

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

TEXAS

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

- **Division of Adolescent and School Health funds totaling \$64,955**
- **Title V State Abstinence Education Program funds totaling \$7,448,450**

In Fiscal Year 2017, local entities in Texas received:

- **Division of Adolescent and School Health funds totaling \$757,500**
- **Teen Pregnancy Prevention Program funds totaling \$8,153,698**
- **Competitive Personal Responsibility Education Program funds totaling \$4,034,072**
- **Personal Responsibility Education Innovative Strategies funds totaling \$852,022**
- **Sexual Risk Avoidance Education Program funds totaling \$1,096,206**

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

Neither sexuality education nor education on human immunodeficiency virus (HIV) and other sexually transmitted infections (STIs) are statutorily mandated in Texas. However, [Texas Education Code §7.102\(c\)\(11\)](#) requires the State Board of Education to “adopt rules to carry out the curriculum required or authorized under §28.002,” which includes “health.”² This means all school districts must adhere to the Texas Essential Knowledge and Skills for Health Education standards. Accordingly, [Texas Education Code §§ 28.004](#), [Texas State Board of Education Administrative Code §§ 115.22](#), [115.23](#), [115.32](#), and [115.33](#) require that all “course materials and instruction relating to human sexuality” must:

1. Present abstinence from sexual activity as the preferred choice of behavior in relationship to all sexual activity for unmarried persons of school age;
2. Devote more attention to abstinence from sexual activity than to any other behavior;
3. Emphasize that abstinence from sexual activity, if used consistently and correctly, is the only method that is 100% effective in preventing pregnancy, sexually transmitted diseases (STDs), infection with HIV or acquired immune deficiency syndrome (AIDS), and the emotional trauma associated with adolescent sexual activity;
4. Direct adolescents to a standard of behavior in which abstinence from sexual activity before marriage is the most effective way to prevent pregnancy, STDs, and infection with HIV or AIDS; and
5. Teach contraception and condom use in terms of human-use reality rates instead of theoretical laboratory rates, if instruction on contraception and condoms is included in curriculum content.³

School districts may not distribute condoms and are allowed to “separate students according to sex for instructional purposes.”⁴ Each school district must also have a local health advisory council established by the school district’s board of trustees.⁵ The council must make recommendations to the school district about changes in that district’s curriculum and “appropriate grade levels and methods of instruction for human sexuality instruction.”⁶ This council also must “assist the district in ensuring that local community values are reflected in the district’s health education instruction.”⁷

Parents or guardians may remove their children from any part of sexuality education instruction if it conflicts with their “religious or moral beliefs” by submitting a written request to the teacher.⁸ [This is referred to as an “opt-out” policy.](#)

STATE STANDARDS

The [Texas Essential Knowledge and Skills for Health Education](#) provides standards for what the health curriculum should look like if provided. These standards include teaching students to “analyze the effectiveness and ineffectiveness of barrier protection and other contraceptive methods,” “analyze the importance of abstinence from sexual activity,” “summarize the facts related to HIV infection and [STDs],” and to understand “the emotional trauma associated with adolescent sexual activity.”⁹

STATE LEGISLATIVE SESSION ACTIVITY

SIECUS tracks all state legislative session activity in our state legislative reports. For more information on bills related to school-based sexuality education that were introduced or passed in 2016, please see 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*](#).

TEXAS YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA¹⁰

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 Texas. 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.”¹¹

Reported ever having had sexual intercourse

- In 2013, 43.4% of female high school students and 48.5% of male high school students in Texas reported ever having had sexual intercourse, compared to 46% of female high school students and 47.5% of male high school students nationwide.
- In 2013, 57.0% of black high school students, 45.9% of Hispanic high school students, and 43.6% of white high school students in Texas reported ever having had sexual intercourse, compared to 60.6% of black high school students, 49.2% of Hispanic high school students, and 43.7% of white high school students nationwide.

