applications are filed on selected inventions to extend market coverage for companies and may also be available for licensing.

ADDRESSES: Licensing information and copies of the U.S. patent applications listed below may be obtained by writing to the indicated licensing contact at the Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852–3804; *telephone:* 301/496–7057; *fax:* 301/402–0220. A signed Confidential Disclosure Agreement will be required to receive copies of the patent applications.

Micropatterning of Extracellular Matrix Proteins Using Microphotoablation of Poly Vinyl Alcohol (PVA) Monolayers

Description of Technology: Available for licensure and commercial development is a microphotoablation (μPA) method used as a micropatterning technique to attach ECM proteins or other biological molecules to specified locations. Advantages of this photolytic technique are that it: (a) Is stampless, (b) allows for flexible pattern generation to the submicron level, (c) allows for live cell fluorescence imaging, retains cell viability, and (d) allows the use of multiple proteins. The technique has demonstrated experimentally that micropatterning with live cell fluorescence imaging can be used to precisely visualize studying distinct cell-ECM interactions.

Applications of microlithography techniques into the study of cell biology aid in resolving cellular function as regulated by the interaction of cells with the extracellular matrix. Currently many techniques have used micro-contact patterning (μCP) to apply ECM proteins in distinct localized patterns. These techniques require the fabrication of silicone-based stamps to either ''ink'' proteins directly or indirectly onto a gold coated surface, limiting the user to a specified stamp shape and size. To bypass the necessity of a physical stamp the current technique provides submicron-sized spots using a tunable multiphoton laser coupled to a confocal microscope to photoablate hydrophilic poly vinyl alcohol (PVA) macro-molecular thin films. Through controlled photoablation, PVA layers are locally removed allowing deposition of ECM proteins into distinct patterns. The use of ROI's produces a ''virtual mask'' that can be created in any shape or pattern and is easily modified. Unlike μCP techniques, microphotoablation (μPA) allows live cell imaging of multiple fluorophores and is possible even with total internal reflection fluorescence (TIRF) microscopy. Therefore, microphotoablation (μPA) allows kinetic quantification of ECM-cell interactions. This technique that uses a macro-molecular thin film together with localized photoablation allows the versatility to create protein spots of any size or shape easily on the same cover slip. Furthermore, this process can be repeated multiple times to directly conjugate different proteins to the same local region allowing the investigation of how single cells probe their surroundings to discern different ECM proteins.

Applications: Cellular interactions; Protein visualization; Diagnostics.

Inventors: Andrew Doyle (NIDCR), Kenneth Yamada (NIDCR), *et al.*

Relevant Publications

1. CM Cheng, PR LeDuc. Micropatterning polyvinyl alcohol as a biomimetic material through soft lithography with cell culture. Mol Biosyst. 2006 Jun;2(6–7):299–303.

2. T Matsuda, T Sugawara. Development of surface photochemical modification method for micropatterning of cultured cells. J Biomed Mater Res. 1995 Jun;29(6):749–756.

Patent Status: U.S. Provisional Application No. 60/979,045 filed 10 Oct 2007 (HHS Reference No. E–001–2008/0–US–01).

Licensing Status: Available for licensing.

Licensing Contact: Michael A. Shmilovich, Esq.; 301/435–5019; *shmilovm@mail.nih.gov*.

Collaborative Research Opportunity: The National Institute of Dental and Craniofacial Research is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize Microphotoablation of Poly Vinyl Alcohol (PVA) Monolayers. Please contact David W. Bradley, Ph.D. at *bradleyda@nidcr.nih.gov* for more information.

Chimeric SHIV Gag Proteins Optimize T-Cell Response Against HIV Gag

Description of Technology: HIV Gag has been included in nearly all HIV vaccines entering clinical trials because of its importance in SIV models and its correlation with protection in HIV-infected long-term non-progressors. However, HIV Gag has proven less immunogenic than Env in phase I clinical trial studies. Through sequence comparison, two regions in HIV Gag have been identified as contributing to the decreased immunogenicity observed for HIV Gag. Replacement of these regions with corresponding SIV sequences significantly increased the resulting T-cell response to HIV Gag in mice. Utilization of these chimera in an HIV vaccine could significantly enhance the overall immunogenicity of the vaccine.

Applications: HIV vaccine.

Inventors: Gary J. Nabel *et al.* (NIAID).

Patent Status

U.S. Provisional Application No. 60/965,268 filed 17 Aug 2007 (HHS Reference No. E–304–2007/0–US–01).

U.S. Patent No. 7,094,598 issued 22 Aug 2006 (CMV/R expression vector) and pending foreign applications (HHS Reference No. E–241–2001/1–US–01).

Development Status: Animal (mouse) data available.

