



SIECUS

State Profile

MARYLAND

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

- **Division of Adolescent and School Health funds totaling \$64,177**
- **Personal Responsibility Education Program funds totaling \$897,202**
- **Title V State Abstinence Education Program funds totaling \$499,764**

In Fiscal Year 2013, local entities in Maryland received:

- **Teen Pregnancy Prevention Initiative funds totaling \$1,342,138**
- **Division of Adolescent and School Health funds totaling \$50,000**

SEXUALITY EDUCATION LAW AND POLICY

Sex education is not specifically addressed within Maryland state law, however, the state's Code of Public General Laws (statutes) requires instruction in health education and the joint development of standards and guidelines for school health programs by the departments of Education and Health and Mental Hygiene.² The Administrative Regulations fulfilling this requirement mandate that each local school board work with its county health department in establishing a broad school health education program, including "Family Life and Human Sexuality" and "Disease Prevention and Control," both of which encompass sex education topics.³ The goals are to enable students to "demonstrate the ability to use human development knowledge, social skills, and health enhancing strategies to promote positive relationships and healthy growth and development throughout the lifecycle;"⁴ and "demonstrate the ability apply prevention and treatment knowledge, skills, and strategies to reduce susceptibility and manage disease."⁵

The local school system is required to establish a joint committee comprised of educators and community representatives to review and submit instruction material to be approved by the local Board of Education.⁶ Maryland's Code and Administrative Regulations do provide guidance for or include medical accuracy or age-appropriateness as requirements for instructional content.

Maryland requires that health education classes be taught in grades K–12. The Code of Administrative Regulations also mandates that "local school systems shall provide annual instruction in AIDS to all students at least once in grades three to six, six to nine, and nine to twelve."⁷ Additionally, family life and human sexuality instruction is required to "begin in or prior to the fifth grade," though "as shortly in advance of puberty as is practical."⁸ Determination of which grade is left to the local school board.⁹

Local school boards are empowered to determine the criteria for selecting teachers of sexuality education classes; however, teachers must have additional preparation, which can include both educational and professional development opportunities, prior to teaching the class.¹⁰ Schools must provide parents or guardians the opportunity to view all instructional materials prior to their use and parents or guardians may remove their children from any or all sexuality education classes.¹¹ This is referred to as an "opt-out" policy.

See [Maryland Code of Public General Laws §7–401](#) and [Administrative Regulations §§ 13A.04.18](#).

2013 STATE LEGISLATIVE SESSION ACTIVITY

SI ECUS is not aware of any proposed legislation regarding sexuality education in Maryland.

YOUTH SEXUAL HEALTH DATA

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

Maryland Youth Risk Behavior Survey (YRBS) Data¹²

- In 2013, 36.4% of female high school students and 41.9% of male high school students in Maryland 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, 3.2% of female high school students and 10.2% of male high school students in Maryland 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, 26.7% of female high school students and 27.5% of male high school students in Maryland 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, 12% of female high school students and 9.7% of male high school students in Maryland 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% 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 youth risk behaviors.

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

Teen Pregnancy, Birth, and Abortion

- In 2010, Maryland's teen pregnancy rate ranked 22nd in the United States, with a rate of 57 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 57 per 1,000.¹³ There were a total of 11,320 pregnancies among young women ages 15–19 reported in Maryland.¹⁴
- In 2012, Maryland's teen birth rate ranked 41st in the United States, with a rate of 22.1 births per 1,000 young women ages 15–19, compared to the national rate of 29.4 per 1,000.¹⁵ In 2012, there were a total of 4,286 live births to young women ages 15–19 reported in Maryland.¹⁶

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- In 2010, Maryland's teen abortion rate ranked fifth in the United States, with a rate of 22 abortions per 1,000 young women ages 15–19, compared to the national rate of 15 per 1,000.¹⁷ There were a total of 4,400 abortions among young women ages 15–19 reported in Maryland in 2010.¹⁸

HIV and AIDS

- In 2011, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Maryland was 17.6 per 100,000, compared to the national rate of 7.6 per 100,000.¹⁹
- In 2011, the rate of AIDS diagnoses among adolescents ages 13–19 in Maryland was 4.4 per 100,000, compared to the national rate of 1.9 per 100,000.²⁰
- In 2011, the rate of diagnosis of HIV infection among young adults ages 20–24 in Maryland was 77 per 100,000, compared to the national rate of 36.3 per 100,000.²¹
- In 2011, the rate of AIDS diagnoses among young adults ages 20–24 in Maryland was 28.5 per 100,000, compared to the national rate of 10.9 per 100,000.²²

