



For Violence Prevention

CASASTART REPLICATION

A previous randomized evaluation of CASASTART in five cities had determined its effectiveness in reducing drug use and violence at one-year post-intervention (Harrell et al., 1997, 1998). That evaluation resulted in the identification of CASASTART as a *Blueprints for Violence Prevention* Promising program. A replication study was needed to move CASASTART to Model program status. The Center for the Study and Prevention of Violence at the University of Colorado was funded by the Robert Wood Johnson Foundation to conduct a replication study.

The new study (brief description of Design and Results found below) failed to replicate the results found in the original study. Although there were some positive outcomes found for boys, girls received no benefits from the program and showed negative impacts on both prevalence and frequency measures on multiple self-reported delinquency variables. The evaluation findings resulted in the National Center on Addiction and Substance Abuse (NCASA) at Columbia University discontinuing the program, at least until the results for girls could be better understood. Subsequently, the Blueprints Advisory Board voted to remove CASASTART from the Promising list of programs.

Replication Study Design

The replication study consisted of sites that agreed to participate in an evaluation study, including random assignment of eligible youth to CASASTART or to a control group. A site was defined as an area with a specified geographic boundary, with one lead agency overseeing the project in one or more middle schools within the geographic area. The lead agency coordinating the program for each site is not typically a school entity, but rather a community-based organization, city government agency, or other agency independent of the schools.

A total of 7 sites were selected to participate in the evaluation: San Antonio, TX (4 schools overseen by the City of San Antonio Youth Initiatives); Baltimore, MD (2 schools overseen by the local YMCA); Bridgeport, CT (2 schools overseen by the Child Guidance Center of Greater Bridgeport); McKeesport, PA (4 schools overseen by McKeesport Healthier Communities Partnership); Livingston, KY (2 schools housed in one building overseen by the Livingston County School Board); Portland, OR (1 school overseen by the Neighborhood House); and Trenton, NJ (6 schools overseen by Greater Trenton Behavioral Health Center). All sites were new to the program with the exception of Bridgeport and two of the four San Antonio schools. Four of these sites began implementation and the referral process in the fall of 2007 (San Antonio, Baltimore, Bridgeport, and McKeesport). Three sites (Livingston, Portland, and Trenton) began implementation and making their referrals in the fall of 2008.

Youth within each site were eligible for the study if they were between the ages of 11 and 13 and met school, family, and personal risk criteria. Youth had to have at least two risk factors in the school domain (e.g., grade retention, poor academic performance, truancy, suspensions, disruptive behavior) and at least one risk factor in the family (e.g., history of family violence or drug use) and personal

domains (e.g., involvement in drug use or sales, delinquency, gang membership, victim of abuse or neglect).

Case managers made home visits or met parents at the schools to obtain parental consent and youth assent for participation in the program and evaluation. After consents were received, each youth was randomly assigned (by computer program) to either CASASTART or to a control group. A total of 382 youth were randomized (197 to CASASTART and 185 to the control group).

In the four sites that began implementation in the fall of 2007, a second cohort of youth were randomly assigned in the 2008 school year if the caseload had fallen below the maximum of 18 youth. The drop in caseload after year one usually occurred because students moved out of the geographic area, although a few students were sent to a more restrictive environment, such as a juvenile treatment facility. The number of youth in the second cohort is fairly small, as most site caseloads were already nearly full. Cohort 2 for San Antonio is larger because one of the four schools began implementation and referring youth during the 2008-09 school year.

<u>CASASTART Sites</u>	<u># of Youth</u>	
	<i>Cohort 1</i> 2007-08	<i>Cohort 2</i> 2008-09
<i>Began implementation/referrals:</i>		
San Antonio – 4 schools	34	27
Bridgeport, CT – 2 schools	36	12
McKeesport, PA – 4 schools	22	3
Baltimore, MD – 2 schools	94	3
Portland, OR – 1 school		60
Livingston County, KY – 2 schools		26
Trenton, NJ – 7 schools		65

With the 2008 economic crisis, several sites lost funding (McKeesport, San Antonio and Baltimore), leaving the second cohort of students with only one year of program implementation. In these instances, the full two-year cycle of data was obtained for Cohort 1 students, but Cohort 2 students only have data for the one year. Additionally, one of the two schools in Baltimore lost funding after the first year of implementation. Data for this school was only obtained for the first year of implementation.

Program and control youth were pretested shortly after randomization. A second survey was conducted in the fall of the following school year, and a posttest survey conducted after completion of the second school year (conducted in May or June; typically surveying began about 3 weeks prior to each school’s ending date, taking approximately two weeks to complete all surveys). The surveys were face-to-face, occurring in school for those students who were enrolled in school and by phone for students who had transferred out or had been suspended.

