

DEPARTMENT OF EDUCATION**National Institute on Disability and Rehabilitation Research**

AGENCY: Department of Education.

ACTION: Notice of Final Funding Priorities for Fiscal Years 1995-1996 for Rehabilitation Research and Training Centers.

SUMMARY: The Secretary announces final funding priorities for certain Rehabilitation Research and Training Centers (RRTCs) under the National Institute on Disability and Rehabilitation Research (NIDRR) for fiscal years 1995-1996. The Secretary takes this action to focus research attention on areas of national need. These priorities are intended to improve outcomes for individuals with disabilities.

EFFECTIVE DATE: These priorities take effect on June 23, 1995.

FOR FURTHER INFORMATION CONTACT:

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SUPPLEMENTARY INFORMATION: This notice contains four final priorities under the RRTC program: Independent living and disability policy; Management and services of Centers for Independent Living (CILs); Improved services for low-functioning deaf individuals; and Rehabilitation in long-term mental illness. These priorities support the National Education Goals that call for all Americans to possess the knowledge and skills necessary to compete in a global economy and exercise the rights and responsibilities of citizenship.

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). The Secretary may make awards through grants or cooperative agreements. 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.

On November 15, 1994, the Secretary published a notice of proposed priorities in the *Federal Register* at 59 FR 59030. The Department of Education received a number of letters commenting on each of the priorities, as well as a large number of letters recommending additional priority areas. Modifications were made to the

priorities as a result of those comments. The comments, and the Secretary's responses to them, are discussed in an appendix to this notice.

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*.

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 Secretary announces that the following requirements will apply to all of the RRTCs pursuant to the priorities:

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 Center must disseminate and encourage the use of new rehabilitation knowledge. They must make available 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 this competition only applications that meet one of these absolute priorities:

Priorities 1 and 2: Independent Living Background

Independent Living (IL) programs operate from a philosophy of consumer control, self-help, advocacy, development of peer relationships and peer role models, and equal access of individuals with significant disabilities to society, programs, and activities. The IL philosophy stresses the concept of empowerment of individuals with disabilities to control their own lives through participation in service planning, management of their own personal assistants, informed decisionmaking, and self advocacy. In its 25-year history, "Independent Living" has been a philosophy, a social movement, and a service program. These priorities address all of these aspects of independent living, and propose investigations into new applications of independent living concepts, as well as studies and training related to the operations of the publicly-supported IL programs.

The 1992 Amendments to the Rehabilitation Act: established Statewide Independent Living Councils (SILCs) to jointly develop and sign the State plan for independent living; created a new definition of a CIL as a consumer-controlled, community-based, cross-disability, nonresidential, private non-profit agency that is designed and operated within a local community by individuals with disabilities and provides an array of independent living services; modified the State and Federal responsibilities for making grants to CILs; and specifically authorized advocacy services.

NIDRR has funded RRTCs in independent living since 1980. Current RRTCs focus on disability policy, IL management, and IL for underserved populations. The current Centers on policy and management will receive their final funding in fiscal year 1994. In order to determine the continued need for RRTCs in IL, and some possible research needs, NIDRR convened a two-

day focus group of experts in IL research and administration in Washington in January, 1994. The following priorities are based largely on the work of this focus group as well as reports from the current research centers and input from other Federal agencies. Focus group participants raised issues for further investigation in the following areas of program operations: implementation of program standards; outcome measures and accountability; improved program services; reaching diverse populations; training, recruitment, and retention of staff; and effective operations of governing boards and SILCs.

The focus group also discussed a number of issues concerning new roles for CILs in societal developments such as violence, homelessness, and information technology, and in the formulation and implementation of policy in areas with particular implications for individuals with disabilities, such as the Americans with Disabilities Act (ADA) and the reform of the health care delivery system.