Licensing Status: Available for exclusive or non-exclusive licensing.

Licensing Contact: Susan Ano, Ph.D.; 301/435–5515; *anos@mail.nih.gov.*

Dated: December 11, 2007.

Steven M. Ferguson,

Director,Division of Technology Development and Transfer,Office of Technology Transfer,National Institutes of Health.

[FR Doc. E7–24530 Filed 12–18–07; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (240) 276–1243.

Comments are invited on: (a) Whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on

respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: National Evaluation of the Addiction Technology Transfer Centers (ATTC)—NEW

In recognition that systematic evaluation of this and other government programs are part of good management and accountability and will inform program improvement efforts, the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (CSAT) will conduct an independent evaluation of the ATTC Program. The purpose of the ATTC Program is to develop and strengthen the workforce that provides addictions treatment services to 23 million Americans age 12 and older who need treatment for alcohol or illicit drug problems. In partnership with Single State Authorities (SSAs), treatment provider associations, addictions counselors, multidisciplinary professionals, faith and recovery community leaders, addiction educators, and other stakeholders, the ATTCs assess the training and development needs of the substance use disorders workforce, and develop and conduct training and technology transfer activities to meet these needs. Particular emphasis is on raising awareness of and improving skills in using evidence-based and promising treatment/recovery practices in recovery-oriented systems of care.

The goals of the evaluation are to: (1) Identify the successes of technology transfer efforts and build upon them in the future; (2) share lessons learned across ATTC regions for the enhancement of all regions' activities; and (3) identify region-specific and cross-regional processes and outcomes. The evaluation will consist of three studies. The Planning and Partnering Study will collect data on the processes and procedures related to the planning, partnering, and provision of ATTC services/activities. The Customer Satisfaction and Benefit Study will collect data on the extent to which ATTC services/activities are satisfactory and to meet the needs of identified partners and other program stakeholders. The Change in Practice Study will collect data to determine the extent to which ATTCs have enhanced the competencies, including cultural competencies, of specialty addictions treatment practitioners, paraprofessionals, and multidisciplinary professionals to strengthen the workforce and whether the ATTCs have provided these individuals with new skills that have led to changes in treatment practice.

This will be the first independent, national evaluation of the ATTC Program since the program was first funded by SAMHSA in 1993. The evaluation approach will be formative and participatory, and the national evaluation team will collaborate with the ATTCs, CSAT, and other program stakeholders to implement the planned data collection activities. Surveys, interviews, and focus groups will be conducted over a three-year period with eight (8) main stakeholder groups who use or are among the target audiences for the ATTCs' services or are otherwise associated with the ATTC program (e.g., as ATTC partners): ATTC directors and staff; customers/recipients of ATTC services/activities; ATTC Advisory Board members; partners who collaborate with ATTCs in planning and delivering ATTC services/activities; directors of state substance abuse agencies; directors of treatment provider and recovery organizations and directors of provider associations; addiction educators; and cultural leaders involved in addictions treatment. The data collection instruments have been constructed to include information related to each stakeholder group, as identified above, and are expected to yield diverse perspectives related to the processes and outcomes of the ATTC Program. As a condition of their grant, each ATTC was required to budget .25 FTE to participate in data collection for the national evaluation.

The evaluation will collect new data that is necessary for the evaluation and will also use data and information collected under existing program requirements. (Each ATTC is required to submit GPRA data at the end of each ATTC training and technical assistance event and meeting/conference and 30 days after each event; each ATTC will conduct a workforce survey; and each ATTC also submits an annual report. None of the new data collection activities will be redundant with these existing reporting requirements.) CSAT plans the following new data collection activities:

(1) Semi-structured interviews with ATTC directors and other ATTC staff (e.g., co-directors, ATTC technology transfer specialists, ATTC evaluator) that are conducted during site visits to each ATTC. The purpose of the interviews will be to collect information on:

a. Goals and objectives of the ATTC

b. Regional priorities and needs for technology transfer services

c. Processes used to plan ATTC programs and services

d. Collaborative relationships with organizations within and outside the ATTC region

e. Organizational structure and staffing of the ATTC

f. ATTC funding and leveraging of resources

g. Efforts to coordinate services with other providers of training, technical assistance, or technology transfer services within the region

h. Technology transfer strategies and services implemented by the ATTC to promote adoption of culturally appropriate, evidence-based, and promising practices

i. Implementation and use of workforce surveys

j. Participation in cross-regional and Network-wide activities

k. Background characteristics of the respondent

(2) Focus groups with ATTC staff (including field staff who are assigned to work with specific states and may work in different locations throughout the ATTC region), to include information on:

a. Regional priorities and needs for technology transfer services

b. Processes used to plan ATTC programs and services

c. Efforts to coordinate services with other providers of technology transfer services within the region

