

# CASASTART (Striving Together to Achieve Rewarding Tomorrows)

Brief Description | Recognition | Program IOM | Intervention Type | Content Focus | Protective Factors  
Risk Factors | Interventions by Domain | Key Program Approaches | Outcomes | Evaluation Design  
Delivery Specifications | Intended Setting | Fidelity | Barriers and Problems | Personnel | Education  
Personnel Training | Cost | Intended Age Group | Intended Population | Gender Focus  
Replication Information | Contact Information

*Program developers or their agents provided the Model Program information below.*

## BRIEF DESCRIPTION

CASASTART (Striving Together to Achieve Rewarding Tomorrows) is a community-based, school-centered program designed to keep high-risk 8- to 13-year-old youth free of substance abuse and crime involvement. It is based on the assumption that while all preadolescents are vulnerable to experimentation with substances, those who lack effective human and social support are especially vulnerable. CASASTART seeks to build resiliency in the youth, strengthen families, and make neighborhoods safer for children and their families. It promotes collaboration among the key stakeholders in a community or neighborhood and provides case managers to work daily with high-risk children and youth.

## PROGRAM BACKGROUND

The National Center on Addiction and Substance Abuse (CASA) at Columbia University began the program, then known as Children at Risk, in 1992. Three constituent agencies of the U.S. Department of Justice and several national foundations provided initial program and development funding. CASA tested the model in Austin, TX, Bridgeport, CT, Memphis, TN, Newark, NJ, Savannah, GA, and Seattle, WA, from 1992 to 1995.

In 1996, the Ford Foundation gave CASA a 3-year grant to replicate the model in five new sites and to provide training, technical assistance, and oversight to communities interested in using the model. The program became known as CASASTART during this time. In 1998, CASA began the development of the next phase of CASASTART, expanding it across the nation to 17 additional rural and urban sites in 8 States and the District of Columbia.



## **RECOGNITION**

Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services: Model Program

U.S. Department of Education's Expert Panel on Safe, Disciplined and Drug Free Schools: Exemplary Program

Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice: Promising Program

U.S. Surgeon General's Report on Youth Violence: Promising Program

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## **INSTITUTE OF MEDICINE CLASSIFICATION (IOM)**

SELECTIVE, INDICATED

This program was developed for selective and indicated audiences.

This program targets students who have multiple risk factors. Children must have at least two school risk factors, one family risk factor, and one community risk factor.

School risk factors include poor grades, enrollment in a social education curriculum, grade retention, truancy, chronic tardiness, weapons or substance possession, disruptive behavior, and repeated out-of-school suspensions or expulsions.

Family risk factors include family violence, child maltreatment, chronic mental illness, a family member involved with gangs or having had criminal conviction within the 5 years prior to program intervention, and drug use or sales.

Personal risk factors include history of known or suspected drug use or sales, an unsafe community, past arrests or involvement in delinquent acts, gang membership, a serious emotional disturbance, pregnancy or parenthood, and being the victim of child maltreatment.

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## **INTERVENTION TYPE**

COMMUNITY-BASED

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## **CONTENT FOCUS**

ALCOHOL, ILLEGAL DRUGS, TOBACCO, VIOLENCE

This program targets general substance use or abuse.

**Parents' involvement is a primary strategy:**

Parents and students are both primary target populations. CASASTART seeks to improve communication between children and their families, improve parents' abilities to manage their children's behavior, and cultivate the involvement of families with schools and social service agencies. Families work with their case manager to identify goals and access free counseling, job skills training, employment services, income and support resources, and educational opportunities.

## **PROTECTIVE FACTORS**

### INDIVIDUAL, PEER, FAMILY, SCHOOL, COMMUNITY

#### INDIVIDUAL

- Relationship with significant positive adults
- Engaging in positive free-time activities
- Bonding to school

#### PEER

- Association with peers engaged in positive behavior/activities
- Less influenced by peers

#### FAMILY

- Engagement in positive family activities
- Improved communications between parents and children

#### SCHOOL

- Improved school attendance, behavior, and performance
- Improved relationship between parents and schools

#### COMMUNITY

- Reduced drug sales and crime
  - Improved relationship between police and the CASASTART youth/families
  - Improved relationships among CASASTART partner agencies
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## **RISK FACTORS**

