



SIECUS

State Profile

MISSOURI

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

- **Division of Adolescent and School Health funds totaling \$60,000**
- **Personal Responsibility Education Program funds totaling \$927,219**
- **Title V State Abstinence Education Program funds totaling \$855,765**

In Fiscal Year 2013, local entities in Missouri received:

- **Teen Pregnancy Prevention Initiative funds totaling \$2,443,658**

SEXUALITY EDUCATION LAW AND POLICY

Missouri schools are required to teach health education, including HIV/AIDS-prevention education, beginning in elementary school.² If a school chooses to provide additional sexuality education, Missouri law mandates that all instruction must be medically and factually accurate and “present abstinence from sexual activity as the preferred choice of behavior in relation to all sexual activity for unmarried pupils.”³ In addition, instruction must “advise students that teenage sexual activity places them at a higher risk of dropping out of school because of the consequences of sexually transmitted diseases [STDs] and unplanned pregnancy.”⁴

Among other requirements, the instruction must also:

- provide students with the latest medical information regarding exposure to HIV/AIDS, human papillomavirus (HPV), hepatitis, and other STDs;
- present the latest medically factual information regarding both the possible side effects and health benefits of all forms of contraception, including their success and failure rates in preventing pregnancy and STDs, or present information on contraceptives in a manner consistent with the provisions of the federal abstinence education law; and
- include a discussion of the possible emotional and psychological consequences of preadolescent and adolescent sexual activity and the consequences of adolescent pregnancy.

The specific content of human sexuality instruction must be determined by the school board of a school district or charter school.⁵ School districts and charter schools are prohibited from providing abortion services and from allowing a person and/or entity that provides abortion services to “offer, sponsor, or furnish” course materials related to human sexuality and STDs.⁶

Prior to instruction, school districts and charter schools must make all curriculum materials available for public inspection.⁷ Parents have the right to remove their child from any part of the district’s or school’s human sexuality instruction.⁸ This is referred to as an “opt-out” policy.

See Missouri Revised Statutes § 170.015 and Missouri School Improvement Program Integrated Standards and Indicators Manual: Accreditation Standards for Public Schools in Missouri.

2013 STATE LEGISLATIVE SESSION ACTIVITY

Bill to Require that Sex Education Be Comprehensive

Introduced in February 2013, SB 450 requires that all sexual health curricula be age-appropriate, medically accurate, inform about contraceptives and barrier methods, and present abstinence as the preferred behavior. SB 450 repeals the current prohibition on abortion providers delivering human sexuality instruction. Under the bill, school districts are required to make their curricula and materials available for public review. In Missouri's State House, HB 889 requires that curricula be medically and factually accurate and based on peer-reviewed projects that have been demonstrated to influence healthy behavior. Both bills died in committee.

YOUTH SEXUAL HEALTH DATA

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

Missouri Youth Risk Behavior Survey (YRBS) Data⁹

- In 2013, 40.7% of female high school students and 45.4% of male high school students in Missouri 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, 2.4% of female high school students and 5.4% of male high school students in Missouri 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, 31.9% of female high school students and 32.9% of male high school students in Missouri 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, 11.6% of female high school students and 7.4% of male high school students in Missouri 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.

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

Teen Pregnancy, Birth, and Abortion

- In 2010, Missouri's teen pregnancy rate ranked 25th in the United States, with a rate of 54 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 11,160 pregnancies among young women ages 15–19 in Missouri.¹¹

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- In 2012, Missouri's teen birth rate ranked 21st in the United States with a rate of 32.2 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 6,317 live births to young women ages 15–19 reported in Missouri.¹³
- In 2010, Missouri's teen abortion rate ranked 37th in the United States, with a rate of 9 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 1,780 abortions among young women ages 15–19 reported in Missouri in 2010.¹⁵

HIV and AIDS

- In 2011, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Missouri was 6.8 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 Missouri was 1.1 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 Missouri was 27.8 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 Missouri was 10.8 per 100,000, compared to the national rate of 10.9 per 100,000.¹⁹

