U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

INTERAGENCY AUTISM COORDINATING COMMITTEE

SUBCOMMITTEE FOR
BASIC AND TRANSLATIONAL RESEARCH

STRATEGIC PLAN QUESTION 1 PLANNING GROUP

CONFERENCE CALL

WEDNESDAY, SEPTEMBER 4, 2013

The Strategic Plan Question 1 Planning Group convened via conference call from 2:38 p.m. to 3:50 p.m., Susan Daniels, *Executive Secretary*, IACC, and Coleen Boyle, *Chair*, Question 1 Planning Group, presiding.

PARTICIPANTS:

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<u>PROCEEDINGS</u>:

Dr. Susan Daniels: Thank you. Welcome to the listening public and welcome to the Planning Group members for this call of the IACC Subcommittee for Basic and Translational Research Question 1 Planning Group conference call.

The Chair of our Planning Group is Dr. Coleen Boyle from the CDC, and I'd like to go over a few housekeeping things before we get started on the business for this call.

First of all, I'd like to take a roll call of who's on this call. Dr. Coleen Boyle, are you here?

Dr. Coleen Boyle: I'm here.

Dr. Daniels: Thank you. Anshu Batra?

Dr. Anshu Batra: Here.

Dr. Daniels: Thank you. Matt Carey? Dr. Carey said that he might be a little bit late. Walter Koroshetz? Lyn Redwood?

Ms. Lyn Redwood: Here.

Dr. Daniels: Thank you. And Alison Singer?

Ms. Alison Singer: I'm here.

Dr. Daniels: Thank you. And we also have Dr. Tom Insel on the line with us.

Dr. Thomas Insel: Hi, everybody.

Dr. Boyle: Hi, Tom.

Dr. Daniels: So the first order of business is I have some minutes -- some draft minutes that the members of this Group received. Did anybody have any comments or corrections on these minutes?

Dr. Boyle: No.

Dr. Daniels: No? It looked okay?

Dr. Boyle: It looked okay.

Dr. Daniels: All right. If I don't hear any comments, we will go ahead and approve these, and we will get them posted to our Web site. Thank you for that.

Today we're going to be discussing some of the plans for working on Strategic Plan updates for 2013.

I'm going to be leading part of the call because the Office of Autism Research Coordination produced a number of documents that we need to go over.

And then on the second part of the call, I will be turning it over to Dr. Boyle to help lead the discussion on future plans and what other items

might need to be done.

So first I'd like to call your attention to a large number of materials that I sent out to you all, and they're also posted on our Web site, and by the way, if anyone is commenting, please let people know who you are before you speak for the sake of the transcription.

We have a number of documents that we produced for the portfolio review that the Committee would like to do as a part of the process for updating the Strategic Plan this year.

So we sent out a number of items, and I wanted to check to see if these are the types of items that the Question 1 Planning Group had suggested.

So these -- as far as my understanding was -- these were the types of documents that you thought would be useful, a review of basically what has been funded over the past five years.

And so our office annually collects the data for all of those funded research from private and Federal funders, and we put them together in a number of cuts here for your review to look at, and you can let me know if there are any questions that

you have about them.

So first, one of the main requests of this Group was for there to be sort of a cumulative look at the last five years and what has been funded.

So I sent out a document. I don't remember what the file name was, but at the top of the actual document it says "Summary of the 2008 to 2012 Portfolio Analysis Data as Aligned to the IACC's Strategic Plan."

Dr. Boyle: It says "Question 1 Compiled."

Dr. Daniels: Yes.

Dr. Boyle: Yes.

Dr. Daniels: That's right. So this document, it starts off with a number of notes that tell you a little bit about what to expect as you look through and some caveats to the data.

There are a number of items that people need to be aware of in terms of looking at these data because the objectives have changed significantly over the years.

As you look at the actual list, we actually highlighted in blue and red some of the text changes in these objectives, and you'll note that

in some of the rows you see "N/A," which show that those objectives didn't exist at that time or work was completed.

And so because of the changes in the Plan, the research was distributed out among more objectives year by year as we accumulated more objectives, because we started off with 30-some objectives, and we ended up with 78 by the end of five years.

And so over time, because of the greater number of objectives, the research kind of thinned out in some areas, and so that's not really reflective necessarily of any actual drops in funding.

I also wanted to make sure that people are aware that some agencies do forward-fund their grants, and so they put in all the money in the first year, and then the out years have zero dollars.

So the years that the grants get their first lump of funding look like bigger funding years, and then it goes down.

So there are a few things like that. Also, just the general economy has probably had a role, especially with private funders in some of the

changes in funding.

So the small fluctuations are not necessarily highly significant, but I think that you will be able to see some overall patterns.

I also want to point out that in the sort of stoplight chart approach we use sort of a dashboard approach to trying to give some indication of how close the objectives were lining up with the recommended budgets.

Those recommended budgets were not necessarily put in place as an order to agencies or to organizations that they must spend that much, but they were really advice to the agencies as to what it may cost if they want to do this type of work.

And in some cases agencies might have been able to do work for less than what was projected, and so that doesn't necessarily mean a shortcoming.

So that's another thing that the Committee should really keep in mind as they look at these numbers.

And we also used annualized budgets to look at the annual stoplight figures, which is really an approximation because there are some budgets where

you wouldn't necessarily have annual funding over
five years that you need.

So all of those are caveats, however, you can -
- you can get a sense by looking at this as to
which objectives are going quite well and others
that are not being addressed.

And so does anyone have any questions or
comments about this chart and whether it's
providing you with the help that you feel the
Committee will need?

Dr. Boyle: This is Coleen. I, first of all,
want to congratulate you and your colleagues. I
think you did a really nice job in summarizing it.

I particularly like the snapshot of the five
years in terms of trying to both see how the
objectives were tweaked over time and then also
understanding the funding and the -- and the number
of projects and how this also tracks back to the
other documents that you're going to talk about.

So you know, thanks for -- it's very cumbersome
to take the year-by-year approach, so this is
really very nice to be able to look at this.

Dr. Daniels: Great. Well, thank you.

Ms. Redwood: Susan, this is Lyn.

Dr. Daniels: Yes?

Ms. Redwood: I was just going to add to this -- this is great and, you know, what we really need.

But I'm also sort of wondering whether or not in addition to the red, yellow, green if there could be some indication as to whether or not we are on track with that project in terms of what -- say, we had said it would be $30,000 over three years and, you know, to date there's only been one project funded and it was $5,000 or something.

Because with the yellow light in particular, it just tells us that there's been one or more projects and red is no projects.

But it doesn't really tell us if we're on track. And along with that, some of these projects, in terms of what we have, have gone way over budget.

So there might be -- if there would be some way instead of just saying green that, you know, we're over budget maybe some other projects.

