

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 for children with special health care needs.

SIGNIFICANCE

It is estimated that 14% of children in the U.S. and 17% of children in Rhode Island have at least one special health care need.¹ Children with special health care needs include those with chronic and disabling conditions such as cystic fibrosis, mental retardation, cerebral palsy, autism spectrum disorders, hearing impairments, communication disorders, seizure disorders and congenital diseases. Children with special health needs can have multiple impairments of varying degrees in physical, social, emotional or behavioral functioning.^{2,3}

Children with mild or severe chronic or disabling conditions have special needs related to physical health, mental health, education, family support,

housing, child care and recreation.⁴ Health-related 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.⁵ In Rhode Island, youth with special needs are much less likely than their non-disabled peers to finish high school, go on to post-secondary education, find employment or live independently.⁶

Rhode Island high school students with disabilities report high levels of risky behaviors, including smoking, drinking, and marijuana use. They also are more likely to report having mental health problems and being in physical danger.⁷

Children with disabilities may require therapeutic or medical services, equipment, assistive technology or home modifications which may result in serious financial burdens on families.^{8,9} Having children with special needs significantly impacts parents' finances, employment and family lives.^{10,11} Adequate and affordable health insurance coverage for primary and specialty care, mental health and oral health care is important for children with special health care needs. Many families may experience financial hardships due to lack of insurance or underinsurance.^{12,13}



Children Enrolled in Early Intervention

- ◆ States are required by the federal *Individuals with Disabilities Education Act (IDEA) Part C* to identify and provide appropriate Early Intervention services to all infants and toddlers under age three who have developmental delays or a diagnosed physical or mental condition that is associated with a developmental delay.¹⁴
- ◆ In Rhode Island in 2009, ten certified Early Intervention provider agencies served 3,795 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 31% ages birth to one year, 35% between ages one and two, 33% between ages two and three, and less than 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 have disabilities that might require special education and related services.¹⁶
- ◆ In Rhode Island during the 2008-2009 school year, 17% (24,302) of children enrolled in K-12 public schools received special education services. Forty-one percent (41%) of students receiving special education services in Rhode Island had a learning disability.¹⁷
- ◆ Early Intervention (EI) 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 2009, 630 (68%) of the 931 children who reached age three while in EI were referred to special education, 13% did not have eligibility determined when exiting EI, 14% were found not eligible for special education, and the remainder either completed their service plan prior to reaching the maximum age for EI or withdrew from the program prior to completion.¹⁸
- ◆ During the 2008-2009 school year, there were 2,635 pre-school age children (not yet enrolled in kindergarten) who were receiving special education services through Rhode Island public school districts.¹⁹

Medical Assistance for Children With Special Health Care Needs

- ◆ As of December 31, 2009, there were 5,805 Rhode Island children and youth under age 21 receiving Medical Assistance benefits through their enrollment in the federal Supplemental Security Income (SSI) program.^{20,21}
- ◆ The Katie Beckett eligibility provision provides Medical Assistance coverage to children 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, 2009, there were 1,346 Rhode Island children enrolled through the Katie Beckett provision.²³
- ◆ Children with special needs enrolled in Medical Assistance in Rhode Island have shown significant gains in access to needed health services and reductions in emergency care and hospitalization use since 1997. Increases have been reported by parents in access to specialists, behavioral health and nutrition counseling, oral health services, therapeutic child care, and parent support services.^{24,25}

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, including behavioral and emotional health concerns, developmental delays, and serious health problems than other children. Children often enter the child welfare system in poor health and face difficulties accessing services while in care.^{26,27}
- ◆ As of December 31, 2009, there were 2,489 children in Rhode Island enrolled in Medical Assistance through the child welfare system.²⁸ Rhode Island youth in 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.²⁹
- ◆ Children who are adopted through the Rhode Island Department of Children, Youth and Families and have special needs may qualify for Medical Assistance coverage. As of December 31, 2009, 2,476 children in Rhode Island were enrolled in Medical Assistance because of special needs adoptions.³⁰

References

^{1,10} Rhode Island Department of Health. (2008). *Children with special healthcare needs in Rhode Island*. Retrieved January 28, 2010 from www.health.ri.gov

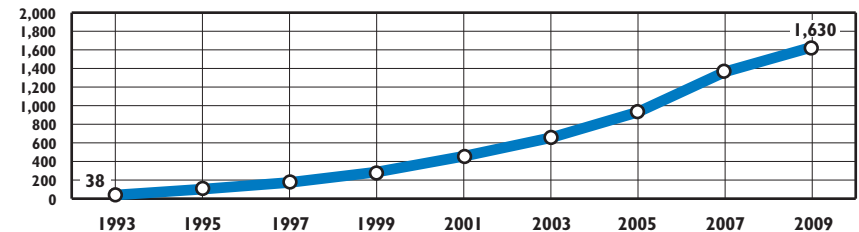
² *Who are children with special health care needs?* (n.d.). Retrieved January 28, 2010 from www.familyvoices.org/info/cshcn.php

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Children With Autism Spectrum Disorders (ASDs)

- ◆ Autism Spectrum Disorders (ASDs) includes a range 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 variety of symptoms and experience challenges and abilities that vary that range widely in severity. Many children with ASDs face challenges in social interaction, speech/language and communication, and demonstrate repetitive behaviors and routines.³¹

Children Ages Three to 21 With Autism Spectrum Disorders (ASDs), Rhode Island, December 1993 through December 2009



Source: Rhode Island Department of Elementary and Secondary Education, Office of Diverse Learners, December 1993 through December 2009.

- ◆ The national ASD prevalence (including mild to severe disorders) is estimated to be one out of every 110 children (one out of 70 boys and one out of 315 girls).^{32,33} In December 2009, there were 1,630 Rhode Island children ages three to 21 with an ASD who received special education services.³⁴ The significant increase in the number of children with ASDs nationally and in Rhode Island is largely attributable to improved awareness and diagnosis, a broadening of the educational definition of autism to include other ASDs, as well as an increase in the risk of developing ASDs.^{35,36}
- ◆ Research indicates that early, sustained and appropriate identification and 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.^{37,38}