



VA NATIONAL CENTER ON HOMELESSNESS AMONG VETERANS

Research-driven solutions to prevent and end homelessness

HOMELESS EVIDENCE AND RESEARCH SYNTHESIS (HERS) ROUNDTABLE PROCEEDINGS

Housing for Veterans with a Sex Offense History: Policy and Programmatic Solutions to Address Barriers for a High Need Population

January 28, 2020

HOMELESS EVIDENCE AND RESEARCH SYNTHESIS (HERS) ROUNDTABLE

The National Center on Homelessness among Veterans (the Center) in the Veterans Health Administration (VHA) established the Homeless Evidence and Research Synthesis (HERS) Roundtable series in 2015 as a policy forum. The virtual symposium convenes researchers and subject matter experts to discuss research findings on key issues in homelessness. The online webinar is available to interested parties within and outside of the U.S. Department of Veterans Affairs (VA). Topics covered to date include: **Enumeration of Homelessness** (July, 2015); **Aging and the Homeless Community** (November, 2015); **Women Veterans and Homelessness** (May, 2016); **Opioid Use Disorder and Homelessness** (February, 2017); **Rural Veterans and Homelessness** (June, 2017); **Suicide and Homeless Veterans** (February, 2018); **Addressing Social Determinants of Health: Exploring Implications for Policy through the Veteran Health Administration’s Universal Screening for Housing Instability among Veteran Outpatients** (September, 2018); **Potential Benefits and Pitfalls in Predictive Analytics Among Veterans Experiencing Homelessness** (July, 2019), and **Housing for Veterans with a Sex Offense History: Policy and Programmatic Solutions to Address Barriers for a High Need Population**.

Links to the recorded webinars and proceedings are available on the Center website.

<https://www.va.gov/HOMELESS/nchav/research/HERS.asp>

Housing for Veterans with a Sex Offense History: Policy and Programmatic Solutions to Address Barriers for a High Need Population

The proceedings of **Housing for Veterans with a Sex Offense History: Policy and Programmatic Solutions to Address Barriers for a High Need Population** are a summary of the presentation and roundtable discussion that took place on January 28, 2020 in a virtual symposium. The recorded webinar and a downloadable copy of the presentation are available here <http://va-eerc-ees.adobeconnect.com/pc8i686rncjm/>.

Moderator

Dina Hooshyar, MD, MPH, Director, National Center on Homelessness among Veterans

Presenters and Roundtable Panel

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Megan Owens, MPA, Coordinated Entry Manager, San Francisco Department of Homelessness and Supportive Housing

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Executive Summary

Housing for individuals with a sex offense history is consistently ranked as the number one unmet need by Veterans and homeless services providers who respond to the annual U.S. Department of Veterans Affairs (VA) survey known as Project Community Homelessness Assessment, Local Education and Networking Groups – or CHALENG. Many states and localities place restrictions on where people with a sex offense history may live, and federal regulations prevent individuals with lifetime sex offender registration requirements from accessing federally subsidized housing. Given evidence of a relationship between stable housing and reduced risk of reoffending, it is clearly in the public interest to increase access to stable housing for Veterans with a sex offense history. The National Center on Homelessness among Veterans' Homeless Evidence Research Synthesis (HERS) symposium on *Veterans with a Sex Offense History: Policy and Programmatic Solutions to Address Barriers for a High Need Population* reviewed the research on this topic and considered potential policy and programmatic changes both within and outside the VA. In summary, individuals with a sex offense history face significant challenges to accessing and maintaining stable housing, putting themselves and the public at risk. While research shows that Veterans are over-represented among persons incarcerated for sex offenses, little is known about their housing outcomes post-release and whether Veterans with sex offender registration requirements have higher rates of housing instability and homelessness.

To address this question, Dr. Thomas Byrne and colleagues linked data from state sex offender registries with responses to the VA's Homeless Screening Clinical Reminder (HSCR). They found that Veterans on sex offender registries were nearly twice as likely to report housing instability and almost five times as likely to report homelessness than Veterans who were not on registries. In addition, they found that roughly one in 10 Veterans on sex offender registries used a Veterans Health Administration (VHA) Homeless Program over a five-year period, with 50% using Supportive Services for Veteran Families (SSVF) rapid rehousing and 15% using Grant & Per Diem (GPD) transitional housing.

