My name is Laura M. I. Saunders, Psy.D. ABPP; I am a licensed psychologist, board certified in Clinical Psychology. I work on the Child and Adolescent Inpatient Unit at the Institute of Living/Hartford Hospital. I also have a private practice at the Rainbow Center for Children and Families in Old Wethersfield.

Carl was a 12 year old male who experienced significant tantrums, mood instability and explosive behavior. He would become both aggressive toward his parents and destructive to items in the home. He was adopted at 12 months from Central America. His early development was remarkable for his frequent tantrums and difficulty with transitions. No medical problems. He was first seen for outpatient therapy at approximately 9 years old. Both parents were high level professionals and, at first, paid for therapy out of pocket due to their concern about "labeling" their son with a psychiatric diagnosis.
Individual and family therapy was utilized to help the family understand the stressors and possible triggers to his explosive behaviors. As he got older, bigger and stronger, the parents became more fearful that he would potentially hurt them or himself. They did access their commercial insurance to move to a higher level of care for Carl. He was referred to a Partial Hospital Program to learn more effective coping strategies. Unfortunately, the coping skills he learned in the program did not generalize to home. Clearly, the parents needed in-home clinical support to better manage his behaviors and to get more direct feedback on how they could de-escalate him before his behaviors became more explosive.

Given that they had commercial insurance, they could not access in-home clinical services such as IICAPS (In-Home Intensive Child and Adolescent Psychiatric Service). IICAPS is an intensive in-home program provided by many local agencies such as Wheeler Clinic, The Village for Families and Children, and Catholic Charities, where skilled clinicians go to a family home 2 to 3 times per week to work with children and families in the setting where many of these behaviors occur. It took months of convincing Carl's family to call DCF because of the stigma, and request Voluntary services. A referral to DCF Voluntary services was the only way this family could get access to in-home clinical services, as only HUSKY insurance provides this benefit. The process to be accepted for DCF Voluntary services only further delayed the access to the needed in-home service.

No commercial insurance policies in the State of CT allow in-home clinical services as a covered benefit. This discriminates against families with commercial insurance and puts an undue burden on The Department of Children and Families to allocate resources for families that don't necessarily need DCF to partner with them in other ways.

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