The RRTC on CIL management and services will be funded jointly by NIDRR and RSA and will be required to work closely with the RSA grantee providing training, technical assistance, and transition assistance to CILs under Part C of Title VII of the amended Rehabilitation Act.

Priority 1: Independent Living and Disability Policy

Under this priority, the Secretary supports an RRTC on independent living and disability policy that—(1) conducts research on policy barriers to achieving independent living in such areas as transportation, housing, and health care; (2) examines the role and effectiveness of CILs in increasing community options for independent living and the capacity of communities to meet the independent living needs of individuals with significant disabilities; and (3) identifies and provides training and information on effective strategies that CILs use to effect change.

In addition to activities proposed by the applicant to carry out these purposes, the center must conduct the following activities:

- Analyze CIL policies regarding activities to promote implementation of the ADA, and develop strategies that CILs might adopt, including an analysis of the implications and consequences of various options;
- Review CIL and vocational rehabilitation agency policies related to collaborations, and design strategies for innovative partnerships to promote employment outcomes for individuals with disabilities;

- Identify strategies for CILs to promote accessible generic community services for individuals with significant disabilities, including vulnerable individuals such as persons with disabilities who are homeless, who are at risk for societal abuse and violence, and those who are from minority backgrounds.

- Provide training and information to CILs, policymakers, administrators, and advocates on research findings and identified strategies.

Priority 2: Independent Living Center Management and Services

An RRTC on CIL management and services will conduct research and training activities and develop model approaches that will enhance the capacity of CILs to—(1) plan, manage, and evaluate program services, including the measurement of program outcomes and compliance with national standards; (2) provide appropriate services to cultural and linguistic minorities; (3) recruit, train, and retain appropriate staff; (4) develop effective governing boards, including appropriate staff relations; and (5) collaborate effectively with State Vocational Rehabilitation agencies to promote employment outcomes among individuals with disabilities. The RRTC will also conduct research and training activities to promote the effective operation of SILCs.

In addition to activities proposed by the applicant to carry out these purposes, the Center must conduct the following activities:

- Identify best practices and develop and test optimal programs for CILs in expanding services to youth with disabilities and in interfacing with education and transition programs to prepare youth for independent living;
- Review CIL funding patterns and analyze the impact on CILs of diverse funding sources, and design and test several options for generating funding from alternate sources, including those independent of public financing;
- Document the initial development, composition, and operation of the SILCs; identify effective operational practices, develop and provide training to a selected sample of SILCs, and evaluate the impact of this effort; and
- Coordinate activities with and provide instruments, curricula, and methodologies, as well as research findings, to the RSA technical assistance grantee under Part C of Title VII of the Rehabilitation Act.

Peer Support in the Rehabilitation of Long-Term Mental Illness

Background

Findings of the National Institute of Mental Health Epidemiological Catchment Area program are that more than 20 percent of all Americans have a diagnosable mental disorder in any given year. (Office of Technology Assessment, *Psychiatric Disabilities, Employment, and the Americans with Disabilities Act*, 1994). Of the population with mental disorders, 4 to 5 million adults are considered “seriously mentally ill” (Rutman, 1993). This priority focuses on that part of the population that has serious and persistent mental disorders that interfere with normal activities of daily life; the term “persons with long-term mental illness” (LTMI) is also commonly used to refer to this population.

A number of community-based programs, many of them operated by consumers, have developed in recent years offering vocational counseling, educational and training programs, job placement services, and ongoing peer support. These programs often are a low-cost augmentation of scarce community services. (Parrish, J., Center for Mental Health Services, 1994). The programs are, however, very difficult to evaluate (Goldklang, D., *American Journal of Community Psychiatry*, October, 1991). Nevertheless, in order to identify those elements of community-based programs that are most effective in meeting the needs of individuals with LTMI, there is a need to evaluate the effectiveness of various models of peer support services in community-based programs (including those that are consumer-run) in: serving the most significantly disabled individuals; providing appropriate services for individuals from minority cultures; obtaining diverse funding sources; maintaining accountability; training peer service providers; providing an appropriate range and quality of services; providing crisis response services; and achieving optimal outcomes.

