An Open Letter to California Officials: Housing First

ACLU of Northern California, by Eve Garrow, December 10, 2019

After she became homeless, Callie Rutter entered Bridges at Kraemer Place, an emergency shelter that promises to "connect participants to housing as quickly as possible." For her, however, the shelter has been a bridge to nowhere.

The program claims to place residents in a home in six months or less. But Callie has lived at the shelter — a converted warehouse that holds around 200 people — for almost a year, and many of her fellow residents have lived there much longer.

The shelter should not make promises it cannot keep. But it is California's elected officials who have neglected to commit the resources necessary to make the shelter's promise a reality. Their failure to fully fund and develop enough permanent, affordable housing to end the homelessness crisis leaves people like Callie languishing in shelters or on the streets for years and sometimes even decades.

The hard numbers tell it all. In California, there are only 22 subsidized affordable units of housing per 100 extremely low-income households who need them. Because of this shortage, people who are priced out of California's exorbitantly expensive housing market face five to 10 year waits for a permanent, affordable home — that is, if they can get on the waiting lists, which stay closed for years. It is no wonder that California has the largest homeless population in the nation.

Callie should not be living in a shelter. She has been diagnosed with cancer and spends much of her time in chemotherapy and radiation treatments. Her immune system is compromised, and the shelter environment exposes her to contagious diseases. She does her best to manage her side effects, which include incapacitating bouts of nausea and fatigue, while sharing a bathroom and sleeping area with hundreds of people. But the stress of residing in a cramped living space with so many other residents is wearing her down.

"Can I outlive my title of homeless?" she wrote in her journal. "Will I survive cancer? Both are silent killers, but which will kill me first?"

While Callie's situation is extreme, emergency shelters are not appropriate long-term living situations for anyone. Although they can provide protection from the elements and sometimes access to services, research shows that emergency shelters also crowd large numbers of people together, leading to psychological distress, greatly restrict residents' freedom, expose them to infection, deprive them of a private life, and can be very stressful places to live. It is also worth noting that many emergency shelters in California are unlicensed, dangerously unregulated, and, as documented in a recent ACLU of Southern California report, filthy and abusive.

At most, people should stay in shelters for a few days or weeks while they are connected to a permanent, affordable home.

Yet, the state appears to be in danger of veering in a drastically different direction.

The governor has assembled a Task Force charged with crafting recommendations for a state-wide response to homelessness, and the opening gambit from the co-chairs calls on California to establish a "right" to emergency shelter – a recommendation that would entail a

massive expansion of the emergency shelter system. This strategy does nothing to address the housing affordability crisis and would condemn people like Callie to years of shelter living. It also upends our national commitment to affordable housing as the primary solution to homelessness, which has been the national best practice since 2003. The ACLU of California stridently opposes this proposal.

To make matters worse, the co-chairs of the Task Force also floated the idea of establishing an "obligation" to accept emergency shelter when it is available — a scheme that would involve clearing people off the streets and confining them in government-funded settings. This policy doesn't end homelessness. Instead, it forcibly warehouses people experiencing homelessness in spaces away from public view.

Facing backlash, the co-chairs have pivoted somewhat from this extreme opening position to advocating for an "invitation" rather than an "obligation" to accept shelter. Still, we remain alarmed that the co-chairs entertained the original proposal at all, and strenuously oppose any plan to force people to live anywhere through sanctions.

The homelessness crisis did not happen overnight. It is the result of decades of disinvestment in subsidized affordable housing at all levels of government, starting with an astounding 80 percent cut in federal funding during the 1980s. Over the subsequent decades, financing for various funding programs that support affordable housing, including the Community Development Block Grant program and the HOME program, have been slashed by over 50 percent. California can and must reverse this trend by making an unwavering commitment to affordable housing and needed services.

That is why the ACLU of California sent a letter to the members of the Task Force telling them that California can no longer afford to tinker around the edges of this catastrophe. The letter urges them to develop a state-wide policy proposal that unequivocally recommends permanent, affordable housing coupled with appropriate services as an immediate response to homelessness and the resources needed to realize this commitment.

Callie suspects that she may never cross that bridge to the home she so desperately needs. But if state policymakers get serious about real solutions, she might just have a fighting chance to escape homelessness.



