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In Fiscal Year 2011¹, the state of Texas received:

- **Title V State Abstinence Education Program funds totaling \$5,437,168**

In Fiscal Year 2011, local entities in Texas received:

- **Teen Pregnancy Prevention Initiative funds totaling \$7,640,542**

SEXUALITY EDUCATION LAW AND POLICY

Texas Education Code states that all “course materials and instruction relating to human sexuality” must:

- present abstinence from sexual activity as the preferred choice of behavior in relationship to all sexual activity for unmarried persons of school age;
- devote more attention to abstinence from sexual activity than to any other behavior;
- emphasize that abstinence from sexual activity, if used consistently and correctly, is the only method that is 100% effective in preventing pregnancy, sexually transmitted diseases (STDs), infection with human immunodeficiency virus (HIV) or acquired immune deficiency syndrome (AIDS), and the emotional trauma associated with adolescent sexual activity;
- direct adolescents to a standard of behavior in which abstinence from sexual activity before marriage is the most effective way to prevent pregnancy, STDs, and infection with HIV or AIDS; and
- teach contraception and condom use in terms of human use reality rates instead of theoretical laboratory rates, if instruction on contraception and condoms is included in curriculum content.²

In addition, school districts may not distribute condoms and are allowed to “separate students according to sex for instructional purposes.”³

In 2009, using authority given to it by the state legislature, the Texas Board of Education voted to repeal the state’s existing health education requirement. Though the specifics of what may and may not be taught remain in the Texas Education Code, schools may now choose whether or not to offer health education courses.

Each school district must also have a local health advisory council established by the board of trustees.⁴ The council must make recommendations to the school district about changes in that district’s curriculum and “appropriate grade levels and methods of instruction for human sexuality instruction.”⁵ This council also must “assist the district in ensuring that local community values are reflected in the district’s health education instruction.”⁶

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Parents or guardians may remove their children from any part of sexuality education instruction if it conflicts with their “religious or moral beliefs” by submitting a written request to the teacher.⁷ This is referred to as an “opt-out” policy.

See Texas Administrative Code §§ 74.1, 74.2, 74.3, and 74.41; Texas Education Code §§ 28.004 and 26.010; and Texas State Board of Education Administrative Code §§ 115.22 and 115.23.

RECENT LEGISLATION

SIECUS is not aware of any proposed legislation regarding sexuality education in Texas.

YOUTH SEXUAL HEALTH DATA

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

Texas Youth Risk Behavior Survey (YRBS) Data⁸

- In 2011, 49% of female high school students and 55% of male high school students in Texas reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide.
- In 2011, 4% of female high school students and 10% of male high school students in Texas 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, 13% of female high school students and 21% of male high school students in Texas 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, 37% of female high school students and 36% of male high school students in Texas 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, 46% of females and 62% of males in Texas 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, 13% of females and 9% of males in Texas 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, 18% of females and 31% of males in Texas reported having used alcohol or drugs the last time they had sexual intercourse, compared to 18% of females and 26% of males nationwide.

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- In 2011, 81% of high school students in Texas reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide.

Dallas, Texas

- In 2011, 47% of female high school students and 58% of male high school students in Dallas reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide.
- In 2011, 4% of female high school students and 14% of male high school students in Dallas 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, 11% of female high school students and 23% of male high school students in Dallas 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, 34% of female high school students and 35% of male high school students in Dallas 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, 46% of females and 66% of males in Dallas 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, 6% of females and 6% of males in Dallas 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, 12% of females and 22% of males in Dallas 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 Dallas reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide.

Houston, Texas

- In 2011, 46% of female high school students and 59% of male high school students in Houston reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide.
- In 2011, 7% of female high school students and 15% of male high school students in Houston reported having had sexual intercourse before age 13, compared to 3% of female

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high school students and 9% of male high school students nationwide.

- In 2011, 11% of female high school students and 24% of male high school students in Houston 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, 33% of female high school students and 38% of male high school students in Houston 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 68% of males in Houston 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 Houston 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, 11% of females and 26% of males in Houston 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, 75% of high school students in Houston reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide.

Texas Teen Pregnancy, HIV/AIDS, and Sexually Transmitted Disease Data

Teen Pregnancy, Birth, and Abortion

- Texas's teen birth rate currently ranks fourth in the United States, with a rate of 52.2 births per 1,000 young women ages 15–19, compared to the national rate of 34.3 births per 1,000.⁹ In 2010 there were a total of 47,751 live births to young women ages 15–19 reported in Texas.¹⁰
- In 2005, Texas's teen pregnancy rate ranked fourth in the United States, with a rate of 88 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 70 pregnancies per 1,000.¹¹ There were a total of 73,270 pregnancies among young women ages 15–19 reported in Texas in 2005.¹²
- In 2005, Texas's teen abortion rate ranked 27th in the United States, with a rate of 13 abortions per 1,000 young women ages 15–19, compared to the national rate of 19 abortions per 1,000.¹³

HIV and AIDS

- In 2010, the rate of diagnoses of HIV infection among adolescents aged 13-19 years in Texas was 10.1 per 100,000 compared to the national rate of 7.9 per 100,000.¹⁴

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- In 2010, the rate of AIDS diagnoses among adolescents 13-19 years in Texas was 2.1 per 100,000 compared to the national rate of 1.9 per 100,000.¹⁵
- In 2010, the rate of diagnoses of HIV infection among young adults aged 20-24 years in Texas was 43.7 per 100,000 compared to the national rate of 36.9 per 100,000.¹⁶
- In 2010, the rate of AIDS diagnoses among young adults aged 20-24 years in Texas was 11.9 per 100,000 compared to the national rate of 10.4 per 100,000.¹⁷

Sexually Transmitted Diseases

- Texas ranks 18th in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 20.49 cases per 1,000, compared to the national rate of 20.03 cases per 1,000. In 2009, there were a total of 36,706 cases of chlamydia among young people ages 15–19 reported in Texas.¹⁸
- Texas ranks 15th in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 5.03 cases per 1,000, compared to the national rate of 4.04 cases per 1,000. In 2009, there were a total of 9,003 cases of gonorrhea among young people ages 15–19 reported in Texas.¹⁹
- Texas ranks fifth in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 0.1 cases per 1,000, compared to the national rate of 0.05 cases per 1,000. In 2009, there were a total of 181 cases of syphilis reported among young people ages 15–19 in Texas.²⁰

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 Texas received \$4,584,030 in TPPI Tier 1 funding for FY 2011.

- There are three TPPI Tier 1 grantees in Texas: Navasota ISD, The University of Texas Health Science Center at Houston, and Youth and Family Alliance doing business as LifeWorks.

Navasota Independent School District, \$999,030 (FY 2011)

Navasota Independent School District (ISD), located in Navasota, Texas, is a small school district with a student enrollment of approximately 3,000. It includes High Point Elementary School, John C. Webb Elementary School, Navasota Intermediate School, Navasota Junior High School, and Navasota High School.²¹

With its TPPI funding, Navasota ISD implements the Responsible Students, Volunteers, and Parents (RSVP) program in all elementary schools in Grimes County. The overall goals of RSVP are to prevent teenage pregnancy, to encourage abstinence from sexual activity until the age of 18, and to promote positive youth development and academic success.²² The program uses *Raising Healthy Children*, an evidence-based youth development program that seeks to reduce risk factors, including school failure, substance abuse, and delinquency, among students in grades one through six. It promotes positive youth development by incorporating multiple components, including individual, school, and family programming. *Raising Healthy Children* is designed as a multi-year, comprehensive, school-based program, and targets protective factors such as parent-child connectedness, children’s bonding with their school, academic achievement, interpersonal problem solving skills, refusal skills, and positive classroom behavior to support educational and life success. A long-term evaluation of the program began in 1981 and follow-up conducted with former program participants at age 18 found that, in comparison to the control group, they were significantly less likely to report ever having had sexual intercourse; and those who were sexually active reported significantly fewer lifetime sexual partners. At an age 21 follow-up, female participants were significantly less likely to report a lifetime pregnancy or birth than females in the control group; at an age 24 follow-up, both male and female participants were significantly less likely to report having ever been diagnosed with an STD compared to those in the control group.²³

RSVP provides family support and parenting workshops throughout the school year for parents of children attending Navasota ISD schools. Additionally, RSVP provides “support to school staff in developing and strengthening skills in the areas of classroom management, instruction, cooperative learning, and student motivation.”²⁴ Navasota ISD plans for the program to reach approximately 375 youth annually.