So we could highlight those to look at why we're over budget if we need to continue funding

those types of things.

So I know we can do that on our own, but I just need some -- you know; a little bit more detail there would be helpful, too.

Dr. Daniels: So Lyn, I want to again point out that when you're talking about "over budget" that these IACC-recommended budgets were really estimates that were provided to the agencies to provide guidance on how much it might cost to do those projects.

Ms. Redwood: Right.

Dr. Daniels: But they were a floor, not a ceiling, as I know I think Alison said that in a meeting at one point in time.

So these recommended -- there really isn't necessarily a meaning to "over budget" because it's not a set budget that the agencies were prohibited from spending more than what is in those recommended budgets. So I don't know that's particularly meaningful.

Ms. Redwood: But those budgets were made by the experts, and we can also look at different agencies, and so there was quite a bit of

deliberation that went into coming up with those numbers.

Dr. Daniels: Right. Those were --

Ms. Redwood: So, like, they're not exact but --

Dr. Daniels: They're estimates of what it might cost to accomplish that objective, but they weren't directed to the agencies -- but they must only support those projects and only to that dollar amount.

So if agencies had other ongoing projects that also addressed those objectives there was no -- there's nothing wrong with that. So again, I don't know that that's really meaningful to talk about being over budget.

Ms. Singer: Also, I think when we -- when we set those numbers, we talked about them as the cost of implementing the studies when we set them as a floor, not a ceiling.

I remember we specifically said that, you know, this is the minimum to accomplish this objective.

Dr. Daniels: Right. However, it is up to the Committee to decide. If you feel that some of these objectives now are quite well covered, perhaps that

means that they can be removed from the list for the next iteration of the Strategic Plan, and that's perfectly legitimate.

Ms. Singer: Yeah.

Dr. Daniels: But I wouldn't really talk about them being over budget, more just that if you feel that area of science is quite well addressed by the number of projects and the kinds of projects and the data that we've given you, we'll help you do that.

You can also eyeball, if you look at the recommended budget and just look at the total, to give you a sense of where you were with that total. But again, these were estimates, and they're floors, not ceilings.

Dr. Boyle: Yeah. I know one thought, Lyn, too, is when we go -- when we go further with this looking at some of the objectives where there maybe is a big discrepancy either way either, you know, much more about many more dollars going there or not enough -- those are the things that we could be highlighting and going forward, obviously –

Ms. Redwood: Right.

Dr. Boyle: -- not prioritizing those that have been funded, well-funded, and reprioritizing those that we still think are important but haven't received the dollars.

Dr. Batra: Susan, this is Anshu.

Dr. Daniels: Yes?

Dr. Batra: So I wanted to thank you guys again for compiling these -- this data -- clearly, a labor of love, I think.

But what I'm curious -- I mean, I'm actually -- I was quite overwhelmed by the amount of money that has been spent at, you know, for each of these objectives.

From my standpoint, again, as a parent and as a pediatrician day to day, I'm curious what the results of this money has brought us.

You know, what -- for the last five years what, you know -- tools do we have now to then be able to effectively diagnose? You know, we spent $14 million, almost $15 million on that.

I would like to have some sort of accountability column or a results column so that we kind of know where our money has been spent and

then how it's been spent and what are the results.

Dr. Daniels: Right, and that's a very good question, and that is actually the task of the Committee in doing this review this fall.

So OARC's task was to provide you with the funding data, but the Committee is going to be doing the task of determining the qualitative aspect of are you happy with what you've gotten out of this -- do you feel things are being done to the extent that you think they should be done.

And that really is a qualitative judgment and you can use these funding data, but you can also use consultation with the experts who know what's going on in the field, finding what are the gaps, opportunities, and barriers and then synthesizing all that information to make a conclusion.

So that is the big chunk of work that everyone is going to be doing this fall.

Ms. Singer: Well -- this is Alison -- and we talked about being results oriented and looking at value for investment at the October 28th meeting.

And it's clear that a tremendous amount of work was done by OARC in putting the materials together

for Question 1.

But this committee was meant to use Question 1 as a case study to develop a protocol or a procedure for doing the evaluation.

And I guess my question is whether it's going to be realistic for OARC to put together this level of wonderful information for each of the questions.

Dr. Daniels: We actually already have to the most part -- for the most part. The only part that we're finishing right now is -- you asked for listings of all the projects for all the years for all the questions -- and that is taking us some time to put together.

But all of these tables are done already for the other questions.

Ms. Singer: So my feeling is, given that that's the case, it would be I think a great use of this Group's time right now, given that the meeting is in October 28th, to start to put together maybe some guidance documents for how the seven subcommittees, each looking at a question, should use these data and what we want their -- their deliverables to be at the conclusion of the October

28th meeting.

I know, Susan, the material you sent today is sort of a rough outline. But I think it would be really valuable since this Group has been talking for over a year, looking at this, to really put together some guidance on how to read the materials, how to use the materials, where the value is in the materials, and what we hope each subcommittee is going to produce that day.

Because at the end of the October 28th meeting, we have less than a month and a half to finish the Strategic Plan. So that really has to be a productive session with real output at the end.

Dr. Daniels: Right. So actually, I've prepared something in the two documents I sent you this afternoon that have also been posted on the Web. There is a straw man that I was going to go through.

It was the first attempt to put something together to talk about that process and what the plan is, is for each of these Planning Groups to have two calls prior to the October 29th meeting, and so there would be basically three opportunities

for discussion to help get to the point of having a

draft that is starting to take shape and then to

finish out by December on these.

But I am looking to you all to help fill in

some of those gaps. But the first thing I wanted to

do was go over the data and make sure that you have

the data you need for the review of the portfolio

aspect of this.

So these charts are being prepared for all the

questions, and they're almost ready, and they will

be sent out to those different Planning Groups as

we start organizing those meetings.

So I just talked with you about the compiled

funding chart, and so I think that that sounds like

pretty much the information is there that you would

use in that.

We also provided individual-year stoplight

charts so that you could look at the information.

It's pretty much the same information in more

detail if anybody really wants to look into one

year at a time.

We also provided individual-year whole-plan pie

charts that show you the distribution of the total

funding across all of the Strategic Plans for each year.

And we might actually be able to -- I don't know if we can really put that on the front page. It's a little bit --

Dr. Boyle: Can you do a consolidated one? Have you -- did you do that?

Dr. Daniels: We haven't tried to consolidate it at this point, but the chart is just -- it might be a little bit hard to read if we put five of them on one page.

Dr. Boyle: Well, I was thinking about just the five-year period. Can you do it that way?

Dr. Daniels: I don't think we could add all the years' --

Dr. Boyle: Okay. Alright. It's alright.

