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| Text  Description automatically generated |  OFFICE OF FORENSIC MENTAL HEALTH SERVICES (OFMHS) **Diversion Navigator Interview** |
| **Individual Information** |
| INDIVIDUAL’S NAME (LAST, FIRST, MI) | DATE OF BIRTH (MM/DD/YYYY) |
| INTERVIEW DATE AND TIMEDate: Time: [ ]  AM [ ]  PM Duration:  | INTERVIEW LOCATION (PLACE / VIRTUAL) |
| ATTORNEY PRESENT[ ]  No [ ]  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) [ ]  AlcoholIndividual states:  |
| PREVIOUS TREATMENT FOR SUBSTANCE USE[ ]  Yes [ ]  NoIndividual 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 IMPRER 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 COMMNITY-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 [ ]  ALTSA [ ]  VA |
| NATURAL SUPPORT SYSTEMIndividual states:  |
| STRENGTHSIndividual 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.[ ]  NoAdditional 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: |