The University of Texas Health Science Center at Houston, \$3,000,000 (FY 2011)

The University of Texas Health Science Center at Houston (UTHealth) is part of the University of Texas statewide comprehensive academic health system. UTHealth includes the seventh-largest medical school in the United States in addition to schools of biomedical informatics, biomedical sciences, dentistry, nursing, and public health; a psychiatric hospital; a network of clinics serving the Houston region; and several teaching hospitals. Its mission is “to educate health science professionals, discover and translate advances in the biomedical and social sciences, and model the best practices in clinical care and public health.”²⁵

With its TPPI funding, UTHealth aims to promote sexual abstinence, reduce risky sexual behavior, and prevent teen pregnancy among youth in Harris County, Texas. UTHealth collaborates with 11 school districts and community partners to implement *It’s Your Game: Keep It Real* in 97 middle schools and 87 high schools across Harris County.²⁶ UTHealth plans to reach approximately 30,000 youth annually.²⁷

It’s Your Game: Keep it Real is an evidence-based HIV-, STD-, and pregnancy-prevention curriculum designed for seventh and eighth grade students. The curriculum consists of 24 classroom-based lessons designed to encourage participants to delay sexual initiation and to use condoms and contraception if and when they become sexually active. It incorporates group activities, computer-based sessions, role modeling, journaling, and group discussion, and addresses how to set personal limits for risk behaviors,

how to be aware of vulnerable situations that may challenge those limits, and how to use refusal and other skills to maintain limits. Topics addressed in seventh grade include healthy friendships, setting personal limits, human growth and development, and refusal skills, among others. Eighth grade topics include healthy dating relationships, the importance of STD and pregnancy testing, and skills for using condoms and contraceptives. An evaluation of the curriculum published in the *Journal of Adolescent Health* found, at a ninth grade follow-up, that students who were sexually inexperienced at the start of the program were significantly less likely to report having initiated sex than sexually inexperienced participants in the control group.²⁸

Youth and Family Alliance doing business as LifeWorks, \$585,000 (FY 2011)

LifeWorks is a nonprofit organization located in Austin that provides housing, counseling, and education services to at-risk youth and families. The organization’s mission is to transition “youth and families from crisis to safety and success.”²⁹ Its services include a walk-in emergency shelter, crisis intervention, parenting and educational support for teenage parents, and GED and life skills training.

With its TPPI Tier 1 funding, LifeWorks partners with Planned Parenthood of the Texas Capital Region and Austin Independent School District (AISD) to implement the “REAL Talk” program.³⁰ “REAL Talk” provides abstinence-based programming to youth in school and community-based settings. The program implements *It’s Your Game: Keep It Real* to seventh and eighth grade students and *Reducing the Risk* to ninth and 10th grade students attending AISD schools.³¹ (Please see the description of UTHealth’s program above for more information on *It’s Your Game: Keep It Real*.)

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.³² *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.³³

The overall goal of REAL Talk is to positively impact participants’ knowledge, attitude, intentions, and behavior about sexual health as well as their communication with trusted adults about sexual health topics. According to an AISD news release, “[REAL Talk] will focus on abstinence as the only 100 percent effective means of preventing pregnancy. Additionally, students will learn about types of behaviors that are likely to increase the risk of pregnancy and contraceptive options to prevent pregnancy. Per AISD policy, contraceptive devices will not be demonstrated nor will they be disseminated in District facilities.”³⁴ Parental permission is required for participation in the program. The program plans to serve approximately 260 youth annually.

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 organizations in Texas received \$1,847,125 in TPPI Tier 2 Innovative Approaches funding for FY 2011.
- There are two TPPI Tier 2 Innovative Approaches grantees in Texas: Arlington Independent School District and The University of Texas Health Science Center at San Antonio.

Arlington Independent School District, \$995,675 (FY 2011)

Arlington Independent School District (AISD) is the eighth largest school district in Texas. Serving the Dallas-Fort Worth metro area, it has a student population of more than 63,000. AISD uses its Tier 2 grant to implement Crossroads, a risk-reduction program designed to prevent pregnancy, secondary pregnancies, and STDs among out-of-school youth ages 17–21. Program participants are enrolled in the school district’s dropout recovery program. The implementation of Crossroads aims to “[assist] students in returning to academics while...[increasing their] self-value and gain[ing] knowledge about the prevention of pregnancy and STDs.”³⁵

