

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

**AGENCY:** Department of Education.

**ACTION:** Notice of Final Funding Priorities for Fiscal Years 1997–1998 for a Research and Demonstration Project and Rehabilitation Research and Training Centers.

**SUMMARY:** The Secretary announces final funding priorities for the Research and Demonstration Project (R&D) Program and the Rehabilitation Research and Training Center (RRTC) 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 consistent with NIDRR's long-range planning process, 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 March 24, 1997.

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**SUPPLEMENTARY INFORMATION:** This notice contains final priorities to establish one R&D project for research on improving employment practices covered by Title I of the Americans with Disabilities Act (ADA), and two RRTCs for research related to personal assistance services (PAS) and employment for persons with long-term mental illness (LTMI).

NIDRR is in the process of developing a revised long-range plan. The final priorities in this notice are consistent with the long-range planning process. 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 October 31, 1996, the Secretary published a notice of proposed priorities in the Federal Register (61 FR 56374–56379). The Department of

Education received 9 letters commenting on the notice of proposed priorities by the deadline date. Two 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.

Research and Demonstration Projects Program

**Priority: Improving Employment Practices Covered by Title I of the Americans With Disabilities Act**

**Comment:** One commenter recommended that the grantee should research the practices and procedures businesses have used to create a diverse work force and the attitudinal factors that affect hiring and employment decisions regarding persons with disabilities.

**Discussion:** The Secretary believes that research on the practices and procedures business have used to create a diverse work is an important, but overly broad, topic that addresses issues unrelated to those involving persons with disabilities. As indicated in the background to the priority, the Secretary believes that a sufficient body of attitudinal research exists, including attitudinal research on the factors that affect hiring and employment decisions regarding persons with disabilities. The Secretary does not believe that any further attitudinal research is necessary at this time.

**Changes:** None.

**Comment:** One commenter recommended that the research team include people with an established credibility with the corporate community.

**Discussion:** The Secretary believes that the grantee's ability to gain the confidence and cooperation of private sector entities with responsibilities under Title I of the ADA is essential to the success of the project. The composition of the research team and the qualifications of key personnel are evaluated in the peer review process using the applicable selection criteria. The Secretary does not believe any further personnel requirements are necessary.

**Changes:** None.

**Comment:** One commenter recommended that NIDRR suggest collaborations that would enhance the effectiveness of the interventions that the project will develop to address challenging employment practices.

**Discussion:** The Secretary believes that applicants should have complete

discretion to select the participants in any collaborative effort that is proposed. The Secretary does not believe that NIDRR should influence this decision by making suggestions.

**Changes:** None.

Rehabilitation Research and Training Centers (RRTCs)

**Priority 1: Personal Assistance Services**

**Comment:** One commenter applauded the reference to studying PAS in the community (outside the home), but noted that the definition of PAS used in the priority referred to home-based services.

**Discussion:** NIDRR used the definition of PAS that is included in the Rehabilitation Act. The definition specifically refers to services provided on the job. The commenter focused on the initial descriptive phrase "forms of home-based assistance," which was intended to imply only that the services are provided outside of an institution. The definition of PAS in the priority encompasses community-based services, and this descriptive phrase in the background statement does not affect the required scope of work.

**Changes:** None.

**Comment:** Two commenters noted that the priority appeared to either be stating a preference for the "independent living" model of PAS, or to be suggesting a comparative evaluation of that model and the "medical model." The commenters believed that there was too much emphasis on the differences between the two models.

**Discussion:** The discussion of the two models of PAS was intended only to illustrate some of the ways in which PAS is organized and delivered in the community. The Secretary realizes that these are two points on a continuum, and that in fact most programs contain elements of each of the "pure" models. The important issue is to determine what components of a PAS delivery system are most appropriate for individuals with disabilities of varying ages, types of disabilities, cultural backgrounds, lifestyles, and life goals. The Secretary points out that all of the references to models of PAS are included in the background section and do not have direct relevance to the activities to be performed by the Center.

**Changes:** None.

**Comment:** One commenter recommended that the compilation of a database on extant PAS programs should be considered a service, rather than a research activity, and should not compete for the limited resources available for this Center.

*Discussion:* NIDRR has identified the need for such a database for research purposes, not as a referral service. The types of data to be collected could be regularly updated to track trends in availability, funding sources, eligibility requirements, demand and usage, and costs and resources. Such a database is seen as a key to determining who has access to PAS, and whether the PAS that can be accessed varies according to characteristics of the individual consumer.

*Changes:* None.

*Comment:* One commenter stated that there should be more emphasis on training and services or technical assistance in the priority.

