

State Profiles **FISCAL YEAR 2017**

The complete FY 2017 State Profiles comprise individual state-specific documents along with four other accompanying documents. The Executive Summary details the current state of sexuality education across the country, highlighting trends observed over the past few decades. Additionally, it is critical to examine the information from each state within the larger context of the laws and federal funding streams across the country. Please reference the following documents to inform and contextualize broader sexuality education trends:

- [Executive Summary](#)
- [Federal Funding Overview](#) – compared to [Missouri's federal funding](#)
- [Sex/Sexuality and HIV and other STIs Education Laws by State](#) – compared to [Missouri's education laws](#)
- [Descriptions of Curricula and Programs across the United States](#)

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In Fiscal Year 2017,¹ the state of Missouri received:

- **Division of Adolescent and School Health funds totaling \$70,000**
- **Personal Responsibility Education Program funds totaling \$899,642**
- **Title V State Abstinence Education Program funds totaling \$1,236,744**

In Fiscal Year 2017, local entities in Missouri received:

- **Teen Pregnancy Prevention Program funds totaling \$1,249,997**
- **Sexual Risk Avoidance Education Grant Program funds totaling \$1,095,050**

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

Missouri schools are required by [Missouri Revised Statutes § 170.015](#) to teach health education, including human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) prevention education, beginning in elementary school.² If a school chooses to provide additional sexuality education, Missouri law mandates that all instruction must be medically and factually accurate and “present abstinence from sexual activity as the preferred choice of behavior in relation to all sexual activity for unmarried pupils.”³ In addition, instruction must “advise students that teenage sexual activity places them at a higher risk of dropping out of school because of the consequences of sexually transmitted diseases [STDs] and unplanned pregnancy.”⁴

Among other requirements, the instruction must also:

- ...
- 2) Stress that [STDs] are serious, possible, health hazards of sexual activity. Pupils shall be provided with the latest medical information regarding exposure to [HIV], [AIDS], human papillomavirus [HPV], hepatitis, and other [STDs];

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- 3) Present students with the latest medically factual information regarding both the possible side effects and health benefits of all forms of contraception, including the success and failure rates for the prevention of pregnancy and [STDs]; or shall present students with information on contraceptives and pregnancy in a manner consistent with the provisions of the federal abstinence education law, 42 U.S.C. Section 510;
- 4) Include a discussion of the possible emotional and psychological consequences of preadolescent and adolescent sexual activity and the consequences of adolescent pregnancy.⁵

The statute was amended in 2015 to include instruction on “the dangers of sexual predators, including online predators when using electronic communication methods” and “the consequences, both personal and legal, of inappropriate text messaging.”⁶

The specific content of human sexuality instruction must be determined by the school board of each school district or charter school.⁷ School districts and charter schools are prohibited from providing abortion services and allowing a person and/or entity that provides abortion services to “offer, sponsor, or furnish” course materials related to human sexuality and STDs.⁸

Prior to instruction, school districts and charter schools must make all curriculum materials available for public inspection.⁹ Parents have the right to remove their child from any part of the district’s or school’s human sexuality instruction.¹⁰ [This is referred to as an “opt-out” policy.](#)

STATE STANDARDS

Missouri provides the [Health Education Grade-Level Expectations](#) to guide schools in developing a health education curriculum. The transmission, treatment, and prevention of sexually transmitted infections (STIs) are mentioned, as are “behaviors that could enhance HIV transmission.”

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 the most recent analysis of state legislative activity, [SIECUS’ 2016 Sex Ed State Legislative Year-End Report: Top Topics and Takeaways](#).

YOUTH SEXUAL HEALTH DATA

Young people are more than their health behaviors and outcomes. For those wishing to support the sexual health and wellbeing of young people, it is important to utilize available data in a manner that tracks our progress and pushes policies forward while respecting and supporting the dignity of all young lives.

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 affect an individual’s sexual health and wellbeing. That is, the context in

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which a young person's health behavior and decision-making happens is not reflected in individual data points. Notably, one example demonstrating such inequities are the limitations as to how and what data are currently collected; please be mindful of populations who may not be included in surveys or who may be misrepresented by the data. The data categories and any associated language are taken directly from the respective surveys and are not a representation of SIECUS' positions or values. For more information regarding SIECUS' use of data, please read the FY 2017 Executive Summary, [*A Portrait of Sexuality Education in the States*](#).

