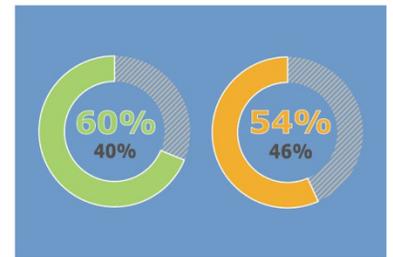
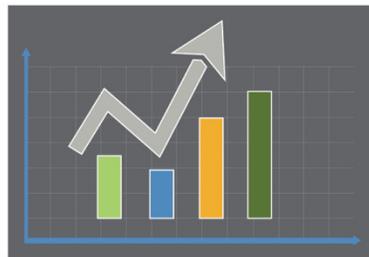




# State Fiscal Year 2023 Annual Outcomes Report

Prepared by Iowa State University  
Child Welfare Research and Training Project



September 2023

## Acknowledgments

This report would not be possible without the efforts of the Iowa Aftercare Services Network (IASN) agencies and staff who work diligently throughout the year to collect and enter data about the lives and experiences of Aftercare participants. We extend our gratitude and respect to the young people who share their journeys with us.

Special thanks to the following for their contributions to this report: Steve Elfvin, our database developer and manager, for his technical expertise in designing, maintaining, and accessing data from the Aftercare database; and Joan Havel, State Aftercare Coordinator, for her assistance in data cleaning and analysis. Finally, much appreciation is extended to Dr. Janet Melby, Co-Director of the Child Welfare Research and Training Project (CWRTP), and Dr. Bethany McCurdy, postdoctoral scholar at Iowa State University, for their final review and edits to the report. This work was funded through the SFY23 and SFY24 Coordination for Iowa Aftercare Services Network (IASN) agreement between Youth and Shelter Services, Inc. (YSS), and Iowa State University, Carl Weems, PI, GS-154960 and GS-157978.

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## About Child Welfare Research and Training Project

The Child Welfare Research and Training Project (CWRTP) trains Iowa Department of Health and Human Services (HHS) employees; provides outreach to communities, schools, and hospitals; and conducts research on program outcomes. The overall goal of CWRTP is to support those who serve Iowa children, families, and communities. CWRTP works together to ensure Iowa's children and families receive services and care informed by best practices that lead to safety and overall well-being. CWRTP enhances best practices through a commitment to enhancing quality assurance, technical assistance, educational training, and research-based programming. Beginning in 2023, CWRTP supports the Iowa Aftercare Services Network in data analysis, coordination, quality assurance, and evaluation

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## Introduction

The Iowa Aftercare Services Network (IASN) provides services and support to help youth and young adults who exit foster care near or after the age of 18 make a successful transition to adulthood. The IASN (“the Network”) focuses on helping youth reach their personal goals in the areas of education, employment, housing, health, and relationships. Aftercare services are provided by trained Self-Sufficiency Advocates (SSAs, “Advocates”), who partner with young adults to develop Self-Sufficiency Plans and identify action steps to achieve the participant’s individual goals.

In State Fiscal Year (SFY) 2023, Iowa State University (ISU) began coordination for the IASN through an agreement with YSS. This work transitioned to ISU when the Director of the Youth Policy Institute of Iowa (YPII) retired. Upon this transition, the IASN Coordinator and Communications Director joined ISU as staff, and the IT Consultant continued to provide contracted work through ISU, assuring continuity of services for the Network.

The Iowa Department of Health and Human Services (HHS)<sup>1</sup> has contracted with YSS (Ames), which serves as the lead agency and fiscal agent for the Network, since the initiation of Aftercare services in 2002. In addition to providing direct services through the five YSS central Iowa locations (Ames, Des Moines, Marshalltown, Mason City, Webster City), YSS subcontracts with seven other youth-serving agencies to provide Aftercare to eligible youth throughout the state. These partner agencies and the location of the seven primary Aftercare offices are:

- American Home Finding Association (Ottumwa)
- Children’s Square USA (Council Bluffs)
- Family Resources, Inc. (Davenport)
- Foundation 2 (Cedar Rapids)
- Four Oaks (Waterloo)
- Ellipsis (Des Moines)
- Young House Family Services (Burlington)

Further information about these agencies, including the counties they serve as part of the Network, is available at [iowaaftercare.org](http://iowaaftercare.org). The YSS subcontract with CW RTP at ISU provides statewide coordination, policy development, quality assurance, and evaluation services for the Network. One of CW RTP’s responsibilities is data analysis and the submission of this annual report on outcomes of Aftercare participants.

The HHS contract combines funding from federal and state sources. Over the years, legislative changes and increased funding have allowed Aftercare to expand eligibility criteria so that more young Iowans can benefit from the program:

- Beginning in 2002, HHS designated a portion of its funding from the federal Chafee Foster Care Program for Successful Transition to Adulthood<sup>2</sup> to provide services to 18 to 21-year-olds who are discharged from foster care near their 18<sup>th</sup> birthday.

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<sup>1</sup>As of 2022, the Iowa Department of Human Services (DHS) is now part of the Iowa Department of Health and Human Services (HHS).

<sup>2</sup> Formerly known as the Chafee Foster Care Independence Program, the *Chafee program* was authorized by Congress in 1999 and has been amended several times. Funds are distributed to States based on their relative share of children in foster care.

- Since SFY 2006, the Iowa Legislature has appropriated state funding for the Preparation for Adult Living (PAL) stipend, which provides monthly financial support to youth who a) exit a state-paid foster care placement at age 18 and b) are employed and/or enrolled in postsecondary education or training.
- Since SFY 2015, the Iowa Legislature has provided additional funding so that youth aging out of the State Training School (STS) and Iowa detention facilities are eligible for Aftercare services as they transition to adulthood.
- Beginning in January 2020, Extended Aftercare became available to 21 and 22-year-olds who had previously received Core Aftercare between the ages of 18 and 21. Extended services are less structured than Core services and are designed to be responsive to those young adults who want additional support as they continue on a path toward self-sufficiency.

### Reporting Responsibilities

Under the HHS contract with YSS for Aftercare, an annual report summarizing the services provided by the Network and the outcomes of those services at the point participants exit or discontinue services is required. This information is used to assess the impact of the services being delivered, to inform quality improvement efforts, and to fulfill state and federal reporting requirements. Data presented in this annual report are primarily drawn from an online data collection system that was designed specifically for the Network and is maintained via the YSS subcontract to ISU.

For purposes of Aftercare, foster care is defined in Iowa Administrative Code 441.187 as follows: “Foster care may include, but is not limited to, placement in a foster family home, a foster care group home, an emergency shelter, a pre-adoptive home, the home of a relative or suitable person, or a Psychiatric Medical Institution for Children (PMIC).” Throughout this report, the term “foster care” refers to all these placement types. Youth aging out of the State Training School and Iowa detention facilities are also eligible for Aftercare services.

### Organization of the Report

This report is organized into three parts and is similar in structure to prior annual reports:

- **Part I** of the report provides highlights from intake interviews with 167 youth who initiated services in SFY 2023 (July 1, 2022, to June 30, 2023). This section describes the characteristics of youth as they leave the formal child welfare or juvenile justice systems and begin working with Aftercare agencies. For certain measures, year-to-year trends are included to show trends over time.
- **Part II** of the report provides an overview of the services provided to 535 participants who received Core Aftercare services in SFY 2023, including a summary of “services provided,” which IASN collects in accordance with the state’s obligation to report data for the federal National Youth in Transition Database (NYTD). In addition, this part summarizes the reasons youth exited the program during the year, the duration of their involvement, and their participation in the exit interview process.
  - Information on Extended Aftercare provided to 201 young people ages 21 and 22 during the year is also included.

- **Part III** of the report examines the outcomes of 137 participants who exited Core services during the year, did not return to Core services prior to June 30, 2023, and for whom the Network has complete exit data as reported by the participant in an exit interview.

Two appendices contain additional information as required by the HHS contract. The information in the appendices has also been provided to HHS previously.

- Appendix A presents the results of the annual Participant Survey. The survey was completed by 328 active participants in April 2023, including 61 young people (ages 21 and 22) receiving Extended services. The purpose of the survey is to collect a point-in-time snapshot of participants' satisfaction with IASN agency services and to assess their progress on performance measures related to economic security, stable housing, and relationships. Results are used to inform policy development and quality improvement efforts and to gather data for key performance measures included in the HHS contract.
- Appendix B summarizes the Network's performance on the specific measures for which the Contractor is held accountable and receives an incentive payment if met. Data from the annual Participant Survey and exit interviews are used for this purpose.

## Methodology

Aftercare is a voluntary program. Because eligible young adults may initiate and discontinue services as they choose, they may have multiple entries and exits from IASN services. Data are collected through individual interviews with participants each time they enter or exit services. To assess outcomes, data from participants' initial interviews are compared to their last exit interview *during the fiscal year for which this report is generated (i.e., "reporting period")*. Outcomes are reported for youth who participated for at least three months before exiting and did not return to services *prior to the end of the reporting period*. All exiting youth meeting these criteria are included in the SFY 2023 outcomes ( $n=137$ ).

The data collection instruments used by the Network were revised substantially in SFY 2020 to streamline interviews with participants and solicit more meaningful information on certain issues. Responses to the new (or revised) questions are available for all participants who had their initial interview during the reporting period. Those who first entered Aftercare prior to July 1, 2019, responded to the older version of the intake interview. Young people exiting services during the year, regardless of when they first accessed services, responded to the new interview. These differences are noted in the report when the discrepancies are relevant to the data being presented. Questions related to changes in the data collection instruments may be directed to the Child Welfare Research and Training Project at Iowa State University.

Efforts are made to ensure accuracy, but there remain limitations to the quality of the data. The information is based largely on self-reports by youth, and many of the topics covered in the participant interviews are sensitive (*e.g.*, high-risk behaviors). Although aggregate data is consistent year-to-year, some participants may not provide consistent or truthful answers. Participants may also decline to answer certain questions. Additionally, data are collected and entered by multiple interviewers. These limitations create a margin of error in the results presented in this report.

Given the frequent references to the reporting period throughout this report, State Fiscal Years (SFY) will only be noted when necessary (*e.g.*, when comparing SFY 2023 data to SFY 2022 data for the same

interview question). Readers can assume that data presented without reference to a specific SFY is relevant to the current annual reporting period (SFY 2023).

### COVID-19 Response

The Iowa Aftercare Services Network continued to work with the Department of Health and Human Services (HHS) to ensure that young people in transition from foster care to adulthood had the support needed as a result of setbacks stemming from the COVID-19 pandemic. COVID-related disruptions in employment, education, and other activities were experienced by many Aftercare participants in 2020 and 2021 with lingering negative consequences. A core feature of HHS's response to address these challenges was direct financial payments to young adults who had aged out of foster care. Beginning in May 2021 and continuing to September 30, 2022, the Aftercare Network has distributed approximately \$2.25 million in federal funds from Division X of the Consolidated Appropriations Act (CAA) to more than 1,600 young people, providing much-needed assistance to this population.

## State Fiscal Year 2023 Highlights

### New Participants

In SFY 2023, **167 young people accessed Aftercare services for the first time**. New participants represented 31.2% of the 535 young adults who received Core Aftercare services during the year. Over the last five years, the Network has served an average of 632 young people per year, and an average of 205 participants each year have been new intakes.

- Similar to prior years, the majority of young people access Aftercare within a few months of their 18<sup>th</sup> birthday and within a few weeks of exiting the system. Over three in four of this year's new intakes (79.4%) were under 18½ when first accessing Aftercare, and 92.7% were under the age of 19.
  - Of new intakes in SFY 2023, 56.8% identified as male and 42.5% as female, while 0.6% identified as transgender or other.
  - Among all new intakes, 82% identified as White, 18.6% identified as Black or African American, 9.6% identified as multiracial, 3.6% identified as American Indian or Alaska Native, and 1.2% identified as Asian. In total, 8.4% identified as Hispanic.
- This year, the last placement of just under half (48.8%) of new participants was a family like setting (Family foster home [non-relative], Relative, Adoption, Subsidized Guardianship, or Suitable Other placement). About one-fifth (22.8%) of new participants aged out of a QRTP or shelter, reversing a decline over the last two years.
  - In a decrease from last year, 15.0% came into Aftercare from a Supervised Apartment Living setting (compared to 17.8% last year). Of new participants in SFY 2023, 15.6% of intakes were discharged from the State Training School or a detention facility prior to accessing Aftercare.
- More than half of new participants (57%) had completed high school by the time they accessed services.

- Two-fifths of new participants (40%) are enrolled in an education program at intake, including 32% who were enrolled in a high school or H.S. equivalency program and 8% who were enrolled in a postsecondary program at the time they accessed services. Another 28% indicated that they intended to enroll in the upcoming term.
- Employment among young people entering Aftercare decreased from last year, with under half of new participants reporting being employed at some level at intake (44.3% in SFY 2023 compared to 53.8% in SFY 2022).
- Young people in foster care and other out-of-home placements are frequently diagnosed with serious emotional disorders (SED). While still prevalent, over the last several years, the proportion of youth entering Aftercare with a SED (as identified on the eligibility form) has declined from just over three-fifths (65%) of all youth in Aftercare to two-fifths (40%).

### Core and Extended Aftercare

A total of 535 young people ages 18, 19, and 20 received Core Aftercare during the year, with an average of 346 served per month. STS/detention was the last placement of 52 participants (9.8%) of all those receiving Core services in SFY 2023.

While participation in Core services declined again this year as fewer youth have aged out in recent years, the decrease was offset by the provision of Extended Aftercare to those young people ages 21 and 22. A total of 201 distinct young people received Extended services during the year, with an average of 77 participating each month.

Sixty-two (62) young people participated in both Core and Extended services during the year, leaving an unduplicated total number of youth served as 674. An average of 423 young people were served each month.

A total of 198 young people exited Core Aftercare during the reporting period and did not return prior to the end of the period. Youth leaving services (with or without an exit interview) had an average duration in the program of two years; the median duration was 2.36 years. Because duration is measured as the length between a participant's initial entrance and their most recent exit, the total duration does not necessarily equate to continuous participation in services.

Extended services are less structured than Core services and are designed to be responsive to those young adults who want or need additional support as they continue on a path toward self-sufficiency. Based on reports of Advocates, when young people sought Extended services, on average the primary reason for meeting was to request IASN financial assistance (54.2%); 32.8% met for guidance and/or support from the Advocate; 8% met for help on accessing resources; and 5% for other reasons.

### Outcomes for Participants Exiting Core Aftercare

Part III of this report compares initial intake data with the last exit interview data for those who were active Core services recipients (ages 18-21) for at least three months, exited services during the reporting period, and did not return before the end of the reporting period (July 1, 2023). In total, the SFY 2023 unduplicated Outcomes Group includes 137 participants. Outcome data in Part III is presented for the full group of 137 young adults, as well as disaggregated by gender.

- Over half (59.3%) had reached age 21 at the time they exited Core services and were no longer eligible; over two-thirds (66.9%) were at least 20½ at exit.

- Participants in the outcomes group were typically involved with Aftercare for more than two years (median = 2.4 years, mean = 2.0 years). Nearly half (44.9%) of this group participated over a period of 2.5 years or more, and 60.5% were involved over a period of at least two years.
- SFY 2023 outcomes group data show strong earnings growth as the economy and individuals continued to rebound from setbacks during the pandemic. Almost six times as many exiting participants earned \$800 or more per month at exit (41.6%) than at intake (7.3%). *(Six-year trends in full or part-time employment at intake and exit are presented on page 31, Fig. 3.1.)*
- While earnings increase during their time in Aftercare, it is still difficult for many participants to meet their expenses (especially with earned income alone) as they take on adult responsibilities. Twenty-seven percent (27%) of young people at exit reported not having enough resources to cover their expenses the prior month.
- Like many emerging adults in their late teens and early twenties, most youth who age out of foster care live with friends or family at this stage of their lives. At intake, 77.4% of the outcomes group lived with family members, friends, or other unrelated adults. At exit, this number declined by about 20%, but 59.9% continued to live with other adults. Conversely, as shown below, the number living alone increased from intake (13.9%) to exit (27%).
  - The vast majority of youth report feeling safe in their current living arrangement at both intake (97.8%) and exit (94.2%), although there are a few at each interview who are homeless or couch-surfing (3.7% at the initial interview and 4.4% at exit). Also of concern is that 29.9% of those exiting indicated they had experienced homelessness since aging out of foster care or other placement.
- Among this year’s outcomes group, 62% had earned a high school credential prior to accessing Aftercare. By the time they exited services, 82.5% of these young people had achieved this milestone. *(Five-year trends in high school completion at intake and exit are presented on page 34, Fig. 3.2)*
  - Encouragingly, the disparity in education attainment between White, Non-Hispanic youth and Youth of Color evident in previous years’ data was not present in this year’s Outcomes Group. In fact, the rate of high school completion/credential among Youth of Color was equal to that of White, Non-Hispanic youth at exit this year. Among Youth of Color, 82.1% had earned a high school credential by the time they exited Aftercare, compared to 84.1% of White, Non-Hispanic youth.
- Of this year’s Outcomes Group, three (2.2%) were parents when first accessing services. This increased to twenty-seven youth (19.7%) at exit. About 12% of males and 28% of females were parents at exit.

In its 2022 session, the Iowa Legislature passed an HHS-sponsored bill to allow young people to voluntarily stay in a foster family or Supervised Apartment Living placement up to the age of 21, even if they have earned a high school credential (the previous exception to aging out at age 18). With this new law, young people have new options to ease the transition to adulthood. It remains to be seen how this change in Iowa law will impact Aftercare services, which will continue to be available to those youth who choose to leave the system before age 21.