*Discussion:* The Secretary believes that there are many research issues that must be addressed in the area of PAS and that there is a tendency to respond to the demands for training and technical assistance before the research base is secure. For that reason, the priority focuses on research. Applicants are free to propose training and technical assistance that they believe complements the research scope, but the Secretary will not impose additional requirements.

*Changes:* None.

*Comment:* The priority currently calls for one conference for consumers and one conference for policymakers to share findings and obtain input on outstanding issues in the final year of the project. One commenter stated that the priority should include a requirement for three conferences to assist in the design of the Center, evaluate progress at the mid-point, and extend the availability of effective PAS.

*Discussion:* The Secretary requires conferences targeted to these two audiences as a dissemination mechanism. The commenter's suggestions would amount to dictating the process that the grantee would use in designing and evaluating its activities, and the Secretary declines to limit grantees in proposing their own approaches to planning and managing the project.

*Changes:* None.

*Comment:* Two commenters noted that there were many required activities in the priority and suggested that various of these specific activities could be deleted, while one suggested adding a requirement to examine the ways in which technology can be used to replace or supplement personal assistance, particularly in the workplace.

*Discussion:* The Secretary points out that the Center focuses on four objectives: analyzing the availability of PAS; analyzing State policies and practices; evaluating the impact of

various types of PAS; and developing strategies to increase the supply of qualified PAS. In addressing these objectives, the Center is required to conduct six activities. The Secretary believes that all the required activities are important in addressing the objectives of the Center, and declines to eliminate any of the basic requirements in the priority. The requirement to investigate the use of PAS at the workplace reflects the importance of identifying effective approaches that have the potential to expand employment opportunities and enhance employment outcomes for individuals with significant disabilities. In fulfilling this requirement, the applicant may address the use of technology to promote independent functioning at the workplace. The Secretary emphasizes that applicants are free to determine their approach to each of the objectives of the RRTC within the constraints of available resources.

*Changes:* None.

#### *Priority 2: Vocational Rehabilitation Services for Persons With Long-Term Mental Illness*

*Comment:* Two commenters recommended studying the impact of behavioral managed care on the delivery of vocational rehabilitation services for persons with LTMI.

*Discussion:* Based on the first purpose of the priority, the Secretary believes that an application could propose to study the impact of behavioral managed care on the delivery of vocational rehabilitation services for persons with LTMI. However, the Secretary prefers to provide applicants with the discretion to propose specific topics for investigation.

*Changes:* None.

*Comment:* One commenter recommended studying the cost-effectiveness of vocational rehabilitation for persons with LTMI, and a second commenter recommended studying the costs and benefits of providing vocational rehabilitation to persons with LTMI.

*Discussion:* The Secretary believes that an applicant could propose to conduct either study if the study furthered the purpose of the RRTC to conduct research on the achievement of high quality employment outcomes for persons with LTMI. However, the Secretary prefers to provide applicants with the discretion to propose specific topics for investigation.

*Changes:* None.

*Comment:* One commenter recommended including individuals with head injury in the definition of individuals with LTMI.

*Discussion:* The Secretary believes that individuals who have experienced a head injury and exhibit behaviors of individuals with a long-term mental illness could be included within the target population of this RRTC. The Secretary points out that for Fiscal Year 1996, NIDRR is funding ten projects related to brain injury, including two RRTCs. The Secretary does not believe that NIDRR should support any additional research on head injury at this time.

*Changes:* None.

*Comment:* One commenter recommended addressing the needs of persons with dual diagnosis, youth, women, and persons from minority backgrounds.

*Discussion:* The Secretary points out that all applicants must meet the statutory requirement to demonstrate how the application will address the needs of individuals with disabilities from minority backgrounds. In regard to persons with dual diagnosis, youth, and women, the Secretary believes that an applicant could propose to address the needs of these individuals. However, the Secretary prefers to provide applicants with the discretion to propose specific target populations for investigation.

*Changes:* None.

*Comment:* The same commenter recommended requiring training and dissemination activities to provide consumers and families members with useful information to assist them in personal and systems advocacy. In addition, the commenter recommended assuring that any research and training activities be undertaken within an evaluative context.

*Discussion:* The Secretary agrees that the RRTC should provide consumers and family members with useful information, and expects the RRTC's evaluation plan to address all research and training activities. Dissemination activities and the evaluation plan are evaluated in the peer review process using the applicable selection criteria. The Secretary does not believe any further personnel requirements are necessary.

*Changes:* None.

*Comment:* One commenter suggested identifying high demand occupational opportunities that may match the work skills and workplace requirements of persons with LTMI. The commenter also suggested identifying individualized strategies that lead to economic self-sufficiency.

