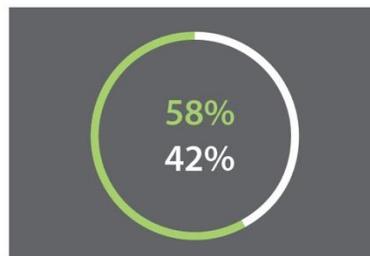




State Fiscal Year 2025 Annual Outcomes Report

Prepared by Iowa State University
Child Welfare Research and Training Project



August 2025

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.

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About Child Welfare Research and Training Project

The [Child Welfare Research and Training Project](#) (CW RTP) at [Iowa State University](#) (ISU) facilitates and evaluates programs and training for human services professionals and community providers to advance best practices for children, youth, families, and communities. The overall goal of CW RTP is to support those who serve Iowa children, families, and communities. CW RTP works to ensure Iowa's children and families receive services and care informed by best practices that lead to safety and overall well-being. CW RTP enhances best practices through a commitment to enhancing quality assurance, technical assistance, educational training, and research-based programming. Beginning in July 2022, CW RTP has provided coordination, quality assurance, marketing, and evaluation support for the [Iowa Aftercare Services Network](#) under subcontract with [YSS](#), the lead agency of the Network.

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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) 2025, Iowa State University (ISU) continued coordination for the IASN through an agreement with YSS. This work transitioned to ISU in 2023 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)¹ 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 six 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)

Further information about these agencies, including the counties they serve as part of the Network, is available at 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, which may impact results across reported:

- Beginning in 2002, HHS designated a portion of its funding from the federal Chafee Foster Care Program for Successful Transition to Adulthood² to provide services to 18 to 21-year-olds who are discharged from foster care near their 18th birthday.
- 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

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

² 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.

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 meet the same eligibility requirements as Core Aftercare. 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.
- HHS’s response to address challenges associated with COVID-19 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.
- 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.
- Recommendations from a Pre-Aftercare and Referral Process Workgroup for a new formal referral process to Pre-Aftercare for youth at least age 17, provided for in IAC 441—187.2(3)(a), were implemented on October 1, 2022. The statewide referral procedures for Pre-Aftercare and Aftercare services to be utilized by both HHS and JCS for eligible youth provide a centralized process and increased communication and documentation for the Network to better track youth.
- Eligibility criteria for Preparation for Adult Living (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 if other criteria are met. Previously, youth needed to have a high school diploma or equivalent to qualify for PAL assistance. However, with the extension of foster care services to age 21, the requirement to have high school credentials for PAL eligibility was eliminated.

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 176 youth who initiated services in SFY 2025 (July 1, 2024, to June 30, 2025). 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 504 participants who received Core Aftercare services in SFY 2025, 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 192 young people aged 21 and 22 during the year is also included.
- **Part III** of the report examines the outcomes of 141 participants who exited Core services during the year, did not return to Core services prior to June 30, 2025, 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 304 active participants in April 2025, including 53 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 who met these criteria are included in the SFY 2025 outcomes ($n=141$).

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), and individual youth self-reports are not linked over time. 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; thus, reported percentages may not always add to 100%. 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 2025 data to SFY 2024 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 2025).

State Fiscal Year 2025 Highlights

New Participants

In SFY 2025, **176 young people accessed Aftercare services for the first time**. New participants represented 30.6% of the 510 young adults who received Core Aftercare services during the year. Over the last five years, the Network has served an average of 548 young people per year, and an average of 178 participants each year have been new intakes.

- Similar to prior years and as reported by Weems et al.³, most young people access Aftercare within a few months of their 18th birthday and within a few weeks of exiting the system. Over three in four of this year's new intakes (71.8%) were under 18½ when first accessing Aftercare, and 85.9% were under the age of 19.
 - Of new intakes in SFY 2025, 58.0% identified as male and 41.5% as female, while 0.6% did not identify as male or female.
 - Among all new intakes, 69.3% identified as White (with 44.3% identifying as non-Hispanic and White), 27.8% identified as Black or African American, 16.5% identified as multiracial, 6.3% identified as American Indian or Alaska Native, and 1.1% identified as Asian. In total, 14.8% identified as Hispanic.
- This year, the last placement half (49.9%) of new participants was a family-like setting (Family foster home [non-relative], Relative, Adoption, Subsidized Guardianship, or Suitable Other placement). About one-sixth (15.4%) of new participants aged out of a QRTP (Qualified Residential Treatment Program) or shelter.
 - In an increase from last year, 21.0% came into Aftercare from a Supervised Apartment Living setting (compared to 15.0% last year). Of new participants in SFY 2025, 11.9% of intakes were discharged from the State Training School or a detention facility prior to accessing Aftercare.

³ Weems, C. F., Melby, J. N., Behrer, C., Wolfe, D., & Scozzafava, M. D. (2024). Statewide aftercare services program for youth transitioning from foster care: five-year trends in participation, services, and participant characteristics. *Children and Youth Services Review*, 160, 107551. <https://doi.org/10.1016/j.childyouth.2024.107551>

- Half of new participants (50.0%) had completed high school by the time they accessed services, a decline from the previous year.
 - Over half of new participants (52.8%) are enrolled in an education program at intake, including 37.5% who were enrolled in a high school or H.S. equivalency program and 13.6% who were enrolled in a postsecondary program at the time they accessed services. Another 21.6% indicated that they intended to enroll in the upcoming term.
- Employment among young people entering Aftercare decreased from last year, with slightly over one-third of new participants reporting being employed at some level at intake (34.1% in SFY 2024 compared to 53.1% in SFY 2023).
- 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 half (55.1% in SFY 2018) of all youth in Aftercare to just over one-fourth (27.3%).

Core and Extended Aftercare

A total of 504 young people aged 18, 19, and 20 received Core Aftercare services during the year, with an average of 314 served per month. STS/detention was the last placement of 39 participants (7.7%) of all those receiving Core services in SFY 2025.

While participation in Core services declined again this year as fewer young people 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 192 distinct young people received Extended services during the year, with an average of 71 participating each month.

Eighty (80) young people participated in both Core and Extended services during the year, leaving an unduplicated total number of youths served as 617. An average of 385 young people were served each month.

A total of 226 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 1.9 years; the median duration was 2.1 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 (56.8%); 30.2% met for guidance and/or support from the Advocate; 8.9% met for help on accessing resources; and 4.2% met 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, 2025). In total, the SFY 2025 unduplicated outcomes group includes 141 participants. Outcome data in Part III is presented for the full group of 141 young adults, as well as disaggregated by sex.

- Nearly two-thirds (62.0%) reached age 21 at the time they exited Core services and were no longer eligible; 65.3% were at least 20½ at exit.
- Participants in the outcomes group were typically involved with Aftercare for two years (median = 2.0 years, mean = 1.9 years). Two-fifths (40.4%) of this group participated over a period of 2.5 years or more, and 51.8% were involved over a period of at least two years.
- SFY 2025 outcomes group data shows strong earnings growth as the economy and individuals continued to rebound. More than three times as many exiting participants earned \$800 or more per month at exit (47.7%) than at intake (13.5%).
- 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. About one-fifth (19.9%) 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, 75.1% of the outcomes group lived with family members, friends, or other unrelated adults. At exit, this number declined, but 60.2% continued to live with other adults. Conversely, the number living alone increased from intake (10.6%) to exit (26.2%).
 - Most of the youth report feeling safe in their current living arrangement at both intake (97.2%) and exit (98.6%), although there are a few at each interview who are homeless or couch-surfing (5.7% at the initial interview and 2.8% at exit). Also of concern is that 31.2% of those exiting indicated they had experienced homelessness since aging out of foster care or other placement.
- Among this year’s outcomes group, 63.2% had earned a high school credential prior to accessing Aftercare. By the time they exited services, 82.9% of these young people had achieved this milestone.
- Of this year’s outcomes group, six (4.3%) were parents when first accessing services. This increased to 27 youth (19.2%) at exit. About 14% of males and 26% of females were parents at exit.

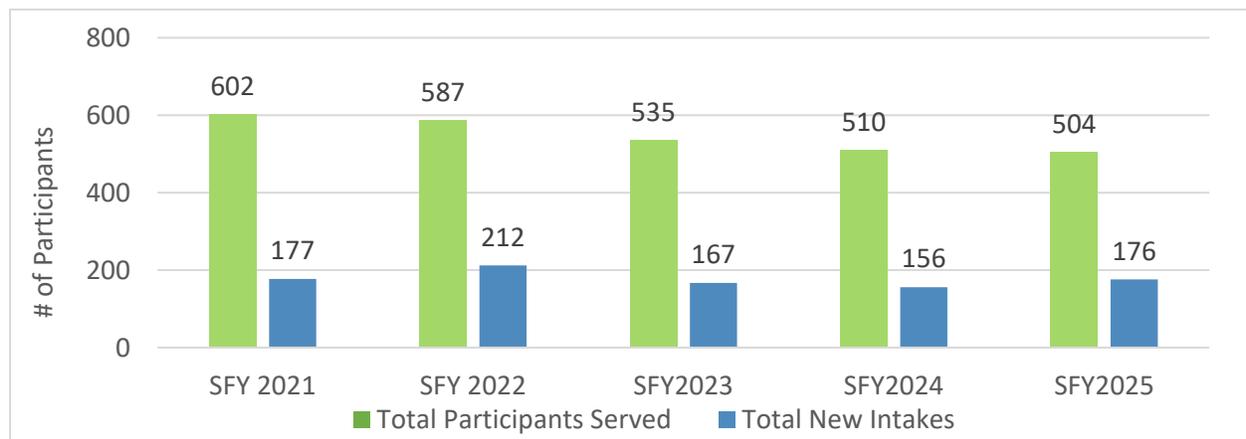
Part I: Characteristics of New Participants

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 youths 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 420 youth ages 16 - 20 are discharged from a foster care or juvenile justice placement each year.⁴ Because Aftercare eligibility is based on several factors related to the age and placement experience of each young person, a precise number of youths becoming eligible for services is difficult to pinpoint. Roughly half of young people who could receive Aftercare are referred and choose to participate, as also illustrated by Weems et al.⁵

In SFY 2025, **176 young people accessed Aftercare services for the first time**. New participants represented 35.3% of the 504 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 548 young people per year, and an average of 178 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 youths, however, learn about the services through their primary HHS or JCS (Juvenile Court Services) caseworker, an HHS Transition Planning Specialist, or another service provider. IASN agencies work collaboratively with these individuals to ensure that young people receive accurate and timely information about Aftercare

⁴ Child Trends. (2021). *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>

⁵ Weems, C. F., Melby, J. N., Behrer, C., Wolfe, D., & Scozzafava, M. D. (2024). Statewide aftercare services program for youth transitioning from foster care: five-year trends in participation, services, and participant characteristics. *Children and Youth Services Review*, 160, 107551. <https://doi.org/10.1016/j.chilyouth.2024.107551>

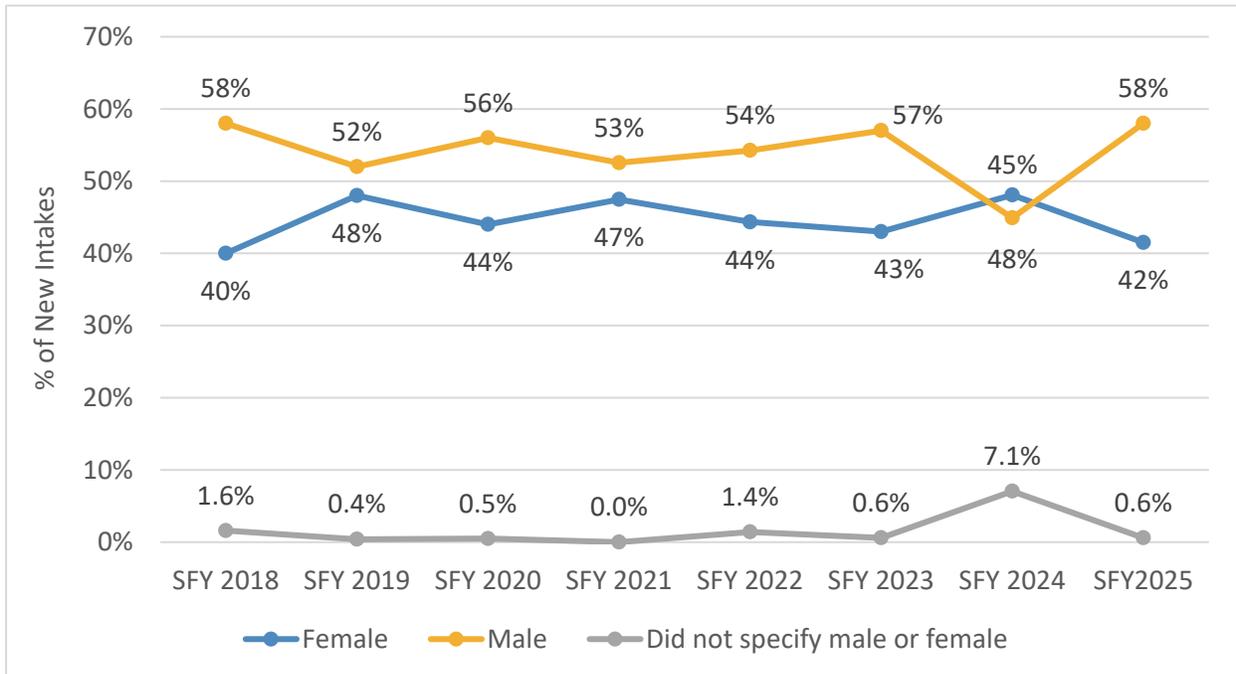
services. Yet, the most common reason given by youth who don't receive services is that they are not aware of Aftercare.⁶

The formal referral process to Pre-Aftercare for youth at least age 17, implemented on October 1, 2022, provides a centralized process and increased communication and documentation for the Network to better track youth. Using this process for Pre-Aftercare referrals, the Network received 203 referrals in SFY 2025.

Demographics

Most young people access Aftercare within a few months of their 18th birthday. Approximately three in four of this year's new intakes (78.9%) were under 18½ when first accessing Aftercare, and 86.9% were under the age of 19. The 176 new intakes had a mean age of 18.4 and a median of 18.1. As shown in Figure 1.2, of the new intakes in SFY 2025, 58.0% identified as males and 41.5% as females, while 0.6% did not specify male or female.

Figure 1.2 New Intakes – Sex by State Fiscal Year



As shown in Table 1.1, the majority of new intakes identify as “White or Caucasian” each year (69.3% in SFY 2025), and roughly one-fourth identify as “Black or African American” (27.8% in SFY 2025). A small proportion of youth identified as “American Indian or Alaska Native” (6.3%) and about 1.1% as “Asian.” Participants can identify with multiple races and separately report their ethnicity; 14.8% identified as Hispanic or Latino. Among all new intakes, 78 (44.3%) identified as non-Hispanic and selected White as their only race, while the remaining 55.7% identified with one or more other races, as multiracial, and/or Hispanic or Latino.

⁶ Department of Human Rights, Division of Criminal and Juvenile Justice Planning. *NYTD Annual Report, Cohort 3, 21 Year Olds, FFY 2021 Survey Results*.

