



WASHINGTON

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

- **Division of Adolescent and School Health funds totaling \$240,000**
- **Personal Responsibility Education Program funds totaling \$1,023,940**
 - **Pregnancy Assistance Fund dollars totaling \$1,500,000**

In Fiscal Year 2013, local entities in Washington received:

- **Teen Pregnancy Prevention Initiative funds totaling \$4,000,000**

SEXUALITY EDUCATION LAW AND POLICY

School districts in Washington are not required to implement comprehensive sexuality education; rather, the decision to implement sex education or human sexuality instruction in schools is made by the local school board. When developing “instruction in sexual health education,” Washington law states that school districts must involve parents and other community members “in the planning, development, evaluation, and revision.”² The law also requires every Washington public school that offers sexual health education to assure that instruction is medically and scientifically accurate, age-appropriate, “appropriate for students regardless of race, gender, disability status, or sexual orientation,” and includes information about abstinence and other methods of preventing unintended pregnancy.³ It also states that “[a]bstinence may not be taught to the exclusion of other materials and instruction on contraceptives and disease prevention.”⁴

Schools are required to teach sexually transmitted disease (STD)- and HIV/AIDS-prevention education and to “stress that abstinence from sexual activity is the only certain means for the prevention of the spread or contraction of the AIDS virus through sexual contact.”⁵ HIV/AIDS-prevention instruction must be given at least once each school year beginning in grade 5 and must “teach that condoms and other artificial means of birth control are not a certain means of preventing the spread of the AIDS virus and reliance on condoms puts a person at risk for exposure to the disease.”⁶ Information must be current and medically accurate. In order to verify medical accuracy, the Washington Department of Health Office on HIV/AIDS must review and approve all HIV/AIDS curricula and supporting materials.⁷

The Washington Office of Superintendent of Public Instruction and the Department of Health developed voluntary guidelines titled the *Guidelines for Sexual Health and Disease Prevention*. These guidelines promote broad, comprehensive, positive sexuality education programs that provide information about both abstinence and contraception, and are consistent with characteristics of programs that have been rigorously evaluated using quantitative research and shown to be effective in reducing risk-taking behaviors. Washington also provides a voluntary curriculum, *KNOW HIV/STD Prevention Curriculum*, for use in grades 5–12, as well as a thorough list of other curricula that have been reviewed and approved by the Department of Health.

Parents or guardians may remove their children from HIV/AIDS-prevention education if they have attended an information session about the HIV/AIDS curriculum and its presentation.⁸

If a school district chooses to provide sexuality education, parents may also remove their children from the class with written notification. This is referred to as an “opt-out” policy.⁹

See Revised Code of Washington §§ 28A.230.020, 28A.230.070, and 28A.300.475; Washington Administrative Code § 392-410-140; Guidelines for Sexual Health Information and Disease Prevention; KNOW HIV/STD Prevention Curriculum; and HIV/AIDS Curriculum and Supplementary Materials Reviewed for Medical Accuracy by the Washington State Department of Health Office on HIV/AIDS.

2013 STATE LEGISLATIVE SESSION ACTIVITY

SIECUS is not aware of any proposed legislation regarding sexuality education in Washington.

YOUTH SEXUAL HEALTH DATA

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

Washington Youth Risk Behavior Survey (YRBS) Data

Washington did not participate in the 2013 Youth Risk Behavior Survey.

Washington Healthy Youth Survey

Sexual Behavior

- In 2012, 15% of 8th grade students in Washington said they have had sex, while 32% of 10th grade students and 55% of 12th grade students said they have had sex.¹⁰
- In 2012, 5% of 8th grade students in Washington said they had sex by age 13, while 4% of 10th grade students and 5% of 12th grade students said they had sex by age 13.¹¹
- In 2012, 7% of 8th and 10th grade students and 8% of 12th grade students in Washington said they had been injured during the past 12 months (such as bruises, cuts, black eyes, or broken bones) as a result of being hurt by a boyfriend or girlfriend.¹²

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

Teen Pregnancy, Birth, and Abortion

- In 2010, Washington’s teen pregnancy rate ranked 33rd in the United States, with a rate of 49 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 11,040 pregnancies among young women ages 15–19 in Washington in 2010.¹⁴
- In 2012, Washington’s teen birth rate ranked 38th in the United States, with a rate of 23.4 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 5,017 live births to young women ages 15–19 reported in Washington.¹⁶
- In 2010, Washington’s teen abortion rate ranked 12th in the United States, with a rate of 16 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 3,490 abortions among young women ages 15–19 reported in Washington in 2010.¹⁸

HIV and AIDS

- In 2011, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Washington was 1.4 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 Washington was 0.2 per 100,000, compared to the national rate of 1.9 per 100,000.²⁰
- In 2011, the rate of diagnoses of HIV infection among young adults ages 20–24 in Washington was 13.3 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 Washington was 4 per 100,000, compared to the national rate of 10.9 per 100,000.²²

Sexually Transmitted Diseases

- In 2012, Washington ranked 43rd in the United States reported cases of chlamydia among young people ages 15–19, with an infection rate of 1,428.2 cases per 100,000, compared to the national rate of 2,001.7 per 100,000. In 2012, there were a total of 6,411 cases of chlamydia among young people ages 15–19 reported in Washington.²³
- In 2012, Washington ranked 42nd in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 95.3 cases per 100,000, compared to the national rate of 376.8 per 100,000. In 2012, there were a total of 428 cases of gonorrhea among young people ages 15–19 reported in Washington.²⁴
- In 2012, Washington ranked 33th in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 1.3 cases per 100,000, compared to the national rate of 4.1 per 100,000. In 2012, there were a total of six cases of syphilis among young people ages 15–19 reported in Washington.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.

