



**Triple P Implementation Working Group  
Meeting Notes June 15, 2011  
9:00 to 11:30 p.m.  
Leeds, Grenville and Lanark District Health Unit, Brockville Office**

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**PRESENT:** Angèle Charron, Peter Coughlin, Robyn Delaney (Chair), Darleen Desgens (Recorder), Marg Fancy, Keith McPhee, Kim Morrow, Michelle Murray (Facilitator), Esther Pigion, Tom Turner

**REGRETS:** Denise Kall

**1. Welcome**

Robyn welcomed everyone to the meeting.

**2. Topics to be discussed**

**2.1 Meeting Flow – Robyn**

Robyn stated that we will be changing the format for our meetings. It was felt that the meetings were becoming too formal, agendas were very full and we often digressed. We are a working group, not a formal committee and it is essential for us to stay productive as we have many important tasks to accomplish.

From now on:

- Agendas will be kept at a minimum, allowing for more open discussions.
- Agendas will be emailed to the working group in advance of the meetings.
- Robyn will set the agenda items with Michelle but input from members is welcome. Should members wish to have an item discussed at a meeting, they are encouraged to contact Robyn well in advance of the meeting, before the agenda is emailed to the membership.
- Action items will be listed at the end of the meeting notes, along with a follow-up report on the action items from the previous meeting. If necessary, outstanding action items will be readdressed at future meetings.
- Previous Meeting Notes will remain a standing agenda item. Peter noted that these are being posted publicly and therefore should be reviewed and approved by the implementation working group prior to being posted.

Note: Meeting notes from the May 18<sup>th</sup> meeting were approved.

The members agreed with the new meeting format, and also that it is important to stay on topic in order to keep the meetings flowing.

**2.2 Presentation on Healthy Communities Grant – Michelle**

Michelle stated that we have completed many tasks since she came on board in November of last year. It has been very busy and productive. She went through the Powerpoint presentation that she developed to present to EKIOC. The following was noted:

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- Upstream thinking: concept important to population health. We are trying to change the developmental trajectory of children with the Triple P program.
- We are moving to grow Levels 1,2, and 3.
- Iceberg conception: most of an iceberg sits below the water. We would like to work on the issues below the surface.
- Update of Triple P in our world: growing by leaps and bounds.
- Local update: We were successful in securing the Healthy Communities Grant of \$100,000 over 2 years.
- Parent school councils – this is an important item in our proposal.
- Will be hiring a term practitioner – for 1 year – to deliver Level 3
- We will be training other practitioners in Level 3
- We are looking to have more level 2 training in the fall.
- We included dollars for obesity/physical activity in the grant proposal.
- Healthy Lifestyle: deals with issues around food/nutrition, physical activity, parenting.  
We may be able to have the assistance of a dietician from another community agency to help us in this area.

A concern was raised that it might be an issue for health units to transition from their traditional programming to a locked in Triple P program.

Discussion ensued regarding buy-in to Triple P. Perhaps we need a standard communication message at the beginning of each session so that parents have buy-in.

We also need to have a communication plan. Change is work and it doesn't happen quickly. Situations may worsen before they improve. Discussion around appropriate levels for parents and that internal training within agencies may be necessary.

Keith suggested that we have a communication group in the future.

**Update:** The letters to schools concerning council meetings and the letters to principals regarding offering Triple P seminars have been sent. Michelle has already received responses of interest for both.

**Point of interest:** Jen McMaster has been in touch with another vice principal who is interested in joining the Triple P Implementation Working Group as Jennifer has been unable to attend.

Michelle passed out a sheet with the following points, and asked everyone to take a few minutes to reflect and record:

- A success story
- A current barrier
- How does my agency fit with the grant?
- How am I feeling about the grant?

