

State Profiles FISCAL YEAR 2017

The complete FY 2017 State Profiles comprise individual state-specific documents along with four other accompanying documents. The Executive Summary details the current state of sexuality education across the country, highlighting trends observed over the past few decades. Additionally, it is critical to examine the information from each state within the larger context of the laws and federal funding streams across the country. Please reference the following documents to inform and contextualize broader sexuality education trends:

- [Executive Summary](#)
- [Federal Funding Overview](#) – compared to [Colorado’s federal funding](#)
- [Sex/Sexuality and HIV and other STIs Education Laws by State](#) – compared to [Colorado’s education laws](#)
- [Descriptions of Curricula and Programs across the United States](#)

COLORADO

In Fiscal Year 2017,¹ the state of Colorado received:

- **Division of Adolescent and School Health funds totaling \$80,000**
- **Personal Responsibility Education Program funds totaling \$808,451**
- **Title V State Abstinence Education Program funds totaling \$818,713**

In Fiscal Year 2017, local entities in Colorado received:

- **Teen Pregnancy Prevention Program funds totaling \$749,900**
- **Sexual Risk Avoidance Education Program funds totaling \$524,533**

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

Colorado state law does not require schools to provide sexuality or human immunodeficiency virus (HIV) or other sexually transmitted disease (STD) instruction; however, it refers to “medically and scientifically accurate information” as a “right” of youth in [Colorado statute §22-1-128](#), stating the need for expanded access to sexuality education. Furthermore, in 2013, the state legislature established a grant program for comprehensive human sexuality education, via [Colorado statute §25-44-102](#), which requires schools that accept this funding to use curricula that discuss contraception and are based in science, are age-appropriate, are culturally relevant, and are medically accurate.

Additional requirements state that instruction must:

- a. Encourage parental involvement and family communication; ...
- c. Include instruction to help students develop skills for making responsible and healthy decisions about human sexuality, personal power, boundary setting, and resisting peer pressure; ...

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- e. Include discussion of how alcohol and drug use impairs responsible and healthy decision making; ...
- g. Provide instruction on the health benefits and potential side effects of using contraceptives and barrier methods to prevent pregnancy.²

Parents or guardians must be notified if a sexuality education course is taught, and they must be given an opportunity to review the curriculum. They may remove their children from sexuality education or STD/HIV education classes by sending written notice to the school. [This is referred to as an “opt-out” policy.](#)

Per [Colorado statute §22-25-104](#), the Colorado Department of Education is responsible for providing guidelines as to the length of courses, the subjects included, and the manner in which these subjects are addressed.

STATE STANDARDS

The Department of Education provides guidelines on curriculum development through the [Colorado Academic Standards: Comprehensive Health & Physical Education Standards](#). Sexual health topics—including HIV and other STD transmission and prevention, unintended pregnancy, abstinence, and sexual assault—are components of these standards.

STATE LEGISLATIVE ACTIVITY

SIECUS tracks all state legislative session activity in our state legislative reports. For more information on bills related to school-based sexuality education that were introduced or passed in 2016, please see the most recent analysis of state legislative activity, [SIECUS’ 2016 Sex Ed State Legislative Year-End Report: Top Topics and Takeaways](#).

YOUTH SEXUAL HEALTH DATA

Young people are more than their health behaviors and outcomes. For those wishing to support the sexual health and wellbeing of young people, it is important to utilize available data in a manner that tracks our progress and pushes policies forward while respecting and supporting the dignity of all young lives.

While data can be a powerful tool to demonstrate the sexuality education and sexual health care needs of young people, it is important to be mindful that these behaviors and outcomes are impacted by systemic inequities present in our society that affect an individual’s sexual health and wellbeing. That is, the context in which a young person’s health behavior and decision-making happens is not reflected in individual data points. Notably, one example demonstrating such inequities are the limitations as to how and what data are currently collected; please be mindful of populations who may not be included in surveys or who may be misrepresented by the data. The data categories and any associated language are taken directly from the respective surveys and are not a representation of SIECUS’ positions or values. For more information regarding SIECUS’ use of data, please read the FY 2017 Executive Summary, [A Portrait of Sexuality Education in the States](#).

