



## CALIFORNIA

**In Fiscal Year 2011<sup>1</sup>, the state of California received:**

- **Personal Responsibility Education Program funds totaling \$6,454,368**

**In Fiscal Year 2011, local entities in California received:**

- **Teen Pregnancy Prevention Initiative funds totaling \$6,832,711**
- **Personal Responsibility Education Innovative Strategies funds totaling \$797,255**
- **Tribal Personal Responsibility Education Program funds totaling \$1,693,728**

### SEXUALITY EDUCATION LAW AND POLICY

California does not require schools to teach sexuality education, though they are required to teach HIV/AIDS education to students at least once in middle school and once in high school. If schools do teach additional sexuality education, which they are permitted to do from kindergarten through 12th grade, they must follow certain guidelines.

California state law requires that all instruction be age-appropriate and medically accurate, which is defined as “verified or supported by research conducted in compliance with scientific methods and published in peer-reviewed journals, where appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, such as the federal Centers for Disease Control and Prevention, the American Public Health Association, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists.”<sup>2</sup>

In addition, California law stipulates: “[I]nstruction and materials shall be appropriate for use with pupils of all races, genders, sexual orientations, ethnic and cultural backgrounds, and pupils with disabilities.”<sup>3</sup> Furthermore, programs “may not promote or teach religious doctrine.”<sup>4</sup> Instruction must also encourage parent-child communication about sexuality.

Beginning in seventh grade, all human sexuality instruction must include information about abstinence “while also providing medically accurate information on other methods of preventing pregnancy and sexually transmitted diseases (STDs).”<sup>5</sup> This instruction must “provide information about the effectiveness and safety of all FDA-approved contraceptive methods in preventing pregnancy, including, but not limited to, emergency contraception.”<sup>6</sup>

Each school district must provide in-service training for all teachers and school employees who teach HIV-prevention education. School districts may contract with outside consultants either to teach students or provide the in-service training. California also mandates that all community-based programs using state funds or state-implemented funds to prevent unintended pregnancies and STDs adhere to requirements similar to those for school-based programs; instruction must be medically accurate, age-appropriate, culturally and linguistically appropriate for its intended audience, and comprehensive.

## CALIFORNIA

Parents or guardians may remove their children from sexuality education and/or STD/HIV education classes. This is referred to as an “opt-out” policy.

See California Education Code §§ 51930–51939, California Health and Safety Code §§ 151000–151003, Health Education Content Standards for California Public Schools: Kindergarten Through Grade Twelve, and Health Education Framework for California Public Schools: Kindergarten Through Grade Twelve.

### RECENT LEGISLATION

SIECUS is not aware of any recent legislation regarding sexuality education in California.

### YOUTH SEXUAL HEALTH DATA

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

#### California Youth Risk Behavior Survey (YRBS) Data<sup>7</sup>

##### *Los Angeles, California*

- In 2011, 34% of female high school students and 43% of male high school students in Los Angeles reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide.
- In 2011, 2% of female high school students and 9% of male high school students in Los Angeles reported having had sexual intercourse before age 13, compared to 3% of female high school students and 9% of male high school students nationwide.
- In 2011, 5% of female high school students and 13% of male high school students in Los Angeles reported having had four or more lifetime sexual partners, compared to 13% of female high school students and 18% of male high school students nationwide.
- In 2011, 25% of female high school students and 27% of male high school students in Los Angeles reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey), compared to 34% of female high school students and 33% of male high school students nationwide.
- In 2011, among those high school students who reported being currently sexually active, 58% of females and 64% of males in Los Angeles reported having used condoms the last time they had sexual intercourse, compared to 54% of females and 67% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 7% of females and 9% of males in Los Angeles reported having used birth control pills the last time they had sexual intercourse, compared to 23% of females and 13% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 13% of females and 22% of males in Los Angeles reported having used alcohol or drugs the

## CALIFORNIA

last time they had sexual intercourse, compared to 18% of females and 26% of males nationwide.

- In 2011, 82% of high school students in Los Angeles reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide.

### *San Bernardino, California*

- In 2011, 42% of female high school students and 55% of male high school students in San Bernardino reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide.
- In 2011, 2% of female high school students and 13% of male high school students in San Bernardino reported having had sexual intercourse before age 13, compared to 3% of female high school students and 9% of male high school students nationwide.
- In 2011, 8% of female high school students and 21% of male high school students in San Bernardino reported having had four or more lifetime sexual partners, compared to 13% of female high school students and 18% of male high school students nationwide.
- In 2011, 29% of female high school students and 37% of male high school students in San Bernardino reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey), compared to 34% of female high school students and 33% of male high school students nationwide.
- In 2011, among those high school students who reported being currently sexually active, 42% of females and 67% of males in San Bernardino reported having used condoms the last time they had sexual intercourse, compared to 54% of females and 67% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 9% of females and 7% of males in San Bernardino reported having used birth control pills the last time they had sexual intercourse, compared to 23% of females and 13% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 14% of females and 27% of males in San Bernardino reported having used alcohol or drugs the last time they had sexual intercourse, compared to 18% of females and 26% of males nationwide.
- In 2011, 80% of high school students in San Bernardino reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide.

## CALIFORNIA

### *San Diego, California*

- In 2011, 39% of female high school students and 46% of male high school students in San Diego reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide.
- In 2011, 3% of female high school students and 9% of male high school students in San Diego reported having had sexual intercourse before age 13, compared to 3% of female high school students and 9% of male high school students nationwide.
- In 2011, 9% of female high school students and 15% of male high school students in San Diego reported having had four or more lifetime sexual partners, compared to 13% of female high school students and 18% of male high school students nationwide.
- In 2011, 26% of female high school students and 29% of male high school students in San Diego reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey), compared to 34% of female high school students and 33% of male high school students nationwide.
- In 2011, among those high school students who reported being currently sexually active, 50% of females and 66% of males in San Diego reported having used condoms the last time they had sexual intercourse, compared to 54% of females and 67% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 25% of females and 17% of males in San Diego reported having used birth control pills the last time they had sexual intercourse, compared to 23% of females and 13% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 16% of females and 27% of males in San Diego reported having used alcohol or drugs the last time they had sexual intercourse, compared to 18% of females and 26% of males nationwide.
- In 2011, 86% of high school students in San Diego, California reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide.

### *San Francisco, California*

- In 2011, 26% of female high school students and 29% of male high school students in San Francisco reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide.
- In 2011, 2% of female high school students and 8% of male high school students in San Francisco reported having had sexual intercourse before age 13, compared to 3% of female high school students and 9% of male high school students nationwide.

## CALIFORNIA

- In 2011, 4% of female high school students and 10% of male high school students in San Francisco reported having had four or more lifetime sexual partners, compared to 13% of female high school students and 18% of male high school students nationwide.
- In 2011, 20% of female high school students and 19% of male high school students in San Francisco reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey), compared to 34% of female high school students and 33% of male high school students nationwide.
- In 2011, among those high school students who reported being currently sexually active, 47% of females and 60% of males in San Francisco reported having used condoms the last time they had sexual intercourse, compared to 54% of females and 67% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 17% of females and 6% of males in San Francisco reported having used birth control pills the last time they had sexual intercourse, compared to 23% of females and 13% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 15% of females and 27% of males in San Francisco reported having used alcohol or drugs the last time they had sexual intercourse, compared to 18% of females and 26% of males nationwide.
- In 2011, 81% of high school students in San Francisco reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide.