Dr. Daniels: -- dollars together like that. We could try to do some other kind of a bar chart. Again, you don't want to spend so much time making charts that we don't actually do the work -- data work --

Dr. Boyle: Yes.

Dr. Daniels: -- because our Office - every time

we'd have to create a whole series of those, it
takes us some time.

So we did those types of charts for each year
that give you an idea of the distribution, and if
you take 2008 versus 2012 and you compare them,
then you can kind of get a sense of has anything
changed, and I think that you would see that some
things have changed probably in response to the
Strategic Plan to some extent as well as to many
other things that are going on in the funding
environment.

We also provided you with the individual-year
grant listings that you requested -- those are
pretty large documents, I think some of them are
100 pages each -- because you wanted to have each
year's individual grants listed out and links to
all the information for all the grants.

So we've provided that for you. However, it's
very detailed information, and I don't know exactly
how you might want to use that.

But I do want to remind people the goal of this
group is really to stay at a high level, because if
you get really down in the weeds into individual

grant applications or grant awards, you may kind of

stray away from the overall goals of the update

process.

So I provided those. I also provided you with

one more type of a chart today, just one that I

sent out -- the subcategories by funding chart,

which is a pie chart -- and this tells you within

Question 1 in terms of the research areas what's

basically in the portfolio because the questions

are so specific, and you know, they're not as

general as this.

But this gives you a sense -- if you look, for

example, at this 2012 pie chart, that you can see

the distribution among the major categories of

science within Question 1, and we've done that for

all of the questions.

And we have three years' worth of those, but

you may find just 2012 the most useful because it's

the most current.

Dr. Boyle: Yeah. That's also a nice

categorization, a higher level categorization of

the objectives, too.

Dr. Daniels: Right. And so we did that -- OARC

started that in 2010 because the objectives are sometimes a little bit unwieldy because they're so incredibly detailed -- and I think these are much more general categories that most people in the field would recognize, and so we've done that now. We have three years' worth of data on that.

So we will be happy to provide that to all of those groups. But other than those, do you think anything is missing for your review of the funding data?

Dr. Boyle: I think it's pretty complete. This is Coleen.

Ms. Redwood: Susan, would there be a way, you know -- on the main document that we were referencing a few minutes ago that had a lot of the compiled data, when it has the number of projects there -- is there any way for that to be highlighted that would then link to the projects?

I think you did that before, and then that way we could essentially just use one chart and link to everything.

I know some of the links that are highlighted when I put the cursor over them. Some of them are

able to be opened, and others are not.

Dr. Daniels: In what? In which document?

Dr. Boyle: A document that actually has a listing. I've had the hyperlinks, too. I assume they're just not activated yet.

Dr. Daniels: In which document though are you talking about?

Dr. Boyle: Oh, I was looking at the 2011 -- what was it? The one that actually has the listing of all the projects in it, whatever – that might be.

Dr. Daniels: Well, really those links aren't --

Dr. Boyle: The hyperlinks don't work, and ones that do link don't open up. It may be because I'm inside my firewall that they didn't work.

Dr. Daniels: I wonder if it's something about making them into PDFs that deactivated them.

Dr. Boyle: Right.

Dr. Daniels: I can look into that. They were live links at one point.

So I can look into that -- whether we can make those into links on this particular chart. That might not be too difficult to do.

Ms. Redwood: That would be great because there's just a lot, and I'm getting confused just going back and forth and trying to open them all individually.

Dr. Daniels: Sure. Yes, so I'll look into that, whether we can make those live links for what we send out to everyone and then that would be one of your go-to charts.

Are you -- do you think that with the -- well, I guess we already have the individual stoplight charts for each individual year already made. So whether or not the Committee decides they need those we already have them ready.

So it sounds like we've kind of gotten through that, so it sounds like we mostly have the information we need for the review of the portfolio.

So the other document I'd like to turn your attention to is one that I just sent out recently and it's on the Web.

The top of it says "Tasks for 2013 Strategic Plan Update," and this is just a straw man for you all to talk about and discuss to see how you might

want to structure the new Strategic Plan and the

tasks for the planning groups, which is one of the

things that this Group was going to do -- is to try

to help set up some goals for what these planning

groups are going to do, and given that we will be

having basically two meetings of the planning

groups plus the workshop as the main times when we

would interface by phone or in person and the rest

of the work could be done in between calls by email

and so forth.

And my understanding was that this year you'd

like to do a pretty significant update of the

Strategic Plan because you have five years' worth

of data now, and if you want to move in some new

directions, that you may be interested in really

reprioritizing and adding new things or deleting

things out of the Strategic Plan as needed.

So I started off with a basic structure for the

Strategic Plan to see if you have any other

thoughts about how you would like to see the new

Strategic Plan look.

This structure that I placed here is similar to

what's there already. We do have an introduction.

We have individual questions, so the seven questions for the Strategic Plan, and each one currently now has a "what do we know" and a "what do we need" section, and we've also done a "what is new" in this research area and "what have we learned."

And we've talked about gaps and opportunities, and then barriers is another area that, especially with looking at some of these objectives, that might not have moved very much.

That might be something that you would want to consider, and then objectives and a conclusion.

Are there other things that you think that you would want, or do you think that there's -- that you would want to significantly change that?

Ms. Redwood: Susan, this is Lyn again. You know, we had the call earlier with the full Committee and then the call with this subgroup.

You know, one of the things that Anshu touched on earlier was that whole concern about accountability, and one of the things that I don't see reflected here is really that level of accountability that we discussed -- trying to get

into and this, you know, following the same formula that we did before, you know, I think we're going to sort of come up with the same thing.

And I think we want to answer broader questions for the community, and when I was looking back over the Plan, one of the things that we did previously for each of these sections was to come up with an aspirational goal.

So for example, for questions on the aspirational goal, children at risk for ASD will be identified through reliable methods before ASD behavioral characteristics totally manifest.

So I think it would be helpful if, using those aspirational goals for each of these questions, for the Committee or that subgroup to ask have -- you know -- over the past five years, what progress have we made for that aspirational goal?

I think that would help to provide sort of that level of accountability.

Dr. Daniels: Okay.

Dr. Batra: Yeah, Lyn, this is Anshu. That's actually a very nice idea in terms of being able to assess over the last five years that progress has

been made or where money has gone.

And I guess from my standpoint then, it'll help really then determine next steps in terms of -- toward that aspirational goal.

So it's really what -- I think that that's the crux of each question -- is what is it you hope to obtain -- and I definitely see the research strayed from that in the last -- at least in the last year's revision.

But that -- I think keeping that in mind will, I think, help us to really target the objectives toward that aspirational goal, and then it'll help us, you know, trim the fat, so to speak, in areas that maybe, you know, don't really lend themselves toward that goal.

