



Federal Funding Streams Dedicated to Preventing Teen and Unplanned Pregnancy at a Glance

There are several complementary federal funding streams for teen pregnancy prevention education. Together the funding totals approximately \$280 million annually, which is sufficient to serve fewer than two percent of teens in the U.S. In addition, funding for Title X helps prevent unplanned pregnancies by offering high-quality contraceptive services, preventive screenings, and information, primarily to low-income individuals.

Personal Responsibility Education Program (PREP)¹

This program, administered by the Administration on Children, Youth, and Families (ACYF), funds evidence-based programs that educate adolescents on both abstinence and contraception to prevent pregnancy and sexually transmitted infections, and on other adulthood preparation topics such as healthy relationships, communication with parents, and financial literacy. All programs funded must be medically accurate and age appropriate. PREP funding targets youth at greatest risk of teen pregnancy and geographic areas with high teen birth rates. Originally funded at \$75 million annually for five years (FY2010–2014), PREP continues to be funded at \$75 million annually through FY2017. In addition to program evaluation and support, PREP provides funding for four types of grants:

- Formula grants to states and territories (State PREP)—All states and territories are eligible to receive formula PREP allotments to offer evidence-based programs. In 2017, 44 states as well as Washington D.C., Guam, Palau, Puerto Rico, the Virgin Islands, and the Federated States of Micronesia chose to take the formula grant funding. [See the list of current State PREP grantees.](#)
- Competitive grants to states and territories (CPREP)—Entities in the states and territories where the state government opted not to apply for State PREP by the 2011 deadline were eligible to compete for CPREP funding. The first cohort of three-year grants was awarded in FY 2013. In FY 2015, the second cohort of three-year grants was awarded to 21 organizations in the five states (Florida, Indiana, North Dakota, Texas, and Virginia) and four territories (American Samoa, Guam, Marshall Islands, and the Northern Mariana Islands) that were eligible for Competitive PREP. In 2016, Kansas opted to discontinue receipt of State PREP funds; it is unclear at this time when another Competitive PREP funding opportunity will be announced. [See the list of current CPREP grantees.](#)
- Personal Responsibility Education Innovative Strategies (PREIS) grants—These are competitive grants to public and private entities to develop, replicate, refine, and evaluate innovative strategies to reduce teen pregnancy and repeat pregnancies among youth up to

¹ Mandatory funding stream

age 21. The current round of grants, awarded to 10 organizations in 11 states, extend through FY2020, contingent upon reauthorization of the program. [See the list of current PREIS grantees.](#)

- Competitive grants to Indian tribes or tribal organizations (Tribal PREP)—The current round of grants, awarded to nine tribal entities in eight states, extend through FY2020 contingent upon reauthorization of the program. [See the list of current Tribal PREP grantees.](#)

Teenage Pregnancy Prevention (TPP) Program^{2,3}

This evidence-based program, administered by the Office of Adolescent Health (OAH), provides competitive five-year grants to a broad range of organizations and agencies. The first round of 100 grants was funded for FY2010–2014. A second round of 84 grants was awarded in 2015 for FY2015–2019, subject to annual appropriations (three of these grants are jointly administered with the CDC; see below). The TPP Program was initially funded in FY2010 at \$110 million and is currently funded at \$101 million for FY2017. The TPP Program provides up to 10% of funds for training and technical assistance, evaluation, and other program support, and of the remaining funds:

- 75% go to Tier 1 grants to replicate teen pregnancy prevention programs that have shown to be effective through rigorous evaluation. At present, Tier 1 grantees can choose from a list of evidence-based programs that meet high standards of evidence.⁴
- 25% go to Tier 2 grants to develop, replicate, refine, and rigorously evaluate additional models and innovative strategies to reduce teen pregnancy.⁵

TPP Program grants are highly competitive and demand far outpaced available funding. More than 400 applications were submitted for the current round of grants, but OAH only had sufficient funding to award approximately 20% of the applications. [See the list of current Tier 1 and Tier 2 grantees.](#)

Grants support a broad array of evidence-based programs, with some grantees choosing programs with a strong focus on abstinence and others choosing programs that teach about both abstinence and contraception. Regardless of program content, all funded programs must have some evidence of success and must be medically accurate and age appropriate. There is also a strong focus on evaluating and learning from results. [Read more about the program.](#)

CDC Teen Pregnancy Prevention Grants²

The CDC is currently funding two teen pregnancy prevention projects. For each of the projects, the CDC awarded five-year cooperative agreements (FY2015–2019)—subject to annual appropriations—to three organizations. Below is more information on each of the projects.

