The science of early brain development tells us clearly—whether we are parents, teachers, or policy leaders—that we must pay especially close attention to children's growth in the early years before they start school. This is the time during which the brain is growing in the most amazing ways. It is also the time when early adversity can literally change the architecture and processing of the brain, with both short- and long-term negative consequences for health, safety and learning.

Science has also taught us that early brain development progresses within the context of the reciprocal, responsive relationships that very young children have with their primary adult caregivers. To promote young children’s age-appropriate development and to support their adult caregivers—especially during times of adversity, risk or challenge—requires government at many levels to assess whether the services it provides and/or funds are organized and managed for optimal benefit.

This report summarizes what states are doing to promote the development and management of high quality, demonstrably effective early childhood systems. It focuses on one of the central challenges in the systems-building process: the critical role and structure of governance when service delivery involves many agencies. Two potential models of governance are suggested, along with some thoughts about each approach.

(implications from the science of brain development)

Understanding the Universal Needs of Children

Charles Bruner, longtime director of the Iowa-based Child and Family Policy Center, describes the challenges and opportunities facing states as they seek to advance the health and school readiness of their youngest citizens. “Developing public policy to ensure that all children start school healthy and equipped for success requires a systemic focus that responds to the universal needs of children, recognizing

(by)

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that children start from diverse backgrounds, under different conditions, and with different capacities.” Bruner describes these universal needs as:

- “Consistent and nurturing parenting to guide and support their growth and development within a safe and supportive community, including meeting basic needs for shelter, clothing, food, and other necessities.
- “Timely responses to physical and mental growth, including primary and preventive health and nutrition services that support parents in keeping their children healthy and responding to illness and injury.
- “Early identification and response to special health, developmental, behavioral, or environmental needs that can jeopardize health and development; and
- Continuous supervision throughout the day in developmentally appropriate environments where young children can safely explore their world and learn, including intentional learning where children gain mastery across the domains of early learning.”

**The Presence of Adversity**

While it is generally accepted that all families may need some help in accessing these kinds of services during their children’s first five years, the science of adversity tell us that some families will need substantially more support, perhaps on an ongoing basis. These families face challenges such as chronic poverty, single parenthood, and low parental education levels. The National Center for Children in Poverty has developed a Young Child Risk Calculator that provides national and state data across multiple categories of risk for young children. In South Carolina, about 81,000 children between birth and age three live at 200% of the Federal Poverty Level or less. Of these, about 57,500 live with an unmarried parent. Economic challenge and single parenthood constitute the two most prevalent risk conditions for South Carolina’s young children.

Other known risks, documented in the now well-known studies of Adverse Childhood Experiences (ACES), include: child abuse or neglect, parental health and mental health challenges, substance abuse, domestic violence, and the incarceration of a parent. A recent research brief by Child Trends provides ACES prevalence data for each state and the nation as a whole.

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3 Bruner, op cit., pp. 35-56
4 Young Child Risk Calculator, National Center for Children in Poverty, undated. Retrieved January 11, 2015. Online at — www.nccp.org/tools/risk/ Note that often includes families where English is not the primary home language. Note: NCCP treats the experience of living in a family where the primary language is not English as a risk factor. However, this may also be viewed as a strength within the context of young children's brain development when they are very facile at learning more than one language.
When viewing this data, it is important to remember that adversity really matters for young children's development. As just one example, on average 30% of all children under age three who experience three or more types of ACES are likely to experience developmental delays. As exposure increases, the risk of developmental delay in the first three years of life increases dramatically. When young children experience five or more ACES, it is likely that three-quarters of them will also experience developmental challenges. The prevalence of ACES is higher among African American non-Hispanic children, those living in poverty, and those whose parents have lower levels of formal education.  

In both North and South Carolina, 12% of all children (from birth through 17 years of age) experience three or more types of ACES as compared with 8% for the nation, a rate that is 50% greater in both states than in the country as a whole. Child Trends' research brief also presents data on the most frequent types of ACES among children in each state. “Economic hardship” is the most prevalent Adverse Childhood Experience for both North and South Carolina (27% and 29% respectively), slightly greater than for the nation as a whole (26%). Divorce is the second most prevalent ACE among both North and South Carolina's children (20% and 23% respectively), followed by parental alcohol and mental health problems impacting 10-11% of all children in these two states. In North Carolina, family and community violence also touches 9-10% of children.