Because I can understand, Susan, from your standpoint is that, you know, it's hard to really get the numbers in terms of and also just the qualitative data how is this -- how is this benefiting, you know, these communities -- and so much of that just depends on, you know, subjective opinion. So --

Dr. Daniels: So in terms of if you did

something like "what progress has been made toward the aspirational goals," would you add that on or replace something that's there?

Would you, for example, replace number two, the "what is new" and --

Dr. Insel: What about -- this is Tom. I've been listening with interest, and maybe I'm not remembering this as well as some of you, but I thought that we were going to focus this update mostly on the accountability question.

Just as Lyn was saying, whether we link it to the aspirational goal or we link it to specific objectives, I thought that the recognition was that this might be the last update we do, at least within this version of the IACC.

And so this would be the opportunity to -- rather than creating new objectives and adding new parts to the Plan for each of the objectives -- to provide some assessment.

Part of that would be what has been invested, and the other part, which is going to be the role of each of the work groups, is what's been the return on that investment -- what have we gotten

back over the last five years.

And it feels to me like, given where we are in the history of the Committee, that a clear statement about that for each of these seven questions and maybe drilling down to some of the objectives specifically would be -- would be very helpful because I think what we don't have a good feeling for, especially looking at all of these tables, is what's really come out of this at this point in time, and as we do that I think it will become fairly apparent about what needs to be done next.

So I would at least put on the table the option that we actually don't tweak or don't do much with the current Strategic Plan but that we provide for the 2013 update a real focus on what we've gotten out of this so far, where are we, and what do we still need to do.

Ms. Redwood: I agree with that, Tom.

Dr. Daniels: How would you -- how would we do that in terms of what's -- so would we leave the sections kind of as they are, the "what do we know", "what do we need" that we currently have in

the Strategic Plan and then we would maybe add a

new section that is something about what has been

the return on the investment or --

Dr. Insel: Yes, something like that.

Dr. Daniels: -- something along those lines?

Dr. Insel: I mean, accountability was one of

the original principles when we put the Committee

together, and it's the thing that we haven't really

done.

You've done a fantastic job here looking at

where the money has gone. What we don't really know

is what have we gotten for all of that and that's

the piece that I think we need the experts to help

us on and to bring in. And it will be qualitative

constant but - and we don't have a huge amount of

time since we want to get this done in the next

couple of months.

But I think in that amount of time, with a few

phone calls, you could bring some people together

on the phone to say, all right, given this

aspirational goal and given these specific

objectives and given all the money that's been

spent -- it's an enormous investment on each of

these questions -- where are we and what have we
gotten here.

And it's also, I think, important to remember
that some of the investments are still playing out
and that we're only, you know, one or two years
into some five-year projects.

So understandably, we may not have the full
answer yet. But I think you've given us the data
here to be able to do that, and when we -- because
you've given us individual projects.

So if somebody wants to drill down, they can
say, well, we have six projects looking for
biomarkers. Only one of them is complete; five are
underway. So you know, we can reflect that in what
we say about what the return has been.

Dr. Daniels: Sure. So then --

Ms. Singer: I think it would also be really
valuable if we offered some prioritization on
what's left to be done or where the Committee feels
the next place for investments would be so that we,
the strategic planners, we conclude the Strategic
Plan in a forward-looking way.

Dr. Insel: Right. That's great.

Dr. Daniels: So I know that I heard from the Committee at one point -- talk -- they wanted to talk about revising the objective list or prioritizing the objectives. Is that still something that you would see doing?

So say, you do kind of an evaluation of what has been the return on the investment, and then in the "what do we do next," would you go ahead and be wanting to prioritize the objectives, determine things that have been completed, things that you want to keep and then if you need to add anything?

Ms. Singer: I mean, my feeling is that -- my feeling is that that can be done in a qualitative way and that as the expert panels start to identify the remaining -- what's been accomplished, where the remaining gaps are, and what the new opportunities are that have emerged based on what we've learned over the last few years but not necessarily, you know, to rank the existing objectives in order but to make some sort of statement as to where the Committee feels or what areas in the sections the Committee feels are right for additional investment.

Dr. Daniels: Okay.

Dr. Insel: You know, and it's really interesting: We don't do this nearly often enough, but it's the nature of science that we often go down blind alleys because that's the way science works.

We don't know enough often to know what directions to go in, and it's great to say five years into this we want to step back and take a look and see what has been -- what has been a fruitful direction, what are the areas that maybe now we've done enough and we need to move in a different direction, and where is a great new opportunity that we should be thinking about as a new priority.

What's incredible here is that to have all of it in front -- I mean, I've never actually seen this in anything else that we fund at NIH -- to see all the public and private investment over five years laid out grant by grant.

It's kind of overwhelming, but it's really interesting to see this array of numbers.

Dr. Boyle: I was going to say, Tom, that it is

overwhelming. So it's hard to have the -- you know,
the -- you know, the thousand-foot view and then
also getting down into the -- you know, the
trenches.

So I mean, clearly, it's a balance in terms of
trying to understand, you know, what has really
been the return on investment in that way.

Dr. Insel: Yes. Yes, but even when you just
look at the Question 1, and I think it's a good
idea to use this as our -- as the sort of pilot to
figure out how this could be done.

You know, going over that summary table, you
can pretty quickly see that there are a couple of
areas that have gotten over $50 million of
investment during this period and a bunch that have
gotten nothing or two that have gotten nothing.

And so, you know, it doesn't take a lot of time
to get that kind of feel for where the investments
are going.

Dr. Batra: Tom, this is Anshu.

Dr. Insel: The question now is whether, you
know, what's -- you know, has that -- what do we
have for the $57 million that has gone into

behavioral and biological markers that identify

before age 2 on the subtypes?

Dr. Batra: Tom --

Ms. Singer: Given that, you know, we're all

saying we're overwhelmed by the amount of data and

this group has been putting this together for a

year, my concern is that the other subcommittees

are not going to know how to best spend their time.

So I think, given that this group has been

thinking about this issue for the last year, it

might be good to spend a little time now thinking

about how we might offer guidance to the

subcommittees about what they might want to

accomplish in conference call one, conference call

two and what the deliverables should be at the end

of the October 28th meeting.

Dr. Daniels: Definitely. That is something that

we are looking to you all to help us with. From

what I've heard so far, I've heard some questions

emerging -- maybe you can help with this. So what

has been accomplished over the past five years --

is that a question you want to -- want to answer?

It sounded like something along those lines.

Maybe that you would have other wordings for that
and that you still would want to answer what is new
and what have we learned, what are the barriers and
then what do we need to do next or something along
those lines.

Ms. Redwood: I would think that that could also
possibly be incorporated into that first question,
Susan.

