404.7(a)(1)(i), that the National Institutes of Health, Department of Health and Human Services, is contemplating the grant of an exclusive license to practice the invention embodied in U.S. provisional patent application 60/351,386 (DHHS ref. no. E–053–2002/0–US–01) filed January 25, 2002, and entitled ''Methods and compositions for the promotion of hair growth utilizing actin binding peptides,'' to Lee's Pharmaceutical (Hong Kong) Ltd. having a place of business in Hong Kong. The patent rights in this invention have been assigned to the United States of America.

The prospective exclusive license territory will be China, Hong Kong and Taiwan. The field of use may be limited to use of actin binding peptides for the promotion of hair growth.

DATES: Only written comments and/or license applications which are received by the National Institutes of Health on or before February 24, 2003, will be considered.

ADDRESSES: Requests for copies of the patent(s)/patent application(s), inquiries, comments and other materials relating to the contemplated exclusive license should be directed to: Jonathan V. Dixon, Technology Licensing Specialist, Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, MD 20852–3804; Telephone: 301.435.5559; Facsimile 301.402.0220; email *dixonj@od.nih.gov.*

SUPPLEMENTARY INFORMATION: The above-referenced patent application relates to the discovery of actin binding peptides that have been shown to promote hair growth. Specifically the patent application discloses a seven amino acid peptide of Thymosin-beta4 that promotes hair growth.

The prospective exclusive license will be royalty-bearing and will comply with the terms and conditions of 35 U.S.C. 209 and 37 CFR 404.7. The prospective exclusive license may be granted unless within 60 days from the date of this published notice, the NIH receives written evidence and argument that establish that the grant of the license would not be consistent with the requirements of 35 U.S.C. 209 and 37 CFR 404.7.

Applications for a license in the field of use filed in response to this notice will be treated as objections to the grant of the contemplated exclusive license. Comments and objections submitted to this notice will not be made available for public inspection and, to the extent permitted by law, will not be released under the Freedom of Information Act, 5 U.S.C. 552.

Dated: December 13, 2002.

Jack Spiegel,

Director, Division of Technology Development and Transfer, Office of Technology Transfer.

[FR Doc. 02–32347 Filed 12–23–02; 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: 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 (301) 443–7978.

Prevention Program Outcomes Monitoring System (PPOMS)—New—Section 516 of the Public Health Service Act [42 U.S.C. 290bb–22] directs SAMHSA's CSAP to ''address priority substance abuse prevention needs of regional and national significance through the provision of knowledge development and application projects for prevention and the conduct or support of evaluations of such projects''.

Since 1999, CSAP has used the National Registry of Effective Prevention Programs (NREPP, OMB No. 0920–0210) to review and rate substance abuse prevention programs utilized nationwide. Through NREPP, CSAP has expanded its information collection to include programs conducted by entities external to CSAP, including state and local governments, nonprofit entities, and the private sector. Programs that are well implemented, rigorously evaluated, produce consistent positive results, and are able to assist in the dissemination effort are selected as model programs. Model programs are then promoted to substance abuse professionals and practitioners nationwide through various channels, including CSAP's State Initiative Grant recipients.

PPOMS is a national probability sample of schools (public and private, serving grades K–12), colleges (2- and 4-year, private and public), youth agencies and other community organizations and community coalitions to quantify the extent of the field application of NREPP identified science-based prevention programs. PPOMS will also examine such parameters as program fidelity and adaptation, for science-based prevention programs identified through NREPP, as well as documented outcomes of program effectiveness.

PPOMS utilizes a data collection system that will consider several parameters related to CSAP science-based program replication. PPOMS will: gauge practitioner access to CSAP science-based materials and programs, estimate the proportion of practitioners replicating these programs, quantify and explain barriers to replication and facilitating structures and mechanisms that aid in program replication, document the degree of fidelity and adaptations of program replications, and measure program replication outcomes. Knowledge of these factors will allow CSAP to better direct its dissemination of NREPP identified programs, provide access to training and technical assistance for practitioners, and gain a more comprehensive understanding of the decision making processes involved in choosing NREPP identified programs for replication.

Data derived from the Prevention Program Outcomes Monitoring Systems (PPOMS) will be used by the Center for Substance Abuse Prevention (CSAP) to determine the extent, magnitude, and effectiveness of CSAP's science-based program replications. The Prevention Programs Outcomes Monitoring System will determine the efficacy of NREPP in identifying, promoting, and disseminating the best science based substance abuse prevention programs to the field and subsequently, to the American public. The final report of PPOMS findings will contain appropriate information for use by governmental agencies, private organizations, and nonprofit entities.

Annual burden estimates for PPOMS are shown in the following table.

