

State Profiles FISCAL YEAR 2016

WASHINGTON

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

- Division of Adolescent and School Health funds totaling \$340,000
- Personal Responsibility Education Program funds totaling \$1,086,419

In Fiscal Year 2016, local entities in Washington received:

- Teen Pregnancy Prevention Program funds totaling \$5,713,669

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

The Revised Code of Washington, [§§ 28A.230.070](#), requires schools to teach human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) prevention education which “stress[es] that abstinence from sexual activity is the only certain means for the prevention of the spread or contraction of the AIDS virus through sexual contact.”² HIV/AIDS prevention instruction must be given at least once each school year beginning in fifth grade and must “teach that condoms and other artificial means of birth control are not a certain means of preventing the spread of the [AIDS] and reliance on condoms puts a person at risk for exposure to the disease.”³ Information must be medically accurate. In order to verify medical accuracy, the Washington Department of Health Office on HIV/AIDS must review and approve all HIV/AIDS curricula and supporting materials.⁴ Health education that includes instruction on “methods to prevent exposure to and transmission of sexually transmitted diseases (STDs)” is also required by Revised Code of Washington [§§ 28A.230.020](#).

Schools are not required to implement a comprehensive sexuality education program outside of what is listed above. The decision to do so is made by the local school board.⁵ The law requires every Washington public school that offers sexual health education to assure that instruction is medically and scientifically accurate, age-appropriate, “appropriate for students regardless of race, gender, disability status, or sexual orientation,” and includes information about abstinence and other methods of preventing unintended pregnancy.⁶ It also states that “abstinence may not be taught to the exclusion of other materials and instruction on contraceptives and disease prevention.”⁷

Parents or guardians may remove their children from HIV/AIDS-prevention education if they have attended an information session about the HIV/AIDS curriculum and its presentation.⁸ If a school district chooses to provide sexuality education, parents may also remove their children from the class with written notification. [This is referred to as an “opt-out” policy.](#)

WASHINGTON

STATE STANDARDS

The Washington Office of Superintendent of Public Instruction and the Department of Health developed guidelines titled the [Guidelines for Sexual Health and Disease Prevention](#). Any sexuality education program implemented in schools must be consistent with these guidelines. Washington also provides a voluntary curriculum, [KNOW HIV/\[Sexually Transmitted Disease\] STD Prevention Curriculum](#), for use in grades 5–12, as well as a thorough list of other curricula that have been reviewed and approved by the Department of Health. Furthermore, Washington provides [health education standards](#) as guidance for curriculum development. Understanding “how to maintain sexual health throughout life,” and “that some diseases can be transmitted when people have sexual contact,” as well as discussion on harassment and bullying due to sexual orientation are included.

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 Wyoming. 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.

WASHINGTON HEALTHY YOUTH SURVEY DATA⁹

- In 2016, 8% of eighth grade students, 25% of 10th grade students, and 50% of 12th grade students in Washington reported ever having had sex.
- In 2016, 4% of eighth grade students, 4% of 10th grade students, and 4% of 12th grade students in Washington reported having had sex by age 13.
- In 2016, 3% of eighth grade students, 10% of 10th grade students, and 23% of 12th grade students in Washington reported not using a condom during their last sexual intercourse.
- In 2016, 2.5% of eighth grade students, 5.7% of 10th grade students, and 4.6% of 12th grade students in Washington reported having been injured in the prior year (such as bruises, cuts, black eyes, or broken bones) as a result of being hurt by a boyfriend or girlfriend.
- In 2016, 12.8% of eighth grade students, 17.7% of 10th grade students, and 21.7% of 12th grade students in Washington reported having been in a situation where someone made them engage in kissing, sexual touch, or intercourse when they did not want to.

Visit Washington's [Healthy Youth Survey](#) database for additional information on youth risk behaviors.

WASHINGTON

WASHINGTON TEEN PREGNANCY, HIV/AIDS, AND STD DATA

Teen Pregnancy, Birth, and Abortion

- In 2011, Washington had the 28th highest teen pregnancy rate in the United States, with a rate of 47 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 52 per 1,000.¹⁰ There were a total of 10,180 pregnancies among young women ages 15–19 reported in Washington in 2011.¹¹
- In 2015, Washington had the 37th highest teen birth rate in the United States, with a rate of 17.6 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.¹² There were a total of 4,092 live births to young women ages 15–19 reported in Washington in 2014, the most recent year of available data.¹³
- In 2011, Washington had the 10th highest teen abortion rate in the United States, with a rate of 15 abortions per 1,000 young women ages 15–19, compared to the national rate of 14 per 1,000.¹⁴ There were a total of 3,220 abortions among young women ages 15–19 reported in Washington in 2011.¹⁵

HIV and AIDS

- In 2015, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Washington was 2.1 per 100,000, compared to the national rate of 5.8 per 100,000.¹⁶
- In 2015, the rate of AIDS diagnoses among adolescents ages 13–19 in Washington was 0.0 per 100,000, compared to the national rate of 0.7 per 100,000.¹⁷
- In 2015, the rate of diagnoses of HIV infection among young adults ages 20–24 in Washington was 11.7 per 100,000, compared to the national rate of 31.1 per 100,000.¹⁸
- In 2015, the rate of AIDS diagnoses among young adults ages 20–24 in Washington was 1.6 per 100,000, compared to the national rate of 5.6 per 100,000.¹⁹

STDs

- In 2015, Washington had the 40th highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 1,431.9 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 6,304 cases of chlamydia among young people ages 15–19 reported in Washington.²⁰
- In 2015, Washington had the 40th highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 171.3 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 754 cases of gonorrhea among young people ages 15–19 reported in Washington.²¹
- In 2015, Washington had the 34th 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 2.5 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 11 cases of syphilis reported among young people ages 15–19 in Washington.²²

WASHINGTON

Visit the Office of Adolescent Health’s (OAH) [Washington 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 WASHINGTON

Grantee	Award
Division of Adolescent and School Health	
Washington Office of the Superintendent of Public Instruction	\$340,000
TOTAL	\$340,000
Teen Pregnancy Prevention Program(TPPP)	
TPPP Tier 1A	
Planned Parenthood of the Great Northwest and Hawaiian Islands	\$750,000
TOTAL	\$750,000
TPPP Tier 1B	
Planned Parenthood of the Great Northwest and Hawaiian Islands	\$999,999
Planned Parenthood of Greater Washington and North Idaho	\$963,670
TOTAL	\$1,963,669
TPPP Tier 2B	
Planned Parenthood of the Great Northwest and Hawaiian Islands – Rural	\$1,000,000
Planned Parenthood of the Great Northwest and Hawaiian Islands – Urban	\$1,000,000
Public Health – Seattle and King County	\$1,000,000
TOTAL	\$3,000,000
Personal Responsibility Education Program (PREP)	
PREP State-Grant Program	
Washington State Department of Health (federal grant)	\$1,086,419
TOTAL	\$1,086,419
GRAND TOTAL	\$7,140,088

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.

WASHINGTON

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 Washington funded to strengthen student health through ESHE, SHS, and SSE (1308 Strategy 2): The Washington Office of the Superintendent of Public Instruction (\$320,000).

WASHINGTON OFFICE OF THE SUPERINTENDENT OF PUBLIC INSTRUCTION, \$320,000 (FY 2016)

The Washington Office of the Superintendent of Public Instruction is updating statewide student learning standards to incorporate guidance on sexual health education, including training teams of school staff to be comfortable, confident, and competent in providing exemplary sexuality health education. Additionally, the office works with partners to provide school staff training on safe environments and to identify community resources that provide youth-friendly sexual health services, so that schools can make referrals that meet students' needs.²³

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 Washington 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 Youth Risk Behavior Surveillance (YRBS) and School Health Profiles data for policy and program improvements.

- In FY 2016, there was one DASH grantee in Washington funded to collect and report School Health Profiles data (1308 Strategy 1): The Washington State Office of Superintendent (\$20,000). The state of Washington does not collect nor report YRBS data.

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.

WASHINGTON

- In FY 2016, there was one TPPP Tier 1A grantee in Washington: Planned Parenthood of the Great Northwest and Hawaiian Islands (\$750,000).

