



ireta

Institute for Research, Education
& Training in Addictions

2011-12 ANNUAL REPORT

Message from the Executive Director

*I'm not afraid of storms,
for I'm learning to sail my ship.*

— Aeschylus



Peter F. Luongo, PhD

THE GREEK POET AESCHYLUS, generally acknowledged as the father of the tragedy genre, understood the trials and travails of the human condition. As he might say now, “You can never tell what’s going to be tossed your way, but you sure can know how to react.” If you are prepared, that is. An apropos message for today, written over 2,500 years ago. Which brings us to the contemporary problem of addiction. There is impressive empirical evidence to support the neurobiological basis of addiction, effective treatments, screening and brief interventions, and now evidence that prevention services can be effective. However, there is limited evidence that these advancements have taken hold in the day-to-day world of either clinical or agency practice. This is not good.

Another not-so-good reality is the conceptualization of addiction as a chronic medical disease (actually, very good) paired with reimbursement schemes better fit for acute medical conditions. The result is episodic, disconnected care with the disconcerting and unintended consequence of producing treatment that focuses on maximizing reimbursements. Call it reimbursement-focused care. Not patient focused care. That’s neither the way to manage a chronic medical condition nor the way to develop a recovery-oriented system of care.

And if you haven’t had enough of this, the economic storm that engulfs everyone has resulted in greatly diminished public support for addiction services, converging with demands for the addiction specialty system to show value for the dollar and (by the way) readiness to integrate into the primary care system. What’s next?

This question and its corollaries are ones we’ve been asking ourselves for the past year. What’s next for the field? What’s next for IRETA? How do you learn to sail the ship and then teach others to sail?

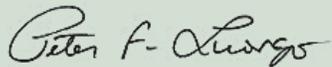
During the past fiscal year, we more clearly defined our intellectual capital and capabilities and emphasized improving our internal business practices to look after our own ship.

CONTINUED ON PAGE 3

IRETA now offers a broader array of technical and professional services to both the public and private sector. Our corporate capabilities fall into four broad activities: Training, Applied Research, Consultation, and Professional Development/Education. Each activity will be highlighted in the pages that follow. The attention to internal business practices was also productive and facilitated improvements to the information system and digital media platforms, all within budget. In short, we are better positioned to help the field improve its sailing.

One measure of improved sailing is IRETA's financial position. For Fiscal Year 2012, revenue increased by 7% and expenses were reduced by 2% over the prior fiscal year. As a result, \$110,000 was added to net assets, increasing our value by 20%. IRETA gained other benefits during the year: we learned to sail in new territory. In 2011-12, we developed and deepened significant partnerships with academia (e.g., George Mason University), in the burgeoning field of electronic health records and information systems (e.g., Inflexxion, Inc. and FEI Systems, Inc.), and branched into the criminal justice arena (e.g., Washington-Baltimore HIDTA and the Federal Judicial Center). We also expanded our onsite consultation capabilities in the mid-Atlantic states with projects in Maryland and Virginia and added a municipal government, Baltimore City, to our client list.

During the past year, IRETA has become more adept at maneuvering in any weather. While we prefer a clear sky and following wind, we need not fear a storm.



Peter F. Luongo, PhD
Executive Director IRETA



Institute for Research,
Education & Training
in Addictions

Message from the IRETA Board of Directors



Rev. Dr. James Simms
Board Chair

I JOINED IRETA's Board of Directors because I was interested in improving outcomes for people trapped in the disease of addiction. As the pastor of St. Paul Baptist Church, I'd spent years watching its devastating effects on my congregation, particularly the way cycles of relapse wreaked havoc on families and loved ones.

And so when IRETA's founder Dr. Michael Flaherty invited me to contribute to his unique, locally-grown organization whose mission was to apply science to addiction and recovery and improve our understanding of it, I naturally said yes. Last year, Dr. Peter Luongo joined IRETA as the new Executive Director. He is an experienced leader who will lend vision and guidance to IRETA's next chapter. I am deeply appreciative of the patience and diligence of each member of the Board during the transition. Like me, their interest lies in IRETA's core mission and their ability to maintain a steadfast view of it throughout the process is what allowed the change in leadership to come out so well.