In addition, peer-support programs may have a significant role in crisis response and in minimizing the need for involuntary institutionalization or treatment. However, the leadership and the staff of organizations that rely on peer support require appropriate training and preparation if they are to be effective in crisis intervention.

The mental health field has become increasingly aware of the special concerns and unmet needs of women with LTMI. A recent study indicated

that 40 percent of the children in foster care in New York City have mothers with mental illness (New York State Office of Mental Health). Peer support is a potential resource to assist these women to develop the capacity to parent children and to obtain and maintain housing, employment, and social supports in the community (Salasin, S., Center for Mental Health Services, 1994).

There are strong indications that community-based peer support programs have not been as prevalent or as effective in minority cultures. Approaches to this problem include providing more training in cultural awareness and sensitivity (Cook, J. A., 1992) to existing community-based programs, and developing programs operated by or representing minority individuals and cultures.

The National Task Force for Rehabilitation and Employment of Persons with Psychiatric Disabilities called, in 1993, for improved dissemination of useful research findings and best practices to all appropriate target audiences. The Task Force also recommended that the findings be translated in ways that are useful for policymakers, administrators, consumers, and families of diverse cultural backgrounds. The mental health field currently does not make full use of computerized information systems to access knowledge about long-term mental illness, or to link researchers, service providers, trainers, educators, and consumers for on-line discussion and information sharing. (Nance, R., Illinois Dept. of Mental Health and Developmental Disabilities, 1993, letter to CMHS). With effective training and technical assistance, community-based programs and consumer organizations could use technology to access resources, establish electronic bulletin boards, and conduct conferences and training.

The National Institute on Disability and Rehabilitation Research proposes to support an RRTC on LTMI in collaboration with the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration. This RRTC on LTMI will focus on the role of community-based peer support in improving independence, employment, and community integration. Any Center to be funded under this priority must involve individuals with long-term mental illness and consumer-run and other community-based programs that use peer support in the planning, management, and operations of the Center and must consider the perspectives of individuals with LTMI

in all aspects of its research and related programs.

Priority

An RRTC on peer support approaches to the rehabilitation of individuals with LTMI will study the most effective uses of peer support in: (1) Crisis management and prevention of hospitalization; (2) facilitating employment and return to work; (3) meeting the specific needs of women with LTMI; and (4) addressing the needs of individuals with LTMI from diverse cultural backgrounds.

In addition to activities proposed by the applicant to carry out these purposes, the center must conduct the following activities:

- Develop an evaluation protocol for community-based peer support programs, including those that are consumer-run, with outcome measures based on empirical data on factors such as recovery, independence, empowerment, employment, community integration, and cultural competency;
- Develop, test, and implement model training programs for preservice and inservice training of peers as service providers; and
- Develop and disseminate strategies to increase the effectiveness of information-sharing among and between consumer and provider organizations, researchers, and peer organizations.

Priority 4: Improved Outcomes for Low-Functioning Deaf Individuals

Background

Approximately one of every 1,000 infants is born with a hearing impairment that is severe enough to prevent the spontaneous development of spoken language, according to the *National Strategic Research Plan for Deafness and Hearing Impairment*, National Institute on Deafness and Other Communication Disorders (NIDCD), 1992. While many of these prelingually deaf and severely hearing-impaired individuals complete education and attain employment and independence, the report of the Commission on the Education of the Deaf (COED) indicates that the majority of deaf students do not go into any postsecondary education, and that many need further education or training to obtain appropriate employment (COED, *Toward Equality: Education of the Deaf*, 1988). Moreover, an estimated 100,000 deaf people are unemployed or seriously underemployed due to such problems as deficiencies in language performance and related psychological, vocational, and social underdevelopment. (COED, 1988, p. 69.)

