DEPARTMENT OF EDUCATION

National Institute on Disability and Rehabilitation Research; Notice of Final Funding Priorities for Fiscal Years 1997–1998 for Rehabilitation Research and Training Centers and a Knowledge Dissemination and Utilization Project

AGENCY: Department of Education.

SUMMARY: The Secretary announces final funding priorities for the Rehabilitation Research and Training Center (RRTC) Program and the Knowledge Dissemination and Utilization (D&U) Program under the National Institute on Disability and Rehabilitation Research (NIDRR) for fiscal years 1997–1998. The Secretary takes this action to focus research attention on areas of national need to improve rehabilitation services and outcomes for individuals with disabilities, and to assist in the solutions to problems encountered by individuals with disabilities in their daily activities.

EFFECTIVE DATE: These priorities take effect on July 31, 1997.

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SUPPLEMENTARY INFORMATION: This notice contains final priorities to establish RRTCs for research related to persons who are late-deafened (L–D) or hard-of-hearing (HOH), substance abuse, and rural rehabilitation. In addition there is a D&U project on parenting.

These final priorities support 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.

Note: This notice of final priorities does not solicit applications. A notice inviting applications under these competitions is published in a separate notice in this issue of the **Federal Register**.

Analysis of Comments and Changes

On April 21, 1997, the Secretary published a notice of proposed priorities in the **Federal Register** (62 FR 19432–19439). The Department of Education received 19 letters commenting on the notice of proposed priorities by the deadline date. Three additional comments were received after the deadline date and were not considered in this response. 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: Maintaining the Employment Status and Addressing the Personal Adjustment Needs of Individuals Who Are Late-Deafened or Hard-of-Hearing

Comment: Three commenters made a number of different suggestions about the experience and expertise of the RRTC's key personnel. They suggested that key personnel: have extensive experience with vocational rehabilitation policies and procedures at the Federal and State level; have experience working with children who are HOH or L–D enrolled in mainstream programs; include individuals who are L–D; and include individuals who have demonstrated background, interest, and skill working with individuals who are L–D or HOH.

Discussion: The peer review process evaluates the degree to which an applicant's key personnel are qualified to accomplish the purposes of the priority. The selection criteria for RRTCs are used to determine the degree to which: the staffing plan for the Center provides evidence that the project director, research director, training director, principal investigators, and other personnel have appropriate training and experience in disciplines required to conduct the proposed activities; the commitment of staff time is adequate to conduct all proposed activities; and the Center, as part of its nondiscriminatory employment practices, will ensure that its personnel are selected for employment without regard to race, color, national origin, gender, age, or handicapping conditions. These selection criteria address the issues raised by the commenters, and no further requirements are necessary.

Changes: None.

Comment: Five commenters suggested that the RRTC should address the needs of adolescents and young adults who are L–D or HOH. The commenters indicated that recent research suggests that for a significant number of young people hearing loss may be taking place earlier than previously expected and may go undiagnosed for extended periods of time. The commenters indicated that very little research has been conducted on the personal adjustment needs of adolescents and young adults who are L–D or HOH.

Discussion: There is a need for research and training on personal adjustment and, to a lesser extent, employment issues affecting adolescents and young adults who are L–D or HOH. It is desirable and feasible to expand the scope of RRTC's work in the area of personal adjustment and in transition-related employment areas to address the needs of adolescents and young adults who are L–D or HOH.

Changes: The priority has been changed to require the RRTC, where appropriate, to address the needs of adolescents and young adults who are L–D or HOH.

Comment: Three commenters suggested that the priority distinguish between the personal adjustment needs and mental health needs of persons who are L–D or HOH.

Discussion: In order to provide applicants with general guidance, at various points the background statement elaborates on issues related to personal adjustment. Parts of that guidance refer to issues that are commonly understood as mental health issues (e.g., feelings of alienation, alcohol and drug abuse). However, ''personal adjustment'' is not defined, and the term ''mental health'' is not used in the priority in order to provide applicants with the discretion to propose the specific parameters of the research and training the RRTC will conduct in this area. The peer review process will evaluate the merits of each applicant's view of personal adjustment issues affecting persons who are L–D or HOH.

Changes: None.

Comment: Three commenters suggested that the RRTC address not only maintaining employment for persons who are L–D or HOH, but also underemployment and unemployment.

Discussion: In regard to employment, the focus of the RRTC is maintenance of employment status because the majority of the target population are employed when they begin to experience hearing loss and because research has determined that interventions that effect maintenance of employment are more effective than restorative interventions. However, the first activity of the priority refers to ''employment status'' and provides applicants with the authority to propose research and training on other aspects of employment, so long as such activities are in addition to those related to maintenance of employment.

Changes: None.

Comment: Three commenters suggested specific disability organizations that the RRTC should consult with or include in their training and technical assistance activities.

Discussion: The fifth activity requires the RRTC to provide training and technical assistance to organizations representing persons who are L–D or HOH. There are a large number of

organizations representing the interests of persons who are L–D and HOH, and applicants have the discretion to select the organizations that will participate in their training and technical assistance activities. The peer review process will determine the merits of their selections.

As necessary, all RRTCs are expected to consult with a wide range of entities. NIDRR declines to single out specific organizations for this purpose.

Changes: None.

Comment: The RRTC should be required to consult with NIDRR grantees addressing the needs of persons who are deaf including the RRTC for Persons Who Are Deaf or HOH.