Table 1.1 New Intakes – Racial by State Fiscal Year

	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
American Indian or Alaska Native	5.1%	3.8%	3.6%	3.2%	6.3%
Asian	2.8%	1.9%	1.2%	1.9%	1.1%
Black or African American	24.9%	23.6%	18.6%	26.3%	27.8%
Native Hawaiian or Other Pacific Islander	0.6%	0.5%	0.0%	0.6%	0.6%
White	74.0%	75.9%	82.0%	73.7%	69.3%
Multiracial	12.4%	11.8%	9.6%	10.9%	16.5%
Hispanic or Latino (of any Race)	11.9%	13.7%	8.4%	12.2%	14.8%

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

Young people entered Aftercare in 54 of Iowa’s 99 counties during the reporting period (see Table 1.2). Combined, approximately 39.7% of all new intakes were in Polk (45) and Linn (25) counties. Black Hawk (10) and Woodbury (8) counties rounded out the top four geographic areas where young people accessed services. Ten additional counties had three to five new intakes, and nineteen counties had two to four. At the other end of the scale, forty counties had one to two new participant access services. While the rural nature of Iowa and the concentration of participants in a small number of counties create challenges in providing statewide services, all youth in Iowa are served regardless of where they live.

Table 1.2 New Intakes – County of Residence

	#	%		#	%
Polk	45	25.6	Dickinson	2	1.1
Linn	25	14.2	Dubuque	2	1.1
Black Hawk	10	5.7	Floyd	2	1.1
Woodbury	8	4.5	Harrison	2	1.1
Pottawattamie	5	2.8	Henry	2	1.1
Scott	5	2.8	Ida	2	1.1
Cerro Gordo	4	2.3	Johnson	2	1.1
Marshall	4	2.3	Jones	2	1.1
Webster	4	2.3	Marion	2	1.1
Benton	3	1.7	Page	2	1.1
Jasper	3	1.7	Allamakee	1	0.6
Story	3	1.7	Boone	1	0.6
Tama	3	1.7	Bremer	1	0.6
Wapello	3	1.7	Buchanan	1	0.6
Buena Vista	2	1.1	Cedar	1	0.6

Cherokee	1	0.6	Iowa	1	0.6
Chickasaw	1	0.6	Keokuk	1	0.6
Clinton	1	0.6	Mahaska	1	0.6
Crawford	1	0.6	Mitchell	1	0.6
Des Moines	1	0.6	Monroe	1	0.6
Emmet	1	0.6	Montgomery	1	0.6
Fayette	1	0.6	Muscatine	1	0.6
Franklin	1	0.6	Palo Alto	1	0.6
Greene	1	0.6	Plymouth	1	0.6
Grundy	1	0.6	Pocahontas	1	0.6
Hamilton	1	0.6	Poweshiek	1	0.6
Hardin	1	0.6	Warren	1	0.6

Placement Characteristics

Aftercare participants tend to initiate services very soon after their exit from the system. Of new intakes, 83.6% accessed services within three months of being discharged from care, while 11.3% 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 ages 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 19 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 (69.3%) of new intakes had an HHS social worker during their placement, 22.6% had a JCO, and 7.5% were involved in both systems.

Many young people accessing Aftercare services have experienced lengthy stays in foster care, and many have multiple placements. Nearly fifty percent (48.6%) of youth reported spending two or more years in foster care, and 43.5% reported three or more placements.

Aftercare participants leave the system from a variety of foster care placement types. This year, the last placement of half (49.9%) of new participants was a family-like setting (Family Foster Home [non-relative], Relative, Adoption or Subsidized Guardianship, or Suitable Other placement). About one-sixth (15.4%) of new participants aged out of a QRTP or shelter. In an increase from last year, 21% came into Aftercare from a Supervised Apartment Living setting (compared to 19.2% last year). Of new participants in SFY 2025, 21 youth (11.9% 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 2024 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.

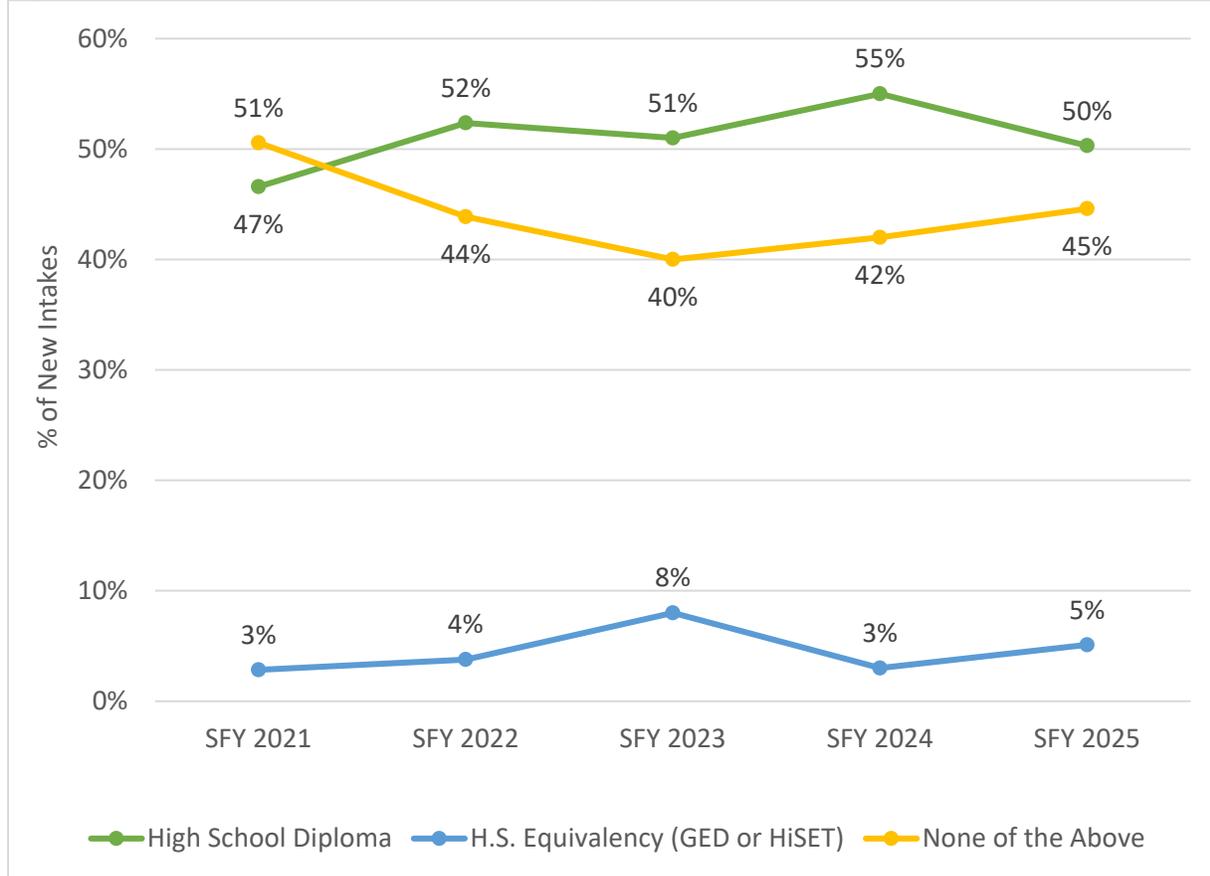
Table 1.3 New Intakes – Last Placement Type by State Fiscal Year

	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Family-Like					
Adoption/Sub. Guardianship	1.7%	3.3%	0.6%	5.1%	2.8%
Family Foster Home (non-relative)	26.0%	26.3%	24.0%	23.1%	21.6%
Relative	14.1%	9.9%	14.4%	18.6%	15.3%
Suitable other	10.2%	12.2%	7.8%	10.9%	10.2%
Family-like subtotal	52.0%	51.7%	46.8%	57.7%	49.9%
Congregate					
Group Home/PMIC/Q RTP	15.3%	13.6%	18.6%	9.0%	12.5%
Shelter	8.5%	5.6%	4.2%	3.9%	4.0%
Congregate subtotal	23.8%	19.2%	22.8%	12.9%	16.5%
STS/Detention					
STS	10.7%	10.3%	13.2%	7.7%	8.5%
Detention	1.7%	0.9%	2.4%	1.3%	3.4%
STS/Detention subtotal	12.4%	11.2%	15.6%	9.0%	11.9%
Supervised Apartment Living (SAL)					
SAL subtotal	11.9%	17.8%	15.0%	19.2%	21%
OVERALL TOTAL	100%	99.9%	100%	98.7%	99.3%

Note: NCWR (Non-Child Welfare Residential) placements accounted for 0.6% of placements. Examples include a court-ordered placement by HHS in a substance treatment center or Job Corps, which are not considered child welfare placements. Overall total percentages may not equal 100% due to rounding.

Education

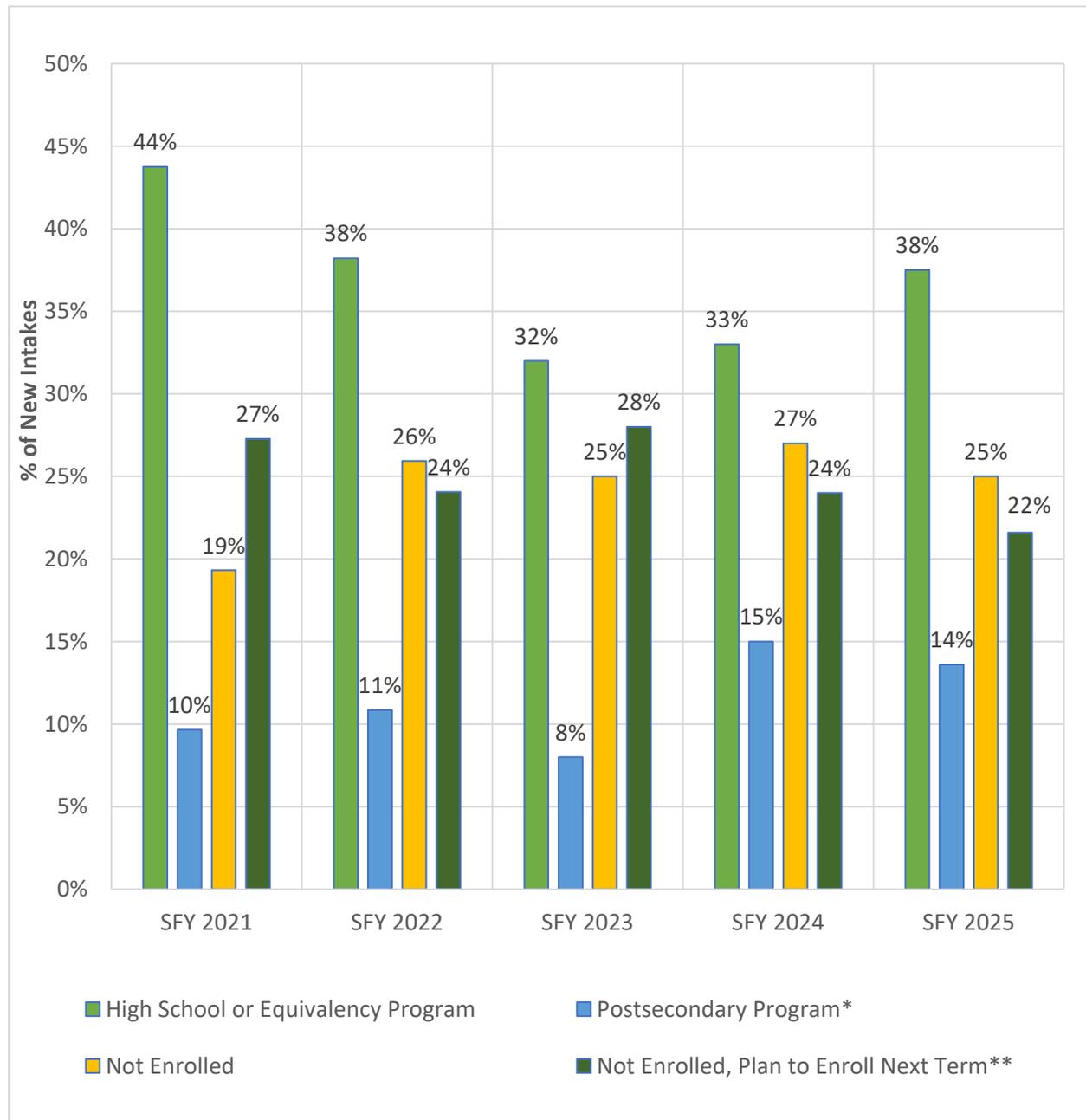
Results for SFY 2025 indicate a declining proportion of youth entering Aftercare with a high school diploma or equivalency (Figure 1.3). Half of the new participants in SFY 2025 completed high school by the time they accessed services. High school attainment prior to entering Aftercare peaked in SFY 2024 when 55% of youth had a high school diploma at intake. In SFY 2025, that percentage decreased to 50%, the second lowest rate in the last five years. Females were somewhat less likely to have completed high school at the time of intake – 52.1% of females versus 57.4% of males had their high school diploma or HiSET when they accessed Aftercare. It is important to note when interpreting these trends is that, due to the recent extension of foster care services to age 21, the requirement to have high school credentials for PAL eligibility was eliminated. Thus, we may expect to see a decline in the number of youths entering Aftercare with a high school diploma.

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 2025, 80 (45.7%) reported having received special education services (either an Individual Education Plan or 504 accommodation). Over half of males (52.5%) received special education services prior to entering Aftercare, compared to 35.6% of females. Of those receiving special education based on self-reports of the youth, the most prevalent reasons for special education services were behavior issues (27.5%) or a learning disability (23.8%).