### INDIVIDUAL, FAMILY, SCHOOL, COMMUNITY

#### INDIVIDUAL

- Substance use or sales
- Involvement in delinquent acts
- Gang membership
- Serious emotional disturbance
- Pregnancy or parenthood
- Victim of parental/familial mistreatment
- Threats posed by an unsafe community

## **FAMILY**

- Family violence
- Child maltreatment
- Chronic mental illness
- Gang involvement
- Criminal conviction within recent past 5 years
- Substance use or sales

## **SCHOOL**

- Poor grades
- Enrollment in special education curriculum
- Grade retention
- Truancy
- Chronic tardiness
- Weapons or substance possession

## **COMMUNITY**

- Residence in communities with few opportunities for positive free-time activities
- High crime area
- Poverty

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## **INTERVENTIONS BY DOMAIN**

### **INDIVIDUAL, FAMILY, SCHOOL, COMMUNITY**

#### **INDIVIDUAL**

- After-school alcohol, tobacco, and drug education/peer-led curricula
- Case management approach, involving in-school intervention programs and cultural awareness

#### **FAMILY**

- Parent education/family therapy
- Task-oriented family education sessions combining social skills training to improve family interaction (e.g., communication skills)

#### **SCHOOL**

- Mentoring/tutoring

#### **COMMUNITY**

- Multiagency collaboration and activities

## **KEY PROGRAM APPROACHES**

### **ADULT MENTORING, AFTER-SCHOOL CURRICULA/ACTIVITIES, COMMUNITY INVOLVEMENT, IN-HOME SERVICES, PROBLEM IDENTIFICATION AND REFERRAL, SKILL DEVELOPMENT, OTHER: INCENTIVES**

CASASTART brings together case management services, high-risk youth and their families, community partnerships with the community or neighborhood school, social service and law enforcement agencies, and an Advisory Committee consisting of mid-level leaders and decisionmakers in business, family, and child-serving agencies, mental health, social service, and faith and philanthropic organizations to assist in leveraging additional funds and support for the program.

#### **ADULT MENTORING**

Children develop caring, trustful relationships with at least one adult outside their family.

#### **AFTER-SCHOOL CURRICULA/ACTIVITIES**

Children take part in recreational programs, trips, activities, and special events after school and on weekends.

#### **COMMUNITY INVOLVEMENT**

Community policing and enhanced enforcement in the communities, including promotion of positive relationships among youth, their families, and police officers.

A community-based Advisory Committee, consisting of representatives from a variety of health, social service, business, and child-serving agencies, assists with identifying resources and program support.

#### **IN-HOME SERVICES**

The case manager makes a home interview, including two separate intake interviews with the child and the family (usually represented by the head of the household), within 30 days after the initial referral of the child. Home visits occur on a monthly basis throughout a youth's involvement in the program.

#### **PROBLEM IDENTIFICATION AND REFERRAL**

Participating children and families receive extensive counseling, crisis intervention, goal setting, and referral to a variety of services including counseling, job skills training, employment services, income and social support resources, and educational opportunities. Case managers establish ongoing relationships with juvenile court personnel to coordinate and monitor services for youth involved in the juvenile justice system.

#### **SKILL DEVELOPMENT**

Children participate in tutoring and homework assistance to improve their academic performance, especially in literacy and math skills.

#### **OTHER: INCENTIVES**

Incentives, including award ceremonies, are offered to motivate children to strive for perfect school attendance and participation in all tutoring, mentoring, and recreational opportunities.

## Typical problems that users experience in implementing these program strategies and potential solutions:

Finding mentoring resources is typically the most difficult service component to implement. A variety of strategies, ranging from Big Brothers/Big Sisters programs, Across Ages, to college- and high school-aged mentors, have been used in various sites. Attendance is also an issue.

### HOW IT WORKS

CASASTART employs a positive youth development framework and uses intensive case management to coordinate and provide services to counteract the various factors that make children vulnerable to substance abuse and juvenile delinquency. Biweekly case review conferences and quarterly administrative and advisory council meetings ensure that all partners are up to date on the program and individual case status.