*Discussion:* The Secretary believes that within the activity to analyze the relationships between employment experiences and the characteristics of

impairment, an applicant could propose to identify occupational opportunities that may match the work skills and workplace requirements of workers with LTMI, and identify individualized strategies that lead to economic self-sufficiency. However, the Secretary prefers to provide applicants with the discretion to propose specific topics for investigation.

*Changes:* None.

*Comment:* The same commenter suggested applying short-term outcome measures, such as occupational growth, improved workplace behavioral and coping strategies, and effective use of helping behavior in the workplace, to determine whether high quality employment outcomes are being achieved. The commenter also recommended considering economic self-sufficiency as a long-term outcome.

*Discussion:* The Secretary believes applicants should have the discretion to propose the types of employment outcomes and outcome measures that will be used in the RRTC's research activities. The proposed outcomes and outcome measures will be evaluated in the peer review process using the applicable selection criteria. The Secretary does not believe any further requirements are necessary.

*Changes:* None.

*Comment:* The same commenter recommended identifying necessary supports and successful methods to secure and sustain family and therapeutic supports for the attainment of employment outcomes.

*Discussion:* The Secretary believes that within the activity to identify models of long-term vocational and community support for persons who have achieved an employment outcome after the receipt of VR services, an applicant could propose to identify necessary supports and successful methods to secure and sustain family and therapeutic supports. However, the Secretary prefers to provide applicants with the discretion to propose specific topics for investigation.

*Changes:* None.

*General*

*Comment:* One commenter recommended that the Centers publish their research findings in refereed journals.

*Discussion:* The quality of an applicant's proposed dissemination activities are evaluated in the peer review process using applicable selection criteria. The Secretary does not believe any further dissemination requirements are necessary.

*Changes:* None.

*Comment:* One commenter recommended that the Secretary

establish an RRTC focusing on individuals with a combination of significant physical and speech disabilities with an emphasis on those who use alternative and augmentative communication devices.

*Discussion:* The Secretary believes that individuals with a combination of physical and speech disabilities face significant barriers. The Secretary points out that NIDRR is currently supporting a Rehabilitation Engineering Research Center in Augmentative Communication. In response to the commenter's suggestion, NIDRR will consider conducting a planning meeting to explore research needs in this area and issuing an invitational priority in the FY 1998 Field-Initiated Research competition to address the needs of individuals with a combination of significant physical and speech disabilities.

*Changes:* None.

#### Research and Demonstration Projects

Authority for the R&D program of NIDRR is contained in section 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 agencies and private agencies and organizations, including institutions of higher education, Indian tribes, and tribal organizations. This program is designed to assist in the development of solutions to the problems encountered by individuals with disabilities in their daily activities, especially problems related to employment (see 34 CFR 351.1). Under the regulations for this program (see 34 CFR 351.32), the Secretary may establish research priorities by reserving funds to support the research activities listed in 34 CFR 351.10.

#### 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 program only applications that meet this absolute priority:

*Priority: Improving Employment Practices Covered by Title I of the Americans With Disabilities Act*

#### Background

The intent of Title I of the Americans with Disabilities Act (ADA) is to include and empower people with disabilities in the work force (P. Blanck, *The Americans with Disabilities Act: Putting the Employment Provisions to Work*, Annenberg Washington Program, page 9, 1993). Title I provides that employers, employment agencies, labor

organizations, or joint labor-management committees may not discriminate against a qualified individual with a disability in regard to job application procedures, the hiring, advancement, or discharge of employees, employee compensation, job training and other terms, conditions, and privileges of employment. Discrimination under Title I includes not making reasonable accommodations to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, unless such covered entity can demonstrate that the accommodation would impose an undue hardship on the operation of the business.

The employment status of persons with disabilities is a matter of critical importance, both in terms of public expenditures and in the right of persons with disabilities to participate fully in the labor market (J. McNeil, *Americans with Disabilities: 1991-1992, Household Economic Studies*, pp. 70-33, December, 1993). One of the assumptions underlying the ADA is that discriminatory employment practices are contributing significantly to the depressed employment status of persons with disabilities. For 1994, of the 29.41 million persons 21 to 64 years old who had a disability, 14.03 million or 47.7 percent were unemployed. For the same year, the mean monthly earnings of workers with disabilities was \$1,713 compared to \$2,160 for workers without disabilities (J. McNeil, U.S. Bureau of the Census, *Survey of Income and Program Participation*, 1994).