COLORADO YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA³

The following sexual health behavior and outcome data represent some of the most recent information available on the health of young people who attend high schools in Colorado. Though not perfect—for instance, using broad race and ethnicity categories can often distort and aggregate the experiences of a diverse group of respondents—the YRBS is a critical resource for understanding the health behaviors of young people when used carefully and with an awareness of its limitations. Any missing data points indicate either a lack of enough respondents for a subcategory or the state’s decision not to administer a question on the survey. SIECUS commends the Centers for Disease Control and Prevention (CDC) for conducting decades’ worth of field studies to improve the accuracy and relevancy of the YRBS. Like the CDC, SIECUS underlines that “school and community interventions should focus not only on behaviors but also on the determinants of those behaviors.”⁴

Reported ever having had sexual intercourse

- In 2011, 36.1% of female high school students and 44.5% of male high school students in Colorado reported ever having had sexual intercourse, compared to 45.6% of female high school students and 49.2% of male high school students nationwide.
- In 2011, 49.4% of Hispanic high school students and 36.3% of white high school students in Colorado reported ever having had sexual intercourse, compared to 48.6% of Hispanic high school students and 44.3% of white high school students nationwide.

Reported having had sexual intercourse before age 13

- In 2011, 2% of female high school students and 5.4% of male high school students in Colorado reported having had sexual intercourse before age 13, compared to 3.4% of female high school students and 9% of male high school students nationwide.
- In 2011, 4.9% of Hispanic high school students and 2.6% of white high school students in Colorado reported having had sexual intercourse before age 13, compared to 7.1% of Hispanic high school students and 3.9% of white high school students nationwide.

Reported being currently sexually active

- In 2011, 29.2% of female high school students and 33.5% of male high school students in Colorado reported being currently sexually active, compared to 34.2% of female high school students and 33.1% of male high school students nationwide.
- In 2011, 38.2% of Hispanic high school students and 29.6% of white high school students in Colorado reported being currently sexually active, compared to 33.5% of Hispanic high school students and 32.4% of white high school students nationwide.

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Reported not using a condom during last sexual intercourse

- In 2011, 35.6% of female high school students and 24.6% of male high school students in Colorado reported not using a condom during their last sexual intercourse, compared to 46.4% of female high school students and 33% of male high school students nationwide.
- In 2011, 36.4% of Hispanic high school students and 27.5% of white high school students in Colorado reported not using a condom during their last sexual intercourse, compared to 41.6% of Hispanic high school students and 40.5% of white high school students nationwide.

Reported not using any method to prevent pregnancy during last sexual intercourse

- In 2011, 8.4% of female high school students and 6.1% of male high school students in Colorado reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 15.1% of female high school students and 10.6% of male high school students nationwide.
- In 2011, 14.3% of Hispanic high school students and 4.5% of white high school students in Colorado reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 18.5% of Hispanic high school students and 10% of white high school students nationwide.

Reported having had drunk alcohol or used drugs during last sexual intercourse⁵

- In 2011, 25.9% of female high school students and 25.1% of male high school students in Colorado reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 18.1% of female high school students and 26% of male high school students nationwide.
- In 2011, 27.1% of Hispanic high school students and 24% of white high school students in Colorado reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 21.8% of Hispanic high school students and 23.4% of white high school students nationwide.

Reported having been physically forced to have sexual intercourse

- In 2011, 9.9% of female high school students and 4.2% of male high school students in Colorado reported having been physically forced to have sexual intercourse, compared to 11.8% of female high school students and 4.5% of male high school students nationwide.
- In 2011, 8.4% of Hispanic high school students and 6.9% of white high school students in Colorado reported having been physically forced to have sexual intercourse, compared to 8.2% of Hispanic high school students and 7.4% of white high school students nationwide.

Visit Colorado's [Adolescent Health Data database](#) for additional information on youth risk behaviors.

