

In Fiscal Year 2016, the state of Michigan received:

- Division of Adolescent and School Health funds totaling \$415,000
- Personal Responsibility Education Program funds totaling \$1,633,922
- Title V State Abstinence Education Program funds totaling \$2,358,903

In Fiscal Year 2016, local entities in Michigan received:

- Division of Adolescent and School Health funds totaling \$50,000
- Tribal Personal Responsibility Education Program funds totaling \$399,999
- Personal Responsibility Education Innovative Strategies funds totaling \$975,000
- Sexual Risk Avoidance Education Program funds totaling \$1,752,016

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." If offered, sexuality education classes must be offered as an elective, not a graduation requirement.

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." Abortion "shall not be considered a method of family planning, nor shall abortion be taught as a method of reproductive health." 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 <u>Policy to Promote Health and Prevent Disease and Pregnancy</u>, 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 <u>SIECUS'</u> 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 Michigan. 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.

MICHIGAN YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA⁵

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.

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.
- 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 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.

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 Centers for Disease Control and Prevention's (CDC) <u>Youth Online</u> database and <u>Health Risks</u> <u>Among Sexual Minority Youth</u> report for additional information on sexual behaviors in Michigan and in the city of Detroit.

MICHIGAN TEEN PREGNANCY, HIV/AIDS, AND OTHER STD DATA Teen Pregnancy, Birth, and Abortion

- In 2011, Michigan 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 1,000.6 There were a total of 16,500 pregnancies among young women ages 15–19 reported in Michigan in 2011.7
- In 2015, Michigan had the 30th highest 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 1,000.8 There were a total of 6,967 live births to young women ages 15–19 reported in Michigan in 2014, the most recent year of available data.9
- In 2011, Michigan had the 14th highest teen abortion rate in the United States, with a rate of 13 abortions per 1,000 young women ages 15–19, compared to the national rate of 14 per 1,000.¹⁰ There were a total of 4,470 abortions among young women ages 15–19 reported in Michigan in 2011.¹¹

HIV and AIDS

- In 2015, the 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. 12
- In 2015, the 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 100,000.¹³

- In 2015, the 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 100,000.¹⁴
- In 2015, the 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. 15

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.¹⁶
- 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.¹⁷
- 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.¹⁸

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 PROGRAMS

FISCAL YEAR 2016 FEDERAL FUNDING IN MICHIGAN

Grantee	Award
Division of Adolescent and School Health (DASH)	
Michigan Department of Education	\$415,000
School District of the City of Detroit	\$50,000
TOTAL	\$465,000
Personal Responsibility Education Program (PREP)	
PREP State-Grant Program	
Michigan Department of Health and Human Services (federal grant)	\$1,633,922
TOTAL	\$1,633,922
Personal Responsibility Educational Innovative Strategies (PRE	IS)

Alternatives for Girls	\$975,000	
TOTAL	\$975,000	
Tribal Personal Responsibility Education Program		
Inter-Tribal Council of Michigan, Inc.	\$399,999	
TOTAL	\$399,999	
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)		
Michigan Department of Health and Human Services (federal grant)	\$2,358,903	
TOTAL	\$2,358,903	
Sexual Risk Avoidance Education Grant Program (SRAE)		
Teen HYPE Youth Development Program	\$441,423	
The Yunion, Inc.	\$442,019	
Bethany Christian Services	\$441,577	
Kent Intermediate School District	\$426,997	
TOTAL	\$1,752,016	
GRAND TOTAL	\$7,584,840	

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 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 2016)

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 those who identify as LGB, transgender, or questioning (LGBTQ), the department provides workshops on developing safe school environments.¹⁹

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 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 Youth Risk Behavior Surveillance (YRBS) and School Health Profiles data for policy and program improvements.

• In FY 2016, 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 School District of the City of Detroit (\$50,000).

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:

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

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

<u>Tier 2A</u>: 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.

<u>Tier 2C</u>: Effectiveness of TPP programs designed specifically for young males.

• In FY 2016, there were no TPPP grantees in Michigan.

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 Michigan Department of Health and Human Services received \$1,633,922 in federal PREP funds.²⁰
- The agency provides sub-grants to 12 local public and private entities. The sub-grantee information is listed below.²¹

Sub-grantee	Serving	Amount
Alternatives for Girls	Wayne County (Detroit)	\$100,000
Beaumont – Taylor Teen Health Center	Wayne County (Inkster, Romulus,	\$100,000
	Taylor, Wayne, and Westland)	
Calhoun County Public Health Department	Calhoun County (Battle Creek)	\$100,000
		(\$75,000 PREP
		and \$25,000
		State)
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	\$100,000
	Warren)	
Jackson County Health Department	Jackson County (Jackson)	\$100,000
		(\$75,000 PREP
		and \$25,000
		State)
Planned Parenthood Mid & South Michigan	Berrien County (Benton Harbor),	\$100,000
	Washtenaw County (Ypsilanti),	
	and Wayne County (Detroit)	
Planned Parenthood Mid & South Michigan	Calhoun County (Battle Creek),	\$100,000
	Genesee County (Flint), Ingham	
	County (Lansing), Jackson County	
	(Jackson), and Kalamazoo County	
	(Kalamazoo)	
Planned Parenthood of West & Northern	Muskegon County (Muskegon)	\$100,000
Michigan		
Planned Parenthood of West & Northern	Kent County (Grand Rapids and	\$100,000
Michigan	Wyoming)	
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 youth 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 must implement one of the following evidence-based programs: Be Proud! Be Responsible!, Michigan Model-Healthy and Responsible Relationships, Reducing the Risk, Safer Choices, and Teen Outreach Program. Programs must also address the following adulthood preparation topics: adolescent development, healthy relationships, and parent-child communication.²²