Exposure to these types of adverse experiences over time results in a condition described as “toxic stress.” Easily accessible information on toxic stress is available online from the Harvard Center on the Developing Child. Toxic stress impacts the capacity of children and their adult caregivers to navigate in their world and to comply with and fully utilize the services we offer. It limits the individual benefit resulting from these services for a child’s development and an adult’s functioning. While the presence of ACES ought to be avoided for individuals of all ages, its impact is alarmingly powerful when it occurs in the early years of life.

The Biology of Adversity

Writing in 2014, scientists affiliated with the Center on the Developing Child help us to understand the relationship between toxic stress and brain functioning. “The capacity to deal with stress is controlled by a set of interrelated brain circuits and hormone systems

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7 Sacks et al, op cit. Economic hardship was determined for this study by asking parents of often the family was not able to meet basic needs, such as for food or housing.
9 Gruendel, J. When Brain Science Meets Public Policy, op cit.
that are specifically designed to respond adaptively to environment challenges. When an individual is threatened, this system sends signals to the brain that trigger the production of brain chemicals, as well as stress hormones that are sent throughout the body and cue the brain to prepare the individual to respond adaptively to the threat.”

From a behavioral perspective, people are described as being in fight, flight, or withdrawal mode.

From Positive to Toxic Stress

While we all experience on-and-off stress in our lives, when circumstances move from a state of “positive stress” to one of “toxic stress,” very basic brain functions are endangered. “Frequent or sustained activation of brain systems that respond to stress can lead to heightened vulnerability to a range of behavioral and physiological disorders over a lifetime.” This includes “...impairments in learning, memory, and the ability to regulate certain stress responses.” These mental processes constitute a core set of vital executive function and self-regulation skills necessary to learn, plan, and navigate successfully in the world.

Exposure to toxic stress in the earliest years of life has a lot to do with the circumstances and behaviors of a child’s adult caregivers. We know that young children’s brains develop within a nurturing and responsive, reciprocal relationship with the adults in their lives. When the capacity to provide this interactive “serve and return” relationship with their young children is limited by past or present experiences in the lives of their primary caregivers, both the architecture and processes of the growing brain can be impaired. Additionally, for adults living with adverse experiences (especially low-income mothers raising young children), positive parenting may be further exacerbated by depression, rendering an individual quite unable to navigate our complex and sometimes “non-understandable” programs and systems.

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Implications for Systems Design

This constantly expanding base of scientific knowledge has significant implications for the design, redesign, and improvement of our current system(s) of service delivery for families with young children.

1. All families will need some level of access to a predictable set of services and supports as they raise their young children. These will surely include services that provide for basic needs, the delivery of preventive health care, early child care and early screening, and age-appropriate intervention. Depending upon a family’s economic capacity, these programs may be self-secured and self-funded or may be accessed through government-supported agencies and programs.

2. Families with young children who live in circumstances of adversity, trauma, or toxic stress will need greater access to a larger array of programs, including mental health, nutrition and parenting supports, and even transportation. When these adverse circumstances are chronic in the lives of children and their primary caregivers, they may struggle to take full advantage of programs provided or supported by the government, especially when these services are disconnected, fragmented, and delivered by a confusing or uncoordinated array of agencies.

3. Beyond assuring the early identification of risk and appearance of developmental challenges among very young children, an early childhood system must either deliver or seamlessly connect to services and interventions designed to advance the capabilities of their adult caregivers, especially addressing executive function needs of both parents and other primary caregivers. In the national literature, this is called a “two-generation” approach.15

4. The early childhood system must therefore be seamlessly connected with those services and supports that also address positive adult functioning, including adult employment, education, health, and mental health needs so that challenges in these areas do not impact on the adult’s ability for responsive parenting during children’s very early years.