MISSOURI YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA¹¹

The following sexual health behavior and outcome data represent some of the most recent information available on the health of young people who attend high schools in Missouri. Though not perfect—for instance, using broad race and ethnicity categories can often distort and aggregate the experiences of a diverse group of respondents—the YRBS is a critical resource for understanding the health behaviors of young people when used carefully and with an awareness of its limitations. Any missing data points indicate either a lack of enough respondents for a subcategory or the state's decision not to administer a question on the survey. SIECUS commends the Centers for Disease Control and Prevention (CDC) for conducting decades' worth of field studies to improve the accuracy and relevancy of the YRBS. Like the CDC, SIECUS underlines that “school and community interventions should focus not only on behaviors but also on the determinants of those behaviors.”¹²

Reported ever having had sexual intercourse

- In 2015, 35.1% of female high school students and 41.2% of male high school students in Missouri 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, 41.8% of black high school students, 40% of Hispanic high school students, and 37.1% of white high school students in Missouri reported ever having had sexual intercourse, compared to 48.5% of black 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, 2.9% of female high school students and 5.3% of male high school students in Missouri 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, 8.7% of black high school students, 8.6% of Hispanic high school students, and 2.9% of white high school students in Missouri reported having had sexual intercourse before age 13, compared to 8.3% of black high school students, 5% of Hispanic high school students, and 2.5% of white high school students nationwide.

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Reported being currently sexually active

- In 2015, 26.1% of female high school students and 29.2% of male high school students in Missouri 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, 25.9% of black high school students, 28.2% of Hispanic high school students, and 27.6% of white high school students in Missouri reported being currently sexually active, compared to 33.1% of black 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, 46.5% of female high school students and 40.2% of male high school students in Missouri 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, 36.3% of black high school students, 48.1% of Hispanic high school students, and 45.2% of white high school students in Missouri reported not using a condom during their last sexual intercourse, compared to 36.3% of black high school students, 44.4% of Hispanic high school students, and 43.2% of white high school students nationwide.

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

- In 2015, 10.5% of female high school students and 13% of male high school students in Missouri 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, 9.3% of white high school students in Missouri reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 10.4% of white high school students nationwide.

Reported having had drunk alcohol or used drugs during last sexual intercourse¹³

- In 2015, 18% of female high school students and 22.4% of male high school students in Missouri reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 16.4% of female high school students and 24.6% of male high school students nationwide.
- In 2015, 20.7% of white high school students in Missouri reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 19.3% of white high school students nationwide.

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Reported ever having been physically forced to have sexual intercourse

- In 2015, 11.9% of female high school students and 4.7% of male high school students in Missouri reported ever 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, 10.1% of black high school students, 15.9% of Hispanic high school students, 7.5% of white high school students in Missouri reported ever having been physically forced to have sexual intercourse, compared to 7.3% of black high school students, 7% of Hispanic high school students, and 6% of white high school students nationwide.

Reported experiencing physical dating violence

- In 2015, 10.2% of female high school students and 12.9% of male high school students in Missouri 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, 18.5% of black high school students and 10% of white high school students in Missouri reported experiencing physical dating violence in the prior year, compared to 10.5% of black high school students and 9% of white high school students nationwide.

Visit the CDC [Youth Online](#) database for additional information on youth risk behaviors.

MISSOURI SCHOOL HEALTH PROFILES DATA¹⁴

In 2015, the CDC released the School Health Profiles, which measures school health policies and practices and highlights which health topics were taught in schools across the country. Since the data was collected from self-administered questionnaires completed by schools' principals and lead health education teachers, the CDC notes that one limitation of the School Health Profiles is bias toward the reporting of more positive policies and practices.¹⁵ In the School Health Profiles, the CDC identifies 16 sexual education topics that it believes are critical to a young person's sexual health. Below are key instruction highlights for secondary schools in Missouri as reported for the 2013–2014 school year.

