**Risk Prediction Study Kickoff Meeting  
11/24/2015**

**Attendees**

ARL: John Curtin, Kate Magruder, Chris Gioia, Susan Schneck; CHESS: Dave Gustafson Sr, Dave Gustafson Jr, Kimberly Johnson

**Hiring**

ARL has hired a Study Coordinator (SC) – Cindy

Plans to hire 1-2 more, another SC or a Research Specialist (RS) to actually run the sessions (with Kate)

Until then, Cindy will probably be split 50-50 with Dox as SC

* ARL & CHESS to discuss hiring & financial needs of CHESS as tech support or implementation of treatment

**Financials**

20% budget cut on approval

John will not be taking summer salary, possibly no academic for first couple years (cost share with teaching credits)

* Susan to follow up next week or early Dec with Laura w/CHESS who is the new grants/finances person, about % efforts and start date for Jerry, Kim, Dave Sr – start January
* Kim to talk to study recruitment sites, finalize payments (if needs different from budgeted) – Kim says it’s reasonable for what they’re doing, to not pay at all.
* John will forward to them the cost budget (with respect to financial allocation for sensor purchase)
* (CHESS TEAM) – since we can shuffle funds to CHESS if needed – tell John what first year support costs would be as well as ongoing costs

**Recruitment**

400 recruited for 200 enrolled may be a bit optimistic – Dave Sr predicts 40% enrollment more realistic

* Susan to resend grant to CHESS staff if not already received.
* Kim will cc Chris on emails as she reaches out to the study sites next week: to discuss moving forward; what they need from us; what are realistic referral numbers (we will take more than 50/year/site if they can!)

Other items for the **entire team(?)** to revisit re: recruitment

* Possibility of dual recruitment for Risk & Dox (2 studies, 1 handout)
* Burden on sites of giving us names of participants vs giving handout materials – If they agree, John would like this and we go back to IRB
* Other recruitment sites? Community (FB?) or psych clinic?
* Dave Sr to send John information about their outcomes with successful recruitments via various methods

Time to enrollment – 6 mo? 9 mo is still 4 years of data collection but John wants to be ahead.

**Technology**

What’s already in place with ACHESS vs what’s feasible vs what’s NOT feasible?

Signals: Day/waking heart rate & skin conductance, 24 hour movement

* Dave Jr will investigate with regards to available sensors and their potential for the study w/r/t API, comfort, ease of use, safe data storage, etc.
* Group/Dave Jr - Another consideration will be whether to use API vs direct download of data (partly depends on what’s available)

Movement – currently ACHESS alerts to proximity to pre-loaded locations. John had in mind densely sampled data lat/long/time akin to what is offered by a runtracker. Raw data preferable.

* Dave Jr will look at whether they can do that or if another existing app which does that can be integrated
* Dave Jr will write up a technical spec sheet as he understands it, and forward to us for review

Signals: EMA

Dave JR – CHESS might require development depending on our EMA questions, different questions, vs tree (conditional on user response) questions.

* Dave/Kim will send John the list of questions being used by the other site for EMA so we can potentially adapt ours

Signals: Time-stamped metadata on SMS & Calls; ACHESS app usage.

-Getting from the service provider might be simplest

ACHESS already can monitor app usage – everything – just not in real time.

**ACHESS Features**

What CAN be provided? Static content, social media discussions are both in core. Counsellor support and EMA, are not core but they have been implemented with other studies. So, different services can be turned on and off.

* Dave Jr – will provide John a list of what core features are in ACHESS and what additional modules there are, and how easy to turn them on or off. John wants to give as much possible inasmuch as its feasible.

Kim recommended checking with the referring treatment providers if we want to integrate counselling? May not be a predictive risk signal, so John recommended taking it out.

* Discussion group IS of interest, but can we attach to a larger discussion community? (Wasn’t clear who would answer this for John)
* Dave Jr – tell us what training materials would be most needed and can be done in short time, John could provide support

**Followup**

* PVL for 2nd SC – John/Susan to light fires – most recent updates emailed Ben 12/2/15
* Chris/John/Linnea to discuss clinic, grad students for administering SCID while Chris oversees