Over half of new intakes (52.8%) are attending or are currently enrolled in an education program at intake, including 37.5% who were enrolled in high school or a H.S. equivalent program and 13.6% who were enrolled in a post-secondary program at the time they accessed services. Another 21.6% indicated that they intended to enroll in the upcoming term. A small number of young people (5.7% 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**

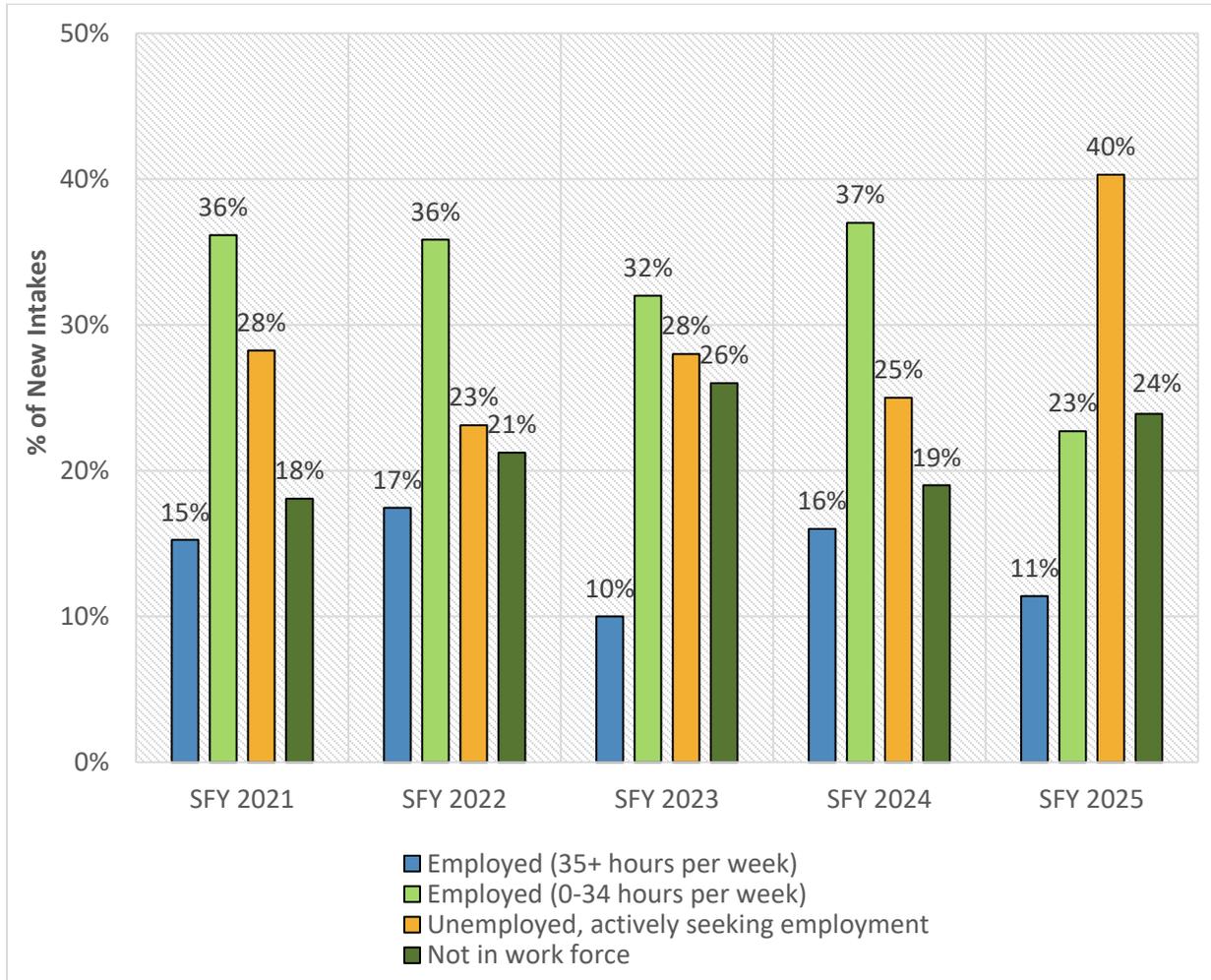
**Examples of training programs include Job Corps, beautician school, truck driving, and auto mechanic.

Employment and Finances

Employment among young people entering Aftercare has declined since SFY 2024 (Figure 1.5). Slightly over one-third of new participants reported being employed at some level at intake (34.1%). This includes 11.4% who reported full-time employment of 35 or more hours per week. Another 40.3% reported being unemployed but “actively seeking employment,” a large increase from the previous year.

About one in four (23.9%) reported they were “not in the workforce,” which may include full-time students. Unemployment among new participants increased from 25% in SFY 2024 to 40% in SFY 2025, with a notable increase in youth actively seeking work, suggesting economic challenges or shifts in youth readiness.

Figure 1.5 New Intakes – Employment Status by State Fiscal Year



Of new intakes, 17.6% have never held a job, while 28.4% report having been continuously employed for three months or less. One-fifth (21.6%) of new intakes reported having been continuously employed for one year or longer.

Most youth enter Aftercare in possession of their essential personal documents. Most new participants reported possessing a birth certificate (86.4%), Social Security card (89.2%), and government-issued identification, such as a State ID, driver’s license, or Permanent Resident Card (77.8%) in SFY 2025. In addition, 80.7% indicated that they had written verification of having been in foster care or out-of-home placement. This written verification is a relatively new federal requirement that requires States 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 2025, 36.4% had a valid driver’s license (a decrease from 42.3% last year), 51.7% of youth expressed that they “have never been able to get a driver’s license but want one” (an increase from 42.3% last year); 5.1% had a license, but it had been suspended or revoked; and 6.3% indicated that they didn’t “want or need a driver’s license at this time.”

Many youths in foster care also face barriers to accessing mainstream financial institutions and gaining direct experience managing a bank account. Overall, over one-fourth of new participants (30.1%) 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 former placements.

Table 1.4 New Intakes, Living Arrangements by Sex

	All (n=176)	Male (n=102)	Female (n=73)
Living with Family Members (biological or adoptive parent or other family member)	43.2%	46.1%	39.7%
Living with Former Placement (unrelated foster family, suitable other)	10.2%	5.9%	15.1%
Living with Others (roommates, non-related Adults, significant other)	32.4%	33.3%	30.1%
Living Alone (no other adults)	10.8%	9.8%	12.3%
Living in a residential program (shelter, transitional facility)	4.5%	5.9%	2.7%

Note: One intake did not identify as male or female. Totals may not exactly equal 100% due to rounding.

Despite what is usually a brief lapse between aging out of foster care and joining Aftercare, 13.1% of new intakes said they had been homeless at any point since aging out of their last placement, and 34.7% 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, 25.6% 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 (88.6%) 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 (58%), “fictive kin” (50.6%), adult siblings (40.3%), birth parents (38.6%), and adoptive parents (17%).

In addition, 89.2% of youth report having other adults who support them. Frequently reported non-family support included Aftercare advocates (77.3%), adult friends (64.2%), caseworkers (44.3%), significant others (38.1%), teachers or coaches (25%), and foster parents (24.4%).

Table 1.5 New Intakes, Supportive Adults by State Fiscal Year

	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Adult family member I will always be able to turn to for support ...	87.0%	92.7%	91.0%	85.6%	84.0%	88.6%
Adult, non-family member, I will always be able to turn to for support ...	92.5%	89.8%	90.6%	88.0%	89.7%	89.2%

Still, helping participants establish and maintain connections and relationships is an important aspect of Aftercare’s work. Over half (64.2%) of young people indicated they have “enough people to count on” for support, 34.1% reported that they have “some, but not enough people to count on,” and 1.1% say they have no one.

Health

Iowa youth exiting foster care are largely enrolled in Medicaid – 92.6% of new intakes reported Medicaid coverage. Only 2.8% indicated that they did not have any medical insurance. Of all new participants, over half (57.4%) reported having a primary care physician or health care group where they regularly receive health care.

Notably, in SFY 2025, there is a decreasing trend in alcohol, tobacco, e-cigarette/vape, and marijuana use among new intakes, with tobacco using at its lowest in the last 5 years (Table 1.6).

Table 1.6 New Intakes – Recent (Past 30 Days) Alcohol, Tobacco, and Other Drug Use by State Fiscal Year

	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Alcohol to intoxication	12.4%	11.3%	16.2%	16.7%	12.5%
Tobacco	20.3%	20.8%	15.6%	19.9%	13.1%
Vaping	26.6%	34.4%	32.9%	39.1%	30.1%
Marijuana	15.8%	14.2%	19.8%	24.4%	21.0%

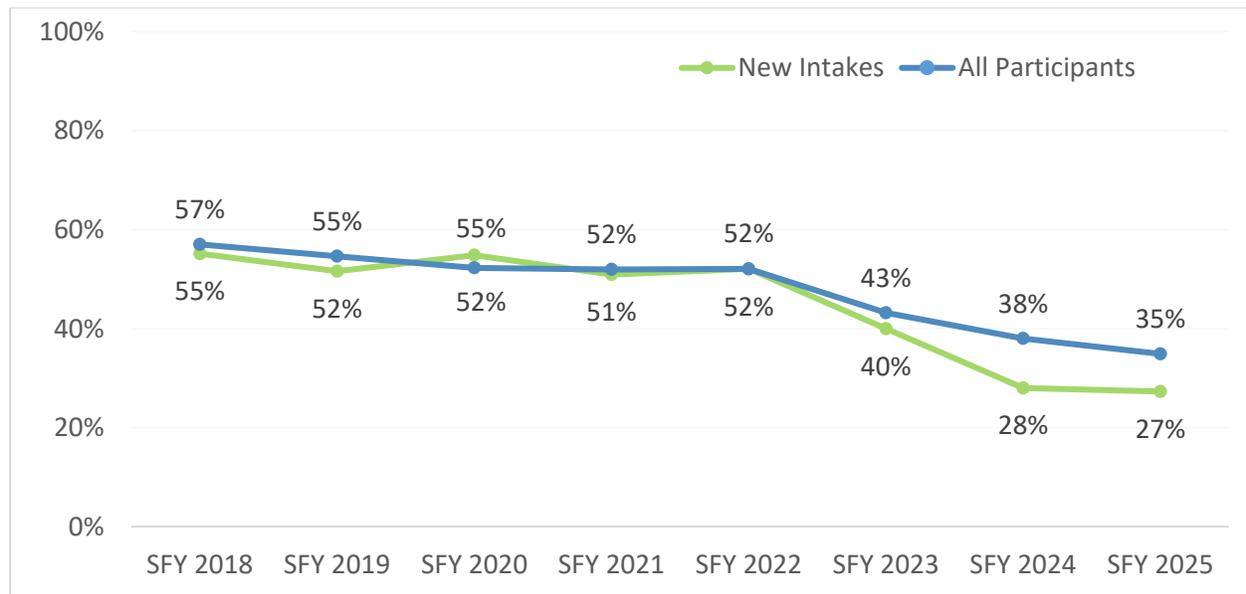
Mental Health

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 2018, 55.1%) to just over one-fourth (SFY 2025, 27.3%). On average, mental health challenges and associated risky behaviors are still more prevalent among young people in Aftercare than in the general population (36.2% of young adults aged 18 to 25).⁷

Figure 1.6 shows the percentages of new intakes and all participants who reported Serious Emotional Disorder (SED) based on those 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. In light of information reports by other sources, the decline in Aftercare youth reports of SED warrants further investigation into how this item is being recorded and/or defined.

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 (6.3%) started services as parents, which includes 11% of females and 2.9% 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 (45.2% vs. 20.6%). Self-reported regular use of birth control also differs between males and females, with over half (58.9%) of females reporting that they “always” use birth control compared to 31.4% of males.

Table 1.7 New Intakes – Reproductive Health Factors by Sex

	Female (n=73)	Male (n=102)
Are a parent (regardless of custody)	11.0%	2.9%
Ever pregnant/got someone pregnant	15.1%	7.8%
Always use birth control	58.9%	31.4%
Ever pressured into a sexual situation	45.2%	20.6%

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

⁷ Substance Abuse and Mental Health Services Administration. (2023). *2022 National Survey on Drug Use and Health: National report*. U.S. Department of Health and Human Services.

<https://www.samhsa.gov/data/sites/default/files/reports/rpt42731/2022-nsduh-nnr.pdf>

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, Aftercare 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, youth may withhold sharing their experiences; thus, this self-reported information should be interpreted with caution.

Table 1.8 New Intakes – Adverse Experiences by State Fiscal Year

	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Ever inflicted self-harm	29.4%	41.0%	35.3%	39.7%	40.3%
Ever attempted suicide	25.4%	31.1%	32.34%	38.5%	33.0%
Incarcerated/detained, past two years	36.7%	29.7%	32.3%	30.1%	33.0%
Mental health diagnosis, past three years	50.3%	46.7%	53.3%	51.3%	47.2%
Current counseling/therapy	28.3%	30.7%	27.5%	22.4%	29.5%
Substance abuse diagnosis, past 3 years	15.3%	17.0%	25.2%	20.5%	18.8%
Current substance abuse treatment	3.4%	4.3%	4.8%	3.2%	4.5%
Ever victim of domestic violence	33.9%	40.1%	40.7%	46.8%	40.3%
Ever victim of sexual abuse/exploitation	29.9%	34.4%	32.3%	39.1%	33.0%
Ever victim of human trafficking	N/A		3.0%	4.5%	4.5%

Note: Questions related to certain risky behaviors and related services were revised substantially in SFY 2023, so comparable data is not available for some data elements in SFY 2021 and SFY 2022.

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 differences by sex among those entering Aftercare. As shown in Table 1.9, differences by sex are seen in both adverse experiences and the frequency of receiving services related to those experiences.

Table 1.9 New Intakes – Adverse Experiences by Sex

	Female (n=73)	Male (n=102)
Ever inflicted self-harm	50.7%	32.4%
Ever attempted suicide	37.0%	19.6%
Incarcerated/detained, past two years	11.0%	49.0%
Mental health diagnosis, past three years	56.2%	40.2%
Current counseling/therapy	38.4%	23.5%
Substance abuse diagnosis, past 3 years	15.1%	21.6%
Current substance abuse treatment	4.1%	4.9%
Ever victim of domestic violence	50.7%	32.4%
Ever victim of sexual abuse/exploitation	45.2%	23.5%
Ever victim of human trafficking	6.8%	2.9%

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

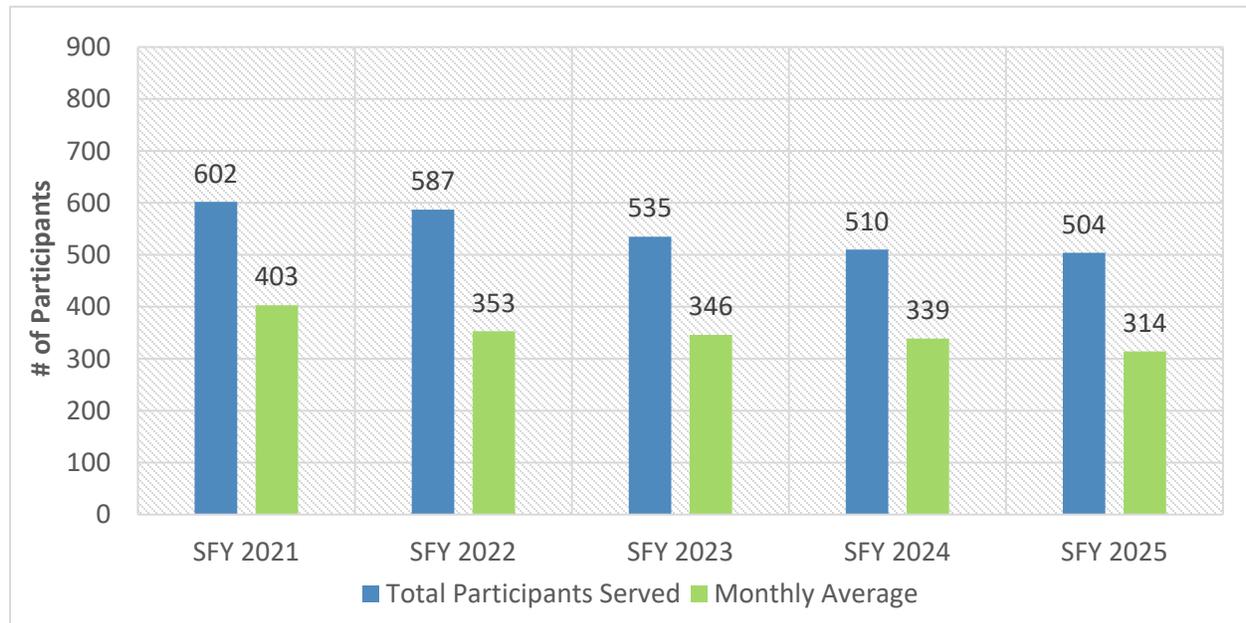
Part II: Overview of Services Provided

Part II of this report provides a brief overview of participation trends (yearly and monthly) and services provided by the Aftercare Network in SFY 2025. Additional information on these services is provided in the semi-annual progress reports submitted to HHS for the periods July – December and January – June.