16 CRITICAL SEXUAL EDUCATION TOPICS IDENTIFIED BY THE CDC

- 1) How to create and sustain healthy and respectful relationships
- 2) Influences of family, peers, media, technology, and other factors on sexual risk behavior
- 3) Benefits of being sexually abstinent
- 4) Efficacy of condoms
- 5) Importance of using condoms consistently and correctly
- 6) Importance of using a condom at the same time as another form of contraception to prevent both STDs and pregnancy
- 7) How to obtain condoms
- 8) How to correctly use a condom
- 9) Communication and negotiation skills
- 10) Goal-setting and decision-making skills
- 11) How HIV and other STDs are transmitted
- 12) Health consequences of HIV, other STDs, and pregnancy
- 13) Influencing and supporting others to avoid or reduce sexual risk behaviors
- 14) Importance of limiting the number of sexual partners
- 15) How to access valid and reliable information, products, and services related to HIV, STDs, and pregnancy
- 16) Preventive care that is necessary to maintain reproductive and sexual health.

Source: School Health Profiles, 2014

Reported teaching all 16 critical sexual health education topics

- 12.1% of Missouri secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 6, 7, or 8.¹⁶
- 31.4% of Missouri secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12.¹⁷

Reported teaching about the benefits of being sexually abstinent

- 71.6% of Missouri secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.¹⁸
- 92.6% of Missouri secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 9, 10, 11, or 12.¹⁹

Reported teaching how to access valid and reliable information, products, and services related to HIV, other sexually transmitted diseases (STDs), and pregnancy

- 61.3% of Missouri secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 6, 7, or 8.²⁰
- 89.2% of Missouri secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 9, 10, 11, or 12.²¹

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Reported teaching how to create and sustain healthy and respectful relationships

- 68.8% of Missouri secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 6, 7, or 8.²²
- 89.6% of Missouri secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 9, 10, 11, or 12.²³

Reported teaching about preventive care that is necessary to maintain reproductive and sexual health

- 53.2% of Missouri secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 6, 7, or 8.²⁴
- 83% of Missouri secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 9, 10, 11, or 12.²⁵

Reported teaching how to correctly use a condom

- 15.3% of Missouri secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.²⁶
- 39.4% of Missouri secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.²⁷

Reported teaching about all seven contraceptives

- 34.1% of Missouri secondary schools taught students about all seven contraceptives—birth control pill, patch, ring, and shot; implants; intrauterine device; and emergency contraception—in a required course in any of grades 9, 10, 11, or 12.²⁸

Reported providing curricula or supplementary materials relevant to lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth

- 20.3% of Missouri secondary schools provided students with curricula or supplementary materials that included HIV, STD, or pregnancy prevention information relevant to LGBTQ youth.²⁹

Visit the CDC's [School Health Profiles](#) report for additional information on school health policies and practices.

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

The following data from the CDC and the Guttmacher Institute represent the most recent state-specific statistics documenting teen pregnancy, birth, abortion, HIV/AIDS, and other STDs. For those wishing to support the sexual health and wellbeing of young people, it is important to use the data to advance

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their access to comprehensive education, resources, and services. However, the data is not intended to be used in a manner that is stigmatizing or shaming: Young people have the right to make informed decisions about their health and wellbeing, but this right must be accompanied by the ability to access and understand all available choices. Therefore, the following data should be used to advance a young person's right to make informed decisions about their body and health.

Teen Pregnancy, Birth, and Abortion

- In 2013, Missouri had the 22nd highest reported teen pregnancy rate in the United States, with a rate of 43 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 43 per 1,000.³⁰ There were a total of 8,370 pregnancies among young women ages 15–19 reported in Missouri in 2013.³¹
- In 2015, Missouri had the 21st highest reported teen birth rate in the United States, with a rate of 25 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.³² There were a total of 4,838 live births to young women ages 15–19 reported in Missouri in 2015.³³
- In 2013, Missouri had the 33rd highest reported teen abortion rate³⁴ in the United States, with a rate of 7 abortions per 1,000 young women ages 15–19, compared to the national rate of 11 per 1,000.³⁵ There were a total of 1,270 abortions among young women ages 15–19 reported in Missouri in 2013.³⁶

