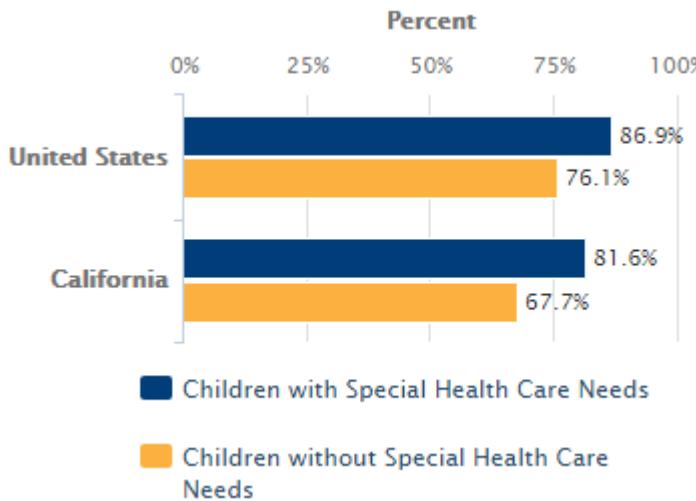


Children with Special Needs: Access to Services

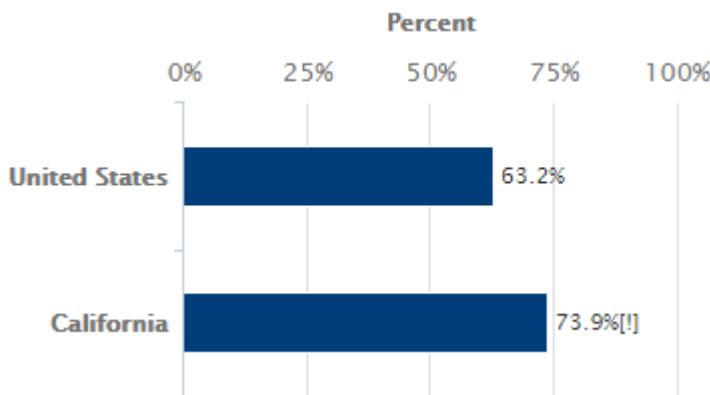
Children Ages 0-17 with a Preventive Care Visit in the Previous Year, by Special Health Care Needs Status: 2022



Definition: Estimated percentage of children ages 0-17 who in the previous 12 months have received a well-child visit, annual physical, or other preventive health check-up while not sick or injured, by special health care needs status (e.g., in 2022, 81.6% of California children with special health care needs (CSHCN) had a preventive care visit in the previous year).

Data Source: U.S. Dept. of Health and Human Services, [National Survey of Children's Health](#) (Dec. 2023).

Children with Special Health Care Needs (CSHCN) Ages 3-17 with Emotional or Behavioral Conditions Receiving Mental Health Services in the Previous Year: 2022



Definition: Estimated percentage of children with special health care needs (CSHCN) ages 3-17 who have received mental health treatment or counseling in the previous 12 months, among those with a current diagnosis of attention deficit disorder (ADD) or attention-deficit/hyperactivity disorder (ADHD), anxiety problems, behavioral or conduct problems, or depression (e.g., in 2022, 73.9% of California CSHCN with behavioral or mental health conditions had received treatment or counseling in the previous year).

Data Source: U.S. Dept. of Health and Human Services, [National Survey of Children's Health](#) (Dec. 2023).

Usual Source of Sick Care for Children Ages 0-17, by Special Health Care Needs Status: 2022

What It Is

Children with special health care needs (CSHCN) have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and require health and related services of a type or amount beyond that required by children generally. On [kidsdata.org](#), indicators related to access to services for CSHCN include:

- Access to usual sources of preventive and sick care
- Access to a variety of services, including medical, mental, dental, and specialty care, as well as school-based services

Why This Topic Is Important

Nearly 1.4 million California children, and more than 15 million children nationwide, have or are at increased risk for a chronic health condition—physical, developmental, mental, or behavioral—and require care and related services of a type or amount beyond that required by children generally. As advances in technology and medicine continue to improve and extend the lives of children with special health care needs (CSHCN), these numbers are expected to grow. Over the next decade, for instance, it is estimated that the number of children with medically complex conditions will double.

When compared with children who do not have special health care needs, CSHCN are more likely to be limited in their ability to function and participate in daily activities, and to experience social, academic, and other life challenges that can complicate their medical care. As a result, CSHCN often rely on a range of services from multiple sectors, and their parents and family members often face higher caregiving burdens and experience more stress and difficulties with employment and finances when compared with other families.

