

Children with Special Needs

DEFINITION

Children with special needs are those who have a chronic disease or disability that requires educational services, health care and/or related services of a type or amount beyond that required generally by children. Special needs can be physical, developmental, behavioral or emotional. This indicator measures the number of children enrolled in Early Intervention, special education, Supplemental Security Income (SSI) and Medical Assistance (where the child is eligible due to special health care needs) in 2008.

SIGNIFICANCE

Nationwide, 20% of children have a chronic physical, developmental, behavioral or emotional condition that requires health care or related services.¹ Some chronic and disabling conditions among children include mental retardation, autism spectrum disorders, hearing impairments, communication disorders, seizure disorders and congenital diseases.^{2,3}

Children with special needs are a heterogeneous group, varying by the type and severity of the chronic disease or disability. The needs of children with special needs are best met through a medical home, which can provide care that is comprehensive, coordinated, continuous, accessible and family-centered.⁴ Children with chronic or

disabling conditions can have impairments in physical, social, emotional or behavioral functioning.⁵ In Rhode Island, youth with special needs are much less likely than their non-disabled peers to finish high school, go on to postsecondary education, find employment, or live independently.⁶

Children with chronic or disabling conditions, whether they are mild or severe, have special needs related to physical health, mental health, education, family support, child care, recreation and career preparation. For many parents, having children with special needs significantly impacts their finances, their jobs and their family lives.^{7,8}

Children with special needs require access to tailored services that are appropriate to their health, education and other needs in order to reach their full potential and minimize the likelihood of life-long dependence.^{9,10} Some children with disabilities may require costly therapeutic or medical services, equipment, assistive technology or home modifications which may result in serious financial burdens on families.¹¹

An estimated 17% of Rhode Island children under age 18 have special health care needs.¹² Children with special needs often have multiple disabilities. One study found that 34% of children with special needs in Rhode Island had one disability, 34% had two disabilities and 33% had three or more disabilities.¹³



Children Enrolled in Early Intervention

- ◆ States are required by the federal *Individuals with Disabilities Education Act (IDEA) Part C* to provide appropriate Early Intervention (EI) services to all children under age three who are developmentally delayed or have been diagnosed with a physical or mental condition that has a high probability of resulting in a developmental delay.¹⁴
- ◆ In Rhode Island in 2008, ten certified Early Intervention provider agencies served 3,649 children. Nearly two-thirds (63%) of children receiving Early Intervention services were male and just over one-third (37%) were female. Enrollment is nearly evenly distributed among children by age, with 30% ages birth to one year, 35% between ages one and two, 33% between ages two and three and 1% over age three.¹⁵



Children Enrolled in Special Education

- ◆ Under IDEA Part B, local school systems are responsible for identifying, evaluating and serving students ages three to 21 whom they have reason to believe are students with disabilities and therefore might require special education and related services.¹⁶
- ◆ In Rhode Island during the 2007-2008 school year, 18% (26,100) of children enrolled in K-12 public schools received special education services. Forty-two percent (42%) of students receiving special education services in Rhode Island had a learning disability.¹⁷
- ◆ Early Intervention programs are required to provide transition services for children who are enrolled in EI and who may be eligible for special education at age three. In 2008, 640 (66%) of the 971 children who reached age three while in Early Intervention were eligible for Special Education and 11% did not have eligibility determined when exiting EI.¹⁸
- ◆ During the 2007-2008 school year, there were 2,866 children ages three to five who were not yet in kindergarten receiving special education services through Rhode Island schools.¹⁹

Medical Assistance Coverage for Children with Special Health Care Needs

- ◆ Children and youth who meet certain disability criteria are eligible for Medicaid and/or cash assistance through the federal Supplemental Security Income (SSI) program.²⁰ As of December 31, 2008, there were 5,226 Rhode Island children and youth under age 21 receiving Medical Assistance benefits because of their enrollment in SSI.²¹
- ◆ The Katie Beckett eligibility provision provides Medical Assistance coverage to children and youth under age 19 who have serious disabling conditions, in order to enable them to be cared for at home instead of in an institution.²² As of December 31, 2008, there were 1,634 Rhode Island children and youth enrolled in Medical Assistance through the Katie Beckett provision.²³

Children with Special Needs in the Child Welfare System

- ◆ Children and youth who are in the child welfare system are more likely to have special needs when compared to other children, including behavioral and emotional problems, developmental delays, and serious health problems such as chronic illnesses and disabilities.^{24,25}
- ◆ As of December 31, 2008, 2,626 children in Rhode Island were enrolled in Medical Assistance due to their foster care status.²⁶ Rhode Island youth who are in substitute care on their 18th birthday are provided with RIte Care health insurance coverage until their 21st birthday through the Post Foster Care Medical Assistance provision.²⁷
- ◆ Children who are adopted through the Rhode Island Department of Children, Youth and Families and have special needs may qualify for adoption subsidies, including Medical Assistance. As of December 31, 2008, 2,548 children were enrolled in Medical Assistance because of special needs adoptions.²⁸

References

¹ *Child Trends databank – Children with limitations.* (n.d.) Retrieved February 9, 2009 from www.childtrendsdatabank.org

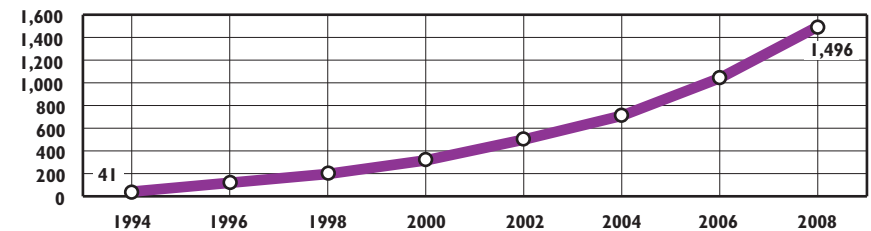
²⁵ Msall, M. E., Avery, R. C., Tremont, M. R., Lima, J. C., Rogers, M. L. & Hogan, D. P. (2003). Functional disability and school activity limitations in 41,300 school-age children: Relationship to medical impairments. *Pediatrics*, 111(3), 548-553.

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Children with Autism Spectrum Disorders (ASDs)

- ◆ Autism Spectrum Disorders (ASDs) are a collection of brain development disorders that affect a person's ability to communicate, process and respond to sensory information, and form social relationships throughout their lives. Children diagnosed with ASDs have a range of symptoms and abilities and experience challenges that range widely in severity. Many children with ASDs face challenges in social interaction, speech/language and communication, and repetitive behaviors and routines.²⁹

Children with Autism Spectrum Disorders (ASDs), Rhode Island, 1993-1994 to 2007-2008 School Years



Source: Rhode Island Department of Elementary and Secondary Education, Office of Diverse Learners, 1993-1994 to 2007-2008 School Years.

- ◆ National estimates of ASD prevalence (including mild to severe disorders) range from one out of every 150 children to one out of every 166 children.^{30,31} The number of children ages three to 21 with ASDs in Rhode Island increased from 41 in the 1993-1994 school year to 1,496 in the 2007-2008 school year.³² The increasing number of children with ASDs nationally and in Rhode Island is largely attributable to improved awareness and diagnosis and a broadening of the educational definition of autism to include other ASDs, as well as other factors.^{33,34}
- ◆ Research indicates that early, sustained and appropriate intervention can result in significant improvements in the quality of life, level of independent functioning in school and work and reduction of public costs associated with ASDs. Interventions for children and youth with ASDs are costly and require skilled professionals to deliver them, often resulting in gaps in access.^{35,36}