

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

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

- **Division of Adolescent and School Health funds totaling \$415,000**
- **Personal Responsibility Education Program funds totaling \$1,493,165**
- **Title V State Abstinence Education Program funds totaling \$2,123,209**

In Fiscal Year 2017, local entities in Michigan received:

- **Division of Adolescent and School Health funds totaling \$50,000**
- **Tribal Personal Responsibility Education Program funds totaling \$382,154**
- **Personal Responsibility Education Innovative Strategies funds totaling \$852,022**
- **Sexual Risk Avoidance Education Program funds totaling \$2,172,500**

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

Michigan state law does not require schools to teach sexuality education; however, human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) education is required. As outlined in [Michigan Compiled Laws §§ 380.1169–.1170, 380.1506–.1507, and 388.1766–.1766a](#), schools may also offer sexuality education instruction, which can include information on family planning, family life education, and sexually transmitted disease (STD) prevention. HIV and sexuality education must present abstinence as “a responsible method of preventing unwanted or out-of-wedlock pregnancy and sexually transmitted disease[s]” and as “a positive lifestyle for unmarried young people.”² If offered, sexuality education classes must be offered as an elective—not as a graduation requirement.

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HIV/AIDS classes may be taught by health care professionals or teachers specifically trained in HIV/AIDS education, and sexuality education instruction must be provided by teachers qualified to teach health education. All instruction in reproductive health must be taught by qualified instructors and “supervised by a registered physician, a registered nurse, or other person certified by the state board as qualified.”³ Abortion “shall not be considered a method of family planning, nor shall abortion be taught as a method of reproductive health.”⁴ Further, no school official or school board member may dispense any family planning drug or device in school, nor may they make abortion referrals. Districts found in violation of this may face corrective actions, such as being forced to forfeit aid.

School boards must establish an advisory board to review all sexuality education materials and curricula. This advisory board must include parents, students, educators, clergy, and health professionals. Each school district must also appoint a sexuality education program supervisor; this person must be approved by the state. All curricula must be approved by the local school board and, if any changes are made, the local school board must hold at least two public hearings on the revisions.

Parents must receive notification of any sexuality education class and be allowed to review its content, and they may remove their children from any part of the sexuality education instruction. [This is referred to as an “opt-out” policy.](#)

STATE STANDARDS

Most Michigan public schools also follow guidelines from the [Michigan Model for Health](#), formerly the Michigan Model for Comprehensive School Health Education, which promotes nationally recognized and research-based curricula, including curricula on HIV/AIDS prevention. Michigan also provides a set of [standards for grades K–8](#) that guide health education curricula development to ensure that there are a uniform set of content expectations.

In addition, the Michigan Board of Education has adopted the [Policy to Promote Health and Prevent Disease and Pregnancy](#), which states that sexuality education programs must be age-appropriate, developmentally and culturally appropriate, medically accurate, and based on effective programming.

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.

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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 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*](#).

MICHIGAN YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA⁵

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 Michigan. 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.”⁶

Reported ever having had sexual intercourse

- In 2015, 34.7% of female high school students and 36.8% of male high school students in Michigan 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, 49.5% of lesbian, gay, or bisexual (LGB) high school students, 27.4% of high school students who were unsure of their sexual orientation, and 35% of heterosexual high school students in Michigan 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, 13% of Asian high school students, 45.1% of black high school students, 39% of Hispanic high school students, 34% of white high school students, and 39.4% of high school students who identified as multiple races in Michigan reported ever having had sexual intercourse, compared to 19.3% of Asian high school students, 48.5% of black high school students, 42.5% of Hispanic high school students, 39.9% of white high school students, and 49.2% of high school students who identified as multiple races nationwide.

