



*Effective Substance Abuse and  
Mental Health Programs  
for Every Community*

## CASASTART

CASASTART (Striving Together to Achieve Rewarding Tomorrows) is a community-based, school-centered program designed to keep high-risk preadolescents (8 to 13 years old) free of drug and crime involvement. The central notion underlying the program is that while rates of experimentation with drugs and alcohol are similar for preadolescents from all backgrounds, those who lack effective human and social support are at higher risk of continuing and intensifying substance abuse.

Using an intensive and coordinated marriage of preventive services and community-based law enforcement, CASASTART addresses the individual needs of participants as well as the broader problems of their families and communities. It operates on three levels to—

- Build resiliency in the child
- Strengthen families
- Make neighborhoods safer for children and their families

The program brings together key stakeholders in a community or neighborhood—schools, law enforcement, social services and health agencies—under one umbrella and provides case managers to work daily with high-risk children.

## INTENDED POPULATION

Children between 8 and 13 years of age who display at least four risk factors are eligible for the program. Examples of risk factors include:

*CASASTART was developed by The National Center on Addiction and Substance Abuse (CASA) at Columbia University. CASA is neither affiliated with, nor sponsored by, the National Court Appointed Special Advocate Association (also known as "CASA") or any of its member organizations, or any other organization with the name of "CASA."*

## Proven Results\*

CASASTART youth were:

- 60% less likely to sell drugs
- 20% less likely to use drugs in the past 30 days
- 20% less likely to commit a violent act
- More likely to be promoted to the next grade in school

*\*Compared to control group.*

## INTERVENTION

Universal

Selective

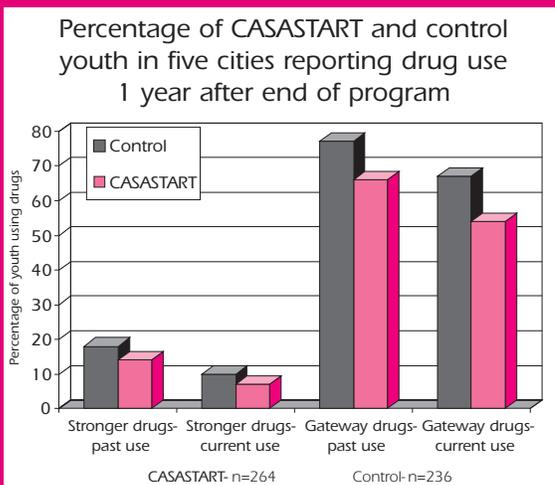
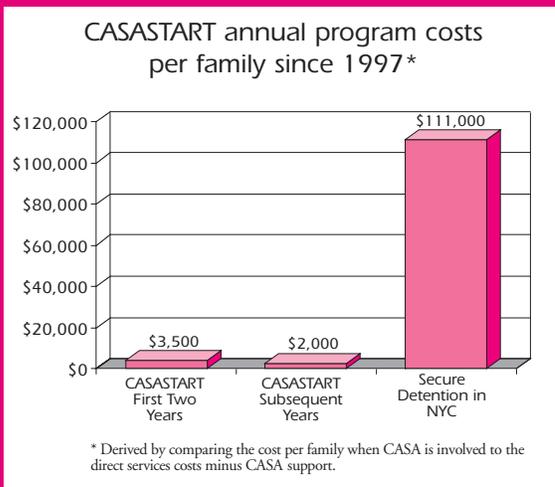
Indicated



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Prevention  
[www.samhsa.gov](http://www.samhsa.gov)

## OUTCOMES

CASASTART children have improved attachment to positive individuals and institutions, decreased bonds to deviant norms and groups, and increased opportunities to achieve positive goals. As a result, the children are significantly less likely to use gateway drugs, less likely to be involved in drug selling, and are more likely to be promoted to the next grade. Also, the children have lower levels of violent offenses, higher levels of positive peer influence, lower levels of association with delinquent peers and experience less peer pressure.



- School risk: poor academic performance, in-school behavior problems, and truancy;
- Family risk: family violence; a family member involved with gangs, drug use and/or sales, or with a criminal conviction within five years; extreme poverty; and/or
- Personal risk: youth with a history of known or suspected drug use or sales, past arrest or involvement with delinquent acts, gang membership, a serious emotional disturbance, weapons possessions, pregnancy or parenthood, being the victim of child maltreatment, and living in a dangerous neighborhood.

## BENEFITS

- 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

## 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 they are 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

## IMPLEMENTATION ESSENTIALS

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

### Timeline

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.

### 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.

### Program Materials

*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.

# HERE'S PROOF PREVENTION WORKS

## 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.

## 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.

## 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 additional comparison group.

## PROGRAM 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 U.S. Department of Justice, 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.

## CONTACT INFORMATION

For program information, contact:

Lawrence F. Murray, CSW  
CASA Fellow

The National Center on Addiction and Substance Abuse (CASA) at  
Columbia University  
633 Third Avenue, 19th Floor  
New York, NY 10017

Phone: (212) 841-5200

Fax: (212) 956-8020

E-mail: [lmurray@casacolumbia.org](mailto:lmurray@casacolumbia.org)

Web site: [www.casacolumbia.org](http://www.casacolumbia.org)

## RECOGNITION

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

Exemplary Program—Safe and Drug Free Schools Program, U.S. Department of Education

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

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