



ON YOUR OWN BUT NOT ALONE

Annual Report to the Iowa Department of Human Services

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September 2008



Iowa Aftercare Services Network -- Annual Outcomes Report July 1, 2007 through June 30, 2008

Introduction

Under a contract with the Iowa Department of Human Services (DHS), the Iowa Aftercare Services Network (IASN) provides support and services to youth and young adults ages 18 to 21 who exit foster care near or after their 18th birthday. Youth and Shelter Services, Inc. (YSS) is the lead agency and fiscal agent for the Network and holds the contract with the state. YSS, in addition to providing direct services, subcontracts with ten other youth-serving agencies to provide aftercare services to eligible youth throughout the state. YSS also subcontracts with the Youth Policy Institute of Iowa to provide coordination, technical assistance, and evaluation services for the Network.

The Network has provided aftercare services to Iowa's eligible foster care alumni since 2002 with funds allocated to the state from the federal Chafee Foster Care Independence Program. In 2006, the Iowa Legislature authorized additional support for these youth and appropriated state funding to create the Preparation for Adult Living (PAL) program. The PAL program provides additional financial support for youth who exit Iowa's foster care system at age 18 or older as long as they are either enrolled in post-secondary education, are employed, or both. The IASN implements PAL as a component of Iowa's aftercare services for those eligible.

The DHS aftercare contract to YSS requires annual reporting on the outcomes of the youth and young adults who receive Aftercare and PAL services. This information is used both to assess the impact of the services being delivered to eligible youth and to fulfill reporting requirements of the federal Foster Care Independence Act. Data presented in this annual report are derived from an on-line data collection system that was designed specifically for and is maintained by the Youth Policy Institute of Iowa for the IASN.

This system, the IASN Core Client Outcomes database, includes individual participant information on all youth who access Aftercare and PAL services. Demographic, social, and behavioral information on each participant is collected by IASN front-line staff during interviews with each participant. Interviews are conducted at the initiation of services (intake), at approximately three-month intervals during the youth's participation in the program, and at exit from services. Data is entered online into the database by staff of IASN agencies. In state FY 2008, 567 unduplicated youth were served in PAL and Aftercare. Currently, the IASN Core Client Outcomes database includes detailed information on more than 1,200 youth who have utilized aftercare services since 2002.

This year's outcome report shifts from a federal to a state fiscal year report period. It summarizes progress of participants served from July 1, 2007 through June 30, 2008 on seven required outcome areas. It is important to note that Aftercare and PAL are voluntary programs. That is, young people are free to initiate *and* discontinue services at their own volition. This fact, coupled with the generally transient nature of this population, results in many participants exiting and re-entering the program multiple times. In addition, the data collected is based on interviews of the youth participants and as such relies primarily on self-reports of the participating youth. Several steps are taken to clean the data and assure its accuracy; however, as with most research and data collection, there will be some margin of error.

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All of these factors create challenges in analyzing and interpreting the data. Therefore, while this report provides an overall picture of participants both at intake and after receiving Aftercare and PAL services, we urge caution in drawing definitive conclusions about this population and about the effectiveness of the program based solely on this information. If anything, the data reflect the complexity of measuring outcomes for youth exiting foster care and suggest numerous areas for further inquiry to more fully understand the challenges and successes of these young people and of the services and supports that they need to become successful adults.

Organization of the Report

During the reporting period, a total of 567 unduplicated young adults received services from the Aftercare Network. Part I of this report provides information about all of these participants at the time they first accessed aftercare services, which may have been prior to the start of the report period. This information can be used to better understand the characteristics of youth as they leave formal foster care and attempt to make it on their own. Part II of the report presents both intake and exit information for those Aftercare and PAL participants who ended services during the report period and for who exit information was obtained. Outcome information included in Part II is reported for 71 Aftercare only participants (*i.e.*, youth who were not eligible for PAL) who had a planned exit during the report period and for 96 youth who participated in the PAL program and had a planned exit during the report period.

In addition to overall enrollment, seven outcome areas and eighteen indicators are addressed in this report (see list on the following page). For each indicator, intake and exit data is presented separately for the Aftercare only participants (N=71) and PAL participants (N=96). Each table shows participants' initial Core Client Outcomes Survey (CCOS) answers with their planned exit CCOS answers.

A *planned exit* is recorded when a participant chooses to discontinue services and meets with an Aftercare Advocate to complete an interview. Planned exits are also completed for PAL participants when the youth loses his/her eligibility for PAL based on employment/education expectations or housing status, even if they continue in aftercare. Data presented is on unduplicated youth, with their last exit information included if more than one planned exit occurred during the report period.

Finally in tables K-M, specific information for all PAL participants (N = 339) served during the reporting period is presented as required by the DHS contract.

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Outcome Area	Indicators
Self-sufficiency – Employment	<ul style="list-style-type: none"> • Monthly budget to cover expenses • Employment Status • Amount of Earned Income (gross monthly)
Safe and Stable Housing	<ul style="list-style-type: none"> • Housing for past 30 days • Plans to stay in current housing (how long)
Community Connectedness	<ul style="list-style-type: none"> • Positive relationship with supportive adult for: <ul style="list-style-type: none"> ○ Emotional support ○ Help in a crisis ○ Job/school advice/guidance
High-Risk Behaviors	<ul style="list-style-type: none"> • Unprotected sex (i.e., condom use during intercourse) • Intentional Self-Harm <ul style="list-style-type: none"> ○ Plan to commit suicide ○ Attempted suicide ○ Hospitalized for a suicide attempt ○ Inflicted self-harm in other ways • Substance Use in last 30 days <ul style="list-style-type: none"> ○ Alcohol ○ Alcohol to Intoxication ○ Tobacco ○ Prescription Drugs ○ Marijuana ○ Methamphetamine ○ Other Illegal Drugs
Physical and Mental Health	<ul style="list-style-type: none"> • Serious Emotional Disorder (SED) Diagnosis • Primary Care Physician • Access to needed medical resources • Insured (other than Medicaid) • Enrolled in Medicaid
Essential Documents	<ul style="list-style-type: none"> • Knows how to obtain <ul style="list-style-type: none"> ○ Birth certificate ○ Social Security card ○ Medical records ○ Educational records • Has in their possession <ul style="list-style-type: none"> ○ Birth certificate ○ Social Security care ○ Medical records ○ Educational records
Education	<ul style="list-style-type: none"> • Currently enrolled in Education/Job training • Level of education/degree obtained