Discussion: The priority includes a requirement, in part, to coordinate with NIDRR's other research projects that address the needs of individuals who are L–D or HOH. There are areas of research common to persons who are L–D, HOH, and deaf, and research projects addressing the needs of persons who are deaf should be included in this coordination requirement.

Changes: The priority has been revised to require the RRTC to coordinate with NIDRR research projects addressing the needs of individuals who are deaf.

Comment: Two commenters recommended changes to the definitions of L–D and HOH, and a third commenter suggested that the RRTC generate definitions of L–D and HOH based on research. The first commenter recommended that the definition be revised to recognize that the needs of persons who are L–D or HOH may include issues related to deaf culture and the need for appropriate accommodations. The second commenter recommended that the definition of HOH be revised to indicate that these individuals can understand conversational speech ''through the ear'' in order to clearly distinguish this population from persons who are late-deafened and can speechread.

Discussion: The definitions that are included in the background statement are purposefully broad in order to provide applicants with the discretion to refine their approach to the RRTC's target population. Applicants have the discretion to propose research that incorporates the idea that needs of persons who are L–D or HOH may include issues related to deaf culture and the need for appropriate accommodations. In addition, an applicant may propose to distinguish the needs of persons who are HOH from those who are L–D, in part, by their ability to understand normal conversation ''through the ear.'' While these two recommendations are reasonable refinements of the definitions included in the priority, there are many others that could be proposed, and there is no compelling reason to require all applicants to utilize the two that were recommended.

In regard to the recommendation for the RRTC to generate a definition of L–D and HOH based on research, an applicant could propose to conduct this research as long at it furthered the purposes of the RRTC as set forth in the priority. The peer review process will evaluate the merits of such a project.

Changes: None.

Comment: One commenter recommended using a different database to indicate the number of persons who are L–D or HOH, and a second commenter indicated that the Bureau of the Census data underestimated the number of persons who have a functional limitation in hearing normal conversation because many people may fail to realize they have a mild hearing loss.

Discussion: The priority cites data from the Bureau of the Census, the National Center for Health Statistics, and the Association of Late-Deafened Adults. Neither commenter presented compelling evidence to indicate that these databases are incorrect.

Changes: None.

Comment: The RRTC should address the needs of various racial and ethnic groups who are L–D or HOH.

Discussion: By statute, each applicant must demonstrate how it will address, in whole or in part, the needs of individuals with disabilities from minority backgrounds. No further requirements are necessary to address the commenter's concern.

Changes: None.

Comment: Five commenters suggested numerous specific activities for the RRTC to carry out. These suggestions include, but are not limited to, specific age group focus, development of educational materials, incidence studies, model demonstrations, and family dynamics.

Discussion: Applicants have the discretion to propose the specific activities that the RRTC will undertake in order to fulfill the purposes of the RRTC as set forth in the priority. Providing this degree of discretion to applicants is an acknowledgement of the wide range of approaches that applicants could take. The peer review process will determine the merits of the suggested activities.

Changes: None.

Comment: All of the RRTC's activities and information should be fully accessible to individuals who are deaf, L–D, or HOH.

Discussion: All of NIDRR's grantees must conduct all activities in a manner that is accessible to and usable by individuals with disabilities. No further requirements are necessary.

Changes: None.

Comment: The RRTC should be capable of rigorous scientific research combined with a strong commitment to consumer involvement with equal attention given to individuals who are L–D and HOH.

Discussion: Using the relevant selection criteria, the peer review process will evaluate the quality of the research design that an applicant proposes. No further requirements are necessary to ensure the scientific rigor of the RRTC's research activities.

In regard to consumer involvement, the general requirements for all RRTCs state that the RRTC must involve individuals with disabilities and, if appropriate, their family members, as well as rehabilitation service providers, in planning and implementing the research and training programs, in interpreting and disseminating the research findings, and in evaluating the Center.

In regard to providing equal attention to individuals who are L–D and HOH, each applicant is expected to propose and justify its allocation of research and training efforts, which must include attention to both population groups. The peer review process will evaluate the merits of this allocation.

Changes: None.

Priority 3: Improving Employment and Independent Living Outcomes for Persons With Disabilities in Rural Areas

Comment: The project should include a scientifically valid, credible, and outcome-based evaluation program.

Discussion: Applicants have the discretion to propose the RRTC's plan of evaluation. Plans of evaluation that are scientifically valid, credible, and outcome-based are consistent with the plan of evaluation selection criteria for RRTCs. These selection criteria are used to determine the degree to which the plan for evaluation of the Center provides for an annual assessment of the outcomes of the research, the impact of the training and dissemination activities on the target populations, and the extent to which the overall objectives have been accomplished.

Changes: None.

Comment: The third, fourth and six activities specifically call for the development of new strategies and services, while the first, second, and fifth activities require the project to carry out identification, analysis, and evaluation activities. May a project carry

out additional activities than those included in priority?

Discussion: An applicant must propose to address each of the specific activities included in the priority, but may propose additional activities as well.

Changes: None.

Comment: The fifth activity refers to people with ''significant'' disabilities. Is this term synonymous with ''severe'' disabilities, and is it NIDRR's intent to restrict the fifth activity to services affecting only persons with significant disabilities?

Discussion: The terms ''severe'' and ''significant'' are used synonymously. By statute, NIDRR research must have a particular emphasis on problems of individuals with severe disabilities. This provision applies equally to all priorities in all Centers. The fifth activity of the proposed priority unnecessarily restricted the RRTC to address services provided to persons with significant disabilities.

