

State Profiles **FISCAL YEAR 2016**

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

- **Division of Adolescent and School Health funds totaling \$399,567**
- **Title V State Abstinence Education Program funds totaling \$2,769,115**
- **Teen Pregnancy Prevention Program funds totaling \$2,000,000**
- **Personal Responsibility Education Program funds totaling \$2,119,733**

In Fiscal Year 2016, local entities in Illinois received:

- **Division of Adolescent and School Health funds totaling \$381,250**
- **Teen Pregnancy Prevention Program funds totaling \$1,000,000**

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

The [Illinois Critical Health Problems and Comprehensive Health Education Act](#) states that the following topics must be addressed in all elementary and secondary schools:

[H]uman ecology and health, human growth and development; the emotional, psychological, physiological, hygienic, and social responsibilities of family life, including sexual abstinence until marriage; [and] the prevention and control of disease, including instruction in grades 6 through 12 on the prevention, transmission, and spread of [acquired immunodeficiency syndrome] AIDS.²

As of 2013, schools that teach sex education are no longer required to emphasize that “abstinence is the expected norm” and are instead expected to teach both abstinence and contraception.³ All courses that discuss sexual intercourse are to address “the hazards of sexual intercourse . . . [and] the latest medical information citing the failure and success rates of condoms,” and include “explanations of when it is unlawful for males to have sexual relations with females under the age of 18.”⁴ Course material must also include information regarding responsible parenting.

Illinois law also provides guidelines for family life education courses. These courses are “designed to promote wholesome and comprehensive understanding of the emotional, psychological, physiological, hygienic, and social responsibility aspects of family life,” and therefore, according to the law, “will include teaching alternatives to abortion, appropriate to the various grade levels.”⁵

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The Illinois Superintendent of Education must prepare the course of instruction for family life education, make it available to school districts, and “develop a procedure for evaluating and measuring the effectiveness of the family life courses of instruction in each local school district, including the setting of reasonable goals for reduced sexual activity, sexually transmitted diseases (STDs) and premarital pregnancy.”⁶

Parents or guardians may remove their children from any or all sexuality education, family life programs, and/or STD/human immunodeficiency virus (HIV) prevention programs. [This is referred to as an “opt-out” policy.](#)

STATE STANDARDS

The Illinois Learning Standards for Physical Development and Health was updated in 2014 but does not provide curriculum guidance for sex education, and only briefly mentions that students should be able to “explain the basic functions of the reproductive system” by grade eight.⁷

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 Illinois. 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.

ILLINOIS YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA⁸

Reported ever having had sexual intercourse

- In 2015, 35.8% of female high school students and 41.6% of male high school students in Illinois 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, 61.7% of lesbian, gay, or bisexual (LGB) high school students, 28.6% of high school students who were unsure of their sexual orientation, and 37.1% of heterosexual high school students in Illinois 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, 8.8% of Asian high school students, 52.5% of black high school students, 42.6% of Hispanic high school students, and 35.7% of white high school students in Illinois reported ever

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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, and 39.9% of white high school students nationwide.

Reported having had sexual intercourse before age 13

- In 2015, 1.4% of female high school students and 5.2% of male high school students in Illinois 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, 6.3% of LGB high school students, 13.7% of high school students who were unsure of their sexual orientation, and 2.4% of heterosexual high school students in Illinois 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, 0% of Asian high school students, 8.1% of black high school students, 4.2% of Hispanic high school students, 1.4% of white high school students, and 5.4% of high school students who identified as multiple races in Illinois 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, 28.7% of female high school students and 30.6% of male high school students in Illinois 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, 44.2% of LGB high school students, 25.6% of high school students who were unsure of their sexual orientation, and 28.5% of heterosexual high school students in Illinois 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, 6.2% of Asian high school students, 36.1% of black high school students, 32.4% of Hispanic high school students, 28.3% of white high school students, and 27.3% of high school students who identified as multiple races in Illinois 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, 42.1% of female high school students and 45.3% of male high school students in Illinois 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, 66.7% of LGB high school students and 40.8% of heterosexual high school students in Illinois 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, 36.7% of black high school students, 50% of Hispanic high school students, and 43.3% of white high school students in Illinois 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, 11.8% of female high school students and 17.2% of male high school students in Illinois 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, 40.7% of LGB high school students and 10.5% of heterosexual high school students in Illinois 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, 16.1% of black high school students, 23.1% of Hispanic high school students, and 9.5% of white high school students in Illinois 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 never having been tested for HIV

- In 2015, 86.4% of female high school students and 83.4% of male high school students in Illinois 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, 73.4% of LGB high school students, 76.6% of high school students who were unsure of their sexual orientation, and 86.6% of heterosexual high school students in Illinois 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, 88.7% of Asian high school students, 74.5% of black high school students, 80.5% of Hispanic high school students, 89.4% of white high school students, and 85.3% of high school students who identified as multiple races in Illinois 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.