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Key Findings:

The initiation of the PAL program in 2006 has continued to impact the numbers of youth accessing services after they formally exit foster care, as well as the length of time they receive support after age 18. Participation by young people in Aftercare and PAL increased to 567 individual youth in state fiscal year 2008. Of those, 339 were enrolled in PAL for all or part of the year. More than half of all youth receiving services have been diagnosed with Serious Emotional Disorders, and addressing mental health issues remain a primary need for this population as they transition to adulthood.

As in past years, youth participating in Aftercare continue to demonstrate significant progress in a number of areas, including budgeting, positive relationships, high school graduation, and health care coverage. These youth also show improvement in employment and earnings, but still report relatively low earned income and only one-fourth (25%) are employed full-time when they exit services. More specifically, among youth with planned exits from Aftercare who did not receive PAL:

- 71% reported that they had a monthly budget to cover expenses at exit, compared to 31% at intake;
- 83% had obtained their birth certificate and 92% had their social security card at exit, compared to 30% and 39% respectively at the initial interview.
- Only 56% of Aftercare participants had their GED or High School diploma at their initial interview, but 76% exited with their High School diploma or higher degree.
- More than 95% reported positive, supportive relationships with adults at exit, compared to about 89% at intake.
- 83% of participants had a primary care physician at exit compared to just 63% at intake.

As expected, youth actively participating in the Preparation for Adult Living (PAL) program are different in a number of ways from the aftercare participants of previous years. These youth enter the program more likely to have graduated from high school, more likely to have positive adult relationships on which they can rely, and more likely to be employed, than the Aftercare-only participants. Of the 339 PAL participants served during the year, 58 (17%) were discharged from PAL primarily for failing to meet the employment or post-secondary education eligibility requirements for the program (38% of those discharged from PAL); equal numbers (16%) were discharged due to not living in approved housing or because they were not meeting self responsibility requirements.

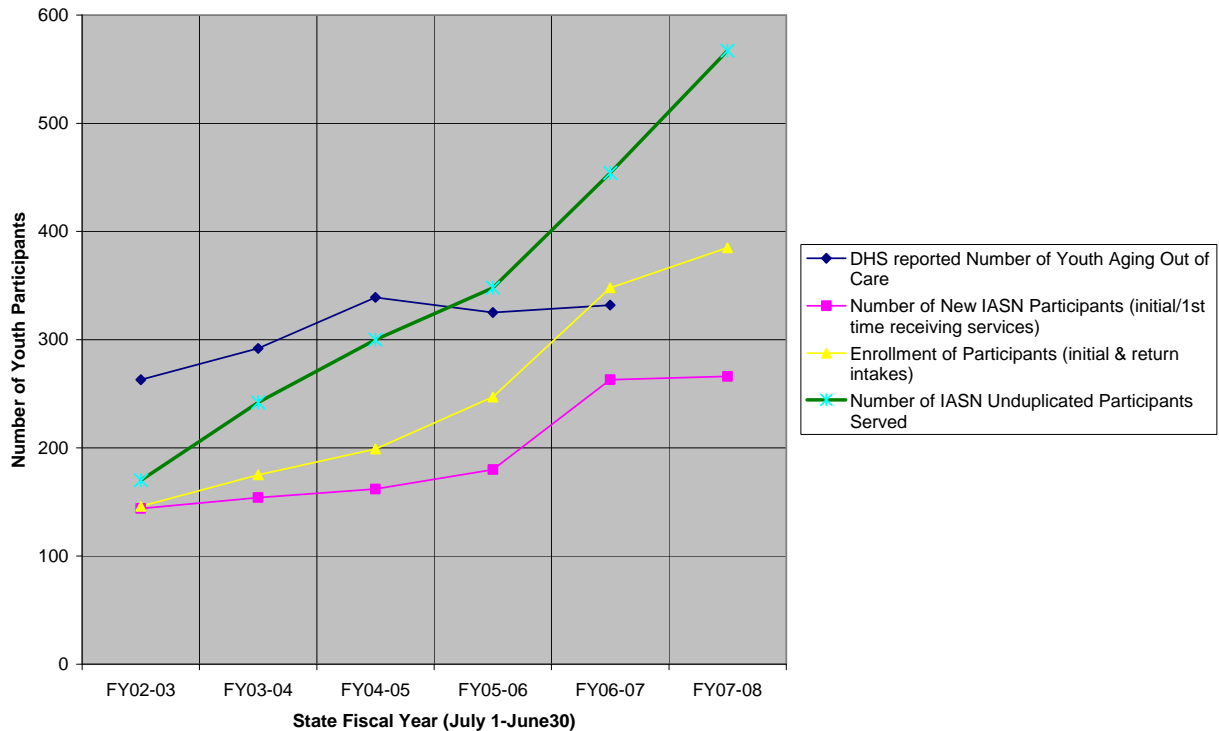
Access to health care had a 10% decrease in all areas compared to last year, with 86% of active PAL recipients reporting enrollment in Medicaid, and 77% of Aftercare-only participants reporting Medicaid or private health insurance coverage upon exit. Consistently, about three-fourths of all PAL and Aftercare recipients report having a primary care physician, and eight out of ten participants report having access to needed medical resources.

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Part I: Initial Information on All Participants Served in SFY 2007-08

During the reporting period, a total of 567 unduplicated young adults received services from the Aftercare Network. Part I of this report provides information about all of these participants at the time they first accessed aftercare services, which may have been prior to the start of the report period. For comparison purposes, the following tables show intake information for all participants (N=567), participants that received PAL (N=339) at some point during the report period, and information of those youth who were never eligible for PAL and only received aftercare services (N=226). Enrollment growth is depicted in the following table.