d. Technology transfer strategies and services implemented by the ATTC to promote adoption of culturally appropriate, evidence-based and promising practices

e. Background characteristics of focus group participants

(3) Telephone interviews with a sample of stakeholders of the ATTC program, including state substance abuse directors (SSAs), ATTC Advisory Board members, addiction educators, directors of treatment provider associations, cultural leaders, and leaders of recovery associations. The purpose of the interviews will be to collect information on:

a. Collaboration with ATTCs for program planning and service delivery

b. Awareness of ATTC activities and services

c. Utilization of ATTC services

d. Quality of ATTC services

e. Changes in awareness, skills, practices, or systems as a result of ATTC services

f. Gaps in ATTC service delivery

g. Background characteristics of the respondent

(4) Survey of ATTC Regional Advisory Board members to include questions related to:

a. Composition of the Advisory Board
b. Stakeholder representation and representation of the diversity within the region on the Advisory Board
c. Role of the ATTC Advisory Board
d. Frequency of meetings and other communications (e.g., conference calls)
e. Characteristics of communications and interactions between the ATTC and Advisory Board members
f. Processes to assess regional needs and priorities
g. Consideration/utilization of Advisory Board recommendations by the ATTC
h. Satisfaction with ATTC planning and priority setting processes
i. Background characteristics of the respondent

(5) Collection of information about ATTC activities, events, and products, as well as research dissemination and communications with partners and other ATTCs, in an electronic (web-based) ATTC Activity Log, for the purpose of understanding the full scope of ATTC activities, collaboration with partners, cross-ATTC activities and coordination. Each ATTC will be asked to enter the following data into the Log:
a. General activity descriptors (Date, Event Code (if GPRA event), activity/event type, activity/event title, mode of delivery)
b. Related events (pull down menu populated with previous entries), if applicable
c. How the activity or event or product was initiated (self-initiated; client-initiated; initiated by partner; Federally-initiated)
d. Key Federal, state, and local partners (populated with prior entries; including ATTCs), if applicable
e. Funding source (ATTC funds; external funds)
f. Client/recipient information
g. Description of need (community; regional, state, Federal)
h. ATTC objective type (e.g., awareness raising; skill building; change in practice)
i. Trainer/consultant used (if applicable)
j. Materials used (populated with prior entries) (if applicable)

(6) Survey of ATTC customers (Customer Satisfaction and Benefit Survey) to include questions related to:
a. Background characteristics of ATTC customers/respondents
b. Participation in different types of ATTC activities (e.g., training, technical assistance, meetings/conferences, product development, etc.)
c. Participation in ATTC activities focusing on specific topics (e.g., evidence-based practices, clinical supervision, workforce development)
d. Perceived objective of each ATTC activity (awareness raising, skill building, change in practice)
e. Satisfaction with and knowledge gained from ATTC activities
f. Changes in awareness, skills, or practices as a result of participation in ATTC activities

(7) Evidence-Based Practices Critical Action Surveys of a sample of individuals who participated in ATTC initiatives related to Clinical Supervision, Motivational Interviewing, and Treatment Planning MATRS. The web-based surveys will collect information on:
a. Prior training related to the evidence-based practice
b. Prior experience using the evidence-based practice
c. Implementation experience/changes in practice
d. Level of proficiency related to the evidence-based practice
e. Factors impacting ability to change practice

(8) Telephone interviews (Success Case Interviews) with participants in the Evidence-Based Critical Action Surveys who report the greatest and least amount of success in implementing the new evidence-based practice. The interviews will collect information on:
a. Application of what was learned in clinical or organizational practice
b. Illustrative examples of what occurred as a result of changes in practice
c. Characteristics of the training that made it useful
d. Barriers to application of what was learned

(9) A Clinician Self-Assessment of the extent to which the clinician has incorporated the skills associated with Motivational Interviewing into their clinical practice, to include information on:
a. Motivational Interviewing style
b. Extent to which the clinician has implemented Motivational Interviewing skills
c. Background characteristics of the respondent

(10) Survey of directors of addictions treatment provider organizations (Survey of Organizational Readiness) who participated in the Evidence-Based Critical Action Survey related to the Treatment Planning MATRS initiative, to collect information on:
a. Characteristics of the treatment provider unit or organization
b. Issues for which the organization needs external technical assistance or guidance
c. Issues for which the staff needs external technical assistance or guidance
d. Source of current pressures for making organizational change
e. Background characteristics of the respondent

The burden estimate for conducting the data collection activities for the national evaluation of the ATTC Program is as follows:

