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Hartford Teen Pregnancy Prevention Initiative (HTPPI)

HTPPI is a 5-year grant funded teen pregnancy prevention initiative awarded to the City of Hartford Health and Human Services Department (HHS) in 2010. Funding is provided by the Centers for Disease Control and Prevention (CDC) and the Office of Adolescent health. HHS has partnered with a number of agencies to complete this work. The Core Partner Leadership Team group includes: City of Hartford Health and Human Services (lead agency), Planned Parenthood of Southern New England (PPSNE) and Connecticut Women's Education and Legal Fund (CWEALF).

Goal: The overall goal of the HTPPI is to reduce rates of teen pregnancy, STI's and HIV in the City of Hartford by 10% by 2015. The strategies and activities of the grant focus on: 1) developing a sustainable, citywide community collaborative to focus on Teen Pregnancy Prevention; 2) increasing youth access to health services; 3) increasing capacity of community-based organizations to provide sexual health information to teens; and 4) providing technical assistance and support to ensure the utilization of best practice strategies and curricula.

The initiative includes the following components:

1. Provide evidence based programs to qualified community based organizations through mini-grants, to selected Hartford public schools and other youth serving organizations in the City.
2. Increase and enhance clinical access and services to youth.
3. Conduct a community mobilization effort to engage stakeholders.
4. Community Mobilization.
5. Working with diverse communities.
6. Evaluation of all components mentioned above.

The General expectations by the CDC are the following:

1. Partner with organizations to reach and serve large numbers of youth to make a significant reduction in the teen birth in the target communities.
2. Collect and report annually on all performance measures.
3. Develop, implement, and update community-wide plan to demonstrate a multi-component, integrated teen pregnancy prevention initiative.
4. Develop and implement evaluation plan aligned with work plan.
5. Use iGTO to track training and technical assistance (T&TA) provided to all program and clinical implementation partners, and other partnership activities.
6. Complete annual Part A needs assessment.
7. Participate in T&TA events and receive T&TA from all national Part B partners.
8. Submit continuation application and annual reports.
9. Attend annual grantee meetings, and
10. Comply with any and all requirements set out by CDC.

Expectations by Components:

Community Mobilization and Sustainability:

1. Engage all sectors of the community through formally established partner groups: Core partner Leadership Team, Community Action Team, and Youth Leadership Team.
 - a. Partner groups meet regularly with consistent membership and participate in project promotion activities
 - b. Work plan vision for each group established; work plan should be developed annually and vision reviewed annually.
2. Ensure all partnership groups contribute to the development and annual review of the community-wide plan to strengthen their engagement;
3. Provide evidence that the Community Action Team and the Youth Leadership Team have been involved in defining the direction and promotion of the activities and initiative.
4. Develop sustainability plan for overall community-wide initiative.

Increase youth access to contraceptive and reproductive health care services:

1. Establish formal partnerships with at least five clinical providers with sufficient reach and capacity to serve the needs of youth in the target community; Memorandums of Understanding (MOU) in place.
2. Conduct annual needs assessment with clinical providers.
3. Support the development and implementation of T&TA plans with all clinical tools in order to monitor and measure progress toward identified goals; T&TA plans will be based on needs assessment data.
4. Ensure implementation of clinical practices from a range of best practice categories.
5. Develop (or improve) linkage/referral tracking system to enhance coordination.
6. Ensure formal linkage established between clinical partner and implementation partners; formal linkage agreements in place.
7. Establish informal linkages (i.e. no written agreement) between organizations, providers, programs, and/or institutions (e.g. school, church) for the purpose of directing adolescents to contraceptive and reproductive health services.

Evidence-based TPP programs (youth development and/or risk reduction curricula)

1. Establish formal partnership with at least 10 implementation partners; MOUs in place.
2. Conduct annual needs assessment with each partner.
3. Develop and implement T&TA plans with all implementation partners.
4. Use the Getting to Outcomes (GTO) framework in guiding T&TA with implementation partners; T&TA plans will be framed around the GTO process and based on needs assessment data.
5. Ensure local implementation partners have the capacity to use the GTO framework to select, implement and evaluate Evidence Based Programs (EBP).
6. Submit all required medical accuracy reports and adaptation requests.
7. Ensure implementation of at least one EBP by all program implementation partners.
8. Monitor fidelity of program implementation, including observation.
9. Conduct pre/posttest on youth participating in evidence-based programs.
10. Ensure formal linkages established between implementation partner and clinical service provider and referral provided for youth participating in EBPs; formal linkage agreements in place.

Stakeholder Education

1. Using community needs assessment and other relevant data, identify and select key stakeholder groups (i.e. community leaders, parents, school personnel) for education on relevant evidence-based

and/or evidence-informed strategies to reduce teen pregnancy and data on needs and resources in target communities.

2. Develop and implement a stakeholder education plan to:
 - a. raise awareness about the community-wide initiative,
 - b. educate stakeholders on evidence-based and/or evidence-informed strategies to reduce teen pregnancy and data on needs resources in target communities, and
 - c. reach youth in the target community with teen pregnancy prevention information through communication efforts (e.g. social medial, social marketing).
3. Share key information from the project, to include needs assessment results, successes, and challenges, across components and partners.

Working with Diverse Communities

1. Identify, reach, and serve hard to reach, marginalized, and diverse youth in TPP evidence-based programs and reproductive health services (e.g. African American and Latino youth, youth in the foster care and juvenile justice systems, GLBTQ youth, and pregnant and parenting teens).
2. Engage and recruit a diverse group of community partners, including non-traditional stakeholders to collaborate in their community's TPP efforts.
3. Ensure program facilitators and clinical providers have the necessary skills and knowledge to provide culturally and linguistically appropriate programs and reproductive health services.
4. Ensure program facilitators and clinical providers provide diverse youth with culturally and linguistically appropriate programs and reproductive health services.
5. Engage and educate a diverse group stakeholders (e.g. community action team, other community members) on how social determinants of health link to teen pregnancy.
6. Plan and implement within each component, based on community needs assessment and other relevant data, strategies guided by Working with Diverse Communities' best practices.