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Reported having been physically forced to have sexual intercourse

- In 2015, 11.5% of female high school students and 6.4% of male high school students in Illinois 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, 18.9% of LGB high school students, 19.8% of high school students who were unsure of their sexual orientation, and 7.1% of heterosexual high school students in Illinois 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, 9.9% of Asian high school students, 12% of black high school students, 10.2% of Hispanic high school students, 6.9% of white high school students, and 6.2% of high school students who identified as multiple races in Illinois 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.

Reported experiencing physical dating violence

- In 2015, 12.7% of female high school students and 9.7% of male high school students in Illinois 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, 25.7% of LGB high school students, 32.2% of high school students who were unsure of their sexual orientation, and 8.3% of heterosexual high school students in Illinois 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, 13.1% of black high school students, 12.7% of Hispanic high school students, and 9.5% of white high school students in Illinois 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, and 9% of white high school students nationwide.

Reported experiencing sexual dating violence

- In 2015, 15% of female high school students and 6.9% of male high school students in Illinois 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, 20.6% of LGB high school students, 39.3% of high school students who were unsure of their sexual orientation, and 8.8% of heterosexual high school students in Illinois 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.

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- In 2015, 9.7% of black high school students, 10.4% of Hispanic high school students and 10.7% of white high school students in Illinois reported experiencing sexual dating violence in the prior year, compared to 10% of black high school students, 10.6% of Hispanic high school students, and 10.1% of white high school students nationwide.

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

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

Teen Pregnancy, Birth, and Abortion

- In 2011, Illinois had the 24th highest teen pregnancy rate in the United States, with a rate of 51 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 52 per 1,000.⁹ There were a total of 22,660 pregnancies among young women ages 15–19 reported in Illinois in 2011.¹⁰
- In 2015, Illinois had the 27th highest teen birth rate in the United States, with a rate of 21.1 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.¹¹ There were a total of 9,591 live births to young women ages 15–19 reported in Illinois in 2014, the most recent year of available data.¹²
- In 2011, Illinois had the 11th highest teen abortion rate in the United States, with a rate of 14 abortions per 1,000 young women ages 15–19, compared to the national rate of 14 per 1,000.¹³ There were a total of 6,390 abortions among young women ages 15–19 reported in Illinois in 2011.¹⁴

HIV and AIDS

- In 2015, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Illinois was 6.7 per 100,000, compared to the national rate of 5.8 per 100,000.¹⁵
- In 2015, the rate of AIDS diagnoses among adolescents ages 13–19 in Illinois was 0.3 per 100,000, compared to the national rate of 0.7 per 100,000.¹⁶
- In 2015, the rate of diagnoses of HIV infection among young adults ages 20–24 in Illinois was 37.6 per 100,000, compared to the national rate of 31.1 per 100,000.¹⁷
- In 2015, the rate of AIDS diagnoses among young adults ages 20–24 in Illinois was 6.2 per 100,000, compared to the national rate of 5.6 per 100,000.¹⁸

STDs

- In 2015, Illinois had the 12th highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 2,235.1 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 19,260 cases of chlamydia among young people ages 15–19 reported in Illinois.¹⁹
- In 2015, Illinois had the 11th highest rate of reported cases of gonorrhea among young people ages

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15–19 in the United States, with an infection rate of 465.7 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 4,013 cases of gonorrhea among young people ages 15–19 reported in Illinois.²⁰

- In 2015, Illinois had the 17th 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 5.6 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 48 cases of syphilis reported among young people ages 15–19 in Illinois.²¹

Visit the Office of Adolescent Health’s (OAH) [Illinois 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 ILLINOIS

Grantee	Award
Division of Adolescent and School Health (DASH)	
Illinois State Board of Education	\$399,567
Chicago Public Schools	\$381,250
TOTAL	\$780,817
Teen Pregnancy Prevention Program (TPPP)	
TPPP Tier 1B	
Illinois Department of Human Services	\$2,000,000
TOTAL	\$2,000,000
TPPP Tier 2B	
Chicago Public Schools	\$1,000,000
TOTAL	\$1,000,000
Personal Responsibility Education Program (PREP)	
PREP State-Grant Program	
Illinois Department of Human Services (federal grant)	\$2,119,733
TOTAL	\$2,119,733
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)	
Illinois Department of Human Services (federal grant)	\$2,769,115
TOTAL	\$2,769,115
GRAND TOTAL	\$8,669,665

DIVISION OF ADOLESCENT AND SCHOOL HEALTH

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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 two DASH grantees in Illinois funded to strengthen student health through ESHE, SHS, and SSE in (1308 Strategy 2): The Illinois State Board of Education (\$319,567) and Chicago Public Schools (\$320,000).