Name of instrument/respondent	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Site Visit Interview Protocol:					
ATTC Directors	15	1	15	2	30
ATTC Staff	38	1	38	1	38
Focus Group Protocol:					
ATTC Field Staff	35	1	35	2	70
Key Informant Interview Protocol:					
SSA Directors	55	1	55	1	55
ATTC Advisory Board Members	45	1	45	1	45
Provider Association Directors	43	1	43	1	43
Addiction Educators	70	1	70	1	70
Treatment Agency Directors	42	1	42	1	42
Other Key Advisors	42	1	42	1	42
Collaborative Functioning Survey:					
ATTC Advisory Board Members	450	2	900	½	450
ATTC Activity Log:					
ATTC Staff	15	240	3,600	1	3,600
Customer Satisfaction and Benefit Survey:					
SSA Directors	55	1	55	½	28

Name of instrument/respondent	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Provider Association Directors	43	1	43	½	22
Addiction Educators	158	1	158	½	79
Treatment Agency Directors	700	1	700	½	350
ATTC Activity Participants	3,000	1	3,000	½	1,500
Other Unique Regional Partners	168	1	168	½	84
Evidence-Based Critical Action Surveys:					
ATTC Clinical Supervision Training Participants	240	1	240	½	120
ATTC Motivational Interviewing Training Participants	360	1	360	½	180
ATTC Treatment Planning MATRS Treatment Participants (Treatment Agency Directors)	240	1	240	½	120
Success Case Interview Protocols:					
ATTC Clinical Supervision Training Participants	48	1	48	1	48
ATTC Motivational Interviewing Training Participants	72	1	72	1	72
ATTC Treatment Planning MATRS Training Participants (Treatment Directors)	48	1	48	1	48
Clinician Self-Assessment Form on Motivational Interviewing	72	12	864	½	432
Survey of Organizational Readiness:					
Treatment Agency Directors	240	1	240	½	120
TOTAL	6,294		11,121		7,688

Send comments to Summer King, SAMHSA Reports Clearance Officer, Room 7–1044, One Choke Cherry Road, Rockville, MD 20857*AND* e-mail her a copy at *summer.king@samhsa.hhs.gov*. Written comments should be received within 60 days of this notice.

Dated: December 12, 2007.

Elaine Parry,

Acting Director, Office of Program Services.

[FR Doc. E7–24569 Filed 12–18–07; 8:45 am]

BILLING CODE 4162–20–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276–1243.

Project: SAMHSA/CMHS Initiative to Evaluate Mental Health Transformation: 9 State Incentive Grants—NEW

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), has funded an Initiative to help grantees transform their mental health and related service systems. Mental Health Transformation State Incentive Grants (MHT SIG) awards were made to 9 States: Connecticut, Hawaii, Maryland, Missouri, New Mexico, Ohio, Oklahoma, Texas and Washington. Associated with this project is an OMB-required independent evaluation of the program.

With input from CMHS staff, MHT SIG State representatives and consumer and family member consultants, a set of data collection instruments has been identified or created for the cross-site evaluation project. The following survey instruments will be used: (1) A recovery measure for adults, (2) a resilience measure for youth, (3) a system measure on orientation towards recovery, (4) a leadership survey, (5) mental health provider interview guide, (6) GPRA data collection, and (7) consumer/family member focus group facilitation guide/interview guide. Grantees will be allowed to use recovery, resilience and system orientation instruments of their choice as long as it meets identified CMHS criteria. Discretionary grant NOMs questions which have already received OMB approval (No. 0930–0285) will be used along with the recovery and resilience instruments selected by the States. In addition, during site visits, one each of the following State staff will be interviewed using a uniquely developed discussion guide: MHT SIG Project Director; MHT SIG Transformation Working Group Chair; director or senior staff of the mental health, Medicaid, criminal/juvenile justice, education, employment, housing agencies. Phone interviews will also be conducted using uniquely developed discussion guides with Project Directors to determine the cost impact of the MHT SIG grant in their State.

GPRA data will be submitted annually by the grantees into a database hosted on a password-protected Web extranet site. The recovery, resilience and system recovery orientation data for non-impacted and impacted consumer groups will be collected by the grantees at two points: baseline and twelve months. During grant years 3 and 5, consumer/family member focus groups/interviews, leadership surveys, and State agency staff interviews will be done. During grant years 3 through 5, mental health provider interviews will be done.

The resulting data will help the cross site evaluation: (1) Determine the extent to which mental health systems have become recovery-oriented, (2) determine the extent to which transformation results in consumer recovery, (3) identify the factors contributing to successful transformation, (4) assist the MHT SIG program in satisfying GPRA requirements, (5) determine changes in client outcomes as measured by NOMs, and (6) demonstrate the cost efficiency of the MHT SIG program. The estimated annual response burden to collect this information is as follows: