



SIECUS

State Profile

MONTANA

In Fiscal Year 2013,¹ the state of Montana received:

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

In Fiscal Year 2013, local entities in Montana received:

- **Pregnancy Assistance Fund dollars totaling \$1,504,343**

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, state 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*.

2013 STATE LEGISLATIVE SESSION ACTIVITY

Bill to Require Parental Opt-In

Introduced in November 2012, HB 239 would have changed the current state sex education opt-out policy to an opt-in policy, requiring active parental permission. The bill passed both the Senate and the House, but was ultimately vetoed by the governor.

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 2013, 46% of female high school students and 46% of male high school students in Montana 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, 2.8% of female high school students and 5.7% of male high school students in Montana 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, 35.4% of female high school students and 32.8% 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 35.2% of female high school students and 32.7% of male high school students nationwide.
- In 2013, 11% of female high school students and 6.6% of male high school students in Montana who dated or went out with someone during the 12 months before the survey reported experiencing physical dating violence one or more times during that time period (defined as being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with), compared to 13.0% of female high school students and 7.4% of male high school students nationwide.

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

Montana Teen Pregnancy, HIV/AIDS, and Other STD Data

Teen Pregnancy, Birth, and Abortion

- In 2010, Montana's teen pregnancy rate ranked 30th in the United States, with a rate of 53 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 57 per 1,000.¹⁰ There were a total of 1,690 pregnancies among young women ages 15–19 reported in Montana.¹¹
- In 2012, Montana's teen birth rate ranked 24th in the United States, with a rate of 28.8 births per 1,000 young women ages 15–19, compared to the national rate of 29.4 per 1,000.¹² In 2012, there were a total of 892 live births reported to young women ages 15–19 in Montana.¹³
- In 2010, Montana's teen abortion rate ranked 27th in the United States, with a rate of 10 abortions per 1,000 young women ages 15–19, compared to the national rate of 15 per 1,000.¹⁴ There were a total of 310 abortions among young women ages 15–19 reported in Montana in 2010.¹⁵

HIV and AIDS

- In 2011, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Montana was 0 per 100,000, compared to the national rate of 7.6 per 100,000.¹⁶
- In 2011, the rate of AIDS diagnoses among adolescents ages 13–19 in Montana was 0 per 100,000, compared to the national rate of 1.9 per 100,000.¹⁷
- In 2011, the rate of diagnoses of HIV infection among young adults ages 20–24 in Montana was 3 per 100,000, compared to the national rate of 36.3 per 100,000.¹⁸
- In 2011, the rate of AIDS diagnoses among young adults ages 20–24 in Montana was 0 per 100,000, compared to the national rate of 10.9 per 100,000.¹⁹

Sexually Transmitted Diseases

- In 2012, Montana ranked 33rd in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 1,731.9 cases per 100,000, compared to the national rate of 2,001.7 per 100,000. In 2012, there were a total of 1,156 cases of chlamydia among young people ages 15–19 reported in Montana.²⁰
- In 2012, Montana ranked 46th in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 30 cases per 100,000, compared to the national rate of 376.8 per 100,000. In 2012, there were a total of 20 cases of gonorrhea among young people ages 15–19 reported in Montana.²¹
- In 2011, Montana ranked 25th in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 3 cases per 100,000, compared to the national rate of 4 per 100,000. In 2011, there were a total of 2 cases of syphilis among young people ages 15–19 reported in Montana.²²

FEDERAL FUNDING FOR SEX EDUCATION, TEEN PREGNANCY PREVENTION, AND ABSTINENCE-ONLY-UNTIL-MARRIAGE PROGRAMS

President's Teen Pregnancy Prevention Initiative

The President's Teen Pregnancy Prevention Initiative (TPPI) funds medically accurate and age-appropriate programs to reduce teen pregnancy. The U.S. Department of Health and Human Services, Office of Adolescent Health (OAH) administers the grant program, which totaled \$105 million in discretionary funding for FY 2013. 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. OAH utilizes the remaining appropriated funds to provide program support, implementation evaluation, and technical assistance to grantees. TPPI also dedicates \$8.5 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 and minimize 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.