HIV and AIDS

- In 2015, the reported rate of diagnoses of HIV infection among adolescents ages 13–19 in Missouri was 5.4 per 100,000, compared to the national rate of 5.8 per 100,000.³⁷
- In 2015, the reported rate of AIDS diagnoses among adolescents ages 13–19 in Missouri was 0.6 per 100,000, compared to the national rate of 0.7 per 100,000.³⁸
- In 2015, the reported rate of diagnoses of HIV infection among young adults ages 20–24 in Missouri was 24.2 per 100,000, compared to the national rate of 31.1 per 100,000.³⁹
- In 2015, the reported rate of AIDS diagnoses among young adults ages 20–24 in Missouri was 6.5 per 100,000, compared to the national rate of 5.6 per 100,000.⁴⁰

STDs

- In 2015, Missouri had the 16th highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 2,093.4 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 8,280 cases of chlamydia among young people ages 15–19 reported in Missouri.⁴¹

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- In 2015, Missouri had the 9th highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 493.5 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 1,952 cases of gonorrhea among young people ages 15–19 reported in Missouri.⁴²
- In 2015, Missouri had the 28th 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 3.0 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 12 cases of syphilis reported among young people ages 15–19 in Missouri.⁴³

Visit the Office of Adolescent Health’s (OAH) [Missouri Adolescent Health Facts](#) for additional information.

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

FISCAL YEAR 2017 FEDERAL FUNDING IN MISSOURI

Grantee	Award
Division of Adolescent and School Health (DASH)	
Missouri Department of Elementary & Secondary Education	\$70,000
TOTAL	\$70,000
Teen Pregnancy Prevention Program (TPPP)	
TPPP Tier 1B	
Better Family Life, Inc.	\$1,249,997
TOTAL	\$1,249,997
Personal Responsibility Education Program (PREP)	
PREP State-Grant Program	
Missouri Department of Health and Senior Services (federal grant)	\$899,642
TOTAL	\$899,642
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)	
Missouri Department of Health and Senior Services (federal grant)	\$1,236,744
TOTAL	\$1,236,744
Sexual Risk Avoidance Education Grant Program (SRAE)	
The Curators of the University of Missouri-St. Louis	\$548,104
ThriVe St Louis	\$546,946

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TOTAL	\$1,095,050
GRAND TOTAL	\$4,551,433

DIVISION OF ADOLESCENT AND SCHOOL HEALTH

The CDC's school-based HIV prevention efforts include funding and technical assistance 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 2017, through the CDC's Division of Adolescent and School Health (DASH), 18 state education agencies and 17 school districts received funding to help the 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 six national, non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- In FY 2017, there were no DASH grantees in Missouri funded to strengthen student health through ESHE, SHS, and SSE (1308 Strategy 2).

In addition, DASH funds local education agencies and NGOs to implement multiple program activities to meet the HIV- and other 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 2017, there were no DASH grantees in Missouri funded to deliver YMSM programming (1308 Strategy 4).

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 YRBS and School Health Profiles data for policy and program improvements.

- In FY 2017, there was one DASH grantee in Missouri funded to collect and report YRBS and School Health Profiles data in (1308 Strategy 1): The Missouri Department of Elementary and Secondary Education (\$70,000).

TEEN PREGNANCY PREVENTION PROGRAM (TPPP)

OAH, within the U.S. Department of Health and Human Services (HHS), administers TPPP, which funds evidence-based or innovative evidence-informed, medically accurate, and age-appropriate programs to reduce teen pregnancy. In FY 2017, total funding for TPPP was \$101 million, supporting 84 states, cities, non-profit organizations, school districts, universities, community-based organizations, and tribal organizations. These grantees were in year three of five TPPP funding tiers' five-year cooperative agreements in 33 states, the District of Columbia, and the Marshall Islands. In June 2017, however, 81 of the 84 grantees were notified, without cause or explanation, that their project periods were shortened to just three years, to end on June 30, 2018. Since the other three grantees are on a different grant cycle, they had not yet received notice on the status of their funding at the time of publication. OAH provides program

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support, implementation evaluation, and technical assistance to grantees and receives an additional \$6.8 million in funding for evaluation purposes. Below is information on the five TPPP funding tiers:

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

- In FY 2017, there were no TPPP Tier 1A grantees in Missouri.

