



State Profiles FISCAL YEAR 2017

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

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

CALIFORNIA

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

- **Division of Adolescent and School Health funds totaling \$415,000**
- **Personal Responsibility Education Program funds totaling \$5,860,140**

In Fiscal Year 2017, local entities in California received:

- **Division of Adolescent and School Health funds totaling \$1,914,970**
- **Teen Pregnancy Prevention Program funds totaling \$7,891,137**
- **Personal Responsibility Education Innovative Strategies funds totaling \$2,289,962**
- **Tribal Personal Responsibility Education Program funds totaling \$725,607**

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

[California Education Code § 51933-51934](#), known as the California Healthy Youth Act, requires school districts to ensure that all students in grades 7–12 receive comprehensive sexual health education and human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) prevention education at least once in middle school and once in high school, and mandates that the curricula be age-appropriate, medically accurate, objective, and “appropriate for use with pupils of all races, genders, sexual orientations, and ethnic and cultural backgrounds; pupils with disabilities; and English learners.” The law further requires instruction to teach students about gender, gender expression, gender identity, and gender stereotypes. Schools can elect to offer sexuality education earlier than grade 7, in which case they must adhere to the same requirements. No program may “promote or teach religious doctrine,”² instruction must encourage parent-child communication about sexuality,³ and instruction must “provide information about the effectiveness and safety of all FDA-approved contraceptive methods in preventing pregnancy, including, but

not limited to, emergency contraception.”⁴ Parents or guardians may remove their children from sexuality education and/or sexually transmitted diseases (STD)/HIV education classes. [This is referred to as an “opt-out” policy.](#)

STATE STANDARDS

The [Health Education Content Standards for California Public Schools: Kindergarten Through Grade Twelve](#) and [Health Education Framework for California Public Schools: Kindergarten Through Grade Twelve](#), provide guidance for human sexuality instruction curriculum. “Growth, Development, and Sexual Health” comprises its own section of the standards. Sexual Health instruction must be included in grades 7–12, but starting in grade 6, students learn how to “object appropriately to teasing or bullying of peers that is based on personal characteristics or perceived sexual orientation.” School districts, however, are not required to adopt these content standards.⁵

STATE LEGISLATIVE ACTIVITY

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

YOUTH SEXUAL HEALTH DATA

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

While data can be a powerful tool to demonstrate the sexuality education and sexual health care needs of young people, it is important to be mindful that these behaviors and outcomes are impacted by systemic inequities present in our society that affect an individual’s sexual health and wellbeing. That is, the context in which a young person’s health behavior and decision-making happens is not reflected in individual data points. Notably, one example demonstrating such inequities are the limitations as to how and what data are currently collected; please be mindful of populations who may not be included in surveys or who may be misrepresented by the data. The data categories and any associated language are taken directly from the respective surveys and are not a representation of SIECUS’ positions or values. For more information regarding SIECUS’ use of data, please read the FY 2017 Executive Summary, [A Portrait of Sexuality Education in the States.](#)

CALIFORNIA YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA⁶

The following sexual health behavior and outcome data represent some of the most recent information available on the health of young people who attend high schools in California. Though not perfect—for instance, using broad race and ethnicity categories can often distort and aggregate the experiences of a diverse group of respondents—the YRBS is a critical resource for understanding the health behaviors of young people when used carefully and with an awareness of its limitations. Any missing data points indicate either a lack of enough respondents for a subcategory or the state’s decision not to administer a

question on the survey. SIECUS commends the Centers for Disease Control and Prevention (CDC) for conducting decades' worth of field studies to improve the accuracy and relevancy of the YRBS. Like the CDC, SIECUS underlines that "school and community interventions should focus not only on behaviors but also on the determinants of those behaviors."⁷

Reported ever having had sexual intercourse

- In 2015, 28.5% of female high school students and 36% of male high school students in California 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, 37.5% of lesbian, gay, or bisexual (LGB) high school students, 23.1% of high school students who were unsure of their sexual orientation, and 32.5% of heterosexual high school students in California 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, 18.4% of Asian high school students, 38.1% of Hispanic high school students, and 27.9% of white high school students in California reported ever having had sexual intercourse, compared to 19.3% of Asian high school students, 42.5% of Hispanic high school students, and 39.9% of white high school students nationwide.

Reported having had sexual intercourse before age 13

- In 2015, 2.6% of female high school students and 3.6% of male high school students in California 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, 7.1% of LGB high school students, 10.8% of high school students who were unsure of their sexual orientation, and 2.4% of heterosexual high school students in California 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, 3.1% of Asian high school students, 3.2% of Hispanic high school students, and 2.8% of white high school students in California reported having had sexual intercourse before age 13, compared to 0.7% of Asian high school students, 5.0% of Hispanic high school students, and 2.5% of white high school students nationwide.

Reported being currently sexually active

- In 2015, 23.1% of female high school students and 25.1% of male high school students in California reported being currently sexually active, compared to 29.8% of female high school students and 30.3% of male high school students nationwide.

CALIFORNIA

- In 2015, 28.3% of LGB high school students, 17.7% of high school students who were unsure of their sexual orientation, and 24.3% of heterosexual high school students in California 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, 15.3% of Asian high school students, 27.9% of Hispanic high school students, and 21.1% of white high school students in California reported being currently sexually active, compared to 12.2% of Asian high school students, 30.3% of Hispanic high school students, and 30.3% of white high school students nationwide.

