

State Profiles **FISCAL YEAR 2016**

NEW JERSEY

In Fiscal Year 2016,¹ the state of New Jersey received:

- Division of Adolescent and School Health funds totaling \$80,000
- Personal Responsibility Education Program funds totaling \$1,423,244
- Title V State Abstinence Education Program funds totaling \$1,486,335

In Fiscal Year 2016, local entities in New Jersey received:

- Teen Pregnancy Prevention Program funds totaling \$959,500

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

New Jersey law, [§§ 18A:35-7 and -8](#), mandates at least 150 minutes of health education during each school week in grades 1-12.² In addition, high school students must acquire 3.75 credits of health education each year.³

State law also requires that all sex education programs and curricula stress abstinence.⁴ In addition, “[a]ny instruction concerning the use of contraceptives or prophylactics such as condoms shall also include information on their failure rates for preventing pregnancy, human immunodeficiency virus (HIV) [human immunodeficiency virus] and other [sexually transmitted diseases] STDs in actual use among adolescent populations and shall clearly explain the difference between risk reduction through the use of such devices and risk elimination through abstinence.”⁵

New Jersey allows parents or guardians to remove their children from any part of the health, family life, or sex education classes if it is “in conflict with his conscience, or sincerely held moral or religious beliefs.”⁶

[This is referred to as an “opt-out” policy.](#)

STATE STANDARDS

School districts must align their health education curricula with the New Jersey Department of Education’s [Core Curriculum Content Standards for Comprehensive Health and Physical Education](#), which among other instruction requirements states that “all students will learn the physical, emotional, and social aspects of human relationships and sexuality and apply these concepts to support a healthy, active lifestyle.”⁷

NEW JERSEY

In addition to the *Core Curriculum Content Standards*, the New Jersey Department of Education published the [*Comprehensive Health Education and Physical Education Curriculum Framework*](#) in 1999, which provides a “compendium of sample learning strategies [and activities], background information, and resources” to assist school districts in developing curricula that will “enable all students to meet the standards.”⁸ The *Curriculum Framework* includes detailed suggestions for teaching about HIV/acquired immunodeficiency syndrome (AIDS), STDs, and teen pregnancy prevention. The *Curriculum Framework* aligns with the *Core Curriculum Content Standards* and addresses a wide variety of topics for students in kindergarten through high school, including families, peer pressure, media stereotypes, the reproductive system, pregnancy, HIV/AIDS, abstinence, contraception, gender assumptions, sexual orientation, and marriage. The *Framework* aims to “provide students with the knowledge and skills needed to establish healthy relationships and practice safe and healthful behaviors,” including instruction on “healthy sexual development as well as the prevention of [STDs], HIV infection, and unintended pregnancy.”⁹

STATE LEGISLATIVE SESSION ACTIVITY

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

YOUTH SEXUAL HEALTH DATA

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

NEW JERSEY YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA¹⁰

Reported ever having had sexual intercourse

- In 2013, 39.8% of female high school students and 38.2% of male high school students in New Jersey reported ever having had sexual intercourse, compared to 46% of female high school students and 47.5% of male high school students nationwide.
- In 2013, 19.7% of Asian high school students, 52.1% of black high school students, 50.6% of Hispanic high school students, and 34.7% of white high school students in New Jersey reported ever having had sexual intercourse, compared to 22.6% of Asian high school students, 60.6% of black high school students, 49.2% of Hispanic high school students, and 43.7% of white high school students nationwide.

NEW JERSEY

Reported having had sexual intercourse before age 13

- In 2013, 2.2% of female high school students and 7.1% of male high school students in New Jersey reported having had sexual intercourse before age 13, compared to 3.1% of female high school students and 8.3% of male high school students nationwide.
- In 2013, 4.6% of Asian high school students, 13.3% of black high school students, 7.6% of Hispanic high school students, and 1.6% of white high school students in New Jersey reported having had sexual intercourse before age 13, compared to 3.5% of Asian high school students, 14% of black high school students, 6.4% of Hispanic high school students, and 3.3% of white high school students nationwide.