Division of Adolescent and School Health

The Division of Adolescent and School Health (DASH), within the Centers for Disease Control and Prevention (CDC), provides funding to 17 state and 19 local education agencies to help districts and schools strengthen student health through exemplary sexual health education (ESHE) that emphasizes HIV and other STD prevention, increased access to key sexual health services (SHS), and the establishment of safe and supportive environments (SSE) for students and staff. In addition, DASH funds nine national non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- There were no DASH grantees in Montana funded to strengthen student health through ESHE, SHS, and SSE in FY 2013.

DASH also funds three local education agencies and one NGO 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.

- There were no DASH grantees in Montana funded to deliver YMSM programming in FY 2013.

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 Survey (YRBS) and School Health Profiles data for policy and program improvements.

- There was one DASH grantee in Montana funded to collect and report YRBS and School Health Profiles data in FY 2013, the Montana Office of Public Instruction (\$60,000).

Pregnancy Assistance Fund

The Pregnancy Assistance Fund (PAF), administered by OAH, provides expecting and parenting teens, women, fathers, and their families with a network of support services. Established in FY 2010 through a 10-year authorization (FY 2010–FY 2019) in the Affordable Care Act (ACA), PAF is a \$25 million competitive grant program for state and tribal entities. PAF grants support programs that include at least one of the following four components: 1) support for expectant and parenting student services at institutions of higher education;

2) support for expectant and parenting teens, women, fathers, and their families at high schools and community centers; 3) improved services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking; and 4) increased public awareness and education services for expectant and parenting teens, women, fathers, and their families. Now in the second round of awards, PAF supports 17 entities in 14 states and three tribal entities, most of which focus their efforts on serving teen parents.

- Local entities in Montana received \$1,504,343 in PAF dollars for FY 2013.
- There were two PAF grantees in Montana: the Montana Department of Public Health and Human Services (\$1,000,000) and the Confederated Salish and Kootenai Tribes (\$504,343).

Montana Department of Public Health and Human Services, \$1,000,000 (FY 2013)

The Montana Department of Public Health and Human Services uses PAF to implement the Healthy Montana Teen Parent Program, a statewide initiative providing coordinated support for expectant and parenting teens in high schools and community service centers. Healthy Montana Teen Parent Program has a specific focus on serving American Indian populations and aims to facilitate self-sufficiency of expectant and parenting adolescents, build their parenting capacity, encourage postsecondary education and preparedness for the workforce, and improve the healthy growth and development of their children. Program contractors address the educational needs of participants and at least two of the following: case management; referral and linkages to prenatal care and reproductive health services; quality child care; nurturing, parenting, and life skills education; and father involvement and support strategies. The program works with the Montana Office of Public Instruction to help program contractors connect with their local high schools and GED programs to increase the program's reach. The program also partners with Healthy Mothers, Healthy Babies of Montana to provide outreach and training in high-need communities on breastfeeding techniques as well as services and resources such as text4Baby and the Period of PURPLE Crying.²³

The Confederated Salish and Kootenai Tribes, \$504,343 (FY 2013)

The Confederated Salish and Kootenai Tribes use PAF to implement the Best Beginnings Pregnant and Parenting Teens Program with expectant and parenting teens and young women, their partners, and families who are members or descendants of the Confederated Salish and Kootenai Tribes, or members of other Indian tribes on the Flathead Indian Reservation in northwestern Montana. Through the evidence-based Parents as Teachers model, participants receive services including parenting education, child developmental screening, resources and referrals, and supportive services to achieve improved maternal and child well-being, increased paternal involvement, and improved co-parenting. Salish Kootenai College's sub-award provides educational attainment services to women who are enrolled or prospective students in an effort to increase educational attainment and pregnancy planning. Services are provided in a variety of settings, including in the home, at Tribal Social Services Department facilities, or on Salish Kootenai College's campus.²⁴