Dr. Daniels: Oh, so those would be --- the
three -- would be sub-questions of the -- well, I
guess what needs to happen next isn't really the
same as what's accomplished. But --

Dr. Boyle: It's important just to ground it and
say what has been invested or what's ongoing
because most of these things are ongoing or
recently completed.

Then understanding what's been -- what's the
knowledge gain and the translation of that
knowledge.

Dr. Daniels: Yes, I don't know that you
necessarily want to spend too much time describing
the investment because our Office is going to be
coming out with a portfolio analysis report that's

going to be very detailed about the nature of the investment. I mean, unless --

Dr. Boyle: But just in a general way.

Dr. Daniels: -- it could be something, very much a quick overview, but you wouldn't want to spend a great deal of time trying to do that.

Dr. Insel: You mean in the update?

Dr. Daniels: In the Strategic Plan update because we'll have a whole separate report that's going to be on that.

But in terms of what you feel has been accomplished over the past five years kind of more qualitatively that is something that, given the input you'll have from experts, you would be able to --

Dr. Batra: This is Anshu. I mean, you know, I have to wholeheartedly agree with what Tom was saying, which is, you know, again, looking at these numbers and seeing how much is this done for each objective.

And you know, I would like to see basically in the accountability section saying, all right, for the first objective, you know, we don't have to

mention how much has been spent, but what has

emerged in the last five years for the time and

money that has been spent and question -- objective

two, the same thing objective three.

And, frankly, it doesn't -- as I was reviewing

this in preparation for this meeting, I saw several

questions, several objectives that I felt were

redundant and, you know, I think could be

incorporated into one objective or actually

removed.

For example, one and two -- the first and

second, which is a total of $25 million spent

toward trying to find a viable diagnostic tool for,

you know, identification.

And so you know, I would like to see in the

accountability section and then, you know -- and

then, you know, what do we need next -- what's our

next -- what are our goals.

Dr. Daniels: So those are two of the things

that I mentioned. So the accountability would be

what has been accomplished over the past five

years.

I don't know that you really want to go

objective by objective because you've got 78

objectives in the Strategic Plan. You've got three

meetings.

I just don't know if you would actually get the

work done if you had to go one at a time; you might

want to do an overview.

Dr. Insel: Yes, Lyn's idea of using the

aspirational goal as our anchor --

Dr. Daniels: Yes. Yes.

Dr. Insel: -- is really interesting because

there are seven of those and --

Dr. Daniels: Right.

Dr. Insel: -- and those were the things that

the group decided at the beginning would be the

most important to attend to.

So a question I have is whether -- and this

goes back to actually Alison's comment about, you

know, how to help people cope with this deluge of

data that we've got here -- at the end of the day,

are we looking for a response per aspirational

goal, per objective, or the way that you've

clustered objectives?

Like in this pie chart, I don't know how you

did this, but you ended up with four clusters for Question 1.

And that was just because you felt some of the objectives were so close and redundant that you --

Dr. Daniels: Exactly, and so because OARC was finding that the objectives were redundant and they're so detailed and many times different topics are lumped together -- to help us make sense of what's going on in terms of the research field.

In 2010, we started -- in our Office we just appended subcategory coding on all the projects, and actually in our Web tool now you can take these particular subcategories and pull out project lists that go with them.

Dr. Insel: So as an example, so for Question 1 instead of there being, what do we have, 10 or 12 objectives, something like that, you've got it down to 4?

Dr. Daniels: Areas. I mean, I think Question 2 has a lot. I don't remember. It has maybe, like 15 areas because it has a lot more investment and so forth.

But we did try to simplify things, and so those

charts, I think, will be useful to the subgroups.

Dr. Insel: Or would it be -- so back to Lyn's comment. Could you do this just by aspirational goals and then having all these data, and I think, you know, you do need to provide some guidance to each of the committees, because they could be just blown away by all those.

Dr. Daniels: Right.

Dr. Insel: And I think you can do it through these pie charts and through sort of staging them in a way that walks them -- walks them through the data.

But maybe at the end of the day what you want to do is to get them, then to step back from all of that and say for each question, given that this was the original aspiration, where are we?

You know, if we put in $150 million after 5 years, what are we looking at here in terms of what do we currently know based on that investment, what's in process so we should know it if we just let the current process play out, and what has been missed and what has not yet gotten the attention it needs. And that gets to this question of what next,

what to prioritize.

Dr. Daniels: Right, and so I think that that would be good. And so if we had these questions, what has been accomplished over the past five years -- and you'd still want to know what's new and what barriers you're experiencing and then what to do next -- if those are four kind of structural questions that we can ask the groups once we present them with the data and then you'll be bringing in these experts who come in and they have knowledge of the field, you should have enough information to make those kinds of judgments based on that.

But then the 29th will be a time that you can sit down with those experts. I don't know how much you'll want to have presentations versus really just discussion with them.

Ms. Singer: Hey, Susan?

Dr. Daniels: Yes?

Ms. Singer: I think one sort of piece of advice for the subcommittees, particularly the subcommittees working on Sections 5 and 6 --

Dr. Daniels: Yes.

Ms. Singer: -- will really be to talk about taking this type of forward-looking view -- this evaluative stance -- and looking at accountability and value provided as opposed to being in the weeds and, you know, revising the wording and the objectives because, you know, I was on three of these subcommittees last year, and each one proceeded very, very differently, and I think there are things that could be learned from each approach. But we don't want to be in the weeds like that --

Dr. Daniels: Right.

Ms. Singer: -- so I really feel like we have to issue some sort of guidance.

Dr. Daniels: Right. So that's why I was trying to home in on these questions --

Ms. Singer: Right.

Dr. Daniels: -- because then we could provide those as a template, that they're supposed to in their discussions really be answering those questions.

Ms. Singer: What I'm saying is that under your task list here, it says, "revising objective list";

I'm just concerned that some of us might get bogged

down on the revision of the objectives because

that's -- obviously, I think that's easier than

doing the real work that needs to be done here,

which is the accountability and the evaluation.

Dr. Daniels: Right. So actually, I'm scrapping

this now. That was the straw man. But I think we've

effectively gotten rid of the straw man.

So you can ignore this task list that I gave

you, and I think what we've come up with here is a

list of four key questions about what has been

accomplished over the past five years, especially

toward achieving the aspirational goals, what is

new and what have we learned from the field, what

are the barriers and what do we need to do next.

Ms. Singer: And I think we have to add, "Please

do not spend time revising the objectives."

Dr. Daniels: Okay. That's very good.

Dr. Insel: Um humm.

Ms. Singer: But you know, I don't know if

there's anyone else who was on those calls but --

Dr. Insel: Yes.