These "low-functioning" deaf (LFD) individuals often do not have comprehensive rehabilitation training and related services accessible and available to them. This segment of the deaf population—sometimes called "low functioning", "low achieving", "multiply disabled deaf", or "traditionally underserved deaf"—requires long term and intensive habilitative and rehabilitative services and is the focus of this priority.

The deaf individuals to be addressed by this Center frequently exhibit deficits in vocational skills, independent living skills, manual and oral communication skills, social skills, and academic skills, and many have significant secondary disabilities. Many are from socioeconomically and culturally disadvantaged backgrounds, and many are from ethnic or linguistic minorities. Services to this population are scarce and fragmented. In addition to understanding the social, vocational, and educational implications of the disability, service providers must also be able to communicate with the individuals, often through less than optimal means, such as rudimentary sign language.

In 1990, NIDRR funded an RRTC on Traditionally Underserved Persons Who Are Deaf, located at the University of Northern Illinois, to study the parameters and service needs of this population. Funding for this Center ends in fiscal year 1994. Activities of this Center included a needs assessment, development of a model service program, outcome studies, qualitative and quantitative analyses and surveys, development of curriculum and training materials, conduct of training seminars, and provision of technical assistance. The new Center will have the benefit of the work of the previous Center on Traditionally Underserved Deaf Populations. The new Center will be required to coordinate its activities with related projects for this population funded by RSA and by the Office of Special Education Programs (OSEP), including activities supported by these agencies that target the needs of children, youth, and adults who are deaf-blind.

In January 1994, NIDRR convened a focus group of consumers and providers of services, researchers, and advocates to consider the issue of the need for ongoing research in the area of low-functioning deaf individuals and to identify specific questions. The input from the panel and other experts from the field has contributed to the decision to fund additional research to understand more fully the population of low-functioning deaf individuals,

especially those with secondary disabilities, and to develop improved interventions and service systems for those individuals.

Priority

An RRTC on the special needs of low-functioning deaf individuals shall—(1) develop appropriate assessment techniques for this population; (2) evaluate the applicability of a variety of strategies to enhance the development of language and literacy skills in this population; and (3) identify the range of services and service resources necessary to meet the rehabilitation and independent living needs of this population and develop mechanisms for coordination among service agencies and across service systems to foster a comprehensive system of services to enhance their integration into the community. In addition to activities proposed by the applicant to carry out these purposes, the center must conduct the following activities.

- Identify and develop appropriate personnel training that will lead to the required competencies and train service providers to deliver enhanced services to this population; and
- Develop effective materials and media to enhance the dissemination of new knowledge on LFD to appropriate audiences, including LFD individuals and their families, independent living centers, educators, and health care practitioners.
- Coordinate its activities with related projects for this population funded by RSA and by the Office of Special Education Programs (OSEP), including activities supported by these agencies that target the needs of children, youth, and adults who are deaf-blind.

Applicable Program Regulations

34 CFR Parts 350 and 352.

Program Authority: 29 U.S.C. 760–762.

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

Dated: May 18, 1995.

Judith E. Heumann,

Assistant Secretary for Special Education and Rehabilitative Services.

Appendix—Analysis of Comments and Changes

The Secretary received 17 letters of comment about the proposed priorities and 138 letters urging the establishment of various additional priorities. These comments are discussed in the order of the priorities to which they refer.

Independent Living—General

Comment: One commenter stated that all priorities should contain language stating

that the SILCs must include equal representation of persons with cognitive and physical disabilities.

Discussion: The SILCs are appointed by the Governors according to statute and regulation that are not subject to governance by the NIDRR priorities.

Changes: None.

Comment: The same commenter recommended including language that would make clear that both the RRTC and “its Independent Living programs” must include both people with physical disabilities as well as people with cognitive disabilities.

