SIECUS | Sexuality Information and Education Council of the United States

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 Minnesota's federal funding
- Sex/Sexuality and HIV and other STIs Education Laws by State – compared to Minnesota's education laws
- Descriptions of Curricula and Programs across the United States

MINNESOTA

In Fiscal Year 2017,[1] the state of Minnesota received:

- **Division of Adolescent and School Health funds totaling $340,000**
- **Personal Responsibility Education Program funds totaling $818,071**
- **Title V State Abstinence Education Program funds totaling $812,992**

In Fiscal Year 2017, local entities in the state of Minnesota received:

- **Teen Pregnancy Prevention Program funds totaling $1,499,999**

Sexuality Education Law and Policy

State Law

Minnesota Statutes §§ 120B.20 and 121A.23 require every school district to develop and implement a comprehensive risk-reduction program "including but not exclusive to human immunodeficiency virus [HIV] and human papilloma virus [HPV]."[2] While the state has not developed a specific curriculum, each school district must have "a comprehensive, technically accurate, and updated curriculum that includes helping students to abstain from sexual activity until marriage" and must target "adolescents, especially those who may be at high risk of contracting sexually transmitted infections [STIs] and [sexually transmitted] diseases [STDs], for prevention efforts."[3]

Minnesota also requires each school district to:

> [H]ave a procedure for a parent, guardian, or an adult student (18 years of age or older), to review the content of the instructional materials to be provided to a minor child or to

an adult student and, if the parent, guardian, or adult student objects to the content, to make reasonable arrangements with school personnel for alternative instruction.[4]

This is referred to as an "opt-out" policy.

STATE STANDARDS

Minnesota's National Health Education Standards and Minnesota Benchmarks provide guidance for local school district curriculum development. The standards do not mention contraception or condoms, but they briefly discuss HIV transmission.

STATE LEGISLATIVE SESSION 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*.

MINNESOTA YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA[5]

The Centers for Disease Control and Prevention (CDC) monitors several behavioral health risks among young people through administration of the YRBS. 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 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."[6]

Minnesota does not collect nor report YRBS data to the CDC. Instead, Minnesota conducts its own student survey about sexual health behavior. 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 Minnesota.

- In 2016, 10% of females in grade 9, 35% of females in grade 11, 13% of males in grade 9, and 36% of males in grade 11 in Minnesota reported having had sexual intercourse.[7]

- In 2016, 55% of females in grade 9, 60% of females in grade 11, 48% of males in grade 9, and 49% of males in grade 11 in Minnesota reported that condoms were not used to prevent pregnancy during their last intercourse.[8]

- In 2016, 14% of females in grade 9, 7% of females in grade 11, 14% of males in grade 9, and 8% of males in grade 11 reported that they did not use any method to prevent pregnancy during their last intercourse.[9]

- In 2016, 2% of females in grade 8, 3% of females in grade 9, 6% of females in grade 11, 3% of males in grade 8, 3% of males in grade 9, and 5% of males in grade 11 in Minnesota reported having been hit, slapped, or physically hurt on purpose by a boyfriend or girlfriend in a dating or serious relationship.[10]

- In 2016, 6% of females in grade 9, 14% of females in grade 11, 2% of males in grade 9, and 4% of males in grade 11 in Minnesota reported having been pressured into having sex when they did not want to.[11]

Visit Minnesota's Health Statistics publications for additional information on youth risk behaviors.

MINNESOTA SCHOOL HEALTH PROFILES DATA[12]

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.[13] In the School Health Profiles, the CDC identifies 16 sexual education topics that it believes are critical to a young person's sexual health. Below are key instruction highlights for secondary schools in Minnesota as reported for the 2013–2014 school year.

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

Reported teaching all 16 critical sexual health education topics

- 15% of Minnesota secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 6, 7, or 8.[14]

- 39.5% of Minnesota secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12.[15]

Reported teaching about the benefits of being sexually abstinent

- 83.8% of Minnesota secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.[16]

- 94.7% of Minnesota secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 9, 10, 11, or 12.[17]

Reported teaching how to access valid and reliable information, products, and services related to HIV, other sexually transmitted diseases (STDs), and pregnancy

- 65.5% of Minnesota secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 6, 7, or 8.[18]

- 86.6% of Minnesota secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 9, 10, 11, or 12.[19]

Reported teaching how to create and sustain healthy and respectful relationships

- 79.9% of Minnesota secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 6, 7, or 8.[20]

- 90.1% of Minnesota secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 9, 10, 11, or 12.[21]

Reported teaching about preventive care that is necessary to maintain reproductive and sexual health

- 62.1% of Minnesota secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 6, 7, or 8.[22]

- 83.6% of Minnesota secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 9, 10, 11, or 12.[23]

Reported teaching how to correctly use a condom

- 22.3% of Minnesota secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.[24]

- 54.4% of Minnesota secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.[25]

Reported teaching about all seven contraceptives

- 49.1% of Minnesota secondary schools taught students about all seven contraceptives—birth control pill, patch, ring, and shot; implants; intrauterine device; and emergency contraception—in a required course in any of grades 9, 10, 11, or 12.[26]

Reported providing curricula or supplementary materials relevant to lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth

- 24.1% of Minnesota secondary schools provided students with curricula or supplementary materials that included HIV, STD, or pregnancy prevention information relevant to LGBTQ youth.[27]

Visit the CDC's *School Health Profiles* report for additional information on school health policies and practices.

MINNESOTA 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, Minnesota had the 48th highest reported teen pregnancy rate in the United States, with a rate of 26 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 43 per 1,000.[28] There were a total of 4,630 pregnancies among young women ages 15–19 reported in Minnesota in 2013.[29]

- In 2015, Minnesota had the 45th highest reported teen birth rate in the United States, with a rate of 13.7 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.[30] There were a total of 2,386 live births to young women ages 15–19 reported in Minnesota in 2015.[31]

- In 2013, Minnesota had the 36th highest reported teen abortion rate[32] in the United States, with a rate of 6 abortions per 1,000 young women ages 15–19, compared to the national rate of 11 per 1,000.[33] There were a total of 990 abortions among young women ages 15–19 reported in Minnesota in 2013.[34]

HIV and AIDS

- In 2015, the reported rate of diagnoses of HIV infection among adolescents ages 13–19 in Minnesota was 2.4 per 100,000, compared to the national rate of 5.8 per 100,000.[35]

- In 2015, the reported rate of AIDS diagnoses among adolescents ages 13–19 in Minnesota was 0.2 per 100,000, compared to the national rate of 0.7 per 100,000.[36]

- In 2015, the reported rate of diagnoses of HIV infection among young adults ages 20–24 in Minnesota was 14.5 per 100,000, compared to the national rate of 31.1 per 100,000.[37]

- In 2015, the reported rate of AIDS diagnoses among young adults ages 20–24 in Minnesota was 2.2 per 100,000, compared to the national rate of 5.6 per 100,000.[38]

STDs

- In 2015, Minnesota had the 39th highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 1,446.1 cases per 100,000,

compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 5,156 cases of chlamydia among young people ages 15–19 reported in Minnesota.[39]

- In 2015, Minnesota had the 39th highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 179.5 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 640 cases of gonorrhea among young people ages 15–19 reported in Minnesota.[40]

- In 2015, Minnesota had the 31st 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 2.8 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 10 cases of syphilis reported among young people ages 15–19 in Minnesota.[41]

Visit the Office of Adolescent Health's (OAH) Minnesota 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 MINNESOTA

Grantee	Award
Division of Adolescent and School Health (DASH)	
Minnesota Department of Education	$340,000
TOTAL	**$340,000**
Teen Pregnancy Prevention Program (TPPP)	
TPPP Tier 1B	
County of Hennepin	$1,499,999
TOTAL	**$1,499,999**
Personal Responsibility Education Program (PREP)	
PREP State-Grant Program	
Minnesota Department of Health (federal grant)	$818,071
TOTAL	**$818,071**
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)	
Minnesota Department of Health (federal grant)	$812,992
TOTAL	**$812,992**
GRAND TOTAL	**$3,471,062**

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 was one DASH grantee in Minnesota funded to strengthen student health through ESHE, SHS, and SSE (1308 Strategy 2): The Minnesota Department of Education ($320,000).

