

State Profiles FISCAL YEAR 2016

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In Fiscal Year 2016,¹ the state of Mississippi received:

- Division of Adolescent and School Health funds totaling \$339,432
- Personal Responsibility Education Program funds totaling \$509,676
- Title V State Abstinence Education Program funds totaling \$1,112,958

In Fiscal Year 2016, local entities in Mississippi received:

- Teen Pregnancy Prevention Program funds totaling \$2,249,999

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

[Section 37-13-171](#) of the Mississippi Code of 1972 requires each school district to adopt either an “abstinence-only” or an “abstinence-plus” education policy. Under the law, both “abstinence-only” and “abstinence-plus” instruction must include “abstinence-only education.” Such instruction must teach:

- a) the social, psychological and health gains to be realized by abstaining from sexual activity, and the likely negative psychological and physical effects of not abstaining.
- b) the harmful consequences to the child, the child’s parents and society that bearing children out of wedlock is likely to produce, including the health, educational, financial, and other difficulties the child and his or her parents are likely to face, as well as the inappropriateness of the social and economic burden placed on others.
- c) that unwanted sexual advances are irresponsible and teaches how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances.
- d) that abstinence from sexual activity before marriage, and fidelity within marriage, is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases (STDs) and related health problems.
- e) the current state law related to sexual conduct, including forcible rape, statutory rape, paternity establishment, child support and homosexual activity.
- f) that a mutually faithful monogamous marriage is the only appropriate setting for sexual intercourse.²

Human sexuality instruction provided in schools need not address every component of “abstinence-only education,” however, no instruction provided under an “abstinence-only” program can contradict any of these components. Instruction may also include a discussion of contraceptives, so long as it includes “a factual presentation of the risks and failure rates.” In addition to teaching abstinence-only concepts,

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“abstinence-plus” education may discuss broader sexual health topics, such as “the nature, causes and effects of [STDs],” and human immunodeficiency virus (HIV) and other STD prevention education. However, the education “shall not include instruction and demonstrations on the application and use of condoms.” The Department of Education must approve each district’s curriculum as well as establish a protocol for ensuring that provided instruction is “age, grade and developmentally appropriate.”³ Students must be separated by gender at all times when sexuality instruction is taught. In addition, no instruction provided through an “abstinence-only” or “abstinence-plus” curriculum shall teach that “abortion can be used to prevent the birth of a baby.”

The Department of Health and the Department of Education must implement a Teen Pregnancy Pilot Program in districts with the highest number of teen pregnancies, given the availability of funding. Such programs must be coordinated through the school nurse and include education on abstinence, reproductive health, teen pregnancy, and STDs.⁴ Mississippi public school nurses may not provide abortion counseling to students nor may they refer students to abortion services.

Parents or guardians must receive notification at least one week prior to the provision of any human sexuality instruction, and they must give permission for their child to participate in such classes. [This is referred to as an “opt-in” policy.](#)

STATE STANDARDS

Mississippi’s [Contemporary Health Curriculum \(K–8\)](#) and [\(9–12\)](#) provides standards for health education programs in the state. The standards include essential questions such as “how does abstinence from sexual activity show that you are responsible?” However, the standards also recommend discussing contraception alongside abstinence.

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 [SIECUS’ 2016 Sex Ed State Legislative Year-End Report: Top Topics and Takeaways.](#)

YOUTH SEXUAL HEALTH DATA

The following sexual health behavior and outcome data represent the most recent information available on adolescent sexual health in Mississippi. 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 can and often do affect an individual’s sexual health and wellbeing. Additionally, there are significant limitations as to how and what data are currently collected. Young people are more than outcomes; for advocates, it is important to utilize the data in a manner that tracks our progress and pushes policies forward in a way that respects and supports the dignity of all young lives.

MISSISSIPPI YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA⁵

Reported ever having had sexual intercourse

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- In 2015, 44% of female high school students and 52.6% of male high school students in Mississippi reported ever having had sexual intercourse, compared to 39.2% of female high school students and 43.2% of male high school students nationwide.
- In 2015, 56.2% of black high school students, 40.6% of Hispanic high school students, 41.9% of white high school students, and 46.3% of high school students who identified as multiple races in Mississippi reported ever having had sexual intercourse, compared to 48.5% of black high school students, 42.5% of Hispanic high school students, 39.9% of white high school students, and 49.2% of high school students who identified as multiple races nationwide.