Changes: The reference to persons with significant disabilities in the fifth activity has been eliminated.

Comment: One commenter suggested that the collaboration requirement should be broadened to include other Federal agencies, in addition to USDA and DHHS, that may be carrying out projects related to persons with disabilities in rural areas. A second commenter suggested broadening the collaboration requirement to include RRTCs that address the needs of underserved and minority populations of consumers with disabilities.

Discussion: The priority establishes the minimum collaboration requirements that the project must meet. While an applicant may choose to propose to undertake additional collaborative activities, including those suggested by the commenters, additional collaboration is not specifically required by NIDRR.

Changes: None.

Comment: Is it NIDRR's intent to restrict training and information services to the entities included in the sixth activity, and to limit training activities?

Discussion: An applicant must propose to provide training and information services to the entities identified in the sixth activity, but may propose to provide training and information services to additional entities. In regard to the nature of the training activities, an applicant may propose to undertake a variety of training activities, and the peer review process will evaluate the merits of the activities.

Changes: None.

Comment: A seventh activity should be added to the priority, requiring the RRTC to identify, evaluate, develop, and disseminate information about appropriate assistive technology that enables persons with disabilities living in rural areas to live more independently and improve their employment outcomes.

Discussion: Access to assistive technology is an important issue, and an applicant could propose to integrate assistive technology into the fourth and fifth activities of the priority. Adding a seventh activity to the priority related exclusively to assistive technology would significantly limit the RRTC's capacity to carry out the six activities in the priority.

Changes: None.

Comment: While the third activity addresses the participation of persons with disabilities in local public planning for community development, it should include service providers such as independent living centers and vocational rehabilitation agencies.

Discussion: An applicant may propose to include service providers in the strategies that are developed to increase participation of persons with disabilities in local planning for community development. The peer review process will evaluate merits of the proposal. There is insufficient information regarding the role of service providers in local public planning for community development to warrant requiring all applicants to include them.

Changes: None.

Priority 4: Parenting With a Disability Technical Assistance Center

Comment: The priority should specifically include ''research'' among the information that the Center identifies, disseminates, and synthesizes across various activities in the priority.

Discussion: The background statement clearly indicates that the Center should utilize research findings in its various information dissemination activities. It would be redundant to include ''research'' among the specific activities included in the priority.

Changes: None.

Comment: Pre-service training activities should have a relatively equal weight with the other training activities required by the Center.

Discussion: Each applicant is expected to propose and justify its allocation of training efforts, which must include attention to organizations and institutions of higher education that provide pre-service and in-service training. The peer review process will evaluate the merits of this allocation.

Changes: None.

Comment: The inter-disciplinary focus of the priority should be wider and include related health service providers such as occupational therapists, physical therapists, speech and language pathologists, and psychologists.

Discussion: The priority refers to a range of ''fields of social services, law, and medicine.'' The health service providers included in the comment fall within this range.

Changes: None.

Comment: It is important to emphasize the importance of technical competence, access to technology resources, and potential for multi-site national collaboration of the successful applicant.

Discussion: All of the characteristics included in the comment are within the purview of the application review process.

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. 760–762). 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.

Under the regulations for this program (see 34 CFR 352.32) the Secretary may establish research priorities by reserving funds to support particular research activities.

Description of the Rehabilitation Research and Training Center Program

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 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.

NIDRR encourages all Centers to involve individuals with disabilities and minorities as recipients in research training, as well as clinical training.

Applicants have considerable latitude in proposing the specific research and related projects they will undertake to achieve the designated outcomes. However, the regulatory selection criteria for the program (34 CFR 352.31) state that the Secretary reviews the extent to which applicants justify their choice of research projects in terms of the relevance to the priority and to the needs of individuals with disabilities. The Secretary also reviews the extent to which applicants present a scientific methodology that includes reasonable hypotheses, methods of data collection and analysis, and a means to evaluate the extent to which project objectives have been achieved.

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

The following requirements will apply to these RRTCs pursuant to the priorities unless noted otherwise:

Each RRTC must conduct an integrated program of research to develop solutions to problems confronted by individuals with disabilities.

Each RRTC must conduct a coordinated and advanced program of training in rehabilitation research, including training in research methodology and applied research experience, that will contribute to the number of qualified researchers working in the area of rehabilitation research.

Each RRTC must disseminate and encourage the use of new rehabilitation knowledge. They must publish all materials for dissemination or training in alternate formats to make them accessible to individuals with a range of disabling conditions.

Each RRTC must involve individuals with disabilities and, if appropriate, their family members, as well as rehabilitation service providers, in planning and implementing the research and training programs, in interpreting and disseminating the research findings, and in evaluating the Center.

Priorities

Under 34 CFR 75.105(c)(3), the Secretary gives an absolute preference to applications that meet one of the following priorities. The Secretary will fund under these competitions only applications that meet one of these absolute priorities:

Priority 1: Maintaining the Employment Status and Addressing the Personal Adjustment Needs of Individuals Who are Late-Deafened or Hard-of-Hearing

Background

Individuals whose hearing is impaired, but who can understand conversational speech with, or without, amplification are hard-of-hearing (HOH). Adults who are late-deafened (L–D) become deaf after having experienced hearing as well as speech and language development. Adults who are late-onset HOH and those who are L–D have common and different employment-related and personal adjustment needs. A third group of persons who are considered hearing impaired are those persons who are prelingually deaf. Because the prelingually deaf have been and continue to be the focus of other NIDRR-funded research, this proposed priority is for research that addresses the needs of adults who are L–D or late-onset HOH.

