

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND**

RHODE ISLAND COALITION
AGAINST DOMESTIC VIOLENCE, *et al.*

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., in his
official capacity as Secretary of the United States
Department of Health and Human Services, *et al.*

Defendants.

Case No. 1:25-cv-00342

**PLAINTIFFS' SUPPLEMENTAL REPLY IN SUPPORT OF MOTION FOR
PRELIMINARY RELIEF**

Plaintiffs file this supplemental reply in support of their motion for preliminary relief against HHS Defendants'¹ actions requiring grantees to make a new certification related to compliance with Title IX and an executive order attacking so-called "gender ideology."

I. Background

In March, 2025, the HHS Office of Grants issued a directive (Office of Grants Title IX Directive) instructing all HHS grant-awarding components to impose a new certification requirement (HHS Title IX Certification) on all new awards to entities that participate in, facilitate, or fund programs that implicate Title IX. Declaration of Cynthia Baugh ¶ 14 (ECF No. 43-3). In particular, the Office of Grants directed those components to require covered grantees

¹ "HHS Defendants" are the Department of Health and Human Services, the Administration for Children and Families, Centers for Disease Control and Prevention, Health Resources & Services Administration, Substance Abuse and Mental Health Services Administration, Robert F. Kennedy, Jr., Andrew Gradison, Jim O'Neill, Thomas Engels, and Arthur Kleinschmidt.

to “certif[y]” that they are “compliant with Title IX of the Education Amendments of 1972 ..., including the requirements set forth in Presidential Executive Order 14168 titled Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government [the “Gender Ideology” Order]” and that they “will remain compliant for the duration of the Agreement.” *Id.* This required term also invokes the specter of False Claims Act liability and requires covered recipients to “certify” that this requirement is a “material term[] of the Agreement,” and that “[p]ayments under the Agreement are predicated on compliance” with Title IX and Title VI and that the recipient “therefore ... is not eligible for funding ... absent compliance with” those requirements.” *Id.* The recipient must also certify that it “acknowledges that a knowing false statement relating to Recipient’s compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.” *Id.* The required certification itself makes clear this is a change: It requires the recipient to “acknowledge[] that this certification reflects a change in the government’s position regarding the materiality” of those requirements. *Id.*

HHS and various HHS components have since implemented that directive. As the parties previously briefed, HRSA has adopted the HHS Title IX Certification in the HRSA General Terms and Conditions, and ACF has adopted substantially similar language (ACF Title IX Certification) in its Standard Terms and Conditions.²

In addition, in late August, 2025, HHS revised its Grants Policy Statement, effective October 1 (October GPS). HHS, HHS Grants Policy Statement (effective Oct. 1, 2025),

² The ACF Title IX Certification omits the express mention of the Executive Order.

<https://perma.cc/GR9D-SN9S>.³ The October GPS adopts the HHS Title IX Certification as directed by the Office of Grants Title IX Directive, with identical language, including the requirement that grantees “certify” that they are “compliant with Title IX of the Education Amendments” including of 1972 ..., including the requirements set forth in [the “Gender Ideology” Order].” *Id.* at 21–22.

In September, the Substance Abuse and Mental Health Services Administration (SAMHSA) revised its Standard Terms to include the HHS Title IX Certification verbatim. SAMHSA. Fiscal Year (FY) 2025 Standard Terms and Conditions, at 9, <https://perma.cc/E3NM-XTMD>. Plaintiffs first learned of this in September, but HHS states in this litigation that SAMHSA made that change in July. Declaration of Odessa Crocker ¶ 13.

The Office of Grants Title IX Directive, as well as the HHS Title IX Certification in the October GPS and in the SAMHSA Standard Terms Title IX Certifications, all include a requirement to comply with the Gender Ideology Order, and a statement that the certification reflects “a change” in the government’s position regarding Title IX requirements’ materiality. For this reason, the Title IX Certifications are unlike the separate HHS Assurance form (HHS-690) that grantees had previously been required to sign. ECF No. 54 at 2.

Plaintiffs and their members have or expect to receive funding subject to the HHS Title IX Certification that the Office of Grants Title IX Directive directs that the agency adopt agency-wide. This includes multiple Plaintiffs and their members that expect to receive discretionary HHS Grants that add funding after October 1, 2025, and will therefore be subject to the October GPS. *See* Declaration of Jonathan Yglesias (Yglesias Decl.), ECF No. 35-21, ¶¶ 24, 27;

³ The parties’ stipulation to address the revised HHS GPS shorthanded this new GPS as the “August GPS.” Plaintiffs now switch to referring to it as the “October GPS” for clarity, given that it does not take effect until October 1.

Supplemental Declaration of Kelsen Young (Young Decl.) ¶ 29; Declaration of Hema Sarang-Sieminski (Sarang-Sieminski Decl.), ECF No. 35-20 ¶¶ 28, 31; Declaration of Lucy Rios (Rios Decl.), ECF No. 30-19 ¶¶ 4, 47; Declaration of Keri Moran-Kuhn (Moran-Kuhn Decl.), ECF No. 30-18, ¶¶ 23-29; Supplemental Declaration of Michelle McCormick (McCormick Decl.), ECF No. 42-2 ¶¶ 37-38, 43-44; Declaration of Susan Higginbotham (Higginbotham Decl.), ECF No. 30-11 ¶ 37; Declaration of Carianne Fisher (Fisher Decl.), ECF No. 30-9, ¶ 35, 37, 40–41; Declaration of Dawn Dalton (Dalton Decl.), ECF No. 30-6, ¶ 18; Supplemental Declaration of Krista Colón (Colón Decl.), ECF No. 35-1, ¶¶ 32-34; Declaration of Amanda Dotson (Dotson Decl.), ECF No. 30-7 ¶ 20, 24. It also includes Plaintiff Community Care Alliance (CCA), which receives multiple grants from SAMHSA that are now subject to the SAMHSA Standard Terms Title IX Certification. Supplemental Declaration of Benedict F. Lessing (Lessing Decl.) ¶¶ 19, 22.

