



Network Inventory of Risks, Victories, And Needs Assessment NIRVANA

Youth Name: _____ **FLN ID:** _____

NOTE: response options preceded by circles (“o”) indicate to select a single correct response. Items with response options preceded by squares (“□”) indicate to select all response options that apply.

| DOMAIN NAME & ITEMS | RESPONSE OPTIONS |
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| Delinquency History | |
| Age at first offense (the age of the youth at the time of their first offense or contact with DJJ that resulted in charges being filed by law enforcement) | <input type="radio"/> Over 16 <input type="radio"/> 16 <input type="radio"/> 15 <input type="radio"/> 13 to 14 <input type="radio"/> Under 13 <input type="radio"/> None |
| Misdemeanor referrals: Total number of referrals for which the most serious offense was a non-traffic misdemeanor that resulted in diversion, adjudication withheld, adjudication, deferred prosecution, or referral to adult court. | <input type="radio"/> None or one <input type="radio"/> Two <input type="radio"/> Three or four <input type="radio"/> Five or more |
| Against-person felony referrals: Total number of referrals for which the most serious offense was an against-person felony involving force or physical harm to another person including sexual misconduct as defined as a felony. | <input type="radio"/> None <input type="radio"/> One or two <input type="radio"/> Three or more |
| Alcohol or drug possession or distribution/selling | <input type="radio"/> No <input type="radio"/> Yes |
| Has the youth repeatedly stolen from the family, house, or neighbors? | <input type="radio"/> No <input type="radio"/> Yes |
| Firearms | |
| Does the youth have access to guns? | <input type="radio"/> No <input type="radio"/> Yes |
| Has a gun been confiscated from the youth at school? | <input type="radio"/> No <input type="radio"/> Yes |
| Has the youth been arrested for firearm possession of a weapon/firearm charge/enhancement | <input type="radio"/> No <input type="radio"/> Yes |
| School | |
| Youth is a special education student or has a formal diagnosis of a special education need: (Check all that apply.) | <input type="checkbox"/> No special education needs <input type="checkbox"/> Learning <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Behavioral <input type="checkbox"/> ADHD/ADD |
| Youth’s current school enrollment status, regardless of attendance: If the youth is in home school as a result of being expelled or dropping out, check expelled or dropped out. Otherwise check enrolled if in home school. | <input type="radio"/> Graduated/GED <input type="radio"/> Enrolled full-time <input type="radio"/> Enrolled part-time <input type="radio"/> Suspended <input type="radio"/> Dropped out <input type="radio"/> Expelled |

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| <p>Youth's conduct in the most recent term: Fighting or threatening students; threatening teachers/staff; overly disruptive behavior; drug/alcohol use; crimes like theft or vandalism; lying, cheating, dishonesty.</p> | <ul style="list-style-type: none"> o Recognition for good behavior o No problems with school conduct o Problems reported by teachers o Parents notified of problems at school o Calls to police |
| <p>Number of expulsions and suspensions in the most recent term:</p> | <ul style="list-style-type: none"> o No expel/suspend o 1 expel/suspend o 2 or 3 o More than 3 |
| <p>Youth's attendance in the most recent term: Some partial-day unexcused absences mean missing one or more classes; some full-day unexcused absences mean missing complete day; habitual truant means missing at least one class 15 times or more during one grading period</p> | <ul style="list-style-type: none"> o Good attendance; few excused absences o No unexcused absences o Some partial-day unexcused absences o Some full-day unexcused absences o Habitual truant |
| <p>Youth's academic performance in the most recent term:</p> | <ul style="list-style-type: none"> o Honor student (mostly As) o Above 3.0 (mostly As and Bs) o 2.0 to 3.0 (mostly Bs and Cs, no Fs) o 1.0 to 2.0 (mostly Cs, Ds, some Fs) o Below 1.0 (some Ds and mostly Fs) |
| <p>Is the youth reading below grade level</p> | <ul style="list-style-type: none"> o No o Yes |
| <p>Has the youth ever been held back/failed a grade level?</p> | <ul style="list-style-type: none"> o Never o Held back/Failed once o Held back/Failed more than once |
| <p>Employment</p> | |
| <p>Current employment status:</p> | <ul style="list-style-type: none"> o Too young for employment consideration o Not currently employed o Employment is currently going well o Having problems with current employment |
| <p>Understanding of what is required to maintain a job: such as being punctual, reliable, appropriately dressed, courteous, diligent, getting along with management and coworkers</p> | <ul style="list-style-type: none"> o Too young for employment consideration o Lacks knowledge of what it takes to maintain a job o Has knowledge of abilities to maintain a job o Has demonstrated ability to maintain a job |
| <p>Peer Associations</p> | |
| <p>Current friends/companions' youth actually spends time with: (Check all that apply.)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> No consistent friends or companions <input type="checkbox"/> Pro-social friends <input type="checkbox"/> Anti-social friends <input type="checkbox"/> Gang member/associate |

