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Foster Care Alumni and Work Requirements

When Childhood Trauma Creates Adult Barriers

DeShawn's Story

DeShawn Williams, 23, learned to expect abandonment before he learned to read. His mother lost custody when he was four, and by the time he aged out of foster care at 18, he had lived in eleven different placements. Some foster families were kind but temporary. Others were indifferent. Two were abusive in ways that still surface in nightmares and in the way he flinches when supervisors raise their voices.

He aged out on his eighteenth birthday with $500 from an independent living program, a duffel bag of clothes, and no family to call when things went wrong. The state's obligation to him ended the moment he became legally an adult, regardless of whether he had acquired the skills, stability, or support networks that most eighteen year olds take for granted.

DeShawn did what foster care alumni do: he survived. He found a warehouse job through a staffing agency, rented a room in a house with four other people, and tried to build a life from materials most people inherit. He worked hard when he could work, which wasn't always. The depression that had shadowed him since childhood worsened after aging out. The therapist who had helped during his final placement no longer accepted his insurance once he transitioned to adult Medicaid. He found a new therapist, started over explaining his history, and felt the familiar exhaustion of having to recount trauma to strangers who would inevitably leave.

The warehouse job lasted eight months. His supervisor, a man who communicated primarily through criticism and sudden anger, triggered responses DeShawn couldn't control. When the supervisor yelled about a misplaced pallet, DeShawn's body responded before his mind could intervene. His heart raced. His vision narrowed. He walked off the floor mid-shift because every instinct told him to escape the threat. The next day, his assignment ended. The staffing agency said they'd find him something else, but the calls stopped coming.

He found another job, stocking shelves overnight at a grocery store. The work suited him better. Fewer people, less supervision, the quiet rhythm of organizing products in empty aisles. He worked 50 hours monthly, the maximum he could sustain while managing everything else that demanded his attention. His new therapist saw him weekly, four hours monthly that kept the depression from swallowing him entirely. The job readiness program he enrolled in met twice weekly, twelve hours monthly of resume workshops and interview practice and the skills nobody taught him in foster care.

The math didn't work. Work requirements demanded 80 hours. He had 50 from his job, 4 from therapy, 12 from job training. Sixty-six hours, fourteen short of compliance. The therapy should count, he thought, because without it he couldn't work at all. The job training should count because it would help him find better employment. But the verification system wanted different documentation than what he had, and the exemption process required forms he didn't understand, and there was no one to ask because there had never been anyone to ask.

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He could have stayed in extended foster care until 21. His state offered the program, which would have provided housing, support services, and case management while he finished education or maintained employment. But at 18, after years of being told what to do by people with authority over his life, the conflict with his final foster family felt unbearable. He chose independence, not understanding that independence without support isn't freedom but abandonment by another name. By the time he realized the mistake, the window had closed.

The verification notices arrived at addresses where he no longer lived. He had moved three times in two years, each time because the housing fell apart. Roommates who didn't pay rent. A landlord who sold the building. A situation that felt safe until it wasn't. His address in the Medicaid system was always one or two moves behind, which meant notices arrived at places where he wasn't, forwarded to addresses he'd already left, lost in the gap between where the system thought he was and where he actually existed.

Coverage terminated for non-compliance. DeShawn didn't fully understand why until weeks later, when he tried to refill his antidepressant and learned he no longer had insurance. Without the medication, the depression deepened. Without therapy, he had no one to talk him through the darkness. He started smoking marijuana to sleep, then to get through days, then because it was the only thing that made existence tolerable.

He missed shifts. He lost the grocery job. He couldn't pay rent. The room in the shared house became a shelter bed, then a friend's couch, then a different shelter when the friend's patience expired. A cut on his hand from the last warehouse job got infected because he couldn't afford antibiotics. The infection spread. He ended up in the emergency room with an abscess that required surgical drainage and IV antibiotics, a hospitalization that cost the system far more than his Medicaid coverage would have.

DeShawn's story is not unusual. It is, in fact, the predictable outcome when work requirements designed for people with family safety nets encounter young adults who have never had safety nets at all.

Demographics and Scope

Foster care alumni represent one of the most vulnerable populations subject to Medicaid work requirements, carrying into adulthood the accumulated consequences of childhoods spent in state custody.

Approximately 20,000 young people age out of foster care each year, a number that has remained relatively stable over the past decade. Over the past twenty years, roughly 400,000 youth have made this transition from state custody to independent adulthood. Among Medicaid expansion adults ages 19 to 26, an estimated 150,000 to 250,000 are foster care alumni, representing approximately 1 to 1.5 percent of the expansion population in that age range. The concentration is higher among those experiencing homelessness, justice involvement, and severe behavioral health challenges.

