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Thursday  
February 25, 1999

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**Part V**

**Department of  
Education**

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**National Institute on Disability and  
Rehabilitation Research; Notice of  
Proposed Funding Priorities for Fiscal  
Years 1999–2000 for Certain Centers and  
Projects; Notice**

**DEPARTMENT OF EDUCATION****National Institute on Disability and Rehabilitation Research; Notice of Proposed Funding Priorities for Fiscal Years 1999–2000 for Certain Centers and Projects**

**AGENCY:** Department of Education.

**ACTION:** Notice of proposed funding priorities for fiscal years 1999–2000 for certain centers and projects.

**SUMMARY:** The Secretary proposes funding priorities for four Rehabilitation Research and Training Centers (RRTCs) and two Disability and Rehabilitation Research Projects (DRRPs) under the National Institute on Disability and Rehabilitation Research (NIDRR) for fiscal years 1999–2000. The Secretary takes this action to focus research attention on areas of national need. These priorities are intended to improve rehabilitation services and outcomes for individuals with disabilities.

**DATES:** Comments must be received on or before March 29, 1999.

**ADDRESSES:** All comments concerning these proposed priorities should be addressed to Donna Nangle, U.S. Department of Education, 600 Maryland Avenue, SW, room 3418, Switzer Building, Washington, DC 20202–2645. Comments may also be sent through the Internet: [comments@ed.gov](mailto:comments@ed.gov).

You must include the term "NIDRR Centers and Projects Proposed Priorities" in the subject line of your electronic message.

**FOR FURTHER INFORMATION CONTACT:** Donna Nangle. Telephone: (202) 205–5880. Individuals who use a telecommunications device for the deaf (TDD) may call the TDD number at (202) 205–9136. Internet: [Donna\\_Nangle@ed.gov](mailto:Donna_Nangle@ed.gov).

Individuals with disabilities may obtain this document in an alternate format (e.g., Braille, large print, audiotope, or computer diskette) on request to the contact person listed in the preceding paragraph.

**SUPPLEMENTARY INFORMATION:** This notice contains proposed priorities under the Disability and Rehabilitation Research Projects and Centers Program for four RRTCs related to: rehabilitation for persons with long-term mental illness; rehabilitation for children with disabilities with special health care needs; policies affecting the provision of services to children with emotional disturbances and their families; and improving services and supports to children with emotional disturbances and their families. The notice also contains proposed priorities for two

DRRPs related to: rehabilitation for women with disabilities; and analysis of service delivery and policies affecting emerging disability populations. The proposed priorities refer to NIDRR's proposed Long-Range Plan (LRP). The proposed LRP can be accessed on the World Wide Web at:

<http://www.ed.gov/legislation/FedRegister/announcements/1998-4/102698a.html>

These proposed priorities support the National Education Goal that calls for every adult American to possess the skills necessary to compete in a global economy.

The authority for the Secretary to establish research priorities by reserving funds to support particular research activities is contained in sections 202(g) and 204 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 762(g) and 764).

The Secretary will announce the final priorities in a notice in the **Federal Register**. The final priorities will be determined by responses to this notice, available funds, and other considerations of the Department. Funding of a particular project depends on the final priority, the availability of funds, and the quality of the applications received. The publication of these proposed priorities does not preclude the Secretary from proposing additional priorities, nor does it limit the Secretary to funding only these priorities, subject to meeting applicable rulemaking requirements.

**Note:** This notice of proposed priorities does *not* solicit applications. A notice inviting applications under this competition will be published in the **Federal Register** concurrent with or following the publication of the notice of final priorities.

**Rehabilitation Research and Training Centers**

Authority for the RRTC program of NIDRR is contained in section 204(b)(2) of the Rehabilitation Act of 1973, as amended (29 U.S.C. 764(b)(2)). Under this program the Secretary makes awards to public and private organizations, including institutions of higher education and Indian tribes or tribal organizations for coordinated research and training activities. These entities must be of sufficient size, scope, and quality to effectively carry out the activities of the Center in an efficient manner consistent with appropriate State and Federal laws. They must demonstrate the ability to carry out the training activities either directly or through another entity that can provide that training.

