



# SIECUS

State Profile

## MONTANA

**In Fiscal Year 2011<sup>1</sup>, the state of Montana received:**

- **Personal Responsibility Education Program funds totaling \$250,000**

### SEXUALITY EDUCATION LAW AND POLICY

Montana Administrative Rules require that school districts include a “health enhancement” program among their academic offerings.<sup>2</sup> According to the health enhancement program’s content standards, “a student must have a basic knowledge and understanding of concepts that promote comprehensive health.”<sup>3</sup> Specifically, by the end of fourth grade, students should be able to “identify personal health enhancing strategies that encompass... injury/disease prevention, including HIV/AIDS prevention.”<sup>4</sup> By the end of eighth grade, students should be able to understand the reproductive system as well as personal health-enhancing strategies about sexual activity and HIV/AIDS prevention.<sup>5</sup> By graduation, students should be able to understand the impact of personal behaviors on the body, including the reproductive system, and have personal health-enhancing strategies about sexual activity and HIV/AIDS prevention.<sup>6</sup> The Montana Board of Public Education’s guidelines, designed to aid school districts in developing their HIV-education programs, recommend that “students receive proper education about HIV before they reach the age when they may adopt behaviors which put them at risk of contracting the disease.”<sup>7</sup>

Due to the autonomous nature of Montana school districts, standards for the sexuality education portion of the health enhancement program are not defined. While the Office of Public Instruction acknowledges that sexuality education programs may be “abstinence-based, abstinence until marriage, or abstinence only,” it does recommend that they be “consistent with the most reasoned approach of public health and health education professionals.”<sup>8</sup>

Montana does not require parental permission for students to participate in sexuality or HIV/AIDS education nor does it say whether parents or guardians may remove their children from such classes.

See *Montana Code Annotated* § 20-2-121; *Montana Administrative Rules* §§ 10.54.7010, 7011, 7012, and 7013; 10.54.2501, and 10.55.905; *Communicable Diseases: Model Policies and Procedures for HIV Education, Infected Students and Staff, and Work Site Safety*; *Montana Accreditation Standards for Health Enhancement*; and *Montana Board of Public Education Position Statement on HIV/AIDS*.

### RECENT LEGISLATION

SIECUS is not aware of any proposed legislation regarding sexuality education in Montana.

## YOUTH SEXUAL HEALTH DATA

SIECUS has compiled the following data to provide an overview of adolescent sexual health in Montana. The data collected represents the most current information available.

### Montana Youth Risk Behavior Survey (YRBS) Data<sup>9</sup>

- In 2011, 47% of female high school students and 49% of male high school students in Montana reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide.
- In 2011, 2% of female high school students and 6% of male high school students in Montana reported having had sexual intercourse before age 13, compared to 3% of female high school students and 9% of male high school students nationwide.
- In 2011, 15% of female high school students and 16% of male high school students in Montana reported having had four or more lifetime sexual partners, compared to 13% of female high school students and 18% of male high school students nationwide.
- In 2011, 37% of female high school students and 33% of male high school students in Montana reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey), compared to 34% of female high school students and 33% of male high school students nationwide.
- In 2011, among those high school students who reported being currently sexually active, 59% of females and 66% of males in Montana reported having used condoms the last time they had sexual intercourse, compared to 54% of females and 67% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 26% of females and 16% of males in Montana reported having used birth control pills the last time they had sexual intercourse, compared to 23% of females and 13% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 18% of females and 24% of males in Montana reported having used alcohol or drugs the last time they had sexual intercourse, compared to 18% of females and 26% of males nationwide.
- In 2011, 85% of high school students in Montana reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide.