### **California Teen Pregnancy, HIV/AIDS, and Sexually Transmitted Disease Data**

#### *Teen Pregnancy, Birth, and Abortion*

- California's teen birth rate currently ranks 28th in the United States, with a rate of 31.5 births per 1,000 young women ages 15–19, compared to the national rate of 34.3 births per 1,000.<sup>8</sup> In 2010, there were a total of 43,116 live births to young women ages 15–19 reported in California.<sup>9</sup>
- In 2005, California's teen pregnancy rate ranked 15th in the United States, with a rate of 75 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 70 pregnancies per 1,000.<sup>10</sup> There were a total of 96,490 pregnancies among young women ages 15–19 reported in California in 2005.<sup>11</sup>
- In 2005, California's teen abortion rate ranked sixth in the United States, with a rate of 26 abortions per 1,000 young women ages 15–19, compared to the national rate of 19 abortions per 1,000.<sup>12</sup>

*HIV and AIDS*

- In 2010, the rate of diagnoses of HIV infection among adolescents aged 13-19 years in California was 4.9 per 100,000 compared to the national rate of 7.9 per 100,000.<sup>13</sup>
- In 2010, the rate of AIDS diagnoses among adolescents 13-19 years in California was 1.4 per 100,000 compared to the national rate of 1.9 per 100,000.<sup>14</sup>
- In 2010, the rate of diagnoses of HIV infection among young adults aged 20-24 years in California was 34.8 per 100,000 compared to the national rate of 36.9 per 100,000.<sup>15</sup>
- In 2010, the rate of AIDS diagnoses among young adults aged 20-24 years in California was 10.4 per 100,000 compared to the national rate of 10.4 per 100,000.<sup>16</sup>

*Sexually Transmitted Diseases*

- California ranks 33rd in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 15.49 cases per 1,000, compared to the national rate of 20.03 cases per 1,000. In 2009, there were a total of 41,840 cases of chlamydia reported among young people ages 15–19 in California.<sup>17</sup>
- California ranks 33rd in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 1.76 cases per 1,000, compared to the national rate of 4.04 cases per 1,000. In 2009, there were a total of 4,742 cases of gonorrhea reported among young people ages 15–19 in California.<sup>18</sup>
- California ranks 13th in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 0.02 cases per 1,000, compared to the national rate of 0.05 cases per 1,000. In 2009, there were a total of 66 cases of syphilis reported among young people ages 15–19 in California.<sup>19</sup>

**FEDERAL FUNDING FOR SEX EDUCATION, TEEN PREGNANCY PREVENTION, AND ABSTINENCE-ONLY PROGRAMS**

**President’s Teen Pregnancy Prevention Initiative**

The President’s Teen Pregnancy Prevention Initiative (TPPI) funds medically accurate and age-appropriate programs to reduce teen pregnancy. The U.S. Department of Health and Human Services, Office of Adolescent Health (OAH) administers the grant program, which totaled \$105 million in discretionary funding for Fiscal Year (FY) 2011. TPPI consists of two funding tiers that provide grants to local public and private entities. Tier 1 totals \$75 million and provides funding for the replication of evidence-based programs proven to prevent unintended teen pregnancy and address underlying behavioral risk factors. Tier 2 totals \$25 million and provides funding to develop and test additional models and innovative strategies. A portion of the Tier 2 funds, \$15.2 million, was allocated for research and demonstration grants to test innovative approaches, while the remaining funding, \$9.8 million, was allocated for grants to support communitywide initiatives. TPPI also dedicates \$4.5 million in funding to conduct evaluations of individual programs.

*TPPI Tier 1: Evidence-Based Programs*

The TPPI Tier 1 grant program supports the replication of evidence-based programs proven effective through rigorous evaluation to prevent unintended teen pregnancy, underlying behavioral risk factors, or other associated risk factors.

- Local organizations in California received \$5,874,147 in TPPI Tier 1 funding for FY 2011.
- There are seven TPPI Tier 1 grantees in California: Alameda County Public Health Department; Community Action Partnership Network of San Luis Obispo County, Inc.; Contra Costa Health Services; Golden Valley Health Centers; Health Research Association; San Diego Youth Services; and Tulare Community Health Clinic.

Alameda County Public Health Department, \$965,683 (FY 2011)

Alameda County is the seventh most populous county in California. The city of Oakland serves as the county seat. Alameda County Public Health Department (ACPHD) uses its TPPI Tier 1 funding to enhance its already existing initiative, Project HOPE (Helping Oakland and surrounding areas Prevent Teen Pregnancy via Education), “a multifaceted, community driven teen pregnancy prevention program.”<sup>20</sup> Project HOPE serves 3,000 youth annually, providing services such as comprehensive sexuality education, peer-leadership education, and education for parents of adolescents. It seeks to reduce unintended teenage pregnancy and absentee fatherhood, promote responsible parenting, and increase the involvement of fathers in their child’s development.<sup>21</sup> The program targets youth in the West/East Oakland and Ashland/San Lorenzo communities.

With its Tier 1 grant, ACPHD has expanded Project HOPE to target all sixth grade students, ages 11–13, enrolled in the 18 middle schools within the Oakland Unified School District (OUSD).<sup>22</sup> ACPHD partners with the community-based organizations Asian Health Services and Girls, Inc., of Alameda County to implement the program.<sup>23</sup>

Project HOPE uses *Making Proud Choices!*, an evidence-based STD-, HIV-, and pregnancy-prevention curriculum designed for use with African-American, Latino, and white adolescents ages 11–13. The curriculum aims to help youth understand the poor reasoning and decision making that can lead to STD/HIV infection and/or unintended pregnancy, as well as to increase their confidence, negotiation skills, and self-efficacy in using condoms. The program consists of eight one-hour sessions and can be implemented in school- or community-based settings. *Making Proud Choices!* includes interactive and skill-building activities that are designed to “increase comfort with practicing condom use, address concerns about negative effects of practicing safer sex, and build skills in condom use and negotiation.”<sup>24</sup> An evaluation of the program published in the *Journal of the American Medical Association* showed that program participants reported more consistent condom use and less unprotected sex as well as a higher frequency of condom use than those in the control group.<sup>25</sup>

The overall goal of the expanded program is to reduce the rates of teen pregnancy, HIV, and STDs among at-risk youth living in areas of Oakland with high teen birth rates. ACPHD plans for the program to reach 2,654 youth each year.

Community Action Partnership Network of San Luis Obispo County, Inc., \$426,507 (FY 2011)

The Community Action Partnership Network of San Luis Obispo County, Inc., (CAPSLO) is a private, nonprofit, public benefit corporation. In its mission statement, CAPSLO pledges “to empower individuals and families to achieve economic self-sufficiency and self-determination through a comprehensive array of community-based programs and actions,” as part of a commitment to the elimination of the causes of poverty.<sup>26</sup> CAPSLO serves a population of 43,000 across San Luis Obispo County and nine other central and southern California counties (Fresno, Kern, Monterey, Orange, Santa Barbara, San Benito, San

Joaquin, and Ventura).<sup>27</sup> Its services include assistance with employment, housing, medical services, energy subsidies, weatherization, child care, and preschool education.<sup>28</sup>

With its TPPI funding, CAPSLO implements *¡Cuidate!*, an evidence-based HIV-prevention curriculum adapted from the evidence-based curriculum, *Be Proud! Be Responsible!*, and tailored for use with Latino youth ages 13–18. The curriculum provides information about HIV and its transmission, addresses values and beliefs related to HIV and safer sex, and includes activities aimed to increase skills and self-efficacy for condom use, negotiating abstinence, and safer sex. The intervention consists of six one-hour lessons and is designed for use with small, mixed-gender groups. It draws upon cultural beliefs, such as the importance of family and the responsibility of a man to care for his family, in order to provide messages that resonate with participants. The curriculum consists of educational games, small-group discussions, videos, learning exercises, and skill-building activities. An evaluation of the curriculum published in the *Archives of Pediatrics & Adolescent Medicine* found that it reduced the frequency of sexual intercourse, number of sexual partners, and incidence of unprotected sex, while increasing condom use among participants.<sup>29</sup>

CAPSLO's program targets Latino youth ages 13–18. The intervention is based in schools and agency sites across San Luis Obispo County. The overall goal of the program is to emphasize cultural values that influence positive attitudes, beliefs, behavior, and self-efficacy regarding preventing unintended pregnancy and STDs, including HIV. CAPSLO plans for its program to reach approximately 600 youth each year.