According to data from the Bureau of the Census, the number of individuals who have a functional limitation in hearing normal conversation is approximately 10.9 million (McNeil, J., ''Americans with Disabilities: 1991–1992,'' *Household Economic Studies,* P70–33, December, 1993). The National Center for Health Statistics (NCHS) estimates the number of persons who are HOH ranges from 20 million to 22 million (''National Health Survey,'' Series 10, No. 188, 1994). The NCHS studies use the ''Gallaudet Hearing Scale'' which is self-reporting and quantifies the amount of interference with hearing in ordinary day-to-day situations. According to the Association of Late-Deafened Adults, the number of persons who are L–D is estimated to be between 800,000 and 1.5 million. For 1991 and 1992, of all persons 21 to 64 years old who had some functional limitation hearing normal conversation, 3,335,000 individuals or 63.6 percent were employed, while 189,000 individuals, or 58.2 percent of those who were totally unable to hear normal conversation, were employed (McNeil, J., 1993).

Over the years, NIDRR has supported a number of research efforts to address the problems caused by various hearing impairments. At various times these efforts have included: developing hearing aids and telecommunication devices; enhancing the use and teaching of sign language interpreters; developing interventions for ''low-functioning'' deaf persons with multiple disabilities; developing more effective interventions and service models for hearing impaired vocational rehabilitation clients; and studying mental health issues of persons who are deaf, HOH, or L–D.

As the population ages, as people recover from serious illness with hearing impairments, and as environmental factors contribute to the incidence of hearing loss, it has become clear that there is a growing population of persons who experience disabling hearing loss as adults. The time of onset is likely to be in older adulthood, but this population is distinguished by the fact that the hearing loss occurs after the person has developed spoken language, has completed substantial formal education, and may have worked, married, had children, or developed social relationships—as a hearing person with ''normal'' speech.

These individuals face major adjustment problems in all phases of their lives, and may undergo depression

and disruption in family or community life, as well as in their ability to perform their work and maintain their career. Such individuals need to learn ways to maintain communication skills—both receptive and expressive—and frequently need interventions to enable them to maintain speech quality (i.e., volume, modulation, articulation). Because they socialize and work with colleagues, family, and friends in a hearing and speaking environment, and because of their age, they are not likely to make a transition to deaf culture even if they do learn some sign language. Most will depend on lip-reading, amplification, or written communication. Multiple personal adjustment and work performance issues confront these individuals ranging from safety (e.g., driving and traffic noise, fire alarms, public announcement warning systems) to following instructions at work, to communicating with doctors, dentists, and therapists about their health and medications.

The impact of partial or complete hearing loss may have compound effects on the work status of individuals who are L–D or HOH. In addition to the functional impact of the hearing loss on an employee's performance, the employee may be unfamiliar with his or her civil rights and concerned about disclosing his or her condition for fear of dismissal, demotion, or loss of potential career advancement. This fear of disclosure not only produces additional anxiety, but also may delay or prevent the employee from obtaining needed assistance. Even if the employee discloses his or her condition, human resource personnel, family counselors, and other employment and social service providers may not be familiar with the sundry impacts that hearing loss and impairment can have on work performance and personal life. The inability of human resource personnel, family counselors, and others to provide effective services can increase the individual's sense of isolation and anxiety.

Factors such as early identification, family support, and the provision of reasonable accommodations can play an important role in enabling the individual to adjust to the hearing impairment and maintain employment, family, and community status. Providing such individuals with appropriate assistive technology (e.g., assistive listening devices, realtime computer assisted captioning) in a timely manner can make a significant difference in job performance and morale.

The onset of a hearing impairment or the increased loss of hearing ability also can have a significant impact on the personal life of an individual who is L–D or HOH. It is not uncommon for those individuals to experience feelings of disorientation and alienation and to withdraw from family and friends. That withdrawal reinforces the individual's isolation and can, in extreme instances, lead to secondary complications such as alcohol and drug abuse.

Priority 1:

The Secretary will establish an RRTC for the purpose of conducting research on the maintenance of employment status and personal adjustment of persons who are L–D or HOH. The RRTC shall:

(1) Identify and analyze the factors that negatively impact the employment status and the personal life of persons who are L–D or HOH;

(2) Develop and disseminate interventions that address these employment and personal adjustment problems, including early identification, reasonable accommodations, counseling, and assistive technology;

(3) Develop information materials on effective interventions and disseminate those materials to employers, human resource organizations, appropriate counseling organizations, and organizations representing persons who are L–D or HOH;

(4) Identify materials that address the rights of persons who are L–D or HOH under the Americans with Disabilities Act, and other disability rights laws, disseminate these materials to organizations representing those persons, and inform those organizations about opportunities to receive training and technical assistance from entities such as the Disability and Business Technical Assistance Centers (DBTACs); and

(5) Develop training and technical assistance materials and provide training and technical assistance to employers, human resource organizations, appropriate counseling organizations, and organizations representing persons who are L–D or HOH to enable them to address effectively the employment and personal adjustment problems experienced by persons who are L–D or HOH.

In carrying out the purposes of the priority, the RRTC shall:

- Identify and address the employment and personal adjustment issues that are common to both persons who are L–D and those who are HOH, as well as those issues that are unique to each population;
- Coordinate with NIDRR's other research projects addressing individuals who are L–D, HOH, or deaf, the DBTACs, and the Assistive Technology Projects; and
- Where appropriate, address the needs of adolescents and young adults who are L–D or HOH.