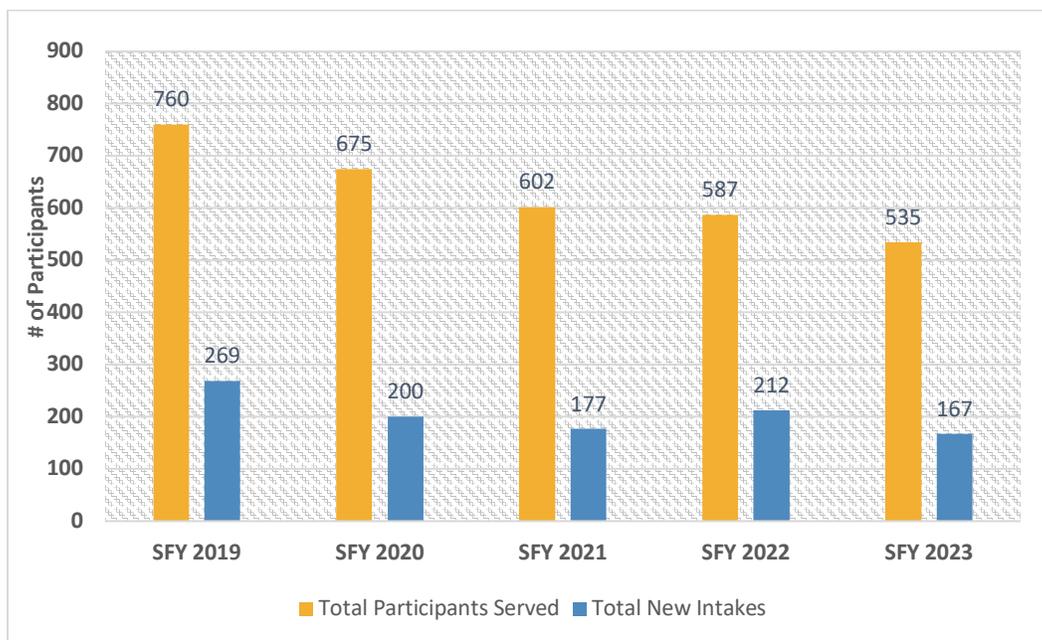
## Part I: Characteristics of New Participants

Part I of the report summarizes the characteristics of young people at the time they first accessed IASN services, including year-to-year trends that show changes over time. Although not all eligible youth access IASN services, this data helps demonstrate the circumstances of Iowa youth as they transition from foster care or other court-ordered placement to early adulthood.

Year-to-year variation in the number of “new intakes” is influenced by the number of older youth exiting Iowa’s child welfare and juvenile justice systems and, of those, the number who choose to participate in Aftercare. Iowa HHS estimates that about 425 youth ages 16 - 20 are discharged from a foster care or juvenile justice placement each year.<sup>3</sup> Because Aftercare eligibility is based on several factors related to the age and placement experience of each young person, a precise number of youth becoming eligible for services is difficult to pinpoint. Roughly half of young people who could receive Aftercare are referred and choose to participate.

In SFY 2023, **167 young people accessed Aftercare services for the first time**. New participants represented 31% of the 535 young adults who received Core Aftercare services during the year (Figure 1.1). Over the last five years, the Network has served an average of 632 young people per year, and an average of 205 participants each year have been new intakes.

**Figure 1.1** Participation by State Fiscal Year – Total Participants Served and Total New Intakes



Communication and outreach efforts by the Network include maintaining the IASN website, social media, and developing and distributing various print materials. Most youth, however, learn about the services through their primary HHS or JCS caseworker, an HHS Transition Planning Specialist, or another service provider. IASN agencies work collaboratively with these individuals to ensure that young people

<sup>3</sup> Child Trends. *State-level Data for Understanding Child Welfare in the United States*.

<https://www.childtrends.org/publications/state-level-data-for-understanding-child-welfare-in-the-united-states>

receive accurate and timely information about Aftercare services. Yet, the most common reason given by youth who don't receive services is that they are not aware of Aftercare.<sup>4</sup>

The Network convened a Pre-Aftercare and Referral Process Workgroup last fiscal year to review and make recommendations to strengthen Pre-Aftercare services for youth transitioning from out-of-home placement to adulthood as provided for in IAC 441—187.2(3)(a). The workgroup developed recommendations for statewide referral procedures for Pre-Aftercare and Aftercare services to be utilized by both HHS and JCS for eligible youth. The workgroup focused on strategies to ensure that eligible youth can receive Aftercare services and to promote consistency across the state and across the agencies that comprise the IASN. The workgroup was comprised of representatives from the Network, HHS, and JCS. Young people with lived experience in foster care and Aftercare were also represented.

Recommendations from this group were implemented on October 1, 2022, with a new formal referral process to Pre-Aftercare for youth at least age 17. It provides a centralized process and increased communication and documentation for the Network to track youth better. Using the new process for Pre-Aftercare referrals, the Network received 190 referrals from October 1, 2022, through June 30, 2023.

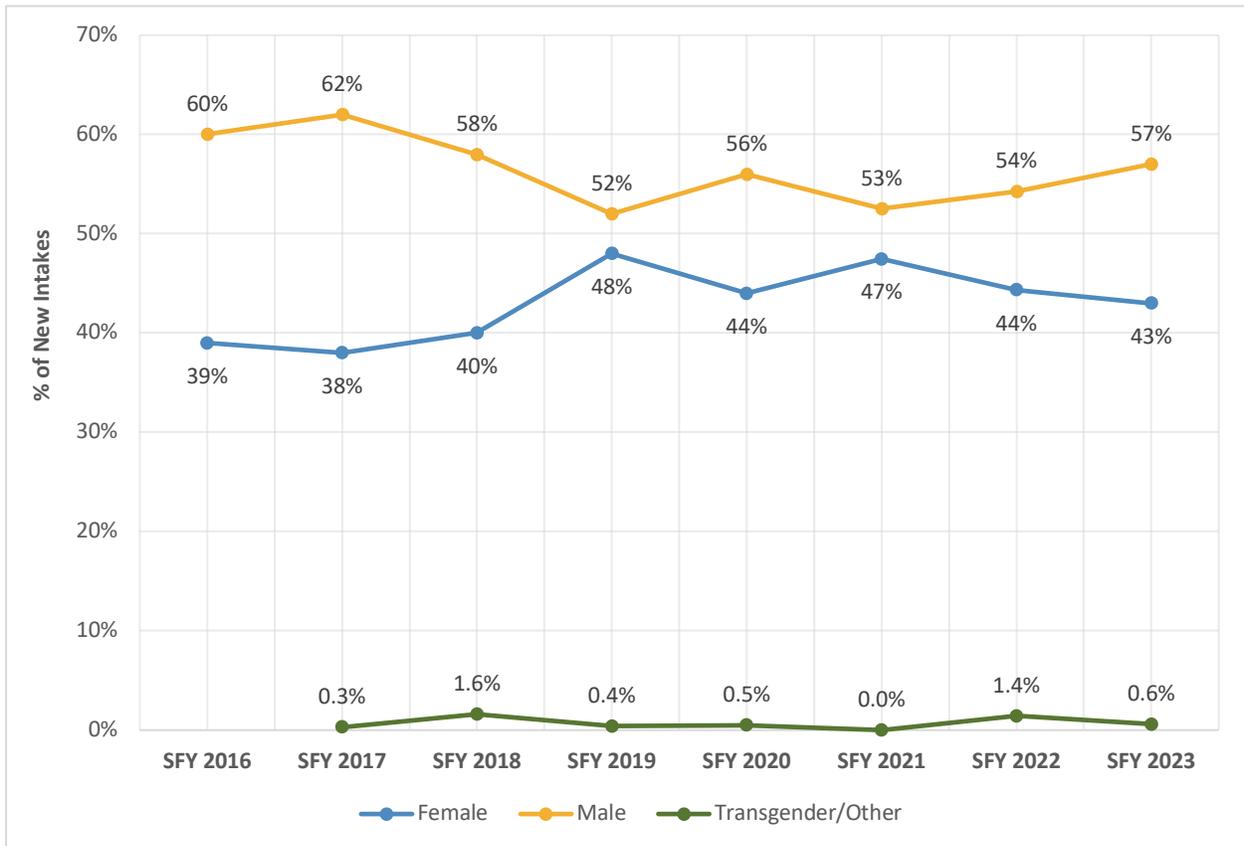
### Demographics

The majority of young people access Aftercare within a few months of their 18<sup>th</sup> birthday. Over three in four of this year's new intakes (79.4%) were under 18½ when first accessing Aftercare, and 92.7% were under the age of 19. The 165 new intakes had a mean age of 18.3 and a median of 18.1. As shown in Figure 1.2, of new intakes in SFY 2023, 56.9% identified as males and 42.5% as females, while 0.6% identified as transgender or other.

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<sup>4</sup> Department of Human Rights, Division of Criminal and Juvenile Justice Planning. *NYTD Annual Report, Cohort 3, 21 Year Olds, FFY 2021 Survey Results*.

**Figure 1.2** New Intakes – Gender Identity by State Fiscal Year



As shown in Table 1.1, about four-fifths of new intakes identify as “White or Caucasian” each year (82% in SFY 2023), and roughly one-fifth identify as “Black or African American” (18.6% in SFY 2023). A small proportion of youth identified as “American Indian or Alaska Native” (3.6%) and about 1.2% as “Asian.” Participants can identify with multiple races and separately report their ethnicity; 8.4% identified as Hispanic or Latino. Among all new intakes, 111 (74%) identified as non-Hispanic and selected White as their only race, while the remaining 26% identified with one or more other races, as multiracial, and/or Hispanic or Latino.

**Table 1.1** New Intakes – Racial/Ethnic Identity by State Fiscal Year

	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
<b>American Indian or Alaska Native</b>	8.6%	5.5%	5.1%	3.8%	3.6%
<b>Asian</b>	0.4%	2.0%	2.8%	1.9%	1.2%
<b>Black or African American</b>	31.6%	25.0%	24.9%	23.6%	18.6%
<b>Native Hawaiian or Other Pacific Islander</b>	0.4%	0.0%	0.6%	0.5%	0.0%
<b>White</b>	69.1%	77.5%	74.0%	75.9%	82.0%
<b>Multiracial</b>	14.5%	14.5%	12.4%	11.8%	9.6%
<b>Hispanic or Latino (of any Race)</b>	9.7%	13.5%	11.9%	13.7%	8.4%

**Note:** because participants can identify with more than one race/ethnicity, total percentages exceed 100%

Young people entered Aftercare in 53 of Iowa’s 99 counties during the reporting period (see Table 1.2). Combined, approximately 37% of all new intakes were in Linn (30) and Polk (19) counties. Woodbury (12), Black Hawk (7), and Muscatine (7) counties rounded out the top five geographic areas where young people accessed services. Three additional counties had five to six new intakes, and twenty counties had two to four. At the other end of the scale, twenty-five counties had one new participant access services. While the rural nature of Iowa and the concentration of participants in a small number of counties creates challenges to providing statewide services, all youth in Iowa are served regardless of where they live.

**Table 1.2** New Intakes – County of Residence

	#	%		#	%
<b>Linn</b>	30	18.0%	<b>Tama</b>	2	1.2%
<b>Polk</b>	19	11.4%	<b>Fremont</b>	1	0.6%
<b>Woodbury</b>	12	7.2%	<b>Union</b>	1	0.6%
<b>Black Hawk</b>	7	4.2%	<b>Mahaska</b>	1	0.6%
<b>Muscatine</b>	7	4.2%	<b>Cass</b>	1	0.6%
<b>Story</b>	6	3.6%	<b>Fayette</b>	1	0.6%
<b>Pottawattamie</b>	6	3.6%	<b>Franklin</b>	1	0.6%
<b>Wapello</b>	5	3.0%	<b>Sioux</b>	1	0.6%
<b>Scott</b>	4	2.4%	<b>Mitchell</b>	1	0.6%
<b>Johnson</b>	4	2.4%	<b>Butler</b>	1	0.6%
<b>Des Moines</b>	3	1.8%	<b>Pocahontas</b>	1	0.6%
<b>Marion</b>	3	1.8%	<b>Adair</b>	1	0.6%
<b>Jasper</b>	3	1.8%	<b>Decatur</b>	1	0.6%
<b>Carroll</b>	3	1.8%	<b>Clinton</b>	1	0.6%
<b>Chickasaw</b>	3	1.8%	<b>Floyd</b>	1	0.6%
<b>Jefferson</b>	3	1.8%	<b>Guthrie</b>	1	0.6%
<b>Dubuque</b>	2	1.2%	<b>Hardin</b>	1	0.6%
<b>Cerro Gordo</b>	2	1.2%	<b>Plymouth</b>	1	0.6%
<b>Henry</b>	2	1.2%	<b>Washington</b>	1	0.6%
<b>Jackson</b>	2	1.2%	<b>Winneshiek</b>	1	0.6%
<b>Webster</b>	2	1.2%	<b>Crawford</b>	1	0.6%
<b>Marshall</b>	2	1.2%	<b>Kossuth</b>	1	0.6%
<b>Grundy</b>	2	1.2%	<b>Appanoose</b>	1	0.6%
<b>Wright</b>	2	1.2%	<b>Emmet</b>	1	0.6%
<b>Buena Vista</b>	2	1.2%	<b>Jones</b>	1	0.6%
<b>Warren</b>	2	1.2%	<b>Cherokee</b>	1	0.6%
<b>Mills</b>	2	1.2%			

## Placement Characteristics

Aftercare participants tend to initiate services very soon after their exit from the system. Of new intakes, 79% accessed services within three months of being discharged from care, while 13.2% began participating in Aftercare more than six months after leaving foster care. Those with a longer lapse before initiating Aftercare services include those who exit care to adoption or subsidized guardianship after the age of 16 but do not become eligible for Aftercare services until age 18. It also includes many of those who leave care between the age of 17.5 and 18 and are not eligible for Core services until age 18.

The median lapse between their discharge from the system and Aftercare intake was 20 days. Even though Aftercare is a voluntary program, efforts by HHS caseworkers, Juvenile Court Officers (JCOs), and others are critical to ensuring that young people are aware of and connected to Aftercare services.

HHS workers provide case management for youth who have been placed in foster care for any circumstance that designates them as a Child in Need of Assistance (CINA). If delinquency was the reason for placement, a Juvenile Court Officer (JCO) generally handles the case. Similar to last year, two-thirds (64.7%) of new intakes had an HHS social worker during their placement, 24.6% had a JCO, and 9.6% were involved in both systems.

Many young people accessing Aftercare services have experienced lengthy stays in foster care, and many have multiple placements. Over fifty percent of youth reported spending two or more years in foster care, and 56.9% reported three or more placements.

Aftercare participants leave the system from a variety of foster care placement types. This year, the last placement of just under half (46.7%) of new participants was a family-like setting (Family Foster Home [non-relative], Relative, Adoption or Subsidized Guardianship, or Suitable Other placement). About one-fifth (20.4%) of new participants aged out of a QRTP or shelter, continuing a recent decline that reflects fewer placements in congregate care settings. In a decrease from last year, 15.0% came into Aftercare from a Supervised Apartment Living setting (compared to 17.8% last year). Of new participants in SFY 2023, 26 youth (15.6% of intakes) were discharged from the State Training School or a detention facility prior to accessing Aftercare.

Table 1.3 shows five-year trends in the last placement type of incoming Aftercare participants. Data from SFY 2023 shows a slight decrease in the use of family-like settings for youth requiring out-of-home placements and a slight increase in the use of congregate care, including the State Training School (STS), by the child welfare and juvenile justice systems.

**Table 1.3** New Intakes – Last Placement Type by State Fiscal Year

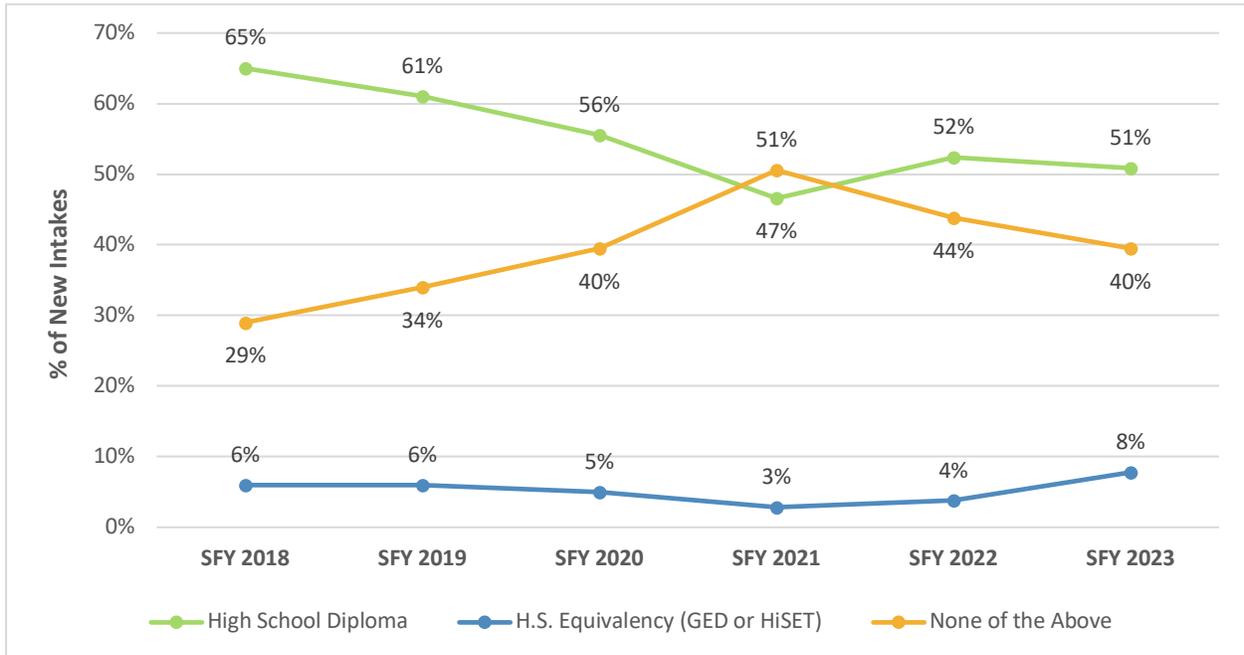
	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
<b>Family-Like</b>					
Adoption/Sub. Guardianship	1.1%	0.0%	1.7%	3.3%	0.6%
Family Foster Home (non-relative)	30.5%	26.5%	26.0%	26.3%	24.0%
Relative	5.2%	4.5%	14.1%	9.9%	14.4%
Suitable other	2.2%	3.0%	10.2%	12.2%	7.8%
<b>Family-like subtotal</b>	<b>39.0%</b>	<b>34%</b>	<b>52.0%</b>	<b>51.7%</b>	<b>46.8%</b>
<b>Congregate</b>					
Group Home/PMIC/Q RTP	17.5%	23.0%	15.3%	13.6%	18.6%
Shelter	7.1%	6.5%	8.5%	5.6%	4.2%
<b>Congregate subtotal</b>	<b>24.6%</b>	<b>29.5%</b>	<b>23.8%</b>	<b>19.2%</b>	<b>22.8%</b>
<b>STS/Detention</b>					
STS	15.6%	14.0%	10.7%	10.3%	13.2%
Detention	2.6%	1.5%	1.7%	0.9%	2.4%
<b>STS/Detention subtotal</b>	<b>18.2%</b>	<b>15.5%</b>	<b>12.4%</b>	<b>11.2%</b>	<b>15.6%</b>
<b>Supervised Apartment Living (SAL)</b>	<b>18.2%</b>	<b>19.5%</b>	<b>11.9%</b>	<b>17.8%</b>	<b>15.0%</b>
<b>SAL subtotal</b>	<b>18.2%</b>	<b>19.5%</b>	<b>11.9%</b>	<b>17.8%</b>	<b>15.0%</b>
<b>OVERALL TOTAL</b>	<b>100%</b>	<b>99.0%</b>	<b>100%</b>	<b>99.9%</b>	<b>100%</b>

*Note: Overall total percentages may not exact 100% due to rounding error.*

## Education

Results for SFY 2023 continue the SFY 2022 reversal in a declining proportion of youth entering Aftercare with a high school diploma or equivalency (Figure 1.3). More than half of new participants in SFY 2023 had completed high school by the time they accessed services. High school attainment prior to entering Aftercare peaked in SFY 2018 when 65% of youth had a high school diploma at intake. In SFY 2023, that percentage rebounded slightly to 51%. Females were somewhat less likely to have completed high school at the time of intake – 45.1% of females versus 68.42% of males had their high school diploma or HiSET when they accessed Aftercare.