Reported having had sexual intercourse before age 13

- In 2015, 3.8% of female high school students and 13.3% of male high school students in Mississippi reported having had sexual intercourse before age 13, compared to 2.2% of female high school students and 5.6% of male high school students nationwide.
- In 2015, 12.6% of black high school students, 12.7% of Hispanic high school students, 4.6% of white high school students, and 11.2% of high school students who identified as multiple races in Mississippi reported having had sexual intercourse before age 13, compared to 8.3% of black high school students, 5% of Hispanic high school students, 2.5% of white high school students, and 5.8% of high school students who identified as multiple races nationwide.

Reported being currently sexually active

- In 2015, 32.7% of female high school students and 35.2% of male high school students in Mississippi reported being currently sexually active, compared to 29.8% of female high school students and 30.3% of male high school students nationwide.
- In 2015, 37.3% of black high school students, 27% of Hispanic high school students, 30.9% of white high school students, and 37% of high school students who identified as multiple races in Mississippi reported being currently sexually active, compared to 33.1% of black high school students, 30.3% of Hispanic high school students, 30.3% of white high school students, and 35.7% of high school students who identified as multiple races nationwide.

Reported not using a condom during last sexual intercourse

- In 2015, 45.9% of female high school students and 42.4% of male high school students in Mississippi reported not using a condom during their last sexual intercourse, compared to 48% of female high school students and 38.5% of male high school students nationwide.
- In 2015, 30.5% of black high school students and 54.7% of white high school students in Mississippi reported not using a condom during their last sexual intercourse, compared to 36.3% of black high school students and 43.2% of white high school students nationwide.

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

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- In 2015, 14% of female high school students and 15.7% of male high school students in Mississippi reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 15.2% of female high school students and 12.2% of male high school students nationwide.
- In 2015, 17.7% of black high school students and 11.2% of white high school students in Mississippi reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 15.9% of black high school students and 10.4% of white high school students nationwide.

Reported never having been tested for HIV

- In 2015, 81.6% of female high school students and 83.8% of male high school students in Mississippi reported never having been tested for HIV, compared to 88.9% of female high school students and 90.7% of male high school students nationwide.
- In 2015, 77.9% of black high school students, 85.2% of Hispanic high school students, 87.2% of white high school students, and 82.4% of high school students who identified as multiple races in Mississippi reported never having been tested for HIV, compared to 83.4% of black high school students, 88.9% of Hispanic high school students, 92% of white high school students, and 86.6% of high school students who identified as multiple races nationwide.

Reported having been physically forced to have sexual intercourse

- In 2015, 13.9% of female high school students and 8.7% of male high school students in Mississippi reported having been physically forced to have sexual intercourse, compared to 10.3% of female high school students and 3.1% of male high school students nationwide.
- In 2015, 11.6% of black high school students, 18% of Hispanic high school students, 10.8% of white high school students, and 13.4% of high school students who identified as multiple races in Mississippi reported having been physically forced to have sexual intercourse, compared to 7.3% of black high school students, 7% of Hispanic high school students, 6% of white high school students, and 12.1% of high school students who identified as multiple races nationwide.

Reported experiencing physical dating violence

- In 2015, 12.3% of female high school students and 8.2% of male high school students in Mississippi reported experiencing physical dating violence in the prior year, compared to 11.7% of female high school students and 7.4% of male high school students nationwide.
- In 2015, 10.5% of black high school students, 12.9% of Hispanic high school students, and 7.3% of white high school students in Mississippi reported experiencing physical dating violence in the prior year, compared to 10.5% of black high school students, 9.7% of Hispanic high school students, and 9% of white high school students nationwide.

Reported experiencing sexual dating violence

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- In 2015, 14.8% of female high school students and 7.7% of male high school students in Mississippi reported experiencing sexual dating violence in the prior year, compared to 15.6% of female high school students and 5.4% of male high school students nationwide.
- In 2015, 12.6% of black high school students and 7.7% of white high school students in Mississippi reported experiencing sexual dating violence in the prior year, compared to 10% of black high school students and 10.1% of white high school students nationwide.