I also want to acknowledge the Board's ongoing support of IRETA and its staff as we applied for the Addiction Technology Transfer Center (ATTC) grant from SAMHSA. IRETA's application was outstanding and we were pleased to receive notification of funding for the next five years to act as a National Focus Center in the area of Screening, Brief Intervention and Referral to Treatment (SBIRT). This award is the result of IRETA's years of investment in developing SBIRT expertise and it comes at an exciting time. As the nation unfurls healthcare reform, SBIRT will be an increasingly essential component of the identification and treatment of substance use disorders, the glue that holds primary and specialty care together.

Consistent with my original intent when I joined the Board, IRETA will not only operate on a national level, we will renew our commitment to our local footprint. Particular care will be taken going forward to ensure that we are a prominent resource in the Pittsburgh community and that our services contribute to better outcomes for the people who immediately surround us. Personally, for having become involved with IRETA, I am better able to address issues around addiction and advocate for those affected by it in my role as a pastor, a community member, and a friend. I know that since IRETA began, it has affected many others similarly and that its future path will yield the same results, on a national scale and in our own backyard.

A handwritten signature in black ink, appearing to read 'James Simms'.

Rev. Dr. James Simms
IRETA Board Chair

PROJECT UPDATES

Training and Education

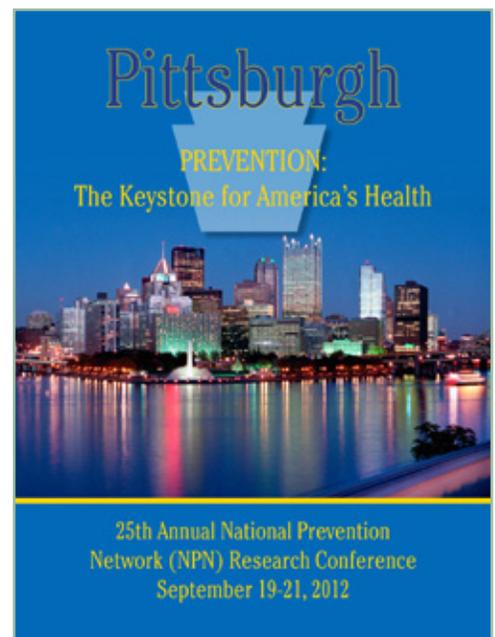
IRETA has administered the Northeast Addiction Technology Transfer Center (ATTC) since September 1999. In the fall of 2011, we entered the final year of the current five year grant period. We are pleased to have exceeded our required training targets for the last three years in a row, **training over 2,000 individuals.**

Over the five-year funding cycle, we have expanded our training and educational programming by growing our online presence using hybrid models of education (combined face-to-face and online training). The Northeast ATTC was the first in the ATTC Network to utilize webinar technology; this year, **we conducted 25 webinars.** Topics included: *Overview of Fetal Alcohol Spectrum Disorders, Substance and Medication Abuse/Misuse Among Older Adults, and Working with the Poor: The Personal and Spiritual Dimensions.*

Over the years, the “treatment of co-occurring substance use and mental disorders” has been a featured training topic for the Northeast ATTC and IRETA. This year, we completed a three-year project that expanded education on adolescents with co-occurring disorders throughout the state of New York.

IRETA is proud of its work on Screening, Brief Intervention, and Referral to Treatment (SBIRT). Since 2003, IRETA has been a leader in education and implementation of SBIRT. We continue to facilitate SBIRT projects through our work on subcontracts for two Health Resources and Services Administration (HRSA) grants and various training projects.

Other featured training and educational topics this year include: *Effective Risk Management Strategies in Outpatient Methadone Treatment and Gambling Consultation Oversight,* and our work on the National Institute on Drug Abuse (NIDA) Blending Initiative, for which we conduct trainings throughout the region. Finally, IRETA was excited to be involved with the 2012 National Prevention Network (NPN) Research Conference, in collaboration with Pennsylvania Department of Health and the Department of Drug and Alcohol Programs (DDAP), as a leading member of the Conference Hospitality Committee. It was held September 17-19, 2012 in Pittsburgh, PA and over 500 people attended.





**Management of Benzodiazepines
in Medication-Assisted Treatment**

**COLLEGE OF PHYSICIANS
Philadelphia, Pennsylvania
FEBRUARY 9, 2012**

SPONSORED BY:
University of Pittsburgh School of Medicine, Center for Continuing Education in the Health Sciences and the Institute for Research, Education and Training in Addictions - IRETA, Substance Abuse and Mental Health Administration/Center for Substance Abuse Treatment - SAMHSA/CSAT, the Philadelphia Department of Behavioral Health and Intellectual disability Services - DBHIDS, Community Care Behavioral Health Care Organization - CCBHO, the Northeast Addiction Technology Transfer Center, the University of Pittsburgh School of Nursing, and Western Psychiatric Institute and Clinic.