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

- In FY 2017, there was one TPPP Tier 1B grantee in Missouri: Better Family Life, Inc. (\$1,249,997).

BETTER FAMILY LIFE (BFL), \$1,249,999 (FY 2017)

BFL is a non-profit that focuses on community development. Established in 1983 in response to “the crises within the African-American family,” BFL aims to “plan and establish social, cultural, artistic, youth, economic, housing, and educational programs that help to promote positive and innovative changes within the metropolitan St. Louis area.”⁴⁴ BFL’s programs primarily serve the unemployed, underemployed, disadvantaged, and “skill-deficient.” BFL previously received AOUM funding through the now-defunct Community-Based Abstinence Education (CBAE) grant program. Between FYs 2005 and 2007, the organization received \$2.4 million in CBAE funds. BFL was awarded an additional five-year CBAE grant in FY 2008 and received \$1.2 million from the grant before the program was eliminated in 2010. With the funds, BFL implemented *Choosing the Best*, one of the more popular AOUM curricula series.

The organization’s TPPP Tier 1B program aims to reduce teen birth rates in 28 counties within St. Louis City. BFL partners with 22 middle schools, high schools, and after-school programs to provide the BFL TPPP to young people using three evidence-based curricula: *Sisters Saving Sisters*, *Promoting Health Among Teens (PHAT)*, and *Making Proud Choices!*. The program is designed to educate young people on positive sexual health decision-making and emphasizes abstinence. BFL aims to serve 4,000 young people annually.⁴⁵

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

- In FY 2017, there were no TPPP Tier 2A grantees in Missouri.

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

- In FY 2017, there were no TPPP Tier 2B grantees in Missouri.

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

- In FY 2017, there were no TPPP Tier 2C grantees in Missouri.

PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)

The Family and Youth Services Bureau (FYSB), within the Administration for Children and Families (ACF) division of HHS, administers PREP, which was authorized for a total of \$75 million in FY 2017 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-

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and faith-based organizations within states and territories that do not directly seek PREP state grants to apply for funding through the Competitive Personal Responsibility Education Program (CPREP).

Similar to other programs highlighted in the State Profiles, the grants for the various PREP programs are awarded throughout the year, with several awarded in the final month of the fiscal year for use and implementation throughout the following year. SIECUS reports on funding amounts appropriated in FY 2017 and any programmatic activities that occurred during FY 2017, or October 1, 2016–September 30, 2017. It is important to remember, however, that reported programmatic activities for this period may have utilized FY 2016 funds. Details on the state grants, PREIS, Tribal PREP, and CPREP are included below. More information and clarification surrounding funding announcements are also included below, as well as in the FY 2017 Executive Summary, [*A Portrait of Sexuality Education in the States*](#).

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, and other STDs. In FY 2017, 44 states, the District of Columbia, the Federated States of Micronesia, Guam, Puerto Rico, the Republic of Palau, and the Virgin Islands received PREP state-grant 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 2017, the Missouri Department of Health and Senior Services received \$899,642 in federal PREP funds.⁴⁶
- At the time of publication, information as to Missouri's use of FY 2017 PREP state-grant funds was unknown. The following information reflects implementation of FY 2015 funds during FY 2016.
- The Department provides sub-grants to 15 local public and private entities. The sub-grantee information is listed below.⁴⁷

Sub-grantee	County	Amount
Alternative Opportunities	Butler, Carter, Dallas Scott, Francois, Greene, Howell, Jasper, Laclede, McDonald, Phelps, Ripley, St. Washington, and Wright counties	\$93,795
The Community Partnership	Phelps County	\$20,025
Della Lamb	Jackson County	\$80,000
Greater KC LINC	Greater KC Area (Clay, Jackson, and Patte counties)	\$28,080
Helping Ministries	Pemiscot	\$50,000
Hickory County Health Department	Hickory County	\$27,324
Kansas City CARE	Jackson County	\$66,000
Kennett School District	Dunklin and Pemiscot counties	\$42,303