#### Contra Costa Health Services, \$999,117 (FY 2011)

Contra Costa Health Services (CCHS) is a county health system and a department of the Contra Costa County government. In its mission statement, CCHS names as a department-wide goal the reduction of health disparities “by addressing issues of diversity and linguistic and cultural competence.”<sup>30</sup> Its facilities receive over 64,000 visitors each year.<sup>31</sup>

With its TPPI funding, the county health system provides programming to middle and high school students at six middle schools and six high schools in Pittsburg, Richmond, and San Pablo, California. The intervention uses *Draw the Line/Respect the Line* for middle school students ages 11–14 and *Reducing the Risk* for high-school students ages 14–15.<sup>32</sup>

*Draw the Line/Respect the Line* is an evidence-based program designed to teach youth in grades six through eight to postpone sexual involvement while providing information about condoms and contraception. The school-based curriculum consists of 19 sessions divided between grades six through eight and includes group discussions, small-group activities, and role-playing exercises focused on teaching youth how to establish and maintain boundaries regarding sexual behavior. Lessons for sixth grade students address using refusal skills; lessons for the seventh grade focus on setting sexual limits, the consequences of unprotected sex, and managing sexual pressure; and eighth grade students practice refusal and interpersonal skills and receive HIV/STD-prevention education. The program also includes individual teacher consultations and parent engagement through homework activities. Although it is designed for use in the classroom, the program may also be delivered in a community-based setting. An evaluation of the program published in the *American Journal of Public Health* found, at one-, two-, and three-year follow-ups, that male participants were significantly less likely to report ever having had sexual intercourse or having had sexual intercourse during the previous 12 months, compared to participants in the control group.<sup>33</sup>

*Reducing the Risk: Building Skills to Prevent Pregnancy, STD and HIV* is an evidence-based, pregnancy-, STD-, and HIV-prevention curriculum designed for classroom use with students in the ninth and 10th grades. It is appropriate for use with multiethnic populations.<sup>34</sup> *Reducing the Risk* aims to reduce high-risk behaviors among participants and emphasizes strategies for abstaining from sex or practicing safer sex. The 16-lesson curriculum addresses both abstinence and contraception use and includes experiential activities that teach students to develop refusal, negotiation, and communication skills. An evaluation of the program published in *Family Planning Perspectives* found that it increased parent-child communication,

especially among Latino youth; delayed the initiation of sexual intercourse; and reduced incidence of unprotected sex among lower-risk youth who participated in the program.<sup>35</sup>

Contra Costa Health Services also provides students with referrals to its health care facilities, including 13 school-based health clinics in the Contra Costa community. The program plans to reach approximately 12,400 youth per year.<sup>36</sup>

Golden Valley Health Centers, \$676,889 (FY 2011)

Golden Valley Health Centers (GVHC) is a private, nonprofit federally qualified health center system consisting of community health centers that provide comprehensive primary medical care and dental care throughout Merced and Stanislaus counties of central California's San Joaquin Valley. These health centers include 21 clinical sites, eight dental sites, two women's health centers, and a homeless health care program.<sup>37</sup> GVHC focuses on serving "an ethnically diverse population" of "migrant and seasonal farm workers, Southeast Asian refugees, and the homeless."<sup>38</sup>

With its TPPI funding, GVHC provides programming to predominantly Latino females ages 14–23 using *Safer Sex*, a clinic-based intervention designed for female adolescents. The intervention is delivered to participants in a one-on-one setting and seeks to reduce their incidence of STD infection and improve their efficacy of condom use. The intervention is implemented by a female health educator and begins with the viewing of a brief video clip that uses celebrities to dramatize buying condoms as well as negotiating condom use. The video is followed by a 30-minute discussion with the health educator, which is tailored to meet the interests and risk level of the individual participant. The discussion addresses the consequences of having unprotected sex, methods for preventing unintended pregnancy and STDs (including HIV), secondary abstinence, and condom-use skills. Participants also conduct a self-assessment to evaluate their sexual risk and are provided with written information about safer sex and contraception use. In addition, the intervention includes one-, three-, and six-month booster sessions, at which time participants are invited back to the clinic for follow-up. An evaluation of the program published in the *Archives of Pediatrics and Adolescent Medicine* found, at a six-month follow-up, that the intervention reduced the incidence of multiple sexual partners among participants.<sup>39</sup>

The overall goal of GVHC's program is "to reduce the incidence of STDs and improve condom use" among participants.<sup>40</sup> GVHC will deliver the intervention at 18 of its clinical sites and plans to serve up to 5,260 young women through the program.<sup>41</sup>

San Diego Youth Services \$1,289,263 (FY 2011)

San Diego Youth Services (SDYS) is a nonprofit charitable organization focused on homeless and at-risk youth. The organization operates 15 major locations in San Diego County and serves more than 9,000 children and their families each year, providing emergency services, professional help, and safe living space.<sup>42</sup>

With its TPPI funding, SDYS implements the CAT+ Project, which is an enhancement to SDYS' existing project, Community Assessment Team (CAT), a preventive intervention program that assists families with youth experiencing behavioral, social, or juvenile justice issues. CAT is a collaboration between SDYS and four other San Diego-area agencies: Mental Health Systems, North County Lifeline, Social Advocates for Youth San Diego, and South Bay Community Services.<sup>43</sup>

The CAT+ Project is a 16-module program implemented in communities in the North Coastal region with historically high rates of teen pregnancy. SDYS' program targets young people ages 13–19 who are either involved in the juvenile justice system or are considered at-risk due to issues such as truancy and homelessness. Youth are referred to the program by probation departments, police departments, schools, community partners, and parents or guardians. CAT+ aims to reduce rates of teen pregnancy and STDs across San Diego County.<sup>44</sup> The program primarily serves Latino youth.

## CALIFORNIA

CAT+ uses *Reducing the Risk*. (Please see the description of Contra Costa Health Services' program above for more information on *Reducing the Risk*.) SDYS plans to reach 2,160 youth annually through the program.<sup>45</sup>

### Tulare Community Health Clinic, \$562,161 (FY 2011)

Tulare Community Health Clinic is a non-profit health center that provides medical and dental care to the Tulare community. With its TPPI funding, Tulare Community Health Clinic provides programming to middle- and high-school students in Alpaugh and Tulare, which are both rural communities in California. The program uses *Draw the Line/Respect the Line* with students in grades six through eight and *Reducing the Risk* with ninth-grade students. (Please see the information above on Contra Costa Health Services for a description of *Draw the Line/Respect the Line* and *Reducing the Risk*.) Both curricula are taught by school nurse practitioners and delivered in schools with high migrant-student enrollment. The program serves middle and high school students at Alpaugh School and ninth grade students at four high schools in the Tulare Joint Union High School District: Mission Oaks High School, Tulare Tech Prep High School, Tulare Union High School, and Tulare Western High School. The overall goal of the program is to reduce the incidence of teenage pregnancy in the targeted communities by 20%. Tulare Community Health Clinic plans for the program to reach approximately 1,000 youth each year.<sup>46</sup>

### *TPPI Tier 2: Innovative Approaches*

The TPPI Tier 2 grant program supports research and demonstration programs in order to develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy.

- Local entities in California received \$958,564 in TPPI Tier 2 Innovative Approaches funding for FY 2011.
- There are two TPPI Tier 2 Innovative Approaches grantees in California: San Bernardino County Superintendent of Schools and Volunteers of America of Los Angeles.

### San Bernardino County Superintendent of Schools, \$458,564 (FY 2011)

The Office of the Superintendent of Schools for San Bernardino County uses its TPPI Tier 2 grant to implement and test *Positive Prevention PLUS: Sexual Health Education for California Youth* in seven rural and suburban high schools chosen for their high enrollment of minority or lower-income youth and low academic achievement. *Positive Prevention PLUS* is an adaptation of *Positive Prevention: HIV/STD Prevention Education for California Youth*, which is a “research-validated” HIV/STD-prevention curriculum designed for use with middle and high school students; alternative students, including home-schooled and special education students; and developmentally disabled adults in a classroom setting.<sup>47</sup> (Please see the Comprehensive Sex Education Programs in Public Schools section below for more information.) The program plans to serve approximately 2,500 students each year.<sup>48</sup>

### Volunteers of America Los Angeles, \$500,000 (FY 2011)

Volunteers of America Los Angeles (VOALA) is a community-based “human services organization committed to serving people in need, strengthening families, and building communities.”<sup>49</sup> It operates a wide variety of youth programs including tutoring, mentoring, and leadership development. Girls Inc. of Greater Los Angeles (GIGLA), a project of Volunteers of America Los Angeles, implements the organization's TPPI Tier 2 grant and provides programming to middle and high school students in five neighborhoods in Los Angeles: Hollywood, Boyle Heights, West Los Angeles, East Los Angeles, and South Los Angeles. The overall goal of the program is to give young women the support, skills, insights, values, and motivation they need to delay or decrease sexual activity.

The Tier 2 program uses the *Preventing Adolescent Pregnancy Program* curricula series that consists of four medically accurate and age-appropriate curricula: *Growing Up! Body Basics/Growing Together*, *Will Power/Won't Power*, *Taking Care of Business*, and *Health Bridge*. The curricula are interactive, providing information on how to prevent unintended pregnancy and STDs, including HIV.<sup>50</sup>

Through the program, participants are referred to community health services as necessary. In addition, GIGLA invites participants' parents and guardians to annual sexuality education workshops. The program serves 320 young women each year.

#### *TPPI Tier 2: Communitywide Initiatives*

The TPPI Tier 2 grant program also supports communitywide initiatives to reduce teen pregnancy and births in communities with the highest rates of both. The program awards grants to national organizations as well as state- and community-based organizations. Funded national partners provide training and technical assistance to local grantees. The Centers for Disease Control and Prevention (CDC) administer the grant program in partnership with OAH.