The Secretary may make awards for up to 60 months through grants or

cooperative agreements. The purpose of the awards is for planning and conducting research, training, demonstrations, and related activities leading to the development of methods, procedures, and devices that will benefit individuals with disabilities, especially those with the most severe disabilities.

**Description of Rehabilitation Research and Training Centers**

RRTCs are operated in collaboration with institutions of higher education or providers of rehabilitation services or other appropriate services. RRTCs serve as centers of national excellence and national or regional resources for providers and individuals with disabilities and the parents, family members, guardians, advocates or authorized representatives of the individuals.

RRTCs conduct coordinated, integrated, and advanced programs of research in rehabilitation targeted toward the production of new knowledge to improve rehabilitation methodology and service delivery systems, to alleviate or stabilize disabling conditions, and to promote maximum social and economic independence of individuals with disabilities.

RRTCs provide training, including graduate, pre-service, and in-service training, to assist individuals to more effectively provide rehabilitation services. They also provide training including graduate, pre-service, and in-service training, for rehabilitation research personnel and other rehabilitation personnel.

RRTCs serve as informational and technical assistance resources to providers, individuals with disabilities, and the parents, family members, guardians, advocates, or authorized representatives of these individuals through conferences, workshops, public education programs, in-service training programs and similar activities.

RRTCs disseminate materials in alternate formats to ensure that they are accessible to individuals with a range of disabling conditions.

NIDRR encourages all Centers to involve individuals with disabilities and individuals from minority backgrounds as recipients of research training, as well as clinical training.

The Department is particularly interested in ensuring that the expenditure of public funds is justified by the execution of intended activities and the advancement of knowledge and, thus, has built this accountability into the selection criteria. Not later than three years after the establishment of

any RRTC, NIDRR will conduct one or more reviews of the activities and achievements of the Center. In accordance with the provisions of 34 CFR 75.253(a), continued funding depends at all times on satisfactory performance and accomplishment.

### Proposed General Requirements

The Secretary proposes that the following requirements apply to these RRTCs pursuant to these absolute priorities unless noted otherwise. An applicant's proposal to fulfill these proposed requirements will be assessed using applicable selection criteria in the peer review process. The Secretary is interested in receiving comments on these proposed requirements:

Each RRTC must provide: (1) training on research methodology and applied research experience; and (2) training on knowledge gained from the Center's research activities to persons with disabilities and their families, service providers, and other parties, as appropriate.

Each RRTC must develop and disseminate informational materials based on knowledge gained from the Center's research activities, and disseminate the materials to persons with disabilities, their representatives, service providers, and other interested parties.

Each RRTC must involve individuals with disabilities and, if appropriate, their representatives, in planning and implementing its research, training, and dissemination activities, and in evaluating the Center.

Each RRTC must conduct a state-of-the-science conference and publish a comprehensive report on the final outcomes of the conference. The report must be published in the fourth year of the grant.

Each RRTC must coordinate with other entities carrying out related research or training activities.

### Priorities

Under 34 CFR 75.105(c)(3) the Secretary proposes to give an absolute preference to applications that meet the following priorities. The Secretary proposes to fund under this competition only applications that meet one of these absolute priorities.

#### *Proposed Priority 1: Rehabilitation for Persons With Long-term Mental Illness*

##### Introduction

Chapter Two of NIDRR's proposed LRP addresses the employment status of persons with mental illness (63 FR 57197—57198) and Chapter Six (63 FR 57208) sets forth the background to

research addressing their rehabilitation needs within the framework of community integration. The National Institute of Mental Health estimates that there are over 3 million adults ages 18–69 who have a serious mental illness (Manderscheid, R.W. & Sonnenschein, M.A. (Eds.), *Mental Health, United States 1992* U.S. Department of Health and Human Services, Rockville, MD; DHHS Publication No. (SMA) 92–1942).

