

State Profiles **FISCAL YEAR 2016**

CALIFORNIA

In Fiscal Year 2016,¹ the state of California received:

- Division of Adolescent and School Health funds totaling \$415,000
- Personal Responsibility Education Program funds totaling \$6,369,420

In Fiscal Year 2016, local entities in California received:

- Division of Adolescent and School Health funds totaling \$1,915,000
- Teen Pregnancy Prevention Program funds totaling \$7,891,137
- Personal Responsibility Education Innovative Strategies funds totaling \$2,620,499
- Tribal Personal Responsibility Education Program funds totaling \$757,295

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

[California Education Code § 51933-51934](#), known as the California Healthy Youth Act, requires school districts to ensure that all students in grades 7–12 receive comprehensive sexual health education and human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) prevention education at least once in middle school and once in high school, and mandates that the curricula be age-appropriate, medically accurate, objective, and “appropriate for use with pupils of all races, genders, sexual orientations, and ethnic and cultural backgrounds; pupils with disabilities; and English learners.” The law further requires instruction to teach students about gender, gender expression, gender identity, and gender stereotypes. Schools can elect to offer sexuality education earlier than grade seven, in which case they must adhere to the same requirements. No program may “promote or teach religious doctrine,”² instruction must encourage parent-child communication about sexuality,³ and instruction must “provide information about the effectiveness and safety of all FDA-approved contraceptive methods in preventing pregnancy, including, but not limited to, emergency contraception.”⁴ Parents or guardians may remove their children from sexuality education and/or sexually transmitted diseases (STD)/HIV education classes. [This is referred to as an “opt-out” policy.](#)

STATE STANDARDS

The [Health Education Content Standards for California Public Schools: Kindergarten Through Grade Twelve](#) and [Health Education Framework for California Public Schools: Kindergarten Through Grade Twelve](#), provide guidance for human sexuality instruction curriculum. “Growth, Development, and Sexual Health” comprises its own section of the standards. Sexual Health instruction must be included in grades 7–12, but starting in grade six, students learn how to “object appropriately to teasing or bullying of peers that is based on personal characteristics or perceived sexual orientation.” School districts, however, are not required to adopt these content standards.⁵

STATE LEGISLATIVE SESSION ACTIVITY

SIECUS tracks all state legislative session activity in our state legislative reports. For more information on bills related to school-based sexuality education that were introduced or passed in 2016, please see [SIECUS' 2016 Sex Ed State Legislative Year-End Report: Top Topics and Takeaways](#).

YOUTH SEXUAL HEALTH DATA

The following sexual health behavior and outcome data represent the most recent information available on adolescent sexual health in California. While data can be a powerful tool to demonstrate the sexuality education and sexual health care needs of young people, it is important to be mindful that these behaviors and outcomes are impacted by systemic inequities present in our society that can and often do affect an individual's sexual health and wellbeing. Additionally, there are significant limitations as to how and what data are currently collected. Young people are more than outcomes; for advocates, it is important to utilize the data in a manner that tracks our progress and pushes policies forward in a way that respects and supports the dignity of all young lives.

CALIFORNIA YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA⁶

Reported ever having had sexual intercourse

- In 2015, 28.5% of female high school students and 36% of male high school students in California reported ever having had sexual intercourse, compared to 39.2% of female high school students and 43.2% of male high school students nationwide.
- In 2015, 37.5% of lesbian, gay, or bisexual (LGB) high school students, 23.1% of high school students who were unsure of their sexual orientation, and 32.5% of heterosexual high school students in California reported ever having had sexual intercourse, compared to 50.8% of LGB high school students, 31.6% of high school students who were unsure of their sexual orientation, and 40.9% of heterosexual high school students nationwide.
- In 2015, 18.4% of Asian high school students, 38.1% of Hispanic high school students, and 27.9% of white high school students in California reported ever having had sexual intercourse, compared to 19.3% of Asian high school students, 42.5% of Hispanic high school students, and 39.9% of white high school students nationwide.

Reported having had sexual intercourse before age 13

- In 2015, 2.6% of female high school students and 3.6% of male high school students in California reported having had sexual intercourse before age 13, compared to 2.2% of female high school students and 5.6% of male high school students nationwide.
- In 2015, 7.1% of LGB high school students, 10.8% of high school students who were unsure of their sexual orientation, and 2.4% of heterosexual high school students in California reported having had sexual intercourse before age 13, compared to 7.3% of LGB high school students, 8.8% of high school students who were unsure of their sexual orientation, and 3.4% of heterosexual high school students nationwide.

CALIFORNIA

- In 2015, 3.1% of Asian high school students, 3.2% of Hispanic high school students, and 2.8% of white high school students in California reported having had sexual intercourse before age 13, compared to 0.7% of Asian high school students, 5.0% of Hispanic high school students, and 2.5% of white high school students nationwide.

Reported being currently sexually active

- In 2015, 23.1% of female high school students and 25.1% of male high school students in California reported being currently sexually active, compared to 29.8% of female high school students and 30.3% of male high school students nationwide.
- In 2015, 28.3% of LGB high school students, 17.7% of high school students who were unsure of their sexual orientation, and 24.3% of heterosexual high school students in California reported being currently sexually active, compared to 35.1% of LGB high school students, 22.9% of high school students who were unsure of their sexual orientation, and 30.1% of heterosexual high school students nationwide.
- In 2015, 15.3% of Asian high school students, 27.9% of Hispanic high school students, and 21.1% of white high school students in California reported being currently sexually active, compared to 12.2% of Asian high school students, 30.3% of Hispanic high school students, and 30.3% of white high school students nationwide.

Reported not using a condom during last sexual intercourse

- In 2015, 44.2% of female high school students and 42.1% of male high school students in California reported not using a condom during their last sexual intercourse, compared to 48% of female high school students and 38.5% of male high school students nationwide.
- In 2015, 27.6% of LGB high school students and 42.4% of heterosexual high school students in California reported not using a condom during their last sexual intercourse, compared to 52.5% of LGB high school students and 42.2% of heterosexual high school students nationwide.
- In 2015, 43.4% of Hispanic high school students in California reported not using a condom during their last sexual intercourse, compared to 44.4% of Hispanic high school students nationwide.

Reported not using any method to prevent pregnancy during last sexual intercourse

- In 2015, 12.4% of female high school students and 12.2% of male high school students in California reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 15.2% of female high school students and 12.2% of male high school students nationwide.
- In 2015, 27.9% of LGB high school students and 11% of heterosexual high school students in California reported not using any method to prevent pregnancy during their last sexual

CALIFORNIA

intercourse, compared to 26.4% of LGB high school students and 12.4% of heterosexual high school students nationwide.

- In 2015, 11.8% of Hispanic high school students in California reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 20.0% of Hispanic high school students nationwide.

Reported never having been tested for HIV

- In 2015, 90.2% of female high school students and 91.9% of male high school students in California reported never having been tested for HIV, compared to 88.9% of female high school students and 90.7% of male high school students nationwide.
- In 2015, 91.3% of LGB high school students, 86.9% of high school students who were unsure of their sexual orientation, and 97.5% of heterosexual high school students in California reported never having been tested for HIV, compared to 81.8% of LGB high school students, 87.2% of high school students who were unsure of their sexual orientation, and 90.7% of heterosexual high school students nationwide.
- In 2015, 86.5% of Asian high school students, 90.0% of Hispanic high school students, 95.7% of white high school students, and 92.6% of high school students who identified as multiple races in California reported never having been tested for HIV, compared to 90.4% of Asian high school students, 88.9% of Hispanic high school students, 92.0% of white high school students, and 86.6% of high school students who identified as multiple races nationwide.

Reported having been physically forced to have sexual intercourse

- In 2015, 7.8% of female high school students and 4.3% of male high school students in California reported having been physically forced to have sexual intercourse, compared to 10.3% of female high school students and 3.1% of male high school students nationwide.
- In 2015, 9.9% of LGB high school students, 15.7% of high school students who were unsure of their sexual orientation, and 4.9% of heterosexual high school students in California reported having been physically forced to have sexual intercourse, compared to 17.8% of LGB high school students, 12.6% of high school students who were unsure of their sexual orientation, and 5.4% of heterosexual high school students nationwide.
- In 2015, 3.8% of Asian high school students, 7% of Hispanic high school students, 4.4% of white high school students, and 9.2% of high school students who identified as multiple races in California reported having been physically forced to have sexual intercourse, compared to 4.2% of Asian high school students, 7.0% of Hispanic high school students, 6.0% of white high school students, and 12.1% of high school students who identified as multiple races nationwide.

CALIFORNIA

Reported experiencing physical dating violence

- In 2015, 11.7% of female high school students and 7.4% of male high school students in California reported experiencing physical dating violence in the prior year, compared to 11.7% of female high school students and 7.4% of male high school students nationwide.
- In 2015, 21.7% of LGB high school students, 17.5% of high school students who were unsure of their sexual orientation, and 8.2% of heterosexual high school students in California reported experiencing physical dating violence in the prior year, compared to 17.5% of LGB high school students, 24.5% of high school students who were unsure of their sexual orientation, and 8.3% of heterosexual high school students nationwide.
- In 2015, 2.1% of Asian high school students, 10.2% of Hispanic high school students, and 10.2% of white high school students in California reported experiencing physical dating violence in the prior year, compared to 4.6% of Asian high school students, 9.7% of Hispanic high school students, and 9.0% of white high school students nationwide.

