



Tuesday
May 4, 1999

Part VI

**Department of
Education**

**National Institute on Disability and
Rehabilitation Research; Final Funding
Priorities for Fiscal Years 1999–2000 for
Certain Centers and Projects; Inviting
Applications for New Awards Under the
Disability and Rehabilitation Research
Project and Centers Program for Fiscal
Year (FY) 1999; Notices**

DEPARTMENT OF EDUCATION

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

AGENCY: Department of Education.

SUMMARY: The Secretary announces final 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.

EFFECTIVE DATE: These priorities take effect on June 3, 1999.

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) 205–2742. Internet:

Donna_Nangle@ed.gov

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

SUPPLEMENTARY INFORMATION: This notice contains final 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 final priorities for two DRRPs related to: rehabilitation for women with disabilities; and analysis of service delivery and policies affecting emerging disability populations. The final 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 final 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).

Note: This notice of final priorities does not solicit applications. A notice inviting applications is published elsewhere in this issue of the **Federal Register**.

Analysis of Comments and Changes

On February 25, 1999 the Secretary published a notice of proposed priorities in the **Federal Register** (64 FR 9422). The Department of Education received 40 letters commenting on the notice of proposed priorities by the deadline date. An analysis of the comments and of the changes in the priorities since publication of the proposed priorities follows. Other substantive issues are discussed under the priority in which they pertain. Technical and other minor changes—and suggested changes the Secretary is not legally authorized to make under statutory authority—are not addressed.

Rehabilitation Research and Training Centers*Priority 1: Rehabilitation for Persons With Long-Term Mental Illness*

Comment: The RRTC should focus on the role of conflict resolution skills in the recovery of individuals with long-term mental illness.

Discussion: Under the first required activity, an applicant could propose to investigate the role of conflict resolution skills in the recovery of individuals with long-term mental illness. The peer review process will evaluate the merits of the proposal. NIDRR has no basis to require all applicants to investigate the role of conflict resolution skills in the recovery of individuals with long-term mental illness.

Changes: None.

Comment: The RRTC should be required to identify and evaluate interventions that promote the functioning of single parent families in which the parent has a history of mental illness.

Discussion: The purpose of the priority is to address the employment status of persons with LTMI and investigate the effectiveness of functional recovery. Within that context, an applicant could propose to place a special emphasis on individuals with long-term mental illness who are single parents. The peer review process will evaluate the merits of the proposal. NIDRR has no basis to require all applicants to place a special emphasis on individuals with long-term mental illness who are single parents.

Changes: None.

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

Comment: Thirty-three commenters urged NIDRR to establish an RRTC on Pediatric Trauma and fund a National Pediatric Trauma Registry (NPTR).

Discussion: After consulting with other agencies carrying out related pediatric research and reviewing the research portfolios of current NIDRR grantees that carry out pediatric research, NIDRR will consider establishing an RRTC on Pediatric Trauma. After conducting a formal evaluation of the current NPTR, NIDRR will consider establishing a new NPTR.

Changes: None.

Comment: The RRTC should address the healthcare access problems of children with Chronic Fatigue Syndrome, fibromyalgia, Lyme disease, or autoimmune diseases.

Discussion: The priority includes a definition of children with disabilities with special health care needs as having a chronic physical, developmental, behavioral, or emotional condition that also requires health and related services of a type or amount beyond that required by children generally. The RRTC could address the healthcare access problems of children with Chronic Fatigue Syndrome, fibromyalgia, Lyme disease, or autoimmune diseases if their condition also requires health and related services of a type or amount beyond that required by children generally.

Changes: None.

Comment: One commenter questioned the appropriateness of the target population and asked for a clarification. The commenter asked if it was necessary to include children with serious emotional conditions in this RRTC in light of the two RRTCs related to children with serious emotional disturbances. In addition, the commenter asked for clarification regarding the age range of the target population, the importance of the onset of disability, and the inclusion of children who are institutionalized.

Discussion: The two RRTCs related to children with serious emotional disturbances will not address the healthcare issues that are addressed by this RRTC.

In terms of the target population, NIDRR prefers to give applicants the discretion to propose the characteristics of the target population who meet the definition in the priority of children disabilities with special health care needs. The peer review process will

evaluate the merits of the proposed target population.

All children, including those who are institutionalized, who meet the definition of children with disabilities with special health care needs, should be included in the target population.

Changes: None.

Comment: One commenter questioned the utility of requiring the RRTC to coordinate with the Rehabilitation Engineering Research Center (RERC) on Telerehabilitation.

Discussion: The RRTC is required to assess the effectiveness and appropriateness of using telerehabilitation to provide health care services to children in remote settings. The RERC on Telerehabilitation should be instrumental in successfully carrying out this research.