The psychiatric rehabilitation model includes recovery as an outcome for persons experiencing long-term mental illness (LTMI). The recovery paradigm is defined as the personal, unique process of changing one's attitudes, values, skills, and roles to maximize personal functioning (Psychiatric Rehabilitation Services, Inc., <http://www.psychdismgmt.com/index.html>). It refers to persons with LTMI regaining social function and developing new meaning and purpose in their lives through understanding and accepting their disability, taking personal responsibility, developing hope, and effectively utilizing support. There is a need to determine the effectiveness of the recovery approach to rehabilitation for persons with LTMI.

### Proposed Priority

The Secretary, in collaboration with the Substance Abuse and Mental Health Services Administration and the Center for Mental Health Services, proposes to establish an RRTC on rehabilitation for persons with LTMI to address the employment status of persons with LTMI and investigate the effectiveness of functional recovery. The RRTC must:

- (1) Investigate individual and environmental factors that facilitate or hinder recovery, and describe the recovery process;
- (2) Investigate whether the recovery process differs for individuals based on diagnosis, ethnicity, and history of physical or psychological abuse;
- (3) Investigate the relationships between recovery and job training, education, and employment; and
- (4) Investigate the impact of various alternative health care practices and wellness activities such as exercise, diet, meditation, peer support, and personal assistance services on employment outcomes for persons with LTMI.

#### *Proposed Priority 2: Rehabilitation for Children With Disabilities With Special Health Care Needs*

##### Introduction

Chapter Four of NIDRR's proposed LRP addresses health care and health care systems for persons with

disabilities (63 FR 57202—57203). For the purposes of this proposed priority, children with disabilities with special health care needs have a chronic physical, developmental, behavioral, or emotional condition and also require health and related services of a type or amount beyond that required by children generally.

As the trend toward enrolling Medicaid-eligible populations in capitated healthcare delivery programs (e.g., health maintenance organizations) continues, States have begun to address the challenges of providing coordinated, high quality health care to high cost populations. Children with disabilities with special health care are among those high cost populations because they tend to need multiple services, advanced technologies, and specialized services. Research is needed to determine whether cost control strategies are preventing children with disabilities with special health care needs from receiving access to the range of specialized and support services, and technologies that they need to treat their condition and prevent further disability.

### Proposed Priority

The Secretary proposes to establish an RRTC to improve rehabilitation outcomes for children with disabilities with special health care needs. The RRTC must:

- (1) Investigate access to pediatric rehabilitation, including specialized and support services, and technologies, by children with disabilities with special health care needs;
- (2) Analyze the impact of cost control strategies on the provision of health care to children with disabilities with special health care needs;
- (3) Identify best practices in the transition from pediatric to adult medical care in capitated managed care settings;
- (4) Assess the effectiveness and appropriateness of using telerehabilitation to provide health care services to children with disabilities with special health care needs in remote settings; and
- (5) Identify training issues for service providers who diagnose and assess the assistive technology needs of children with disabilities who have special health care needs.

In carrying out these purposes, the RRTC must coordinate with the Maternal and Child Health Bureau and the Office of Policy and Planning in the Department of Health and Human Services, the Office of Special Education Programs, the Federal Interagency Coordinating Council, and the

Rehabilitation Engineering Research Center on Telerehabilitation.

### **Two Priorities Addressing Children With Emotional Disturbances**

Chapter Seven of NIDRR's proposed LRP (63 FR 57213) addresses public policy issues for people with disabilities including the integration of service systems. Children with emotional disturbances and their families are likely to receive services from a number of social service systems. Gaining a better understanding of the policies that serve as the foundation for these services, and their interaction, may contribute to improvements in the quality of services.

Approximately 3.5 to 4 million youngsters (from ages 9–17) are estimated to have an emotional disturbance accompanied by substantial functional impairment (Center for Mental Health Services, Publication SMA96–308, Chapter 6, 1996).

#### *Proposed Priority 3: Policies Affecting the Provision of Services to Children With Emotional Disturbances and Their Families*

##### **Introduction**

Many children with emotional disturbances receive services over extended periods of time from multiple agencies including child welfare and protective services agencies, schools and local educational agencies, and elements of the juvenile justice system. Coordination of the delivery of services from multiple agencies is a difficult undertaking that may be facilitated by ensuring that the public policies authorizing the services are compatible and promote coordination and collaboration.