The Equal Employment Opportunity Commission (EEOC), which has enforcement responsibility for Title I of the ADA, estimates that Title I covers approximately 666,000 businesses employing approximately 86 million workers (EEOC Press Release, July 19, 1994). Title I became effective for employers with 25 or more employees on July 26, 1992, and on July 26, 1994 for employers with 15 or more employees. Partially as a result of the recency of these effective dates, little is known about the actual impact of Title I on the employment practices of covered entities. The research that has been conducted on the impact of Title I on employment practices relies primarily on attitudinal surveys of employers toward the ADA, and the anticipated impact that Title I might have on their employment practices (see *Baseline Study to Determine Business' Attitudes, Awareness, and Reaction to the Americans with Disabilities Act*, Gallup Survey Report, 1992).

While little is known about the actual impact of Title I on employment practices, data collected by the EEOC provide information about alleged Title I ADA violations involving employment practices. Since July 26, 1992 the EEOC has maintained a database regarding the number of ADA violations that have been cited in charges and the impairments cited in those charges. For the cumulative reporting period between July 26, 1992 and June 30, 1996, the EEOC reports that a total of 68,203 ADA charges were filed. Of the 68,203 charges, 52,448 or 76.9 percent have been resolved. The majority of resolutions are either "Administrative Closures" (40.2 percent) or "No Reasonable Cause" (45.2 percent). While it is impossible to determine what percentage of the "Administrative Closures" involve charges that are meritorious, the remaining 14.6 percent of the charges resulted in "Merit Resolutions" (settlements—4.9 percent, withdrawals with benefits—7.2 percent, reasonable cause 2.5 percent) (EEOC Office of Program Operations from EEOC's Charge Data National Data Base).

The complaints filed with the EEOC that result in "Merit Resolutions" may be indications of not only discriminatory employment practices, but also the difficulties that employers are having understanding or implementing Title I's requirements. In a 1992 survey of 618 employers in Georgia, 84 percent of the companies indicated that they would like to receive more information concerning ADA requirements, 65 percent wanted more information about financial incentives, and 62 percent wanted disability awareness training for employees and having access to trained, motivated employees with disabilities (J. Newman and R. Dinwoodie, *Impact of the Americans with Disabilities Act on Private Sector Employers*, *Journal of Rehabilitation Administration*, Vol. 20, No. 1, February, 1996).

Persons with disabilities may be exposed to substantial emotional and financial hardship as a result of discrimination or an employer's lack of understanding of the employment practice requirements of the ADA. Attempting to resolve Title I disputes through the complaint process or litigation, can be costly and time-consuming for persons with disabilities, employers, and the EEOC. Preventing employment discrimination and disputes through the provision of information and technical assistance enables employers and persons with disabilities to share in the benefits of

productive and financially rewarding employment.

#### Priority

The Secretary will establish a research and demonstration project on improving employment practices covered by Title I of the ADA that will:

- (1) Investigate the impact of the ADA on the employment practices of private sector small, medium, and large businesses;
- (2) Identify the ADA employment practice requirements (with a special emphasis on hiring) that have been most challenging for employers to implement successfully;
- (3) Identify interventions that can be used by private sector employers and persons with disabilities to address the challenging employment practice requirements identified in (2) above;
- (4) Demonstrate the effectiveness of the interventions involving small, medium-sized, and large businesses; and
- (5) Widely disseminate information on effective interventions to employers and persons with disabilities.

In carrying out the purposes of the priority, the R&D project shall:

- Consult with the EEOC in order to determine how EEOC public-use data demonstrate the findings of compliance problems in covered areas, especially in hiring, and how those and future data may be available for the purposes of the project;
- Complement the General Accounting Office qualitative evaluation of the employment provisions of the ADA; and
- Use a variety of information dissemination strategies to reach as wide an audience as possible, including using the ten regional Disability and Business Technical Assistance Centers.

#### Rehabilitation Research and Training Centers (RRTCs)

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 such 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, alleviate or stabilize disabling conditions, and 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 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 Center 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: Personal Assistance Services Background*

Over the past 20 years, various forms of home-based assistance have emerged as alternatives to institutional or congregate care for individuals who are unable to perform activities of daily living (ADLs, such as eating, speaking, toileting), or instrumental activities of daily living (IADLs, such as housekeeping, shopping, or food preparation). This assistance often comes in the form of chore services or home health aides provided for older persons through community agencies or corporations and financed through public or private health insurance. However, individuals with disabilities, particularly through the independent living movement, have developed and promoted an alternative model of personal assistance featuring consumer direction. In this priority, personal assistance services (PAS) is used to refer to the full range of service delivery models for providing home-based support services, including chore services, home health care, and consumer-directed personal assistants (PAs).

