**Advocacy Services Plan 2017-18**

Disability Rights Maryland (DRM) strives to create a just and inclusive society by advancing the human and legal rights of people with disabilities, securing their opportunities to participate fully in community life, and defending their rights to self-determination, dignity, equality, choice and safety.

In determining the focus of its advocacy work, DRM seeks to engage the community and solicit ideas and opinions from people with disabilities, their families, other advocates and members of the disability community and various other stakeholders about the matters that are most essential for a legal organization with limited resources to address.

DRM’s Advocacy Services Plan is the product of this community input coupled with DRM’s extensive expertise in providing legal advocacy services to Marylanders with disabilities, and its responsibilities as Maryland’s designated Protection & Advocacy organization. The Plan delineates the advocacy services that will take precedence in the allocation of DRM’s resources. DRM will advocate for people with disabilities within this scope of work as our resources permit. The decisions to accept individual cases for representation are informed by the Plan and DRM’s commitment to producing broad-based, systemic change, within our resource limitations.

**MENTAL HEALTH**

Children and adults diagnosed with psychiatric disabilities must have access to an array of high quality community-based mental health services as needed and desired. Services should be recovery-oriented and self-directed, and offer alternatives to congregate care settings, emergency departments, and in-patient acute or crisis care. Psychiatric hospitals and residential treatment centers for children and adolescents must provide trauma-sensitive environments that are free from harm, coercion and force. The legal rights of all individuals with psychiatric disabilities in psychiatric hospitals and residential treatment centers must be safeguarded.

**Advocacy Services**

* Advocate to enforce the rights of people diagnosed with psychiatric disabilities to live in the community and receive appropriate supports and services needed to move toward independence and recovery, as set forth by the U.S. Supreme Court in *Olmstead v. L.C.* DRM will focus on reducing barriers to discharge in state psychiatric facilities and increasing community options to reduce the use of hospitalization.
* Protect individuals in psychiatric facilities from abuse and neglect. DRM will focus on advocating for reform in sexual abuse response, prevention and treatment capacities in state operated or licensed programs for persons with psychiatric disabilities.
* Defend the rights of people with psychiatric disabilities to self-directed care and to be free from involuntary treatment. DRM will focus on reducing use of coercive practices at psychiatric facilities, especially restraint, seclusion and involuntary medication; and challenging Maryland’s application of forced medication laws and practices when inconsistent with the constitutional rights of people with disabilities.
* Advocate for all psychiatric facilities to provide services and environments that are sensitive and responsive to histories of trauma and ensure that individuals receive the necessary support for long-term recovery in the community.
* Advocate for reduced use of segregation for prisoners with psychiatric disabilities.
* Advocate for the rights of children and adolescents who are found incompetent to stand trial, including their right to live in the community with appropriate supports.
* Monitor the *Doe v. Maryland Department of Health and Mental Hygiene* settlement relating to prevention, reduction and reporting of sexual assaults at state facilities.

**DEVELOPMENTAL DISABILITIES**

People with developmental disabilities (DD) must have access to high quality services in the community as needed and desired. Whether living in the community or institutions, children and adults with DD must be free from abuse and neglect, with appropriate safeguards to ensure their legal and human rights.

**Advocacy Services**

* Advocate for a stronger quality oversight system for state services for people with DD.
* Advance the rights of people with DD to receive person-centered plans and services.
* Advocate for people with DD to receive services in the most integrated setting according to their preferences.
* Improve access to information about service options and how to obtain them for people with DD and those who support them.
* Legal representation in select cases to address or prevent egregious harm or institutionalization, assist victims of crime, and/or advance systemic reforms to prevent abuse, neglect and other rights violations.

**EDUCATION**

Children and youth with disabilities, from birth through age 21, must receive a free and appropriate public education in compliance with federal and state special education laws. Families of children and youth with disabilities must have access to information and resources to exercise their rights under these laws. Implementation of these principles is guided by DRM’s focus on individual and family empowerment, systemic change through individual case representation, class representation, systemic legal advocacy, and coalition work.