**Figure 1.3** New Intakes – Education Attainment by State Fiscal Year

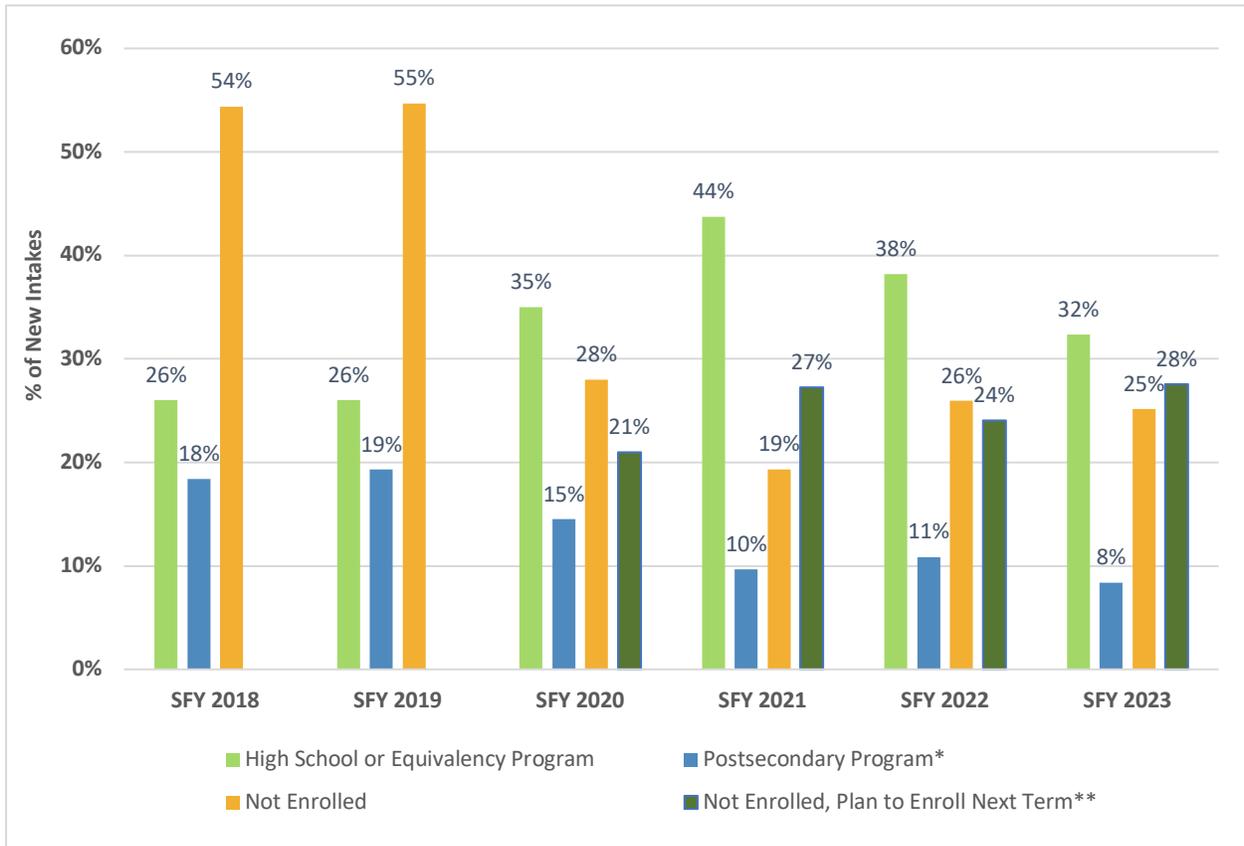


Young people in foster care often face numerous obstacles to education achievement, including school disruptions, poor attendance, disabilities, and academic challenges. Of youth accessing Aftercare in SFY 2023, 43.1% reported ever having received special education services (either an Individual Education Plan or 504 accommodation). More than half of males (51.6%) received special education services prior to entering Aftercare, compared to 31% of females. The most prevalent reasons for special education services were a learning disability (48.0%) or behavior issues (42.2%), of those receiving special education based on self-reports of the youth.

Almost half of new intakes (45.5%) are enrolled in an education program at intake, including 37.1% who were enrolled in high school or a H.S. equivalency program and 7.8% who were enrolled in a postsecondary program at the time they accessed services. Another 27.5% indicated that they intended to enroll in the upcoming term. A small number of youth (3.0% of new intakes) had already earned some type of vocational, trade or technical certificate or license.

Because many young people enter Aftercare the Spring or Summer after graduating from high school, the “plan to enroll” option was added in SFY 2020 to better reflect the post-secondary intentions of these youth. Figure 1.4 shows enrollment trends among Aftercare intakes over recent years.

Figure 1.4 New Intakes – Education Enrollment Status by State Fiscal Year



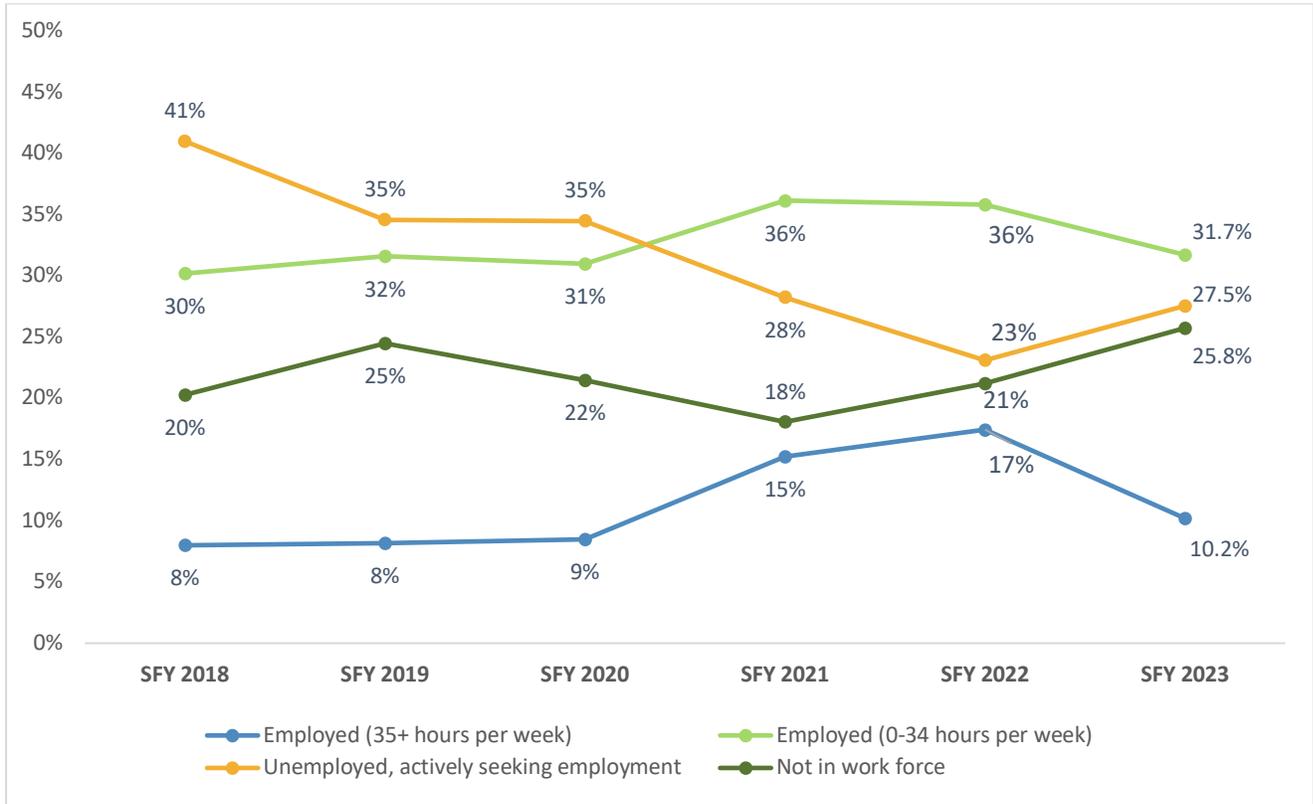
\* Postsecondary Program includes two and four-year colleges and universities, community colleges, as well as trade, career, technical schools, and training programs.

\*\* “Not currently enrolled, but plan to enroll in the upcoming term” was a new answer option for the education enrollment status interview question beginning in SFY 2020.

### Employment and Finances

Employment among young people entering Aftercare continues to show improvement (Figure 1.5). Slightly under half of new participants reported being employed at some level at intake (44.3%). This includes 10.2% who reported full-time employment of 35 or more hours per week. Another 27.5% reported being unemployed but “actively seeking employment.” About one in four (25.8%) reported they were “not in the work force,” which may include full-time students.

Figure 1.5 New Intakes – Employment Status by State Fiscal Year



Of new intakes, 16.2% have never held a job, while 19.8% report having been continuously employed for three months or less. About one-fifth (18.6%) of new intakes reported having been continuously employed for one year or longer.

Most youth enter Aftercare in possession of their essential personal documents. A majority of new participants reported possessing a birth certificate (86.8%), Social Security card (87.4%), and government-issued identification, such as a State ID, driver’s license, or Permanent Resident Card (83.2%) in SFY 2023. In addition, 73.1% indicated that they had written verification of having been in foster care or out-of-home placement, a relatively new federal requirement that States are mandated to provide to older youth exiting foster care to facilitate access to other resources for which prior foster care involvement is a criterion (e.g., college financial aid).

In the Spring of 2022, HHS set aside Division X pandemic funds in a special initiative to assist youth in care with the costs of meeting transportation needs, including paying for the costs of driver’s education and getting a license, among other options. As of their entry into Aftercare in SFY 2023, over one-third of participants (35.9%) had a valid driver’s license (a decrease from 38.7% last year), 53.3% of youth expressed that they “have never been able to get a driver’s license but want one” (an increase from 50.5% last year); 3.6% had a license, but it had been suspended or revoked; and 5.4% indicated that they didn’t “want or need a driver’s license at this time.”

Many youth in foster care also face barriers to accessing mainstream financial institutions and gaining direct experience managing a bank account. Overall, about one-fourth of new participants (27.0%) report having no bank account at intake.

### Living Situation

As is common among young adults, most new Aftercare participants live with family members, friends, or other adults with whom they have a relationship (Table 1.4). A smaller number are living alone or in a residential program. Males are more likely to live with family members, while females are more likely to live with roommates, including significant others.

**Table 1.4** New Intakes, Living Arrangements by Gender Identity

	All (n=167)	Male (n=95)	Female (n=71)
<b>Living with Family Members</b> (biological or adoptive parent or other family member)	38.3%	46.3%	28.2%
<b>Living with Former Placement</b> (unrelated foster family, suitable other)	10.2%	7.4%	14.1%
<b>Living with Others</b> (roommates, non-related adults, significant other)	29.9%	24.2%	36.6%
<b>Living Alone</b> (no other adults)	14.4%	14.7%	14.1%
<b>Living in a residential program</b> (shelter, transitional facility)	5.4%	5.4%	5.6%

**Note:** One intake did not identify as male or female.

Despite what is usually a brief lapse between aging out of foster care and joining Aftercare, 17.4% of new intakes said they had been homeless since aging out of their last placement, and 38.3% reported experiencing homelessness at any point in their life.

Finding and maintaining safe and affordable housing can be a challenge for transition-age youth, and the cost of housing is often mentioned as a significant barrier to self-sufficiency for these young people. Of those, 28.2% give more than half their monthly income (earned and unearned) toward rent and utilities. Given the range of housing assistance programs available, especially in more urban areas, opportunities to provide greater housing support to youth aging out of foster care are worth further exploration.

### Supportive Relationships

Having positive connections to supportive adults is critical to a successful transition to adulthood. Although youth aging out of the system are not being discharged to permanency, they still feel connected to their families and other adults in their lives (Table 1.5). Most (85.6%) said they had at least one family member they “will always be able to turn to for support, advice, [to] share or celebrate personal achievements, [or to] help solve problems.” In their check-all-that-apply responses, youth frequently cited family members as being available to support them: extended family members (64.1%), “fictive kin” (45.5%), birth parents (43.7%), adult siblings (31.1%), and adoptive parents (9.6%).

In addition, 88.0% of youth report having other adults who support them. Frequently reported non-family supports included “adult friends” (60.5%), caseworkers (41.3%), significant others (1.8%), foster parents (22.2%), and teachers or coaches (25.8%).

**Table 1.5** New Intakes, Supportive Adults by State Fiscal Year

	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
<b>Adult family member I will always be able to turn to for support...</b>	86.5%	86.6%	87.0%	92.7%	91.0%	85.6%
<b>Adult, non-family member, I will always be able to turn to for support...</b>	92.0%	90.7%	92.5%	89.8%	90.6%	88.0%

Still, helping participants establish and maintain connections and relationships is an important aspect of Aftercare’s work. Nearly two-thirds of young people indicated they have “enough people to count on” for support, 32.9% reported that they have “some, but not enough people to count on,” and 1.2% say they have no one.

## Health

Iowa youth exiting foster care are largely enrolled in Medicaid -- 94.6% of new intakes reported Medicaid coverage. Only 3.6% indicated that they did not have any medical insurance. Of all new participants, three-fifths reported having a primary care physician or health care group where they regularly receive health care.

The decreasing trend in tobacco use among new intakes leveled off in SFY 2022 but decreased in SFY 2023, at less than one in five youth reporting current tobacco use (more than half of the percentage reported four years ago) (Table 1.6). At the same time, vape use (*e.g.*, E-cigarettes and other vaping devices) continued to increase, with nearly one-third of the most recent year’s incoming participants reporting vaping in the last thirty days.

**Table 1.6** New Intakes – Recent Alcohol, Tobacco, and Other Drug Use by State Fiscal Year

	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
<b>Alcohol to intoxication</b>	8.8%	14.5%	13.5%	12.4%	11.3%	16.2%
<b>Tobacco</b>	37.5%	35.7%	34.0%	20.3%	20.8%	15.6%
<b>Vaping</b>	N/A	N/A	12.0%	26.6%	34.4%	32.9%
<b>Marijuana</b>	13.6%	15.2%	19.0%	15.8%	14.2%	19.8%

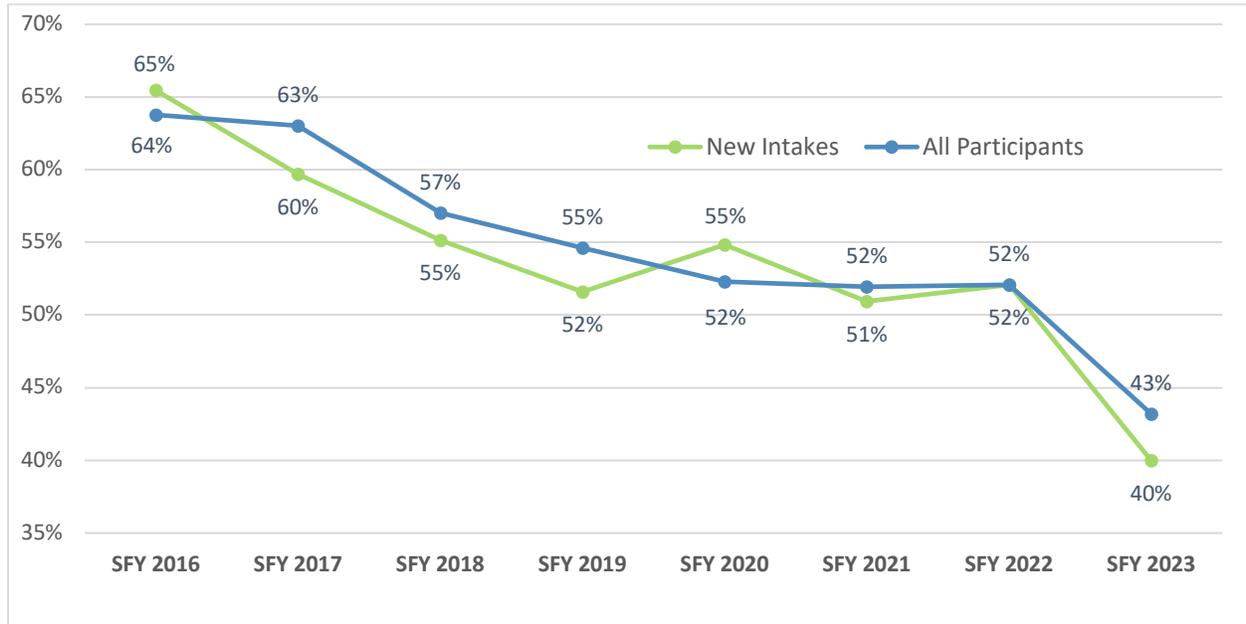
## Mental Health

Youth in foster care and other out-of-home placements are frequently diagnosed with serious emotional disorders (SED). Young people are not required to disclose their mental health or substance abuse histories to Aftercare, but most allow that information to be shared. Over the last several years, the proportion of youth entering Aftercare with a SED has declined from nearly two-thirds of all youth in Aftercare (SFY 2016, 65%) to less than one-half (SFY 2023, 40%). Mental health challenges and associated risky behaviors are still more prevalent among young people in Aftercare than in the general population (33.7% of young adults aged 18 to 25).<sup>5</sup>

<sup>5</sup> National Institute of Mental Health, National Institutes of Health. *Mental Illness, FFY 2021 NSDUH Survey Results*. <https://www.nimh.nih.gov/health/statistics/mental-illness>

Figure 1.6 reflects the percentage of those youth who authorized the release of this information as part of their entry into Aftercare. Each year, five to ten percent of young people elect not to have this information disclosed.