Changes: None.

Priority 3: Policies Affecting the Provision of Services to Children with Emotional Disturbances and Their Families

Comment: The shared Introduction that prefaces this priority and the priority on improving services and supports to children with emotional disturbances and their families should focus on strengths, family-centered and family-driven planning, implementation, and evaluation, as well as an injunction that all aspects of service delivery should be culturally competent.

Discussion: The introductions to these, and other priorities, include only that background information that is necessary in order for potential applicants to propose to fulfill the purpose of the priority. NIDRR believes that the principles articulated in the comment are valuable, but not essential.

Changes: None.

Comment: This RRTC and the RRTC on improving services and supports to children with emotional disturbances and their families should include individuals from a range of diverse backgrounds and engage family members in all of the work they perform.

Discussion: The description and general requirements of the RRTC include provisions that are consistent with the commenter's suggestions. They state that NIDRR encourages all Centers to involve individuals with disabilities and individuals from minority backgrounds as recipients of research training, as well as clinical training, and that 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. No further requirements are necessary.

Changes: None.

Comment: The first and third required activities should include family-run organizations.

Discussion: An applicant could propose to address the role of family-run organizations within the first and third required activities. The peer review process will evaluate the merits of the proposal. NIDRR has no basis to require all applicants to address the role of family-run organizations within the first and third required activities.

Changes: None.

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

Comment: The first required activity should acknowledge the importance of family participation at the case level, in service planning, implementation, and planning, as well as in policy making.

Discussion: An applicant could propose to stress the importance of family participation in carrying out the first required activity. The peer review process will evaluate merits of the proposal. NIDRR has no basis to require all applicants to stress the importance of family participation in carrying out the first required activity.

Changes: None.

Comment: Two commenters indicated that the fourth required activity should include issues related to collaboration in addition to issues on communication skills.

Discussion: An applicant could propose to approach communication skills broadly so as to include issues related to collaboration. The peer review process will evaluate merits of the proposal. NIDRR has no basis to require all applicants to approach communication skills broadly so as to include issues related to collaboration.

Changes: None.

Comment: The RRTC should be required to describe the evolution and development of family-run organizations and their impact on the design, development, delivery, and evaluation of services and supports of children, youth, and families.

Discussion: An applicant could propose to carry out the research that the commenter has suggested as part of their research under the first or second required activities. The peer review process will evaluate the merits of the proposal. NIDRR has no basis to require all applicants to describe the evolution and development of family-run organizations and their impact on the

design, development, delivery, and evaluation of services and supports of children, youth, and families.

Changes: None.

Comment: The priority refers to the Office of Policy and Planning in the Department of Health and Human Services. Is this reference correct?

Discussion: No. The correct reference should be the Office of the Assistant Secretary for Planning and Evaluation in the Department of Health and Human Services.

Changes: The priority has been revised to refer to the Office of the Assistant Secretary for Planning and Evaluation in the Department of Health and Human Services.

Priority 5: Improved Economic Outcomes for Women With Disabilities

Comment: The DRRP should include some international focus, evaluate a range of domestic economic development models, identify technological obstacles and solutions, and focus on girls and young women from a variety of ethnic backgrounds, economic strata, and disability groups.

Discussion: An applicant could propose to include all of the commenter's suggestions in the research to be carried out by the DRRP. The peer review process will evaluate the merits of the proposals. NIDRR has no basis to require all applicants to include some international focus, evaluate a range of domestic economic development models, identify technological obstacles and solutions, and focus on girls and young women from a variety of ethnic backgrounds, economic strata, and disability groups.

Changes: None.

Comment: The DRRP should identify jobs that can accommodate the special problems of persons with relapsing-remitting illnesses and cognitive problems, such as Chronic Fatigue Syndrome (CFS), multiple sclerosis, fibromyalgia, lupus, and rheumatoid arthritis.

Discussion: The DRRP is not required to identify jobs for any disability group. However, as part of the research carried out under the second and third required activity, an applicant could propose to carry out the research suggested by the commenter. The peer review process will evaluate the merits of the proposal. NIDRR has no basis to require all applicants to identify jobs that can accommodate the special problems of persons with relapsing-remitting illnesses and cognitive problems, such as CFS, multiple sclerosis, fibromyalgia, lupus, and rheumatoid arthritis.

Changes: None.

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

Comment: How will the DRRP determine what disabilities qualify as "emerging," and specifically, does NIDRR consider CFS an emerging disability?