December 10, 2019

Mayor Darrell Steinberg, Co-Chair
Supervisor Mark Ridley-Thomas, Co-Chair
Mayor Libby Schaaf
Councilmember Esmeralda Soria
Supervisor Nathan Fletcher
Supervisor V. Manuel Perez
Councilmember Sofia Pereira
Frank Mecca
Sharon Rapport
Anya Lawler
Michelle Cabrera
Philip Mangano
Will Lightbourne

via email

Dear Statewide Homeless and Supportive Housing Advisory Task Force:

Our communities are stronger, more vibrant, and healthier when all residents have access to a safe, affordable home. Yet, in California, a home of any kind is out of reach for too many residents. We applaud Governor Newsom for forming the Task Force as a step forward in the state's ongoing efforts to solve this crisis. We are encouraged that he has assembled a group of knowledgeable and thoughtful individuals to help craft recommendations for a state-wide response. Unfortunately, based on the limited public information available about its work, the Task Force may be entertaining policy ideas that will do little to effectively address California's housing and homelessness crisis and will even exacerbate the problem. The ACLU of California and our partners look forward to sharing our vision with you and working together to address California's homelessness crisis.

Specifically, we urge the Task Force to focus its energies on fully funding and implementing the Housing First strategy—the only proven solution to homelessness—which provides people with subsidized affordable housing and supportive housing as an immediate response to their needs.¹

¹ Our concept of the "Housing First" strategy is an expansive one that includes the provision of all forms of permanent, affordable, community-based housing as a solution to homelessness, including but not limited to:

Ending the homelessness crisis requires a significant funding investment at the state level to address the shortfall of affordable housing in California. Without the commitment of sustainable funding sources for affordable housing, we will continue to lose the battle to ensure that every Californian has access to a safe, permanent home.

California is facing what is arguably the worst homelessness crisis in the nation. The state is home to 12 percent of the nation's population, but a whopping 24 percent of all people experiencing homelessness.² Nearly half of all unsheltered people in the United States are Californians, and almost 70 percent of California's homeless population is unsheltered—the highest rate in the nation.³ Older adults now make up a larger percentage of people experiencing homelessness than at any time in the last several decades, primarily because they are priced out of their homes.⁵ The homelessness crisis is also a byproduct of racism in California. The percentage of black people who are homeless is five times higher than the state's black population—according to the U.S. Census, about 5.8 percent of Californians identify as black or African American, but they account for around 30 percent of the state's homeless population.⁶ Due to the unaffordability of market-rate housing, California has the highest poverty rate in the nation when taking the cost of living into account.⁷ As the gap between what most Californians earn and housing costs widens, more and more people will be pushed into homelessness. Indeed, extremely low-income Californians are exceptionally vulnerable to housing loss. The National Low Income Housing Coalition's current data shows that there are 1.3 million extremely low income renter households in California, 76 percent of which are paying more than half of their income to rent. 8 Meanwhile, there are only 22 affordable units per 100 extremely low-income households who need them. 9 Until there are enough truly affordable housing units for all of these renters, people will continue to become homeless at alarming rates.

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project-based subsidized housing, housing choice vouchers, public housing, permanent supportive housing, and board and care facilities. We believe the homelessness crisis can only be solved when people who are unhoused have access to permanent homes that are tailored to meet their varied needs and enable them to live in the community in the least restrictive environment.

² Henry, M. et al. (2018). The 2018 Annual homeless assessment report (AHAR) to Congress. The U.S. Department of Housing and Urban Development. https://files.hudexchange.info/resources/documents/2018-AHAR-Part-1.pdf

⁴ Culhane, D. et al. The emerging crisis of aged homelessness.

https://www.aisp.upenn.edu/wp-content/uploads/2019/01/Emerging-Crisis-of-Aged-Homelessness.pdf

⁵ Kushel, M. Aging among homeless populations: causes, consequences, solutions.

https://uccs.ucdavis.edu/events/event-files-and-images/UCCSK usheltalk 10.16.191.pdf

⁶ https://files.hudexchange.info/reports/published/CoC PopSub State CA 2018.pdf

⁷ Fox, L. (October 2019). The Supplemental Poverty Measure: 2018. U.S. Census Bureau. https://www.census.gov/content/dam/Census/library/publications/2019/demo/p60-268.pdf

⁸ National Low Income Housing Coalition. (2019). Housing needs by state: California. https://nlihc.org/housing-needs-by-state/california

⁹ Ibid.