Reported not using a condom during last sexual intercourse

- In 2015, 44.2% of female high school students and 42.1% of male high school students in California 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, 27.6% of LGB high school students and 42.4% of heterosexual high school students in California 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, 43.4% of Hispanic high school students in California reported not using a condom during their last sexual intercourse, compared to 44.4% of Hispanic high school students nationwide.

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

- In 2015, 12.4% of female high school students and 12.2% of male high school students in California 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, 27.9% of LGB high school students and 11% of heterosexual high school students in California 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, 11.8% of Hispanic high school students in California reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 20.0% of Hispanic high school students nationwide.

Reported having had drunk alcohol or used drugs during last sexual intercourse⁸

- In 2015, 19.5% of female high school students and 23.3% of male high school students in California reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 16.4% of female high school students and 24.6% of male high school students nationwide.
- In 2015, 31.8% of LGB high school students and 19.5% of heterosexual high school students in California reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 22.4% of LGB high school students and 20% of heterosexual high school students nationwide.
- In 2015, 19.9% of Hispanic high school students in California reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 22.8% of Hispanic high school students nationwide.

Reported never having been tested for HIV

- In 2015, 90.2% of female high school students and 91.9% of male high school students in California 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, 91.3% of LGB high school students, 86.9% of high school students who were unsure of their sexual orientation, and 97.5% of heterosexual high school students in California 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, 86.5% of Asian high school students, 90.0% of Hispanic high school students, 95.7% of white high school students, and 92.6% of high school students who identified as multiple races in California reported never having been tested for HIV, compared to 90.4% of Asian high school students, 88.9% of Hispanic high school students, 92.0% 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, 7.8% of female high school students and 4.3% of male high school students in California 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, 9.9% of LGB high school students, 15.7% of high school students who were unsure of their sexual orientation, and 4.9% of heterosexual high school students in California 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, 3.8% of Asian high school students, 7% of Hispanic high school students, 4.4% of white high school students, and 9.2% of high school students who identified as multiple races in California reported having been physically forced to have sexual intercourse, compared to 4.2% of Asian high school students, 7.0% of Hispanic high school students, 6.0% 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, 11.7% of female high school students and 7.4% of male high school students in California 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, 21.7% of LGB high school students, 17.5% of high school students who were unsure of their sexual orientation, and 8.2% of heterosexual high school students in California 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, 2.1% of Asian high school students, 10.2% of Hispanic high school students, and 10.2% of white high school students in California reported experiencing physical dating violence in the prior year, compared to 4.6% of Asian high school students, 9.7% of Hispanic high school students, and 9.0% of white high school students nationwide.

Reported experiencing sexual dating violence

- In 2015, 18.1% of female high school students and 5.3% of male high school students in California 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, 18.9% of LGB high school students, 27.8% of high school students who were unsure of their sexual orientation, and 10.3% of heterosexual high school students in California 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, 3.7% of Asian high school students, 10% of Hispanic high school students, and 15.6% of white high school students in California reported experiencing sexual dating violence in the prior year, compared to 10.5% of Asian high school students, 10.6% of Hispanic high school students, and 10.1% of white high school students nationwide.

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

CALIFORNIA SCHOOL HEALTH PROFILES DATA⁹

In 2015, the CDC released the School Health Profiles, which measures school health policies and practices and highlights which health topics were taught in schools across the country. Since the data was collected from self-administered questionnaires completed by schools' principals and lead health education teachers, the CDC notes that one limitation of the School Health Profiles is bias toward the reporting of more positive policies and practices.¹⁰ In the School Health Profiles, the CDC identifies 16 sexual education topics that it believes are critical to a young person's sexual health. Below are key instruction highlights for secondary schools in California as reported for the 2013–2014 school year.

16 CRITICAL SEXUAL EDUCATION TOPICS IDENTIFIED BY THE CDC

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

Source: School Health Profiles, 2014

Reported teaching all 16 critical sexual health education topics

- 19.7% of California secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 6, 7, or 8.¹¹
- 70.2% of California secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12.¹²

Reported teaching about the benefits of being sexually abstinent

- 65.6% of California secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.¹³
- 91.5% of California secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 9, 10, 11, or 12.¹⁴

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

- 56.5% of California secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 6, 7, or 8.¹⁵
- 88.4% of California secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 9, 10, 11, or 12.¹⁶

Reported teaching how to create and sustain healthy and respectful relationships

- 54.3% of California secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 6, 7, or 8.¹⁷
- 88.3% of California secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 9, 10, 11, or 12.¹⁸

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

- 45.4% of California secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 6, 7, or 8.¹⁹
- 87.7% of California secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 9, 10, 11, or 12.²⁰

Reported teaching how to correctly use a condom

- 24.3% of California secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.²¹
- 81.3% of California secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.²²

Reported teaching about all seven contraceptives

- 64.2% of California secondary schools taught students about all seven contraceptives—birth control pill, patch, ring, and shot; implants; intrauterine device; and emergency contraception—in a required course in any of grades 9, 10, 11, or 12.²³

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

- 40% of California secondary schools provided students with curricula or supplementary materials that included HIV, STD, or pregnancy prevention information relevant to LGBTQ youth.²⁴

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

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

The following data from the CDC and the Guttmacher Institute represent the most recent state-specific statistics documenting teen pregnancy, birth, abortion, HIV/AIDS, and other STDs. For those wishing to support the sexual health and wellbeing of young people, it is important to use the data to advance their access to comprehensive education, resources, and services. However, the data is not intended to be used in a manner that is stigmatizing or shaming: Young people have the right to make informed decisions about their health and wellbeing, but this right must be accompanied by the ability to access and understand all available choices. Therefore, the following data should be used to advance a young person's right to make informed decisions about their body and health.