Discussion: The CILs are chartered, governed, and staffed according to State and Federal statutes and regulations that are not subject to governance by NIDRR priorities. The Rehabilitation Act, as amended, requires that independent living centers supported by funds under the Act be “cross-disability” (Sec. 702).

Changes: None.

Comment: The same commenter suggested that one of the RRTC’s activities should be analyzing issues related to independent and supported living for persons with mental retardation and developmental disabilities.

Discussion: NIDRR agrees that it is important to make independent living services available and relevant to individuals with cognitive, emotional, sensory, and physical disabilities. In fact, in 1993, NIDRR established a separate RRTC specifically to address the research and training aspects of expanding IL programs and concepts to those populations not traditionally served in CILs. That RRTC is located at the University of Kansas. “Supported living” is not a required subject of these Independent Living priorities. However, any applicant is free to address these issues within the general scope of either of these priorities.

Changes: None.

Comment: One commenter stated that the priorities related to independent living should emphasize improving collaboration between CILs and State vocational rehabilitation agencies to enhance employment outcomes and other common goals.

Discussion: The Secretary agrees that improving collaboration between CILs and State VC agencies is an important strategy in enhancing independent living for individuals with significant disabilities.

Changes: The Secretary has added an activity to each of the RRTCs on IL focusing on strategies for collaboration and innovative partnerships between CILs and State vocational rehabilitation agencies to promote employment outcomes.

Independent Living and Disability Policy

Comment: One commenter suggested that the name of the Center be changed to Independent Living and Public Policy because there are generic public policies affecting individuals with disabilities.

Discussion: The Secretary regards disability policy as any public policy that affects the “inclusion and integration into society, employment, independent living, family support, and economic and social self-sufficiency of individuals with disabilities of all ages.” (Quotation from the Rehabilitation

Act, as amended, Sec. 200, stating the purpose of NIDRR’s research.) This definition includes “generic” public policy when the specific relevance to the outcomes of integration-independence-employment for persons for disabilities is demonstrated. As described in the response to the succeeding comment, the genesis of this RRTC was as a center to conduct research and training that would enhance independent living programs. The Secretary believes there is strong support for maintaining this as an RRTC on independent living.

Changes: None.

Comment: The same commenter recommended that other organizations serving people with disabilities should be included as appropriate research subjects and training audiences in this Center, since many of these single disability organizations have a superior record of serving individuals traditionally underserved by CILs.

Discussion: Again, the Secretary points to the genesis and justification of this as an RRTC on independent living. While the priority does not preclude gathering data from or providing training to, other disability organizations that may be able to contribute to strengthening CILs and independent living programs, the focus of this Center is on defining and disseminating the concept of independent living programs and on strengthening those programs, particularly the CILs, in their ability to promote and apply independent living concepts and to measure their effects. The priority does not preclude the Center from disseminating its products broadly as long as the focus on independent living programs is maintained.

Changes: None.

Comment: The same commenter also requested that the Department modify the third activity in the proposed priority, which requires the Center to analyze CIL policies regarding implementation of the Americans with Disabilities Act (ADA) and develop potential strategies for CILs, to add “other strategies to promote full community inclusion” after ADA. The commenter goes on to say that this entire activity could be a subset of the second activity under the priority.

Discussion: NIDRR has a particular interest, based on Congressional directives, in facilitating and analyzing the successful implementation of the ADA, and in assisting CILs to participate effectively in that process. The ADA reflects a statutory civil rights and antidiscrimination approach to achieving equal opportunity for individuals with disabilities. As such, it has been hailed as a landmark piece of legislation in disability, and is certainly different in many important respects from other approaches to inclusion. An applicant may propose to examine other inclusion strategies consistent with the stated purposes of the priority. However, NIDRR is continuing to require that the RRTC analyze CIL policies with respect to the ADA.

Changes: None.

Comment: The same commenter also suggested that the priority be modified to authorize the Center to “conduct research and provide training on a range of policy issues not limited to the content outlined above”. The commenter suggests that

subjects such as health care reform, ADA, housing, or employment, (along with presumably as yet unidentified policy issues that could emerge) could take center stage and become important issues for the Center to examine.