(unpacking the elements of an early childhood system)

We all seek a “seamless” early childhood system that is easy for even our most vulnerable families to navigate successfully and one that addresses adult as well as child needs. Something as simple as agency-by-agency charting of service delivery can provide essential information as state executive and legislative branches work on issues of redesign and governance.

Charting Programs

It has long been recognized that governments organize service provision according to the categorical funding requirements within which they operate. Too often, this results in a predictably disconnected system, from the perspective of both clients and managers. A good example of the confusing nature of current service systems for young children can be seen in a “charting exercise” by the State of Connecticut. As part of a strategic planning process called

15 Gruendel, J., When Brain Science Meets Public Policy, op cit.
<table>
<thead>
<tr>
<th>Department of Public Health</th>
<th>Department of Mental Health and Addiction Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Child Day Care Licensing</td>
<td>• MH Community and residential programs for adults</td>
</tr>
<tr>
<td>• Women, Infants and Children (Nutrition and Food Support)</td>
<td>• Community and residential programs for adults who are “substance users”</td>
</tr>
<tr>
<td>• Supplemental Nutrition Assistance Program Education (formerly called Food Stamps)</td>
<td></td>
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<tr>
<td>• Federally-funded Home Visiting (as of 2011)</td>
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<table>
<thead>
<tr>
<th>Department of Social Services</th>
<th>Department of Children &amp; Families</th>
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</thead>
<tbody>
<tr>
<td>• Care4Kids (child care subsidies)</td>
<td>• Early Childhood Consultation Partnership</td>
</tr>
<tr>
<td>• HUSKY Children’s Health Care Program</td>
<td>• Parents in Partnership</td>
</tr>
<tr>
<td>• Child Care Center Financing Programs</td>
<td>• Child Protective Services</td>
</tr>
<tr>
<td>• Nurturing Families Home Visiting Network</td>
<td>• Teen Pregnancy Prevention</td>
</tr>
<tr>
<td>• Children’s Trust Fund</td>
<td></td>
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<table>
<thead>
<tr>
<th>Department of Developmental Services</th>
<th>Board of Higher Education</th>
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<tbody>
<tr>
<td>• CT Birth to Three (IDEA Part C) Program</td>
<td>• Teacher Preparation and Degree Programs</td>
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<tr>
<td></td>
<td>• CT Community College System, including CT Charts A Course (Early Care and Education Workforce Development)</td>
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<tr>
<th>CT Health and Education Facilities Authority (CHEFA)</th>
<th>CT Department of Economic and Community Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Center-Based Child Care and Preschool Facility Construction and Renovation Financing</td>
<td>• Strategic Workforce, Economic and Housing Planning, Support and Development</td>
</tr>
</tbody>
</table>
“The First 1000 Days,” programs within each agency providing services or supports for children were charted and presented at a June 2012 forum, entitled “Getting it Right from the Start.”

Connecticut’s agency-by-agency charting revealed that programs serving young children were operated or funded by nine different state agencies. While specific to Connecticut, a similar finding will not be surprising to policy leaders in other states. It certainly was not surprising to Connecticut agencies’ clients.

To help states think through this kind of organizational complexity, the BUILD Initiative recently charted each state’s oversight entities for six important (largely federal) early childhood programs: the federal Child Care and Development Block Grant (CCDBG); Head Start Collaboration (HS); federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) grants; early identification programs funded through IDEA Part C and B; Race to the Top Early Learning Challenge (RTTT-ELC); and state-funded preschool (Pre-K).

Not surprisingly, authority for these essential programs varies by state and across multiple state agencies. Charting for both North and South Carolina is shown below.

<table>
<thead>
<tr>
<th>State</th>
<th>CCDBG</th>
<th>HS Collaboration</th>
<th>State Pre-K</th>
<th>MIECHV</th>
<th>IDEA Part C</th>
<th>RTTT-ELC</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Carolina</td>
<td>Dept. of Health &amp; Human Services (DHHS)</td>
<td>Office of Early Learning, Dept. of Public Instruction</td>
<td>DHHS</td>
<td>DHHS</td>
<td>DHHS</td>
<td>Early Childhood Advisory, Governor's Office</td>
</tr>
<tr>
<td>South Carolina</td>
<td>Dept. of Social Services (DSS)</td>
<td>DSS</td>
<td>Dept. of Education &amp; SC First Steps</td>
<td>Children's Trust Fund</td>
<td>SC First Steps</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

Identifying Service Sectors and their Programs

To begin to disentangle these organizational assignments, BUILD’s Early Childhood Systems Working Group identified three interlocking service sectors (health and behavioral health, early development and learning, and family supports) along with the “alphabet soup” of programs and funding sources associated with each essential in early childhood systems building.
Taken together, the charting process as shown in the Connecticut and the BUILD examples clearly reveals the need for an intentional, analytic assessment and design process for any state or other jurisdiction that wishes to “uncomplicate” its present service system(s) for children with young families and/or to create a redesigned system of services and their governance. As we shall see later in this paper, redesign could involve several different types of organizational structures.

**Key Administrative Functions in Service System Design**

In addition to the identification and alignment of program elements, early childhood system designers must also take into account a set of “administrative” functions. These functions are critical to the effective operation of any set of early childhood programs and all systems that touch children and families in these critical early years. Writing in their seminal book, *Early Childhood Systems: Transforming Learning,* noted early childhood leaders Sharon Lynn Kagan (Columbia University) and Kristie Kauerz (University of Washington) assert that, at root, early childhood system governance exists as part of a set of seven core administrative elements, all of which are necessary to both well-functioning programs and the systems of which they are a part:

• **Governance:** Sets policy direction for a comprehensive early childhood system

• **Standards:** “Reflect effective practices, programs, and practitioners and are aligned across the system”

• **Research and Development:** “Includes cross-system data, planning, analysis, and evaluation”

• **Provider and Practitioner Support:** Offers “technical assistance and promotes professional development”

• **Monitoring:** Tracks “program performance and results, based on standards”

• **Financing:** “…is sufficient to ensure comprehensive quality services based on standards”

• **Communication:** Informs families, providers, and the general public

Kagan and Kauerz note that attention to both service design and administration is valuable not in its “originality” but in its “…ability to offer a common language for depicting the ‘what’ of a comprehensive system. Children’s healthy development cannot be secured through a single program or intervention but requires continuing and multiple supports and responses to different developmental issues, stages, challenges and opportunities.”

*Coming to a common understanding of core early childhood sectors and how they can be better connected and managed can help “… policymakers, practitioners, and communities to see where they fit into ensuring children’s healthy development, where they need to connect with one another, and where there are gaps that need to be filled.”* Planning that takes into account both authority and accountability across service sectors and within government itself is an essential element in the assessment and redesign process.

*(governance structures across the states)*

As funding for various early childhood programs has increased over the past several years—especially in the areas of home visiting and early education and care—a lot has been written about how to correct the fragmentation of early childhood services and better design governance structures for an effective early childhood system.

**National Insights**

In October 2010, in a widely disseminated report entitled “Building Ready States: A Governor’s Guide to Supporting a Comprehensive, High Quality Early Childhood State System,” the National Governors Association (NGA) recommended six actions that governors should consider, beginning with attention to state early childhood governance. Of note, this guidance was largely focused on the fragmentation and lack of quality within the early education and care sector, and most of the six recommended actions are focused on that sector.

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21 *Ibid*
22 *Ibid*
Among these recommendations, the NGA suggested that establishing a process of coordinated early childhood governance could occur through state early childhood advisory councils. This would require a strategic planning process designed to assure that any emerging early childhood system would be able to “…effectively bridge categorical and historically siloed programs” across the domains of physical and mental health, early care and education (ECE), family support, and early intervention. In essence, this recommendation called for a “coordinating” approach to governance.

The other five recommendations were more directly focused on improving quality and coordination within the early care and education sector. We include them here for two reasons. First, ongoing state effort has advanced significant improvements in early care and education specific to each of the recommendations. Second, each recommendation is also relevant to challenges across other domains essential of a comprehensive, well-functioning early childhood system (i.e., health, mental health, family support, and early intervention):

- Develop an integrated professional development system
- Implement a Quality Rating and Improvement System (QRIS)
- Develop a coordinated longitudinal data system
- Align comprehensive Early Learning Guidelines and Standards
- Integrate funding sources to support system development.