**Advocacy Services**

* Advocate to eliminate systemic barriers that prevent students with disabilities from being educated in the least restrictive environment, as required by federal and state special education laws.
* Protect the rights of students with disabilities who are subjected to inappropriate school exclusion, restraint, seclusion, and the use of arrests for school-related behavior; and advocate for the use of positive behavior interventions and evidence-based alternatives.
* Advocate to eliminate barriers that prevent students with disabilities from graduating with a high school diploma.
* Advocate to eliminate systemic barriers that impede school attendance for students with disabilities in Baltimore City Public Schools, and their full and equitable participation in extra-curricular and out of school time programs.
* Advocate for appropriate special education services for students with disabilities who are involved with, or at risk of significant involvement with, the Department of Juvenile Services (DJS).
* Advocate for improved services under the Infants & Toddlers Program for children with social emotional delay, including effective transition to the special education service system and access to social/emotional services and supports.
* Advocate for the rights of students with disabilities who have been, or who are at risk of being, subjected to abuse or neglect in school.
* Provide training and technical assistance and disseminate information on special education rights and advocacy skills to families, other advocates and professionals so they can effectively advocate for appropriate accommodations, special education and related services.
* Continue DRM’s *pro bono* referral program for indigent families needing access to representation by trained attorneys in special education cases.

**MEDICAL ASSISTANCE (MEDICAID)**

Maryland’s Medical Assistance (MA) program must provide all covered services to enable people with disabilities to live in the most integrated, least restrictive settings. DRM will oppose service restrictions that interfere with this goal and advocate for service options available under federal law to expand community-based, consumer-directed services. People with disabilities must have meaningful participation in and access to a client-centered, equitable MA program that is designed to enable them to live independent, fulfilling lives.

**Advocacy Services**

* Educate individuals with disabilities and those working on their behalf about access to Medicaid services and appeals of Medicaid service denials.
* Provide representation in select cases that may provide an opportunity for changes in law or policy to make the Medicaid program more responsive to the needs of people with disabilities and/or assist them to live in integrated settings.
* Advocate for Department of Health and Mental Hygiene (DHMH) Medicaid Program regulations, policies, and provision of health care services that are consistent with federal and state law and ensure people with disabilities are able to live in the community with as much independence and self-determination as possible.
* Provide training, technical assistance and support for pro bono attorneys representing people with disabilities in Medicaid cases.

**ACCESS TO COMMUNITY-BASED SERVICES FOR PEOPLE IN NURSING FACILITIES**

Nursing facility residents with disabilities must be provided effective information about their options for living in the community and have timely access to appropriate Medicaid programs designed to facilitate their movement to high quality, community-based services.

**Advocacy Services**

* Represent Medicaid recipients with disabilities in nursing facilities who seek to live in the community with adequate supports and face legal barriers to discharge, as set forth by the U.S. Supreme Court in *Olmstead v. L.C.*
* Monitor DHMH implementation of Medicaid long-term care services and supports, including the Community Based Options Waiver, the Community First Choice Program, and the Money Follows the Person Program.
* Monitor Department of DHMH implementation of the Medicaid Home and Community Based Settings Rule to ensure that people participating in community based long-term care services are served in the most integrated setting possible.
* Advocate for policies to expand community options and ability to self-direct care; ensure access to appropriate, timely long-term services and supports for nursing facility residents wanting to transition into the community; and opportunities for people with disabilities to access services and supports to live in their own communities.
* Collaborate with independent living centers, community advocates, and other legal services organizations to promote empowerment of people with disabilities and facilitate full integration of nursing facility residents transitioning into community life.
* Provide technical assistance and support for volunteer advocates with disabilities who conduct outreach to nursing facility residents to raise awareness of long term care and support options in their communities, and provide support with the Waiver application and facility discharge processes.

**ASSISTIVE TECHNOLOGY**

People with disabilities must have access to assistive technology that increases their independence and communication with others, and is essential for health, education, work, safety, social connections, and self-reliance.