- There are no TPPI Tier 2 Communitywide Initiatives grantees in California.

### **Personal Responsibility Education Program**

The Personal Responsibility Education Program (PREP) totals \$75 million per year for FYs 2010–2014 and is the first-ever dedicated funding stream for more comprehensive approaches to sexuality education. The U.S. Department of Health and Human Services, Administration for Children and Families (ACF) administers the grant. PREP includes a \$55 million state-grant program, \$10 million to fund local entities through the Personal Responsibility Education Innovative Strategies (PREIS) Program, \$3.5 million for the Tribal PREP Program for tribes and tribal organizations, and \$6.5 million for evaluation, training, and technical assistance. Details on the state-grant program, PREIS, and Tribal PREP are included below.

#### *PREP State-Grant Program*

The PREP state-grant program supports evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other sexually transmitted infections. The grant program totals \$55 million per year and allocates funding to individual states. The grant does not require states to provide matching funds. Funded programs must discuss abstinence and contraception, and place substantial emphasis on both. Programs must also address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- The California Department of Public Health received \$6,454,368 in federal PREP funds for FY 2011.
- The department provides sub-grants to 20<sup>51</sup> local public and private entities.<sup>52</sup>

The Maternal, Child, and Adolescent Division of the California Department of Public Health implements the state's PREP grant program in collaboration with 20 local public and private entities. The programming takes place in 19 counties with high teen birth rates and targets youth ages 10–21 (youth ages 20–21 must be pregnant or parenting). Prioritization of services goes to African-American and Latino youth. Sub-grantees must implement one or more of the following evidence-based program(s) that have been approved for use:

- *All4You!*
- *Be Proud! Be Responsible!*

## CALIFORNIA

- *Be Proud! Be Responsible! Be Protective!*
- *¡Cuidate!*
- *Sexual Health and Adolescent Risk Prevention (SHARP)*, also known as *HIV Risk Reduction Among Detained Adolescents*
- *Horizons*
- *Making a Difference!*
- *Making Proud Choices!*
- *Reducing the Risk*
- *SiHLE (Sisters Informing, Healing, Living, and Empowering)*
- *Sisters Saving Sisters*

### *Personal Responsibility Education Innovative Strategies (PREIS)*

PREIS supports research and demonstration programs to develop, replicate, refine, and test innovative models for preventing unintended teen pregnancy. ACF administers the grant program in collaboration with OAH and provides a total of \$10 million in funding directly to local public and private entities.

- There is one PREIS grantee in California, Children's Hospital of Los Angeles, which received \$797,255 in PREIS funds for FY 2011.

### Children's Hospital Los Angeles, \$797,255 (FY 2011)

Children's Hospital Los Angeles partners with El Nido Family Centers, also located in the greater Los Angeles area, to implement an adaptation of the *Project AIM (Adult Identity Mentoring)* called *Teen Parent Project AIM*. The program serves approximately 1,400 young pregnant women or teenage mothers ages 14–18 from Adolescent Family Life and Cal Learn sites in the Los Angeles metropolitan area as well as the San Fernando Valley, South Los Angeles, and the Antelope Valley.

*Project AIM* is an evidence-based youth development program designed to help adolescents identify their future goals and consider how engaging in risky behavior may negatively impact their ability to achieve those goals. The program is based on the "Theory of Possible Selves," which proposes that an individual's motivation is determined by the ability to imagine his future self. Those that are capable of imagining both possible positive and negative futures are therefore more inclined to work toward their life goals.<sup>53</sup> The school-based intervention consists of 10 sessions, which are divided into four units: 1) Legacy, Role Models, and Peers; 2) Self-Projection: Expanding Visions of Possible Selves; 3) Self-Expression through Work: Development of Possible Self; and 4) Skills of Fulfilling Positive Future Possible Selves.<sup>54</sup> The lessons consist of group discussions, interactive activities, and role-playing exercises to encourage youth to explore their personal interests, social surroundings, and their goals for their future adult life.<sup>55</sup> *Project AIM* is designed for use with African-American youth ages 11–14 and is also appropriate for use with Latino youth. Although it is a school-based program, it can also be implemented in community-based settings. An evaluation of the program published in the *Journal of Adolescent Medicine* found that, at a 19-week follow-up, adolescents who participated in the program were significantly less likely to report having had sexual intercourse than those in the control group and, at a one-year follow-up, male participants were significantly less likely to report having had sexual intercourse than those in the control group.<sup>56</sup>

### *Tribal Personal Responsibility Education Program (Tribal PREP)*

Tribal PREP supports the development and implementation of comprehensive teen pregnancy prevention programs within tribes and tribal communities. Tribal PREP programs target youth ages 10–19 who are in or are aging out of foster care, homeless youth, youth with HIV/AIDS, pregnant and/or

CALIFORNIA

parenting youth who are under 21 years of age, and youth who live in areas with high adolescent birth rates. Programs must address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- In FY 2011, 16 tribes and tribal organizations from nine states received a total of \$6.5 million.
- Five local entities in California received a total of \$1,693,728 in Tribal PREP funds for FY 2011: Mooretown Rancheria of Maidu Indians of California (\$237,097); Shingle Springs Band of Miwok Indians–Verona Tract (\$373,402); Riverside-San Bernardino County Indian Health, Inc. (\$363,530); Pit River Indian Tribe (\$358,026); and California Rural Indian Health Board, Inc. (\$361,673). At the time of publication, more information on these grantees was not available.

**Title V State Abstinence Education Grant Program**

The Title V State Abstinence Education Grant Program (Title V Abstinence-Only Program) allocates \$50 million per year to states for FYs 2010–2014. ACF administers the grant program. The Title V Abstinence-Only 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 the Title V Abstinence-Only Program must promote abstinence from sexual activity as their exclusive purpose and may provide mentoring, counseling, and adult supervision toward this end. Programs must be medically accurate and age-appropriate and must ensure abstinence is an expected outcome.

- California chose not to apply for Title V abstinence-only funds for FY 2011.

**California TPPI, PREP, and Title V Abstinence-Only Funding in FY 2011**

Grantee	Award	Fiscal Years
<b>Teen Pregnancy Prevention Initiative (TPPI)</b>		
<i>TPPI Tier 1: Replication of Evidence-Based Programs</i>		
Alameda County Public Health Department	\$965,683	2010–2014
Community Action Partnership of San Luis Obispo County, Inc.	\$426,507	2010–2014
Contra Costa Health Services	\$999,117	2010–2014
Golden Valley Health Centers	\$676,889	2010–2014
Health Research Association	\$954,527	2010–2014
San Diego Youth Services	\$1,289,263	2010–2014
Tulare Community Health Clinic	\$562,161	2010–2014
<b>TOTAL</b>	<b>\$5,874,147</b>	
<i>TPPI Tier 2: Innovative Approaches</i>		
San Bernardino County Superintendent of Schools	\$458,564	2010–2014
Volunteers of America of Los Angeles	\$500,000	2010–2014
<b>TOTAL</b>	<b>\$958,564</b>	
<b>Personal Responsibility Education Program (PREP)</b>		

CALIFORNIA

Grantee	Award	Fiscal Years
<i>PREP State-Grant Program</i>		
California Department of Public Health (federal grant)	\$6,454,368	2011
<b>TOTAL</b>	<b>\$6,454,368</b>	
<i>Personal Responsibility Education Innovative Strategies</i>		
Children’s Hospital of Los Angeles	\$797,255	2010–2014
<b>TOTAL</b>	<b>\$797,255</b>	
<i>Tribal Personal Responsibility Education Program</i>		
California Rural Indian Health Board, Inc.	\$361,673	2010-2014
Mooretown Rancheria of Maidu Indians of California	\$237,097	2010-2014
Pit River Indian Tribe	\$358,026	2010-2014
Riverside-San Bernardino County Indian Health, Inc.	\$363,530	2010-2014
Shingle Springs Band of Miwok Indians (Verona Tract)	\$373,402	2010-2014
<b>TOTAL</b>	<b>\$1,693,728</b>	
<b>GRAND TOTAL</b>	<b>\$15,778,062</b>	<b>2011</b>

**COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION**

SIECUS has identified some examples of model programs, policies, and best practices being implemented in California public schools that provide a more comprehensive approach to sex education for young people.<sup>57</sup>

*Updated State Health Education Standards*

Health Education Content Standards for California Public Schools, Kindergarten through Grade Twelve

