



MAINE CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN)

Strengths

99% of Maine infants are screened for genetic conditions at birth.

98% of infants are screened for hearing loss by one month of age.

95% of Maine parents of CSHCN report that their child had consistent health insurance in the past year.

88% of CSHCN have a personal doctor or nurse. (3rd highest in the U.S.)

86% of CSHCN parents report that their child received family-centered care in the past year.



Challenges

Almost 1 in 4 Maine children have a special health care need.

52% of CSHCN do not receive care within a medical home.

72% of CSHCN aged 12-17 have not received services needed for transition to adult health care.

1 in 10 (11%) parents of CSHCN rate their child's teeth as fair or poor (compared to 2% of non-CSHCN).

Half of CSHCN have been bullied (compared to 20% of non-CSHCN).

36% of parents with CSHCN report that their child does not have adequate health insurance.

41% of all Maine children aged 3-17 who need mental health services have problems getting mental health treatment.



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	Indicator	ME Children	US Children	ME vs US		
Prevalence	Children with special health care needs (CSHCN)	2016-2017 22.9%	2016-2017 18.8%	!		
	Functional limitations (alone or in combination)	2016-2017 6.4%	2016-2017 5.0%	○		
	Need prescription medication only	2016-2017 5.5%	2016-2017 5.6%	○		
	Need above routine use of specialized services only	2016-2017 4.5%	2016-2017 3.2%	○		
	Need prescription medication and above routine use of services	2016-2017 6.5%	2016-2017 4.9%	○		
	Current ADHD (age 3-17 years)	2016-2017 11.7%	2016-2017 8.8%	!		
Screening	Autism or autism spectrum disorder (ASD) (age 3-17 years)	2016-2017 3.2%	2016-2017 2.8%	○		
	Developmental screening (age 9-35 months)	2016-2017 35.7%*	2016-2017 31.1%	○		
	Developmental screening for MaineCare members	FFY2017 29.6%	FFY2017 39.4%	NA		
	Screened for genetic conditions at birth	2016-2017 99%	NA	NA		
Access	Screened for hearing loss by one month of age	2017 98%	2017 98%	○		
	Received treatment or counseling from a mental health professional (age 3-17 years)	2016-2017 16.2%	2016-2017 9.8%	!		
	Had problems getting mental health treatment among those who received it (age 3-17 years)	2016-2017 41.4%	2016-2017 47.1%	○		
Indicator		ME CSHCN	ME Non-CSHCN	ME CSHCN vs. Non-CSHCN	US CSHCN	ME vs US CSHCN
Insurance and access	Adequate and continuous health insurance	2016-2017 61.2%	2016-2017 69.8%	○	2016-2017 64.0%	○
	Receive care within a medical home	2016-2017 47.8%	2016-2017 58.1%	○	2016-2017 43.2%	○
	Receive care in a well-functioning system	2016-2017 18.4%	2016-2017 25.6%	○	2016-2017 15.7%	○
	Receive family-centered care	2016-2017 85.8%	2016-2017 92.0%	○	2016-2017 82.4%	○
	Receive effective care coordination, among those who needed it	2016-2017 63.1%	2016-2017 80.4%	!	2016-2017 61.8%	○
	Have a personal doctor or nurse	2016-2017 87.6%	2016-2017 78.4%	★	2016-2017 79.8%	★
	Received preventive medical and dental visits in past year	2016-2017 84.1%	2016-2017 75.5%	○	2016-2017 76.5%	★
	Received information on transitioning to adult health care (age 12-17 years)	2016-2017 28.0%	2016-2017 30.4%	○	2016-2017 16.7%	★
Health	Overweight or obese	2016-2017 40.1%	2016-2017 23.7%	!	2016-2017 35.0%	○
	Teeth are in excellent or good condition	2016-2017 72.1%	2016-2017 86.4%	!	2016-2017 66.3%	○
Risk factors	Live with a mother whose physical or mental health is not excellent or very good.	2016-2017 54.7%	2016-2017 32.3%	!	2016-2017 50.4%	○
	Two or more adverse childhood experiences (ACEs)	2016-2017 38.5%	2016-2017 17.7%	!	2016-2017 35.2%	○
	Bullied, picked on, or excluded by other children (age 6-17 years)	2016-2017 49.7%	2016-2017 20.2%	!	2016-2017 39.2%	!