Form name	Number of respondents	Responses/respondent	Hours/response	Total hour burden
Screener	1,080	1	.17	184
Survey scheduling post card	1,080	.....	.08	86

Form name	Number of respondents	Responses/respondent	Hours/response	Total hour burden
Survey	1,080	1	.333	508
Total	1,080			778

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Allison Herron Eydt, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: December 11, 2002.

Richard Kopanda,

Executive Officer, SAMHSA.

[FR Doc. 02–32332 Filed 12–23–02; 8:45 am]

BILLING CODE 4162–20–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Community Mental Health Services Performance Partnership

AGENCY: Substance Abuse and Mental Health Services Administration (SAMHSA), HHS.

ACTION: Notice: Request for comments.

SUMMARY: Section 1949 of the Public Health Service Act as amended by Pub. L. 106–310 requires the Secretary of Health and Human Services to submit a plan to Congress detailing how the Secretary intends to change the current Community Mental Health Services (CMHS) Block Grant into a performance partnership. The plan, by statute, must include the following:

—A description of the flexibility that would be given to the States under the plan;
—The common set of performance measures that would be used for accountability;
—The definitions for the data elements to be used under the plan;
—The obstacles to implementation of the plan and the manner in which such obstacles would be resolved;
—The resources needed to implement the performance partnerships under the plan; and
—An implementation strategy complete with recommendations for any necessary legislation.

Section 1949 requires that the Secretary develop the plan in conjunction with the States and other interested parties. SAMHSA has been in discussion with the States for several years over this proposal. This FRN provides State and other interested parties an opportunity to comment on those discussions.

DATES: Comments on the information must be in writing and should be sent to: Joseph D. Faha, Director of Legislation/SAMHSA, 5600 Fishers Lane, Room 12–95, Rockville, Maryland 20857, by February 24, 2003.

FOR FURTHER INFORMATION CONTACT: Joseph D. Faha, Director of Legislation/SAMHSA, 5600 Fishers Lane, Room 12–95, Rockville, Maryland 20857. Mr. Faha may be reached on (301) 443–4640.

SUPPLEMENTARY INFORMATION: SAMHSA seeks comments on its proposal to develop a plan for the changing of the CMHS Block Grant from its current emphasis on requirements, earmarks, and accountability based on expenditures to a system referred to as a ''Performance Partnership'' that offers States more flexibility in the expenditure of funds while basing accountability on how well the system is providing access to quality mental health services for adults with serious mental illness and children with serious emotional disturbance as measured by the appropriateness and the outcomes of services.

The current CMHS Block Grant program had its origins in the Alcohol, Drug Abuse and Mental Health Services (ADMS) Block Grant first legislated in 1981. The ADMS Block Grant gave Federal funds to States based on a formula in statute for the purposes of providing substance abuse and community-based mental health services with minimal programmatic and reporting requirements. Over time, however, a number of requirements, earmarks and set asides were added to the statute. In mental health, though the requirements have traditionally been far less than those imposed for the use of substance abuse funding, the statute, at one time, required that States spend at least 50 percent of their allotment for mental health services on new programs, 10 percent of their mental health funds on children with a serious emotional disturbance, and services had to be provided through community mental health centers.

In 1992, the ADMS Block Grant was replaced by two separate block grant programs, one for substance abuse and one for mental health services. At that time, some requirements were dropped, some changed and others were added. Very few changes were made in the reauthorization of the programs in 2000.

A Performance Partnership for the CMHS program represents a new paradigm in Federal and State relations and cooperation. It is built on three principles:

—That the Federal Government and the State governments are partners in the provision of mental health services and that our shared goal is ''continuous quality improvement.''
—That States understand the needs of their population and should be given more flexibility in the use of the funds.
—That accountability should be built on performance not entirely on expenditures.

The first principle is reached in this proposal when both the Federal and State governments identify the strengths and weaknesses of various systems of service and work in tandem to improve those systems. The new partnerships will be built on incentives to improve services rather than penalties for non-compliance.

The second principle is achieved in this proposal by reducing the number of requirements, simplifying the planning process, giving greater freedom in the use of the funds to States and reducing administrative costs and burden. States have tremendous flexibility in the use of the funds now which this proposal retains.

The shift to mutually agreed upon performance measures provides a focus on the efficiency and effectiveness of services and, therefore, helps both the Federal and State governments to identify how to improve the system of services. For example, the measures will permit both the Federal and State governments to identify steps that need to be taken to further improve the system of care to increase favorable outcomes.

Current Program

In fiscal year (FY) 2002, $433 million was appropriated to assist States in providing community based mental health services for adults with serious mental illness and children with serious emotional disturbance. States are