Teen Pregnancy, Birth, and Abortion

- In 2013, California had the 19th highest reported teen pregnancy rate in the United States, with a rate of 44 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 43 per 1,000.²⁵ There were a total of 56,990 pregnancies among young women ages 15–19 reported in California in 2013.²⁶
- In 2015, California had the 32nd highest reported teen birth rate in the United States, with a rate of 19 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.²⁷ There were a total of 24,175 live births to young women ages 15–19 reported in California in 2015.²⁸
- In 2013, California had the 6th highest teen abortion rate²⁹ in the United States, with an estimated³⁰ rate of 14 abortions per 1,000 young women ages 15–19, compared to the national rate of 11 per 1,000.³¹ There were an estimated total of 18,530 abortions among young women ages 15–19 in California in 2013.³²

HIV and AIDS

- In 2015, the reported rate of diagnoses of HIV infection among adolescents ages 13–19 in California was 4.2 per 100,000, compared to the national rate of 5.8 per 100,000.³³
- In 2015, the reported rate of AIDS diagnoses among adolescents ages 13–19 in California was 0.3 per 100,000, compared to the national rate of 0.7 per 100,000.³⁴
- In 2015, the reported rate of diagnoses of HIV infection among young adults ages 20–24 in California was 28 per 100,000, compared to the national rate of 31.1 per 100,000.³⁵
- In 2015, the reported rate of AIDS diagnoses among young adults ages 20–24 in California was 4.2 per 100,000, compared to the national rate of 5.6 per 100,000.³⁶

STDs

- In 2015, California had the 43rd highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 1,365.7 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 35,825 cases of chlamydia among young people ages 15–19 reported in California.³⁷
- In 2015, California had the 32nd highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 232.8 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 6,106 cases of gonorrhea among young people ages 15–19 reported in California.³⁸
- In 2015, California had the 8th 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 7.5 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 198 cases of syphilis reported among young people ages 15–19 in California.³⁹

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

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

FISCAL YEAR 2017 FEDERAL FUNDING IN CALIFORNIA

Grantee	Award
Division of Adolescent and School Health (DASH)	
California Department of Education	\$415,000
Los Angeles Unified School District	\$578,750
Oakland Unified School District	\$378,720
San Diego Unified School District	\$378,750
San Francisco Unified School District	\$578,750
TOTAL	\$2,329,970
Teen Pregnancy Prevention Program (TPPP)	
TPPP Tier 1B	
Community Action Partnership of San Luis Obispo County, Inc.	\$830,000
Contra Costa Health Services	\$1,250,000
San Diego Youth Services	\$1,249,999
University of Southern California	\$1,999,666
TOTAL	\$5,329,665
TPPP Tier 2B	
Center for Innovative Public Health Research	\$990,422
The Regents of the University of California, San Francisco	\$995,321
WestEd	\$575,729
TOTAL	\$2,561,472
Personal Responsibility Education Program (PREP)	
PREP State-Grant Program	
California Department of Public Health (federal grant)	\$5,860,140
TOTAL	\$5,860,140
Personal Responsibility Education Innovative Strategies (PREIS)	
Children's Hospital of Los Angeles	\$838,913
The Regents of the University of California, San Francisco	\$719,233
ETR Associates	\$731,816
TOTAL	\$2,289,962
Tribal Personal Responsibility Education Program (Tribal PREP)	

CALIFORNIA

California Rural Indian Health Board	\$382,151
Riverside-San Bernardino County Indian Health, Inc.	\$343,456
TOTAL	\$725,607
GRAND TOTAL	\$19,096,816

DIVISION OF ADOLESCENT AND SCHOOL HEALTH

The CDC's school-based HIV prevention efforts include funding and technical assistance to state and local education agencies through several funding streams to better student health, implement HIV/STD prevention programs, collect and report data on young people's risk behaviors, and expand capacity-building partnerships. In FY 2017, through the CDC's Division of Adolescent and School Health (DASH), 18 state education agencies and 17 school districts received funding to help the districts and schools strengthen student health through exemplary sexual health education (ESHE) that emphasizes HIV and other STD prevention, increases access to key sexual health services (SHS), and establishes safe and supportive environments (SSE) for students and staff. DASH funded six national, non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- In FY 2017, there were five DASH grantees in California funded to strengthen student health through ESHE, SHS, and SSE (1308 Strategy 2): California Department of Education (\$320,000), Los Angeles Unified School District (\$320,000), Oakland Unified School District (\$320,000), San Diego Unified School District (\$320,000), and San Francisco Unified School District (\$320,000).

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

With its 1308 Strategy 2 funds, the California Department of Education is educating administrators and teachers about the California Education Code and assessing the progress of school districts in aligning their sexual health education curricula to the Code, including portions specific to the inclusion of young LGBTQ people. The Department is also working to modify a tool to assess and identify youth-friendly sexual health resources. Additionally, the Department is providing training and personal assistance to school district staff, specifically regarding bullying prevention and teaching sexual health and assistance with referral systems.⁴⁰

LOS ANGELES UNIFIED SCHOOL DISTRICT, \$320,000 (FY 2017)

With its 1308 Strategy 2 funds, the Los Angeles Unified School District is working toward increasing the number of students throughout the district who receive quality sexual health education through sexual health education training to school staff. In order to ensure the needs of LGBTQ youth are addressed, the school district is implementing an updated student referral system to appropriate sexual health services both within and outside of the school district. Additionally, to promote school environments where all students feel safe and respected, the school district is working closely with internal partners to review bullying and harassment policies.⁴¹