Crossroads uses *Be Proud! Be Responsible!* in its dropout prevention programming. *Be Proud! Be Responsible!* is an evidence-based HIV-prevention curriculum originally designed for urban, African-American males ages 13–18.³⁶ The curriculum seeks to provide young people with the knowledge, motivation, and skills necessary to reduce their risk of HIV, other STDs, and causing unintended pregnancy. It also aims to impact sexual behavior by equipping youth with negotiation, refusal, and condom-use skills. The curriculum uses a “sense-of-community” approach that emphasizes how HIV/AIDS has affected inner-city communities and discusses the importance of protecting the community in order to instill accountability, sexual responsibility, and a sense of pride in participants. Although originally designed for use with small groups of six to 12 participants, the curriculum has been used with larger groups and is appropriate for both school-based and community-based settings.³⁷ An evaluation of the program published in the *American Journal of Community Psychology* found that the intervention reduced the number of female sexual partners participants had as well as the number of non-monogamous female sexual partners (those who were simultaneously involved with other male partners). In addition, the study found that the intervention decreased the frequency of vaginal and heterosexual anal intercourse and increased condom use among participants.³⁸

The program is delivered over the course of three days and includes experiential learning activities that address personal values, sexual health, and career development, among other topics. Participants also receive support services from school counselors, academic advisors, and social workers. It serves approximately 300 young people each year.³⁹

University of Texas Health Science Center at San Antonio, \$851,450 (FY 2011)

The University of Texas Health Science Center at San Antonio operates the “Sex Education Program (SEP).” For the past eight years, the health science center’s Department of Obstetrics and Gynecology has implemented SEP in school- and community-based settings in Bexar County. The agency reports having served more than 90,000 students through the program, whose purpose has been to provide “medically accurate sex education to the community” along with referrals to health care providers in order to “[improve] local and state economies by decreasing teen pregnancy and sexually transmitted infection rates.”⁴⁰ The program targets low-income communities.

With its TPPI Tier 2 grant, the health science center has partnered with Judson Independent School District to implement SEP. Programming includes curriculum-based sessions, tutoring, mentoring, service learning, parent workshops, and referrals to health services. The organization implements the abstinence-only-until-marriage curriculum *Worth the Wait* to students in grades six through nine and plans to follow the original cohort of students over the course of four years, delivering the curriculum each year in order to provide consistent programming to the original set of ninth grade students throughout high school. The program plans to serve 1,200 students each year.⁴¹

SIECUS reviewed the 2003 edition of *Worth the Wait* and found that it covers some important topics related to sexuality such as puberty, anatomy, and sexual abuse, and that the curriculum is based on reliable sources of data. Despite these strengths, *Worth the Wait* relies on messages of fear, discourages contraceptive use, and promotes biased views of gender, marriage, and pregnancy options. For example, the curriculum states that “teenage sexual activity can create a multitude of medical, legal, and economic

problems not only for the individuals having sex but for society as a whole.”⁴² The curriculum has been updated since SIECUS’ review.

TPPI Tier 2: Communitywide Initiatives

The TPPI Tier 2 grant program also supports communitywide initiatives to reduce rates of teenage pregnancy and births in communities with the highest rates. 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 is one TPPI Tier 2 Communitywide Initiatives grantee in Texas, The University of Texas Health Science Center at San Antonio, which received \$1,209,387 for FY 2011.

The University of Texas Health Science Center at San Antonio, \$1,209,387 (FY 2011)

The University of Texas Health Science Center at San Antonio uses its community-wide initiatives grant to forward a community saturation model for its “Sex Education Program (SEP),” which provides abstinence-only-until-marriage programming to primarily Latino youth in the southern part of Bexar County. (Please see the *TPPI Tier 2 Innovative Approaches* section above for more information on SEP.) Funding from the community-wide initiatives grant serves to develop and further establish relationships between SEP and community-based clinical services through providing training and technical assistance to local health professionals and additional community stakeholders.⁴³

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 (STIs). 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.

- Texas chose not to apply for PREP funds for FY 2011.

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 are no PREIS grantees in Texas.

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 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.
- There are no Tribal PREP grantees in Texas.

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.

- The Texas Department of State Health Services received \$5,437,168 in federal Title V abstinence-only funding for FY 2011.
- The Texas Department of State Health Services provides sub-grants to 14⁴⁴ public and private entities.⁴⁵
- In Texas, the match is provided through a combination of state revenue, totaling \$556,318, while the rest is provided by sub-grantees through cash and in-kind contributions.

