

system to capture this information as well as information about the number of infants and toddlers on waiting lists for evaluations, early intervention services, and transition planning. Another goal of DHEC for its data system is to better track (with parent consent when needed) information about children who transition from Part C to Part B of the IDEA. Verifying the new data system will take DHEC more than one year and effectively incorporating the data system into its new monitoring system to verify both noncompliance areas and corrective action results will take DHEC longer.

A third major barrier that affects DHEC's ability to comply with Part C is a lack of enough qualified personnel to conduct evaluations and assessments and provide early intervention services. DHEC testimony cited personnel recruitment and development issues as among the top three challenges for its program. DHEC cannot, acting on its own, rapidly resolve this personnel shortage. DHEC is unable to find providers who are willing to travel to some of South Carolina's more rural areas to provide services in the infant or toddler's home. South Carolina also is not competitive with its neighboring states in the remuneration it offers providers. In some professions, South Carolina is challenged to find qualified personnel and DHEC may need to develop long-term strategies including working with its higher education institutions to ensure that personnel are trained. Removing all these barriers to obtaining needed personnel will require a long-term and systematic effort on DHEC's part that will involve working with other organizations in South Carolina to review existing policies and practices so that effective strategies for training, recruiting and retaining qualified personnel for early intervention services can be implemented.

3. Testimony From Other SC Agency Representatives, Providers and Parents All Confirms DHEC Cannot Immediately Come Into Compliance

Testimony from other individuals also confirmed that DHEC cannot come into full compliance with Part C immediately. Representatives from other South Carolina agencies that provide early intervention services, parents and individual providers of Part C services all testified that DHEC will need additional time to achieve full compliance.

At least three witnesses at the hearing (from other South Carolina agencies) confirmed that DHEC needs more time to ensure interagency coordination

among the six agencies that are part of the early intervention system in South Carolina. Susan Durrant, Director in the SC Department of Education (Division of Exceptional Children) cited the need for interagency coordination in the following areas in particular between the SC Department of Education and DHEC: (1) Making policies and procedures "congruent"; (2) joint collaboration on child find; and (3) developing "seamless services" particularly as children transition from Part C to Part B. A representative of the Department of Disabilities Special Needs, who is a parent, testified about the need for her agency's joint collaboration on training with DHEC and the monitoring standards.

A representative of the School for the Deaf and Blind identified one challenge unique to South Carolina, namely the ability to find available private contractors to address the needs of eligible infants and toddlers with disabilities who live in rural areas, since many providers are unwilling to travel to rural areas and remuneration for providers in these areas is not competitive. She stressed that coordination between BabyNet and the School for the Deaf and Blind must be on all issues (from general supervision to child find to evaluations to delivery of services and transition) since the School for the Deaf and Blind conducts all aspects of Part C (from evaluating infants and toddlers with disabilities and providing services to transition) and receives funding and training from DHEC and shares other resources with it. She noted that a key coordination challenge will be the use of both agencies' quality assurance staff to ensure that monitoring for compliance with Federal Part C requirements is conducted appropriately, using the correct standards, trained staff, with follow-up if noncompliance is identified.

Other witnesses, including parents and providers, confirmed that DHEC continues to face long-term challenges in complying with Part C, including availability of qualified personnel to provide evaluations and assessments and early intervention services. Some parents who submitted testimony indicated they were frustrated with waiting lists for services, including speech and other therapy services, and noted that some services were not even available or offered. One parent of a recently diagnosed child with autism indicated there were waiting lists and that there was a problem with service providers being available for services such that he was forced to pay for private services himself. Another parent

noted that child find in the Catawba Nation was a challenge for DHEC and ongoing transition training needs were necessary. Another parent noted that "many systemic changes need to take place" and that transition for children from Part C is an issue. Parents in oral and written testimony stated that the availability of services and waiting lists continue to be problems (Hearing #7, #13). Michael Jameson, Vice-Chair of the State Interagency Coordinating Council (SICC) and a parent, testified that DHEC needed more time due to its need to develop a monitoring system that monitored all six agencies that provide Part C services and the numerous private contractors.

Providers, including speech language pathologists, occupational therapists and physical therapists, also submitted testimony noting that timely provision of services was a problem due to "limited availability of services, especially in the home environment." They noted that although BabyNet is in transition, the verification and integration of a new web-based data system and recruitment of short-term and long-term qualified personnel to conduct evaluations and provide early intervention services were not quick fixes and would require more than one year, perhaps as many as three years. Providers stated that some of the changes made (development of a new policy and procedure manual, new IFSP form, and other training materials) as well as developing long-term personnel recruitment and retention policies and incentives would take at least two to three years to develop and fully implement. DHEC also acknowledged that monitoring to ensure that the new policies, forms and manuals were being effectively used would require the full three years.

The evidence gathered by the Department at the public hearings and through its monitoring of DHEC's early intervention program establishes an extensive failure to meet the requirements of Part C. These problems are not isolated examples of non-compliance that can be quickly or easily corrected, but the outgrowth of systemic failures, for which systemic change is needed. The Department, therefore, concludes that DHEC cannot come into immediate compliance with the requirements of Part C.

C. DHEC Can Come Into Full Compliance With Part C Within Three Years

The Department has concluded that DHEC can meet the terms and conditions of the attached Compliance Agreement and come into full