The costs, or part of the costs, of mental health services provided to children with emotional disturbances are routinely covered by insurance programs. Research is needed to understand the impact of changes in the field of health care financing on mental health services provided to children with emotional disturbances.

##### **Proposed Priority**

The Secretary, in collaboration with the Substance Abuse and Mental Health Services Administration and the Center for Mental Health Services, proposes to establish an RRTC to improve policies affecting the provision of services to children with emotional disturbances and their families. The RRTC must:

(1) Develop an analytical framework for assessing: family characteristics and policies, structure of service systems, service delivery processes, interagency

coordination and collaboration, and outcomes for children with emotional disturbances and their families;

(2) Using the methodology developed above, determine the effectiveness of specific policies, implementation strategies, service delivery procedures, and coordination practices in meeting the needs of children with an emotional disturbance and their families;

(3) Identify the impact of specific characteristics of interagency collaboration and coordination on the provision of services to children with emotional disturbances and their families;

(4) Assess the impact of specific policies on access to services of children with emotional disturbances from diverse cultural, linguistic, ethnic and socioeconomic backgrounds; and

(5) Investigate the impact of changes in health care financing, particularly the State Children's Health Insurance Program, on mental health services provided to children with emotional disturbances.

In carrying out these purposes, the RRTC must:

- Coordinate with the Center for Mental Health Services and the Office of Policy and Planning in the Department of Health and Human Services, the Office of Special Education Programs, and the Federal Interagency Coordinating Council; and
- Establish practical statistical methodologies and measurement tools that specifically assess the policies affecting families of children with serious emotional disturbance.

#### *Proposed Priority 4: Improving Services and Supports to Children With Emotional Disturbances and Their Families*

##### **Introduction**

Families of children with emotional disturbances face multiple challenges and need appropriate services for their children as well as supportive services for the family. Early identification of an emotional disturbance is beneficial not only to the child, but also to the family who must learn to address the impact of their child's behavior on the family and to navigate various service systems. In order to address family needs and be successful advocates for their child, families must learn to communicate effectively with providers. At the same time, service providers must have the ability to understand families' needs and respond positively to those needs.

##### **Proposed Priority**

The Secretary, in collaboration with the Substance Abuse and Mental Health

Services Administration and the Center for Mental Health Services, proposes to establish an RRTC to improve services and supports for children with emotional disturbances and their families. The RRTC must:

(1) Develop and evaluate service delivery models for children with an emotional disturbance and their families, including family centered and culturally sensitive services;

(2) Define and evaluate the formal and informal components of family support and identify successful family support interventions;

(3) Identify and evaluate early intervention strategies; and

(4) Identify, develop, and evaluate communication skills to enable families and service providers to communicate effectively with each other.

In carrying out these purposes, the RRTC must coordinate with the Center for Mental Health Services and the Office of Policy and Planning in the Department of Health and Human Services, the Office of Special Education Programs, and the Federal Interagency Coordinating Council.

### **Disability and Rehabilitation Research Projects**

Authority for Disability and Rehabilitation Research Projects (DRRPs) is contained in section 204(a) of the Rehabilitation Act of 1973, as amended (29 U.S.C. 764(a)). DRRPs carry out one or more of the following types of activities, as specified in 34 CFR 350.13–350.19: research, development, demonstration, training, dissemination, utilization, and technical assistance. Disability and Rehabilitation Research Projects develop methods, procedures, and rehabilitation technology that maximize the full inclusion and integration into society, employment, independent living, family support, and economic and social self-sufficiency of individuals with disabilities, especially individuals with the most severe disabilities. In addition, DRRPs improve the effectiveness of services authorized under the Rehabilitation Act of 1973, as amended.

#### *Proposed Priority 5: Improved Economic Outcomes for Women With Disabilities*

##### **Introduction**

Chapter One of NIDRR's proposed LRP (63 FR 57192) addresses the need for research to explore new ways of measuring and assessing disability in context, taking into account the effects of physical, policy, and social environments, and the dynamic nature of disability over the life span and across environments. Among the

objectives for persons with disabilities are satisfactory employment, economic self-sufficiency, and the opportunity to participate in mainstream community life.