The Texas Department of State Health Services implements the Title V abstinence-only grant through its Abstinence-Centered Teen Pregnancy Prevention program. The funding supports both community-based and school-based programming. High-risk youth in grades five through 12 are targeted through two different interventions: the in-school intervention, implemented during school hours with students living in poverty, and the after-school intervention, implemented outside of regular school hours, with a focus on youth in the child welfare or foster care systems. Sub-grantees implement one or more of the following curricula: *Draw the Line/Respect the Line*, *ESTEEM (Encouraging Students To Embrace Excellent Marriage)*, *Making a Difference!*, *Project AIM (Adult Identity Mentoring)*, *Promoting Health Among Teens! – Abstinence-Only Intervention (PHAT)*, and *Teen Outreach Program (TOP)*.⁴⁶

In addition to providing funding for community-level interventions, the state Title V abstinence-only funds provide a statewide media campaign to youth and parents. The *Power2Wait* and *Power2Talk* campaigns address such topics as puberty and anatomy, reproduction, healthy relationships, and refusal and decision making skills among other topics. Program materials for parents and youth are available in both English and Spanish.⁴⁷

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 a one-, two-, and three-year follow-up, 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.⁴⁸

Making a Difference! is an evidence-based pregnancy-, STD-, and HIV-prevention education curriculum that emphasizes abstinence from sexual activity. Adapted from the evidence-based curriculum *Be Proud! Be Responsible!*, *Making a Difference!* aims to increase participants' knowledge about HIV, STD, and pregnancy prevention as well as their confidence to negotiate sexual pressure and intention to abstain from sex. It is designed for use with African-American, Latino, and white adolescents ages 11–13 and can be implemented in school- or community-based settings. The curriculum includes interactive activities, small group discussions, and skill-building exercises, including role-plays, aimed to increase comfort and efficacy with practicing abstinence. An evaluation of the curriculum published in the *Journal of American Medical Association* found that, at a three-month follow-up, participants in the program were less likely to report having had sexual intercourse in the three months prior than peers in the control group. Evaluation results also showed that the program helped to delay sexual initiation among program participants who were sexually inexperienced.⁴⁹

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.⁵⁰ 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.⁵¹ 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.⁵² *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 participants in the control group and, at a one-year follow-up, male participants were significantly less likely to report having had sexual intercourse than participants in the control group.⁵³

PHAT is an evidence-based curriculum developed to increase knowledge and awareness about STDs, including HIV, increase an understanding of how abstinence can prevent pregnancy and HIV/STDs, and build refusal and negotiation skills for practicing abstinence. *Promoting Health Among Teens!* aims for participants to abstain from vaginal, oral, and anal intercourse until a time later in life when they are ready to handle the potential consequences of having sex and neither discourages nor encourages condom use. Although originally intended for use with urban, African-American youth in small groups, the intervention can be adapted for use with larger groups and those in rural settings.⁵⁴ The curriculum is designed as eight one-hour modules that include group discussions, videos, role-playing, skill-building activities, games, and other experiential exercises. It is appropriate for use in both school- and community-based settings. An

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evaluation of the program published in the *Archives of Pediatrics & Adolescent Medicine* found that, at a 24-month follow-up, participants who were sexually inexperienced at the time of the program were significantly less likely to have initiated sex than participants in the control group.⁵⁵

TOP is an evidence-based youth development program that engages young people in experiential learning activities in order to “prepare for successful adulthood and avoid problem behaviors.”⁵⁶ The program is designed for youth ages 12–17 and focuses on reducing rates of school failure, school suspension, and teen pregnancy. *TOP* consists of a nine-month curriculum that addresses such topics as relationships, peer pressure, decision making, values clarification, goal-setting, adolescent development, and sexual health.⁵⁷ It also includes a 20-hour community service component that engages participants in activities to enhance knowledge and develop skills, including self-efficacy, communication, conflict-management, and self-regulation. *TOP* can be delivered as an in-school, after-school, or community-based program. An evaluation of the program published in *Child Development* found that young women ages 15–19 who participated in *TOP* were significantly less likely to report a pregnancy during the program than participants in the control group.⁵⁸

At the time of publication, more information on *ESTEEM* (*Encouraging Students To Embrace Excellent Marriage*) was unavailable.