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Reported having had sexual intercourse before age 13

- In 2015, 2% of female high school students and 4.2% of male high school students in Michigan 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, 3.6% of LGB high school students, 7.7% of high school students who were unsure of their sexual orientation, and 2.7% of heterosexual high school students in Michigan 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.
- In 2015, 4.2% of Asian high school students, 7.3% of black high school students, 4% of Hispanic high school students, 2.2% of white high school students, and 6.8% of high school students who identified as multiple races in Michigan reported having had sexual intercourse before age 13, compared to 0.7% of Asian high school students, 8.3% of black high school students, 5% of Hispanic high school students, 2.5% of white high school students, and 5.8% of high school students who identified as multiple races nationwide.

Reported being currently sexually active

- In 2015, 27.4% of female high school students and 23.8% of male high school students in Michigan 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, 35.6% of LGB high school students, 19.4% of high school students who were unsure of their sexual orientation, and 25% of heterosexual high school students in Michigan 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, 9.4% of Asian high school students, 31.9% of black high school students, 29.3% of Hispanic high school students, 24.7% of white high school students, and 24.9% of high school students who identified as multiple races in Michigan reported being currently sexually active, compared to 12.2% of Asian high school students, 33.1% of black high school students, 30.3% of Hispanic high school students, 30.3% of white high school students, and 35.7% of high school students who identified as multiple races nationwide.

Reported not using a condom during last sexual intercourse

- In 2015, 46.5% of female high school students and 38% of male high school students in Michigan 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.

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- In 2015, 63.4% of LGB high school students and 39.2% of heterosexual high school students in Michigan 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, 44.1% of black high school students, 52.2% of Hispanic high school students, and 40.7% of white high school students in Michigan 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, 11.5% of female high school students and 14.1% of male high school students in Michigan 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, 28% of LGB high school students and 8.4% of heterosexual high school students in Michigan reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 26.4% of LGB high school students and 12.4% of heterosexual high school students nationwide.
- In 2015, 13.9% of black high school students, 21.9% of Hispanic high school students, and 7.9% of white high school students in Michigan reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 15.9% of black high school students, 20% of Hispanic high school students, and 10.4% of white high school students nationwide.

Reported having had drunk alcohol or used drugs during last sexual intercourse⁷

- In 2015, 20.1% of female high school students and 24.8% of male high school students in Michigan 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, 14% of LGB high school students and 23.6% of heterosexual high school students in Michigan reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 22.4% of LGB high school students and 20% of heterosexual high school students nationwide.
- In 2015, 27% of black high school students, 20.4% of Hispanic high school students, and 22% of white high school students in Michigan reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 21.8% of black high school students,

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22.8% of Hispanic high school students, and 19.3% of white high school students nationwide.

Reported never having been tested for HIV

- In 2015, 88% of female high school students and 87% of male high school students in Michigan 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, 81.3% of LGB high school students, 84.8% of high school students who were unsure of their sexual orientation, and 88.4% of heterosexual high school students in Michigan 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, 87.2% of Asian high school students, 76.3% of black high school students, 84.2% of Hispanic high school students, 90.6% of white high school students, and 85.6% of high school students who identified as multiple races in Michigan reported never having been tested for HIV, compared to 90.4% of Asian high school students, 83.4% of black high school students, 88.9% of Hispanic high school students, 92% 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, 12.2% of female high school students and 4.4% of male high school students in Michigan 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, 21.7% of LGB high school students, 6.7% of high school students who were unsure of their sexual orientation, and 7.3% of heterosexual high school students in Michigan 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, 4.4% of Asian high school students, 9% of black high school students, 13.3% of Hispanic high school students, 7.2% of white high school students, and 12.9% of high school students who identified as multiple races in Michigan reported having been physically forced to have sexual intercourse, compared to 4.2% of Asian high school students, 7.3% of black high school students, 7% of Hispanic high school students, 6% of white high school students, and 12.1% of high school students who identified as multiple races nationwide.