ILLINOIS STATE BOARD OF EDUCATION, \$319,567 (FY 2016)

With its 1308 Strategy 2 funds, the Illinois State Board of Education works with its School Health Advisory Council and HIV Materials Review Panel to select sexual health education curriculum and train Illinois districts on these resources. The state board aims to create safe and supportive environments in which students, staff, and the community feel supported and respected. To garner statewide support and adoption of ESHE, the state board provides curriculum trainings and professional development support to the state and to selected priority districts. Additionally, the state board promotes school health services for alternative school youth to assist them in accessing needed health services and reduce stigma about receiving health care.²²

CHICAGO PUBLIC SCHOOLS, \$320,000 (FY 2016)

With its 1308 Strategy 2 funds, Chicago Public Schools trains sexual health education instructors to teach age-appropriate, medically accurate, and unbiased curricula and provides instructor training support and parent resources, tools, and information sessions. To ensure its students have access to sexual health services, the school district partners with multiple organizations, school-based health centers, and mobile providers. The school district also works with the health department to provide STD-related resources and develop a youth-friendly list of health services providers. Additionally, the school district promotes a safe and supportive environment for all students through school-based Youth Wellness Teams and participates in the "OUT for Safe Schools" campaign to help staff create a welcoming environment.²³

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 Illinois 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.

- In FY 2016, there were two DASH grantees in Illinois funded to collect and report YRBS and

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School Health Profiles data (1308 Strategy 1): The Illinois State Department of Education (\$80,000) and Chicago Public Schools (\$61,250).

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 Illinois.

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

- In FY 2016, there was one TPPP Tier 1B grantee in Illinois: The Illinois Department of Human Services (\$2,000,000).

ILLINOIS DEPARTMENT OF HUMAN SERVICES, \$2,000,000 (FY 2016)

The Illinois Department of Human Services (IDHS) coordinates the TPPP Tier 1B grant in 10 communities outside of Chicago. IDHS will implement evidence-based programming in both school- and community-based settings. The curricula utilized include [Love Notes](#), [Be Proud! Be Responsible!](#), [Making a Difference!](#), [Draw the Line/Respect the Line](#), and *Positive Prevention PLUS*. IDHS aims to serve at least 16,400 young people per year and provide support to multi-sector coalitions, youth leadership councils, youth-friendly health care services, and strategic communication activities.²⁴

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 Illinois.

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

- In FY 2016, there was one TPPP Tier 2B grantee in Illinois: City of Chicago Department of Public Health (\$1,000,000).

CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH, \$1,000,000 (FY 2016)

The Chicago Department of Public Health (CDPH) is responsible for coordinating the TPPP Tier 1B grant in the city of Chicago. CDPH will evaluate a school-based sexual education program that includes screening for STDs for its effect on student sexual health outcomes. The program, which has been in place in Chicago Public Schools since 2009, aims to “promote sexual health equity and reduce sexual health disparities among Chicago teens.”²⁵ The program has educated 40,000 students and tested more than 24,000 students for STDs in 50 schools and is looking to expand by including family planning information and linkages to

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health care services.²⁶

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

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

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 Illinois Department of Human Services received \$2,119,733 in federal PREP funds.²⁷
- There were 15 sub-grantees for the Illinois PREP state-grant program. The sub-grantee information is listed below.²⁸

Sub-grantee	Serving	Amount
Aunt Martha's Youth Service Center	Chicago Heights SD 170, Bloom Trail HSD 206, and Thornton Fractional TWP HSD 215	\$217,556
Bremen Youth Services	Country Club Hills SD 160, Posen-Robbins ESD143-5, and Prairie-Hills ESD 144	\$76,733
Champaign-Urbana Public Health District	Champaign CUSD 4, Ludlow CCSD 142, and Rantoul City SD 137	\$123,059
Chestnut Health Systems	Brooklyn UD 188, Cahokia CUSD 187, Madison CUSD 12, and Venice CUSD 3	\$74,078
Corazon Community Services	Berwyn South SD 100 and J S Morton HSD 201	\$96,750
Danville Housing Authority	Danville CCSD 118	\$131,996
Future Foundation	CHSD 218	\$85,985
Hoyleton Youth	Private schools/agencies	\$100,016