OAKLAND UNIFIED SCHOOL DISTRICT, \$320,000 (FY 2017)

With its 1308 Strategy 2 funds, the Oakland Unified School District is implementing the Healthy Oakland Teens program. This program involves developing a middle and high school sexuality education curriculum that can be integrated into English/language arts and science classes. The curriculum will be taught for a week every year to 9th grade students. The school district is also developing a referral card and smartphone application to help young people connect to community sexual health services. Additionally, in order to create a safe and supportive environment, the school district is supporting gay-straight alliance clubs in all middle and high schools and planning district-wide events for students to meet LGBT peers from around the city.⁴²

SAN DIEGO UNIFIED SCHOOL DISTRICT, \$320,000 (FY 2017)

With its 1308 Strategy 2 funds, the San Diego Unified School District is working with classroom teachers to improve sexual health education curriculum implementation in grades 6–8 and 10. The school district is also coordinating with several schools and community-based organizations to provide training to school staff, including teachers and nurses, who will be connecting students to sexual health services and resources. Additionally, in order to provide an environment where all students and staff feel safe, the school district is collaborating with schools' gay-straight alliance clubs to increase an understanding of policies that support LGBT students and working with staff on reporting bullying, sexual harassment, and discrimination.⁴³

SAN FRANCISCO UNIFIED SCHOOL DISTRICT, \$320,000 (FY 2017)

With its 1308 Strategy 2 funds, the San Francisco Unified School District is working with local community organizations to design, review, and implement the district's sexual health education curriculum. In order to increase students' knowledge of and access to sexual health services, the school district is coordinating work by providing monthly gatherings for its schools' wellness teams, local teen clinic staff, and other local community organization staff. Additionally, the school district is working with community partners to review the district's health services referral system. The school district is also sponsoring a day-long event called Gay-Straight Alliance Day for its middle and high schools where students teach other young people how and where to access community sexual health services.⁴⁴

In addition, DASH funds local education agencies and NGOs to implement multiple program activities to meet the HIV- and other STD-prevention needs of young men who have sex with men (YMSM) and to develop strategic partnerships and collaborations between schools and community-based, mental health, and social services organizations to accomplish this work.

- In FY 2017, there were two DASH grantees in California funded to deliver YMSM programming (1308 Strategy 4): Los Angeles Unified School District (\$200,000) and San Francisco Unified School District (\$200,000).

LOS ANGELES UNIFIED SCHOOL DISTRICT, \$200,000 (FY 2017)

With its 1308 Strategy 4 funds, the Los Angeles Unified School District is updating current sexual health education resources, including adding a toolkit with LGBTQ information for staff, as well as resources for black and Latino male gay and bisexual students. The school district is also implementing activities that reflect new, teen-based technologies, including a pilot tablet program and a "Yelp-like" rating system to find

appropriate sexual health services that meet the needs of the district's black and Latino male gay and bisexual students. Additionally, the school district is collaborating with local community organizations to provide workshops for black and Latino male gay and bisexual teens.⁴⁵

SAN FRANCISCO UNIFIED SCHOOL DISTRICT, \$200,000 (FY 2017)

With its 1308 Strategy 4 funds, the San Francisco Unified School District is training selected high school students to provide the broader student population with HIV/STD prevention and sexual health presentations focusing on black and Latino male gay and bisexual teens. The school district is also developing male student health groups to enable dating, relationship, and sexual health discussions in a safe environment, supported by district staff. The school district is additionally working with community partners to review the district's health services referral system.⁴⁶

DASH also provides funding for state, territorial, and local education agencies and state health agencies to establish and strengthen systematic procedures to collect and report YRBS and School Health Profiles data for policy and program improvements.

- In FY 2017, there were five DASH grantees in California funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): California Department of Education (\$95,000), Los Angeles Unified School District (\$58,750), Oakland Unified School District (\$58,720), San Diego Unified School District (\$58,750), and San Francisco Unified School District (\$58,750).

TEEN PREGNANCY PREVENTION PROGRAM (TPPP)

The OAH, within the U.S. Department of Health and Human Services (HHS), administers TPPP, which funds evidence-based or innovative evidence-informed, medically accurate, and age-appropriate programs to reduce teen pregnancy. In FY 2017, total funding for TPPP was \$101 million, supporting 84 states, cities, non-profit organizations, school districts, universities, community-based organizations, and tribal organizations. These grantees were in year three of five TPPP funding tiers' five-year cooperative agreements in 33 states, the District of Columbia, and the Marshall Islands. In June 2017, however, 81 of the 84 grantees were notified, without cause or explanation, that their project periods were shortened to just three years, to end on June 30, 2018. Since the other three grantees are on a different grant cycle, they had not yet received notice on the status of their funding at the time of publication. OAH provides program support, implementation evaluation, and technical assistance to grantees and receives an additional \$6.8 million in funding for evaluation purposes. Below is information on the five TPPP funding tiers:

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

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

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

- In FY 2017, there were four TPPP Tier 1B grantees in California: Community Action Partnership Network of San Luis Obispo County, Inc. (\$830,000); Contra Costa Health Services (\$1,250,000); San Diego Youth Services (\$1,249,999); and University of Southern California (\$1,999,666).
- These local organizations in California received a total of \$5,329,665 in TPPP Tier 1B funding.

