

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 by children generally. Special needs can be physical, developmental, behavioral, and/or emotional. This indicator measures the number of children enrolled in Early Intervention, Special Education, and Supplemental Security Income (SSI) in 2002.

SIGNIFICANCE

As many as 18% of children nationwide have a chronic physical, developmental, behavioral or emotional condition that requires health care and related services.¹ Some chronic and disabling conditions among children include mental retardation, attention deficit disorder, asthma, autism, hearing impairment, 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. Needs will vary based on the age of the child, as well as by the many differences in the population at large, such as family income, race, ethnicity, primary language, and parents' educational level.⁴ Children

with chronic or disabling conditions are likely to have functional limitations or impairments in physical, social, emotional or behavioral functioning in comparison with their peers of the same age.⁵ Youth with special needs are much less likely than their non-disabled peers to finish high school, go on to postsecondary education, find employment, and live independently.⁶

There are some issues of common concern to families of children with chronic or disabling conditions. Whether disabilities are mild or severe, they have the potential to create special needs related to physical health, mental health, education, family support, child care, recreation, and career preparation. For many parents, having a child with special needs has a significant impact on their finances, their jobs, and their family life.^{7,8}

Children with special needs require access to services that are appropriate to their individual health, education, and social-emotional 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 and health care services, wheelchairs, assistive technology, or home modifications which may result in serious financial burdens on families.¹¹



Medical Assistance Coverage for Children with Special Health Care Needs

- ◆ Children who meet certain disability criteria are eligible for Medicaid and/or cash assistance through the federal Supplemental Security Income (SSI) program.¹² As of December 31, 2002, there were 4,450 Rhode Island children receiving Medical Assistance benefits because of their enrollment in SSI.¹³
- ◆ One national study indicates that many children with special health care needs do not qualify for SSI and that 85% of the children with special needs enrolled in Medicaid did not enter the Medicaid system by reason of SSI eligibility.¹⁴
- ◆ In Rhode Island, the Katie Beckett eligibility provision provides Medical Assistance coverage to certain children under the age of 18 who have serious disabling conditions, in order to enable them to be cared for at home instead of in an institution. As of December 31, 2002, there were 1,207 Rhode Island children enrolled in Medical Assistance because of eligibility through the Katie Beckett provision.¹⁵ Another 135 children were receiving Medical Assistance because of participation in long-term care, waiver and other specific circumstances.¹⁶



Children in the Child Welfare System

- ◆ According to the National Survey of American Families, 27% of children in the child welfare system across the U.S. show high levels of behavioral and emotional problems and 28% have a physical, learning, or mental health condition that limits their activities.¹⁷
- ◆ More than half of young children in foster care experience serious physical problems and over half experience developmental delays. This is four to five times the rate of developmental delay found among children in the general population.¹⁸
- ◆ Children who are adopted through the Department of Children, Youth and Families and have special needs may qualify for adoption subsidies, including Medical Assistance. As of December 31, 2002, 2,236 children were receiving Medical Assistance because of special needs adoptions. In addition, 2,161 children were enrolled in Medical Assistance due to their foster care status.¹⁹

Children Enrolled in Early Intervention

- ◆ States are required to provide appropriate Early Intervention services to all children from birth to age 3 who are developmentally delayed or have been diagnosed with a physical or mental condition that has a high probability of resulting in developmental delay.²⁰ One important focus of the program is on enhancing the capacity of families to meet the needs of their children by supporting the needs of the entire family.²¹
- ◆ In 2002, the seven Early Intervention programs in Rhode Island served 2,504 children ages birth to three.
- ◆ In 2002, 63% of children served had significant developmental delays, i.e. physical, cognitive, behavioral, and/or emotional delays of unknown medical origin. One in five (21%) had a single established condition affecting development, such as Down Syndrome or cerebral palsy.
- ◆ Seven percent of children served had multiple established conditions, i.e. evidence of developmental delay in combination with multiple prenatal or early life biological events that put the child at risk of further developmental delays. Risk criteria include teen parents, impoverished home environment, poor nutrition, and others.

Source: Rhode Island Department of Health, December 31, 2002

References

¹ *Access to a Medical Home* (July 2001). Rockville, MD: Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services.

^{2,4} Terman, D.L., Lerner, M.B., Stevenson, C.S., Behrman, R.E. "Special Education for Students with Disabilities" in *Special Education for Students with Disabilities* (Spring 1996). Los Altos, CA: Center for the Future of Children, David and Lucile Packard Foundation.

^{3,7,9,11} Wells, N. et al (2000). *What Do Families Say About Health Care for Children with Special Health Care Needs? Your Voice Counts!* Boston, MA: Family Voices at the Federation for Children with Special Health Care Needs.

⁵ Msall, M. et al *Functional Disability and School Activity Limitations in 41,300 School-Age Children: Relationship to Medical Impairments* [Manuscript]. (January 2002). Providence, Rhode Island: Brown University Department of Pediatric Research.

⁶ *Healthy and Ready to Work* (July 2001). Rockville, MD: Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services.

⁸ Griffin, J. (June 1998). *Health Care Needs of Children with Disabilities on Medicaid: Results of a Caregivers Survey*. Cranston, RI: RI Department of Human Services, Center for Child and Family Health and RI Department of Health, Disability and Health Program.

Children Enrolled in Special Education

- ◆ Local school systems are responsible for identifying and evaluating students ages 3 to 21 whom they have reason to believe are students with disabilities and therefore might require special education and related services.
- ◆ In Rhode Island during the 2001-2002 school year, there were 33,058 public school children enrolled in Special Education, 22% of the public school student population. Almost half of all children in special education in Rhode Island have a learning disability.
- ◆ Early Intervention programs for children birth to age 3 are required to provide transition services for children who may be eligible for Special Education at age 3. In 2002, 420 children who reached age 3 were referred from Early Intervention to Special Education. During the 2001-2002 school year, there were 2,425 children ages 3 to 5 receiving Special Education services in Rhode Island public schools (who were not yet in kindergarten).

Source: The Rhode Island Department of Elementary and Secondary Education, Office of Special Education, June 30, 2002.

¹⁰ *The Well-Being of Our Nation: An Inter-Generational Vision of Effective Mental Health Services and Supports* (September 2002). Washington, DC: National Council on Disability.

¹² *Social Security: Supplemental Security Income* (July 1998, Informational Brochure). Washington, DC: Social Security Administration.

^{13,15,16,19} Rhode Island Department of Human Services, Center for Child and Family Health (December 31, 2002).

¹⁴ Allen, S.M. and A.L. Croke (October 2000). *The Faces of Medicaid: The Complexities of Caring for People with Chronic Illnesses and Disabilities*. Princeton, NJ: Center for Health Care Strategies, Inc.

¹⁷ Kortenkamp, K. and J. Ehrle (February 2002). *The Well-Being of Children Involved with the Child Welfare System: A National Overview*. Washington, DC: The Urban Institute.

¹⁸ Dicker, S. et al (2001). *Improving the Odds for the Healthy Development of Children in Foster Care*. New York, NY: National Center for Children in Poverty.

²⁰ Shackelford, J. (June 2002). "State and Jurisdictional Eligibility Definitions for Infants and Toddlers with Disabilities under IDEA" in *NECTAC Notes* Issue No. 11. Chapel Hill, NC: National Early Childhood Technical Assistance Center.

²¹ *National Early Childhood Longitudinal Study: Families' First Experiences with Early Intervention* (NEELS Data Report No. 2) (January 2003). Chapel Hill, NC: Frank Porter Graham Child Development Institute.