Comparing Youth Enrolled & Served in IASN to those Aging Out of Foster Care



Gender: The following table reflects the gender of participants in the Aftercare Network during the report period. In general there are more women who access services than men. This difference is somewhat greater among PAL recipients than Aftercare only participants. While IASN does not have access to the DHS information, it would be interesting to compare this gender distribution against the gender breakdown of all youth who age out of care.

Gender	All participants (N =567)	PAL recipients (N=339)	Aftercare only (N=226)
Female	62%	63%	59%
Male	38%	37%	41%

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Race/Ethnicity: Racial composition does not vary by much regardless if the participant is receiving PAL or just aftercare services. Not surprisingly, three-quarters of participants are White, while about one-quarter are minorities. Comparisons of aftercare and PAL enrollees have not been compared to the demographics of all children in foster care. Further analysis could be useful in identifying under represented groups of former foster youth and more targeted efforts could be made to assist them in accessing services.

Race/Ethnicity	All participants (N =567)	PAL recipients (N=339)	Aftercare only (N=226)
African American or Black	12%	12%	11%
Alaska Native	0%	0%	0%
American Indian	1%	1%	0%
Asian	0%	1%	0%
Hispanic or Latino	2%	1%	4%
Native Pacific Islander	0%	0%	0%
Other	1%	1%	1%
White or Caucasian	76%	76%	75%
Combination	8%	8%	9%

Mental Health Status: Nearly 60% of all participants (see table below) have been diagnosed with a serious emotional disorder (SED) and received treatment for that SED during the twelve months just prior to accessing aftercare services. SED status at intake is typically taken from eligibility forms completed by DHS staff. This information is not always provided and the number of youth with a confirmed SED tends to increase somewhat during the course of services as additional information is obtained through assessments and treatment needs identified while youth participate in aftercare and/or PAL.

Serious Emotional Disorder (SED)	All participants (N =567)	PAL recipients (N=339)	Aftercare only (N=226)
Yes	58%	53%	65%
No	40%	45%	33%
Unknown	2%	2%	2%

Income: There is a substantial difference between PAL participants and Aftercare only participants entering the IASN in regards to having a monthly budget to meet expenses. Half of PAL participants indicate that they do have a budget and are able to meet their monthly expenses. In comparison, only 27% of Aftercare only participants report having a budget to cover their monthly expenses at the time of their initial interview.

	All participants (N=567)	PAL recipients (N=339)	Aftercare only participants (N=226)
Participants have a monthly budget to cover expenses	Initial	Initial	Initial
Yes	41%	50%	27%
No	56%	47%	71%
Unknown	3%	3%	2%

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Similarly, the income reported by youth at intake, shows significant differences between PAL recipients and aftercare only participants. Three-quarters (77%) of aftercare only participants report \$0 monthly income when they first access aftercare, whereas only 35% of PAL recipients report no income at intake. Fewer than 10% of all participants report monthly income of \$1,000 or more, which is similar across both PAL recipients and Aftercare only participants.

	All participants (N =567)	PAL recipients (N=339)	Aftercare only participants (N=226)
Gross Monthly Income	Initial	Initial	Initial
\$0	51%	35%	77%
\$1 - \$199	4%	6%	1%
\$200 - \$399	10%	17%	0%
\$400 - \$599	17%	21%	10%
\$600 - \$799	7%	10%	3%
\$800 - \$999	2%	4%	0%
\$1,000 - \$1,199	3%	3%	3%
\$1,200 – \$1,399	2%	2%	1%
\$1,400 - \$1,599	1%	1%	2%
\$1,600 - \$1,799	1%	0%	2%
\$2,000 - above	1%	1%	1%

Employment: Over the past two reporting periods there has been a surge of more “employed” youth than in the past. This is due to the requirements for receiving PAL. The table below clearly illustrates how the PAL participants raise the overall percentage of All Participants who are employed full or part time (42%). However, if you consider Aftercare only youth a mere 14% are employed full or part time.

	All participants (N=567)	PAL recipients (N=339)	Aftercare only participants (N=226)
Current Employment Status	Initial	Initial	Initial
Employed full time (30+ hours per week)	22%	31%	7%
Employed part time	20%	29%	7%
Unemployed, looking for work	39%	30%	53%
Unemployed, long term disability	0%	0%	0%
Not in work force	17%	8%	31%
Other	2%	2%	2%

Suicide: Suicide attempt and suicide ideation continue to be an area of concern with all youth entering Aftercare Services. According to the CDC vital statistics 9.5 out of every 100,000 youth, ages 14-23, commit suicide. That equates to about .0095%. It remains the 3rd leading cause of death for young people ages 14-23 years.* Comparatively, the youth aging out of foster care have an alarmingly high rate of suicide ideation and actual attempts to youth in the general population. The reasons listed by the American Academy of Child and Adolescent Psychiatry

* Department of Health and Human Services – Centers for Disease Control and Prevention; Suicide Trends Among Youth and Young Adults Aged 10-24: United States 1994-2004; <http://www.cdc.gov/ncipc/dvp/Suicide/default.htm>

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for why youth most often attempt suicide are due to strong feelings of stress, confusion, self-doubt, pressure to succeed, financial uncertainty, and fears associated with becoming an adult.[†]

	All participants (N =567)	PAL recipients (N=339)	Aftercare only participants (N=226)
Have you ever (select all that apply)	Initial	Initial	Initial
Made plans to commit suicide	25%	22%	30%
Attempted suicide	23%	22%	25%
Been hospitalized for a suicide attempt	18%	18%	18%
Ever inflicted self-harm in other ways (cutting, burning, etc.)	29%	27%	32%

Furthermore, the CDC reports that 90% of youth suicide victims have a mental disorder, depression or a history of alcohol or drug use. Recalling that sixty percent of all aftercare services participants have a mental health diagnosis, it becomes more apparent that the scope and parameters of PAL and Aftercare cannot meet the more serious mental health needs of participants.