In March 2008, the California State Board of Education adopted the state’s first-ever health education content standards, *Health Education Content Standards for California Public Schools, Kindergarten through Grade Twelve*. While the standards are not binding, “local educators are encouraged to apply [the] standards when developing curricular and instructional strategies for health education.”<sup>58</sup> The health education content standards were developed to comply with a state law passed in 2005 requiring the State Board of Education to adopt content standards for health. The standards focus on providing youth with the skills “to make healthy choices and avoid high-risk behaviors.”<sup>59</sup>

The education standards are organized into six content areas, with “Growth, Development and Sexual Health” listed as one. The standards recommend that sexual health be addressed in grades five, seven, and eight, as well as in high school. Beginning in grade five, the standards suggest that essential concepts for growth, development, and sexual health instruction discuss “the human cycle of reproduction,” the human reproductive system, and puberty, and provide definitions for the terms “sexually transmitted disease,” “HIV,” and “AIDS.”<sup>60</sup> For grades six and seven, essential concepts for instruction include, among others, “explain the effectiveness of abstinence in preventing HIV, other STDs, and unintended pregnancy”; “explain the effectiveness of FDA-approved condoms and other contraceptives in preventing HIV, other STDs, and unintended pregnancy”; and “recognize that there are individual differences in growth and development, physical appearance, gender roles, and sexual orientation.”<sup>61</sup> Essential concepts for high-school grade levels include, among others, “discuss the characteristics of healthy relationships,

dating, committed relationships, and marriage”; “identify why abstinence is the most effective method for the prevention of HIV, other STDs and pregnancy”; and “evaluate the safety and effectiveness, (including success and failure rates) of FDA-approved condoms and other contraceptives in preventing HIV, other STDs, and pregnancy.”<sup>62</sup>

*Comprehensive Sex Education Programs in Public Schools*

Los Angeles Unified School District

The Los Angeles Unified School District (LAUSD) requires that all teachers and administrators for grades K–12 comply with the statutes of the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act, and therefore mandates schools to “provide students with the knowledge and skills necessary to protect their sexual health and reproductive health from unintended pregnancies and sexually transmitted diseases” and to “encourage all students to develop healthy attitudes about adolescent growth and development, body image, gender roles, sexual orientation, dating, marriage, and family.”<sup>63</sup>

In compliance with the state’s Comprehensive Sexual Health and HIV/AIDS Prevention Education Act requirement to provide HIV/AIDS-prevention education to students in grades seven through 12 at least once in middle school and once in high school, LAUSD students must receive such instruction for five class periods in middle school and five class periods in high school.<sup>64</sup> Among other requirements, HIV/AIDS-prevention education instruction must include a “discussion of methods to reduce the risk of HIV infection.”<sup>65</sup> Such instruction must “emphasize that sexual abstinence, monogamy, avoidance of multiple sexual partners, and avoidance of intravenous drug use are the most effective means for HIV/AIDS prevention.”<sup>66</sup> Instruction must also include the latest statistics from the medical field on the success and failure rates of condoms in preventing HIV and on “methods that may reduce the risk of HIV transmission from intravenous drug use.”<sup>67</sup>

All district teachers providing HIV/AIDS-prevention education must complete an eight-hour, skills-based training.<sup>68</sup> The district provides training and curriculum materials for its HIV/AIDS-prevention education through funding from the Centers for Disease Control and Prevention Division of Adolescent and School Health (CDC-DASH).<sup>69</sup> LAUSD schools are permitted to contract with outside agencies to provide instruction; however, all agencies must be approved by the school district’s HIV/AIDS Prevention Unit. All curricula and materials used by outside agencies must comply with the California Education Code and be deemed “acceptable, appropriate, research-based and validated, medically accurate, bias-free, and inclusive of all populations.”<sup>70</sup>

All LAUSD schools use the district-adopted and required STD/HIV curriculum, *Positive Prevention: HIV/STD Prevention Education for America’s Youth (Positive Prevention)*. *Positive Prevention* is a “research-validated” HIV/STD-prevention curriculum designed for use with middle and high school students; students in alternative settings, including home-schooling and special education classes; and developmentally disabled adults in a classroom setting.<sup>71</sup> The curriculum was developed by the Orange County, California, chapter of the American Red Cross. It addresses such topics as stereotypes and myths regarding persons living with HIV/AIDS; HIV transmission myths and facts; HIV/STD prevention, risk reduction methods, and testing; and refusal skills, among other topics. An evaluation of the program published in the *American Journal of Health Education* found that the curriculum “significantly increased positive attitudes toward abstaining from sexual intercourse, increased self-efficacy to abstain from sexual activity, and increased self-efficacy to use condoms” among participants.<sup>72</sup>

In LAUSD schools, the curriculum must be taught with a sexual-health supplement in order to meet the requirements of the California Education Code.<sup>73</sup>

San Diego Unified School District

San Diego Unified School District provides comprehensive sex education and HIV instruction through its *Sex Education and HIV Prevention Program*. The program’s primary goals are to “deliver accurate information

to students,” “provide students a way to examine their attitudes and beliefs,” “assist students in the development of interpersonal skills,” and “promote responsible behavior.”<sup>74</sup> The program uses a locally developed, research-based curriculum.

Program instruction consists of a 10-day family-life education curriculum in sixth grade, a ten-day sex education curriculum offered in grades eight and 10 or 11, and HIV-prevention instruction in grades nine through 12. All program instruction complies with California Education Code, which requires instruction to be age-appropriate and consist of “factual, medically accurate, and objective information” that is “free of bias and acceptable to all students.”<sup>75</sup> The sex education curriculum in particular emphasizes abstinence and teaches “respect for marriage and committed relationships,” while also providing instruction on STD transmission and risk-reduction and the effectiveness of condoms and contraception, including emergency contraception.

Instruction for grades six and eight also includes a parent/child activity pack, which provides education exercises for parents and students to complete together at home. The activity packs serve to promote parent-child communication, create an environment in the home for discussing human sexuality, and encourage the discussion of family values while also providing instructional information and reinforcing classroom curriculum.<sup>76</sup>

The *Sex Education and HIV Prevention Program* requires teachers to undergo a mandatory two-day training. Funding for training is provided through CDC-DASH. Health educators from local agencies must also participate in the district training and use district materials if they are going to teach instruction in San Diego schools. The school district holds partnerships with several local agencies that assist with providing instruction, including local Planned Parenthood affiliates, Operation Samahan, YMCA Teen Link, SAY San Diego, Family Health Centers of San Diego, San Diego Family Cares, and Neighborhood House.<sup>77</sup>

#### San Francisco Unified School District

Through support from its CDC-DASH funded grant, the San Francisco Unified School District (SFUSD) provides HIV-prevention education to all secondary school students and provides supports services for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) students to “help create a safer school environment.”<sup>78</sup> The school district implements the *Positive Prevention* curriculum to students along with additional supplemental materials. (See the above description about the Los Angeles Unified School District for more information about *Positive Prevention*).

The district’s Student Support Services Department manages the Student Support Services for LGBTQ Youth program, which provides curriculum, classroom resources, and strategies designed to meet the needs of LGBTQ students and support a healthy school environment. The SFUSD Health Education Curriculum Policy requires students to receive “family diversity” instruction in elementary school and “sexual orientation/gender diversity” instruction in middle and high school.<sup>79</sup> In elementary school, students receive two family diversity lessons per year. Sexual orientation and gender diversity lessons are incorporated into “Diversity Education and Violence Prevention” instruction provided to secondary-school students through health education. In middle school, students receive seven periods of Diversity Education and Violence Prevention instruction, while high school students receive 10 periods. Lessons are locally produced.<sup>80</sup> In April 2010, SFUSD launched its first-ever, school-based website designed to address topics related to LGBTQ youth as a resource for the district’s teachers, staff, students, and families.<sup>81</sup>

#### Other school districts

With funding provided by the President’s Teen Pregnancy Prevention Initiative, community-based organizations and school districts in various parts of the state have implemented more comprehensive, evidence-based sexual health instruction in schools. Some of the schools and school districts in which

## CALIFORNIA

programming is being implemented include Alpaugh School in Alpaugh, California; Oakland Unified School District; middle schools and high schools in Pittsburg, Richmond, and San Pablo, California; San Bernardino County school district; schools in San Luis Obispo County; and four high schools in the Tulare Joint Union High School District: Mission Oaks High School, Tulare Tech Prep High School, Tulare Union High School, and Tulare Western High School. (Please see the *TPPI Tier 1: Evidence-Based Programs* and *TPPI Tier 2: Innovative Approaches* sections above for more information on the programs.)