Reported being currently sexually active

- In 2013, 29.3% of female high school students and 29% of male high school students in New Jersey reported being currently sexually active, compared to 35.2% of female high school students and 32.7% of male high school students nationwide.
- In 2013, 12.7% of Asian high school students, 36.5% of black high school students, 36% of Hispanic high school students, and 27.3% of white high school students in New Jersey reported being currently sexually active, compared to 15.8% of Asian high school students, 42.1% of black high school students, 34.7% of Hispanic high school students, and 32.8% of white high school students nationwide.

Reported not using a condom during last sexual intercourse

- In 2013, 50.4% of female high school students and 31.6% of male high school students in New Jersey reported not using a condom during their last sexual intercourse, compared to 46.9% of female high school students and 34.2% of male high school students nationwide.
- In 2013, 44.5% of Hispanic high school students and 42.7% of white high school students in New Jersey reported not using a condom during their last sexual intercourse, compared to 41.7% of Hispanic high school students and 42.9% of white high school students nationwide.

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

- In 2013, 15.9% of female high school students and 11.4% of male high school students in New Jersey reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 15.7% of female high school students and 11.5% of male high school students nationwide.
- In 2013, 23% of Hispanic high school students and 7.3% of white high school students in New Jersey reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 19.7% of Hispanic high school students and 11.1% of white high school students nationwide.

NEW JERSEY

Reported never having been tested for HIV

- In 2013, 89.7% of female high school students and 92.2% of male high school students in New Jersey reported never having been tested for HIV, compared to 85.4% of female high school students and 88.8% of male high school students nationwide.
- In 2013, 94.3% of Asian high school students, 81.2% of black high school students, 86.6% of Hispanic high school students, and 94.6% of white high school students in New Jersey reported never having been tested for HIV, compared to 88.9% of Asian high school students, 80.2% of black high school students, 87.2% of Hispanic high school students, and 89.3% of white high school students nationwide.

Reported having been physically forced to have sexual intercourse

- In 2013, 11.3% of female high school students and 5.5% of male high school students in New Jersey reported having been physically forced to have sexual intercourse, compared to 10.5% of female high school students and 4.2% of male high school students nationwide.
- In 2013, 8% of Asian high school students, 15.1% of black high school students, 10.2% of Hispanic high school students, and 6% of white high school students in New Jersey reported having been physically forced to have sexual intercourse, compared to 6.8% of Asian high school students, 8.4% of black high school students, 8.7% of Hispanic high school students, and 6.1% of white high school students nationwide.

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

NEW JERSEY TEEN PREGNANCY, HIV/AIDS, AND OTHER STD DATA

Teen Pregnancy, Birth, and Abortion

- In 2011, New Jersey had the 28th highest teen pregnancy rate in the United States, with a rate of 47 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 52 per 1,000.¹¹ There were a total of 13,470 pregnancies among young women ages 15–19 reported in New Jersey in 2011.¹²
- In 2015, New Jersey had the 46th highest teen birth rate in the United States, with a rate of 12.1 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.¹³ There were a total of 3,678 live births to young women ages 15–19 reported in New Jersey in 2014, the most recent year of available data.¹⁴
- In 2011, New Jersey had the 5th highest teen abortion rate in the United States, with a rate of 22 abortions per 1,000 young women ages 15–19, compared to the national rate of 14 per 1,000.¹⁵ There were a total of 6,400 abortions among young women ages 15–19 reported in New Jersey in 2011.¹⁶

NEW JERSEY

HIV and AIDS

- In 2015, the rate of diagnoses of HIV infection among adolescents ages 13–19 in New Jersey was 5.4 per 100,000, compared to the national rate of 5.8 per 100,000.¹⁷
- In 2015, the rate of AIDS diagnoses among adolescents ages 13–19 in New Jersey was 0.2 per 100,000, compared to the national rate of 0.7 per 100,000.¹⁸
- In 2015, the rate of diagnoses of HIV infection among young adults ages 20–24 in New Jersey was 28 per 100,000, compared to the national rate of 31.1 per 100,000.¹⁹
- In 2015, the rate of AIDS diagnoses among young adults ages 20–24 in New Jersey was 6.1 per 100,000, compared to the national rate of 5.6 per 100,000.²⁰