Reported having had sexual intercourse before age 13

- In 2013, 3.6% of female high school students and 6.7% of male high school students in Texas reported having had sexual intercourse before age 13, compared to 3.1% of female high school students and 8.3% of male high school students nationwide.
- In 2013, 7.9% of black high school students, 5.1% of Hispanic high school students, and 3.3% of white high school students in Texas reported having had sexual intercourse before age 13, compared to 14.0% of black high school students, 6.4% of Hispanic high school students, and 3.3% of white high school students nationwide.

Reported being currently sexually active

- In 2013, 32.4% of female high school students and 33.3% of male high school students in Texas reported being currently sexually active, compared to 35.2% of female high school students and 32.7% of male high school students nationwide.
- In 2013, 37.0% of black high school students, 32.3% of Hispanic high school students, and 32.8% of white high school students in Texas reported being currently sexually active, compared to 42.1% of black high school students, 34.7% of Hispanic high school students, and 32.8% of white high school students nationwide.

Reported not using a condom during last sexual intercourse

- In 2013, 56% of female high school students and 38.2% of male high school students in Texas reported not using a condom during their last sexual intercourse, compared to 46.9% of female high school students and 34.2% of male high school students nationwide.
- In 2013, 52.4% of Hispanic high school students and 43% of white high school students in Texas reported not using a condom during their last sexual intercourse, compared to 41.7% of Hispanic high school students and 42.9% of white high school students nationwide.

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

- In 2013, 20.9% of female high school students and 17.1% of male high school students in Texas reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 15.7% of female high school students and 11.5% of male high school students nationwide.
- In 2013, 25.5% of Hispanic high school students and 8.9% of white high school students in Texas reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 19.7% of Hispanic high school students and 11.1% of white high school students nationwide.

Reported having had drunk alcohol or used drugs during last sexual intercourse¹²

- In 2013, 19.3% of female high school students and 28.4% of male high school students in Texas 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 2013, 22.2% of Hispanic high school students and 26.2% of white high school students in Texas reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 22.8% of Hispanic high school students and 19.3% of white high school students nationwide.

Reported having been physically forced to have sexual intercourse

- In 2013, 12.9% of female high school students and 7% of male high school students in Texas reported having been physically forced to have sexual intercourse, compared to 10.5% of female high school students and 4.2% of male high school students nationwide.
- In 2013, 8.4% of black high school students, 10.9% of Hispanic high school students, and 8.1% of white high school students in Texas reported having been physically forced to have sexual intercourse, compared to 8.4% of black high school students, 8.7% of Hispanic high school students, and 6.1% of white high school students nationwide.

Reported experiencing physical dating violence

- In 2013, 12.5% of female high school students and 7.4% of male high school students in Texas reported experiencing physical dating violence in the prior year, compared to 13% of female high school students and 7.4% of male high school students nationwide.
- In 2013, 8.3% of black high school students, 10.6% of Hispanic high school students, and 9.0% of white high school students in Texas reported experiencing physical dating violence in the prior year, compared to 10.3% of black high school students, 10.4% of Hispanic high school students, and 9.7% of white high school students nationwide.

Reported experiencing sexual dating violence

- In 2013, 14.5% of female high school students and 7.9% of male high school students in Texas reported experiencing sexual dating violence in the prior year, compared to 14.4% of female high school students and 6.2% of male high school students nationwide.
- In 2013, 9.3% of black high school students, 10.2% of Hispanic high school students, and 10.8% of white high school students in Texas reported experiencing sexual dating violence in the prior year, compared to 8.9% of black high school students, 11.5% of Hispanic high school students, and 9.8% of white high school students nationwide.

Visit the CDC [Youth Online](#) database for additional information on youth risk behaviors in Texas and in the cities of Dallas and Houston.

TEXAS SCHOOL HEALTH PROFILES DATA¹³

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.¹⁴ In the School Health Profiles, the CDC identifies 16 sexual education topics that it believes are critical to a young person's sexual health. Texas did not report

information as to instruction on the 16 sexual education topics in secondary schools 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

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

TEXAS 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, Texas had the 3rd highest reported teen pregnancy rate in the United States, with a rate of 58 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 43 per 1,000.¹⁵ There were a total of 53,150 pregnancies among young women ages 15–19 reported in Texas in 2013.¹⁶
- In 2015, Texas had the 4th highest reported teen birth rate in the United States, with a rate of 34.6 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per

1,000.¹⁷ There were a total of 32,687 live births to young women ages 15–19 reported in Texas in 2015.¹⁸

- In 2013, Texas had the 24th highest reported teen abortion rate¹⁹ in the United States, with a rate of 8 abortions per 1,000 young women ages 15–19, compared to the national rate of 11 per 1,000.²⁰ There were a total of 7,380 abortions among young women ages 15–19 reported in Texas in 2013.²¹

HIV and AIDS

- In 2015, the reported rate of diagnoses of HIV infection among adolescents ages 13–19 in Texas was 8.0 per 100,000, compared to the national rate of 5.8 per 100,000.²²
- In 2015, the reported rate of AIDS diagnoses among adolescents ages 13–19 in Texas was 0.4 per 100,000, compared to the national rate of 0.7 per 100,000.²³
- In 2015, the reported rate of diagnoses of HIV infection among young adults ages 20–24 in Texas was 43.1 per 100,000, compared to the national rate of 31.1 per 100,000.²⁴
- In 2015, the reported rate of AIDS diagnoses among young adults ages 20–24 in Texas was 7.9 per 100,000, compared to the national rate of 5.6 per 100,000.²⁵

STDs

- In 2015, Texas had the 20th highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 1,959.3 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 37,326 cases of chlamydia among young people ages 15–19 reported in Texas.²⁶
- In 2015, Texas had the 13th highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 442.6 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 8,432 cases of gonorrhea among young people ages 15–19 reported in Texas.²⁷
- In 2015, Texas had the 12th 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 6.2 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 118 cases of syphilis reported among young people ages 15–19 in Texas.²⁸

Visit the Office of Adolescent Health's (OAH) [Texas 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 TEXAS

Grantee	Award
Division of Adolescent and School Health (DASH)	
Houston Independent School District	\$378,750
Fort Worth Independent School District	\$378,750
Texas Department of State Health Services	\$64,955
TOTAL	\$822,455
Teen Pregnancy Prevention Program (TPPP)	
TPPP Tier 1A	
The University of Texas Health Science Center at San Antonio	\$750,000
TOTAL	\$750,000
TPPP Tier 1B	
Community Action Corporation of South Texas	\$749,999
The Dallas Foundation	\$987,500
Project Vida Health Center	\$796,297
The University of Texas Health Science Center at San Antonio	\$2,000,000
TOTAL	\$4,533,796
TPPP Tier 2A	
The Texas A&M University Health Science Center	\$1,500,000
TOTAL	\$1,500,000
TPPP Tier 2B	
Healthy Futures of Texas	\$869,902
TOTAL	\$869,902
TPPP Tier 2C	
Promundo	\$500,000
TOTAL	\$500,000
Personal Responsibility Education Program (PREP)	
Competitive Personal Responsibility Education Program (CPREP)	
Ambassadors for Christ Youth Ministries, Inc.	\$668,764
Center for Success and Independence, Inc.	\$642,296
Change Happens	\$668,764
Future Leaders Outreach Network	\$667,687

Healthy Futures of Texas	\$668,764
Seasons of Change, Inc.	\$467,796
Texas A&M University	\$250,001
TOTAL	\$4,034,072
Personal Responsibility Education Innovative Strategies (PREIS)	
Bee Busy Learning Academy, Inc.	\$852,022
TOTAL	\$852,022
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)	
Texas Department of State Health Services (federal grant)	\$7,448,450
TOTAL	\$7,448,450
Sexual Risk Avoidance Education Grant Program (SRAE)	
BCFS Health and Human Services	\$548,103
Ambassadors for Christ Youth Ministries, Inc.	\$548,103
TOTAL	\$1,096,206
GRAND TOTAL	\$22,406,903

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 two DASH grantees in Texas funded to strengthen student health through ESHE, SHS, and SSE (1308 Strategy 2): Houston Independent School District (\$320,000) and Ft. Worth Independent School District (\$320,000).