**Figure 1.6** New Intakes and All Participants -- Serious Emotional Disorder by State Fiscal Year



### Sexual and Reproductive Health and Parenting

A small percentage of new participants (6.6%) started services as parents, which includes 7% of females and 6.3% of males (Table 1.7). As in prior years, females reported they had “been pressured into a sexual situation” at significantly higher rates than males (50.7% vs. 15.8%). Self-reported regular use of birth control also differs between males and females, with almost half (46.5%) of females reporting that they “always” use birth control compared to 31.3% of males.

**Table 1.7** New Intakes – Reproductive Health Factors by Gender Identity

	Female (n=71)	Male (n=95)
<b>Are a parent (regardless of custody)</b>	7.0%	6.3%
<b>Ever pregnant/got someone pregnant</b>	19.7%	12.6%
<b>Always use birth control</b>	46.5%	31.3%
<b>Ever pressured into a sexual situation</b>	50.7%	15.8%

**Note:** One intake did not identify as male or female.

### Adverse Experiences

Young people exiting foster care or other placements frequently report mental health struggles, “high-risk” behaviors, and other challenges that complicate the transition to adulthood. When participants access services, Advocates conduct initial interviews in person and ask the participant to self-report their well-being through a variety of specific questions. Table 1.8 shows five-year trends, but because

these questions cover sensitive topics, this self-reported information should be interpreted with caution.

**Table 1.8** New Intakes – Adverse Experiences by State Fiscal Year

	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
Ever inflicted self-harm	32.3%	33.0%	29.4%	41.0%	35.3%
Ever attempted suicide	27.5%	34.5%	25.4%	31.1%	32.34%
Incarcerated/detained, past two years	45.7%	43.0%	36.7%	29.7%	32.3%
Mental health diagnosis, past three years	N/A	48.5%	50.3%	46.7%	53.3%
Current counseling/therapy		25.5%	28.3%	30.7%	27.5%
Substance abuse diagnosis, past 3 years		27.0%	15.3%	17.0%	25.2%
Current substance abuse treatment		3.0%	3.4%	4.3%	4.8%
Ever victim of domestic violence		40.5%	33.9%	40.1%	40.7%
Ever victim of sexual abuse/exploitation		28.5%	29.9%	34.4%	32.3%
Ever victim of human trafficking		N/A			

**Note:** Questions related to certain risky behaviors and related services were revised substantially in SFY 2020, so comparable data is not available for some data elements.

Numerous studies have shown that youth aging out of foster care and other placements exhibit a greater prevalence of adverse experiences and risky behaviors than their same-age peers. There are also gender differences among those entering Aftercare. As shown in Table 1.9, gender differences are seen in both adverse experiences and the frequency of receiving services related to those experiences.

**Table 1.9** New Intakes – Adverse Experiences by Gender Identity

	Female (n=71)	Male (n=95)
Ever inflicted self-harm	56.34%	20%
Ever attempted suicide	47.89%	21.1%
Incarcerated/detained, past two years	16.9%	44.2%
Mental health diagnosis, past three years	59.2%	49.5%
Current counseling/therapy	31.0%	25.3%
Substance abuse diagnosis, past 3 years	25.4%	25.3%
Current substance abuse treatment	5.4%	4.2%
Ever victim of domestic violence	46.5%	35.8%
Ever victim of sexual abuse/exploitation	52.1%	17.9%

**Note:** One intake did not identify as male or female.

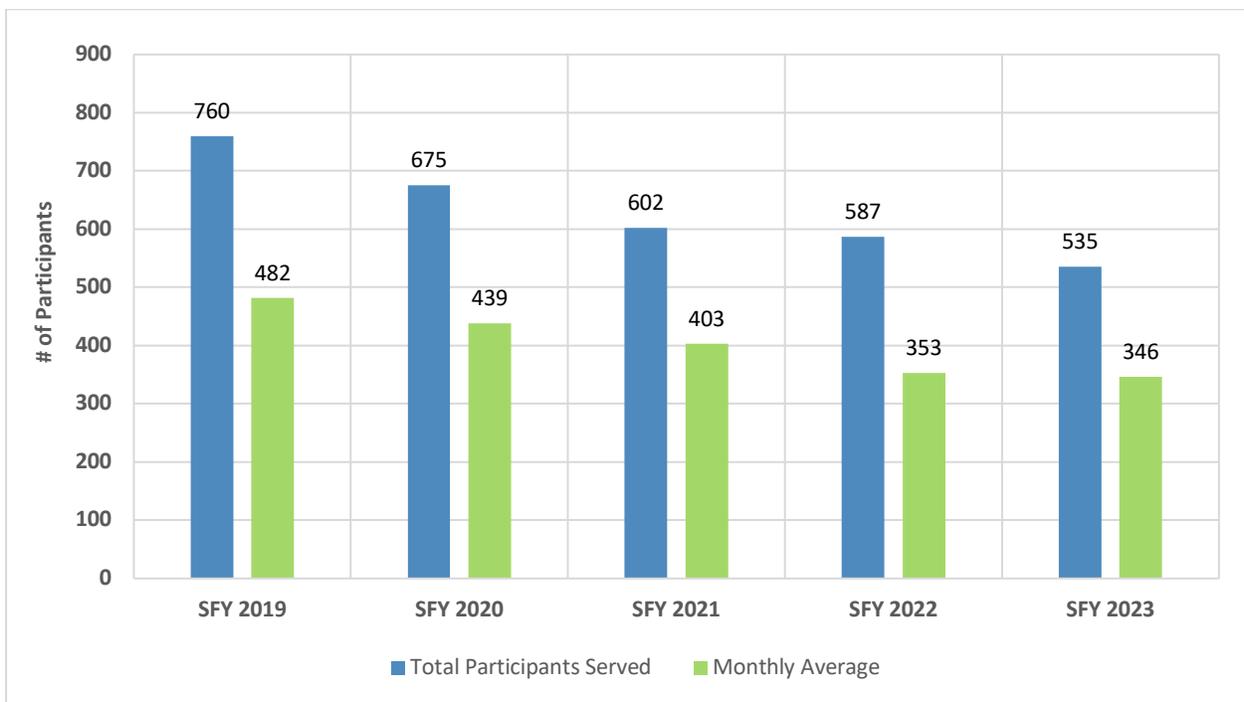
## Part II: Overview of Services Provided

Part II of this report provides a brief overview of participation trends (yearly and monthly) and services provided by the Aftercare Network in SFY 2023. Additional information on these services is provided in the semi-annual progress report to HHS.

### Service Participants

**Core Aftercare.** Five-year and monthly trends in Core Aftercare participation are shown in Figure 2.1. A total of 535 young people ages 18, 19, and 20 received Core services during SFY 2023, with an average of 346 served per month. Of all those receiving Core services in SFY 2023, STS/detention was the last placement of 52 participants (9.8%).

**Figure 2.1** Unduplicated Participation in Core Aftercare by State Fiscal Year



**Extended Aftercare.** Of the 535 Core participants, 62 young people also participated in Extended Aftercare during the year. In total, 201 distinct young people ages 21 or 22 years received Extended services during the year, with an average of 77 participating each month. Thus, the unduplicated total number of youth served was 674, with an average of 423 young people served each month. (More information on Extended services is presented starting on page 27.)

### Eligibility Status

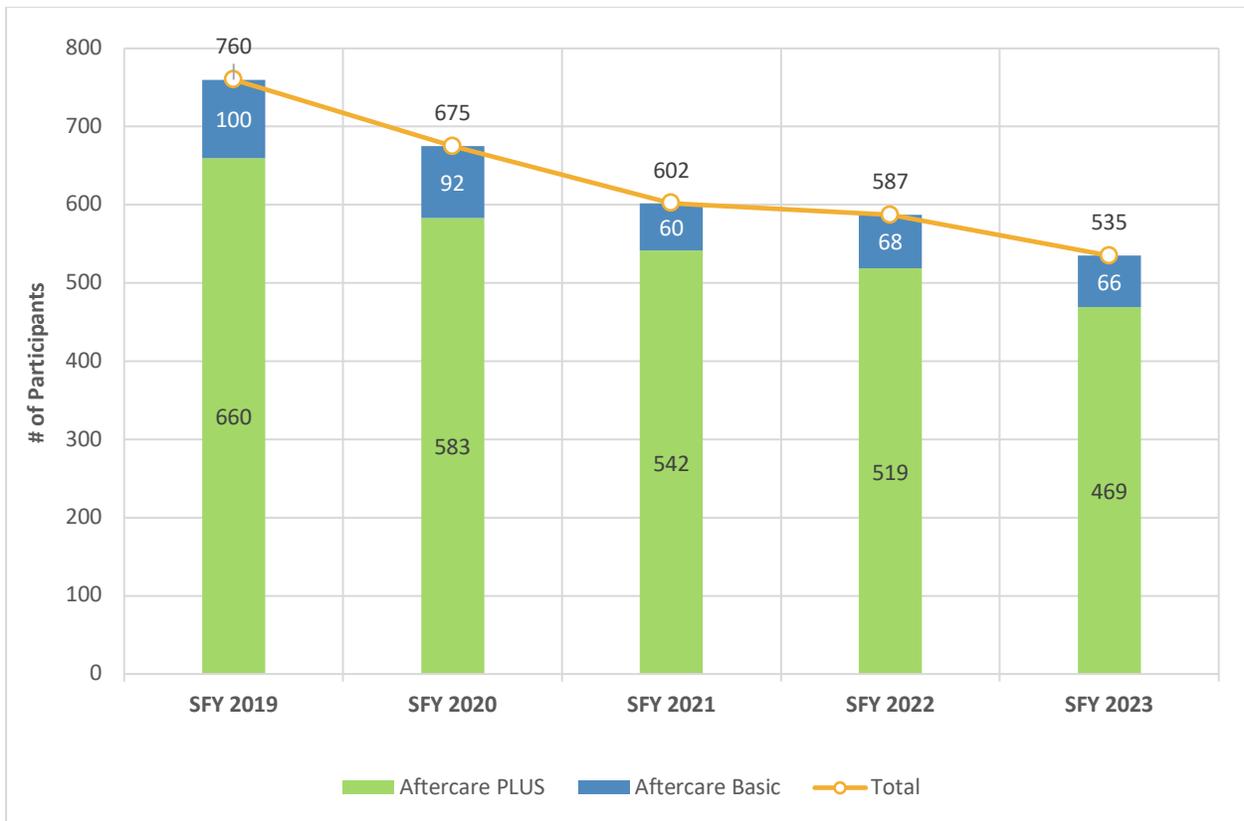
IASN categorizes Core participants as having either “Aftercare Basic” or “Aftercare PLUS” status as determined by program eligibility criteria. Because Preparation for Adult Living (PAL) eligibility criteria are narrower than Aftercare requirements, some participants are eligible for Aftercare but ineligible for the PAL stipend. These participants have Aftercare Basic status. Those with Basic status will never qualify

for PAL benefits (*i.e.*, monthly stipend) but receive Aftercare case management services and support and have access to limited, short-term financial assistance in the form of vendor payments. Participants who could receive a PAL stipend based on their education and work status are designated as Aftercare PLUS.

Eligibility criteria for PAL were revised by the Department of Health and Human Services in SFY 2023 to allow young people who have not received their high school credentials to receive PAL as long as other criteria are met.

Of the 535 Core participants in SFY 2023, 469 (87.7%) met the criteria for Aftercare PLUS, and 66 (12.3%) met the criteria for Aftercare Basic only (Figure 2.2). Of these, 51 (9.5% of all participants) left their last placement before their 18<sup>th</sup> birthday; 11 (2.1%) were adopted or placed in subsidized guardianship after the age of 16; and 4 (0.75%) aged out of a non-child welfare placement or were on runaway status at the time of exit.

**Figure 2.2** All Core Participants – Eligibility Status by State Fiscal Year

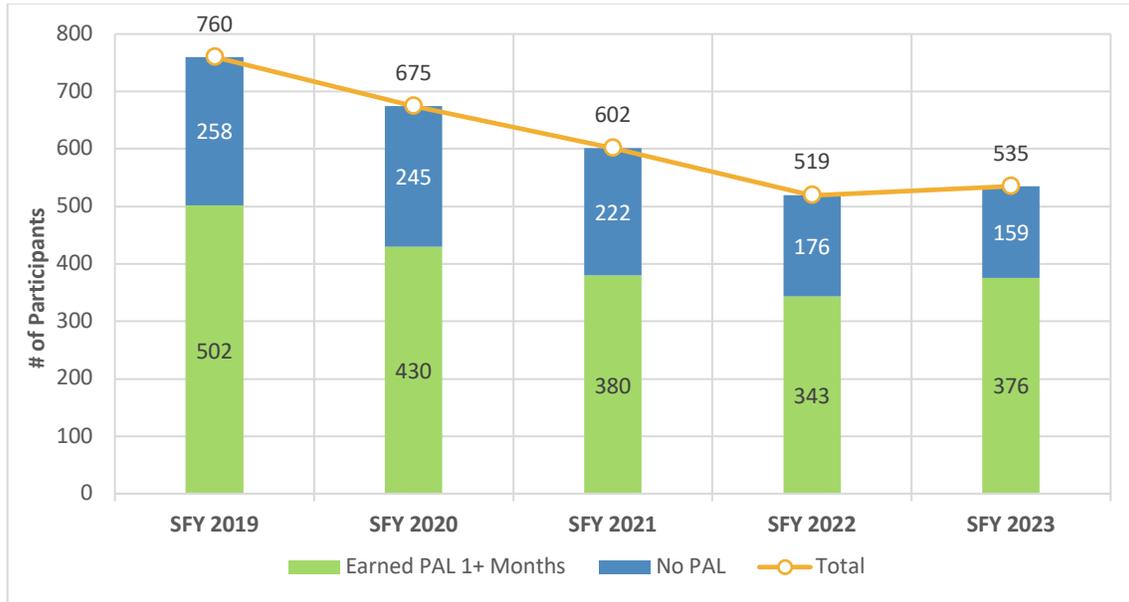


### PAL Participation

In total, 375 out of 469 Aftercare PLUS participants (80%) met all conditions and received a stipend at least once during FY2023, and 94 (20%) did not. Reasons Aftercare PLUS participants may not receive a stipend include a) they were not meeting PAL education or employment requirements, or b) their income (earned and unearned) was too high to qualify for the needs-based stipend. Many of these youth may qualify for PAL at some point as their circumstances change. Five-year trends in PAL participation are shown in Figure 2.3.

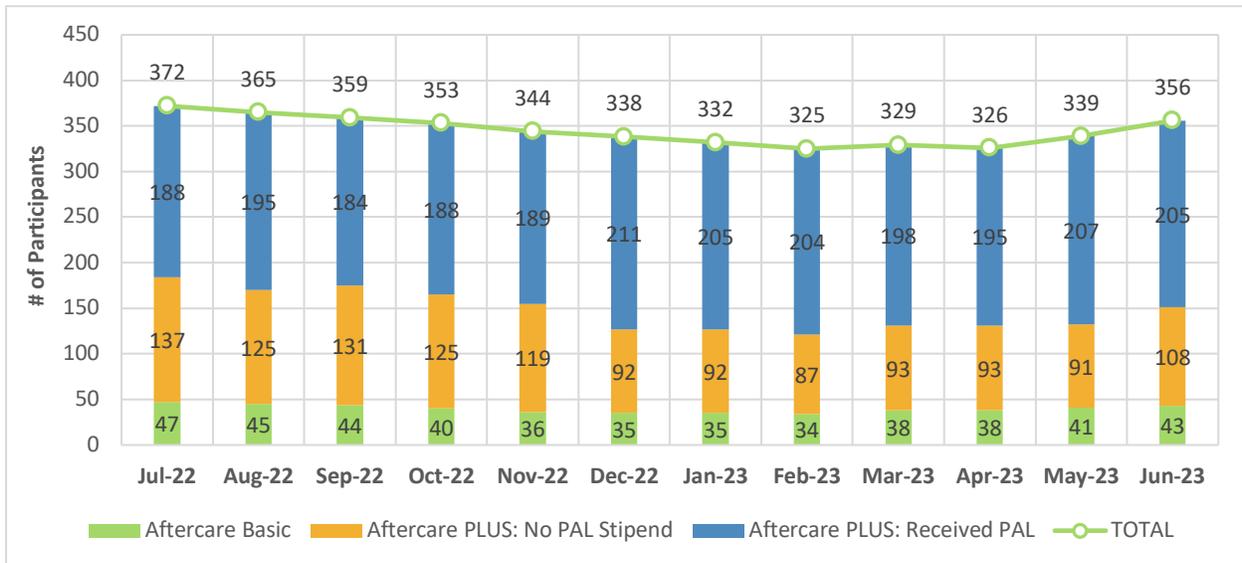
The percentage of youth who received PAL is slightly higher in SFY 2023 than in SFY 2022 (70.3% compared with 66.1%). Eligibility based on their Voluntary Foster Care (VFC) status changed in SFY 2023, which resulted in those without a high school education being eligible to receive PAL. The requirement of not being eligible for VFC was removed due to the extension of foster care to age 21.