Educational attainment among foster care alumni reveals the first major barrier to employment stability. Only 58 percent complete high school by age 19, compared to 87 percent of the general population. The gap reflects not lack of ability but lack of stability. The average foster child changes schools multiple times during placement, each move disrupting friendships, teacher

relationships, and academic continuity. Learning disabilities go undiagnosed or inadequately addressed when caseworkers change and records get lost between placements. By age 26, only 6 percent of foster care alumni have completed college, compared to 34 percent of their peers. The educational disadvantage translates directly into employment limitations, restricting alumni to low-wage jobs with irregular hours and minimal benefits.

Employment outcomes follow predictably from educational disruption. Half of foster care alumni are unemployed at age 21. Those who work experience frequent job changes and unstable employment histories, not from lack of effort but from the collision between trauma responses and workplace demands. The supervisor who raises his voice triggers memories of foster parents who did the same before removing a child from placement. The coworker who makes a critical comment activates defenses learned in environments where criticism preceded punishment. The pattern repeats: get hired, encounter trigger, react disproportionately, lose job, start over.

Housing instability compounds employment challenges. Twenty percent of foster care alumni experience homelessness within two years of aging out. Another 30 percent experience housing instability, cycling through temporary arrangements that never become permanent. For the general population, job loss triggers a familiar sequence: cut expenses, draw on savings, move in with family while searching for new work. Foster care alumni have no family home to return to. Job loss leads directly to housing loss, which makes the next job harder to obtain, which extends the housing crisis. Every setback cascades.

Mental health needs among foster care alumni far exceed general population rates. Fifty-four percent meet criteria for a mental health diagnosis, with PTSD, depression, and anxiety particularly prevalent. Attachment disorders developed during childhoods of inconsistent caregiving affect adult relationships, including workplace relationships. Trust issues make it difficult to accept supervision, collaborate with coworkers, or believe that employers have their interests in mind. The mental health treatment these young adults need competes with work hour requirements, creating an impossible choice between the therapy that enables employment and the employment hours that verification systems demand.

Justice involvement creates additional employment barriers. Twenty percent of foster care alumni have been incarcerated by age 21, compared to 3 percent of the general population. Criminal records limit job options even when the offenses were minor, survival-related, or directly connected to the instability that foster care created. The young person who stole food during a period of homelessness carries that record into every background check, every employment application, every attempt to rebuild.

Extended foster care programs exist in 23 states, allowing youth to remain in care until age 21 if they are enrolled in education, employed, or have documented disabilities. These programs provide the continued support that improves outcomes, but not all eligible youth participate. Some, like DeShawn, leave at 18 because the desire for autonomy outweighs understanding of how much they still need. Others are pushed out by conflicts with foster families or caseworkers. Those who do participate in extended care face work requirements beginning at 19 or 20 while still receiving foster care support, creating a two-year period where they must simultaneously meet work requirements and extended care participation requirements.

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The absence of family support networks distinguishes foster care alumni from nearly every other population facing work requirements. There is no parent to provide temporary housing during a job search. No relative to lend money during a crisis. No uncle with a connection at a company that's hiring. No grandmother to watch children while working. No one to explain how to fill out forms, navigate systems, or recover from setbacks. This absence isn't just emotional. It's structural, removing the informal infrastructure that most people use to maintain employment and navigate bureaucracies.

Failure Modes: When Every Setback Becomes Catastrophic

Work requirement systems assume a foundation of stability and support that foster care alumni never had. The collision between these assumptions and the realities of post-foster-care life produces failures that terminate coverage regardless of effort or intent.

The trauma response preventing employment stability operates invisibly in workplaces that don't understand its origins. Authority figures trigger memories of adults who held power over placements, whose disapproval meant being moved to a new home, losing whatever connections had formed. When a supervisor provides constructive criticism, the foster care alumnus's nervous system may interpret this as an existential threat, activating fight-or-flight responses calibrated for survival in dangerous environments. Walking off a job mid-shift isn't defiance. It's the body protecting itself from perceived danger using the only tools it learned during a childhood of real danger. The behavioral pattern that kept a child safe in abusive placements destroys adult employment.