PLANNED PARENTHOOD OF THE GREAT NORTHWEST AND HAWAIIAN ISLANDS, \$750,000 (FY 2016)
Planned Parenthood of the Great Northwest and Hawaiian Islands provides “high-quality, affordable reproductive health care” through 28 health centers in communities in Alaska, Hawaii, Idaho, and western Washington. The organization is an affiliate of Planned Parenthood Federation of America, a leading national provider of and advocate for sexual and reproductive health care. The organization accomplishes its mission of supporting sexual health of women and men through services, advocacy, and “[m]edically accurate, age appropriate, comprehensive sex education that furthers understanding of human sexuality and promotes healthy behavior.”²⁴ With its TPPP Tier 1A funding, Planned Parenthood of the Great Northwest and the Hawaiian Islands will partner with Planned Parenthood Columbia Willamette and Planned Parenthood of Southwestern Oregon to implement “Stronger Together: The Northwest Coalition for Adolescent Health Capacity Building Project.” The goal of this project is to increase the capacity of at least six community-based organizations to deliver and sustain evidence-based teen pregnancy prevention programs. The programs will target vulnerable young people, including young people in foster care and young people experiencing homelessness in Oregon and Washington. The project will initially target three initial communities: Medford and Grants Pass in Oregon and Tacoma in Washington. More than 3,500 young people will be reached during the five-year grant period.²⁵

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

- In FY 2016, there were two TPPP Tier 1B grantees in Washington: Planned Parenthood of the Great Northwest and Hawaiian Islands (\$999,999) and Planned Parenthood of Greater Washington and North Idaho (\$963,670).
- These local organizations in Washington received a total of \$1,963,669 in TPPP Tier 1B funding.

PLANNED PARENTHOOD OF THE GREAT NORTHWEST AND HAWAIIAN ISLANDS, \$999,999 (FY 2016)
Planned Parenthood of the Great Northwest and Hawaiian Islands is one of the seven affiliates of Planned Parenthood that will implement the Tier 1B grant. The goal of the project is to bring evidence-based teen pregnancy programs to scale at schools, after-school sites, community-based sites, and clinics in the following six high-need communities: Caldwell, Idaho; Salem, Oregon; South Salt Lake City, Utah; Centralia, Washington; Tacoma, Washington; and Mount Vernon, Washington. Planned Parenthood aims to serve 2,500 young people per year using *All4You2!*, *Families Talking Together (FTT)*, *Get Real*, *Making Proud Choices*, *Positive Prevention PLUS*, and *Safer Sex* programs.²⁶

PLANNED PARENTHOOD OF GREATER WASHINGTON AND NORTH IDAHO, \$963,670 (FY 2016)
Planned Parenthood of Greater Washington and North Idaho is dedicated to providing “exceptional reproductive and complementary health care services, honest education, and fearless advocacy for all.”²⁷ The organization is an affiliate of Planned Parenthood Federation of America, a leading national provider of and advocate for sexual and reproductive health care. The organization accomplishes its mission of delivering the highest quality reproductive health care services through services including “responsible, age-appropriate sexuality education.”²⁸ Planned Parenthood of Greater Washington and North Idaho will collaborate with 40 partners in the Inland Northwest Healthy Youth Collaborative to implement the Tier 1B grant. The goal of the project is to implement evidence-based teen pregnancy programs to scale in the following four high-need communities in Washington: Yakima County, Franklin County, Okanogan County, and City of Spokane. Funded programs will use *All4You Project AIM*, *Get Real*, *Making Proud Choices!*, *Seventeen Days*, and

WASHINGTON

Sexual Health and Adolescent Risk Prevention (SHARP). The project will serve 500 young people per year, and a total of 2,000 young people will be reached in the five-year grant period.²⁹

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 Washington.

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

- In FY 2016, there were three TPPP Tier 2B grantees in Washington: Planned Parenthood of the Great Northwest and Hawaiian Islands – Rural (\$1,000,000); Planned Parenthood of the Great Northwest and Hawaiian Islands – Urban (\$1,000,000); and Public Health – Seattle and King County (\$1,000,000).
- These local organizations in Washington received a total of \$3,000,000 in TPPP Tier 2B funding.

PLANNED PARENTHOOD OF THE GREAT NORTHWEST AND HAWAIIAN ISLANDS – RURAL, \$1,000,000 (FY 2016)

With its TPPP Tier 2B funding, Planned Parenthood of the Great Northwest and Hawaiian Islands will help to implement and evaluate “Linking Families and Teens,” an intervention that includes a separate programming session for parents/caregivers and their children, as well as a joint community service component. The intervention targets young people in grades 9-12 and their parent/caregiver(s) living in rural communities in Alaska, Hawaii, Idaho, Oregon, Utah, and Washington. The goal of the program is to “reduce teen pregnancy rates, increase use of contraceptives, and delay initiation of sexual activity by increasing parent/caregiver-youth connectedness, and increasing youth’s self-efficacy, knowledge, and skill related to sexual health and pregnancy prevention.”³⁰ The intervention will be evaluated through a randomized control trial, and its impact will be measured through changes in knowledge, communication and self-efficacy, sexual initiation, contraceptive use, and pregnancy. Planned Parenthood hopes to reach 500 young people per year with this intervention.³¹