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| Current resistance to anti-social peer influence: | <ul style="list-style-type: none"> o Does not associate with anti-social peers o Usually resists going along with anti-social peers o Rarely resists goes along with anti-social peers o Leads anti-social peers |
| Family/Living Arrangements | |
| Youth's current living situation: | <ul style="list-style-type: none"> o Stable living situation o Transient living situation o Shelter o Homeless |
| Youth has run away from home: Include times youth did not voluntarily return within 24 hours, and include incidents not reported by or to law enforcement. | <ul style="list-style-type: none"> o Never ran away o Has run away once o Has run away two to three times o Has run away four to five times o Has run away over five times o Current runaway |
| Parental supervision: Parents know who the youth is with, when the youth will return, where the youth is going, and what the youth is doing. | <ul style="list-style-type: none"> o Consistent supervision o Sporadic supervision o Inadequate supervision |
| Parental authority and control: | <ul style="list-style-type: none"> o Youth usually obeys and follows rules o Sometimes obeys and follows rules o Youth consistently disobeys and/or is hostile |
| Problem history of parents ever involved in the household: (Check all that apply.) | <ul style="list-style-type: none"> <input type="checkbox"/> No problem history of parents in household <input type="checkbox"/> Parental alcohol problem history <input type="checkbox"/> Parental drug problem history <input type="checkbox"/> Parental physical health problem history <input type="checkbox"/> Parental mental health problem history <input type="checkbox"/> Parental employment problem history |
| Youth feels close to (check all that apply) | <ul style="list-style-type: none"> <input type="checkbox"/> Close to no household members <input type="checkbox"/> Youth wants to live with other parent <input type="checkbox"/> Close to mother/female caretaker <input type="checkbox"/> Close to father/male caretaker <input type="checkbox"/> Close to foster/group home member <input type="checkbox"/> Close to other household member |
| Family Dynamics of household | <ul style="list-style-type: none"> o Both biological parents together o Divorced family o Blended family o Single parent o Living with other relative/guardian |
| Youth homeless | <ul style="list-style-type: none"> o No o Yes |
| Family homeless | <ul style="list-style-type: none"> o No o Yes |

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| Youth rejected from homeless shelter | <input type="radio"/> No <input type="radio"/> Yes |
| Youth chose or forced to leave and/or evicted from previous residence | <input type="radio"/> No <input type="radio"/> Yes |
| Youth has family planning or pregnancy concerns | <input type="radio"/> No <input type="radio"/> Yes |
| Youth has physical health or chronic health problem | <input type="radio"/> No <input type="radio"/> Yes |
| Youth has recent or current DCF involvement | <input type="radio"/> Never <input type="radio"/> Recent DCF involvement <input type="radio"/> Current DCF involvement |
| Family is on public assistance OR qualifies for Title IV-E? | <input type="radio"/> No <input type="radio"/> Yes |
| Alcohol & Drug Use | |
| <p>Youth's alcohol use: (Check all that apply.) Note "Current" use is within the past 4 weeks for initial and since the previous NIRVANA for reassessments/post-assessment during the placement</p> | <input type="checkbox"/> No past use of alcohol ever <input type="checkbox"/> Past alcohol use <input type="checkbox"/> Not currently using alcohol <input type="checkbox"/> Currently using alcohol <input type="checkbox"/> Alcohol causes family conflict <input type="checkbox"/> Alcohol disrupts education <input type="checkbox"/> Alcohol causes health problems <input type="checkbox"/> Alcohol interferes with keeping prosocial friends <input type="checkbox"/> Alcohol contributes to criminal behavior <input type="checkbox"/> Youth needs increasing amounts of alcohol to achieve same level of intoxication or high <input type="checkbox"/> Youth experiences withdrawal problems |
| <p>Youth's drug use: (Check all that apply.) Note "Current" use is within the past 4 weeks for initial and since the previous NIRVANA for reassessments/post-assessment during the placement</p> | <input type="checkbox"/> No past use of drugs ever <input type="checkbox"/> Past drug use <input type="checkbox"/> Not currently using drugs <input type="checkbox"/> Currently using drugs <input type="checkbox"/> Drugs causes family conflict <input type="checkbox"/> Drugs disrupts education <input type="checkbox"/> Drugs causes health problems <input type="checkbox"/> Drugs interferes with keeping prosocial friends <input type="checkbox"/> Drugs contributes to criminal behavior <input type="checkbox"/> Youth needs increasing amounts of <input type="checkbox"/> Drugs to achieve same level of intoxication or high <input type="checkbox"/> Youth experiences withdrawal problems |

