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Testimony In Opposition to S1115/H1801
An Act to provide continuum of care for severe mental illness

Dear Chairpersons and distinguished members of the Committee,

Thank you for the opportunity to testify today. My name is Harvey Rosenthal, and I serve as CEO of the Alliance for Rights and Recovery, a 43-year-old statewide advocacy and training organization that has long advanced recovery, rehabilitation, peer support, civil rights, and community-driven solutions to mental health challenges.

I write to you today to express strong opposition to S1115/H1801, legislation that would implement a statewide court-mandated assisted outpatient treatment (AOT) program in Massachusetts.

I particularly want to share with you that in over 25 years, AOT has not delivered on its promises in New York. Our experience under Kendra's Law, the state's version of AOT, demonstrates that AOT is costly, coercive, racially disproportionate, and ultimately ineffective in achieving its stated goals. In particular,

- New York has spent hundreds of millions of dollars on AOT and added another \$16.5 million this year alone—yet the program still struggles to reach its stated goals. These resources could have prevented far more crises had they been directed toward housing, peer support, mobile teams, youth services, employment support, and community engagement.
- The 2025 U.S. Government Accountability Office (GAO) report—Congress's own oversight authority—reviewed decades of research and found:
 - Inconclusive evidence that AOT reduces hospitalizations, homelessness, incarceration, or crisis contacts.
 - No clear evidence that AOT outperforms voluntary services when those services are available. In short, the federal government's independent

watchdog found no basis to justify expanding court-mandated treatment nationwide.

- New York’s system, like many other states, suffers from uneven access to community services. As voluntary programs shrink or develop long waiting lists, individuals often deteriorate while waiting for support and often continue receiving no services until they meet AOT criteria, creating a perverse incentive structure where coercion becomes the gateway to receiving needed services. To make matters worse, since people on AOT are prioritized for the limited services, pushing these individuals to the front of the line for needed support leaves others in need waiting even longer, creating a cycle of people deteriorating until they are placed on AOT orders.
- Data from New York reveals that deep racial inequities persist under Kendra’s Law:
 - Black individuals are ordered into AOT at rates far exceeding their share of the population and far above rates of clinical need.
 - More than 60 percent of individuals under AOT statewide are people of color.
 - In New York City that number exceeds 80 percent.
 - Persons living in neighborhoods with the fewest services face the highest risk of court involvement.

Massachusetts—like New York—already struggles with disparities in behavioral health access for Black, Latino, and immigrant communities. AOT would compound these inequities.

Massachusetts has the opportunity to learn from New York: AOT consumes scarce dollars while ineffectively serving only a tiny fraction of the population while exacerbating racial inequities.

As advocates in a state with AOT, we respectfully recommend that Massachusetts adopt a better path by investing in these alternatives:

Explore New York’s [Intensive and Sustained Engagement Teams \(INSET\)](#), a proven alternative to AOT that uses the *same eligibility criteria* to achieve better results by offering:

- Peer-led engagement
- Flexible, person-centered support
- No court orders, no coercion
- Voluntary participation with high retention rates

INSET demonstrates that when services are accessible, culturally responsive, and recovery-oriented, people engage willingly, including those who would otherwise meet AOT criteria.

Implement [Hospital-to-Community Peer Bridger](#) programs, a proven model ensuring no one leaves an inpatient unit without someone to walk alongside them. Peer bridging dramatically reduces:

- readmissions
- emergency room use
- homelessness

The success of Peer Bridgers comes from developing trusting relationships with individuals while in the hospital and working with them through discharge and up to nine months post discharge. Bridgers work with individuals, their providers, and families to support their long-term recovery, helping them and their support network understand services available to them and build skills to live well in the community, whether medication management skills, connection to psychiatric rehabilitation services in the community, and empowerment services among others. This helps prevent future crises or hospitalization by supporting their stability in the community and helping them reconnect with social supports.

At a time when Massachusetts faces reductions in federal behavioral health funding, DMH budget pressures, a growing shortage of clinical and peer workforce and increasing homelessness and housing instability, an AOT law would unnecessarily redirect scarce resources. State after state has shown that AOT is an expensive program with low enrollment and no conclusive evidence of greater effectiveness than voluntary programs. Such an investment would move resources away from the tens of thousands who need voluntary support services.

In New York, despite enormous spending, AOT serves less than 1 percent of people with mental health challenges. Meanwhile, voluntary programs with proven outcomes struggle for survival.

As advocates in a state with AOT, we respectfully recommend that Massachusetts adopt a better path.

Conclusion

S1115/H1801 would move Massachusetts in the wrong direction, toward coercion, surveillance, and court involvement, when the state could be spending those

dollars to expand the voluntary, community-driven, culturally capable services that truly support recovery.

On behalf of the Alliance for Rights and Recovery, I respectfully urge the Committee to reject this bill and instead champion investments in access, equity, and voluntary support that strengthen communities and prevent crises before they occur.

Thank you for the opportunity to testify. I would be glad to answer any questions. My contact information is below.

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