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Reported experiencing physical dating violence

- In 2015, 9.2% of female high school students and 6.8% of male high school students in Michigan 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, 16.9% of LGB high school students, 9.2% of high school students who were unsure of their sexual orientation, and 7% of heterosexual high school students in Michigan 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, 11.2% of black high school students, 12.4% of Hispanic high school students, 6.4% of white high school students, and 7.1% of high school students who identified as multiple races in Michigan reported experiencing physical dating violence in the prior year, compared to 10.5% of black high school students, 9.7% of Hispanic high school students, 9% of white high school students, and 16% of high school students who identified as multiple races nationwide.

Reported experiencing sexual dating violence

- In 2015, 17.5% of female high school students and 5.9% of male high school students in Michigan 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, 25% of LGB high school students, 18% of high school students who were unsure of their sexual orientation, and 10.2% of heterosexual high school students in Michigan 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, 10.4% of black high school students, 12.7% of Hispanic high school students, 11.4% of white high school students, and 14.6% of high school students who identified as multiple races in Michigan reported experiencing sexual dating violence in the prior year, compared to 10% of black high school students, 10.6% of Hispanic high school students, 10.1% of white high school students, and 14.2% of high school students who identified as multiple races nationwide.

Visit the CDC [Youth Online](#) database and [Health Risks Among Sexual Minority Youth](#) report for additional information on sexual behaviors in Michigan and in the city of Detroit.

MICHIGAN SCHOOL HEALTH PROFILES DATA⁸

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

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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.⁹ 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 Michigan 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

- 17.6% of Michigan secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 6, 7, or 8.¹⁰
- 45.1% of Michigan secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12.¹¹

Reported teaching about the benefits of being sexually abstinent

- 79.2% of Michigan secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.¹²
- 93.8% of Michigan secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 9, 10, 11, or 12.¹³

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

- 68.4% of Michigan 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 8.¹⁴
- 90.5% of Michigan 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 12.¹⁵

Reported teaching how to create and sustain healthy and respectful relationships

- 72.8% of Michigan secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 6, 7, or 8.¹⁶
- 92.8% of Michigan 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 12.¹⁷

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

- 56.7% of Michigan 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 8.¹⁸
- 89.3% of Michigan 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 12.¹⁹

Reported teaching how to correctly use a condom

- 21.2% of Michigan secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.²⁰
- 53.3% of Michigan secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.²¹

Reported teaching about all seven contraceptives

- 33.5% of Michigan 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 12.²²

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

- 23.8% of Michigan secondary schools provided students with curricula or supplementary materials that included HIV, STD, or pregnancy prevention information relevant to LGBTQ youth.²³

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

MICHIGAN 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 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, Michigan had the 30th highest reported teen pregnancy rate in the United States, with a rate of 39 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 43 per 1,000.²⁴ There were a total of 13,170 pregnancies among young women ages 15–19 reported in Michigan in 2013.²⁵
- In 2015, Michigan had the 30th highest reported teen birth rate in the United States, with a rate of 19.4 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.²⁶ There were a total of 6,356 live births to young women ages 15–19 reported in Michigan in 2015.²⁷
- In 2013, Michigan had the 13th highest reported teen abortion rate²⁸ in the United States, with a rate of 10 abortions per 1,000 young women ages 15–19, compared to the national rate of 11 per 1,000.²⁹ There were a total of 3,390 abortions among young women ages 15–19 reported in Michigan in 2013.³⁰

HIV and AIDS

- In 2015, the reported rate of diagnoses of HIV infection among adolescents ages 13–19 in Michigan was 3.8 per 100,000, compared to the national rate of 5.8 per 100,000.³¹
- In 2015, the reported rate of AIDS diagnoses among adolescents ages 13–19 in Michigan was 0.6 per 100,000, compared to the national rate of 0.7 per 100,000.³²

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- In 2015, the reported rate of diagnoses of HIV infection among young adults ages 20–24 in Michigan was 25 per 100,000, compared to the national rate of 31.1 per 100,000.³³
- In 2015, the reported rate of AIDS diagnoses among young adults ages 20–24 in Michigan was 5.1 per 100,000, compared to the national rate of 5.6 per 100,000.³⁴