The roundtable discussion, moderated by Dr. Dina Hooshyar, focused on current policy and programmatic responses at the national and local level to address the housing needs of Veterans with a sex offense history, and those on sex offender registries in particular. Key recommendations from leaders in the VHA Homeless Programs Office and the San Francisco Department of Homelessness and Supportive Housing include (1) adopting a more strategic and collaborative approach across the VA and public/private homelessness support and housing systems to better identify and serve Veterans with a sex offense history; (2) identifying and disseminating innovative local practices; and (3) providing technical assistance to help communities to implement them.

The term "registered sex offender" is stigmatizing, but it is commonplace in the literature describing this population. For consistency, this document uses that term when presenting findings from prior research. In other contexts, the term "Veterans on sex offender registries" is used to refer to Veterans subject to registration requirements. The term "Veterans with a sex offense history" is used to refer to the broader population with one or more sex offense convictions, regardless of whether those carried registration requirements. In both cases, the use of person-first language is a deliberate choice for describing a highly stigmatized population.

Intersection of Sex Offense History, Housing Instability, and VHA Homeless Program Use

Thomas Byrne, PhD

Individuals on sex offender registries face challenges to accessing and maintaining stable housing, putting themselves and the public at risk

In 2017, approximately 861,837 individuals appeared in publicly available sex offender registries across the United States¹. People classified as registered sex offenders (RSOs) face a number of challenges to accessing and maintaining stable housing. First and foremost, many states and municipalities have enacted sex offender residency restriction (SORR) laws. These laws typically prohibit individuals convicted of sex offenses from living within a certain distance of schools, parks, playgrounds, and other areas where there are likely to be a significant number of children. Prior research shows that SORR laws are associated with more frequent residential moves² and greater difficulty in finding housing among RSOs.³ Indeed, one study based on a sample of RSOs in Kentucky found that nearly half reported losing or being denied a housing opportunity because of their status as a RSO.⁴ Furthermore, research indicates that housing instability is a risk factor for criminal recidivism⁵ and parole absconson⁶, raising concerns that the lack of stable housing among RSOs poses a threat to public safety.⁷

Veterans are overrepresented among persons incarcerated for sex offenses

Veterans convicted of a violent sex offense comprise an estimated 35% of the population of Veterans who are incarcerated nationwide

Among the 10,000–15,000 Veterans who leave incarceration every year, as many as 4,350 may have a sex offense history

Veterans are overrepresented among persons incarcerated for sex offenses and have higher odds of being incarcerated for such offenses, even after accounting for sociodemographic characteristics, behavioral health conditions, adverse childhood and traumatic experiences, and prior criminal history.⁸ Veterans convicted of a violent sex offense—who may or may not be required to register as a sex offender upon release—comprise an estimated 35% of the population of Veterans who are incarcerated nationwide: among the 10,000–15,000 Veterans who leave incarceration every year, as many as 4,350 may have a sex offense history.⁹

Research on the housing outcomes of Veterans with a sex offense history is limited and some basic and important questions are unanswered

The VA's annual Community Homelessness Assessment, Local Education and Networking Groups (CHALENG) Survey consistently identifies housing for Veterans with a sex offense history as the number one unmet need identified by Veterans and homeless services providers.¹⁰ Despite this feedback and the link between sex offender registry status and housing instability, research on the housing outcomes of Veterans with a sex offense history is quite limited. In a recent study, key stakeholders who work with this population—including both those on sex offender registries and those not required to register—identified lack of sufficient housing as a key barrier to successful community reintegration and expressed concern that the lack of sufficient housing would translate into an increased risk of recidivism.¹¹

Findings from a recent study of prevalence of housing instability and homelessness among Veterans on sex offender registries

To examine the prevalence of housing instability and homelessness among Veterans on sex offender registries, Dr. Thomas Byrne and colleagues linked data from 19 state sex offender registries with responses to VA's Homelessness Screening Clinical Reminder (HSCR) from 5.9 million Veterans over a four-year period (October 2012-September 2016). Analyses of these linked data found that Veterans on sex offender registries had 1.89 times greater odds of reporting any housing instability and 4.58 times greater odds of reporting homelessness compared with Veterans who were not on sex offender registries.¹² One limitation of this analysis is that it was not possible to assess whether a Veteran's housing instability occurred prior to or after their registration; therefore, these results do not necessarily provide evidence of a *causal* relationship between sex offender registration status and housing instability.