Reported experiencing sexual dating violence

- In 2015, 18.1% of female high school students and 5.3% of male high school students in California reported experiencing sexual dating violence in the prior year, compared to 15.6% of female high school students and 5.4% of male high school students nationwide.
- In 2015, 18.9% of LGB high school students, 27.8% of high school students who were unsure of their sexual orientation, and 10.3% of heterosexual high school students in California reported experiencing sexual dating violence in the prior year, compared to 22.7% of LGB high school students, 23.8% of high school students who were unsure of their sexual orientation, and 9.1% of heterosexual high school students nationwide.
- In 2015, 3.7% of Asian high school students, 10% of Hispanic high school students, and 15.6% of white high school students in California reported experiencing sexual dating violence in the prior year, compared to 10.5% of Asian high school students, 10.6% of Hispanic high school students, and 10.1% of white high school students nationwide.

Visit the Centers for Disease Control and Prevention's (CDC) [Youth Online](#) database and [Health Risks Among Sexual Minority Youth](#) report for additional information on sexual behaviors.

CALIFORNIA TEEN PREGNANCY, HIV/AIDS, AND OTHER STD DATA

Teen Pregnancy, Birth, and Abortion

- In 2011, California had the 21st highest teen pregnancy rate in the United States, with a rate of 54 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 52 per 1,000.⁷ There were a total of 72,180 pregnancies among young women ages 15–19 reported in California in 2011.⁸

CALIFORNIA

- In 2015, California had the 32nd highest teen birth rate in the United States, with a rate of 19 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.⁹ There were a total of 27,025 live births to young women ages 15–19 reported in California in 2014, the most recent year of available data.¹⁰
- In 2011, California had the 7th highest teen abortion rate in the United States, with a rate of 18 abortions per 1,000 young women ages 15–19, compared to the national rate of 14 per 1,000.¹¹ There were a total of 23,840 abortions among young women ages 15–19 reported in California in 2011.¹²

HIV and AIDS

- In 2015, the rate of diagnoses of HIV infection among adolescents ages 13–19 in California was 4.2 per 100,000, compared to the national rate of 5.8 per 100,000.¹³
- In 2015, the rate of AIDS diagnoses among adolescents ages 13–19 in California was 0.3 per 100,000, compared to the national rate of 0.7 per 100,000.¹⁴
- In 2015, the rate of diagnoses of HIV infection among young adults ages 20–24 in California was 28 per 100,000, compared to the national rate of 31.1 per 100,000.¹⁵
- In 2015, the rate of AIDS diagnoses among young adults ages 20–24 in California was 4.2 per 100,000, compared to the national rate of 5.6 per 100,000.¹⁶

STDs

- In 2015, California had the 43rd highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 1,365.7 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 35,825 cases of chlamydia among young people ages 15–19 reported in California.¹⁷
- In 2015, California had the 32nd highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 232.8 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 6,106 cases of gonorrhea among young people ages 15–19 reported in California.¹⁸
- In 2015, California had the 8th highest rate of reported cases of primary and secondary syphilis among young people ages 15–19 in the United States, with an infection rate of 7.5 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 198 cases of syphilis reported among young people ages 15–19 in California.¹⁹

Visit the Office of Adolescent Health's (OAH) [California Adolescent Health Facts](http://www.siecus.org) for additional information.

CALIFORNIA

FEDERAL FUNDING FOR SEXUALITY EDUCATION, UNINTENDED TEEN PREGNANCY, HIV AND OTHER STD PREVENTION, AND ABSTINENCE-ONLY-UNTIL-MARRIAGE PROGRAMS

FISCAL YEAR 2016 FEDERAL FUNDING IN CALIFORNIA

Grantee	Award
Division of Adolescent and School Health (DASH)	
California Department of Education	\$415,000
Los Angeles Unified School District	\$578,750
Oakland Unified School District	\$378,750
San Diego Unified School District	\$378,750
San Francisco Unified School District	\$578,750
TOTAL	\$2,330,000
Teen Pregnancy Prevention Program (TPPP)	
TPPP Tier 1B	
Community Action Partnership of San Luis Obispo County, Inc.	\$830,000
Contra Costa Health Services	\$1,250,000
San Diego Youth Services	\$1,249,999
University of Southern California	\$1,999,666
TOTAL	\$5,329,665
TPPP Tier 2B	
Center for Innovative Public Health Research	\$990,422
The Regents of the University of California, San Francisco	\$995,321
WestEd	\$575,729
TOTAL	\$2,561,472
Personal Responsibility Education Program (PREP)	
PREP State-Grant Program	
California Department of Public Health (federal grant)	\$6,369,420
TOTAL	\$6,369,420
Personal Responsibility Education Innovative Strategies (PREIS)	
Children's Hospital of Los Angeles	\$960,000
The Regents of the University of California, San Francisco	\$823,050
ETR Associates	\$837,449
TOTAL	\$2,620,499
Tribal Personal Responsibility Education Program (Tribal PREP)	
California Rural Indian Health Board	\$399,995

CALIFORNIA

Riverside-San Bernardino County Indian Health, Inc.	\$357,300
TOTAL	\$757,295
GRAND TOTAL	\$19,968,351

DIVISION OF ADOLESCENT AND SCHOOL HEALTH

The Division of Adolescent and School Health (DASH), within the CDC, provides funding to state and local education agencies through several funding streams to better student health, implement HIV/STD prevention programs, collect and report data on young people's risk behaviors, and expand capacity-building partnerships.