STDs

- In 2015, New Jersey had the 48th highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 1,139 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 6,569 cases of chlamydia among young people ages 15–19 reported in New Jersey.²¹
- In 2015, New Jersey had the 31st highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 236.5 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 1,364 cases of gonorrhea among young people ages 15–19 reported in New Jersey.²²
- In 2015, New Jersey had the 26th 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 3.3 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 19 cases of syphilis reported among young people ages 15–19 in New Jersey.²³

Visit the Office of Adolescent Health's (OAH) [New Jersey Adolescent Health Facts](#) for additional information.

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

FISCAL YEAR 2016 FEDERAL FUNDING IN NEW JERSEY

Grantee	Award
Division of Adolescent and School Health (DASH)	
New Jersey Department of Education	\$80,000

NEW JERSEY

TOTAL	\$80,000
Teen Pregnancy Prevention Program (TPPP)	
TPPP Tier 2B	
Center for Supportive Schools	\$959,500
TOTAL	\$959,500
Personal Responsibility Education Program (PREP)	
PREP State-Grant Program	
New Jersey Department of Health and Senior Services (federal grant)	\$1,423,244
TOTAL	\$1,423,244
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)	
New Jersey Department of Health and Senior Services (federal grant)	\$1,486,335
TOTAL	\$1,486,335
GRAND TOTAL	
	\$3,949,079

DIVISION OF ADOLESCENT AND SCHOOL HEALTH

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

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

- In FY 2016, there were no DASH grantees in New Jersey 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/STD prevention needs of young men who have sex with men (YMSM) and to develop strategic partnerships and collaborations between schools and community-based, mental health, and social services organizations to accomplish this work.

- In FY 2016, there were no DASH grantees in New Jersey 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 Youth Risk Behavior Surveillance (YRBS) and School Health Profiles data for policy and program improvements.

NEW JERSEY

- In FY 2016, there was one DASH grantee in New Jersey funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): The New Jersey Department of Education (\$80,000).

TEEN PREGNANCY PREVENTION PROGRAM

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

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

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

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

- In FY 2016, there were no TPPP Tier 1B grantees in New Jersey.

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

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

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

- In FY 2016, there was one TPPP Tier 2B grantee in New Jersey: Center for Supportive Schools (\$959,500).

CENTER FOR SUPPORTIVE SCHOOLS, \$959,500 (FY 2016)

The Center for Supportive Schools (CSS), headquartered in Princeton, aims to provide “evidence-based, K–12 solutions that enable and inspire schools” to improve learning environments and equip students to make responsible decisions.²⁴ With its TPPP funding, CSS will evaluate the impact of Peer Group Connection on teen pregnancy rates. Peer Group Connection is a positive youth development and peer mentoring model that promotes discussion and hands-on activities in groups led by older peer leaders. The program targets economically disadvantaged and minority Latino students in communities with high birth rates. Peer Group Connection also trains school faculty to prepare upperclassmen in high schools to mentor and educate younger students. CSS aims to reach 2,000 ninth grade students from six high schools in the South Bronx area of New York, as well as six high schools in rural communities across North Carolina.²⁵

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

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

NEW JERSEY

PERSONAL RESPONSIBILITY EDUCATION PROGRAM

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

PREP State-Grant Program

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

- In FY 2016, the New Jersey Department of Health and Senior Services received \$1,423,244 in federal PREP funds.²⁶
- The agency provides sub-grants to six local public and private entities. The sub-grantee information is listed below.²⁷