Triple P success stories:

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- Good collaboration with other providers
- Family from Gananoque called 800 line requesting Triple P. Success with parenting and family is continuing to go to OEYC.
- Good feedback from parents.
- Dropouts in teen groups had been an issue until practitioners started introducing the program in a separate session, explaining the importance of attendance and doing the homework if they wanted to succeed. As a result, there have been no dropouts in Esther's Teen group.
- Good feedback from parents and other agencies.
- Increase in the number of times that Triple P comes up in conversation as a possibility, at meetings, etc.
- Three child care agencies approached Marg at a workshop she attended last week, wanting to know how they could become involved in Triple P.
- Volunteers are coming forward and want to get involved, as well as other communities.
- This implementation working group is still alive, which speaks to the effectiveness of Triple P. We are making progress. This proves the program has sustainability.
- Keith applauded all of the committee members for their work and success in carrying this program forward.
- A single mom with parenting issues called the Health Action Line and was referred to Level 3. This client loved the program, completed it successfully and followed up appropriately. This was very exciting for staff –Triple P made a difference in this family's life.
- At the Health Unit's drop-in group (Baby Talk), a common problem is sleeping. Robyn reviewed the Tip Sheet with a few parents, and reiterated that they would have to be firm and follow the suggestions without giving in. After 5 days, those parents who persevered were successful.

## Barriers:

- Coordinating Triple P programs in all areas – having a calendar would be helpful  
*Point of interest:* Michelle stated that in the last couple of weeks the Health Unit's Webmaster, Kris Sample has worked on our website. There is now a place to post current events. Committee members are to email Michelle, and cc Darleen, with their agency events. This information will then be forwarded to Kris Sample to be included on our website.
- Concern re applicant for the FTE Level 3 position if this person does not have the training. Also, there might be a time barrier if we want the incumbent to be trained first.
- Stepping Stones is a program for parents with children that have disabilities. But there is no program for parents with disabilities.
- Internal struggle – Triple P is not integrated into their client system (Tom).
- Caseload balance.
- Staff changes/transfers/resignations.
- Continuing to build community culture around Triple P – there needs to be a well-planned community focus.
- Concern around building capacity for level 3

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- Keith sees 'opportunities' as opposed to 'obstacles'. He feels that any issues identified only shine the light on things that we need to change.
- Nowhere to refer clients after Level 2 – so Level 3 practitioner will help.
- Positive parenting workplan at the Health Unit is taking much of Robyn's time.

## How does my agency fit with the grant and how am I feeling about the grant?

- Peter: very encouraged. Grant fits with Leeds and Grenville – could have tangible results, eg. decrease in wait times. Work to do on collaboration – getting from the idea to the task. Evaluation of outcomes as well.
- Angele: OEYC is happy about the focus on the childcare level – their mandate is not school age – they don't have the staff.
- Esther: balance with their own staff. Wonders what will happen at the end of the term position for the Triple P Level 3 person.
- Tom: fits prevention-wise. The grant certainly fits with the mental health component. The whole wellness/developmental issue makes it a good fit - getting families to be proactive and on the right thinking track. Tom feels the grant demonstrates the best process for showing community collaboration. Doesn't have to impact individual agencies a great deal to be a good thing.
- Marg: Link between collaboration of agencies. Grant builds on the concept that it is for every kid – and is evidence-based. It continues to validate Triple P in the community. Marg sees her role as a supportive one.
- Kim: FCS is behind the scenes regarding the grant. This agency is more prevention focused. Their staff needs to understand the increased capacity in the community for prevention.
- Worried that we may not be able to deliver on all targets.
- Michelle: Grant will be a lot of work. Susan Hrlejac came back many times for clarification. This is a very serious project. The dollar amount indicates that it is incredibly valued.
- Keith: hopes he can bring a different prospective to the table. He wonders if other groups, i.e. ODSP, clergy, should be members of this group. Perhaps this is an opportunity to do something with our medical community as well.
- Should have grass roots people involved, not only professional people, in order to have this program viewed as a community initiative and not a service.
- Robyn: This grant definitely fits with the Health Unit's upstream approach – the amount of work involved is a little intimidating.

Keith suggested we think about how to announce the grant to the general public. It is a very important initiative that requires some planning. He believes key people should be featured in a photo.