Each case manager serves 15 children and their families. Case managers directly provide or, through appropriate referral, coordinate a comprehensive menu of services for the youth and family. Each site develops its own approach to designing and delivering the services consistent with local culture and practice. Every child enrolled in the program receives all of the services (except juvenile justice services) if he/she is not in trouble with the law. The service categories are:

- Social support
- Family services
- Education services
- After-school and summer activities
- Mentoring
- Community policing/enhanced enforcement
- Juvenile justice intervention
- Incentives

Each CASASTART program is managed locally in deference to local culture and setting, but shares a basic set of characteristics. However, to ensure successful replication of a CASASTART program, these essential steps must be taken:

#### **Phase I—Initial Steps**

1. Conduct a community assessment
2. Identify a leader/lead agency
3. Identify potential partners
4. Identify advisory council members
5. Set realistic goals

#### **Phase II—Implementation**

1. Develop interagency agreements or memoranda of understanding
2. Engage additional partners as needed
3. Establish and honor confidentiality agreements
4. Begin service delivery
5. Begin CASASTART meetings

## **OUTCOMES**

### **DECREASES IN SUBSTANCE USE, REDUCTIONS IN BEHAVIORS RELATED TO RISK FACTORS, IMPROVEMENTS IN BEHAVIORS RELATED TO PROTECTIVE FACTORS, OTHER TYPES OF OUTCOMES**

The evaluation of the Children at Risk Program (CAR), as CASASTART was formerly known, was conducted by The Urban Institute and included an impact analysis.

#### **DECREASES IN SUBSTANCE USE**

Compared with the control group, children who participated in CAR were shown to be significantly less likely to use gateway and stronger drugs in the month before and the year before the followup survey, and significantly less likely to report past month or lifetime involvement in drug trafficking.

- CASASTART youth were 60% less likely to sell drugs\*
- CASASTART youth were 20% less likely to use drugs in the past 30 days.\*

*\*Compared to a control group*

#### **REDUCTIONS IN BEHAVIORS RELATED TO RISK FACTORS**

Compared with the control group, children who participated in CAR reported significantly lower levels of violent offenses in the year before the followup and of association with delinquent peers.

CAR youth had significantly lower levels of harsh discipline by a family member and fewer reported days home alone than children in the control group did.

- CASASTART youth were 20% less likely to commit a violent act.\*
- CASASTART youth were more likely to be promoted to the next grade in school.\*

*\*Compared to a control group*

#### **IMPROVEMENTS IN BEHAVIORS RELATED TO PROTECTIVE FACTORS**

Compared with the control group, children who participated in CAR reported significantly higher levels of positive peer influence, positive peer support, participation in after-school and learning activities, and promotion to the next grade over the 3 years of the study.

CAR youth were more likely to turn to family members for help with problems and had significantly higher levels of family cohesion than children in the control group.

#### **OTHER TYPES OF OUTCOMES:**

- Higher levels of positive peer pressure
- Lower levels of association with delinquent peers
- Improved attachment to positive individuals and institutions
- Decreased bonds to deviant norms and groups
- Increased opportunities to achieve positive goals

## EVALUATION DESIGN

The Urban Institute, under contract to CASA and the National Institute of Justice, conducted a rigorous impact analysis of the program. This effort included a qualitative study based on ethnographic methodology and analysis, an outcome evaluation involving both longitudinal random assignment and quasi-experimental design, and a management information system designed specifically for collecting data at the sites.

The evaluation was performed in five cities: Austin, Bridgeport, Memphis, Seattle, and Savannah, between 1992 and 1994. For this evaluation, eligible students in particular schools in the target neighborhoods were randomly assigned either to the program (338 students) or a control group (333 students). Data from 203 students from neighborhoods that did not offer the program were used as an additional comparison group.

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## DELIVERY SPECIFICATIONS

### 1–3 YEARS

**Amount of time required to deliver the program to obtain documented outcomes:**

Program planning and start-up take 6 to 8 months, including relationship-building, gathering financial support, and developing healthy partnerships. The next phase involves hiring staff and direct delivery of services to youth and families. Training and technical assistance take place throughout the first year of program implementation.

Children may stay in the program for up to 2 years.

CASASTART recommends that the program hold case conferences at least once every 2 weeks, administrative meetings quarterly, advisory council meetings quarterly, national conference calls bimonthly, and a national annual conference that accesses national CASASTART resources.

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## INTENDED SETTING

### RURAL, URBAN, SUBURBAN

This program was initially developed for use in low-income neighborhoods or communities in urban settings. Over the years it has been successfully implemented in rural and suburban settings.

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## FIDELITY

**Components that must be included in order to achieve the same outcomes cited by the developer:**

The program should include eligible youth who meet the high-risk criteria and partnership with a school, social service agency, and local law enforcement agency.

