

Diversion Navigator Interview

Individual Information

INDIVIDUAL'S NAME (LAST, FIRST, MI)		DATE OF BIRTH (MM/DD/YYYY)
INTERVIEW DATE AND TIME Date: _____ Time: <input type="checkbox"/> AM <input type="checkbox"/> PM Duration: _____		INTERVIEW LOCATION (PLACE / VIRTUAL)
ATTORNEY PRESENT <input type="checkbox"/> No <input type="checkbox"/> Yes; if yes, attorney name: _____		

Purpose of Diversion Navigator Interview

Diversion Navigators explained purpose of visit to support individual in becoming stable and avoiding additional court-ordered competency evaluations under RCW 10.77 with the goal to divert individuals from the competency process and receiving additional criminal charges by offering wrap around services. Diversion Navigator explained role as officer of the court and informed individual information that is shared could be requested by court and encouraged individual to not discuss anything related to their current charges or events leading up to current charges.

Yes No Other:

Additional information, if needed:

Demographics

IDENTIFIED RACE / ETHNICITY (CHECK ALL THAT APPLY):

- White
- Black or African American
- American Indian or Alaska Native
- Asia
- Native Hawaiian or Other Pacific Islander
- Hispanic or Latin(x)
- Non-Hispanic or Latin(x)
- Two or more races
- Unknown

HOUSING STATUS (REQUIRED):

- Homeless
- Unstably housed
- Stably housed
- Unknown

TRIBAL STATUS:

- Yes
- No
- Unknown

VETERAN STATUS:

- Yes
- No
- Unknown

DDA STATUS:

- Yes
- No
- Unknown

DISABILITY STATUS:

- Physical disability
- Mental disability
- Both physical and mental disability
- No disability
- Unknown

MEDICAL INSURANCE STATUS:

- Medicaid
- Medicare
- Dual Medicaid and Medicare
- Private insurance
- Veteran's insurance
- Veteran's Administration
- None
- Unknown

IDENTIFICATION STATUS:

- Valid driver's license
- Not valid driver's license
- Suspended / revoked driver's license
- Valid Identification
- None
- Unknown

TRANSPORTATION STATUS:

- Public transportation
- Hopelink
- Paratransit
- Private vehicle
- Other:

Mental Health Presentation

PRESENTING SYMPTOMS (SYMPTOMS OBSERVED BY DIVERSION NAVIGATOR)

SYMPTOMS STATED BY INDIVIDUAL

CURRENT PRESCRIBED AND TAKING MEDICATIONS
 Yes No Additional information, if needed:

CURRENT BEHAVIORAL HEALTH PROVIDER IN THE COMMUNITY

Previous Behavioral Health Treatment

Previous Substance Use Disorder History

CURRENT PRESCRIBED AND TAKING MEDICATIONS
 None Drug(s) Alcohol
Individual states:

PREVIOUS TREATMENT FOR SUBSTANCE USE
 Yes No
Individual states:

Safety Concerns

CURRENTLY EXPERIENCING SELF-INJURIOUS BEHAVIOR(S) / SUICIDE IDEATION
 Yes No Unknown:

Additional information, if needed:

PREVIOUS SUICIDE ATTEMPTS
 Yes. If yes, provide any additional information. No
 Unknown:

Additional information, if needed:

CURRENTLY EXPERIENCING HOMICIDAL IDEATION
 Yes. If yes, provide any additional information. No
 Unknown:

Additional information, if needed:

PER THE DIVERSION NAVIGATOR OBSERVATIONS, INDIVIDUAL IS CURRENTLY EXPERIENCEING SYMPTOMS THAT MAY IMPRPER ABILITY TO CARE FOR THEMSELVES
 Yes. If yes, provide any additional information. No Unsure. If unsure, provide additional information.
Additional information, if needed:

IF SAFETY CONCERNS WERE IDENTIFIED, WERE REFERRALS MADE TO APPROPRIATE JAIL OR COMMUNITY-BASED INTERVENTION SERVICE FOR FOLLOW-UP?
 Yes No

Additional information, if needed:

Resources and Supports

INDIVIDUAL IS CURRENTLY CONNECTED TO ANY OF THE FOLLOWING SUPPORTS

- DDA CMH / SUD PROGRAM DCYF CSO
 SSS AL TSA VA

NATURAL SUPPORT SYSTEM

Individual states:

STRENGTHS

Individual states:

Additional Personal Information

RELEVANT CULTURAL FACTORS (SPIRITUAL, ETHNIC, ETC.)

Client states:

LANGUAGE AND/OR CULTURE BARRIERS TO DAILY FUNCTIONING / RESOURCES?

- Yes. If yes, provide additional information.
 No

Additional information:

FPATH / FHARPS Eligibility

FPATH ELIGIBLE

- Yes. If yes, Diversion Navigator explained FPATH Services and referral will be made. No
 Other:

FHARPS ELIGIBLE

- Yes. If yes, Diversion Navigator explained FHARPS Services and referral will be made. No
 Other:

AOT Eligibility

Is willing to follow all services on the Recommended Diversion Plan for the next six (6) months including adherence to prescribed medications and abstaining from alcohol and unprescribed drugs and willing to comply with urinalysis or breathalyzer monitoring if needed.

- Yes No Other:

Additional information, if needed: