Transition Work Group Support Grant

Grant period: July 2024 - May 2025

Support from Birth to Five Bright Futures grant through MT Department of Public Health and Human Services

1

Focus

• The Flathead Team identified the following transition points at the November 2023 Summit:

1. Hospital to Home
2. Family to Program (which encompasses program to program)
3. Program or Home to Kindergarten

The focus on Program or Home to Kindergarten was work started in our community before the COVID pandemic, and our Coalition has discussed other transition points in past conversations, so this funding comes at an opportune time to re-start and re-focus on this work.

2

Stakeholders

1. Transition Team members identified in Section 1;
2. Members of the Early Childhood Coalition of Flathead Valley;
3. School administrators, principals, teachers and other instructional personnel;
4. Early childhood professionals and administrators;
5. Families/ parents/ caregivers of children birth to 5;
6. Health care administrators and practitioners;
7. Others as identified as the process develops.

3

Work Group so far

Name Jennifer Sevier	**Organization** Nurturing Center
Name Collette Box	**Organization** Discovery Developmental Center
Name Merisa Murray	**Organization** Jeannette Rankin Elementary School
Name Leigh Ann Downey	**Organization** Growing Roots Early Learning Center
Name Janelle Willet	**Organization** Heart Locker Homeless Liaison
Name Tiffany Krushensky	**Organization** Child Development Center
Name Amber Crane	**Organization** Northwest Montana Head Start
Name Kalli Jacquay	**Organization** Logan Health Maternal Care Coordinator
Name Melissa O'Neill	**Organization** Child Development Center

4

Initial Plan of Activities

1. Understand the critical nature of the three identified transition points.
2. Ensure mutual awareness among stakeholders in the three identified transition points, including what roles each stakeholders play, what strengths they offer, and the limitations each faces.
3. Identify gaps and needs in the current systems related to these transition points, for example:
    a. In the transition from Hospital to Home, the frequency of contact with health care providers diminishes greatly, and developmental deficits may not be identified in a timely fashion.
    b. In the transition from Program or Home to School, the child's unique strengths and needs may not be communicated from early childhood professionals to school personnel, meaning they are "starting over" as they enter Kindergarten).
4. Identify opportunities to address those needs and gaps between stakeholder organizations, for example:
    a. Community-based home visiting that is more universal and destigmatized could address the gaps and needs inherent in the transition from Hospital to Home.
    b. In the transition from Program or Home to School, regular communication supported by school administrators could ensure that the unique strengths and needs of children are communicated before Kindergarten through a standardized form and possibly meetings to ensure a "warm hand-off".
5. Create actionable plans to address the three transition points. These plans will build off the work done at the November 2023 session and subsequent meetings

5