COMMUNITY ACTION PARTNERSHIP NETWORK OF SAN LUIS OBISPO COUNTY, INC. (CAPSLO), \$830,000 (FY 2017)

CAPSLO is a nonprofit agency that serves a population of 40,000 across central and southern California. In its mission statement, CAPSLO pledges “to eliminate poverty by empowering individuals and families to achieve economic self-sufficiency and self-determination through a comprehensive array of community-based programs.”⁴⁷ Its services include assistance with employment, housing, medical services, energy subsidies, weatherization, child care, and preschool education.⁴⁸ With its TPPP funding, CAPSLO implements the following evidence-based curricula: [*Making Proud Choices!*](#), [*Be Proud! Be Responsible! Be Protective!*](#), and [*Positive Prevention PLUS*](#). CAPSLO’s Teen Sexual Health Empowerment Program seeks to increase young peoples’ access to reproductive health services by providing evidence-based sexual health curriculum instruction in North San Luis Obispo, South San Luis Obispo, and Santa Maria Counties. Furthermore, “by utilizing positive youth development strategies, the program refers youth to teen-friendly health clinics and other resources, creates leadership opportunities for youth to get engaged in their community, and promotes community-wide teen pregnancy prevention efforts.” CAPSLO plans for its program to reach approximately 2,050 young people each year.⁴⁹

CONTRA COSTA HEALTH SERVICES (CCHS), \$1,250,000 (FY 2017)

CCHS is a county health system and a department of the Contra Costa County government. Its mission is to “care for and improve the health of all people in Contra Costa County with special attention to those who are most vulnerable to health problems.”⁵⁰ With its TPPP funding, CCHS provides evidence-based programming to middle and high school students in the cities of Richmond, San Pablo, and Pittsburg and works to reduce teen birth rates and sexually transmitted infections (STIs) in four primary ways: delaying initiation of sexual activity among young people, increasing use of contraception among sexually active young people, fostering open communications about sexuality, and increasing young people’s sense of agency. The intervention uses [*Families Talking Together*](#), [*Get Real*](#), and [*Positive Prevention PLUS*](#). CCHS aims to serve more than 7,000 young people per year.⁵¹

SAN DIEGO YOUTH SERVICES (SDYS), \$1,249,999 (FY 2017)

SDYS is a nonprofit charitable organization focused on homeless and at-risk youth. The organization operates 14 major locations in San Diego County and serves more than 20,000 children and their families each year, providing emergency services, professional help, and safe living space.⁵² With its TPPP funding, SDYS, along with five core partners, implements the Community Assessment Team (CAT)+ Project in high schools, middle schools, after-school programs, alternative schools, juvenile detention centers, community-based settings, out-of-home settings, and residential settings in 31 San Diego zip codes. The CAT+ project approach “is to build off of the foundation and relationships established currently with school districts, community collaboratives, and other informal partners to bring teen pregnancy prevention services to scale and support the outcomes of reduced risk for teen pregnancy and reduced teen birth rate.” SDYS’ program targets young people ages 11–19 using [*Reducing the Risk*](#) and [*Positive Prevention PLUS*](#). SYDS plans to reach 3,000 young people per year through the program.⁵³

UNIVERSITY OF SOUTHERN CALIFORNIA \$1,999,666 (FY 2017)

The University of Southern California is a private, nonprofit research university located in Los Angeles. With its TPPP funding, the University will improve adolescent sexual health within communities served by the Compton and Los Angeles Unified School Districts. The University plans to implement “Keeping It Real Together: Integrating Successful Pregnancy Prevention Programs into Large Urban School Districts and Community Systems” in 55 middle schools, 14 alternative high school educational centers, and school district Wellness Centers in Compton and Los Angeles. Keeping It Real Together uses the [*It's Your Game: Keep it Real*](#), [*Families Talking Together*](#), and [*Making Proud Choices!*](#) curricula. The University projects to serve 20,000 young people per year.⁵⁴

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

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

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

- In FY 2017, there were three TPPP Tier 2B grantees in California: Center for Innovative Public Health Research (\$990,422); the Regents of the University of California, San Francisco (\$995,321); and WestEd (\$575,729).
- These local entities in California received a total of \$2,561,472 in TPPP Tier 2B funding.

CENTER FOR INNOVATIVE PUBLIC HEALTH RESEARCH, \$990,422 (FY 2017)

The Center for Innovative Public Health Research (CIPHR) is a nonprofit, public health research incubator that examines the impact of technology and its effect on health. The organization’s mission is to “promote positive human development through the creation and implementation of innovative and unique technology-based research and health education programs.”⁵⁵ With its TPPP funding, CIPHR will finalize and evaluate its Girl2Girl program, which targets LGB women ages 14–18 through text-messaging. The evaluation, based on the Information-Motivation-Behavioral Skills model, will measure the effect of the program on pregnancy prevention behavior. Girl2Girl lasts 9-10 weeks and aims to reduce the risk of pregnancy. CIPHR aims to reach 300 young people nationwide per year.⁵⁶

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO (UCSF), \$995,321 (FY 2017)

The Regents of the University of California is the governing board of the University of California school system. With its TPPP funding, the Regents of UCSF partners with eight clinics in the Central Valley, Bay Area, and Los Angeles regions that serve young women ages 15–19 with a higher risk of teen pregnancy. The Regents of UCSF will evaluate SpeakOut, a program “that encourages female adolescents who use a [long-acting, reversible contraception (LARC)] method to share their contraceptive experiences with their female peers” in order to increase the use of LARC and ultimately decrease unintended pregnancy rates among young people. The program consists of a personal coaching session, method-specific printed and online materials, and weekly method-specific text messages with information about how to share their

experiences. SpeakOut will be evaluated using a cluster randomized controlled trial and aims to reach 500 young people a year.⁵⁷