Sexually Transmitted Diseases

- In 2012, Maryland ranked 17th in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 2,205 cases per 100,000, compared to the national rate of 2,001.7 per 100,000. In 2012, there were a total of 8,776 cases of chlamydia among young people ages 15–19 reported in Maryland.²³
- In 2012, Maryland ranked 19th in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 365.8 cases per 100,000, compared to the national rate of 376.8 per 100,000. In 2012, there were a total of 1,456 cases of gonorrhea among young people ages 15–19 reported in Maryland.²⁴
- In 2012, Maryland ranked 16th in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 4.5 cases per 100,000, compared to the national rate of 4.1 per 100,000. In 2012, there were a total of 18 cases of syphilis among young people ages 15–19 reported in Maryland.²⁵

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.

- Local organizations in Maryland received \$1,342,138 in TPPI Tier 1 funding for FY 2013.
- There are two TPPI Tier 1 grantees in Maryland: Women Accepting Responsibility, Inc., and YMCA of Cumberland, MD, Inc.

Women Accepting Responsibility, Inc., \$890,798 (FY 2013)

Women Accepting Responsibility is a community-based nonprofit organization serving women and adolescent females of color in Baltimore, Maryland. Its mission is to “offer women and adolescent females whose lives have been shattered by crisis and transition, confidential, nurturing, and holistic service in a safe haven.”²⁶ Through a variety of health, preventive, and educational services, the organization works to reduce the spread of HIV/AIDS and other STDs, drug abuse, and incarceration, as well as the recidivism rate. Its services include psychological counseling, free STD testing, transitional housing, and GED-preparation classes.

With its TPPI funding, Women Accepting Responsibility provides after-school and summer programming to African American youth ages 13–18. The program serves young people from three high schools in Northwest Baltimore and from high-need communities, including Forest Park, Garwyn Oaks, Walbrook Junction, and Windsor Hills.²⁷ The goals of the program are to increase prevention knowledge, sexual risk reduction skills, self-efficacy, and contraception use, as well as delay sexual initiation and decrease the number of teen births among the target population. Women Accepting Responsibility uses *Becoming a Responsible Teen (BART)* and aims to reach approximately 500 youth annually.

YMCA of Cumberland, Maryland, \$451,340 (FY 2013)

The YMCA of Cumberland, Maryland is an affiliate of the national YMCA (Young Men’s Christian Association). The organization previously received federal abstinence-only-until-marriage (AOUM) funding as a Community-Based Abstinence Education (CBAE) and Adolescent Family Life Act (AFLA) grantee. Between FYs 2001 and 2004, the organization received \$1,274,976 in CBAE funding. It also received \$520,962 in AFLA funds between FYs 2004 and 2006. The organization was awarded a second CBAE grant for FYs 2007–2011 and received \$1,280,142 in funds before the grant program was eliminated in 2010. With these funds, the YMCA of Cumberland taught an eight-week AOUM curriculum to sixth and eighth grade students in Allegany County Public Schools.²⁸ The organization discontinued the program due to its loss of funding.

With its TPPI Tier 1 grant, the organization provides programming to youth at five area middle schools and two group homes for adolescent females, as well as to additional participants recruited from foster care centers, homeless shelters, and/or referred by juvenile probation officers. The overall goals of the program are to increase sexual abstinence among participants and to redirect participants “away from risky sexual behaviors and toward positive life goals.”²⁹ The YMCA of Cumberland uses *Project AIM (Adult Identity Monitoring)* and aims to reach 800 youth annually.

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 Maryland.

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 Maryland.

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 Maryland 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 Maryland 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 were two DASH grantees in Maryland funded to collect and report YRBS and School Health Profiles data in FY 2013, the Maryland State Department of Education (\$64,177) and Baltimore City Public Schools (\$50,000).

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.

- There are no PAF grantees in Maryland.