We encourage you to submit any updated or additional information on comprehensive approaches to sex education being implemented in California public schools for inclusion in future publications of the State Profiles. Please visit SIECUS' "Contact Us" webpage at [www.siecus.org](http://www.siecus.org) to share information. Select "state policy" as the subject heading.

### POINTS OF CONTACT

#### Adolescent Health Contact<sup>82</sup>

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Phone: (916) 650-0386

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California Department of Public Health  
1615 Capitol Avenue, MS 8400  
Sacramento, CA 95814  
Phone: (916) 650-0429

### ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

ACLU of Northern California  
San Francisco, CA  
Phone: (415) 621-2493  
[www.aclunc.org](http://www.aclunc.org)

Gay-Straight Alliance Network  
San Francisco, CA  
Phone: (415) 552-4229  
[www.gsanetwork.org](http://www.gsanetwork.org)

ACOG, District IX (CA)  
Sacramento, CA  
Phone: (916) 446-2264  
[www.acog.org](http://www.acog.org)

Health Initiatives for Youth  
San Francisco, CA  
Phone: (415) 274-1970  
[www.hify.org](http://www.hify.org)

CALIFORNIA

Ally Action  
San Pablo, CA  
Phone: (925) 685-5480  
[www.allyaction.org](http://www.allyaction.org)

Asian Health Services  
Oakland, CA  
Phone: (510) 986-6800  
[www.asianhealthservices.org](http://www.asianhealthservices.org)

Bay Area Communities  
for Health Education  
Walnut Creek, CA  
Phone: (925) 899-6789

California Latinas  
for Reproductive Justice  
Los Angeles, CA  
Phone: (213) 270-5258  
[www.californialatinas.org](http://www.californialatinas.org)

Campfire USA Orange County Council  
Santa Ana, CA  
Phone: (714) 547-5200  
[www.campfireusaoc.org](http://www.campfireusaoc.org)

Center for Research  
on Adolescent Health and Development  
Public Health Institute  
Oakland, CA  
Phone: (510) 285-5500  
[www.crahd.phi.org](http://www.crahd.phi.org)

Forward Together (formerly Asian  
Communities for Reproductive Justice)  
Oakland, CA  
Phone: (510) 663-8300  
[www.forwardtogether.org](http://www.forwardtogether.org)

Fresno Barrios Unidos  
Fresno, CA  
Phone: (559) 452-9662

NARAL Pro-Choice California  
San Francisco, CA  
Phone: (415) 890-1020  
[www.prochoicecalifornia.org](http://www.prochoicecalifornia.org)

Physicians for Reproductive Choice and  
Health  
San Francisco, CA  
Phone: (415) 734-8500  
[www.prch.org](http://www.prch.org)

Planned Parenthood Affiliates of California  
Sacramento, CA  
Phone: (916) 446-5247  
[www.ppacca.org](http://www.ppacca.org)

San Francisco AIDS Foundation  
San Francisco, CA  
Phone: (415) 487-3000  
[www.sfaf.org](http://www.sfaf.org)

Tapestry (Humboldt County Office of  
Education)  
Eureka, CA  
Phone: (707) 445-7179

Teen Talk Sexuality Education  
Redwood City, CA  
Phone: (650) 367-1937  
[www.teentalkca.org](http://www.teentalkca.org)

YWCA of the Harbor Area and South Bay  
San Pedro, CA  
Phone: (310) 547-0831  
[www.ywcaharbor.org](http://www.ywcaharbor.org)

CALIFORNIA

**ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION**

Abiding Truth Ministries  
Temecula, CA  
Phone: (916) 965-8925  
[www.abidingtruth.com](http://www.abidingtruth.com)

Pacific Justice Institute  
Sacramento, CA  
Phone: (916) 857-6900  
[www.pacificjustice.org](http://www.pacificjustice.org)

California ProLife Council  
Sacramento, CA  
Phone: (916) 442-8315  
[www.californiaprolife.org](http://www.californiaprolife.org)

Right to Life League of Southern California  
Pasadena, CA  
Phone: (626) 398-6100  
[www.rtlsc.org](http://www.rtlsc.org)

California Right to Life  
Walnut Creek, CA  
Phone: (925) 944-5351  
[www.calright2life.org](http://www.calright2life.org)

Sanctity of Human Life Network  
Fair Oaks, CA  
Phone: (916) 481-8926  
[www.sohlnet.org](http://www.sohlnet.org)

Capital Resource Institute  
Sacramento, CA  
Phone: (916) 498-1940  
[www.capitolresource.org](http://www.capitolresource.org)

Traditional Values Coalition  
Anaheim, CA  
Phone: (714) 520-0300  
[www.traditionalvalues.org](http://www.traditionalvalues.org)

Citizens for Excellence in Education  
Costa Mesa, CA  
Phone: (714) 546-2226  
[www.nace-cee.org](http://www.nace-cee.org)

United States Justice Foundation  
Ramona, CA  
Phone: (760) 788-6624

First Resort Medical and Counseling Offices  
Oakland, CA  
Phone: (510) 891-9998  
[www.firstresort.net](http://www.firstresort.net)

Westside Pregnancy Resource Center  
Los Angeles, CA  
Phone: (310) 268-8400  
[www.wprc.org](http://www.wprc.org)

Life Research Institute  
Concord, CA 94521  
Phone: (925) 676-2929

Women's Resource Network  
Escondido, CA  
Phone: (760) 741-5114

**MEDIA OUTLETS**

**Newspapers in California**<sup>83</sup>

*Bakersfield Californian*  
Bakersfield, CA  
Phone: (661) 395-7500  
[www.bakersfield.com](http://www.bakersfield.com)

*Contra Costa Times*  
Walnut Creek, CA  
Phone: (925) 943-8235  
[www.contracostatimes.com](http://www.contracostatimes.com)

CALIFORNIA

*The Fresno Bee*  
Fresno, CA  
Phone: (559) 441-6330  
[www.fresnobee.com](http://www.fresnobee.com)

*Los Angeles Times*  
Los Angeles, CA  
Phone: (213) 237-5000  
[www.latimes.com](http://www.latimes.com)

*The Modesto Bee*  
Modesto, CA  
Phone: (209) 578-2028  
[www.modbee.com](http://www.modbee.com)

*Oakland Tribune*  
Oakland, CA  
Phone: (510) 208-6450  
[www.insidebayarea.com](http://www.insidebayarea.com)

*Orange County Register*  
Santa Ana, CA  
Phone: (714) 796-7951  
[www.ocregister.com](http://www.ocregister.com)

*The Press Democrat*  
Santa Rosa, CA  
Phone: (707) 546-2020  
[www.pressdemo.com](http://www.pressdemo.com)

*The Press-Enterprise*  
Riverside, CA  
Phone: (951) 368-9549  
[www.pe.com](http://www.pe.com)

*The Sacramento Bee*  
Sacramento, CA  
Phone: (916) 321-1001  
[www.sacbee.com](http://www.sacbee.com)

*San Diego Union-Tribune*  
San Diego, CA  
Phone: (619) 293-1211  
[www.signonsandiego.com](http://www.signonsandiego.com)

*San Francisco Chronicle*  
San Francisco, CA  
Phone: (415) 777-1111  
[www.sfgate.com/chronicle](http://www.sfgate.com/chronicle)

*San Jose Mercury News*  
San Jose, CA  
Phone: (408) 920-5444  
[www.mercurynews.com](http://www.mercurynews.com)

*Ventura County Star*  
Ventura, CA  
Phone: (805) 437-0209  
[www.venturacountystar.com](http://www.venturacountystar.com)

*Siskiyou Daily News*  
Yreka, CA  
Phone: (530) 842-5777  
[www.siskiyoudaily.com](http://www.siskiyoudaily.com)

**Political Blogs in California**

*Calbuzz*  
[www.calbuzz.com](http://www.calbuzz.com)

*The California Report*  
[www.californiareport.org](http://www.californiareport.org)

*Calitics*  
[www.calitics.com](http://www.calitics.com)

*Capitol Notes*  
[www.blogs.kqed.org/capitalnotes](http://www.blogs.kqed.org/capitalnotes)

*Flash Report*  
[www.flashreport.org](http://www.flashreport.org)

<sup>1</sup> This refers to the federal government's fiscal year, which begins on October 1st and ends on September 30th. The fiscal year is designated by the calendar year in which it ends; for example, FY 2011 began on October 1, 2010, and ended on September 30, 2011.