APPLIED RESEARCH

Management of Benzodiazepines in Medication-Assisted Treatment

IRETA has contracted with the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) in Philadelphia to develop clinical guidelines for the management of benzodiazepines in the context of medication-assisted treatment. On February 9, 2012, IRETA hosted a conference in Philadelphia to officially kick off the project. One hundred fifty providers, administrators, consumers and other stakeholders attended. In the next steps of the project, the expert panel will engage in a method developed by RAND/UCLA that includes independent ratings of appropriateness and a conference, which will be conducted via webinar, to produce a set of recommended clinical guidelines for the management of benzodiazepines in medication-assisted treatment. The expert panel meeting took place in September and IRETA will issue a report and final practice guidelines to DBHIDS in November 2012.

APPLIED RESEARCH

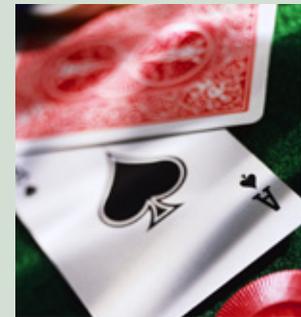
Clinical Decision Support Tool (CDST)

IRETA is developing a clinical decision support tool (CDST) to facilitate the diagnosis and treatment planning for opioid dependent individuals presenting at county assessment centers using a web-based interface. After initial development, IRETA will pilot and implement the CDST in six southwestern Pennsylvania counties using existing data collection instruments and current Pennsylvania assessment and placement standards.



Development of Problem Gambling Performance Measures

IRETA is developing performance measures for Pennsylvania's problem gambling services system through a one-year contract with the Department of Drug and Alcohol Programs (DDAP). In Pennsylvania, less than 10% of individuals with symptoms of problem gambling seek treatment, despite the availability of effective psychological and pharmacological treatments. Furthermore, advances in problem gambling research are hampered by the relative acceptance of gambling as a legitimate and harmless form of recreation and social interaction. Over the course of the next fiscal year, the contract to develop performance measures will focus on prevention, screening and recognition, and treatment services.



Evaluation of the Regional Co-Occurring Disorders Initiative

Southwest Behavioral Health Management (SBHM) was awarded a grant from Staunton Farm Foundation for the Regional Co-Occurring Initiative project, with a goal to improve and integrate services for individuals with co-occurring disorders across "The Southwest Six," primarily rural counties in Southwestern PA. SBHM is contracting with nationally-recognized Zia Partners, Inc. to implement a comprehensive, continuous integrated system of care within counties to better serve individuals and families needing services. IRETA is conducting the evaluation of this project, which includes county-level data analysis, participation in onsite consultation visits and key informant interviews with county administrators.





CONSULTATION

IRETA continues to develop a portfolio of consultation services tailored to individual client needs. During the past year, working with the Federal Judicial Center, we initiated quality improvement projects for three Federal District Drug Courts (Utah, Ohio and Mississippi). Under the auspices of the *Washington-Baltimore High Intensity Drug Trafficking Area* program, we also conducted clinical consultation services to improve treatment outcomes for offenders in Baltimore, Maryland and Washington, DC. These projects extend IRETA's expertise and services into the criminal justice arena, an area for future growth and development.

2011 marked the first time that IRETA provided substantial consultation and analytic services in the area of prevention services. As a consultant to Pennsylvania DDAP, IRETA led the team preparing the Pennsylvania 5-Year Strategic Prevention Plan and co-chaired the Pennsylvania Drug and Alcohol Coalition, which advised the development of the plan.



PROFESSIONAL DEVELOPMENT/EDUCATION

IRETA continues to work on projects that expand our professional development and educational profile as an organization. The Advanced Medical Student Fellowship, sponsored by the Scaife Family Foundation, has been hosted by IRETA since 2000. In 2011, 14 medical students from across the US participated. The 2012 cohort included a total of 17 students.