**Figure 2.3** All Core Participants – PAL Recipients by State Fiscal Year



The SFY 2023 monthly trends shown in Figure 2.4 illustrate small variations in the total number of youth served and their PAL status in a given month. The months with the highest and lowest number served, respectively, are July (372) and February (325).

**Figure 2.4** All Core Participants – PAL Status by Month in SFY 2023



## Services Provided

Each Core participant works individually with a Self-Sufficiency Advocate (SSA) assigned to them by their IASN agency. These SSAs meet in person with participants (typically twice per month) to assess their needs, help them set and/or revise goals, identify action steps, and persist until they achieve those goals. SSAs offer support, guidance, and provide a range of information and life-skill training based on participants’ unique needs and interests.

In compliance with reporting requirements for the National Youth in Transition Database (NYTD), the Network tracks the provision of specific services to participants and submits monthly reports to Iowa HHS. Table 2.1 shows the unduplicated number of youth who received each of the NYTD-defined services at least once during SFY 2023. Because NYTD service definitions are very specific, this data is not an exhaustive list of the services provided by Aftercare Advocates.

**Table 2.1** Percentage Received NYTD-Defined Services

<b>All Participants – NYTD-Defined Services Provided</b>	<b>#</b>	<b>%</b>
<b>Mentoring</b>	517	96.6%
<b>Budget and financial management</b>	497	92.9%
<b>Housing education &amp; home management training</b>	426	79.6%
<b>Career preparation</b>	404	75.5%
<b>Other financial assistance</b>	404	75.5%
<b>Health Education and risk prevention</b>	403	75.3%
<b>Independent living assessment</b>	400	74.8%
<b>Family Support and Healthy Marriage Education</b>	347	64.9%
<b>Post-secondary educational support</b>	233	43.6%
<b>Academic support</b>	173	32.3%
<b>Employment programs or vocational training</b>	134	25.0%
<b>Room and Board financial assistance</b>	109	20.4%
<b>Education financial assistance</b>	68	12.7%

Among Core participants in SFY 2023, nearly all received “mentoring” services (96.6%) and assistance with “budget and financial management” (92.9%) from their IASN Advocate during SFY 2023. This reflects the mentoring relationship SSAs establish with their clients, as well as the program’s emphasis on financial capability (particularly monthly budgeting). Advocates also supported participants in a variety of other areas, including housing, assessing needs, career preparation, and health education.

Any participant receiving a PAL stipend or Aftercare vendor payment is recorded as receiving “other financial assistance.” The NYTD “Room and board financial assistance” category includes vendor payments used specifically for housing and the Chafee-funded Rent Subsidy program.

## Rent Subsidy

Through a collaboration of the IASN, Iowa HHS, and Iowa Finance Authority (IFA), Aftercare participants can access financial assistance for housing through a Rent Subsidy program. The program is designed to help Aftercare participants who are not receiving a PAL stipend meet the cost of housing (see Iowa Administrative Code 265, Chapter 22 for details).

In May 2021, HHS directed additional funds to IFA for the Rent Subsidy program from the Consolidated Appropriations Act, Division X funds for foster care youth. This allowed a temporary increase in the amount of the subsidy available to each recipient, up to the full cost of their rent through September 2021. Eligibility was also extended to participants up to the age of 23. Eligibility reverted back to those ages 18 to 21 on October 1, 2022.

According to the Iowa Finance Authority, \$69,552 in rent subsidies were distributed during SFY 2023. A total of 50 unique individuals received a subsidy.

### Participant Exits

Aftercare is a voluntary program, so eligible young adults are able to initiate and discontinue services as they choose if they meet eligibility requirements. As they move around the state, they may transfer from one IASN agency to another. In some cases, services may be discontinued when young people fail to meet the participant responsibilities established by the program. These young people may re-enter services when they are ready.

For these reasons, young people may have periodic lapses in their participation, and many participants enter and exit services multiple times. Advocates work to keep participants engaged as long as services are needed, but not all young people accept the services or fulfill the requirements of the program.

A total of 198 young people exited Aftercare during the reporting period and did not return prior to the end of the period. Youth leaving services (with or without an exit interview) had an average duration in the program of two years; the median duration was 2.36 years. Because duration is measured as the length between a participant's initial entrance and their most recent exit, the total duration does not necessarily equate to continuous participation in services.

Among all exiting participants, 145 (73.2%) completed an exit interview with an Advocate, and 53 (26.8%) did not ("No Interview Exit" or NIX). In the case of NIXs, each participant's reason for exit is reported based on their Advocate's understanding of their circumstances, if known. On average, there was a full-year age difference between those completing an exit interview (average age of 20.4) compared to the average age of those discontinuing services without an interview (19.3).

As shown in Table 2.2, the most prevalent reason for young people being discharged from Core Aftercare was turning 21 and, therefore, becoming ineligible for that phase of services (46.0%). Additionally, 16.7% moved out of their agency's service area, including 6.6% who were expected to transfer to a different Aftercare agency but had not yet done so at the end of the reporting period. Another 13.6% had their services discontinued for failing to meet "self-responsibility" requirements (*e.g.*, not meeting regularly with an Advocate, not actively working toward self-sufficiency, etc.), 7.6% voluntarily chose to end services, joined the military, or had achieved self-sufficiency, and 7.1% were incarcerated, institutionalized, or hospitalized as the reason for exit. One youth died while an active Aftercare participant.

**Table 2.2** Percentage of Exits by Reason

<b>All Participants – Exits by Reason</b>	<b>#</b>	<b>%</b>
<b>Turned 21 (end of eligibility for Core services)</b>	91	46.0%
<b>Moving/has moved out of area (includes 13 pending transfer)</b>	33	16.7%
<b>Exited for not meeting self-responsibility requirements</b>	27	13.6%
<b>Incarcerated, institutionalized, death, or hospitalization</b>	14	7.1%
<b>Voluntarily ended services, joined the military, or achieved self-sufficiency</b>	15	7.6%
<b>Other or unknown</b>	18	9.1%

Ten (10) of the individuals exited after less than three months of participation and did not return before the end of the fiscal year.

### Extended Aftercare

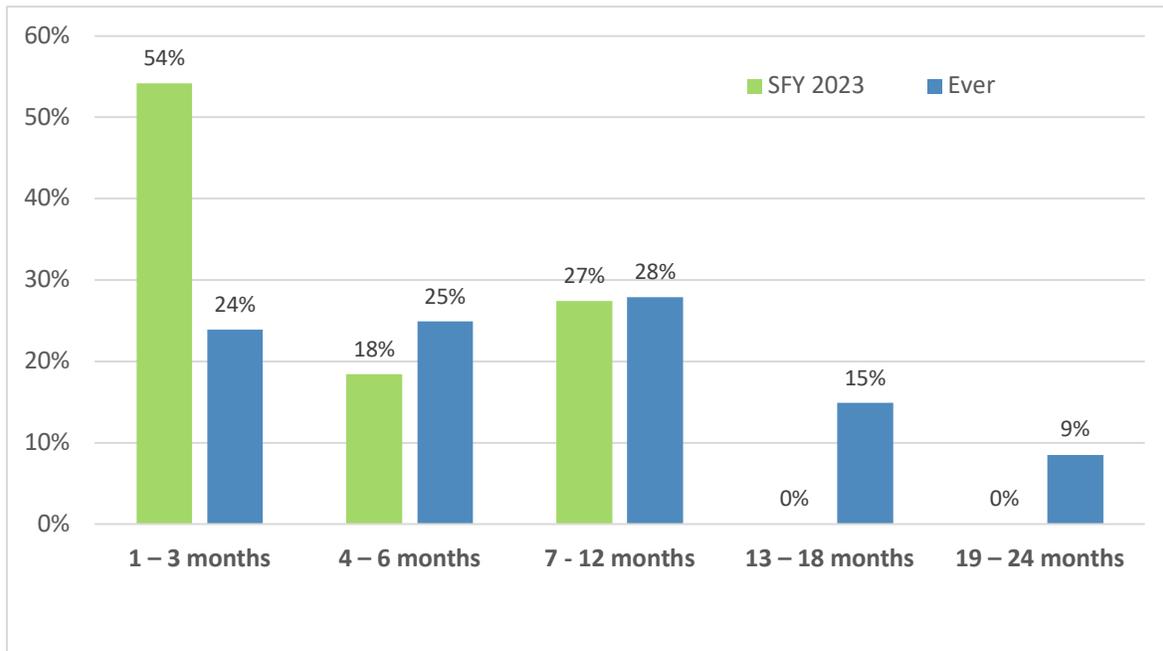
Extended Aftercare services for young adults ages 21 and 22 were provided to 201 young adults in SFY 2023 (a decrease from 235 in SFY 2022). An average of 77 young adults participated (*i.e.*, met in person with an SSA at least once) in Extended services each month. Young people accessed Extended services in 50 of Iowa’s 99 counties, with 39.3% of those residing in either Linn County (49 participants) or Polk County (30 participants).

Extended services, first available in January 2020, are less structured than Core services and designed to be responsive to those young adults who want or need additional support as they continue on a path toward self-sufficiency. The two primary differences between Core and Extended services are:

- 1) Expectations for meeting regularly with an Aftercare Advocate are relaxed. There is no pre-determined minimum contact for young people to remain eligible. Participants in Extended services are able to determine the frequency of meetings based on their needs and interests.
- 2) Participants in Extended services are not eligible for a monthly PAL stipend. Rather, they may receive limited financial support for approved uses in the form of “Extended Aftercare Supportive Payments” on a case-by-case basis. Supportive payments may not exceed \$600 per six-month period.

Most young people who elected Extended services had Aftercare PLUS status as Core participants (89.6%). Compared to youth exiting Core services, Extended participants were somewhat more likely to be female (60.7% versus 53.6% of Core exits) and to be parenting (36.3% versus 19.7% of Core exits). Nineteen (19) of those who received Extended services had aged out of the STS or detention.

Participants taking advantage of Extended Aftercare in SFY 2023 met with an Advocate for an average of five months during SFY 2023 and ranged from one to twelve months (Figure 2.5). In addition, 24% of the SFY 2023 participants engaged and met anywhere from 13-24 months within their two years of eligibility for Extended Aftercare.

**Figure 2.5** Extended Aftercare – Participants by Months Engaged

As previously mentioned, recipients of Extended Aftercare do not receive a regular PAL stipend. They may instead qualify for “Extended Aftercare Supportive Payments,” which have a maximum amount of \$600 every six months (\$1,200 per year) and are distributed on a case-by-case basis. For SFY 2023, the Network distributed Supportive Payments totaling \$117,006. On average, 41 youths a month received a payment, with the average amount being \$236.

When young people’s eligibility for Core Aftercare services ends, they are encouraged to reach out for assistance if and when they need extra help or support up to age 23. For this reason, it is common for the youth accessing Extended services to struggle financially or with other issues. Based on reports of Advocates, on average, about half (54.2%) of young people sought Extended services for the primary purpose of accessing IASN financial assistance; 32.8% met for guidance and/or support from the Advocate; 8% met for help on accessing resources; and 5% for other reasons.

The following data reflect the circumstances reported by Extended Aftercare participants during their last month of contact with an Advocate during SFY 2023.

- 75.6% were working full- or part-time.
- 17.9% were enrolled in an education program, including 8.5% in a 2- or 4-year college, 8% in a high school or HS completion program, and 1.5% in a career, trade, or certificate program.
- 89.6% reported they had safe and stable housing.
- 98% reported they had a supportive relationship with a positive adult.
- 49.8% indicated they had enough money to cover their expenses the prior month (down from 61.7% the previous year).

## Part III: Outcomes for Participants Exiting Core Aftercare

Iowa's Aftercare services are designed to assist young people who age out of child welfare or juvenile justice placements to successfully transition to adulthood. The services and supports offered by the IASN help these young adults move toward stability and self-sufficiency in five key areas: **education, employment, housing, health, and relationships.**

A variety of interview questions are used to assess participants' progress in these outcome areas at both intake and exit from services. Specifically, the Network is contractually required to report participant outcome data for the following areas:

- Employment
- Resources to Meet Living Expenses
- Safe and Stable Housing
- Education
- Positive Relationships
- High-risk Behaviors
- Physical and Mental Health
- Essential Documents

This part of the report compares initial intake data with the last exit interview data for those Core Aftercare recipients (ages 18-21) who were active for at least three months, exited services during the reporting period, and did not return before the end of the reporting period (July 1, 2023). For the duration of this part of the report, any descriptions of outcomes for "participants," "exiting youth," etc., are in reference to this outcomes group unless otherwise specified. The SFY 2023 unduplicated "outcomes group" includes 137 participants. Outcomes data are presented for the full group of 137 young adults, as well as disaggregated by gender.

Note that some of the youth included in this analysis may return – or may have already returned between July 1, 2022, and the submission of this report – if they remain eligible. Finally, as discussed in the previous section, a number of the Core Aftercare participants who turned 21 this past year have accessed Extended Aftercare or may in the future.

### Demographics

Young adults are generally under the age of 19 when they first access Aftercare services (median = 18.1, mean = 18.3) and largely at or near age 21 at exit (median = 21, mean = 20.4). Over half (59.3%) had reached age 21 at the time they exited Core services and were no longer eligible; over two-thirds (66.9%) were at least 20½ at exit.

Slightly more than half (50.4%) identified as female, and 48.9% male, and 0.7% as transgender or other. Over three-fourths (79.6%) identified as White, 21.2% as Black or African American, and 3.7% as American Indian or Alaska Native. Regardless of their racial identity, 11.0% identified with Hispanic or Latino ethnicity. Youth may select more than one racial or ethnic group with which they identify, so percentages do not add up to 100. Of the outcomes group, all who identified as Hispanic also identified as non-White.

## Duration of Participation

Participants in the outcomes group were typically involved with Aftercare for more than two years (median = 2.4 years, mean = 2.0 years). Nearly half (44.9%) of this group participated over a period of 2.5 years or more, and 60.5% were involved over a period of at least two years.

Because duration is measured as the time between a participant’s initial entrance and their most recent exit, the total duration can include lapses in participation. Still, the length of time young people voluntarily engage in Aftercare services is a positive indication that they find value in the support they receive from IASN. Further, the policy of stepping-down the maximum monthly PAL stipend as participants get older, which was first implemented in January 2020, has not impacted the length of time participants remain engaged in Aftercare services.

## Employment

The purpose of IASN services is to help participants move toward stability and self-sufficiency as they transition to adulthood. Securing and maintaining employment is important to this goal. Once again, this year, youth in Aftercare demonstrated significant gains in employment while in Aftercare. In the outcomes group, employment at any level increased from 51.1% at intake to 62.0% at exit (both higher than the prior year). More than half (53.3%) of the participants reported working at least 25 hours or more per week at exit, approaching double this level of employment at intake (29.9%).

As reflected in Table 3.1, females were more likely than males to be employed at intake but for fewer hours per week. Females were also more likely than males to be employed at exit, with more males reporting working less than 25 hours per week. While participating in Aftercare, fewer females were employed less than part-time, and more females were employed full-time. At exit, 69.6% of females and 50.8% of males were employed at any level, including 63.8% of females and 43.3% of males who were working more than 25 hours per week. About one-in-six youth were not in the workforce at both intake and exit, a group that includes full-time students.

**Table 3.1** Outcomes Group – Employment Status by Interview Type

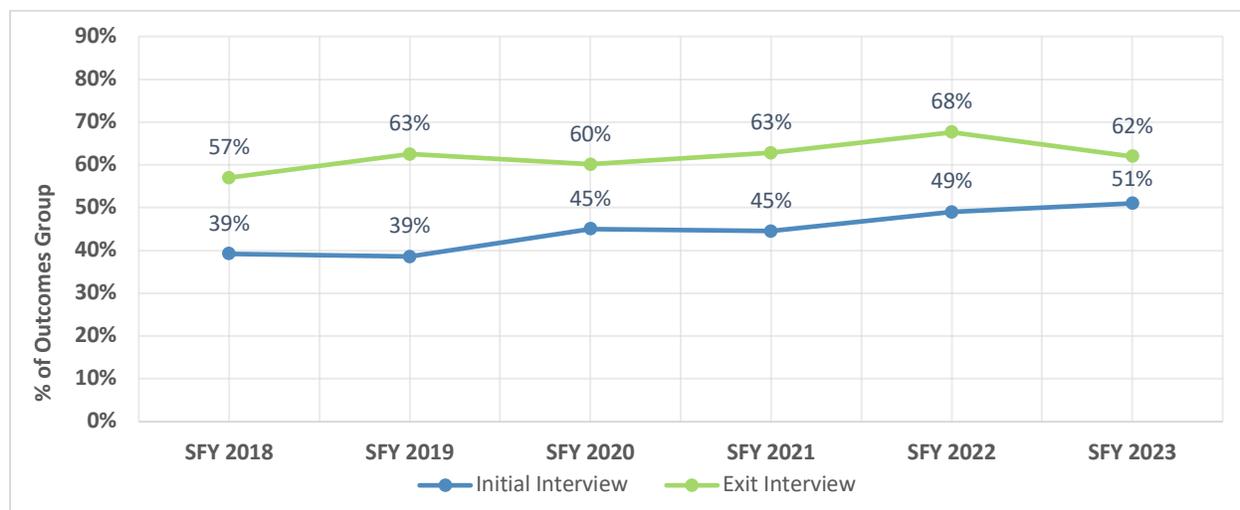
	<b>All (n=137)</b>		<b>Male (n=67)</b>		<b>Female (n=69)</b>	
	<b>Initial</b>	<b>Exit</b>	<b>Initial</b>	<b>Exit</b>	<b>Initial</b>	<b>Exit</b>
<b>Employed full-time (35+ hours)</b>	13.9%	38.0%	14.9%	34.3%	13.0%	42.0%
<b>Employed part-time (25-34 hours)</b>	16.1%	15.3%	17.9%	9.0%	14.5%	21.7%
<b>Employed part-time (&lt;25 hours)</b>	19.0%	5.8%	9.0%	7.5%	29.0%	4.4%
<b>Unemployed, seeking work</b>	29.2%	19.7%	29.9%	20.9%	29.0%	17.4%
<b>Unemployed, long-term disability</b>	1.5%	0.7%	1.5%	1.5%	1.5%	0.0%
<b>Not in workforce</b>	18.3%	14.6%	25.4%	19.4%	25.4%	10.1%
<b>Other/Not reported</b>		5.8%		7.5%		4.4%

Relative to state and national data from the National Youth in Transition Database (NYTD), Aftercare employment outcomes (59.1% at exit) compare favorably to the larger population of former foster youth. According to the FFY 22 national NYTD data, 52% of youth at age 19 are employed (either full- or

part-time).<sup>6</sup> Specifically, the Iowa NYTD data shows that of Iowa’s NYTD follow-up sample, 62% were working at age 19.

