



SIECUS

State Profile

MONTANA

In Fiscal Year 2010¹, 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.² According to the health enhancement program’s content standards, “a student must have a basic knowledge and understanding of concepts that promote comprehensive health.”³ 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.”⁴ 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.⁵ 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.⁶ 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.”⁷

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.”⁸

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) Data⁹

- In 2009, 47% of female high school students and 48% of male high school students in Montana reported ever having had sexual intercourse compared to 46% of female high school students and 46% of male high school students nationwide.
- In 2009, 3% of female high school students and 8% of male high school students in Montana reported having had sexual intercourse before age 13 compared to 3% of female high school students and 8% of male high school students nationwide.
- In 2009, 15% of female high school students and 17% of male high school students in Montana reported having had four or more lifetime sexual partners compared to 11% of female high school students and 16% of male high school students nationwide.
- In 2009, 34% of female high school students and 31% 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 36% of female high school students and 33% of male high school students nationwide.
- In 2009, among those high school students who reported being currently sexually active, 58% of females and 77% of males in Montana reported having used condoms the last time they had sexual intercourse compared to 54% of females and 69% of males nationwide.
- In 2009, among those high school students who reported being currently sexually active, 34% of females and 20% of males in Montana reported having used birth control pills the last time they had sexual intercourse compared to 23% of females and 16% of males nationwide.
- In 2009, among those high school students who reported being currently sexually active, 22% of females and 29% of males in Montana reported having used alcohol or drugs the last time they had sexual intercourse compared to 17% of females and 26% of males nationwide.
- In 2009, 87% of high school students in Montana reported having been taught about AIDS/HIV in school compared to 87% 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 27th in the United States, with a rate of 40.7 births per 1,000 young women ages 15–19 compared to the national rate of 41.5 births per 1,000.¹⁰ In 2008, there were a total of 1,072 live births reported to young women ages 15–19 in Montana.¹¹
- In 2005, Montana's teen pregnancy rate ranked 38th 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 1,000.¹² There were a total of 1,900 pregnancies among young women ages 15–19 reported in Montana.¹³
- 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 1,000.¹⁴

HIV and AIDS

- Montana's AIDS rate ranks 40th in the United States, with a rate of 3 cases per 100,000 individuals compared to the national rate of 12.3 cases per 100,000.¹⁵
- Montana ranks 45th in number of reported AIDS cases in the United States among all age groups. In 2008, there were a total of 29 new AIDS cases reported in Montana.¹⁶
- Montana's AIDS rate among young people ages 13–19 ranks 25th in the United States, with a rate of 1.2 cases per 100,000 young people compared to the national rate of 1.8 cases per 100,000.¹⁷

Sexually Transmitted Diseases

- Montana ranks 32nd in reported cases of Chlamydia among young people ages 15–19 in the United States, with an infection rate of 16.49 cases per 1,000 compared to the national rate of 19.51 cases per 1,000. In 2008, there were a total of 1,111 cases of Chlamydia reported among young people ages 15–19 in Montana.¹⁸
- Montana ranks 46th in reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 0.49 cases per 1,000 compared to the national rate of 4.52 cases per 1,000. In 2008, there were a total of 33 cases of gonorrhea reported among young people ages 15–19 in Montana.¹⁹
- There are no available statewide data on the rate of syphilis among young people.

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 \$110 million in discretionary funding for Fiscal Year 2010. 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 Fiscal Years 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 Indian tribes and tribal organizations, and \$6.5 million for evaluation, training, and technical assistance. Details on the state-grant program and PREIS are included below. At the time of publication, the funding for tribes and tribal organizations had not yet been awarded.

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 Fiscal Year 2010.
- The department has issued an application announcement for available funds under the state's PREP grant program. At the time of publication, sub-grantees had not yet been determined.

The Women's and Men's Health Section of the Montana Department of Public Health and Human Services implements the PREP state grant and will award sub-grants to local public and private entities in approximately 11 communities. Funded programs will serve young people ages 10–19 in both community- and school-based settings. Programming will primarily target Native American youth as well as youth residing in counties where the teen pregnancy rate is higher than the state rate. These counties include: Blaine, Big Horn, Cascade, Deer Lodge, Flathead, Glacier, Hill, Lake, Lewis & Clark, Mineral, Roosevelt, Rosebud, Silver Bow, and Yellowstone. Sub-grantees will be 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.²⁰

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 a one-, two-, and three-year follow-up, 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.²¹

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 tenth grades. It is appropriate for use with multi-ethnic populations.²² *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.²³

Personal Responsibility Education Innovative Strategies (PREIS)

The PREIS Program 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.

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 Fiscal Years 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 Fiscal Year 2010.

Montana TPPI, PREP, and Title V Abstinence-Only Funding in FY 2010

Grantee	Award	Fiscal Years
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Montana Department of Public Health and Human Services (federal grant)	\$250,000	2010
TOTAL	\$250,000	
GRAND TOTAL	\$250,000	2010

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

SIECUS is not aware of any examples of model programs, policies, or best practices being implemented in Montana public schools that provide a more comprehensive approach to sex education for young people.

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 7–12 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.

Teen Outreach 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.”²⁴ 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.²⁵ 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.²⁶

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.²⁷

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 ten 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.²⁸ 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."²⁹

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."³⁰ 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."³¹

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 SIECUS State Profiles. Please visit SIECUS' "Contact Us" webpage at www.siecus.org to share information. Select "state policy" as the subject heading.