STDs

- In 2015, Michigan had the 17th highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 2,011.4 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 13,610 cases of chlamydia among young people ages 15–19 reported in Michigan.³⁵
- In 2015, Michigan had the 19th highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 325.7 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 2,204 cases of gonorrhea among young people ages 15–19 reported in Michigan.³⁶
- In 2015, Michigan had the 24th 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 3.8 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 26 cases of syphilis reported among young people ages 15–19 in Michigan.³⁷

Visit the Office of Adolescent Health's (OAH) [Michigan 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 MICHIGAN

Grantee	Award
Division of Adolescent and School Health (DASH)	
Michigan Department of Education	\$415,000
Detroit Public Schools Community District	\$50,000
TOTAL	\$465,000
Personal Responsibility Education Program (PREP)	
PREP State-Grant Program	
Michigan Department of Health and Human Services (federal grant)	\$1,493,165

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TOTAL	\$1,493,165
Personal Responsibility Educational Innovative Strategies (PREIS)	
Alternatives for Girls	\$852,022
TOTAL	\$852,022
Tribal Personal Responsibility Education Program	
Inter-Tribal Council of Michigan, Inc.	\$382,154
TOTAL	\$382,154
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)	
Michigan Department of Health and Human Services (federal grant)	\$2,123,209
TOTAL	\$2,123,209
Sexual Risk Avoidance Education Grant Program (SRAE)	
Teen HYPE Youth Development Program	\$547,365
Bethany Christian Services	\$547,555
Kent Intermediate School District	\$529,476
The Yunion, Inc.	\$548,104
TOTAL	\$2,172,500
GRAND TOTAL	\$7,488,050

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 was one DASH grantee in Michigan funded to strengthen student health through ESHE, SHS, and SSE in (1308 Strategy 2): The Michigan Department of Education (\$320,000).

MICHIGAN DEPARTMENT OF EDUCATION, \$320,000 (FY 2017)

With its 1308 Strategy 2 funds, the Michigan Department of Education works with state-mandated sex education advisory boards to help assist districts with curriculum selection that meet the needs of all students, including those at greatest risk for HIV and other STDs. To help schools make effective referrals, the department is refining a list of youth-friendly sexual health care service providers in communities. Additionally, to help educators assess their school climate and improve safety for all students, including

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those who identify as LGBTQ, the department provides workshops on developing safe school environments.³⁸

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 Michigan 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 were two DASH grantees in Michigan funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): The Michigan Department of Education (\$95,000) and the Detroit Public Schools Community District (\$50,000).

TEEN PREGNANCY PREVENTION PROGRAM (TPPP)

The 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 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.

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

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

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

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

- In FY 2017, there were no TPPP grantees in Michigan.

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.

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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 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 Michigan Department of Health and Human Services received \$1,493,165 in federal PREP funds.³⁹
- The Department provides sub-grants to 12 local public and private entities. The sub-grantee information is listed below.⁴⁰

Sub-grantee	Serving	Amount
Alternatives for Girls	Wayne County (Detroit)	\$100,000
Beaumont – Taylor Teen Health Center	Wayne County (Inkster, Romulus, Taylor, Wayne, and Westland)	\$100,000
Calhoun County Public Health Department	Calhoun County (Battle Creek)	\$100,000
Eaton RESA	Ingham County (Lansing)	\$100,000
Great Lakes Bay Health Centers	Saginaw County (Saginaw)	\$100,000
Henry Ford Health System	Wayne County (Detroit and Warren)	\$100,000
Jackson County Health Department	Jackson County (Jackson)	\$100,000
Planned Parenthood Mid & South Michigan	Berrien County (Benton Harbor), Washtenaw County (Ypsilanti), and Wayne County (Detroit)	\$100,000
Planned Parenthood Mid & South Michigan	Calhoun County (Battle Creek), Genesee County (Flint), Ingham	\$100,000