In FY 2016, DASH provided funding to 18 state and 17 local education agencies to help districts and schools strengthen student health through exemplary sexual health education (ESHE) that emphasizes HIV and other STD prevention, increases access to key sexual health services (SHS), and establishes safe and supportive environments (SSE) for students and staff. DASH funded seven national, non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- In FY 2016, there were five DASH grantees in California funded to strengthen student health through ESHE, SHS, and SSE (1308 Strategy 2): California Department of Education (\$320,000), Los Angeles Unified School District (\$320,000), Oakland Unified School District (\$320,000), San Diego Unified School District (\$320,000), and San Francisco Unified School District (\$320,000).

CALIFORNIA DEPARTMENT OF EDUCATION, \$320,000 (FY 2016)

With its 1308 Strategy 2 funds, the California Department of Education is educating administrators and teachers about the California Education Code, and assessing the progress of school districts in aligning their sexual health education curricula to the Code, including portions specific to the inclusion of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth. The department is also working to modify a tool to assess and identify youth-friendly sexual health resources. Additionally, the department is providing training and personal assistance to school district staff, specifically regarding bullying prevention and teaching sexual health and assistance with referral systems.²⁰

LOS ANGELES UNIFIED SCHOOL DISTRICT, \$320,000 (FY 2016)

With its 1308 Strategy 2 funds, the Los Angeles Unified School District is working toward increasing the number of students throughout the district who receive quality sexual health education through sexual health education training to school staff. In order to ensure the needs of LGBTQ youth are addressed, the school district is implementing an updated student referral system to appropriate sexual health services both within and outside of the school district. Additionally, to promote school environments where all students feel safe and respected, the school district is working closely with internal partners to review bullying and harassment policies.²¹

OAKLAND UNIFIED SCHOOL DISTRICT, \$320,000 (FY 2016)

With its 1308 Strategy 2 funds, the Oakland Unified School District is implementing the Healthy Oakland Teens program. This program involves developing a middle and high school sexuality

CALIFORNIA

education curriculum that can be integrated into English/Language Arts and Science classes. The curriculum will be taught for a week every year to ninth grade students. The school district is also developing a referral card and smartphone app to help young people connect to community sexual health services. Additionally, in order to create a safe and supportive environment, the school district is supporting gay-straight alliance clubs in all middle and high schools and planning district-wide events for students to meet LGBT peers from around the city.²²

SAN DIEGO UNIFIED SCHOOL DISTRICT, \$320,000 (FY 2016)

With its 1308 Strategy 2 funds, the San Diego Unified School District is working with classroom teachers to improve sexual health education curriculum implementation in grades 6–8 and 10. The school district is also coordinating with several schools and community-based organizations to provide training to school staff, including teachers and nurses, who will be connecting students to sexual health services and resources. Additionally, in order to provide an environment where all students and staff feel safe, the school district is collaborating with schools' gay-straight alliance clubs to increase an understanding of policies that support LGBT students and working with staff on reporting bullying, sexual harassment, and discrimination.²³

SAN FRANCISCO UNIFIED SCHOOL DISTRICT, \$320,000 (FY 2016)

With its 1308 Strategy 2 funds, the San Francisco Unified School District is working with local community organizations to design, review, and implement the district's sexual health education curriculum. In order to increase students' knowledge of and access to area sexual health services, the school district is coordinating work by providing monthly gatherings for its schools' wellness teams, local teen clinic staff, and other local community organization staff. Additionally, the school district is working with community partners to review the district's health services referral system. The school district is also sponsoring a day-long event called Gay-Straight Alliance Day for its middle and high schools where students teach other youth how and where to access community sexual health services.²⁴

In addition, DASH funds local education agencies and NGOs to implement multiple program activities to meet the HIV/STD prevention needs of young men who have sex with men (YMSM) and to develop strategic partnerships and collaborations between schools and community-based, mental health, and social services organizations to accomplish this work.

- In FY 2016, there were two DASH grantees in California funded to deliver YMSM programming (1308 Strategy 4): Los Angeles Unified School District (\$200,000) and San Francisco Unified School District (\$200,000).