Priority 2: Improving Vocational Rehabilitation Outcomes for Individuals Who Are Substance Abusers

Background

In 1993, NIDRR funded the establishment of a three-year RRTC on Substance Abuse and Disability to address the vocational rehabilitation needs of two major categories of eligible individuals served by the State Vocational Rehabilitation (VR) Services program. The two categories of VR eligible individuals were: (1) Those whose substance abuse has resulted in a work disability; and (2) those who have some other disability but whose substance abuse interferes with their ability to benefit from vocational rehabilitation services.

In addition, the 1993 priority authorizing the RRTC limited the scope of substance abuse to substances other than alcohol abuse (although the presence of alcohol abuse in conjunction with other substance abuse was within the scope of the RRTC). For the purposes of this priority, substance abuse includes alcohol abuse with or without the presence of other substance abuse. The RRTC is expected to address the needs of VR eligible individuals who abuse alcohol, other substances, or alcohol and other substances.

Individuals with a disability that results in a substantial impediment to employment and who can benefit from VR services, including those individuals whose disabling condition is due to substance abuse, are eligible for services through the State Vocational Rehabilitation (SVR) Services Program, authorized under Title I of the Rehabilitation Act. Program data for fiscal year 1995 show that substance abuse was reported as the primary disabling condition for 51,339 eligible individuals who exited the program in that year. Of the 51,339 individuals with a primary disability of substance abuse, 22,708 persons' primary disabling condition was alcohol abuse and 28,631 persons' primary disabling condition was drug abuse. Of the 40,766 eligible individuals with a primary disabling condition of substance abuse who received services before exiting the program, 21,718 (53 percent) achieved an employment outcome (Rehabilitation

Services Administration, Caseload Services data, 1995).

There are also individuals with disabilities served by the SVR program for whom substance abuse is a co-existing, and sometimes hidden, condition. In addition to those individuals who exited the SVR program in 1995 for whom substance abuse was reported as the primary disabling condition, another 33,808 individuals were reported to have a secondary disability of substance abuse. Findings from a State-wide survey of alcohol, tobacco, illicit drugs, and medication among applicants for vocational rehabilitation services from Michigan Rehabilitation Services indicate that while alcohol use patterns approximate the general population, the percent of applicants who report current tobacco use or lifetime use of illicit drugs appear considerably higher than the general population (Moore, D. and Li, L., ''Substance Abuse Among Applicants for Vocational Rehabilitation Services,'' *Journal of Rehabilitation*, Vol. 60, No. 4, pgs. 48–53, 1994).

Unrecognized or untreated substance abuse as a co-existing condition can be a greater barrier to employment than the primary disability. Chief among those barriers are complications of psychological and social adjustment to the disability, impaired learning processes, decreased chances for vocational preparation and employment, and increased risk of adverse medical effects from the interaction of abused substances with treatment medications.

One of the primary modes of transmission of HIV is through injection drug use when an HIV-infected syringe is shared between individuals. The higher incidence of intravenous drug abuse in socio-economically depressed communities means that resultant HIV is concentrated among individuals who lack health care, have low education and little prior work experience, and lack access to transportation, assistive technology, and other community supports that facilitate vocational rehabilitation and job maintenance. Substance abuse also leads to more high risk sexual behaviors, further increasing the incidence of HIV infection in this population. The presence of HIV infection can be a complicating factor in the vocational rehabilitation of substance abusers. There is a need for research on the specific vocational rehabilitation needs of substance abusers with HIV.

The need for an expanded understanding of the relationship between vocational rehabilitation, substance abuse, and disability has been further underscored by recent changes in legislation, including welfare reform and discontinuance of Social Security Insurance and Social Security Disability Insurance benefits for individuals who previously were eligible based on addictions to alcohol and other drugs. The removal of substantial numbers of substance abusers from income supports and medical assistance is likely to cause strains on the SVR service delivery system by increasing the demand for services, decreasing the ''comparable benefits'' dollars available for SVR services, decreasing access to general health care during rehabilitation, and increasing client financial instability. Changes in the management and financing of health care in both the public and private sector, including managed care, may also have an impact on SVR agencies' financial arrangements with third party payers and access to comparable benefits for substance abuse treatment.

Although there is an increasing prevalence of substance abuse among a diverse population of individuals undergoing rehabilitation, many service providers communicate that they have an inadequate understanding about substance abuse and co-existing disability and that this adversely impacts their ability to address the problem effectively (Heinemann, A. W.,''An Introduction to Substance Abuse and Physical Disability,'' *Substance Abuse and Physical Disability*, New York: The Haworth Press, 1993). Practitioners in a growing number of disciplines within the rehabilitation field need information about substance abuse and co-existing disability, including rehabilitation educators, vocational rehabilitation counselors, health care providers, independent living specialists, community-based rehabilitation providers, rehabilitation administrators, chemical dependence counselors, and directors of State vocational rehabilitation programs.

In order to address this need and because there are other Federal agencies that focus significant resources on individuals whose sole or primary disability is substance abuse, this RRTC will focus its efforts, although not exclusively, on issues affecting individuals with co-existing disabilities. Particular emphasis would be given to SVR eligible individuals for whom substance abuse is not their sole or primary disabling condition, but whose substance abuse interferes with their ability to benefit from vocational rehabilitation services.