	All participants (N =567)	PAL recipients (N=339)	Aftercare only participants (N=226)
In the past 6 months have you ever (select all that apply)	Initial	Initial	Initial
Made plans to commit suicide	4%	3%	6%
Attempted suicide	3%	2%	5%
Been hospitalized for a suicide attempt	2%	1%	4%
Ever inflicted self-harm in other ways (cutting, burning, etc.)	7%	4%	10%

Essential Documents: The following table shows the percent of youth who at the time of intake have acquired specific documents that are essential for employment, identification, health, and or enrollment in education or training programs. The youth are asked if they currently have these documents at their current residence or if they still need to obtain the documents from the official source. The PAL youth seem to be more likely to have these essential documents due to the requirement of work and or school as part of the PAL program.

	All participants (N =567)	PAL recipients (N=339)	Aftercare only participants (N=226)
Currently have in possession:	Initial	Initial	Initial
Birth certificate	59%	67%	47%
Social security card	72%	80%	60%
Medical records (including immunization record)	32%	38%	24%
Educational records	46%	57%	29%
None of above	7%	7%	7%

[†] American Academy of Child and Adolescent Psychiatry; Teen Suicide; May 2008
http://www.aacap.org/cs/root/facts_for_families/teen_suicide

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Education: PAL participants are required, with very few exceptions, to have received their GED or High School diploma as a condition of eligibility, and 93% of PAL participants indicate at their initial interview that they have their High School diploma or GED. Comparatively, only 50% of Aftercare participants have their High School Diploma or GED at intake.

	All participants (N =567)	PAL recipients (N=339)	Aftercare only participants (N=226)
Have obtained degree	Initial	Initial	Initial
High School Diploma	57%	83%	43%
Post H.S. degree (AA, BS, BA, or Voc license)	1%	0%	0%
GED (Graduate Equivalent Diploma)	13%	10%	7%
None of the above	29%	7%	50%

Medicaid Coverage: Since Medicaid for Young Adults (MIYA) was introduced in 2006, there has been an increase in the number of youth who leave foster care and enter PAL or Aftercare currently enrolled in Medicaid. It is noteworthy that 87% of PAL and 73% of Aftercare participants are enrolled in Medicaid at their initial interview.

	All participants (N =567)	PAL recipients (N=339)	Aftercare only participants (N=226)
Currently Enrolled in Medicaid	Initial	Initial	Initial
Yes	81%	87%	73%
No	19%	13%	27%

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Part II: Outcomes on Required Data Elements

A) Number of unduplicated participants in the reporting period.

Definition: The number of new enrollees added to the number of current clients receiving services during the reporting period.

Number of unduplicated participants served during the report period – 07/01/07 through 6/30/08.

A.1) All unduplicated Iowa Aftercare Service Network recipients who received services during the report period = **567**.

A.2) All unduplicated PAL[‡] recipients in IASN during the report period= **339**

A.3) All unduplicated Aftercare only recipients served during report period = **226**.

Of the 567 individuals who received services during the report period (7/01/07 through 6/30/08), there were 266 new participants receiving services for the very first time. Of those 159 were new PAL participants. There were 119 participants, 69 which were PAL recipients, who returned to IASN after a previous exit. One hundred and eighty-two (182) participants had been receiving services prior to the report period and continued to receive PAL and or Aftercare services past July 1, 2007. Overall the enrollment increased by 11% from the previous fiscal year and has increased exponentially every year since 2002, with new enrollees increasing 48% since PAL was introduced in July 2006.

<i>By State fiscal year July 1 - June 30</i>	FY 02-03	FY 03-04	FY 04-05	FY 05-06	FY 06-07	FY 07-08
DHS reported Number of Youth Aging Out of Care	263	292	339	325	332	
Number of New IASN Participants (initial = 1st time receiving services)	144	154	162	180	263	266
Enrollment of Participants (initial & return intakes)	146	175	199	247	348	385
Number of IASN Unduplicated Participants Served	170	242	300	348	454	567

Of all participants, 96 PAL and 71 Aftercare only participants had planned exits. The remainder of the outcome data in Part II is presented for only those participants who had a planned exit during the year.

[‡] PAL program began July 1, 2006. For purposes of this report, if a participant received PAL any time during the report period of July 1, 2007 through June 30, 2008, they are included as a PAL participant.

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B) Percentage of participants who have resources to meet their expenses.

Definition: Participant has a monthly budget to cover expenses

While enrolled in services youth work with their self-sufficiency advocate to create monthly budgets to assist the youth in managing their money and covering their expenses. There was a 41 percent increase in the percentage of Aftercare and PAL participants who reported improved financial/money management skills from intake to planned exit (Table B.1.1).

Table B.1.1.

Participants have a monthly budget to cover expenses	% PAL recipients (N=96)		% Aftercare only participants (N=71)	
	Initial	Exit	Initial	Exit
Yes	50%	83%	31%	71%
No	49%	17%	60%	24%
Unknown	1%	0%	9%	5%

Assisting participants with budgeting is a major aspect of the PAL program. Participants show significant improvement in overall money management skills. However, in stark contrast to previous years, the employment rates for youth have gone down. This could be in part due to the changing economy and less availability of jobs accessible to the participants.

It is a requirement of PAL for participants to be employed, seeking employment or attending postsecondary education, which is reflected in the relatively high employment rates for initial PAL interviews compared to initial Aftercare only interviews. The most predominant reason youth exit from PAL is due to not maintaining employment and or enrollment expectations. This would explain the lower employment rate upon exit for PAL participants. Aftercare only participants continue to show a slight improvement in employment at exit, though not as high as in years previous. Also important to note is the increase from initial to exit of participants both in PAL and Aftercare who select “Not in the work force”. This is typically the selection for participants who are pregnant or parenting.