Six-year trends in employment for young people at Aftercare intake and exit are shown in Figure 3.1. Over the prior five years (SFY 2018 – SFY 2022), the percentage working full or part-time averaged 43.4% at entry and increased to 62.2% at exit. In SFY 2023, the percentages were 51% at intake and 62% at their exit from services.

**Figure 3.1** Outcomes Group – Full or Part-Time Employment by State Fiscal Year and Interview Type



### Resources to Meet Living Expenses

Half of this year’s outcomes group reported zero earned income when they first accessed services, as shown in Table 3.2. The proportion of participants with no earned income drops significantly (50.4% to 35.8%) from intake to exit. Participants demonstrated strong earnings growth as the economy recovered and individuals continued to rebound from setbacks resulting from the pandemic; almost six times as many youths were earning \$800 or more per month at exit (41.6%) than at intake (7.3%) in the SFY 2023 outcomes group.

**Table 3.2** Outcomes Group – Monthly Earned Income by Interview Type

	All (n=137)		Male (n=67)		Female (n=69)	
	Initial	Exit	Initial	Exit	Initial	Exit
<b>\$0</b>	50.4%	35.8%	59.7%	46.3%	40.6%	24.6%
<b>\$1-399</b>	11.0%	3.7%	7.5%	3.0%	14.5%	4.4%
<b>\$400-799</b>	26.3%	17.5%	19.4%	17.9%	33.3%	17.4%
<b>\$800-1,199</b>	7.3%	7.3%	7.5%	4.5%	7.3%	10.1%
<b>\$1,200+</b>	5.1%	34.3%	6.0%	28.4%	4.4%	40.6%

<sup>6</sup> National Youth in Transition Database, Outcomes for FFY 2022 (age 19), U.S. Department of Health and Human Services, Children’s Bureau; <https://www.acf.hhs.gov/cb/data-research/data-and-statistics-nytd>

**Note:** Prior to SFY 2020, participants reported their **gross** monthly earned income (i.e., before taxes). Beginning in SFY 2020 they are asked to report their monthly **net** or “take-home” income (i.e., after taxes). Therefore, income at initial intake is pre-tax for 67% of respondents and after-tax for the remaining 33%. Income at exit is after-tax for all respondents.

While earnings increase during their time in Aftercare, it is still difficult for many participants to meet their expenses (especially with earned income alone) as they take on adult responsibilities. As shown in Table 3.3, slightly above a quarter (27%) of young people at exit reported not having enough resources to cover their expenses the prior month, an improvement from nearly half of young people (48.2%) who could not cover their expenses at intake.

**Table 3.3** Outcomes Group – Resources for Monthly Expenses by Interview Type

	All (n=137)		Male (n=67)		Female (n=69)	
	Initial	Exit	Initial	Exit	Initial	Exit
<b>Yes, with earned income alone</b>	27.7%	27.7%	22.4%	26.9%	33.3%	29.0%
<b>Yes, with earned income and other assistance</b>	24.1%	43.8%	20.9%	46.3%	27.5%	40.6%
<b>No, not enough to cover expenses last month</b>	48.2%	27.0%	56.7%	26.9%	39.1%	27.5%

Other indications of financial capability also show improvement from intake to exit (Table 3.4). These are encouraging signs that youth are making progress toward longer-term economic stability.

**Table 3.4** Outcomes Group – Financial Capability Indicators by Interview Type (All)

	Initial	Exit
<b>Six months or more of continuous employment</b>	46.7%	57.7%
<b>Have a checking account</b>	56.2%	83.9%
<b>Have money saved for emergencies</b>	40.2%	46.0%
<b>Have received their credit report</b>	7.3%	43.1%
<b>Have their Social Security card</b>	86.1%	89.8%

### Safe and Stable Housing

Like many emerging adults in their late teens and early twenties, most youth who age out of foster care live with friends or family at this stage of their lives. At intake, 77.4% of the outcomes group were living with family members, friends, or other unrelated adults, as shown in Table 3.5. At exit, this number declined by about twenty percent, but 59.9% continued to live with other adults. Conversely, as shown below, the number living alone increased from intake (13.9%) to exit (27.0%).

**Table 3.5** Outcomes Group – Housing Status by Interview Type

	All (n=137)		Male (n=67)		Female (n=69)	
	Initial	Exit	Initial	Exit	Initial	Exit
<b>Living alone, sole responsibility</b>	13.9%	27.0%	10.5%	25.4%	17.4%	29.0%
<b>With others, paying</b>	35.8%	45.3%	31.3%	38.8%	39.1%	52.2%
<b>With others, not paying</b>	38.7%	9.5%	46.3%	11.9%	31.9%	5.8%
<b>University housing</b>	2.2%	1.5%	0.0%	1.5%	4.4%	1.5%
<b>Supportive housing (shelter, rehabilitation, etc.)</b>	3.7%	5.1%	6.0%	7.5%	0.0%	2.9%
<b>Couch surfing or homeless</b>	3.7%	4.4%	3.0%	4.5%	4.4%	2.9%
<b>Other*</b>	1.5%	0.4%	1.5%	7.7%	1.5%	1.5%

\* Examples include jail, garages, and hotels.

The vast majority of youth report feeling safe in their current living arrangement at both intake (97.8%) and exit (94.2%), although there are a few at each interview who are homeless or couch-surfing (3.7% at the initial interview and 4.4% at exit). Of concern is that 29.9% of those exiting indicated they had experienced homelessness since aging out of foster care or other placement. This is comparable to Iowa FFY 2022 NYTD results, which reported that 27% of those surveyed at age 19 had been homeless in the past two years.

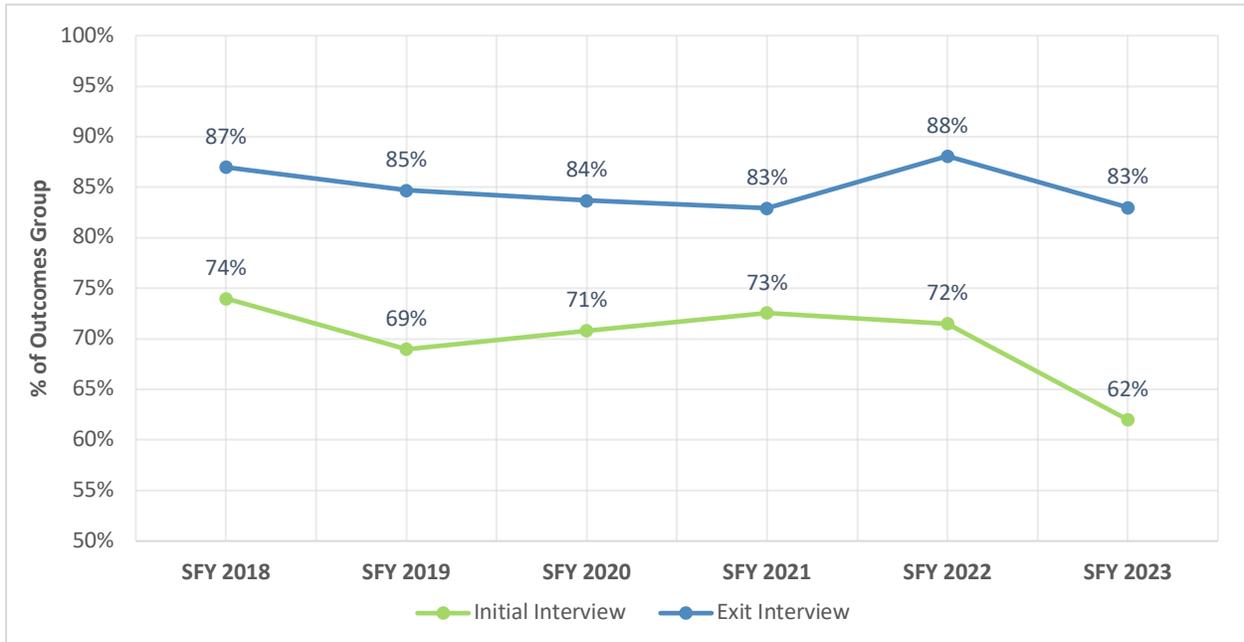
Of those in the outcomes group, 58.4% report being on a lease at exit (nearly double the 29.9% at intake), but the affordability of housing remains tenuous for many, and other measures reflect housing insecurity among this population. For example, 45.3% of exiting participants indicated that more than half of their monthly income (earned and unearned) goes toward rent and utilities, and 16.8% are currently behind or late on rent and/or utility bills.

Housing assistance specifically for former foster youth, such as Iowa’s Aftercare Rent Subsidy program (see page 25) and the federal Foster Youth to Independence (FYI) program administered by some local housing authorities in cooperation with HHS, is available to help. Still, housing costs remain a challenge for these young adults.

### Education

A fair share of young people complete high school or earn a high school credential while participating in Aftercare. The six-year trends in education are shown in Figure 3.2. Among this year’s outcomes group, 62% of these young people had earned a high school credential prior to accessing Aftercare. By the time youth exited services, 83% had achieved this milestone. The averages for the prior five years (SFY 2018 – SFY 2022) were 71.8% at intake and 85.4% at exit.

**Figure 3.2** Outcomes Group – High School Credential by State Fiscal Year and Interview Type



**Table 3.6** Outcomes Group – Education Attainment by Interview Type

	All (n=137)		Male (n=67)		Female (n=69)	
	Initial	Exit	Initial	Exit	Initial	Exit
<b>Associate degree</b>	0.0%	2.9%	0.0%	0.0%	0.0%	5.8%
<b>High School Diploma</b>	56.9%	70.1%	55.2%	71.6%	58.0%	68.1%
<b>High School Equivalency Degree</b>	5.1%	9.5%	9.0%	11.9%	1.5%	7.3%
<b>None of the Above</b>	38.0%	16.8%	35.8%	16.4%	40.6%	17.4%

Encouragingly, the disparity in education attainment between White, Non-Hispanic youth and Youth of Color evident in previous years’ data was not present in this year’s Outcomes Group (Table 3.7). In fact, the rate of high school completion/credential among Youth of Color was equal to that of White, Non-Hispanic youth at exit this year. Among Youth of Color, 82.1% had earned a high school credential by the time they exited Aftercare, compared to 84.1% of White, Non-Hispanic youth.

**Table 3.7** Outcomes Group – Education Attainment at Exit by Race/Ethnicity

	White, Non-Hispanic (n=69)		Youth of Color (n=68)	
	Initial	Exit	Initial	Exit
<b>Associate degree</b>	0.0%	4.4%	0.0%	1.5%
<b>High School Diploma</b>	62.3%	69.6%	51.5%	71.6%
<b>High School Equivalency</b>	4.4%	10.1%	5.9%	9.0%
<b>None of the Above</b>	33.3%	15.9%	42.6%	17.9%

Overall, Aftercare participants’ secondary completion (83% at exit in SFY 2023) compares favorably to both state and national NYTD survey results. At age 19, 65% of NYTD respondents in Iowa (cohort 4, FFY 2022) and 58% nationally (cohort 4, FFY 2022) had earned a High School Diploma or equivalent. However, post-secondary completion remains uncommon – at exit, only 5.1% of youth had earned a vocational, trade, or technical certificate or license, and 2.9% had earned an associate degree.

At exit, 35.0% of participants were currently enrolled in an education program, including 21.9% continuing to work toward a high school credential and 13.1% who were enrolled in a post-secondary education or training program. Another 9.5% indicated they intended to enroll in an education program in an upcoming semester or session.

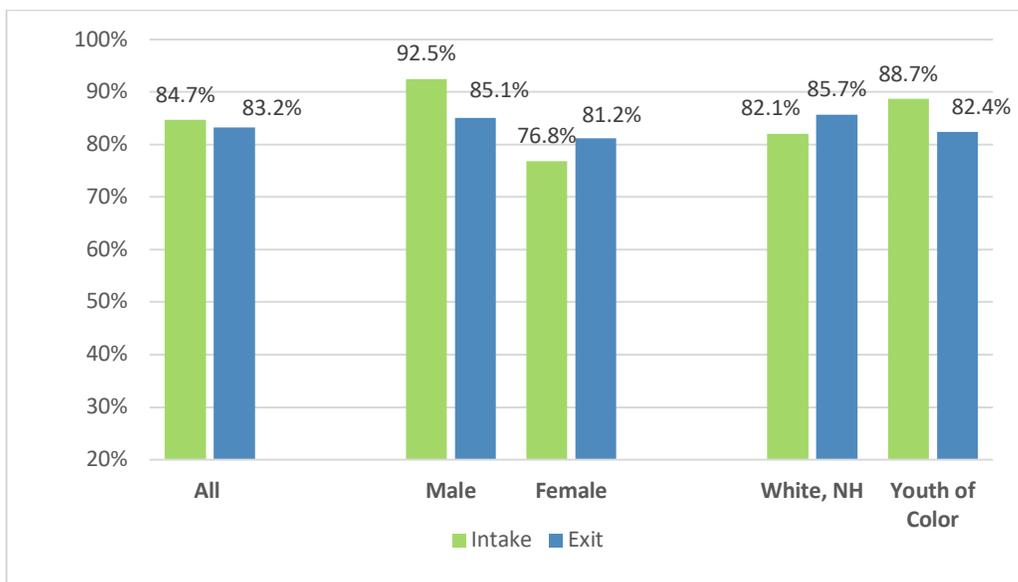
Continuing enrollment of exiting Aftercare participants also compares favorably to NYTD survey data, which shows 40% of Iowa youth (FY 2022) and 44% of youth nationally (FY 2022) reporting education enrollment among 19-year-olds in the NYTD samples.

### Positive Relationships

Social relationships and networks of positive adults support healthy development and are essential for all young people. Those who age out of foster care have often experienced loss, separation, and disruption of relationships with family members and other caring adults. Ability to create and maintain positive relationships can be hindered by past trauma. It is, therefore, promising that most participants report that they have adults that they “will always be able to turn to for support, advice, [to] share or celebrate personal achievements, [and to] help solve problems” at both intake and exit from Aftercare.

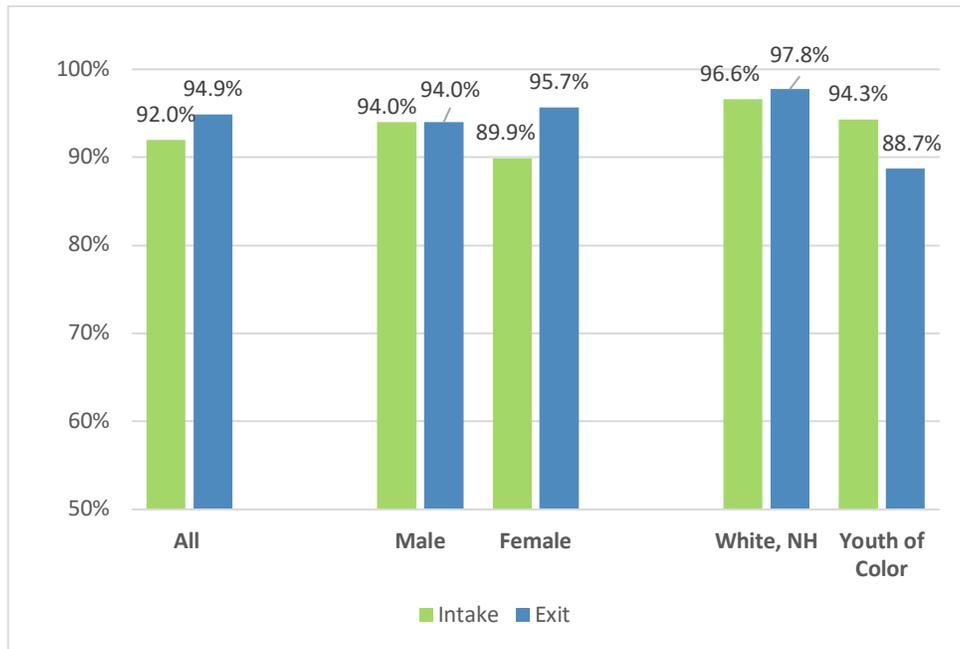
At intake, 84.7% of the outcomes group reported having a family member that they could count on for support, while at exit 83.2% of participants reported family support (Figure 3.3). Males and White, Non-Hispanic youth reported higher rates of having a family member they can count on than females and Youth of Color, respectively. Exiting youth named a variety of family members with whom they have positive relationships, including birth parents (33.6%), adult siblings (37.2%), extended family members (55.5%), and fictive kin (47.5%).