Writing in 2011-2012, Kagan and Kauerz take on the issue of governance in the early childhood space through a historic lens, tracing the history of federal and state efforts to improve authority and accountability. At the federal level, several initiatives seek to improve early childhood coordination: IDEA legislation related to children with disabilities; Head Start State Collaboration grants; Early Childhood Comprehensive Systems grants; and State Advisory Councils on Early Childhood Education and Care. According to Kagan and Kauerz, these federal initiatives are notable because they “…often straddle multiple domains of a comprehensive early childhood system—striving to incorporate not just early care and education services, but also services and programs in the health, mental health, and family support domains.”

**Forms of Early Childhood Governance at the State Level**

Governance structures at the state level can be described as either coordinating structures or new or consolidated structures within government itself. The coordination model “…places authority and accountability for early childhood programs and services across multiple public agencies. In many states, this is the status quo and states electing to preserve this governance structure sometimes seek to improve coordination and collaboration among the agencies through interagency agreements. The term ‘coordinated governance’ is used here even though in some states there is very little actual coordination among agencies responsible for early childhood programs.” These entities, while highly visible, often lack “…the legal authority or accountability to enforce their processes or decisions.”

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24 Two key areas of federal legislation related to children with disabilities are the Education for All Handicapped Children’s Act and the later Individuals with Disabilities Act, Section 619 and Part C.
25 Governance and Early Childhood Systems, op cit., p. 91
26 A Framework for Choosing, op cit., p.4
27 Governance and Early Childhood Systems, op cit., p. 91
Examples of coordinating bodies include:

- Children’s Cabinets
- Mid-level government management teams (that often complement and provide implementation support to cabinets)
- Various forms of Task Forces and Councils within government
- “Managing partnerships created to oversee new large scale and long-term programs”
- State-local partnerships coordinated by a state entity.

In the consolidation model of early childhood systems, governance “...occurs when the state places authority and accountability for the early childhood system in one executive branch agency—for example, the state education agency—for development, implementation, and oversight of multiple early childhood programs and services. When moving to this governance structure, a foundational question for the state will be which agency will be designated as the governing entity. This choice can affect the underlying values and principles of future work.”

Several states have created offices or divisions within their state education departments (e.g., Maryland, North Carolina, Ohio, and Tennessee) and one state (e.g., Arkansas) has created an early childhood unit within its state human services department.

Another “within government” model involves creation of a new unit within an agency or a new agency within the executive branch. “This type of governance structure requires that the comprehensive set of activities associated with early childhood be situated with the created entity. Generally, these activities would include Head Start collaboration...child care, and prekindergarten, and might also include home visitation and oversight for Parts B and C of the Individuals with Disabilities Education Act.” Five states have created separate early childhood agencies to “better coordinate and align programs, services, and funding streams” and increase both authority and accountability:

- Georgia Department of Early Care and Learning
- Massachusetts Department of Early Education and Care which is one of three departments within the Executive Office of Education
- Washington Department of Early Learning
- Pennsylvania’s Office of Child Development and Early Learning jointly supervised by the Departments of Public Welfare, and Education
- Connecticut’s Office of Early Childhood

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28 Ibid
29 A Framework for Choosing, op cit., pp. 4-5
30 Governance and Early Childhood Systems, op cit.
31 A Framework, op cit., p. 5
32 Bright from the Start, The Georgia Department of Early Care and Learning, online at — decal.ga.gov/
33 Massachusetts Department of Early Education and Care, online at — www.mass.gov/edu/government/departments-and-boards/department-of-early-education-and-care/
34 Washington Department of Early Learning, online at — www.del.wa.gov/
35 Pennsylvania Office of Child Development and Early Learning, online at — www.dhs.state.pa.us/dhsorganization/officeofchilddevelopmentandearylearning/
36 Connecticut Office of Early Childhood, online at — www.ct.gov/oec/site/default.asp
Recently, the BUILD Initiative identified several issues that states ought to consider when choosing between consolidation of early childhood governance within an existing agency (such as education or human services) and the creation of a new agency. These include determining which model would give the entity more “clout over time,” whether creation of a new entity is politically feasible and practically possible, and the level of leadership and independence intended for each governance design.