² Discretionary funding stream

³ In July 2017, the U.S. Department of Health and Human Services (HHS) abruptly shortened 81 grants for the TPP Program from five years to three, resulting in approximately \$200 million in lost funds for grantees.

⁴ See latest findings from the HHS Teen Pregnancy Prevention [Evidence Review](#).

⁵ The National Campaign was awarded a Tier 2 grant.

- Working with Publicly Funded Health Centers to Reduce Teen Pregnancy Among Youth from Vulnerable Populations—This project aims to enhance publicly funded health centers’ capacity to provide youth-friendly sexual and reproductive health services and increase the number of young people accessing sexual and reproductive health services. Grantees will work with systems that serve some of the most vulnerable young people—including those in foster care, juvenile justice and probation, or housing developments. [Read an overview of the funded projects.](#)
- Effectiveness of Teen Pregnancy Prevention Programs Designed Specifically for Young Males—This collaborative initiative between CDC and OAH supports rigorous evaluation of innovative interventions that are designed for young men age 15-24 to reduce their risk of fathering a teen pregnancy. The three grants are partially supported by TPPP Tier 2 funding. [Read an overview of the funded projects.](#)

Pregnancy Assistance Fund¹

This program, administered by OAH, provides \$25 million annually for FY2010–2019 for competitive grants to states, tribes, and territories to support pregnant and parenting teens and women, and combat violence against pregnant women. Projects help teens in high schools and community service centers and young women in institutions of higher education complete school and gain access to health care, childcare, family housing, and other critical supports. Grantees may address the delay of subsequent pregnancies among other topics. Currently, there are 19 grantees in 18 states.⁶ [See a list of the current grantees and more information about the program.](#)

Sexual Risk Avoidance Education Program²

The FY2012 Appropriations bill added \$5 million for a Competitive Abstinence Education Grant Program (what the program was referred to at the time). The program was level-funded at \$5 million annually through FY2015. Funds appropriated in each of the fiscal years supported projects for a two-year grant cycle and there were no evidence requirements. In the FY2016 Omnibus Appropriations bill, funding increased to \$10 million, some evidence requirements were added, and the program was renamed Sexual Risk Avoidance (SRA). In the FY2017 Omnibus Appropriations bill funding for the program increased to \$15 million. Grantees educate youth on how to voluntarily refrain from non-marital sexual activity and prevent other youth risk behavior. [See the list](#) of 21 grantees in 12 states that were awarded for FY2016–2018.

Title V State Abstinence Education¹

Originally funded at \$50 million annually for five years in the 1996 welfare reform law, this program administered by ACYF currently provides \$75 million annually in formula grants to states for abstinence education and mentoring, counseling, and adult supervision programs that promote abstinence. This program includes an “A-H” definition of abstinence education. There is no evidence requirement.⁷ Beginning in FY2015, a new provision made unclaimed money (roughly \$12 million from the 14 states and D.C. that do not take this funding) available for states that were already taking the funds, provided they use that funding for a stricter definition

⁶ In June 2017, HHS awarded the latest round of grants for a one-year project period. In past grant cycles, grantees have received awards ranging from a three to five-year project period.

⁷ [See the “A-H” definition at https://www.ssa.gov/OP_Home/ssact/title05/0510.htm.](https://www.ssa.gov/OP_Home/ssact/title05/0510.htm)

of abstinence-only education. The funding level was increased from \$50 million to \$75 million annually for FY2016–2017. [See the list of current grantees.](#)

Title X Family Planning²

For more than 40 years, the Title X family planning program (Title X) has played a critical role in preventing unplanned pregnancy by offering high-quality contraceptive services, preventive screenings, and information to low-income individuals. In FY2017, Title X was funded at \$286.5 million, a 10% reduction in funding from FY2010. In 2015, Title X served over 4 million individuals, of which 90% were women and the remaining 10% were men. The majority (66%) of patients that are served by Title X have income at or below the federal poverty level (FPL) and receive services free of charge. Another 22% of patients have incomes between 100% and 250% FPL and receive services on a sliding fee scale. Forty-eight percent of family planning clients were uninsured.

In 2015, Title X services were provided through 91 grants, including 46 to state and local health departments, and 45 to non-profit family planning and community health agencies. The Title X network is a diverse mix of clinic settings. Fifty-three percent of Title X-funded clinics are health departments, 14% are federally qualified health centers, 13% are Planned Parenthood clinics, 5% are hospitals, and 15% are private non-profits. [See the list of current grantees.](#)