- There is one TPPI Tier 1 grantee in Washington, Planned Parenthood of the Great Northwest, which received \$4,000,000 for FY 2013.

Planned Parenthood of the Great Northwest, \$4,000,000 (FY 2013)

Planned Parenthood of the Great Northwest (PPGNW) provides “high-quality, affordable reproductive health care” to communities in the Pacific Northwest. The organization is an affiliate of Planned Parenthood Federation of America, a leading national provider of and advocate for sexual and reproductive health care. Its mission is “to support the lifelong sexual health of women and men, and to foster a community where every child is a wanted child.”²⁶ PPGNW accomplishes its mission through services, advocacy, and “[m]edically accurate, age appropriate, comprehensive sex education that furthers understanding of human sexuality and promotes healthy behavior.”²⁷ It operates health centers in Alaska, Idaho, and western Washington, serving thousands of women, men, and teenagers every year.

PPGNW is the lead agency among six Planned Parenthood affiliates that collaborate in the implementation of the Tier 1 program as member organizations of the Northwest Coalition for Adolescent Health. Along with Planned Parenthood of the Great Northwest, coalition members include Mt. Baker Planned Parenthood, Planned Parenthood of Columbia Willamette, Planned Parenthood of Greater Washington and North Idaho, Planned Parenthood of Montana, and Planned Parenthood of Southwest Oregon.

The Tier 1 program targets high-risk African-American, Native American, Russian, and Ukrainian youth in grades 7–12 who are living in communities with substantially high teen birth and pregnancy rates and health disparities. The coalition will implement *Teen Outreach Program (TOP)* at 73 schools and community agencies in 27 counties across five states: Alaska, Idaho, Montana, Oregon, and Washington. Approximately 2,000 youth will be served annually through the program.

The Northwest Coalition for Adolescent Health will primarily implement *TOP* during classroom instruction, while in some communities the program will be implemented as after-school programming. Participants will meet once a week for a minimum of 25 meetings over the nine-month period of the program. The service-learning component will take place on weekday evenings and on weekends.²⁸

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 Washington.

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 Washington.

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 Washington funded to strengthen student health through ESHE, SHS, and SSE in FY 2013, the State of Washington Office of Superintendent of Public Instruction (\$225,000).

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 Washington 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 Washington funded to collect and report School Health Profiles data in FY 2013, the State of Washington Office of Superintendent of Public Instruction (\$15,000). The state of Washington does not collect and report YRBS 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 Washington, the Washington Department of Health which received \$1,500,000 for FY 2013.

Washington Department of Health, \$1,500,000 (FY 2013)

The Washington Department of Health partners with the Office of the Superintendent for Public Instruction, 10 local health jurisdictions, the Attorney General's Office, and Within Reach (a community-based organization) to implement the Graduation Reality and Dual-role Skills (GRADS) program with its PAF funds. The program aims to implement quality improvement efforts in the GRADS childcare centers to support sustainability and improve service quality; expand developmental screening efforts in GRADS programs, both statewide and throughout a four-county region; and implement the Futures Without Violence Safety Card intervention in selected communities within the four-county region.

Additionally, the program aims to create a public awareness campaign encouraging families to access Help Me Grow developmental screening services that support healthy infant and child development, and promote health literacy. Domestic violence and sexual assault programs, health care providers, and community service centers focus on regional and local community activities, and deliver culturally-appropriate services that are specific to the Hispanic population in the state.²⁹

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, and 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 Washington State Department of Health received \$1,023,940 in federal PREP funds for FY 2013.
- The Washington State Department of Health subcontracts with Cardea Services (\$775,000), the Department of Social and Health Services (\$60,000), and the Office of Superintendent of Public Instruction (\$60,000).³⁰ Cardea Services then provides sub-grants to 16³¹ local public and private entities.

The Washington State Department of Health administers the PREP state-grant program in collaboration with 16 local sub-grantees. Funds are used to provide schools, community-based organizations, local health jurisdictions, juvenile justice and rehabilitation facilities, and detention centers with evidence-based pregnancy prevention interventions, training, and technical assistance. The Washington Department of Health has structured the program to help local communities and agencies serve young people ages 11–18 (sometimes up to 21) with interventions that address population-specific risk and protective factors. Each Washington PREP sub-grantee incorporates lessons on healthy relationships, parent-child communication, and healthy life skills. Current curricula being implemented in Washington are *Be Proud! Be Responsible!*, *Making Proud Choices*, *Reducing the Risk*, *Sexual Health and Adolescent Risk Prevention (SHARP)*, and *SiHLE (Sisters Informing, Healing, Living, and Empowering)*.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 Washington.

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 Washington.

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 Washington.

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.

- Washington chose not to apply for Title V AOUM funds for FY 2013.

Competitive Abstinence Education (CAE) Grant

Administered by the ACF, the 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 Washington.

Washington 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>		
Planned Parenthood of the Great Northwest	\$4,000,000	2010–2014
TOTAL	\$4,000,000	

WASHINGTON

Grantee	Award	Fiscal Years
Division of Adolescent and School Health		
State of Washington Office of Superintendent of Public Instruction	\$240,000	2013
TOTAL	\$240,000	
Pregnancy Assistance Fund (PAF)		
Washington State Department of Health	\$1,500,000	2013
TOTAL	\$1,500,000	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Washington State Department of Health (federal grant)	\$1,023,940	2013
TOTAL	\$1,023,940	
GRAND TOTAL		
	\$6,763,940	2013

POINTS OF CONTACT

Adolescent Health Contact³³

Cynthia M. Morrison MA ABS
 Manager, Adolescent Health Program
 Washington State Department of Health
 PO Box 47880
 Olympia, WA 98504
 Phone: (360) 236-3967
 Email: cynthia.morrison@doh.wa.gov

PREP State-Grant Coordinator

Mandy Paradise
 Personal Responsibility Education Program Coordinator
 Access, Systems, and Coordination
 Office of Healthy Communities
 Division of Prevention and Community Health
 Washington State Department of Health
 P.O. Box 47880
 Olympia, WA 98504-7880
 Phone: (360) 236-3538
 Email: mandy.paradise@doh.wa.gov

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. Funding amounts listed reflect the most recent funding levels known at the time of publication.

² Wash. Admin. Code § 392-410-140(4), <http://apps.leg.wa.gov/wac/default.aspx?cite=392-410-140> 4-
<http://apps.leg.wa.gov/RCW/default.aspx?cite=28A.230.070>.

³ Wash. Rev. Code § 28A.300.475(1), <http://apps.leg.wa.gov/RCW/default.aspx?cite=28A.230.020>.

⁴ Ibid.

⁵ Wash. Rev. Code § 28A.230.070(7), <http://apps.leg.wa.gov/RCW/default.aspx?cite=28A.230.070>.

⁶ Ibid.

⁷ Wash. Rev. Code § 28A.230.070(3), <http://apps.leg.wa.gov/RCW/default.aspx?cite=28A.230.070>.

⁸ Wash. Rev. Code § 28A.230.070(4), <http://apps.leg.wa.gov/RCW/default.aspx?cite=28A.230.070>.

⁹ Wash. Rev. Code § 28A.300.475(6), <http://apps.leg.wa.gov/RCW/default.aspx?cite=28A.300.475>.

¹⁰ “Healthy Youth Survey,” Washington State Department of Health, accessed July 24, 2014, <http://www.doh.wa.gov/DataandStatisticalReports/HealthBehaviors/HealthyYouthSurvey/Reports.aspx>.

¹¹ Ibid.

¹² Ibid.

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/USTPtrendsState08.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/USTPtrendsState08.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 July 16, 2014, <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.

²⁴ Ibid.

²⁵ Ibid.

²⁶ “Who We Are,” Planned Parenthood of the Great Northwest, accessed June 15, 2011, <http://www.plannedparenthood.org/ppgnw/who-we-are-23145.htm>.

²⁷ Ibid.

²⁸ Information provided by Willa Marth, director of education and organizational effectiveness, Planned Parenthood of the Great Northwest, June 21, 2011.

²⁹ “Washington State Department of Health (WA) - Pregnancy Assistance Fund,” Office of Adolescent Health, U.S. Department of Health and Human Services, accessed September 23, 2014, <http://www.hhs.gov/ash/oah/grants/grantees/paf-wa.html>.

³⁰ Information provided by Mandy Paradise, Personal Responsibility Education Program coordinator, Office of Healthy Communities, Division of Prevention and Community Health, Washington State Department of Health, June 20, 2014.

³¹ Sub-grantees each receive between \$8,000 and \$12,000: AACCS Counseling; Boys & Girls Club of Washington (King County North Seattle, King County Southwest, Olympic Peninsula Port Angeles, Olympic Peninsula Sequim, Spokane, and Thurston County Lacey branches); Child Study & Treatment Center; Columbia High School, White Salmon Valley School District; Darrington Family Support and Resource Center; Family Planning of NCW; Grant County Health Department—Juvenile Detention Center; Grant County Health Department—Sage Hills Alternative High School; Juvenile Rehabilitation Administration Facility sites (Green Hill School, Naselle Youth Camp, Touchstone, Twin Rivers Facility); Life Enrichment Group; Martin Hall Juvenile Detention Center; Mason County—CHOICE Alternative High School & Juvenile Detention Center; Planned Parenthood of the Great Northwest sites (Clallum County Detention Center, Tumwater West Detention Center, Woodinville Treatment Center); Sea Mar Community Health Centers—Visions Youth Treatment Center; Walla Walla Health Department.

³² Ibid.

³³ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.