★ Significantly better (point estimates do not have overlapping confidence intervals).
 ! Significantly worse than U.S. (point estimates do not have overlapping confidence intervals).
 ○ No significant difference (point estimates have overlapping confidence intervals).
 * Interpret with caution; based on an unweighted numerator (n) less than 50.
 NA Data not available or unable to determine significant differences/confidence intervals not available.



MAINE CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN)

Indicator

Definition and Source

Children with special health care needs (CSHCN)

The National Survey of Children’s Health uses a CSHCN Screener to identify children with special health care needs. The Screener is a five item, parent-reported tool designed to reflect the federal Maternal and Child Health Bureau’s definition of children with special health care needs. It identifies children across the range and diversity of childhood chronic conditions and special needs, allowing a more comprehensive and robust assessment of children’s needs and health care system performance than is attainable by focusing on a single diagnosis or type of special need. All three parts of at least one screener question (or in the case of question 5, the two parts) must be answered “YES” in order for a child to meet CSHCN Screener criteria for having a special health care need. National Survey of Children’s Health.

Functional limitations (alone or in combination)

Respondents who indicate that their child is limited or prevented in his/her ability to do the things most children the same age can do are asked whether this limitation is due to any medical, behavioral or other health conditions and, if so, whether the condition(s) have lasted or are expected to last for 12 months or longer. In order to qualify on the functional limitations CSHCN screening criteria, a child must have YES responses to all 3 parts of the screening question. National Survey of Children’s Health.

Need prescription medication only

Respondents who indicate that the child currently needs or uses medicine prescribed by a doctor are asked whether this medication is for any medical, behavioral or other health conditions and, if so, whether the conditions(s) have lasted or are expected to last for 12 months or longer. In order to qualify on the prescription medication CSHCN Screener criteria, a child must have YES responses to all 3 parts of the screening questions. National Survey of Children’s Health.

Need above routine use of specialized services only

Respondents who indicate that the child currently needs or uses more medical care, mental health or education services than usual for most children the same age are asked whether this need or use of services is due to any medical, behavioral or other health conditions and, if so, whether the condition(s) have lasted or are expected to last for 12 months or longer. In order to qualify on the elevated services need/use CSHCN screening criteria, a child must have YES responses to all 3 parts of the screening question. National Survey of Children’s Health.

Need prescription medication and above routine use of services

See definitions above. National Survey of Children’s Health.

Current ADHD (age 3-17 years)

Children, ages 3 through 17, reported by their parents to have been diagnosed by a health care provider with ADD/ADHD and to currently have the condition. National Survey of Children’s Health.

Autism or autism spectrum disorder (ASD) (age 3-17 years)

Children, ages 3 through 17, reported by their parents to have been diagnosed by a health care provider with autism spectrum disorder and to currently have the condition. National Survey of Children’s Health.

Developmental screening (age 9-35 months)

Children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year. National Survey of Children’s Health.

Developmental screening for MaineCare members

Percent of children aged 0-3 insured by MaineCare who had a claim for a developmental screening preceding or on their first, second or third birthday. Centers for Medicare and Medicaid Services. Retrieved from Medicaid.gov <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html>

Screened for genetic conditions at birth

Percent of infants screened for genetic conditions at birth. Maine Center for Disease Control and Prevention, Maine Newborn Bloodspot Screening Program.

Screened for hearing loss by one month of age

Percent of infants screened for hearing loss within one month of birth. Maine Center for Disease Control and Prevention, Maine Newborn Hearing Screening Program. U.S. data: 2016 CDC EHDI Hearing Screening & Follow-up Survey (HSFS) (www.cdc.gov/ncbddd/hearingloss/ehdi-data.html)

Received treatment or counseling from a mental health professional (ages 3-17 years)

Children, ages 3 through 17, reported by their parents to have been diagnosed by a health care provider with a mental/behavioral condition (depression, anxiety problems, or behavioral or conduct problems) who received treatment or counseling within the previous 12 months. National Survey of Children’s Health.