Sub-grantee	Serving	Amount
Central Jersey Family Health Consortium	Central region – Mercer and Middlesex Counties	\$200,000
Hyacinth AIDS Foundation	Central Region – Mercer, Middlesex, and Union Counties	\$155,000
Kean University	Northern Region –Essex and Hudson Counties	\$171,528
Partnership for Maternal and Child Health of Northern New Jersey	Northern Region – Bergen, Essex, Hudson, and Passaic Counties	\$235,000
Planned Parenthood of Central and Greater Northern New Jersey	Northern and Central Regions – Bergen, Monmouth, and Union Counties	\$210,000
Southern New Jersey Perinatal Cooperative	Southern Region – Atlantic, Camden, and Cumberland Counties	\$215,000

NEW JERSEY

The New Jersey PREP state-grant program is implemented by the New Jersey Department of Health with the help of six local sub-grantees that serve youth ages 10-19. The sub-grantees provide both school- and community-based programming to implement evidence-based, medically accurate interventions that has proven to delay sexual activity, increase condom use for sexually active youth, and reduce births among adolescents. Programming serves African American, Hispanic, White, Asian, Native American, and Hawaiian/Pacific Islander youth in the following counties: Atlantic, Bergen, Camden, Cumberland, Essex, Hudson, Mercer, Middlesex, Monmouth, Passaic, and Union. Funding also provides education that addresses healthy relationships, adolescent development, parent-child communication, and healthy life skills. Funded programs select their curricula from the list of evidence-based program models among the HHS-approved list of teen pregnancy prevention programs and include [*Be Proud! Be Responsible!*](#), [*SiHLE \(Sisters Informing, Healing, Living and Empowering\)*](#), [*Making Proud Choices!*](#), [*Reducing the Risk*](#), and [*Teen Outreach Program \(TOP\)*](#).²⁸

CENTRAL JERSEY FAMILY HEALTH CONSORTIUM, \$200,000 (FY 2016)

The Central Jersey Family Health Consortium is a non-profit organization that aims to “improve the health of women of childbearing age, infants, and children” in Central Jersey.²⁹ The organization serves the following schools and community-based sites under the state PREP program: Carteret HS, Middlesex County Vocational and Technical School, New Brunswick HS, Grace A. Dunn MS, and Project TEACH. The Consortium implements [*Teen Outreach Program \(TOP\)*](#) and reached 220 young people in FY 2016.³⁰

HYACINTH AIDS FOUNDATION, \$155,000 (FY 2016)

Formerly known as New Jersey Women and AIDS Network, Hyacinth AIDS Foundation is dedicated to providing aid to and serving as a voice for people living with AIDS in New Jersey.³¹ The foundation serves the following schools and community-based sites under the state PREP program: Abundant Life Family Worship Church, the Barack Obama Academy for Academic & Civic Development, the Center for Great Expectations, Lincoln Garden Community Center, Middlesex County Youth Shelter, New Brunswick Teen Center, Plainfield Academy for the Arts and Advanced Studies, South Second Street Youth Center, Neighborhood House Association, Daylight/Twilight HS, Isle’s Youth Institute, Mercer County College, Trenton Central HS, Rivera Community MS, Urban Promise, Rainbow House, Shiloh Baptist Church Community Resource Center, and PEI Kids. Hyacinth implements [*SiHLE \(Sisters Informing, Healing, Living, and Empowering\)*](#) and [*Making Proud Choices!*](#) and reached 207 young people in FY 2016.³²

KEAN UNIVERSITY, \$171,528 (FY 2016)

Kean University is a public university located in Union and Hillside, New Jersey. The university serves the following schools and community-based sites under the state PREP program: Ferris HS, Snyder HS, and Marion P. Thomas Charter School. Kean University implements [*Reducing the Risk*](#) and reached 440 young people in FY 2016.³³

PARTNERSHIP FOR MATERNAL AND CHILD HEALTH OF NORTHERN NEW JERSEY, \$235,000 (FY 2016)

The Partnership for Maternal and Child Health of Northern New Jersey, under the licensure of the New Jersey Department of Health and Senior Services, coordinates education, outreach, and advocacy to provide healthcare to women, infants, and children in New Jersey.³⁴ The Partnership serves the following schools and community-based sites under the state PREP program: Abington Avenue School, the Bridge SBYS,