Perhaps most important in the decision process for all states is the understanding that what works in one state may not work in another. A state “…that desires to reexamine its early childhood governance structure should not necessarily begin with a particular model in mind but rather with a focus on its early childhood goals and the functions and outcomes to be served by governance.”

(observations and a pathway forward)

Value Propositions

At the Institute for Child Success, we recognize the many challenges facing South Carolina’s youngest children, and their families, and we believe that some of these challenges can be addressed through the intentional rethinking of this state’s early childhood governance. We define governance as the structures, processes, and policies that enable a system to function in a consistent, effective, and efficient manner.

We are moved by knowledge coming from the brain science and the science of adversity to seek an early childhood “system” that:

- Can support the growth and well-being of all youngsters in the years before they begin kindergarten
- Is designed so that vulnerable families living with trauma, toxic stress, and adverse circumstances can easily and successfully navigate it
- Is respectful of neighborhood and community needs, strengths, and differences
- Incorporates to the greatest reasonable extent services and supports across core early childhood domains (for example, preventive health and mental health, child welfare, home visiting, early care and education, and family support with a focus on adult caregiver capacity and needs)
- Supports an early identification process so that developmental problems can be addressed quickly and effectively before they become major behavioral, health, and learning challenges
- Has strong roots in science of human development through ongoing academic partnerships, adopts the principles of implementation science, expands data-based accountability, and employs continuous quality improvement across and within service domains
- Tracks its outcomes and expenditures, and is accountable for them
Invests in regular public reporting and communicates with all of its core audiences: parents, practitioners, providers, and policy makers
Always functions as a learning organization, energized by both its successes and its mistakes.

Two Governance Models
The governance of such a system could take several forms. Clearly, the literature indicates that advisory (coordinating) structures without authority or accountability have limited impact beyond their visibility. The Institute for Child Success therefore suggests a time-limited period of intensive assessment and cross-agency service charting to examine the interest in and feasibility of one of two governance options that seem reasonable for the State of South Carolina at this time.

- Creation of a Cabinet-level early childhood agency reporting to the governor or to a small group of agency commissioners
- Consolidation of most early childhood functions within either the Department of Education or the Department of Social Services.

Creation of a Cabinet-Level Agency
This is a budget-neutral option that increases accountability by placing responsibility in the hands of the governor and her appointed director who would serve at the governor’s pleasure. As part of the process of creating a cabinet-level agency, South Carolina would have the opportunity to learn about implementation challenges and successes from Georgia, Massachusetts, and Connecticut, and conversations with each should be undertaken.

Core issues to be explored include:

- The composition of each department’s service array
- The timeframe for bringing together various functions and programs without disrupting current grants to service providers and services to families
- The ways in which each of these states managed the process of assembling functions and staff, and re-crafting responsibilities and assignments
- The process of working with core stakeholders including the provider and advocacy sectors and legislative leaders
- Predictable institutional challenges and unexpected bumps in the process.

Rather than creating a new agency as a direct report to the governor, South Carolina may wish to establish a “governing commission” to which the new department would report. This design would be similar to Pennsylvania (where the Office of Child Development and Early Learning reports to the commissioners of both the Department of Education and of Public Welfare) and Massachusetts (where the Department of Early Education and Care is an equal partner within the Executive Office of Education along with K-12 and higher education). This model has the benefit of a formal, structural relationship with essential departmental partners in either or both education and the social services.
Consolidation of Functions within an Existing Department

As in North Carolina, Tennessee, and Maryland, this approach would give authority to a pre-existing government agency. ICS cautions, however, that this option may limit the scope of what services the new entity could provide over the long-term. For example, if the early childhood system is viewed as limited to the provision of early education and care, then locating a separate unit within the Department of Education may make sense. If, however, the vision of South Carolina’s early childhood system encompasses child health, safety, and well-being as well, then locating a separate unit within the Department of Social Services would also be an option. If this option is considered, conversations with other states employing this model will be imperative.

