

State Profiles **FISCAL YEAR 2016**

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In Fiscal Year 2016,¹ the state of Alaska received:

- **Division of Adolescent and School Health funds totaling \$60,000**
- **Personal Responsibility Education Program Funds totaling \$250,000**

In Fiscal Year 2016, local entities in Alaska received:

- **Tribal Personal Responsibility Education Program funds totaling \$569,396**

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

Alaska does not have a statute that requires sexuality or sexually transmitted disease (STD) education. However, [AS 14.30.360](#) states that “each district in the state public school system shall be encouraged to initiate and conduct a program in health education for kindergarten through grade 12” and “should include instruction in physical health and personal safety including...the identification and prevention of child abuse,...sexual abuse, and domestic violence, and appropriate use of health services.”² Alaska state law does not specify any parental permission for students to participate in sexuality education or education of human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS).

Effective on October 26, 2016, [AS 14.30.361](#) states that “a person may only teach a class or program in sex education, human reproduction education, or human sexuality education if the person possesses a valid teacher certificate...and is employed under contract with the school or is supervised [by such person].” Additionally, “before curriculum, literature, or materials related to sex education, human reproduction education, or human sexuality education may be used in a class or program or distributed in a school, the curriculum, literature, or material must be approved by the school board and available for parents to review.”³

STATE STANDARDS

Alaska provides curriculum standards for schools to follow if they choose to provide sexuality education. The “Skills for a Healthy Life” section of the [Content and Performance Standards for Alaska Students](#), provided by the Department of Education and Early Development, recommends that students should “understand the physical and behavioral characteristics of human sexual development and maturity”; “develop an awareness of how personal life roles are affected by and contribute to the well-being of families, communities, and cultures”; “understand how respect for the rights of self and others contributes to relationships”; and “take responsible actions to create safe and healthy environments.”⁴

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STATE LEGISLATIVE ACTIVITY

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

YOUTH SEXUAL HEALTH DATA

The following sexual health behavior and outcome data represent the most recent information available on adolescent sexual health in Alaska. While data can be a powerful tool to demonstrate the sexuality education and sexual health care needs of young people, it is important to be mindful that these behaviors and outcomes are impacted by systemic inequities present in our society that can and often do affect an individual's sexual health and wellbeing. Additionally, there are significant limitations as to how and what data are currently collected. Young people are more than outcomes; for advocates, it is important to utilize the data in a manner that tracks our progress and pushes policies forward in a way that respects and supports the dignity of all young lives.

ALASKA YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA⁵

Reported ever having had sexual intercourse

- In 2015, 35% of female high school students and 36.7% of male high school students in Alaska reported ever having had sexual intercourse, compared to 39.2% of female high school students and 43.2% of male high school students nationwide.
- In 2015, 47% of American Indian/Alaska Native (AI/AN) high school students, 41.6% of Hispanic high school students, 31.8% of white high school students, and 40% of high school students who identified as multiple races in Alaska reported ever having had sexual intercourse, compared to 39.1% of AI/AN high school students, 42.5% of Hispanic high school students, 39.9% of white high school students, and 49.2% of high school students who identified as multiple races nationwide.

Reported having had sexual intercourse before age 13

- In 2015, 3.8% of female high school students and 10.4% of male high school students in Alaska reported having had sexual intercourse before age 13, compared to 2.2% of female high school students and 5.6% of male high school students nationwide.
- In 2015, 6.2% of AI/AN high school students, 7.4% of Hispanic high school students, 1.9% of white high school students, and 3.6% of high school students who identified as multiple races in Alaska reported having had sexual intercourse before age 13, compared to 1.8% of AI/AN high school students, 5.0% of Hispanic high school students, 2.5% of white high school students, and 5.8% of high school students who identified as multiple races nationwide.

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Reported being currently sexually active

- In 2015, 34.9% of female high school students and 34.8% of male high school students in Alaska reported being currently sexually active, compared to 29.8% of female high school students and 30.3% of male high school students nationwide.
- In 2015, 29.4% of AI/AN high school students, 32.1% of Hispanic high school students, 24.8% of white high school students, and 23.9% of high school students who identified as multiple races in Alaska reported being currently sexually active, compared to 31.5% of AI/AN high school students, 30.3% of Hispanic high school students, 30.3% of white high school students, and 35.7% of high school students who identified as multiple races nationwide.

Reported not using a condom during last sexual intercourse

- In 2015, 57.2% of female high school students and 41.1% of male high school students in Alaska reported not using a condom during their last sexual intercourse, compared to 48% of female high school students and 38.5% of male high school students nationwide.
- In 2015, 41.6% of white high school students in Alaska reported not using a condom during their last sexual intercourse, compared to 43.2% of white high school students nationwide.