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| <p>Types of drugs currently using: (Check all that apply.) Note: "Current" use is within the past 4 weeks for initial and since the previous NIRVANA for reassessments/post-assessment during the placement</p> | <input type="checkbox"/> No current substance use <input type="checkbox"/> Tobacco <input type="checkbox"/> Marijuana/hashish <input type="checkbox"/> Amphetamines (meth/uppers/speed/ecstasy) <input type="checkbox"/> Cocaine (crack/rock) <input type="checkbox"/> Cocaine (coke) <input type="checkbox"/> Heroin <input type="checkbox"/> Inhalants <input type="checkbox"/> Barbiturates (Tuinal/Seconal/downers) <input type="checkbox"/> Tranquilizers/sedatives (Valium/Libnum/Dalmane/Ketamine) <input type="checkbox"/> Hallucinogens (LSD/Acid/Mushrooms/GHB) <input type="checkbox"/> Phencyclidine (PCP/Angel Dust) <input type="checkbox"/> Other opiates (Codeine/ Oxycontin) <input type="checkbox"/> OTCs (cough syrup/Sudafed) <input type="checkbox"/> Steroids <input type="checkbox"/> Other drugs |
| Mental Health/Suicidal Ideation/Trauma | |
| <p>History of suicidal ideation: Include any previous thoughts, threats, plans and attempts even if youth indicates they were manipulative or there was no intent.</p> | <input type="radio"/> Has never had thoughts about suicide <input type="radio"/> Has had serious thoughts about suicide <input type="radio"/> Has made a plan to commit suicide <input type="radio"/> Has attempted to commit suicide |
| <p>Mental health problems currently interfere in working with the Youth:</p> | <input type="radio"/> No current mental health problem <input type="radio"/> Mental health problem(s) do not interfere in work with youth <input type="radio"/> Mental health problem(s) interfere in work with youth |
| <p>Youth has felt continuously sad or hopeless?</p> | <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Currently feels |
| <p>Caregiver or sibling: Attempted or committed suicide</p> | <input type="radio"/> No <input type="radio"/> Yes |
| <p>Abandonment, loss and grief issues</p> | <input type="radio"/> No <input type="radio"/> Yes |
| <p>Youth has personally witnessed violent crime</p> | <input type="radio"/> No <input type="radio"/> Yes |
| <p>Youth ever or currently prescribed medication for mental health</p> | <input type="radio"/> No <input type="radio"/> Yes |
| <p>Survival sex or sex trafficking (Note: include any instance of youth receiving money or goods for sexual activities)</p> | <input type="radio"/> No <input type="radio"/> Yes |

| Attitudes/Behaviors | |
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| Impulsive; acts before thinking: | <ul style="list-style-type: none"> o Uses self-control; usually thinks before acting o Some self-control; sometimes thinks before acting o Impulsive; often acts before thinking o Highly Impulsive; usually acts before thinking |
| Empathy, remorse, sympathy, or feelings for the victim(s) of antisocial behavior: | <ul style="list-style-type: none"> o Has empathy for victim(s) o Has some empathy for victim(s) o Does not have empathy for victim(s) |
| Respect for authority figures: | <ul style="list-style-type: none"> o Respects most authority figures o Does not respect, resents some authority figures o Resents most authority figures o Defies or is hostile toward most authority figures |
| Aggression | |
| Hostile interpretation of the actions and intentions of others in a common non-confrontational setting: | <ul style="list-style-type: none"> o Primarily positive view of the actions and intentions of others o Primarily negative view of the actions and intentions of others o Primarily hostile view of the actions and intentions of others |
| Has the youth recently engaged in physical aggression toward family members? (Note: recent is the past 4 weeks for initial and since last assessment/reassessment for subsequent assessments) | <ul style="list-style-type: none"> o Yes o No |
| Skills | |
| Consequential thinking: | <ul style="list-style-type: none"> o Does not understand there are consequences to actions o Understands there are consequences to actions (but does not act as if or consider consequences) o Identifies consequences of actions o Acts to obtain desired consequences—good consequential thinking |
| Goal setting: | <ul style="list-style-type: none"> o Does not set goals o Sets unrealistic goals o Sets somewhat realistic goals o Sets realistic goals |
| Dealing with feelings/emotions: Includes knowing his or her feelings, expressing feelings, understanding the feelings of others, dealing with someone else's anger, expressing affection, dealing with fear, and rewarding oneself | <ul style="list-style-type: none"> o Lacks skills in dealing with feelings/emotions o Rarely uses skills in dealing with feelings/emotions o Sometimes uses skills in dealing with feelings/emotions o Often uses skills in dealing with feelings/emotions |
| Control of impulsive behaviors that get youth into trouble: Reframing, replacing anti-social thoughts with pro-social | <ul style="list-style-type: none"> o Never had a problem with impulsive behavior |