LOS ANGELES UNIFIED SCHOOL DISTRICT, \$200,000 (FY 2016)

With its 1308 Strategy 4 funds, the Los Angeles Unified School District is updating current sexual health education resources, including adding a toolkit with LGBTQ information for staff, as well as resources for black and Latino male gay and bisexual students. The school district is also implementing activities that reflect new, teen-based technologies, including a pilot tablet program and a "Yelp-like" rating to find appropriate sexual health services that meet the needs of the district's black and Latino male gay and bisexual students. Additionally, the school district is collaborating with local community organizations to provide workshops for black and Latino male gay and bisexual teens.²⁵

CALIFORNIA

SAN FRANCISCO UNIFIED SCHOOL DISTRICT, \$200,000 (FY 2016)

With its 1308 Strategy 4 funds, the San Francisco Unified School District is training selected high school students to provide the broader student population with HIV/STD prevention and sexual health presentations focusing on black and Latino male gay and bisexual teens. The school district is also developing male student health groups to enable dating, relationship, and sexual health discussions in a safe environment, supported by district staff. The school district is additionally working with community partners to review the district's health services referral system.²⁶

DASH also provides funding for state, territorial, and local education agencies and state health agencies to establish and strengthen systematic procedures to collect and report Youth Risk Behavior Surveillance (YRBS) and School Health Profiles data for policy and program improvements.

- In FY 2016, there were five DASH grantees in California funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): California Department of Education (\$95,000), Los Angeles Unified School District (\$58,750), Oakland Unified School District (\$58,750), San Diego Unified School District (\$58,750), and San Francisco Unified School District (\$58,750).

TEEN PREGNANCY PREVENTION PROGRAM

The Office of Adolescent Health (OAH), within the U.S. Department of Health and Human Services (HHS), administers the Teen Pregnancy Prevention Program (TPPP), which funds evidence-based (or innovative evidence-informed), medically accurate, and age-appropriate programs to reduce teen pregnancy. OAH provides program support, implementation evaluation, and technical assistance to grantees. In FY 2016, total funding for TPPP was \$101 million, with an additional \$6.8 million authorized for evaluation purposes, supporting a total of 84 states, cities, non-profit organizations, school districts, universities, community-based organizations, and tribal organizations that were in year two of five TPPP funding tiers' five-year cooperative agreements in 33 states and territories, including the District of Columbia and the Marshall Islands. OAH provides program support, implementation evaluation, and technical assistance to grantees and receives an additional \$6.8 million in funding for evaluation purposes. There are five TPPP funding tiers:

Tier 1A: Capacity building to support replication of evidence-based TPP programs.

- In FY 2016, there were no TPPP Tier 1A grantees in California.

Tier 1B: Replicating evidence-based TPP programs to scale in communities with the greatest need.

- In FY 2016, there were four TPPP Tier 1B grantees in California: Community Action Partnership Network of San Luis Obispo County, Inc. (\$830,000); Contra Costa Health Services (\$1,250,000); San Diego Youth Services (\$1,249,999); and University of Southern California (\$1,999,666).
- These local organizations in California received a total of \$5,329,665 in TPPP Tier 1B funding.

COMMUNITY ACTION PARTNERSHIP NETWORK OF SAN LUIS OBISPO COUNTY, INC., \$830,000 (FY 2016)

The Community Action Partnership Network of San Luis Obispo County, Inc., (CAPSLO) is a nonprofit agency that serves a population of 40,000 across central and southern California. In its mission statement, CAPSLO pledges "to eliminate poverty by empowering individuals and families to achieve economic self-sufficiency and self-determination through a comprehensive array of community-based programs."²⁷ Its services include assistance with employment, housing, medical services, energy subsidies, weatherization,

CALIFORNIA

child care, and preschool education.²⁸ With its TPPP funding, CAPSLO implements the following evidence-based curricula: [Making Proud Choices!](#), [Be Proud! Be Responsible! Be Protective!](#), and [Positive Prevention PLUS](#). The intervention is based in school, foster care, and community settings in the Paso Robles, San Miguel, San Luis Obispo, Santa Maria, and Northern Santa Barbara counties. CAPSLO plans for its program to reach approximately 2,050 youth each year and a total of 8,900 youth over the five-year project.²⁹

CONTRA COSTA HEALTH SERVICES, \$1,250,000 (FY 2016)

Contra Costa Health Services (CCHS) is a county health system and a department of the Contra Costa County government. Its mission is to “care for and improve the health of all people in Contra Costa County with special attention to those who are most vulnerable to health problems.”³⁰ With its TPPP funding, CCHS provides evidence-based programming in communities of West Contra Costa and Pittsburg. The intervention uses [Families Talking Together](#), [Get Real](#), and [Positive Prevention PLUS](#). CCHS aims to serve more than 7,000 youth per year and more than 28,000 youth by the end of the five-year project.³¹

SAN DIEGO YOUTH SERVICES \$1,249,999 (FY 2016)

San Diego Youth Services (SDYS) is a nonprofit charitable organization focused on homeless and at-risk youth. The organization operates 14 major locations in San Diego County and serves more than 20,000 children and their families each year, providing emergency services, professional help, and safe living space.³² With its TPPP funding, SDYS, along with five core partners, implements the Community Assessment Team (CAT)+ Project, which is an enhancement to SDYS’ existing project, Community Assessment Team (CAT), a preventive intervention program that assists families with youth experiencing behavioral, social, or juvenile justice issues. The CAT+ Project is a 16-module program implemented in high schools, middle schools, after-school programs, alternative schools, juvenile detention centers, community-based settings, out-of-home settings, and residential settings in San Diego zip codes with historically high teen birth rates. SDYS’ program targets young people ages 11–19, and its partners will implement up to five of the following evidence-based programs including [Reducing the Risk](#) and [Positive Prevention PLUS](#). SYDS plans to reach 3,000 youth per year through the program.³³