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

- In 2015, 18.5% of female high school students and 17% of male high school students in Alaska reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 15.2% of female high school students and 12.2% of male high school students nationwide.
- In 2015, 12.1% of white high school students in Alaska reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 10.4% of white high school students nationwide.

Reported having been physically forced to have sexual intercourse

- In 2015, 11.3% of female high school students and 7.8% of male high school students in Alaska reported having been physically forced to have sexual intercourse, compared to 10.3% of female high school students and 3.1% of male high school students nationwide.
- In 2015, 9.0% of AI/AN high school students, 8.2% of Hispanic high school students, 6.6% of white high school students, and 11.6% of high school students who identified as multiple races in Alaska reported having been physically forced to have sexual intercourse, compared to 6.6% of AI/AN high school students, 7.0% of Hispanic high school students, 6.0% of white high school students, and 12.1% of high school students who identified as multiple races nationwide.

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Reported experiencing physical dating violence

- In 2015, 13.9% of female high school students and 8.4% of male high school students in Alaska reported experiencing physical dating violence in the prior year, compared to 11.7% of female high school students and 7.4% of male high school students nationwide.

Reported experiencing sexual dating violence

- In 2015, 13.4% of female high school students and 6.1% of male high school students in Alaska reported experiencing sexual dating violence in the prior year, compared to 15.6% of female high school students and 5.4% of male high school students nationwide.

Visit the Centers for Disease Control and Prevention's (CDC) [Youth Online](#) database for additional information on sexual behaviors.

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

Teen Pregnancy, Birth, and Abortion

- In 2011, Alaska had the 11th highest teen pregnancy rate in the United States, with a rate of 59 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 52 per 1,000.⁶ There were a total of 1,430 pregnancies among young women ages 15–19 reported in Alaska in 2011.⁷
- In 2015, Alaska had the 11th highest teen birth rate in the United States, with a rate of 29.3 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.⁸ There were a total of 645 live births to young women ages 15–19 reported in Alaska in 2014, the most recent year of available data.⁹
- In 2011, Alaska had the 11th highest teen abortion rate in the United States, with a rate of 14 abortions per 1,000 young women ages 15–19, compared to the national rate of 14 per 1,000.¹⁰ There were a total of 340 abortions among young women ages 15–19 reported in Alaska in 2011.¹¹

HIV and AIDS

- In 2015, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Alaska was 1.5 per 100,000, compared to the national rate of 5.8 per 100,000.¹²
- In 2015, the rate of AIDS diagnoses among adolescents ages 13–19 in Alaska was 0.0 per 100,000, compared to the national rate of 0.7 per 100,000.¹³
- In 2015, the rate of diagnoses of HIV infection among young adults ages 20–24 in Alaska was 4.8 per 100,000, compared to the national rate of 31.1 per 100,000.¹⁴
- In 2015, the rate of AIDS diagnoses among young adults ages 20–24 in Alaska was 1.6 per 100,000, compared to the national rate of 5.6 per 100,000.¹⁵

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STDs

- In 2015, Alaska had the 6th highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 2,540.20 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 1,249 cases of chlamydia among young people ages 15–19 reported in Alaska.¹⁶
- In 2015, Alaska had the 28th highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 254.2 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 125 cases of gonorrhea among young people ages 15–19 reported in Alaska.¹⁷
- In 2015, Alaska had the 49th 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 0.0 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 0 cases of syphilis reported among young people ages 15–19 in Alaska.¹⁸

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

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

FISCAL YEAR 2016 FEDERAL FUNDING IN ALASKA

Grantee	Award
Division of Adolescent and School Health (DASH)	
Alaska Department of Health and Social Services	\$60,000
TOTAL	\$60,000
Personal Responsibility Education Program (PREP)	
PREP State-Grant Program	
State of Alaska Department of Health and Social Services (federal grant)	\$250,000
TOTAL	\$250,000
Tribal Personal Responsibility Education Program (Tribal PREP)	
Cook Inlet Tribal Council, Inc.	\$569,396
TOTAL	\$569,396
GRAND TOTAL	\$879,396

DIVISION OF ADOLESCENT AND SCHOOL HEALTH

The Division of Adolescent and School Health (DASH), within the CDC, provides funding to state and local education agencies through several funding streams to better student health, implement HIV/STD

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prevention programs, collect and report data on young people's risk behaviors, and expand capacity-building partnerships.