Visit the Centers for Disease Control and Prevention's (CDC) [Youth Online](#) database for additional information on youth risk behaviors.

MISSISSIPPI TEEN PREGNANCY, HIV/ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS), AND OTHER STD DATA

Teen Pregnancy, Birth, and Abortion

- In 2011, Mississippi had the 2nd highest teen pregnancy rate in the United States, with a rate of 70 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 52 per 1,000.⁶ There were a total of 7,390 pregnancies among young women ages 15–19 reported in Mississippi in 2011.⁷
- In 2015, Mississippi had the 2nd highest teen birth rate in the United States, with a rate of 34.8 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.⁸ There were a total of 3,853 live births to young women ages 15–19 reported in Mississippi in 2014, the most recent year of available data.⁹
- In 2011, Mississippi had the 33rd highest teen abortion rate in the United States, with a rate of 8 abortions per 1,000 young women ages 15–19, compared to the national rate of 14 per 1,000.¹⁰ There were a total of 870 abortions among young women ages 15–19 reported in Mississippi in 2011.¹¹

HIV and AIDS

- In 2015, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Mississippi was 16.3 per 100,000, compared to the national rate of 5.8 per 100,000.¹²
- In 2015, the rate of AIDS diagnoses among adolescents ages 13–19 in Mississippi was 2.4 per 100,000, compared to the national rate of 0.7 per 100,000.¹³
- In 2015, the rate of diagnoses of HIV infection among young adults ages 20–24 in Mississippi was 61.1 per 100,000, compared to the national rate of 31.1 per 100,000.¹⁴
- In 2015, the rate of AIDS diagnoses among young adults ages 20–24 in Mississippi was 13.6 per 100,000, compared to the national rate of 5.6 per 100,000.¹⁵

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STDs

- In 2015, Mississippi had the 3rd highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 2,793.3 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 5,781 cases of chlamydia among young people ages 15–19 reported in Mississippi.¹⁶
- In 2015, Mississippi had the 3rd highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 737.4 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 1,526 cases of gonorrhea among young people ages 15–19 reported in Mississippi.¹⁷
- In 2015, Mississippi had the 5th 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 8.7 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 18 cases of syphilis reported among young people ages 15–19 in Mississippi.¹⁸

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

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

FISCAL YEAR 2016 FEDERAL FUNDING IN MISSISSIPPI

Grantee	Award
Division of Adolescent and School Health (DASH)	
Mississippi Department of Education	\$339,432
TOTAL	\$339,432
Teen Pregnancy Prevention Program (TPPP)	
TPPP Tier 1A	
My Brother’s Keeper, Inc.	\$750,000
TOTAL	\$750,000
TPPP Tier 1B	
Delta Health Alliance, Inc.	\$1,499,999
TOTAL	\$1,499,999
Personal Responsibility Education Program (PREP)	
PREP State-Grant Program	
Mississippi Department of Health (federal grant)	\$509,676

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TOTAL	\$509,676
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)	
Mississippi Department of Human Services (federal grant)	\$1,112,958
TOTAL	\$1,112,958
GRAND TOTAL	\$4,212,065

DIVISION OF ADOLESCENT AND SCHOOL HEALTH

The Division of Adolescent and School Health (DASH), within the CDC, provides funding 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 2016, DASH provided funding to 18 state and 17 local education agencies to help 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 seven national, non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- In FY 2016, there was one DASH grantee in Mississippi funded to strengthen student health through ESHE, SHS, and SSE (1308 Strategy 2): The Mississippi Department of Education (\$254,317).

MISSISSIPPI DEPARTMENT OF EDUCATION, \$254,317 (FY 2016)

With its 1308 Strategy 2 funds, the Mississippi Department of Education distributes sexual health education state policies and provides training to district staff on a revised health education framework, including sexual health education. The goal is to “garner state-wide support and adoption of sexual health education consistent with community norms.”¹⁹ Additionally, to improve access to sexual health services and increase referrals, the department develops and distributes a resource guide identifying youth-friendly community health services providers statewide. The department also trains district staff on parent engagement strategies and student-led clubs to expand districts’ efforts to provide an environment where all students and staff feel safe and connected to school.²⁰

In addition, DASH funds local education agencies and NGOs 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.