Service Participants

Core Services. Five-year and monthly trends in Core Services participation are shown in Figure 2.1. A total of 504 young people aged 18, 19, and 20 received Core Services during SFY 2025, with an average of 314 served per month. Of all those receiving Core Services in SFY 2025, STS/detention was the last placement of 39 participants (7.7%).

Figure 2.1 Unduplicated Participation in Core Services by State Fiscal Year



Extended Services. Of the 504 “Core” participants, 80 young people also participated in Extended Services during the year. In total, 192 distinct young people aged 21 or 22 years received Extended Services during the year, with an average of 71 participating each month. Thus, the unduplicated total number of youth served was 617, with an average of 385 young people served each month. (More information on Extended Services is presented starting on page 25.)

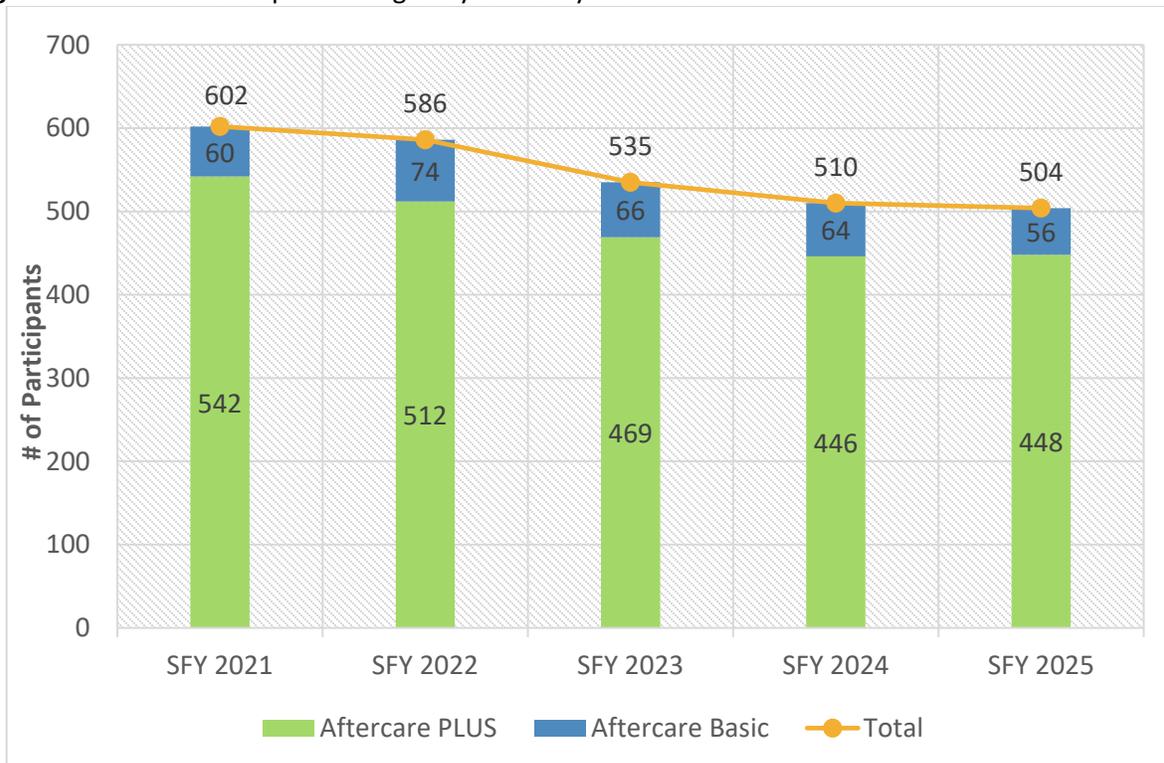
Eligibility Status

IASN categorizes Core participants as having either “Aftercare Basic” or “Aftercare PLUS” status as determined by program eligibility criteria. Because the 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.

Of the 504 Core participants in SFY 2025, 448 (88.9%) met the criteria for Aftercare Plus, and 56 (11.1%) met the criteria for Aftercare Basic only (Figure 2.2). Of these, 39 (7.7% of all participants) left their last placement before their 18th birthday; 15 (3%) were adopted or placed in subsidized guardianship after the age of 16; and 2 (0.4%) aged out of a non-child welfare placement or were on runaway status at the time of exit.

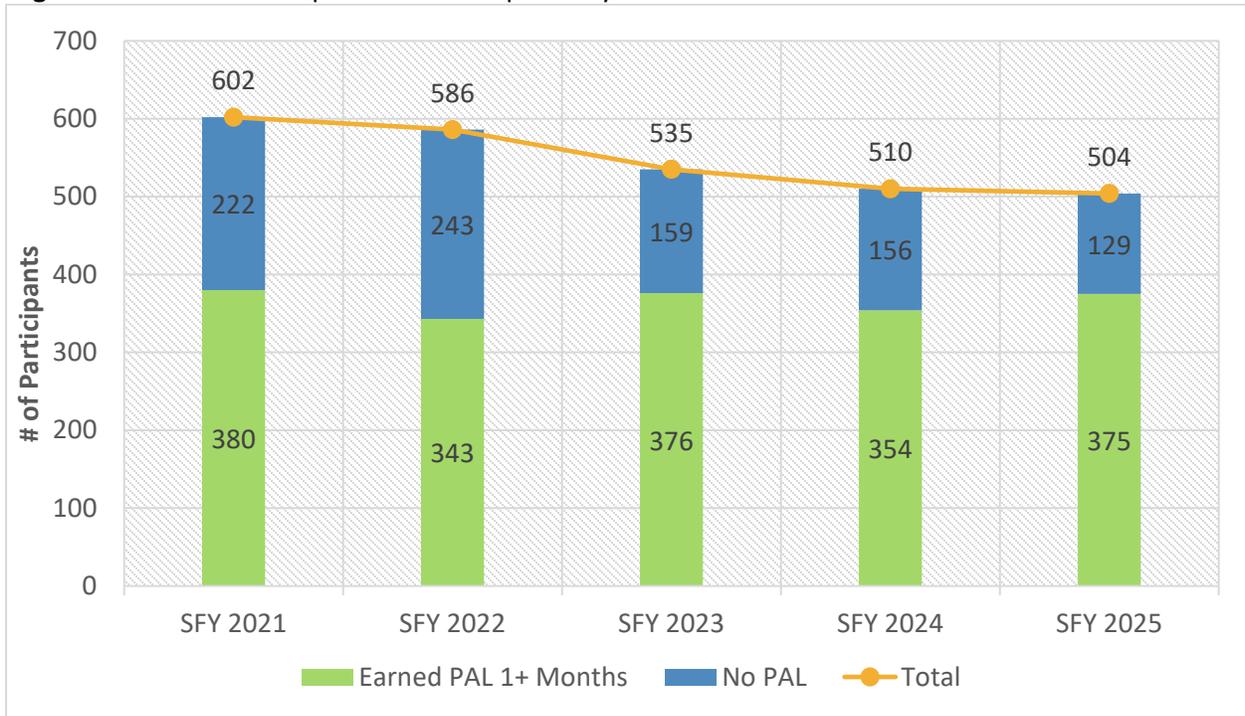
Figure 2.2 All Core Participants – Eligibility Status by State Fiscal Year



PAL Participation

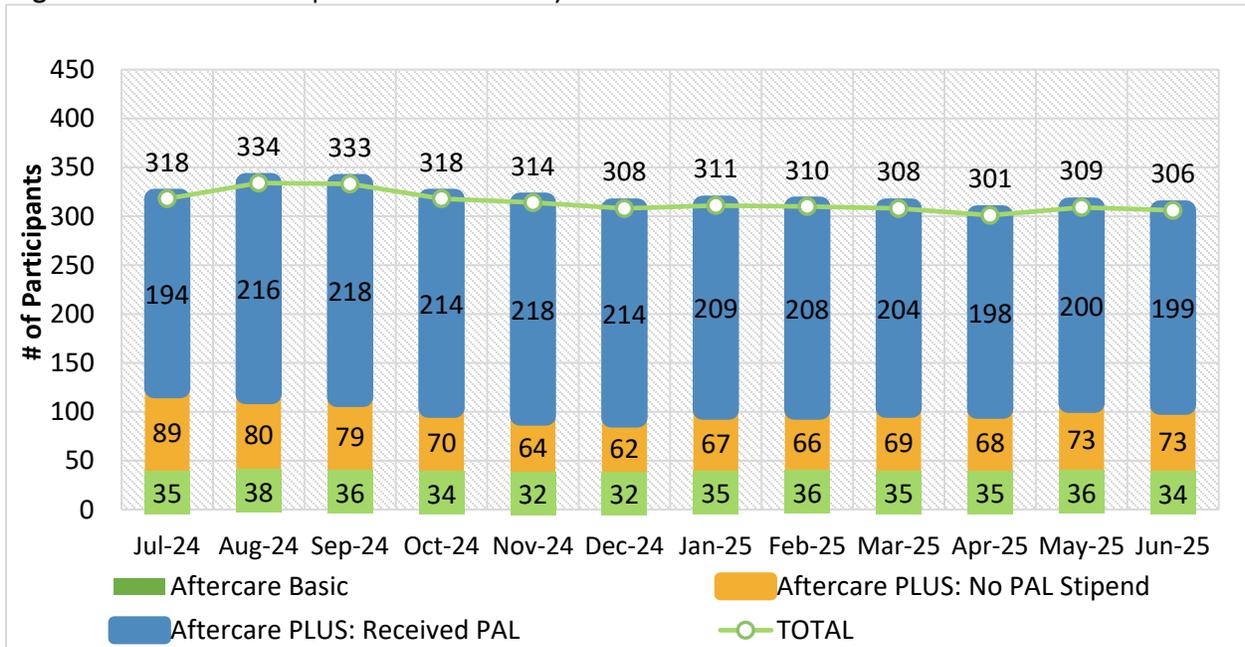
In total, 375 out of 448 Aftercare PLUS participants (83.7%) met all conditions and received a stipend at least once during FY2025, and 73 (16.3%) did not. The reasons Aftercare PLUS participants may not receive a stipend included not meeting PAL education or employment requirements, and/or their income (both earned and unearned, such as Supplemental Security Income/SSI) was too high to qualify for the 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.

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



The SFY 2025 monthly trends shown in Figure 2.4 illustrate small variations in the total number of youth served and their PAL status in each month. The months with the highest and lowest number served, respectively, are August (334) and April (301).

Figure 2.4 All Core Participants – PAL Status by Month in SFY 2025



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 number of youth who received each of the NYTD-defined services at least once during SFY 2025. Because NYTD service definitions are very specific, these data do not reflect all of the services provided by Aftercare Advocates.

Table 2.1 Percentage Received NYTD-Defined Services

All Participants – NYTD-Defined Services Provided	#	%
Mentoring	490	97.2%
Budget and financial management	468	92.9%
Housing education & home management training	392	77.8%
Career preparation	371	73.6%
Other financial assistance	378	75.0%
Health Education and risk prevention	351	69.6%
Independent living assessment	328	65.1%
Family Support and Healthy Marriage Education	320	63.5%
Post-secondary educational support	225	44.6%
Academic support	121	24.0%
Employment programs or vocational training	80	15.9%
Room and Board financial assistance	78	15.5%
Education financial assistance	56	11.1%

Among Core participants in SFY 2025, nearly all received “mentoring” services (97.2%) and assistance with “budget and financial management” (92.9%) from their IASN Advocate during SFY 2025. 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.

Participant Exits

Aftercare is a voluntary program, so eligible young adults can initiate and discontinue services as they choose. 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 if services are needed, but not all young people accept the services or fulfill the requirements of the program.

A total of 226 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 1.9 years; the median duration was 2.1 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, 150 (66.4%) completed an exit interview with an Advocate, and 76 (33.6%) 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 about a seven-month 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 (19.7).

As shown in Table 2.2, the most prevalent reason for young people being discharged from Core services was turning 21 and, therefore, becoming ineligible for that phase of services (45.1%). Additionally, 11.9% moved out of their agency’s service area, including 3.5% who were expected to transfer to a different Aftercare agency but had not yet done so at the end of the reporting period. Another 14.2% 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% voluntarily chose to end services, joined the military, or had achieved self-sufficiency, and 6.6% were incarcerated as the reason for exit. It is with great sorrow to report that at the time of exit, 2 participants were deceased. Fourteen (14) of the individuals exited after less than three months of participation and did not return before the end of the fiscal year.

Table 2.2 Percentage of Exits by Reason

All Participants – Exits by Reason		#	%
Turned 21 (end of eligibility for Core services)		102	45.1%
Moving/has moved out of area (includes 8 pending transfer)		27	11.9%
Exited for not meeting self-responsibility requirements		32	14.2%
Incarcerated		15	6.6%
Voluntarily ended services, joined the military, or achieved self-sufficiency		16	7%
Youth declined services – refused final interview		6	2.7%
Other or unknown		26	11.5%
Deceased		2	0.9%

Extended Aftercare Services

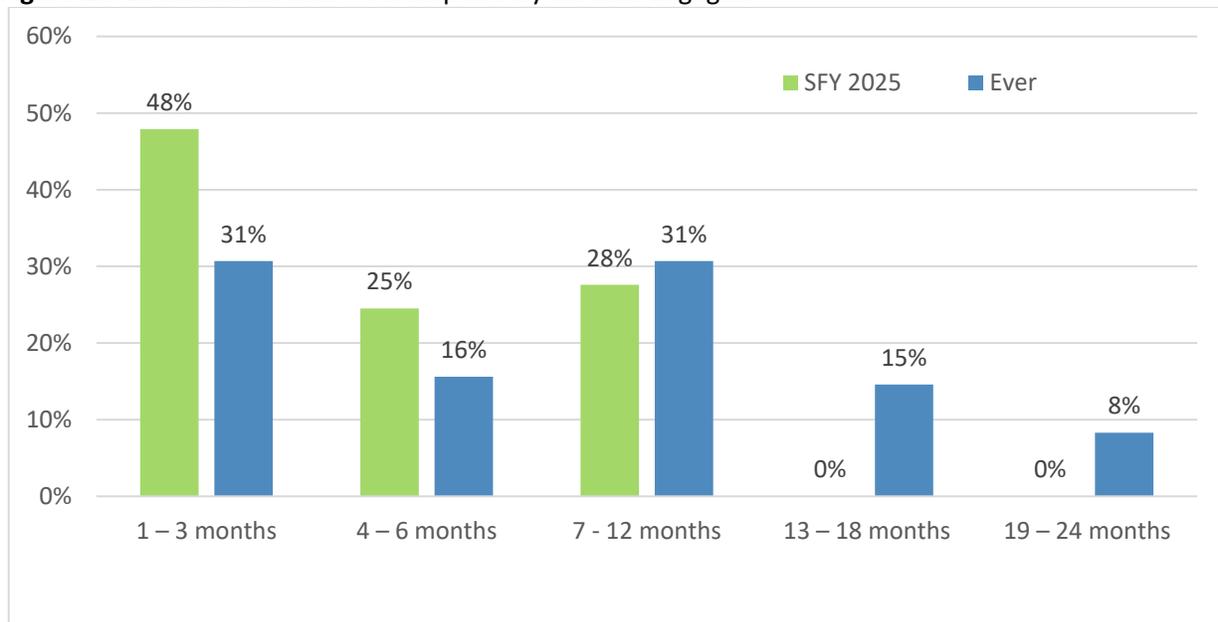
Extended Aftercare services for young adults ages 21 and 22 were provided to 192 young adults in SFY 2025. An average of 71 young adults participated (*i.e.*, met in person with an SSA at least once) in Extended services each month. Young people accessed Extended services in 43 of Iowa’s 99 counties, with 48.4% of those residing in either Linn County (50 participants) or Polk County (43 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 can 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 receive Extended services had an Aftercare PLUS status while receiving Core services (88.5%). Eight (8) of those who received Extended services had aged out of the STS or detention. Those receiving extended services were more likely to be female (55.2% versus 43.2% males, 1.5% prefer not to answer). The number of youths who were parenting increased from 19.2% at their exit from Core services to 27.1% during extended services.