Current Employment Status	% PAL recipients (N=96)		% Aftercare only participants (N=71)	
	Initial	Exit	Initial	Exit
Employed full time (30+ hours per week)	34%	29%	19%	25%
Employed part time	30%	27%	27%	25%
Unemployed, looking for work	25%	28%	28%	22%
Unemployed, long term disability	0%	0%	6%	2%
Not in work force	9%	11%	14%	21%
Other	2%	5%	6%	5%

Though employment rates are slightly down from previous years, income for Aftercare only participants rose by over \$200 per month. The average income for Aftercare only participants increased from an average \$311.80 gross income per month to \$584.15. This represents an 88%

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increase from initial to exit. This increase could indicate that while employment rates for Aftercare only participants increased only by 4%, those with jobs are earning more than when they entered IASN. By contrast PAL participants' employment from initial to exit decreases by 8%. This is in part a result of exits due to PAL participants losing their PAL eligibility and stipend due to not being employed. Those PAL participants that continued to earn income had a small increase between initial income (average \$316.75 - \$420.26 per month) and exit income (average \$304.29 - \$441.03).

Gross Monthly Income	% PAL recipients (N=96)		% Aftercare Only (N=71)	
	Initial	Exit	Initial	Exit
\$0	31%	35%	47%	32%
\$1 - \$199	8%	12%	9%	9%
\$200 - \$399	16%	12%	14%	16%
\$400 - \$599	19%	15%	9%	10%
\$600 - \$799	15%	11%	11%	12%
\$800 - \$999	4%	6%	6%	7%
\$1,000 - \$1,199	3%	4%	1%	6%
\$1,200 - \$1,399	3%	2%	1%	4%
\$1,400 - \$1,599	0%	1%	1%	1%
\$1,600 - \$1,799	0%	1%	0%	1%
\$2,000 - above	1%	1%	1%	2%

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C) Percentage of participants who have a safe and stable place to live.

Definition: Participant has been housed as defined in question 1a of the Core Client Outcomes: For the past thirty days where has the participant lived in a shelter, institution, house, apartment, room, or group living situation? Stability is addressed through question 1b: How long do you plan to stay in your current living situation?

The following table compares the PAL and Aftercare only participants initial and exit interviews regarding housing. There is very little change between the initial and planned exits, which could be in part due to the requirement of PAL participants to be in approved housing when they enroll in the program and therefore why it appears their housing situation might be slightly worse at exit. The Aftercare participants have a slight increase in the number of youth housed at exit compared to the initial interview.

Housing for past 30 days	% PAL Recipients (N=96)		% Aftercare only participants (N=71)	
	Initial	Exit	Initial	Exit
Shelter (Safe havens, low demand facilities, reception centers, other temporary day or evening facility)	1%	2%	1%	0%
Street/outdoors (sidewalk, doorway, park, public or abandoned building)	0%	0%	0%	0%
Institution (hospital, jail/prison)	0%	1%	0%	1%
Housed (Own, or someone else's apartment, room, house)	95%	93%	91%	92%
Other (Group home, residential treatment, or transitional living center)	4%	4%	8%	7%

It is important to note the dramatic difference in the PAL recipients regarding their housing stability. At initial 87% of the PAL participants indicated staying in their current housing for a month or longer, but by their exit only 45% indicated staying at least a month. The results show that most of the PAL participants exiting from the program are in transition or planning to move. The reasons for the planned moves are not clear from the data collected.

How Long Plan to Stay in Current Housing (permanency)	% PAL Recipients (N=96)		% Aftercare only participants (N=71)	
	Initial	Exit	Initial	Exit
Day	4%	23%	1%	3%
Week	9%	32%	23%	6%
Month	52%	18%	34%	39%
Year or more	35%	27%	42%	52%

Comparatively, the Aftercare only participant exits show that 91% plan to stay in their current housing situation for at least a month and the majority of those, planning on staying a year or longer. Overall the data on the housing indicators confirms that youth leaving foster care are highly transient. The reasons for this mobility are likely varied and warrant further analysis.

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D) Percentage of participants who have positive personal relationships with adults in the community

Definition: Participant has someone in the community he/she can go to for emotional support; help in a crisis or for employment guidance.

Consistently, the numbers of youth participants both in PAL and Aftercare only report high levels of supportive relationships. Most PAL participants enroll in Aftercare/PAL immediately upon leaving care. The initial interviews suggest that these young people do have supportive relationships while in care. Because lifelong connections are critical for these youth, assisting youth with maintaining supportive adult relationships is an important goal of the Aftercare Network.

	%PAL recipients (N=96)		% Aftercare only participants (N=71)	
	Initial	Exit	Initial	Exit
Have a positive relationship with supportive adult				
Emotional support	94%	96%	89%	96%
Help in a crisis	94%	97%	90%	92%
Job/school advice/guidance	95%	95%	90%	94%
None	4%	2%	3%	0%

It is in the Aftercare only recipients that we see the most dramatic improvement between intake and exit regarding positive and supportive relationships. This could be due to youth who are in Aftercare only and do not receive PAL are participating in part because they have no one else. In contrast, this data suggests that the reason PAL participants are enrolled is not necessarily for the emotional support, but for the financial assistance while they achieve their education and employment goals.

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E) Percentage of participants who avoid involvement with high-risk behaviors

Definition: Participant either engaged in or avoided high risk behaviors such as unprotected sex; substance use; self harm.

Reliable information on participants' high risk behavior is particularly difficult to obtain. This set of questions in the Core Client Outcomes involves very personal information and young people may be reluctant to provide truthful answers, especially at the time of an initial interview. As Aftercare Advocates establish relationships and build trust with the participants, answers to these questions over time may more accurately reflect actual behaviors, thus showing riskier behaviors at exit than intake. These reports should therefore be interpreted very cautiously.

Use latex condom or prophylactic when having intercourse	% PAL Participants (N=96)		% Aftercare Participants (N=71)	
	Initial	Exit	Initial	Exit
Yes	54%	62%	58%	58%
No	18%	17%	28%	34%
Did not answer	28%	21%	14%	8%

Reports on suicide attempts and ideation by Aftercare and PAL participants are particularly disturbing and warrant further attention. This data reflects a highly vulnerable population with significant mental health needs that are beyond the general scope of the Aftercare and PAL programs.