Sexually Transmitted Diseases

- In 2012, Missouri ranked 16th in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 2,255.9 cases per 100,000, compared to the national rate of 2,001.7 per 100,000. In 2012, there were a total of 9,337 cases of chlamydia among young people ages 15–19 reported in Missouri.²⁰
- In 2012, Missouri ranked 14th in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 480.8 cases per 100,000, compared to the national rate of 376.8 per 100,000. In 2012, there were a total of 1,990 cases of gonorrhea among young people ages 15–19 reported in Missouri.²¹
- In 2012, Missouri ranked 30th in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 1.7 cases per 100,000, compared to the national rate of 4.1 per 100,000. In 2011, there were a total of seven cases of syphilis among young people ages 15–19 reported in Missouri.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.

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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 Missouri received \$2,443,658 in TPPI Tier 1 funding for FY 2013.
- There are three TPPI Tier 1 grantees in Missouri: Better Family Life, Inc.; Washington University; and The Women's Clinic of Kansas City.

Better Family Life, \$998,500 (FY 2013)

Better Family Life (BFL) is a nonprofit that focuses on community development. Established in 1983 in response to “the crises within the African-American family,” BFL aims to “plan and establish social, cultural, artistic, youth, economic, housing and educational programs that help to promote positive and innovative changes within the metropolitan St. Louis area.”²³ BFL's programs primarily serve the unemployed, underemployed, disadvantaged, and “skill-deficient.”

BFL previously received abstinence-only-until-marriage (AOUM) funding through the now-defunct Community-Based Abstinence Education (CBAE) grant program. Between FYs 2005 and 2007, the organization received \$2.4 million in CBAE funds. BFL was awarded an additional five-year CBAE grant in FY 2008 and received \$1.2 million from the grant before the program was eliminated in 2010. With the funds, BFL implemented *Choosing the Best*, one of the more popular AOUM curricula series.

The organization's TPPI Tier 1 program aims to reduce rates of teen pregnancy and STDs among low-income, African-American young people in St. Louis and Jennings, Missouri. BFL partners with public, private and charter schools as well as community-based organizations to implement programming to youth ages 12–19 using two evidence-based curricula: *Promoting Health Among Teens (PHAT)—Abstinence-Only Intervention* and *Reducing the Risk*. BFL partners with four middle schools to implement *PHAT*, including: Jennings Middle School, Langston Middle School, Normandy Middle School, and Yeatman Middle School. BFL implements *Reducing the Risk* in eight high schools, including: Beaumont High School, The Big Picture Charter School, Cardinal Ritter College Preparatory High School, Jennings High School, Normandy High School, North County Technical High School, Northwest Law Academy High School, and Shearwater Education Foundation alternative high school. In addition, five organizations implement both curricula to youth in community-based settings: Fathers' Support Center of St. Louis, Fresh Start Community Outreach Organization, Girls Inc., the Liberian Association in Missouri, and A New Cornerstone.²⁴ The program aims to reach 1,340 youth annually.

Washington University, \$400,000 (FY 2013)

Washington University, a private university located in St. Louis, offers more than 90 academic programs and provides direct services, such as health care. Washington University uses its TPPI Tier 1 funding in its existing program, Project ARK (AIDS/HIV Resources and Knowledge), which coordinates medical care, social support, and prevention services for women and children with HIV.²⁵

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With the Tier 1 funds, Project ARK provides programming to young women ages 13–17 in the city of St. Louis and St. Louis County who are in or are “aging out” of foster care.²⁶ The overall goal of the program is to decrease risky sexual behaviors, including new sexual partners, among participants, ultimately leading to a decrease in teen pregnancy. The program aims to reach approximately 200 youth annually.²⁷

Project ARK implements *Safer Sex*, a clinic-based intervention designed for female adolescents. The intervention takes place at The SPOT (Supporting Positive Opportunities with Teens), a drop-in teen health center at Washington University Medical Center. Program participants receive a comprehensive medical evaluation at The SPOT and also have the option of participating in the Contraceptive Choice Project, a Washington University research study that offers participants free contraception. Project ARK and The SPOT partner with the Children’s Division of Missouri Social Services, adolescent and pediatric health providers, mental health experts, foster care legal and policy advocates, youth-serving community organizations, and the statewide Teen Pregnancy and Prevention Partnership to implement the program.²⁸

The Women’s Clinic of Kansas City, \$1,045,158 (FY 2013)

The Women’s Clinic of Kansas City (TWC) refers to itself as a “pregnancy resource center” serving young women in Jackson County and the greater Kansas City area; however, TWC is a known crisis pregnancy center (CPC).²⁹ In its own words, TWC is as “faith-based community supported 501(c)3 not-for-profit” that provides “free medically based crisis pregnancy intervention....”³⁰ CPCs are anti-choice organizations that often pose as family planning/reproductive health clinics. They typically advertise as providing medical services and then use anti-abortion propaganda, misinformation, and fear and shame tactics to dissuade women facing unintended pregnancy from exercising their right to choose.

Among its services, TWC provides “abortion alternative education” to its clients. The organization also hosts an annual “Walk for Life” fundraiser. The purpose of the event is to walk “for the lives of the unborn.” Participants are asked to contribute at various giving levels. A contribution of \$400, for example, will “save the life of ONE baby!”³¹ In August 2011, TWC opened a second CPC in Grandview, Missouri, and deliberately chose a location next to a Planned Parenthood clinic. “The Grandview [center], strategically located adjacent a Planned Parenthood, will offer alternatives to abortion for women who find themselves in an unplanned pregnancy,” the organization states on its website.³² TWC aims to double its client size to 2,500 families annually with the new location.

TWC is a former CBAE grantee and received \$2.2 million in funding for FYs 2005–2007. In FY 2008, TWC was awarded an additional five-year CBAE grant and received \$1 million in funding before the grant program was eliminated in 2010. The organization used its CBAE funds to support its LifeGuard Youth Development program, which aims to educate youth on the “risks and consequences involved in premarital sex” and “the importance of avoiding risky behaviors such as drugs, alcohol, and sex before marriage.”³³ The program implemented *Choosing the Best* in local schools. The *Choosing the Best* series is one of the more popular AOIUM programs in the county.

TWC is also an affiliate of national anti-abortion and AOUM organizations, including CareNet and Focus on the Family. Led by James Dobson, the mission of Focus on the Family is “to cooperate with the Holy Spirit in sharing the Gospel of Jesus Christ with as many people as possible by nurturing and defending the God-ordained institution of the family and promoting biblical truths worldwide.”³⁴ The organization is a longtime opponent of comprehensive sexuality education.

With its TPPI Tier 1 funding, TWC has revamped its LifeGuard Youth Development program to implement *Teen Outreach Program (TOP)* to students in grades 7 and 9. TWC partners with 20 community-based organizations and public and alternative schools to serve high-risk youth in Jackson County, Missouri, and Wyandotte County, Kansas, which comprise the Kansas City metropolitan area.

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These partners include: Bridge Home for abused and neglected children; Central High School; Don Bosco Community Center; East High School; Gillis Center for at-risk youth and families; Kansas City Hawthorne and Leslie Unit Boys & Girls Clubs; Kansas City Public Library Bulford, Northeast and Southeast; Lee's Summit Alternative School; Mother's Refuge homeless shelter for pregnant and parenting teens; Northeast High School; Northwest Community Development Corporation; Paseo Academy of Fine Arts; Southwest Early College; Teen Challenge International girls' home; Teenage Parent Center; and the YMCA of Independence, Missouri.³⁵ Programming is implemented in both school- and community-based settings. By using *TOP*, TWC strives to "reduce teen pregnancy, school dropout rates, school suspensions rates and instill within program participants a sense of belong to and desire for service within their community."³⁶ The program aims to reach 1,000 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 Missouri.

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 Missouri.

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 establishing 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 Missouri 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 Missouri 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 is one DASH grantee in Missouri funded to collect and report YRBS and School Health Profiles data in FY 2013, the Missouri Department of Elementary and Secondary Education (\$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.

- There are no PAF grantees in Missouri.