It is not an overstatement to say that this burgeoning crisis is a defining moral failure of our times. Californians agree: according to <u>recent polling</u>, they view homelessness and housing affordability as the state's top issues.¹⁰

Experts agree that the Housing First strategy is the only effective response to homelessness.¹¹ Under the Housing First model, households pay 30 percent of their income to rent—an amount they can afford—and receive wrap-around supportive services as needed. Studies show that people who are immediately placed in supportive housing are more likely to stay housed than people who move through programs and shelters first.¹² Living in supportive housing improves health, mental health,¹³ and self-rated quality of life.¹⁴ Housing First is so effective, in fact, that it has been the national best practice since 2003.¹⁵ Both Democratic and Republican

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¹⁰ Baldassare, M., Bonner, D., Dykman, A., & Lawler, R. (2019, September). Californians and their government. Public Policy Institute of California. https://www.ppic.org/wp-content/uploads/ppic-statewide-survey-californians-and-their-government-september-2019.pdf

¹¹ U.S. Interagency Council on Homelessness. (2017). The Evidence Behind Approaches that Drive an End to Homelessness. https://www.usich.gov/resources/uploads/asset_library/evidence-behind-approaches-thatend-homelessness.pdf; Greenwood, R.M., Schaefer-McDaniel, N.J., Winkel, G., & Tsemberis, S.J. (2005). Decreasing psychiatric symptoms by increasing choice in services for adults with histories of homelessness. American Journal of Community Psychology, 36 (3/4), 223-238; Pearson, C., Montgomery, A.E., & Locke, G. (2009). Housing stability among homeless individuals with serious mental illness participating in housing first programs. Journal of Community Psychology, 37(3), 404-417; Tsai, J., Mares, A.S., & Rosenheck, R.A. (2010). A multisite comparison of supported housing for chronically homeless adults: "housing first" versus "residential treatment first." Psychiatric Services, 7(4), 219-232; Stefancic, A. & Tsemberis, S. (2007) Housing first for longterm shelter dwellers with psychiatric disabilities in a suburban county: A four-year study of housing access and retention. Journal of Primary Prevention, 28(3-4), 265-279; Tsemberis, S., & Eisenberg, R.F. (2000). Pathways to Housing: Supported housing for street-dwelling homeless individuals with psychiatric disabilities. Psychiatric Services, 51 (4), 487-493; Tsemberis, S., Gulcur, L., & Nakae, M. (2004). Housing first, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. American Journal of Public Health, 94, 651-656. ¹² See, e.g., Pearson, C., Montgomery, A.E., & Locke, G. (2009). Housing stability among homeless individuals with serious mental illness participating in housing first programs. Journal of Community Psychology, 37(3), 404-417; Tsai, J., Mares, A.S., & Rosenheck, R.A. (2010). A multisite comparison of supported housing for chronically homeless adults: "housing first" versus "residential treatment first." Psychiatric Services, 7(4), 219-232; Stefancic, A. & Tsemberis, S. (2007) Housing first for long-term shelter dwellers with psychiatric disabilities in a suburban county: A four-year study of housing access and retention. Journal of Primary Prevention, 28(3-4), 265-279; Tsemberis, S., & Eisenberg, R.F. (2000). Pathways to Housing: Supported housing for street-dwelling homeless individuals with psychiatric disabilities. Psychiatric Services, 51 (4), 487-493; Tsemberis, S., Gulcur, L., & Nakae, M. (2004).

¹³ Collins, S., et al. (2012). Project-based housing first for chronically homeless individuals with alcohol problems: Within-subjects analyses of 2-Year alcohol trajectories. *American Journal of Public Health, 102* (3), 511-519; Greenwood, R.M., Schaefer-McDaniel, N.J., Winkel, G., & Tsemberis, S.J. (2005). Decreasing psychiatric symptoms by increasing choice in services for adults with histories of homelessness. *American Journal of Community Psychology, 36* (3/4), 223-238; Rog, D.J., Marshall, T.M., Dougherty, R.H., George, P., Daniels, A.S., Ghose, S.S., & Delphin-Rittmon, M.E. (2014). Permanent supportive housing: Assessing the evidence. *Psychiatric Services, 65*(3), 287-294; Seidman et al. (2003). The effect of housing interventions on neuropsychological functioning among homeless persons with mental illness. *Psychiatric Services, 54*(6), 905-908. ¹⁴ Henwood, J., Matejkowski, A., Stephancic, A., & Lukens, J.M. (2014). Quality of life after housing first for adults with serious mental illness who have experienced chronic homelessness. *Psychiatric Research, 220*, 549-555. ¹⁵ United States Office of Management and Budget (2002) The 2003 Budget.

administrations have endorsed it, and it is the centerpiece of the U. S. Interagency Council on Homelessness' plan to end homelessness.¹⁶

The Housing First strategy also results in significant cost offsets when compared to emergency shelter, with some studies even showing net cost reductions.¹⁷ The substantial cost offsets, proven effectiveness of the strategy in ending (rather than prolonging) homelessness, and the considerable benefits for participants combine to make Housing First a more efficient and humane allocation of public resources when compared to emergency shelter.

California's economy is the fifth largest in the world and we have the capacity to end homelessness, but decision-makers have yet to prioritize ending homelessness by fully funding and implementing the Housing First model. The persistence of the homelessness crisis in California demonstrates what happens when the Housing First model doesn't guide state and local policy.

The Governor created the Task Force to tackle the homelessness and housing crisis, but the initial proposals espoused by leaders of this Task Force do not invest in a Housing First strategy. In fact, the proposals will only prolong the homelessness crisis while reversing important advances in human rights. We urge you to oppose the following proposals:

1) The "right" to shelter and the "obligation" to accept it: The opening suggestion 18 from the Co-Chairs of the Task Force has nothing to do with addressing the state's dire shortage of safe, affordable homes. Instead, the proposal calls on California to establish a "right" to emergency shelter and an "obligation" to accept it—a scheme that would appear to entail clearing people off the streets and forcibly confining them in government-funded settings. This policy doesn't end homelessness. Instead, it merely warehouses people experiencing homelessness in spaces away from public view. Segregating and detaining people under the threat of criminalization as a response to homelessness also violates basic civil liberties and human rights. The public discourse

¹⁶ U. S. Interagency Council on Homelessness (2019). Home, together: The federal strategic plan to prevent and end homelessness. https://www.usich.gov/resources/uploads/asset_library/Home-Together-Federal-Strategic-Plan-to-Prevent-and-End-Homelessness.pdf; U.S. Department of Housing and Urban Development (2007). The Applicability of Housing First Models to Homeless Persons with Serious Mental Illness; U.S. Interagency Council on Homelessness. United States Interagency Council on Homelessness Historical Overview. https://www.usich.gov/resources/uploads/asset_library/USICH History final.pdf.

¹⁷ For a recent review of cost studies, see Ly, A. & Latimer, E. (2015). Housing First impact on costs and associated cost offsets: A review of the literature. *Canadian Journal of Psychiatry*, 60 (11), 475-487.

¹⁸ See, e.g., Steinberg, D. (2019, July 17). Building more permanent housing alone won't solve homelessness in California. Homeless people should have a legal right to shelter and a legal obligation to utilize it. *Los Angeles Times*. https://www.latimes.com/opinion/story/2019-07-16/op-ed-building-more-permanent-housing-alone-wont-solve-homelessness-in-california; Oreskes, B. (2019, July 21). Desperate to ease homelessness, California officials look to New York 'right to shelter' policy. *Los Angeles Times*. https://www.latimes.com/california/story/2019-07-21/homeless-right-to-shelter-housing-law-california-new-york.

