

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, and/or emotional. This indicator measures the number of children with special health care needs enrolled in Early Intervention, special education, Supplemental Security Income (SSI), and Medical Assistance.

SIGNIFICANCE

In 2016, an estimated 19% of children in the U.S. and 22% of children in Rhode Island had at least one special health care need.¹ Children with special health care needs (CSHCN) can have impairments of varying degrees in physical, developmental, emotional, and/or behavioral functioning.² In Rhode Island in 2016, 32% of parents with young children reported developmental screenings, compared to 27% of parents nationally.³ Nationally, 18% of children have two or more health conditions, compared to 21% of children in Rhode Island. Commonly reported health conditions include Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder, asthma, learning disabilities, speech disorders, developmental delays, behavioral problems, anxiety, and depression.⁴

In Rhode Island in 2015, high school students with disabilities reported experiencing physical fights and being bullied at school more than their non-disabled peers. They were also more than three times as likely to feel sad or hopeless and more than four times as likely to have attempted suicide as their non-disabled peers. They also reported higher rates of physical inactivity, poor grades, sexual activity, forced sexual intercourse, cigarette smoking, drinking, and using marijuana.⁵

CSHCN may require physical health, mental health, and education services, special equipment, or assistive technology. Health-related needs are best met via a comprehensive, coordinated, and family-centered medical home. Families may also need help with transportation, child care, family support, and home modifications. Having children with special needs can significantly upset parents' finances, employment, and family lives.^{6,7,8}

In 2014, Congress passed the *Achieving a Better Life Experience Act (ABLE)*, which created tax-exempt saving accounts for people who become disabled before age 26. *ABLE* accounts cover a range of expenses related to living a life with disabilities, including health care, education, housing, transportation, and employment training.^{9,10} In 2015, the Rhode Island General Assembly established *ABLE* savings accounts for Rhode Islanders with special health care needs.¹¹

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 (EI) services to all infants and toddlers under age three who have developmental delays or have a diagnosed physical or mental condition that is associated with a developmental delay.¹²
- ◆ As of June 30, 2017, nine certified EI provider agencies served 2,040 children in Rhode Island. Nearly two-thirds (63%) of those children receiving EI services were male and just over one-third (37%) were female. Of these children, 59% were White, 28% were Hispanic, 8% were Black, 3% were Mixed Race, 2% were Asian, and <1% were American Indian or Alaska Native.¹³

Children Enrolled in Special Education

- ◆ Under *IDEA Part B*, local school systems are responsible for identifying, evaluating, and serving students ages three to 21 who have disabilities that might require special education and related services.¹⁴
- ◆ As of June 30, 2017 in Rhode Island, there were 3,045 children ages three to five who received preschool special education services.¹⁵
- ◆ In Rhode Island as of June 30, 2017, 21,008 students in public schools ages six to 21 received special education services (15% of all students). Thirty-seven percent of students receiving special education services in Rhode Island had a learning disability.¹⁶
- ◆ 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 services at age three. In 2017, 65% of the 1,002 children who reached age three while in EI were determined to be eligible for preschool special education, 18% were found not eligible, and 14% did not have eligibility determined when exiting EI. The remainder completed their service plan prior to reaching the maximum age for EI, moved out of state, withdrew, or were otherwise unreachable for follow-up.¹⁷

Medical Assistance for Children With Special Health Care Needs

◆ As of December 31, 2017, there were 5,216 Rhode Island children and youth under age 19 receiving Medical Assistance benefits through their enrollment in the federal SSI program.^{18,19}

◆ In Rhode Island, 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.²⁰ As of December 31, 2017, there were 936 Rhode Island children enrolled through the Katie Beckett provision, a decline of 47% from the peak enrollment of 1,770 in 2007.^{21,22}

◆ Children with special health care needs have a variety of coverage options under Medicaid. Medicaid coverage also provides access to the Early and Periodic Screening, Diagnostic, and Treatment benefit, which requires that children receive all of the services they need, either as a direct benefit or wrap-around benefit to commercial coverage they might have.^{23,24}

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 problems, developmental delays, and serious health problems than other children. They often enter the child welfare system in poor health and face difficulties accessing services while in care.^{25,26}

◆ As of December 31, 2017, 2,067 children in Rhode Island were enrolled in Medical Assistance through the child welfare system.²⁷ Per provisions of the federal *Affordable Care Act*, all youth who turned age 18 while in foster care are eligible for Medicaid coverage until they reach age 26 in the state in which they aged out of care.²⁸ In Rhode Island, estimates show that 66% of all eligible former foster youth were enrolled in Medicaid coverage as of December 31, 2017, up from 61%* in 2016.²⁹

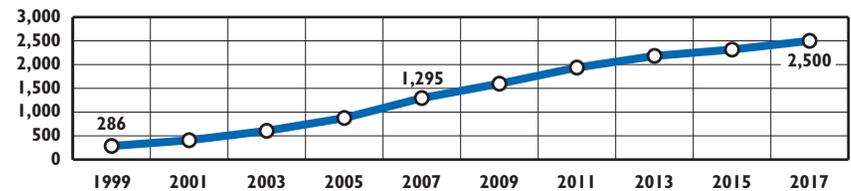
◆ Children who are adopted through the Rhode Island Department of Children, Youth and Families and have special needs may qualify for Medical Assistance coverage.³⁰ As of December 31, 2017, 2,685 children were enrolled in Medical Assistance because of special needs adoptions.³¹

Children With Autism Spectrum Disorder (ASD)

◆ Autism Spectrum Disorder (ASD) is a developmental disability that can cause significant social, communication, and behavioral challenges. Children diagnosed with ASD have a variety of symptoms and experience challenges and abilities that range widely in severity. Many children with ASD face challenges in social interaction, speech/language, and communication and demonstrate repetitive behaviors and routines.^{32,33}

◆ The national ASD prevalence among children age eight is estimated to be 14.6 per 1,000 children. ASD prevalence is significantly higher among boys (23.6 per 1,000 boys) than girls (5.3 per 1,000 girls). ASD prevalence is higher among non-Hispanic White children than non-Hispanic Black children and Hispanic children (15.5 per 1,000 children, compared to 13.2 and 10.1 per 1,000).³⁴

Children Ages Three to 21 With Autism Spectrum Disorder (ASD), Rhode Island, December 1999 – June 2017



Source: Rhode Island Department of Education, December 1999-June 2017. All data prior to 2000 is a December point in time run, and all data starting in 2000 and beyond is a June point in time run. Numbers include parentally placed students.

◆ In June 2017, there were 2,500 Rhode Island children ages three to 21 with ASD who received special education services.³⁵ The increase in number of children with ASD has been attributed, in part, to improved awareness and better screening and evaluation tools, as well as the broadening of the definition of ASD.³⁶ Early and appropriate identification and sustained interventions by skilled professionals can result in improvements in the levels of independent functioning of children and youth with ASD.^{37,38}

Methodology & References

*Data for 2016 should be interpreted with caution. In September 2016, the state of Rhode Island instituted a new integrated eligibility determination system (Unified Health Infrastructure Project/UHIP), which may have affected data counts for Rte Care, Rte Smiles, Katie Beckett, former foster youth, and special needs adoptions.

References are on page 179.