HOUSTON INDEPENDENT SCHOOL DISTRICT, \$320,000 (FY 2017)

With its 1308 Strategy 2 funds, the Houston Independent School District is revising the sexual health education components of its curriculum and offering professional development on sexual health education implementation, instructional models, and media resources to educators. The district plans to work with the HIV Community Planning Group and a youth task force to identify youth-friendly community health service providers within the school communities to market and distribute a school community resource guide. This resource guide, in addition to increased collaboration between school-based health centers and

the district's Health and Medical Services Department, will help raise awareness of and access to key sexual health services.

Finally, the district is working to address the overall needs of its young lesbian, gay, bisexual, transgender, and questioning (LGBTQ) people by implementing anti-bullying and anti-sexual harassment policies and by working with partners to promote school connectedness and parent engagement; provide student leadership trainings; and strengthen Gay Straight Alliances within its schools.²⁹

FORT WORTH INDEPENDENT SCHOOL DISTRICT, \$320,000 (FY 2017)

The Fort Worth Independent School District is working toward helping high school teachers more capably provide sexual health education to students through coaching, mentoring, and monitoring instructional practices. To increase access to sexual health services, the district will develop a clinical service provider resource guide that will be used by school counselors, nurses, and intervention specialists and students. The district will also provide training about developing safe spaces and establishing student-led clubs that provide welcoming environments for all students and staff.³⁰

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 no DASH grantees in Texas funded to deliver YMSM programming (1308 Strategy 4).

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

- In FY 2017, there were three DASH grantees in Texas funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): Houston Independent School District (\$58,750), Ft. Worth Independent School District (\$58,750), and the Texas Department of State Health Services (\$64,955).

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 program.

- In FY 2017, there was one TPP Tier 1A grantee in Texas: The University of Texas Health Science Center at San Antonio (\$750,000).

UNIVERSITY OF TEXAS (UT) HEALTH SCIENCE CENTER AT SAN ANTONIO, \$750,000 (FY 2017)

UT Health Science Center at San Antonio is an institution of health science education and research that serves patients in San Antonio and south Texas.³¹ The UT Teen Health program will implement the Health Science Center's TPP 1A grant. UT Teen Health will provide capacity building assistance to organizations that implement programs for young people. The program works with vulnerable populations such as young people in foster care, young people who are adjudicated, and expectant and parenting teens. The goal of the program is to provide training, technical assistance, and support to these organizations so they can successfully implement evidence-based programs for the young people they serve.³²

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

- In FY 2017, there were four TPP Tier 1B grantees in Texas: Community Action Corporation of South Texas (\$749,999); The Dallas Foundation (\$987,500); Project Vida Health Center (\$796,297); and The University of Texas Health Science Center at San Antonio (\$2,000,000).
- These local organizations received a total of \$4,533,796 in TPP Tier 1B funding.

COMMUNITY ACTION CORPORATION OF SOUTH TEXAS (CACOST), \$749,999 (FY 2017)

CACOST is a non-profit organization that is dedicated to improving the quality of life in South Texas “by providing high quality care, education, housing, and economic opportunities to reduce poverty through services and partnerships.”³³ With its TPP Tier 1B funding, CACOST will establish the South Texas Teen Leadership and Development Project. The goal of the project is to reduce the rate of teen pregnancy and STIs. Programming will be provided in Brooks, Duval, Jim Hogg, and Jim Wells counties in south Texas. In each county, the project will offer the [Teen Outreach Program \(TOP\)](#) and [Safer Sex Intervention](#) curricula. CACOST aims to serve 875 young people per year.³⁴

THE DALLAS FOUNDATION, \$987,500 (FY 2017)

The Dallas Foundation is a non-profit and is the oldest community foundation in the state of Texas. The goal of the organization is to make measurable differences in Dallas by connecting donors with the causes they care about.³⁵ Project Ntarupt, a component of The Dallas Foundation, will implement the Tier 1B grant. The goal of the grant program is to reduce teen pregnancy in five target zip codes within the city of Dallas by “educat[ing] both parents and teens and teach[ing] both the ‘how’ and the ‘why’ not to become a teen parent.” Programming will be offered to young people ages 10-19 in after-school, community, and out-of-home settings and will use [Families Talking Together](#), [Making Proud Choices!](#), and [Be Proud! Be Responsible! Be Protective!](#). The Dallas Foundation aims to serve 1,500 young people per year.³⁶

