



SIECUS

State Profile

MINNESOTA

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

- **Division of Adolescent and School Health funds totaling \$239,999**
- **Personal Responsibility Education Program funds totaling \$823,719**
- **Title V State Abstinence Education Program funds totaling \$543,204²**

In Fiscal Year 2013, local entities in the state of Minnesota received:

- **Teen Pregnancy Prevention Initiative funds totaling \$3,287,453**
 - **Pregnancy Assistance Fund dollars totaling \$1,500,000**

SEXUALITY EDUCATION LAW AND POLICY

Minnesota law requires every school district to develop and implement a comprehensive risk-reduction program “including but not exclusive to human immune deficiency virus and human papilloma virus.” The law also requires that curricula include information “helping students to abstain from sexual activity until marriage.”³

While the state has not developed a specific curriculum or set of standards, each school district must have “a comprehensive, technically accurate, and updated curriculum that includes helping students to abstain from sexual activity until marriage” and must target “adolescents, especially those who may be at high risk of contracting sexually transmitted infections and diseases [STDs], for prevention efforts.”⁴

Minnesota also requires each school district to:

[H]ave a procedure for a parent, guardian, or an adult student, 18 years of age or older, to review the content of the instructional materials to be provided to a minor child or to an adult student and, if the parent, guardian, or adult student objects to the content, to make reasonable arrangements with school personnel for alternative instruction.⁵

This is referred to as an “opt-out” policy.

See Minnesota Statutes §§ 120B.20 and 121A.23.

2013 STATE LEGISLATIVE SESSION ACTIVITY

Bill to Establish Comprehensive Sexuality Education

Introduced in February 2013, SF 451 would require the establishment of “responsible family life and sexual health education.”

The legislature defines “responsible family life and sexuality education” as: “Education in grades six through 12 that respects community values and encourages family communication; develops communication and decision making skills; contributes to health relationships and prevention of sexual violence; promotes individual responsibility; includes an abstinence-first approach to delaying initiation of sexual activity while also including education about contraception and disease prevention; is age-appropriate and medically accurate.”

SF 451 would change Minnesota’s current sex education policy, which requires school districts to implement a curriculum that promotes abstinence-only-until-marriage. The bill is pending and carries over into the next legislative session.

YOUTH SEXUAL HEALTH DATA

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

Minnesota Student Survey Data

Sexual Behavior

- In 2013, 17% of males in grade 9 in Minnesota said they have had sexual intercourse, while 13% of females in grade 9 said they have had sexual intercourse.⁶
- In 2013, 37% of males in grade 11 in Minnesota said they have had sexual intercourse, while 38% of females in grade 11 said they have had sexual intercourse.⁷

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

Teen Pregnancy, Birth, and Abortion

- In 2010, Minnesota’s teen pregnancy rate ranked 48th in the United States, with a rate of 36 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 57 per 1,000.⁸ There were a total of 6,340 pregnancies among young women ages 15–19 reported in Minnesota in 2010.⁹
- In 2012, Minnesota’s teen birth rate ranked 46th in the United States, with a rate of 18.5 births per 1,000 young women ages 15–19, compared to the national rate of 29.4 per 1,000.¹⁰ In 2012, there were a total of 3,295 live births to young women ages 15–19 reported in Minnesota.¹¹
- In 2010, Minnesota’s teen abortion rate ranked 40th in the United States, with a rate of 8 abortions per 1,000 young women ages 15–19, compared to the national rate of 15 per 1,000.¹² There were a total of 1,360 abortions among young women ages 15–19 reported in Minnesota in 2010.¹³

HIV and AIDS

- In 2011, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Minnesota was 2.4 per 100,000, compared to the national rate of 7.6 per 100,000.¹⁴
- In 2011, the rate of AIDS diagnoses among adolescents ages 13–19 in Minnesota was 0.6 per 100,000, compared to the national rate of 1.9 per 100,000.¹⁵
- In 2011, the rate of diagnoses of HIV infection among young adults ages 20–24 in Minnesota was 12.7 per 100,000, compared to the national rate of 36.3 per 100,000.¹⁶

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- In 2011, the rate of AIDS diagnoses among young adults ages 20–24 in Minnesota was 3.4 per 100,000, compared to the national rate of 10.9 per 100,000.¹⁷

Sexually Transmitted Diseases

- In 2012, Minnesota ranked 40th in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 1,460.8 cases per 100,000, compared to the national rate of 2,001.7 per 100,000. In 2012, there were a total of 5,363 cases of chlamydia among young people ages 15–19 reported in Minnesota.¹⁸
- In 2012, Minnesota ranked 33rd in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 213.5 cases per 100,000, compared to the national rate of 376.8 per 100,000. In 2012, there were a total of 784 cases of gonorrhea among young people ages 15–19 reported in Minnesota.¹⁹
- In 2012, Minnesota ranked 35th in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 1.1 cases per 100,000, compared to the national rate of 4.1 per 100,000. In 2012, there were a total of four cases of syphilis among young people ages 15–19 reported in Minnesota.²⁰

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 is one TPPI Tier 1 grantee in Minnesota, Hennepin County, which received \$3,287,453 for FY 2013.

Hennepin County, \$3,287,453 (FY 2013)

The Hennepin County Research, Planning, and Development Department (RPD) implements the county's TPPI Tier 1 grant.²¹

With the TPPI funding, RPD expanded upon its teen pregnancy prevention initiative—Better Together Hennepin: Healthy Communities, Healthy Youth—and now operates the It’s Your Future program in all eight cities in Hennepin County with teen birth rates above the Minnesota state rate, including Brooklyn Center, Brooklyn Park, Crystal, Hopkins, Minneapolis, New Hope, Richfield, and Robbinsdale.²² The overall goal of the program is to reduce pregnancy and related risky sexual behaviors among participants. It’s Your Future implements the *Teen Outreach Program (TOP)* and *Safer Sex*.

Better Together Hennepin began as an initiative to prevent teen pregnancy in 2006. The programming consisted of four elements: healthy youth development programs, open and consistent communication with parents about sex and relationships, responsible sex education, and accessible reproductive health services. (See the Comprehensive Approaches to Sex Education section below for more information on the initial program.) Over 5,000 young people and parents have participated in teen pregnancy prevention project activities since 2006.²³

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 Minnesota.

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 Minnesota.

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 was one DASH grantee in Minnesota funded to strengthen student health through ESHE, SHS, and SSE in FY 2013, the Minnesota Department of Education (\$224,999).

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 Minnesota 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 Minnesota funded to collect and report School Health Profiles data for FY 2013, the Minnesota Department of Education (\$15,000). Minnesota does not collect and report Youth Risk Behavior Survey data.

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 is one Pregnancy Assistance Fund grantee in Minnesota, the Minnesota Department of Health State Treasurer, which received \$1,500,000 for FY 2013.

Minnesota Department of Health State Treasurer, \$1,500,000 (FY 2013)

The Minnesota Department of Health State Treasurer uses PAF to implement the Minnesota Student Parent Support Initiative, a post-secondary educational program that was developed to address the unique challenges faced by expectant and parenting college students and their children at nine universities across the state. The program aims to help expectant and parenting students accomplish their post-secondary education goals, maintain positive health and well-being for themselves and their children, and increase the capacity of institutions of higher education for serving expectant and parenting teens and their children. The program is customizable and offers a range of resources, including emergency financial assistance for child care, utilities, food, and rent; parenting education classes; social support groups and health education classes; and screening for students for intimate partner violence, depression, tobacco use, and alcohol. Some participating institutions of higher education also advocate on behalf of students by assessing whether the schools' policies can be modified to meet the needs of this population. The program partners with the Minnesota Department of Human Services and the Minnesota Department of Employment and Economic Development to recruit future prospective students who are enrolled in job-training programs or the Temporary Assistance for Needy Families program.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 Minnesota Department of Health State Treasurer received \$823,719 in federal PREP funds for FY 2013.
- At the time of publication, grant agreements were in the process of being released.²⁵

The Minnesota Department of Health administers the state PREP grant program by directing the funding towards community-based organizations, juvenile detention centers, local public health agencies, social service agencies, clinics, foster care facilities, runaway/homeless youth facilities, tribal governments, and school alternative centers. Funded programs must demonstrate that they serve at least one of the following target populations: youth of color and American Indian youth ages 15–19, youth experiencing racial and ethnic disparities, youth in the juvenile justice system, youth attending area learning centers, youth in foster care, runaway/homeless youth, and gay/lesbian/bisexual/transgender youth. Programming takes place in Beltrami, Cass, Hennepin, Mahanomen, and Ramsey counties, and funded programs must implement one of the following evidence-based programs: *Cuidate!*, *Live It!*, *Making Proud Choices!*, *Safer Sex*, *Sexual Health and Adolescent Risk Prevention (SHARP)*, and *Teen Outreach Program*.²⁶

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 Minnesota.

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 young people 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 Minnesota.

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 Minnesota.

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. 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 Minnesota Department of Health received \$543,204 in federal Title V AOUM funding for FY 2013, but kept only \$263,301 due to match requirements.²⁷
- The department chose to sub-grant the funds to Teenwise MN (\$7,500) and the St. Paul Ramsey County Public Health Department (\$173,000), the latter sub-contracting with the Family Partnership (\$42,541), the Neighborhood House (\$31,906), Teenwise MN (\$6,984), and the YMCA of Greater Twin Cities (\$42,541).²⁸
- In Minnesota, the match is provided through a combination of in-kind funds and direct state revenue.