Participants taking advantage of the Extended services in SFY 2025 met with an Advocate for an average of four months during SFY 2025 and ranged from one to twelve months (Figure 2.5). In addition, 22.9% of the SFY 2025 participants engaged and met anywhere from 13-24 months within their two years of eligibility for Extended Aftercare.

Figure 2.5 Extended Services – Participants by Months Engaged



As previously mentioned, recipients of Extended services 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 2025, the Network distributed Supportive Payments totaling \$120,447. On average, 41 youths a month received a payment, with the average amount being \$248.

When young people’s eligibility for Core Aftercare services ends, they are encouraged to reach out for assistance if 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, over half (56.8%) of young people sought Extended services for the primary purpose of

accessing IASN financial assistance; 30.2% met for guidance and/or support from the Advocate; 8.9% met for help on accessing resources; and 4.2% for other reasons.

The following data reflects the circumstances reported by Extended Services participants during their last month of contact with an Advocate during SFY 2025.

- 67.2% were working full- or part-time.
- 24% were enrolled in an education program, including 14.1% in a 2- or 4-year college, 6.8% in a high school or HS completion program, and 3.1% in a career, trade, or certificate program.
- 91.2% reported they had safe and stable housing.
- 96.4% reported they had a supportive relationship with a positive adult.
- 48.4% indicated they had enough money to cover their expenses the prior month.

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 support 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, 2025). 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 2025 unduplicated "outcomes group" includes 141 participants. Outcomes data are presented for the full group of 141 young adults, as well as disaggregated by sex.

Note that some of the youth included in this analysis may return – or may have already returned between July 1, 2024, and the submission of this report – if they remain eligible. Finally, as discussed in the previous section, several 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). Nearly two-thirds (62%) reached age 21 at the time they exited Core services and were no longer eligible; over two-thirds (65.3%) were at least 20½ at exit.

There were slightly fewer females (46.1%) than males (51.1%) at exit, with 2.8% not identifying as male or female. Over four-fifths (82.3%) identified as White, 24.1% as Black or African American, and 0.7% as American Indian or Alaska Native. Regardless of their reported race, 10.6% also reported Hispanic or Latino ethnicity. Youth may select more than one racial or ethnic group, 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 two years (median = 2.0 years, mean = 1.9 years). Two-fifths (40.4%) of this group participated over a period of 2.5 years or more, and 51.8% 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 on 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 53.9% at intake to 62.4% at exit (both higher than the prior year).

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 slightly more likely than males to be employed at exit, with more males reporting working less than 25 hours per week. Before participating in Aftercare, fewer females were employed full-time, and more females were employed part-time. At exit, 69.2% of females and 58.3% of males were employed at any level, including 60.0% of females and 45.8% of males who were working more than 25 hours per week. Unemployment among the outcomes group decreased from 46.0% at intake to 37.5% at exit. Of those unemployed, under one-fifth of youth were not in the workforce at both intake and exit, a group that includes full-time students.

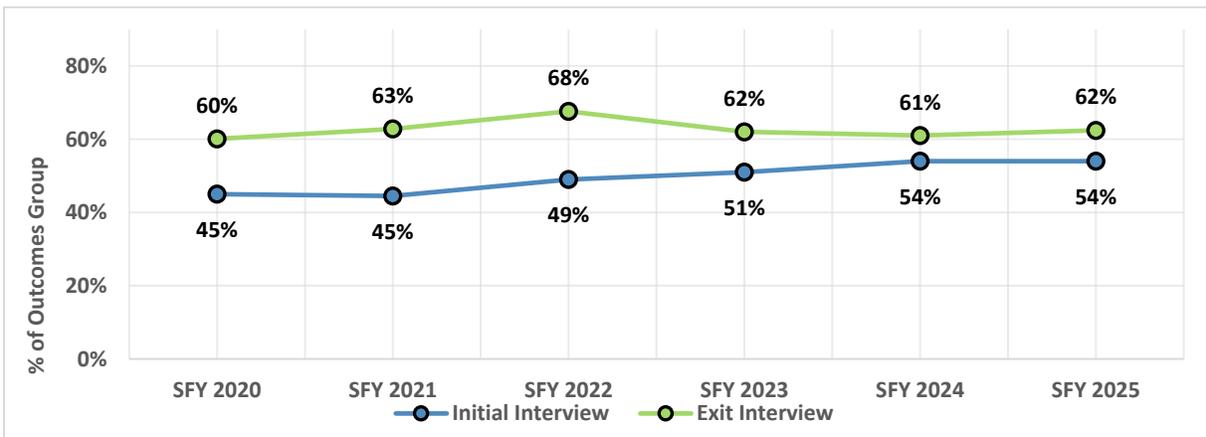
Table 3.1 Outcomes Group – Employment Status by Interview Type

	All (n=141)		Male (n=72)		Female (n=65)	
	Initial	Exit	Initial	Exit	Initial	Exit
Employed full-time (35+ hours)	10.6%	31.9%	13.9%	33.3%	7.7%	32.3%
Employed part-time (25-34 hours)	13.5%	19.2%	11.1%	12.5%	16.9%	27.7%
Employed part-time (<25 hours)	29.8%	11.4%	20.8%	12.5%	38.5%	9.2%
Unemployed, seeking work	26.2%	17.0%	30.6%	20.8%	23.1%	13.9%
Unemployed, long-term disability	0.71%	2.8%	0.0%	2.8%	0.0%	3.1%
Not in workforce	16.3%	17.0%	18.1%	16.7%	13.9%	13.9%
Other/Not reported	2.8%	0.7%	5.6%	1.4%	0.0%	0.0%

Relative to state and national data from the National Youth in Transition Database (NYTD), Aftercare employment outcomes (62.5% 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).⁸ Specifically, the Iowa NYTD data shows that of Iowa’s NYTD follow-up sample, 62% were working at age 19.

Five-year trends in employment for young people at Aftercare intake and exit are shown in Figure 3.1. Over the prior five years (SFY 2021 – SFY 2025), the percentage working full or part-time averaged 49.6% at entry and increased to 62.7% at exit. In SFY 2025, the percentages were 54% 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

Nearly 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 (48.9% to 35.5%) from intake to exit. Participants demonstrated strong earnings growth; more than three times as many youths were earning \$800 or more per month at exit (45.4%) than at intake (13.5%) in the SFY 2025 outcomes group, a rate similar to outcomes for the SFY 2024 outcomes group.

Table 3.2 Outcomes Group – Monthly Earned Income by Interview Type

	All (n=141)		Male (n=72)		Female (n=65)	
	Initial	Exit	Initial	Exit	Initial	Exit
\$0	48.9%	35.5%	55.6%	37.5%	41.5%	30.8%
\$1-399	19.9%	5.0%	13.9%	4.2%	24.6%	4.6%
\$400-799	17.7%	14.2%	15.3%	15.3%	21.5%	13.9%
\$800-1,199	5.7%	13.5%	8.3%	11.1%	3.1%	16.9%
\$1,200+	7.8%	31.9%	6.9%	31.9%	9.2%	33.9%

⁸ 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>

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, when youth first entered Aftercare, 41.1% reported not enough resources to cover their expenses in the month prior to their entry interview. At the exit interview, youth showed an improvement, with only 19.9% reporting not enough resources to cover their expenses the prior month.

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

	All (n=141)		Male (n=72)		Female (n=65)	
	Initial	Exit	Initial	Exit	Initial	Exit
Yes, with earned income alone	28.4%	30.5%	22.2%	37.5%	36.9%	23.1%
Yes, with earned income and other assistance	30.5%	49.7%	27.8%	41.7%	30.8%	58.5%
No, not enough to cover expenses last month	41.1%	19.9%	50.0%	20.8%	32.3%	18.5%

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
Six months or more of continuous employment	36.2%	61.7%
Have a checking account	63.1%	88.7%
Have money saved for emergencies	38.3%	40.2%
Have received their credit report	9.9%	46.1%
Have their Social Security card	88.7%	92.2%

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, 75.1% of the outcomes group were living with family members, friends, or other unrelated adults, as shown in Table 3.5. At exit, this number decreased, but 60.2% continued to live with others (foster parents, boarding house, renting a room, etc.). Conversely, as shown below, the number living alone increased from intake (10.6%) to exit (26.2%).

Table 3.5 Outcomes Group – Housing Status by Interview Type

	All (n=141)		Male (n=72)		Female (n=65)	
	Initial	Exit	Initial	Exit	Initial	Exit
Living alone, sole responsibility	10.6%	26.2%	5.6%	23.6%	16.9%	30.8%
With others, paying	28.4%	38.3%	25.0%	41.7%	32.3%	36.9%
With others, not paying	46.8%	22.0%	50.0%	23.6%	44.6%	20.0%
University housing	1.4%	4.3%	0.0%	1.4%	3.1%	6.2%
Supportive housing (shelter, rehabilitation, etc.)	7.1%	4.3%	8.3%	2.8%	3.1%	3.1%

Couch surfing or homeless	5.7%	2.8%	11.1%	4.2%	0.0%	0.0%
Other*	0.0%	1.4%	0.0%	2.8%	0.0%	0.0%

* Examples include jail, work housing, and RV.

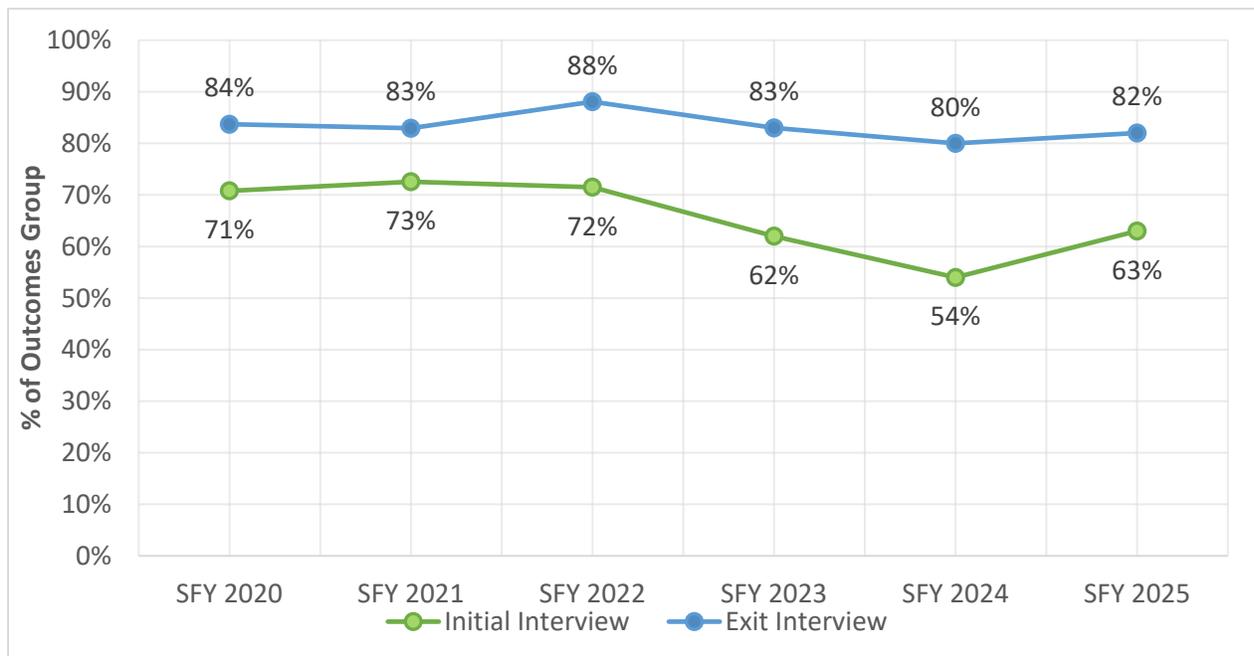
The vast majority of youth report feeling safe in their current living arrangement at both intake (97.2%) and exit (98.6%), although there are a few at each interview who are homeless or couch-surfing (5.7% at the initial interview and 2.8% at exit). Of concern is that 31.2% of those exiting indicated they had experienced homelessness at any point since aging out of foster care or other placement⁹. This is higher compared 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, 61.7% report being named on a lease at exit (more than double the 24.1% at intake), but the affordability of housing remains tenuous for many, and other measures reflect housing insecurity among this population. For example, 35.5% of exiting participants indicated that more than half of their monthly income (earned and unearned) goes toward rent and utilities, and 8.5% are currently behind or late on rent and/or utility bills.

Education

A fair share of young people complete a high school degree or earn a high school credential while participating in Aftercare. The five-year trends in education are shown in Figure 3.2. Among this year’s outcomes group, 63% of these young people had earned a high school credential prior to accessing Aftercare. By the time youth exited services, 82% had achieved this milestone. The averages for the prior four years (SFY 2021 – SFY 2024) were 65% at intake and 83.5% at exit.

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



⁹ Youth exiting Core Aftercare may be up to 21 years old when surveyed at their exit interview, which may explain some of the higher rates compared to youth who completed NYTD surveys at age 19.

Table 3.6 Outcomes Group – Education Attainment by Interview Type

	All (n=141)		Male (n=72)		Female (n=65)	
	Initial	Exit	Initial	Exit	Initial	Exit
Associate degree	0.0%	2.1%	0.0%	0.0%	0.0%	4.6%
High School Diploma	58.9%	75.9%	58.3%	74.7%	61.5%	81.5%
High School Equivalency Degree	4.3%	4.9%	2.8%	4.2%	6.2%	4.6%*
None of the Above	36.9%	17.0%	38.9%	22.2%	32.3%	9.2%

Note. Four females at intake and three females at exit indicated they received a high school equivalency.