WESTED, \$575,729 (FY 2017)

WestEd is a nonpartisan, nonprofit research, development, and service agency that “works with education and other communities throughout the United States and abroad to promote excellence, achieve equity, and improve learning for children, youth, and adults.”⁵⁸ With its TPPP funding, WestEd partners with Select Media, Inc., and the Oregon Youth Authority to evaluate the Virtual Student Health Center (VSHC) program, which will be tailored for young male offenders ages 14–19 in Oregon. The program will be evaluated through a clustered randomized controlled trial to test whether VSHC affects the sexual behavior outcomes of incarcerated young men who will soon be released into the community. The program aims to serve 350 young people per year.⁵⁹

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

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

PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)

The Family and Youth Services Bureau (FYSB), within the Administration for Children and Families (ACF) division of HHS, administers PREP, which was authorized for a total of \$75 million in FY 2017 for the state-grant program; local entities through the competitively awarded Personal Responsibility Education Innovative Strategies (PREIS) program; and the Tribal PREP, which funds tribes and tribal organizations. In addition, provisions within the PREP statute enable a competitive application process for community- and faith-based organizations within states and territories that do not directly seek PREP state grants to apply for funding through the Competitive Personal Responsibility Education Program (CPREP).

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

PREP State-Grant Program

State-grant PREP supports evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV, and other STDs. In FY 2017, 44 states, the District of Columbia, the Federated States of Micronesia, Guam, Puerto Rico, the Republic of Palau, and the Virgin Islands received PREP state-grant funds. Funded programs must discuss abstinence and contraception and place substantial emphasis on both. Programs must also address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent

development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- In FY 2016, the California Department of Public Health received \$5,860,140 in federal PREP funds.⁶⁰
- The Department provides sub-grants to 22 local public and private entities. The sub-grantee information is listed below.⁶¹

Sub-grantee	Serving	Amount
Alta Med Health Services Corporation	Los Angeles County	\$400,000
California Health Collaborative	Kings County	\$125,000
Community Action Commission of Santa Barbara	Santa Barbara County	\$200,000
County of Sacramento Department of Health and Human Services	Sacramento County	\$200,000
County of Santa Cruz Health Services Agency	Santa Cruz County	\$125,000
County of Tulare Health and Human Services Agency	Tulare County	\$275,000
Delta Health Care and Management Services Corporation	San Joaquin County	\$250,000
Fresno County Economic Opportunities Commission	Fresno County	\$400,000
Kern County Superintendent of Schools	Kern County	\$400,000
Lake County Family Resource Center	Lake County	\$125,000
Madera County Public Health Department	Madera County	\$125,000
Monterey County Health Department	Monterey County	\$250,000
Orange County Bar Foundation	Orange County	\$250,000
Planned Parenthood Mar Monte	Sacramento County	\$150,000
Planned Parenthood of Northern California	Humboldt County	\$125,000
Planned Parenthood of Northern California	Shasta County	\$150,000
Planned Parenthood of Orange and San Bernardino	San Bernardino County	\$400,000
Planned Parenthood of the Pacific Southwest	San Diego County	\$275,000
Planned Parenthood of the Pacific Southwest	Imperial County	\$175,000
Riverside Community Health Foundation	Riverside County	\$400,000
Santa Rosa Community Health Centers	Sonoma County	\$150,000
Vista Community Clinic	San Diego County	\$200,000

The Maternal, Child, and Adolescent Health Division of the California Department of Public Health implements the state's PREP grant program in collaboration with 22 local public and private entities. The programming takes place in 20 counties and serves young people ages 10–19 and pregnant and parenting, as well as teens up to the age of 21. Funds are used to support local agencies in a variety of settings, including middle and high schools, alternative/continuation schools, foster care group homes, juvenile justice facilities, clinics, and other community-based settings. All grantees must address adolescent development, healthy life skills, and healthy relationships. Sub-grantees are required to implement one or more of the following evidence-based programs that have been approved for use: [*Be Proud! Be Responsible!*](#), [*¡Cuidate!*](#), [*Making Proud Choices!*](#), [*Power Through Choices*](#), and [*Sexual Health and Adolescent Risk Prevention \(SHARP\)*](#).⁶²

Personal Responsibility Education Innovative Strategies (PREIS)

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

- In FY 2017, there were three PREIS grantees in California: Children’s Hospital of Los Angeles (\$838,913); The Regents of the University of California, San Francisco (\$719,233); and ETR Associates (\$731,816).⁶³
- These local organizations received a total of \$2,289,962 in PREIS funds.

CHILDREN’S HOSPITAL LOS ANGELES (CHLA), \$813,913 (FY 2017)

CHLA, a 501(c)(3) nonprofit institution that provides pediatric health care, uses [Project Legacy](#), a new HIV and substance abuse prevention for young people experiencing homelessness. Through its program, CHLA will serve around 600 young people experiencing homelessness ages 15-19 annually in Los Angeles and San Diego counties. The program will address healthy relationships, adolescent development, and educational and career success.⁶⁴

THE REGENTS OF UCSF, \$719,233 (FY 2017)

The Regents of UCSF, through its Bixby Center program, leads research and training programs to improve reproductive and sexual health worldwide. Work produced from the Bixby Center is used to inform evidence-based reproductive and sexual health policies, treatment, and care guidelines.⁶⁵ Regents of UCSF will serve young people ages 13-19 in Fresno County. The intervention will focus specifically on the needs of young people experiencing homelessness or unstable housing, young African Americans, young Latinos, and young Native Americans. The program will address healthy relationships, educational and career success, and healthy life skills. An estimated 180 young people will be served annually.⁶⁶ At the time of publication, additional information on which curricula are used by Regents of UCSF was unknown.