**Advocacy Services**

* Provide legal representation to individuals who have been denied assistive technology by the Medical Assistance program, including Medicaid waiver programs, in select cases that may provide an opportunity for improvements in law or policy.
* Identify barriers to obtaining assistive technology under Medical Assistance; advocate for improved procedures for obtaining assistive technology and augmentative communication devices, and for compliance with federal and state law.
* Monitor Maryland’s implementation of the Centers for Medicare and Medicaid Services (CMS) Final Rule (issued in February 2016) that included the first national definition of "medical equipment" in the Medicaid program.

**CIVIL RIGHTS AND COMMUNITY INCLUSION**

DRM challenges discrimination that impedes the opportunities of people with disabilities to be included in our communities. DRM prioritizes access to affordable and accessible housing, and transportation services.

**Advocacy Services**

* Monitor implementation of the federal court consent decree in *Bailey et al. v. Housing Authority of Baltimore City,* a lawsuit allegingthat the Housing Authority engaged in disability discrimination.
* Monitor the Baltimore County Conciliation Agreement with HUD et al that provides for affordable and accessible rental housing in areas of opportunity in Baltimore County.
* Advocate for systemic reform in housing programs operated by the Housing Authority of Prince George’s County to ensure compliance with federal requirements for accessibility and reasonable accommodations.
* Provide representation in individual cases to obtain or maintain subsidized housing when a legal issue relates to a disability, and as resources allow, while prioritizing systemic advocacy.
* Advocate for increased accessible and affordable housing for people with disabilities.
* Advocate for systemic protections for people with disabilities residing in subsidized housing that will or may convert to housing controlled by the new federal Rental Assistance Demonstration (RAD) Project.
* Resolve the lawsuit *Freeman v. Maryland Department of Transportation*, alleging failures of the MTA paratransit service to comply with the Americans with Disabilities Act.
* Work with community members to pursue improvements in MTA paratransit services. Support Consumers for Accessible Ride Services (CARS) in providing transit information and advocacy services to the community and policy makers.

**VOTING RIGHTS**

Individuals with disabilities who are of voting age must have the opportunity to participate fully in the voting process, including registering to vote and voting privately and independently, **Advocacy Services**

* Provide voter information, registration and advocacy to encourage the full participation of people with disabilities in the electoral process.
* Increase access for voters with disabilities to the electoral process and polling places, to include accessible voting systems.
* Assist the State and local boards of elections in meeting the disability-related requirements of the Help America Vote Act and other relevant laws.
* Provide individual and systemic advocacy to protect the rights of voters with disabilities.

**ADVOCACY FOR SOCIAL SECURITY BENEFICIARIES**

## Recipients of Social Security Administration (SSA) benefits must be aware of work incentives available to them under current law. SSA beneficiaries need access to appropriate services and assistance, including access to reliable public transportation, transition planning from school to work, and continuing Medicaid/Medicare services to support them in meeting employment goals.

**Advocacy Services**

* Within the limits and restrictions of SSA grant funding, provide individual consultation and legal representation to SSA beneficiaries regarding employment barriers, including prevention of SSA overpayments, criminal record expungement, and access to vocational services.
* Participate in coalition-based outreach and education to Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) beneficiaries related to work incentives, including Maryland's Medicaid Buy-in program.

**ACCESS TO COMMUNITY-BASED SERVICES FOR PEOPLE WITH TRAUMATIC BRAIN INJURY (TBI)**

Individuals with traumatic brain injury (TBI) must have access to high quality, community-based services that will enable them to participate fully in community life. Through outreach, training, participation on the Maryland TBI Board and the TBI Waiver Advisory Committee, and representation of individuals in select cases, DRM works to ensure that children and adults with TBI are free from discrimination and can access the accommodations they need to live, work, attend school, and enjoy recreational and other activities in the community.

**PUBLIC POLICY**

DRM engages in public policy advocacy on key issues affecting people with disabilities, consistent with our Advocacy Services Plan, to the extent permitted by our funding sources and federal law. DRM advocates in a cross-disability manner to strengthen and expand legal protections; eliminate discrimination, abuse and neglect; improve community-based programs, services and supports for people with disabilities; and facilitate the movement of people with disabilities out of institutional settings.