Veterans on sex offender registries had 1.89 times greater odds of reporting housing instability and 4.58 times greater odds of reporting homelessness than Veterans who were not on registries

Roughly one in 10 Veterans on sex offender registries used a VHA Homeless Program over a five year period

Related analyses found that roughly one in 10 Veterans on sex offender registries accessed a VHA Homeless Program at some point over a five-year period (i.e., either prior to or following identification as a RSO). The Supportive Services for Veteran Families (SSVF) and Grant and Per Diem (GPD) programs were the most commonly used VHA Homeless Programs: roughly 50% and 15% of Veterans on sex offender registries and accessed VHA Homeless Programs, respectively, received services from these programs.

Research on interventions to improve housing stability and reduce recidivism risk is lacking

There are two key findings from prior research related to the housing status of Veterans with a sex offense history and those on sex offender registries, specifically. First, Veterans on sex offender registries face a number of barriers to accessing stable housing and are at a high risk of housing instability. Second, the elevated risk of housing instability among Veterans on sex offender registries has implications for public safety, given the link between unstable housing and risk for criminal recidivism. Despite these findings, there appears to be no published research examining the effectiveness of housing and treatment interventions to improve housing stability and reduce risk of recidivism among Veterans with a sex offense history, and those on sex offender registries in particular.

Panel Discussion and Recommendations

The roundtable discussion, moderated by Dr. Dina Hooshyar, focused on current policy and programmatic responses at the national and local levels to address the housing needs of Veterans with a sex offense history, and those on sex offender registries in particular. Key points and recommendations from leaders in the VHA Homeless Programs Office and the San Francisco Department of Homelessness and Supportive Housing are summarized here.

Adopt a more strategic and collaborative approach across the VA and public/private homelessness support and housing systems to identify and serve the population

Points to consider:

- Identifying Veterans with a sex offense history in general, and those on sex offender registries in particular, is a challenge. Sean Clark, National Director of Veterans Justice Programs in the VHA Homeless Programs Office, pointed out the importance of partnership between VA, the criminal justice community, and community service providers to identify Veterans in need and build a relationship of trust. It is not the VA's responsibility to identify Veterans with a sex offense history; in fact, VA staff are not permitted to use online searches to determine a Veteran's criminal background or to ask VA police to perform the task on their behalf. If a Veteran's sex offense history or registry status become known through the Veteran's self-disclosure or some other means, this information may not be entered in the Veteran's medical records because there is no medical reason to do so and there is the potential for stigmatization. These protections are documented in guidance from the VA Office of General Counsel (VHA Directive 1162.06, September 27, 2017). The guidance also stipulates that Veterans who have to register must be served in the same manner as any other Veteran would be and spells out the limits of the authority of VA police to monitor Veterans' compliance with any registry-based requirements they are subject to. In other words, Veterans on sex offender registries may not be excluded from programs for which they are clinically appropriate on the basis of sex offense history or registration.
- In the case of eligibility for the U.S. Departments of Housing and Urban Development-VA Supportive Housing (HUD-VASH) program, HUD has adopted more permissive criteria for registered Veterans in HUD-VASH, versus those that apply to the general population using Housing Choice vouchers. HUD-VASH only excludes Veterans who are subject to a *lifetime* registry requirement. This is a significant national-level attempt to facilitate access to stable housing for this population. At the same time, since there is no *national* sex offender registry across the country, differences in the how each state classifies sex offenses create challenges for HUD-VASH housing placement. Each state has its own registry; therefore, offenses that may qualify a person for a lifetime registration in one state may not constitute a lifetime registration in other states.
- Local Public Housing Authorities are responsible for verifying sex offender registration status, and a Veteran with a lifetime sex offender registration may not receive a voucher from the state in which s/he is registered. However, as explained by Jesse Vazzano, National Director of the HUD-VASH Program in the VHA Homeless Programs Office, the VA can facilitate access to a voucher in another state. To give a concrete example, the White River Junction Vermont VA Medical Center serves both Vermont and New Hampshire and determined that a Veteran needed permanent supportive housing and case management. As a lifetime registered sex offender in New Hampshire, the Veteran was not eligible for HUD-VASH in that state. However, in Vermont, the offense did not require him to be a lifetime registrant and he was therefore eligible for HUD-VASH in that state. The placement was arranged by the VA medical center team through coordinating with both housing authorities after New Hampshire conducted the verification check.
- If a HUD-VASH placement is not permitted, the staff will work with other VHA Homeless Programs and the local Continuum of Care to find other housing options. Ms. Vazzano stressed that the role of HUD-VASH staff is to thoroughly assess Veterans' needs and build a relationship that can help them navigate the challenges that arise due to a sex offense history. For example,