COLORADO SCHOOL HEALTH PROFILES DATA⁶

In 2015, the CDC released the School Health Profiles, which measures school health policies and practices and highlights which health topics were taught in schools across the country. Since the data was collected from self-administered questionnaires completed by schools’ principals and lead health education teachers, the CDC notes that one limitation of the School Health Profiles is bias toward the reporting of more positive policies and practices.⁷ In the School Health Profiles, the CDC identifies 16 sexual education topics that it believes are critical to a young person’s sexual health. Colorado did not report information as to instruction on the 16 sexual education topics in secondary schools for the 2013–2014 school year.

Visit the CDC’s [School Health Profiles](#) report for additional information on school health policies and practices.

16 CRITICAL SEXUAL EDUCATION TOPICS IDENTIFIED BY THE CDC

- 1) How to create and sustain healthy and respectful relationships
- 2) Influences of family, peers, media, technology, and other factors on sexual risk behavior
- 3) Benefits of being sexually abstinent
- 4) Efficacy of condoms
- 5) Importance of using condoms consistently and correctly
- 6) Importance of using a condom at the same time as another form of contraception to prevent both STDs and pregnancy
- 7) How to obtain condoms
- 8) How to correctly use a condom
- 9) Communication and negotiation skills
- 10) Goal-setting and decision-making skills
- 11) How HIV and other STDs are transmitted
- 12) Health consequences of HIV, other STDs, and pregnancy
- 13) Influencing and supporting others to avoid or reduce sexual risk behaviors
- 14) Importance of limiting the number of sexual partners
- 15) How to access valid and reliable information, products, and services related to HIV, STDs, and pregnancy
- 16) Preventive care that is necessary to maintain reproductive and sexual health.

Source: School Health Profiles, 2014

COLORADO TEEN PREGNANCY, HIV/AIDS, AND OTHER STD DATA

The following data from the CDC and the Guttmacher Institute represent the most recent state-specific statistics documenting teen pregnancy, birth, abortion, HIV/AIDS, and other STDs. For those wishing to support the sexual health and wellbeing of young people, it is important to use the data to advance their access to comprehensive education, resources, and services. However, the data is not intended to be used in a manner that is stigmatizing or shaming: Young people have the right to make informed decisions about their health and wellbeing, but this right must be accompanied by the ability to access and understand all available choices. Therefore, the following data should be used to advance a young person’s right to make informed decisions about their body and health.

Teen Pregnancy, Birth, and Abortion

- In 2013, Colorado had the 32nd highest reported teen pregnancy rate in the United States, with a rate of 37 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 43 per 1,000.⁸ There were a total of 6,100 pregnancies among young women ages 15–19 reported in Colorado in 2013.⁹
- In 2015, Colorado had the 31st highest reported teen birth rate in the United States, with a rate of 19.3 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.¹⁰ There were a total of 3,270 live births to young women ages 15–19 reported in Colorado in 2015.¹¹
- In 2013, Colorado had the 24th highest reported teen abortion rate¹² in the United States, with a rate of 8 abortions per 1,000 young women ages 15–19, compared to the national rate of 11 per 1,000.¹³ There were a total of 1,360 abortions among young women ages 15–19 reported in Colorado in 2013.¹⁴

HIV and AIDS

- In 2015, the reported rate of diagnoses of HIV infection among adolescents ages 13–19 in Colorado was 2 per 100,000, compared to the national rate of 5.8 per 100,000.¹⁵
- In 2015, the reported rate of AIDS diagnoses among adolescents ages 13–19 in Colorado was 0.0 per 100,000, compared to the national rate of 0.7 per 100,000.¹⁶
- In 2015, the reported rate of diagnoses of HIV infection among young adults ages 20–24 in Colorado was 18.7 per 100,000, compared to the national rate of 31.1 per 100,000.¹⁷
- In 2015, the reported rate of AIDS diagnoses among young adults ages 20–24 in Colorado was 1.8 per 100,000, compared to the national rate of 5.6 per 100,000.¹⁸

STDs

- In 2015, Colorado had the 31st highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 1,659.2 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 5,696 cases of chlamydia among young people ages 15–19 reported in Colorado.¹⁹
- In 2015, Colorado had the 36th highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 199.2 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 684 cases of gonorrhea among young people ages 15–19 reported in Colorado.²⁰
- In 2015, Colorado had the 39th highest rate of reported cases of primary and secondary syphilis among young people ages 15–19 in the United States, with an infection rate of 2.0 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 7 cases of syphilis reported among young people ages 15–19 in Colorado.²¹

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Visit the Office of Adolescent Health’s (OAH) [Colorado Adolescent Health Facts](#) for additional information.