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 Maryland Department of Health and Mental Hygiene received \$897,202 in federal PREP funds for FY 2013.
- The department awards sub-grants to 11³⁰ local health departments and their partners.³¹

Maryland's PREP state-grant program is managed by the Department of Health and Mental Hygiene. The department funds 11 local health departments and their partners to provide programming in both school and community-based settings. PREP funds serve young people ages 10–19 living in communities with higher rates of adolescent pregnancy and adolescents ages 20–21 in foster care; it also includes activities targeted toward parents and caregivers. Programming takes place in Allegany, Anne Arundel, Baltimore City, Cecil, Dorchester, Garrett, Prince George's, Washington, Wicomico, and Worcester counties. Sub-grantees are using the following approved curricula: *It's Your Game: Keep it Real*, *Making Proud Choices!*, *Promoting Health Among Teens! (PHAT)—Abstinence-Only Intervention*, *Promoting Health Among Teens! (PHAT)—Comprehensive*, and *Reducing the Risk*.³²

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 Maryland.

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.

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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 Maryland.

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 Maryland.

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 to states for FYs 2010–2014. ACF administers the grant program. 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.

- The Maryland Department of Health and Mental Hygiene received \$499,764 in federal Title V AOUM funding for FY 2013.
- The department awards sub-grants to seven³³ local public and private entities.³⁴
- In Maryland, sub-grantees are required to provide the match through in-kind services.

The Maryland Department of Health and Mental Hygiene manages the Title V AOUM program and sub-grants funds to seven local public and private entities. The funds are used for school- and community-based programming, primarily supporting programs serving elementary, middle, and some high school students. Young people living in communities with higher rates of adolescent pregnancy are targeted, as well as parents and caregivers. Programming is administered in Carroll, Caroline, Prince George's, Somerset, Washington, Wicomico, and Worcester counties. Curricula used include: *Choosing the Best*, *Game Plan*, *Managing Pressures Before Marriage*, *Navigator*, *Promoting Health Among Teens! (PHAT)*, *WAIT (Why Am I Tempted?) Training*, *Will Power/Won't Power*, and *Wise Guys*.³⁵

Competitive Abstinence Education Grant Program

Administered by the ACF, the Competitive Abstinence Education (CAE) grant program provides grants for “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 Maryland.

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

Grantee	Award	Fiscal Years
Teen Pregnancy Prevention Initiative (TPPI)		
<i>TPPI Tier 1: Replication of Evidence-Based Programs</i>		
Women Accepting Responsibility, Inc.	\$890,798	2010–2014
YMCA of Cumberland, Maryland	\$451,340	2010–2014
TOTAL	\$1,342,138	
Division of Adolescent and School Health (DASH)		
Maryland State Department of Education	\$64,177	2013
Baltimore City Public Schools	\$50,000	2013
TOTAL	\$114,177	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Maryland Department of Health and Mental Hygiene (federal grant)	\$897,202	2013
TOTAL	\$897,202	
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)		
Maryland Department of Health and Mental Hygiene (federal grant)	\$499,764	2013
TOTAL	\$499,764	
GRAND TOTAL	\$2,853,281	2013

POINTS OF CONTACT

Adolescent Health Contact³⁶ and Title V AOUM Grant Coordinator

Christine Evans
 State Adolescent Health Coordinator
 Maternal and Child Health Bureau
 Maryland Department of Health and Mental Hygiene
 201 W. Preston Street, Room 309
 Baltimore, MD 21201
 Phone: (410) 767-6042

PREP State-Grant Coordinator

Patricia Jones
 State PREP Coordinator
 Prevention and Health Promotion Administration
 Maryland Department of Health and Mental Hygiene
 201 W. Preston Street, Room 309
 Baltimore, MD 21201
 Phone: (410) 767-5483

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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 Maryland Code of Public General Laws §7–401(a) and (b), <http://mgaleg.maryland.gov/webmgaleg/frmStatutesText.aspx?pid=&tab=subject5&stab=&ys=2014RS&article=ged§ion=7-401&ext=html&session=2014RS>.

³ Maryland Regulations 13A.04.18.01, <http://www.dsd.state.md.us/comar/getfile.aspx?file=13a.04.18.01.htm>.

⁴ Maryland Regulations 13A.04.18.01(F)(1), <http://www.dsd.state.md.us/comar/getfile.aspx?file=13a.04.18.01.htm>.

⁵ Maryland Regulations 13A.04.18.01(I)(1), <http://www.dsd.state.md.us/comar/getfile.aspx?file=13a.04.18.01.htm>.

⁶ Maryland Regulations 13A.04.18.01(F)(2), <http://www.dsd.state.md.us/comar/getfile.aspx?file=13a.04.18.01.htm>.