The absence of a family safety net transforms recoverable setbacks into catastrophic spirals. When employed people in the general population lose jobs, they have options. They move home temporarily. They borrow from parents. They stay with siblings while searching for new work. These buffers absorb the shock of unemployment, preventing immediate homelessness and preserving the stability that makes finding the next job possible. Foster care alumni have no buffers. Job loss leads immediately to housing loss, which creates transportation problems and hygiene challenges and address instability that make the next job nearly impossible to obtain. What would be a three-month setback for someone with family support becomes a multi-year catastrophe for someone without.

Housing instability undermines employment in ways verification systems don't capture. Maintaining consistent work schedules requires knowing where you'll sleep tonight and tomorrow and next week. Employers require stable addresses for payroll and phone numbers for schedule changes. Moving frequently means missing shifts because you didn't get the message, showing up at the wrong location, losing the uniform you left at the last place. The instability isn't irresponsibility. It's the predictable consequence of being released into adulthood without the resources to secure stable housing.

Educational disruption limits job options in lasting ways. The foster child who changed schools eight times couldn't complete the continuous coursework that leads to graduation. Learning gaps accumulate when each new school teaches subjects in different sequences. The lack of a high school diploma, or the GED obtained later without the underlying education, restricts employment

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to jobs that pay poorly, offer irregular hours, and provide no path to stability. The young adult who wants to work more can't access jobs that would allow more work.

Mental health needs essential to functioning compete with work hour demands. The therapy that keeps depression manageable, that processes trauma sufficiently to function in workplaces, that teaches coping skills never learned in chaotic childhoods, requires time that work requirements also claim. Four to eight hours monthly of mental health treatment may be the difference between maintaining employment and losing it. If those hours don't count toward requirements, the foster care alumnus must choose between the treatment that enables work and the work hours that verification demands. Without treatment, employment becomes impossible. Without employment, coverage ends. Without coverage, treatment stops. The spiral has one direction.

Systems navigation capacity gaps reflect eighteen years of being navigated for rather than taught to navigate. The caseworkers and foster parents and judges made decisions. The child followed along or resisted, but rarely learned how the systems worked. Aging out means suddenly being expected to navigate Medicaid enrollment, work requirement verification, exemption applications, appeals processes, and renewal paperwork without anyone having taught how. Forms that seem straightforward to people who grew up watching parents handle paperwork feel incomprehensible to those who never saw adults manage bureaucracies. There is no one to ask, no one to check whether the form was completed correctly, no one to explain what happens next.

The timing mismatches compound vulnerabilities. Extended foster care ends at 21 in states that offer it, but work requirements begin at 19. Young people in extended care must simultaneously meet foster care participation requirements and work requirements, a dual burden that acknowledges they need support while demanding they demonstrate they don't. When extended care ends at 21, support disappears at the moment former foster youth are most vulnerable, having not yet established the stability that would allow them to absorb its loss.

State Policy Choices: Accommodation or Abandonment

States implementing work requirements for foster care alumni face choices that will determine whether this population receives recognition of their unique circumstances or treatment identical to adults who had families to support them.

The first choice involves whether foster care alumni should receive automatic exemptions until age 26. Conservative perspectives emphasize that exemptions should be earned through demonstrated disability rather than granted based on category membership. Some foster care alumni function well and work consistently. Exempting all alumni treats capable individuals as permanently damaged. The reciprocity principle underlying work requirements applies regardless of childhood circumstances. Adults are responsible for their current choices, not their past experiences.

Progressive perspectives counter that foster care alumni face structural disadvantages unrelated to individual effort. The absence of family safety nets, the accumulated effects of trauma, and the educational disruption that state custody caused create barriers the state has some obligation to address. Automatic exemption until 26 would allow time for stability establishment that most young adults get through family support. The state that failed to provide permanency during

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childhood should not compound that failure by demanding performance in adulthood that requires the support it never provided.

The second choice involves reduced hour requirements. Rather than exemption, states might require 40 or 50 hours monthly from foster care alumni rather than 80, acknowledging that their capacity has been shaped by experiences beyond their control. This approach maintains the reciprocity principle while adjusting expectations to realistic levels. Critics argue that partial requirements still create compliance burdens for a population with limited administrative capacity, generating the same verification and documentation demands that full requirements create.

The third choice involves counting therapeutic and support activities. Mental health therapy, job readiness training, life skills classes, and housing stabilization programs could count toward hour requirements, recognizing that these activities build the capacity for eventual employment. The argument for counting is practical: these activities enable future work, and preventing their pursuit by demanding current work hours is counterproductive. The argument against reflects concerns about verification complexity and the potential for gaming systems through minimal activity enrollment.