ETR ASSOCIATES (ETR), \$731,816 (FY 2017)

ETR is a behavioral health non-profit that provides science-based, innovative solutions in the areas of health and education.⁶⁷ ETR was awarded with PREIS funds to evaluate a relationships-based program called [About Us](#), an intervention that uses developmental neuroscience principles to support young people in exploring healthy romantic relationships and, if they are having sex, encouraging use of condoms and effective contraceptives. [About Us](#) will be used in school-based health centers located in rural and suburban counties in California.⁶⁸ The program will address healthy relationships, adolescent development, parent-child communication, and healthy life skills. ETR will serve about 403 10th grade students, primarily Hispanic, annually.⁶⁹

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of pregnancy-, HIV-, and other STD-prevention programs among young people within tribes and tribal communities. Tribal PREP programs target young people ages 10–19 who are in or are aging out of foster care, young people experiencing homelessness, young people living with HIV, young people who live in areas with high rates of adolescent

births, and young people under age 21 who are pregnant and/or parenting. In FY 2017, eight tribes and tribal organizations from seven states received a total of \$3,271,693.

- In FY 2017, there were two Tribal PREP grantees in California: California Rural Indian Health Board (\$382,151) and Riverside-San Bernardino County Indian Health, Inc. (\$343,456).⁷⁰
- These local organizations received a total of \$757,295 in Tribal PREP funds.

CALIFORNIA RURAL INDIAN HEALTH BOARD (CRIHB), \$382,151 (FY 2017)

CRIHB is a network of Tribal Health Programs that is “committed to the needs and interests that elevate and promote the health status and social conditions of the Indian People of California.”⁷¹ With its Tribal PREP funds, the health board implements *American Indian/Alaska Natives (AI/AN) Becoming a Responsible Teen*, a culturally specific adaptation of [Becoming a Responsible Teen \(BART\)](#). Each of the 12 sessions of the intervention includes a key AI value and ends with a traditional AI/AN talking circle for clarification and reflection. The intervention starts with three sessions on healthy relationships, parent-child communication, and healthy life skills, followed by sessions that include youth-driven and participation-focused activities to promote positive connections.⁷² CRIHB will serve around 150 AI/AN young people ages 10-19 annually.⁷³

RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. (RSBCIHI), \$343,456 (FY 2017)

RSBCIHI, a Native American healthcare organization, provides culturally sensitive healthcare and early intervention to achieve healthy lifestyles.⁷⁴ With its Tribal PREP funds, RSBCIHI will serve around 800 AI/AN young people ages 11-19 annually in school-based settings. The organization will use [Native STAND](#), curriculum that is a cultural adaptation of [Students Together Against Negative Decisions \(STAND\)](#).⁷⁵

Competitive Personal Responsibility Education Program (CPREP)

CPREP grants support evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV, and other STDs. Only organizations and institutions in states and territories that did not apply for PREP state grants are eligible to submit competitive applications for CPREP grants. In FY 2017, 21 CPREP grants, totaling \$10.2 million, were awarded to 21 organizations in Florida, Indiana, North Dakota, Texas, and Virginia, as well as in American Samoa, Guam, and the Northern Mariana Islands.

- In FY 2017, California received PREP state-grant funding; therefore, entities in California were not eligible for CPREP.

TITLE V “ABSTINENCE EDUCATION” STATE GRANT PROGRAM

The Title V “abstinence education” state grant program for AOUM programming, or the Title V AOUM program, is administered by FYSB, within ACF of HHS, and was authorized at \$75 million for FY 2017. The Title V AOUM program requires states to provide three state-raised dollars, or the equivalent in services, for every four federal dollars received. The state match may be provided in part or in full by local groups. All programs funded by Title V AOUM must exclusively promote abstinence from sexual activity and may provide mentoring, counseling, and adult supervision toward this end.⁷⁶

- In FY 2017, California chose not to apply for Title V AOUM funds.

“SEXUAL RISK AVOIDANCE EDUCATION” (SRAE) GRANT PROGRAM

Administered by FYSB within ACF of HHS, the SRAE program—a rebranding of the competitive AOUM grant program—provides funding for public and private entities for programs that “teach young people to voluntarily refrain from non-marital sexual activity and prevent other youth risk behaviors.” These programs are also required by statute to “teach the benefits associated with self-regulation; success sequencing for poverty prevention; healthy relationships; goal setting and resisting sexual coercion; dating violence; and other youth risk behaviors, such as underage drinking or illicit drug use, without normalizing teen sexual activity.” In FY 2017, \$15 million was appropriated for the SRAE grant program, and \$13.5 million was awarded to 27 grantees in 14 states through a competitive application process.

- In FY 2017, there were no SRAE grantees in California.

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- ¹ This refers to the federal government’s fiscal year, which begins on October 1 and ends on September 30. The fiscal year is designated by the calendar year in which it ends; for example, FY 2017 began on October 1, 2016, and ended on September 30, 2017.
- ² Cal. Ed. Code § 51933(i).
- ³ Cal. Ed. Code § 51937, <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=edc&group=51001-52000&file=51937-51939>.
- ⁴ Cal. Ed. Code, § 51934(a)(9).
- ⁵ Cal. Ed. Code § 51210.8.
- ⁶ “Youth Online,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.
- ⁷ “Methodology of the Youth Risk Behavior Surveillance System – 2013,” pg. 17, Centers for Disease Control and Prevention, www.cdc.gov/mmwr/pdf/rr/rr6201.pdf.
- ⁸ It is critical to examine social determinants when analyzing potentially stigmatizing data. Accounting for differences in people’s lived experiences based on race, ethnicity, sexual orientation, socioeconomic status, etc., is a vital part of understanding the context in which the data exist. We encourage readers to exercise caution when using the data and warn readers against using the data in a manner that conflates correlation with causation. Please visit the FY 2017 Executive Summary, [*A Portrait of Sexuality Education in the States*](#), for more context.
- ⁹ “School Health Profiles 2014,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.
- ¹⁰ Ibid., pg. 51.
- ¹¹ Ibid., Table 9c.
- ¹² Ibid., Table 11c.
- ¹³ Ibid., Table 9a.
- ¹⁴ Ibid., Table 11a.
- ¹⁵ Ibid., Table 9a.
- ¹⁶ Ibid., Table 11a.
- ¹⁷ Ibid., Table 9b.
- ¹⁸ Ibid., Table 11b.
- ¹⁹ Ibid., Table 9b.
- ²⁰ Ibid., Table 11b.
- ²¹ Ibid., Table 9c.
- ²² Ibid., Table 11c.
- ²³ Ibid., Table 13.
- ²⁴ Ibid., Table 39.
- ²⁵ Arpaia, A., Kost, K., and Maddow-Zimet, I., *Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2017), https://www.guttmacher.org/sites/default/files/report_downloads/us-adolescent-pregnancy-trends-2013_tables.pdf, Table 2.5.
- ²⁶ Ibid., Table 2.6.
- ²⁷ “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>.
- ²⁸ United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007-2015, on CDC WONDER Online Database, February 2017. Accessed at <http://wonder.cdc.gov/nativity-current.html>.
- ²⁹ “Abortion” used in this context refers to legally induced abortions. This rate does not include abortions that occur outside of health care facilities or are unreported. Unfortunately, there is no reliable source of information for actual rates of abortion.
- ³⁰ This estimate is based on the number of abortions among all women in California and the proportion of abortions obtained by women of the same age nationally.
- ³¹ Arpaia, A., Kost, K., and Maddow-Zimet, I., *Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2017), https://www.guttmacher.org/sites/default/files/report_downloads/us-adolescent-pregnancy-trends-2013_tables.pdf, Table 2.5.
- ³² Ibid., Table 2.6.

- ³³ 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.
- ³⁴ 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.
- ³⁵ 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.
- ³⁶ 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.
- ³⁷ NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.
- ³⁸ Ibid.
- ³⁹ Ibid.
- ⁴⁰ Adolescent and School Health, Funded State Agencies, (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/healthyyouth/partners/funded_states.htm#ca.
- ⁴¹ Adolescent and School Health, Funded Local Agencies, (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/healthyyouth/partners/funded_locals.htm#losangeles.
- ⁴² Adolescent and School Health, Funded Local Agencies, (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/healthyyouth/partners/funded_locals.htm#oakland.
- ⁴³ Adolescent and School Health, Funded Local Agencies, (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/healthyyouth/partners/funded_locals.htm#sandiego.
- ⁴⁴ Adolescent and School Health, Funded Local Agencies, (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/healthyyouth/partners/funded_locals.htm#sanfrancisco.
- ⁴⁵ Adolescent and School Health, Funded Local Agencies, (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/healthyyouth/partners/funded_locals.htm#losangeles.
- ⁴⁶ Adolescent and School Health, Funded Local Agencies, (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/healthyyouth/partners/funded_locals.htm#sanfrancisco.
- ⁴⁷ Mission Statement, Community Action Partnership Network of San Luis Obispo County, Inc., 2010, www.capslo.org.
- ⁴⁸ Ibid.
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- ⁵¹ “Contra Costa Health Services,” Grantees (CA) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/1b/contra-costa-health-services.html.
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⁶⁰ “2017 State Personal Responsibility Education Program (PREP) Awards,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/2017-state-prep-awards.

⁶¹ Information provided by Sarah Leff, MPH, CA PREP Program Manager, California Department of Public Health, June 20, 2017.

⁶² Ibid.

⁶³ “Personal Responsibility Education Innovative Strategies (PREIS) Program Awards FY2017,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, <https://www.acf.hhs.gov/fysb/preis-awards-fy2017>.

⁶⁴ “Personal Responsibility Education Innovative Strategies Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, <https://www.acf.hhs.gov/fysb/resource/preis-grantee-profiles>.

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⁷¹ “About Us,” California Rural Indian Health Board, <https://crihb.org/about/>.

⁷² “Tribal Teen Pregnancy Prevention,” California Rural Indian Health Board, <https://crihb.org/teen-pregnancy-prevention/>.

⁷³ “Tribal Personal Responsibility Education Program Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, <https://www.acf.hhs.gov/fysb/resource/tribal-prep-profiles>.

⁷⁴ “Welcome to Riverside-San Bernardino County Indian Health, Inc.,” Riverside-San Bernardino County Indian Health, Inc., <http://www.rsbcih.org/>.

⁷⁵ “Tribal Personal Responsibility Education Program Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, <https://www.acf.hhs.gov/fysb/resource/tribal-prep-profiles>.

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

- (A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- (B) teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;
- (C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
- (D) teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;
- (E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;

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(F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;

(G) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and

(H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.”

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