Ms. Redwood: But I want to -- this is Lyn -- I

want to circle back around to something that Anshu
said earlier.

To be able to get to that point to whether or
not we've actually met that aspirational goal, I
think these workgroups or the breakout committees
for each of these questions really are going to
need to go through those objectives, and I know,
Susan, there are 72 of them --

Dr. Daniels: Seventy-eight.

Ms. Redwood: Seventy-eight. But I'm counting
the ones that are in, let's say, Question 1.

Dr. Daniels: Right.

Ms. Redwood: It's only nine objectives, and
some of these you can look at and say there has not
been one single study funded in this area, so you
need to ask that question.

Were we asking the right questions -- you know,
should this be sort of taken up, like, just if we
need that level of granularity to be able to feed
into the knowledge base of whether or not we've met
that aspirational goal, and to me that's an
additional layer of accountability.

We've already done the work to be able to do

that. You've just done that for us, Susan.

Dr. Daniels: Right. Right.

Ms. Redwood: I mean, all of this information.
So I would hate to have all this wonderful
information and then not use it to --

Ms. Singer: You know I just want to clarify,
Lyn. I wasn't saying that we shouldn't review the
objectives. I think that has to be part of it.

I'm just saying to issue, you know, very
specific items, that we want to review the progress
on the objectives but not spend time rewording the
--

Ms. Redwood: Oh, I agree. I was referring to
what Tom had said earlier, Alison, about, you know,
not really looking at each individual objective but
answering the aspirational goals because I do still
think it's important to look at these each
objectives -- and then they're divided by seven
groups. It's just not that overwhelming.

The second thing I had questions about, Susan,
was this meeting on the 29th, because when I read
back over the minutes to our last meeting, one of
the things that we discussed was not just having

input from the researchers or the "experts" but also having stakeholder input from the community.

And it says in here that we were going to sketch out RFIs -- that Walter and I think Coleen were going to sketch out an RFI for the researcher community and that Anshu and Dr. Carey were going to work on an RFI for the public.

So you know, one of the things I think we need to look at is if we have this wonderful information and the researchers are aware of it, is the community aware of that information as well?

So I'm just wondering, are we going to invite leading key stakeholders in the autism community to this meeting, and how are -- how are we going to get feedback from the stakeholder community?

I know that we're representative -- the public members are -- but still there's no way that we can represent all of the stakeholder community.

Dr. Daniels: Right, and so that is something that we were still planning to do.

In terms of the RFI, at the April 9th meeting, that was discussed, and there was a decision made that we would not be doing an RFI -- that we would

be doing this process instead -- an accountability

review with a meeting in consultation with experts

including community stakeholder experts. So not

just subject matter experts.

So last year there were three experts invited

per planning group. I've looked at our budget and

so forth.

We could have four per planning group this

year, but we would have to divide that among

stakeholders and subject matter experts.

And so there are stakeholder experts already on

some of the planning groups. I don't know if it's

completely covered.

I didn't really look at that that carefully in

terms of which people are on those planning groups

now.

But we can't, for example, double the number of

people we're inviting in so --

Ms. Redwood: Well, would we have to have it in

person? Would we have to have it in person?

If we have conference calls with the experts,

could we not just have the Committee convene on the

29th and bring that data to the entire IACC?

Dr. Daniels: The 29th is going to be a discussion, so even if you invite -- first of all, doing it on a conference call is really difficult, and I wouldn't want to be responsible for the phone lines not working and people not being able to get plugged in. So we really do want to keep people in person for the most part if they can. I mean, obviously, if somebody has a difficulty and can't travel, we would try to accommodate it.

But the dynamics tend to be a lot better in person as well, especially for such an important meeting, so we'd prefer to have an in-person meeting.

But on a practical level, if you're covering the entire Strategic Plan in 1 day, if you have 10 experts per group, they're going to completely dwarf the Committee, and there's not going to be enough time for them to all have input, and it'll be frustrating for them.

So all of those account -- I mean, unless, Tom, you feel differently about the number of experts to invite.

If you have three to four experts per seven

groups, you're talking about close to 30 people invited to join the Committee, and the Committee is only 30 people.

Ms. Redwood: Susan, that wasn't -- I don't know that I made myself clear there because what I was saying and I'm relying this just from my experience last year on the Question 3 group.

But we've had several calls and a lot of email communication with the three experts on Question 3, and we had each of them, you know, sort of send to us the answers to those questions that you had outlined in the draft in terms of what do we know, what are the gap areas.

What I was saying is that we have those smaller group meetings -- that then when we all come together, we use sort of the IACC as the experts to bring that information back, and that would cut down on the cost of travel.

So I was just wanting to throw that out because I have concerns sometimes about relying on these experts, because, you know, there are some inherent conflicts of interest in terms of the experts that we bring to the table.

There's a certain area of expertise that they have, and that is their passion for research. Obviously, that's the area they're going to say that we need to focus on.

And so I think at some point in time the IACC needs to take their information and then digest it and not completely rely on it but look over it and see if that's what the Committee feels as though the focus should be or the answer to the question is. Does that make sense?

Dr. Daniels: So are you proposing then that the 29th is really a discussion only with Committee members and that any members of the public who will be joining you are only on the phone calls beforehand? So we'd have two phone calls and you'd have them just on the phone?

Ms. Redwood: Yes, that's what I want to hear from everybody else. I mean, I'm just throwing that out because I just don't know how productive we're going to be when we have all the experts there.

It seems like it's the Committee's responsibility to update this Plan, and I'm just concerned that -- I don't want to rely totally on

all the experts.

Dr. Boyle: This is Coleen, Lyn. I was just going to say I could see going either way. It's just a lot to get done by the 29th to have everything together to actually present to the Committee and go through the seven questions.

That would be my only concern on not having those experts there. I feel like by the 29th we might have ourselves together. We could actually have a good dialog and then take the dialog and do further work with it.

Dr. Daniels: Sure. I guess I had thought that you might be wanting to have the experts come out and have a live dialog with you.

But we could have the experts only participate on the phone. I think that if we do that, that certainly would cut down on the cost of the workshop, and we could reduce the cost of the workshop if we're not flying in any experts, in which case then if you -- if you did want to have a few more experts on the calls you could.

You just would have to keep in mind the more people you add to a phone discussion -- you don't

want those phone calls to be lasting four hours.

You really probably want to be getting your work done in about 2 hours' time on each phone call because we have -- that'll be 14 phone calls for us to be putting together. So –

[Several speakers]

Dr. Batra: So I remember from last year in revising this, doing the update, we had the experts provide us with a written synopsis, and then on the phone calls we basically had discussion, and that really, I think, helped to facilitate the process and also whittle down the time.