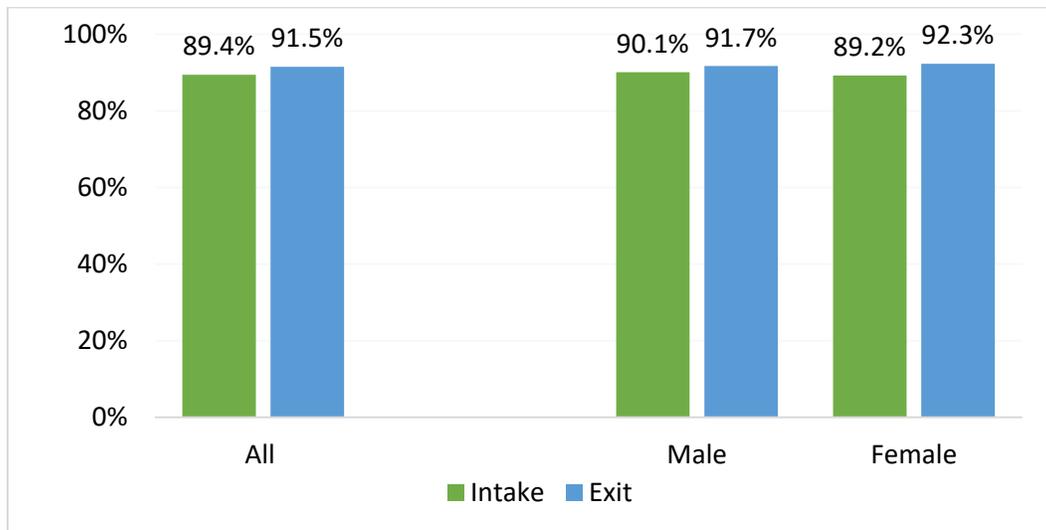
Overall, Aftercare participants' secondary completion (83% at exit in SFY 2025) compares favorably to both state and national NYTD survey results. At age 19, 65% of NYTD respondents in Iowa (cohort 4, FFY 2022) and 58% nationally (cohort 4, FFY 2022) earned a High School Diploma or equivalent. However, post-secondary completion remains uncommon – at exit, only 7.1% of youth had earned a vocational, trade, or technical certificate or license, and 2.1% had earned an associate degree.

At exit, 27.7% of participants were currently enrolled in an education program, including 11.4% continuing to work toward a high school credential and 16.3% who were enrolled in a post-secondary education or training program. Another 14.2% indicated they intended to enroll in an education program in an upcoming semester or session.

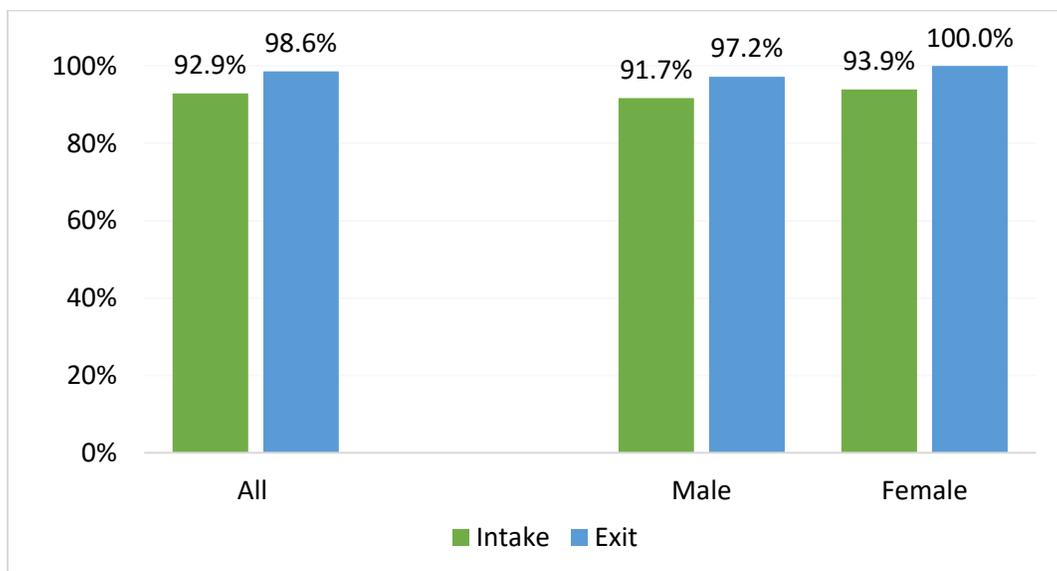
Positive Relationships

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. The 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, 89.4% of the outcomes group reported having a family member that they could count on for support, while at exit, 91.5% of participants reported family support (Figure 3.3). At exit, females (92.3%) and males (91.5%) reported similar rates of having a family member they can count on. Exiting youth named a variety of family members with whom they have positive relationships, including extended family members (58.9%), birth parents (45.4%), fictive kin (44.7%), and adult siblings (37.6%).

Figure 3.3 Outcomes Group – Adult Family Member to Count on by Interview Type and Sex

Similarly, more than 90% of participants can identify non-family adults that they can rely on at both intake (92.9%) and exit (98.6%) (Figure 3.4). Notably, all exiting females (100%) identified that they have a non-family adult to turn to for support. As evidence of the positive relationship Aftercare staff established with young people, 89.4% of exiting participants report that their Aftercare advocate is someone they can turn to for support. Other supportive adults mentioned by youth at exit include adult friends (77.3%) and significant others (40.4%).

Figure 3.4 Outcomes Group – Non-Family Adult to Count on by Interview Type and Sex

When asked which one adult (family or otherwise) they turn to most often for support, 22.0% said a birth parent, 16.3% said a spouse or significant other, 16.3% said an extended family member, and 9.2%

said an adult friend. While almost all young people report some connections with both family and non-family members, 36.9% reported at exit that they had some, but not enough people to count on.

Parenting

Of this year’s outcomes group, six (4.3%) were parents when first accessing services. This increased to 27 youth (19.2%) at exit. About 14% of males and 26% of females were parents at exit. Four-year data on questions related to parenting experiences are shown in Table 3.7. Because of the relatively small number of participants responding to these questions, caution should be used when interpreting this information.

Table 3.7 Outcomes Group – Parenting Factors Among Exiting Parents

	SFY 2021 (n=45)	SFY 2022 (n=38)	SFY 2023 (n=27)	SFY 2024 (n=29)	SFY 2025 (n=27)
Custody of (some or all) child(ren)	73.3%	89.5%	63.0%	55.1%	74.1%
Paternity established	62.2%	73.0%	63.0%	58.6%	59.3%
Not custody, but regularly involved	17.8%	15.8%	25.9%	6.9%	18.5%
Pay or receive child support	6.7%	0.0%	3.7%	6.9%	3.7%
Participated in parenting program	55.6%	44.7%	44.4%	37.9%	29.6%
Enough parenting support from others	68.9%	76.3%	63.0%	37.9%	74.1%

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.

Under one-fifth of youth indicate past-month tobacco use at intake (19.2%) and exit (17.7%) (Table 3.8). Recent intoxication (10.6% to 28.4%) and marijuana use (21.3% to 39.0%) 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 (2022) estimates past-month tobacco use at 28%, past-month binge alcohol use at 40.1%, and past-month marijuana use at 21.3%.¹⁰

Table 3.8 Outcomes Group – Recent (Past 30 Days) Drug Use by Interview Type

	All (n=141)		Male (n=72)		Female (n=65)	
	Initial	Exit	Initial	Exit	Initial	Exit
Alcohol to intoxication	10.6%	28.4%	16.7%	34.7%	4.6%	23.1%

¹⁰ 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/2k20/2019-2020-nsduh-state-specific-tables) retrieved 8/23/2022.

Tobacco	19.2%	17.7%	25.0%	23.6%	13.9%	10.8%
Vape	29.8%	41.8%	36.1%	52.8%	21.5%	29.2%
Marijuana	21.3%	39.0%	26.4%	50.0%	15.4%	26.2%
Meth and/or opioids	0.7%	0.0%	0.0%	0.0%	1.5%	0.0%
Prescription misuse	0.7%	2.1%	0.0%	1.4%	1.5%	3.1%

In the two years prior to their initial Aftercare intake, 31.9% 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, 13.9% also reported being incarcerated or detained prior to accessing Aftercare. At exit, criminal justice involvement since leaving their last juvenile placement had declined to 26.2% overall (40.3% among males and 9.2% 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 2022, 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 3.9). Among the categories covered in the interview, stealing is the crime most often reported at intake (13.5%) but declines by the time youth exit Aftercare (8.5%). A small but persistent proportion of participants are involved with gang activity and illicit drug trading.

Table 3.9 Outcomes Group – Incarceration and Criminal Activity by Interview Type

	All (n=141)		Male (n=72)		Female (n=65)	
	Initial	Exit	Initial	Exit	Initial	Exit
Incarcerated or detained	31.9%	26.2%	47.2%	40.3%	13.9%	9.2%
Stealing	13.5%	8.5%	19.4%	11.1%	6.2%	4.6%
Selling or distributing drugs	5.7%	2.8%	5.6%	2.8%	4.6%	1.5%
Violent Crime	9.9%	8.5%	15.3%	13.9%	3.1%	1.5%

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.” (34.8%), planning suicide (39.7%), and attempting suicide (33.3%) sometime in their lives (Table 3.10). 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, Aftercare advocates are trained to observe and report signs of mental health concerns and to help youth connect to appropriate community resources when needed.

Table 3.10 Outcomes Group – Self-Harm Behaviors by Interview Type

	All (n=141)		Male (n=72)		Female (n=65)	
	Initial	Exit	Initial	Exit	Initial	Exit
Ever inflicted self-harm	37.6%	34.8%	29.2%	18.1%	44.6%	50.8%
Self-harm last 12 months	9.2%	8.5%	5.6%	2.8%	10.8%	10.8%
Ever planned suicide	36.9%	39.7%	33.3%	30.6%	36.9%	46.2%
Planned suicide last 12 months	9.9%	13.5%	6.9%	9.7%	10.8%	13.9%
Ever attempted suicide	29.8%	33.3%	25.0%	25.0%	32.3%	38.5%
Attempted suicide last 12 months	7.1%	9.2%	5.6%	5.6%	7.7%	10.8%

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 3.11). Aftercare Advocates work with participants to understand their insurance coverage and to complete annual renewal applications as needed.

Table 3.11 Outcomes Group – Health Insurance Coverage by Interview Type

	All (n=141)		Male (n=72)		Female (n=65)	
	Initial	Exit	Initial	Exit	Initial	Exit
Medicaid	95.7%	94.3%	94.4%	90.3%	96.9%	98.5%
Someone else's plan	3.6%	5.0%	5.6%	5.6%	1.5%	3.1%
Employer	0.7%	1.4%	1.4%	1.4%	0.0%	1.5%
Self (private pay)	0.7%	0.0%	1.4%	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 3.12 shows 41.1% of the outcomes group were taking prescribed medications at intake, and over one-third (32.6%) were doing so at exit. Among both males and females, 41.3% had been diagnosed with a mental health disorder in the three years prior to exiting Aftercare.

Table 3.12 Outcomes Group – Health Conditions and Treatments by Interview Type

	All (n=141)		Male (n=72)		Female (n=65)	
	Initial	Exit	Initial	Exit	Initial	Exit
Taking current prescribed medication(s)	44.0%	31.9%	37.5%	16.7%	47.7%	46.2%
Mental health diagnosis, past 3 years	50.4%	39.0%	45.8%	29.2%	52.3%	46.2%
Current counseling/therapy	29.1%	22.0%	20.8%	15.3%	36.9%	26.2%

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 3.13).

Table 3.13 Outcomes Group – Essential Document Possession by Interview Type

	All (n=141)		Male (n=72)		Female (n=65)	
	Initial	Exit	Initial	Exit	Initial	Exit
Birth Certificate	86.5%	95.7%	86.1%	95.8%	87.7%	95.4%
Social Security Card	88.7%	92.2%	87.5%	95.8%	89.2%	89.2%
Government Issued ID	87.9%	97.2%	88.9%	98.6%	87.7%	96.9%
Verification of Foster Care	84.4%	88.7%	77.8%	91.7%	92.3%	86.2%

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 2025, over half of youth (67.4%) had a valid driver’s license (an increase from 64.3% in SFY 2024), 21.3% of youth expressed that they “have never been able to get a driver’s license but want one” (an increase from 18.6% in SFY 2024); 5.7% had a license, but it had been suspended or revoked; and 5.7% 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.

The findings from the current report align closely with the trends observed in the National Youth in Transition Database (NYTD) data for Iowa youth. Trends from IASN and NYTD emphasize the challenges young adults face when transitioning out of foster care, particularly in achieving stable employment and education outcomes. The current report highlights that 63% of intake participants had completed high school after aging out of foster care, while the NYTD data for Iowa similarly showed 63% of youth aging out of foster care had a high school diploma by age 19¹¹. Youth participating in Aftercare show favorable outcomes in high school educational attainment, with 82% receiving a high school credential at exit, comparable to NYTD data for Iowa showing 74% completed high school or equivalent by age 21. Employment rates at intake for Aftercare participants were slightly higher (62.4%) than those reported by NYTD at age 21 (60%) and nearly double the number of youth from previous years indicated they were unemployed but actively seeking employment. Current employment rates and ongoing searches for employment bring attention to the struggle with employment stability for youth who have aged out of foster care.

¹¹ U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau. (2022). *Outcomes data snapshot: Iowa (NYTD outcomes–IA 2022)* [PDF]. <https://acf.gov/sites/default/files/documents/cb/nytd-outcomes-ia-2022.pdf>

As evidenced by the outcome measures within this report, young individuals engaging in Aftercare services demonstrate notable improvements across various domains. For example, a large majority are gaining employment status and have seen an increase in their earnings by the time they complete their participation in Aftercare services. For example, exiting participants demonstrated more than three times as many youths were earning \$800 or more per month at exit (47.7%) than at intake (13.9%). Further, compared to previous IASN findings, incarceration rates have decreased, and tobacco use in youth is at an all-time low for both intakes and exiting youth. Additionally, while fewer youth entered Aftercare without a valid driver's license, more than half of the youth at exit have received their driver's licenses, which is essential for independence related to transportation, employment, and attaining higher education.

However, there are areas of concern, as well. The data suggest that increasing mental health intervention and prevention access and increasing substance abuse prevention programming to this population may be particularly beneficial, as would be programming to foster higher education access and housing resources.

Overall, youth participating in Aftercare show improvements across various domains related to self-sufficiency, including educational attainment, employment, and building networks of support. Additionally, as evidenced by the Participant Satisfaction Survey in SFY 2025 (see Appendix A), young people favorably rate their experiences in Aftercare and working with their Aftercare advocate. Aftercare continues to be an important source of support to help young people who have aged out of foster care work toward their goals, to connect young people with resources that will help them succeed, and to help youth feel hopeful about the future.

Appendix A

Annual Participant Survey Report, June 2025

By Bethany McCurdy, Janet Melby, Joan Havel, and Carl Weems
Child Welfare Research and Training Project

Executive Summary

This report presents the results of the 2025 Participant Satisfaction Survey. Key findings suggest *high satisfaction with Aftercare and advocates*.