FEDERAL FUNDING FOR SEXUALITY EDUCATION, UNINTENDED TEEN PREGNANCY, HIV AND OTHER STD PREVENTION, AND ABSTINENCE-ONLY-UNTIL-MARRIAGE (AOUM) PROGRAMS

FISCAL YEAR 2017 FEDERAL FUNDING IN COLORADO

Grantee	Award
Division of Adolescent and School Health (DASH)	
Colorado Board of Education	\$80,000
TOTAL	\$80,000
Teen Pregnancy Prevention Program (TPPP)	
TPPP Tier 1A	
Colorado Youth Matter	\$749,900
TOTAL	\$749,900
Personal Responsibility Education Program (PREP)	
PREP State-Grant Program	
Colorado Department of Human Services (federal grant)	\$808,451
TOTAL	\$808,451
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)	
Colorado Department of Education (federal grant)	\$818,713
TOTAL	\$818,713
Sexual Risk Avoidance Education Grant Program (SRAE)	
Friends First, Inc.	\$524,533
TOTAL	\$524,533
GRAND TOTAL	\$2,981,597

DIVISION OF ADOLESCENT AND SCHOOL HEALTH

The CDC’s school-based HIV prevention efforts include funding and technical assistance to state and local education agencies through several funding streams to better student health, implement HIV/STD prevention programs, collect and report data on young people’s risk behaviors, and expand capacity-building partnerships. In FY 2017, through the CDC’s Division of Adolescent and School Health (DASH), 18 state education agencies and 17 school districts received funding to help the districts and schools strengthen student health through exemplary sexual health education (ESHE) that emphasizes HIV and other STD prevention, increases access to key sexual health services (SHS), and establishes safe and supportive

environments (SSE) for students and staff. DASH funded six national, non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- In FY 2017, there were no DASH grantees in Colorado funded to strengthen student health through ESHE, SHS, and SSE (1308 Strategy 2).

In addition, DASH funds local education agencies and NGOs to implement multiple program activities to meet the HIV- and other 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.

- In FY 2017, there were no DASH grantees in Colorado funded to deliver YMSM programming (1308 Strategy 4).

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 YRBS and School Health Profiles data for policy and program improvements.

- In FY 2017, there was one DASH grantee in Colorado funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): The Colorado Board of Education (\$80,000).

TEEN PREGNANCY PREVENTION PROGRAM (TPPP)

The OAH, within the U.S. Department of Health and Human Services (HHS), administers TPPP, which funds evidence-based or innovative evidence-informed, medically accurate, and age-appropriate programs to reduce teen pregnancy. In FY 2017, total funding for TPPP was \$101 million, supporting 84 states, cities, non-profit organizations, school districts, universities, community-based organizations, and tribal organizations. These grantees were in year three of five TPPP funding tiers' five-year cooperative agreements in 33 states, the District of Columbia, and the Marshall Islands. In June 2017, however, 81 of the 84 grantees were notified, without cause or explanation, that their project periods were shortened to just three years, to end on June 30, 2018. Since the other three grantees are on a different grant cycle, they had not yet received notice on the status of their funding at the time of publication. OAH provides program support, implementation evaluation, and technical assistance to grantees and receives an additional \$6.8 million in funding for evaluation purposes. Below is information on the five TPPP funding tiers:

Tier 1A: Capacity building to support replication of evidence-based TPP programs.

- In FY 2017, there was one TPPP Tier 1 grantee in Colorado: Colorado Youth Matter (\$749,900).