NEW JERSEY

OTARTY Program, Paterson Charter School for Science and Technology, Trinity UAME, Jersey City Learning Community Charter School, Barringer HS, Hawkins Street School, East Side HS, Newark Tech and John F. Kennedy HS. The Partnership implements [*Making Proud Choices!*](#) and reached 600 young people in FY 2016.³⁵

PLANNED PARENTHOOD OF CENTRAL AND GREATER NORTHERN NEW JERSEY, \$210,000 (FY 2016)

Planned Parenthood serves the following schools and community-based sites under the state PREP program: School-Based Youth Service Program at Long Branch HS, the Boys and Girls Club in Monmouth County, 21st Century Community Learning Centers at Plainfield MS, YES Program at Thomas Jefferson Academy and Elizabeth HS, and School-Based Youth Service Program at Dwight Morrow School. Planned Parenthood implements [*Reducing the Risk*](#) and [*Teen Outreach Program \(TOP\)*](#) and reached 290 young people in FY 2016.³⁶

SOUTHERN NEW JERSEY PERINATAL COOPERATIVE, \$215,000 (FY 2016)

The Southern New Jersey Perinatal Cooperative is the state-licensed Maternal and Child Health Consortium for South Jersey. The Cooperative is dedicated to improve the health of pregnant women, infants, and children.³⁷ It serves the following schools and community-based sites under the state PREP program: Atlantic HS, DCF Regional School, Youth Exposure, Pleasantville Youth Corp, Boys and Girls Club of Vineland Carl Arthur Unit, Bridgeton HS, Bridgeton Municipal Alliance, Cunningham Alternative School in Camelot, Landis MS ELS Academy, Millville Senior HS, New Jersey Youth Corps Center, Vineland HS, Vineland HS, Wallace MS, Creative Achievement Academy, Brimm Medical Arts School, School Based Youth Service Program at Camden High School, Cooper B Hatch MS, DCF Regional Cherry Hill, MetEast HS, Veterans Memorial School, the Work Group Youth Corps, Woodrow Wilson HS, and Cooper's Poynt Family School. Southern New Jersey Perinatal Cooperative implements [*Be Proud! Be Responsible!*](#) and [*Teen Outreach Program \(TOP\)*](#) and reached 105 young people in FY 2016.³⁸

Personal Responsibility Education Innovative Strategies (PREIS)

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

- In FY 2016, there were no PREIS grantees in New Jersey.

Tribal Personal Responsibility Education Program (Tribal PREP)

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

- In FY 2016, there were no Tribal PREP grantees in New Jersey.

Competitive Personal Responsibility Education Program (CPREP)

CPREP grants support evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other STDs.

NEW JERSEY

Only organizations and institutions in states and territories that did not apply for PREP state grants in either of the first two fiscal years after the call for PREP state-grant applications were eligible to submit competitive applications for CPREP grants. In FY 2016, 21 CPREP grants, totaling \$10.3 million, were awarded to 21 organizations in Florida, Indiana, North Dakota, Texas, and Virginia, as well as in American Samoa, Guam, and the Northern Mariana Islands.

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

TITLE V STATE ABSTINENCE EDUCATION GRANT PROGRAM

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

- In FY 2016, the New Jersey Department of Health, Maternal and Child Health received \$1,486,335 in federal Title V AOUM funding.³⁹
- The New Jersey Department of Health, Maternal and Child Health sub-grants to five local entities. The sub-grantee information is listed below.⁴⁰
- In New Jersey, sub-grantees contribute to the match through in-kind funds.