Programs to fund and provide personal assistance services for individuals with severe disabilities have developed in response to the increased numbers of persons with disabilities living independently in their homes (Kennedy, J., Policy and Program Issues in Providing Personal Assistance Services, *Journal of Rehabilitation*, July/August/September, 1993). The term "personal assistance services" was added to the Rehabilitation Act of 1973, with the 1992 amendments, and defined as "a range of services, provided by one or more persons, designed to assist an individual with a disability to perform daily living activities on or off the job that the individual would typically perform if the individual did not have a disability" (section 7(11)). The provision of on-the-job or related PAS is specifically authorized under the Vocational Rehabilitation Services Program while an individual is receiving services under the program (section 103(a)(15)). In addition, PAS is considered to be an element in the definition of "independent living services" in section 7(30)(B)(vi) of the Act.

PAS is also supported by health care agencies, public welfare agencies, educational institutions, private insurance providers, nonprofit organizations, client self-funding, and a host of less common sources. Indeed, researchers have identified more than 300 State level PAS programs, and

suggest that they may be categorized by: (1) target population, such as persons who are aged, persons with developmental disabilities, persons with mental illness; (2) type of service, such as chore services and medical services; and (3) method of funding, such as public Medicaid assistance or private individual or insurer purchase of care from home health care providers (Medlantic Research Foundation, *The Feasibility of Establishing a Regional Personal Assistance Program in the Metropolitan Washington D.C. Area*, 1991).

Information from the 1990 Survey of Income and Program Participation (SIPP) and the 1990 Decennial Census indicates that about 4.1 million nonelderly adults, and 5.8 million elderly persons living in community settings have acute or chronic health conditions that may make them candidates for individual personal assistance in their homes (Adler, *Population Estimates of Disability and Long-Term Care*, ASPE Research Notes, 1995). The population potentially in need of PAS is very diverse in terms of geographic location, disability or medical condition, personal health care needs, and psychosocial characteristics.

Two major contrasting models of personal assistance may be identified as the independent living (IL) model, and the medical model. The range of personal services programs may be arrayed on a continuum between the two pure archetypes, with many variations falling at various points on the continuum. The original, or medical model, is characterized by professionalism; agency control and supervision of service providers; and strictly specified tasks that generally must be provided in the home. An agency hires, trains (usually under a medical, nursing, or health services approach), pays, assigns, supervises, and terminates the workers, commonly referred to as health aides, and the user has a limited role in planning, directing, and assessing this delimited range of services. In the IL model, individuals with disabilities have a substantial role in determining the terms and conditions of PAS, and they hire, train, and supervise their PAs (A Comparison of Some of the Characteristics of Two Models of Personal Assistance Services, World Institute on Disability, 1995). Although research has shown that PAS are effective, cost efficient, and popular with those assisted under the IL model, the medical model predominates throughout the United States (Kennedy, 1991; Kennedy and Litvak, S. *Case Studies of Six State Personal Assistance Service Programs* funded by the

Medicaid Personal Care Option, 1991). The reasons for the prevalence of the medical model are not entirely clear, but there are several possible explanations. The medical model emerged earlier, in response to the needs of elderly persons, who were then being cared for in a medical or quasi-medical environment. It was a logical extension to duplicate the medical model in home-based services, including elements of medical prescriptiveness, health services training and qualifications, and focus on such things as security and accountability. It is also possible that older clients are less comfortable with learning new roles in determining their own needs and supervising their care, and that some may lack the physical or cognitive capacities to assume these roles. On the other hand, it may be that younger disabled individuals place much higher value on autonomy, social integration, self-determination and independence than do many of the frail elderly.

Although researchers have described these two models of PAS, there is insufficient information on the characteristics of the PAS that is available to various subgroups of individuals with disabilities, including not only information on the service delivery models, but also factors such as eligibility criteria, quantity and nature of services provided, sources of financing, and costs (per client, per unit of services, and total). Researchers, service providers, policymakers, and advocates would benefit from greater knowledge about the kinds of PAS services available to disabled individuals with various characteristics, including age, type of disability, geographic location, work history, and residential and family status. A comprehensive database of available PAS, on a State-by-State basis, is fundamental to conducting the analyses that will accomplish the purposes of this priority.