PROJECT VIDA HEALTH CENTER (PVHC), \$796,297 (FY 2017)

PVHC, a component of Project Vida located in El Paso, is a client-centered organization that provides high-quality primary and preventive health care services.³⁷ PVHC coordinates the POWER 4-Uth program, which focuses on “building positive youth development by promoting leadership and providing opportunities to establish youth resiliency.”³⁸ The TPP Tier 1B grant supports the POWER 4-Uth program at PVHC. The project will provide evidence-based programs to young people ages 12-18 in the Socorro and Montana Vista

communities in southeast El Paso County. Both communities are predominantly rural, Hispanic, and lacking community resources. Trained promotoras—lay health workers in the Hispanic community who can relay health-related information to community members—will implement [Making a Difference!](#), [Teen Health Project](#), and [Positive Prevention PLUS](#) in middle schools, high schools, and community-based settings along with offering additional support services for young people and their families. PVHC aims to serve 1,600 young people per year.³⁹

UT HEALTH SCIENCE CENTER AT SAN ANTONIO, \$2,000,000 (FY 2017)

UT Teen Health at the University of Texas Health Science Center at San Antonio will partner with community youth-serving organizations and the San Antonio Teen Pregnancy Prevention Collaborative to implement the TPPP Tier 1B grant. Funded programs will be offered to young people under the age of 20 in middle schools, high schools, after-school programs, faith-based organizations, and community settings in Bexar County. Emphasis will be placed on reaching vulnerable young people, including expectant and parenting teens, young people in juvenile detention, and young people in foster care. Programs that will be offered include: [Draw the Line/Respect the Line](#), [It's Your Game – Keep It Real](#), [Promoting Health Among Teens \(PHAT\) – Abstinence Only](#), [Sexual Health and Adolescent Risk Prevention \(SHARP\)](#), [Families Talking Together](#), [Seventeen Days](#), [Making a Difference!](#), and [Love Notes](#). UT Teen Health aims to serve approximately 17,550 young people per year.⁴⁰

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

- In FY 2017, there was one TPPP Tier 2A grantee in Texas: The Texas A&M University Health Science Center (\$1,500,000).

THE TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER, \$1,500,000 (FY 2017)

The Texas A&M University Health Science Center is an institution of health science education and research that serves patients in the state of Texas.⁴¹ The Innovative Teen Pregnancy Prevention Programs (iTP3) project will implement the Health Science Center's TPPP Tier 2A grant. The goal of iTP3 is to sub-contract with organizations to provide infrastructure, capacity building assistance, and evaluation over the period of five years to support the development of other innovative teen pregnancy prevention programs. By the end of the grant period, iTP3 aims to have “assembled and documented a portfolio of promising TPP programs that serve populations with the greatest need.”⁴²

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

- In FY 2017, there was one TPPP Tier 2B grantee in Texas: Healthy Futures of Texas (\$869,902).

HEALTHY FUTURES OF TEXAS (HFTX), \$869,902 (FY 2017)

HFTX is a non-profit organization dedicated to building a community with prepared parents, planned pregnancies, and healthy families. The organization works to empower parents and young people through science-based approaches and to develop a common-ground approach in order to reach its goal of reducing teen and unplanned pregnancy in San Antonio.⁴³ With its TPPP Tier 2B funding, HFTX will partner with Cardea Services and Philliber Research Associates to implement and evaluate the intervention [Big Decisions](#), which is an abstinence-plus curriculum program aimed at preventing teen pregnancy. [Big Decisions](#) has been found to be promising for Hispanic, low-income, and urban youth, and the goal of the grant is to test the curriculum's efficacy for Hispanic, low-income youth in rural communities and in small cities. Evaluation of

the program will be conducted through a randomized controlled trial in which participants will receive either [Big Decisions](#), *Big Decisions Plus*, which adds service learning and parent sessions; or a control program.⁴⁴

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

- In FY 2017, there was one TPPP Tier 2C grantee in Texas: Promundo (\$500,000).