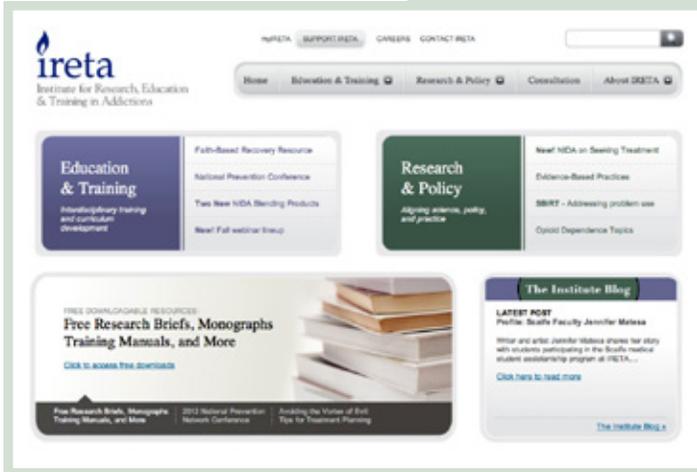
We have also broadened our presence as educators of pre-professional students by participating in the University of Pittsburgh School of Nursing Community Preceptor Program, in which junior nursing students will be doing clinical rotations at addiction treatment facilities.

The Advanced Medical Student Assistantship students.
Standing left to right: Josh Altman, Angela Condo, Jana MacKercher, Katherine Boyland, Kyle Smith, Miranda Greiner, Holly Hagle. Sitting left to right: Charis Hill, Sonya Dave, Lyndsey Heise.



NEW TECHNOLOGY

In 2011-12, IRETA made substantial technological upgrades and expanded our use of online tools to further our mission and reach new audiences.



- August 2011: IRETA launched a newly-designed website with clean visual elements and user-friendly navigation.
- August 2011: IRETA ventured into social media outlets and established Facebook and Twitter pages to amplify our communication efforts through the website.
- November 2011: IRETA established and branded a twice-monthly newsletter, the IRETA Current, to communicate directly with our stakeholders.
- May 2012: IRETA began to use Salesforce, a contact and client-tracking system, and integrated it with our website and Outlook email systems.
- June 2012: IRETA again evolved our website by creating myIRETA, a hub for collaboration and a streamlined platform for offering web-based training.
- June 2012: IRETA prepared to launch our first online course, “The Science of Opioid Dependence Treatment & Recovery” through myIRETA.



In 2011-12, IRETA committed to using data available through the website, the newsletter, and social media platforms to adapt and tailor our content, learn more about our supporters, and disseminate information to new communities.

By the Numbers



JUNE 2011	Facebook likes:	N/A
	Twitter followers:	N/A
	Unique website visitors:	920
	Newsletter recipients:	N/A
JANUARY 2012	Facebook likes:	61
	Twitter followers:	68
	Unique website visitors:	1300
	Newsletter recipients:	3,001
JUNE 2012	Facebook Likes:	125
	Twitter followers:	110
	Unique website visitors:	2,316
	Newsletter recipients:	3,096

IRETA FINANCIAL SNAPSHOT

THREE YEAR COMPARISON: EXPENSES VS. REVENUE



THREE YEAR COMPARISON: NET ASSETS



Staffing and Board of Directors

New Staff for 2011 – 2012 FY

Peter F. Luongo, PhD, LCSW-C, Executive Director

Before joining IRETA in 2011, Dr. Peter Luongo worked in the behavioral health field for over thirty years as a social worker and administrator. In Maryland, Dr. Luongo was the Single State Authority under three governors as the director of the Department of Health and Mental Hygiene Alcohol and Drug Abuse Administration.

Dawn Lindsay, PhD, Director of Evaluation Services

Dr. Dawn Lindsay joined IRETA in April 2011. She completed her graduate work in clinical psychology at the University of Cincinnati in 2002 and was on the faculty in the Department of Psychiatry at the University of Pittsburgh before joining IRETA.

Kelechi Anyadiegwu, Digital Media Specialist Intern

Kelechi is a current masters student in human computer interaction at Carnegie-Mellon University. She designs IRETA's digital media publications and manages IRETA's social media presence. She also works on user testing and brand engagement.

Other Staff

Jim Aiello, MA, MEd
Project Associate

Julius J. Habjanetz
Financial Officer

Holly Hagle, PhD
Northeast ATTC Director

Melva Hogan
Administrative Assistant

Lisa M. Howard, BSW, TTS
Northeast ATTC New York Liaison

Kristine Pond
Logistics Coordinator

Jessica Williams
Project Manager

Board of Directors

Charles Bishop
The Bishop of Books

Arthur C. Evans, Jr., Ph.D.
Department of Behavioral Health and
Intellectual disAbility Services

Cheryl Floyd, LSW, CCDP
PRO-A

Michael Harle, MHS
Gaudenzia

Henrick Harwood - Vice Chairman
NASADAD

Rev. Dr. Toussaint King Hill, Jr. - Treasurer
West Hunter Street Baptist Church

Peter Luongo, Ph.D., LCSW-C
IRETA

David C. McAdoo, MBA
Southwest Behavioral Health Management, Inc.