COLORADO YOUTH MATTER (CYM), \$749,900 (FY 2017)

CYM is a statewide organization that serves all young people in Colorado. Their mission is to actively engage communities “to promote the healthy sexual development of all young people” through “training, research, advocacy, comprehensive sexuality education, and youth/family partnerships.”²² With its TPPP Tier 1A funding, CYM seeks to “increase sustained use of evidence-based interventions for teen pregnancy prevention in schools and clinics in Adams, Arapahoe, and Denver counties” through its Maximizing Success program. CYM provides support to five partners in school and clinic settings to achieve this goal. The project aims to expand to additional schools and clinics and to reach at least 6,500 young people per year.²³

Tier 1B: Replicating evidence-based TPP programs to scale in communities with the greatest need.

- In FY 2017, there were no TPPP Tier 1B grantees in Colorado.

Tier 2A: Supporting and enabling early innovation to advance adolescent health and prevent teen pregnancy.

- In FY 2017, there were no TPPP Tier 2A grantees in Colorado.

Tier 2B: Rigorous evaluation of new or innovative approaches to prevent teen pregnancy.

- In FY 2017, there were no TPPP Tier 2B grantees in Colorado.

Tier 2C: Effectiveness of TPP programs designed specifically for young males.

- In FY 2017, there were no TPPP Tier 2C grantees in Colorado.

PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)

The Family and Youth Services Bureau (FYSB), within the Administration for Children and Families (ACF) division of HHS, administers PREP, which was authorized for a total of \$75 million in FY 2017 for the state-grant program; local entities through the competitively awarded Personal Responsibility Education Innovative Strategies (PREIS) program; and the Tribal PREP, which funds tribes and tribal organizations. In addition, provisions within the PREP statute enable a competitive application process for community- and faith-based organizations within states and territories that do not directly seek PREP state grants to apply for funding through the Competitive Personal Responsibility Education Program (CPREP).

Similar to other programs highlighted in the State Profiles, the grants for the various PREP programs are awarded throughout the year, with several awarded in the final month of the fiscal year for use and implementation throughout the following year. SIECUS reports on funding amounts appropriated in FY 2017 and any programmatic activities that occurred during FY 2017, or October 1, 2016–September 30, 2017. It is important to remember, however, that reported programmatic activities for this period may have utilized FY 2016 funds. Details on the state grants, PREIS, Tribal PREP, and CPREP are included below. More information and clarification surrounding funding announcements are also included below, as well as in the FY 2017 Executive Summary, [*A Portrait of Sexuality Education in the States*](#).

PREP State-Grant Program

State-grant PREP supports evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV, and other STDs. In FY 2017, 44 states, the District of Columbia, the Federated States of Micronesia, Guam, Puerto Rico, the Republic of Palau, and the Virgin Islands received PREP state-grant 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.

- In FY 2017, the Colorado Department of Human Services received \$808,451 in federal PREP funds.²⁴

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- There were three sub-grantees for the Colorado PREP state-grant program: City & County of Denver Department of Human Services (\$155,000); Garfield County Department of Human Services (\$155,000); and Huerfano County Department of Social Services (\$155,000).²⁵

The Colorado PREP state-grant program aims to improve the sexual health of young people by delivering programming within schools and community-based organizations. The Colorado Department of Human Services selected three counties – Denver, Garfield, and Huerfano – to develop community-wide initiatives with PREP funds. Targeted populations are young people ages 10-19 in various settings. Denver County targets young people who are involved with public systems of care, such as foster care or the juvenile justice system; Garfield County provides programming to Garfield County District RE 2, Board of Cooperative Education Services (BOCES), Two Rivers Community School, and Roaring Fork School District RE 1; and Huerfano County will serve Huerfano County RE-1 School District. The program employs a positive youth development approach to implement evidence-based, comprehensive, inclusive, and medically accurate programs in target communities. Based on a list of approved evidence-based programs, each county implements the *Be Proud! Be Responsible!*, *Draw the Line/Respect the Line*, *Safer Choices*, and/or *Street Smart* curricula. Colorado PREP-funded communities must incorporate the following adulthood preparation subjects into their programs: healthy relationships, adult-child communication, and healthy life skills.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, HIV, and other STDs.

- In FY 2017, there were no PREIS grantees in Colorado.

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of pregnancy-, HIV-, and other STD-prevention programs among young people within tribes and tribal communities. Tribal PREP programs target young people ages 10–19 who are in or are aging out of foster care, young people experiencing homelessness, young people living with HIV, young people who live in areas with high rates of adolescent births, and young people under age 21 who are pregnant and/or parenting. In FY 2017, eight tribes and tribal organizations from seven states received a total of \$3,271,693.

- In FY 2017, there were no Tribal PREP grantees in Colorado.

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, and other STDs. Only organizations and institutions in states and territories that did not apply for PREP state grants are eligible to submit competitive applications for CPREP grants. In FY 2017, 21 CPREP grants, totaling \$10.2 million, were awarded to 21 organizations in Florida, Indiana, North Dakota, Texas, and Virginia, as well as in American Samoa, Guam, and the Northern Mariana Islands.

- In FY 2017, Colorado received PREP state-grant funding; therefore, entities in Colorado were not eligible for CPREP.

TITLE V “ABSTINENCE EDUCATION” STATE GRANT PROGRAM

The Title V “abstinence education” state grant program for AOUM programming, or the Title V AOUM program, is administered by FYSB, within ACF of HHS, and was authorized at \$75 million for FY 2017. 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 exclusively promote abstinence from sexual activity and may provide mentoring, counseling, and adult supervision toward this end.²⁷

- In FY 2017, the Colorado Department of Education received \$818,713 in federal Title V AOUM funding.²⁸
- The Colorado Department of Education provides sub-grants to five local public and private entities: Center for Relationship Education (\$167,722); Friends First, Inc. (\$199,743); CO Uplift (\$167,722); Boys and Girls Clun in Center, Colorado (\$199,812); and Ascend (\$15,000).²⁹
- In Colorado, sub-grantees are required to contribute an 85% match rate of the federal funding they receive.

The Colorado Title V AOUM program is administered by the Colorado Department of Education. The program delivers AOUM programming to community-based and non-profit organizations and focuses primarily on young people ages 10-19 in high-risk communities. The counties served during FY 2015 include Adams, Alamosa, Arapahoe, Broomfield, Delta, Denver, Douglas, Garfield, Jefferson, Larimer, Mesa, Morgan, Otero Prowers, Routt, Saguache, Pueblo and Weld. Programs used by funded entities must be medically accurate and evidence-based and, when appropriate, use mentoring, counseling, and adult supervision to promote abstinence from sexual activity. With Title V AOUM funds, the Center for Relationship Education implements [REAL Essentials](#) and provides a medical cessation intervention for nurses and healthcare professionals who work with sexually active young people in a clinical setting; FRIENDS FIRST, Inc., implements [Project AIM](#) and [STARS Teen Mentoring](#); CO Uplift and Boys and Girls Club implement [Promoting Health Among Teens \(PHAT\)](#); and Ascend implements a sexual risk avoidance specialist training.³⁰

“SEXUAL RISK AVOIDANCE EDUCATION” (SRAE) GRANT PROGRAM

Administered by FYSB within ACF of HHS, the SRAE program—a rebranding of the competitive AOUM grant program—provides funding for public and private entities for programs that “teach young people to voluntarily refrain from non-marital sexual activity and prevent other youth risk behaviors.” These programs are also required by statute to “teach the benefits associated with self-regulation; success sequencing for poverty prevention; healthy relationships; goal setting and resisting sexual coercion; dating violence; and other youth risk behaviors, such as underage drinking or illicit drug use, without normalizing teen sexual activity.” In FY 2017, \$15 million was appropriated for the SRAE grant program, and \$13.5 million was awarded to 27 grantees in 14 states through a competitive application process.

- In FY 2017, there was one SRAE grantee in Colorado: FRIENDS FIRST, Inc. (\$524,533).³¹

FRIENDS FIRST, INC., \$524,533 (FY 2017)

Friends First, Inc., is a non-profit organization that seeks to empower teens with tools, knowledge, and positive role models to make healthy choices.³² The organization will use [STARS Peer Mentoring/Be Aware for Dating](#) curricula in seven middle schools to serve approximately 650 young people ages 11-14 per year and

will target Adams, Denver, and Pueblo counties.³³ At the time of publication, more information on how Friends First, Inc., uses its SRAE funds was unknown.

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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 2017 began on October 1, 2016, and ended on September 30, 2017.
- ² Colorado statute §22-1-128 (6a-g).
- ³ “Youth Online,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.
- ⁴ “Methodology of the Youth Risk Behavior Surveillance System – 2013,” pg. 17, Centers for Disease Control and Prevention, www.cdc.gov/mmwr/pdf/rr/rr6201.pdf.
- ⁵ It is critical to examine social determinants when analyzing potentially stigmatizing data. Accounting for differences in people’s lived experiences based on race, ethnicity, sexual orientation, socioeconomic status, etc., is a vital part of understanding the context in which the data exist. We encourage readers to exercise caution when using the data and warn readers against using the data in a manner that conflates correlation with causation. Please visit the FY 2017 Executive Summary, [A Portrait of Sexuality Education in the States](#), for more context.
- ⁶ “School Health Profiles 2014,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.
- ⁷ Ibid., pg. 51.
- ⁸ Arpaia, A., Kost, K., and Maddow-Zimet, I., *Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2017), https://www.guttmacher.org/sites/default/files/report_downloads/us-adolescent-pregnancy-trends-2013_tables.pdf, Table 2.5.
- ⁹ Ibid., Table 2.6.
- ¹⁰ “Teen Birth Rate Comparison, 2015 Among Girls Age 15-19,” The National Campaign to Prevent Teen and Unplanned Pregnancy, <https://thenationalcampaign.org/data/compare/1701>.
- ¹¹ United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007-2015, on CDC WONDER Online Database, February 2017. Accessed at <http://wonder.cdc.gov/nativity-current.html>.
- ¹² “Abortion” used in this context refers to legally induced abortions. This rate does not include abortions that occur outside of health care facilities or are unreported. Unfortunately, there is no reliable source of information for actual rates of abortion.
- ¹³ Arpaia, A., Kost, K., and Maddow-Zimet, I., *Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2017), https://www.guttmacher.org/sites/default/files/report_downloads/us-adolescent-pregnancy-trends-2013_tables.pdf, Table 2.5.
- ¹⁴ Ibid., Table 2.6.
- ¹⁵ Slide 17: “Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.
- ¹⁶ Slide 20: “Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Adolescents Aged 13–19 Years, 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.
- ¹⁷ Slide 18: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.
- ¹⁸ Slide 21: “Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Young Adults Aged 20–24 Years, 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.
- ¹⁹ NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.
- ²⁰ Ibid.
- ²¹ Ibid.
- ²² “About Us,” Colorado Youth Matter, www.coloradoyouthmatter.org/about/what-we-believe.
- ²³ “Colorado Youth Matter,” Grantees (CO) – TPP Tier 1A, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/1a/colorado-youth-matter.html.

²⁴ “2017 State Personal Responsibility Education Program (PREP) Awards,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/2017-state-prep-awards.

²⁵ Information provided by Zoa Schescke, MPA, PREP Administrator, Colorado Department of Human Services, August 7, 2017.

²⁶ Ibid.

²⁷ 42 U.S.C. 710, Title V, Section 510 of the Social Security Act, the authorization for the Title V AOUM grant program, defines “abstinence education” as “an educational or motivational program which:

(A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;

(B) teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;

(C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;

(D) teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;

(E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;

(F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society;

(G) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and

(H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.”

www.ssa.gov/OP_Home/ssact/title05/0510.htm.

²⁸ “2016 Title V State Abstinence Education Program Grant Awards,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/2016-title-v-grant-awards.

²⁹ Information provided by Benjie Blase, Title V Program Manager, Colorado Department of Education, June 22, 2017.

³⁰ Ibid.

³¹ “Sexual Risk Avoidance Education (SRAE) Grantees FY2017,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, <https://www.acf.hhs.gov/fysb/sexual-risk-avoidance-grantees-fy2017>.

³² “Who We Are,” FRIENDS FIRST, <http://friendsfirst.org/who-we-are>.

³³ “Sexual Risk Avoidance Education Program Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, <https://www.acf.hhs.gov/fysb/resource/srae-profiles>.