Have you ever (select all that apply)	% PAL Participants (N=96)		% Aftercare Participants (N=71)	
	Initial	Exit	Initial	Exit
Made plans to commit suicide	24%	28%	30%	37%
Attempted suicide	24%	24%	30%	30%
Been hospitalized for a suicide attempt	22%	22%	18%	23%
Ever inflicted self-harm in other ways (cutting, burning, etc.)	29%	30%	34%	34%

While the numbers decrease significantly in the follow up question, it is still important to note that the national average for suicide attempts among 14-23 year olds is less than .01%. The higher rates among both PAL and Aftercare youth is a strong indication that former foster youth are grappling with serious emotional issues and need significant support.

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In the past 6 months have you (select all that apply)	% PAL Participants (N=96)		% Aftercare Participants (N=71)	
	Initial	Exit	Initial	Exit
Made plans to commit suicide	3%	2%	3%	4%
Attempted suicide	2%	2%	3%	3%
Been hospitalized for a suicide attempt	0%	0%	3%	3%
Ever inflicted self-harm in other ways (cutting, burning, etc.)	7%	1%	11%	3%

The six month follow up question, gives some hope that the increase in supportive relationships and other positive outcomes of PAL and Aftercare do reduce the suicide gesturing of cutting and in the case of PAL, actual attempts. However, suicide and depression are issues the Self Sufficiency advocates and DHS workers need to be aware of as they are working with youth and transitioning them from care to independence.

During the past 30 days have you used (select all that apply)	% PAL Participants (N=96)		% Aftercare Participants (N=71)	
	Initial	Exit	Initial	Exit
Any alcohol	22%	29%	17%	41%
Alcohol to intoxication (5+ drinks in one sitting)	7%	13%	7%	21%
Tobacco	33%	36%	41%	48%
Prescription drugs	21%	18%	30%	24%
Marijuana	4%	4%	4%	5%
Methamphetamine	0%	0%	1%	0%
Illegal Drugs other than marijuana or meth	2%	0%	1%	1%

The higher indications of alcohol and tobacco use can in part be attributed to participants aging and reaching 21 years old. Other possibilities include participants feeling more comfortable at exit, since they will not be coming back, to be honest about their substance use or due to the high number of mental health issues most participants have. The substance use could potentially be an attempt at self medicating. Further attention and investigation this area is needed.

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F) Percentage of participants who are able to access needed physical and mental health services

Definition: The percentage of youth with SED is reported as a reference point; Number & percent of participants with primary physician; Number & percent of participants who have medical resources such as medication for mental or physical health.

More than half of all Aftercare participants, including those eligible for PAL, have been diagnosed with one or more Serious Emotional Disorders (SED). Because the Aftercare Network is not intended or designed to provide professional mental health services, accessing appropriate services in the community for these young people is critical but can be challenging.

Diagnosed in the past 12 months with SED	% PAL Participants (N=96)		% Aftercare only participants (N=71)	
	Initial	Exit	Initial	Exit
Yes	59%	57%	63%	73%
No	41%	43%	34%	23%
unknown	0%	0%	3%	4%

SED - Diagnosis	% PAL Participants		%Aftercare only participants	
	Initial (N=57)	Exit (N=55)	Initial (N=45)	Exit (N=52)
Anxiety Disorder - PTSD or Acute Stress Disorder	4%	5%	10%	3%
Anxiety Disorder - Other	2%	2%	0%	3%
Behavior Disorder - other	2%	3%	19%	1%
Behavior Disorders - Oppositional Defiant Disorder	6%	3%	0%	13%
Behavior Disorders - Attention Deficit /Hyperactivity Disorder	11%	7%	0%	0%
Dual Diagnosis	51%	47%	42%	32%
Mood Disorder - Bipolar Disorders	6%	8%	10%	4%
Mood disorder - Other	2%	7%	14%	1%
Mood Disorder - Depression or other Depressive disorder	6%	8%	0%	26%
Other	8%	10%	0%	11%
Personality disorders	2%	0%	5%	6%

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Having a primary source for health care is fundamental in overall better health outcomes according to the U.S. Department of Health and the American Medical Association for adults and children. PAL and Aftercare participants showed improved outcomes in having medical resources and a primary care physician. The largest improvement, a 20% increase, in connecting and identifying a primary care physician (PCP) comes to the Aftercare only participants. About three-fourths of PAL participants report having a PCP both at intake and after receiving services. Further, there seems to be a correlation between having a PCP and youth reporting that their medical resource needs are being met.

	% PAL Participants (N=96)		% Aftercare only participants (N=71)	
	Initial	Exit	Initial	Exit
Have a primary care physician				
Yes	74%	77%	63%	83%
No	22%	19%	37%	17%
unknown	4%	4%	0%	0%

	% PAL Participants (N=96)		% Aftercare only participants (N=71)	
	Initial	Exit	Initial	Exit
Have medical resources needed				
Yes	84%	87%	65%	83%
No	16%	13%	35%	17%

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G) Percentage of participants who have or know how to obtain essential documents such as: birth certificate; social security card; medical and educational records

Definition: Participants have essential documents or know how to obtain the documents.

In previous years the majority of aftercare participants reported knowing how to obtain essential documents. In 2006 the CCO question was changed and a second question was added, asking if the participants had essential documents either on them or at their current residence. After changing the question we have begun to see that there is a disparity between PAL participants and Aftercare only participants regarding having or knowing how to obtain essential documents.

	% PAL Participants (N=96)		% Aftercare Participants (N=71)	
	Initial	Exit	Initial	Exit
Currently have in possession:				
Birth certificate	70%	94%	30%	83%
Social security card	84%	94%	39%	92%
Medical records (including immunization record)	31%	52%	14%	56%
Educational records	51%	76%	24%	61%
None of the above	2%	2%	67%	5%

In part the high percentage of PAL participants who have or know how to obtain their documents may result as necessities for their employment and or education enrollment, both of which are requirements of the PAL program. Aftercare participants may not have these documents or the knowledge at intake because they are not enrolled in education programs or currently employed. Overall almost all participants, regardless of PAL eligibility, report knowing how to obtain essential documents. These findings suggest that further efforts are needed to ensure that all youth leaving care receive their social security card and birth certificate which are critical for identification and employment purposes.