Had problems getting mental health treatment among those who received it (ages 3-17 years)

Children ages 3-17 who received mental health treatment who received treatment in the previous 12 months whose parents reported that it was a “small” or “big” problem to get the treatment or counseling needed. National Survey of Children’s Health.



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Indicator	Definition and Source
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Adequate and continuous health insurance	Based on parent report, to qualify this measure the child must meet the following two criteria: 1) have continuous insurance in the past 12 months, and 2) have current insurance which is adequate for the child’s healthcare needs. The child’s current insurance was considered adequate when the following criteria were met: (a) the child currently has health insurance coverage, AND (b) benefits usually or always meet child’s needs, AND (c) the insurance usually or always allows the child to see needed providers, AND (d) the insurance either has no out-of-pocket expenses or out-of-pocket expenses are usually or always reasonable. National Survey of Children’s Health.
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Receive care within a medical home	Children with special health care needs, ages 0 through 17, who meet the criteria for having a medical home (personal doctor or nurse, usual source for care, and family-centered care; referrals or care coordination if needed). National Survey of Children’s Health.
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Receive care in a well-functioning system	There are five age-relevant core measures for CSHCN age 0-11 years, and six age-relevant core measures for CSHCN age 12-17 years. The five measures for CSHCN age 0-11 years include: the family feels like a partner in their child’s care, child has a medical home, child receives early screening, child has adequate insurance, and child has no unmet need or barriers to access services. For adolescents age 12-17 years, preparation for transition to adult healthcare is included in addition to the five measures. If a child has at least one valid positive response to any of these measures, this child was categorized as receiving care in a well-functioning system. National Survey of Children’s Health.
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Receive family-centered care	Family-centered care is comprised of responses “usually” or “always” to at least one of five experience-of-care questions: spends enough time with child, listens carefully to you, sensitive to family values/customs, gives needed information, and family feels like partner. National Survey of Children’s Health.
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Receive effective care coordination, among those who needed it	The effective care coordination measure is constructed by assessing communication between doctors when needed, communication between doctors and schools when needed; and getting needed help coordinating care. National Survey of Children’s Health.
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Have a personal doctor or nurse	Parent report of whether there is one or more persons they think of as the child’s personal doctor or nurse. National Survey of Children’s Health.
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Received preventive medical and dental visits in past year	Parent report of whether their child saw a doctor or dentist for a preventive check-up within the previous 12 months. National Survey of Children’s Health.
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Received information on transitioning to adult health care (age 12-17 years)	Adolescents, ages 12 through 17, whose families report that they received the services necessary to transition to adult health care. 1) doctor spoke with child privately without an adult in the room during last preventive check-up; 2) if a discussion about transitioning to adult care was needed it must have happened; and 3) doctors actively worked with child to gain skills and understand changes in health care. National Survey of Children’s Health.
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Overweight or obese (10-17 years)	Percentage of children aged 10-17 whose BMI was greater than or equal to 85% based on child’s age and sex. BMI was calculated from parent report of child’s height and weight. National Survey of Children’s Health.
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Teeth are in excellent or good condition (1-17 years)	Percentage of parents of children aged 1-17 who report that their child’s teeth are in excellent or very good condition. National Survey of Children’s Health.
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Live with a mother whose physical or mental health are not excellent or very good	Percentage of children aged 0-17 whose live with their mother whose physical and/or mental health are not rated as excellent or very good based on parent self-report. National Survey of Children’s Health.
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Two or more adverse childhood experiences (ACEs)	Percentage of children aged 0-17 who experienced two or more adverse childhood experiences based on parent report of nine items: hard to get by on family’s income, parent or guardian divorced or separated, parent or guardian died, parent or guardian served time in jail, saw or heard parents or adults slap, hit, kick punch one another in the home, was a victim of violence or witnessed violence in neighborhood, lived with anyone who was mentally ill, suicidal, or severely depressed, lived with anyone who had a problem with alcohol or drugs, and treated or judged unfairly due to race/ethnicity. National Survey of Children’s Health.
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Bullied, picked on, or excluded by other children (ages 6-17 yrs)	Percent of children aged 6-17 years whose parents “definitely” or “somewhat” agree that their child is bullied, picked on, or excluded by other children. National Survey of Children’s Health.
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