Accepting these awards subject to the HHS Title IX Certification—whether in the October GPS, SAMHSA Standard Terms, or otherwise— would cause plaintiffs harm for the same reasons explained in the declarations relating to ACF and HRSA Title IX Conditions, as well as in the Supplemental Declaration of Benedict Lessing. *See, e.g.*, Yglesias Decl. ¶ 34; Young Decl. ¶ 38; Sarang-Sieminski Decl. ¶ 41; Rios Decl. ¶ 60; Moran-Kuhn Decl. ¶¶ 38; McCormick Decl. ¶ 50; Higginbotham Decl. ¶ 49; Fisher Decl. ¶ 47; Dalton Decl. ¶ 30; Colón Decl. ¶ 53. And if Plaintiffs or their members turned down the HHS Grants, critical services and programs would be at risk, they would need to terminate staff, and their communities would suffer. Yglesias Decl. ¶¶ 25, 28; Young Decl. ¶ 30; Sarang-Sieminski Decl. ¶¶ 46-47; Rios Decl. ¶¶ 42–43, 78; Moran-Kuhn Decl. ¶¶ 27, 30, 49-52; McCormick Decl. ¶ 50-57, 60; Higginbotham Decl. ¶¶ 59; Fisher Decl. ¶¶ 38, 42; Dalton Decl. ¶ 19; Colón Decl. ¶ 35; Supplemental

Declaration of Benedict Lessing ¶¶ 21, 24. Among other things, accepting awards subject to the HHS Title IX Certification would make it impossible for grantees to comply with both the Certification (and the “Gender Ideology” Order it incorporates) and state or other laws prohibiting discrimination based on gender identity—and would ultimately result in people who are transgender or gender-nonconforming being turned away from critical healthcare services. Lessing Decl. ¶¶ 21, 24, 32.

II. Argument

The Office of Grants Title IX Directive, the HHS Title IX Certification, and the policies in the October GPS and SAMHSA Standard Terms imposing the HHS Title IX Certification, are unlawful for the same reasons the HRSA Title IX Certification and ACF Title IX Certification are unlawful, as explained in the Plaintiffs’ Memorandum and Reply in Support of Motion for Relief Under 5 U.S.C. 705 and for Preliminary Injunction, ECF Nos. 30-1 and 49, and the Plaintiffs’ oral argument of September 4, 2025.

September 15, 2025

Respectfully submitted,

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CERTIFICATE OF SERVICE

I hereby certify that on September 15, 2025, I electronically filed the within motion and it is available for viewing and downloading from the Court's CM/ECF System, and that the participants in the case that are registered CM/ECF users will be served electronically by the CM/ECF system.

/s/ Nina Cahill

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Case No. 25-cv-342

DECLARATION OF BENEDICT F. LESSING, JR.

I, Benedict F. Lessing, Jr., MSW declare as follows:

I. Background

1. I am the CEO at Community Care Alliance (CCA), a Certified Community Behavioral Health Center, Community Action Program, and Family Service nonprofit organization in Rhode Island.
2. My organization was founded in 1891 and is headquartered in Woonsocket, RI. CCA's mission is to support individuals and families of all cultural backgrounds in their efforts to meet economic, social and emotional challenges and enhance their well-being.
3. CCA provides an array of supportive services that address the social determinants of health, serving over 11,000 individuals annually, across the lifespan. Services include behavioral health treatment across multiple levels of care, basic needs assistance, and family supportive services. We operate the 988 suicide and crisis line for the State of Rhode Island, as well as the BH Link, which is the behavioral health triage system that connects individuals to the appropriate level of

care. Emergency Shelter, HIV supports, youth employment/education, and peer recovery supports are integral to the work that we do.

4. As described below, my organization receives grants from the Department of Housing and Urban Development (HUD) and from the Department of Health and Human Services (HHS).

II. HUD's New Funding Conditions

5. HUD has begun applying new funding conditions on HUD grants that differ significantly from the conditions imposed on the use of federal funds under the same grant awards for prior years.
6. The Notice of Awards (NOAs) for the HUD CoC grants provide that the recipient's "use of funds provided under" the agreement and its "operation of projects assisted with" grant funds "are governed by ... [a]ll current Executive Orders." The NOAs also include requirements that the recipient: (1) "shall not use grant funds to promote "gender ideology," as defined in E.O. 14168, Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government;" (2) "agrees that its compliance in all respects with all applicable Federal anti-discrimination laws is material to the U.S. Government's payment decisions for purposes of [The False Claims Act];" (3) "certifies that it does not operate any programs that violate any applicable Federal antidiscrimination laws, including Title VI of the Civil Rights Act of 1964;" and (4) "shall not use any Grant Funds to fund or promote elective abortions, as required by E.O. 14182, Enforcing the Hyde Amendment."

III. Community Care Alliance's HUD Grants

7. My organization has applied for and received a competitive grant from HUD for the Continuum of Care Grant Program ("CoC Grant"), for the past 13 years. These funds are awarded by the RI Continuum of Care for the administration of two Rapid Rehousing Grants: Adult and Youth. On June 10, 2024, Community Care Alliance received a NOA for \$229,447 for adult and youth rapid-rehousing directly from HUD CoC funding.
8. On March 11, 2025, HUD awarded Community Care Alliance \$207,732 for Adult Rapid Re-Housing and \$50,432 for Youth Rapid Re-Housing Projects. My organization received the Grant

Agreement on July 31, 2025, which included the new HUD funding conditions described above, despite the fact that the NOFO did not include these new HUD funding conditions. The period of performance for this award is March 1, 2025 through March 31, 2026, and my organization needs to accept the award by drawing down funds as soon as possible for cashflow reasons.

10. My organization relies heavily on the CoC Grant to fund critical services to support individuals and families experiencing chronic homelessness. The goals are to help people obtain housing quickly, increase self-sufficiency, and stay housed. Services include housing identification, rent and move-in assistance, case management and support services. This is accomplished via assessment and service planning, housing search and placement, financial assistance, and case management and supportive services.
11. Declining the HUD CoC funding would have a significant detrimental impact on my organization and its mission. Without this funding, we will have to lay off one staff member and will lose housing/rental assistance that we provide for nearly 20 adults and youth. The loss in services and rental assistance cannot be understated - multiple households in Rhode Island will be at imminent risk of homelessness.

IV. HHS's New Funding Conditions

12. The April 2025 HHS Grants Policy Statement (GPS) imposed the following new conditions on grantees: (1) it required that all grant recipients “must comply with all applicable Federal anti-discrimination laws material to the government’s payment decisions for purposes of [the False Claims Act];” and (2) it provided that by accepting the grant award, recipients certify that: (i) “they do not, and will not during the term of this financial assistance award, operate any programs that advance or promote DEI, DEIA, or discriminatory equity ideology in violation of Federal anti-discrimination laws”; and (ii) “they do not engage in, and will not during the term of this award engage in, a discriminatory prohibited boycott.” HHS stated that it “reserves the right to terminate financial assistance awards and claw back all funds if the recipients, during the term of this award, operate any program in violation of Federal anti-discrimination laws or engages in

prohibited boycott.” *Id.* at 19. The April HHS GPS stated that it applied to nondiscretionary “awards and award modifications that add funding made on or after April 16, 2025,” including “supplements to award, competing and non-competing continuations,” (other than awards from NIH), and it applies to all HHS recipients and subrecipients other than individuals.

13. In July 2025, HHS changed the GPS to remove replace this language with the following language: “By applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams.” The July HHS GPS also states that it applies to nondiscretionary “awards and award modifications that add funding made on or after April 16, 2025,” including “supplements to award, competing and non-competing continuations,” (other than awards from NIH), and it applies to all HHS recipients and subrecipients other than individuals.
14. In August 2025, HHS changed the GPS again, effective October 1, 2025 (August GPS). This new version of the GPS includes a Discrimination Certification and also adopts a Title IX certification that requires grantees to certify that they are compliant with Title IX of the Education Amendments Act, including the requirements set forth in the Gender Ideology Executive Order.
15. The Center for Disease Control and Prevention (“CDC”) has updated their policies to impose new conditions on certain new awards and award modifications by incorporating the HHS GPS.
16. The Substance Abuse and Mental Health Services Administration (“SAMHSA”) has updated their policies to impose new conditions on certain new awards and award modifications and by incorporating the HHS GPS into its Fiscal Year (FY) 2025 Standard Terms and Conditions.
17. SAMHSA has also issued new Fiscal Year 2025 Standard Terms and Conditions for discretionary grants, including all active awards that did not reach their project period end date by October 1, 2024, and which superseded any previous terms and conditions. These new Terms and Conditions impose the following new conditions on grantees: (1) requires grantees to “certify compliance with all federal antidiscrimination laws and these requirements and that complying with those

laws is a material condition of receiving federal funding; (2) require that grantees certify that they are “compliant with Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. §§ 1681 et seq., including the requirements set forth in Presidential Executive Order 14168 titled Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government”; and (3) requires grantees to “comply with all applicable Executive Orders.”

V. Community Care Alliance’s HHS Grants

18. My organization has applied for and received a competitive grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) for the past 30 years.
19. On June 30, 2025, HHS’s SAMHSA awarded Community Care Alliance \$545,000 for the Community Care Alliance Youth and Family Tree. This grant has a period of performance of June 30, 2023 - June 29, 2028, a budget period of June 30, 2025 through June 29, 2026. While the NOFO and the most recent NOA, dated June 30, 2025, did not include the new SAMHSA or HHS funding conditions, the new HHS GPS and the new SAMHSA FY 2025 Terms and Conditions will apply, as of October 1, 2025..
20. My organization has used SAMHSA Alliance Youth and Family Tree funds for many purposes. For instance, these funds enhance and expand comprehensive treatment, early intervention and recovery support for adolescents (ages 12-18) and transition-age youth (ages 16-25) who have substance use disorders (SUD) and/or co-occurring substance use and mental health disorders, as well as their families and primary caregivers. A minimum of 100 youth are served annually.
21. Declining the SAMHSA Youth and Family Tree Funding would have a significant detrimental impact on Community Care Alliance and its mission. Without this funding, we will have to lay off several staff and lose the ability to provide life-saving prevention and treatment services to well over 100 youth and their families.
22. On October 7, 2022, SAMHSA awarded Community Care Alliance a total of \$1,000,000 through the Certified Community Behavioral Health Clinic (CCBHC) Infrastructure Grant. This grant has

a period of performance of October 7, 2022 through September 9, 2027, and a budget period of October 7, 2022 through September 29, 2027. My organization accepted this award on October 7, 2022. We receive a yearly continuation grant and we expect to receive it on or around October 1, 2025. While the NOFO and NOA did not include the new funding conditions described above, I expect that this award will be subject to those new HHS and SAMHSA funding conditions as of October 1, 2025.

23. This SAMHSA CCBC Infrastructure grant funds multiple services: 1) the delivery of peer recovery support services for individuals challenged by active substance use; 2) complex care - primary care coordination for individuals with severe and persistent mental illness; 3) enhancement of emergency services to expedite speedy response to psychiatrist crises in the community; 4) timely access to assessment and medication through an expanded adult and child psychiatry team.
24. Declining the SAMHSA CCBHC Infrastructure grant would have a significant detrimental impact on hundreds of clients. Failure to provide these funds would leave individuals with active substance use without peer support to assist with navigating a pathway to recovery. Loss of funds will also eliminate primary care coordination for individuals with severe and persistent mental illness, and reduce access to emergency response for individuals experiencing psychiatric crises, as well as reduced access to psychiatry assessment and medication management.
25. In addition to the direct HHS grants listed above, Community Care Alliance receives multiple HHS grants, passed through by the State of Rhode Island. These grants include CCBHC Medicaid State Demonstration, CSBG, Early Intervention, LIHEAP, PASSR, Ryan White, SUD Emergency Respite Block Grant, SUD Residential Uninsured Block Grant, and Title XX/Social Services Block Grant, among others. These subawards lead to more than \$4,000,000 of funding that serve thousands of northern Rhode Islanders every year. Most of these subawards are multi-year grants, with the CCBHC Medicaid State Demonstration, CSBG, LIHEAP, and Ryan White

grants to be next re-awarded on October 1, 2025, and we anticipate that the HHS new conditions will be in these future grants.

26. Declining this funding would have a significant detrimental impact on my organization. Without the funding for these grants, the impact would be felt in multiple areas. For clients, the loss of this level of service would likely increase psychiatric hospitalizations, and the need to place these clients in more restrictive settings for longer periods of time. Both of these effects would have a fiscal impact on the state through their Medicaid budget. These programs filled the previous gap in the continuum of care for youth at high risk. For the agency, staff would lose their jobs. The budgetary impact on the agency would necessitate job loss for multiple staff and would lower the overall support for the infrastructure. As one example, declining the funding for the Ryan White award, administered by HRSA and passed through by the State of Rhode Island, would have a detrimental impact on my organization and the many clients we serve with that funding. Annually, our organization serves over 70 individuals living with HIV/AIDS, providing them with non-medical case management, nutrition support, transportation, food pantry/served meals, rehabilitative services, and emergency financial assistance. Declining this funding, due to the new funding conditions, would result in over 70 individuals living with HIV/AIDS unable to receive the multiple supportive services they need.

VI. HUD's and HHS's New Funding Conditions Place Community Care Alliance in an Untenable Position

27. Agreeing to the HUD and HHS conditions would cause my organization profound harm. The funding conditions are vague, and several could be read to conflict with my organization's core mission and the activities it has undertaken for years in furtherance of that mission and in reliance on HUD and/or HHS grants. The funding conditions may require my organization to cease engaging in activities that it had previously understood the grants to plainly support. Thus, my organization does not know how it may comply with the funding conditions while also staying

true to its mission and providing essential support for member organizations, advocates, and vulnerable citizens of our community.

28. My organization is concerned about conditions requiring that we certify that we do not operate any programs that violate any applicable Federal antidiscrimination laws, and agreeing or implying that compliance with those antidiscrimination laws is material for False Claims Act Purposes. Although we have always complied with federal antidiscrimination laws, the DEI Executive Order and statements from the DOJ indicate that the government intends to enforce a legally unsupported, new interpretation of federal antidiscrimination law as prohibiting all aspects of programs focused on DEI and DEIA. My organization's mission is to support individuals and families of all cultural backgrounds in their efforts to meet economic, social and emotional challenges and enhance their well-being. Our vision is that "through programs, advocacy and collaboration, people are empowered to discover their potential and live as engaged citizens, free of stigma, within a thriving *diverse, inclusive* community." (Emphasis added.) It is unclear whether my organization's mission and guiding principles violate the certification, and whether my organization could comply with the administration's interpretation of federal antidiscrimination law without adopting a view antithetical to its true beliefs.
29. My organization is also unsure whether it can continue to operate programs that target underserved or marginalized communities, which is central to our mission and to our programming. For example, we offer ESL classes and classes for adults with disabilities. We also offer Housing Opportunities for Persons with AIDS, as well as a number of programs exclusively designed for individuals with substance use disorder and/or mental health disabilities. Now, it is unclear whether these programs would fall within the administration's interpretation of federal antidiscrimination law as prohibiting DEI and DEIA programs.
30. For the same reasons, my organization is concerned that it cannot comply with any HHS conditions that prohibit the operation of any programs that "advance or promote DEI, DEIA, or discriminatory equity ideology."

31. My organization is also concerned about the HUD condition that prohibits using grant funds to “promote” gender ideology. In providing direct client services and technical assistance, our organization uses clients’ preferred pronouns to demonstrate support for people who do not identify with the sex they were assigned at birth, recognizes gender identity in providing direct assistance, and accommodating the needs of the LGBTQ+ community. We offer a LGBTQIA Support Group, and a Queer Community Space, with monthly meetings. It is unclear whether my organization may continue these practices and activities while complying with the funding condition not to “promot[e] gender ideology.”
32. My organization is also concerned about the HHS SAMHSA and HHS GPS conditions requiring compliance with Title IX of the Education Amendments Act of 1972 and the Gender Ideology Executive Order. Recent executive orders have made clear that the government is advancing a new, unsupported interpretation of Title IX as prohibiting allowing people to participate in single-sex programs based on their gender identity. My organization provides educational services, including ESL and GED courses. We are concerned that these new Title IX conditions and interpretation of Title IX could require us to ignore civil rights laws, including Rhode Island state law, prohibiting discrimination based on gender identity, and would ultimately result in people who are transgender or gender-nonconforming being turned away from critical healthcare services.
33. My organization is concerned about the HUD conditions that prohibit using grant funds to “promote” “elective abortion,” since we are a healthcare agency and we do not know what the government may deem “promotion” of abortion. For instance, we serve females of child-bearing age who may become pregnant and who seek the support of one of our staff for assistance with making a decision about whether or not to terminate their pregnancy. For those who choose termination, staff could assist them with finding an appropriate provider and scheduling an appointment, as staff would with any other medical issue, and now we are not sure if this would be prohibited.

34. My organization is concerned about the HUD and SAMHSA new conditions providing that use of grant funds and operation of projects assisted with grant funds are governed by all “current” or “applicable” Executive Orders.

We do not know what these conditions’ broad and vague language means for Community Care Alliance or how to comply with it, given the many new executive orders that it implicates.

35. The new funding conditions present my organization and its members with an impossible choice. My organization could forgo accepting HUD and HHS grant awards and face the direct consequences to my organization’s financial health and ongoing operations, and more importantly, the direct consequences to the health and safety of the thousands of individuals, youth and families we serve. Or my organization could accept the funding with the conditions and jeopardize its mission and compliance with statutory or regulatory requirements, and face enormous risks of litigation and government investigations under the False Claims Act.

36. My organization fears that if it agrees to the new funding conditions, it could face not only the loss of grant funds, but federal government investigation, private party litigation under the False Claims Act, and potential liability for not complying. These potential consequences of seeking a grant subject to the new, vague conditions make my organization concerned about applying or accepting an award. To mitigate these risks, my organization would have to change its practices, in many cases contrary to its core values

VII. These Funding Conditions Threaten to Harm Individuals, Families and Communities in Rhode Island.

37. Community Care Alliance creates a safety net for at-risk individuals and families in Rhode Island, many of whom live with serious behavioral health issues and substance use disorders. Every day, my staff is confronted with complex situations that could be the difference between life and death for individuals with serious healthcare needs. With funds from HHS and HUD, Community Care Alliance improves the lives of over 12,000 people each year by addressing financial insecurity, connecting people with education and employment opportunities, preserving

housing and helping others access it, decreasing substance use and improving mental health and emotional wellbeing. At Community Care Alliance, we understand that there is a larger context in which the populations we serve experience social inequities that contribute to trauma, poor health outcomes and their overall well-being. These include racism, lack of access to affordable housing, and LGBTQIA related stigma. Populations are often permanently placed in and remain in a lower strata within our society as a result of their perceived value. These funding conditions now imposed by HUD and HHS threaten harm our organization's mission, program design and service delivery, which will negatively impact thousands of individuals and families in Northern Rhode Island that are served by Community Care Alliance, and who rely on our staff and services. To comply with these conditions, we would need to fundamentally change our mission, staff training, and programming, including by ignoring important risk factors to our clients caused by social inequities.

38. Conversely, if my organization or its members turned down the funds because of the conditions, the reduction or outright termination of these services would have devastating effects on the thousands of individuals, youth and families we serve in Woonsocket and Northern Rhode Island every year.
39. My organization's operations are essential to the health and wellbeing of individuals, families and the community of Rhode Island. In the face of growing mental health and behavioral health challenges, Community Care Alliance uses evidence-based programs to improve access to integrated care, housing stability, education and employment opportunities, and decreased substance use and improved mental health and emotional well-being. In the absence of fully funded services, Community Care Alliance would not be able to support Rhode Islanders in crisis, particularly with housing and other basic needs. Turning down the HUD funds would put multiple families at risk of eviction, and would leave people with behavioral health issues and substance use disorders without the care that they need, including in situations that are a matter of life and death for people with serious healthcare needs.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 11, 2025.

Benedict F. Lessing, Jr., MSW, CEO

A handwritten signature in blue ink, appearing to read "Benedict F. Lessing, Jr.", written over a horizontal line.

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Defendants.

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DECLARATION OF ELSEN OUNG

I, Kelsen Young, declare as follows:

I. Background

1. I am the Executive Director at the Montana Coalition Against Domestic and Sexual Violence (hereinafter “Montana Coalition”), Montana’s federally designated domestic violence and sexual assault coalition.

2. The Montana Coalition was founded in 1986 and is headquartered in Helena, Montana.

3. The Montana Coalition is a dual domestic violence and sexual assault coalition and membership organization. The Montana Coalition provides training and technical assistance to service providers addressing domestic and sexual violence in the State and serves as a resource for member and allied organizations by providing training, technical assistance, conducting statewide planning and needs assessment, developing and enhancing service standards, and gathering and disseminating critical resources and information.

4. The Montana Coalition was founded to strengthen the support systems serving survivors of domestic and sexual violence by facilitating networking among member programs while advocating for social and systems change in Montana. The Montana Coalition is the designated State Coalition for Montana by related federal government agencies.

5. The Montana Coalition is the only statewide organization providing training and technical assistance to the array of service providers that address domestic and sexual violence in the state. One of the Montana Coalition's primary goals is to increase the representation of underserved populations in the coordination of activities and identifying gaps in services. We hold a number of training and membership events throughout the year that focus on promoting coalition building and collaboration, developing and enhancing strategies to address problems, and increasing the capacity of advocates and other system personnel to meet the diverse needs of survivors.

6. The Montana Coalition has an annual budget of approximately \$1.2 million. Of that total, 97 percent over \$1 million is from direct federal funds. At least 50 percent of the Montana Coalition's budget is from grants issued by the U.S. Department of Health and Human Services (HHS) Family Violence Prevention Services Act (FVPSA) program. MCADSV also receives funding from HHS under the Rape Prevention and Education (RPE) housed within the Centers for Disease Control (CDC). MCADSV does not receive funding directly from the Department of Housing and Urban Development (HUD) but our member organizations do receive funding directly from HUD.

II. The Montana Coalition Member Organizations

7. The Montana Coalition is a membership organization with 40 member organizations. Members include nonprofit organizations with the primary mission of providing

services to survivors of domestic violence, dating violence, sexual assault, or stalking, and state and local victim assistance programs and supports associated with the local prosecutors' or law enforcement office.

8. Member organizations receive regular email updates on related state and federal policy; receive access to the Montana Coalition trainings and conference, with options for need-based scholarships; opportunities to network with other members at membership and regional meetings throughout the state; and access to an extensive resource library, technical assistance, and webinars on a wide variety of topics.