	% PAL Participants (N=96)		% Aftercare Participants (N=71)	
	Initial	Exit	Initial	Exit
Knows how to obtain essential documents & records				
Birth certificate	91%	96%	54%	93%
Social security card	96%	100%	54%	92%
Medical records (including immunization record)	84%	91%	25%	78%
Educational records	88%	91%	15%	85%
None of the above	4%	0%	41%	6%

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H) Percentage of participants who attain educational goals

Definition: Participants currently enrolled in college, GED completion, or job training. Participants who have degree (anything beyond none - includes High School diploma, GED, Voc. Certificate, Higher Ed.)

Approximately 38% of PAL participants with planned exits and 34% of Aftercare only participants were enrolled in school, college, GED programs or job training at exit.

	% PAL Participants (N=96)		% Aftercare Participants (N=71)	
	Initial	Most recent	Initial	Exit
Currently Enrolled in school, college, GED program or job training				
Not enrolled	55%	58%	50%	64%
Enrolled, full time	39%	30%	34%	24%
Enrolled, part time	2%	8%	9%	10%
Other	4%	4%	7%	2%

Because PAL eligibility requires (with very limited exceptions) a young person to have graduated from high school before enrolling, there is a significant difference between Aftercare only and PAL participants' level of education. The majority (87%) of PAL participants have a high school diploma or GED. In contrast, only 56% of Aftercare only participants have attained a high school diploma or GED when they first access services. By the time they exit 99% of PAL participants and 73% of Aftercare only youth have completed high school or obtained a GED.

	% PAL Participants (N=96)		% Aftercare Participants (N=71)	
	Initial	Exit	Initial	Exit
Have obtained degree				
High School Diploma	80%	94%	52%	66%
Post H.S. degree (AA, BS, BA, or Voc license)	0%	0%	0%	3%
GED (Graduate Equivalent Diploma)	7%	5%	4%	7%
None of the above	13%	1%	44%	24%

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I) Percentage of participants who have Medicaid

Definition: Participants currently enrolled in Medicaid.

New legislation in 2007 and concerted efforts by DHS and others to automatically enroll youth leaving care at age 18 or older in Medicaid have been successful. Among Aftercare-only participants (many of whom left foster care before the Medicaid for Independent Young Adults (MIYA) option was available), only 62% were enrolled in Medicaid when they began services, compared to 86% of PAL participants.

	% PAL Participants (N=96)		% Aftercare Participants (N=71)	
	Initial	Exit	Initial	Exit
Currently Enrolled in Medicaid				
Yes	86%	86%	62%	77%
No	14%	14%	38%	23%

Required Data Element

J) Percentage of participants who have insurance other than Medicaid

Definition: Participants currently with health insurance coverage other than Medicaid.

At intake 13% of PAL participants report having an insurance provider other than Medicaid, this means that 99% of PAL participants have some form of health insurance at their initial interview. At exit, the provider source of insurance changes but 99% of PAL participants still have insurance coverage. Notably, among Aftercare-only participants, 29% of participants have no insurance coverage either through Medicaid or private insurance at their initial interview. At the time of their exit interview only 10% remain uninsured. This is an improvement of nearly 20% and means 8 out of 10 Aftercare participants have medical insurance when they leave IASN.

	% PAL Participants (N=96)		% Aftercare Participants (N=71)	
	Initial	Exit	Initial	Exit
Health Insurance Other than Medicaid				
Employer provided	6%	7%	0%	7%
Private pay	3%	4%	3%	0%
Other	4%	2%	6%	6%

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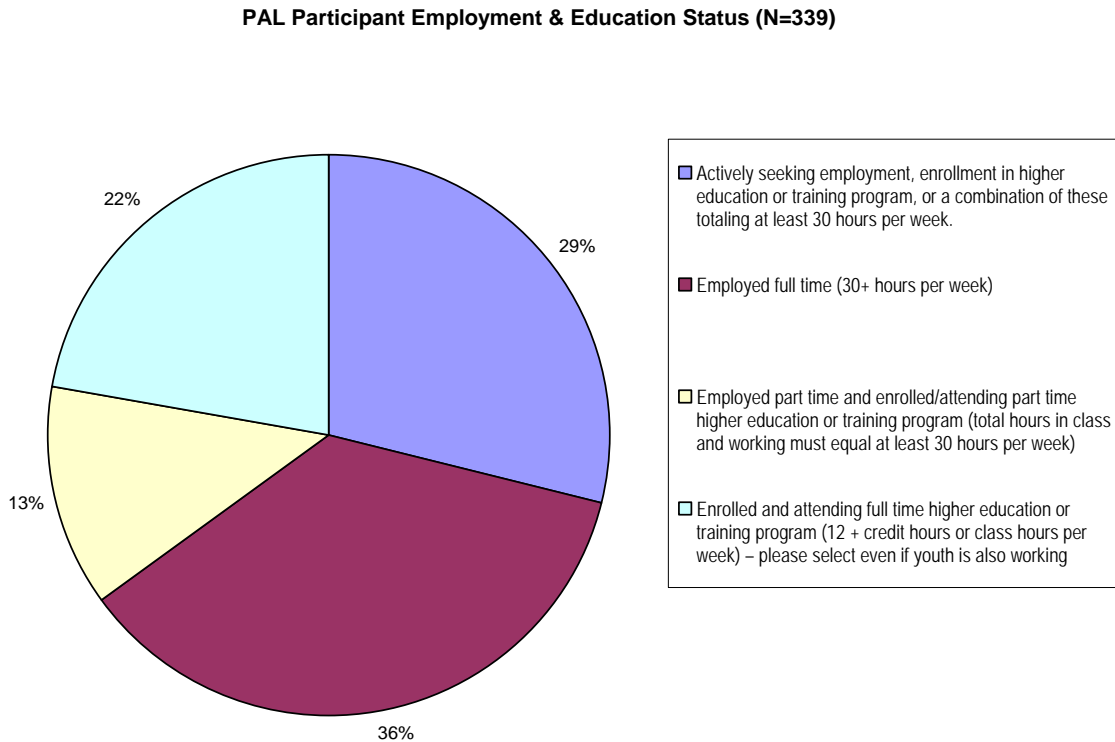
Additional Data Elements for PAL Participants

During the year, 339 youth participated in the PAL program. Approximately 35% of PAL participants during this report period were enrolled full or part time in school or a training program; 36% are employed full-time. (Chart K.1.1)

K) Number of PAL participants enrolled in an educational or training program full-time; employed full-time (as defined in IAC 331-187.11(4); enrolled in an educational or training program part-time and employed part-time

K.1.1. PAL Participants		
PAL Participant Employment and Education Status	N=339	N=339
Actively seeking employment, enrollment in higher education or training program, or a combination of these totaling at least 30 hours per week.	98	29%
Employed full time (30+ hours per week)	122	36%
Employed part time and enrolled/attending part time higher education or training program (total hours in class and working must equal at least 30 hours per week)	44	13%
Enrolled and attending full time higher education or training program (12 + credit hours or class hours per week) – please select even if youth is also working	75	22%

Chart K.1.1. PAL Participant Employment and Education Status



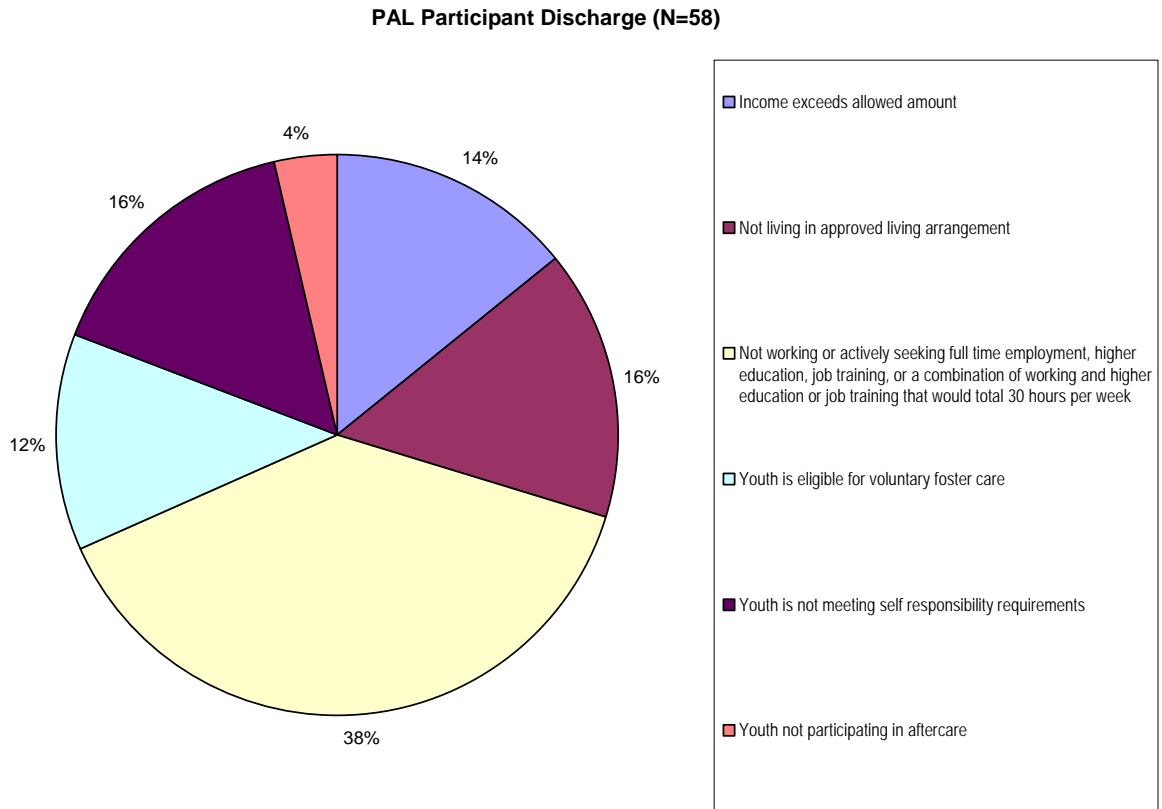
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Of the 339 PAL participants served, 58 were discharged during the report period, primarily because they were not actively working or seeking employment or higher education as required by PAL eligibility rules.

L.) Number of PAL participants discharged from the program and reason for discharge

L.1.1. PAL Participants		
PAL Participant Discharge Reason	N=58	N=58
Income exceeds allowed amount	8	13%
Not living in approved living arrangement	9	16%
Not working or actively seeking full time employment, higher education, job training, or a combination of working and higher education or job training that would total 30 hours per week	22	38%
Youth is not meeting self responsibility requirements	7	13%
Youth not participating in aftercare	9	16%

Chart L.1.1. PAL Participant Discharge



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PAL participants have a variety of living arrangements, with most living alone or with others and paying towards their housing costs. Only 6% report living with a former foster family (Chart M.1.1).

M) Living arrangements of PAL participants

M.1.1. PAL Participants		
PAL Participant Living/Housing Situation	N=339	N=339
Apartment or house – living alone; sole responsibility for rent and or costs of the housing	85	25%
Apartment or house – living with roommates; shared responsibility for rent and or costs of the housing	122	36%
Living in someone else’s apartment or house but not paying rent or living expenses	23	7%
Living in someone else’s apartment or house paying rent or living expenses (i.e. boarding house, renting a room, etc)	47	14%
Living with former foster family	20	6%
University housing (residence hall, sorority/fraternity, other University housing)	33	10%

Chart M.1.1. PAL Participant Living/Housing Situation