### Montana Teen Pregnancy, HIV/AIDS, and Sexually Transmitted Disease Data

#### *Teen Pregnancy, Birth, and Abortion*

- Montana's teen birth rate currently ranks 21st in the United States, with a rate of 35 births per 1,000 young women ages 15–19, compared to the national rate of 34.3 births per 1,000.<sup>10</sup> In 2010, there were a total of 1,128 live births reported to young women ages 15–19 in Montana.<sup>11</sup>

- In 2005, Montana's teen pregnancy rate ranked 37th in the United States, with a rate of 56 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 70 pregnancies per 1,000.<sup>12</sup> There were a total of 1,900 pregnancies among young women ages 15–19 reported in Montana in 2005.<sup>13</sup>
- In 2005, Montana's teen abortion rate ranked 28th in the United States, with a rate of 13 abortions per 1,000 young women ages 15–19, compared to the national rate of 19 abortions per 1,000.<sup>14</sup>

#### *HIV and AIDS*

- In 2010, the rate of diagnoses of HIV infection among adolescents aged 13-19 years in Montana was 0.0 per 100,000 compared to the national rate of 7.9 per 100,000.<sup>15</sup>
- In 2010, the rate of AIDS diagnoses among adolescents 13-19 years in Montana was 0.0 per 100,000 compared to the national rate of 1.9 per 100,000.<sup>16</sup>
- In 2010, the rate of diagnoses of HIV infection among young adults aged 20-24 years in Montana was 7.2 per 100,000 compared to the national rate of 36.9 per 100,000.<sup>17</sup>
- In 2010, the rate of AIDS diagnoses among young adults aged 20-24 years in Montana was 0.0 per 100,000 compared to the national rate of 10.4 per 100,000.<sup>18</sup>

#### *Sexually Transmitted Diseases*

- Montana ranks 36th in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 14.77 cases per 1,000, compared to the national rate of 20.03 cases per 1,000. In 2009, there were a total of 1,006 cases of chlamydia among young people ages 15–19 reported in Montana.<sup>19</sup>
- Montana ranks 48th in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 0.25 cases per 1,000, compared to the national rate of 4.04 cases per 1,000. In 2009, there were a total of 17 cases of gonorrhea among young people ages 15–19 reported in Montana.<sup>20</sup>

## **FEDERAL FUNDING FOR SEX EDUCATION, TEEN PREGNANCY PREVENTION, AND ABSTINENCE-ONLY PROGRAMS**

### **President's Teen Pregnancy Prevention Initiative**

The President's Teen Pregnancy Prevention Initiative (TPPI) funds medically accurate and age-appropriate programs to reduce teen pregnancy. The U.S. Department of Health and Human Services, Office of Adolescent Health (OAH) administers the grant program, which totaled \$105 million in discretionary funding for Fiscal Year (FY) 2011. TPPI consists of two funding tiers that provide grants to local public and private entities. Tier 1 totals \$75 million and provides funding for the replication of evidence-based programs proven to prevent unintended teen pregnancy and address underlying behavioral risk factors. Tier 2 totals \$25 million and provides funding to develop and test additional models and innovative strategies. A portion of the Tier 2 funds, \$15.2 million, was allocated for research and demonstration grants to test innovative approaches, while the remaining funding, \$9.8 million, was

allocated for grants to support communitywide initiatives. TPPI also dedicates \$4.5 million in funding to conduct evaluations of individual programs.

*TPPI Tier 1: Evidence-Based Programs*

The TPPI Tier 1 grant program supports the replication of evidence-based programs proven effective through rigorous evaluation to prevent unintended teen pregnancy, underlying behavioral risk factors, or other associated risk factors.

- There are no TPPI Tier 1 grantees in Montana.

*TPPI Tier 2: Innovative Approaches*

The TPPI Tier 2 grant program supports research and demonstration programs in order to develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy.

- There are no TPPI Tier 2 Innovative Approaches grantees in Montana.

*TPPI Tier 2: Communitywide Initiatives*

The TPPI Tier 2 grant program also supports communitywide initiatives to reduce rates of teenage pregnancy and births in communities with the highest rates. The program awards grants to national organizations as well as state- and community-based organizations. Funded national partners provide training and technical assistance to local grantees. The Centers for Disease Control and Prevention (CDC) administer the grant program in partnership with OAH.

- There are no TPPI Tier 2 Communitywide Initiatives grantees in Montana.