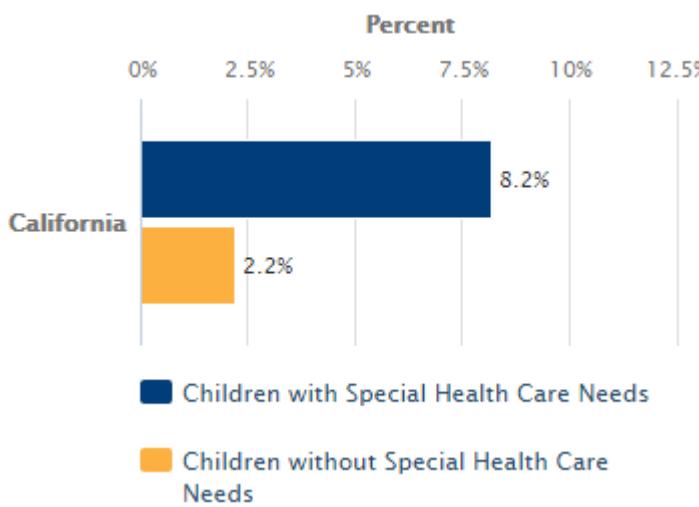
Obtaining timely, appropriate, and affordable care is a major problem for many CSHCN families. Statewide and nationally, around 9 in 10 CSHCN do not receive care in a well-functioning system of services—one meeting federal standards for receipt of care within a medical home, preventive services, adequate health insurance, access to needed care, and family engagement. Major barriers to care, especially in California, include a fragmented system of services and an inadequate, shrinking workforce of pediatric subspecialists. Beyond service system barriers, social factors and

| California | Percent | | | | | | |
|--|----------------------|----------------|-------------------------|-------------------------|-----------------|--------------------|------------------|
| | Special Needs Status | No Usual Place | Hospital Emergency Room | Clinic or Health Center | Doctor's Office | Urgent Care Center | Some Other Place |
| Children with Special Health Care Needs | | 17.6% | 2.7% | 4.8% | 68.8% | 5.4% | 0.8% |
| Children without Special Health Care Needs | | 29.9% | 0.7% | 6.5% | 57.8% | 4.0% | 1.0% |

Definition: Estimated percentage of children ages 0-17 with and without special health care needs, by usual first place they go when they are sick (e.g., in 2022, a doctor's office was the usual source of sick care for 68.8% of California children with special health care needs (CSHCN)).

Data Source: U.S. Dept. of Health and Human Services, [National Survey of Children's Health](#) (Jan. 2024).

Children Ages 0-17 Needing Health Care in the Previous Year Who Did Not Receive It, by Special Health Care Needs Status: 2022



Definition: Estimated percentage of children ages 0-17 who in the previous 12 months needed medical, dental, vision, hearing, mental health, or other care but did not receive it, by special health care needs status (e.g., in 2022, among California children with special health care needs (CSHCN) who needed health care in the previous year, 8.2% had unmet health care needs).

Data Source: U.S. Dept. of Health and Human Services, [National Survey of Children's Health](#) (Dec. 2023).

practices—such as poverty and discrimination (e.g., on the basis of race/ethnicity or ability)—influence access to care, and, as a result, health outcomes. For example, CSHCN of color and those in low-income families are more likely to have unmet health needs and limited access to high-quality care when compared with their more affluent and white peers.

How Children Are Faring

In 2022, an estimated 82% of children with special health care needs (CSHCN) ages 0-17 in California had received a preventive health check-up in the previous year, while 91% of CSHCN ages 1-17 had seen a dentist or other oral health professional in the previous year—this compared with 68% and 83%, respectively, for California children without special health care needs. In addition, a larger share of California CSHCN ages 0-17 (80%) had a usual source of sick care—a doctor's office or health care setting other than a hospital emergency room—in 2022 than their non-CSHCN peers (69%).

Still, the estimated share of California CSHCN with unmet health care needs, among those needing care in the previous year, was nearly four times higher (8%) than the corresponding share of non-CSHCN in California with health care needs in the previous year (2%).

Across CSHCN subgroups, there is variation in access to services by income, race/ethnicity, and type of health insurance coverage. California and U.S. CSHCN covered by public health insurance only, for example, are less likely to receive preventive care or to have a usual source of sick care than their counterparts covered by private insurance only.

Statewide and nationally, more than 30% of CSHCN ages 0-17 who needed health care referrals in the previous year had difficulties getting or were not able to get the referrals they needed, according to 2022 estimates. Among CSHCN ages 3-17 with one or more provider-diagnosed behavioral or mental health conditions—ADD or ADHD, anxiety problems, behavioral or conduct problems, or depression—more than 60% received treatment or counseling in the previous year.

View references for this text and additional research on this topic:

<https://kidsdata.org/topic/13/access-to-services-for-children-with-special-needs/summary>



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