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 Missouri Department of Health and Senior Services received \$927,219 in federal PREP funds for FY 2013.
- The agency provides sub-grants to 13³⁷ local public and private entities.³⁸

The Missouri PREP state-grant program distributes funding to 13 local public and private entities to provide community-based programs. Programming targets youth ages 12–18 residing in cities and counties with high teen birth rates, high STD rates, and other related risk factors, including poverty, education levels, and youth in or aging out of the foster care system. Funded programs use the following curricula: *Becoming a Responsible Teen (BART)*, *Making Proud Choices!*, and the *Teen Outreach Program (TOP)*.³⁹

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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 Missouri.

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 Missouri.

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 Missouri.

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 Missouri Department of Health and Senior Services received \$855,765 in federal Title V AOUM funding for FY 2013.
- In Missouri, funds are sub-granted to Lincoln University Extension Cooperative (\$542,530), Missouri State University (\$243,791), and Missouri Broadcasters Association (\$93,600).⁴⁰
- In Missouri, the match is provided through a media campaign to encourage communication between parents and adolescents.

The Missouri Title V AOUM program is administered by the Missouri Department of Health and Senior Services in collaboration with the Lincoln University Extension Cooperative and Missouri State University. In addition, part of the Title V AOUM award is used for a statewide TV and radio media campaign to encourage communication between parents and adolescents called “Talk with Me.” School- and community-based programming targets young people ages 10–19, particularly African-American and Hispanic populations at high risk, in select zip codes in Barry, Dunklin, Green, Jackson, Mississippi, New Madrid, Pemiscott, Scott, and St. Louis counties. Sub-grantees use the curricula *Character Counts*, *Choosing the Best*, the “Community Service Learning” component from *Teen Outreach Program (TOP)*, *FYI for Parents*, and *Making Proud Choices!*⁴¹

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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 Missouri.

Missouri 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>		
Better Family Life, Inc.	\$998,500	2010–2014
Washington University	\$400,000	2010–2014
The Women’s Clinic of Kansas City	\$1,045,158	2010–2014
TOTAL	\$2,443,658	
Division of Adolescent and School Health (DASH)		
Missouri Department of Elementary & Secondary Education	\$60,000	2013-2017
TOTAL	\$60,000	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Missouri Department of Health and Senior Services (federal grant)	\$927,219	2013
TOTAL	\$927,219	
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)		
Missouri Department of Health and Senior Services (federal grant)	\$855,765	2013
TOTAL	\$855,765	
GRAND TOTAL		
	\$4,286,642	2013

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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 Missouri School Improvement Program Integrated Standards and Indicators Manual: Accreditation Standards for Public School Districts in Missouri (Missouri: Missouri Department of Elementary and Secondary Education, 2001), accessed September 15, 2014, http://dese.mo.gov/sites/default/files/MSIP_4thCycle_6-04.pdf.

³ Mo. Rev. Stat. § 170.015(1)(1), <http://www.moga.mo.gov/statutes/C100-199/1700000015.HTM>.

⁴ Ibid.

⁵ Mo. Rev. Stat. § 170.015(6)(4),

⁶ Mo. Rev. Stat. § 170.015(7).

⁷ Mo. Rev. Stat. § 170.015(6)(6).

⁸ Mo. Rev. Stat. § 170.015(6)(5)(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, <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 June 10, 2013, <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.
- ²¹ Ibid.
- ²² Ibid.
- ²³ Better Family Life, Inc., “About BFL,” accessed June 2, 2011, <http://www.betterfamilylife.org/index.php/about-us>.
- ²⁴ “Better Family Life Teen Pregnancy Prevention Program—Project 100,” *Application for Federal Funds SF-424*, FY10 Teenage Pregnancy Prevention: Replication of Evidence-Based Programs (Tier 1), Better Family Life, Inc. (June 2010), 22–23. Information obtained through a Freedom of Information Act request submitted to the U.S. Department of Health and Human Services, Office of Adolescent Health.
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- ²⁶ Miller, Beth, “Program to Help Girls in Foster Care Prevent Unwanted Pregnancy,” *Washington University Newsroom*, October 20, 2010, accessed June 2, 2011, <http://news.wustl.edu/news/Pages/21351.aspx>.
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- ⁴¹ Ibid.
- ⁴² The person listed represents the designated personnel in the state responsible for adolescent reproductive health.