In FY 2016, DASH provided funding to 18 state and 17 local education agencies to help districts and schools strengthen student health through exemplary sexual health education (ESHE) that emphasizes HIV and other STD prevention, increases access to key sexual health services (SHS), and establishes safe and supportive environments (SSE) for students and staff. DASH funded seven national, non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- In FY 2016, there were no DASH grantees in Alaska funded to strengthen student health through ESHE, SHS, and SSE (1308 Strategy 2).

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

- In FY 2016, there were no DASH grantees in Alaska funded to deliver YMSM programming (1308 Strategy 4).

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

- In FY 2016, there was one DASH grantee in Alaska funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): The Alaska Department of Health and Social Services (\$60,000).

TEEN PREGNANCY PREVENTION PROGRAM

The Office of Adolescent Health (OAH), within the U.S. Department of Health and Human Services (HHS), administers the Teen Pregnancy Prevention Program (TPPP), which funds evidence-based (or innovative evidence-informed), medically accurate, and age-appropriate programs to reduce teen pregnancy. OAH provides program support, implementation evaluation, and technical assistance to grantees. In FY 2016, total funding for TPPP was \$101 million, with an additional \$6.8 million authorized for evaluation purposes, supporting a total of 84 states, cities, non-profit organizations, school districts, universities, community-based organizations, and tribal organizations that were in year two of five TPPP funding tiers' five-year cooperative agreements in 33 states and territories, including the District of Columbia and the Marshall Islands. OAH provides program support, implementation evaluation, and technical assistance to grantees and receives an additional \$6.8 million in funding for evaluation purposes. There are five TPPP funding tiers:

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

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

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

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

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

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- In FY 2016, there were no TPPP grantees in Alaska.

PERSONAL RESPONSIBILITY EDUCATION PROGRAM

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

PREP State-Grant Program

State-grant PREP supports evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other STDs. In FY 2016, 43 states, the District of Columbia, the Federated States of Micronesia, Guam, Puerto Rico, and the Virgin Islands received PREP state-grant funds. The grant does not require states to provide matching funds. Funded programs must discuss abstinence and contraception and place substantial emphasis on both. Programs must also address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- In FY 2016, the State of Alaska Department of Health and Social Services, Division of Public Health, received \$250,000 in federal PREP funds.¹⁹
- There is one sub-grantee for the Alaska PREP state-grant program: The Alaska Department of Education and Early Development (\$145,000).²⁰

Alaska's PREP state-grant program is implemented through a partnership between the Department of Health and Social Services (DHSS) (Women's, Children's and Family Health section) and the Department of Education and Early Development. The target population are young people ages 11–19 in grades 7–10 who reside in areas of the state with a high rate of teen births, such as the Lower Kuskokwim Borough, Northwest Arctic Borough, and the North Slope Borough school districts. However, all schools in Alaska with an identified need are welcome to participate in the program. The Department of Education and Early Development uses their sub-grantee funds to supplement teacher travel to the trainings, purchase curriculum, and provide stipends to schools/teachers to support evaluation efforts by the DHSS. The DHSS provides training and technical assistance to aid school districts' implementation of [Fourth R—Alaska Perspectives](#), which addresses the adulthood preparation subjects of adolescent development, healthy relationships, and healthy life skills.²¹

Personal Responsibility Education Innovative Strategies (PREIS)

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

- In FY 2016, there were no PREIS grantees in Alaska.

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Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of teen pregnancy prevention programs within tribes and tribal communities. Tribal PREP programs target young people ages 10–19 who are in or who are aging out of foster care, young people experiencing homelessness, young people living with HIV/AIDS, young people who live in areas with high rates of adolescent births, and young people under age 21 who are pregnant and/or parenting. In FY 2016, eight tribes and tribal organizations from seven states received a total of \$3,436,621.

- In FY 2016, one local entity in Alaska received a total of \$569,396 in Tribal PREP funds: Cook Inlet Tribal Council, Inc. (\$569,296).²²

COOK INLET TRIBAL COUNCIL, INC., IN ANCHORAGE, \$569,396 (FY 2016)

Cook Inlet Tribal Council, Inc., (CITC) is an organization built upon values rooted in Alaska Native cultures that seeks to advance the self-determination of Alaska Natives. With the Tribal PREP funds, CITC estimates it will serve 72 young people annually who are either: ages 10-19; pregnant; or under 21 years old and parenting. At the time of publication, more information on CITC's use of Tribal PREP funds was unknown.²³

Competitive Personal Responsibility Education Program (CPREP)

CPREP grants support evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other STDs. Only organizations and institutions in states and territories that did not apply for PREP state grants in either of the first two fiscal years after the call for PREP state-grant applications were eligible to submit competitive applications for CPREP grants. In FY 2016, 21 CPREP grants, totaling \$10.3 million, were awarded to 21 organizations in Florida, Indiana, North Dakota, Texas, and Virginia, as well as in American Samoa, Guam, and the Northern Mariana Islands.