Jesse Scheck
Pittsburgh, PA

James Simms, D.Min. - Chairman
St. Paul Baptist Church

Sister M. Rosita Wellinger - Secretary
Sisters of St. Francis of Millvale

IRETA Partners and Clients

Partners

George Mason University, Fairfax, Virginia

Carnevale Associates, LLC. Gaithersburg, Maryland

Recovery Systems Institute, Santa Fe, New Mexico

Focused Electronic Health Innovations (FEI), Columbia, Maryland

University of Pittsburgh School of Nursing



Clients

Pennsylvania Department of Drug and Alcohol Programs

Pennsylvania Department of Public Welfare

New York State Office of Alcoholism and Substance Abuse Services

New York State Office of Mental Health

Inflexion, Inc., Newton, Massachusetts

Southwest Behavioral Health Management, Inc., New Castle, Pennsylvania

Community Care Behavioral Health, Pittsburgh, Pennsylvania

Philadelphia Department of Behavioral Health and Intellectual disAbility Services

Allegheny Health Choices, Inc., Pittsburgh, Pennsylvania

Pennsylvania Organization for Women in Early Recovery, Pittsburgh, Pennsylvania

Washington-Baltimore HIDTA

Baltimore Substance Abuse Systems, Inc

Federal Judicial Center, Washington, DC

St Joseph's Regional Health Center, Bryan, Texas

Family Health Center, Inc, Louisville, Kentucky

Wyoming Department of Health

SUNY Downstate Medical Center, Brooklyn, NY



Pittsburgh City Council



Proclamation



WHEREAS, recovery from substance use disorders is possible through a variety of treatment resources and recovery support programs; and,

WHEREAS, thousands of people across the United States are living happy, healthy and productive lives in recovery; and,

WHEREAS, resources exist online and in our community to increase people's awareness about how substance use disorders affect children, families, and our society; and,

WHEREAS, research confirms that specific treatment interventions and approaches are effective; and,

WHEREAS, such education and training are essential to overcoming misconceptions and helping people achieve long-term recovery; and,

WHEREAS, to help more people enter a path of recovery, the U.S. Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, the White House Office of National Drug Control Policy, **IRETA** and the Council of the City of Pittsburgh, invite all residents of the City of Pittsburgh to participate in National Alcohol and Drug Addiction Recovery Month; and,

THEREFORE, BE IT RESOLVED that the Council of the City of Pittsburgh, commends **IRETA** for all they do to provide information, technical assistance and educational resources to policy makers, physical and behavioral healthcare providers, educators, consumers and their families; and,

NOW, THEREFORE, BE IT RESOLVED that the Council of the City of Pittsburgh does hereby declare Tuesday, September 4th to be National Alcohol and Drug Addiction Recovery Month Day in the City of Pittsburgh and encourages all citizens to support treatment and recovery support programs throughout the rest of this year and beyond.

Sponsored by Councilman Bruce A. Kraus

Co-Sponsored by Council President Darlene M. Harris and Councilmembers Rev. Ricky V. Burgess, Patrick Dowd, Natalia Rudiak, R. Daniel Lavelle, Corey O'Connor, William Peduto, and Theresa Kail-Smith

Councilman Bruce A. Kraus



Attest: Linda Johnson-Wasler
Clerk of Council

Darlene M. Harris
President of Council

IRETA receives proclamation from Pittsburgh City Council

On September 4, Dr. Luongo accepted a proclamation from Pittsburgh City Councilman Bruce A. Kraus. The proclamation commends IRETA for all of the work it has done and officially proclaims September as National Alcohol and Drug Addiction Recovery Month in Pittsburgh.

Councilman Kraus said that National Recovery Month is a reminder to us all of the commonality of addiction and that bringing awareness to the issue that will lead to results.



IRETA's Executive Director, Peter Luongo, PhD. and the members of Pittsburgh's City Council. (Pictured left to right: Councilman William Peduto, Council President Darlene M. Harris, Councilwoman Natalia Rudiak, Councilman Bruce A. Kraus, Dr. Peter Luongo, Councilman Patrick Dowd, Councilwoman Theresa Kail-Smith, Councilman R. Daniel Lavelle)



ireta

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