Texas TPPI, PREP, and Title V Abstinence-Only funding in FY 2011

Grantee	Award	Fiscal Years
Teen Pregnancy Prevention Initiative (TPPI)		
<i>TPPI Tier 1: Replication of Evidence-Based Programs</i>		
Navasota Independent School District	\$999,030	2010–2014
The University of Texas Health Science Center at Houston	\$3,000,000	2010–2014
Youth and Family Alliance (dba LifeWorks)	\$585,000	2010–2014
TOTAL	\$4,584,030	
<i>TPPI Tier 2: Innovative Approaches</i>		
Arlington Independent School District	\$995,675	2010–2014
The University of Texas Health Science Center at San Antonio	\$851,450	
TOTAL	\$1,847,125	
<i>TPPI Tier 2: Communitywide Initiatives</i>		
The University of Texas Health Science Center at San Antonio	\$1,209,387	2010–2014
TOTAL	\$1,209,387	
Title V Abstinence Education Grant Program (Title V Abstinence-Only)		
Texas Department of State Health Services (federal grant)	\$5,437,168	2011
TOTAL	\$5,437,168	
GRAND TOTAL	\$13,077,710	2011

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

SIECUS has identified some examples of model programs, policies, and best practices being implemented in Texas public schools that provide a more comprehensive approach to sex education for young people.⁵⁹

Comprehensive Sex Education Programs in Public Schools

Some Texas school districts are transitioning from an abstinence-only-until-marriage approach to providing more comprehensive sex education in response to rising teen pregnancy rates. Austin Independent School District, Hays Consolidated Independent School District, and Lufkin Independent School District all adopted sex education curricula that teach about both abstinence and contraception for the 2009–2010 school year. Currently, school districts in Ector County, Hutto, Spring Branch, Tulia, El Paso, Culberson, Denison, Forney, Round Rock, Venus and Woodville have adopted or are actively considering comprehensive sex education programs.⁶⁰

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

POINTS OF CONTACT

Adolescent Health Contact⁶¹

This position is currently vacant.

Title V Abstinence-Only Grant Coordinator

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ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

ACLU of Texas
Austin, TX
Phone: (512) 478-7300
www.aclutx.org

Planned Parenthood of San Antonio and
South Central Texas
San Antonio, TX
Phone: (210) 736-2244
www.ppsctx.org

T E X A S

NARAL Pro-Choice Texas
Austin, TX
Phone: (512) 462-1661
www.prochoicetexas.org

Texas Freedom Network
Austin, TX
Phone: (512) 322-0545
www.tfn.org

Planned Parenthood of Houston
and Southeast Texas
Houston, TX
Phone: (713) 522-6363
www.plannedparenthood.org/pphset

Valley AIDS Council
McAllen, TX
Phone: (800) 333-7432
www.vacinc.org

Planned Parenthood of North Texas
Dallas, TX
Phone: (214) 363-2004
www.ppnt.org

Women's Health and Family Planning
Association of Texas
Austin, TX
Phone: (512) 448-4857
www.whfpt.org

Planned Parenthood
of Texas Capital Region
Austin, TX
Phone: (512) 275-0171
www.plannedparenthood.org/ppaustin

Youth First Texas
Dallas, TX
Phone: 214.879.0400
www.youthfirsttexas.org

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Aim for Success
Dallas, TX
Phone: (972) 422-2322
www.aimforsuccess.org

Texas Alliance for Life
Austin, TX
Phone: (512) 477-1244
www.texasallianceforlife.org

Free Market Foundation
Plano, TX
Phone: (972) 941-4444
www.freemarket.org

Texas Right To Life Committee
Houston, TX
Phone: (713) 782- LIFE
www.texasrighttolife.com

Life Dynamics
Denton, TX
Phone: (940) 380-8800
www.lds.org

Wonderful Days
Fort Worth, TX
Phone: (817) 335-5000
www.days.org

The Medical Institute
Austin, TX
Phone: (512) 328-6269
www.medinstitute.org

MEDIA OUTLETS

Newspapers in Texas⁶²

Austin American-Statesman
 Austin, TX
 Phone: (512) 445-1718
www.statesman.com

Austin Chronicle
 Austin, TX
 Phone: (512) 454-5766
www.austinchronicle.com

Beaumont Enterprise
 Beaumont, TX
 Phone: (409) 833-3311
www.beaumontenterprise.com

Corpus Christi Caller-Times
 Corpus Christi, TX
 Phone: (361) 866-3600
www.caller.com