- In FY 2016, Alaska received PREP state-grant funding; therefore, entities in Alaska were not eligible for CPREP.

TITLE V STATE ABSTINENCE EDUCATION GRANT PROGRAM

The Title V state abstinence education grant program for abstinence-only-until-marriage (AOUM) programming, or the Title V AOUM program, is administered by FYSB, within ACF of HHS, and was funded at \$75 million in FY 2016. The Title V AOUM program requires states to provide three state-raised dollars, or the equivalent in services, for every four federal dollars received. The state match may be provided in part or in full by local groups. All programs funded by Title V AOUM must exclusively promote abstinence from sexual activity and may provide mentoring, counseling, and adult supervision toward this end. Programs must be medically accurate and age-appropriate and must encourage abstinence as an expected outcome.

- In FY 2016, Alaska chose not to apply for Title V AOUM funds.

“SEXUAL RISK AVOIDANCE EDUCATION” GRANT PROGRAM

Administered by FYSB within ACF of HHS, the “sexual risk avoidance education” (SRAE), i.e., the AOUM grant program, provides competitive funding for programs that “teach young people to voluntarily refrain

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from non-marital sexual activity and prevent other youth risk behaviors.” These programs are also required by statute to “teach the benefits associated with self-regulation, success sequencing for poverty prevention, healthy relationships, goal setting, and resisting sexual coercion, dating violence, and other youth risk behaviors such as underage drinking or illicit drug use without normalizing teen sexual activity.” In FY 2016, \$10 million was appropriated for the SRAE grant program, and \$8.98 million was awarded to 21 grantees in 12 states through a competitive application process.

- In FY 2016, there were no SRAE grantees in Alaska.

POINTS OF CONTACT

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¹ This refers to the federal government's fiscal year, which begins on October 1 and ends on September 30. The fiscal year is designated by the calendar year in which it ends; for example, FY 2016 began on October 1, 2015, and ended on September 30, 2016.

² AK ST § 14.30.360(a), <http://legis.state.ak.us/basis/folio.asp>.

³ AK ST §§ 14.30.361(a) and (b), <http://legis.state.ak.us/basis/folio.asp>.

⁴ "Content and Performance Standards for Alaska Students," Alaska State Board of Education, pgs. 24–27, www.eed.state.ak.us/akstandards/standards/standards.pdf.

⁵ "High School YRBS," Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

⁶ Kost, K., and Maddow-Zimet, I., *U.S. Teenage Pregnancies, Births, and Abortions, 2011: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), www.guttmacher.org/sites/default/files/report_pdf/us-teen-pregnancy-state-trends-2011_4.pdf, Table 1.1.

⁷ *Ibid.*, Table 1.2.

⁸ "Teen Birth Rate Comparison, 2015 Among Girls Age 15-19," The National Campaign to Prevent Teen and Unplanned Pregnancy, <https://thenationalcampaign.org/data/compare/1701>.

⁹ "Teen Births in Alaska, Girls 15-19," The National Campaign to Prevent Teen and Unplanned Pregnancy, <https://thenationalcampaign.org/data/state/alaska>.

¹⁰ Kost, K., and Maddow-Zimet, I., *U.S. Teenage Pregnancies, Births, and Abortions, 2011: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), www.guttmacher.org/sites/default/files/report_pdf/us-teen-pregnancy-state-trends-2011_4.pdf, Table 1.1.

¹¹ *Ibid.*, Table 1.2.

¹² Slide 17: "Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years 2015—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.

¹³ Slide 20: "Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Adolescents Aged 13–19 Years, 2015—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.

¹⁴ Slide 18: "Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years 2015—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.

¹⁵ Slide 21: "Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Young Adults Aged 20–24 Years, 2015—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.

¹⁶ NCHHSTP Atlas, "STD Surveillance Data" (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.

¹⁷ *Ibid.*

¹⁸ *Ibid.*

¹⁹ "2016 State Personal Responsibility Education Program (PREP) Awards," Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/2016-state-prep-awards.

²⁰ Information provided by Katie Reilly, MPH, Adolescent Health Project Coordinator, Alaska Division of Public Health, May 6, 2016; "State Personal Responsibility Education Program Grantee Profiles," Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, April 10, 2017.

²¹ *Ibid.*

²² "2016 Tribal Personal Responsibility Education Program (PREP) Grant Awards," Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/2016-tribal-prep-awards.

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²³ “Tribal Personal Responsibility Education Program Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, April 10, 2017.