**Personal Responsibility Education Program**

The Personal Responsibility Education Program (PREP) totals \$75 million per year for FYs 2010–2014 and is the first-ever dedicated funding stream for more comprehensive approaches to sexuality education. The U.S. Department of Health and Human Services, Administration for Children and Families (ACF) administers the grant. PREP includes a \$55 million state-grant program, \$10 million to fund local entities through the Personal Responsibility Education Innovative Strategies (PREIS) Program, \$3.5 million for the Tribal PREP Program for tribes and tribal organizations, and \$6.5 million for evaluation, training, and technical assistance. Details on the state-grant program, PREIS, and Tribal PREP are included below.

*PREP State-Grant Program*

The PREP state-grant program 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 sexually transmitted infections (STIs). The grant program totals \$55 million per year and allocates funding to individual states. 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.

- The Montana Department of Public Health and Human Services received \$250,000 in federal PREP funds for FY 2011.
- The agency provides sub-grants to seven<sup>21</sup> local public and private entities.<sup>22</sup>

The Women's and Men's Health Section of the Montana Department of Public Health and Human Services implements the PREP state grant and has awarded sub-grants to local public and private entities

in approximately 11 communities. Funded programs serve middle school and high school-aged youth in both community- and school-based settings. Programming primarily targets Native American youth as well as youth residing in counties where the teen pregnancy rate is higher than the state rate. These counties include: Missoula, Flathead, Deer Lodge, Beaverhead, Butte/Silver Bow, Jefferson, Custer, and Rosebud. Sub-grantees are required to implement one or both of the following evidence-based programs: *Draw the Line/Respect the Line* and *Reducing the Risk*. In addition, programs will be required to address education and employment success or health life skills. They will also be required to address the following two adulthood preparation subjects: healthy relationships and positive adolescent development.<sup>23</sup>

*Draw the Line/Respect the Line* is an evidence-based program designed to teach youth in grades six through eight to postpone sexual involvement while providing information about condoms and contraception. The school-based curriculum consists of 19 sessions divided between grades six through eight and includes group discussions, small group activities, and role playing exercises focused on teaching youth how to establish and maintain boundaries regarding sexual behavior. Lessons for sixth grade students address using refusal skills; lessons for the seventh grade focus on setting sexual limits, the consequences of unprotected sex, and managing sexual pressure; and eighth grade students practice refusal and interpersonal skills and receive HIV/STD-prevention education. The program also includes individual teacher consultations and parent engagement through homework activities. Although it is designed for use in the classroom, the program may also be delivered in a community-based setting. An evaluation of the program published in the *American Journal of Public Health* found, at one-, two-, and three-year follow-ups, that male participants were significantly less likely to report ever having had sexual intercourse or having had sexual intercourse during the previous 12 months compared to participants in the control group.<sup>24</sup>

*Reducing the Risk: Building Skills to Prevent Pregnancy, STD and HIV* is an evidence-based, pregnancy-, STD-, and HIV-prevention curriculum designed for classroom use with students in the ninth and 10th grades. It is appropriate for use with multiethnic populations.<sup>25</sup> *Reducing the Risk* aims to reduce high-risk behaviors among participants and emphasizes strategies for abstaining from sex or practicing safer sex. The 16-lesson curriculum addresses both abstinence and contraception use and includes experiential activities that teach students to develop refusal, negotiation, and communication skills. An evaluation of the program published in *Family Planning Perspectives* found that it increased parent-child communication, especially among Latino youth, delayed the initiation of sexual intercourse, and reduced incidence of unprotected sex among lower-risk youth who participated in the program.<sup>26</sup>

#### *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. ACF administers the grant program in collaboration with OAH and provides a total of \$10 million in funding directly to local public and private entities.

- There are no PREIS grantees in Montana.

#### *Tribal Personal Responsibility Education Program (Tribal PREP)*

Tribal PREP supports the development and implementation of comprehensive teen pregnancy prevention programs within tribes and tribal communities. Tribal PREP programs target youth ages 10–19 who are in or are aging out of foster care, homeless youth, youth with HIV/AIDS, pregnant and/or parenting youth who are under 21 years of age, and youth who live in areas with high adolescent birth rates. Programs must 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 2011, 16 tribes and tribal organizations from nine states received a total of \$6.5 million.