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Lake County Health Department	North Chicago SD 187, Round Lake CUSD 116, Waukegan CUSD 60, and Zion ESD 6	\$133,500
Macon County Health Department	Decatur SD 61	\$255,541
Martin Luther King Jr.	Rock Island SD 41	\$76,950
Pioneer Center	Harvard CUSD 50	\$77,500
Prevention Partnership	Rich TWP HSD 227	\$182,580
Southern Seven Health Department	Cairo USD 1, Century CUSD 100, Egyptian CUSD 5, and Meridian CUSD 101	\$89,275
Youth Outreach Services	Bellwood SD 88, City of Chicago SD 299, and Proviso TWP HSD 209	\$300,375

The Illinois PREP state-grant program is administered by the Department of Human Services, and funds are sub-granted to provide mostly school-based programming, with additional community-based programming, targeting young people ages 11–18 living in geographical areas with high African American, Hispanic, and/or multi-racial youth populations, including Alexander, Cook, Champaign, Lake, Macon, Pulaski, and Vermillion Counties. Sub-grantees will address the following adulthood preparation subjects: adolescent development, healthy relationships, healthy life skills, financial literacy, and educational and career success. Sub-grantees must choose to implement one of the following evidence-based curricula approved by the Illinois Department of Human Services: [*Becoming a Responsible Teen \(BART\)*](#), [*Be Proud! Be Responsible!*](#), [*¡Cuidate!*](#), [*Draw the Line/Respect the Line*](#), [*Making a Difference!*](#), [*All4You!*](#), and [*Making Proud Choices!*](#).²⁹

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 Illinois.

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 Illinois.

Competitive Personal Responsibility Education Program (CPREP)

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

- In FY 2016, Illinois received PREP state-grant funding; therefore, entities in Illinois 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 Illinois Department of Human Services received \$2,769,115 in Title V AOUM funds.³⁰
- At the time of publication, no more information on sub-grantees and use of Title V AOUM funds in Illinois was available.

“SEXUAL RISK AVOIDANCE EDUCATION” GRANT PROGRAM

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

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

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

² Illinois Code 105 ILCS 110/3, www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1015&ChapterID=17.

³ Illinois Code 105 ILCS 5/27-9.1, www.ilga.gov/legislation/ilcs/fulltext.asp?DocName=010500050K27-9.1.

⁴ 105 Ill. Comp. Stat. §§ 5/27-9.1(c)(5) and (7).

⁵ 105 Ill. Comp. Stat. § 5/27-9.2, www.ilga.gov/legislation/ilcs/fulltext.asp?DocName=010500050K27-9.2.

⁶ Ibid.

⁷ *Physical Development & Health Performance Descriptors: K-12* (Illinois State Board of Education, 2014), www.isbe.net/ils/pdh/pdf/perf-descriptors-goals19-24.pdf.

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

⁹ 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.

¹⁰ Ibid., Table 1.2.

¹¹ “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>.

¹² “Teen Births in Illinois, Girls 15-19,” The National Campaign to Prevent Teen and Unplanned Pregnancy, <https://thenationalcampaign.org/data/state/illinois>.

¹³ 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.

¹⁴ Ibid., Table 1.2.

¹⁵ 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.

¹⁶ 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.

¹⁷ 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.

¹⁸ 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.

¹⁹ NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.

²⁰ Ibid.

²¹ Ibid.

²² Centers for Disease Control and Prevention, Adolescent and School Health, Funded State Agencies, Atlanta, GA, www.cdc.gov/healthyyouth/partners/funded_states.htm#il.

²³ Centers for Disease Control and Prevention, Adolescent and School Health, Funded Local Agencies, Atlanta, GA, www.cdc.gov/healthyyouth/partners/funded_locals.htm#chicago.

²⁴ “Illinois Department of Human Services,” Grantees (IL) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/1b/illinois-department-of-human-services.html.

²⁵ “City of Chicago Department of Public Health,” Grantees (IL) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/2b/city-of-chicago-department-of-public-health.html.

²⁶ Ibid.

²⁷ “2016 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/2016-state-prep-awards.

²⁸ Information provided by Emily Chasco, Research Program Specialist, Center for Prevention Research and Development, May 13, 2016.

²⁹ Ibid; “Personal Responsibility Education Program Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, April 26, 2017.

³⁰ “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.