

## **Appropriations Committee Public Hearing**

**Friday, March 06, 2015**

### **Testimony of Scott W. Woods, M.D.**

My name is Scott W. Woods, M.D. I am a psychiatrist at the Connecticut Mental Health Center and a professor of psychiatry at Yale. I live in Guilford, in Senator Kennedy's and Representative Scanlon's districts.

I moved to Connecticut in 1984 to accept a position at CMHC and Yale. Over the years I have both taken care of CMHC patients and conducted clinical research.

The funds to pay for my patient care work come from the patient care budget proposed to be cut. Currently I work one day a week in CMHC's walk-in clinic. In the remainder of my time I care for 129 outpatients directly and oversee care for 60 more through APRNs. These are not easy patients: multiple psychiatric diagnoses, complex trauma histories, comorbid alcohol and substance abuse, most with several medical illnesses and past psychiatric hospitalizations, some with immigration and language problems, in general requiring coordination with housing providers, primary care, hospitals, courts, conservators, visiting nurses, vocational programs, disability determinations, and pharmacy benefit managers, among others. If I needed to squeeze in my share of the 500 patients whose psychiatrists would be laid off under the proposal, quality of care would suffer and the patients would be at increased risk for suicide, rehospitalization, violence, incarceration, homelessness, and job loss.

My most important clinical research achievements are probably the development and validation of an interview instrument that is used worldwide to diagnose adolescents and young adults at risk for developing psychosis and the founding of the STEP clinic for first episode psychosis at CMHC. The economic impact of my research has also been significant: I've received more than \$25 million total costs in federal and private research grants, of which a significant proportion was transferred directly to the state general fund, and I have consistently provided full-time employment for at least 3 and as many as 15 people.

I wanted to spend my career both providing care for psychiatric patients and also conducting research on how to improve that care. Connecticut's support for the research aim as well as the patient care aim was the reason I moved here—I needed to learn to conduct research so that I could become competitive for the federal and private dollars, and early on I received critical financial support from the same research budget that is proposed for cutting. I hope Connecticut continues to support both psychiatric care and psychiatric research; if not, young people will not have the opportunity to build careers here as I did.