



**MassHealth Behavioral Health Supports for Justice-Involved Individuals (BH-JI)**  
**UNIVERSAL REFERRAL FORM**

<b>Date of Referral</b>	<b>Date of Birth</b>
<b>Name</b>	<b>Address</b> (If homeless or unstably housed, name of support area/ county requested)
<b>State</b>	<b>Zip</b>

<b>Tel.</b>	<b>Okay to leave voicemail?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Preferred Method of Communication to Referred for Initial Contact</b> (check one) <input type="checkbox"/> Call <input type="checkbox"/> Text
<b>Secondary Contact Name</b>	<b>Secondary Contact Number</b>	<b>Social Security or Tax Identification Number</b>
<b>Preferred Language</b>	<b>Gender</b>	<b>Ethnicity/Race</b>

**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	<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**

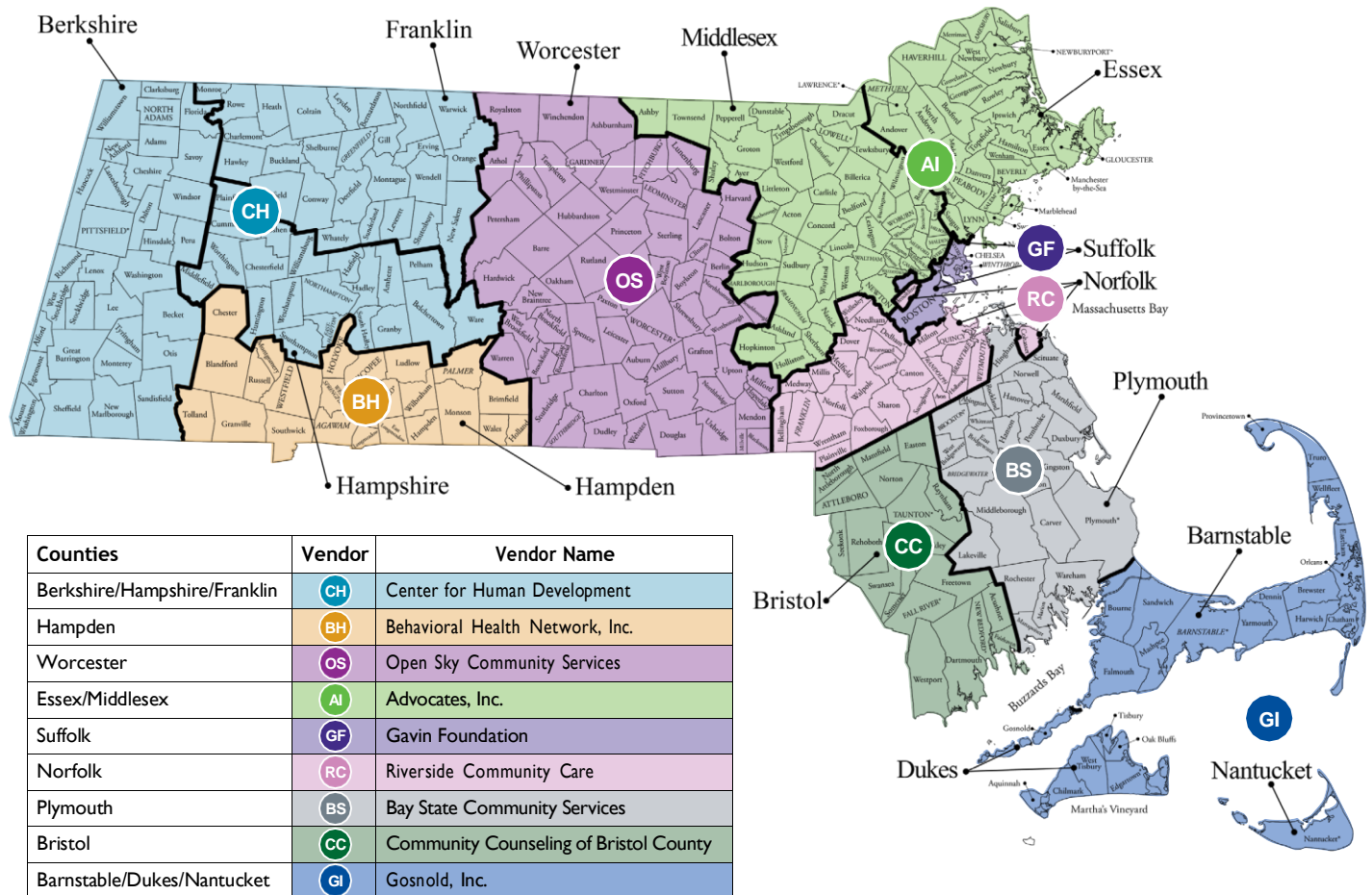
BH-JI Website:  
<https://www.mass.gov/BHJI>