There is evidence that the economic conditions of women with disability are comparatively poor. Disabled women have lower levels of educational attainment, lower employment rates regardless of education, and lower earnings. Also, they are more likely to be dependent on public income supports, to live in poverty, and to be single parents at some time during their lives, with responsibility for the care and support of children (*Introduction to Disability*, McColl, M. and Bickenbach, J., Eds., W.B. Saunders Co., 1998).

NIDRR expects this project to contribute to our understanding of strategies that women with disabilities can use to achieve greater economic independence. The project may focus on ways to maximize earnings from work, self-employment, and financial life planning. In the effort to maximize earnings, some women with disabilities at various educational levels are setting career goals, attaining appropriate training and education throughout the life span, and developing networks and support systems to improve their employment outcomes. Some disabled women, especially those with young children, are now considering the advantages and disadvantages of home-based employment.

#### Proposed Priority

The Secretary proposes to establish a DRRP to evaluate the economic status of women with disabilities and identify strategies to improve employment outcomes and economic independence.

(1) Analyze, using existing data sources, the employment conditions and economic status of disabled women, including uses of public and private income supports;

(2) Analyze the skills and conditions that promote lifelong economic self-sufficiency for disabled women;

(3) Identify innovative strategies to improve employment outcomes, including earnings, career progression, and benefits packages, for women with disabilities; and

(4) Identify innovative strategies, including peer support strategies, to assist disabled women to develop plans to increase lifelong economic security.

#### Proposed Priority 6: Analysis of Service Delivery and Policies Affecting Emerging Disability Populations

##### Introduction

Chapter 2 of NIDRR's proposed LRP (63 FR 57196-57198) describes what has become known as the "emerging universe of disability." Demographic, social and environmental trends affect the prevalence and distribution of various types of disability as well as the demands of those disabilities on social policy and service systems. Studies of such emergent disabilities address factors that include: (1) changing etiologies for existing disabilities; (2) growth in segments of the population with higher prevalence rates for certain disabilities, including the aging of the population of individuals with disabilities; (3) the consequences of changes in public policy and in health care services and technologies; and (4) the appearance of new disabilities.

##### Proposed Priority

The Secretary proposes to establish a DRRP to improve the provision of services to persons with emerging disabilities. The DRRP must:

(1) Evaluate the implications of emerging disabilities for service systems and social policy; and

(2) Assess the particular needs, with attention to identifying unmet needs of the emerging universe for independent living services, assistive technology services, community-based supports, and other services such as vocational rehabilitation, special education, medical and psychosocial rehabilitation, income supports, and medical assistance.

In carrying out these purposes the DRRP must:

- Use a range of existing data sources to estimate and describe the emerging universe of disability and predict future trends;

- Assess the feasibility of using existing, or establishing new surveillance systems in order to improve the accuracy of predicting changes in the emerging universe;

- Identify etiologies, including environmental or social factors, associated with these emerging disabilities;

- Design a practical and prioritized agenda for a future research program to address gaps in service delivery, to develop interventions and to develop policy approaches to address the disability-related problems of various segments of the emerging universe; and

- Convene a conference to discuss the Center's findings and their implications, with an emphasis on dissemination of results of the conference to appropriate NIDRR grantees.

#### Electronic Access to This Document

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<http://ocfo.ed.gov/fedreg.html>

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**Note:** The official version of this document is the document published in the **Federal Register**.

#### Invitation to Comment

Interested persons are invited to submit comments and recommendations regarding these proposed priorities. All comments submitted in response to this notice will be available for public inspection, during and after the comment period, in Room 3424, Switzer Building, 330 C Street SW, Washington, DC, between the hours of 9:00 a.m. and 4:30 p.m., Monday through Friday of each week except Federal holidays.

Applicable Program Regulations: 34 CFR Part 350.

(Catalog of Federal Domestic Assistance Number 84.133A, Disability and Rehabilitation Research Projects, and 84.133B, Rehabilitation Research and Training Centers)

**Program Authority:** 29 U.S.C. 760-762.

Dated: February 19, 1999.

**Curtis L. Richards,**

*Acting Assistant Secretary for Special Education and Rehabilitative Services.*

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