II. Grants That Montana Coalition Members Currently Have or Have Intended to Apply For

9. Montana Coalition members receive and/or have intended to apply HUD grants.

10. Montana Coalition member Friendship Center of Helena, Inc. receives Rapid Rehousing funds directly from HUD. Their contract renewal will require them to sign the new certifications from HUD.

III. HUD's New Funding Conditions

11. HUD has begun applying new funding conditions on HUD grants that differ significantly from the conditions imposed on the use of federal funds under the same grant awards for prior years.

12. The NOAs for the HUD CoC grants provide that the recipient's "use of funds provided under" the agreement and its "operation of projects assisted with" grant funds "are governed by ... [a]ll current Executive Orders." The NOAs also include requirements that the recipient: (1) "shall not use grant funds to promote "gender ideology," as defined in E.O. 14168, Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government;" (2) "agrees that its compliance in all respects with all applicable Federal

anti-discrimination laws is material to the U.S. Government's payment decisions for purposes of [The False Claims Act];" (3) "certifies that it does not operate any programs that violate any applicable Federal antidiscrimination laws, including Title VI of the Civil Rights Act of 1964;" and (4) "shall not use any Grant Funds to fund or promote elective abortions, as required by E.O. 14182, Enforcing the Hyde Amendment."

IV. v Organization's members' HUD Grants

13. My organization's members have received HUD grants, including grants under the CoC Grant Program. They receive the funds directly from HUD and are required to sign a grant agreement that is an agreement between HUD and the member organization. These grant agreements are not all on the same timeline as each project has its own unique project period.

14. For example, the Friendship Center is a member organization who receives CoC funds from HUD directly. When they are asked to sign the new grant agreement this Fall, they will be required to assert that they will follow the new certification requirements. Complying with the requirements will significantly impact the services they provide to survivors and, should they instead not receive funding, it would create an immediate reality of survivors not receiving housing support or being removed from the housing support that is currently operating.

15. On June 19, 2024, HUD awarded Friendship Center of Helena, Inc. (TFC) a total of \$186,226 through the CoC Grant in FY2023. The grant has a period of performance of 1-year and a budget period of January 1, 2025 through December 31, 2025. TFC accepted this award on June 19, 2024. The NOFO and NOA did not include the new HUD funding conditions described above, but expect that the next award will include those conditions. As a part of the CoC FY2024 award announcement on March 26, 2025, TFC learned that they were awarded \$236,061. It is a renewal grant with an expected project period of January 1, 2026, through December 31, 2026.

They have successfully received a renewal grant every year that they have applied. They provide assistance for a 2-year period.

16. Without these funds, TFC will no longer be able to provide rental assistance to current program participants past December 31, 2025, and will be forced to end their assistance early. Without CoC funds, 3 individuals and 3 families, including 8 children, would lose their housing support from the Friendship Center of Helena, Inc. and be at risk of immediate eviction and homelessness. Safe and independent housing is a key factor for safety after fleeing domestic and sexual violence. Prematurely ending rental assistance will not only destabilize client's housing but could jeopardize their safety and sustainability. As of January 1, 2026, the Friendship Center of Helena, Inc. will also not be able to enroll any new program participants, severely limiting options for many victims and survivors in our difficult housing market. It is also possible that TFC may need to reduce staff or staff hours due to the loss of funding, reducing support and services related to housing. Declining this funding would have a very significant detrimental impact on TFC's clients and our community.

17. TFC has now received a new NOA for another CoC award from HUD. HUD has represented to TFC that the grant agreement must be executed prior to the end August 2025, or the funds will be reverted. Although TFC has not received the grant agreement yet, TFC requested and received a blank version with the conditions that would be included, and that version contained the challenged HUD Conditions.

V. HHS's New Funding Conditions

18. The new HHS Grants Policy Statement (GPS) imposes the following new conditions on grantees: (1) it requires that all grant recipients "must comply with all applicable Federal anti-discrimination laws material to the government's payment decisions for purposes of

[the False Claims Act];” and (2) it provides that by accepting the grant award, recipients certify that: (i) “they do not, and will not during the term of this financial assistance award, operate any programs that advance or promote DEI, DEIA, or discriminatory equity ideology in violation of Federal anti-discrimination laws”; and (ii) “they do not engage in, and will not during the term of this award engage in, a discriminatory prohibited boycott.” HHS states that it “reserves the right to terminate financial assistance awards and claw back all funds if the recipients, during the term of this award, operate any program in violation of Federal anti-discrimination laws or engages in prohibited boycott.” *Id.* at 19.

19. The HHS GPS applies to nondiscretionary “awards and award modifications that add funding made on or after April 16, 2025,” including “supplements to award, competing and non-competing continuations,” (other than awards from NIH), and it applies to all HHS recipients and subrecipients other than individuals.

20. In addition to the GPS conditions, HHS’s Administration for Children and Families (ACF) is now imposing new funding conditions on ACF nondiscretionary and discretionary grants, [including name any grants you have from ACF where you have received or expect to receive NOAs including conditions], that differ significantly from the conditions imposed on the use of federal funds under the same grant awards for prior years.

21. The new ACF Standard Terms and Conditions document provides that a “Civil Rights Assurance” applies to new awards made on or after May 8, 2025, which requires that recipients “must comply with all applicable Federal anti-discrimination laws material to the government’s payment decisions for purposes of [the False Claims Act];” and provides that, “[b]y accepting the grant award, recipients are certifying that: (i) They do not, and will not during the term of this

financial assistance award, operate any programs that advance or promote the following in violation of Federal anti-discrimination laws: DEI, DEIA, or discriminatory equity ideology.”