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Morgan County R-1 School	Morgan County	\$25,000
Pais Youth Development Center	St. Louis City	\$66,000
Pettis County Health Center	Pettis County	\$27,907
Susanna Wesley Family Learning Center	Mississippi, Pemiscot, and Scott counties	\$66,000
Thomas Business Enterprises	St. Louis City	\$19,508
Washington County Community Partnership	Washington County	\$20,439
Washington County Health Department	Washington County	\$85,467

The Missouri Department of Health and Senior Services implements the state's PREP grant program to young people ages 12–18 in schools, local public health agencies, private entities (through bids), and foster care agencies. The grant is also used to fund an evaluator. Sub-grantees use either the [*Teen Outreach Program \(TOP\)*](#), [*Becoming a Responsible Teen \(BART\)*](#), or [*Making Proud Choices!*](#) curriculum, each of which address three of the following adulthood preparation subjects: healthy relationships, adolescent development, parent-child communication, education and career skills, and healthy life skills.⁴⁸

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, HIV, and other STDs.

- In FY 2017, there were no PREIS grantees in Missouri.

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of pregnancy-, HIV-, and other STD-prevention programs among young people 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, 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 2017, eight tribes and tribal organizations from seven states received a total of \$3,271,693.

- In FY 2017, there were no Tribal PREP grantees in Missouri.

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, and other STDs. Only organizations and institutions in states and territories that did not apply for PREP state grants are eligible to submit competitive applications for CPREP grants. In FY 2017, 21 CPREP grants, totaling \$10.2 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 2017, Missouri received PREP state-grant funding; therefore, entities in Missouri were not eligible for CPREP.
- Future Leaders Outreach Network in Texas, which received \$667,687 in CPREP funds for FY 2017, implements some programming in Kansas City, Missouri.

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TITLE V “ABSTINENCE EDUCATION” STATE GRANT PROGRAM

The Title V “abstinence education” state grant program for AOUM programming, or the Title V AOUM program, is administered by FYSB, within ACF of HHS, and was authorized at \$75 million for FY 2017. 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.⁴⁹

- In FY 2017, the Missouri Department of Health and Senior Services received \$1,236,744 in federal Title V AOUM funding.⁵⁰
- At the time of publication, information as to Missouri’s use of FY 2017 Title V AOUM funds was unknown. The following information reflects implementation of FY 2015 funds during FY 2016.
- The Department provides sub-grants to three local agencies.⁵¹
- The Missouri Broadcasters Association runs an advertisement campaign that provides the match required for the grant.

Sub-grantee	County	Amount
Lincoln University Extension Cooperative	Kansas City (Jackson County), St. Louis County, and various counties in southeast Missouri	\$430,150
Missouri State University Social Work Graduate Program	Various counties in Southwest Missouri	\$252,984
Missouri Broadcasters Association	Not reported	\$121,785

The Missouri Department of Health and Senior Services coordinates the state’s federal Title V AOUM grant. The department serves young people ages 10–19 or in grades 6–12 in both school- and community-based settings and targets African American and Hispanic youth in areas of high teen birth rates. Sub-grantees must use curricula that are medically accurate and follow the [A–H guidelines](#) per the federal grant guidance. Curricula used include [Choosing the Best](#), the community-service learning component from [Changing Scenes](#), [Making a Difference!](#), [Hablemos](#), [Within My Reach](#), and a pilot with a new curriculum adapted from [Choosing the Best](#) and [WAIT Training](#). The sub-grantee, Missouri Broadcasters Association, runs an advertisement campaign on the radio that focuses on encouraging parents and caregivers to communicate with their teens in order to promote positive youth development and healthy decision-making.⁵²

“SEXUAL RISK AVOIDANCE EDUCATION” (SRAE) GRANT PROGRAM

Administered by FYSB within ACF of HHS, the SRAE program—a rebranding of the competitive AOUM grant program—provides funding for public and private entities 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 2017, \$15 million was appropriated for the SRAE grant program, and \$13.5 million was awarded to 27 grantees in 14 states through a competitive application process.