<sup>2</sup> Cal. Ed.Code § 51931(d), <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=edc&group=51001-52000&file=51930-51932>.

<sup>3</sup> Cal. Ed. Code § 51933(b)(4), <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=edc&group=51001-52000&file=51933>.

<sup>4</sup> Cal. Ed. Code § 51933(d)(1).

<sup>5</sup> Cal. Ed. Code § 51933(b)(8).

<sup>6</sup> Cal. Ed. Code, § 51933(b)(10).

<sup>7</sup> Danice K. Eaton, et. al., "Youth Risk Behavior Surveillance—United States, 2011," *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 61, no. SS-4 (June 8, 2012): accessed June 18, 2012, <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>. Note: California did not participate in the 2011 YRBS; however, some large cities in California did participate in the survey.

<sup>8</sup> "Birth rate for U.S. teenagers reach historic lows for all age and ethnic groups," NCHS data brief, no. 89, (Hyattsville, MD: National Center for Health Statistics, 2012), accessed June 27, 2012, <http://www.cdc.gov/nchs/data/databriefs/db89.pdf>, Data table for figure 6.

<sup>9</sup> Ibid.

<sup>10</sup> *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, (Washington, DC: Guttmacher Institute, January 2010), accessed May 7, 2012, <http://www.guttmacher.org/pubs/USTPtrends.pdf>, Table 3.1.

<sup>11</sup> Ibid., Table 3.2.

<sup>12</sup> *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.1.

<sup>13</sup> Slide 9: "Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years, 2010—46 States and 5 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

<sup>14</sup> Slide 18: "Rates of AIDS Diagnoses among Adolescents Aged 13–19 Years, 2010—United States and 6 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

<sup>15</sup> Slide 10: "Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years, 2010—46 States and 5 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

<sup>16</sup> Slide 19: "Rates of AIDS Diagnoses among Young Adults Aged 20–24 Years, 2010—United States and 6 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

<sup>17</sup> "Wonder Database: Sexually Transmitted Disease Morbidity for selected STDs by age, race/ethnicity and gender 1996–2009 Results," (Atlanta, GA: Centers for Disease Control and Prevention, June 2011), accessed December 18, 2012, <http://wonder.cdc.gov>.

<sup>18</sup> Ibid.

<sup>19</sup> Ibid.

<sup>20</sup> Project HOPE, Alameda County Public Health Department, accessed August 29, 2011, <http://www.acphd.org/project-hope.aspx>.

<sup>21</sup> Ibid.

<sup>22</sup> "Teenage Pregnancy Prevention: Summary of Funded Evidence-Based Programs for 2010," U.S. Department of Health and Human Services, accessed April 21, 2011, [http://www.hhs.gov/ash/oah/prevention/grantees/models\\_2010\\_programs.html](http://www.hhs.gov/ash/oah/prevention/grantees/models_2010_programs.html).

<sup>23</sup> Ibid.

<sup>24</sup> *Making Proud Choices!* Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed April 15, 2010, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=128>.

<sup>25</sup> Ibid.

<sup>26</sup> Mission Statement, Community Action Partnership Network of San Luis Obispo County, Inc., 2010, accessed April 29, 2011, <http://www.capslo.org/>.

<sup>27</sup> Community Action Partnership Network of San Luis Obispo County, Inc., 2010, accessed April 29, 2011, <http://www.capslo.org/>.

<sup>28</sup> Ibid.

<sup>29</sup> *Cuidate!* Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed May 5, 2010, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=577&PageTypeID=2>; see also *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections*,

- Second Edition* (Washington, DC: Advocates for Youth, 2008), accessed March 30, 2010, <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>, 76–79.
- <sup>30</sup> “Mission Statement,” Contra Costa Health Services, 2000–2011, accessed April 29, 2011, [http://cchealth.org/groups/health\\_services/](http://cchealth.org/groups/health_services/).
- <sup>31</sup> “Serving You,” Contra Costa Health Services, 2000–2011, accessed April 29, 2011, [http://cchealth.org/groups/health\\_services/](http://cchealth.org/groups/health_services/).
- <sup>32</sup> “Contra Costa Health Services,” Teenage Pregnancy Prevention: Summary of Funded Evidence-Based Programs for 2010, U.S. Department of Health and Human Services, Office of Adolescent Health, accessed June 2, 2011, [http://www.hhs.gov/ash/oah/prevention/grantees/models\\_2010\\_programs.html](http://www.hhs.gov/ash/oah/prevention/grantees/models_2010_programs.html).
- <sup>33</sup> *Draw the Line/Respect the Line, Emerging Answers* (Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy, 2007), accessed July 1, 2011, [http://www.thenationalcampaign.org/ea2007/desc/draw\\_pr.pdf](http://www.thenationalcampaign.org/ea2007/desc/draw_pr.pdf); see also *Draw the Line/Respect the Line, Programs for Replication – Intervention Implementation Reports*, U.S. Department of Health and Human Services, accessed July 1, 2011, [http://www.hhs.gov/ash/oah/prevention/research/programs/draw\\_the\\_line\\_respect\\_the\\_line.html](http://www.hhs.gov/ash/oah/prevention/research/programs/draw_the_line_respect_the_line.html).
- <sup>34</sup> *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* (Washington, DC: Advocates for Youth, 2008), accessed March 30, 2010, <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>, 22.
- <sup>35</sup> *Ibid.*, 23–24.
- <sup>36</sup> “Contra Costa Health Services,” Teenage Pregnancy Prevention: Summary of Funded Evidence-Based Programs for 2010.
- <sup>37</sup> “About GVHC,” Golden Valley Health Centers, 2010, accessed April 21, 2011, [http://www.gvhc.org/gvhc\\_new/index.php?option=com\\_content&view=article&id=2&Itemid=2&lang=en](http://www.gvhc.org/gvhc_new/index.php?option=com_content&view=article&id=2&Itemid=2&lang=en).
- <sup>38</sup> *Ibid.*
- <sup>39</sup> “Pregnancy Prevention Intervention Implementation Report: Safer Sex,” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed July 1, 2011, [http://www.hhs.gov/ash/oah/prevention/research/programs/safer\\_sex.html](http://www.hhs.gov/ash/oah/prevention/research/programs/safer_sex.html).
- <sup>40</sup> “Golden Valley Health Centers,” Teenage Pregnancy Prevention: Summary of Funded Evidence-Based Programs for 2010, U.S. Department of Health and Human Services, Office of Adolescent Health, accessed June 2, 2011, [http://www.hhs.gov/ash/oah/prevention/grantees/models\\_2010\\_programs.html](http://www.hhs.gov/ash/oah/prevention/grantees/models_2010_programs.html).
- <sup>41</sup> *Ibid.*
- <sup>42</sup> *About Us*, San Diego Youth Services 2010, accessed April 21, 2011, <http://www.sdyouthservices.org/site/PageServer?pagename=learn>.
- <sup>43</sup> “East County Communities Center,” San Diego Youth Services, accessed April 21, 2011, [http://www.sdyouthservices.org/site/PageServer?pagename=East\\_County\\_Communities\\_Center](http://www.sdyouthservices.org/site/PageServer?pagename=East_County_Communities_Center).
- <sup>44</sup> “San Diego Youth Services,” Teenage Pregnancy Prevention: Summary of Funded Evidence-Based Programs for 2010, U.S. Department of Health and Human Services, Office of Adolescent Health, accessed June 2, 2011, [http://www.hhs.gov/ash/oah/prevention/grantees/models\\_2010\\_programs.html](http://www.hhs.gov/ash/oah/prevention/grantees/models_2010_programs.html).
- <sup>45</sup> “San Diego Youth Services,” Teenage Pregnancy Prevention: Summary of Funded Evidence-Based Programs for 2010.
- <sup>46</sup> “Tulare Community Health Clinic,” Teenage Pregnancy Prevention: Summary of Funded Evidence-Based Programs for 2010, U.S. Department of Health and Human Services, Office of Adolescent Health, accessed June 2, 2011, [http://www.hhs.gov/ash/oah/prevention/grantees/models\\_2010\\_programs.html](http://www.hhs.gov/ash/oah/prevention/grantees/models_2010_programs.html).
- <sup>47</sup> “Positive Prevention: HIV/STD Education for America’s Youth,” American Red Cross, accessed May 4, 2010, <http://www.positiveprevention.com/>.
- <sup>48</sup> “San Bernardino County Superintendent of Schools,” Teenage Pregnancy Prevention: Summary of Funded Research and Development Programs for 2010, U.S. Department of Health and Human Services, Office of Adolescent Health, accessed June 2, 2011, [http://www.hhs.gov/ash/oah/prevention/grantees/research\\_2010\\_projects.html](http://www.hhs.gov/ash/oah/prevention/grantees/research_2010_projects.html).
- <sup>49</sup> “Our Mission,” Volunteers of America Los Angeles, accessed August 30, 2011, <http://www.voala.org/explore/mission.php#Other>.
- <sup>50</sup> “About Girls Incorporated: Girls Incorporated Identity Programs,” Girls Inc. of Greater Los Angeles, accessed August 30, 2011, [http://www.voala.org/girls\\_inc/about\\_girlsinc\\_identity.html](http://www.voala.org/girls_inc/about_girlsinc_identity.html).
- <sup>51</sup> Sub-grantees did not receive funding for FY 2011. Sub-grantees include: Planned Parenthood Shasta Diablo—Colusa County; Del Norte County Office of Education; Fresno County Economic Opportunities Commission; Planned Parenthood Shasta Diablo—Glenn County; Imperial County Office of Education; Clinica Sierra Vista—Kern County; Lake County Family Resource Center; Madera County Public Health Department; Planned Parenthood Mar Monte—Merced County; Monterey County Health Department; Planned Parenthood of the Pacific Southwest—Riverside County; Riverside Community Health Foundation; Planned Parenthood of Orange and San Bernardino—San Bernardino County; San Bernardino County