## M O N T A N A

- There are no Tribal PREP grantees in Montana.

### **Title V State Abstinence Education Grant Program**

The Title V State Abstinence Education Grant Program (Title V Abstinence-Only Program) allocates \$50 million per year for FYs 2010–2014. ACF administers the grant. The Title V Abstinence-Only 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 the Title V Abstinence-Only Program must promote abstinence from sexual activity as their exclusive purpose and may provide mentoring, counseling, and adult supervision toward this end. Programs must be medically accurate and age-appropriate and must ensure abstinence is an expected outcome.

- Montana chose not to apply for Title V abstinence-only funds for FY 2011.

### **Montana TPPI, PREP, and Title V Abstinence-Only Funding in FY 2011**

Grantee	Award	Fiscal Years
<b>Personal Responsibility Education Program (PREP)</b>		
<i>PREP State-Grant Program</i>		
Montana Department of Public Health and Human Services (federal grant)	\$250,000	2011
<b>TOTAL</b>	<b>\$250,000</b>	
<b>GRAND TOTAL</b>	<b>\$250,000</b>	<b>2011</b>

### **COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION**

SIECUS has identified some examples of model programs, policies, and best practices being implemented in Montana public schools that provide more comprehensive sex education to young people.<sup>27</sup>

#### *Comprehensive Sex Education Programs in Public Schools*

##### Northwest Coalition for Adolescent Health

The Northwest Coalition for Adolescent Health provides evidence-based teen pregnancy prevention programming to youth in school and community-based settings across five states in the Northwest. The coalition consists of six Planned Parenthood affiliates, including Planned Parenthood of the Great Northwest, Planned Parenthood of Greater Washington and North Idaho, Planned Parenthood of Columbia Willamette, Planned Parenthood of Montana, Planned Parenthood of Southwest Oregon, and Mt. Baker Planned Parenthood.

The coalition provides programming to young people with the support of a TPPI Tier 1 grant totaling \$4,000,000 over five years. Programming targets high-risk African American, Native American, Russian, and Ukrainian youth in grades seven through 12 living in both rural and urban communities with substantially high teen birth and pregnancy rates and health disparities. The coalition will implement *Teen Outreach Program (TOP)* at 73 schools and community agencies in 27 counties across Alaska, Idaho, Montana, Oregon, and Washington. Approximately 2,000 youth will be served annually through the program.

*TOP* is an evidence-based youth development program that engages young people in experiential learning activities in order to “prepare for successful adulthood and avoid problem behaviors.”<sup>28</sup> The program is designed for youth ages 12–17 and focuses on reducing rates of school failure, school suspension, and teen pregnancy. *TOP* consists of a nine-month curriculum that addresses such topics as relationships, peer pressure, decision making, values clarification, goal-setting, adolescent development, and sexual health.<sup>29</sup> It also includes a 20-hour community service component that engages participants in activities to enhance knowledge and develop skills, including self-efficacy, communication, conflict-management, and self-regulation. *TOP* can be delivered as an in-school, after-school, or community-based program. An evaluation of the program published in *Child Development* found that young women ages 15–19 who participated in *TOP* were significantly less likely to report a pregnancy during the program than participants in the control group.<sup>30</sup>

*TOP* will be primarily implemented during classroom instruction while in some communities the program will be implemented as after-school programming. Participants will meet once a week for a minimum of 25 meetings over the nine-month period of the program. The service-learning component will take place on weekday evenings and on weekends.<sup>31</sup>

### *Updated Health Education Standards* Helena Public Schools

In October 2010, the Helena Public Schools Board of Trustees adopted the district’s revised *Health Enhancement K–12 Critical Competencies*, which establish updated health education standards both for kindergarten through eighth grade and for high school. The standards address 10 components of health education: personal health and preventative care; nutrition, consumer health, and safety; life management skills; structure and functions of the body; social, emotional and mental health; human sexuality; disease prevention and control; injury prevention and safety; and environmental health.<sup>32</sup> The approved *Critical Competencies* mark the first complete revision to the district’s health standards in more than 15 years. A committee made up of school district administrators, teachers, nurses, public health professionals, and police department officials updated the standards “using best practices and research-based information from state and national health organizations.”<sup>33</sup>