Discussion: The Secretary reiterates that the focus of this priority is on policy barriers to achieving independent living and the role of CILs in increasing the capacity of communities to meet the IL needs of individuals with disabilities. The priority requires that the applicant address the areas that were given priority importance by the focus group, namely homelessness, abuse, violence, ADA, and diverse populations. However, other than that, the applicant may propose to conduct research on those policy barriers which the applicant believes are most critical.

Changes: None.

Comment: One commenter suggested that the Secretary define health care reform to include both medical and non-medical services that are funded through the public health care system, because of the dependence of persons with developmental disabilities on the health care system for non-medical services and supports.

Discussion: The final priority has been revised to clarify the focus of this RRTC. The RRTC must conduct research on policy barriers to independent living. While issues of the availability of health care may constitute policy barriers, the priority no longer specifically requires the RRTC to analyze issues related to health care reform.

Changes: Analysis of health care reform is no longer a requirement.

Independent Living Center Management and Services

Comment: One commenter recommended that the activity related to CIL services to linguistic, cultural, and ethnic minorities should be centered on CIL management activities related to diverse populations. The commenter urged that NIDRR maintain its current RRTC on IL programs for underserved populations.

Discussion: The inclusion of this activity in this RRTC does not imply a change in NIDRR's commitment to an RRTC on underserved populations. NIDRR would like to point out that a major emphasis in the NIDRR priority that established the Center for underserved populations was on those disability groups that are not traditionally served by CILs and independent living programs—such as persons with cognitive, emotional, and sensory disabilities, persons with HIV/AIDS, homeless individuals, youth, and elderly persons—as well as ethnic and linguistic minorities. Therefore, the Secretary believes it is appropriate to increase attention to improving the ability of IL programs to serve ethnic and linguistic minorities. The priority as proposed suggested that the RRTC do this through identification of best practices, and the development and testing of models for the delivery of IL services to ethnically diverse populations. Applicants for the RRTC may propose to focus on “management” aspects of enhancing the capacity of CILs to provide appropriate services, such as staffing, recruitment, staff

training, evaluation, consumer participation, or training of ethnic minority groups in IL management. The suitability of the approach would be assessed by the peer reviewers for these applications.

Changes: None.

Improved Outcomes for Individuals With Long-Term Mental Illness

Comment: Several commenters were concerned that consumer-run organizations should not be excluded from participating in any resultant Center, or that, in fact, their participation should be encouraged.

Discussion: The Secretary agrees that consumer-run organizations should be involved as applicants, consortium-members, subcontractors, advisory board members, trainees, dissemination vehicles, or in other appropriate capacities, in any Center resulting from this priority.

Changes: The background statement to the priority has been amended to include a provision that any Center to be funded under this priority must involve consumers and consumer-run organizations in the planning, management, and operations of the Center and must consider the perspectives of individuals with LTMI in all aspects of its research and related programs.

Comment: Two commenters commented on the terminology used in the priority. The comments focused on the appropriateness of the terms “long-term mental illness”, “LTMI”, and “consumer”.

Discussion: Among the few commenters who commented on this question of terminology, there were several competing and apparently inconsistent nomenclatures. Other commenters did not mention nomenclature. This inhibits any conclusion that there is a generally accepted terminology. Furthermore, the Rehabilitation Act, under which NIDRR is authorized, uses the term “individuals with mental illness”. The Secretary does not believe there is sufficient cause to change the terms throughout the priority.

Changes: None.

Comment: One commenter suggested that the requirement for model training programs for culturally sensitive training for peer service providers could be extended to include models that include pre-service, inservice, and ongoing technical support.