Dallas Morning News
 Dallas, TX
 Phone: (214) 977-8222
www.dallasnews.com

El Paso Times
 El Paso, TX
 Phone: (915) 546-6119
www.elpasotimes.com

Fort Worth Star-Telegram
 Fort Worth, TX
 Phone: (817) 390-7400
www.star-telegram.com

Houston Chronicle
 Houston, TX
 Phone: (713) 362-7171
www.houstonchronicle.com

Longview News-Journal
 Longview, TX
 Phone: (903) 237-7777
www.news-journal.com

Lubbock Avalanche-Journal
 Lubbock, TX
 Phone: (806) 762-8844
www.lubbockonline.com

San Antonio Express-News
 San Antonio, TX
 Phone: (210) 250-3171
www.mysanantonio.com

Political Blogs in Texas

The Agonist
www.agonist.org

Burnt Orange Report
www.burntorangereport.com

Capitol Annex
www.capitolannex.com

Grits for Breakfast
www.gritsforbreakfast.blogspot.com

South Texas Chisme
www.stxc.blogspot.com

Texas Liberal
www.texasliberal.wordpress.com

¹ 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, Fiscal Year 2011 began on October 1, 2010, and ended on September 30, 2011.

² Tex. Ed. Code §§ 28.004(e)(1)–(5), <http://www.statutes.legis.state.tx.us/Docs/ED/htm/ED.28.htm#28.004>.

³ Tex. Ed. Code §§ 28.004(f) and (g).

⁴ Tex. Ed. Code §§ 28.004(a).

⁵ Tex. Ed. Code §§ 28.004(c)(3).

⁶ Tex. Ed. Code §§ 28.004(a).

⁷ Tex. Ed. Code §§ 26.010(a), <http://www.statutes.legis.state.tx.us/Docs/ED/htm/ED.26.htm#26.010>.

⁸ 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: Dallas and Houston also participated in the 2011 YRBS.

⁹ “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.

¹⁰ Ibid.

¹¹ *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.

¹² Ibid., Table 3.2.

¹³ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.1.

¹⁴ 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>.

¹⁵ 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>.

¹⁶ 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>.

¹⁷ 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>.

¹⁸ “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>.

¹⁹ Ibid.

²⁰ Ibid.

²¹ “Navasota Independent School District,” Navasota Independent School District, accessed July 14, 2011, <http://www.navasotaisd.org/index.jsp>.

²² “Navasota Independent School District,” 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://webcache.googleusercontent.com/search?q=cache:RstgXEd5vS0J:ipv6.hhs.gov/ash/oah/prevention/grantees/models_2010_programs.html+&cd=2&hl=en&ct=clnk&gl=us&client=firefox-a.

²³ *Raising Healthy Children*, Evidence-Based Program, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed August 23, 2011, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=611&PageTypeID=2>.

²⁴ Navasota Independent School District, “Responsible Students, Volunteers, Parents Program Set to Begin Work,” accessed July 14, 2011, http://www.navasotaisd.org/apps/pages/index.jsp?uREC_ID=140944&type=d&pREC_ID=273967.

²⁵ The University of Texas Health Science Center at Houston, “Mission and Vision Statements,” accessed July 14, 2011, <http://www.uthouston.edu/index/mission-vision.htm>.

²⁶ Jade Waddy, “UTHealth awarded \$15 million for teen pregnancy prevention: UTHealth developed program to be distributed in select public schools,” University of Texas Health Science Center at Houston News Release, October 1, 2010, accessed July 14, 2011, <http://www.uthouston.edu/media/story.htm?id=2263929>.

²⁷ “University of Texas Health Science Center” 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://webcache.googleusercontent.com/search?q=cache:RstgXEd5vS0J:ipv6.hhs.gov/ash/oah/prevention/grantees/models_2010_programs.html+&cd=2&hl=en&ct=clnk&gl=us&client=firefox-a.

