

Diversions 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 Diversions Navigator Interview	
<p>Diversions 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. Diversions 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.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:</p> <p>Additional information, if needed:</p>	
Demographics	
<p>IDENTIFIED RACE / ETHNICITY (CHECK ALL THAT APPLY):</p> <p><input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asia <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Hispanic or Latin(x) <input type="checkbox"/> Non-Hispanic or Latin(x) <input type="checkbox"/> Two or more races <input type="checkbox"/> Unknown</p> <p>TRIBAL STATUS:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>VETERAN STATUS:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>DDA STATUS:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>DISABILITY STATUS:</p> <p><input type="checkbox"/> Physical disability <input type="checkbox"/> Mental disability <input type="checkbox"/> Both physical and mental disability <input type="checkbox"/> No disability <input type="checkbox"/> Unknown</p> <p>MEDICAL INSURANCE STATUS:</p> <p><input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Dual Medicaid and Medicare <input type="checkbox"/> Private insurance <input type="checkbox"/> Veteran's insurance <input type="checkbox"/> Veteran's Administration <input type="checkbox"/> None <input type="checkbox"/> Unknown</p> <p>IDENTIFICATION STATUS:</p> <p><input type="checkbox"/> Valid driver's license <input type="checkbox"/> Not valid driver's license <input type="checkbox"/> Suspended / revoked driver's license <input type="checkbox"/> Valid Identification <input type="checkbox"/> None <input type="checkbox"/> Unknown</p> <p>TRANSPORTATION STATUS:</p> <p><input type="checkbox"/> Public transportation <input type="checkbox"/> Hopelink <input type="checkbox"/> Paratransit <input type="checkbox"/> Private vehicle <input type="checkbox"/> Other:</p>
Housing Status (Required)	
<input type="checkbox"/> Homeless <input type="checkbox"/> Unstably Housed <input type="checkbox"/> Stably Housed	Current / Potential Housing and Contact Information:

FHARPS ELIGIBLE
 Yes, Forensic Navigator explain FHARPS Services and referral will be made.
 No
 Other:

FPATH ELIGIBLE
 Yes, Forensic Navigator explain FPATH Services and referral will be made.
 No
 Other:

Mental Health Presentation

PRESENTING SYMPTOMS (SYMPTOMS OBSERVED BY DIVERSION NAVIGATOR)

SYMPTOMS STATED BY INDIVIDUAL

Current Behavioral Health Treatment

CURRENT PRESCRIBED AND TAKING MEDICATIONS
 Yes
 No
Additional information:

CURRENT BEHAVIORAL HEALTH PROVIDER IN THE COMMUNITY

PREVIOUS BEHAVIORAL HEALTH TREATMENT
 Yes
 No
Individual states:

Substance Use

CURRENTLY PRESCRIBED AND TAKING MEDICATIONS
 Yes
 No
Individual states:

PREVIOUS TREATMENT FOR SUBSTANCE USE
 Yes
 No
Individual states:

Mental Health Presentation

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

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

CURRENTLY EXPERIENCE HOMICIDAL IDEATION
 Yes. If yes, provide additional information reported.
 No
 Unknown
Additional information:

PER THE FORENSIC NAVIGATOR OBSERVATIONS, INDIVIDUAL IS CURRENTLY EXPERIENCING SYMPTOMS THAT MAY IMPARE ABILITY TO CARE FOR THEMSELVES

- Yes. If yes, provide additional information observed.
- No
- Unknown:

Additional information and concerns observed:

IF SAFETY CONCERNS WERE IDENTIFIED, WERE REFERRALS MADE TO APPROPRIATE JAIL OR COMMUNITY-BASED INTERVENTION SERVICES FOR FOLLOW UP?

- Yes
- No
- Unknown

Additional information:

Resources and Supports

INDIVIDUAL IS CURRENTLY CONNECTED TO ANY OF THE FOLLOWING SUPPORTS

- DDA SSA CMH / SUD Program AL TSA
- DCYF VA CSO PACT

NATURAL SUPORT SYSTEM

Individual states:

STRENGTHS

Individual states:

Additional Personal Information

RELEVANT CULTURAL FACTORS (SPIRITURAL, ETHNIC, ETC.) IS THERE ANYTHING SPECIFIC ABOUT YOU THAT YOU WANT TO SHARE?

Client states:

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

- Yes. If yes, provide additional information.
- No

Additional information:

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:

- Yes
- No
- Other:

Additional information: