

CHAPIN HALL

JUVENILE JUSTICE COLLABORATIVE'S CARE COORDINATION PROGRAM FOR DEFERRED PROSECUTION EVALUATION

ARPA COHORTS 2 & 3

FINDINGS

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Disclaimer

The points of view, analyses, interpretations, and opinions expressed here 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, the Juvenile Justice Collaborative partners, and other stakeholders or participants.

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INTRODUCTION

Since 2020, the Juvenile Justice Collaborative has offered deferred prosecution paired with care coordination as an alternative to traditional case processing for youth in Cook County, and this report presents the final evaluation of the program's most recent cohorts.

Background

During the COVID-19 pandemic, the Cook County State's Attorney's Office (CCSAO), with support from the Chief Judge of the Cook County Circuit Court and the Presiding Judge of the Cook County Circuit Court Juvenile Justice Division, undertook unprecedented efforts to reduce the backlog of cases in detention. These efforts included providing care coordination and needed services as part of a deferred prosecution agreement. The CCSAO and the Court partnered with the Juvenile Justice Collaborative (JJC), a care coordination model for justice-involved youth that is stewarded by Strengthening Chicago's Youth at Ann & Robert H. Lurie Children's Hospital of Chicago (SCY), to administer the pilot program. To ensure that these activities proceeded in a manner conducive to rigorous evaluation and to maximize opportunities to measure effectiveness, Chapin Hall facilitated collaboration among program partners to develop an initial theory of change that articulated the approach, outcomes, and expected impacts of this work. With funding from the Chicago Community Trust, Chapin Hall then conducted a formative evaluation of the JJC care coordination pilot program to build a foundation for subsequent rigorous study of program effectiveness, sought to clarify and define the intervention, assess the feasibility of implementation, and generate preliminary evidence to guide decisions about program continuation.

Results from the formative evaluation suggested that it was feasible to enroll and engage youth in programming, feasible that youth will complete the program, and feasible that youth participating in the program would be less likely to incur new charges than typical youth charged at a time when the program was not in place (see final pilot evaluation report for complete findings). While not intended to provide definitive evidence for the effectiveness of the approach, these promising findings laid the groundwork for a subsequent, rigorous, long-term outcomes evaluation of the program. With the expansion of the care coordination program using funds from the American Rescue Plan Act (ARPA), Chapin Hall was selected to conduct an evaluation to further assess implementation of the approach and the impact of the expansion on youth outcomes. Prior reports summarize evaluation activities and findings from the pilot cohort and the first three years of the expansion (ARPA cohorts one and two; see Table 1). This report summarizes evaluation activities with a focus on implementation, outcomes, and impact for the second and third cohorts.

Table 1. Cohorts in each Report

Cohort	Referral Dates	Report
Pilot	306 youth referred between 1/7/20-6/30/22	Weiner, D., Cusick, G., Farrell, A., & Brennen, J. (2021). *Cook County Youth Deferred Prosecution Program: Preliminary findings & guidance*. Chapin Hall at the University of Chicago.
ARPA Cohort 1	144 youth referred between 7/1/22-6/30/23	Cusick, G., Barounis, K., Gaul-Stout, J., & Waugh, E. (2025). *Evaluation of the Juvenile Justice Collaborative's Care Coordination Program for Deferred Prosecution*. Chapin Hall
ARPA Cohort 2	199 youth referred between 7/1/23-9/30/24	Cusick, G., Barounis, K., Gaul-Stout, J., & Waugh, E. (2025). *Evaluation of the Juvenile Justice Collaborative's Care Coordination Program for Deferred Prosecution*. Chapin Hall
ARPA Cohort 3	154 cases referred between 7/1/2024-6/30/2025	Barounis, K., Gaul-Stout, J., & Cusick, G., (2026). *Final Evaluation of the Juvenile Justice Collaborative's Care Coordination Program for Deferred Prosecution.* Chapin Hall.

Evaluation Scope

Implementation Support and Strategic Planning: Year 1 (July 2022–June 2023)

During the first year of the 4-year project, Chapin Hall provided implementation and strategic planning support and led the development of a rigorous evaluation plan in partnership with SCY and the JJC partners. The plan was designed to measure the process and impact of implementing a multiagency, community-driven strategy for reducing justice system involvement. The plan included assessing the impact of moving away from prosecution for youth charged with non-violent felonies and serious misdemeanors over a 2-year evaluation period. Strategic planning during Year 1 included the following activities:

1) developing and operationalizing a measurement framework consisting of a set of reliable outputs and outcome measures to support the evaluation
2) refining and finalizing the theory of change and logic model for the JJC
3) engaging stakeholders and youth to further define success and well-being outcomes
4) clarifying key milestones in the program and information flow and creating business process maps (BPMs) to ensure fidelity to the program model can be documented
5) developing a final evaluation plan to be carried out in the remaining 2 project years.
6) developing recommendations for information sharing and the infrastructure and systems necessary to support processes
7) developing a plan for continuous quality improvement (CQI).

Evaluation: Years 2–4 (July 2023–June 2026)

The formal evaluation began in Year 2 of the project and continued through June 2026 with the following goals:

- to document the implementation context (for example, how the model is being delivered)
- to understand experiences and changes in key outcomes among participating youth
- to estimate the impact of the JJC program on model participants, relative to their peers receiving services as usual in the juvenile court
- to conduct continuous quality improvement and assess program sustainability

To meet these goals, we asked questions about implementation, outcomes, effectiveness, and sustainability. The evaluation of the program's implementation examined the following questions:

- Did the JJC program reach the intended service population?
- Did partners implement the JJC program model with fidelity?
- To what extent did the JJC program provide access to needed services and supports among participants? In what ways?

We looked at these questions to evaluate outcomes:

- To what extent did youth graduate from the JJC program?
- To what extent did the JJC program result in avoidance of prosecution, reduced length of court cases, and reduced recidivism?
- Did youth who participated in the JJC program achieve improvements in needs and assets and emotional and behavioral health indicators after end of service, relative to baseline?
- In what ways did the JJC program contribute to improved youth well-being?

Finally, we examined questions of effectiveness and sustainability by asking the following:

- What is the average population-level treatment effect of the JJC program on recidivism among youth who receive the program relative to a control group of youth who receive *services as usual* from the juvenile court?
- What factors facilitated implementation, improvement, and sustainability of the program and what were the greatest challenges?

INTERVENTION

JJC Care Coordination Program Description

The Cook County deferred prosecution program (DPP) for court-involved youth aims to address the root causes of a young person's involvement with the just system: namely, the consequences of community trauma, inadequate opportunity, and unmet service needs. Rather than prosecute youth through traditional practices, the DPP uses a deferred prosecution agreement to match youth with appropriate community-based services according to their individual goals and identified needs. To deliver the DPP, the Cook County State's Attorney's Office (CCSAO) partnered with three community-based providers with extensive histories of serving justice-involved youth and their families: the Juvenile Justice Collaborative (JJC), Lawndale Christian Legal Center, and Cook County Health (CCH). After a youth accepts a deferred prosecution offer, they are routed to one of these three providers for care coordination and services.

This evaluation focuses on the programming the JJC delivers within the DPP: the Juvenile Justice Collaborative's Care Coordination Program for Court-Involved Youth (the "JJC program"). Throughout this report, "the JJC program" refers specifically to the JJC's deferred prosecution pathway and does not include youth referred to LCLC or CCH.

The JJC program is based on a care coordination and community-based services model. As part of a deferred prosecution agreement entered after a petition is filed in juvenile court, the care coordination model includes engagement of youth and families, assessment of youth needs and strengths, development of goals within an individual care plan, referral to community-based service providers, and management of the coordination of services and youth progress throughout the program.

Strengthening Chicago's Youth at Ann & Robert H. Lurie Children's Hospital of Chicago (SCY), a violence prevention collaborative in Chicago, is the partnership steward for the JJC. The JJC operates the program with 13 service providers and one technical assistance partner (Illinois Collaboration on Youth). Treatment Alternatives for Safe Communities (TASC) operates as the intake and referral home of the JJC program and manages care coordination for participating youth.

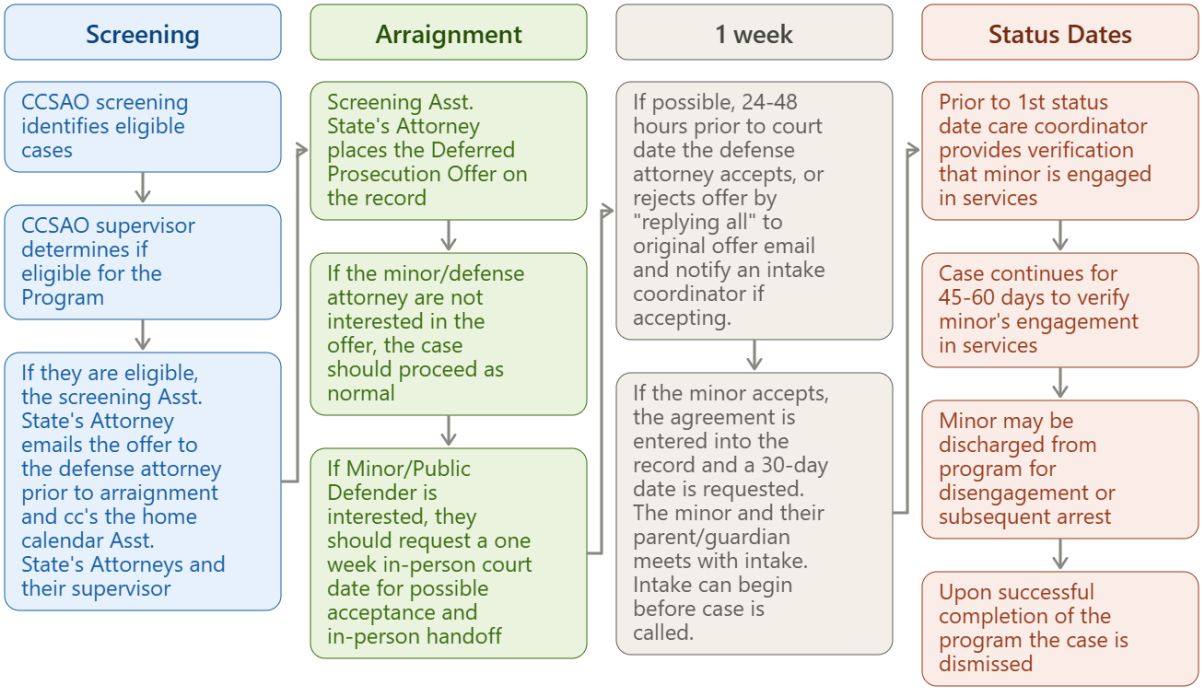
Priority Population

The JJC program is intended for youth for whom a petition is filed in juvenile court for a nonviolent felony class 1–4 offense or a serious misdemeanor, which reflects a population of youth charged with more serious offenses than typically receive diversion or deferred prosecution offers.

Core Components, Process, and Time Frames

The JJC program for deferred prosecution begins with the CCSAO screening eligible cases. If eligible, the CCSAO Assistant State's Attorney presents the offer to the youth and counsel. Youth who accept are given an in-person handoff to the team at TASC, which then conducts the intake process. The high-level workflow for cases, developed by the CCSAO, is shown in Figure 1.

Figure 1. Workflow of JJC Program for Deferred Prosecution



Central to the JJC program is care coordination. Once the youth is referred by the CCSAO to TASC, the care coordination team conducts intake assessments and, if possible, a home or community-based visit. TASC develops a Family Care Plan and works to refer youth and families to appropriate service providers in the JJC. Direct services include counseling, therapy, mentoring, victim services, substance use treatment, academic support, workforce development, recreational activities and other positive youth development programming. The JJC partners provide these services through their existing funding sources. In addition to these services, JJC partners receive funding from the ARPA JJC Expansion grant to offer family support programming to further support youth and their families in the program.

Communication is a key component of the JJC program model. This includes communication between the care coordinator and JJC service providers, with youth and families, and with the court. Once referrals to JJC partner service providers are made, care coordinators are in touch with these service providers to ensure the youth and their family are engaged and enrolled. Coordinators work to remove any barriers from enrollment. Care coordinators then follow up for updates on client progress and participate in monthly staffing meetings to receive progress reports on their clients. Once the youth has been connected to the service provider, the care coordinator also checks in with the youth and their families at least once per week.

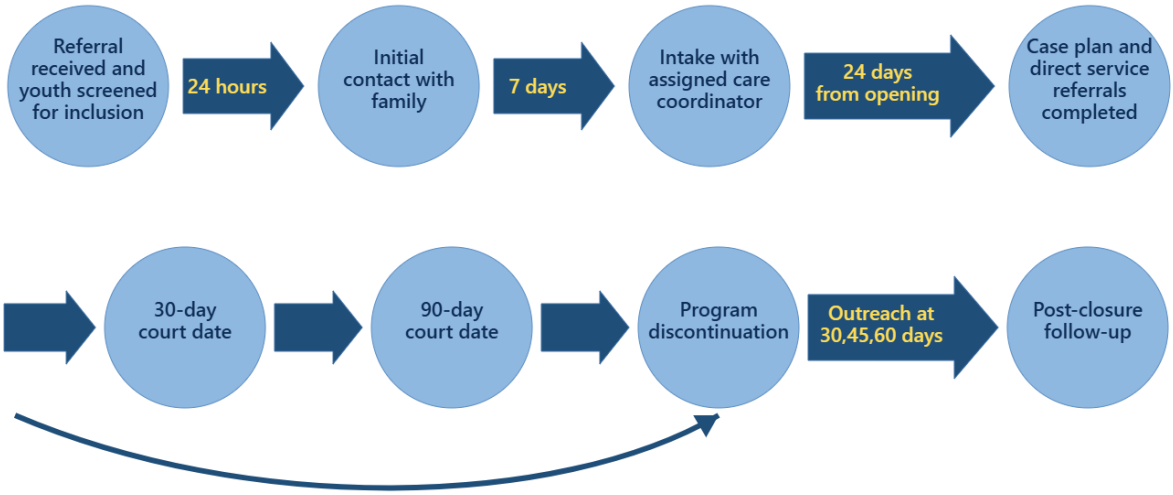
Additionally, care coordinators provide 30-, 60-, and 90-day reports to the court, including a final closing report. These reports were designed to share details such as enrollment in programming, the type of services which youth have been referred to and engaged in, and requests for additional time to work with youth and their families.

Youth are considered a successful discharge from the JJC program if they've been engaged for at least 90 days and are meaningfully participating in services. While services may not be finished at that point, the youth and their family can continue to engage in services with the provider even after their official time in the program (and formal involvement with the court) is complete. The deferred prosecution agreement can be extended at the request of the care coordinator or any parties, including the court.

Upon a report of successful discharge, the CCSAO dismisses the petition and the case is closed. Youth can be removed from the JJC program if they are arrested for a new case, if they miss three or more appointments, if they are not actively participating, or if they opt out of programming. In that instance, the court case continues with prosecution as usual.

Ideally, the entire program process just described occurs in approximately 90–120 days. Figure 2 shows time frames for each stage of the JJC program, identified through a business process mapping exercise conducted by the evaluation team.

Figure 2. Key Stages and Timeframes for the JJC Program's Care Coordination Process



Youth engaging in services. Care Coordinator has on-going contact with youth every 1–2 weeks and monthly meetings with services providers.

Theory of Change

A theory of change is a comprehensive description of the rationale behind a program's design. It outlines how program activities will address the root causes of a problem to achieve better short- and long-term outcomes for the program participants. Theories of change are especially useful when multiple providers are part of an intervention because they help the providers reach a consensus about the root causes, strategies, and key outcomes of the program. Appendix A describes the collective draft Theory of Change developed in collaboration with SCY, TASC, and the JJC providers.

Previous Evaluation Findings

The findings presented in this report reflect a continuation of analyses previously described in a separate report. Weiner, Cusick, Farrell, and Brennen's (2021) preliminary evaluation of the pilot program found that it is feasible to enroll and engage youth in the program. Nearly 96% of eligible youth enrolled in the program and of those, 94% were connected to community-based services. Additionally, Cusick, Barounis, Gaul-Stout, and Waugh's (2025) more intensive evaluation found that the program had positive outcomes; program participants had a 44% lower odds of picking up a new charge compared to those in the comparison group, holding other factors constant. This report provides detailed analyses and findings for participants in the second and third cohorts of the ARPA program expansion (July 2023–June 2025).

EVALUATION METHODOLOGY

To measure the program's true effect, evaluators built a matched comparison group using propensity score matching, pairing 111 JJC participants with 111 similar youth who faced the same charges but weren't offered the program.

The evaluation included an assessment of program implementation (Implementation Evaluation), measurement of outcomes and experiences among program participants (Outcomes Evaluation), and an assessment of program impact on youth recidivism (Effectiveness Evaluation). Methods for each are described in this chapter, with findings detailed in chapters on implementation findings and effectiveness findings.

Logic Model

The evaluation design was guided by the JJC Logic Model (see Appendix B). A logic model visually represents the relationships between a program's resources (inputs), outputs, and intended proximal and long-term outcomes. It provides a structured framework to clarify how a program is supposed to work and outlines key constructs to be assessed with the implementation, outcomes, and effectiveness evaluation studies. Specifically, the evaluation study used qualitative and quantitative data to measure inputs, outputs, and short-, intermediate-, and long-term outcomes as defined in the program logic model.

Implementation Evaluation Methodology

Implementation was assessed through analyzing administrative program data provided by TASC. For this report, we assessed implementation among 313[1] youth who were referred to the program during two cohorts: ARPA Cohort 2, consisting of 160 cases referred between 7/1/23 and 6/30/2024, and ARPA Cohort 3, consisting of 154 cases referred between 7/1/2024 and 6/30/2025.

Implementation measures include:

- referral & enrollment rates
- participant demographics and background risks & strengths
- timeliness of key program components (for example, intake, assessment completion, creation of care plan, referral to service providers, and other components)
- connection to services

[1] The 313 youth represent 314 cases as one youth was referred twice.

Outcomes Evaluation Methods

Administrative Data Analysis

The analysis of outcomes focuses on these same two ARPA cohorts (youth referred to the JJC program during the ARPA expansion period from July 2023 to June 2025).

To assess outcomes for program participants, data were triangulated across three sources:

- **Cook County State's Attorney's Office Records**: List of all youth referred by CCSAO to TASC
- **TASC Records**: List of youth in TASC records noted as referred by CCSAO
- **Cook County Juvenile Court Records:** Provided by the Office of the Chief Judge, including all juvenile and criminal court charges

The evaluation team merged data across these three sources to create an "analytic sample" for each of the cohorts. Outcome measures among program participants include:

- progress toward goals
- completion of program
- result of court case
- length of court case
- recidivism (recharge in juvenile or adult court by 12 months from referral; *only applies to ARPA cohort 2*)

Interviews with Youth Participants

Additionally, to better understand the lived experiences of youth and their perceptions of well-being, the evaluation included a qualitative study focusing on young people who had participated in the JJC program. Using a criterion sampling approach, the study aimed to engage 10 to 15 participants who were involved in the program. The sample aimed to include young people with varied experiences in the care coordination program, specifically:

- youth who completed the JJC program and had their charges dropped,
- youth who did not complete the program, but whose charges were dropped and case closed, and
- youth who did not complete the program and had charges filed.

To ensure ethical participation, only youth with no current open cases, no outstanding charges, and who were not incarcerated or in temporary detention centers were eligible to participate.

Chapin Hall collaborated with TASC to identify and recruit eligible youth. TASC staff introduced the opportunity to participate through direct conversations, text messages, email outreach, and a recruitment flyer. Chapin Hall researchers conducted the informed consent process, with a request to the IRB for a waiver of parental consent to reduce participation barriers. Participation in the study was entirely voluntary, and all participants received a $75 electronic gift card as an incentive following the completion of the interview. Youth were allowed to end the interview at any point and still receive the incentive.

Data were collected through 1-hour, semi-structured interviews to capture in-depth narratives and contextual insights. Seven youth interviews were conducted virtually in spring and early summer 2025. All seven youth completed the JJC program and had their charges dropped, despite efforts to include broader perspectives as listed above.

Data analysis was conducted through iterative coding using Atlas.ti software, followed by discourse analysis to examine how youth construct and convey their experiences. A storyline narrative framework guided the interpretation of findings, highlighting patterns and themes related to youth well-being, court involvement, and engagement with care coordination services.

Focus Groups with Program Care Coordinators, Service Providers & Stakeholders

To assess implementation fidelity, sustainability, and the broader impact of the JJC program from the perspective of those closest to its delivery, the evaluation included a qualitative study using focus groups with program partners and key stakeholders. Using a purposive sampling approach, Chapin Hall engaged participants across five stakeholder groups: care coordination staff, community-based service providers, representatives from the State's Attorney's Office, the Public Defender's Office, and the Illinois Justice Project.

Chapin Hall researchers recruited participants through direct outreach to program partners. Participation was entirely voluntary, and all focus groups were conducted with informed consent in accordance with IRB-approved protocols. Data were collected through 1-hour, semi-structured focus groups designed to capture contextual, experience-based perspectives. Participants were asked to discuss four research questions: whether the program reached its intended population; whether implementation occurred with fidelity; in what ways the program supported inclusion, diversity, equity, and access; and what factors facilitated or hindered implementation and sustainability. Seven focus groups consisting of a total of 15 participants were conducted in fall and winter 2025.

Data analysis followed an iterative thematic coding process using qualitative analysis software, with findings organized around the four research questions. Analysis examined patterns across stakeholder groups related to program reach, implementation quality, equity in service delivery, and conditions for long-term sustainability.

Effectiveness Evaluation Methods

To build evidence of the program's impact, it is important that an evaluation is rigorously designed to allow causality to be established. The evaluation team carefully considered several evaluation design options, including, for example, the use of a randomized controlled trial design and a waitlist-control design.

The evaluation team determined that a quasi-experimental study with a matched comparison group would provide the most rigorous design within the constraints of evaluating a program in practice. With this design, youth referred to juvenile court for similar offenses and who met the eligibility requirements of the program, but who were not referred to the JJC program, were selected as the comparison group. Of note, the juvenile court data from which the comparison group was selected did not contain information on a few aspects of the crime that would have made a youth ineligible for the program. These include but are not limited to recent firing of a weapon or modification of a weapon, use of a stolen motor vehicle in a violent crime, and burglaries of residential properties. While it is possible that the comparison group included youth who were referred for crimes with some of these aspects, it is not clear that these aspects are more predictive of recidivism.

Identifying the Treatment and Comparison Samples

All youth referred to the JJC program via a deferred prosecution agreement from July 1, 2023, through June 30, 2025, are included in ARPA Cohorts 2 and 3. ARPA cohort 2 was selected as the treatment sample to allow for analyses of recidivism occurring within 12 or 18 months following treatment. Additionally, of the 160 youth in ARPA Cohort 2 with TASC records, the treatment sample was limited to youth with available referral information from the CCSAO and court records from the Office of the Chief Judge. Finally, treated youth were restricted to those with a petition-to-referral interval of between 0 and 156 days, with 156 days representing the 95th percentile of the distribution. Cases with negative intervals, indicating likely data entry errors, and cases missing information on gender, age, and zip code were also excluded. This resulted in an analytic-treated sample of 125 youth. The control sample was selected using the population of youth who would have been considered eligible for the JJC program during the same period. Specifically, the control sample was drawn from youth for whom a petition to juvenile court was filed and who met the DPP criteria but were not referred to the program. Additionally, the control sample was limited to youth who had the same offense types as those in the treatment sample and who were not missing information on gender, age, or zip code. This resulted in a potential control group of 769 youth.

To construct the final treatment and control groups from these samples, propensity score matching was conducted using the *MatchIt* package in R. Each youth who received the intervention (treatment group, $n = 125$) was matched to a youth who did not receive the intervention (control group, $n = 769$) using 1:1 nearest neighbor matching on estimated propensity scores derived from age and neighborhood region. In addition, exact matching constraints were imposed on offense type and gender, ensuring that each matched pair was identical on these characteristics. A caliper of 0.2 standard deviations of the propensity score was applied to prevent poor matches.

Geographic region was operationalized using the City of Chicago Department of Public Health Healthy Chicago Equity Zones, a planning framework that groups Chicago's 77 community areas into six regions—Far South, Near South, North/Central, Northwest, Southwest, and West—based on shared health and social determinants. Youth residing in ZIP codes outside Chicago city limits were assigned to one of two supplementary categories (West suburbs or South suburbs) based on their geographic location relative to the city.

Because control cases do not have a date they were referred to the program, we assigned a "referral date" to each control case based on the number of days between the petition filing date and referral of their matching treatment case. After applying matching constraints and the caliper, 111 matched pairs were retained ($n = 222$), representing 89% of the eligible treated sample.

IMPLEMENTATION FINDINGS

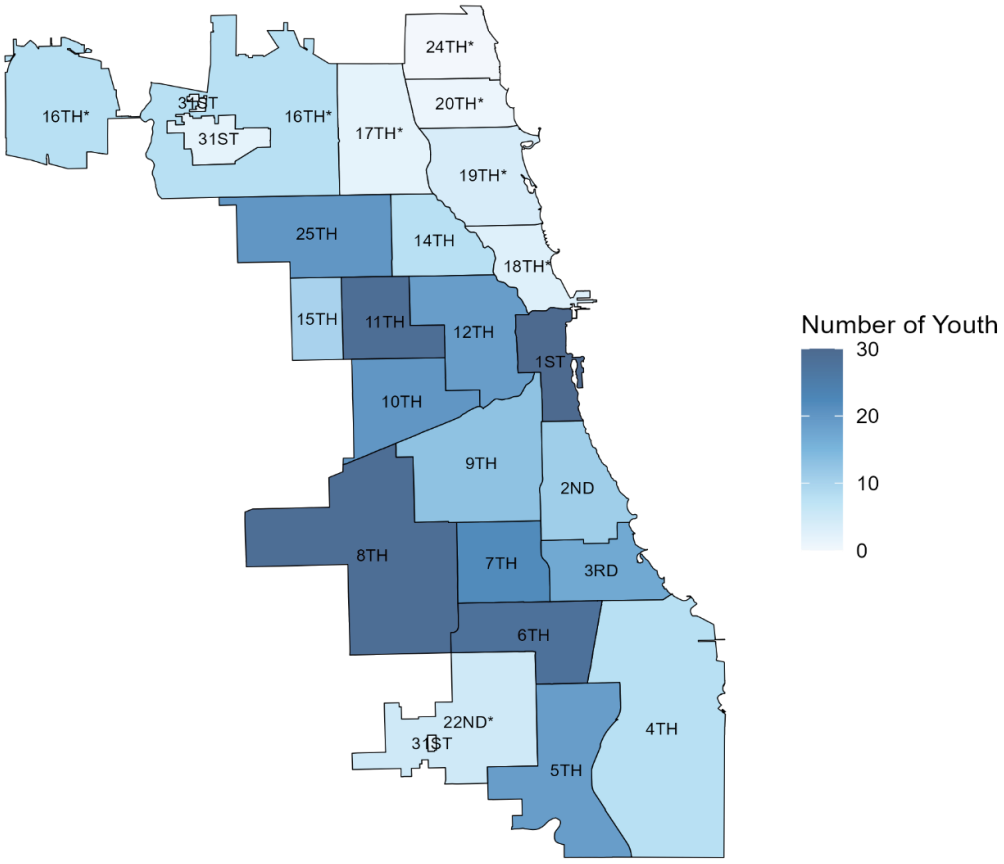
The Implementation Evaluation was designed to understand 1) if the JJC program reached the intended service population, 2) whether the program was delivered with fidelity, and 3) to what extent participants received needed services and supports.

Program Reach

Referral & Enrollment Rates

Referrals from the CCSAO to the JJC program routinely exceeded 100 youth per year, with the exception of the beginning of the early pilot phase in 2020, when only 89 youth were referred. Between July 1, 2023, and June 30, 2024 (ARPA Cohort 2) 160 youth were referred and in the subsequent year (ARPA Cohort 3) 154 youth were referred. Most referrals came from the west and south sides of Chicago (see Figure 3). However, the police districts in these areas that referred the most youth varied slightly. The 11th district on the west side consistently was one of the largest sources of referrals although no one district accounted for more than half due to the large number of districts participating. During ARPA Cohort 3 more referrals came from the 8th and 6th police districts on the south side than in previous years. Additionally, several referrals came from the 1st district on the near south side. Of the 314 referrals, 96% resulted in intakes with TASC. The high intake rate is similar to prior years.

Figure 3. Referrals by Police District: July 2023 through June 2025



Focus group accounts reinforce that the program reached the population it was designed for. Stakeholders described the referred youth as squarely matching the intended target, namely youth in the juvenile justice system with high levels of need:

> **What I have seen in my short tenure here, we have definitely hit that population, the need of the population, which is teenagers in the juvenile justice system. So, we've nailed that part of it. – Program Stakeholder**

At the same time, stakeholders noted that not every eligible youth received an offer during the evaluation period. The most common reason was a temporary capacity gap, when either TASC or Cook County Health lacked sufficient staff, eligible youth were placed on a waitlist and routed elsewhere:

> **A lot of the youth that we were able to say, this person qualified but wasn't offered it, most of those was because there was a time period when either Cook County Health or TASC did not have the personnel. So we had a waitlist for a while of youth who ultimately either went into supervision or something else, or eventually made it to it. – Program Stakeholder**

This constraint reflected staffing levels rather than program funding, and the partnership proved able to absorb such disruptions. During a roughly three-week period when TASC paused intakes, youth were shifted to Cook County Health without any being turned away, and TASC subsequently rebuilt its staffing:

> **We had to kind of move those youth over to Cook County Health… But we have not had to turn away a youth for a few years. And TASC has since righted the ship and got their personnel back. – Program Stakeholder**

Stakeholders also pointed to the program's outreach model as a driver of the high intake and engagement rates, describing the ability to meet youth in their own settings rather than waiting for them to come in:

> **They're able to do home visits, they're able to connect with young people wherever and anywhere. It's not just waiting for them to come to us, it's actually going where they are. And so that is really. . . for this to really be super effective, you have to have that component. – Provider**

Demographic Characteristics of Participants

During ARPA Cohort 2 and ARPA Cohort 3, most of the youth referred to the JJC program were male (87%) and identified as Black (65%) or Latinx (29%). ARPA cohort 3 included slightly more females (14%) than prior cohorts (see Table 2). Most of the youth (88%) were between ages 14 and 17. School status was recorded for more youth than in prior cohorts (92%) and only 3% of the youth referred had dropped out of school. Additionally, 85% had health insurance through the Medicaid program.

Table 2. Demographic Characteristics of Participants

	ARPA: Cohort 2 (*N*=159)	ARPA: Cohort 3 (*N*=154)	Overall (*N*=313)*
Gender	*n* (%)	*n* (%)	*n* (%)
Female	18 (11.3)	22 (14.3)	40 (12.8)
Male	141 (88.7)	132 (85.7)	273 (87.2)
Ethnicity			
Hispanic/Latinx	48 (30.2)	44 (28.6)	92 (29.4)
Not Hispanic/Latinx	111 (69.8)	110 (71.4)	221 (70.6)
Race			
Black, non-Hispanic	101 (63.5)	103 (66.9)	204 (65.2)
Latinx	48 (30.2)	44 (28.6)	92 (29.4)
Other	10 (6.3)	7 (4.5)	17 (5.4)
Age Group			
10–11	0 (0)	0 (0)	0 (0)
12–13	10 (6.3)	9 (5.8)	19 (6.1)
14–15	37 (23.3)	44 (28.6)	81 (25.9)
16–17	100 (62.9)	96 (62.3)	196 (62.6)
18–-19	12 (7.5)	5 (3.2)	17 (5.4)
School Status			
Blank or unknown	11 (6.9)	13 (8.4)	24 (7.7)
Dropped out	4 (2.5)	6 (3.9)	10 (3.2)
Graduated/GED	5 (3.1)	6 (3.9)	11 (3.5)
In school	132 (83.0)	129 (83.8)	261 (83.4)
Other	7 (4.4)	0 (0)	7 (2.2)
Insurance Status			
Medicaid	139 (87.4)	128 (83.1)	267 (85.3)
No health insurance	15 (9.4)	22 (14.3)	37 (11.8)
Private health insurance	5 (3.1)	4 (2.6)	9 (2.9)

**Note: One youth was referred to Cohort 2 on two occasions but is counted only once in the demographic totals.*

Focus group participants situated this demographic composition in the context of the justice system that feeds the program. Because the program receives youth only after arrest and bases eligibility on charges alone, stakeholders noted that disparities in who is arrested shape who is referred, a dynamic the program inherits rather than creates:

> **I think the program was an equal opportunity to the kids we had. But that doesn't take into consideration the fact that there is racial profiling in policing. So we were funneled, which was predominantly Black boys. The state just looked at the charges. They did not look at the kids, they did not look at those demographics. They literally only looked at the charges. – Program Stakeholder**

Charges

The JJC program aims to defer prosecution and provide necessary services for youth charged with non-violent felony class 1-4 and serious misdemeanors. As shown in Table 3, the most common charges in Cohorts 2 and 3 were weapons related offenses (59%), particularly unlawful use of a weapon or aggravated unlawful use of a weapon. This percentage is similar to prior cohorts, in which nearly two-thirds (66%) of youth had weapons-related offenses.

Table 3. Current Charges Among Participants

	ARPA: Cohort 2 (*N*=160)	ARPA: Cohort 3 (*N*=154)	Overall (*N*=314)
Charge	***n* (%)**	***n* (%)**	***n* (%)**
Assault & battery	20 15.9%	30 12.5%	50 19.5%
Burglary, robbery, & theft	11 8.0%	14 6.9%	25 9.1%
Vehicle theft or trespassing	11 5.7%	7 6.9%	18 4.5%
Drug related	4 1.9%	2 2.5%	6 1.3%
Weapons related	101 59.2%	85 63.1%	186 55.2%
Multiple charges	4 2.9%	5 2.5%	9 3.2%
Other	8 6.1%	11 5.0%	19 7.1%
Unknown	1 0.3%	0 0.6%	1 0.0%

Participant Background Risks and Strengths

In order to examine participants risks and strengths at intake, the evaluation team reviewed the data from three different assessments: the Columbia Impairment Scale, the Child and Adolescent Needs and Strengths- Intensive Placement Stabilization (CANS-IPS), and the Recovery Capital Inventory and Planning (RCIP) assessment.

Columbia Impairment Scale

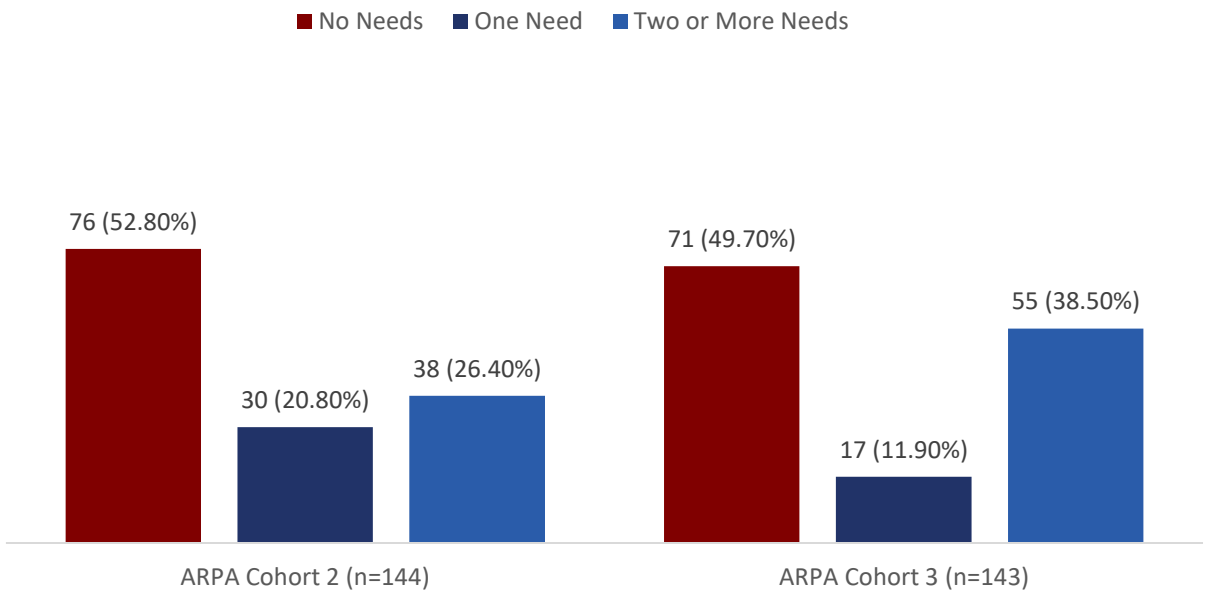
The Columbia Impairment Scale measures functioning in multiple areas. The scale has a 13-item section with questions about impairment in social relationships, mental health, and school achievement. However, psychometric testing indicates that it produces a single measure of functional impairment rather than impairment in specific areas. Scores can range from 0 to 52, with higher scores indicating more impairment. A score of 15 or above is considered "definite impairment" (Yeh et al., 2018).

Of the 158 youth in ARPA Cohort 2 and 144 youth in ARPA Cohort 3 who completed an intake, only 6 were missing an impairment scale. ARPA Cohort 1 had a mean score of 4.61 (SD = 6.64) and ARPA Cohort 2 had a mean of 4.83 (SD = 6.95). These scores are similar to the mean score for ARPA Cohort 1 (4.15, SD = 5.74) and lower than the mean score for the Pilot Cohort (6.99, SD = 7.27). Overall, few youth who participated in the JJC program showed poor functioning on this measure at intake. In fact, only 6% of the youth in ARPA Cohort 2 and 10% of the youth in ARPA Cohort 3 had scores in the definite impairment range.

Child and Adolescent Needs and Strengths (CANS-IPS)

The TASC team has used various versions of the Child and Adolescent Needs and Strengths (CANS) assessment tool. In August 2023, the TASC team began using the Intensive Placement Stabilization version of the CANS (CANS-IPS) in place of the Juvenile Justice version (CANS-JJ). Among youth with a documented intake, 91% in Cohort 2 and 99% in Cohort 3 received an intake CANS-IPS assessment. The lower percentage among Cohort 2 is likely because the CANS-JJ was still being used in July 2023 when the first youth in the cohort began receiving services. In terms of identified needs, 53% of youth in Cohort 2 had no identified needs, 21% had one identified need, and 26% had two or more identified needs. Corresponding percentages in Cohort 3 were 50%, 12%, and 39%, respectively (see Figure 4). The most commonly identified areas of need included delinquency (22%), judgement (15%), conduct (14%), anger control (12%), substance abuse (9%), legal (8%), danger to others (8%), community violence (7%), educational setting (6%), and school achievement (5%). Across the eight assessed strengths domains (family, interpersonal, coping and savoring skills, optimism, talents/interests, spiritual/religious, community life, and relationship permanence), the proportion of youth demonstrating each strength ranged from 83% to 96%. (The only strength demonstrated by fewer than 90% of youth was spiritual/religious, with 83%.) While the youth enrolled during the pilot phase and ARPA Cohort 1 received a different version of the CANS, it appears that the care coordinators identified more needs among youth in ARPA Cohort 3. This may be the result of quality improvement efforts to review and discuss CANS scoring with the care coordinators.

Figure 4. Needs Identified on the Intake CANS-IPS, by Cohort



Need for Economic and Concrete Supports

The Recovery Capital Inventory and Planning (RCIP) assessment is used to assess the severity of a variety of risk factors including, needs for economic and concrete supports. Similar to the Pilot Cohort and ARPA Cohort 1, few youth in ARPA Cohorts 2 and 3 had identified economic and concrete support needs at intake. The most common need was transportation, which was an issue for approximately 8% of the youth (see Table 4).

Table 4. Measures of Identified Economic and Concrete Needs

	ARPA Cohort 2 (*N*=154)*	ARPA Cohort 3 (*N*=143)*	Overall (*N*=297)*
Housing (unstable, temporary, or homeless)	1%	0%	0%
Transportation (unstable or none)	7%	8%	8%
Finance (unstable or none)	7%	1%	4%

*Analysis limited to youth who completed an intake. Five youth with intakes did not have RCIP assessments in the electronic case record system (ECR)

Summary of Program Reach

Did the JJC program reach the intended service population? Why or why not?

The JJC program appears to be reaching the intended service population in terms of types of offenses committed by youth. Approximately half of the youth in ARPA Cohorts 2 and 3 were charged with gun-related offenses. This suggests that youth charged with more serious offenses than those who typically receive deferred prosecution offers were referred to the program, as intended. Additionally, enrollment rates were quite high, indicating that the JJC program has been successful in reaching and engaging youth.

In terms of youth needs, however, nearly half the youth who participated in the program had few background risks identified at intake. Among those with identified risks, the most common included factors frequently observed among justice-involved youth, such as delinquency, conduct, and difficulties with anger control. More risks were identified in ARPA Cohort 3, This increase followed a continuous quality improvement process led by Chapin Hall and SCY, which prompted care coordinators at TASC to review CANS scores more closely, a change that appears to have helped them better identify risk factors in the assessment. Finally, few economic and concrete support needs were identified on the RCIP. This stands in contrast to the picture that emerged from the focus groups, where stakeholders described economic and concrete instability as among the most common barriers youth faced. One care coordinator characterized these conditions as pervasive:

> **"A lot of it is socioeconomic related issues with a lot of the youth that end up in our program... They may not have their own phone, their own electronics... They may not have a two-parent household, if mom's not here, they don't have a ride. They may be taking care of their siblings after school. – Care Coordinator**

Providers similarly tied housing instability to a youth's ability to stay engaged, describing how those who were couch surfing struggled to participate consistently:

> **"We've noticed that kids who are not stable, who are couch surfing, the stability of them being consistent and persistent with the programming is the opposite of having a parent that is very invested in a kid trying to elevate them to the next level. – Provider**

The discrepancy likely reflects a limitation of the RCIP rather than an absence of need. As with the CANS, the assessment is administered at intake, before care coordinators have built the trust that fuller disclosure depends on, and so it likely understates the concrete and economic needs youth carry. This pattern, in which early assessments understate the depth of need, is discussed further in sections below.

Fidelity to Key Program Components

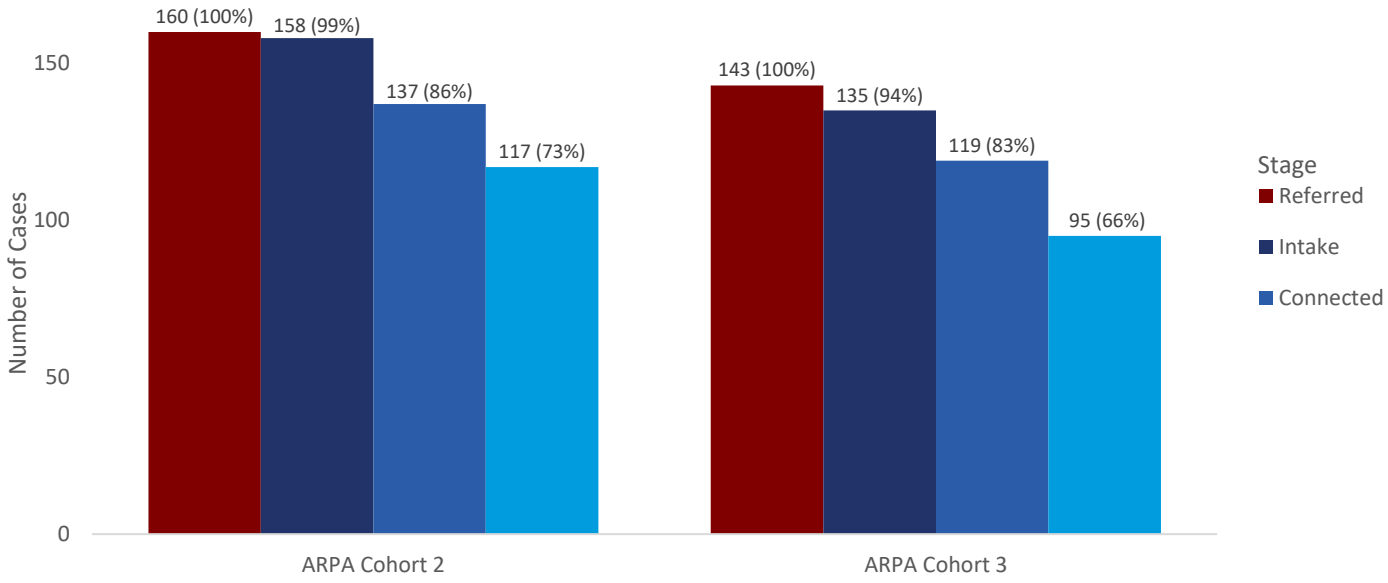
In this section, we describe how and in what time frames youth moved through the JJC program. This is important in understanding potential implementation challenges, such as identifying if youth tend to drop out at certain stages in the program or what stages may be taking longer than expected to complete. Focus group data from care coordinators, providers, and program stakeholders are integrated throughout to illuminate the mechanisms behind the observed patterns.

Client Flow

To understand how many clients reached each stage of the JJC program, this analysis was limited to closed cases. Of the 314 referrals in ARPA Cohorts 2 and 3, 303 cases were complete by the end of the evaluation period. Similar to prior cohorts, the majority of the youth who were referred in each cohort completed an intake (99% in ARPA Cohort 2 and 94% in ARPA Cohort 3). Approximately 84% were connected to services (86% in ARPA Cohort 2 and 83% in ARPA Cohort 3) and 70% were successfully discharged (73% in ARPA Cohort 2 and 66% in ARPA Cohort 3; see Figure 5).

Of the youth who completed an intake, 74% of the youth in ARPA Cohort 2 and 70% of the youth in ARPA Cohort 3 completed the program successfully. The percentage of youth with intakes with successful discharges was lower for ARPA Cohort 3 than for ARPA Cohorts 1 and 2 combined (82%), but this difference may be due to slight changes in the discharge categories and definitions throughout the life of the program.

Figure 5. Program Flow by Cohort (Closed Cases)



Focus group accounts help explain where youth disengage along this pathway. Stakeholders consistently attributed non-completion less to the program model than to the conditions youth carried into it. Family disengagement was among the most frequently cited drivers, with coordinators describing households that were unreachable or unsupportive of a youth's participation:

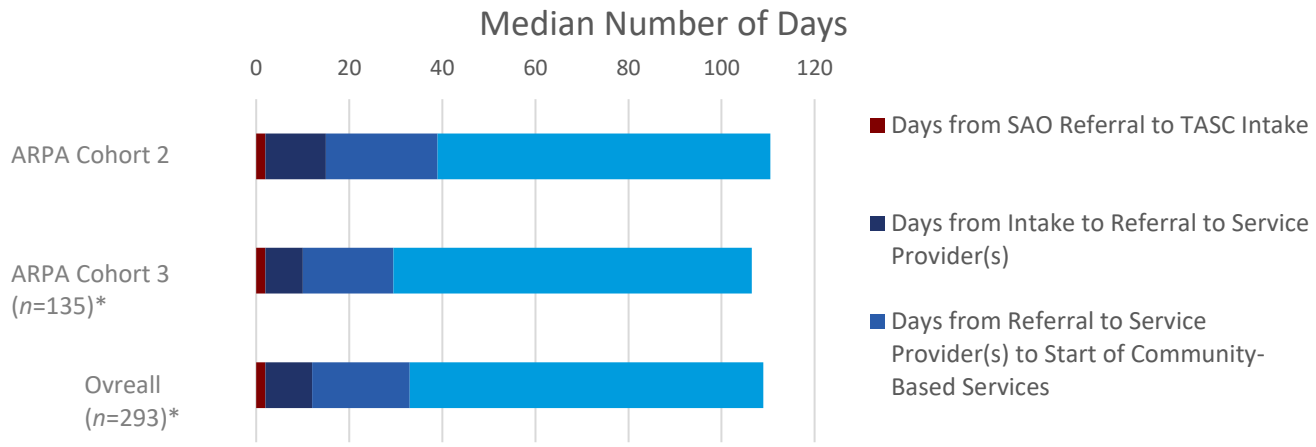
> **"You get those families that's like, I don't care. It's up to the youth. If they don't do it, they don't do it... some parents either don't answer the phone, or they have nasty attitudes. That can become challenging, because we're doing everything on our part to make sure the youth has successfully completed the program, but it's just like, the family don't care. – Care Coordinator**

Timeliness of Key Program Components

Figure 6 shows the median number of days between key components of the care coordination program. Across both cohorts, the median time between the CCSAO's referral to TASC and the youths' intake was 2 days, the median time between the intake and TASC's referral for the youth to a service provider was 10 days, the median time between the referral to a service provider and the start of community based services was 21 days, and the median time between start of community-based services and discharge from the TASC program was 76 days (see Figure 6). Note, we excluded the top 5 percentiles of cases for each component because some youth had very long periods of time between components that may not have been typical of the other participants.

During ARPA Cohort 3, the median time between intake and referral to a service provider was 5 days shorter than in ARPA Cohort 2. The median time between referral to a service provider and the start of services was 4.5 days shorter. This may be a result of TASC's outreach to the service providers and the root cause analysis activities led by Chapin Hall. Both of these endeavors were aimed at reducing the time between referral to a service and the start of treatment.

Figure 6. Median Number of Days between Key Components of the JJC Program



Focus group accounts help locate where this time accrues. Coordinators described the front end of the program, intake, assessment, and placement, as consuming a substantial share of the available window:

> **"The program is about getting them in service, it's to help them, but in reality, sometimes 60 days is not enough, because the intake and assessment and placement takes up to 30 days. – Care Coordinator**

The in-person handoff at intake was a particular bottleneck. Its length and logistical demands led to frequent rescheduling, which pushed back the start of services:

> **"That intake process would take 2 hours. Often the parents and the kids would get extremely impatient, especially if they had been waiting all day, and then to be told they had to go somewhere else. They often hadn't had lunch. So then they would reschedule. Those got rescheduled a lot. – Program Stakeholder**

Beyond client flow and timing, stakeholders identified communication as the most pervasive threat to fidelity, with breakdowns occurring at nearly every handoff in the service chain, from the SAO to TASC, from TASC to community providers, and from providers to the Courts. Court reports uploaded to the electronic case record system (ECR) frequently failed to reach judges and attorneys in a timely way, creating last-minute scrambles and judicial frustration. One care coordinator described the recurring dynamic:

> **"I'm not sure how, when we uploaded our reports into the ECR, they get sent to the referring source, but it seems like they're not getting it. So now they're coming to us a day before court, like, 'what's going on, this is what were supposed to be sent' – coming aggressive – and it's like, okay, we did it, sorry, let me just email it.**

A related challenge was the evolution of program requirements over time without proactive communication to frontline staff. Coordinators described learning of new expectations retroactively, including shifts in reporting formats, expanded timelines, and new email distribution requirements, which created confusion and inconsistency.

Despite these challenges, several factors supported more consistent implementation over time. Regular biweekly stakeholder meetings held across the life of the program were credited as the primary mechanism for surfacing and resolving communication failures. Dedicated, mission-driven staff, particularly care coordinators and providers who maintained sustained, non-judgmental relationships with youth, were identified across all stakeholder groups as the single most important ingredient for program quality:

> **"Having a good team of people who genuinely care to create that caring, safe environment for kids is so key to our success. The people, the staff themselves – the people who provide the services, who do the work – are the most important piece to any program being successful.**

Judicial buy-in and growing flexibility over time also contributed to smoother implementation, with stakeholders noting that judges who had seen program outcomes became increasingly receptive to the deferred prosecution model and more accommodating of the program's case management approach.

Summary of Fidelity to Key Components

Did partners implement the JJC program model with fidelity?
Despite many implementation challenges, the TASC program and JJC partners were able to successfully implement the core components of the model including engaging youth and families, assessing their needs, and linking them with community-based services. Communication breakdowns at every handoff point – particularly with court reports failing to reach judges – and retroactive policy changes created ongoing staff confusion, though these were partially offset by regular stakeholder meetings, mission-driven care coordinators, and growing judicial buy-in over time. The vast majority of youth who were referred completed an intake, and more than 90% of those that completed an intake were referred to at least one service provider.

Connection to Services

In this section, we provide details on the types of services to which participants were referred and connected. This analysis was also limited to the 293 closed cases that completed an intake with TASC. Findings indicate that nearly all youth were referred to at least one community-based service provider. Specifically, 94% of youth in ARPA Cohort 2 and 96% in ARPA Cohort 3 received at least one service referral. Among those referred to a

community-based service provider, the majority were successfully connected to the service (93% of ARPA Cohort 2 were connected to a service, as were 92% of ARPA Cohort 3). The percentage of youth referred and connected to services was slightly lower than for ARPA Cohort 1 (99% of youth in this cohort were referred and 99% were connected), but it is possible this reflects better tracking of referrals and connections. Across both Cohorts 2 and 3, 45% of youth received referrals to more than one service provider.

Tables 5 and 6 show the percentages of youth referred to different categories of services and, of those referred to each type, the percentages who were identified as having be en connected to that service. As the care coordination agency, TASC classifies services into three categories: mental health, substance abuse, and recovery support.

Mental Health Services

Outpatient mental health treatment was the most documented referral and the majority of the youth in ARPA Cohorts 2 (71%) and 3 (63%) were referred for this service (see Table 5). Most of the youth who were referred to this service received treatment, but approximately 15% were never connected to the service. In both cohorts, 16% of youth were referred to day treatment, which is substantially more than the percentage referred during ARPA Cohort 1 (7%) and the pilot phase (9%).

Table 5. Percentage of Youth Referred and Connected to Services: Mental Health Treatment

Service Type	ARPA Cohort 2 (*N*=148)*		ARPA Cohort 3 (*N*=129)	
	Referred	**Connected**	**Referred**	**Connected**
Outpatient	71% (105)	86% (90)	63% (81)	85% (69)
Intensive Outpatient	1% (1)	0% (0)	1% (1)	100% (1)
Day Treatment	16% (23)	65% (15)	16% (20)	60% (12)
Residential	1% (1)	100% (1)	0% (0)	---

*Excludes one youth with missing referral information. Additionally, service connection information missing for 4 youth.

Substance Abuse Services

Fewer than 10% of the youth who received referrals in either ARPA Cohorts 2 or 3 were referred for substance abuse services, which was similar to prior cohorts. Of note, of those referred during ARPA Cohort 3, only 44% were connected with the service. All youth who received referrals for substance abuse treatment were referred to outpatient services.

Recovery Support

The recovery support service referred to the most was mentoring. Of the youth that received referrals, 33% were referred for mentoring. Other types of recovery support services were less commonly referred, with each appearing in fewer than 8 cases (see Table 6). These included medical referrals (such as other medical services and medical advocacy), family services, anger management, case management, community support, housing support, recreational services, and services categorized as "other."

Table 6. Percentage of Youth Referred and Connected to Services: Recovery Support

Service Type	ARPA Cohort 2 (*N*=148)*		ARPA Cohort 3 (*N*=129)	
	Referred	**Connected**	**Referred**	**Connected**
Mentoring	24% (36)	89% (32)	43% (55)	98% (54)
Employment	9% (14)	100% (14)	12% (15)	100% (15)
Education	5% (8)	100% (8)	2% (3)	100% (3)
Anger management	3% (5)	100% (5)	1% (1)	100% (1)

*Excludes one youth with missing referral information. Additionally, service connection information missing for 4 youth.

Summary of Service Referrals and Connections

To what extent did the JJC program provide access to needed services and supports among participants?
The JJC program had very high rates of referral and connection to at least one service for the participants. Referrals for outpatient mental health and mentoring were the most common. The number of referrals for substance abuse treatment may not have met the underlying need, as 10–12% of youth with intake CANS had substance abuse problems. Referrals for substance use treatment were only noted in 9% of closed cases. However, overall, due to concerns about the accuracy of the CANS ratings, it is difficult to tell if the program provided referrals to all needed services and supports for each youth. As improving the CANS ratings has been a focus of CQI efforts, future analyses could more directly examine if youth are referred for services that could address each need identified at intake.

Quantitative connection rates capture whether youth reached services but do not capture what made those connections meaningful in practice. Youth interviews provide important texture on this dimension. Across the sample, youth described the relational quality of their interactions with care coordination staff as more central to their experience than the specific services they received. Being treated with dignity—as a person rather than a case—was the most consistently cited marker of a positive program experience:

> **Through the entire process I was always treated like a person and not a criminal. – Youth 3**

> **Yeah, and with the counselor and the therapist, you just talk about how things are doing and you don't get no hard feelings back or judgement or anything like that. You could just talk about whatever. – Youth 4**

Youth consistently described the relational quality of care coordination, being treated with dignity and without judgment, as more transformative than any single service they received.

Home-based outreach and community-environment meetings helped build the trust necessary for engagement, especially among youth with low confidence in adult institutions. The program's flexibility—accommodating youth with complex schedules, competing obligations, and limited transportation—was also described as a meaningful design feature that made continued connection achievable.

Stakeholders reinforced these observations from a program design perspective, noting that geographic gaps in the provider landscape—particularly on Chicago's south side—constrained the program's ability to match youth with geographically accessible and culturally proximate services. Where available partners were not within a youth's safe travel radius, connection to services was more difficult to sustain regardless of the formal referral rate.

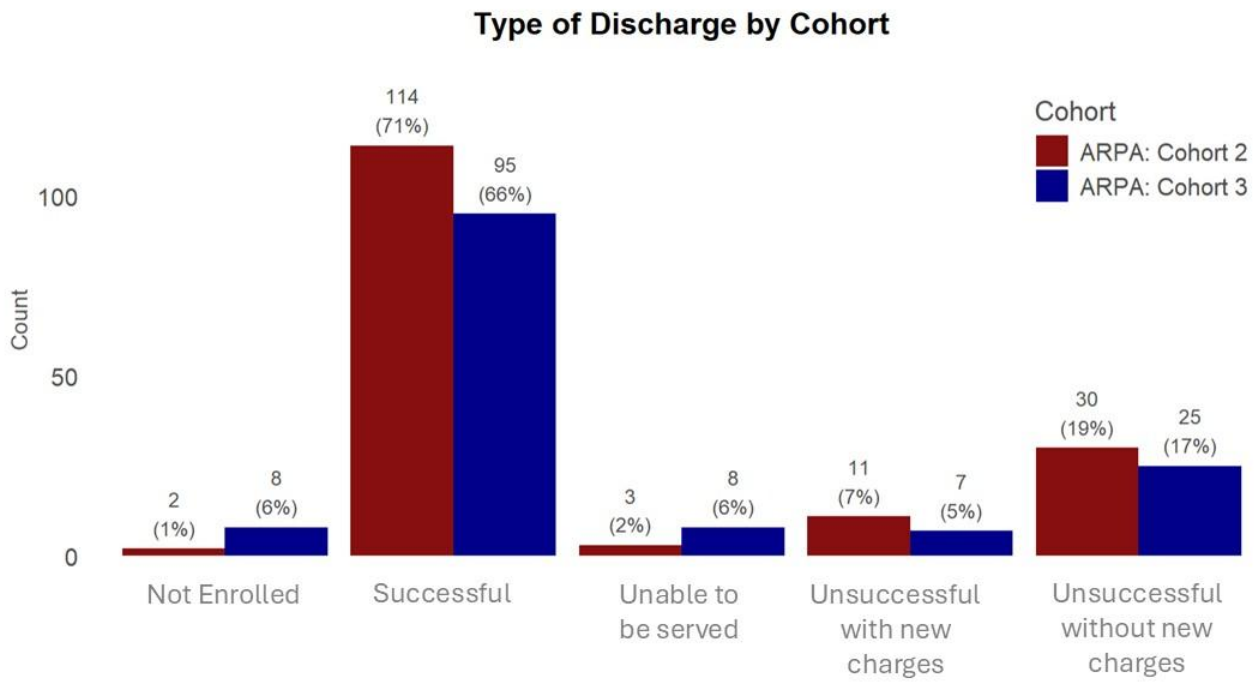
OUTCOMES FINDINGS

In this chapter, we report on the outcomes that the JJC program aims to address: 1) completion of the program, 2) dismissal of charges (prosecutions avoided), 3) length of court case, and 4) recidivism. Completion of the program is determined by the care coordinator and is based on successful engagement with recommended services. The State's Attorney's Office will dismiss charges if a youth successfully completes the terms of their deferred prosecution agreement and no further issues have arisen that would warrant continuing to prosecute the case. Recidivism is defined as any new petition filed in juvenile or criminal court at any point by the end of 12 months from referral to the JJC program by the CCSAO.

Program Completion

Of the 314 referrals in ARPA Cohorts 2 and 3, 303 cases were discharged by October 30, 2025, which was the end of data collection for this evaluation. Figure 7 shows the program outcomes for these youth. Overall, 70% of the youth from these cohorts completed the program successfully, including 71% of the youth in ARPA Cohort 2 and 66% of the youth from ARPA Cohort 3. The discharge labels and criteria changed during the program. For example, at one point a "neutral" label was included to designate cases that were neither fully successful or fully unsuccessful, but this label was not included in the final set of discharge categories. When the most recent labels and criteria are applied to youth in the pilot and ARPA Cohort 1 phases, approximately 78% of youth in the pilot and 85% of the youth in ARPA Cohort 1 graduated from the program.

Figure 7. JJC Program Outcomes (*n*=303)

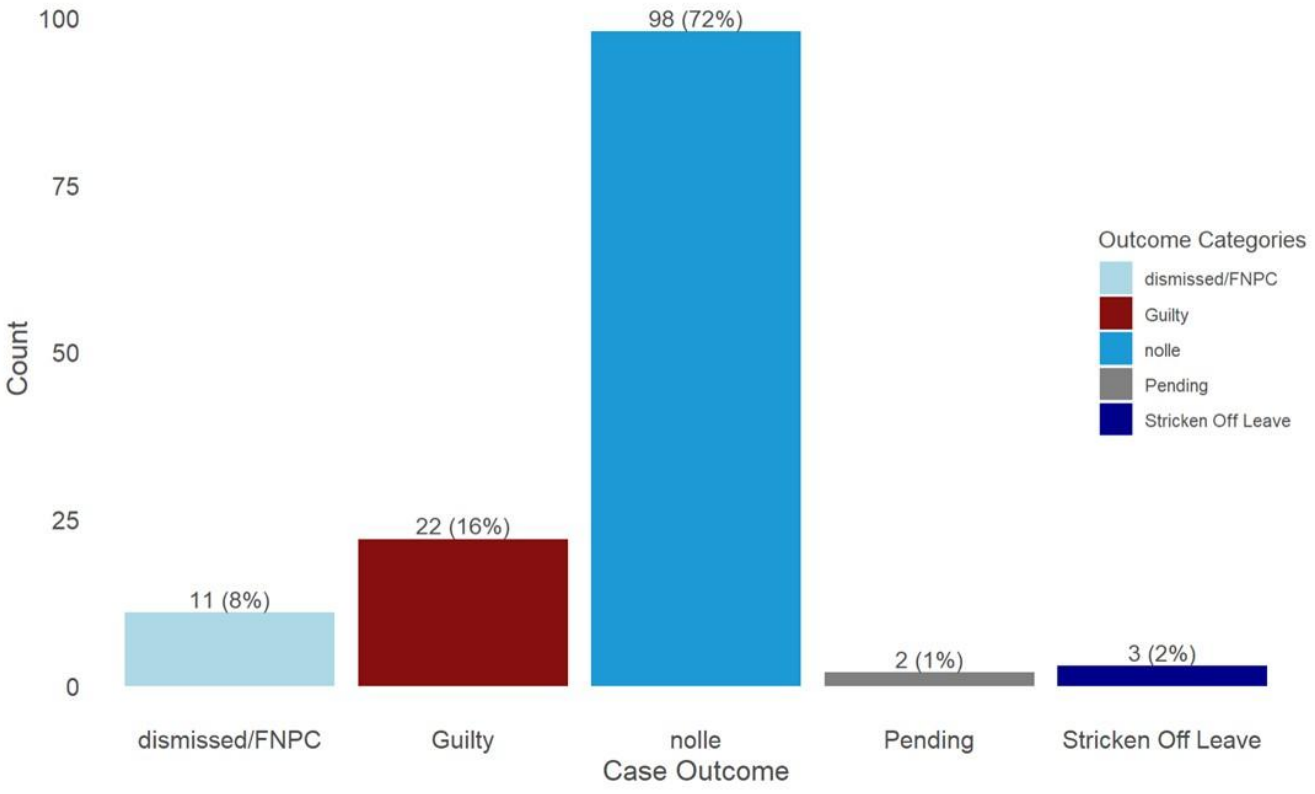


Prosecutions Avoided

Deferred prosecution is an alternative resolution to an adjudication, where an individual agrees to participate in programming in exchange for a dismissal of their charges. Hence, a goal of deferred prosecution agreements is to avoid involving youth deeper into the juvenile justice system while ensuring they receive needed services. Of the 160 cases referred to TASC in ARPA Cohort 2, 136 (85%) had records available from the CCSAO and OJC as well as from TASC. These 136 cases were used for the analyses of prosecutions avoided, the length of the court case, and recidivism.

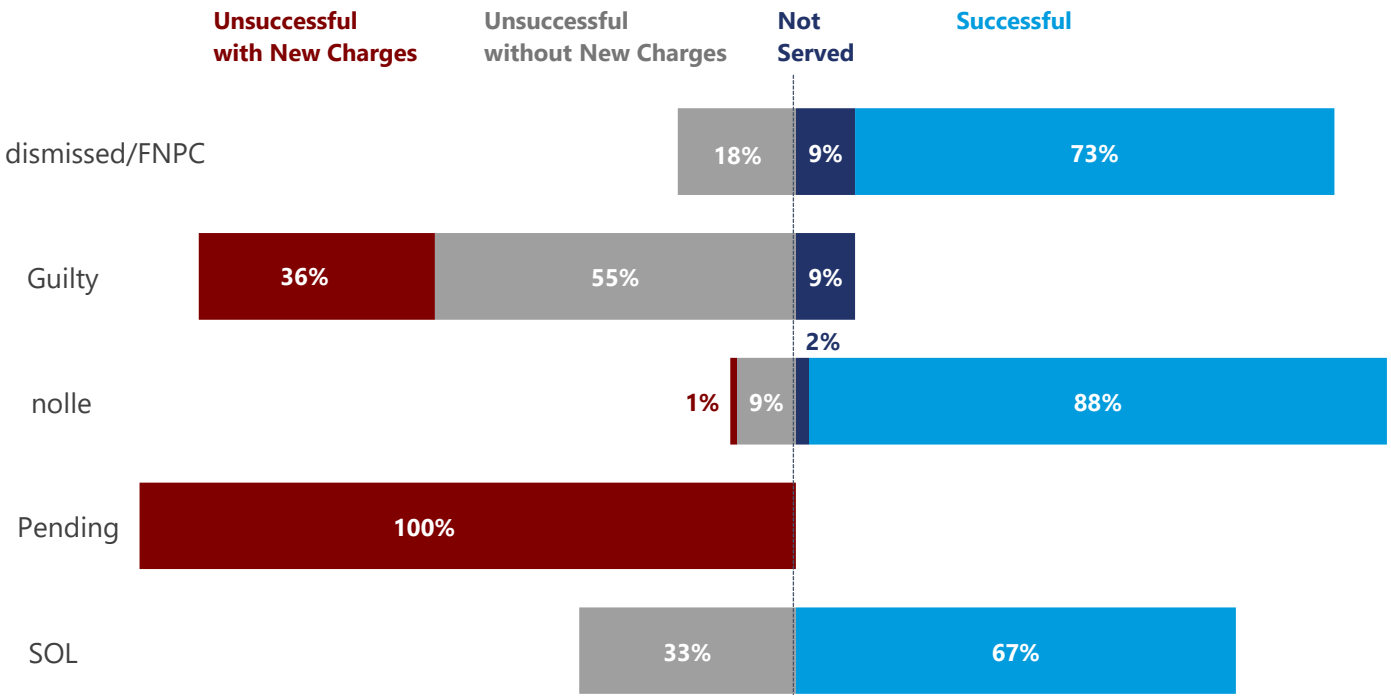
As shown in Figure 9, the majority of these youth (82%) had their charges dropped.[2] This is slightly lower than the percentage in ARPA Cohort 1 (89%). Furthermore, 88% of the youth who received a nolle prossed declaration successfully completed the TASC program while 91% of the youth who received guilty findings were considered unsuccessful discharges.

Figure 8. Outcome of Court Case (*n*=136)



[2] This includes 98 youth with cases nolle prossed, 3 stricken off leave, and 11 dismissed.

Figure 9. Outcome of Court Case by Discharge Category (*n*=136)

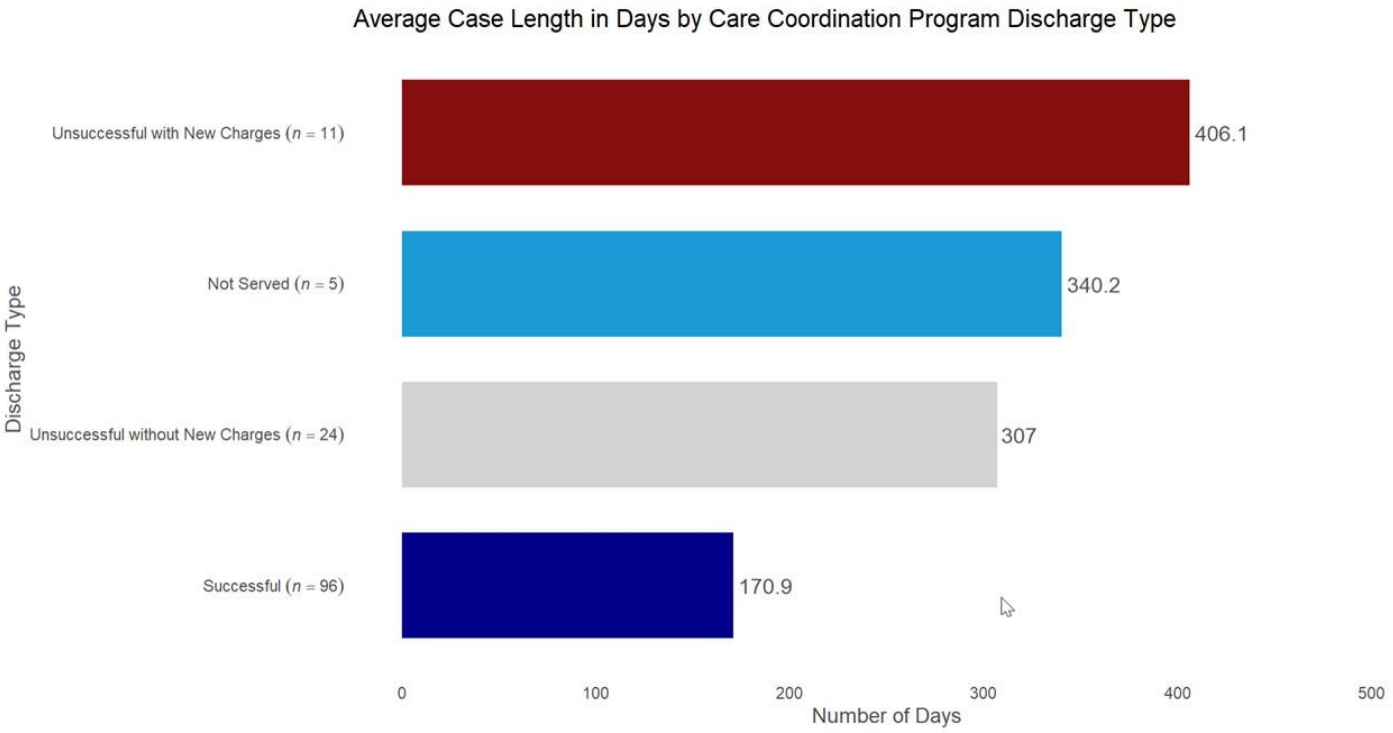


Length of Court Case

Moving youth through the court system expeditiously is important given that long court cases can have adverse effects on mental health, future opportunities, and overall youth development. In addition, long court cases can increase risk for future juvenile justice or criminal justice system involvement. For example, one study found that longer case processing times were associated with an increase in rearrest (Yeh et al., 2018).

When comparing the length of time of court cases—from filing of a petition to a finding being entered—youth who graduate from the JJC program have shorter court cases. As shown in Figure 10, youth in ARPA Cohort 2 who graduated from the program reach their finding in just under 171 days on average. Youth who are unsuccessfully discharged from the JJC program (both with and without new charges at the time of discharge) reach their finding, on average, in 335 days and youth who were not served reach their finding in 340 days, on average. Once a finding is reached, youth who are prosecuted and found guilty then spend *additional* time involved with the system while serving their sentence.

Figure 10. Length of Time of Court Case from Filing to Finding by Program Outcome for ARPA Cohort 2 (*n*=136)

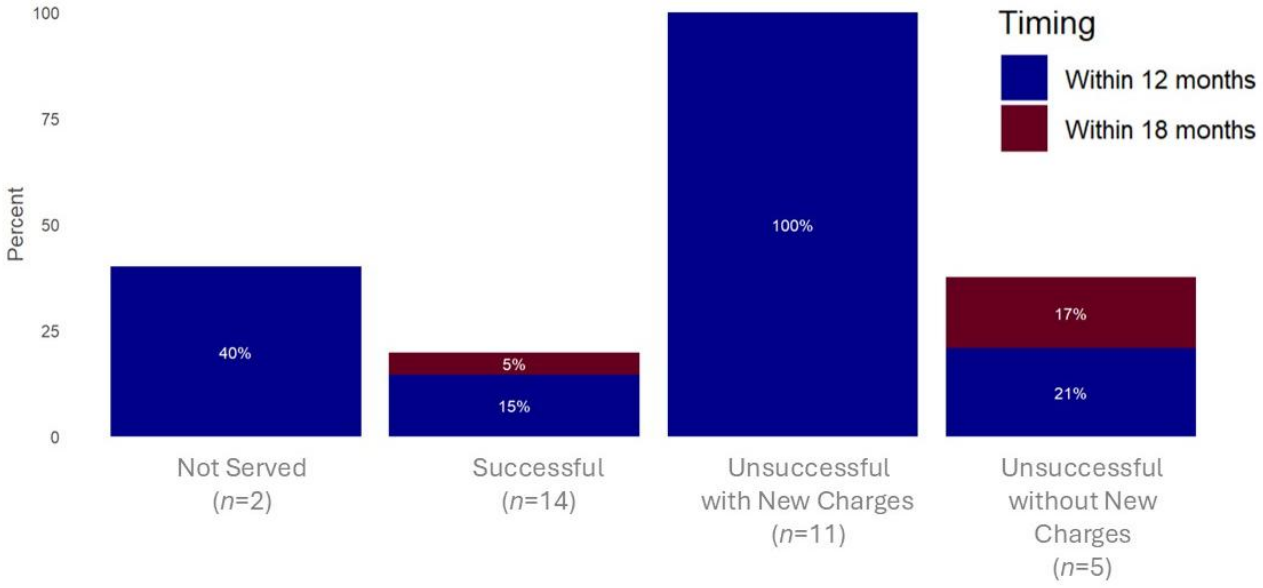


Recidivism

Our measures of recidivism reflect any new filing in either juvenile or criminal court from the time of the initial court filing through 12 months and 18 months past the date when the youth was referred to the JJC program. Of the 136 youth in ARPA Cohort 2 with both JJC program and juvenile justice records available, 23% picked up a new charge within 12 months of their referral to TASC and another 7% picked up a new charge within 18 months. The 12-month recidivism rate is slightly higher than among the youth in ARPA Cohort 1 (18%), but most youth did not have any new charges a year after their referral to the JJC program.

The recidivism rates for the youth in ARPA cohort 2 varied by type of discharge (see Figure 11). Only 20% of youth with successful discharges had a new filing within 12 or 18 months compared to 40% of youth who were never served and 57% of youth who were unsuccessfully discharged (both with and without new charges). The difference in recidivism across discharge categories was even more pronounced in ARPA Cohort 1: only 8% picked up a new charge, while among those who did not complete the program (discharged as unsuccessful, were no shows, or were unserviceable), 75% picked up a new charge.

Figure 11. Percentage of Youth with a Subsequent Charge Filed in Juvenile or Criminal Court (*n*=136)



Summary of Participant Outcomes

Overall, the program appears to be meeting its goals of engaging youth in services to meet needs and helping youth to avoid prosecution and further involvement in juvenile court. Most of the youth who completed the program had their charges dropped by the CCSAO. Only 23% of participants in ARPA cohort 2 picked up a new charge in either juvenile or criminal court 12 months after referral to the program. Furthermore, youth who completed the JJC program had much lower rates of recidivism than those who did not.

Understanding what drives that difference requires looking beyond the numbers. The conditions described in the section on youth perspective on well-being offer context for the difference in recidivism rates. These enabling conditions—relational investment, structural flexibility, and a sufficient baseline of environmental stability—do not operate independently of program design. The program's relational model appears to function as the primary active ingredient. Youth who described the strongest relational bonds with staff also described the most significant behavioral and attitudinal changes. Conversely, stakeholder accounts identify housing instability, family disengagement, and poor relational match with assigned staff as the primary drivers of noncompletion, suggesting that the 75% recidivism rate among noncompleters may reflect not a failure of the program's underlying model but a failure to achieve the conditions necessary for that model to operate.

This interpretation is consistent with the program effectiveness analysis showing that program participation—regardless of completion—was associated with 54% lower odds of receiving a new charge compared to the control group. The qualitative data suggest that even partial engagement with the program's relational and structural supports may confer some protective benefit. In the meantime, full completion—and the depth of relational investment it typically reflects—is associated with substantially stronger outcomes.

Youth Perspective on Well-Being and Program Experience

To complement administrative outcome data, we conducted in-depth interviews with 7 youth who participated in and successfully completed the JJC Program. Interviews were conducted virtually in spring and early summer of 2025 and were designed to illuminate the lived experience of court-involved youth. The interviews captured their perspectives on personal well-being, court system interactions, and the role of the JJC program in shaping their trajectories. Analysis was organized around the evaluation's three research questions and drew on coded data across four thematic domains: self-perception and personal growth, personal outlook and future orientation, court system experiences, and JJC program engagement and impact.

An important methodological note: all 7 youth interviewed participated in and completed the JJC program. As such, the interview data speak most directly to program completers and provide rich evidence of the mechanisms through which the program supports positive youth development. Direct comparison to nonparticipants or noncompleters is not possible from this sample alone; however, the narratives illuminate the relational, structural, and developmental conditions that appear to drive the program's impact.

Well-Being Among Program Participants: Self-Perception, Growth, and Future Orientation

Across four coded domains—changes in self-perception, current feelings about self, personal growth, and personal outlook—a consistent portrait emerged of youth who demonstrate resilience, future orientation, and an evolving sense of agency. Participating in the program serves as just one meaningful contributor alongside pre-existing relational and dispositional strengths.

Self-Perception and Identity Development

Youth described meaningful shifts in how they viewed themselves over the course of their court involvement and program participation. For several participants, encountering the justice system initially eroded self-esteem, disrupting an identity built around excellence and positive self-regard. Program engagement provided a counterweight to this erosion, with counselors and mentors helping youth distinguish between a mistake and their worth as a person.

> **"With the mistake that I had made to land myself in that position, I feel like it had ate a bit at my self-esteem, and when I express that to them they reminded me that everyone makes mistakes, but I can't let the mistake make me. – Youth 3**

Others described a more stable pre-existing sense of self that the program reinforced rather than repaired. This variation underscores that the program's impact on self-perception depends on the specific vulnerabilities and protective factors each youth brings to the experience. Across the sample, youth expressed broadly positive and future-oriented feelings about themselves, describing a desire to be seen as hardworking, genuine, and ambitious rather than defined by their court involvement.

Personal Growth and Agency

Youth described the period of court involvement and program participation as catalytic—a moment that prompted meaningful recalibration of values, decision making, and sense of direction. Youth described growth in both transformative terms and concrete behavioral ones: increased investment in school, withdrawal from negative peer influences, and a shift toward self-directed planning. One participant articulated the decisive internal shift:

> **"I just feel like I'm resilient. . . . It showed me, this situation happened when I was 16, but it's gonna either show I'm gonna break and do the same stuff and think the same way, or I'm gonna change. I changed. – Youth 1**

Several youth explicitly credited the program staff as companions in this growth while acknowledging that the internal motivation preceded or paralleled the program's influence: "That was something I found within myself. But my counselor and TASC manager were always there with me, like along in the process" (Youth 3). This framing—the program as reinforcing structure rather than sole cause of growth—is an analytically important pattern, particularly for interpreting outcomes among youth with different baseline conditions.

Personal Outlook, Optimism, and Future Orientation

Youths' personal outlook was shaped by a complex interplay of dispositional optimism, family influence, economic aspiration, and environmental realism. The interviews revealed a population that was, as a whole, future focused and motivated. However, though that motivation was tempered by an acute awareness of the constraints and dangers of their daily environments.

Family relationships were the most frequently cited source of motivation and positive outlook. Youth described mothers, grandmothers, coaches, and siblings as anchoring their sense of purpose and commitment to a different trajectory. Future aspirations were consistent and specific across the sample. They included going to college, trade school, business ownership, and financial stability. Aspirations were often framed in terms of both personal fulfillment and family obligation. Faith also emerged as a meaningful source of resilience for several participants.

A persistent undercurrent in youth's daily experience was safety concerns. Youth described navigating genuine physical risk as a feature of their everyday lives, independent of program participation. This environmental context is essential for interpreting both the program's reach and any differences in well-being between participants and nonparticipants: the program does not and cannot fully insulate youth from the stressors of the communities in which they live.

Experiences with the Court System and JJC Program

Court Involvement as a Wake-Up Call

Across the sample, youth described their initial court involvement as a shock—a moment that sharply disrupted their self-conception and forced a reckoning with consequences they had not previously internalized. Most youth framed this encounter as a pivotal moment of clarity rather than trauma alone:

> **"Going through the court system, it was just a wake-up call. Because I never thought that it'd be me. But just going through it, I really got a reality check. Like, this ain't for me. – Youth 1**

At the same time, court involvement imposed real costs, including emotional burden, disrupted routines, and lost opportunities. These stressors varied by courtroom and judge. Some youth described receiving treatment that felt respectful and fair, with judges speaking to them as individuals rather than as cases. Other described interactions they experienced as inequitable or racially coded. These perceptions reflect the documented structural disparities in the justice system and represent contextual conditions the JJC program operates within but cannot fully remediate.

Support Systems as Buffers During Court Involvement

Youth consistently identified relational supports as the primary factors that made court involvement navigable. Court-appointed attorneys who explained the process clearly, family members (particularly mothers) who provided consistent presence, and care coordination staff who combined practical system navigation with sustained relational engagement were all described as essential. Program staff occupied a distinct role in this ecosystem:

> **"Out of the judge, the state's attorney, the public defender, it seems like the lowest person on the totem pole has the greatest impact. And the higher they are. . . the less of a personal impact [they have]. – Care Coordinator (stakeholder focus group)**

Youth accounts of program staff aligned with this characterization. The experience of being consistently checked in on, treated with flexibility, and never made to feel like a criminal was described as foundational to their willingness to engage with program requirements.

Care Coordination Services: Structure, Relationship, and Practical Support

Youth described care coordination services across three consistently salient dimensions: relational quality, practical supports, and structural flexibility. The relational dimension was overwhelmingly primary. Several youth described the experience of opening up to program staff as significant in itself, saying it was a shift from habitual self-containment for relational disclosure.

Mentors who met youth in their home and community environments—by bringing food, introducing themselves to family, or helping with job applications in accessible settings—were described as particularly impactful. The program's structural flexibility, allowing youth with competing demands to fulfill requirements in ways that fit their circumstances, was also described as a meaningful design feature. One participant, a high school senior juggling school, scholarship applications, and a job, described this accommodation as critical to his continued engagement: "They basically let me do things my way as long as I still fulfilled the requirements, and being a senior in high school that was very important to me" (Youth 3).

Practical supports, such as school enrollment assistance, job search help, curfew structures, and check-in routines, were also noted as being valuable, particularly for youth whose home environments provided limited structure. One youth described how externally imposed program requirements around school attendance and curfew functioned as stabilizing scaffolding at a time when few other anchors were in place.

A small number of youth offered more tempered assessments, noting that certain program components did not address their most pressing needs or that the relational component felt somewhat routine. These candid appraisals highlight the importance of individualized service matching, ensuring that specific services assigned reflect the actual priorities of each youth.

Outcomes Among Program Completers: Behavioral Change, Skill Building, and Sustained Motivation

The third research question asks how the experience of youth who completed the care coordination program differs from those who participated but did not complete. While the interview sample consists entirely of completers, the data illuminate the conditions that appear to support successful completion. From this, inferences can be made about conditions whose absence may contribute to noncompletion.

Behavioral and Attitudinal Changes Following Program Completion

Youth described a range of changes they attributed, in varying degrees, to program participation. The most consistently reported changes included: reduced engagement in risky behavior, increased investment in school and academic performance, improved emotional regulation, and a strengthened capacity for self-directed planning. One participant described the program's influence on academic engagement in concrete terms: "I finished my junior years with straight A's and two B's. I was proud of myself, and I had perfect attendance. I feel like that basically kept me out of trouble" (Youth 7).

Improved emotional regulation was specifically linked to program content by several youth. Counselors and mentors have explicitly worked with participants on managing anger and frustration, and youth described these skills as genuinely useful in their daily lives. One youth said, "When I'm frustrated, or I'm angry, I just remember. . . just calming down, breathing, taking your mind off something. It actually helps" (Youth 4).

Youth also described their understanding of consequences and personal responsibility maturing. They attributed this cognitive and moral development to a combination of the court experience itself and reflective work done within the program.

Program Features That Supported Completion

The interview data suggest several program features that contributed to the experience of the completers. Chief among these was the quality of the relational bond with program staff. Youth who described strong, consistent, and nonjudgmental relationships with their counselors or mentors were also those who described being impacted by the program most significantly. Youth were particularly motivated by the fact that the program recognized and affirmed their strengths, rather than focusing exclusively on deficits or compliance:

> **"I feel like I walked away with a lot of encouragement and reinforcement, because as I was speaking with them, they too acknowledged that I had a lot going for myself. The way they spoke to me really gassed me up. – Youth 3**

Completion of the program was also facilitated by its responsiveness to individual circumstances, particularly for youth navigating multiple competing demands. Youth who experienced mentor transitions mid-program, or who felt their assigned services did not match their actual priorities, tended to have more qualified assessments of the program's value.

Conditions That May Distinguish Completers from Noncompleters

Youth who completed the program consistently described several enabling conditions: a home environment stable enough to allow them to attend meetings and fulfill requirements, at least one strong relational anchor in their lives who actively supported their participation, and program staff who treated them with respect and flexibility. These findings align with stakeholder accounts, which identified housing instability, family disengagement, and acute environmental stressors as the primary structural drivers of noncompletion.

The depth of program impact also varied among completers. Some participants described it as transformative; others said it was one of several supports that together contributed to a positive trajectory. One youth said:

> **"I was already kind of on track. It helped like 1% better. But I was already like–yeah, I already had the people in my life already to show me what to do. But it definitely helped, because I definitely learned my lesson. – Youth 2**

This variation is theoretically important for the evaluation: the JJC program works most powerfully not as a standalone intervention but as a reinforcing structure for youth who already possess some combination of relational support, future orientation, and protective identity. For youth whose baseline conditions are more fragile, greater program intensity and more robust family-level support may be needed to achieve comparable impact along with the ability to address social determinants of health that bring youth and families to a point where they are open to taking up services.

EFFECTIVENESS FINDINGS

In this section, we provide findings from an analysis of court case outcomes and recidivism among JJC program participants from ARPA Cohort 2 (the treatment group) and sample of youth from the same neighborhoods who had similar charges during the same time period but were not offered the program (the control group). This allows us to assess the effectiveness of the program in reducing prosecutions and preventing recidivism by comparing youth offered the JJC program to peers who receive services as usual through the juvenile court.

Description of the Samples

In Table 7, we compare the treatment and control samples on a few key characteristics, including gender, age, and neighborhood of residence, as well as the most serious charge faced by members of the samples. By design, exact matching produced perfect balance across all charge categories and genders, with identical distributions observed between groups on every charge type and a sex composition of 90.1% male and 9.9% female in both conditions. The two groups were of similar ages, with control youth, on average, being 16.7 years old (SD = 1.07) and treatment youth, on average, being 16.4 years old (SD = 1.36) The median age in both groups was 16.7 years old.

Neighborhood of origin was also closely balanced across groups, though minor differences were observed in a small number of districts. The West district comprised 29.7% of the control group compared to 32.4% of the treatment group and the Near South district comprised 35.1% versus 31.5%, respectively. All remaining neighborhoods were either perfectly matched or differed by no more than 0.9 percentage points.

The most common charge in both groups was aggravated unlawful use of a weapon, accounting for over half of all cases (55.9%), followed by unlawful use of a weapon at 13.5% and aggravated battery at 13.5%.

Table 7. Comparison of Treatment and Control Groups

	Treatment (*n*=111)	Control (*n*=111)
Age, years (mean, SD)	16.7 (1.07)	16.4 (1.36)
Gender: Female	11 (9.9%)	11 (9.9%)
Gender: Male	100 (90.1%)	100 (90.1%)
Neighborhood: North/Central	3 (2.7%)	3 (2.7%)
Neighborhood: Northwest	7 (6.3%)	7 (6.3%)
Neighborhood: West	36 (32.4%)	33 (29.7%)
Neighborhood: West Suburbs	1 (0.9%)	1 (0.9%)
Neighborhood: Southwest	13 (11.7%)	13 (11.7%)
Neighborhood: Near South	35 (31.5%)	39 (35.1%)
Neighborhood: Far South	6 (5.4%)	6 (5.4%)
Neighborhood: South Suburbs	10 (9.0%)	9 (8.1%)
Charge: Aggravated battery	15 (13.5%)	15 (13.5%)
Charge: Aggravated unlawful use of weapon	62 (55.9%)	62 (55.9%)
Charge: Burglary	3 (2.7%)	3 (2.7%)
Charge: Defacing a firearm or possessing a defaced firearm	4 (3.6%)	4 (3.6%)
Charge: Drug intent to deliver or delivery	1 (0.9%)	1 (0.9%)
Charge: Possession of a stolen firearm	1 (0.9%)	1 (0.9%)
Charge: Possession of a stolen vehicle	3 (2.7%)	3 (2.7%)
Charge: Retail theft	2 (1.8%)	2 (1.8%)
Charge: Trespass to vehicle	5 (4.5%)	5 (4.5%)
Charge: Unlawful use of weapon	15 (13.5%)	15 (13.5%)

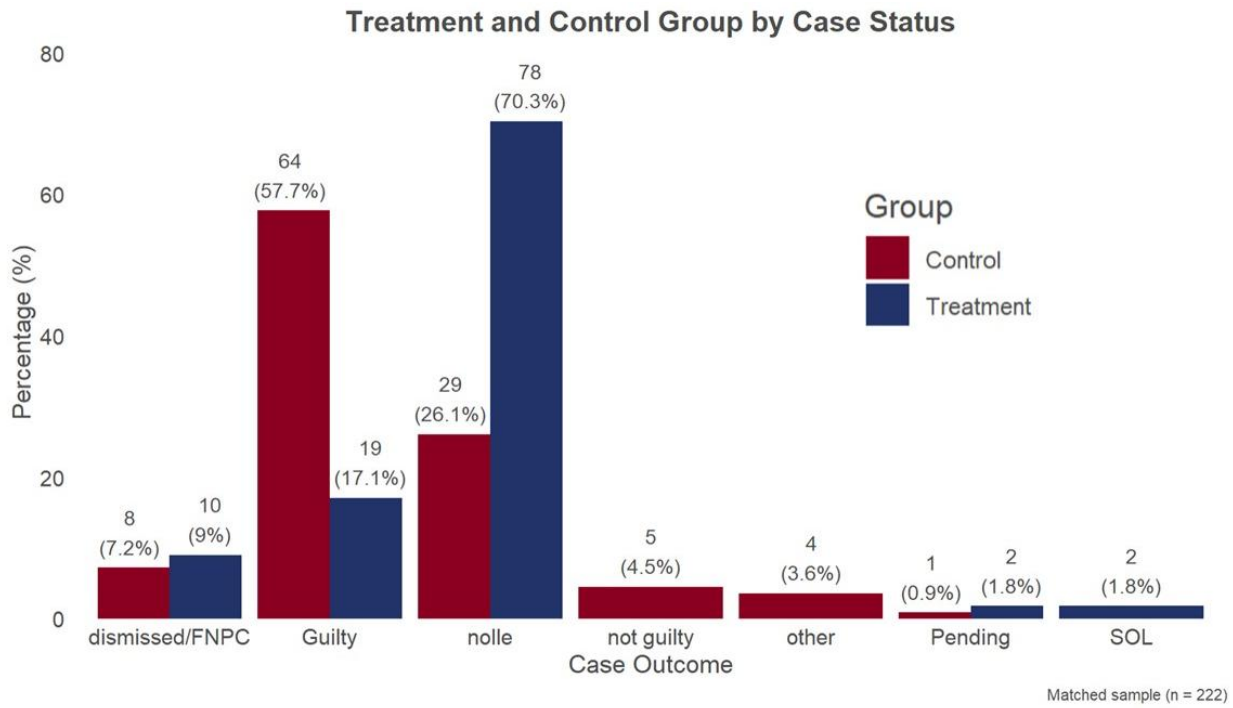
Impact on Outcomes

Program Impact on Court Involvement

One goal of offering the JJC program as part of a deferred prosecution agreement is allowing youth the opportunity to avoid prosecution and further involvement with the court system. Therefore, we examined findings of court cases to determine if, for some offenses, program participants are avoiding prosecution while their peers are not. When compared to peers not offered the JJC program, more program participants had their charges dropped, thus avoiding prosecution. As shown in Figure 12, nearly 81% of program participants had their charges dropped compared to 33% of youth in the control group.[3] Conversely, only 17% of program participants were prosecuted and ultimately found guilty compared to 58% of youth in the control group.

[3] This includes youth with cases nolle prossed, stricken off leave, and dismissed.

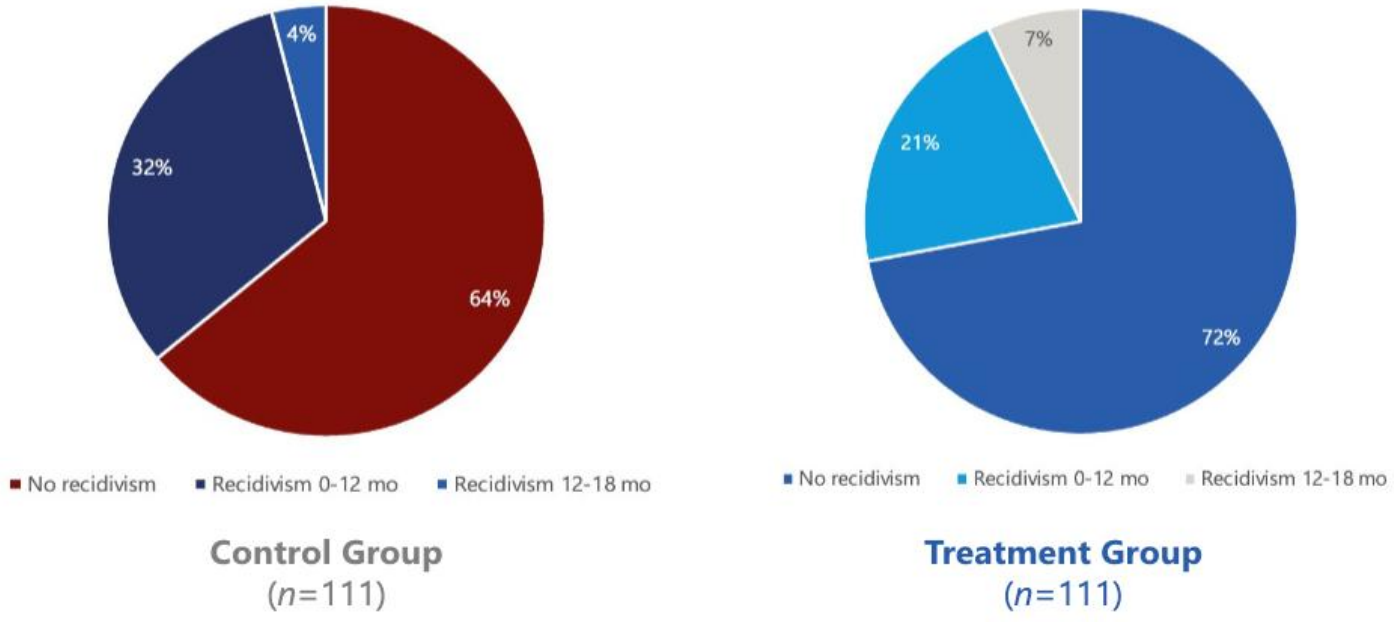
Figure 12. Program Participants Were Less Likely to be Prosecuted and Found Guilty



Program Impact on New Charges

We also examined recidivism, defined here as any new charge incurred in either juvenile or criminal court from the time of initial petition filing through 12-18 months after program referral date. First, we show the bivariate relationship between program participation and recidivism. As shown in Figure 13, a lower percentage of youth in the treatment group pick up a new charge (28%) compared to those in the control group (36%).

Figure 13. Percentage of Youth with a New Charge Filed in Juvenile or Criminal Court



To further assess the relationship between program participation and future justice involvement, we conducted a multivariate logistic regression predicting the odds of picking up a new charge. As shown in Table 8, the treatment variable is statistically significant and negative ($B = -0.778$, $p < 0.05$), indicating that participation in the JJC program was associated with a lower likelihood of reoffending. When converted to an odds ratio, Exp(B) = 0.46, this means that participants in the treatment group had 54% lower odds of receiving a new charge compared to those in the control group, holding other factors constant. This translates to the treatment having approximately one-third of the risk of picking up a new charge within 12 months compared to the control group. Age, gender, offense and counts, and neighborhood were not significant predictors of recidivism. These findings are consistent with an earlier analysis of ARPA cohort 1 and a comparison group of peers identified by the CCSAO. The earlier analysis found that participants in the treatment group had 44% lower odds of receiving a new charge compared to those in the comparison group.

Table 1. Logistic Regression Results Show Participation in JJC Program Was Associated with Lower Likelihood of Reoffending

	Coefficient (B)	Standard Error	Significance Level	Exp(B)
Treatment	-0.778	0.336	<.05	0.459
Age (at filing)	-0.274	0.154	n.s.*	0.760
Gender (Females are the reference group)	0.406	0.873	n.s.	1.501
Constant	2.911	2.840	n.s.	18.381

*n.s. means "not significant"

Summary of Program Effectiveness

These findings provide evidence that participation in the JJC program is associated with improved legal outcomes among referred youth. Youth in the treatment group were more likely to have their charges dropped and less likely to incur a new charge within 12 months of program referral. It should be noted that the charge dismissal finding is descriptive, based on observed differences in proportions between groups. The recidivism finding is particularly compelling because it is based on a more rigorous analysis that compares program participants to a carefully matched group of similar youth, making it a stronger indicator of the program's impact. However, one limitation of this analysis is that the treatment group was limited to youth with records available from the CCSAO, TASC, and Office of the Chief Judge, and may over-represent youth who had an intake with TASC as opposed to youth who were referred but never had an intake.

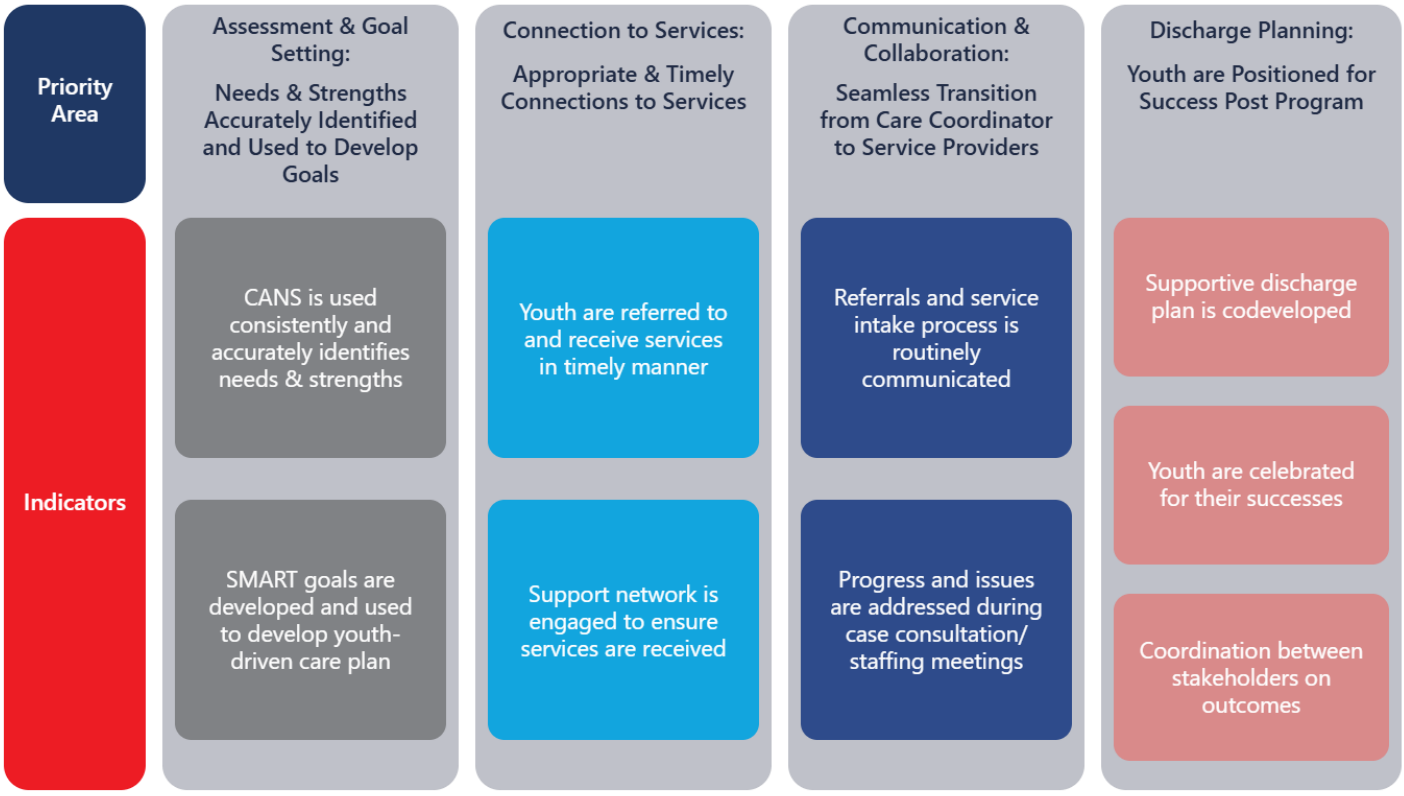
CONTINUOUS QUALITY IMPROVEMENT AND SUSTAINABILITY

In Years 2 and 3, Chapin Hall continued to support implementation efforts by facilitating a Continuous Quality Improvement (CQI) series with SCY, TASC, and JJC partners.

For example, during the second year of the contract, Chapin Hall provided implementation support by assisting SCY and TASC with using the CANS. This included reviewing articles that included CANS results and CANS scores for youth in the Illinois child welfare system to gain a better understanding of the score profiles of youth experiencing system involvement. Additionally, Chapin Hall conducted an in-person training with TASC staff on how to use the results of the CANS assessment to create SMART (specific, measurable, achievable, relevant, and time-bound) goals.

Additionally, after a series of conversations with SCY and TASC, the Chapin Hall team identified four priority areas in which stakeholders would want to ensure JJC program practices occur with fidelity and quality. The four priority areas included assessment and goal setting, connection to services, communication and collaboration, and discharge planning. Once priority areas were identified, we co-developed indicators of quality practice (see Figure 14).

Figure 14. Priority Areas of Practice for CQI



As part of the CQI process, project partners identified delays in connecting youth to services as the first critical area of concern. In turn, we held a CQI workshop focused on this issue and initiated a root cause analysis to better understand the barriers contributing to these delays. During the session, Chapin Hall worked with partners to review available performance data and began mapping the referral pathway, including the steps taken from initial identification to service connection. While participants began identifying and verbalizing potential contributing factors, time constraints limited the group's ability to conduct a complete root cause analysis. Specifically, the 5-why technique—a structured method for uncovering underlying causes—was introduced but not fully applied during the session.

To support continued progress, Chapin Hall provided partners with tools and guidance to conduct the 5-why analysis independently. Since the workshop, partners have begun applying the technique to further explore system-level barriers and inform the development of targeted CQI strategies. This effort represents a foundational step to build a shared understanding of referral process challenges and strengthen collaborative problem-solving across the initiative.

Stakeholder Perspectives on Quality: Considerations for Ongoing CQI

As part of the evaluation, focus groups were conducted with care coordinators, providers, TASC staff, CCSAO representatives, and judges. These conversations offered a detailed picture of where the program has improved over time, where quality gaps remain, and what conditions stakeholders believe are necessary to sustain program quality beyond the ARPA funding period. Organized around the four CQI priority areas established during the evaluation, the following findings are offered as a starting point for the program's continued quality improvement work.

Assessment and Goal Setting

Stakeholders across groups noted that the CANS assessment, while a useful tool, has not consistently produced accurate pictures of youth need at intake. The population referred to this program tends to arrive distrustful of systems, making early-stage relationship building a prerequisite for honest disclosure. As a result, initial assessments frequently understate the depth of need. This pattern affects the quality of goal-setting and service matching downstream. Care coordinators also described the overall administrative demands of intake as being disproportionate to available capacity, particularly since the loss of the dedicated intake coordinator role. Both issues—assessment accuracy and intake workload—represent active quality concerns within this priority area that merit focused attention in future CQI planning.

Connection to Services

Stakeholders identified delays between referral and the start of services as a persistent quality concern, with the time from initial identification to actual service connection often long enough to weaken the engagement built during intake. Through a dedicated CQI workshop and root cause analysis, partners began mapping the referral pathway and naming contributing factors, though that analysis remained in progress as the close of the evaluation period. Stakeholder described this diagnostic work as a useful foundation but noted that the underlying system-level barriers had not yet been fully resolved. Sustained attention to those barriers, along with clearer accountability for referral turnaround, was viewed as central to improving the speed and reliability of service connection.

Communication and Collaboration

Communication breakdowns at multiple points in the service chain were the most pervasive implementation challenge identified across all stakeholder groups. Court reports uploaded to ECR did not reliably reach judges and attorneys; provider responsiveness to care coordinator inquiries was inconsistent; and CCSAO staff turnover meant that case knowledge was regularly lost between court dates. Over time, the program adapted. It added direct email distribution, expanded reporting formats, and sustained biweekly stakeholder meetings. However, these improvements were reactive rather than systematic. Stakeholders described the biweekly meetings as the single most effective mechanism for catching and resolving communication failures. Continuing those meetings was seen as essential to maintaining the collaborative functioning the program depends on.

> **"We were having meetings every other week for probably 2 years. So, the fact that we would come together and meet and talk about these things and be able to raise up whatever issues we're having, that alone just created an environment where people were talking. – Program Stakeholder**

Discharge Planning

Discharge planning was identified as a structural gap with significant quality implications. Once a youth exits the program, the accountability structure that supported their engagement ends. At that point, continued participation in services depends entirely on family follow-through. This follow-through is often most limited among the youth who need the program most. Stakeholders described a post program period in which many youth still need support but have no structured mechanism for accessing it. The absence of a formal continuity-of-care plan at discharge was raised as one of the clearest opportunities for quality improvement, particularly for youth with complex needs who are unlikely to independently sustain engagement after court involvement.

> **"For many of our young people, they only get referred for 90 days, and they're tied to those 90 days. Whereas we see they need more assistance in the future, and we try to make a referral. However, it's up to the family to follow up at this point, because now they know they don't have any standing with the court. – Provider**

DISCUSSION

Summary of Findings

JJC reaches a at-risk population, connects nearly all of them to services, and produces measurably lower recidivism than similar youth who didn't participate.

As detailed in this report, the JJC program has successfully engaged youth and connected them to services. In turn, data show that youth who participate in and complete the program have higher rates of avoiding prosecution, shorter time involved in juvenile court, and lower rates of incurring new charges over time. Notably, when compared to a group of peers with similar charges and characteristics during the same time frame, youth in the JJC program have a lower likelihood of picking up new juvenile or criminal charges, suggesting the program has an effect on recidivism.

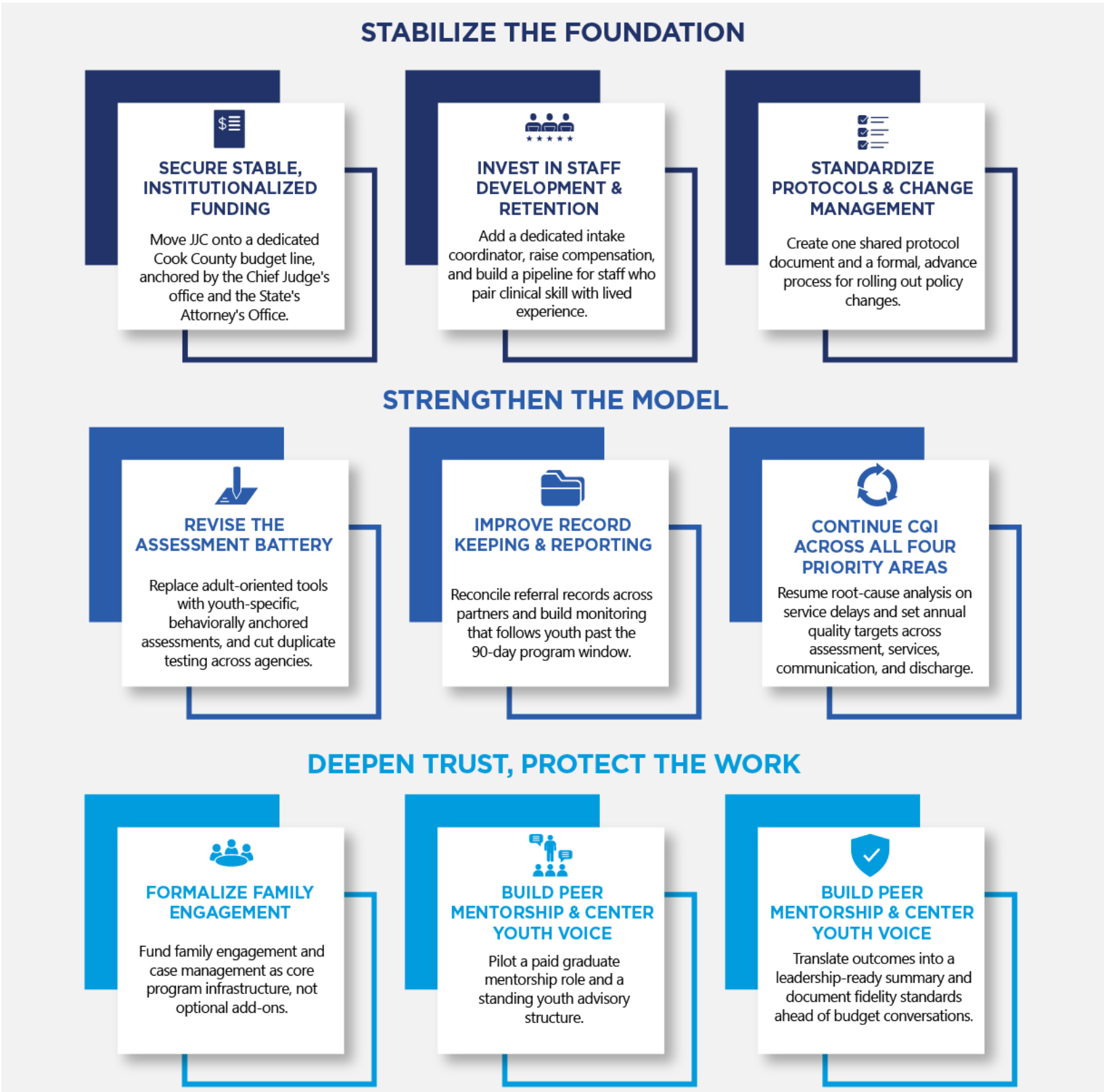
Qualitative evidence from youth interviews and stakeholder focus groups deepens the administrative findings presented in this report and provides important context for interpreting them. Across interviews and focus groups, the program's primary driver of impact emerges: sustained, nonjudgmental relational engagement between care coordination staff and youth. This finding is confirmed independently from opposite vantage points: stakeholders identify relational investment as the essential ingredient for program quality and sustainability; youth identify it as what made the program work for them personally.

The same structural barriers that bring youth into the justice system (neighborhood danger, housing and economic instability, family stress, and high mobility) also constrain their capacity to fully engage with the program. Administrative data showing lower completion rates among certain youth are best understood against this backdrop: these are conditions the program did not create and cannot fully resolve within a 90-day window.

Taken together, the quantitative and qualitative findings present a coherent and mutually reinforcing account of program effectiveness. The program reaches a high-risk population facing serious charges, connects nearly all of them to services, and produces measurably lower recidivism than a comparable group of youth who did not participate. The qualitative data explain how and why: through consistent relational investment, structural flexibility, and strength-based engagement, youth translate a court encounter into a moment of genuine personal recalibration.

Recommendations and Next Steps

The following recommendations are drawn from across the full evaluation—implementation findings, outcomes data, youth interviews, and stakeholder focus groups. Each is grounded in evidence documented elsewhere in this report and is intended to be actionable for program partners, funders, and system leadership as the program moves beyond the ARPA funding period.



Secure Stable, Institutionalized Funding

The program's single greatest structural vulnerability is its dependence on time-limited grand funding. This constrains long-term workforce investment, limits forward planning, and creates operational uncertainty that affects staff morale and program quality. Sustaining the program's demonstrated outcomes requires a funding model that matches the permanence of the need it addresses.

Actions: Pursue institutionalization as a dedicated Cook County budget line item, formally integrated with the juvenile court and Cook County Probation. Engage the Chief Judge's office and the State's Attorney's Office as the most viable anchors for long-term programmatic ownership. Develop a concise outcomes brief – translating evaluation findings into fiscal and public safety items – for use with incoming system leadership.

Invest in Staff Development and Retention

The relational quality of frontline staff is the program's primary active ingredient, as confirmed by both youth interviews and stakeholder focus groups. Staffing instability produces measurable disruptions to the program quality for which process improvements alone cannot compensate. The workforce pipeline for staff who combine clinical skill with lived experience proximity is underdeveloped and requires deliberate investment.

Actions: Prioritize a dedicated intake coordinator role to reduce administrative burden on care coordination staff and improve timeliness of program entry. Invest in competitive compensation structures to reduce turnover. Formalize joint onboarding protocols across program partners during staff transitions to preserve model fidelity. Explore partnerships with workforce development programs and universities to build a more deliberate pipeline for staff who combine clinical training with community proximity.

Standardize Protocols and Establish a Formal Change Management Process

The program lacks a single shared protocol document accessible to all partners; policy changes have historically been communicated reactively rather than proactively. As documented in the chapter on CQI and sustainability, this has been a persistent driver of communication breakdowns and inconsistent implementation. A more deliberate approach to protocol management would reduce confusion, clarify accountability, and support fidelity during periods of staff transition.

Actions: Develop and maintain a shared protocol document defining roles, reporting requirements, timelines, and handoff responsibilities across all program partners. Establish a formal process for communicating policy changes in advance, with written documentation and a structured implementation period. Protect the biweekly stakeholder meetings as standing program infrastructure.

Revise the Assessment Battery

The current set of assessments used by the JJC program has two features that may be challenging for youth and coordinators alike. First, many of the assessments appear to have been designed for an adult population. While some have been modified for use with youth, care coordinators would likely benefit from assessments specifically designed for younger populations, particularly in the area of substance use. Notable exceptions to this issue include the Columbia Impairment Scale and the CANS, both of which have youth-specific versions. However, the CANS has presented challenges for care coordinators in practice. The instrument is lengthy and relies heavily on clinical judgment, which may contribute to concerns about the accuracy and consistency of

scores. Additional training on the CANS for care coordinators could help improve the validity of this assessment in practice.

Second, a measure of delinquency designed specifically for youth with juvenile justice involvement would strengthen the assessment battery. The CANS-JJ was used initially for this purpose but has been discontinued. Overall, assessments that use more descriptive, behaviorally anchored questions—answerable by yes or no, or by the frequency with which a described behavior occurs—may be considerably easier for care coordinators to administer and for youth to respond meaningfully.

Additionally, it is worth considering the cumulative burden that repeated assessments place on youth who are already navigating involvement across multiple systems and agencies. Where possible, the care coordination program may benefit from incorporating assessments that were recently completed during the youth's initial court involvement or that are already in use by the community-based organizations to which youth are referred. Reducing redundancy across agencies would not only ease the burden on youth but may also improve engagement and the quality of information gathered.

One benefit of providing additional training on the CANS and potentially revising the assessment battery is that it could lead to more accurate judgement of youth acuity at intake. In turn, an analysis of the program outcomes for youth with different acuity levels could help determine if the current length discharge process is sufficient for everyone or if youth with higher levels of acuity at intake could benefit from more intensive discharge planning and support post-discharge.

Action: Revise the assessment battery to include assessments specifically designed for youth, including at least one designed for youth involved with the justice system. Prioritize assessments currently used by legal system partners or community-based agencies and assessments with more objective and descriptive questions that are easier for youth to answer.

Improvements in Record Keeping and Reporting

One challenge of the JJC program is that the participants engage with, and therefore have records with, many different stakeholders. These include the CCSAO, courts, care coordination program, and community-based agencies. One challenge in the evaluation was that some youth with records of being referred to the program from the CCSAO were not in TASC's records or vice versa. Additionally, documenting what happens to each referral made to a community-based agency can be challenging. Record keeping could be improved through routinely reviewing records, particularly making sure that each referral, regardless of who it comes from, is documented in each stakeholder's system.

Solid record keeping is necessary for accurately reporting program outcomes. SCY has maintained a monthly report with program outcomes that would be helpful for any agency that takes over the care coordination role. Further, adding targets for most metrics could help determine if program goals are being met and inform future CQI efforts.

Improved record keeping would also support a more robust post-discharge monitoring system. Stakeholders noted that youth are formally tied to the program for only 90 days, after which continued engagement depends on the family following up without any standing with the Court, and that there is currently no mechanism for tracking youth once they exit. Rather than extending the program duration to meet longer-term needs, the

program could invest in a more robust post-discharge monitoring system that follows youth beyond the 90-day window. Such a system would capture longer-term outcomes, identify youth who need additional support after discharge, and preserve the continuity of care that stakeholders identified as a gap, without requiring youth to remain under formal Court involvement.

Actions: Develop a system to routinely review records, particularly to track if referrals between stakeholders are documented by all parties. Maintain the monthly report and add targets for the metrics (if not already completed). Include a target of 100% of youth who complete intakes receiving at least one referral to a community-based service. Build a more robust post-discharge monitoring system that tracks youth outcomes beyond the 90-day program window, as an alternative to extending the formal program duration.

Continue CQI Efforts Across All Four Priority Areas

As described in the previous chapter, the evaluation identified four priority areas for quality improvement: assessment and goal setting, connection to services, communication and collaboration, and discharge planning. Evaluators initiated a root cause analysis process that was not fully completed within the funding period. Sustaining and expanding this work is essential to translating the program's strong outcomes into consistent practice.

Actions: Resume the root cause analysis on service connection delays, applying the 5-why framework introduced during the CQI workshop. Prioritize CANS training and clinical interviewing skill-building to improve assessment accuracy at intake. Develop a formal discharge planning protocol with structured warm handoffs to community supports. Use the CQI priority framework to set measurable annual quality targets across all four areas.

Formalize Family Engagement as a Core Program Component

Family disengagement is one of the two strongest predictors of noncompletion identified in this evaluation. Youth interviews independently confirm that family, particularly mothers, is the primary source of motivation among participants who succeed. These findings together make a strong case for treating family engagement as program infrastructure rather than a supplementary activity.

Actions: Structured family engagement activities, wraparound service referrals, targeted family case management for highly disengaged households, and family-level assessment at intake were all available program resources during the evaluation period. However, use was not consistent across care coordinators and providers. Providing a more intentional and streamlined referral from the care coordination hub to the ARPA-funded Family Support Project services at the JJC partner agencies would potentially address some of the perceived gaps related to engagement. In addition, recent capacity-building and training on effective youth and family engagement may support some of these improvements. An intensive, ongoing CQI process is needed to understand the barriers to consistent implementation, whether related to coordinator practice, provider capacity, workflow integration, or family-level factors, and to establish accountability for sustained use. These components should also be formalized as funded program infrastructure to signal their centrality to program success rather than their status as optional or supplementary supports.

Build Peer Mentorship and Center Youth Voices

The program already benefits informally from word-of-mouth spread by graduates. Youth who have heard positive accounts from people who have completed the program engage more willingly. Formalizing this asset would strengthen recruitment, support postprogram continuity for graduates, and bring lived experience directly into program design. Stakeholders across groups called for a more intentional role for youth voice in program governance and policy.

Actions: Design and pilot a graduate peer mentorship component in which completers are recruited, trained, and compensated as mentors for current participants. Establish a youth advisory structure (whether a standing council or periodic codesign sessions) in which current and former participants have a meaningful role in shaping program decisions.

Manage Political and Reputational Risk Proactively

The program operates in a politically sensitive environment. New system leadership, shifting funding streams, and the vulnerability inherent in a deferred prosecution model for serious offenses are risks that cannot be managed reactively. The program's strongest defense is the evidence base built by this evaluation but that evidence must be actively communicated to remain relevant.

Actions: Develop a concise program summary translating key findings (notably, recidivism reduction, prosecutions avoided, cost comparisons) into terms relevant to new system leaders. Engage judicial champions as internal advocates. Document fidelity standards clearly enough that any cost-reduction scenario can be evaluated against a defined baseline of what is evidence-based and nonnegotiable.

REFERENCES

Yeh, M., Zerr, A., La, R., & McCabe, K. (2018). An exploration of parent-youth agreement on functional impairment in adolescents utilizing outpatient mental health services. *Healthcare, 6*(3), 106. https://doi.org/10.3390/healthcare6030106

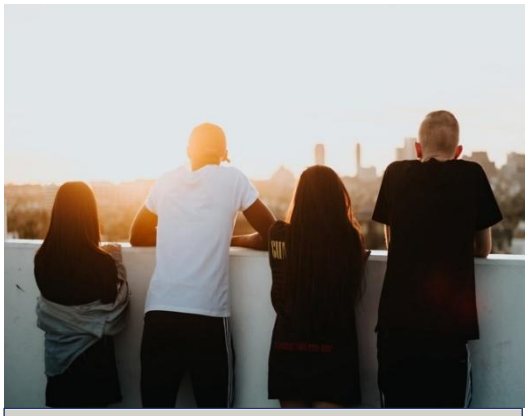
APPENDICES

Appendix A. JJC Program Theory of Change

Problem "We observe that..."	**Root Causes** "We think it is because..."	**Strategies** "So we plan to..."	**Proximal Outcomes** "Which we think will result in..."	**Distal Outcomes**
Youth charged in juvenile court are at increased risk for recidivism and other negative outcomes within a punitive and prosecutorial legal system.	**Individual/Family-Level** Formal involvement in the legal system limits an individual's opportunities and access for positive development and does not adequately address individual risk factors for offending such as: • Behavioral health issues • Poor school attendance and gaps in access to IEP supports • Prior victimization/maltreatment • Substance use • Limited resources (general finances, housing, transportation, childcare) • Parental stressors that impact level and quality of involvement • Exposure to community violence • Familial trauma • Other exposure to toxic stress (e.g., negative peer pressure, environmental) that creates "loyalty to the block" and "survival mode" mindset	**Individual/Family-Level** *Defer prosecution or divert from probation and instead provide:* • Community-based care coordination • Service provider coordination *Implemented through:* • A youth-centered approach • Engagement using trauma-informed, Positive Youth Development (PYD), Balanced and Restorative Justice (BARJ) principles to develop youth's sense of accountability & responsibility and to focus goal setting • A service plan that addresses root causes of system involvement, developed through relationship and asset-building (using assessments and in-person meetings with youth and family) • Referrals to *specialized* community-based service providers • Ongoing care coordination that is youth and family driven • Connections to community resources & opportunities (specific to addressing the needs of LGBTQ youth, gender specific concerns, individuals with disabilities, etc.) • Caregiver trainings for navigating systems (legal rights, immigrant rights, educational rights, etc.) • Appropriate and supportive discharge planning	**Individual/Family-Level** • Identified youth and family needs being met • Youth engaged with the program and making progress on goals • Youth not incurring new charges during involvement with Care Coordination program • Graduation from the Care Coordination program • Completion of deferred prosecution terms or Diversion terms resulting in case dismissal or release from supervision	**Individual/Family-Level** • Reduction in juvenile recidivism • Decreased risk-taking behaviors and safety concerns • Improved relationship permanence • Improved emotional and behavioral health • Improved school engagement/achievement, job attainment, and independent living skills • Improved social/family functioning
	Systems-Level • Over-reliance on prosecution/ punishment rather than services and supports to address needs • Lack of care coordination among the Court & community agencies • Limited health and human service capacity within the legal system to identify what youth need and to connect with community-based services **Systemic-Level** • Structural racism and the policies/ practices that perpetuate inequities • Stigma and distrust of social/clinical services	**Systems-Level** • Practice restorative and equitable approaches rather than punitive and prosecutorial • Enhance coordination with Probation and the State's Attorney's Office • Enhance opportunities for professional development among providers/partners • Enhance cross-agency communication and knowledge sharing • Expand and maintain capacity of providers to engage in care coordination (e.g., caseloads, etc.) • Develop regional integrated service approach to address inequities • Ensure opportunities for youth and caregiver voice	**Systems-Level** • Reduction in prosecutions of felony class I-IV offenses or eligible misdemeanors • Increased care coordination capacity (slots) • Increased coordination among court actors and community providers and increased efficiencies in service provision • Increased knowledge and awareness of service array, EBPs, and care coordination model for deferred prosecution and diversion among providers	**Systems-Level** • Use of learnings to inform policies that promote evidence-based best practices in the provision of youth services

Appendix B. JJC Program Logic Model

Inputs	Outputs	Proximal Outcomes	Distal Outcomes
• Expansion and refinement of care coordination model protocol • Expansion of JJC provider service array and regional service approach • Issuance of JJC Provider Grants • Enhancement of data sharing and reporting • Development of evaluation and CQI approach • Post-program monitoring • Deploy more opportunities for provider training	**Individual/Family-Level** • *Referral Rate* – number of probation/DP referrals to respective care coordination program per month • *Enrollment Rate* - number of youth enrolled by program per month • *Timely Enrollment* - Days between referral date and intake date for each youth • *Timely Initial Engagement* - Number of days since SAO/PO referral for initial visit/meeting to occur • *Timely Assessment* - Number of days since initial visit/meeting for intake CANS, CIS, ASAM, and Lurie Assessment to be completed • *Timely Case Planning* - Number of days since initial visit/meeting for initial Family Care Plan to be submitted • *Timely Service Linkage* – Number of days from service referral date to each service provider enrollment date • *Level of Service Participation* – As related to risk and acuity level, total # of service hours/units per week or month per youth (by service type) • *Timely ongoing care coordination engagement* - number of points of contact per month by contact category and contact mode (phone calls, texts, emails) • *Timely Closing CANS and CIS Assessments* - Proportion of youth with a closing CANS and CIS on record • *Timely discharge* - Length of program service period from enrollment to discharge • *Timely post-discharge monitoring; outcome status post-discharge* - Proportion of youth who are contacted during their 30, 60, 90-day post-discharge period(s) • *Fidelity to practice principles* **Systems-Level** • *Trainings* - number of training and professional development opportunities provided on a monthly basis • *Collaborative Planning* - Number of JJC Planning Committee Meetings per year; number of JJC Subcommittee Meetings (quality improvement; data; regional strategy); number of partners that participate in JJC Planning Committee Meetings • *TASC Staffing ratios* - Number of TASC staff care coordinators per number of assigned youth • Youth involvement/voice	**Individual/Family-Level** • *Change in CANS Scores* - Change from baseline to follow-up scores. • *Change in CIS Scores* - Proportion of youth who improve from a total score of 15 or greater on their follow-up assessment; proportion of youth with an individual score on each of the individual items of a 3 or 4 who decrease to below 3 on follow-up. • *Fulfillment of Family Care Plan Goals* - proportion of youth who achieve family care plan goals • *Deferred Prosecution youth* - appropriate services identified according to the 90-day court report • *Deferred Prosecution youth* - Level of engagement/progress on meeting goals according to 90-day court report • *Deferred Prosecution youth* – Graduation from care coordination program, according to 90-day court report • *Diversion Program youth* – Graduation from care coordination program **Systems-Level** • Reduction in prosecutions of felony class I-IV offenses or eligible misdemeanors • Increased care coordination capacity (slots) • Increased coordination among community providers • Increased knowledge and awareness of service array, EBPs, and care coordination program among providers	**Individual/Family-Level** • *Post-discharge monitoring outcome status* - proportion of youth that are still involved with services, enrolled in school, employed, & have stability in living situation • *Juvenile or Criminal Court Re-referral rate*- Proportion of youth re-referred to juvenile or criminal court since date of program enrollment within 12 months of referral • *Youth Well-Being*



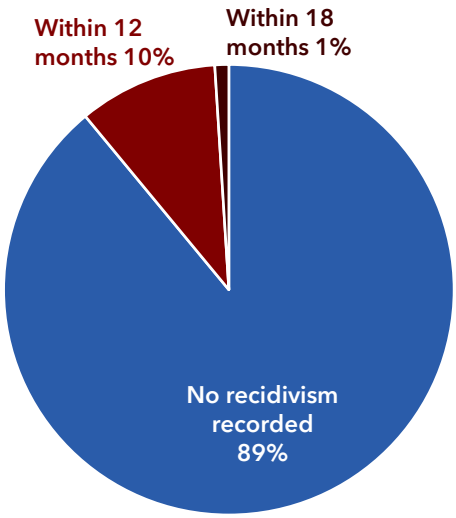
JUVENILE JUSTICE CARE COORDINATION FOR DEFERRED PROSECUTION

Cook County Health (CCH) is a key partner in the county's deferred prosecution initiative. Through CCH's Juvenile Justice Care Coordination (JJC) program, justice-involved youth detained at the Cook County Juvenile Temporary Detention Center participate in an intensive coordinated service delivery program. Youth who complete the program successfully may have their charges withdrawn.

The JJC program primarily serves youth who come from the north and south suburbs of Chicago. Care coordination is provided by multidisciplinary teams, including social workers, community health workers, and behavioral health specialists, who assess youth needs, develop individualized service plans, and connect youth and families to clinical, behavioral, and community-based resources. The program addresses immediate health and mental health needs as well as broader social determinants that may be related to justice involvement, such as trauma, unmet service needs, and barriers to housing, education, and employment.

Cook County Health's participation situates care coordination within a public health context that integrates health, behavioral health, and social support. The ultimate goal of the program is to address some of the factors that may have led to the youths' arrests and prevent further justice involvement.

A-1. Recidivism within 12 and 18 months from Date of Acceptance



Of the 121 youth referred from the State's Attorney to the JJCC Program during the study period (July 2023–June 2025), juvenile court records from the Office of the Chief Judge were available for 120 youth. The average age at filing date was 16.1 years old (SD = 1.3), with ages ranging from 12 to 18. While information on racial background was missing for 45% of the sample, 78% identified as male, and 20% identified as female.[1] **The most common referral offenses were unlawful use of a weapon (aggravated and nonaggravated; 42%), disorderly conduct (15%), and weapons possession charges (12%)**. These characteristics provide context for understanding outcomes observed during the follow-up period.

While the outcomes of the JJC program were not available, most youth (71%) in this analysis had their charges dropped (this includes cases nolle prossed, stricken of leave, and dismissed). Only 11% were ultimately found guilty. Recidivism was analyzed within 12 and 18 months of the date the youth accepted the deferred prosecution offer from the CCSAO.

[1] Gender was unknown for 2 youth (1.6%)