Beyond improving understanding of what exists, it is important to both assess the contributions of these services to individuals with disabilities and to society, and to anticipate new developments in service provision and planning. The objectives of the IL model of PAS are somewhat different from those of the medical model. To some extent, these are the individual goals and objectives of the disabled persons who use PAS. However, there are some overall objectives or expectations that society has in their establishment and funding of these programs. It is important to define both sets of objectives and develop standards and measures that will permit an assessment

of the effectiveness of PAS in achieving societal objectives as well as in satisfying the expectations of the users of PAS. The objectives of these two groups are expected to be similar, although not necessarily identical and not prioritized in the same order. Societal objectives may include the avoidance of costly future interventions through health maintenance, prevention of further disablement, safety, and return to work, and these may be reasonably objective and quantifiable outcomes. Consumer objectives may focus on more subjective measures such as autonomy, social integration, and quality of life. Consumers and policymakers will be best served by a comprehensive assessment of PAS outcomes. This priority focuses on the access to, use and outcomes of, and satisfaction with, various configurations of PAS by individuals of working age.

Increasingly, individuals using PAS, and often the PAs as well, are entering the worksite as a result of innovations in telecommuting, flexiplace, home businesses, and individual accommodations for workers in traditional work sites. There is need for studies that will examine alternative approaches to providing PAS to individuals with disabilities in employment settings, including on-site versus off-site assistance, configurations of services necessary to support employment, and that examine relations between PAs and job coaches, rehabilitation counselors, interpreters, and other service personnel. The relationship between the types of services available through PAS and the likelihood of maintaining employment is an area for investigation.

The introduction of managed care approaches to health care delivery and financing and the influence of Federal court decisions are likely to result in extensive changes to State-administered Medicaid programs providing PAS. In addition, the Robert Wood Johnson Foundation is providing \$3 million in grants to stimulate States, nonprofit organizations, and communities to demonstrate the effectiveness of the choice concept in PAS. There is also an anticipated decentralization of responsibility for service delivery and devolution of regulatory control over funds and services to the States or local government levels. It is unclear what effect these new patterns will have on availability, eligibility, and service configurations. There is a need to analyze the impact of these anticipated new public program and policy directions on the administration of PAS, and to improve public information, increase interagency collaboration on

effective program features, and develop strategies to address shortages of trained personnel for providing PAS.

*Priority 1:* The Secretary will establish an RRTC that will contribute to the understanding of personal assistance services that informs policymaking and practice throughout the nation by:

(1) Analyzing the patterns of access to PAS in terms of the characteristics of the consumers with disabilities, the components of the PAS programs, and the administrative requirements;

(2) Assessing the impact of devolution/decentralization on PAS through the analysis of trends in the availability of PAS and the correlation of these trends with new developments in State policies;

(3) Evaluating the impact of various types and amounts of PAS on desired consumer outcomes, including health maintenance and secondary prevention, appropriate versus inappropriate health care utilization, productivity and employment, community participation, emotional well-being, and life satisfaction; and

(4) Developing strategies to increase the availability of effective PAS and qualified PAs.

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

- Develop and maintain a comprehensive database on types of PAS available on a State-by-State basis, including relevant descriptors of the PAS and the clients served;

- Investigate existing practices of integrating PAS into the workplace, and disseminate models of effective practices;

- Assess the availability of qualified PAs and develop strategies to increase the pool, skill levels, work performance, job satisfaction, and sustained involvement of qualified PAs in the field;

- Identify new models at the State level, including service configurations, financing methods, or delivery practices that have the potential to make more effective PAS available to individuals with disabilities who need PAS;

- Conduct at least one conference for consumers and one conference for policy makers in the final year of operations to share findings with these target audiences and to obtain feedback on outstanding issues; and

- Coordinate with ongoing research activities in the Robert Wood Johnson Independence initiative and the Department of Health and Human Services Cash and Counseling demonstration, as well as with other

relevant NIDRR research centers and projects.

*Priority 2: Vocational Rehabilitation Services for Persons With Long-term Mental Illness*

**Background**

The National Institute of Mental Health estimates that there are over 3 million adults ages 18–69 who have a serious mental illness (Manderscheid, R.W. & Sonnenschein, M.A. (Eds.), *Mental Health, United States 1992* U.S. Department of Health and Human Services, Rockville, MD; DHHS Publication No. (SMA) 92–1942). Estimates of unemployment among this group remains in the 80–90 percent range (Baron, R., NIDRR Public Hearing on Disability Research, November 28, 1995).

The Social Security Administration (SSA) operates the nation's two largest Federal programs providing cash benefits to people with disabilities—the Supplemental Security Income (SSI) and the Social Security Disability Insurance (SSDI) programs. The number of SSI/SSDI beneficiaries with severe mental illness, and the nation's expenditures for them, have continued to grow over the last ten years and SSA expects the number will continue to grow (SSA, *Developing a World-Class Employment Strategy for People with Disabilities*, September, 1994). A recent study by the U.S. General Accounting Office (GAO) found that by 1994, mental impairments, which are associated with the longest entitlement periods, accounted for 57 percent of the SSI beneficiary population aged 18 to 64 and 31 percent of the SSDI beneficiary population (GAO Report, *SSA DISABILITY, Program Redesign Necessary to Encourage Return to Work*, April, 1996).