MINNESOTA DEPARTMENT OF EDUCATION, $320,000 (FY 2017)

With its 1308 Strategy 2 funds, the Minnesota Department of Education provides training on CDC's Health Education Curriculum Analysis Tool to assist districts in selecting curricula and help more districts use quality sexual health education programs consistent with community norms. To improve student access, the Department works with a consortium of health plans to develop materials about community-based and youth-friendly sexual health services. Additionally, to establish safe and supportive school environments for all young people, the Department trains district administrators, teachers, nurses, and other staff on topics such as student-led clubs, bullying and harassment, and school-based celebrations.[42]

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 Minnesota 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 Minnesota funded to collect and report School Health Profiles data (1308 Strategy 1): The Minnesota Department of Education ($20,000). Minnesota does not collect nor report YRBS data.

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 were no TPPP Tier 1A grantees in Minnesota.

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

- In FY 2017, there was one TPPP Tier 1B grantee in Minnesota: The County of Hennepin ($1,499,999).

COUNTY OF HENNEPIN, $1,499,999 (FY 2017)

The Hennepin County Human Services and Public Health Department will implement the county's TPPP Tier 1B grant. The grant will be used to fund the *Better Together Hennepin Initiative*, *It's OUR Future* project. This project aims to use evidence-based programming in 25 schools and community sites to reduce teen birth rates among young people ages 10-19 living in the following communities in Hennepin: Brooklyn Center, Central and North Minneapolis, Richfield, and Robbinsdale. Programming will include *Adult Identity Mentoring (Project AIM)*, *Making Proud Choices!*, *All4You!*, *Be Proud! Be Responsible!*, *Reducing the Risk*, and *Safer Sex Initiative (SSI).* Better Together Hennepin expects to serve 3,500 young people per year.[43] Better Together Hennepin began as an initiative to prevent teen pregnancy in 2006. The programming consists of four elements: sex education, high-quality reproductive health care, healthy youth development opportunities, and connections to caring adults. The initiative has achieved a 52% decrease in the teen birth rate and continues to work in high-risk communities.[44]

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 Minnesota.

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

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

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

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

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 Minnesota Department of Health received $818,071 in federal PREP funds.[45]
- The Department provides sub-grants to seven local entities. The sub-grantee information is listed below.[46]

Sub-grantee	Serving	Amount
Everygreen Youth and Family Services	See narrative below	Not Reported
Face to Face Health & Counseling	See narrative below	Not Reported
Family Tree Clinic	See narrative below	Not Reported
High School for Recording Arts	See narrative below	Not Reported
myHealth for Teens & Young Adults	See narrative below	Not Reported
Neighborhood House	See narrative below	Not Reported
YWCA of Minneapolis	See narrative below	Not Reported

The Minnesota Department of Health administers the state PREP grant funds. The Department provides medically accurate and evidence-based sexual education and supports, trains, and provides technical assistance to community partners. The PREP program targets young people of color, including young American Indians; young people in foster care; young people in juvenile detention or on probation; young people in alternative learning centers; young people experiencing homelessness; and young LGBT people.[47] Programming is administered in community-based organizations, juvenile detention centers, local public health agencies, social service agencies, foster care facilities, runaway/homeless youth facilities, tribal governments, and school alternative centers.[48] The following adult preparation subjects will be addressed: adolescent development, financial literacy, healthy life skills, and healthy relationships.[49] Sub-grantees will use a combination of the following curricula: *Teen Outreach Program (TOP), Making Proud Choices!, ¡Cuídate!, Sexual Health and Adolescent Risk Prevention (SHARP)*, and *Safer Sex Intervention (SSI)*.[50]

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 Minnesota.

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 Minnesota.

Competitive Personal Responsibility Education Program (CPREP)

CPREP grants support evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV, 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, Minnesota received PREP state-grant funding; therefore, entities in Minnesota 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.[51]

- In FY 2017, the Minnesota Department of Health received $812,992 in federal Title V AOUM funding.[52]
- At the time of publication, information as to Minnesota's use of FY 2017 Title V AOUM funding was unknown. The following information reflects implementation of FY 2016 funds during FY 2017.[53]
- In Minnesota, the match is provided through a combination of in-kind funds and direct state revenue: Ramsey County is required to provide a 30% match for the funds that they receive, and the other grantees are required to provide a 75% match for the funds that they receive.

Sub-grantee	Serving	Amount
St. Paul-Ramsey County Public Health	A St. Paul Charter School and White Bear Lake/Maplewood School Districts in Ramsey County	$244,000
Hennepin County Human Services and Public Health	A Brooklyn Park Charter School and Osseo School in Hennepin County	$239,012
Inter School District #840	St. James, Butterfield, and Madelia Schools in Watonwan County	$72,927
Westside Community Health Services	St. Paul Public Schools in St. Paul-Ramsey County	$70,302
Division of Indian Work	Urban and Rural Minnesota Tribal communities	$72,922

The Minnesota Title V AOUM program is administered by the Minnesota Department of Health and focuses on "healthy youth-development initiatives."[54] Programming is provided in both school- and community-based settings for young people ages 11-14 residing in Hennepin County at Brooklyn Park Charter School and Osseo School and in Ramsey County at St. Paul Charter School and White Bear Lake/Maplewood Schools. Programming targets young people at high-risk of becoming pregnant or contracting a STD. Sub-contractors must implement curricula that meets the federal A–H guidelines, and many of them include a parent education or community-youth engagement component. The following curricula have been approved for use: *Adult Identity Mentoring (Project AIM), It's That Easy!, Making a Difference!, Division of Indian Work, Live It! Youth and Family Components*, and *Teen Outreach Program (TOP)*.[55]

"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 were no SRAE grantees in Minnesota.

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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] Minn. Stat. § 121A.23, www.revisor.mn.gov/statutes/?id=121A.23.

[3] Minn. Stat. §§ 121A.23(2) and (4), www.revisor.mn.gov/statutes/?id=121A.23.
[4] Minn. Stat. § 120B.20, www.revisor.mn.gov/statutes/?id=120B.20.
[5] "Youth Online," Centers for Disease Control and Prevention, https://nccd.cdc.gov/youthonline/App/Default.aspx.
[6] "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.
[7] "Regular Public Schools by Gender," 2016 Minnesota Student Survey Statewide Tables, September 2016, Table 47A, page 57, www.health.state.mn.us/divs/chs/mss/statewidetables/StateTablesbyGender16.pdf.
[8] Ibid, Table 47B, page 58.
[9] Ibid.
[10] Ibid., Table 18, page 22.
[11] Ibid.
[12] "School Health Profiles 2014," Centers for Disease Control and Prevention, https://nccd.cdc.gov/youthonline/App/Default.aspx.
[13] Ibid., pg. 51.
[14] Ibid., Table 9c.
[15] Ibid., Table 11c.
[16] Ibid., Table 9a.
[17] Ibid., Table 11a.
[18] Ibid., Table 9a.
[19] Ibid., Table 11a.
[20] Ibid., Table 9b.
[21] Ibid., Table 11b.
[22] Ibid., Table 9b.
[23] Ibid., Table 11b.
[24] Ibid., Table 9c.
[25] Ibid., Table 11c.
[26] Ibid., Table 13.
[27] Ibid., Table 39.
[28] 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.
[29] Ibid., Table 2.6.
[30] "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.
[31] 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/natality-current.html.
[32] "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.
[33] 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.
[34] Ibid., Table 2.6.
[35] 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.
[36] 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.

[37] 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.
[38] 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.
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[48] "Key Information about Minnesota," The National Campaign to Prevent Teen and Unplanned Pregnancy, https://thenationalcampaign.org/sites/default/files/resource-supporting-download/mn_summary_for_hill.pdf.
[49] "PREP Adult Preparation/Life Skills Subjects," Minnesota Department of Health, http://health.state.mn.us/divs/cfh/program/prep/adultprep.cfm.
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[51] 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.

[52] "2017 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/2017-aegp-awards.
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[54] Ibid.
[55] Ibid.