden	Community Caring Clinic	Communitycaringclinic@gmail.com	(617) 541-1829
Bristol	High Point Treatment Center	sbennett@hptc.org	(508) 641-1419
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
Suffolk	Casa Esperanza	FamiliasOutpatientIntake@casaesperanza.org	(617) 445-1123 ext. 849
Suffolk	Fathers' Uplift	apalacios@fathersuplift.org	(617) 708-0870
Suffolk	North Suffolk Community Services	eporto@northsuffolk.org	(617) 388-1594
Worcester	Community Health Link	dpierce@communityhealthlink.org	(508) 860-1000