A Recommendation from the Institute

From the perspective of the Institute for Child Success, an early childhood system must be aligned and governed to assure appropriate access for families along with authority and accountability for government. We believe that creation of a new agency, equivalent in authority to other agencies in the executive branch of government in South Carolina, offers the best opportunity to assure an early childhood system reflective of the value propositions outlined earlier.

Our recommendation for the creation of a new agency is based upon the emerging science about child development, an understanding of the multi-service needs of vulnerable families, governance models now employed in other states, and a goal of heightened governmental efficiency, effectiveness, and accountability.

The process of building such a system with the proper governance structure will require a multi-phase process.

- First, a time-limited period of charting core functions across existing departments is critical. This should be a public process that is honest about what works well now as well as what challenges exist both for families and providers. The articulation of desired child and family outcomes, provider performance outcomes, and system accountability outcomes will be critical from the outset.

- Second, once charting and the “barriers analysis” are completed, core service domains to be included within a new department of early childhood must be determined. This process can be fraught with stakeholder worries, at both the provider and state government levels. Some parties will see this as a way to achieve better outcomes for all of South Carolina children, with special attention to those whose needs cross current agency boundaries. Others will see this as a power struggle and may seek to retain the governance status quo. The latter response is predictable and will need to be managed respectfully but directly.

- Third, a timeline for reorganization must then be articulated. During this period of time—usually 12 to 30 months depending upon the magnitude of the change envisioned—operational control of the new department will pass to the new leadership according to a public, intentional phased in process.
This phased process should be designed to assure that all financial obligations (such as ongoing contracts with providers and supports for families) continue with the least disruption possible. The implementation process should also assure the co-training of agency employees essential to improve service delivery to families and children living in adversity. Data systems may need to be realigned to better accommodate a more integrated service system and to assure that child, organizational, and system outcomes can be tracked. A continuous quality improvement system may need to be established. Finally, a process of regular communication with all stakeholders will be essential over this period of change.

(glossary)

CACFP—Child and Adult Care Food Program
CAPTA—Child Abuse and Prevention Treatment Act
CBCAP—Community-Based Child Abuse Prevention
CCDBG—Child Care and Development Block Grant Head Start/Early Head Start
CCMHS—Comprehensive Community Mental Health Services for Children and Their Families Program—Part E of Title V, Public Health Service Act, as amended
CMHSBG—Community Mental Health Services Block Grant
CSA—Community Service Administration block grant
CSBG—Community Service Block Grant
ECCS—Early Childhood Comprehensive Systems
EHS/HS—Early Head Start/Head Start
ESEA—Elementary and Secondary Education Act, including Title I—Early Childhood Grants
HEA—Higher Education Act
IDEA—Individuals with Disabilities Education Act: Part B, Section 619 Preschool Grants and Part C Early Intervention for Infants and Toddlers with Disabilities
MCHBG—Title V - Maternal and Child Health Block Grant—Title V
Medicaid/EPSDT—Medicaid, the Early Periodic Screening, Diagnosis, and Treatment Program
MIECHV—Maternal, Infant, and Early Childhood Home Visitation Program
SAMHSA SOC—Substance Abuse/Mental Health Services Administration Systems of Care
SAPT—Substance Abuse Prevention and Treatment Block Grant
SCHIP/CHIP—State Children’s Health Insurance Program (Title XXI of the Social Security Act)
SNAP—Supplemental Nutrition Assistance Program (formerly known as the Food Stamp Program)
SSBG—Social Services Block Grant
TANF—Temporary Assistance to Needy Families Block Grant
Title IV-B & IV-E of the Social Security Act
WIC—Special Supplemental Nutrition Program for Women, Infants, and Children

The Institute for Child Success is a non-profit, non-partisan research and policy organization that fosters public and private partnerships to align and improve resources for the success of young children in South Carolina and beyond. A partnership of the Children’s Hospital of the Greenville Health System and the United Way of Greenville County, ICS supports service providers, policy makers, and advocates focused on early childhood development, healthcare, and education to build a sustainable system that ensures the success of all children, pre-natal through age five.