Personal Responsibility Education Program

The Personal Responsibility Education Program (PREP) totals \$75 million per year for FYs 2010–2014 and is the first-ever dedicated funding stream for more comprehensive approaches to sexuality education. The U.S. Department of Health and Human Services, Administration for Children and Families (ACF) administers the grant. PREP includes a \$55 million state grant program, \$10 million to fund local entities through the Personal Responsibility Education Innovative Strategies (PREIS) program, \$3.1 million for Tribal PREP, for tribes and tribal organizations, with remaining funds for evaluation, training, and technical assistance. In addition, provisions within the statute for PREP enable a competitive application process for community- and faith-based organizations within states and territories that do not directly seek PREP funding by the third year of the program; these competitive PREP (CPREP) grants were awarded to organizations in five states and three territories in FY 2013. Details on the state grant program, PREIS, Tribal PREP, and CPREP are included below.

PREP State-Grant Program

The PREP state-grant program supports evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other STDs. The grant program totals \$55 million per year and allocates funding to individual states. The grant does not require states to provide matching funds. Funded programs must discuss abstinence and contraception, and place substantial emphasis on both. Programs must also address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- The Montana Department of Public Health and Human Services received \$250,000 in federal PREP funds for FY 2013.
- The agency provides sub-grants to six²⁵ local public and private entities.²⁶

The Women's and Men's Health Section of the Montana Department of Public Health and Human Services implements the PREP state grant and has awarded sub-grants to local public and private entities to implement both school- and community-based programming. Funded programs serve middle school- and high school-aged youth in Anaconda, Blue Mountain, Butte-Silver Bow, Custer, Deer Lodge, Flathead, counties as well as on the Northern Cheyenne Indian Reservation. Sub-grantees are required to implement one or both of the following evidence-based programs: *Draw the Line/Respect the Line* and *Reducing the Risk*. In addition, programs are required to address education and employment success or healthy life skills. They are also required to address the following two adulthood preparation subjects: healthy relationships and positive adolescent development.²⁷

Personal Responsibility Education Innovative Strategies (PREIS)

PREIS supports research and demonstration programs to develop, replicate, refine, and test innovative models for preventing unintended teen pregnancy. ACF administers the grant program in collaboration with OAH and provides a total of \$10 million in funding directly to local public and private entities.

- There are no PREIS grantees in Montana.

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of comprehensive teen pregnancy prevention programs within tribes and tribal communities. Tribal PREP programs target youth ages 10–19 who are in or are aging out of foster care, homeless youth, youth with HIV/AIDS, pregnant and/or parenting youth who are under 21 years of age, and youth who live in areas with high adolescent birth rates. Programs must address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- In FY 2013, 16 tribes and tribal organizations from nine states received a total of \$3.1 million.
- There are no Tribal PREP grantees in Montana.

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. Organizations and institutions in states and territories that did not apply for PREP formula grants in either of the past two fiscal years were eligible to submit competitive applications for CPREP grants.

Thirty-seven grants, totaling \$18.6 million, were awarded in FY 2013 to organizations in American Samoa, the Commonwealth of Northern Mariana Islands, Florida, Guam, Indiana, North Dakota, Texas, and Virginia.

- There are no CPREP grantees in Montana.

Title V State Abstinence Education Grant Program

The Title V abstinence-only-until-marriage (Title V AOUM) program, administered by ACF, allocates \$50 million per year for FYs 2010–2014. 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 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 AOUM funds for FY 2013.

Competitive Abstinence Education Grant Program

Administered by the ACF, the Competitive Abstinence Education (CAE) grant program provides grants for the exclusive purpose of “abstinence education” as defined by the A–H statute in Title V of the Social Security Act, as well as for mentoring, counseling, and adult supervision that promotes abstinence outside of marriage. As currently implemented by ACF, the programs must also be medically accurate. In FY 2013, \$4.3 million was granted through a competitive application process to 10 grantees across nine states, in addition to the nine grantees implementing the second year of their CAE awards in some overlapping and additional states, for a total of 19 CAE grantees in 14 states.

- There are no CAE grantees in Montana.