- from the Co-Chairs has since pivoted somewhat from their controversial opening position to advocating for a right to housing—in addition to shelter—coupled with an "invitation to accept" that housing. If the right to housing is for a truly affordable, accessible apartment with the services people need to maintain that housing, we are encouraged by this evolution. However, punishing people for not accepting housing and services in any context is at odds with the values of dignity, liberty, and a right to self-determination, and we strenuously oppose any proposal to force people to live anywhere through sanctions.
- 2) The shelter-first strategy: By proposing a "right" to shelter, the Co-Chairs of the Task Force prioritize a massive expansion of the emergency shelter system as a first response to homelessness—a strategy that undermines a decades-long effort to fund and implement the Housing First model. Fully implementing the Housing First model would give people an *immediate* pathway out of homelessness. A shelter-first strategy, by contrast, does nothing to address the housing affordability crisis, monopolizes precious resources that should be committed to subsidized affordable and supportive housing, and condemns people experiencing homelessness to years of shelter living. This approach is inhumane: research suggests that even the most well-run shelters are inappropriate living situations for more than a few days or weeks. 19 While emergency shelters provide protection from the elements and sometimes access to services, they also crowd large numbers of people together, leading to psychological distress, greatly restrict residents' freedom, expose them to contagious diseases, and deprives them of a private life.²⁰ It is also worth noting that many emergency shelters in California are unlicensed, dangerously unregulated, and, as documented in a recent ACLU of Southern California report, often filthy and abusive. Among the report's findings were that staff sometimes verbally abuse residents, neglect the needs of older adults and people with disabilities, and sexually harass and abuse women.²¹ Moreover, a large body of research confirms that emergency shelter is an inappropriate accommodation for people experiencing long-term

¹⁹ Barrow, S.M., Herman, D.B., Cordova, P., Struening, E.L. (1999). Mortality among homeless shelter residents in New York City. *American Journal of Public Health*, 89, 529-534; Hibbs, J.R., Benner, L., Klugman, L., et al. (1994). Mortality in a cohort of homeless adults in Philadelphia. *New England Journal of Medicine*, 331, 304-309; Hwang, S. (2001). Homelessness and health. *Canadian Medical Association Journal*, 164(2), 229-223; Hwang, S.W., Wilkins, R., Tjepkema, M., O'Campo, P.J., & Dunn, J.R. (2009). Mortality among residents of shelters, rooming houses, and hotels in Canada: 11-year follow-up study, *BMJ*, 339, b4036; Plumb, J. D. (2000). Homelessness: Reducing health disparities [editorial]. *Canadian Medical Association Journal*, 163(2), 172-173. ²⁰ Gove, W., Hughes, M., & Galle, O. (1979). Overcrowding in the home: An empirical investigation of possible pathological consequences. *American Sociological Review 44*(1), 59-80; Barnes, P.F., et al. (1999). Foci of tuberculosis transmission in central Los Angeles. *Am J Respir Crit Care Medicine*, 159 (4 Pt 1),1081-6; Brouqui, P., et al. (2005). Ectoparasitism and vector-borne diseases in 930 homeless people from Marseilles, *Medicine (Baltimore)*, 84(1), 61-68.

²¹ Garrow, E. & Devanthery, J. (2019). This place is slowly killing me: abuse and neglect in Orange County emergency shelters. ACLU of Southern California. https://www.aclusocal.org/sites/default/files/aclu socal oc shelters report.pdf

homelessness coupled with disabling conditions.²² People with mental health disabilities, including Post-Traumatic Stress Disorder, frequently have difficulty tolerating the chaotic and crowded conditions of emergency shelters, and often return to the streets (or are evicted) when the shelter environment exacerbates their symptoms. Finally, without substantial investment in new, affordable housing opportunities, people languish in shelters for months or years, unable to transition out of homelessness.

3) Doubling down on criminalizing people experiencing homelessness and saddling them with punishing municipal debt: Compulsory shelter would only amplify decades of aggressive enactment and enforcement of laws that criminalize homelessness in most California cities and counties—including some represented by members of the Task Force. The criminalization of homelessness is a cruel and costly strategy that incumbers our most economically disadvantaged community members with criminal records, expensive fines and fees, and jail time. Pushing people into the criminal justice system for being too poor to afford a place to live also makes it even more difficult for them to escape homelessness. We urge the Task Force to unequivocally oppose criminalization in its many forms, including the law enforcement approach required to implement a compulsory shelter model.