PLANNED PARENTHOOD OF THE GREAT NORTHWEST AND HAWAIIAN ISLANDS – URBAN, \$1,000,000 (FY 2016)

With its TPPP Tier 2B funding, Planned Parenthood of the Great Northwest and Hawaiian Islands will help to implement and evaluate “*IN-cluded*: Inclusive Healthcare-Youth and Providers Empowered,” an innovative intervention designed for lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ) young people. Young people who receive the intervention will be from urban communities in Alaska, Massachusetts, Minnesota, Oregon, Utah, and Washington. The intervention includes a three-hour workshop for health care staff and provides that addresses best practices with LGBTQ young people and a three-hour interactive workshop for LGBTQ young people that includes “education related to sexual risk prevention and healthy relationships, and information about how to access sexual health services,” delivered by trained peer health educators. The intervention will be evaluated through a randomized control trial with 1,500 LGBTQ young people over three years, and its impact will be measured through receipt of reproductive health services and use of birth control.³²

PUBLIC HEALTH – SEATTLE AND KING COUNTY, \$1,000,000 (FY 2016)

Public Health is the health department for the city of Seattle and King County in Washington. The department serves 1.9 million people, 19 acute-care hospitals, and more than 7,000 medical professionals and “protects the public from threats to their health, promotes better health, and helps to assure that people are provided with accessible, quality health care” in King County.³³ With its TPPP Tier 2B funding, Public

WASHINGTON

Health will partner with ETR Associates to evaluate [High School FLASH](#) (FLASH), a comprehensive, school-based sexual health curriculum that aims to prevent teen pregnancy, HIV and other STDs, and sexual violence, as well as improve parent-child communication and sexual health. FLASH originated in King County and has been used widely in school classrooms nationwide since the mid-1980s. The goal of the project is to expand FLASH implementation to 20 schools in southern West Virginia and Georgia. The curriculum will be evaluation through a randomized control trial with 500 young people per year, and its impact will be measured through rates of initiation of vaginal sex and rates of vaginal sex without a condom or other birth control in the past three months.³⁴

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

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

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 Washington State Department of Health received \$1,086,419 in federal PREP funds.³⁵

The Washington State Department of Health administers its PREP funds to Intervention Partners, who implement evidence-based interventions in Washington State communities. Intervention Partners provide programming to at-risk young people ages 11-18, including young African Americans and Latinos, runaway and homeless youth, and young people in the foster care and juvenile justice systems. The following curricula are used: [Be Proud! Be Responsible!](#), [¡Cuidate!](#), [Draw the Line/Respect the Line](#), [Sexual Health and Adolescent Risk Prevention \(SHARP\)](#), [SiHLE \(Sistas, Informing, Healing, Living, Empowering\)](#), [Making Proud Choices! An Adaptation for Youth in Out-of-Home Care](#), [Reducing the Risk](#), [Making Proud Choices!](#), and [Family Life and Sexual Health \(FLASH\) High School](#). The curricula will address health relationships, parent-child communication, and healthy life skills.³⁶ At the time of publication, more information on sub-grantees of Washington state PREP grant funds was unknown.

WASHINGTON

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 Washington.

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.

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

Competitive Personal Responsibility Education Program (CPREP)

CPREP grants support evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other STDs. 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, Washington received PREP state-grant funding; therefore, entities in Washington 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, Washington chose not to apply for Title V AOUM funds.

“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, \$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 Washington.

