1. Introductions and Overview

Attendees introduced themselves, with a brief statement of their affiliation and research interests. Scott then summarized the goals of the Work Groups:

1. To stimulate and develop new cross-state and cross-center collaborations.
2. To map out priority research areas or areas where there is synergistic expertise/interest.
3. To identify/develop/refine ideas for research grants (for pilot studies to stimulate larger studies, or even larger studies if there’s readiness).
4. Scott referenced the Symposium Summary Report (which can be found at: http://cira.yale.edu/sites/default/files/nehivisn_summaryreport.pdf).

2. What trends across the region warrant attention and focused interventions? How can modeling and cost utility analysis be used to help implement existing effective interventions in our network?

   a. The modeling group may be able to inform the other work groups (Technology/Social Media, Hard to Reach, and Mapping) as they consider which interventions are not being effectively utilized or used at all, and how they should prioritize “implementing” these interventions. Find ways to
incorporate modeling as part of decision-making process for planning and RFPs.
b. Construct a modeling and cost utility project that evaluates specific EBI/DEBI's in small urban areas in the region. One challenge would be the need to have information related to what and where these interventions are being used.
c. Use modeling data and analysis as a part of regular data sharing and to support funding transparency.
d. Consider the modeling project “Using a validated computer simulation to assess HIV prevention efforts in Connecticut” completed by Scott Braithwaite with the CT DPH and look to expand components beyond CT into MA and RI. We would need to circulate the list of data points that would be needed for the analysis. CT is also looking to revisit the project to look at an extended time period as the original report evaluated an initial 12-month startup period.
e. Use modeling data and analysis in supporting how funders structure Syringe Exchange Programs.
f. Consider modeling projects that can focus on our key small urban centers with the highest prevalence in New England: Bridgeport, Hartford, New Haven, Providence, Worcester, and Springfield.
g. Could these areas be compared with larger urban centers – New York City and/or Boston?
h. Can we utilize modeling to compare/evaluate the treatment cascade across the region? (contingent on each state’s data capacity)
i. Can we utilize modeling to compare/evaluate needle exchange programs across the region?
j. Can the mapping group help inform the modeling group about where needle exchange programs might best be implemented?

3. Actions Steps for January 29th, 9am Virtual Meeting

a. Circulate Scott’s CT report to jurisdictions interested in the potential expansion of this project. States would need to evaluate capacity to provide required data to be evaluated. CT will need to give permission for dissemination of the report. Begin to refine a potential cross-state project based on this report.
b. Begin to define a potential modeling project that could inform specific needle exchange program decisions – mapping group could identify where interventions might best be implemented, modeling could inform cost utility analysis recommendations.
c. Follow up with the other work groups to consider ways modeling can support their efforts.
4. Evaluation and Group Biographies

In the coming weeks CIRA will be sending out a survey to collect biographical information to be used to create a document that will be shared with members of the Network, to learn about each other’s backgrounds and interests in being part of the Network and the Modeling Work Group. We will also be sending out an evaluation to get feedback on the meeting process.

5. Funding Opportunities

a. CIRA/LTB CFAR Joint Pilot Project Funding
   Letter of intent due date - Monday, February 2, 2015
   Full application due date - Friday, March 20, 2015

b. NIH Dissemination and Implementation Research in Health

c. CDC Mobile Messaging Intervention to Present New HIV Prevention

d. Recently released:
   i. Integration of Infectious Diseases and Substance Abuse Intervention Services for Individuals Living with HIV (R01) (RFA-DA-15-013)
      National Institute on Drug Abuse Application Receipt Date(s): April 14, 2015
   ii. Seek, Test, Treat and Retain For Youth and Young Adults Living with or at High Risk for Acquiring HIV (R01) (RFA-DA-15-019)
      National Institute on Drug Abuse Application Receipt Date(s): April 14, 2015
   iii. Drug Abuse Prevention Intervention Research (R01) (PA-15-082)
      National Institute on Drug Abuse Application Receipt/Submission Date(s): Multiple dates, see announcement.
   iv. NIH Pathway to Independence Award (Parent K99/R00) (PA-15-083)