UNIVERSITY OF SOUTHERN CALIFORNIA \$1,999,666 (FY 2016)

The University of Southern California is a private, nonprofit research university located in Los Angeles. With its TPPP funding, the university will partner with the Los Angeles Department of Public Health to improve adolescent sexual health within communities served by the Compton and Los Angeles Unified School Districts. The University plans to implement “Keeping It Real Together: Integrating Successful Pregnancy Prevention Programs into Large Urban School Districts and Community Systems” in 55 middle schools, 14 alternative high school educational centers, and school district Wellness Centers in Compton and Los Angeles. Keeping It Real Together uses the [It’s Your Game: Keep it Real](#), [Families Talking Together](#), and [Making Proud Choices!](#) curricula. The university projects to serve 25,000 youth per year and more than 80,000 youth over the five-year project.³⁴

Tier 2A: Supporting and enabling early innovation to advance adolescent health and prevent teen pregnancy.

- In FY 2016, there were no TPPP Tier 2A grantees in California.

Tier 2B: Rigorous evaluation of new or innovative approaches to prevent teen pregnancy.

CALIFORNIA

- In FY 2016, there were three TPPP Tier 2B grantees in California: Center for Innovative Public Health Research (\$990,422); the Regents of the University of California, San Francisco (\$995,321); and WestEd (\$575,729).
- These local entities in California received a total of \$2,561,472 in TPPP Tier 2B funding.

CENTER FOR INNOVATIVE PUBLIC HEALTH RESEARCH, \$990,422 (FY 2016)

The Center for Innovative Public Health Research (CIPHR) is a nonprofit, public health research incubator that examines the impact of technology and its effect on health. The organization's mission is to "promote positive human development through the creation and implementation of innovative and unique technology-based research and health education programs."³⁵ With its TPPP funding, CIPHR will finalize and evaluate its Girl2Girl program, which targets LGB women ages 14–18 through text-messaging. Girl2Girl lasts 10 weeks and aims to reduce risk of pregnancy. The program will perform its evaluation through a randomly assigned trial with a control group that will receive text messages focused on self-esteem and general health. The program will measure abstinence, condom and other birth control use, and pregnancy. CIPHR aims to reach 300 youth nationwide per year.³⁶

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO, \$995,321 (FY 2016)

The Regents of the University of California is the governing board of the University of California school system. With its TPPP funding, the Regents of the University of California, San Francisco (UCSF) partners with eight clinics in the Central Valley, Bay Area, and Los Angeles regions that serve female youth ages 15–19 with a higher risk of teen pregnancy. The Regents of UCSF will evaluate SpeakOut, a program designed to "facilitate positive social communication about highly effective contraceptive methods between users of these methods and their peers" in order to increase the use of long-acting, reversible contraception (LARC) and ultimately decrease unintended pregnancy rates among adolescents. The program consists of a personal coaching session, method-specific printed and online materials, and weekly method-specific text messages or Instagram posts that promote dissemination of information and sharing of experiences. SpeakOut will be evaluated using a cluster randomized controlled trial and aims to reach 435 adolescent LARC users and 1,740 of their female peers.³⁷

WESTED, \$575,729 (FY 2016)

WestEd is a nonpartisan, nonprofit research, development and service agency that "works with education and other communities throughout the United States and abroad to promote excellence, achieve equity, and improve learning for children, youth, and adults."³⁸ With its TPPP funding, WestEd partners with Select Media, Inc., and the Oregon Youth Authority to evaluate the Virtual Student Health Center (VSHC) program, which will be tailored for youthful male offenders ages 14–19 in Oregon. The program will be evaluated through a clustered randomized controlled trial to test whether VSHC affects the sexual behavior outcomes of incarcerated young men who will soon be released into the community. The program aims to serve 350 youth per year.³⁹

Tier 2C: Effectiveness of TPP programs designed specifically for young males.

- In FY 2016, there were no TPPP Tier 2C grantees in California.

PERSONAL RESPONSIBILITY EDUCATION PROGRAM

The Family and Youth Services Bureau (FYSB), within the Administration for Children and Families (ACF) division of HHS, administers the Personal Responsibility Education Program (PREP), which includes \$75 million for the state-grant program; local entities through the competitively awarded Personal Responsibility Education Innovative Strategies (PREIS) program; and the Tribal PREP, which funds tribes and tribal organizations. In addition, provisions within the PREP statute enable a competitive application process for community- and faith-based organizations within states and territories that do not directly seek PREP state grants to apply for funding. Details on the state grants, PREIS, Tribal PREP, and CPREP are included below.