Priority 2: The Secretary will establish an RRTC for the purpose of improving vocational rehabilitation outcomes for SVR eligible individuals whose substance abuse has resulted in a work disability, or who have some other disability that results in a substantial impediment to employment but whose substance abuse interferes with their ability to benefit from vocational rehabilitation services. The RRTC shall:

(1) Conduct epidemiological studies to advance the understanding of the relationship between substance abuse and disability among individuals who are eligible for the State Vocational Rehabilitation Services program, including determining the relative prevalence of substance abuse among persons with more severe disabilities;

(2) Develop, identify, and evaluate information about effective methods for providing vocational rehabilitation services to individuals who are substance abusers;

(3) Investigate the impact of recent legislative changes (including welfare reform and SSA eligibility) and changes in health care management and financing of substance abuse treatment on the provision of vocational rehabilitation services to individuals who are substance abusers; and

(4) Disseminate informational materials and provide technical assistance and training to SVR eligible individuals whose substance abuse has resulted in a work disability, or who have some other disability that results in a substantial impediment to employment but whose substance abuse interferes with their ability to benefit from vocational rehabilitation services, vocational rehabilitation personnel, and related rehabilitation disciplines concerning effective strategies for providing vocational rehabilitation services.

In carrying out the purposes of the priority, the RRTC shall:

- Give special emphasis to issues affecting the vocational rehabilitation of individuals with co-existing disabilities, particularly issues affecting SVR eligible individuals for whom substance abuse is not their sole or primary disabling condition, but whose substance abuse interferes with their ability to benefit from vocational rehabilitation services.
- Address the vocational rehabilitation needs of individuals with HIV/AIDS who are SVR eligible individuals whose substance abuse has resulted in a work disability, or who have some other disability that results in a substantial impediment to employment but whose substance abuse interferes with their ability to benefit from vocational rehabilitation services;
- Where appropriate, address the needs of transitioning special education

students who may have substance abuse problems, their special education teachers, and administrators; and

• Coordinate with projects on substance abuse supported by the Substance Abuse and Mental Health Services Administration and with NIDRR centers and projects on vocational rehabilitation and emerging disability populations.

Priority 3: Improving Employment and Independent Living Outcomes for Persons with Disabilities in Rural Areas

Background

Between 11 and 15 million persons living in rural areas have a chronic or permanent disability, a higher per capita rate of disability than exists in cities with populations over 50,000 (Young, C. and O'Day, B., ''Issues in Rural Independence: Funding,'' *Rural Monograph Series*.'' Compared to their counterparts in metropolitan areas, persons with disabilities in rural areas have higher rates of activity limitation (16.4% versus 14.6%), work limitation (14.2% versus 10.9%), and personal care limitation (4.7% versus 3.8%) (LaPlante, M. et al., ''Disability Statistics Report #7,'' *Disability in the United States: Prevalence and Causes, 1992,* Institute for Health and Aging, University of California, San Francisco, July, 1996). Persons with disabilities in rural areas face challenges that are quite different from their peers living in and around metropolitan areas. The quality of life for many people with disabilities residing in rural America is characterized by: (1) Limited job opportunities; (2) inadequate health care; (3) isolation and inadequate transportation; (4) lack of accessible housing; and (5) underfunded social services.

For many rural areas, social and economic vitality hinges on overcoming the problems posed by remoteness from urban centers—such as the lack of easy access to advanced education, medical knowledge, and enterprise development opportunities. People with disabilities living in rural communities often live a long distance from vocational rehabilitation (VR) agencies, independent living centers (ILCs), and other social service agencies. Although these resources have great potential for reducing the impact of disability, service delivery challenges limit their availability in rural areas.

Currently, Federal, State, and local initiatives such as Empowerment Zones (EZ) or Enterprise Communities (EC) are addressing community and economic development in rural areas. The Federal government, working across agency lines and in a new partnership with State and local government and the private sector, has provided distressed communities with the tools they need and flexibility they desire, in the form of block grants, tax breaks and waivers. In return, EZ/EC communities—residents, community leaders, businesses, State and local governments and schools—must demonstrate that they are taking responsibility for their own futures by developing and implementing a plan to utilize these tools. The U.S. Department of Agriculture (USDA) is authorized to designate three rural EZs and thirty ECs.

These projects are intended to demonstrate that innovative economic development and service delivery approaches can make a difference for people with disabilities living in rural areas. It is important for individuals with disabilities living in rural communities to participate in long-range community development planning. Their involvement is crucial to ensure that the unique needs of people with disabilities for employment, economic self-sufficiency, transportation, affordable and accessible housing, and access to generic community facilities are addressed. Research is needed to study current approaches, and to develop new models, for increasing their participation in public and private economic development and services improvement initiatives.

The health problems experienced by people with disabilities living in rural areas are complicated by the burden of travelling long distances and the general shortage of primary health care providers. As a result, people with disabilities living in rural areas may experience a high rate of secondary conditions each year such as pressure sores, physical deconditioning, urinary tract infections, depression and pain (Seekins, T. et al., ''A Descriptive Study of Secondary Conditions Reported by a Population of Adults with Physical Disabilities Served by Three Independent Living Centers in a Rural State,'' *Journal of Rehabilitation*, Vol. 60, No. 2, pgs. 47–51, 1994). Proper education, support delivered by health clinics and independent living centers, and utilization of telemedicine can dramatically improve the health of adults with disabilities and reduce medical service utilization.