Youth in both Core and Extended Aftercare report high satisfaction with their participation in Aftercare, and nearly all youth report that their advocate shows respect, fair treatment, trustworthiness, and reliability. Youth in both Core and Extended Aftercare report that financial support from Aftercare helps keep them working toward their goals. Additionally, youth report that their advocates help connect them with people and resources that will help them succeed, and that their advocates help them feel hopeful about their future. Overall rating of the helpfulness of services was high. Participants in Extended Aftercare report more challenges in obtaining sufficient resources, obtaining housing, and securing reliable transportation to get to school and/or work compared to youths in Core Aftercare. Youth reported that the main barriers they faced in obtaining housing include high costs, lack of affordable options, and not enough income or savings.

Expanding outreach and support to youth who would benefit from Aftercare through internet advertising and social media, as well as facilitating connections through youths' proximal sources of information (i.e., foster parents, caregivers, family, and friends), may be useful.

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 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. Youths receiving Core Aftercare services (age 18-20) are expected to meet monthly with their advocate. Extended Aftercare services (age 21-22) do not require monthly meetings to remain eligible.

The Network administers an annual survey to solicit feedback from Core and Extended Aftercare participants and assess their satisfaction with the services they are receiving. The results inform policy and program decisions as part of the Network's ongoing quality assurance efforts. The survey also provides a snapshot of the status of participants in terms of three primary outcomes: sufficient resources, stable housing, and supportive relationships. Drawing upon prior annual youth surveys, the 2025 survey was developed by the IASN leadership at Iowa State University (ISU) in consultation with the Iowa Department of Health and Human Services (HHS) and YSS, the lead agency for the IASN.

Aftercare advocates strive to provide an opportunity for all active participants to share their feedback by completing an online confidential survey during the month the survey is administered, although doing

so is voluntary for the participants. Typically, IASN leadership provides the survey link 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.

In April 2025, 370 youth engaged with their advocate. Of these youth, 301 young people (ages 18 to 20) were receiving Core Aftercare services, and 69 participants (ages 21 to 22) obtained Extended Aftercare services. Of all continuing¹² Core Aftercare participants who met with an advocate at least once during the month of April, 251 (95%) completed a survey. Of the Extended Aftercare participants who met with an advocate in April, 53 (76.8%) completed a survey. One respondent did not provide their age or other demographic information requested at the end of the survey. All respondents completed the survey electronically.

Young people from all eight agencies in the Network participated, as determined by the agency that the youth receiving services identified in their survey responses. Participants served by Foundation 2 accounted for approximately 26.3% of all survey responses in the analysis. Across the eight agencies, the participation rate varied from 68% to 100%.

This report shows survey results for 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 required to answer every question; those who did not complete the survey (2.6%) were excluded from analysis.

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, sex, and race. In comparison to previous years, those completing the survey are generally representative of all young people served by the Network during the year. As shown below in [Table 1](#), of all 2025 survey responders, under one-fifth (17.4%) fell into the Extended Aftercare category (ages 21 and 22).

Table 1: Age by Survey Year

	2022 (n=316)	2023 (n=325)	2024 (n=306)	2025 (n=304)
18	20.9%	24.9%	23.5%	29.9%
19	26.6%	33.5%	30.4%	22.4%
20	32.9%	22.8%	26.5%	30.3%
21	13.0%	10.5%	10.5%	10.2%
22	6.6%	8.3%	9.2%	7.2%

¹² 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.

Across all 2025 respondents (see [Table 2](#)), three-fifths (55.9%) identified as female, 40.8% identified as male, and 2% of youth did not choose Male or Female. Older respondents receiving Extended services were more likely to be female (62.3%) than male (37.7%).

Table 2: Sex

	Core (n=251)	Extended (n=53)	Total (n=304)
Female	54.6%	62.3%	55.9%
Male	41.4%	37.7%	40.8%
Prefer Not to Answer	4%	0.0%	3.3%

Aftercare participants are racially and ethnically diverse. When asked which race/ethnicity they “most closely identify with,” two-fifths of respondents identified as people of color (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=251)	Extended (n=53)	Total (n=304)
African American or Black	17.1%	18.9%	17.4%
Asian American	1.2%	0.0%	1.0%
Hispanic or Latino	7.2%	7.5%	7.2%
Native American or American Indian	1.2%	1.9%	1.3%
Native Hawaiian or Pacific Islander	0.0%	0.0%	0.0%
White	61%	58.5%	60.5%
Multiracial	8.8%	11.3%	9.2%
Other	2.4%	1.9%	2.3%
Prefer Not to Answer	1.2%	0.0%	1.0%

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](#), four-fifths of all Aftercare respondents (80.6%) reported that they had sufficient resources to meet their expenses. However, the rate was lower for Extended (73.6%) than for Core (82.1%), indicating the additional needs of youth qualifying for and receiving Extended services. Data analyses indicated no demographic differences emerged. Overall, these responses reveal 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=251)	Extended (n=53)	Total (n=304)
Sufficient Resources	82.1%	73.6%	80.6%
Stable Housing	95.2%	96.2%	95.4%
Supportive Relationships	98.0%	92.6%	97.7%

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

Table 5a: “Please tell us how often each of the following statements about your experience in Aftercare is true.” (Core Aftercare, n=251)

Core Aftercare	Always True	Most of the time	Just Sometimes	Rarely or Never True*
I am treated fairly.	86.9%	12%	1.2%	0.0%
My race and cultural heritage are respected.	94.0%	6.0%	0.0%	0.0%
My gender and gender identity are respected.	96.4%	3.2%	0.0%	0.4%
My sexual orientation is respected.	97.6%	2.4%	0.0%	0.0%
My advocate is someone I can count on and trust.	93.6%	4.8%	1.6%	0.0%

*Note. For reporting purposes, responses to the options “rarely” and “never true” were combined throughout the report. Totals may not be exactly 100% due to rounding.

Table 5b: “Please tell us how often each of the following statements about your experience in Aftercare is true.” (Extended Aftercare, n=53)

<i>Extended Aftercare</i>	Always True	Most of the time	Just Sometimes	Rarely or Never True
I am treated fairly.	94.3%	1.9%	3.8%	0.0%
My race and cultural heritage are respected.	94.3%	5.7%	0.0%	0.0%
My gender and gender identity are respected.	96.2%	1.9%	1.9%	0.0%
My sexual orientation is respected.	96.2%	3.8%	0.0%	0.0%
My advocate is someone I can count on and trust.	96.2%	0.0%	3.8%	0.0%

*Note. Totals may not be exactly 100% due to rounding.

Table 5c: “Please tell us how often each of the following statements about your experience in Aftercare is true.” (Total, n=304)

<i>Total (Core + Extended Aftercare)</i>	Always True	Most of the time	Just Sometimes	Rarely or Never True
I am treated fairly.	88.2%	10.2%	1.6%	0.0%
My race and cultural heritage are respected.	94.1%	5.9%	0.0%	0.0%
My sexual orientation is respected.	97.4%	2.6%	0.0%	0.0%
My advocate is someone I can count on and trust.	94.1%	3.9%	2.0%	0.0%

*Note. Totals may not be exactly 100% due to rounding.

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 [Tables 6a, 6b, and 6c](#) below.

Table 6a: "Please tell us how often each of the following statements about your experience in Aftercare is true." (Core Aftercare, n=251)

<i>Core Aftercare</i>	Always True	Most of the time	Just Sometimes	Rarely or Never
Financial support from Aftercare (PAL stipend, vendor payment, etc.) helps keep me working toward my goals.	88.0%	8.8%	2.8%	0.4%
My advocate helps me connect with people and resources that will help me succeed.	92.4%	6.0%	0.8%	0.8%
My advocate helps me feel hopeful about my future.	91.2%	5.6%	2.8%	0.4%

*Note. Totals may not be exactly 100% due to rounding.

Table 6b: "Please tell us how often each of the following statements about your experience in Aftercare is true." (Extended Aftercare, n=53)

<i>Extended Aftercare</i>	Always True	Most of the time	Just Sometimes	Rarely or Never
Financial support from Aftercare (PAL stipend, vendor payment, etc.) helps keep me working toward my goals.	86.8%	7.5%	3.8%	1.9%
My advocate helps me connect with people and resources that will help me succeed.	94.3%	3.8%	1.9%	0.0%
My advocate helps me feel hopeful about my future.	94.3%	3.8%	0.0%	1.9%

*Note. Totals may not be exactly 100% due to rounding.

Table 6c: "Please tell us how often each of the following statements about your experience in Aftercare is true." (Total, n=304)

<i>Total (Core + Extended Aftercare)</i>	Always True	Most of the time	Just Sometimes	Rarely or Never
Financial support from Aftercare (PAL stipend, vendor payment, etc.) helps keep me working toward my goals.	87.8%	8.6%	3.0%	0.6%
My advocate helps me connect with people and resources that will help me succeed.	92.8%	5.6%	1.0%	0.7%
My advocate helps me feel hopeful about my future.	91.8%	5.3%	2.3%	0.7%

*Note. Totals may not be exactly 100% due to rounding.

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 Tables 7a, 7b, and 7c).

Table 7a: "Please tell us how often each of the following statements about your experience in Aftercare is true." (Core Aftercare, n=251)

<i>Core Aftercare</i>	Always True	Most of the time	Just Sometimes	Rarely or Never True
I am confident I will achieve my goals.	73.3%	18.7%	7.2%	0.8%
I have a plan for my long-term education and/or employment that is helpful.	72.1%	19.1%	8.0%	0.8%
I have <u>reliable</u> transportation to get to school and/or work.	70.5%	16.7%	8.4%	4.4%

*Note. Totals may not be exactly 100% due to rounding.

Table 7b: "Please tell us how often each of the following statements about your experience in Aftercare is true." (Extended Aftercare, n=53)

<i>Extended Aftercare</i>	Always True	Most of the time	Just Sometimes	Rarely or Never True
I am confident I will achieve my goals.	79.2%	15.1%	5.7%	0.0%
I have a plan for my long-term education and/or employment that is helpful.	75.5%	11.3%	11.3%	1.9%
I have <u>reliable</u> transportation to get to school and/or work.	66.0%	22.6%	5.7%	5.7%

*Note. Totals may not be exactly 100% due to rounding.

Table 7c: "Please tell us how often each of the following statements about your experience in Aftercare is true." (Total, n=304)

<i>Total (Core + Extended Aftercare)</i>	Always True	Most of the time	Just Sometimes	Rarely or Never True
I am confident I will achieve my goals.	74.3%	18.1%	6.9%	0.7%
I have a plan for my long-term education and/or employment that is helpful.	72.7%	17.8%	8.6%	1.0%

Total (Core + Extended Aftercare)	Always True	Most of the time	Just Sometimes	Rarely or Never True
I have <u>reliable</u> transportation to get to school and/or work.	69.7%	17.8%	7.9%	4.6%

*Note. Totals may not be exactly 100% due to rounding.

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 sliding scale (where "1" is not at all helpful and "5" is very helpful). The average rating by all respondents in the 2025 survey was 4.71, with just over three-quarters of respondents (77.3%) offering a five-star rating. Fewer than 2% gave Aftercare less than a three-star rating, as shown in [Table 8](#).

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

	Core (n=251)	Extended (n=53)	Total (n=304)
5	77.7%	75.5%	77.3%
4	17.5%	17.0%	17.4%
3	4.0%	3.8%	3.9%
2	0.8%	3.8%	1.3%
1	0.0%	0.0%	0.0%

*Note. Totals may not be exactly 100% due to rounding.

Barriers to Living

Youth in Aftercare may face unique challenges in acquiring affordable, sustainable housing. Introduced in the 2025 survey, participants were asked questions surrounding their housing experiences, including the size of the town they currently reside in, potential challenges they face in obtaining housing, and barriers faced that make or have made difficulties in obtaining housing. Understanding these challenges can help Aftercare facilitate ways to provide necessary support, guide youth to reliable sources, and help set individualized goals.

All participants provided information on the size and accessibility of resources where they currently reside, and survey results are described in [Table 9](#). Overall, participants were more likely to live in areas that were in or near a big city with lots of people, restaurants, shopping, and things to do (45.1%) and less likely to live in an area that required long-distance travel to access restaurants, shopping, or things to do (2.6%).

Table 9: “How big is the area where you live?”

	Core (n=251)	Extended (n=53)	Total (n=304)
In or near a big city with lots of people, restaurants, shopping and things to do.	44.6%	47.2%	45.1%
In or near a medium-sized town with some people, restaurants, shopping and things to do.	37.1%	41.5%	37.8%
In or near a small town with very few people, maybe one or two restaurants, little or no shopping or things to do.	15.1%	11.3%	14.5%
Where I live, we need to travel quite a distance to find any restaurants, shopping, or things to do.	3.2%	0%	2.6%

*Note. Totals may not be exactly 100% due to rounding.

Additionally, we assessed the problems youth face, if any, in obtaining housing or a place to live. [Table 10](#) outlines Core Aftercare, Extended Aftercare, and total responses. Notably, nearly one-fourth (23.4%) of all respondents indicated they have faced problems in obtaining housing. When excluding youth who indicated they have not yet needed to get housing, this rate increased to over one-third (35.2%).

Table 10: “What problems, if any, have you had obtaining housing (or a place to live)?”

	Core (n=251)	Extended (n=53)	Total (n=304)
Problems obtaining housing.	20.7%	35.8%	23.4%
No problems obtaining housing.	48.6%	54.7%	49.7%
Not needed to get housing yet.	30.7%	9.4%	27.0%

*Note. Totals may not be exactly 100% due to rounding.

To better understand the specific challenges youth face, we assessed the contexts that surround youths’ difficulty in obtaining housing or a place to live. Of all options, youth were instructed to indicate all that applied; results are presented in [Table 11](#). Based on responses, the most reported barriers stemmed from financial concerns, including high costs (15.8%), not enough income or savings (15.1%), lack of affordable options (14.1%), and unstable employment (10.5%). Compared to youth in Core Aftercare, youth in Extended Aftercare were more likely to select financial concerns as their main barriers, including higher percentages of Extended youth reporting poor credit history, needing but lacking a co-signer, and lack of rental history or references.

Table 11: “What are the main barriers you faced in obtaining housing? (check all that apply)”

	Core (n=251)	Extended (n=53)	Total (n=304)
High costs	13.1%	28.3%	15.8%
Lack of affordable options	12.0%	24.5%	14.1%
Not enough income or savings	13.9%	20.8%	15.1%
Unstable employment	9.6%	15.1%	10.5%
Poor credit history	6.0%	20.8%	8.6%
Safety concerns	1.6%	5.7%	2.3%
Lack of rental history or references	7.2%	13.2%	8.2%
Need a co-signer and don't have one	5.6%	13.2%	6.9%
Criminal history record	4.0%	3.8%	3.9%
Other	3.6%	1.9%	3.3%
I have not looked for my own housing yet ¹	0.4%	0%	0.3%

*Note. Some youth may have selected more than one option, and 233 (76.6%) youth did not select a barrier. Totals will not be exactly 100%.

¹One youth indicated they have faced problems in obtaining housing while also indicating they have not looked for their own housing yet.

Some (n=10) youth indicated other main barriers and were given the option to list their specific challenges; these challenges for Core youth (n=9) included “age,” “documents needed,” “down payment and rent cost,” “get denied because of mental health history,” “I was 17 in the SAL program which made it hard to find a landlord who'd rent to [me],” “my age was the biggest problem,” “needed credit,” “pet friendly,” and “sex offender registry.” One Extended youth identified their main barrier as “mental health issues and physical health issues which make it hard to safely live on my own.”