HUD-VASH staff should help Veterans understand limitations on where they can live, respond to the landlord's background check, be prepared to talk about their past, what they are doing now to improve their life, and the changes that have taken place.

- HUD Housing Choice Voucher restrictions on lifetime sex offender registration do not apply in other VHA Homeless Programs; Veterans on sex offender registries can access short-term residential programs such as Contract Emergency Residential Services (CERS), Domiciliary Care for Homeless Veterans (DCHV), and Grant and Per Diem (GPD). Nonetheless, VHA Homeless Programs must still contend with SORR laws that require Veterans on sex offender registries to stay a specified distance away from locations where children are present. Thus, programs in these areas are not available to Veterans with a sex offense history. Anne Dunn, Deputy Director of the VHA Homeless Programs Office, suggests that there are many opportunities for VA to improve and work more cooperatively to support Veterans with a sex offense history across VHA Homeless Programs and with other parts of the health system, such as mental health, social work, and other programs: "We are committed to finding ways to serve [Veterans with a sex offense history] effectively across all the services that we work in."
- In San Francisco, the coordinated entry system uses data from the Homeless Management Information System (HMIS) to assess options for housing placement. The system will indicate whether a person is ineligible for a particular placement, such as HUD-VASH, but does not provide the specific reason why (e.g., length of service, type of military discharge, sex offender registry status). This enables staff to search for housing placement with the least amount of negative and stigmatizing information. As explained by Megan Owens, Coordinated Entry Manager for the San Francisco Department of Homelessness and Supportive Housing, "... this is a place where we have found [that] a good data sharing agreement between the county or Public Housing Authority and VA helps everyone serve Veterans in the most appropriate channel."
- Both Megan Owens and Anne Dunn stress the importance of educating Veterans and providers about services as another means of identifying those in need. Many Veterans assume they are not eligible for services.

Identify and disseminate innovative local practices and provide technical assistance to help communities implement them

Examples include:

- **VA health care system partnering with county government to provide permanent supportive housing**

As reported by Jennifer Knapp, Healthcare for Homeless Veterans Coordinator in the VA Palo Alto Health Care System (VAPHCS), this approach involves leveraging county funds that have been set aside specifically to provide flexible housing subsidies for persons experiencing chronic homelessness. The subsidies are not intended specifically for Veterans on sex offender registries, but because the county dollars are not subject to HUD restrictions, the subsidies can be used for this group as well as others, such as undocumented immigrants. VAPHCS entered into a partnership with Santa Clara County in California whereby VA provides intensive case management for up to 80 Veterans assisted with the county subsidies. The partnership was intended to serve any Veteran with unique housing barriers, including those with a sex offense history, and VAPHCS dedicated four social worker positions to support the partnership. This is a highly promising and innovative model, and one that could be used in other communities.

However, flexible local funds may not be available in many jurisdictions, making the scalability of this approach is unclear.

- **Incentivizing providers to offer housing for Veterans regardless of sex offense history**

Megan Owens reported that San Francisco city and county have built and redeveloped a substantial amount of site-based supportive housing for Veterans regardless of military discharge status or criminal background, enabling them to serve individuals who are ineligible for HUD-VASH. The San Francisco Continuum of Care provided an incentive in the annual competition for federal funding for nonprofit and other partners who committed to serving Veterans following a Housing First model and not conducting background checks.