Among the standards for human sexuality, the *Critical Competencies* include medically accurate and age-appropriate guidelines that address such topics as feelings and emotions associated with sexuality, abstinence and contraception, responsibilities and consequences related to sexual activity, parent-child communication, decision making, setting boundaries, personal safety, healthy relationships, sexual harassment prevention, gender diversity, and sexual orientation, in addition to other topics. For example, the guidelines state that by the completion of third grade, students should “understand media often presents an unrealistic image of what it means to be male or female, what it means to be in love, and what parenthood and marriages are like.” Sixth grade students are expected to “understand gender identity is different from sexual orientation” and seventh grade students are expected to “understand people have the right to reevaluate decisions and change their minds or their behavior.” By the end of eighth grade, students should “understand abstinence from sexual activity is a healthy choice and is the only 100% effective way to avoid pregnancy and STI/HIV,” along with understanding the “risks associated with sexual activity.”<sup>34</sup> In addition, by the completion of high school, students should be able to “analyze the importance of parent/child communication regarding sexual intercourse and contraception choices.”<sup>35</sup>

After the passage of the revised standards, Helena Public Schools established an implementation plan to select and develop grade-level curricula that align with the new standards. The plan included professional development for district staff, recruitment of community resources, and experts to assist with instruction, development of an instructional delivery plan, and the creation of parent education component. The plan received input from parents, teachers, and students through an advisory council. The curriculum standards include an opt-out policy that will allow parents or guardians to remove their

children from instruction involving content they deem sensitive. The revised standards go into effect for the 2011–2012 school year.

We encourage you to submit any updated or additional information on comprehensive approaches to sex education being implemented in Montana public schools for inclusion in future publications of the State Profiles. Please visit SIECUS' "Contact Us" webpage at [www.siecus.org](http://www.siecus.org) to share information. Select "state policy" as the subject heading.

## POINTS OF CONTACT

### Adolescent Health Contact<sup>36</sup>

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Women's and Men's Health Section  
Montana Department of Public Health and Human Services  
P.O. Box 4210  
111 North Sanders  
Helena, MT 59620  
Phone: (406) 444-0983

### PREP State-Grant Coordinator

Helen McCaffrey, MPH  
Program Specialist  
Women's and Men's Health Section  
Montana Department of Public Health and Human Services  
P.O. Box 4210  
111 North Sanders  
Helena, MT 59620  
Phone: (406) 444-0983

## ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

ACLU of Montana  
Helena, MT  
Phone: (406) 443-8590  
[www.aclumontana.org](http://www.aclumontana.org)

Blue Mountain Clinic  
Missoula, MT  
Phone: (406) 721-1646  
[www.bluemountainclinic.org](http://www.bluemountainclinic.org)

NARAL Pro-Choice Montana  
Helena, MT  
Phone: (406) 443-0276  
[www.prochoicemontana.org](http://www.prochoicemontana.org)

Planned Parenthood of Montana  
Helena, MT  
Phone: (406) 443-7676  
[www.plannedparenthood.org/montana](http://www.plannedparenthood.org/montana)



## MONTANA

Montana Human Rights Network  
Helena, MT  
Phone: (406) 442-5506  
[www.mhrn.org](http://www.mhrn.org)

Yellowstone AIDS Project  
Billings, MT  
Phone: (406) 245-2029  
[www.yapmt.org](http://www.yapmt.org)

## ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Montana Family Foundation  
Laurel, MT  
Phone: (406) 628-1141  
[www.montanafamily.org](http://www.montanafamily.org)

Right to Life of Montana  
Helena, MT  
Phone: (406) 443-0827  
[www.rtlmt.org](http://www.rtlmt.org)