So I would really suggest, you know, keeping something more along that line. And again, I think phone calls just make things a little easier in terms of time and money and --

Ms. Singer: But the difference between having one day where we talk about this is that there's an opportunity for cross-pollination and that the subcommittees are very siloed and that they're only looking at one question. And when we bring all the subcommittees together with all of the experts, it's an opportunity for people from different

fields to collaborate, and I think that makes the Plan stronger than --

Dr. Boyle: I agree with Alison.

Ms. Singer: It would be a real missed opportunity not to bring everyone together when we have a chance.

Dr. Matthew Carey: So this is one thing. When we talk about money, I know budgets don't carry from one year to the next. But we didn't have this meeting last year, right?

We had a lot of money set aside for that. It didn't happen. I mean, at some point, you know, we -- yes, it doesn't carry over but we --

Dr. Daniels: They don't carry over.

Dr. Carey: Yes. But you know, we didn't have it, and we have a responsibility to do, you know, the community that we didn't quite -- you know, for very good reasons where we weren't able to have the meeting last time but, you know, putting it together for this year, we should be able to put it together. And my opinion is it is a lot harder when you're not there in person.

Dr. Daniels: Right. So we weren't talking about

not having -- we're going to have the meeting. What I had planned for was for us to have three to four experts per group.

Dr. Carey: Yes.

Dr. Daniels: What we can't do is double that number and talk about having six to eight experts per group because that would get too expensive for us to do.

But if we stick to three to four experts per group, we would be able to have the in-person meeting just similar to what we had planned last time but got preempted by the hurricane.

Ms. Redwood: Susan, if we pick out the three experts, can we narrow that down and also have the perspective from a family stakeholder or someone?

Dr. Daniels: They would have to be included in that number -- three to four. So whether it would be two and two and you only have two experts -- two subject matter experts and two family members or stakeholders or if you want to keep with the three subject matter experts like you had last year and just add one stakeholder family member.

But that's also including the members of the

IACC, public members who are stakeholders as well to that.

Dr. Boyle: And everybody would -- this would be a daylong meeting where people would attend the entire meeting and be allowed to provide input, right?

Dr. Daniels: Everyone would be present.

Dr. Boyle: Yes.

Dr. Daniels: We would probably have as we discuss each question, each panel, like, of the external folks come to the table during their section as we are talking about theirs.

But everybody would be there in person, and if we did have a group discussion, people could -- we could still have that.

Dr. Boyle: Okay.

Ms. Redwood: Would there still be opportunities for Q&A after each question from the public or comments from the public?

Dr. Daniels: We were going to take public comments.

Ms. Redwood: Okay.

Dr. Boyle: And we would have to really make

sure we adhere to the time like we --

        Dr. Daniels: Right.

        Dr. Boyle: -- discussed at the end of last --
the last in-person meeting.

        Dr. Daniels: Right. So that was -- that was the
plan that I also wanted to run by you.

        I know that we do want to involve family-
stakeholder-type experts as well as subject matter
experts, but we do have some limitations on the
numbers of people we can be bringing to the
meeting.

        So we will have to work within those
parameters. But hopefully we will try for a balance
in representation in each group. And so our Office
will try to assist with that to make sure that we
do have some of each in each group as after the
Committee goes through the process of looking at
the stakeholders we had invited last year, adding
some nominees to that list, and then we'll have to
find out whose available and who can serve.

        So we will be trying to get to that pretty
quickly here so that we can start setting dates and
inviting people to participate in meetings.

I feel like I may have missed something. Is there something else about that we need to decide?

Ms. Redwood: Actually, Susan, during the calls though that we're going to have, what is the objective?

One of the things that I found frustrating last year during the update process is that the experts were asked to submit things in writing and there were certain deadlines and those would pass and, you know, I hadn't received things yet in a timely fashion.

And I was thinking at the time that it might have been better to have those lists of questions that we wanted the researchers to answer and to do that possibly in an interview process, because they're really busy and they don't have time to write things.

And then we could use those responses, and I don't know how the other Committee members feel or the other question subtypes, people feel about that.

But I think in retrospect, that's something that I learned during that process that would have

been much more productive.

So I just wanted to sort of throw that out there. Alison, you mentioned having participated on three different Committees updating the Plan, that there were things that went well and things that didn't.

So maybe we could try to learn from those things that didn't go well in terms of what we could do better.

Dr. Daniels: In terms of the collection of the information, it really is going to need to be just phone discussion of the questions.

So right now we've come up with four to five very clear questions; we can have those discussions on the phone and record the information that's shared at those meetings.

We'll tell people to prepare ahead of time, make sure that they have comments ready to give on the phone. But in terms of collecting written documents and compiling all of that, that's not something that's going to be possible within this timeframe.

Ms. Singer: In my opinion, having done three of

these committees last year, the most productive and effective methodology I think was by the Planning Group for Question 7, and what Planning Group 7 did was on the first call -- we basically discussed all the objectives and then broke them down into the parts that we wanted to go back and do a literature review in order to write sections on what have we learned, where are the gaps, where are the opportunities.

And then in the second meeting, each person came back and presented the material that he or she had found.

People gave their opinion, their suggestion, and then that was then used to write the updates. That group was, I thought, pretty efficient.

Dr. Daniels: And we could ask the groups actually to do that homework ahead of time.

If we're presenting them with the questions we can say, "Please do any literature review and so forth that you need to do -- come prepared to answer these questions," but to have it really an interactive time on the phone with all of you who are -- the Committee members who will be on these

groups and those experts really being able to interact and talk about the issues and trying to address all the key points.

But if we keep the question numbers small, and I think that you've accomplished that on today's call, we could either break them up and have some of the questions answered on one call and some on another, or we could try to run through them all quickly on the first call and then go back to the areas that maybe didn't get fully covered on the second call and discuss anything that's come up in writing after that point, and each group will have to have somebody who's going to be helping draft items.

Our Office will be able to take minutes, but they will be very brief minutes, like two-page minutes for each call, that will help guide whoever's chairing each group.

But I think we're going to have to do it the less labor-intensive way, so we won't be able to compile huge amounts of written documents ahead of time.

Ms. Singer: But I think it would be very

worthwhile, and I would be happy to volunteer to help on this, to write some clear guidance for the subcommittees to the level of specificity at on your first, call do these five things. "In between the two calls, work on this. At the second conference call, review this and have output of X. Come to the meeting with the following material."

I mean, that level of specificity because some of the groups last year were just way off, and the deliverables were dramatically different that came out of each group. And I think if that happens with this timeline, we're going to be in trouble.

Dr. Daniels: Absolutely. I agree with you completely, and actually that's was what I was planning to do.

If you feel comfortable with this, our Office can go ahead and put together a draft and then send it by you all to try to get feedback, or you know, Alison or anyone else who wants to see if you have anything to add as a template basically to guide them.