**Figure 3.3** Outcomes Group – Family Member to Count on by Interview Type, Gender and Race



Similarly, more than 90% of participants are able to identify non-family adults that they can rely on at both intake (92.0%) and exit (94.9%) (Figure 3.4). As evidence of the positive relationship Aftercare staff establish with young people, 86.9% of exiting participants report that their Aftercare Advocate is someone they are able to turn to for support. Other supportive adults mentioned by youth at exit include extended family (55.5%), adult friends (71.5%), and significant others (40.2%).

**Figure 3.4** Outcomes Group – Non-Family Adult to Count on by Interview Type, Gender and Race



When asked which one adult (family or otherwise) they turn to most often for support, 19.7% said a birth parent, 16.8% said a spouse or significant other, 11.7% said an extended family member, and 10.2% said an Aftercare Advocate. While almost all young people report some connections with both family and non-family members, 30.7% reported at exit that they had some, but not enough people to count on.

### Parenting

Of this year’s outcomes group, three (2.2%) were parents when first accessing services. This increased to 27 youth (19.7%) at exit. About 12% of males and 28% of females were parents at exit. Additional questions related to parenting experiences were added to intake and exit interviews beginning in SFY 2020. Four-year data on these factors is shown in Table 3.8. Still, because of the relatively small number of participants responding to these questions, caution should be used when interpreting this information.

**Table 3.8** Outcomes Group – Parenting Factors Among Exiting Parents

	SFY 2020 (n=37)	SFY 2021 (n=45)	SFY 2022 (n=38)	SFY 2023 (n=27)
<b>Custody of (some or all) child(ren)</b>	78.4%	73.3%	89.5%	63.0%
<b>Paternity established</b>	64.9%	62.2%	73.0%	63.0%
<b>Not custody, but regularly involved</b>	13.5%	17.8%	15.8%	25.9%
<b>Pay or receive child support</b>	10.8%	6.7%	0.0%	3.7%
<b>Participated in parenting program</b>	40.5%	55.6%	44.7%	44.4%
<b>Enough parenting support from others</b>	62.2%	68.9%	76.3%	63.0%

### High-Risk Behaviors

The prevalence of risky behaviors among Aftercare participants provides insight into their transition to adulthood. Some of these behaviors may not be accurately or truthfully reported by participants. Especially at intake, before a trusting relationship with an Advocate has been established, youth may be reluctant to report these behaviors honestly. Youth are also given the option to decline to answer interview questions. While these self-reports by young people are fairly consistent from year to year, it is important to use caution when interpreting this data, given the sensitive nature of the questions.

About one-fifth of youth indicate past-month tobacco use at intake (19.7%) and exit (19.7%) (Table 3.9). Recent intoxication (13.1% to 23.4%) and marijuana use (16.1% to 29.2%) increased significantly from intake to exit. Given the cultural norms around the use of these substances in young adulthood, these percentages are similar to state and national rates among other young adults. For example, for Iowans ages 18 – 25, the NSDUH estimates past month tobacco use at 28%, past month binge alcohol use at 40.1%, and past month marijuana use at 21.3%.<sup>7</sup>

**Table 3.9** Outcomes Group – Recent (Past 30 Days) Drug Use by Interview Type

	All (n=137)		Male (n=67)		Female (n=69)	
	Initial	Exit	Initial	Exit	Initial	Exit
<b>Alcohol to intoxication</b>	13.1%	23.4%	11.9%	23.9%	14.5%	23.2%
<b>Tobacco</b>	19.7%	19.7%	16.4%	23.9%	23.2%	14.5%
<b>Marijuana</b>	16.1%	29.2%	17.9%	25.4%	13.0%	31.9%
<b>Meth and/or opioids</b>	0.7%	0.7%	1.5%	1.5%	0.0%	0.0%
<b>Prescription misuse</b>	0.7%	1.5%	1.5%	0.0%	0.0%	2.9%

In the two years prior to their initial Aftercare intake, 33.6% of youth reported having been “incarcerated or detained in a jail, prison, or juvenile justice or community detention facility.” This overall rate includes participants whose last placement was STS/detention. Of females, 18.8% also

<sup>7</sup> National Survey on Drug Use and Health, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration; [2019-2020 NSDUH State-Specific Tables | CBHSQ Data \(samhsa.gov\)](https://www.samhsa.gov/data/state-specific-tables) retrieved 8/23/2022.

reported being incarcerated or detained prior to accessing Aftercare. At exit, criminal justice involvement since leaving their last juvenile placement had declined to 24.1% overall (32.8% among males and 14.5% among females).

It is important to note that the Aftercare interview asks whether participants were “incarcerated or detained” (consistent with a similar question on the NYTD outcomes survey), not whether they were charged or convicted of any crimes. In the Iowa NYTD sample of 19-year-olds surveyed in FY 22, 20% indicated that they had been incarcerated or detained in the prior two years.

A relatively small number of participants self-reported specific criminal activities (see Table 3.10). Among the categories covered in the interview, stealing is the crime most often reported at intake (14.6%) but declines sharply by the time youth exit Aftercare (9.5%). A small but persistent proportion of participants are involved with gang activity and illicit drug trading, both of which are reported more often at intake (past two years) than exit (since leaving formal placement).

**Table 3.10** Outcomes Group – Incarceration and Criminal Activity by Interview Type

	All (n=137)		Male (n=67)		Female (n=69)	
	Initial	Exit	Initial	Exit	Initial	Exit
<b>Incarcerated or detained</b>	33.6%	24.1%	49.3%	32.8%	18.8%	14.5%
<b>Stealing</b>	14.6%	9.5%	20.9%	10.5%	8.7%	8.7%
<b>Selling or distributing drugs</b>	7.3%	2.9%	11.9%	6.0%	2.9%	0.0%
<b>Gang activity</b>	5.8%	2.2%	7.5%	4.5%	4.4%	0.0%

**Note:** Initial interviews ask participants about their criminal justice involvement and criminal activity in the “last two years.” Exit interviews ask about the period after their last discharge from HHS or JCS placement.

Of concern is the proportion of participants who consistently report a high frequency of past self-harm and suicidality. Many exiting participants have inflicted harm in the form of “cutting, burning, etc.” (37.2%), planning suicide (36.5%), and attempting suicide (31.4%) sometime in their lives, although most of these behaviors occurred more than a year prior to their exit from Aftercare (Table 3.11). Even so, these risk factors are reminders of past trauma and the seriousness of the difficulties many participants face as they transition from foster care to adulthood.

While Aftercare is not designed or intended to provide mental health assessments or treatment, Advocates are trained to observe and report signs of mental health concerns and to help youth connect to appropriate community resources when needed.

**Table 3.11** Outcomes Group – Self-Harm Behaviors by Interview Type

	All (n=137)		Male (n=67)		Female (n=69)	
	Initial	Exit	Initial	Exit	Initial	Exit
<b>Ever inflicted self-harm</b>	37.2%	37.2%	23.9%	23.9%	44.9%	49.3%
<b>Self-harm last 12 months</b>		8.0%		4.5%		11.6%
<b>Ever planned suicide</b>	36.5%	38.0%	25.4%	26.9%	47.8%	49.3%
<b>Planned suicide last 12 months</b>		9.5%		11.9%		7.3%
<b>Ever attempted suicide</b>	31.4%	35.0%	17.9%	23.9%	44.9%	44.9%
<b>Attempted suicide last 12 months</b>		7.3%		9.0%		5.8%

### Physical and Mental Health Services

Nearly all participants have health insurance when they enter and exit services, with most enrolled in Medicaid, which is available to youth who age out of foster care up to age 26 in Iowa (Table 3.12). Aftercare Advocates work with participants to understand their insurance coverage and to complete annual renewal applications as needed.

**Table 3.12** Outcomes Group – Health Insurance Coverage by Interview Type

	All (n=137)		Male (n=67)		Female (n=69)	
	Initial	Exit	Initial	Exit	Initial	Exit
<b>Medicaid</b>	94.9%	97.8%	92.5%	98.5%	97.1%	97.1%
<b>Someone else's plan</b>	4.4%	0.7%	6.0%	1.5%	2.9%	0.0%
<b>Employer</b>	0.7%	2.9%	1.5%	1.5%	0.0%	4.5%
<b>Self (private pay)</b>	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Many Aftercare participants have chronic physical and mental health problems that require ongoing treatment or medications. For example, Table 3.13 shows nearly half (46.7%) of the outcomes group were taking prescribed medications at intake, and over one-third (35.8%) were doing so at exit. Among females, 52.2% had been diagnosed with a mental health disorder in the three years prior to exiting Aftercare.

**Table 3.13** Outcomes Group – Health Conditions and Treatments by Interview Type

	All (n=137)		Male (n=67)		Female (n=69)	
	Initial	Exit	Initial	Exit	Initial	Exit
<b>Taking current prescribed medication(s)</b>	46.7%	35.8%	40.3%	26.9%	52.2%	43.5%
<b>Mental health diagnosis, past 3 years</b>	53.3%	41.6%	43.3%	31.3%	62.3%	52.2%
<b>Current counseling/therapy</b>	31.1%	27.7%	23.9%	20.9%	39.1%	33.3%

### Essential Documents

Due to their transitions between placements and, ultimately, out of foster care, it can be difficult for youth to acquire and retain important documents. While consistently high, many young people who lacked these documents at intake have gained access to them while participating in Aftercare (Table 3.14).

**Table 3.14** Outcomes Group – Essential Document Possession by Interview Type

	All (n=137)		Male (n=67)		Female (n=69)	
	Initial	Exit	Initial	Exit	Initial	Exit
<b>Birth Certificate</b>	83.9%	83.9%	89.6%	85.1%	78.3%	82.6%
<b>Social Security Card</b>	86.1%	89.8%	86.6%	91.0%	87.0%	89.9%
<b>Government Issued ID</b>	80.3%	95.6%	76.1%	95.5%	84.1%	95.7%
<b>Verification of Foster Care</b>	70.8%	82.5%	71.6%	86.6%	69.6%	78.3%

Although it is not an essential document *per se*, possession of a valid driver’s license is often crucial as participants pursue education and employment, particularly in more rural areas of the state. Over the last few years, typically, fewer than 40% of youth enter Aftercare with a driver’s license. As of their exit from Aftercare in SFY 2023, over half of youth (59.9%) had a valid driver’s license (a decrease from 68.2% in SFY 2022), 30.7% of youth expressed that they “have never been able to get a driver’s license but want one” (an increase from 17.2% in SFY 2022); 3.7% had a license, but it had been suspended or revoked; and 4.4% indicated that they didn’t “want or need a driver’s license at this time.”

## Closing Comments

The transition into adulthood can present unique challenges for young individuals who have experienced foster care or other forms of out-of-home placements. Aftercare aims to provide these young individuals with the necessary skills, resources, and connections essential for a successful transition into adulthood.

As evidenced by the outcome measures within this report, young individuals engaging in Aftercare services demonstrate notable improvements across various domains. For example, the majority have achieved a high school credential, are gaining employment status, and have seen an increase in their earnings by the time they complete their participation in Aftercare services. There are also major improvements in health and well-being: tobacco and vaping use have decreased, a diagnosis of SED is at an all-time low, and incarceration and criminal activity rates are lower compared to the prior two years.

However, there are areas of concern, as well. Young adults from diverse racial backgrounds and males indicated having a limited support network of family members to rely on, with Youth of Color also reporting fewer non-family adults they could turn to for support. Some individuals have also faced mental health challenges, with more reporting self-harm and planning suicide at exit compared to intake. Additionally, even though young adults have received external support for transportation and driving education this year, fewer are receiving their driver’s licenses, which poses potential challenges in the pursuit of education and employment. Notably, however, more than half of the youth at exit have received their driver’s licenses. Achievement of milestones among Aftercare participants varies, underscoring the necessity of addressing disparities as an integral component of the ongoing efforts to assist and advocate for these young individuals.

## Appendix A

# Findings from the 2023 Annual Iowa Aftercare Participant Satisfaction Survey

## Annual Participant Survey Report, April 2023

By Mikaela Scozzafava and Janet Melby

Child Welfare Research and Training Project

### Introduction

The [Iowa Aftercare Services Network \(IASN\)](#) provides services and support to help young adults who exit foster care near the age of 18 make a successful transition to adulthood, supporting them up to age 23 as they pursue self-sufficiency. Aftercare Self-Sufficiency Advocates (“advocates”) meet with young people regularly to set goals, develop individual action plans, build skills, and connect to resources. Assistance is provided to participants in the areas of education, employment, housing, health, life skills, and relationships.

The Network administers an annual survey to solicit feedback from Aftercare participants and assess their satisfaction with the services they are receiving. Survey results are used to inform policy and program decisions as part of the Network’s ongoing quality assurance efforts. The annual survey is also used to provide a snapshot of the status of participants in terms of three primary outcomes: sufficient resources, stable housing, and supportive relationships. The present survey was developed by the Child Welfare Research and Training Project at Iowa State University in consultation with the Iowa Department of Health and Human Services and YSS, the lead agency for the IASN.

In April 2023, 328 active Aftercare participants across the state fully or almost fully completed the online, confidential survey, which was 82.6% of the 397 eligible youth who engaged with their Advocate in that month. Young people receiving services from all eight agencies in the Network participated, as determined by the agency that the youth identified in their survey responses. Participants in the Cedar Rapids area accounted for approximately 26% and in Council Bluffs for 18% of all survey responses in the analysis. The participation rate varied across the eight agencies, from 62% to 100%, averaging 82.6%. As an incentive to complete the survey, respondents were given the opportunity to provide their name and contact information to be entered into a drawing for one of five \$50 gift cards. Those names were selected, and gift cards were distributed after the survey closed.

Of all respondents, 264 young people (ages 18 to 21) were receiving Core Aftercare services at the time of the survey, and 61 participants (those age 21 and 22), were receiving Extended Aftercare services. Three (3) respondents did not provide their age or other demographic information that is requested at the end of the survey. All respondents completed the survey electronically.

Aftercare advocates strive to give every active participant an opportunity to share their feedback by completing a survey during the month the survey is administered, but doing so is

voluntary on the part of the participants. Of all continuing<sup>8</sup> Core Aftercare participants who met with an advocate at least once during the month of April, 86.5% completed a survey (n=305). Similarly, of 92 Extended Aftercare participants who met with an advocate in April, 66% completed a survey.

This report shows survey results for both Core and Extended Aftercare recipients separately and combined. Respondents who did not provide their age are included in the total data but not in the disaggregated Core or Extended Aftercare responses. Survey respondents were not required to answer every question, and some discontinued the survey before reaching the end. Therefore, the number of total responses for each question varies. Typically, the survey link was provided to advocates, and it is suggested that they provide the survey link to participants when they meet. The intent is for participants to complete the survey during their meeting with their advocate, who should provide privacy during survey completion.

## Participant Characteristics

Characteristics of the participants are collected through three demographic questions that are included at the end of the survey. This information allows us to analyze responses by age, gender, and race variables. Given the high response rate, those completing the survey are generally representative of all young people served by the Network during the year.

Beginning in January 2020, IASN was authorized to provide Extended Aftercare services to youth ages 21 and 22 years old who had participated in Aftercare before their 21<sup>st</sup> birthday. Extended Aftercare services are more flexible and do not require monthly participation to remain eligible. Rather these services are available when young people need assistance. IASN first included these older participants in the annual survey in 2021 and continued that practice in 2023. As shown below in [Table 1](#), of all 2023 survey responders, just under one-fifth (18.8%) fell into the Extended Aftercare category, reflecting the increasing participation of this older age group.

**Table 1: Age Distribution by Survey Year**

	2020 (n=354)	2021 (n=370)	2022 (n=316)	2023 (n=325)
<b>18</b>	28.8%	21.6%	20.9%	24.9%
<b>19</b>	38.1%	27.8%	26.6%	33.5%
<b>20</b>	33.0%	35.4%	32.9%	22.8%
<b>21</b>	--	7.6%	13.0%	10.5%
<b>22</b>	--	7.6%	6.6%	8.3%

Across all 2023 respondents (see [Table 2](#)), almost half (48.5%) identified as female; 47.9% identified as male; 2.4% identified as transgender or other. Older respondents receiving

<sup>8</sup> Because the survey results are used to assess the quality of services participants receive over time, young people entering Aftercare during the month the survey is administered are not asked to complete a survey.

Extended services were more likely to be female (54.1%) than male (45.9%), and none of these respondents identified as transgender or another gender.

**Table 2: Gender Identity**

	Core (n=264)	Extended (n=61)	Total (n=328)
Female	47.7%	54.1%	48.5 %
Male	48.9%	45.9%	47.9%
Transgender	0.8%	0.0%	0.6%
Other	2.3%	0.0%	1.8%
Prefer Not to Answer	0.4%	0.0%	0.3%

Aftercare participants are racially and ethnically diverse. When asked which race/ethnicity they “most closely identify with,” about one-third of the respondents identified as people of color, while two-thirds of participants, including those in both Core and Extended Aftercare, identified as White (see Table 3). This is consistent with the racial and ethnic composition of Aftercare participants in prior years and with the overall population of those who have recently aged out of court-ordered, out-of-home placements in Iowa.

**Table 3: Race/Ethnicity “Most Closely Identified With.”**

	Core (n=264)	Extended (n=61)	Total (n=328)
Black or African American	17.0%	11.5%	15.9%
Asian American	0.8%	0.0%	0.6%
Hispanic or Latino	8.7%	1.6%	7.3%
Native American or American Indian	3.0%	3.3%	3.0%
Native Hawaiian or Pacific Islander	0.4%	0.0%	0.3%
White	61.0%	73.8%	62.8%
Multiracial	7.2%	8.2%	7.3%
Other	1.1%	1.6%	1.2%
Prefer Not to Answer	0.8%	0.0%	0.6%

## Participant Outcomes and Satisfaction

The Aftercare contract includes performance measures in three key areas that are monitored, in part, using three questions with yes/no response options in the annual satisfaction survey:

1. **Sufficient Resources:** “Last month, did you have enough money or other resources to cover your expenses? (Include your income, money from PAL/vendor payments, and any other assistance).”