PREP State-Grant Program

State-grant PREP supports evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other STDs. In FY 2016, 43 states, the District of Columbia, the Federated States of Micronesia, Guam, Puerto Rico, and the Virgin Islands received PREP state-grant funds. The grant does not require states to provide matching funds. Funded programs must discuss abstinence and contraception and place substantial emphasis on both. Programs must also address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- In FY 2016, the California Department of Public Health received \$6,369,420 in federal PREP funds.⁴⁰
- The department provides sub-grants to 22 local public and private entities. The sub-grantee information is listed below.⁴¹

Sub-grantee	Serving	Amount
Alta Med Health Services Corporation	Los Angeles County	\$400,000
California Health Collaborative	Kings County	\$125,000
Community Action Commission of Santa Barbara	Santa Barbara County	\$200,000
County of Sacramento Department of Health and Human Services	Sacramento County	\$200,000
County of Santa Cruz Health Services Agency	Santa Cruz County	\$125,000
County of Tulare Health and Human Services Agency	Tulare County	\$275,000
Delta Health Care and Management Services Corporation	San Joaquin County	\$250,000
Fresno County Economic Opportunities Commission	Fresno County	\$400,000
Kern County Superintendent of Schools	Kern County	\$400,000
Lake County Family Resource Center	Lake County	\$125,000
Madera County Public Health Department	Madera County	\$125,000
Monterey County Health Department	Monterey County	\$250,000
Orange County Bar Foundation	Orange County	\$250,000
Planned Parenthood Mar Monte	Sacramento County	\$150,000
Planned Parenthood of Northern California	Humboldt County	\$125,000
Planned Parenthood of Northern California	Shasta County	\$150,000
Planned Parenthood of Orange and San Bernardino	San Bernardino County	\$400,000

CALIFORNIA

Planned Parenthood of the Pacific Southwest	San Diego County	\$275,000
Planned Parenthood of the Pacific Southwest	Imperial County	\$175,000
Riverside Community Health Foundation	Riverside County	\$400,000
Santa Rosa Community Health Centers	Sonoma County	\$150,000
Vista Community Clinic	San Diego County	\$200,000

The Maternal, Child, and Adolescent Health Division of the California Department of Public Health implements the state's PREP grant program in collaboration with 22 local public and private entities. The programming takes place in 20 counties and serves youth between the ages of 10–19 and pregnant and parenting teens up to the age of 21. Funds are used to support local agencies in a variety of settings, including middle and high schools, alternative/continuation schools, foster care group homes, juvenile justice facilities, clinics, and other community-based settings. All grantees must address adolescent development, healthy life skills, and healthy relationships. Sub-grantees are required to implement one or more of the following evidence-based programs that have been approved for use:

- [*Be Proud! Be Responsible!*](#)
- [*¡Cuidate!*](#)
- [*Making Proud Choices!*](#)
- [*Power Through Choices*](#)
- [*Sexual Health and Adolescent Risk Prevention \(SHARP\)*](#), also known as *HIV Risk Reduction Among Detained Adolescents*⁴²

Personal Responsibility Education Innovative Strategies (PREIS)

PREIS supports research and demonstration programs to develop, replicate, refine, and test innovative models for preventing unintended teen pregnancy.

- In FY 2016, there were three PREIS grantees in California: Children's Hospital of Los Angeles (\$960,000); The Regents of the University of California, San Francisco (\$823,050); and ETR Associates (\$837,449).⁴³
- These local organizations received a total of \$2,620,499 in PREIS funds.

CHILDREN'S HOSPITAL LOS ANGELES, \$960,000 (FY 2016)

Children's Hospital Los Angeles (CHLA), a 501(c)(3) nonprofit institution that provides pediatric health care, uses *Project Legacy*, a new HIV and substance abuse prevention for young people experiencing homelessness. Through its program, CHLA will serve around 280 young people experiencing homelessness ages 15-19 annually in Los Angeles and San Diego Counties. The program will address healthy relationships, adolescent development, and educational and career success.⁴⁴ At the time of publication, more information on CHLA's use of PREIS funds was unknown.

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO, \$823,050 (FY 2016)

The Regents of the University of California, San Francisco (Regents UCSF University), through its Bixby Center program, leads research and training programs to improve reproductive and sexual health worldwide. Work produced from the Bixby Center is used to inform evidence-based reproductive and sexual health policies, treatment, and care guidelines.⁴⁵ Regents UCSF University will use the *Digital Initiative for Youth (DIY)* and *Blended 4 Teens (B4T)* curricula to serve young people ages 13-19 in Fresno County. The intervention will focus specifically on the needs of young people experiencing homelessness or unstable

CALIFORNIA

housing, young people of color, LGBTQ young people, and young Native Americans. The program will address healthy relationships, educational and career success, and healthy life skills.⁴⁶ An estimated 180 young people will be served annually.