22. In addition, the ACF Standard Terms and Conditions document provides that, for new awards made on or after March 28, 2025, recipients whose programs are covered by Title IX certify to the following: (1) that the recipient “is compliant with Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. §§ 1681 et seq., including Title VI of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000d et seq., and Recipient will remain compliant for the duration of the Agreement; (2) that those “requirements are conditions of payment that go to the essence of the Agreement and are therefore material terms of the Agreement”; (3) that “[p]ayments under the Agreement are predicated on compliance with the above requirements, and therefore Recipient is not eligible for funding under the Agreement or to retain any funding under the Agreement absent compliance with the above requirements”; (4) that the “[r]ecipient acknowledges that this certification reflects a change in the government’s position regarding the materiality of the foregoing requirements and therefore any prior payment of similar claims does not reflect the materiality of the foregoing requirements to this Agreement”; and (5) that “[r]ecipient acknowledges that a knowing false statement relating to Recipient’s compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.”

23. The Center for Disease Control and Prevention (“CDC”) has updated their policies to impose new conditions on certain new awards and award modifications by incorporating the HHS GPS.

VI. v Organization's and its members' HHS Grants

24. My organization has applied for and received a formula grant from HHS's Administration for Children and Families (ACF) for the Family Violence Prevention and Services Act ("FVPSA Grant") for the past three decades at least and likely longer.
25. My organization has used FVPSA Coalition Grant funds for many purposes. For instance, the Montana Coalition collaborates with the Montana Board of Crime Control on technical assistance and support to member programs regarding their administrative and programmatic capacity. This includes financial management and grant compliance, policies and procedures for internal and external operations, staff hiring and supervision, allowable expenses and federal rules for grants, as well as many other topics as needed. We hold regular calls and meetings with directors of programs in order to do so. We would not be able to afford the efforts at the same level if we lost our HHS/FVPSA grant.
26. On July 9, 2025, HHS awarded my organization a total of \$382,407 for the FVPSA State Coalition grant. The grant has a period of performance of October 1, 2025 through September 30, 2026. The NOFO did not include the new funding conditions, but the NOA indicates that the ACF Standard Terms and Conditions, which contains the new funding conditions described above, applies to the award. My organization needs to accept this award by drawing down funds by October 1, 2025.
27. Declining this funding would have a very significant detrimental impact on my organization. Without the funding for this grant, it would severely undermine the Montana Coalition's ability to function effectively and provide invaluable training and services to its members and other service providers in the community. Losing the Coalition Grant alone would result in a

\$382,407 loss of funds for the next fiscal year. Without these funds, the Montana Coalition would have to reduce the size of its staff and its services to members significantly.

28. My organization has applied for and received a grant from the HHS Center for Disease Control (CDC) for the Rape Prevention and Education program (“RPE Grant”) for the past two years.
29. On June 27th, 2025, HHS/CDC awarded my organization a total of \$135,000 through the RPE Grant. The grant has a period of performance of June 2025 – June 2026. The NOFO did not include the new funding conditions, but the NOA indicates that the HHS GPS and CDC Terms and Conditions, which contains the new funding conditions described above, apply to the award. My organization accepted this award by drawing funds by July 31, 2025. My organization plans to compete for a new RPE award in June 2026, and it expects that award will be subject to the challenged conditions.
30. Declining this funding would limit our ability to conduct prevention efforts in Montana and would result in the loss of a full-time staff person at our organization. The project started in 2024 and the prior year’s funding was a planning process. By not being able to accept the award, we will face further delays in getting the project moving forward towards tangible results and detailed prevention planning activities occurring in Montana. This will also impact the state health department as we are required to partner on all activities.
31. My organization’s members have received HHS/FVPSA grants, including grants that are passed through the Montana Board of Crime Control (MBCC) and fund domestic violence shelters throughout Montana. MBCC has not yet been notified of their FVPSA State grant award, but the same requirements will exist in the state grant. Therefore, those restrictions will pass through to the domestic violence shelter members as well. This will significantly

impact the provision of direct services to survivors and their children who are often in the most need and the most danger.

VII. HUD's and HHS's New Funding Conditions Place My Organization and its Members in an Untenable Position

32. Agreeing to the HHS conditions would cause my organization profound harm. The funding conditions are vague, and several could be read to conflict with my organization's core mission and the activities it has undertaken for years in furtherance of that mission and in reliance on HHS grants. The funding conditions may require my organization to cease engaging in activities that it had previously understood the grants to plainly support. Thus, my organization does not know how it may comply with the funding conditions while also staying true to its mission and providing essential support for member organizations, advocates, and vulnerable victims and survivors of domestic violence.
33. My organization is concerned about conditions requiring that we certify that we do not operate any programs that violate any applicable Federal antidiscrimination laws, and implying that compliance with those antidiscrimination laws is material for False Claims Act Purposes. Although we have always complied with federal antidiscrimination laws, the DEI Executive Order and statements from HHS indicate that the government intends to enforce a legally unsupported, new interpretation of federal antidiscrimination law as prohibiting all aspects of programs focused on DEI and DEIA. My organization is concerned about how we can stay true to our mission and the essential support it has provided to member organizations, advocates, and vulnerable victims and survivors of domestic and sexual violence for four decades. It is unclear whether my organization's mission and guiding principles violate the certification, and whether my organization could comply with the

administration's interpretation of federal antidiscrimination law without adopting a view antithetical to its true beliefs.