The fourth choice concerns housing stabilization priority. States might suspend work requirements for foster care alumni experiencing homelessness until housing is secured, acknowledging that employment without housing is effectively impossible. Housing-first approaches for general homeless populations have demonstrated success in enabling employment. Applying similar principles to foster care alumni would recognize that the sequence matters. Critics worry about creating indefinite exemptions and reducing incentives to achieve housing stability.

The fifth choice involves navigator support requirements. Assigning dedicated case managers to every foster care alumnus through age 26 would provide the guidance that families provide for most young adults. These navigators would help with verification documentation, exemption applications, housing searches, and employment support. The investment would be substantial, requiring trained staff who understand both foster care trauma and work requirement systems. The return would depend on whether supported navigation leads to sustainable employment and eventual self-sufficiency.

Stakeholder Responsibilities

Multiple institutions must coordinate if foster care alumni are to navigate work requirements without the catastrophic coverage losses that their circumstances make likely.

Child welfare agencies bear responsibility for better preparing youth before they age out. This means beginning Medicaid transition planning at 16, not 17. It means ensuring youth understand work requirements before they become subject to them. It means connecting youth to extended foster care programs and explaining the benefits of continued support. The agencies that held custody during childhood have ongoing obligations to prepare youth for the adulthood they'll enter.

Extended foster care programs in the 23 states that offer them must integrate work requirement navigation into their services. Case managers should help participants document qualifying activities, apply for exemptions when appropriate, and maintain compliance while pursuing education or employment. The programs provide the support that enables compliance. Using that

support to ensure compliance protects participants from coverage loss during the critical transition years.

Mental health providers serving foster care alumni play essential roles in documenting functional limitations that support exemption applications and in providing the treatment that enables eventual employment. Trauma-informed care approaches recognize that foster care alumni's behavioral patterns reflect survival adaptations rather than character flaws. Providers who understand this can help alumni develop workplace coping skills while documenting for verification systems why accommodation is necessary.

Housing organizations must recognize foster care alumni as a priority population whose housing stability is prerequisite to employment stability. Rapid rehousing programs, transitional housing designed for young adults, and housing stabilization support can provide the foundation that employment requires. Without stable housing, work requirement compliance is effectively impossible.

Employers benefit from understanding foster care backgrounds when supervising alumni employees. Trauma-informed supervision approaches recognize that criticism and conflict trigger survival responses, not defiance. Flexible policies that allow recovery from triggered episodes, rather than immediate termination, can retain employees who would otherwise lose jobs through patterns they don't fully control. Second-chance opportunities after job loss acknowledge that the first loss may have resulted from circumstances the employee couldn't prevent.

Foster care alumni organizations provide peer support that no professional service can replicate. Those who have aged out and survived can guide those currently navigating the transition. Mentorship, community building, and advocacy create networks that partially substitute for the family networks alumni lack.

Return to DeShawn

DeShawn's cascade from employment to hospitalization followed predictable steps. His childhood trauma created workplace vulnerabilities that cost him jobs despite his effort. His lack of family support meant that job loss led immediately to housing loss. His mental health needs competed with work hour requirements, forcing impossible choices. His limited systems navigation capacity meant he couldn't access exemptions he might have qualified for. His decision to leave extended foster care at 18 removed support he would later desperately need.

None of this resulted from laziness or irresponsibility. DeShawn worked when he could work. He sought treatment when he could access it. He tried to maintain housing when circumstances allowed. The system designed to encourage self-sufficiency instead destroyed the fragile stability he had built, leading to hospitalization that cost far more than continued coverage would have.

The policy question underlying his story is whether states will recognize that foster care alumni face barriers unrelated to work ethic. The young adults who spent their childhoods in state custody did not choose their circumstances. The trauma, educational disruption, and absence of family support that shape their adult capacity resulted from systems that were supposed to protect them. Work requirements that ignore these realities punish adults for childhoods they didn't control.

Some foster care alumni will meet work requirements without accommodation. They will find stable employment, maintain consistent hours, and comply with verification demands. Others will need exemptions or reduced requirements or intensive navigation support. The question is whether policy will sort between these groups with precision that matches actual capacity, or whether it will treat all alumni as capable of meeting standards designed for people who had families behind them.

DeShawn is in a shelter again, waiting for his abscess to heal, trying to figure out how to restart. He still doesn't have family to call. He still doesn't understand how the systems work. He still carries the trauma that makes supervisors' voices feel like threats. What he also doesn't have, now, is health coverage. The policy choices that created this outcome were choices, not inevitabilities. Different choices could produce different outcomes for the next DeShawn aging out of foster care into a system that doesn't recognize what he's already survived.

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