Unfortunately, the above policies coincide with other statewide efforts to restrict the civil liberties of Californians experiencing homelessness. For example, the state has just passed legislation that expands the criteria for losing one's civil liberties through conservatorships—a wrong-headed approach that allows counties to compel outpatient mental health and substance abuse treatment for people experiencing homelessness who have been detained on a psychiatric hold eight or more times for evaluation and treatment in a 12-month period.²⁴ This return to the days of coercive psychiatric treatment undoes hard-won advances in civil rights that have enabled people with disabilities to live in dignity, receive voluntary community-based treatment in the least restrictive environment, and control their bodies and lives. It does nothing to improve the quality of community-based mental health services. Moreover, research shows that coercive treatment of substance abuse problems is ineffective, and coercive treatment of mental health problems is not more effective than voluntary community-based treatment, and thus needlessly restricts the civil liberties of people experiencing homelessness.²⁵ Rather, evidence indicates that

²² Gowan, T. (2010). *Hobos, hustlers, and backsliders: Homeless in San Francisco*. Minneapolis, MN: University of Minnesota Press; Tsemberis, S., & Eisenberg, R.F. (2000). Pathways to housing: Supported housing for street-dwelling homeless individuals with psychiatric disabilities. *Psychiatric Services, 51* (4), 487-493.

²³ Berkeley Law Policy Advocacy Clinic (2016, June). California's new vagrancy laws: The growing enactment and enforcement of anti-homeless laws in the Golden State. https://www.law.berkeley.edu/wp-content/uploads/2015/12/Californias-New-Vagrancy-Laws.pdf

²⁴ The legislation, Senate Bill 40, amends Section 5451 of the Welfare and Institutions Code.

²⁵ Kisely, S.R., Campbell, L.A., & Preston, N.J. (2005). Compulsory community and involuntary outpatient treatment for people with severe mental disorders (Review). *The Cochrane Library 3;* Rugkåsa J., Dawson J., & Burns T. (2014). CTOs: what is the state of the evidence? *Social Psychiatry and Psychiatric Epidemiology*, 49(12),1861-71.

providing people with permanent, affordable housing and wrap-around community-based services improves treatment adherence, health, and mental health, and is therefore considered by experts to be a foundational element of health care. Looking ahead, we urge the Task Force to oppose any attempts to further expand conservatorship laws or other measures that restrict the civil liberties of people experiencing homelessness, and work to keep the state focused on expanding community-based services and housing opportunities instead.

To effectively respond to one of the most urgent human rights crises of our era, California needs bold leaders who pursue goals that resonate with the values of this great state—values such as dignity, respect, liberty, empathy, and inclusion. We cannot afford to tinker around the edges of this problem or become diverted by half-measures like the shelter-first strategy. California is at a crossroads. Either we choose the alarmingly retrograde path of oppression, detention, segregation, criminalization, and prolonged homelessness, or we end this crisis by fully funding and implementing the Housing First model—a solution that integrates our most economically disadvantaged residents into the community and provides them with the foundation for a full and healthy life. We urge you to reject the first path and develop state-wide policy recommendations guided by Housing First principles. Only affordable housing coupled with appropriate services will end this crisis, and we must not delay in making a full commitment to this strategy.

We look forward to further engagement with your Task Force as we work to advance effective and humane solutions to homelessness that embody the values that Californians embrace. We would welcome an opportunity to meet with members of the Task Force at any mutually convenient time.

Sincerely,

Kevin Baker

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²⁶ Collins, S., et al. (2012). Project-based housing first for chronically homeless individuals with alcohol problems: Within-subjects analyses of 2-Year alcohol trajectories. *American Journal of Public Health, 102* (3), 511-519; Greenwood, R.M., Schaefer-McDaniel, N.J., Winkel, G., & Tsemberis, S.J. (2005). Decreasing psychiatric symptoms by increasing choice in services for adults with histories of homelessness. *American Journal of Community Psychology, 36* (3/4), 223-238; Rog, D.J., Marshall, T.M., Dougherty, R.H., George, P., Daniels, A.S., Ghose, S.S., & Delphin-Rittmon, M.E. (2014). Permanent supportive housing: Assessing the evidence. *Psychiatric Services, 65*(3), 287-294; Seidman et al. (2003). The effect of housing interventions on neuropsychological functioning among homeless persons with mental illness. *Psychiatric Services, 54*(6), 905-908.

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