All eight program components (social support/intensive case management, family services, educational services, after-school and summer activities, mentoring, incentives, community policing and enhanced enforcement, and juvenile justice intervention for youth involved in the juvenile justice system) should be implemented.

CASA should be involved in program support and technical assistance. There should be consistent convening and attendance at the three CASASTART meeting forums.



## **BARRIERS AND PROBLEMS**

**Problem:** Regular meeting attendance is a key barrier.

**Solution:** Partners, with CASA staff help, work diligently to set aside regular time for the important communication forums and hold each other accountable for being in attendance.

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## **PERSONNEL**

In addition to part-time clerical support, the program needs:

- Project manager—part time
- Case managers—full time
- Active participation of designated school and law enforcement personnel

The case manager is the key staff member. This person is responsible for no more than 15 to 18 youth and their families, and performs home visits, needs assessments, service plans, crisis interventions, referrals, followup documentation, and evaluation. Qualifications include a master's or undergraduate degree in human services or a like field. The number of case managers and the local prevailing wage drive program costs.

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## **EDUCATION**

### **UNDERGRADUATE, GRADUATE**

Qualifications include a master's or undergraduate degree in human services or a like field.

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## **PERSONNEL TRAINING**

CASA staff provides training and technical assistance for new CASASTART sites. CASA works with sites for a minimum of 12 days over the first year, which includes 6 days of training in core program elements and 6 days of on-site assistance.

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## **COST (estimated in U.S. dollars)**

\$10,000+

**Cost considerations for implementing this Model Program as recommended by the developer:**

The program costs between \$2,500 and \$4,000 per child and family per year. A typical annual program budget ranges between \$100,000 and \$150,000.

## **MATERIALS**

Included in training: *CASASTART Field Guide*, including templates and forms needed to implement the program.

*CASASTART: A Proven Youth Development Strategy that Prevents Substance Abuse and Builds Communities*, is an 80-page field guide designed to help organizations implement the program. It and other materials can be obtained from CASA.

Typical cost issues encountered by users when implementing this Model Program and potential solutions:

The major problem is identifying an initial source of funding. The program has shown itself to be highly sustainable once it has been in operation for 1 to 2 years.

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### **INTENDED AGE GROUP**

CHILDHOOD (5–11), EARLY ADOLESCENT (12–14)

This program was developed for upper elementary and lower middle school children 8 to 13 years of age.

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### **INTENDED POPULATION**

AFRICAN AMERICAN, HISPANIC/LATINO, WHITE

This program has been and is being used with Whites, African Americans, and Hispanics/Latinos.

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### **GENDER FOCUS**

BOTH GENDERS

This program was developed for male and female children and youth.

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### **REPLICATION INFORMATION**

CASASTART was initially tested in Austin, TX; Bridgeport, CT; Memphis, TN; Newark, NJ; and Savannah, GA.

#### **Additional target settings:**

CASASTART has active programs at many sites in cities across the nation: in Bridgeport, CT; Commerce City and Denver, CO; Austin, El Paso, and San Antonio, TX; Anthony, NM; the Ute Mountain Ute Tribe; Philadelphia, PA; Washington, DC; Los Angeles, CA; St. Mary's, Queen Anne's, and Wicomico Counties, MD; and New York City. The Field Guide lists the participating partners and all contacts.

#### **Features of the Model Program that were altered or affected during implementation:**

Each site implements the model in ways that are respectful of local culture, populations, and norms. It is intentional that no two CASASTART sites look exactly the same, not even those that operate in the same city.

## **CONTACT INFORMATION**

### **ABOUT THE DEVELOPER**

#### **Lawrence F. Murray, CSW**

Lawrence Murray has been a human services professional since 1972, concentrating on issues related to children, families, community safety, and comprehensive service integration. Mr. Murray is a Fellow at CASA, having joined the organization in March 1996. His primary duty is the continuing development of CASASTART. In addition to CASASTART he has created several prevention programs over the years that have won recognition from the Office of Juvenile Justice and Delinquency Prevention, the U.S. Department of Health and Human Services, and the National Association of Counties.

CASA is the only national organization that brings together under one roof all the professional disciplines needed to study and combat all types of substance abuse as they affect all aspects of society.

### **FOR INFORMATION, CONTACT**

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