34. As one example of the potential misalignment between the Montana Coalition's work and the new conditions imposed by HHS/FVPSA is the Coalition's self-described goal to "uproot violence and oppression in order to end domestic and sexual violence in Montana." In furtherance of this goal, the Montana Coalition provides technical assistance and training to member organizations and allied organizations regarding the disproportionate impact of violence on marginalized communities in Montana. Those efforts evolve based on the most pressing issues of the time, but, for example, we actively support efforts to address the Missing and Murdered Indigenous People Crisis in Montana. These efforts are critical to addressing the particular needs of Indigenous people, who the federal government has recognized are at a disproportionate risk of experiencing violence or murder or going missing. The Coalition also supports tribal programs directly while there is no designated tribal coalition in Montana.
35. The Montana Coalition also operates programs designed to advocate for justice, inclusion, and full community participation, remove barriers, real or perceived, to encourage the widest possible participation from vulnerable communities. Accordingly, the Montana Coalition is unsure whether it may undertake its day-to-day activities reflecting its mission and guiding principles without running afoul of the condition not to "promot[e] or facilitat[e] discriminatory programs or ideology, including illegal DEI" or "inculcat[e] or promot[e] gender ideology" as HHS might interpret those terms.
36. Many of the Montana Coalition's activities in furtherance of its HHS/FVPSA grant-funded training programs may also conflict with the new funding conditions. It is unsure if it may

operate its current trainings that address explicit and implicit bias in program development, service delivery, and interactions with survivors, and the disparate impacts of societal risks and systems of oppression on survivors. Again, the Coalition does not know if those trainings would be construed as “promoting or facilitating discriminatory programs or ideology, including illegal DEI” as HHS might interpret those terms.

37. The Montana Coalition is also concerned that it cannot continue to engage in certain practices that respect the dignity of all victims of domestic and sexual violence, regardless of gender and sexual orientation, and are consistent with the FVPSA mandate not to discriminate on the basis of gender or sexual orientation. It offers training on how to help advocates be attuned to and appropriately address specific needs of LGBTQ+ survivors, and the technical assistance they provide to Montana agencies, member programs, and community partners include information about compliance with the U.S. Housing and Urban Development’s, FVPSA’s and VAWA’s anti-discrimination mandates. The Coalition also regularly requests and uses pronouns, participates in an LGBTQ+ Coalition, includes information about LGBTQ+ survivors in advocacy and public information, and again, complies with anti-discrimination provisions under VAWA and FVPSA. It is unclear whether it may continue these practices and activities while complying with the HHS’s funding condition not to “inculcat[e] or promot[e] gender ideology.”

38. My organization is also concerned about the HHS ACF condition requiring a certification of compliance with the Title IX of the Education Amendments of 1972. Recent executive orders have made clear that the government is advancing a new, unsupported interpretation of Title IX as prohibiting participation in single-sex programs based on their gender identity. My organization is concerned that this interpretation could require organizations to ignore federal

law prohibiting discrimination based on gender identity and would ultimately result in victims who are transgender or gender-nonconforming being turned away from services.

39. My organization is also concerned about the HUD condition that prohibits using grant funds to “promote” gender ideology. In providing direct client services and technical assistance, many of my organization’s members’ staff use clients’ preferred pronouns to demonstrate support for people who do not identify with the sex they were assigned at birth, recognize gender identity in providing direct assistance, and accommodate the needs of the LGBTQ+ community. It is unclear whether our members may continue these practices and activities while complying with the funding condition not to “promot[e] gender ideology.

40. My organization is concerned about the HUD conditions that prohibit using grant funds to “promote” “elective abortion.” Our member organizations do not provide or fund abortion but they do make referrals to clinics as needed for reproductive care and abortion in cases where the survivor desires that resource. Reproductive health access, including abortion, is part of our organization framework, and we offer clients information about any healthcare services that they need. When pregnant survivors request abortion care, we provide them with resources on how to seek that care.

41. My organization is concerned about the HUD condition providing that use of grant funds and operation of projects assisted with grant funds are governed by “[a]ll current Executive Orders.” We do not know what this condition’s broad and vague language means for our organization’s members or how to comply with it, given the many new executive orders that it implicates.

42. The new funding conditions present my organization and its members with an impossible choice. My organization and its members could forgo accepting HUD and HHS grant awards

and face the direct consequences to my organization's financial health and ongoing operations, and the health and operations of our member organizations, and to those who receive direct services. Or my organization and its members could accept the funding with the conditions and jeopardize its mission and compliance with statutory or regulatory requirements, and face enormous risks of litigation and government investigations under the False Claims Act.

43. My organization fears that if it agrees to the new funding conditions, it could face not only the loss of grant funds, but federal government investigation, private party litigation under the False Claims Act, and potential liability for not complying. These potential consequences of seeking a grant subject to the new, vague conditions make my organization concerned about applying or accepting an award. To mitigate these risks, my organization would have to change its practices, in many cases contrary to its core values.

VIII. These Funding Conditions Threaten to Harm Domestic Violence and Sexual Assault Victims and Survivors

44. These funding conditions threaten harm services to victims of domestic violence and their children across the state of Montana. Given that MCADSV and our member organizations rely entirely on federal funds for operation, this would result in real life consequences of death and increased injury without access to emergency shelter, housing assistance, and other forms of support offered by member organizations in Montana with these vital funding streams.

45. Programs in Montana, including MCADSV, are not able to turn down these federal funds to continue to operate. In the absence of fully funded Montana Coalition services, domestic and sexual violence victims and survivors will be confronted with more barriers when trying to

access services following their assault, including discriminatory treatment from medical, law enforcement or courtroom personnel who have not received anti-bias and other core victim services training. This will immediately lead to more survivors choosing not to participate in the criminal justice system and fewer being connected to and receiving appropriate medical and therapy services. Direct service providers will be unable to maintain high quality services that follow best practices guidance and comply with the myriad federal, state, and local requirements they would now have to navigate on their own, without the critical assistance of the Montana Coalition, while desperately trying to keep up with the already increasing demand for services.

46. The Montana Coalition's operations are essential to permitting the network of direct service providers to focus on providing the highest quality services to the survivors they serve and ensuring that the systems that contribute to addressing and responding to the epidemic of domestic violence are operating with evidence-based, trauma-informed, survivor-centered policies and practices.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 12, 2025.

Kelsen Young /s/

Kelsen Young
Executive Director
Montana Coalition Against Domestic
and Sexual Violence