- ²⁸ *It's Your Game: Keep it Real*, 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=574&PageTypeID=2>.
- ²⁹ LifeWorks Blog, "About Us," accessed July 14, 2011, <http://lifeworksaustin.wordpress.com/about>.
- ³⁰ Austin Independent School District, "Austin School District To Implement REAL Talk Program with \$2.9 Million Grant," October 1, 2010, accessed July 14, 2011, <http://archive.austinisd.org/newsmedia/releases/index.phtml?more=2108&lang>.
- ³¹ LifeWorks, "Education," accessed July 14, 2011, <http://www.lifeworksaustin.org/site/c.iqLSIXOBKpF/b.1504645/k.E6EA/Education.htm#tps>.
- ³² *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.
- ³³ *Ibid.*, 23–24.
- ³⁴ Austin Independent School District, "Austin School District to Implement REAL Talk Program with \$2.9 Million Grant," October 1, 2010, accessed July 14, 2011, <http://archive.austinisd.org/newsmedia/releases/index.phtml?more=2108&lang>.
- ³⁵ "Crossroads," *Application for Federal Funds SF-424*, FY10 Teenage Pregnancy Prevention: Research and Demonstration Programs (Tier 2), Arlington Independent School District, (June 2010), 1. Information obtained through a Freedom of Information Act request submitted to the U.S. Department of Health and Human Services, Office of Adolescent Health.
- ³⁶ *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 July 1, 2011, <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>, 56–59.
- ³⁷ *Be Proud! Be Responsible!* 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=1&PageTypeID=2>; see also "Pregnancy Prevention Intervention Implementation Report: Be Proud! Be Responsible!" Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed July 1, 2011, http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/be_proud_responsible.pdf.
- ³⁸ *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections*, 56–59.
- ³⁹ "Crossroads," *Application for Federal Funds SF-424*, FY10 Teenage Pregnancy Prevention: Research and Demonstration Programs (Tier 2).
- ⁴⁰ *Ibid.*
- ⁴¹ *Ibid.*
- ⁴² Patricia Sulak, *Worth the Wait* (Temple, TX: Scott & White Memorial Hospital, 2003). For more information, see SIECUS' review of *Worth the Wait* at http://www.communityactionkit.org/curricula_reviews.html.
- ⁴³ "Teenage Pregnancy Prevention: Integrating Services, Programs, and Strategies through Communitywide Initiatives – State- and Community-Based Organizations," Division of Reproductive Health, Centers for Disease Control and Prevention, March 2, 2011, accessed August 29, 2011, <http://www.cdc.gov/TeenPregnancy/State-Community-Orgs.htm>.
- ⁴⁴ Sub-grantees include: Austin Voices for Education and Youth (\$62,747); Arlington (\$87,999); Boy's and Girl's Club of McAllen (\$97,801); Change Happens (\$250,000); City of El Paso Department of Public Health (\$76,394); Communities in School of the Coastal Bend (\$106,438); The Dallas Youth Council, Inc. (\$69,887); Healing the Family, Inc. (\$210,237); Longview (\$188,147); Joven, Inc. (\$107,590); Seasons of Change, Inc. (\$571,634); Serving Children and Adolescents in Need, Inc. (\$123,585); Skillful Living Center, Inc. (\$388,256); Succeeding @ Work (\$53,085).
- ⁴⁵ Information provided by Melanie Jamison, Program Coordinator for Abstinence-Centered Teen Pregnancy Prevention within the Texas Department of State Health Services, November 2, 2012.
- ⁴⁶ *Ibid.*
- ⁴⁷ *Ibid.*
- ⁴⁸ *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; 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.
- ⁴⁹ *Making a Difference!* 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=127&PageTypeID=2>.

⁵⁰ *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.

⁵¹ *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>.

⁵² *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>.

⁵³ “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.

⁵⁴ *Promoting Health Among Teens! Abstinence-Only*, 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=575&PageTypeID=2>.

⁵⁵ “Pregnancy Prevention Intervention Implementation Report: Promoting Health Among Teens! Abstinence-Only Intervention,” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed July 1, 2011, http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/comprehensive_intervention.pdf.

⁵⁶ Saras Chung and Annie Philipps, *Promoting Mental Health and Well-being in Adolescents: Recommendations for Wyman’s Teen Outreach Program*, (Eureka, MO: Wyman Teen Outreach Program, 2010), accessed July 1, 2011, http://www.wymantop.org/pdfs/TOP_Positive_Well-Being.pdf, 3.

⁵⁷ *Ibid.*, 9.

⁵⁸ “Pregnancy Prevention Intervention Implementation Report: Teen Outreach Program,” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed July 1, 2011, http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/cas_carrera.pdf.

⁵⁹ 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.

⁶⁰ Information provided by Garrett Mize, Youth Advocacy Coordinator, Texas Freedom Network, 13 December 2012.

⁶¹ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

⁶² This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.