⁷ Maryland Regulations 13A.04.18.01(I)(3), <http://www.dsd.state.md.us/comar/getfile.aspx?file=13a.04.18.01.htm>.

⁸ Maryland Regulations 13A.04.18.01(F)(3)(b) and (c), <http://www.dsd.state.md.us/comar/getfile.aspx?file=13a.04.18.01.htm>.

⁹ Maryland Regulations 13A.04.18.01(I)(4), <http://www.dsd.state.md.us/comar/getfile.aspx?file=13a.04.18.01.htm>.

¹⁰ Maryland Regulations 13A.04.18.01(F)(8), <http://www.dsd.state.md.us/comar/getfile.aspx?file=13a.04.18.01.htm>.

¹¹ Maryland Regulations 13A.04.18.01(F)(5) and (6) and (I)(2)(a), <http://www.dsd.state.md.us/comar/getfile.aspx?file=13a.04.18.01.htm>.

¹² 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>.

¹³ 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.

¹⁴ *Ibid.*, Table 3.2.

¹⁵ 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.

¹⁶ Centers for Disease Control and Prevention, VitalStats Interactive Data Tables, Hyattsville, MD: National Center for Health Statistics, <http://www.cdc.gov/nchs/vitalstats.htm>.

¹⁷ 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.

¹⁸ *Ibid.*, Table 3.2.

¹⁹ 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>.

²⁰ 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>.

²¹ 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>.

²² 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>.

²³ NCHHSTP Atlas, “STD Surveillance Data.” (Atlanta, GA: Centers for Disease Control and Prevention), accessed June 10, 2013, <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.

²⁴ *Ibid.*

²⁵ *Ibid.*

²⁶ “Vision,” Women Accepting Responsibility, accessed May 3, 2011, <http://www.womenacceptingresponsibility.org/vision.html>.

²⁷ Kay, Liz F., “Nonprofit to share teen pregnancy prevention message with boys and girls: West Baltimore organization will use \$4 million federal grant to expand outreach over 5 years,” *The Baltimore Sun*, October 26, 2010, accessed May 5, 2010, http://articles.baltimoresun.com/2010-10-26/health/bs-md-ci-teen-pregnancy-20101026_1_teen-pregnancy-pregnancy-prevention-message-teen-girls.

²⁸ The Associated Press, “Md. Sex-ed course veers off abstinence,” *The Washington Times*, June 16, 2010, accessed May 5, 2011, <http://www.washingtontimes.com/news/2010/jun/16/sex-ed-funding-shift>.

²⁹ “Teenage Pregnancy Prevention: Summary of Funded Evidence-Based Programs for 2010,” U.S. Department of Health & Human Services, accessed April 14, 2014, <http://www.hhs.gov/ash/oah/oah-initiatives/tpp/grantees/tpp-tier1.pdf>.

³⁰ Sub-grantees include: Allegany County Health Department/YMCA of Cumberland (\$60,000); Anne Arundel County Health Department Healthy Teens and Young Adults Program (\$36,340); Baltimore City Health Department (\$40,000); Baltimore City Health Department Foster Care Project (\$402,000); Cecil County Health Department/Cecil College (\$60,000); Dorchester County Health Department (\$65,000); Garrett County Health Department (\$34,000); Prince George’s County Health Department (\$100,000);

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Washington County Health Department (\$65,000); Wicomico County Health Department (\$65,000); Worcester County Health Department (\$55,000).

³¹ The state declined to provide SIECUS with any information for federal fiscal year 2013. Information provided is from FY 2012, by Christine Evans Johnson, state adolescent health coordinator, Maternal and Child Health Bureau, Prevention and Health Promotion Administration, Maryland Department of Health and Mental Hygiene, August 29, 2013.

³² Ibid.

³³ Sub-grantees include: Caroline County Health Department (\$43,000); Carroll County Health Department/Marriage Resource Center of Carroll County (\$20,000); Prince George's County (\$200,000); Somerset County Health Department (\$43,000); Washington County Health Department/Girls Inc. (\$43,000); Wicomico County Health Department (\$43,000); and Worcester County Health Department (\$43,000).

³⁴ The state declined to provide SIECUS with any information for FY 2013. Information provided is from FY 2012, by Christine Evans Johnson, state adolescent health coordinator, Maternal and Child Health Bureau, Prevention and Health Promotion Administration, Maryland Department of Health and Mental Hygiene, August 29, 2013.

³⁵ Ibid.

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