**BH-JI Vendor by County**

County	Organization Name	Email	Phone Number
Barnstable	Gosnold, Inc.	<a href="mailto:BHJI@gosnold.org">BHJI@gosnold.org</a>	(508) 540-6550 ext. 5023
Berkshire	Center for Human Development	<a href="mailto:Bhjireferrals@chd.org">Bhjireferrals@chd.org</a>	(413) 636-5782
Bristol	Community Counseling of Bristol County	<a href="mailto:mdasilva@comcounseling.org">mdasilva@comcounseling.org</a>	(774) 303-8131
Dukes	Gosnold, Inc.	<a href="mailto:BHJI@gosnold.org">BHJI@gosnold.org</a>	(508) 540-6550 ext. 5023
Essex	Advocates, Inc.	<a href="mailto:BHJI_Referrals@Advocates.org">BHJI_Referrals@Advocates.org</a>	(508) 630-4148
Franklin	Center for Human Development	<a href="mailto:Bhjireferrals@chd.org">Bhjireferrals@chd.org</a>	(413) 636-5782
Hampden	Behavioral Health Network, Inc.	<a href="mailto:Keith.Mumblo@bhninc.org">Keith.Mumblo@bhninc.org</a>	(413) 348-9754

Hampshire	Center for Human Development	<a href="mailto:Bhjireferrals@chd.org">Bhjireferrals@chd.org</a>	(413) 636-5782
Middlesex	Advocates, Inc.	<a href="mailto:BHJI_Referrals@Advocates.org">BHJI_Referrals@Advocates.org</a>	(508) 630-4148

County	Organization Name	Email	Phone Number
Nantucket	Gosnold, Inc.	<a href="mailto:BHJI@gosnold.org">BHJI@gosnold.org</a>	(508) 540-6550 ext. 5023
Norfolk	Riverside Community Care	<a href="mailto:BHJI@riversidecc.org">BHJI@riversidecc.org</a>	(781) 234-1650
Plymouth	Bay State Community Services	<a href="mailto:bhji@baystatecs.org">bhji@baystatecs.org</a>	(781) 689-3995
Suffolk	Gavin Foundation	<a href="mailto:RoscoeHurley@GavinFoundation.org">RoscoeHurley@GavinFoundation.org</a>	(857) 496-7161
Worcester	Open Sky Community Services	<a href="mailto:JusticeServices@openskycs.org">JusticeServices@openskycs.org</a>	(774) 232-0640



## CSP-JI Providers

County	Organization Name	Email	Phone Number
Suffolk and Hampden	Community Caring Clinic	<a href="mailto:Communitycaringclinic@gmail.com">Communitycaringclinic@gmail.com</a>	(617) 541-1829
Bristol	High Point Treatment Center	<a href="mailto:sbennett@hptc.org">sbennett@hptc.org</a>	(508) 641-1419
Bristol	Steppingstone	<a href="mailto:mkachapis@steppingstoneinc.org">mkachapis@steppingstoneinc.org</a>	(508) 674-2788, ext. 11101
Middlesex	Vinfen	<a href="mailto:hakeyk@vinfen.org">hakeyk@vinfen.org</a>	(877) 284-6336
Norfolk	Volunteers of America	<a href="mailto:lpalantonio@voamass.org">lpalantonio@voamass.org</a>	(617) 522-8086
Suffolk	Casa Esperanza	<a href="mailto:strieweiler@casaesperanza.org">strieweiler@casaesperanza.org</a>	(617) 874-7578
Suffolk	Fathers' Uplift	<a href="mailto:apalacios@fathersuplift.org">apalacios@fathersuplift.org</a>	(617) 708-0870
Suffolk	North Suffolk Community Services	<a href="mailto:eporto@northsuffolk.org">eporto@northsuffolk.org</a>	(617) 388-1594

Worcester	Community Health Link	<a href="mailto:dpierce@communityhealthlink.org">dpierce@communityhealthlink.org</a>	(508) 860-1000
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