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| thoughts, diversion, relaxation, problem solving, negotiation, relapse prevention. | <ul style="list-style-type: none"> <input type="radio"/> Does not know techniques to control impulsive behavior <input type="radio"/> Knows techniques to control impulsive behavior (but does not use) <input type="radio"/> Sometimes uses techniques to control impulsive behavior <input type="radio"/> Often uses techniques to control impulsive behavior |
| Control of aggression: Includes asking permission, sharing thoughts, helping others, negotiating, using self-control, standing up for one's rights, responding to teasing, avoiding trouble with others, and keeping out of fights. | <ul style="list-style-type: none"> <input type="radio"/> Never had a problem with aggression <input type="radio"/> Lacks alternatives to aggression <input type="radio"/> Rarely uses alternatives to aggression <input type="radio"/> Sometimes uses alternatives to aggression <input type="radio"/> Often uses alternatives to aggression |
| Victories/Resiliency | |
| Do you have at least one caregiver with who you feel safe? | <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No |
| Do you have at least one good friend? | <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No |
| Do you have beliefs that give you comfort? | <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No |
| Do you like school or feel a sense of belonging in school? | <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No |
| Do you have at least one teacher who cares about you? | <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No |
| Do you have good neighbors? | <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No |
| Is there an adult (non-parent/caregiver) who could provide you with support or advice? | <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No |
| Do you have opportunities to have a good time? | <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No |
| Do you like yourself or feel comfortable with yourself? | <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No |
| Do you have a predictable home routine, like regular meals and regular bedtime? | <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No |
| Belief school provides an encouraging environment | <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No |
| Likes or feels comfortable talking with two or more teachers, education staff, or coaches | <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No |
| Involved in one or more school activities | <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No |
| Involved in one or more prosocial structured recreational activities (community, cultural, or religious groups, clubs, athletics) | <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No |
| History of, or current relationship with two or more positive adults (non-family members who can provide support, encouragement, or model prosocial behavior) | <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No |

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| Has positive, prosocial friends | <input type="radio"/> Yes <input type="radio"/> No | |
| Has strong prosocial community ties (feels there are people in the community who are willing to help and who discourage getting into trouble) | <input type="radio"/> Yes <input type="radio"/> No | |
| Your family has a strong support network (extended family or friends who can provide additional support, emotional or tangible, to the family) | <input type="radio"/> Yes <input type="radio"/> No | |
| Your family is consistently willing to support you | <input type="radio"/> Yes <input type="radio"/> No | |
| Your family provides opportunities for your involvement and participation in family activities and/or decisions affecting you | <input type="radio"/> Yes <input type="radio"/> No | |
| Has a close relationship with parents/caretakers | <input type="radio"/> Yes <input type="radio"/> No | |
| Childhood Adversity | Adverse Childhood Experience | |
| Have you ever lived with a parent/caregiver who went to jail/prison? | Parental Incarceration | <input type="radio"/> Yes <input type="radio"/> No |
| Have you ever felt unsupported, unloved and/or unprotected? | Emotional Neglect | <input type="radio"/> Yes <input type="radio"/> No |
| Have you ever lived with a parent/caregiver who had mental health issues? (for example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder) | Parental Mental Health Problem | <input type="radio"/> Yes <input type="radio"/> No |
| Has a parent/caregiver ever insulted, humiliated, or put you down? | Emotional Abuse | <input type="radio"/> Yes <input type="radio"/> No |
| Has your biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use? | Parental Substance Abuse | <input type="radio"/> Yes <input type="radio"/> No |
| Have you ever lacked appropriate care by any caregiver? (for example, not being protected from unsafe situations, or not being cared for when sick or injured even when the resources were available; not having basic needs met such as food, shelter, clothing) | Physical Neglect | <input type="radio"/> Yes <input type="radio"/> No |
| Have you ever seen or heard a parent/caregiver being screamed at, sworn at, insulted, or humiliated by another adult? -Or- have you ever seen or heard a parent/caregiver being slapped, kicked, punched beaten up or hurt with a weapon? | Domestic Violence | <input type="radio"/> Yes <input type="radio"/> No |
| Has any adult in the household often or very often pushed, grabbed, slapped or thrown something at you? - Or- has any adult in the household ever hit you so hard that you had marks or were injured? | Physical Abuse | <input type="radio"/> Yes <input type="radio"/> No |

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| -Or- has any adult in the household ever threatened you or acted in a way that made you afraid that you might be hurt? | | |
| Have you ever experienced sexual abuse? (for example, has anyone touched you or asked you to touch that person in a way that was unwanted, or made you feel uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with you) | Sexual Abuse | <input type="radio"/> Yes <input type="radio"/> No |
| Have there ever been significant changes in the relationship status of your caregiver(s)? (for example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out) | Parental Separation/ Divorce | <input type="radio"/> Yes <input type="radio"/> No |
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Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____