And that was something that -- of course, I was on maternity leave last fall when this was going on

but -- I think having a very clear template and guidelines helps a lot to get the product that you want.

And that was something that I found when I came back -- that that was feedback I heard, that we really need more structure in how that is done, and so I think we can provide that.

So if you're happy for me to do that, I'll put together a structure and then let you all comment on it and add any comments that you may have.

Does that sound good? Is that reasonable?

Dr. Batra: I think that would be -- that would be very helpful.

Dr. Daniels: Great. So I will -- I'll work on that and be trying to get that out to you fairly quickly. We are getting all the planning groups together, at least the Committee members who will be on them.

So by Friday I should know who those people are, and I will be sending out information about the experts, both the subject matter experts and community experts, and how we can -- we'll have our current list that we used last year, but some of

those people may not be available or maybe want different people.

And I'll have a process for you all to nominate some other people, and then we'll try to come up with some balanced lists and then see who's available, because I know these experts are very, very busy, both the community and the subject matter experts, and they all may not be able to make the dates.

And I'll also send out some guidance because there were questions about the time commitment for people being in these planning groups.

It will be a fairly hefty time commitment in terms of getting some of these things done.

But our office tries to at least provide some data that would be helpful as a starting point, and we'll provide some guidelines.

Are there any other issues or comments or questions that people have regarding the process or things that you want us to keep in mind as we are putting all this together?

I'm not hearing anything. Coleen, do you have anything that you want to add? I know that I've

ended up doing more of the talking than I had --

Dr. Boyle: Well, I appreciate you doing this, Susan. No, I think -- I think we do need to have a bit more back and forth, you know, once you put together the revised strategic planning updates, but I think the discussion's been very helpful.

I want to, I guess, balance it in making sure that we use all the great materials that you've put together as well as, you know, sort of combining the qualitative and the quantitative aspects to essentially achieve our accountability goals.

Dr. Batra: Susan, this is Anshu. Would you be able to send out -- you said you had the pie charts for each of the questions that you synthesized as you did in Question 1, the one you just sent out detailing --

Dr. Daniels: Yes.

Dr. Batra: Can you send out the remainder of what you have so we can look at, you know, the cumulative sort of data and --

Dr. Daniels: So I have it. I was going to send out the pie chart to each planning group. Does the Question 1 Planning Group need all of them for some

reason for all questions? My plan is share the --

Dr. Batra: I would like to read all of it if you don't mind, if you could send it out.

Dr. Daniels: So who was that speaking?

Dr. Batra: Oh, that was Anshu.

Dr. Daniels: Anshu, you want all of the question data?

Dr. Batra: Yes.

Dr. Daniels: Just the subcategory data or all of --

Dr. Batra: Yes.

Dr. Daniels: This is just the subcategories? Okay. I can share that. It'll give the group a sense of what that looks like so that you can see what the subcategories are.

But I hope that the Committee will find the subcategories useful. I know it wasn't something the Committee specifically requested, but I know for OARC it really helped us to --

Dr. Boyle: I think they're great. It really helped me.

Dr. Batra: This is Anshu. : Yes, this really -- because as I said, as I was reviewing the tables of

this meeting, is that I did see some redundancy and this -- the pie chart you sent today really did help to --

Dr. Daniels: Sure.

Dr. Batra: -- clean it up a bit.

Dr. Daniels: Yes, and the subcategories -- we haven't loaded the 2011 and 2012 data into the Web tool and won't do that until we're ready to release our report, which will be out hopefully before the end of this calendar year.

But with 2010 data, if you want to look up the subcategories, you can pull down whole project lists that have to do with the subcategories in the Web tool, which makes it very useful if you, for example, do want to look at symptomology-related projects for some reason.

Then you can really hone in on those particular projects and see what's in there.

Dr. Boyle: Susan, are the grants only listed once, or can they be listed twice if they meet a number of objectives?

Dr. Daniels: They are only listed once, and so when we give guidance to the funders to do the best

fit that they can and that's so that the funding is not double counted.

Dr. Boyle: Okay.

Dr. Daniels: But there are some cases where there are co-funds between agencies or organizations. For example, Autism Speaks and NIH might be funding the same person as a co-fund.

Dr. Boyle: Yes.

Dr. Daniels: And so the project might show up twice. Or the Somali Project is a great example of that.

Dr. Boyle: Yes. Okay.

Dr. Daniels: Alright…

Dr. Batra: Susan, this is Anshu. On a comment that Lyn made about the experts, do you have the experts sign conflict of interest forms like we fill out prior to each meeting?

Dr. Daniels: Yes. We will have them fill out conflict of interest forms.

[Inaudible comments]

Dr. Daniels: So yes, we have everybody do COI forms before participating as invited experts on our Committee.

Ms. Redwood: Will we get copies of those, Susan? Because I've never seen them before.

Dr. Daniels: I don't know that they're public; they may not be. I'll have to find out. I don't think that they are. I think that they're confidential.

Dr. Boyle: Susan, within that timeline from that, you know, that meeting at the end of October to when the plan is due in the middle of January, do we have dates yet for November or December or January for IACC meetings?

Dr. Daniels: Yes. We can send out -- we have tentative dates. They're not actual set dates yet because we don't really know if we'll need them, although most likely we might need some kind of a phone call in November or December.

But last year we ended up having Subcommittee phone calls in November, so we haven't publicized those dates but we do have them set aside.

I was a little hesitant to share them because I didn't want people to think they were definitely happening and then be confused if we changed them around.

But if you think that you would want them just so you can block the time, I could send them out.

Dr. Batra: It would be helpful to block the time, I mean, at least for me. I don't know about --

Dr. Daniels: Okay. I can do that. I would just put a big red sign on it that it's tentative and that we don't know if those meetings will really happen.

But we do know that we're going to have an October 9th IACC and an October 29th workshop and then each planning group will have separate times for their calls, so that we have a lot of different meetings going on this fall.

Great, well, if there aren't any other comments -- are there any other comments before we adjourn?

Well, thank you all so much. This has been a really productive and helpful call. I think that we have a good plan for going forward.

The next action items would be for OARC to kind of put all the information together that we've heard on this call and then pass it back to you for a quick review and further comments, and then we

will be organizing the groups and getting the
guidance out to them.

Dr. Boyle: Thank you, Susan.

Dr. Batra: What an awesome and amazing job
gathering and organizing all of this data. Huge
amount of work, and I really appreciate it.

Dr. Daniels: Thanks so much. The team did work
really hard, and I'm sure they really appreciate
hearing that. Thank you.

(Whereupon, at 3:50 p.m. the Strategic Plan
Question 1 Planning Group conference call
adjourned.)