There are significant complexities in designing effective return-to-work strategies to assist individuals in the SSA caseload. Assisting those individuals who can return to work will require varying approaches and levels of support. Individuals who have completed the process of establishing themselves as disabled for SSA purposes may find it difficult to later view themselves as having remaining work potential. The transfer payments and other benefits contingent on SSI/SSDI eligibility (especially medical insurance benefits) may increase the opportunity costs involved in return to work beyond the level acceptable to the individual. The benefit structure may provide a particular barrier for low-wage workers, those who are unskilled, or had marginal attachments to the labor

market in the past. Beneficiaries face the loss of Medicare or Medicaid benefits if they return to work and marginal jobs may not offer adequate, or any, medical coverage, especially for pre-existing conditions. Relinquishing these benefits is particularly risky for individuals with LTMI, since recurring episodes of their illness may result in repeated job loss and the need for quick access to benefits.

SSA has implemented several work incentive programs to help people with disabilities enter or re-enter the workforce by protecting their cash and medical benefits until they can support themselves (*Red Book on Work Incentives—A Summary Guide to Social Security and Supplemental Security Income Work Incentives for People with Disabilities*, SSA Pub. No. 64–030, U.S. Government Printing Office, June, 1992). For individuals with a LTMI, the Social Security Work Incentives (SSWI) have the potential to be a valuable component of the overall rehabilitation process. However, there has been neither a comprehensive assessment of the effectiveness of the SSWI programs nor an identification of the possible improvements to the program. There is some evidence, especially anecdotal evidence, that rather than using SSA work incentives, individuals may decide to work for earnings at a level that does not threaten continued eligibility for benefits (Rehabilitation Services Administration (RSA), *Program Administrative Review—The Provision of Vocational Rehabilitation Services to Individuals Who Have Severe Mental Illness*, 1995).

The State Vocational Rehabilitation (VR) Program provides services to nearly 1,000,000 individuals with disabilities each year. In fiscal year 1992, individuals with the primary disabling condition of a mental illness made up about 19 percent of those who received services from the State VR Program, the second largest disability group. However, RSA has reported that the success rate for this population generally falls below the average success rate for the VR program. In 1993, RSA conducted a Program Administrative Review (PAR) in order to improve the provision of vocational rehabilitation services to individuals who have severe mental illness. Specifically the study examined the use of identified best practices including their use and relationship to successful outcomes and made recommendations for actions to be taken by VR State agencies to improve employment outcomes. In their review of a sample of case records of individuals with severe mental illness, documentation of the use of SSWIs was

found in a relatively small percentage of the records of those individuals eligible for such incentives. RSA also found that individuals who achieved employment outcomes were more likely to have used work incentives.

There are numerous other barriers facing individuals with severe mental illness seeking vocational rehabilitation including the often chronic and episodic nature of the illness, the iatrogenic effects of pharmacological and psychological treatment interventions, difficulties in assessing clients' work readiness, and stigma toward persons with mental illness. There is still much to be learned about the interaction of diagnosis, symptoms, skills and job environment. Because the severity of symptoms does not necessarily correspond with an individual's functional limitations, it is important to develop a better understanding of how psychiatric symptoms and diagnosis affect vocational outcomes (Cook, J.A. & Picket, S.A., *Recent Trends in Vocational Rehabilitation for Persons with Psychiatric Disabilities*, *American Rehabilitation*, 20(4), pages 2–12, 1995).

There have been a variety of types or models of vocational rehabilitation programs and techniques that have been developed to increase the employment of individuals with mental illness, including models which have demonstrated effectiveness in returning persons with LTMI to competitive employment. What we do not know is which types of vocational rehabilitation model are most beneficial for which types of consumers and at which stages of their recovery process (McGurrin, M.C., *An Overview of the Effectiveness of Traditional Vocational Rehabilitation Services in the Treatment of Long Term Mental Illness*, *Psychosocial Rehabilitation Journal*, 17(3), pp. 37–54, 1994).

In addition, there is a need for more information on duration and quality of employment, including issues of disclosure and consumer choice. Individuals with mental illness bring to the work place a range of unique needs. Because the episodic nature of the disability may cause intermittent instability, ongoing support is often needed for both the employee with mental illness and the employer in order to maintain employment. One study of outcomes among this population found that the occurrence of uninterrupted vocational support was a major predictor of employment status, even controlling for prior work history, client demographics, and level of functioning (Cook, J.A. et al., *Cultivation and Maintenance of*

Relationships with Employers of People with Psychiatric Disabilities, *Psychosocial Rehabilitation Journal*, 17(3), pp. 103-115, 1994).