Discussion: The Secretary believes that culturally sensitive training models are needed for all levels of peer support workers. However, the priority as written would permit applicants to focus on training for all parts of the continuum, or to focus on specific segments that they identify as needing more attention. The Secretary is reluctant to impose more requirements on the applicants, and prefers to allow the applicants to present their proposals for evaluation by the peer reviewers.

Changes: None.

Comment: Two commenters suggested that emphasis on parenting skills should be for men as well as women.

Discussion: The reference to parenting skills in the priority was provided as an example of an area for consideration in addressing the specific needs of women with LTMI. The topic of parenting skills is not itself a focus of the priority.

Changes: None.

Comment: One commenter suggested that the activity on special adaptations for minority populations should include focus on the role of family support, values, and expectations.

Discussion: The Secretary believes that applicants should have the opportunity to propose how they will study the most effective approaches to meeting the needs of individuals with LTMI from diverse cultural backgrounds.

Changes: None.

Comment: One commenter suggested that the activity on outcome evaluations should contain specific reference to operationally defining the emerging concepts of “recovery” and “community integration”. Two commenters recommended that any outcomes to be measured should be defined through the perspectives of individuals with psychiatric disabilities, and that the RRTC should be encouraged to use the expertise of researchers with long-term mental illness in the development of outcome measures.

Discussion: The Secretary believes that these comments are important ones in the discussion of these issues. Operational definitions of outcome variables are likely to be essential to any evaluation strategy. However, the Secretary does not believe it is necessary to direct applicants on how to develop an evaluation methodology. The Secretary believes that it is important to include the perspectives of individuals with psychiatric disabilities in all activities, models, strategies, training programs, research methods, and dissemination strategies of the Center.

Changes: A sentence has been added to the Background statement emphasizing the importance of including the perspectives of individuals with long-term mental illness in all areas of the RRTC's work.

Comment: One commenter suggested that there needs to be a clear definition of “consumer-operated” programs.

Discussion: The Secretary is aware that there may be more than one definition or model for “consumer-operated” or “consumer-run” programs and acknowledges that the multiple terms used in the proposed priority may have caused some confusion. The nomenclature used in the final priority has been revised for consistency. However, the Secretary prefers to encourage each applicant to present the definition, or definitions, of consumer-run program and community-based program which it proposes to use, and the peer reviewers to evaluate the appropriateness of the definitions to the purposes of the priority.

Changes: The nomenclature in the background section and the final priority have been revised for consistency.

Comment: Several commenters made references to the desirability of involving consumer-run organizations as grantees, either by mandating that only such organizations could receive the grant or by specifying roles for consumer-run organizations in the grantee's organizational structure.

Discussion: Program regulations, which are discussed in the preamble to these priorities, and delineated in part in the notice soliciting

applications for these Centers, describe the entities that are eligible to apply for RRTC grants. The Secretary does not intend to amend those regulations by further restricting eligibility for this Center grant. However, the Secretary believes that additional language inserted into the Background and the activities of the priority indicate the expectation that consumers and consumer organizations will have important roles in the RRTC.

Changes: The final paragraph of the Background statement has been amended to add "Any Center to be funded under this priority must involve consumers and consumer-run organizations in the planning, management, and operations of the Center and must consider the perspectives of individuals with LTMI in all aspects of its research and related programs."

Comment: Several commenters suggested modifications to the information dissemination components of the priority. Some questioned the appropriateness of the dissemination activity centered around the use of electronic information networks, since they believe that consumers, consumer organizations, and many other community-based service providers do not have access to the necessary electronic technology. One commenter recommended that the priority include an activity for developing a consumer information exchange.

Discussion: The Secretary believes that applicants should have the flexibility to propose how they will develop and disseminate strategies to increase the sharing of information.

Changes: The final activity in the priority has been amended to read "develop and disseminate strategies to increase the effectiveness of information-sharing among and between consumer and provider organizations, researchers, and peer organizations."