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	County (Lansing), Jackson County (Jackson), and Kalamazoo County (Kalamazoo)	
Planned Parenthood of West & Northern Michigan	Muskegon County (Muskegon)	\$100,000
Planned Parenthood of West & Northern Michigan	Kent County (Grand Rapids and Wyoming)	\$100,000
Teen HYPE	Wayne County (Detroit)	\$100,000

The Michigan Department of Health and Human Services implements the state PREP grant program in both school- and community-based programming to young people ages 12-19. Programming is offered through 12 local public and private entities and targets young African Americans and young people residing in high-need geographical areas. Additionally, the Department of Health and Human Services developed and aired two youth-focused public service announcements (PSAs) in FY 2012 and continues to air the PSAs each year as part of a PREP-funded statewide media program. Funded programs implement one of the following evidence-based programs: [Be Proud! Be Responsible!](#), [Michigan Model-Healthy and Responsible Relationships](#), [Reducing the Risk](#), [Safer Choices](#), or [Teen Outreach Program](#). Programs must also address the following adulthood preparation topics: adolescent development, healthy relationships, and parent-child communication.⁴¹

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 was one PREIS grantee in Michigan: Alternatives for Girls (\$852,022).⁴²

ALTERNATIVES FOR GIRLS (AFG), \$852,022 (FY 2017)

AFG, a Detroit-based 501(c)3 organization, provides critical services to homeless and high-risk girls and young women.⁴³ With its PREIS funds, AFG will serve an estimated 200 African American and Latina girls ages 14-19 annually. Using *Lead Her* as new curriculum and *Sassy Science* as control curriculum, AFG will address healthy relationships, financial literacy, healthy life skills, and educational and career success. AFG will serve the city of Detroit and Wayne County in after-school and community settings. AFG plans to strengthen its existing curricula to ensure that the materials demonstrate rigor and accuracy for the intervention it launched in September, to hire staff to reinforce the curricula and conduct more research, to recruit at schools and other sites where it may intervene, to recruit participants for the intervention, to develop the database and other tools for use during intervention, and to participate in training to increase effectiveness. AFG sub-grants its PREIS funds to Evaluation Strategies (\$319,720) and WebApp Technologies LLC (\$57,000). Evaluation strategies conducts independent rigorous evaluation, and WebApp Technologies LLC developed a mobile application for the intervention curricula.⁴⁴

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

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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 was one Tribal PREP grantee in Michigan: The Inter-Tribal Council of Michigan (\$382,154).⁴⁵

INTER-TRIBAL COUNCIL OF MICHIGAN, INC., \$382,154 (FY 2017)

The Inter-Tribal Council of Michigan, Inc., administers Tribal PREP within five tribal communities: The Bay Mills Indian Community; the Keweenaw Bay Indian Community; the Little Traverse Bay Band of Odawa; the Match-E-Be-Nash-She-Wish (Gun Lake) Band of Potawatomi Indians; and the Nowataseppi Huron Band of Potawatomi. Programming takes place in the 26 counties that make up the combined service area of the participating tribes for young American Indians, ages 10–19. Michigan’s Tribal PREP has a Project Advisory Team, consisting of the support coordinators of each tribal community, the Tribal PREP director, Healthy Start director, state PREP coordinator, tribal parents, and tribal youth. The Project Advisory Team objective is to increase and enhance the participation of young people, parents, and caregivers in an advisory role for the project. Programming consists of community-based implementation of the [*Making Proud Choices!*](#) curriculum, covering healthy relationships, parent/child communication, education completion, and employability/career success to meet the adult preparation subjects requirement.⁴⁶

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, Michigan received PREP state-grant funding; therefore, entities in Michigan were not eligible for CPREP.