The USDA's Rural Utilities Service, which funds telecommunications infrastructure in many rural areas, provides grants to link rural health clinics with larger hospitals to better serve rural residents. The U.S. Department of Health and Human Services' (DHHS') Health Care Financing Administration funds Rural Telemedicine Grants which demonstrate and collect information on the feasibility, costs, appropriateness, and acceptability of telemedicine for improving access to health services for rural residents and reducing the isolation of rural practitioners. The intended beneficiaries of these grants are rural health care providers, patients, and rural communities which gain from this program.

Changes in health care policy, such as managed care, are significantly affecting the lives of people with disabilities living in rural areas. For example, managed care emphasizes primary care and control of access to specialized services. Persons with significant disabilities in rural areas, however, have difficulty obtaining primary care and often need extensive services and access to highly specialized providers to prevent death or further disability (''Medicaid Managed Care: Serving the Disabled Challenges State Programs,'' *U.S. General Accounting Office (GAO)/ Health, Education, and Human Services-96–136).*

The use of telecommunications technologies may be a critical element in efforts to provide social services as well as maintain and foster economic development. Advanced telecommunications technologies—the Internet, videoconferencing and high-speed data transmission—offer rural areas the chance to overcome some of the problems they face as a result of their geographic isolation. These technologies can link rural areas with other communities and expertise to improve medical services, create new jobs, and increase rural residents' access to education (''Rural Development: Steps Toward Realizing the Potential of Telecommunications Technologies,'' *GAO/Resources, Community, and Economic Development-96–155).*

Interactive technology can link isolated rural settings with comprehensive services at distant facilities. With these linkages, the distant facility can review X-rays, CAT scans, and other medical evidence to diagnose an illness and prescribe treatment without having the patient make long, and sometimes difficult, trips to the larger institution. Colleges and schools can offer classes, and even degree programs, to students in remote locations. Large businesses can establish or maintain branch offices in rural areas by using videoconferencing or on-line access to hold meetings and conduct business. There is a need to design ways to apply these emerging interactive technologies to the lives of people with

disabilities living in rural areas, particularly as Federal and other public and private programs expand their uses of interactive technology.

Priority 3

The Secretary will establish an RRTC for the purpose of examining means to improve the employment status and ability of persons with disabilities to live independently in rural areas. The RRTC shall:

(1) Identify, analyze and evaluate the impact of rural economic development strategies in improving the employment outcomes and economic status of people with disabilities living in rural communities;

(2) Identify and examine issues of access to health care for persons with disabilities living in rural areas, particularly those issues contributing to the onset of secondary conditions;

(3) Develop and evaluate strategies to increase the participation of people with disabilities in local public planning for community development;

(4) Identify, develop, and evaluate strategies to improve rural transportation, accessible housing, and access to generic community facilities services for people with disabilities;

(5) Identify and evaluate strategies to improve the use of telecommunications technologies for the delivery of health, employment, education, and social services to people with disabilities living in rural communities; and

(6) Develop training and informational materials and provide training and information to persons with disabilities, and providers of health care, vocational rehabilitation, and independent living services, on effective strategies for improving the employment, health, and independent living outcomes of people with disabilities living in rural areas.

In carrying out the purposes of the priority, the RRTC shall:

- Coordinate with NIDRR-funded research, training and demonstration activities on delivery of rehabilitation and independent living services in rural areas, including those sponsored by RSA and the RRTC on managed care;
- Where appropriate, address the needs of transitioning special education students and their special education teachers and administrators;
- Coordinate with rural projects affecting persons with disabilities funded by USDA and DHHS; and
- Address the needs of persons with disabilities in rural communities in all parts of the country, including persons from ethnic and racial minority backgrounds.

Knowledge Dissemination and Utilization Projects

Authority for the D&U program of NIDRR is contained in sections 202 and 204(a) of the Rehabilitation Act of 1973, as amended (29 U.S.C. 760–762). Under this program the Secretary makes awards to public and private organizations, including institutions of higher education and Indian tribes or tribal organizations. Under the regulations for this program (see 34 CFR 355.32), the Secretary may establish research priorities by reserving funds to support particular research activities.

Priority

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 absolute priority:

Priority 4: Parenting With a Disability Technical Assistance Center

Background

Approximately one in eleven families with children at home includes one or more parents with a disability (LaPlante, M., ''Disability in the Family,'' presented at the annual meeting of the American Public Health Association, Atlanta, GA, 1991). This proportion can be expected to increase as a correlate of the gains that persons with disabilities have achieved in their efforts to live and work independently in the community. In the course of becoming parents and rearing children, persons with disabilities may encounter a variety of attitudinal, physical, medical, and legal barriers. They may also find misinformation or an absence of information regarding advances in fields that address issues related to parenting.

NIDRR has been addressing the physical barriers and reproductive issues faced by parents with disabilities through a variety of research and development projects. Since 1993 NIDRR has supported a Rehabilitation Research and Training Center on Families in which one or more adult parent or guardian has a disability. The Center has investigated a wide range of parenting issues, including the assistive technology needs of parents with disabilities, training obstetricians to deal with the needs of women with disabilities, and needs of mothers with visual disabilities. The Center has created and identified a wide range of valuable information for parents and professionals. In addition, over the last ten years, NIDRR has supported research projects on the design and development of new adaptive equipment for parents with physical disabilities and parenting assessment techniques. A wide array of parenting equipment has been developed, for example, a lifting harness and an adapted baby bathing cart. Information is also available on the social service needs of parents with disabilities. As a result of these and other research, training, and development efforts, a substantial body of knowledge now exists related to parenting with a disability.