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- In FY 2017, there were two SRAE grantees in Missouri: The Curators of the University of Missouri-St. Louis (\$548,104) and ThriVe St. Louis (\$546,946).⁵³
- These local entities received a total of \$1,095,050 in SRAE grant funding.

THE CURATORS OF THE UNIVERSITY OF MISSOURI-ST. LOUIS, \$548,104 (FY 2017)

The Curators of the University of Missouri-St. Louis' Missouri Institute of Mental Health (MIMH)

“improve[s] and transform[s] mental health outcomes through innovative research and program development, program evaluation, community outreach, and professional training.”⁵⁴ MIMH uses [Promoting Health Among Teens \(PHAT\)](#) curriculum to serve young black people ages 12-17 in school- and community-based settings across St. Louis County.⁵⁵ At the time of publication, additional information on MIMH's use of SRAE funds was unknown.

THRIVE ST. LOUIS (THRIVE), \$546,946 (FY 2017)

ThriVe provides low- and no-cost medical services, including pregnancy testing, STD testing referrals, ultrasound services, and life skills classes.⁵⁶ ThriVe uses [Promoting Health Among Teens \(PHAT\)](#) and [Law U 2](#) curricula to serve young people ages 12-14 in school-based settings.⁵⁷ At the time of publication, additional information on ThriVe's use of SRAE funds was unknown.

POINTS OF CONTACT

DASH Contact

Craig Rector

Coordinator

Missouri Department of Elementary and Secondary Education

205 Jefferson Street

Jefferson City, MO 65101

Phone: (573) 526-1594

Email: Craig.Rector@dese.mo.gov

TPPP Contact

Ms. Miranda Jones

Better Family Life, Inc.

Phone: (314) 454-0622

Email: MJones@betterfamilylife.org

PREP State-Grant Program/Title V AOUM Program Contact

Steve Cramer

Phone: (573) 522-2806

Email: steve.cramer@health.mov.gov

SRAE Program Contacts

Brendolyn Bailey-Burch
The Curators of the University of Missouri-St. Louis
1 University Boulevard
St Louis, MO 63121-4400
Phone: (314) 516-8458
Email: Brendolyn.Bailey-Burch@mimh.edu

Joy Maxwell
ThriVe St Louis
4331 Lindell Boulevard
St Louis, MO 63108-2701
Phone: (314) 991-7990 x1766
Email: jmaxwell@bestchoicestl.org

¹ This refers to the federal government’s fiscal year, which begins on October 1 and ends on September 30. The fiscal year is designated by the calendar year in which it ends; for example, FY 2017 began on October 1, 2016, and ended on September 30, 2017.

² Missouri School Improvement Program Integrated Standards and Indicators Manual: Accreditation Standards for Public School Districts in Missouri (Missouri: Missouri Department of Elementary and Secondary Education, 2001), http://dese.mo.gov/sites/default/files/MSIP_4thCycle_6-04.pdf.

³ Mo. Rev. Stat. § 170.015(1)(1), www.moga.mo.gov/statutes/C100-199/1700000015.HTM.

⁴ Ibid.

⁵ Mo. Rev. Stat. §§ 170.015(2)-(4).

⁶ Mo. Rev. Stat. § 170.015(7).

⁷ Mo. Rev. Stat. § 170.015(4).

⁸ Mo. Rev. Stat. § 170.015(8)(7).

⁹ Mo. Rev. Stat. § 170.015(8)(6).

¹⁰ Mo. Rev. Stat. § 170.015(5)(2).

¹¹ “Youth Online,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

¹² “Methodology of the Youth Risk Behavior Surveillance System – 2013,” pg. 17, Centers for Disease Control and Prevention, www.cdc.gov/mmwr/pdf/rr/rr6201.pdf.

¹³ It is critical to examine social determinants when analyzing potentially stigmatizing data. Accounting for differences in people’s lived experiences based on race, ethnicity, sexual orientation, socioeconomic status, etc., is a vital part of understanding the context in which the data exist. We encourage readers to exercise caution when using the data and warn readers against using the data in a manner that conflates correlation with causation. Please visit the FY 2017 Executive Summary, [*A Portrait of Sexuality Education in the States*](#), for more context.