- In FY 2016, there were no DASH grantees in Mississippi funded to deliver YMSM programming (1308 Strategy 4).

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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 Surveillance (YRBS) and School Health Profiles data for policy and program improvements.

- In FY 2016, there was one DASH grantee in Mississippi funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): The Mississippi Department of Education (\$85,115).

TEEN PREGNANCY PREVENTION PROGRAM

The Office of Adolescent Health (OAH), within the U.S. Department of Health and Human Services (HHS), administers the Teen Pregnancy Prevention Program (TPPP), which funds evidence-based (or innovative evidence-informed), medically accurate, and age-appropriate programs to reduce teen pregnancy. OAH provides program support, implementation evaluation, and technical assistance to grantees. In FY 2016, total funding for TPPP was \$101 million, with an additional \$6.8 million authorized for evaluation purposes, supporting a total of 84 states, cities, non-profit organizations, school districts, universities, community-based organizations, and tribal organizations that were in year two of five TPPP funding tiers' five-year cooperative agreements in 33 states and territories, including the District of Columbia and the Marshall Islands. OAH provides program support, implementation evaluation, and technical assistance to grantees and receives an additional \$6.8 million in funding for evaluation purposes. There are five TPPP funding tiers:

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

- In FY 2016, there was one TPPP Tier 1A grantee in Mississippi: My Brother's Keeper, Inc. (\$750,000).

MY BROTHER'S KEEPER, INC., \$750,000 (FY 2016)

My Brother's Keeper, Inc., (MBK) is a private, non-profit, community-based organization that provides services to reduce health disparities in Mississippi. The organization plans to reach their goal by "enhancing the health and wellbeing of minority and marginalized populations through leadership in public and community health practices, collaboration, and partnerships."²¹ With its TPPP Tier 1A funds, MBK will run the REACH 2.0 CBA Project, which will "focus on building the organization and programmatic capacity of three youth-serving organizations identified as staples in the community." The goal of the project is to implement and evaluate evidence-based programs in the Southwest Mississippi River Region, a multi-county area along the Mississippi River. Programming will be offered to young people ages 11–19, and MBK aims to reach 1,500 young people per year.²²

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

- In FY 2016, there was one TPPP Tier 1B grantee in Mississippi: Delta Health Alliance, Inc. (\$1,499,999).

DELTA HEALTH ALLIANCE, INC., \$1,499,999 (FY 2016)

Delta Health Alliance, Inc., (DHA) is a non-profit organization aimed at changing health care and education in the Mississippi Delta area. The organization uses data-informed and community partner building strategies to fulfill their goals.²³ With its TPPP Tier 1B funds, DHA—through its Delta Futures project—will assist in implementation of evidence-based programming in school, clinic, and community settings. The

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project will support nine public school districts and five local rural health clinics in 10 rural counties in the Mississippi Delta area. Programming will implement the following curricula: [*Draw the Line/Respect the Line*](#), [*Reducing the Risk*](#), [*Promoting Health Among Teens!*](#), and [*Making Proud Choices!*](#). DHA plans to reach more than 7,000 young people a year.²⁴

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

- In FY 2016, there were no TPPP Tier 2A grantees in Mississippi.

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

- In FY 2016, there were no TPPP Tier 2B grantees in Mississippi.

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

- In FY 2016, there were no TPPP Tier 2C grantees in Mississippi.

PERSONAL RESPONSIBILITY EDUCATION PROGRAM

The Family and Youth Services Bureau (FYSB), within the Administration for Children and Families (ACF) division of HHS, administers the Personal Responsibility Education Program (PREP), which includes \$75 million 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. Details on the state grants, PREIS, Tribal PREP, and CPREP are included below.

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/AIDS, and other STDs. In FY 2016, 43 states, the District of Columbia, the Federated States of Micronesia, Guam, Puerto Rico, and the Virgin Islands received PREP state-grant funds. 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.

