

34 Irving Street  
Somerville, MA 02144

November 18, 2025

The Honorable Senator Lydia Edwards  
Joint Committee on the Judiciary  
24 Beacon Street, Room 413-A  
Boston, MA 02133

The Honorable Representative Michael S. Day  
24 Beacon St. Room 136  
Boston, MA 02133

**Testimony in opposition to S1115/H1801 *An Act to provide continuum of care for severe mental illness***

Dear Chair Edwards, Chair Day and members of the Joint Committee on the Judiciary,

Thank you for the opportunity to offer testimony in opposition to S1115/H1801 *An Act to provide continuum of care for severe mental illness*. I am writing as a parent of a son with schizophrenia and an independent mental health advocate. I have come to this new career to help families like mine have a better outcome, specifically to avoid the type of estrangement my family has experienced since 2007. We have had little to no contact with my son since then.

In the 25 years since my son experienced his first psychotic episode, I have met many parents, like me, who have come to realize that attempting to bargain with, force or otherwise decide on a treatment course for our loved one has not worked and has generally worsened our relationship to the point of permanent estrangement.

As a mental health advocate, I have looked for modalities that can address the disconnect between the family experience of desperation and fear for our loved one and the harm and trauma our current “system” often imposes on those we love.

After several years of collaboration with peers, family members, experts and others, I am now part of a small group that is launching the Enduring Connections program on December 1, 2025 in partnership with Advocates, a behavioral health organization in Framingham, MA (Advocates flyer is attached to this testimony).

Enduring Connections is different in some very important ways. We have a deep focus on the experience of families. We honor the fear, desperation and grief associated with a loved

one who has turned away from the “system.” We help families avoid coercive solutions (like Assisted Outpatient Treatment) that typically harm their relationship. We aim to heal the family unit as much as possible, enabling families to become and remain an integral part of the support team. Family is forever; forced treatment breaks those bonds and fails to ensure recovery. We are building (often re-building) the relationships that become the launching pad for decision making and building a journey to recovery. We are choosing hope and a new paradigm.

This work has also been informed by meeting and learning from leaders in other states. One of the most important learnings is that Assisted Outpatient Treatment requires significant and expensive infrastructure that no state has developed sufficiently in over 20 years of existing legislation. When the necessary infrastructure fails, it is, as Dr. Mark Ragins makes clear in his testimony, the person under the AOT order who is held accountable for “non-compliance.” This reality exacerbates the estrangement between the person, their family, their community and clinicians. Additionally, research shows that AOT is disproportionately applied to communities of color, particularly black men. We can and should do better in Massachusetts.

I’m aware that you have received written testimony from individuals in several other states, states where AOT has been in statute for many years. As AOT has not worked in their states, these individuals have developed various alternative programs. I particularly draw your attention to testimony from Harvey Rosenthal and Luke Sikinyi from Rights and Recovery Alliance who helped establish the INSET program in New York. This initiative has now grown to six locations across the state. Cherene Caraco, CEO of the Promise Network has established programs in North Carolina. There are many more alternatives across the country that we can use as models in Massachusetts. The core tenet of all these programs is to create connections/relationships with the person at the center of concern.

The Judiciary Committee can demonstrate innovative leadership to address this very real problem by specifically addressing it without involuntary coercive treatment. The Commonwealth can invest in any of the many alternatives suggested in testimony. Please start that investment by rejecting S1115/H1801 *An Act to provide continuum of care for severe mental illness*. Thank you for the opportunity to submit this testimony.

Monica Luke  
Mental Health Advocate  
mhpolicy.org  
Somerville, MA

# Enduring Connections

*For families seeking a new way to support a loved one experiencing mental health challenges*



**Do you have a loved one who could benefit from support but is disconnected from traditional mental health services?** Enduring Connections is a pilot program offering sustained, respectful, flexible, and compassionate support for individuals and families impacted by mental health challenges. We welcome families whose loved ones have not benefited from clinical interventions and/or whose experiences with institutional systems and settings have eroded trust and created feelings of desperation.

## Overview

Enduring Connections fosters relationships rooted in trust and interactions grounded in respect and empathy. Advocates has partnered with the program's founders to offer this unique approach to individuals and families in and around Massachusetts who have not found lasting solutions within traditional systems of mental health care.



## How Enduring Connections Works

- Invites inquiries from family members
- Pairs individuals and families with supportive peers who have navigated mental health challenges and systems
- Commits to compassionate and persistent outreach
- Fosters strategies for increased communication and collaboration among family members
- Respects each family's unique experience

To inquire or learn more, please contact Keith Scott at [KScott@Advocates.org](mailto:KScott@Advocates.org).