The Minnesota Title V AOUM program is administered by the state’s Department of Health and focuses on healthy youth-development initiatives. Programming is provided in both school- and community-based settings for youth ages 11–14 residing in Ramsey County, specifically in the St. Paul charter school and the White Bear Lake/Maplewood schools. The department is also implementing a parent education component and developing a community/youth mentoring project. Sub-contractors must use a curriculum that meets the federal A–H guidelines. The following have been approved for use: *It’s That Easy!*, *Making Authentic Connections*, and *Teen Outreach Program (TOP)*.²⁹

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 Minnesota.

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

Grantee	Award
Teen Pregnancy Prevention Initiative (TPPI)	
<i>TPPI Tier 1: Replication of Evidence-Based Programs</i>	
Hennepin County	\$3,287,453
TOTAL	\$3,287,453
Division of Adolescent and School Health (DASH)	
Minnesota Department of Education	\$239,999
TOTAL	\$239,999

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Grantee	Award
Pregnancy Assistance Fund (PAF)	
Minnesota Department of Health State Treasurer	\$1,500,000
TOTAL	\$1,500,000
Personal Responsibility Education Program (PREP)	
<i>PREP State-Grant Program</i>	
Minnesota Department of Health	\$823,719
TOTAL	\$823,719
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)	
Minnesota Department of Health (federal grant)	\$543,204*
TOTAL	\$543,204*
GRAND TOTAL	
	\$6,394,375*

* Minnesota was awarded \$589,227 in Title V AOUM funds, but only took \$263,301 due to match requirements.

POINTS OF CONTACT

Adolescent Health Contact³⁰

Kathy Wick, RN, PHN, MPA
 Child and Adolescent Health Unit Supervisor
 Community and Family Health Division
 Maternal and Child Health Section
 Minnesota Department of Health
 P.O. Box 64882
 St. Paul, MN 55164
 Phone: (651) 201-5000

DASH State-Level Coordinator

Amy Marsicano
 HIV/STI Prevention State Coordinator
 Safe & Healthy Learners
 Minnesota Department of Education
 1500 Highway 36 West
 Roseville, MN 55113-4266
 Phone: (651) 582-8393
 Email: Amy.Marsicano@state.mn.us

PREP State-Grant Coordinator

Gabriel McNeal, MA
 Adolescent and Youth Development Specialist
 Community and Family Health Division
 Maternal and Child Health Section
 Minnesota Department of Health
 P.O. Box 64882
 St. Paul, MN 55164
 Phone: (651) 201-5399

Title V AOUM Grant Coordinator

Julie Neitzel Carr
 Healthy Youth Development Coordinator
 Minnesota Department of Health
 P.O. Box 64882
 St. Paul, MN 55164
 Phone: (651) 201-3652

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 The state was awarded \$543,204 in Title V AOUM funds, but only took \$263,301 due to match requirements.

³ Minn. Stat. § 121A.23, <https://www.revisor.mn.gov/statutes/?id=121A.23>.

⁴ Minn. Stat. §§ 121A.23(2) and (4), <https://www.revisor.mn.gov/statutes/?id=121A.23>.

⁵ Minn. Stat. § 120B.20, <https://www.revisor.mn.gov/statutes/?id=120B.20>.

⁶ "Regular Public Schools by Gender," 2013 Minnesota Student Survey - Statewide Tables by Educational Settings, Statewide Tables Fall 2013, Table 46, page 53, accessed August 12, 2014, <http://www.health.state.mn.us/divs/chs/mss/statewidetables/>.

⁷ Ibid.

⁸ 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.

⁹ Ibid., Table 3.2.

¹⁰ 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.

¹¹ Centers for Disease Control and Prevention, VitalStats Interactive Data Tables, Hyattsville, MD: National Center for Health Statistics, <http://www.cdc.gov/nchs/vitalstats.htm>.

¹² 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.

¹³ Ibid., Table 3.2.

¹⁴ 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>.

¹⁵ 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>.

¹⁶ 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>.

¹⁷ 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>.

¹⁸ 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>.

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¹⁹ Ibid.

²⁰ Ibid.

²¹ Hennepin County (MN) - TPP Tier 1, Office of Adolescent Health, U.S. Department of Health and Human Services, accessed September 15, 2014, <http://www.hhs.gov/ash/oah/grants/grantees/tier1-mn-hennepin.html>.

²² Ibid.

²³ “Teen Pregnancy Prevention Project (TP3),” Better Together Hennepin, accessed April 24, 2014, <http://www.hennepin.us/your-government/projects-initiatives/better-together>.

²⁴ “Minnesota Department of Health Treasurer (MN) - Pregnancy Assistance Fund,” Office of Adolescent Health, U.S. Department of Health and Human Services, accessed September 15, 2014, <http://www.hhs.gov/ash/oah/grants/grantees/paf-mn.html>.

²⁵ Information provided by Gabriel McNeal, adolescent and youth development specialist, Minnesota Department of Health, July 26, 2013.

²⁶ Ibid.

²⁷ Information provided by Julie Neitzel Carr, healthy youth development coordinator, Minnesota Department of Health, July 15, 2014.

²⁸ Ibid.

²⁹ Ibid.

³⁰ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.