Where Young People Spend Free Time

Understanding where young people spend their time assists programs like Aftercare in supporting their development into self-sufficient adults. Knowing common areas where youth socialize, such as parks, libraries, coffee shops, or community centers, helps further our understanding of where youth feel most comfortable, how youth socialize, and where they build social networks. Additionally, knowing where youth are exposed to information or situations that can impact how youth build life skills and form habits can help us understand the contextual factors that influence their long-term well-being. Identifying where youth prioritize their free time can help advocates “meet youth where they are,” whether this occurs in physical spaces or through tailored assistance that builds common ground while being contextually relevant. To achieve this, the 2025 Participant Satisfaction Survey included a question

prompting participants to select places where they typically spend their free time. Results for Core, Extended, and all youth are presented in [Table 12](#). Notably, most participants report spending their free time at home (86.8%), followed by a friend’s house (39.8%), other family’s house (31.3%), parks and outdoor spaces (26.3%), and gyms or sports centers (20.1%). Few youths report spending their free time at community centers or clubs (3.3%), coffee shops (5.9%), and cafés or restaurants (7.9%).

Table 12: “Where do you typically spend your free time outside of school or work? (check all that apply)”

	Core (n=251)	Extended (n=53)	Total (n=304)
Home	86.9%	86.8%	86.8%
Friend’s house	40.6%	35.8%	39.8%
Family’s house	32.3%	26.4%	31.3%
Park or outdoor space	26.3%	26.4%	26.3%
Gym or sport center	21.9%	11.3%	20.1%
Shopping mall or entertainment place	20.7%	17.0%	20.1%
Library or bookstore	10.0%	9.4%	9.9%
Church	10.8%	5.7%	9.9%
Café or restaurant	8.4%	5.7%	7.9%
Other	7.2%	5.7%	6.9%
Coffee shops	6.8%	1.9%	5.9%
Community center or club	3.6%	1.9%	3.3%

**Note.* Some youth may have selected more than one option. Totals will not be exactly 100%.

Youth were given the option to describe “other” places they spend their free time outside of school or work. Notably, the majority of responses indicated a school or work-like setting; for example, responses included “building business,” “college,” “my job,” “school,” “work,” “dorm,” “working,” and “work, friends.” These responses may indicate that young people choose to spend their free time and socialize at their school or job, even when they are not actively in classes or working. Other responses indicated recreational activities such as “basketball,” “fishing,” “practicing music,” and “my couch, playing video games.”

Where and How Youth Learn about Aftercare and Resources

Knowing where youth learn about Aftercare can help program staff know where conversations surrounding aging out of foster care and accessing important resources occur. Additionally, pinpointing the places where exposure to enrollment in Aftercare is relevant but lacking can help the program

improve its visibility and aid youth in need who are unaware of services. To achieve this, the 2025 edition of the Participant Satisfaction Survey included two additional questions: 1) “How did you learn about the Aftercare program?” and 2) “Where or who do you turn to find resources and information?”. Results are reported in [Table 13](#) and [Table 14](#). Over half of all participants (56.6%) reported learning about Aftercare from their HHS social worker or JCO/probation officer, followed by their transition planning meeting (17.8%) and a foster parent or caregiver (16.4%).

Table 13: “How did you learn about the Aftercare program? (check all that apply)”

	Core (n=251)	Extended (n=53)	Total (n=304)
HHS social worker or JCO/probation officer	57.4%	52.8%	56.6%
At my transition planning meeting	17.5%	18.9%	17.8%
Foster parent or caregiver	17.5%	11.3%	16.4%
Staff at my placement or other service provider	13.5%	15.1%	13.8%
Can’t remember	12.0%	11.3%	11.8%
Family	8.4%	3.8%	7.6%
Other	4.4%	7.5%	4.9%
School or community organization	3.6%	1.9%	3.3%
Friends or peers	2.8%	3.8%	3.0%
Found the website on the internet	1.6%	0.0%	1.3%
Read a brochure or saw a poster	0.4%	1.9%	0.7%
Social media	0.8%	0.0%	0.7%
Faith community or church	0.4%	0.0%	0.3%

**Note.* Some youth may have selected more than one option. Totals will not be exactly 100%.

Youth were given the option to describe “other” sources of information on Aftercare. Some responses included “AMP,” “DHS,” “Ellipsis caseworker,” “foster care,” “I think I was referred by someone,” “state training school staff,” “substance abuse counselor,” “Aftercare reached out to me while in foster care,” and “homeless shelter behind YSS.”

Table 14: “Where or who do you turn to find resources and information? (check all that apply)”

	Core (n=251)	Extended (n=53)	Total (n=304)
Case manager/Advocate/Worker	64.5%	77.4%	66.8%

Online search	61.0%	54.7%	59.9%
Family	49.0%	49.1%	49.0%
Friends or peers	46.2%	41.5%	45.4%
Social media	21.9%	20.8%	21.7%
School or college (e.g., counselor, teacher, professor, advisor)	18.3%	3.8%	15.8%
Health provider	12.7%	9.4%	12.2%
Faith community or church	6.4%	5.7%	6.3%
Other	3.6%	1.9%	3.3%
211.org	0.8%	3.8%	1.3%

*Note. Some youth may have selected more than one option. Totals will not be exactly 100%.

Similarly, youth were given the option to describe “other” people or places they turn to find resources and information. Responses included “Aftercare worker,” “books,” “ChatGPT,” “my worker,” “fictive kin,” and “OP.”

Comments from Participants

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 2025 survey, 63 respondents provided substantive comments, 93.7% of which were positive. Twenty-nine (29) comments acknowledged the help and support they have received from the program and the relationship participants had with their advocate, including twenty-four (24) who praised their advocate by name. Four participants specifically mentioned Aftercare’s role in helping them set and achieve their own goals, such as: **“Aftercare really helps me with understanding ‘adult’ situations that I wouldn’t have anyone to ask if not for Aftercare! It has really helped me with transitioning into an adult and understanding resources out there to help me achieve my goals!”**

Less positive comments related to slow responsiveness and the desire for more support. Some participants had suggestions for improvements to the program and include the following: **“Come to visits when they say they are. Have trouble with SCL,” “Money is really tuff right now with the rising prices of everything maybe a little more financial help could help a lot of people in the aftercare program,” “I would like help being informed on how I could apply for Medicaid,” and “Having a Roommate should be addressed more appropriately and generally more frequent effort (in all aspects of having a roommate) should go into two strangers in “crisis” or specific situations living together.”** A few participants offered longer comments about the impact of Aftercare (see below).

Impact of Aftercare

- “[My Aftercare agency] has helped my family and I in ways and I can't even begin to express how helpful you guys have been to us and how much we appreciate the things you guys do! Thank you!”
(Extended Aftercare participant)
- “Aftercare services have helped me with me moving into my new apartment”
(Core Aftercare participant)
- “I just wanted to let you know how helpful this program is to us less fortunate young adults, it allows us some independence to grow that maturity for the future.”
(Core Aftercare participant)

Aftercare as a Life Jacket

“This program has really helped me when I first got into it. I didn't know what was up or down [and] I was going through a difficult time- this program helped keep me afloat when I was drowning.”

(Core Aftercare participant)

“Aftercare has kept me afloat financially through hard times.”

(Core Aftercare participant)

Advocates as Support

- “I feel my advocate is the best, she always has a helping hand. And always trying to make sure I'm doing well and have my mind in the right path in my life. Always make sure I have food and have clothes and stuff for daily tasks. Helps with also trying to get my sister into the program as well. I truly love the staff and advocates here; you guys truly blessed me with the opportunity to bless people around me with your guys resources. Very much grateful and blessed truly. God bless and thank youuuuu guys so much, I LOVE YALL!!! 🙌🙌” (Extended Aftercare participant)
- “[My advocate] has done everything to help me with the needs that I need met! She is a very wonderful person, and she has been very helpful to me from the start! [My advocates] have been there for me through all the roughness in my life and do [their] very best to help me.”
(Core Aftercare participant)
- “Aftercare has really helped me improve my life. I've been struggling financially and being a new mom. [My advocate] is always helpful if we need help with household items, diapers, wipes, etc. Aftercare gave me a good start to my education and I hope to someday continue my education. It's helped me reach so many goals in my life so I can succeed. [My advocate] has been my favorite worker to work with. She's always willing to help out when we need it. She loves [my child] and hanging out with her”
(Extended Aftercare participant)

Strong, Lasting Impacts of Advocates

“I just want to share that my best worker I've ever had in or out of foster care has been [my advocate]. She no longer works with YSS but she was the most inspirational and relatable worker I've ever had. She's given me so much genuine advice as well as shown me that the goals I set in this program I can actually reach. She helped me be able to move and get a better job. She's helped me through some rough times while working with some very unfair and rude people/managers. She's so down to earth and honest.” (Core Aftercare participant)

- *“My advocate constantly goes out of her way to help and make sure I am okay, always checking in and helping me find new ways to succeed” (Core Aftercare participant)*
- *“Having [my advocate] as my Aftercare worker has helped me 1000% more and has gotten me further in life. I appreciate everything she does for me- let [my advocate] know” (Core Aftercare participant)*

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 Core youth being served. Youth in Extended Care self-initiate contact with their Advocate, so they do not necessarily meet monthly. 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 in their participation and are highly satisfied with the services and support they receive.

Summary

Participating youths highly rate their experiences within Aftercare and working with their Aftercare advocate. Nearly all youth report a sense of respect and fair treatment and believe their advocate is someone they can trust and count on for support. When rating the helpfulness of Aftercare on a scale of 1 to 5, over 95% of Core youth and over 92% of Extended youth rated the helpfulness of Aftercare as “4” or “5.” Overall, both Core and Extended youth have excellent experiences within Aftercare and working with their advocates.

Aftercare monitors youth’s ratings of self-sufficiency as they participate in the program while navigating the transition to adulthood. Youth completing the survey indicated high self-sufficiency while participating in the program. For example, the majority (over 95%) of youth in Core and Extended Aftercare reported that they had stable housing, and nearly all (98%) reported having supportive relationships. When asked about current challenges they face, however, youth participating in Extended Aftercare were more likely to report challenges with having enough money or other resources to cover expenses, as well as securing reliable transportation to and from school or work. When asked about barriers related to obtaining housing, more youth in Extended (35.8%) noted that they have faced problems obtaining housing compared to Core youth (20.7%). Extended youth were more likely than Core youth to identify high costs, lack of affordable options, not having enough income or savings, unstable employment, poor credit history, lack of rental history or references, and needing a co-signer but not having one as the main barriers faced when obtaining housing. The challenges youth in Extended Aftercare face are unsurprising, as youth who qualify for Extended Aftercare may need additional financial support. Importantly, only 82.1% of youth in Core Aftercare and 73.6% of youth in Extended Aftercare indicate having sufficient resources compared to other self-sufficiency measures; however, youth in Core and Extended Aftercare overwhelmingly report that they are receiving financial

support from Aftercare that helps keep them working toward their goals, that their advocate helps them connect with people and resources that will help them succeed, and that their advocate helps them feel hopeful about the future. Thus, while many youths report having insufficient resources, Aftercare may be youths' main resource in receiving financial assistance and building connections with other important resources.

The 2025 Participant Satisfaction Survey added questions based on where young people learn about Aftercare and the sources, they turn to most for information and resources. Notably, nearly 60% of youth seek information from online searches, and just over 20% report seeking information through social media; however, few youths learn about Aftercare through general internet browsing or through social media. Future considerations include expanding outreach efforts through sources youth actively search for information (e.g., online spaces) as well as where youth spend most of their free time (e.g., with family and friends). Furthermore, youth are expected to learn about Aftercare through their HHS social worker, JCO/probation officer, or during their transition planning meeting. However, under 57% report learning about Aftercare through their HHS social worker or JCO/probation officer, and under 18% report learning about Aftercare in transition planning meetings. Encouraging conversations with youth about Aftercare when meeting with their social worker or probation officer, transition meeting facilitators, providers, or other important sources such as their foster parent(s) can help guide youth to Aftercare services and access to important resources, build trusting, supportive relationships, and learn or improve life skills as they transition into young adulthood.

Acknowledgment

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About the Child Welfare Research and Training Project

The [Child Welfare Research and Training Project](#) (CWRTP) at [Iowa State University](#) (ISU) facilitates and evaluates programs and training for human services professionals and community providers to advance best practices for children, youth, families, and communities. Beginning in July 2022, CWRTP has provided coordination, quality assurance, marketing, and evaluation support for the [Iowa Aftercare Services Network](#) under subcontract with [YSS](#), the lead agency of the Network.

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For more information

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Appendix B

SFY 2025 Required Performance Measures – July 2025

Date: July 14, 2025

To: Andrew Allen, CEO, YSS

From: Joanie Havel, IASN Coordinator

Re: Iowa Aftercare Services Network SFY 2025 Achievement of Performance Measures for Budgeted Incentive Funds

Section 1.3.2 and 1.3.5.2 of the Department of 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.*

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 2025. The survey, which includes questions specific to the performance measures, was completed by 251 core youth in April, representing 95% of core active participants that month. The results of the FY 2025 survey are presented below.

Outcomes Achieved:	FY 2025
<i>Last month, did you have enough money or other resources to cover your expenses? (Incentive Target – 80% Yes)</i>	
Yes	82.1%
No	17.9%
<i>Do you currently have a safe and stable place to live? (Incentive Target – 90% Yes)</i>	
Yes	95.2%
No	4.8%
<i>Do you have a positive relationship with at least one adult in your community? (Incentive Target – 90%)</i>	
Yes	98%
No	2%

Based on the satisfaction surveys completed during the fiscal year, the Network achieved the desired performance based on this data source in all three areas, 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 2025, there were 140 youth that met these criteria¹³. 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)
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)

¹³ SFY 2025 outcome data is preliminary.

Responses to these questions on 140 exit interviews between July 1, 2024, and June 30, 2025, 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? (Target Yes with earned income alone or with earned income and other assistance - 80%) Network Achieved – 80.71%		
Yes, with my earned income alone	43	30.71%
Yes, with my earned income and other assistance	70	50%
No	27	19.29%
Where are you living? (Target safely house – 90%) Network Achieved – 92.86%		
University (campus based) housing	6	4.29%
Apartment or house – sole responsibility for rent	37	26.43%
Apartment or house – shared responsibility for rent	43	30.71%
Living in someone else’s home (may or may not be contributing to rent or expenses)	41	29.29%
Living in an adult residential or rehabilitation facility or waiver home	3	2.14%
SUBTOTAL – SAFELY HOUSED	130	92.86%
Couch surfing or moving from house to house – no fixed address	2	1.43%
Transitional facility, shelter, or other supported housing	4	2.86%
Other	4	2.86%
SUBTOTAL – UNSAFELY HOUSED	10	8.67%
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.)? (Target – Yes 90%) Network Achieved – 98.57%		
YES	138	98.57%
No	2	1.43%

Based on this data, the exit interview results show that minimum thresholds on one outcome performance measure were met or exceeded by the Network in SFY 2025.

In summary, based on youth survey results and outcomes, all three performance measures were met.