Discussion: As indicated in the Introduction, NIDRR's proposed LRP provides a description of characteristics of emerging disability populations. Applicants will use that description to propose those disabilities that will be addressed by the DRRP. An applicant could propose to include CFS as an emerging disability. The peer review process will evaluate the merits of the proposal. NIDRR has no basis to require all applicants to consider CFS an emerging disability.

Changes: None.

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.

General Requirements

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.

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 appropriate parties.

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.

The 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.

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

Priorities

Under 34 CFR 75.105(c)(3), the Secretary gives an absolute preference to applications that meet the following priority. The Secretary will fund under this competition only applications that meet this priority.

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.

Priority

The Secretary, in collaboration with the Substance Abuse and Mental Health Services Administration and the Center for Mental Health Services, will 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.

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.

Priority

The Secretary will 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 of 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).

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.

Priority

The Secretary, in collaboration with the Substance Abuse and Mental Health Services Administration and the Center for Mental Health Services, will 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 emotional disturbances 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 Assistant Secretary for Planning and Evaluation 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.

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.

Priority

The Secretary, in collaboration with the Substance Abuse and Mental Health Services Administration and the Center for Mental Health Services, will 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 the Assistant Secretary for

Planning and Evaluation 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.

Priorities

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

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.

Priority

The Secretary will 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.

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.

Priority

The Secretary will 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

You may review this document, as well as all other Department of Education documents published in the **Federal Register**, in text or Adobe Portable Document Format (PDF) on the

World Wide Web at either of the following sites:

<http://ocfo.ed.gov/fedreg.htm>
<http://www.ed.gov/news.html>

To use the PDF you must have the Adobe Acrobat Reader Program with Search, which is available free at either of the previous sites. If you have questions about using the PDF, call the U.S. Government Printing Office (GPO) at (202) 512-1530 or, toll free at 1-888-293-6498.

Note: The official version of this document is the document published in the **Federal Register**. Free Internet access to the official edition of the **Federal Register** and the Code of Federal Regulations is available on GPO access at: <http://www.access.gpo.gov/nara/index.html>

Applicable Program Regulations: 34 CFR Part 350.

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

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

Dated: April 28, 1999.

Judith E. Heumann,

Assistant Secretary for Special Education and Rehabilitative Services.

[FR Doc. 99-11155 Filed 5-3-99; 8:45 am]

BILLING CODE 4000-01-U

DEPARTMENT OF EDUCATION

[CFDA Nos.: 84.133A and 84.133B]

Office of Special Education and Rehabilitative Services; National Institute on Disability and Rehabilitation Research Notice Inviting Applications for New Awards Under the Disability and Rehabilitation Research Project and Centers Program for Fiscal Year (FY) 1999

Note to Applicants: This notice is a complete application package. Together with the statute authorizing the programs and applicable regulations governing the programs, including the Education Department General Administrative Regulations (EDGAR), this notice contains information,

application forms, and instructions needed to apply for a grant under these competitions.

This program supports the National Education Goal that calls for all Americans to possess the knowledge and skills necessary to compete in a global economy and exercise the rights and responsibilities of citizenship.

The estimated funding levels in this notice do not bind the Department of Education to make awards in any of these categories, or to any specific number of awards or funding levels, unless otherwise specified in statute.

Applicable Regulations: The Education Department General Administrative Regulations (EDGAR), 34 CFR Parts 74, 75, 77, 80, 81, 82, 85, 86, and 350.

Program Title: Disability and Rehabilitation Research Project and Centers Program

CFDA Numbers: 84.133A and 84.133B

Purpose of Program: The purpose of the Disability and Rehabilitation Research Project and Centers Program is to plan and conduct research, demonstration projects, training, and related activities, including international activities, 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, the purpose of the Disability and Rehabilitation Research Project and Centers Program is to improve the effectiveness of services authorized under the Act.

Eligible Applicants: Parties eligible to apply for grants under this program are States, public or private agencies, including for-profit agencies, public or private organizations, including for-profit organizations, institutions of higher education, and Indian tribes and tribal organizations.

Program Authority: 29 U.S.C. 762.

APPLICATION NOTICE FOR FISCAL YEAR 1999 DISABILITY AND REHABILITATION RESEARCH PROJECTS, CFDA NO. 84-133A

Funding priority	Deadline for transmittal of applications	Estimated number of awards	Maximum award amount (per year)*	Project period (months)
84-133A-4, Improved Economic Outcomes for Women with Disabilities	June 18, 1999	1	\$200,000	36
84-133A-6, Analysis of Service Delivery and Policies Affecting Emerging Disability Populations.	June 18, 1999	1	250,000	36

*Note: The Secretary will reject without consideration or evaluation any application that proposes a project funding level that exceeds the stated maximum award amount per year (See 34 CFR 75.104(b)).