## MEDIA OUTLETS

### Newspapers in Montana<sup>37</sup>

*Billings Gazette*  
Billings, MT  
Phone: (406) 657-1200  
[www.billingsgazette.net](http://www.billingsgazette.net)

*Bozeman Daily Chronicle*  
Bozeman, MT  
Phone: (406) 587-4491  
[www.bozemandailychronicle.com](http://www.bozemandailychronicle.com)

*The Livingston Enterprise*  
Livingston, MT  
Phone: (406) 222-2000  
[www.livingstonenterprise.com](http://www.livingstonenterprise.com)

*Independent Record*  
Helena, MT  
Phone: (406) 447-4000  
[www.helenair.com](http://www.helenair.com)

*Miles City Star*  
Miles City, MT  
Phone: (406) 234-0450  
[www.milescitystar.com](http://www.milescitystar.com)

*Missoulian*  
Missoula, MT  
Phone: (406) 523-5200  
[www.missoulian.com](http://www.missoulian.com)

*Montana Standard*  
Butte, MT  
Phone: (406) 496-5500  
[www.mtstandard.com](http://www.mtstandard.com)

### Political Blogs in Montana

*4 and 20 Blackbirds*  
[www.4and20blackbirds.wordpress.com](http://www.4and20blackbirds.wordpress.com)

*Intelligent Discontent*  
[www.intelligentdiscontent.com](http://www.intelligentdiscontent.com)

*Left in the West*  
[www.leftinthewest.com](http://www.leftinthewest.com)

*Missoula Red Tape*  
[www.missoularedtape.com](http://www.missoularedtape.com)

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<sup>1</sup> This refers to the federal government's fiscal year, which begins on October 1st and ends on September 30th. The fiscal year is designated by the calendar year in which it ends; for example, Fiscal Year 2011 began on October 1, 2010, and ended on September 30, 2011.

<sup>2</sup> Mont. Admin. Rules § 10.54.7010, <http://www.mtrules.org/gateway/ruleno.asp?RN=10.54.7010>.

<sup>3</sup> Ibid.

<sup>4</sup> Mont. Admin. Rules § 10.54.7011(1)(d), <http://www.mtrules.org/gateway/RuleNo.asp?RN=10.54.7011>.

<sup>5</sup> Mont. Admin. Rules § 10.54.7012, <http://www.mtrules.org/gateway/RuleNo.asp?RN=10.54.7012>.

<sup>6</sup> Mont. Admin. Rules § 10.54.7013, <http://www.mtrules.org/gateway/RuleNo.asp?RN=10.54.7013>.

<sup>7</sup> *Communicable Diseases: Model Policies and Procedures for HIV Education, Infected Students and Staff, and Work Site Safety* (Montana: Montana Board of Education, 2003), accessed April 13, 2010, [http://www.opi.mt.gov/pdf/HIVED/HIVModelPolicies\\_arch.pdf](http://www.opi.mt.gov/pdf/HIVED/HIVModelPolicies_arch.pdf), 1.

<sup>8</sup> *Montana Accreditation Standards for Health Enhancement* (Montana: Montana Board of Education), accessed April 13, 2010, <http://www.opi.mt.gov/pdf/HIVED/HESStandardsSexEd.pdf>, 1–2.

<sup>9</sup> Danice K. Eaton, et. al., “Youth Risk Behavior Surveillance—United States, 2011,” *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 61, no. SS-4 (June 8, 2012): 24–29, accessed June 18, 2012, <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>.

<sup>10</sup> “Birth rate for U.S. teenagers reach historic lows for all age and ethnic groups,” NCHS data brief, no. 89,

(Hyattsville, MD: National Center for Health Statistics, 2012), accessed June 27, 2012, <http://www.cdc.gov/nchs/data/databriefs/db89.pdf>, Data table for figure 6.

<sup>11</sup> Ibid.

<sup>12</sup> *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, (Washington, DC: Guttmacher Institute, January 2010), accessed May 7, 2012, <http://www.guttmacher.org/pubs/USTPTrends.pdf>, Table 3.1.

<sup>13</sup> Ibid., Table 3.2.

<sup>14</sup> *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.1.