ETR ASSOCIATES, \$837,449 (FY 2016)

ETR Associates (ETR) is a behavioral health non-profit that provides science-based, innovative solutions in the areas of health and education.⁴⁷ ETR was awarded with PREIS funds to evaluate a relationships-based program called *About Us*, an intervention that uses developmental neuroscience principles to support young people in exploring healthy romantic relationships and, if they are having sex, encouraging use of condoms and effective contraceptives. *About Us* will be used in school-based health centers located in rural and suburban counties in California.⁴⁸ The program will address healthy relationships, adolescent development, parent-child communication, and healthy life skills. ETR will serve about 403 10th grade students, primarily Hispanic, annually.⁴⁹

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of teen pregnancy prevention programs within tribes and tribal communities. Tribal PREP programs target young people ages 10–19 who are in or are aging out of foster care, young people experiencing homelessness, young people living with HIV/AIDS, young people who live in areas with high rates of adolescent births, and young people under age 21 who are pregnant and/or parenting. In FY 2016, eight tribes and tribal organizations from seven states received a total of \$3,436,621.

- In FY 2016, there were two Tribal PREP grantees in California: California Rural Indian Health Board (\$399,995) and Riverside-San Bernardino County Indian Health, Inc. (\$357,300).⁵⁰
- These local organizations received a total of \$757,295 in Tribal PREP funds.

CALIFORNIA RURAL INDIAN HEALTH BOARD, \$399,995 (FY 2016)

The California Rural Indian Health Board (CRIHB) is a network of Tribal Health Programs that is “committed to the needs and interests that elevate and promote the health status and social conditions of the Indian People of California.”⁵¹ With its Tribal PREP funds, the health board implements *American Indian/Alaska Natives (AIAN) Becoming a Responsible Teen*, a culturally specific adaptation of *Becoming a Responsible Teen (BART)*. Each of the 12 sessions of the intervention includes a key American Indian value and ends with a traditional AIAN talking circle for clarification and reflection. The intervention starts with three sessions on healthy relationships, parent-child communication, and healthy life skills and are followed by sessions that include youth driven and participation-focused activities to promote positive connections.⁵² CRIHB will serve around 150 AIAN young people ages 10-19 annually.⁵³

RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC., \$357,300 (FY 2016)

Riverside-San Bernardino County Indian Health, Inc. (RSBCIHI), a Native American healthcare organization, provides culturally sensitive healthcare and early intervention to achieve healthy lifestyles.⁵⁴ With its Tribal PREP funds, RSBCIHI will serve around 800 AIAN young people ages 11-19 annually in school-based settings. The organization will use *Native STAND*, curriculum that is a cultural adaptation of *Students Together Against Negative Decisions (STAND)*.⁵⁵ At the time of publication, more information on Riverside-San Bernardino County Indian Health, Inc.’s implementation of Tribal PREP grant funds was unknown.

CALIFORNIA

Competitive Personal Responsibility Education Program (CPREP)

CPREP grants support evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other STDs. Only organizations and institutions in states and territories that did not apply for PREP state grants in either of the first two fiscal years after the call for PREP state-grant applications were eligible to submit competitive applications for CPREP grants. In FY 2016, 21 CPREP grants, totaling \$10.3 million, were awarded to 21 organizations in Florida, Indiana, North Dakota, Texas, and Virginia, as well as in American Samoa, Guam, and the Northern Mariana Islands.

- In FY 2016, California received PREP state-grant funding; therefore, entities in California were not eligible for CPREP.

TITLE V STATE ABSTINENCE EDUCATION GRANT PROGRAM

The Title V state abstinence education grant program for abstinence-only-until-marriage (AOUM) programming, or the Title V AOUM program, is administered by FYSB, within ACF of HHS, and was funded at \$75 million in FY 2016. The Title V AOUM program requires states to provide three state-raised dollars, or the equivalent in services, for every four federal dollars received. The state match may be provided in part or in full by local groups. All programs funded by Title V AOUM must exclusively promote abstinence from sexual activity and may provide mentoring, counseling, and adult supervision toward this end. Programs must be medically accurate and age-appropriate and must encourage abstinence as an expected outcome.

- In FY 2016, California chose not to apply for Title V AOUM funds.

“SEXUAL RISK AVOIDANCE EDUCATION” GRANT PROGRAM

Administered by FYSB within ACF of HHS, the “sexual risk avoidance education” (SRAE), i.e., the AOUM grant program, provides competitive funding for programs that “teach young people to voluntarily refrain from non-marital sexual activity and prevent other youth risk behaviors.” These programs are also required by statute to “teach the benefits associated with self-regulation, success sequencing for poverty prevention, healthy relationships, goal setting, and resisting sexual coercion, dating violence, and other youth risk behaviors such as underage drinking or illicit drug use without normalizing teen sexual activity.” In FY 2016, \$10 million was appropriated for the SRAE grant program and \$8.98 million was awarded to 21 grantees in 12 states through a competitive application process.

- In FY 2016, there were no SRAE grantees in California.

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CALIFORNIA

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CALIFORNIA

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CALIFORNIA

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CALIFORNIA

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