PROMUNDO, \$500,000 (FY 2017)

Promundo is a global organization whose mission is “promoting gender justice and preventing violence by engaging men and boys in partnership with women and girls.”⁴⁵ The organization works with individual men and women to create dialogue about gender norms. It also campaigns for and uses local activism to build community support, and it advocates for the adoption of policies and programs that reinforce personal and social change. The organization’s efforts have reached more than 22 countries and gained the support of major global organizations such as the United Nations, World Bank, and the World Health Organization.⁴⁶ With its TPPP Tier 2C funding, Promundo will adapt and evaluate [Program H](#), an innovative teen pregnancy prevention and gender-transformative curriculum delivered over nine two-hour sessions, for young men ages 16-22 in juvenile justice centers. [Program H](#) holistically addresses topics including reproductive health knowledge, healthy relationships, healthy masculinity, and explicit and proactive support of female partners’ contraceptive use through reflection and dialogue about gender norms. Evaluation of the program will be done by a randomized controlled trial with approximately 650 young men from one or two Texas county juvenile justice centers. Impact will be evaluated three and 12 months after the program.⁴⁷

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 2017, Texas declined PREP funds.

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 was one PREIS grantees in Texas: Bee Busy Learning Academy, Inc. (\$852,022).⁴⁸

BEE BUSY LEARNING ACADEMY, INC. (BEE BUSY), \$852,022 (FY 2017)

Bee Busy is a community-based, 501(c)(3) non-profit organization that is dedicated to providing prevention services throughout Houston by offering alternative solutions for personal growth and development to disenfranchised populations.⁴⁹ The organization also offers HIV/STI information, education, and testing to any interested individual or organization. With the PREIS funds, Bee Busy will use the [*DREAMS \(Decisions, Responsibility, Empowerment, Accountability, Motivation, and Success\)*](#) to serve young people in high school and in community-based settings. An estimated 800 young people ages 14-18 in grades 9-11 will be served annually in Harris County and the Aldine School District. Bee Busy will address healthy relationships, financial literacy, educational and career success, and healthy life skills.⁵⁰

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 no Tribal PREP grantees in Texas.

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, seven local entities in Texas received a total of \$4,086,426 in CPREP funds: Ambassadors for Christ Youth Ministries, Inc. (\$668,764); Center for Success and Independence, Inc. (\$642,296); Change Happens (\$668,764); Future Leaders Outreach Network (\$667,687); Healthy Futures of Texas (\$668,764); Seasons of Change, Inc. (\$467,796); and Texas A&M University (\$250,001).⁵¹

AMBASSADORS FOR CHRIST YOUTH MINISTRIES, INC., \$668,764 (FY 2017)

Ambassadors for Christ Youth Ministries is a 501(c)(3) non-profit organization founded in 2006 that provides programming to Houston's "at-risk, underprivileged, displaced youth".⁵² Such programming includes Project F.A.B.U.L.O.U.S. (Forgetting Babies Utilize Learning Opportunities Unbutton Success), a group mentoring program that focuses on teenage pregnancy prevention and proper parenting skills using the [*Cuidate!*](#) and [*Be Proud! Be Responsible! Be Protective!*](#) curricula.⁵³ The program will address healthy relationships, adolescent development, parent-child communication, healthy life skills, financial literacy, and educational and career success. An estimated 300 young people ages 15-19 will use the program annually.⁵⁴

CENTER FOR SUCCESS AND INDEPENDENCE, INC. (TCSI), \$642,296 (FY 2017)

TCSI is a residential treatment program in Houston, Texas, for young people ages 13-17, whose "psychological and emotional disorders, substance abuse, and/or history of trauma have impaired their behavioral functioning and adversely impacted their everyday home, school, and community environments."⁵⁵ With the CPREP funds, TCSI will use the [*Transition to Independence Process \(TIP\)*](#), [*Sisters Saving Sisters \(SsS\)*](#), and [*MPOWERment \(MP\)*](#) curricula. The program will address healthy relationships, healthy life skills, and educational and career success. An estimated 119 young people a year in Harris and Fort Bend counties will use the program.⁵⁶

CHANGE HAPPENS, \$668,764 (FY 2017)