<sup>15</sup> Slide 9: “Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years, 2010—46 States and 5 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

<sup>16</sup> Slide 18: “Rates of AIDS Diagnoses among Adolescents Aged 13–19 Years, 2010—United States and 6 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

<sup>17</sup> Slide 10: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years, 2010—46 States and 5 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

<sup>18</sup> Slide 19: “Rates of AIDS Diagnoses among Young Adults Aged 20–24 Years, 2010—United States and 6 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

<sup>19</sup> “Wonder Database: Sexually Transmitted Disease Morbidity for selected STDs by age, race/ethnicity and gender 1996– 2009 Results,” (Atlanta, GA: Centers for Disease Control and Prevention, June 2011), accessed December 18, 2012, <http://wonder.cdc.gov>.

<sup>20</sup> Ibid.

<sup>21</sup> Sub-grantees include: Anaconda Family Resource Center (\$20,000); Custer County Public Health and Family Planning (\$20,000); Northern Cheyenne Tribal Health (\$20,000); Ft. Peck Tribal Health (\$20,000); Blue Mountain Clinic (\$20,000); Flathead City-County Health Department (\$20,000); Butte-Silverbow Health Department Family Planning (\$60,000).

<sup>22</sup> Information provided by Helen McCaffrey, Interim PREP Coordinator, Department of Public Health and Human Services, September 14, 2012.

<sup>23</sup> Ibid.

<sup>24</sup> *Draw the Line/Respect the Line*, Emerging Answers (Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy, 2007), accessed July 1, 2011, <[http://www.thenationalcampaign.org/ea2007/desc/draw\\_pr.pdf](http://www.thenationalcampaign.org/ea2007/desc/draw_pr.pdf)>; see also *Draw the Line/Respect the Line*, Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed July 1, 2011, [http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/draw\\_the\\_line\\_respect\\_the\\_line.pdf](http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/draw_the_line_respect_the_line.pdf).

<sup>25</sup> *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* (Washington, DC: Advocates for Youth, 2008), accessed March 30, 2010, <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>, 22.

<sup>26</sup> Ibid., 23–24.

<sup>27</sup> This is by no means a complete list of all comprehensive programming and policies related to sexuality education, but rather some examples of best practices and model programs that SIECUS identified.

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<sup>28</sup> Saras Chung and Annie Philipps, *Promoting Mental Health and Well-being in Adolescents: Recommendations for Wyman's Teen Outreach Program*, (Eureka, MO: Wyman Teen Outreach Program, 2010), accessed July 1, 2011, <http://wymancenter.org/wordpress/wp-content/uploads/2011/08/TOP-Promoting-Positive-Well-Being-in-Adolescents.pdf> , 3.

<sup>29</sup> Ibid, 9.

<sup>30</sup> "Pregnancy Prevention Intervention Implementation Report: Teen Outreach Program," Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed July 1, 2011, [http://www.hhs.gov/ash/oah/prevention/research/programs/teen\\_outreach\\_program.html](http://www.hhs.gov/ash/oah/prevention/research/programs/teen_outreach_program.html).

<sup>31</sup> Information provided by Willa Marth, Director of Education and Organizational Effectiveness for Planned Parenthood of the Great Northwest, June 21, 2011.

<sup>32</sup> *Health Enhancement K–12 Critical Competencies*, Helena Public Schools (October 2010), accessed August 24, 2011, <http://www.helena.k12.mt.us/images/documents/curriculum/HealthCurriculum/HCFinalDraft.pdf>, 1–2.

<sup>33</sup> Alana Listoe, "Sex Education Causes Stir in Helena Public Schools," *Helena Independent Record*, June 9, 2010, accessed August 17, 2010, [http://helenair.com/news/local/education/article\\_b7763efe-7395-11df-b7b4-001cc4c03286.html](http://helenair.com/news/local/education/article_b7763efe-7395-11df-b7b4-001cc4c03286.html).

<sup>34</sup> *Health Enhancement K–12 Critical Competencies*, 53.

<sup>35</sup> Ibid, 56.

<sup>36</sup> The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

<sup>37</sup> This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.