Sub-grantee	Serving	Amount
Central Jersey Family Health Consortium	See narrative below	\$190,000
Institute for Relationship Intelligence, Inc.	See narrative below	\$259,120
Lifeguard, Inc.	See narrative below	\$259,120
Mount Olives Church of God, Inc.	See narrative below	\$141,746
Saint Peter's University Hospital	See narrative below	\$228,900

The New Jersey Department of Health, Maternal and Child Health administers the Title V AOUM grant, along with five local sub-grantees, to provide school- and community-based programming. Programming targets young people living in the state's 30 municipalities with the highest teen birth rates.⁴¹ Currently, the following counties are served: Atlantic, Cape May, Cumberland, Essex, Hudson, Middlesex, Passaic, and Union. Sub-grantees serve an estimated 8,500 young people ages 10-14 and use the *YES You Can!*, *Relationship Intelligence*, *Choosing the Best*, *Heritage Keepers*, *Teen Outreach Program (TOP)*, and *Respect Ed* curricula.⁴²

"SEXUAL RISK AVOIDANCE EDUCATION" GRANT PROGRAM

Administered by FYSB within ACF of HHS, the "sexual risk avoidance education" (SRAE), i.e., the AOUM grant program, provides competitive funding for programs that "teach young people to voluntarily refrain from non-marital sexual activity and prevent other youth risk behaviors." These programs are also required by statute to "teach the benefits associated with self-regulation, success sequencing for poverty prevention,

NEW JERSEY

healthy relationships, goal setting, and resisting sexual coercion, dating violence, and other youth risk behaviors such as underage drinking or illicit drug use without normalizing teen sexual activity.” In FY 2016, \$10 million was appropriated for the SRAE grant program and \$8.98 million was awarded to 21 grantees in 12 states through a competitive application process.

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

POINTS OF CONTACT

DASH Contact

Laura Kale
Interim Program Manager
New Jersey Department of Education
P.O. Box 500
Trenton, NJ 08625-0500
Phone: (877) 900-6960
Email: Laura.Kale@doe.state.nj.us

TPPP Contacts

Sherry Barr
Project Director
Center for Supportive Schools
Phone: (919) 675-2630
Email: SBarr@supportiveschools.org

Eric Jenner
Evaluator
Center for Supportive Schools
Phone: (504) 865-1545
Email: EJenner@policyandresearch.com

PREP State-Grant Program

Cynthia Collins
Program Manager
Child and Adolescent Health Program
New Jersey Department of Health
P.O. Box 364
Trenton, NJ 08625-0360
Phone: (609) 292-5666
Email: Cynthia.Collins@doh.nj.gov

Title V AOUM Program Contact

NEW JERSEY

Bernadette Vissani
Program Development Specialist
Abstinence Education Program
Child and Adolescent Health
Family Health Services
NJ Department of Health
50 East State St.
Trenton, NJ 08625
Tel: 609-777-7742
Email: Bernadette.Vissani@doh.nj.gov

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 2016 began on October 1, 2015, and ended on September 30, 2016.

² N.J. Stat. Ann. §§ 18A:35-7 and -8. www.state.nj.us/education/genfo/faq/faq_hfle.htm

³ N.J. Admin. Code § 6A:8-5.1(a)(1)(vi), www.lexisnexis.com/hottopics/njcode/.

⁴ N.J. Stat. Ann. § 18A:35-4.20. http://lis.njleg.state.nj.us/cgi-bin/om_isapi.dll?clientID=131425&Depth=2&depth=2&expandheadings=on&headingswithhits=on&hitsperheading=on&infobase=statutes.nfo&record={84F1}&softpage=Doc_Frame_PG42

⁵ N.J. Stat. Ann. § 18A:35-4.21(3). http://lis.njleg.state.nj.us/cgi-bin/om_isapi.dll?clientID=131425&Depth=2&depth=2&expandheadings=on&headingswithhits=on&hitsperheading=on&infobase=statutes.nfo&record={84F3}&softpage=Doc_Frame_PG42

⁶ N.J. Stat. Ann. § 18A:35-4.7. http://lis.njleg.state.nj.us/cgi-bin/om_isapi.dll?clientID=131425&Depth=2&depth=2&expandheadings=on&headingswithhits=on&hitsperheading=on&infobase=statutes.nfo&record={84D4}&softpage=Doc_Frame_PG42

⁷ N.J. Admin. Code § 6A:8-3.1; “Standard 2.4: Human Relationships and Sexuality,” *2009 New Jersey Core Curriculum Content Standards for Comprehensive Health and Physical Education*, (Trenton, NJ: New Jersey Department of Education, 2009), www.state.nj.us/education/cccs/2014/chpe/standards.pdf.