Change Happens is a community-based nonprofit organization that provides programs that "empower people to help themselves." Programs include HIV prevention, homelessness support, mentoring for young people, and after-school programs.⁵⁷ The Helping Youth Prevent Engaging in Risky Behavior (HYPE 2.0) program was designed to "educate youth ages 14-19 on abstinence, teen pregnancy prevention, HIV/AIDS, STDs, and positive youth development."⁵⁸ The HYPE 2.0 program uses the [*BART: Becoming a Responsible Teen*](#), [*Big Decisions*](#), and [*Money Talks*](#) curricula and also includes adult preparation subjects such as healthy relationships, adolescent development, parent-child communication, and educational and career success. The program will serve an estimated 720 young people within seven urban Houston schools annually.⁵⁹ Change Happens sub-grants to three entities – University of Houston (\$58,000), InnerChange (\$30,000), and Guidry and Associates (\$58,000). InnerChange uses the same curricula as is used in the HYPE 2.0 program. University of Houston and Guidry and Associates are program evaluators.⁶⁰

FUTURE LEADERS OUTREACH NETWORK (FLON), \$667,687 (FY 2017)

FLON is a community- and faith-based capacity-building organization that provides developmental opportunities for young people between the ages of 10 and 21.⁶¹ FLON provides Character-Based Abstinence Education in schools, community centers, and faith based settings in Arlington, Dallas, Fort Worth, and Tarrant, using [*Choosing the Best*](#) and [*Project AIM*](#) curricula.⁶² The program will address parent-child communication, financial literacy, and educational and career success. An estimated 1,300 young people a year will use the program.⁶³

HEALTHY FUTURES OF TEXAS, \$668,764 (FY 2017)

Healthy Futures of Texas was established in 2006 as a 501(c)(3) non-profit organization whose mission is to "reduce teen and unplanned pregnancy in San Antonio and Texas in order to support the development of strong families and positively impact the future of our community."⁶⁴ They do so through teen education and parent workshops in various settings, as well as through the community coalition, Healthy Futures

Alliance. Healthy Futures Alliance strives to build community support for teen and unplanned pregnancy prevention, advocate for improved policies—especially at the state level—for young adults and teens, develop messages and strategies to reach young adults and teens, and provide a model for other communities.⁶⁵ Healthy Futures of Texas will use the [*Sexual Health and Adolescent Risk Prevention \(SHARP\)*](#) and [*Seventeen Days*](#) curricula to serve an estimated 1,500 young people a year in the San Antonio area. The program will address healthy relationships, healthy life skills, and financial literacy.⁶⁶

SEASONS OF CHANGE, INC. (SOC), \$467,796 (FY 2017)

SOC is a community-based nonprofit organization based out of Arlington, Texas. The organization works to reduce teen pregnancy, STD rates, gang violence, and truancy.⁶⁷ Its mission is to work with community partners to provide research-based programs to adolescents and families that will “provide them with skills to make healthy choices and to be self-sufficient leaders.”⁶⁸ SOC is implementing the Texas Healthy Adolescent Initiative (THAI), which aims to improve the health of young people ages 14-19 by helping local community leadership groups conduct local needs assessments and by helping them develop strategic plans to address adolescent health through “a comprehensive youth development approach.”⁶⁹ SOC will serve Fort Worth-area, school-based settings using the [*Teen Outreach Program \(TOP\)*](#) curriculum and will address healthy relationships, adolescent development, financial literacy, parent-child communication, educational and career success, and healthy life skills. An estimated 1,000 young people a year will use this program.⁷⁰

TEXAS A&M UNIVERSITY, \$250,001 (FY 2017)

Texas A&M University is located in College Station, Texas. Texas A&M University will serve an estimated 1,735 young people in late elementary, middle, and high schools in Maverick and Cameron Counties every year. Focusing on school- and community-based settings, the university will use the [*¡Cuidate!*](#) and [*Making Proud Choices!*](#) curricula and will address healthy relationships, parent-child communication, and healthy life skills. Texas A&M University sub-grants its CPREP funds to the Texas Campaign, Maverick County Hospital District, Santa Rosa Independent School District, and Health Advocates.⁷¹ At the time of publication, more information on Texas A&M University’s implementation of CPREP grant funds was unavailable.

