DISABILITY
RIGHTS
MAINE

May 12, 2025

Senator Henry Ingwersen, Chair
Representative Michele Meyer, Chair
Committee on Health and Human Services
Cross Office Building, Room 209
Augusta, Maine 04333

Re: LD 1866 - An Act to Amend the Laws Regarding the State-designated Agency Advocating for Individuals with Serious Mental Illness

Dear Senator Ingwersen, Representative Meyer, and Members of the Committee on Health and Human Services:

I am here today to ask for your support for LD 1866, which ensures the continuation of important mental health advocacy services by moving them into statute.

Disability Rights Maine is a private non-profit organization, governed by a volunteer board of directors, and designated by the Governor of Maine to serve as Maine's independent protection and advocacy agency for people with disabilities. DRM works to advance justice and equality by enforcing rights and expanding opportunities for people with disabilities in Maine. We have 47 staff, twelve of whom are attorneys, and work under twenty-plus funding sources across federal and state programs to ensure that Mainers with disabilities are protected from abuse; are able to control the decisions that affect their lives; receive the services and supports necessary to live independently; have the opportunity to work and contribute to society; and have equal access to the same opportunities afforded other Mainers.

This bill may seem, on its face, like a simple codification of roles that everyone agrees are important. But behind it lies a complex and deeply significant history—one that spans over three decades and reaches to the heart of how Maine came to reform its mental health system. These advocacy positions were born out of one of the most consequential civil rights cases in our state's history.

In 1989, DRM joined with other advocates to file a class-action lawsuit on behalf of patients at the Augusta Mental Health Institute (AMHI). The lawsuit alleged that conditions at AMHI were unsafe and violated patients' constitutional rights, including failures in hospital care and the lack of a comprehensive community-based mental health system. While the State did not admit to any wrongdoing, the parties reached a negotiated resolution, and in 1990 entered into a Settlement Agreement, which became widely known as the AMHI Consent Decree.

The Consent Decree addressed both the conditions within the state hospital and the development of a broader, community-based system of care. Its goal was to support the creation of a comprehensive mental health system; one that ensured individuals could receive appropriate treatment in the least restrictive setting, with access to the services and supports needed to live safely and with dignity in the community. This agreement was sweeping in scope, spanning over 130 pages and 300 paragraphs. It covered everything from hospital treatment standards to the development of housing, case management, crisis services, planning, budgeting, quality assurance, and individual rights.

But, as detailed in multiple court findings over the years, compliance with the Decree remained elusive. Getting to the point we are at now took nearly 35 years: a reflection of the complexity of the system, the scope of the reforms, and the persistence required to make lasting change. While challenges emerged along the way, particularly in building consistent practices across a provider-based system, meaningful progress was made over time. With sustained efforts by the Department, the parties, and the Court Master, Maine moved gradually toward a stronger, more coordinated mental health system.

DRM's advocacy roles were developed over the years as part of the ongoing compliance process. DRM was contracted by the State to place advocates both in the community and inside the state psychiatric hospitals. These advocates are not hospital employees or internal representatives of provider agencies. They are independent, rights-based advocates who operate outside of the service delivery system, with a clear mandate to ensure that individuals with serious mental illness can access the services they need and that their rights are upheld throughout their care.

Over time, they have become trusted points of contact for individuals navigating complex systems. Whether helping someone in the community secure housing or case management, or working within a hospital to address discharge barriers, these advocates play a vital role in closing service gaps, resolving problems, and advancing the person-centered values that Maine's mental health system strives to uphold.

As Maine's federally designated Protection and Advocacy agency, and as one of the original counsels in the AMHI case, DRM holds both the legal mandate and the deep institutional knowledge necessary to understand the system's history and its ongoing risks. In a post-Consent Decree world, no other organization is positioned as well to carry forward this critical work and ensure that the progress that has been made is protected from backsliding.

The conclusion of the Consent Decree marks an important transition, but not an endpoint. The dismissal reflects that the State has met the adjusted compliance standards and taken measurable steps to improve access to care and oversight. But as we look ahead, it is essential to recognize that the system we now rely on was shaped by the decades of oversight that the Decree provided. The protections it put in place, including the role of independent advocacy, were not incidental; they were core to how the State was able to demonstrate progress.

As we move into a post-Consent Decree landscape, the question is not whether we continue oversight, but how we do so, without the Court, yet with equal clarity of purpose. The dismissal of the Consent Decree did not end the need for systemic accountability, but it did end the one specific mechanism for ensuring that accountability – our advocacy.

This bill provides a new mechanism: one grounded not in litigation, but in statute.

Respectfully Submitted;

Kim Moody
Executive Director
Disability Rights Maine