Persons with disabilities who want to become, or remain parents, may need information and technical assistance. A NIDRR-sponsored focus group on women and disabilities held in 1994 recommended that NIDRR explore issues related to sexuality, reproductive health, pregnancy and parenting for women with disabilities, including ''the level of information that women have about these topics'' (''Focus Group on Women and Disabilities,'' unpublished ''Report of Proceedings,'' NIDRR, pg. 8, July, 1994). Parents with disabilities and prospective parents with disabilities need information about related advances in the field of assistive technology and medicine, public policy and legal developments, and parenting resources.

One source of information and valuable experience is persons with disabilities who are parents. These individuals have a wealth of knowledge and can not only share their experiences and practical information, but also serve as uniquely qualified sources of support. Currently, this ''parent to parent'' networking is primarily informal and limited in scope.

Persons with disabilities may encounter substantial attitudinal and legal barriers in their efforts to become pregnant, gain or maintain custody, or adopt children. Barbara Faye Waxman, an expert on reproductive rights, notes that laws allowing sterilization of persons with disabilities remain on the books in some States and that social service agencies are often too quick to put the non-disabled children of parents with disabilities up for adoption (Mathews, J., ''The Disabled Fight to Raise Their Children,'' *Washington Post Health Section*, August 18, 1992). Most States treat disability as prima facie evidence of parental unfitness and a possible detriment to the child (Conly-Jung, C., ''The Early Parenting Experiences of Mothers with Visual Impairments and Blindness,'' Dissertation, California School of Professional Psychology, Alameda, CA, pg. 21, May, 1996). One important strategy in the effort to overcome these attitudinal and legal barriers is

providing social service, legal, and medical professionals with information that dispels stereotypes and describes advances in the related fields that enable persons with disabilities to provide a safe and nurturing environment for their children.

Priority 4

The Secretary will establish a center for the purpose of providing technical assistance and disseminating parenting information to persons with disabilities and to social service, medical, and legal service providers. The technical assistance center shall:

(1) Identify and disseminate technological, legal, and medical information on parenting, pregnancy, custody, and adoption to parents, and prospective parents with disabilities, and service providers in related field of social services, law, and medicine;

(2) Develop training materials on parenting with a disability and disseminate those materials to organizations and institutions of higher education that provide pre-service and in-service training to professionals in related fields of social services, law, and medicine, as well as to organizations representing persons with disabilities;

(3) Provide technical assistance on parenting with a disability to persons with disabilities and service providers, including making referrals and serving as a clearinghouse of technical information; and

(4) Develop and establish a parent-to-parent network that enables experienced parents with disabilities to voluntarily provide information and support to persons with disabilities interested in becoming or remaining parents.

In carrying out the purposes of the priority, the technical assistance center shall:

- Collect and synthesize information from other NIDRR-funded projects and centers that could be relevant to parenting with a disability including, but not limited to, the Assistive Technology Projects;
- Collaborate with other NIDRR and Office of Special Education Programs-funded projects and centers that address issues related to parenting and to disability rights of persons with disabilities; and
- Establish a national toll-free telephone hotline and publish a quarterly newsletter.

Applicable Program Regulations

34 CFR Parts 350, 352, and 355.

Program Authority: 29 U.S.C. 760–762.

Dated: June 25, 1997.

(Catalog of Federal Domestic Assistance Numbers: 84.133B, Rehabilitation Research and Training Center Program, 84.133D, Knowledge Dissemination and Utilization Program)

Judith E. Heumann,

Assistant Secretary for Special Education and Rehabilitative Services.

[FR Doc. 97–17206 Filed 6–30–97; 8:45 am]

BILLING CODE 4000–01–P

DEPARTMENT OF EDUCATION

[CFDA Nos.: 84.133B and 84.133D]

Office of Special Education and Rehabilitative Services; National Institute on Disability and Rehabilitation Research; Notice Inviting Applications for New Awards Under Certain Programs for Fiscal Year 1997

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.

These programs support 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, and 86; and the following program regulations:

(a) *Rehabilitation Research and Training Centers (RRTCs)*—34 CFR Parts 350 and 352; and

(b) *Knowledge Dissemination and Utilization Program (D&U)*—34 CFR Parts 350 and 355.

Program Title: Rehabilitation Research and Training Centers.

CFDA Number: 84.133B.

Purpose of Program: RRTCs conduct coordinated and advanced programs of research on disability and rehabilitation that will produce new knowledge that will improve rehabilitation methods and service delivery systems, alleviate or stabilize disabling conditions, and promote maximum social and economic independence for individuals with disabilities. RRTCs provide training to service providers at the pre-service, in-service training, undergraduate, and graduate levels, to improve the quality and effectiveness of rehabilitation services. They also provide advanced research training to individuals with disabilities and those from minority backgrounds, engaged in research on disability and rehabilitation. RRTCs serve as national and regional technical assistance resources, and provide training for service providers, individuals with disabilities and families and representatives, and rehabilitation researchers.

APPLICATION NOTICE FOR FISCAL YEAR 1997
REHABILITATION RESEARCH AND TRAINING CENTERS CFDA NO. 84.133B

Funding Priority	Deadline for transmittal of applications	Estimated number of awards	Maximum award amount (per year)*	Project period (months)
Maintaining the Employment and Addressing the Personal Adjustment of Individuals Who are L–D or HOH	8/15/97	1	$500,000	60
Improving the VR Outcomes for Individuals Who Are Substance Abusers	8/15/97	1	500,000	60
Improving Employment and IL Outcomes for Persons with Disabilities in Rural Areas	8/15/97	1	550,000	60

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