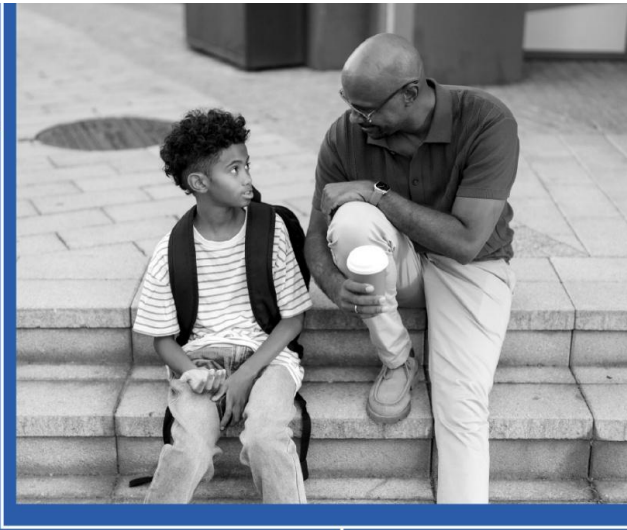
When Courts Choose Services Over Prosecution

Collaborative Care Coordination for Juvenile Offenders



The short version: More than 300 young people referred, 96% started, 7 in 10 finished, and only 21% picked up a new charge in 12 months.

An evaluation of the Juvenile Justice Collaborative's care coordination program for deferred prosecution in Cook County, covering the 314 cases referred between July 2023 and June 2025.

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Introduction

During the COVID-19 pandemic, the Cook County State's Attorney's Office, with support from the Chief Judge of the Circuit Court and the Presiding Judge of the Juvenile Justice Division, worked to reduce the backlog of cases of juveniles in detention. One of the strategies was to offer care coordination and services through a deferred prosecution agreement instead of prosecuting a case. To offer this option, the State's Attorney's Office and the court partnered with the Juvenile Justice Collaborative, a care coordination model for justice-involved youth stewarded by Strengthening Chicago's Youth at Ann & Robert H. Lurie Children's Hospital of Chicago.

Chapin Hall's evaluation of the pilot, funded by the Chicago Community Trust, found it was feasible to enroll and engage youth. The evaluation also showed it was possible that participants would pick up fewer new charges. Those findings supported conducting a more rigorous study once the program expanded with American Rescue Plan Act funds. This brief shares findings from that study, covering the 314 cases referred between July 2023 and June 2025.

The program targets what brings young people into court in the first place: the effects of community trauma, limited opportunity, and unmet service needs. It is intended for youth with a petition filed for a nonviolent class 1 through 4 felony or a serious misdemeanor, a more serious set of charges than deferred prosecution usually covers.

How the Program Works

The State's Attorney's Office screens eligible cases and presents the offer to the youth and their counsel. Youth who accept are connected in person to Treatment Alternatives for Safe Communities (TASC), the intake and referral home for the Collaborative's 13 service providers. Care coordinators assess each youth, develop a family care plan, refer youth to services such as counseling, mentoring, substance use treatment, and workforce development, check in with families weekly, and report progress to the court throughout the program. Youth who complete the 90-day program while participating in services have their petitions dismissed; a new arrest or nonparticipation returns the case to prosecution. The full process typically takes 90 to 120 days.

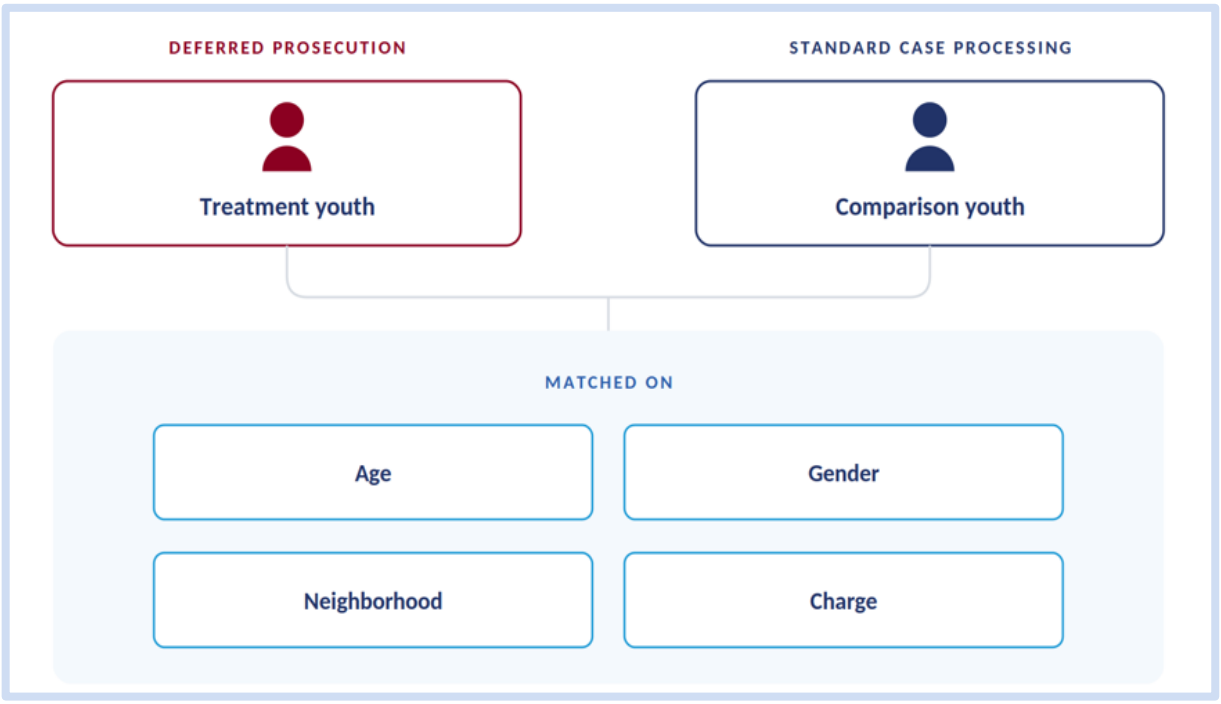
Study Methods

The evaluation asked whether the program reached its intended population and was delivered as designed, what happened to participants, and whether program participation reduces the likelihood of recidivism. Findings cover 313 youth and 314 cases referred to TASC between July 1, 2023 and June 30, 2025, with records combined from the State's Attorney's Office, TASC, and the Office of the Chief Judge. Findings also use information from interviews with 7 youth who had been through the program and 7 focus groups with 15 care coordinators, providers, prosecutors, public defenders, and other partners. Chapin Hall also facilitated quality improvement work with partners throughout.

Methods for the Recidivism Analysis

To test the program's effect on recidivism, participants were compared with youth who had a petition filed during the same period and met the program's criteria but were never referred. Youth who participated in the program were matched one to one on offense type and gender with youth who were never referred.

Figure 1. Recidivism Analysis Design



Additionally, groups were balanced so that comparisons involved youth of similar ages and from the same neighborhood regions in Chicago. The final analysis included 111 pairs of youth. This was not a randomized study. The records used to build the comparison group do not capture every detail that would have disqualified a youth, and the treatment group was limited to youth with records in all three systems, which likely over-represents youth who completed an intake.

Findings

The program took serious cases, and the youth in them showed up. Referrals have routinely exceeded 100 youth a year, mostly from the West and South sides of Chicago. Weapons offenses accounted for 59% of charges, confirming that the program is handling more serious cases than deferred prosecution usually covers, and 96% of the 314 referrals resulted in an intake with TASC. Youth were mostly male (87%), Black (65%) or Latinx (29%), and 14 to 17 years old (89%). Because eligibility rests on the charge alone, arrest patterns shape who gets referred.

There were fewer prosecutions and fewer new charges. Seventy percent of youth completed the program successfully, and among youth with complete records, 81% had their charges dropped (this includes findings of nolle, stricken off leave and dismissed). Compared with matched youths who were never offered the program, participants were far more likely to avoid prosecution and less likely to be charged again. After accounting for age and gender, participants were about one-third less likely to pick up a new charge than youth who received standard case processing, a difference large enough to be statistically meaningful. An earlier analysis of the previous cohort, using a comparison group built a different way, pointed in the same direction.

Figure 2. Outcome of Court Case (*n*=136)

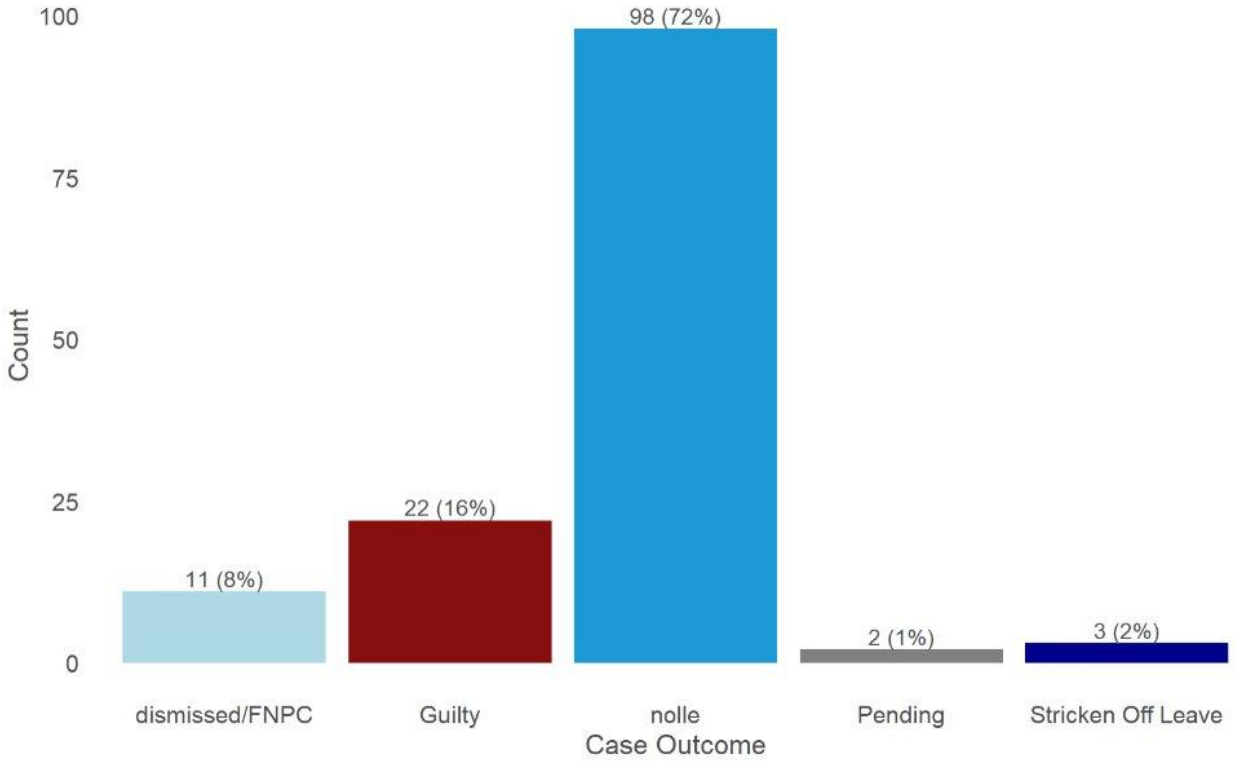
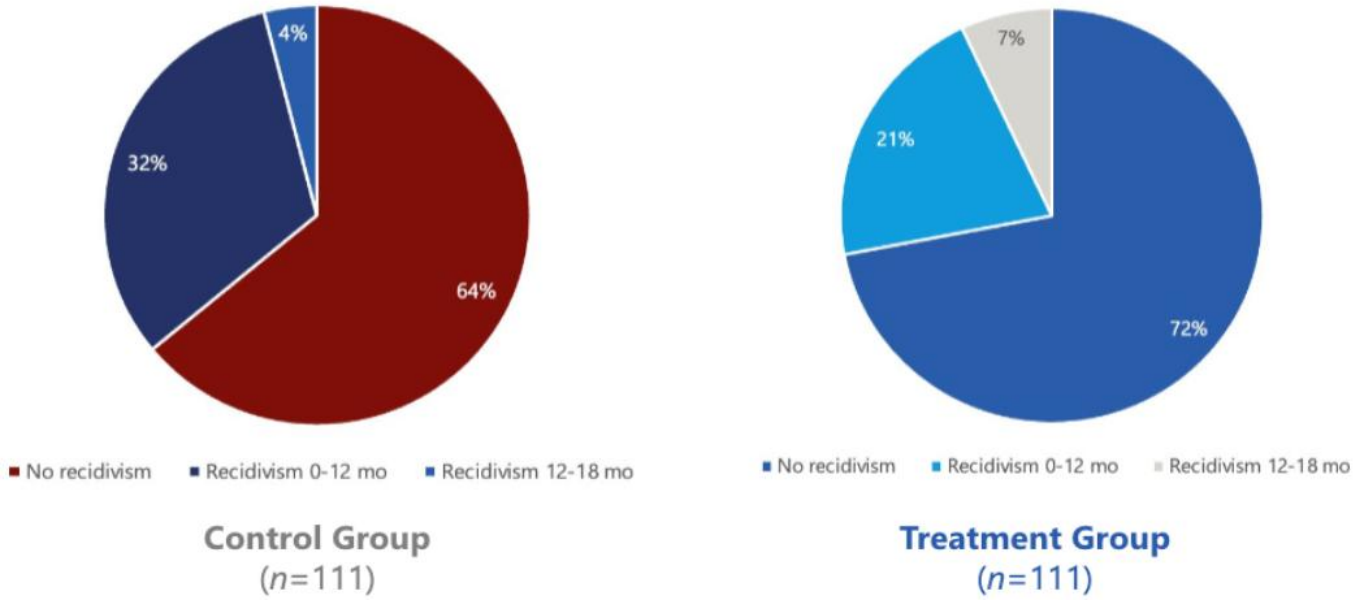


Figure 3. Program Participants have less Recidivism at 12 and 18 months compared to a Matched Control Group (*n*=222)



Nearly all youth reached services, though not always on schedule. About 95% of youth were referred to at least one community provider and more than 9 in 10 of those connected to a provider, with 45% referred to more than one service. Outpatient mental health treatment was the most common referral, followed by mentoring. Gaps in the provider network, particularly on the South Side, made it harder to match youth with services within a safe travel radius.

Timing was where the model slipped, though the medians describe a spread of cases rather than a typical journey. Half of youth reached intake within 2 days of referral, and the wait then ran a median of 10 more days to a service referral and 21 days beyond that before services began, with half of youth waiting longer at each step. How long any single case takes depends heavily on circumstances the program cannot predict or control: when a family is able to meet; whether a youth is managing school, work, or a housing disruption; whether the right service exists within a safe travel distance; and whether the provider has an opening. The in-person intake alone could run 2 hours and was often rescheduled. Both middle intervals shortened in the second cohort, by about 5 and 4 days at the median, which may reflect TASC's outreach to providers and the root cause analysis partners began, though that analysis was not completed within the evaluation period. What remains within the program's reach is the share of delay produced by the process itself rather than by the circumstances of a given youth or provider.

Late court reports are better understood as a system design problem rather than a staff performance one. Reports were uploaded to the electronic case record as required, but nothing in the system put them in front of judges and attorneys ahead of hearings. As a result, reports often arrived too late to be useful and left everyone scrambling. Stakeholders described the same breakdown at nearly every handoff in the chain, from the State's Attorney's Office to TASC, from TASC to community providers, and from providers to the court. This points to problems with shared information infrastructure rather than individual follow-through.

What made the difference, according to youth and staff. Youth and staff reached the same conclusion from opposite directions. Asked what mattered, youth spoke less about which service they received than about how they were treated. One youth participant said, "Through the entire process I was always treated like a person and not a criminal."

Staff, providers, and court partners named the same ingredient that allowed youth to reach services: steady, nonjudgmental relationships with a coordinator or mentor. Two design features made those relationships possible. Staff went to youth in their homes and communities rather than waiting for them to come to the office, and the program accommodated school, work, and family obligations. Youth described concrete changes they connected to the program, including better school attendance, stepping back from risky situations, and skills for managing anger. All seven youth we interviewed had completed the program, so their accounts explain what helps someone succeed but cannot describe what it is like to fall out.

Staff were equally consistent about why some youth do not finish, and it was rarely about the services. Significant barriers included housing instability, families that could not or would not engage, and neighborhoods where youth had difficulty getting to an appointment safely.

Recommendations

Partners identified four areas that needed to improve: assessment and goal setting, connection to services, communication and collaboration, and discharge planning. Discharge is the widest gap. Youth are tied to the program for only 90 days and continued participation with the care coordinators depends entirely on family follow-up, which is often weakest among the youth who need help most. Youth can continue with their mental health and other community-based service providers beyond 90 days. All of these difficulties are tied to the program's central vulnerability: grant funds that are time-limited.

We offer the following recommendations:

Secure stable, institutionalized funding. Explore options for sustained state and local funding, including dedicated support through the Cook County budget, to continue covering care coordination and services to participants in the deferred prosecution program.

Invest in staff development and retention. Building a strong workforce through frontline staff relationships, training, and retention will contribute to higher quality delivery of services. Competitive pay, a dedicated intake coordinator role to reduce administrative load at program entry, joint onboarding during staff transitions, and a deliberate pipeline for staff who combine clinical training with community proximity may improve staff retention.

Close the gap after discharge. Build monitoring that follows youth beyond the 90-day window rather than extending the program itself and develop a discharge protocol with warm handoffs to community supports.

Formalize family engagement as a core component. Family disengagement is among the strongest predictors of not completing, and youth name family as their primary motivation. Family engagement and support referrals were available during this period but they were used unevenly across coordinators and providers.

Revise the assessment battery. Develop shared protocols and a consent process between provider agencies and participants to share or streamline assessment results. This will streamline a duplicative intake process across providers and minimize the burden on participants and caregivers.

Build peer mentorship and center youth voice. Word of mouth from graduates already draws youth in. Recruiting, training, and compensating completers as mentors would turn an informal asset into program design.

Conclusion

Sustained, nonjudgmental relationships between staff and youth are the primary driver of positive youth change, a conclusion reached independently by both the youth who went through the program and the partners who deliver it.

The program has engaged youth facing serious charges, connected nearly all of them to services, and produced measurably better outcomes than a comparable group of youth who did not participate. The program led to fewer prosecutions and fewer new charges within 18 months. Investing in staff development, family engagement, peer mentorship, and additional support after discharge could all strengthen this program. Sustained, nonjudgmental relationships between staff and youth are the primary driver of positive youth change. Both the youth who experienced the program and the partners who deliver it reached this conclusion independently.

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Chapin Hall partners with policymakers, practitioners, and philanthropists at the forefront of research and policy development by applying a unique blend of scientific research, real-world experience, and policy expertise to construct actionable information, practical tools, and, ultimately, positive change for children and families.

Established in 1985, Chapin Hall's areas of research include child welfare systems, community capacity to support children and families, and youth homelessness. For more information about Chapin Hall, visit www.chapinhall.org or @Chapin_Hall.

Acknowledgement and Disclaimer

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The opinions, findings, and recommendations expressed in this publication are solely those of the authors and do not necessarily reflect those of the Circuit Court of Cook County, the Cook County State's Attorney's Office, Strengthening Chicago's Youth at Lurie Children's Hospital, TASC, or the program's partner organizations. Along with conducting this evaluation, Chapin Hall provided implementation support, strategic planning, and quality improvement facilitation to program partners during the project period.

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