



Utah for Rational Sex Offense Laws

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March 30, 2026

Senator Keith Grover

Chair, Health and Human Services Interim Committee
Utah State Senate

Representative Katy Hall

Chair, Health and Human Services Interim Committee
Utah House of Representatives

Senator Grover and Representative Hall,

Enclosed is a policy memorandum from Utah for Rational Sex Offense Laws (UTRSOL) requesting that the Health and Human Services Interim Committee adopt a 2026 interim study item. The memorandum is titled *Registry-Driven Housing Instability as a Child Welfare, Behavioral Health, and Homelessness System Failure* and is submitted for distribution to the committee and co-chairs, and for consideration in the committee's 2026 study agenda.

The memorandum examines how registry-driven housing instability intersects with three areas squarely within this committee's jurisdiction: child welfare, behavioral health, and the homelessness services system. Seventeen case managers across the human services continuum independently contacted UTRSOL, each encountering the same structural barrier beyond the scope of their programs to resolve.

The memorandum does not ask the committee to take a position on registry law or criminal sentencing. Instead, the proposed study item asks whether the state's investments in these systems are operating cohesively in the presence of administrative housing barriers that generate avoidable costs across all three domains—and whether targeted adjustments to shelter intake protocols, behavioral health coordination, and DCFS housing stability tracking could reduce those costs without requiring new legislation.

We respectfully request that this memorandum be distributed to the committee and co-chairs, and that it be considered for placement on the proposed 2026 interim study item list prior to the April 15, 2026 Legislative Management Committee deadline.

Respectfully submitted,
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Health and Human Services Interim Committee, Utah State Legislature

Utah for Rational Sex Offense Laws (UTRSOL)

March 30, 2026

Request for 2026 Interim Study:

Registry-Driven Housing Instability as a Child Welfare, Behavioral Health, and Homelessness System Failure

REF: Utah Code Ann. § 80-3-201 (DCFS housing stability)

Executive Summary

This memorandum requests that the Health and Human Services Interim Committee adopt, as a 2026 interim study item, the following question: To what extent does registry-driven housing instability produce preventable child welfare contacts, behavioral health service failures, and homelessness system capacity losses — and whether those downstream costs can be reduced through targeted modifications to shelter intake protocols, behavioral health provider coordination, and Division of Child and Family Services housing stability policy?

Why This Committee

This committee's jurisdiction is not the sex offense registry. It is child welfare, behavioral health, and the homelessness service system — and all three are being directly and measurably damaged by registry-driven housing instability that the state's existing service infrastructure cannot address. UTRSOL's ten months of field data show 27 children in families experiencing housing instability as a direct consequence of registry exclusion policies; three behavioral health providers (Valley Behavioral Health, Wasatch Behavioral Health, Fourth Street Clinic) independently contacting UTRSOL because they could not resolve housing barriers for their own clients; and The Road Home — Utah's primary large-scale emergency shelter — among the 14 agencies that independently reached UTRSOL's door. This committee does not need to have a view on registry law to recognize that the consequences of that law are landing in its jurisdictional backyard.

I. Jurisdiction and Framing

The Health and Human Services Interim Committee's jurisdiction encompasses child welfare policy, behavioral and mental health services, and homelessness system design and funding. Registry-driven housing instability intersects all three in ways that are generating preventable system costs the committee has not yet had the occasion to examine, because the problem has not previously been documented in a form that makes those intersections visible.

UTRSOL is not asking this committee to evaluate registry law. The study item requested in this memorandum is entirely within the committee's home domain.

welfare framework, behavioral health provider network, and homelessness service infrastructure are being asked to absorb costs that originate in a housing exclusion architecture the committee has the standing to address.

The Three Jurisdictional Pathways

Child Welfare (DCFS): 27 children in UTRSOL's caseload are experiencing housing instability directly attributable to registry exclusion policies. The Utah Division of Child and Family Services (DCFS) treats housing stability as a primary child welfare metric and has a documented mandate to prevent family separation attributable to housing loss. The state's own child welfare framework creates a policy rationale for intervention that does not require ideological agreement with registry reform.

Behavioral Health: Three behavioral health providers — Valley Behavioral Health, Wasatch Behavioral Health, and Fourth Street Clinic — independently contacted UTRSOL because they could not resolve housing placements for clients in their own caseloads. Each contact represents a client whose behavioral health treatment continuity is being disrupted by a housing barrier the provider's existing systems cannot address. Housing instability is the single most documented predictor of behavioral health treatment failure.

Homelessness System: The Road Home and three additional emergency shelters are among the 14 agencies independently contacting UTRSOL. Each represents a shelter that has encountered registry-listed individuals it cannot serve under existing blanket exclusion policies. The homelessness service system is absorbing the secondary costs of a housing barrier it did not create and cannot resolve — diverting case manager capacity from the system's intended population.

II. The Child Welfare Dimension

The most acute humanitarian finding in UTRSOL's dataset involves children. Sixteen families in UTRSOL's 121-case caseload encompassed 27 children experiencing housing instability as a direct downstream consequence of registry exclusion policies. These children committed no offense and appear on no registry. Their housing instability is entirely derivative of the registrant parent's legal status — not their own conduct, not their family's economic circumstances, and not a failure of the available service system to respond. It is the predictable output of a housing exclusion architecture operating as designed.

A. DCFS Housing Stability as a Child Welfare Metric

The Utah Division of Child and Family Services treats housing stability as a primary child welfare metric under Utah Code Ann. § 80-3-201 and related administrative framework. DCFS has a documented mandate to prevent family separation attributable to housing loss and to prioritize family preservation in cases where housing instability is the precipitating factor. Registry-driven housing instability meets exactly this criterion: the family is intact, the instability is not attributable to the children or the non-registrant parent, and the barrier preventing housing access is an administrative policy choice — not a statutory requirement, not an economic inevitability — that can be addressed through administrative process.

B. The State Funds Both Sides of the Problem

The state of Utah funds DCFS to prioritize housing stability as a child welfare outcome. Simultaneously, through the Good Landlord Program's categorical screening criteria and through residence conditions imposed as individualized supervision requirements by UDC and AP&P, the state's housing policy architecture removes compliant housing options from families with a registered parent. Utah does not have a statutory housing exclusion zone applicable to all registrants; these barriers arise through administrative policy and discretionary supervision practices rather than codified geographic restrictions.

Nevertheless, their cumulative effect is the same: the state is funding the prevention of family separation on one hand and sustaining the administrative conditions that precipitate family separation on the other. This committee has both the jurisdiction and the standing to ask whether that is a rational expenditure of child welfare resources. These conflicting policies create a structural tension within Utah's child welfare and public safety systems, undermining the effectiveness of housing stability initiatives. Examining how administrative rules and supervision practices interact with housing access could identify reforms that better align the state's investments with its stated child welfare goals.

C. Each Unstable Family Case Is a Potential DCFS Contact

Each of the 16 family cases in UTRSOL's data represents a household in which one administrative barrier — the inability to secure registry-compliant housing — is the proximate cause of the family's housing instability. In the DCFS framework, housing instability in a household with children is a trigger for child welfare contact. The state's own child welfare cost accounting does not currently capture the subset of DCFS contacts attributable to registry-driven housing loss, because there is no mechanism to identify that causal pathway in DCFS intake data. An interim study that asks this committee to examine that gap would produce, for the first time, a basis for estimating the child welfare system cost of registry housing exclusion. Quantifying this cost would allow policymakers to evaluate whether current registry and supervision policies are counterproductive to the state's investments in child welfare. It would also create an evidence base to guide reforms that reduce unnecessary family separation.

III. The Behavioral Health Dimension

Housing instability is the most consistently documented predictor of behavioral health treatment failure in the clinical literature. An individual whose housing is unstable cannot reliably attend outpatient treatment, maintain medication compliance, or sustain the structured daily environment that behavioral health recovery requires. For the population of registered individuals under behavioral health treatment supervision, registry-driven housing instability is therefore not a parallel problem — it is a direct threat to treatment continuity. Moreover, when housing options are limited or contingent on supervision conditions, treatment plans become secondary to meeting basic shelter requirements. Addressing registry-driven housing barriers is therefore essential not only for public safety but also for the clinical efficacy of behavioral health interventions.

A. What the Provider Contacts Signal

Three behavioral health providers contacted UTRSOL independently during the ten-month period documented in this report. Each operates in a distinct geographic catchment area; their independent convergence on the same unresolvable barrier is the finding:

Provider	Contact Significance
Valley Behavioral Health	Utah's largest community mental health center, serving Salt Lake, Tooele, Summit, and Wasatch counties. Its contact signals that registry housing barriers are producing treatment disruptions across a multi-county behavioral health catchment area.
Wasatch Behavioral Health	Community mental health center serving Utah, Wasatch, and surrounding counties. Contact confirms the problem is not confined to Salt Lake County's urban core — it is replicating across the Wasatch Front catchment area.
Fourth Street Clinic	Salt Lake City's primary health and behavioral health clinic for individuals experiencing homelessness. Its contact is the most structurally significant: Fourth Street is the terminus of the homelessness behavioral health system. When Fourth Street cannot resolve a housing placement, there is no next stop.

None of these providers were contacted by UTRSOL. Each reached out independently after exhausting its own systems. That pattern — three separate behavioral health providers, in different geographic catchment areas, arriving at the same unresolvable barrier — is not an anecdote. It is a signal that the behavioral health treatment infrastructure is encountering a systemic gap it was not designed to address and cannot resolve with existing tools.

B. Treatment Continuity as a Public Safety Argument

This committee's jurisdiction over behavioral health services gives it a stake in treatment continuity that is independent of any position on registry law. An individual under behavioral health supervision whose housing becomes unstable is at elevated risk of treatment dropout, decompensation, and reoffense. The behavioral health system's investment in that individual's treatment — funded in significant part by the state — is put at risk by a housing barrier the system did not create and cannot address on its own. The study item UTRSOL is requesting would allow this committee to quantify that risk and evaluate whether the state's behavioral health investment is being systematically undermined by a housing exclusion architecture operating in an adjacent policy domain.

C. HB 205 and the Escalating Service Exclusion Pattern

The service exclusion pattern documented in UTRSOL's data is not static. HB 205, signed by Governor Cox on March 18, 2026 — one week before UTRSOL's meeting with the Salt Lake City Housing Stability Division — renders individuals with pending sex offense charges ineligible for

the STEP Supervision Program (substance use intervention). This legislation demonstrates that service exclusion is an active policy direction, not a historical condition. Each new exclusion narrows the behavioral health and service pathway for a population the state has a documented interest in keeping under treatment supervision. This committee is in the position to examine whether that direction is consistent with the state's behavioral health outcomes goals.

IV. The Homelessness System Dimension

Four emergency shelters appear in UTRSOL's 14-agency contact list: The Road Home, The Lantern House, The Inn Between, and Switchpoint Microshelter. Each reached out independently because it had encountered registry-listed individuals it could not serve under existing intake policies. Together they represent the core infrastructure of Utah's emergency shelter system, not its margins.

A. Blanket Exclusion as an Administrative Policy Choice

The shelter exclusion policies maintained by these providers are administrative decisions, not statutory requirements. They are not mandated by Utah Code. They are operational choices made by shelter administrators in response to perceived risk, liability concerns, and the absence of any guidance framework for individualized intake assessment of registry-listed individuals. That absence is itself addressable: because these exclusions are administrative choices rather than statutory mandates, they are subject to modification through coordination and contract conditions — specifically, through the Housing Stability Division's existing funding and coordination relationships with these providers. The policy lever exists. It has not been applied to this problem because the problem has not previously been documented in a form that makes it visible to the bodies with authority to act.

B. The Road Home Contact as a Structural Signal

The Road Home is Utah's primary large-scale emergency shelter and the central node in the state's coordinated homeless response system. Its independent contact with UTRSOL is the most structurally significant shelter contact in the dataset for a straightforward reason: The Road Home is where the homelessness system sends individuals when every other option has been exhausted. When The Road Home itself cannot resolve a placement for a registry-listed individual, there is no larger system to escalate to. The contact is not evidence of a gap at the margins of the shelter architecture. It is evidence of a gap at the center — one that the system's own escalation pathway cannot close.

C. Case Manager Capacity as a Documented System Cost

Seventeen professional case managers across the homelessness and human services system independently contacted UTRSOL during the study period. Each contact represents a case the manager could not resolve through any existing channel — not a referral gap, not a resource shortage, but a categorical barrier that no tool in the case manager's professional framework was designed to address. Each of those cases consumed intake time, referral attempts, and supervisor consultation before arriving at UTRSOL as a last resort. That cost is not currently

captured in any state homelessness system accounting. An interim study that establishes a methodology for tracking it would give this committee visibility into a professional capacity cost it currently cannot see.

V. Ten Months of Data: The HHS-Relevant Subset

UTRSOL's full 121-case dataset spans criminal justice, housing market, and human services dimensions. These are individuals seeking housing assistance — not a population that is uniformly homeless or currently subject to GPS monitoring. The subset most directly relevant to this committee's jurisdiction is extracted below.

Population Segment	Count	HHS System Intersection	State Cost Pathway
Children in family cases	27 children across 16 families	DCFS housing stability metric; family preservation mandate	Each unstable family case is a potential DCFS contact and long-term child welfare cost
Non-registrant partners	76 across 38 couple cases	Invisible in every policy accounting framework; not tracked by any state system	Secondary homelessness costs borne by shelter system attributed to non-registrant individuals
Behavioral health provider contacts	3 providers (Valley BH, Wasatch BH, Fourth Street Clinic)	Each represents clients whose treatment continuity is disrupted by housing instability	State behavioral health investment in these clients is at elevated dropout risk
Emergency shelter contacts	4 shelters (Road Home, Lantern House, Inn Between, Switchpoint)	Each represents a gap in the coordinated shelter intake system	Unresolvable cases divert shelter intake capacity from the system's intended population
Professional case manager contacts	17 case managers across multiple agencies	Each represents an unresolvable case in a formal professional intake framework	Aggregate case manager time is a measurable human services capacity loss, currently untraceable
Parents contacting UTRSOL	15 contacts (elderly/middle-aged parents)	Invisible secondary burden — parents absorbing adult children to prevent street homelessness	Elder care system costs; informal absorption by family networks not captured in any state accounting

Fifteen contacts in UTRSOL's data came from parents — likely middle-aged or elderly adults absorbing adult children into their own housing or attempting to prevent street homelessness. This secondary burden is invisible in virtually every policy and service accounting framework. Four contacts came from LDS Branch Presidents and other religious leaders who called after exhausting informal congregational support options. These four represent a much larger

population being quietly managed at the level of individual congregations, outside any formal service system. Both populations are absorbing human services costs that the state does not see because they never reach a formal intake point. This hidden demand highlights how registry-driven housing barriers shift public support burdens onto families and communities.

VI. Why This Study Item Fits This Committee's Jurisdiction

The Health and Human Services Interim Committee's mandate encompasses child welfare policy, behavioral and mental health services, and homelessness system design and funding. The study item UTRSOL is requesting does not ask the committee to acquire new subject matter expertise or engage with a policy domain outside its established scope. It asks the committee to examine a discrete and previously undocumented contributor to outcomes in three domains it already oversees — and to evaluate whether the state's existing service investments in those domains are operating coherently in the presence of that contributor.

What Makes This Population Structurally Distinct

Prior homelessness-adjacent work before committees of this kind has generally examined the general homeless population or subpopulations defined by disability, mental illness, or veteran status. The population documented in UTRSOL's data is structurally distinct from each of those: its housing barrier is not economic, not behavioral, and not attributable to a service gap the general homelessness toolkit was designed to address. It is legal and categorical — originating in administrative policy choices that the homelessness service system did not create and cannot resolve without intervention from a body with authority over the relevant administrative levers. That is precisely what an interim committee study provides.

What the Committee Already Has

The practical case for this committee adopting the study item is not that the problem is new — it is that the institutional relationships needed to study it are already in place. Valley Behavioral Health, Wasatch Behavioral Health, Fourth Street Clinic, The Road Home, VOA Utah — these are organizations operating within the behavioral health and homelessness service ecosystem this committee oversees. The 17 professional case managers in UTRSOL's data are working within systems this committee funds and monitors. The study does not require building a new institutional network from scratch. It requires asking established institutional partners to document, in a structured format, a gap they have already independently identified and reported to UTRSOL because they had nowhere else to take it.

What the Study Produces That Does Not Currently Exist

Three specific outputs would result from a committee study that do not currently exist in any state data system: a DCFS intake methodology that identifies registry-driven housing loss as a distinct causal pathway for child welfare contact; a behavioral health provider coordination framework that creates a referral protocol for registry-related housing barriers; and a homelessness system cost accounting that captures professional case manager capacity consumed by categorical housing barriers. Each of these outputs is a durable contribution to

the committee's oversight function — not a one-time policy recommendation, but an ongoing data infrastructure that gives the committee visibility into a cost category it currently cannot see. The study item is not a request for a position. It is a request for the tools to do the committee's existing job more completely.

VII. The Proposed Study Item and Three Administrative Pathways

UTRSOL requests that this committee adopt the following as a 2026 interim study item. The framing has three structural advantages for the committee: it requires no position on registry law, it builds on institutional relationships the committee already has, and it produces data infrastructure the committee currently lacks.

Proposed Interim Study Item

Registry-Driven Housing Instability as a Child Welfare, Behavioral Health, and Homelessness System Cost: Examining the extent to which categorical housing and service exclusions applied to registry-listed individuals produce preventable DCFS contacts, behavioral health treatment failures, and homelessness system capacity losses — and whether administrative modifications to shelter intake protocols, behavioral health provider coordination frameworks, and DCFS housing stability policy can reduce those costs without new legislation or any position on criminal law or registry policy.

Three specific administrative pathways are within or adjacent to existing agency authority and would be directly supported by the committee's study record:

Action	Who Acts	HHS Relevance	What It Does Not Require
Modify shelter intake policies to require written individualized assessment for referred registrant cases	Salt Lake City Housing Stability Division, in coordination with funded shelter providers	Addresses the gap documented by The Road Home and three other shelters; creates an evidentiary record for future action	New legislation; mandate to accept all registrants; public position on registry law
Establish a DCFS tracking methodology for housing-instability cases attributable to registry exclusion	Utah Division of Child and Family Services, through existing intake data systems	Produces the cost accounting needed to evaluate whether the state's child welfare investment is being undermined by housing exclusion	New budget; statutory change; any modification to existing DCFS case criteria
Co-sponsor a multi-agency coordinating committee with Fourth Street Clinic, VOA Utah, and The Road Home to aggregate field-level data	Salt Lake City Housing Stability Division + nonprofit co-sponsors	Expands the evidentiary base to include aggregated data from all 14 agencies, grounding future legislative action in multi-agency evidence rather than advocacy	New law; new authority; new funding

VIII. What UTRSOL Is Offering the Committee

In support of any study the committee adopts, UTRSOL can provide:

- Full case-level data from the 121-case dataset, disaggregated by household type (including the 16 family cases with 27 children), initiator type (including the 17 professional case managers), and agency contact (including the behavioral health providers and shelters)
- Documentation of each of the 14 agency contacts, including the specific barriers encountered and the resolution outcome
- Legislative record on HB 205 (2026) and prior session bills affecting behavioral health service eligibility for registry-listed individuals
- Technical support for any committee inquiry directed to DCFS, the Division of Substance Abuse and Mental Health, the Salt Lake City Housing Stability Division, or the individual shelter and behavioral health providers in UTRSOL's contact list
- Coordination with the proposed multi-agency stakeholder committee to produce aggregated data across all 14 agencies — specifically the data that Fourth Street Clinic, VOA Utah, and The Road Home have not yet been asked to contribute to a unified record
- UTRSOL's full meeting record with HEART from March 25, 2026, including the Division's preliminary response to the three administrative actions

IX. Conclusion

The 197 individuals in UTRSOL's ten-month caseload include 27 children, 38 non-registrant partners, 15 elderly or middle-aged parents absorbing adult children to prevent street homelessness, and 17 professional case managers who have exhausted every system available to them. These individuals are not in a criminal justice dataset. They are in a child welfare dataset, a behavioral health dataset, and a homelessness system dataset — where they are invisible, because no existing tracking mechanism connects their situation to the registry-driven housing barrier that caused it.

This committee's jurisdiction is exactly the space where that invisibility can be corrected. The study item UTRSOL is requesting does not require a position on registry law. It requires asking whether the state's child welfare, behavioral health, and homelessness service investments are operating coherently in the presence of a housing exclusion architecture that is generating preventable costs in all three domains. The data to answer that question already exists. The providers who have witnessed the problem firsthand are already known to this committee. We are available to provide any additional documentation or technical support the committee requires.

Respectfully submitted,
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