2. **Stable Housing:** “Do you currently have a safe and stable place to live?”
3. **Supportive Relationships:** “Do you have a positive relationship with at least one adult in your community?”

Nearly all (95% or more) of both Core and Extended Aftercare respondents reported that they had stable housing and supportive relationships. As shown in [Table 4](#), just over three-fourths of all Aftercare respondents (78.4%) reported that they had sufficient resources to meet their expenses. However, the rate was lower for Extended (68.9%) than for Core (80.7%). These responses indicate that most young people are navigating the transition to adulthood successfully while participating in Aftercare and taking advantage of the support and financial assistance available to them through the program.

**Table 4: Self-Sufficiency Performance Measures**

% Responding “Yes”	Core (n=264)	Extended (n=61)	Total (n=328)
<b>Sufficient Resources</b>	80.7%	68.9%	78.4%
<b>Stable Housing</b>	95.5%	96.7%	95.7%
<b>Supportive Relationships</b>	97.7%	100.0%	97.9%

The Aftercare Network strives to treat each participant fairly and to respect each young person’s individual race, culture, and identity. Establishing a positive relationship with participants is critical to keeping young people engaged and making progress. As shown in [Table 5](#) below, responses to statements about how participants feel their advocates treat them were overwhelmingly positive.

**Table 5: “Please tell us how often each of the following statements about your experience in Aftercare is true.” (n=328)**

	Always True	Most of the time	Just Sometimes	Rarely or Never True <sup>a</sup>
I am treated fairly.	80.5%	17.1%	1.8%	0.6%
My race and cultural heritage are respected.	90.5%	8.5%	0.6%	0.3%
My gender and gender identity are respected.	93.0%	7.0%	0.0%	0.0%
My sexual orientation is respected.	93.3%	6.7%	0.0%	0.0%
My advocate is someone I can count on and trust.	90.9%	7.6%	1.2%	0.3%

<sup>a</sup> For reporting purposes, responses to the options “rarely” and “never true” were combined.

Additional questions in the survey asked how often the program helps participants achieve their goals, how they feel about their future, and if they have the tools needed to be successful. Again, answers reflect high levels of satisfaction with the services provided by the program, with most of the participants responding with “Always True” to each item listed in [Table 6](#) below.

**Table 6: "Please tell us how often each of the following statements about your experience in Aftercare is true." (n=328)**

	Always True	Most of the time	Just Sometimes	Rarely or Never True
Financial support from Aftercare (PAL stipend, vendor payment, etc.) helps keep me working toward my goals.	82.0%	14.9%	2.7%	0.3%
My advocate helps me connect with people and resources that will help me succeed.	87.2%	11.6%	1.2%	0.0%
My advocate helps me feel hopeful about my future.	86.9%	10.7%	1.8%	0.6%

Survey responses also revealed that young people were somewhat less confident about achieving their goals, having a long-term plan for education and/or employment, and having reliable transportation (see Table 7).

**Table 7: "Please tell us how often each of the following statements about your experience in Aftercare is true."**

	Always True	Most of the time	Just Sometimes	Rarely or Never True
I am confident I will achieve my goals.	68.0%	24.7%	6.7%	0.6%
I have a plan for my long-term education and/or employment that is helpful.	67.1%	25.3%	6.4%	1.2%
I have <u>reliable</u> transportation to get to school and/or work.	64.9%	23.2%	7.6%	4.2%

To assess participants' general satisfaction with the Aftercare services they have received, the survey invited respondents to rate Aftercare's overall helpfulness on a five-point scale. The average rating by all respondents in the 2023 survey was 4.7, with just under three-quarters of respondents (72.0%) offering a five-star rating. Fewer than 6% gave Aftercare less than a four-rating, as shown in Table 8.

**Table 8: "How helpful is Aftercare/PAL to you overall?"**

Five-point rating where "1" is not at all helpful and "5" is very helpful.

	Core (n=264)	Extended (n=61)	Total (n=328)
5	70.5%	80.3%	72.0%
4	23.9%	14.8%	22.6%
3	5.3%	4.9%	5.2%
2	0.4%	0.0%	0.3%
1	0.0%	0.0%	0.0%

Participants were also prompted to retrospectively identify when they first heard about Aftercare services. Youth are eligible for Pre-Aftercare services at age 17 and Core Aftercare when they turn 18. Ultimately, the goal is to engage with eligible youth as early as possible, so they have access to Aftercare services for a longer time. Table 9 shows that although most participants (72.9%) first heard of Aftercare before they turned 18 years of age, just under 20% of participants heard about Aftercare services before they turned 17 years old. This implies that about 1 in 5 youth are hearing of Aftercare services prior to being eligible for Pre-Aftercare services and are more likely to hear of Aftercare before they are eligible for Core Aftercare services.

**Table 9: “About how old were you when you first heard about Pre-Aftercare or Aftercare services?”**

	Core (n=264)	Extended (n=61)	Total (n=328)
<b>Under 17</b>	19.3%	21.3%	19.5%
<b>17</b>	31.4%	24.6%	29.9%
<b>17.5</b>	23.5%	24.6%	23.5%
<b>18 or over</b>	17.4%	14.8%	16.8%
<b>I don’t remember</b>	8.3%	14.8%	9.5%

Unique to the 2023 survey, participants were asked if there was an Aftercare advocate or representative at their transition meeting. Results shown in Table 10 indicate that it was clear for about 60% of respondents that there was an advocate or representative at their meeting, while one-fourth of respondents were not sure if there was an advocate or representative. Additionally, about 10% of all respondents did not think they ever participated in a transition meeting, although transition meetings are a requirement of HHS. These results indicate that for about 40% of participants, it was not clear enough that the transition meeting was occurring and that their Aftercare advocate was present.

**Table 10: “Was there an Aftercare advocate/person at your transition meeting (YTDM/YCPM)?”**

	Core (n=264)	Extended (n=61)	Total (n=328)
<b>Yes</b>	59.8%	63.9%	60.1%
<b>No</b>	4.2%	3.3%	4.0%
<b>Not sure/don’t remember</b>	25.0%	26.2%	25.0%
<b>I don’t think I ever had one of those types of meetings</b>	11.0%	6.6%	10.1%

<sup>b</sup> Note: For reporting purposes, responses to the options “not sure” and “don’t remember” were combined.

Participants were also asked to identify what they wish they had more help with prior to aging out. There were 14 options for participants to choose from, and they were able to respond with as many options as they would like. As shown in Table 11, 130 participants chose only one option, while 198 identified multiple options they would have liked more help with. The most identified choices participants would have liked more help with were “more information about services that would be available to me like Aftercare” and “information on how much things are really going to cost (housing,

food, transportation, education, etc.).” Of the 328 total participants, only three did not provide any response to the item below.

**Table 11: “What do you wish you had help with prior to aging out?”** Click all that apply.

	Number and rate of participants that identified this singular option (n=130)	Number and rate of participants that identified multiple options and included this response (n=198)	Total number and rate of responses (n=328)
More information about services that would be available to me like Aftercare	28 (21.5%)	95 (48.0%)	123 (37.5%)
Finding a place to live/deciding where I was going to live	8 (6.2%)	75 (37.9%)	83 (25.3%)
Information on how much things are really going to cost (housing, food, transportation, education, etc.)	13 (10.0%)	96 (48.5%)	109 (33.2%)
Identifying my interests and skills	11 (8.5%)	64 (32.3%)	75 (22.9%)
Deciding if I should or am ready to go to college	11 (8.5%)	66 (33.3%)	77 (23.5%)
Exploring different colleges/technical and trade schools, classes	2 (1.5%)	49 (24.7%)	51 (15.5%)
Exploring military options	2 (1.5%)	11 (5.6%)	13 (4.0%)
Completing applications for financial aid	2 (1.5%)	45 (22.7%)	47 (14.3%)
Finding a job/completing job applications	1 (0.8%)	53 (26.8%)	54 (16.5%)
Help getting my driver’s license	12 (9.2%)	61 (30.8%)	73 (22.3%)
Connecting with family	5 (3.8%)	33 (16.7%)	38 (11.6%)
Setting up bank accounts	6 (4.6%)	31 (15.7%)	37 (11.3%)
Someone to talk to about my fears or things I was stressed about	9 (6.9%)	68 (34.3%)	77 (23.5%)
Other (specify below)	17 (13.1%) <sup>c</sup>	11 (5.6%) <sup>d</sup>	28 (8.5%)
Missing (no response)	-	-	3 (0.9%)

<sup>c</sup> Note: All 17 participants that identified only “Other (specify below)” provided a written response.

<sup>d</sup> Note: 8 out of 11 participants that identified “Other (specify below)” with other options provided a written response.

If participants picked “Other (specify below),” they were able to provide a brief written response. Although there were some suggestions (for example: “Taxes and credit cards” or “home ownership”), some participants took the opportunity to praise the program or their advocate for providing them with information about each possible response.

## Comments from Young People

In each year’s survey, participants are invited to share additional comments about their experience in Aftercare in response to the question, **“Is there anything else you would like to share with us about your experience in Aftercare?”** Typically, most comments convey an extremely positive view of Aftercare services in general, and many participants take the opportunity to praise their advocate specifically. Participants also offer valuable constructive criticism.

In the 2023 survey, 83 respondents provided substantive comments, 86% of which were positive. Sixty-seven comments acknowledged the help and support they have received from the program and the relationship participants had with their advocate, including twenty-two who praised their advocate by name in their comments. Nine participants specifically mentioned Aftercare’s role in helping them set and achieve their own goals, such as: **“Aftercare has benefited me in so many more ways than just one. I am confident I will reach all my short-term and long-term goals and [I] know [I] am capable of achieving anything I would desire to do in life.”**

Less positive comments related to slow responsiveness and the desire for more financial support. Two participants expressed concern about the timeliness of responses while in Aftercare and the importance of the relationship that youth build with their advocates. Additionally, three participants suggested that the program should provide further financial support or **“... emergency money for us that don’t get stipends [because] we make too much ....”**

A few participants offered longer comments about the impact of Aftercare (*see below*).

### Impact of Aftercare

- “I appreciate all the help. I was homeless and Aftercare helped me get back up off the streets and into a great job and a home. Thanks for the boost and inspiration.”
- “Iowa Aftercare is a very helpful resource in my experience. Iowa Aftercare had [helped] me in my daily needs, also help entering adulthood. I really do appreciate everything Iowa Aftercare [has] done for me.”
- “[Aftercare] gives me more support and a lot of help by talking about my problems and goals that I want to reach. I really enjoy being in this program. [I] hope other kids like me find this program for more support.”

#### Impact of Aftercare

*“I feel like [I’m] receiving help in so many aspects of life with Aftercare. I really appreciate having an adult I can count on to guide [me] and discuss my issues with. I really appreciate having help financially and I don’t think I could have managed my bills without help from Aftercare.”*

## Praise for Advocates

- “[My advocate] is one of the kindest and most outgoing and thoughtful people I know. If anything, I say she deserves the best. She is always looking after us and is always finding time in her day to check up on me.”
- “Without a person like [my advocate] as an advocate in my life I wouldn’t be as far in life as I am today. I’m very thankful for the opportunity in this program.”
- “[My advocate] is very helpful and has done above and beyond at his job. It is much appreciated.”
- “[My advocate] is always more [than] helpful, supportive, and understanding. [I] couldn’t ask for a better worker. She’s my biggest support person outside of my home.”
- “My advocate is very respectful of my decisions to further my educational goals and my future plans.”

### Additional Support

*“I want to know more about any help with home ownership. My goal is to own my home when I move out of my foster home.”*

*“I wish it lasted forever because it helps me so much with adult issues I wouldn’t know how to answer on my own.”*

## Appreciation for the Help

- “I am thankful for this chance to learn to live independently. And to pursue a career I might enjoy.”
- “I appreciate my [advocate] a lot. I just wish there were more programs she could use to help me.”
- “I have enjoyed the extra support. They have helped me lots with PAL and gifts.”
- “It’s given me an adult in my life that I can rely on and that has helped me work towards and make steps towards moving forward and improving myself.”

### Preparing for the Future

*“It helped me out a lot with [building] my plans and my budgets. My advocate has been pretty awesome throughout the whole experience.”*

## Survey Limitations

Young adults participating in Aftercare do so on a voluntary basis. All Core and Extended Care youth who met with their Aftercare Advocate during the survey period had an opportunity to complete the survey. This means that some youth did not have an opportunity to respond despite attempts by the Advocate to contact each youth being served. While the annual participant survey historically has shown very high levels of satisfaction with the services provided, it could be that those who are dissatisfied simply do not stay involved in the program long enough to be surveyed for their feedback. Further, the typical duration of involvement in Aftercare consistently averages two or more years (including temporary interruptions in services), suggesting that young people find value from their participation and are highly satisfied with the services and support they receive.

## Appendix B

### SFY 2023 Required Performance Measures – July 2023

Date: July 14, 2023

To: Andrew Allen, CEO, YSS

From: Joanie Havel, IASN Coordinator

Re: Iowa Aftercare Services Network **SFY 2023 Achievement of Performance Measures** for Budgeted Incentive Funds

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Section 1.3.2 and 1.3.5.2 of the Department of Health and Human Services contract for the Iowa Aftercare Services Network establishes an incentive plan based on outcomes achieved. The sections read, in part, as follows:

*The Contractor shall direct its efforts at achieving and evaluating the following outcomes, which shall be measured and reported by offering an opportunity to complete the survey to all exiting Participants. The Contractor shall document and report in the annual program progress report the results, including the number who declined. (section 1.3.2)*

*An equal share for each measure is payable upon Agency approval that each measure has been met or exceeded. Each will be paid in the full amount, when earned, and is not reduced to subcontractor level. (section 1.3.5.2)*

- a. Outcomes Achieved:** *(as measured by a youth survey, exit interview completed with youth, or justifiable case manager report at exit.)*
- i. At least 80 percent of participants will have resources to meet their living expenses.*
  - ii. At least 90 percent of participants will have a safe and stable place to live.*
  - iii. At least 90 percent of participants will, by self-report, have positive personal relationships with at least one adult in the community.*

*Note: The percentage standard for living expenses increased from the previous 65% to 80% this fiscal*

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year; the percentage standard for a safe and stable place to live increased from 80% to 90% this fiscal year per the contract.

The primary source of data to determine if these performance measures are met is the annual participant satisfaction survey that was completed by active participants in April 2023. The survey, which includes questions specific to the performance measures, was completed by 305 core youth in April, representing 86.5% of core active participants that month. The results of the FY 2023 survey are presented below.

<b>Outcomes Achieved:</b>	<b>FY 2023</b>
<i>Last month, did you have enough money or other resources to cover your expenses? (Incentive Target – 80% Yes)</i>	
<b>Yes</b>	<b>80.7%</b>
<b>No</b>	<b>19.3%</b>
<i>Do you currently have a safe and stable place to live? (Incentive Target – 90% Yes)</i>	
<b>Yes</b>	<b>95.5%</b>
<b>No</b>	<b>4.5%</b>
<i>Do you have a positive relationship with at least one adult in your community? (Incentive Target – 90%)</i>	
<b>Yes</b>	<b>97.7%</b>
<b>No</b>	<b>2.3%</b>

Based on the satisfaction surveys completed during the fiscal year, the Network achieved the desired performance based on this data source, which represents the conditions while youth are receiving services from the Network.

In addition, the outcomes achieved for the incentive performance measures are confirmed by examining data from interviews with participants who exited the program during the fiscal year and completed an exit interview after at least three months of service and did not return to services prior to the end of the fiscal year. In SFY 2023, there were 145 youth that met these criteria<sup>9</sup>. The following three questions are used to assess the achievement of the exit outcomes:

1. Do you have enough money to cover your needed expenses with your income and other assistance? (Response Options - Yes or No)

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<sup>9</sup> SFY 2023 outcome data is preliminary.

2. Where are you living? (Multiple response options, with university housing or any option where youth is paying rent or living with someone else included as meeting the safely housed performance measure—details below.) (Response Options - Yes or No)
  
3. Do you have adults other than a family member that you are able to turn to for support, advice, share or celebrate personal achievements, help solve problems? (This can include SSAs or previous case workers) (Response Options - Yes or No)

Responses to these questions on 145 exit interviews between July 1, 2022, and June 30, 2023, are shown in the table below:

Question	Number	Percent
Do you have enough money to cover your needed expenses with your income and other assistance? ( <i>Target Yes with earned income alone or with earned income and other assistance - 80%</i> ) <b>Network Achieved – 71%</b>		
Yes, with my earned income alone	39	26.9%
Yes, with my earned income and other assistance	64	44.14%
No	39	26.9%
Where are you living? ( <i>Target safely house – 90%</i> ) <b>Network Achieved – 85.52%</b>		
University (campus based) housing	2	1.38%
Apartment or house – sole responsibility for rent	38	26.21%
Apartment or house – shared responsibility for rent	40	27.59%
Living in someone else’s home (may or may not be contributing to rent or expenses)	38	26.2%
Living in an adult residential or rehabilitation facility or waiver home	6	4.14%
<b>SUBTOTAL – SAFELY HOUSED</b>	<b>124</b>	<b>85.52%</b>
Couch surfing or moving from house to house – no fixed address	5	3.45%
Transitional facility, shelter, or other supported housing	3	2.07%
Street/outdoors (homeless)	1	.69%
Other	9	6.21%
<b>SUBTOTAL – UNSAFELY HOUSED</b>	<b>18</b>	<b>12.42%</b>
Do you have adults other than a family member that you are able to turn to for support, advice, share or celebrate personal achievements, help solve problems (This can include SSAs or previous case workers.)? ( <i>Target – Yes 90%</i> ) <b>Network Achieved – 93.1%</b>		
<b>YES</b>	<b>135</b>	<b>93.1%</b>
No	7	4.83%

Based on this data, the exit interview results show that minimum thresholds on one outcome performance measure was exceeded by the Network in SFY 2023.

In summary, based on youth survey results, all three performance measures were met. However, we only met one outcome measure based on interviews with participants who exited this fiscal year.