POINTS OF CONTACT

DASH Contact

Laurie Dils
Coordinator, HIV and Sexual Health Education
Washington State Office of the Superintendent of Public Instruction
600 Washington St., S.E.
Olympia, WA 98504-7200
Phone: (360) 725-6364
Email: Laurie.Dils@k12.wa.us

TPPP Contacts

Ms. Andrea Gerber
Project Director
Public Health – Seattle and King County
Phone: (206) 477-6913
Email: Andrea.Gerber@kingcounty.gov

Carole Miller
Planned Parenthood of the Great Northwest and the Hawaiian Islands
Phone: (206) 328-6807
Email: Carole.Miller@ppgnw.org

Joy Peltier
Planned Parenthood of Greater Washington and North Idaho
Phone: (509) 202-4166
Email: Joy.Peltier@ppgwni.org

PREP State-Grant Program Contact

Lauri Turkovsky, EdD
PREP Grant Coordinator
Adolescent Health Program
Washington State Department of Health
P.O. Box 47880
Olympia, WA 98504-7880
Phone: (360) 236-3538
Email: Lauri.Turkovsky@doh.wa.gov

¹ This refers to the federal government's fiscal year, which begins on October 1 and ends on September 30. The fiscal year is designated by the calendar year in which it ends; for example, FY 2016 began on October 1, 2015, and ended on September 30, 2016.

² Wash. Rev. Code § 28A.230.070(7), <http://apps.leg.wa.gov/RCW/default.aspx?cite=28A.230.070>.

³ Ibid.

⁴ Wash. Rev. Code § 28A.230.070(3), <http://apps.leg.wa.gov/RCW/default.aspx?cite=28A.230.070>.

⁵ Wash. Admin. Code § 392-410-140.

⁶ Wash. Rev. Code § 28A.300.475(1).

⁷ Ibid.

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

WASHINGTON

- ⁹ “Healthy Youth Survey,” Washington State Department of Health, <http://askhys.net/FactSheets>.
- 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 “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>.
- ¹³ “Teen Births in Washington, Girls 15-19,” The National Campaign to Prevent Teen and Unplanned Pregnancy, <https://thenationalcampaign.org/data/state/Washington>.
- ¹⁴ 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.
- ¹⁵ *Ibid.*, Table 1.2.
- ¹⁶ 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.
- ¹⁷ 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.
- ¹⁸ 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.
- ¹⁹ 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.
- ²⁰ NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.
- ²¹ *Ibid.*
- ²² *Ibid.*
- ²³ Centers for Disease Control and Prevention, Adolescent and School Health, Funded State Agencies, (Atlanta, GA, www.cdc.gov/healthyouth/partners/funded_states.htm#wa.
- ²⁴ “Our Mission,” Planned Parenthood of the Great Northwest and the Hawaiian Islands, www.plannedparenthood.org/planned-parenthood-great-northwest-hawaiian-islands/who-we-are.
- ²⁵ “Planned Parenthood of the Great Northwest and the Hawaiian Islands,” Grantees (WA) – TPP Tier 1A, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/org/grants/grantees/tpp/1a/planned-parenthood-of-the-great-northwest.html#.
- ²⁶ “Planned Parenthood of the Great Northwest and the Hawaiian Islands,” Grantees (WA) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/1b/planned-parenthood-of-the-great-northwest-and-hawaiian-islands.html.
- ²⁷ “Our Mission” Planned Parenthood of Greater Washington and North Idaho, www.plannedparenthood.org/planned-parenthood-greater-washington-north-idaho/who-we-are/our-mission.
- ²⁸ “About Us,” Planned Parenthood of Greater Washington and North Idaho, www.plannedparenthood.org/planned-parenthood-greater-washington-north-idaho/who-we-are.
- ²⁹ Planned Parenthood of Greater Washington and North Idaho,” Grantees (WA) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/1b/planned-parenthood-of-greater-washington-and-north-idaho.html.
- ³⁰ “Planned Parenthood of the Great Northwest and the Hawaiian Islands (rural),” Grantees (WA) – TPP Tier 2B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/2b/planned-parenthood-of-the-great-northwest-and-the-hawaiian-islands-rural.html.
- ³¹ *Ibid.*
- ³² “Planned Parenthood of the Great Northwest and the Hawaiian Islands (urban),” Grantees (WA) – TPP Tier 2B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/2b/planned-parenthood-of-the-great-northwest-and-the-hawaiian-islands-urban.html.

WASHINGTON

³³ “About Us,” Public Health-Seattle & King County, www.kingcounty.gov/depts/health/about-us.aspx.

³⁴ “Public Health-Seattle & King County,” Grantees (WA) – TPP Tier 2B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/grants/grantees/tpp/2b/public-health-seattle-king-county.html.

³⁵ “2016 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/2016-state-prep-awards.

³⁶ “Welcome to WA PREP for Healthy Youth,” WA PREP for Healthy Youth, <http://waprepforhealthyouth.org/index.html>.