Montana TPPI, DASH, PAF, PREP, Title V AOUM, and CAE Funding in FY 2013

Grantee	Award	Fiscal Years
Division of Adolescent and School Health (DASH)		
Montana Office of Public Instruction	\$60,000	2013–2017
TOTAL	\$60,000	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Montana Department of Public Health and Human Services (federal grant)	\$250,000	2013
TOTAL	\$250,000	
Pregnancy Assistance Fund (PAF)		
Montana’s Department of Public Health and Human Services	\$1,000,000	2013
The Confederated Salish and Kootenai Tribes	504,343	2013
TOTAL	\$1,504,343	
GRAND TOTAL	\$1,814,343	2013

POINT OF CONTACT

Adolescent Health Contact²⁸ and PREP State-Grant Coordinator

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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 2013 began on October 1, 2012, and ended on September 30, 2013.

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(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 April 13, 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 April 13, 2010, <http://www.opi.mt.gov/pdf/HIVED/HESStandardsSexEd.pdf>, 1–2.

⁹ Kann, Laura, et al., “Youth Risk Behavior Surveillance—United States, 2013,” *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 63, no. 4 (June 13, 2014): accessed July 17, 2014, <http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf>.

¹⁰ Kost, K., and S. Henshaw, *U.S. Teenage Pregnancies, Births, and Abortions, 2010: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), accessed July 8, 2014, <http://www.guttmacher.org/pubs/USTPtrends10.pdf>, Table 3.1.

¹¹ Ibid., Table 3.2.

¹² Martin, J.A., et al., *Births: Final Data for 2012*. National Vital Statistics Reports, Vol. 62, No. 9 (December 30, 2013), accessed July 30, 2014, http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf, Table 12.

¹³ Centers for Disease Control and Prevention, VitalStats Interactive Data Tables, Hyattsville, MD: National Center for Health Statistics, at <http://www.cdc.gov/nchs/vitalstats.htm>.

¹⁴ Kost, K., and S. Henshaw, *U.S. Teenage Pregnancies, Births, and Abortions, 2010: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), accessed July 8, 2014, <http://www.guttmacher.org/pubs/USTPtrends10.pdf>, Table 3.1.

¹⁵ Ibid., Table 3.2.

¹⁶ Slide 9: “Rates of Diagnosis of HIV Infection among Adolescents Aged 13–19 Years, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

¹⁷ Slide 18: “Rates of Stage 3 (AIDS) Classifications among Adolescents Aged 13–19 Years with HIV Infection, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

¹⁸ Slide 10: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

¹⁹ Slide 19: “Rates of Stage 3 (AIDS) Classifications among Adolescents Aged 20–24 Years with HIV Infection, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

²⁰ NCHHSTP Atlas, “STD Surveillance Data.” (Atlanta, GA: Centers for Disease Control and Prevention), accessed July 16, 2014, <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.

²¹ Ibid.

²² In 2012, the data on the syphilis rate was suppressed, Ibid.

²³ Montana Department of Public Health and Human Services (MT) - Pregnancy Assistance Fund,” Office of Adolescent Health, U.S. Department of Health and Human Services, accessed September 23, 2014, <http://www.hhs.gov/ash/oah/grants/grantees/paf-mt.html>.

²⁴ “Confederated Salish and Kootenai Tribes,” Office of Adolescent Health, U.S. Department of Health and Human Services, accessed September 23, 2014, <http://www.hhs.gov/ash/oah/grants/grantees/paf-mt-1.html>.

M O N T A N A

²⁵ Sub-grantees include: Anaconda Family Resource Center (\$22,500); Blue Mountain Clinic (\$10,000); Butte-Silverbow Health Department Family Planning (\$67,500); Custer County Public Health and Family Planning (\$20,000); Flathead City-County Health Department (\$22,500); Ft. Peck Tribal Health (N/A); Northern Cheyenne Tribal Health (\$22,500).

²⁶ Information provided by Kara Hughes, Montana PREP coordinator, Women's and Men's Health Section, Department of Public Health and Human Services, June 10, 2014.

²⁷ Ibid.

²⁸ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.