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.⁴⁷

- In FY 2017, the Michigan Department of Health and Human Services received \$2,123,209 in federal Title V AOUM.⁴⁸
- At the time of publication, additional information as to match, sub-grants, and Michigan’s use of FY 2017 Title V AOUM funds was unknown. The following information reflects implementation of FY 2016 funds during FY 2017.

The Michigan Department of Health and Human Services, along with its sub-grantees, administers the Title V grant funds to provide “abstinence education” programming to young people in 47 urban and rural sites, including schools and community-based organizations. The program targets young people ages 10–15 and implements the [Sex Can Wait](#), [Choosing the Best](#), [Making a Difference!](#), [Puberty: The Wonder Years](#), [REAL Essentials](#), [Abstinence Works Best](#), [Healthy Choices](#), and [Teen Outreach Program \(TOP\)](#) curricula.⁴⁹

“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.

- In FY 2017, there were four SRAE grantees in Michigan: The Yunion, Inc. (\$548,104); Teen HYPE Youth Development Program (\$547,365); Bethany Christian Services (\$547,555); and Kent Intermediate School District (\$529,476).⁵⁰
- These local organizations in Michigan received a total of \$2,172,500 in SRAE grant funds.

THE YUNION, INC., \$548,104 (FY 2017)

The Yunion, Inc., is a 501(c)3 non-profit organization that serves young people and families in Metro Detroit, working to counter negative cultural influences by raising awareness and strengthening families through programming, education, counseling, mentoring, and parental engagement.⁵¹ The Yunion, Inc., serves middle-school aged African Americans, secondarily targeting high school students, using the [Choosing the Best](#) curriculum.⁵² At the time of publication, more information on how the Yunion, Inc., uses its SRAE funds was unknown.

TEEN HYPE YOUTH DEVELOPMENT (TEEN HYPE), \$547,365 (FY 2017)

Teen HYPE works with thousands of young people annually, focusing on personal development and community relationships.⁵³ Teen HYPE will utilize [Focus on the Future \(FOF\)](#), an intervention that uses the evidence-based model [Project AIM](#), to serve 6th and 7th grade African Americans, ages 11-13.⁵⁴ At the time of publication, more information on how Teen HYPE uses its SRAE funds was unknown.

BETHANY CHRISTIAN SERVICES (BCS), \$547,555 (FY 2017)

BCS is a global non-profit organization working to strengthen families for the well-being of children by providing services such as adoption, foster care, and pregnancy counseling.⁵⁵ BCS uses the [Teen Outreach Program \(TOP\)](#) curriculum to serve young people ages 14-19.⁵⁶ At the time of publication, more information on how BCS uses its SRAE funds was unknown.

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KENT INTERMEDIATE SCHOOL DISTRICT (KENT ISD), \$529,476 (FY 2017)

Kent ISD is an educational service agency that provides instructional and administrative services to more than 300 schools, 20 public districts, three non-public districts, and various public school academies, reaching nearly 120,000 students.⁵⁷ Kent ISD uses *[Making a Difference!](#)* to serve students in self-contained special education classrooms at the high school- and middle school-level in Kent, Ionia, and Montcalm counties.⁵⁸ At the time of publication, more information on how Kent ISD uses its SRAE funds was unknown.

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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 Michigan Code 380.1507, Section (1), [www.legislature.mi.gov/\(S\(3nkwt451srdxjydgnaa2buf\)\)/mileg.aspx?page=GetMCLDocument&objectname=mcl-380-1507](http://www.legislature.mi.gov/(S(3nkwt451srdxjydgnaa2buf))/mileg.aspx?page=GetMCLDocument&objectname=mcl-380-1507).

³ Michigan Code 380.1506, Section (1), [www.legislature.mi.gov/\(S\(5mvli4nkjlpimtiru0umq4q5\)\)/mileg.aspx?page=getobject&objectname=mcl-380-1506](http://www.legislature.mi.gov/(S(5mvli4nkjlpimtiru0umq4q5))/mileg.aspx?page=getobject&objectname=mcl-380-1506).