- In FY 2016, the Mississippi State Department of Health received \$509,676 in federal PREP funds.²⁵
- The department provides sub-grants to eight local public and private entities. The sub-grantee information is listed below.²⁶

Sub-grantee	Serving	Amount
Henley Young Juvenile Detention Center	See narrative below	\$10,000
Mississippi First	See narrative below	\$49,400
Glenn Family Foundation	See narrative below	\$10,000
Tunica Teens in Actions	See narrative below	\$8,000

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West Jackson Community Development Center	See narrative below	\$12,000
The Women’s Foundation of Mississippi	See narrative below	\$40,000

The Mississippi PREP state-grant program is implemented by the Mississippi State Department of Health Office of Preventative Health. It provides school- and community-based interventions to school districts that have adopted an “abstinence-plus” education policy, under the stipulations of the state’s sexuality education law, to provide evidence-based sex education to students in grades 6–12 or young people ages 10–19. The Department of Health has completed memorandum of understanding agreements with 33 school districts (Calhoun County, Canton, Clarksdale Municipal, Cleveland, Coahoma County, Coahoma Agricultural, Coffeerville, Columbus Municipal, Covington County, Durant Public, East Tallahatchie, Forest Municipal, Greenville Public, Hinds County, Homes County, Humphreys County, Jackson, Jefferson Davis County, Leflore County, Leland, McComb, MS School for the Deaf, Natchez-Adams, North Bolivar Consolidated, North Panola, Oxford Public, Quitman County, Simpson County, Sunflower Consolidated, Tunica County, Water Valley, West Bolivar Consolidated, and Western Line School Districts) in 25 counties (Adams, Bolivar, Calhoun, Covington, Hinds, Holmes, Humphreys, Jefferson Davis, Leflore, Lowndes, Madison, Oxford, Panola, Pike, Quitman, Scott, Simpson, Sunflower, Tallahatchie, Tunica, Washington, and Yalobusha counties) that have adopted an “abstinence-plus” policy. In addition, the Mississippi PREP grant program has contracted with the Comprehensive Reproductive Health Department, the University of Mississippi Medical Center, and the Women’s Foundation of Mississippi to develop a teen- and youth-friendly [website](#).

PREP will fund the planning, execution, and project management activities related to the development of a website that provides medically accurate, age-appropriate sexual and reproductive health information for teens and their parents. School-based programming uses [Draw the Line/Respect the Line](#) and [Reducing the Risk](#), while community-based programming uses [Becoming a Responsible Teen \(BART\)](#) and [Sexual Health and Adolescent Risk Prevention \(SHARP\)](#). Each curricula will address different adulthood preparation subjects: [Draw the Line/Respect the Line](#) addresses healthy life skills, healthy relationships, and parent-child communication; [Reducing the Risk](#) addresses adolescent development, healthy relationships, and healthy life skills; and [Becoming a Responsible Teen \(BART\)](#) addresses adolescent development, healthy life skills, and healthy relationships.²⁷

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.

- In FY 2016, there were no PREIS grantees in Mississippi.

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of 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, young people experiencing homelessness, young people living with HIV/AIDS, 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 2016, eight tribes and tribal organizations from seven states received a total of \$3,436,621.

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- In FY 2016, there were no Tribal PREP grantees in Mississippi.

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. Only organizations and institutions in states and territories that did not apply for PREP state grants in either of the first two fiscal years after the call for PREP state-grant applications were eligible to submit competitive applications for CPREP grants. In FY 2016, 21 CPREP grants, totaling \$10.3 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 2016, Mississippi received PREP state-grant funding; therefore, entities in Mississippi were not eligible for CPREP.

TITLE V STATE ABSTINENCE EDUCATION GRANT PROGRAM

The Title V state abstinence education grant program for abstinence-only-until-marriage (AOUM) programming, or the Title V AOUM program, is administered by FYSB, within ACF of HHS, and was funded at \$75 million in FY 2016. 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. Programs must be medically accurate and age-appropriate and must encourage abstinence as an expected outcome.

- In FY 2016, the Mississippi Department of Human Services received \$1,112,958 in federal Title V AOUM funding.²⁸
- In Mississippi, funds are sub-granted to the Mississippi Alliance of Boys & Girls Clubs (\$959,083).²⁹
- In Mississippi, the match is provided by the sub-grantee through in-kind funds.