Improved Outcomes for Low-Functioning Deaf Individuals

Comment: One commenter stated that the RRTC should be required to address the needs of deaf-blind individuals who meet the profile of low-functioning.

Discussion: The Secretary points out that the priority requires the new Center to coordinate activities with related projects funded by RSA and OSEP, which do serve individuals who are deaf-blind. Applicants for a grant under this priority may address needs of deaf-blind individuals as the priority now exists. However, the Secretary does not require that they do so.

Changes: None.

Recommendations for Additional Priorities

Comment: Several commenters recommended that NIDRR establish RRTCs addressing the needs of individuals with End-Stage Renal Disease (ESRD); one recommended a center on assistive technology for inclusion, and a substantial number urged the establishment of an RRTC on community integration for individuals with mental retardation.

Discussion: The Secretary is considering these suggestions for future priorities. In part as a response to these comments, the Secretary published a Notice of Proposed Priority for a dissemination and technical assistance center on Facilitating Community Integration for Individuals with Mental Retardation in the **Federal Register** of March 31, 1995 (60 FR 16760). The Secretary also reminds all commenters that NIDRR sponsors a Field-Initiated Research program under which potential applicants may submit applications for research related to any area of disability and rehabilitation.

Changes: None.

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DEPARTMENT OF EDUCATION

[CFDA No.: 84.133B]

Office of Special Education and Rehabilitative Services; National Institute on Disability and Rehabilitation Research; Notice Inviting Applications for Certain New Awards Under the Rehabilitation Research and Training Centers (RRTC) for Fiscal Year (FY) 1995

NOTE TO APPLICANTS: This notice is a complete application package. The notice contains information, application forms, and instructions needed to apply for a grant under this competitions. The final priorities for the Rehabilitation Research and Training Centers (RRTC) program are published in this issue of the **Federal Register**. This consolidated application package includes the closing date, estimated funding, and application forms necessary to apply for an award under this program's competition. Potential applicants should consult the statement of the final priority published in this issue to ascertain the substantive requirements for their applications.

The estimated funding level in this notice does not bind the Department of Education to make awards or to any specific number of awards or funding levels.

This notice of final priorities 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 and citizenship.

APPLICATION NOTICE FOR FISCAL YEAR 1995, REHABILITATION RESEARCH AND TRAINING CENTERS CFDA NO. 84.133B

Funding priority	Deadline for transmittal of applications	Estimated number of awards	Estimated size of awards (per year)	Project period (months)
Independent living and disability policy	July 21, 1995 ..	1	\$400,000	60
Independent living center management and services	July 21, 1995 ..	1	650,000	60
Peer support in rehabilitation of long-term mental illness	July 21, 1995 ..	1	545,000	60
Improved outcomes for low-functioning deaf individuals	July 21, 1995 ..	1	400,000	60

Applications available: May 25, 1995.

APPLICABLE REGULATIONS: (a) The Education Department General Administrative Regulations (EDGAR), 34 CFR Parts 74, 75, 77, 78, 80, 81, 82, 85, 86; (b) the regulations for this program in 34 CFR Parts 350 (amended April 5, 1995, (60 FR 17426)) and 352 (amended April 5, 1995, (60 FR 17429)); and (c) the notice of final priorities published elsewhere in this issue of the **Federal Register**.

PURPOSE OF PROGRAM: Rehabilitation Research and Training Centers conduct

coordinated and advanced programs of rehabilitation research, provide training—including undergraduate, graduate, and in-service training—to research and other rehabilitation personnel, and assist individuals to more effectively provide rehabilitation services.

Selection Criteria: The Secretary uses the following selection criteria to evaluate applications under this program.

(a) *Relevance and importance of the research program* (20 points). The Secretary reviews each application to determine to what degree—

(1) The proposed activities are responsive to a priority established by the Secretary and address a significant need of a disabled target population and rehabilitation service providers;

(2) The overall research program of the Center includes appropriate interdisciplinary and collaborative research activities, is likely to lead to