¹⁴ “School Health Profiles 2014,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

¹⁵ Ibid., pg. 51.

¹⁶ Ibid., Table 9c.

¹⁷ Ibid., Table 11c.

¹⁸ Ibid., Table 9a.

¹⁹ Ibid., Table 11a.

²⁰ Ibid., Table 9a.

²¹ Ibid., Table 11a.

²² Ibid., Table 9b.

²³ Ibid., Table 11b.

²⁴ Ibid., Table 9b.

²⁵ Ibid., Table 11b.

²⁶ Ibid., Table 9c.

²⁷ Ibid., Table 11c.

²⁸ Ibid., Table 13.

²⁹ Ibid., Table 39.

³⁰ Arpaia, A., Kost, K., and Maddow-Zimet, I., *Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2017), https://www.guttmacher.org/sites/default/files/report_downloads/us-adolescent-pregnancy-trends-2013_tables.pdf, Table 2.5.

³¹ Ibid., Table 2.6.

³² “Teen Birth Rate Comparison, 2015 Among Girls Age 15-19,” The National Campaign to Prevent Teen and Unplanned Pregnancy, <https://thenationalcampaign.org/data/compare/1701>.

³³ United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007-2015, on CDC WONDER Online Database, February 2017. Accessed at <http://wonder.cdc.gov/natality-current.html>.

³⁴ “Abortion” used in this context refers to legally induced abortions. This rate does not include abortions that occur outside of health care facilities or are unreported. Unfortunately, there is no reliable source of information for actual rates of abortion.

³⁵ Arpaia, A., Kost, K., and Maddow-Zimet, I., *Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2017), https://www.guttmacher.org/sites/default/files/report_downloads/us-adolescent-pregnancy-trends-2013_tables.pdf, Table 2.5.

³⁶ Ibid., Table 2.6.

³⁷ Slide 17: “Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.

³⁸ Slide 20: “Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Adolescents Aged 13–19 Years, 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.

³⁹ Slide 18: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.

⁴⁰ Slide 21: “Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Young Adults Aged 20–24 Years, 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.

⁴¹ NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.

⁴² Ibid.

⁴³ Ibid.

⁴⁴ “About Us,” Better Family Life, Inc., www.betterfamilylife.org/profile/.

⁴⁵ “Better Family Life, Inc.,” Grantees (MO) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tp/1b/better-family-life-inc.html.

⁴⁶ “2017 State Personal Responsibility Education Program (PREP) Awards,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/2017-state-prep-awards.

⁴⁷ Information provided by Andra Jungmeyer, Adolescent Health Coordinator, Missouri Department of Health and Senior Services, May 31, 2016.

⁴⁸ Ibid.

⁴⁹ 42 U.S.C. 710, Title V, Section 510 of the Social Security Act, the authorization for the Title V AOUM grant program, defines “abstinence education” as “an educational or motivational program which:

(A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;

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- (B) teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;
- (C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
- (D) teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;
- (E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
- (F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;
- (G) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and
- (H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.”

www.ssa.gov/OP_Home/ssact/title05/0510.htm.

⁵⁰ “2017 Title V State Abstinence Education Program Grant Awards,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/2017-aegp-awards.

⁵¹ Information provided by Andra Jungmeyer, Adolescent Health Coordinator, Missouri Department of Health and Senior Services, May 31, 2016.

⁵² Ibid.

⁵³ “Sexual Risk Avoidance Education (SRAE) Grantees FY2017,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, <https://www.acf.hhs.gov/fysb/sexual-risk-avoidance-grantees-fy2017>.

⁵⁴ “About Us,” Missouri Institute of Mental Health, www.mimh.edu/about-us/.

⁵⁵ “Sexual Risk Avoidance Education Program Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, <https://www.acf.hhs.gov/fysb/resource/srae-profiles>; Information provided by Brendolyn Bailey-Burch, Senior Research Associate, The Curators of the University of Missouri-St. Louis, June 16, 2017.

⁵⁶ “Home,” Thrive St. Louis, <http://thrivestlouis.org/>.

⁵⁷ “Sexual Risk Avoidance Education Program Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, <https://www.acf.hhs.gov/fysb/resource/srae-profiles>.