The Mississippi Department of Human Services administers the state's Title V AOUM grant and sub-contracted the funds to the Mississippi Alliance of Boys & Girls Clubs. Programming is provided through the Boys & Girls Clubs in school- and community-based settings to young people ages 10–17 and their parents in 26 counties across the state: Alcorn, Attala, Coahoma, Covington, Forrest, Grenada, Hancock, Harrison, Hinds, Holmes, Jackson, Lafayette, Lauderdale, Lee, Leflore, Lowndes, Madison, Neshoba, Oktibbeha, Panola, Pike, Tippah, Tunica, Union, Walthall, and Yazoo. Funded programs use the [Choosing the Best](#) series, including the parent component, *Parents, Teens, & Sex: The Big Talk Book*.³⁰

“SEXUAL RISK AVOIDANCE EDUCATION” GRANT PROGRAM

Administered by FYSB within ACF of HHS, the “sexual risk avoidance education” (SRAE), i.e., the AOUM grant program, provides competitive funding 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 2016,

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\$10 million was appropriated for the SRAE grant program and \$8.98 million was awarded to 21 grantees in 12 states through a competitive application process.

- In FY 2016, there were no SRAE grantees in Mississippi.

POINTS OF CONTACT

DASH Contact

Shalonda Coleman
HIV/AIDS Coordinator
Office of Healthy Schools
Mississippi Department of Education
Central High School Building
359 N. West Street, Suite 218
PO Box 771
Jackson, MS 39205-0771
Phone: (601) 359-3513
Email: SColeman@mdek12.org

TPPP Contacts

Dr. June A. Gipson
My Brother's Keeper, Inc.
Phone: (601) 898-0000 ext. 113
Email: JGipson@mbk-inc.org

Nikki Payne
Delta Health Alliance, Inc.
Phone: (662) 390-6343
Email: npayne@deltahealthalliance.org

PREP State-Grant Program Contact

Kenyatta S. Parker, DrPH(c), MPH
Bureau Deputy Director
Personal Responsibility Education Program
Office of Preventive Health
Mississippi State Department of Health
715 Pear Orchard Road—Plaza 1
Ridgeland, MS 39157
Phone: (601) 206-1564

Title V AOUM Program Contact

Arnell Wilson
Programs, Division of Field Operations

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Mississippi Department of Human Services
750 N. State Street
Jackson, MS 39202
Phone: (601) 359-4668
Email: Arnell.wilson@mdhs.ms.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 2016 began on October 1, 2015, and ended on September 30, 2016.
- ² Mississippi Legislature, 2011 Regular Session, House Bill 999, final version of bill as sent to the governor, introduced January 17, 2011, <http://billstatus.ls.state.ms.us/documents/2011/pdf/HB/0900-0999/HB0999SG.pdf>.
- ³ Ibid.
- ⁴ Miss. Code Ann. § 41-79-5.
- ⁵ “High School YRBS,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.
- ⁶ Kost, K., and Maddow-Zimet, I., *U.S. Teenage Pregnancies, Births, and Abortions, 2011: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), www.guttmacher.org/sites/default/files/report_pdf/us-teen-pregnancy-state-trends-2011_4.pdf, Table 1.1.
- ⁷ Ibid., Table 1.2.
- ⁸ “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>.
- ⁹ “Teen Births in Mississippi, Girls 15-19,” The National Campaign to Prevent Teen and Unplanned Pregnancy, <https://thenationalcampaign.org/data/state/Mississippi>.
- ¹⁰ Kost, K., and Maddow-Zimet, I., *U.S. Teenage Pregnancies, Births, and Abortions, 2011: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), www.guttmacher.org/sites/default/files/report_pdf/us-teen-pregnancy-state-trends-2011_4.pdf, Table 1.1.
- ¹¹ Ibid., Table 1.2.
- ¹² 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.
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²⁶ Information provided by Kenyatta Parker, DrPH, MPH, Deputy Bureau Director, PREP, Mississippi State Department of Health, April 26, 2017.

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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 through a public records request of the Mississippi Department of Human Services, July 26, 2016.

³⁰ Ibid.