⁴ Michigan Code 380.1507, Section (8), [www.legislature.mi.gov/\(S\(3nkwt451srdxjydgnaa2buf\)\)/mileg.aspx?page=GetMCLDocument&objectname=mcl-380-1507](http://www.legislature.mi.gov/(S(3nkwt451srdxjydgnaa2buf))/mileg.aspx?page=GetMCLDocument&objectname=mcl-380-1507).

⁵ "Youth Online," Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

⁶ "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.

⁷ 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.

⁸ "School Health Profiles 2014," Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

⁹ Ibid., pg. 51.

¹⁰ Ibid., Table 9c.

¹¹ Ibid., Table 11c.

¹² Ibid., Table 9a.

¹³ Ibid., Table 11a.

¹⁴ Ibid., Table 9a.

¹⁵ Ibid., Table 11a.

- ¹⁶ Ibid., Table 9b.
- ¹⁷ Ibid., Table 11b.
- ¹⁸ Ibid., Table 9b.
- ¹⁹ Ibid., Table 11b.
- ²⁰ Ibid., Table 9c.
- ²¹ Ibid., Table 11c.
- ²² Ibid., Table 13.
- ²³ Ibid., Table 39.
- ²⁴ 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.
- ²⁵ Ibid., Table 2.6.
- ²⁶ “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>.
- ²⁷ 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/nativity-current.html>.
- ²⁸ “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.
- ²⁹ 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.
- ³⁰ Ibid., Table 2.6.
- ³¹ 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.
- ³² 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.
- ³³ 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.
- ³⁴ 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.
- ³⁵ NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.
- ³⁶ Ibid.
- ³⁷ Ibid.
- ³⁸ Centers for Disease Control and Prevention, Adolescent and School Health, Funded State Agencies, Atlanta, GA, www.cdc.gov/healthyyouth/partners/funded_states.htm#mi.
- ³⁹ “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.
- ⁴⁰ Information provided by Kara Anderson, Teen Pregnancy Prevention Coordinator, Michigan Department of Health and Human Services, June 16, 2017.
- ⁴¹ Ibid.
- ⁴² “Personal Responsibility Education Innovative Strategies (PREIS) Program Awards FY2017,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, <https://www.acf.hhs.gov/fysb/preis-awards-fy2017>.
- ⁴³ “About Us,” Alternatives for Girls, <https://alternativesforgirls.org/about-us/>.

⁴⁴ “Personal Responsibility Education Innovative Strategies (PREIS) 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/preis-grantee-profiles>; Information provided by Celia Thomas, Chief Operating Officer, Alternatives for Girls, June 15, 2017.

⁴⁵ “Tribal Personal Responsibility Education Program (PREP) Awards FY2017,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, <https://www.acf.hhs.gov/fysb/tribal-prep-awards-fy2017>.

⁴⁶ “Tribal Personal Responsibility Education Program (Tribal PREP) 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/tribal-prep-profiles>; Information provided by Lisa Abramson, PREP program director, Inter-Tribal Council of Michigan, Inc., December 16, 2013.

⁴⁷ 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;

(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.

⁴⁸ “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.

⁴⁹ “Title V State Abstinence Education 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/aegp-profiles>.

⁵⁰ “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>.

⁵¹ “About,” The Yunion, <https://theyunion.org/about/mission/>.

⁵² “Sexual Risk Avoidance Education Program Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, April 13, 2017.

⁵³ “About Us,” Teen HYPE, www.teenhype.org/about-us-teen-programs-detroit/.

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⁵⁵ “About Us,” Bethany Christian Services, www.bethany.org/about-us.

⁵⁶ “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>.

⁵⁷ “Welcome to Kent ISD,” Kent ISD, www.kentisd.org/.

⁵⁸ “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 Cheryl Blair, Health Education Consultant, Kent ISD, June 15, 2017.