Results

Using hierarchical linear modeling, with controls for age, race/ethnicity, and a pretest measure of the outcome of interest, the impact of CASASTART on several self-reported delinquency and drug measures, such as Total, Serious and Minor Delinquency; Total, Serious and Minor Violence; Total, Serious and Minor Property Violations; Status Offenses; Drug Sales; Alcohol Use; Other Drug Use; Truancy; as well as official school records for School Behavior and Attendance was examined. The self-reported mediators of the outcomes in the domains of the individual (prosocial activities, self-esteem, delinquent attitudes), school (attachment), family (parental supervision), and peer group (exposure to delinquent peers and peer pressure for drug use and delinquency) were also examined.

Overall, the program showed few significant effects on behavioral outcomes for the total sample, and the pattern between self-reported prevalence and frequency measures differs. With regard to significant prevalence measures (percentage of youth engaged in a behavior), CASASTART youth comprised a greater proportion of youth who were Status Offenders, Truants, and Sent to the Principal's Office. On frequency measures, CASASTART youth, relative to controls, showed less Serious Delinquency, Total Violence, and Drug Sales.

The strongest pattern of results were seen when the models were run by gender. Overall, these models showed that CASASTART had some impact on reducing the frequency of self-reported male problem behaviors, such as Total and Serious Delinquency, Total Violence, Serious Property, and Arrests, but prevalence measures were not impacted. Among females, however, there was a negative pattern of results in both the prevalence and frequency self-report measures. CASASTART females, relative to controls, were more involved in Total, Serious, and Minor Delinquency; Serious Violence; Status Offenses, Truancy; and Arrests. Additionally, the frequency measures showed that CASASTART females reported more Total and Minor Delinquency, Drug Use, Status Offenses, Sexual Activity, Arrests, and officially-recorded Suspensions.

Among the eight individual, family, school, and peer risk and protective factors that were believed to mediate program effects, two were significant at the end of the program. CASASTART youth, especially males, were more likely to be able to refuse peer offers to engage in drug use and delinquency. CASASTART males also had a stronger attachment to parents.

Implementation Fidelity

There were two measures of implementation fidelity, dosage and adherence. Dosage was measured as the number of months each child was in the program (individual level). Adherence (site level) measured the percent of the eight programmatic components received by each child, averaged across all CASASTART youth in a site each year, and then averaged across the two years. The eight program components are (1) Social Support/Intensive Case Management; (2) Family services; (3) Education services; (4) Afterschool and summer activities; (5) Mentoring; (6) Incentives; (7) Community-oriented policing; and (8) Criminal justice intervention to support the youth during encounters with the court system. The program guide for CASASTART states that each child should receive each of the eight components.

Higher implementation fidelity did not improve the outcomes and showed a similar pattern of effects. Fidelity adherence at the sites was fairly low with an overall score across both years of 58%. Most

sites failed to implement the mentoring component as outside mentors were difficult to find. Also, the Policing/Law Enforcement Partnership was not fully implemented at most sites, as the police departments in general were rarely involved with the programs. If there were partner activities, they were generally conducted by school resource officers, however, few of them had the time to meet the requirements that were expected in the program. Case management is primarily emphasized today by most sites, and this alone may not be sufficient to obtain positive outcomes.

Summary of Results

At the end of the two-year program:

- Implementation fidelity was fairly low with an overall score of 58%.
- CASASTART had little impact on delinquency, violence, drug use, or other behavioral outcomes among the total sample. Three of 17 significant prevalence measures favored the control group who had lower scores on Status Offenses, Truancy, and Sent to Principal's Office, while 4 of 17 significant frequency measures (Serious Delinquency, Total Violence, Serious Property, and Drug Sales) favored the CASASTART group who had lower scores on each measure.
- CASASTART males performed significantly better than control males on 5 of 17 self-reported behavioral frequency items (Total and Serious Delinquency, Total Violence, Serious Property, and Arrests), but there was no impact on the prevalence measures.
- CASASTART youth, especially males, were more likely to be able to refuse peer offers to engage in drug use and delinquency.
- CASASTART males had stronger attachment to parents.
- CASASTART may be detrimental to females who were higher in prevalence than control females on 7 of 17 self-report behavioral items, and 6 of 17 of the behavioral items measured as frequency.
- School records showed more suspensions for CASASTART females, relative to control females.
- Spending more time (dosage) in the program did not improve outcomes.

Note: The full report can be obtained from:

Sharon Mihalic
Blueprints Director
Center for the Study and Prevention of Violence
University of Colorado at Boulder
Sharon.mihalic@colorado.edu

References

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