

The National Council on Independent Living Position Paper on Aging and Disability Resource Centers

June 2008

For over 25 years Centers for Independent Living (CILs) have provided services and assistance to individuals with disabilities by following a unique set of principals that has become accepted as “the independent living philosophy”. The National Council on Independent Living (NCIL) was established in 1982 to promote the independent living philosophy in federal policy measures. As the oldest grassroots disability organization, NCIL represents Centers for Independent Living (CILs), Statewide Independent Living Councils (SILCs), and individuals with disabilities.

We believe that in order for individuals with disabilities to be appropriately served and assisted, Aging and Disability Resource Centers (ADRCs) should adhere to the following guidelines:

- 1) Embrace the independent living philosophy, including the following practices:
 - a. Consumer Control – ADRCs would ensure that each individual would hold power and authority over the services they receive. ADRCs would not have a list of services from which a person can choose, but rather the ADRC would provide the services requested by the consumer in the manner requested by the consumer.
 - b. Consumer Direction – ADRCs would ensure that individuals with disabilities would hold policymaking, managerial, and staff positions to the degree to ensure that consumers of services are involved in determining the policies and procedures of the Center.
 - c. Self-Determination – ADRCs would ensure that individuals are supported in a way that builds on their strengths, promotes community life, and honors the individual’s preferences, choices, and abilities.
 - d. Autonomy – ADRCs would ensure that its policies and procedures are not restricted by entities that provide services using the medical model but are established independently of those service providers. ADRCs will have the capacity to pursue private and public funding to create sustainable programs.
 - e. Dignity of Risk – ADRCs would reject the historical patronizing attitude that individuals with disabilities are to be protected, so that the ability to fail and learn from failure is an acceptable outcome.
- 2) “Nothing About Us Without Us” – ADRCs would have, at its core, a philosophy of maximizing individuals’ independence, dignity, choice and flexibility. Decisions will never be made FOR participants but rather BY and WITH participants. ADRCs will not

speak for people with disabilities and older adults – rather they will support people with disabilities and older adults speaking for themselves in all venues.

3) NCIL believes that an ADRC must ensure that all services are available to individuals with disabilities and older adults regardless of the ADRC model of services.

One solution to obtain a single point of contact for coordinated access to long term services and supports is to use a 'no wrong door' approach. An example of this approach is having the leading referral agencies agree to use a “no wrong door” approach. “No Wrong Door” approach means that a person with a disability, or a person over 60 with or without a disability, can contact any of the referral agencies and will be served by the appropriate agencies without having to either make another phone call, retell their request, and/or retell their story.

Access means 100% inclusion in all provided services by persons with all types of disabilities and of all ages. Each ADRC will be fully accessible - architecturally and programmatically - regardless of whether the disability is physical, sensory, speech, emotional, cognitive, systemic or any combination.

Advocates can accomplish this by;

- Creating a resource map of each agency’s services,
- Providing cross training between agencies who serve elders and people with disabilities that includes sharing information on what each agency does and how they do it,
- Making adaptations to the telephones at each agency to allow for a one button connection and transfer of calls as if it was an internal call transfer,
- Making adaptations to the data systems which need to include recorded verbal permission and allow for the caller to be transferred,
- Designing a common information and referral initial contact form which meets the varied needs of all agencies involved, and
- Developing, testing and implementing the interface between different automated data systems for electronic transfer of information.

This will result in smoothly linking customers with information and services, and expanding the range of options for consumers with just one phone call, fax, or visit. This model also seems to empower agency staff to have more options in their tool kit for providing quality services.

4) NCIL believes that all of the ADRCs' design, development and implementation must include a mandatory partnership between the Area Agencies on Aging, ADRCs and CILs & SILCs.

5) NCIL will continue to collaborate with the Administration on Aging (AoA) in the development of guidelines that reinforce this partnership outlined above at the federal, state and local levels based on two documents that provide the conceptual guidelines for partnerships between CILs and their corresponding Triple AAAs: "Comparative Analysis of Services/Programs Offered by Area Agencies on Aging (AAAs) and Centers for Independent Living (CILS)" and "Areas for Collaboration".

Note: These conceptual partnership guidelines are a major focus area for the presentations that NCIL members have done or will be doing on behalf of the contract with AoA. The next step is talk about bringing this home, perhaps by finding examples and sharing them with all ADRCs of successful partnership agreements between CILs and AAAs on the Lewin TA site, as well as future collaborative meetings between NCIL and AoA.