RSA in its examination of the use of best practices in VR State agencies found that the use of ongoing vocational support services and community-based support services were not frequently planned for at the time individuals' service plans were being developed nor routinely planned for at the time individuals were leaving the VR program. However, individuals who achieved employment outcomes were more likely to have had post-employment needs assessed during the development of their individualized rehabilitation program.

There is a need for studies that examine long-term employment issues including the experiences of employers and employees with LTMI in long term employment relationships and that assess the vocational and community supports needed to maintain employment.

**Priority 2:** The Secretary will establish an RRTC for the purpose of conducting a comprehensive program of research on the achievement of high quality employment outcomes for persons with LTMI. The RRTC shall:

(1) Examine how public policies and benefit programs affect the employment of individuals with LTMI;

(2) Identify the characteristics of consumers (including their stage in the recovery process) that benefit from various types of vocational rehabilitation models;

(3) Examine factors that promote long term job retention such as workplace strategies that assist in the maintenance of employee—employer relationships and the availability of long-term supports; and

(4) Develop and deliver training and technical assistance to rehabilitation service providers and consumers of mental health services on new and effective rehabilitation techniques and accommodations and evaluate the efficacy of the training.

In addition to the activities proposed by the applicant to fulfill these objectives, the RRTC shall:

- Identify effective strategies to broaden the understanding and use of the SSA's Work Incentives Program for individuals with LTMI;

- Conduct studies on long-term relationships between employers and persons with LTMI including in-depth assessment of disclosure issues, career patterns, accommodations and conflict resolution in the workplace;

- Analyze the relationships between employment experiences and the

characteristics of impairment (e.g., diagnosis, periodicity, medication, symptoms), and between employment experiences and the characteristics of the work environment; and

- Identify successful models of long-term vocational and community support for persons who have attained employment after the receipt of VR services.

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

- Involve individuals with psychiatric disabilities in all phases of the planning, implementation, evaluation and dissemination of project activities; and

- Coordinate with the Social Security Administration and with other relevant research and demonstration activities sponsored by the Center for Mental Health Services, Rehabilitation Services Administration and the NIDRR.

**Applicable Program Regulations:** 34 CFR Parts 350, 351, and 352.

Program Authority: 29 U.S.C. 760-762. (Catalog of Federal Domestic Assistance Numbers: 84.133A, Research and Demonstration Projects, 84.133B, Rehabilitation Research and Training Center Program)

Dated: February 18, 1997.

Judith E. Heumann,

*Assistant Secretary for Special Education and Rehabilitative Services.*

[FR Doc. 97-4317 Filed 2-20-97; 8:45 am]

BILLING CODE 4000-01-P

## DEPARTMENT OF EDUCATION

[CFDA Nos.: 84.133A and 84.133B]

### Office of Special Education and Rehabilitative Services; National Institute on Disability and Rehabilitation Research; Notice Inviting Applications for New Awards Under 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) *Research and Demonstration Projects (R&D)*—34 CFR Parts 350 and 351;

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

(c) The Notice of Final Funding Priorities published elsewhere in this issue of the Federal Register.

**Program Title:** Research and Demonstration Projects.

**CFDA Number:** 84.133A.

**Purpose of Program:** The Research and Demonstration Projects program is designed to support discrete research, demonstration, training, and related projects to develop methods, procedures, and technology that maximize the full inclusion and integration into society, independent living, employment, family support, and economic and social self-sufficiency of individuals with disabilities, especially those with the most severe disabilities. In addition, the R&D program supports discrete research, demonstration, and training projects that specifically address the implementation of Titles I, III, VI, VII, and VIII of the Rehabilitation Act, with emphasis on projects to improve the effectiveness of these programs and to meet the needs described in State Plans submitted to the Rehabilitation Services Administration by State vocational rehabilitation agencies.

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

(a) **Potential Impact of Outcomes: Importance of Program (Weight 3.0).** The Secretary reviews each application to determine to what degree—

(1) The proposed activity relates to the announced priority;

(2) The research is likely to produce new and useful information (research activities only);

(3) The need and target population are adequately defined;

(4) The outcomes are likely to benefit the defined target population;

(5) The training needs are clearly defined (training activities only);

(6) The training methods and developed subject matter are likely to meet the defined need (training activities only); and

(7) The need for information exists (utilization activities only).