⁸ *New Jersey Comprehensive Health Education and Physical Education Curriculum Framework* (New Jersey; New Jersey Department of Education, 1999), www.state.nj.us/education/archive/frameworks/chpe.

⁹ Ibid.

¹⁰ “High School YRBS,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

¹¹ Kost, K., and Maddow-Zimet, I., *U.S. Teenage Pregnancies, Births, and Abortions, 2011: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), www.guttmacher.org/sites/default/files/report_pdf/us-teen-pregnancy-state-trends-2011_4.pdf, Table 1.1.

¹² Ibid., Table 1.2.

¹³ “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>.

¹⁴ “Teen Births in New Jersey, Girls 15-19,” The National Campaign to Prevent Teen and Unplanned Pregnancy, https://thenationalcampaign.org/data/state/New_Jersey.

¹⁵ Kost, K., and Maddow-Zimet, I., *U.S. Teenage Pregnancies, Births, and Abortions, 2011: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), www.guttmacher.org/sites/default/files/report_pdf/us-teen-pregnancy-state-trends-2011_4.pdf, Table 1.1.

¹⁶ Ibid., Table 1.2.

¹⁷ 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.

¹⁸ 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.

¹⁹ 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.

²⁰ 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.

²¹ NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.

²² Ibid.

²³ Ibid.

²⁴ “Our Mission,” Center for Supportive Schools, www.supportiveschools.org/venture/our-mission/.

²⁵ “Center for Supportive Schools,” Grantees (NJ) – TPP Tier 2B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/2b/center-for-supportive-schools.html.

²⁶ “2016 Personal Responsibility Education Innovative Strategies (PREIS) Grant Awards,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/2016-preis-grant-awards.

²⁷ Information provided by Jennie Blakney, Coordinator, Health Projects, Child and Adolescent Health Program, Division of Family Health Services, New Jersey Department of Health, April 12, 2017.

²⁸ Ibid.

²⁹ “Who We Are,” Central Jersey Family Health Consortium, www.cjfhc.org.

³⁰ Information provided by Jennie Blakney, Coordinator, Health Projects, Child and Adolescent Health Program, Division of Family Health Services, New Jersey Department of Health, April 12, 2017.

³¹ “Our Mission,” Hyacinth AIDS Foundation, www.hyacinth.org/about-hyacinth/our-mission/.

³² Information provided by Jennie Blakney, Coordinator, Health Projects, Child and Adolescent Health Program, Division of Family Health Services, New Jersey Department of Health, April 12, 2017.

³³ Ibid.

³⁴ “About Us,” Partnership for Maternal and Child Health of Northern New Jersey, www.partnershipmch.org/about-us/.

³⁵ Information provided by Jennie Blakney, Coordinator, Health Projects, Child and Adolescent Health Program, Division of Family Health Services, New Jersey Department of Health, April 12, 2017.

³⁶ Ibid.

³⁷ “Home Page,” Southern New Jersey Perinatal Cooperative, www.snjpc.org.

³⁸ Information provided by Jennie Blakney, Coordinator, Health Projects, Child and Adolescent Health Program, Division of Family Health Services, New Jersey Department of Health, April 12, 2017.

³⁹ “2016 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/2016-title-v-grant-awards.

⁴⁰ Information provided by Bernadette Vissani, Program Development Specialist, Abstinence Education Program, Child and Adolescent Health Program, Division of Family Health Services, New Jersey Department of Health, May 9, 2017.

⁴¹ “Key Information about New Jersey,” The National Campaign to Prevent Teen and Unplanned Pregnancy, https://thenationalcampaign.org/sites/default/files/resource-supporting-download/nj_summary_for_hill.pdf.

⁴² “Title V State Abstinence Education Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, April 12, 2017; Information provided by Bernadette Vissani, Program Development Specialist, Abstinence Education Program, Child and Adolescent Health Program, Division of Family Health Services, New Jersey Department of Health, May 9, 2017.