- **Developing VA contracts for providers to specifically serve Veterans with a sex offense history**

Jennifer Knapp described how the VA Palo Alto Healthcare System developed a contract through Healthcare for Homeless Veterans with a county provider to offer emergency shelter beds to Veterans who were not eligible for HUD-VASH. The steps included establishing the need and cost for the service, identifying potential providers, developing the statement of work, and coordinating with the local VA medical center contracting office to put the project out for bid. The request for proposal specified a low staff to Veteran ratio, encouraging the development of rapport, education of Veterans on their rights, and promotion of life and employment skills. The provider who received the contract developed a successful program. Its effectiveness is founded on a close relationship with the probation and parole office and the identification of appropriate permanent housing options.

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Participant Biographies



Thomas Byrne, PhD is an affiliated researcher at the National Center on Homelessness among Veterans, an investigator at the Center for Healthcare Outcomes and Implementation Research (CHOIR) at the Edith Nourse Rogers Memorial Veterans Hospital, and an Assistant Professor at the Boston University School of Social Work. The majority of Dr. Byrne's work involves the secondary analysis of large administrative databases in studies covering a broad range of topics including unsheltered homelessness among Veterans, health services utilization among Veterans using VA and community-based homeless assistance programs, and outcomes of Veterans served by Supportive Services for Veteran Families.



Sean Clark, JD is the National Director, Veterans Justice Programs in the Veteran Health Administration Homeless Programs Office, where he oversees the VA programs that focus on serving justice-involved Veterans: Health Care for Reentry Veterans (HCRV) and Veterans Justice Outreach (VJO). Sean joined VA in 2007 as a Presidential Management Fellow. He helped plan and implement the VJO program and has been part of the program's national leadership team since its formal launch in 2009. Sean holds a law degree from William & Mary School of Law, and a B.A. in Anthropology from Miami University.



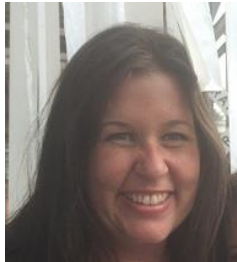
Anne Dunn, MSN, RN currently serves as the Deputy Director of VHA Homeless Programs and has been with the Department of Veterans Affairs for over 24 years. During her time with the VA, she has served in a number of clinical and administrative positions. Ms. Dunn holds a Bachelor of Science Degree in Nursing and a Master of Science Degree in Psychiatric and Mental Health Nursing.



Dina Hooshyar, MD, MPH is Director of the National Center on Homelessness among Veterans. With a background in internal medicine, psychiatry, and public health, she has served in the U.S. Public Health Service Commissioned Corps; worked as Medical Director of VA North Texas Health Care System Mental Health Service's Comprehensive Homeless Center Programs; and held the position of Physician Advisor in the VA North Texas Health Care System's Chief of Staff Office. Dr. Hooshyar is also an Associate Professor at the University of Texas Southwestern Medical Center.



Jennifer Knapp, MSW obtained her degree from the University of California Berkeley in 2008. She started working in the VA homeless programs as a Grant and Per Diem (GPD) liaison at the VA Palo Alto Health Care system in 2010. She became the Health Care for Homeless Veterans (HCHV) Supervisory Social worker in 2013. In 2016 she took on the role of HCHV Program Coordinator where she oversees multiple programs and efforts including GPD, HCHV Contracted Emergency Residential Services (CERS), HCHV Intensive Case Management, Community Employment, and Coordinated Entry.



Megan Owens, MPA is the Coordinated Entry Manager at the San Francisco Department of Homelessness and Supportive Housing. Megan served on the San Francisco Homes for Heroes Leadership Team for three years and has launched Coordinated Entry, Problem Solving (Rapid Resolution) and other housing-first innovations in San Francisco. Prior to joining city government Megan worked at Community Based Organizations in San Francisco dedicated to ending homelessness. Megan has an Master of Public Administration from San Francisco State and attended the University of San Francisco for undergraduate studies.



Jesse Vazzano, LICSW, serves as the National Director of Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) for the Veterans Health Administration. HUD-VASH provides Housing Choice Vouchers from HUD and wrap-around case management and supportive services from VA to homeless Veterans and their families. HUD-VASH prioritizes housing the chronically and most vulnerable homeless Veterans, utilizing the principles of Housing First. There are currently over 97,000 HUD-VASH vouchers allocated. Ms. Vazzano has a Bachelor of Arts degree from the University of Maryland College Park and a Master of Social Work from the University of Maryland Baltimore.