POINTS OF CONTACT

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ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

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

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

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

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

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

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

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

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

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

MEDIA OUTLETS

Newspapers in Montana³³

Billings Gazette
Billings, MT
Phone: (406) 657-1200
www.billingsgazette.net

Bozeman Daily Chronicle
Bozeman, MT
Phone: (406) 587-4491
www.bozemandailychronicle.com

The Livingston Enterprise
Livingston, MT
Phone: (406) 222-2000
www.livingstonenterprise.com

Independent Record
Helena, MT
Phone: (406) 447-4000
www.helenair.com

Miles City Star
Miles City, MT
Phone: (406) 234-0450
www.milescitystar.com

Missoulian
Missoula, MT
Phone: (406) 523-5200
www.missoulian.com

Montana Standard
Butte, MT
Phone: (406) 496-5500
www.mtstandard.com

Political Blogs in Montana

4 and 20 Blackbirds
www.4and20blackbirds.wordpress.com

Intelligent Discontent
www.intelligentdiscontent.com

Left in the West
www.leftinthewest.com

Missoula Red Tape
www.missoularedtape.com

¹ 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 2010 began on October 1, 2009 and ended on September 30, 2010.

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

³ Ibid.

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

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

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

- ⁷ *Communicable Diseases: Model Policies and Procedures for HIV Education, Infected Students and Staff, and Work Site Safety* (Montana: Montana Board of Education, 2003), accessed 13 April 2010, <http://www.opi.mt.gov/pdf/HIVED/HIVModelPolicies_arch.pdf>, 1.
- ⁸ *Montana Accreditation Standards for Health Enhancement* (Montana: Montana Board of Education), accessed 13 April 2010, <<http://www.opi.mt.gov/pdf/HIVED/HEStandardsSexEd.pdf>>, 1-2.
- ⁹ Danice K. Eaton, et. al., “Youth Risk Behavior Surveillance—United States, 2009,” *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 59, no. SS-5 (4 June 2010): 98–109, accessed 4 June 2010, <<http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf>>.
- ¹⁰ “Births: Final Data for 2008,” *National Vital Statistics Report*, vol. 59, (Atlanta, GA: Centers For Disease Control and Prevention, December 2010), accessed 29 June 2011, <http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_01.pdf>, Table 12.
- ¹¹ “VitalStats: Birth Data Files by State, Age of Mother in Years, 2008,” (Atlanta, GA: Centers for Disease Control and Prevention: National Center for Health Statistics), accessed 30 June 2011, <<http://www.cdc.gov/nchs/VitalStats.htm>>.
- ¹² *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, (Washington, DC: Guttmacher Institute, January 2010), accessed 5 March 2010, <<http://www.guttmacher.org/pubs/USTPTrends.pdf>>, Table 3.1.
- ¹³ *Ibid.*, Table 3.2.
- ¹⁴ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.3.
- ¹⁵ *HIV Surveillance Report, 2008*, (Atlanta, GA: Centers for Disease Control and Prevention, June 2010), accessed 28 June 2011, <<http://www.cdc.gov/hiv/surveillance/resources/reports/2008report/pdf/2008SurveillanceReport.pdf>>, Table 20.
- ¹⁶ *Ibid.*
- ¹⁷ Slide 18: “Rates of Diagnoses of AIDS Infection among Adolescents Aged 13–19 Years, 2009—40 States and 5 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention, July 2011), accessed 27 September 2011, <<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.
- ¹⁸ “Wonder Database: Selected STDs by Age, Race/Ethnicity, and Gender, 1996–2008 Results,” (Atlanta, GA: Centers for Disease Control and Prevention), 30 June 2009, accessed 5 March 2010, <<http://wonder.cdc.gov>>; see also Table 10: “Chlamydia: Reported Cases and Rates Per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, (Atlanta, GA: Centers for Disease Control and Prevention, Division of STD Prevention, November 2009), accessed 5 March 2010, <<http://www.cdc.gov/std/stats08/surv2008-Complete.pdf>>, 95.
- ¹⁹ *Ibid.*; see also Table 20: “Gonorrhea—Reported Cases and Rates per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, 106.
- ²⁰ “Youth Education Services – Teen Pregnancy Reduction,” State of Montana Request for Proposals, State Procurement Bureau (March 2011), accessed 24 August 2011, <<http://svc.mt.gov/gsd/Onestop/SolicitationDetail.aspx?SolicitationID=5660>>.
- ²¹ “Draw the Line/Respect the Line,” *Emerging Answers* (Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy, 2007), accessed 1 July 2011, <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 1 July 2011, <http://www.hhs.gov/ash/oah/prevention/research/programs/draw_the_line_respect_the_line.html>.
- ²² *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 30 March 2010, <<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 22.
- ²³ *Ibid.*, 23–24.
- ²⁴ 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 1 July 2011, <http://www.wymantop.org/pdfs/TOP_Positive_Well-Being.pdf>, 3.
- ²⁵ *Ibid.*, 9.
- ²⁶ “Pregnancy Prevention Intervention Implementation Report: Teen Outreach Program,” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed 1 July 2011, <http://www.hhs.gov/ash/oah/prevention/research/programs/teen_outreach_program.html>.
- ²⁷ Information provided by Willa Marth, Director of Education and Organizational Effectiveness for Planned Parenthood of the Great Northwest, 21 June 2011.
- ²⁸ *Health Enhancement K–12 Critical Competencies*, Helena Public Schools (October 2010), accessed 24 August 2011, <<http://www.helena.k12.mt.us/images/documents/curriculum/HealthCurriculum/HCFinalDraft.pdf>>, 1–2.
- ²⁹ Alana Listoe, “Sex Education Causes Stir in Helena Public Schools,” *Helena Independent Record*, 9 June 2010, accessed 17 August 2010, <http://helenair.com/news/local/education/article_b7763efe-7395-11df-b7b4-001cc4c03286.html>.

³⁰ *Health Enhancement K–12 Critical Competencies*, 53.

³¹ *Ibid.*, 56.

³² The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

³³ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.