Department of Public Health; Delta Health Care—San Joaquin County; The Community Action Commission of Santa Barbara County; Stanislaus County Health Services Agency; Tehama County Department of Education; County of Tulare Health & Human Services Agency; Planned Parenthood Mar Monte—Yuba County.

<sup>52</sup> Information provided by Karen Ramstrom, Program Standards Branch Chief, Maternal, Child & Adolescent Health Program, California Department of Public Health, May 8, 2012.

<sup>53</sup> *Adult Identity Mentoring (Project AIM) Evidence-Based Programs*, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed July 1, 2011, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=573>; see also *Project AIM: Adult Identity Mentoring, A Youth Development Intervention for HIV Risk Reduction*, Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention, accessed August 18, 2011, [http://www.cdc.gov/hiv/topics/prev\\_prog/rep/packages/pdf/aim.pdf](http://www.cdc.gov/hiv/topics/prev_prog/rep/packages/pdf/aim.pdf).

<sup>54</sup> *Adult Identity Mentoring (Project AIM) Evidence-Based Programs*, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed July 1, 2011, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=573>.

<sup>55</sup> *Adult Identity Mentoring (AIM)*, Promising Practices, San Bernardino County Department of Public Health, accessed July 1, 2011, <http://www.healthysanbernardinocounty.org/modules.php?op=modload&name=PromisePractice&file=promisePractice&pid=3633>.

<sup>56</sup> “Pregnancy Prevention Intervention Implementation Report: Adult Identity Mentoring (Project AIM),” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed July 1, 2011, [http://www.hhs.gov/ash/oah/prevention/research/programs/adult\\_identity\\_mentoring\\_project\\_aim.html](http://www.hhs.gov/ash/oah/prevention/research/programs/adult_identity_mentoring_project_aim.html).

<sup>57</sup> This is by no means a complete list of all comprehensive programming and policies related to sexuality education, but rather some examples of best practices and model programs that SIECUS identified.

<sup>58</sup> “A Message from the State Board of Education and the State Superintendent of Public Instruction,” *Health Education Content Standards for California Public Schools, Kindergarten through Grade Twelve* (Sacramento, CA: California Department of Education, March 2008), accessed May 4, 2010, <http://www.cde.ca.gov/be/st/ss/documents/healthstandmar08.pdf>, v.

<sup>59</sup> “Background of the Standards,” *Health Education Content Standards for California Public Schools, Kindergarten through Grade Twelve* (Sacramento, CA: California Department of Education, March 2008), accessed May 4, 2010, <http://www.cde.ca.gov/be/st/ss/documents/healthstandmar08.pdf>, vii.

<sup>60</sup> “Grade Five: Growth, Development and Sexual Health,” *Health Education Content Standards for California Public Schools, Kindergarten through Grade Twelve* (Sacramento, CA: California Department of Education, March 2008), accessed May 4, 2010, <http://www.cde.ca.gov/be/st/ss/documents/healthstandmar08.pdf>, 24.

<sup>61</sup> “Grades Seven and Eight: Growth, Development and Sexual Health,” *Health Education Content Standards for California Public Schools, Kindergarten through Grade Twelve* (Sacramento, CA: California Department of Education, March 2008), accessed May 4, 2010, <http://www.cde.ca.gov/be/st/ss/documents/healthstandmar08.pdf>, 35.

<sup>62</sup> “High School (Grades Nine through Twelve),” Development and Sexual Health,” *Health Education Content Standards for California Public Schools, Kindergarten through Grade Twelve* (Sacramento, CA: California Department of Education, March 2008), accessed May 4, 2010, <http://www.cde.ca.gov/be/st/ss/documents/healthstandmar08.pdf>, 47.

<sup>63</sup> California Education Code §§ 51930(b)(1)–(2); see also “Complying with the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act (SB 71),” Los Angeles Unified School District BUL-1132.3 Attachment A, September 8, 2008, accessed May 4, 2010, <http://aidspreventionlausd.net/images/pdfs%20policies/BUL-1132.3.pdf>.

<sup>64</sup> “Complying with the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act (SB 71),” <http://aidspreventionlausd.net/images/pdfs%20policies/BUL-1132.3.pdf>, 3.

<sup>65</sup> California Education Code § 51934(3); see also “Complying with the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act (SB 71),” <http://aidspreventionlausd.net/images/pdfs%20policies/BUL-1132.3.pdf>, 3.

<sup>66</sup> Ibid.

<sup>67</sup> Ibid.

<sup>68</sup> “Required Curriculum for HIV Prevention-Education,” Los Angeles Unified School District HIV/AIDS Prevention Unit, accessed May 4, 2010, <http://aidspreventionlausd.net/teachersandstaff.html>.

<sup>69</sup> “Local Agencies: Los Angeles, California,” *Healthy Youth!* (Atlanta, GA: National Center for Chronic Disease Prevention and Health Promotion), accessed May 4, 2010, <http://www.cdc.gov/HealthyYouth/states/locals/ca-losangeles.htm>.

<sup>70</sup> Email correspondence to Morgan Marshall from Tim Kordic, project advisor for the Los Angeles Unified School District HIV/AIDS Prevention Unit, February 4, 2010.

<sup>71</sup> “Positive Prevention: HIV/STD Education for America’s Youth,” American Red Cross, accessed May 4, 2010, <http://www.positiveprevention.com/>.

<sup>72</sup> Ibid.

CALIFORNIA

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<sup>73</sup> “Required Curriculum for HIV Prevention-Education,” <http://aidspreventionlausd.net/teachersandstaff.html>.

<sup>74</sup> “Overview,” Sexual Education, San Diego Unified School District, accessed May 4, 2010, <http://www.sandi.net/204510915162157563/site/default.asp>.

<sup>75</sup> Marge Kleinsmith-Hildebrand, “Laws and Policies for Sex Education and HIV Prevention,” PowerPoint presentation, San Diego Unified School District, accessed May 4, 2010,

<http://www.sandi.net/204510915162157563/blank/browse.asp?A=383&BMDRN=2000&BCOB=0&C=57999>.

<sup>76</sup> “Parent/Child Activities: Family Life Education Grade 6,” San Diego Unified School District, accessed May 4, 2010, <http://www.sandi.net/204510915162157563/lib/204510915162157563/Parent%20Packets/Parent%20Packet%20Gr%206%20Eng%204017.pdf>.

<sup>77</sup> Email correspondence to Morgan Marshall from Marge Kleinsmith-Hildebrand, resource teacher for the San Diego Unified School District HIV Prevention and Sex Education Program, February 5, 2010.

<sup>78</sup> Email correspondence to Morgan Marshall from Rosalia Lopez, Student Support Services Department, San Francisco Unified School District, February 5, 2010.

<sup>79</sup> “Curriculum,” Support Services for LGBTQ Youth, San Francisco Unified School District Student Support Services Department, accessed May 4, 2010, <http://healthiersf.org/LGBTQ/InTheClassroom/curriculum.html>.

<sup>80</sup> Ibid.

<sup>81</sup> Email correspondence to Morgan Marshall from Rosalia Lopez.

<sup>82</sup> The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

<sup>83</sup> This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.