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 was one PREIS grantee in Michigan: Alternatives for Girls (\$975,000).²³

ALTERNATIVES FOR GIRLS, \$975,000 (FY 2016)

Alternatives for Girls (AFG), a Detroit-based 501(c)3 organization, provides critical services to homeless and high-risk girls and young women.²⁴ With its PREIS funds, AFG will serve an estimated 200 young 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 Detroit in after-school and community settings.²⁵

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 was one Tribal PREP grantee in Michigan: The Inter-Tribal Council of Michigan (\$399,999).²⁶

INTER-TRIBAL COUNCIL OF MICHIGAN, INC., \$399,999 (FY 2016)

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 15 counties that make up the combined service area of the participating tribes for American Indian adolescents, ages 11–18. 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 youth, parents, and caregivers in an advisory role for the project. Programming consists of community-based implementation of the <u>Making Proud Choices!</u>, covering healthy relationships, parent/child communication, education completion, and

employability/career success to meet the adult preparation subjects requirement.²⁷

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, Michigan received PREP state-grant funding; therefore, entities in Michigan 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 Michigan Department of Health and Human Services received \$2,358,903 in federal Title V AOUM.²⁸
- The department sub-grants to local public and private entities.²⁹ At the time of publication, more information on Michigan's match, sub-grantees, and approved curricula was unknown.

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 select counties. The Michigan Abstinence Program targets young people ages 12–18 (and up to age 21) to decrease risky sexual behaviors by promoting abstinence.³⁰ The department also uses a portion of the funds to support a statewide media campaign.³¹ Michigan sub-grantees will use <u>Sex Can Wait</u>, <u>Choosing the Best</u>, <u>Making a Difference!</u>, <u>Puberty: The Wonder Years</u>, <u>REAL Essentials</u>, <u>Abstinence Works Best</u>, <u>Healthy Choices</u>, and <u>Teen Outreach Program (TOP)</u> curricula.³²

"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 four SRAE grantees in Michigan: Teen HYPE Youth Development Program (\$441,423); The Yunion, Inc. (\$442,019); Bethany Christian Services (\$441,577); and Kent Intermediate School District (\$426,997).³³
- These local organizations in Michigan received a total of \$1,752,016 in SRAE grant funds.

TEEN HYPE YOUTH DEVELOPMENT, \$441,423 (FY 2016)

Teen HYPE Youth Development (Teen HYPE) works with thousands of young people annually, focusing on personal development and community relationships.³⁴ 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 11-13.³⁵ At the time of publication, more information on how Teen HYPE uses it SRAE funds was unknown.

The Yunion, Inc., \$442,019 (FY 2016)

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.³⁶ The Yunion, Inc., serves middle-school aged African Americans, secondarily targeting high school students, using the *Choosing the Best* curriculum.³⁷ At the time of publication, more information on how the Yunion, Inc., uses its SRAE funds was unknown.

BETHANY CHRISTIAN SERVICES, \$441,577 (FY 2016)

Bethany Christian Services (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.³⁸ BCS uses the <u>Teen Outreach Program (TOP)</u> curriculum to serve young people ages 14-19.³⁹ At the time of publication, more information on how BCS uses its SRAE funds was unknown.

KENT INTERMEDIATE SCHOOL DISTRICT, \$426,997 (FY 2016)

The Kent Intermediate School District (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.⁴⁰ Kent ISD uses *Making a Difference!* to serve students in self-contained special education classrooms at the high school and middle school level.⁴¹ 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 2016 began on October 1, 2015, and ended on September 30, 2016.

- ² Michigan Code 380.1507, Section (1),
- www.legislature.mi.gov/(S(3nkwvt451srdxjydgnaa2buf))/mileg.aspx?page=GetMCLDocument&objectname=mcl-380-1507.
- ³ Michigan Code 380.1506, Section (1),
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- ⁴ Michigan Code 380.1507, Section (8),
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- ⁵ "High School YRBS," Centers for Disease Control and Prevention, https://nccd.cdc.gov/youthonline/App/Default.aspx.
- ⁶ 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.
- ⁷ Ibid., Table 1.2.
- ⁸ "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.
- ⁹ "Teen Births in Michigan, Girls 15-19," The National Campaign to Prevent Teen and Unplanned Pregnancy, https://thenationalcampaign.org/data/state/Michigan.
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- ¹¹ Ibid., Table 1.2.
- ¹² 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.
- ¹³ 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.
- ¹⁴ 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.
- ¹⁵ 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.
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- 18 Ibid.
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