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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**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:  |
| **Housing Status (Required)** |
| [ ]  Homeless[ ]  Unstably Housed[ ]  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 [ ]  NoIndividual states:  |
| PREVIOUS TREATMENT FOR SUBSTANCE USE[ ]  Yes[ ]  NoIndividual states:  |
| **Mental Health Presentation** |
| CURRENTLY EXPERIENCING SELF-INJURIOUS BEHAVIOR(S) / SUICIDE IDEATION[ ]  Yes[ ]  No[ ]  UnknownAdditional information:  |
| PREVIOUS SUICIDE ATTEMPTS[ ]  Yes. If yes, provide additional information reported.[ ]  No[ ]  UnknownAdditional information:  |
| CURRENTLY EXPERIENCE HOMICIDAL IDEATION[ ]  Yes. If yes, provide additional information reported.[ ]  No[ ]  UnknownAdditional information:  |
| PER THE FORENSIC NAVIGATOR OBSERVATIONS, INDIVISUAL 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[ ]  UnknownAdditional information:  |
| **Resources and Supports** |
| INDIVIDUAL IS CURRENTLY CONNECTED TO ANY OF THE FOLLOWING SUPPORTS[ ]  DDA [ ]  SSA [ ]  CMH / SUD Program [ ]  ALTSA[ ]  DCYF [ ]  VA [ ]  CSO [ ]  PACT |
| NATURAL SUPORT SYSTEMIndividual states:  |
| STRENGTHSIndividual 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.[ ]  NoAdditional 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: |