## FTE for 1 year:

Michelle stated that the grant was a little late in coming and that we need to move quickly on hiring the FTE (target date was June 2011)



## Brainstorming:

- Create a job description. Incumbent needs to be able to work with families with children from 0-18 years of age.
- Salary will be approx. \$46,300, including benefits. If an agency has an incumbent that is interested, the agency would be responsible for supplementing the person's salary if necessary.
- Mandate is for all of Leeds and Grenville, having Triple P levels are preferred, not required.
- What agency will be handling the administrative portion? The group felt that Michelle needs to supervise this position, as the incumbent will be working on behalf of Leeds and Grenville.
- We will look internally first, at approaching the agencies around the table to see if any of their staff is interested. Incumbent would be seconded for 1 year.
- This issue needs to be discussed with Triple P managers and agency directors.
- Tom will approach some of his part time staff to see if they would be interested in a full time job for one year.

## Details of the job are as follows:

- Salary would be \$46,300 including benefits.
- This is a 1-yr. FTE position, from mid- 2011 to mid-2012.
- Practitioner required to do Level 3 Individual training (teen and 0-12), i.e. 4 sessions from 0-18 years.
- The Health Unit would be home base.
- Preferred Triple P training: Level 2 seminars. Other levels would be a benefit.

Members of this working group from the Ontario Early Years Centre, Children's Mental Health of Ontario (formerly Child and Youth Wellness), Developmental Services and the Health Unit will take this information back to their agencies to see if any staff members are interested.

**NOTE:** Applications are to be submitted to Marg Fancy by June 24<sup>th</sup>

### 2.3 Service Agreements and Process - Michelle

Marg or Keith will contact each one of the agency directors and set up a meeting with them, managers, Marg and Michelle. Each agency commitment will be reviewed at this meeting. This is an important process and will be a good model for the transportation initiative.

- 3. Next Meeting:** July 20, 2011, 9:00 to 11:30 in the Brockville Room, ground floor of the Brockville Health Unit.

## **Action Items – June 15<sup>th</sup> meeting:**

1. Darleen to send a copy of the grant proposal to the working group.



2. Michelle will send an email to level 2 practitioners regarding messaging at the beginning of each training session.
3. Michelle will send out the updated list of school sign-up sheets
4. Michelle will work on a media release regarding the provincial grant.
5. Michelle will check with Jane Hess to determine if the new hire could hold office space at the Health Unit

## **Action Item follow-up - May 18<sup>th</sup> meeting:**

1. Robyn will discuss with Keith the issue of drafting a letter to Debbie Easton regarding equitable costs.
  - Complete. The letter will state that we are suggesting that Ontario members of the Triple P collaboration explore the possibilities of establishing a standard price for training within Ontario that factors in, and equitably shares, the travel and accommodation costs for trainees at any session, regardless as to where that session is held.
2. Darleen to email the 2010 Training Summary to the group.
  - Complete.
3. Robyn will ask Keith and Marg to bring the issue of Lanark training requests and the possibility of bringing them on board to the lead table.
  - Complete. The Lead Table responded positively regarding training requests. The understanding was that the cost would be billed back to the Lanark agency unless there were good reasons to absorb the cost, eg: working across Leeds, Grenville and Lanark.
4. Robyn to ask Keith if Kris Sample can put a link from the EKIOC website to our micropage.
  - Complete. Keith suggested it could be part of the banner that shows up on each page. Darleen forwarded the request to Kris, who reported that as Keith takes care of the EKIOC website, he will have to be the one to complete this request.
5. Kris will ask about having links from our micropage, i.e. EKIOC logo and the Health Action Line number at his upcoming training.
  - Complete. Kris confirmed that he can add whatever we request to our micropage.
6. Michelle to send out both school sign-up sheets to the group and include a description of the presentation.
  - Complete.
7. Darleen to revise the Partnership Agreement and email it to the working group.
  - Complete.
8. Darleen will add a 'note' section to each item to be reported on in the In-Kind Contribution form, which will describe what information to include in the calculations.
  - Complete.
9. Esther to make revisions to the Caller Triage Form and send to Darleen.
  - Outstanding.

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10. Darleen will have the Caller Triage Form copied in colour and bring to the next meeting.
  - Outstanding, pending receipt of the form from Esther.