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.⁷²

- In FY 2017, the Texas Department of State Health Services received \$7,448,450 in federal Title V AOUM funding.⁷³
- At the time of publication, information as to Texas’ sub-grantees and use of FY 2017 Title V AOUM funds was unknown. The following information reflects implementation of FY 2016 funds during FY 2017.

The Texas Department of State Health Services administers the program and is using their grant to serve young people in grades 5-12 and ages 15-19 through in urban, rural, and suburban settings. Texas

Department of State Health Services implements the [Heritage Keepers](#) curriculum in community- and faith-based afterschool programs and requires implementation of mentoring, counseling, and adult supervision to supplement “abstinence education” in the programs.⁷⁴

“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 two SRAE grantees in Texas: Ambassadors for Christ Youth Ministries, Inc. (\$548,103) and BCFS HHS (\$548,103).⁷⁵

AMBASSADORS FOR CHRIST YOUTH MINISTRIES, INC., \$548,103 (FY 2017)

Ambassadors for Christ Youth Ministries is a 501(c)(3) non-profit organization founded in 2006 that provides programming to Houston’s “at-risk, underprivileged, displaced youth”.⁷⁶ The organization uses the [Promoting Health Among Teens \(PHAT\) – Abstinence Only](#) curriculum to serve young people ages 12-18 with school- and community-based programming in Harris County, Justice Alternative Education Program, and Knowledge is Power Program (KIPP) Schools.⁷⁷ At the time of publication, more information related to use of SRAE program funds was unknown.

BCFS HEALTH AND HUMAN SERVICES, \$548,103 (FY 2017)

BCFS HHS is a global network of non-profit organizations that aim to meet the needs of at-risk populations. BCFS HHS collaborates with corporations, non-profit organizations, and other entities to develop programs and service models to address challenges in health and human services.⁷⁸ BCFS HHS uses the [Promoting Health Among Teens \(PHAT\) – Abstinence Only](#) curriculum to serve young people ages 11 to 14 in school-based settings in Hidalgo County.⁷⁹ At the time of publication, more information related to use of SRAE program funds was unknown.

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¹ This refers to the federal government's fiscal year, which begins on October 1 and ends on September 30. The fiscal year is designated by the calendar year in which it ends; for example, FY 2017 began on October 1, 2016, and ended on September 30, 2017.

² Tex. Ed. Code §§7.102(c)(11) and 28.002(2)(B), www.statutes.legis.state.tx.us/Docs/ED/htm/ED.7.htm.

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- ³ Tex. Ed. Code §§ 28.004(e)(1)–(5), www.statutes.legis.state.tx.us/Docs/ED/htm/ED.28.htm#28.004.
- ⁴ Tex. Ed. Code §§ 28.004(f) and (g).
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- ⁷ Tex. Ed. Code §§ 28.004(a).
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- ⁹ Texas Essential Knowledge and Skills for Health Education, (Austin, Texas: Texas Education Agency) www.ritter.tea.state.tx.us/rules/tac/chapter115/index.html.
- ¹⁰ “Youth Online,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.
- ¹¹ “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.
- ¹² 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.
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- ⁵⁹ “Competitive Personal Responsibility Education Program Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/cprep-profiles; Information provided by Kelva Clay, Program Coordinator, Change Happens, June 30, 2017.
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- ⁶² “Character Based Abstinence Education,” Future Leaders Outreach Network, www.flon.org/abstinence-education.html.
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- ⁶⁹ “THAI,” Seasons of Change, Inc., www.seasonsofchangeinc.com/thai.
- ⁷⁰ “Competitive Personal Responsibility Education Program Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/cprep-profiles.
- ⁷¹ Competitive Personal Responsibility Education Program Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/cprep-profiles; Information provided by Kelly Wilson, Associate Professor, Texas A&M University, June 15, 2017.
- ⁷² 42 U.S.C. 710, Title V, Section 510 of the Social Security Act, the authorization for the Title V AOUN 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;
 - (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.
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