



# ireta

**FY 2014 ANNUAL REPORT**

## Message from the Executive Director



Fiscal Year 2014 brought us all further into a future where somatic and behavioral health systems are sharply focused on deciding which services or structures “add value” to what they do. The shift continues from a procedures orientation to a performance one.

IRETA's mix of services reflects that focus. As a knowledge-driven institute, IRETA's job is to add value to work that is, itself, increasingly measured by how well it adds value.

For primary care, we help to implement Screening, Brief Intervention and Referral to Treatment (SBIRT) because it is not possible to keep individuals well without identifying harmful use of substances and reducing that use. In a health system reimbursing for wellness, not procedures, early identification and appropriate intervention is a baseline competency that optimizes opportunities to keep individuals healthy.

For justice system programs tasked to improve the lives of individuals under their supervision, IRETA provides practical services to address the behavioral health issues that often underlie recidivism. Projects in FY 2014 included developing performance contracting for behavioral health services in prison systems and engineering quality improvement programs for federal reentry courts.

For drug and alcohol treatment programs, IRETA conducts program evaluations that provide an overall measure of how well clinical programs meet the needs of clients in comparison to expected outcome. This activity helps programs demonstrate and establish their value in an increasingly performance-driven climate and helps them better monitor their practices so that internal quality improvements can be made before performance issues arise.

IRETA 's clinical knowledge base is not limited to direct trainings or webinars. We continue our work to develop clinical decision support tools both in-house and as consultants to several software development companies looking to bring technology to bear on behavioral health at the service delivery level. Again, improved patient care as a result of better informed decisions is the goal.

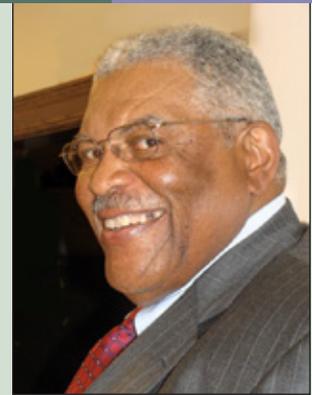
Our work in these diverse areas was made possible by the dedicated, energetic and creative group of staff who choose to make their contributions to the betterment of the world here, at IRETA. I thank them.

A handwritten signature in black ink that reads "Peter F. Luongo".

**Peter F. Luongo, PhD**  
Executive Director

A large, light-colored, stylized logo for IRETA. The letters are thick and rounded, with a slight shadow effect. The 'I' and 'R' are connected at the top, and the 'E' and 'T' are also connected. The 'A' is a simple, rounded shape. The logo is positioned at the bottom of the page, partially overlapping the footer area.

## Message from the IRETA Board of Directors



I generally do not find it difficult to remain focused on IRETA's core mission. Unhealthy substance use and addiction do not fall off my radar; I see their effects all around me. But on two specific occasions during the last year, I had the opportunity to connect deeply with the work we do at IRETA.

The first came during September of 2013. I presented at an IRETA training on a subject that has always been near and dear to my heart: how can faith leaders and educators identify and address unhealthy substance use in the communities that they serve? People came to the training because they saw, as I did during my forty years as pastor of St. James Baptist Church, that substance use problems are pervasive and everyone is touched. That simply doing nothing is not an option.

In my presentation, I shared with the group that there are solutions to these problems and that I've seen them work; in fact, I've been a part of them working. Here, I refer to the use of SBIRT, Screening, Brief Intervention and Referral to Treatment. Several years ago, I was involved in a SBIRT program for faith leaders in local African American communities called the Caring Congregation Network. The Caring Congregation Network gave us a plan for action for addressing drug and alcohol use in our communities. We learned to talk about addiction as a disease and not a sin. We learned to take the time to ask our parishioners about their use. And we learned how to make referral to treatment that really works, which usually requires a "warm handoff." Sometimes that handoff was very warm: sometimes we needed to drive to parishioners' houses, pick them up, and take them to appointments ourselves. And that's what we did.

The Caring Congregation Network allowed me to address issues that had weighed heavily on my mind for years. Churches are very concerned with change at an individual and community level, so the use of SBIRT was absolutely a natural fit.

That conference last fall was a wonderful opportunity to connect with faith leaders from all over the Pittsburgh region, hear their concerns, and share some of what I've learned over the years.

The following January, we faced a rash of overdose deaths in our region. In the space of two weeks, 22 southwest Pennsylvanians, mostly young people, died when a batch of heroin mixed with fentanyl became available on the streets. I followed the media coverage with great sadness. Sadness because of the lives we lost to drug use, and also because of what the newspapers and TV reporters did *not* say: not once, in the dozens of local and national news reports on the overdose outbreak, did I hear the name of anyone who had died. The stories of the victims were overlooked entirely, de-valued.

We have a lot of work left to do. For those who struggle with addiction to get help, as a society, we need to recognize their fundamental value.

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

**Rev. Dr. James Simms**  
IRETA Board Chair

“Churches are very concerned with change at an individual and community level, so the use of SBIRT was absolutely a natural fit.”



Institute for Research,  
Education & Training  
in Addictions

## About Ireta

The Institute for Research, Education and Training in Addictions (IRETA) is an independent nonprofit located in Pittsburgh, Pennsylvania.

IRETA helps people and systems respond effectively to substance use and related problems.



National Screening, Brief Intervention & Referral to Treatment

ATTC

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration



## National SBIRT ATTC

IRETA administers a five-year SAMHSA grant to serve as a National Screening, Brief Intervention and Referral to Treatment (SBIRT) Focus Center, a National SBIRT ATTC.

As a National SBIRT ATTC, we coordinate national efforts to expand the use of SBIRT as a public health approach to preventing and reducing harms associated with risky substance use.

SBIRT is a public health approach to the delivery of early intervention and treatment services for people with substance use disorders and those at risk of developing these disorders.

— Substance Abuse and Mental Health Services Administration (SAMHSA)

## SBIRT Work

### Advancing Screening, Brief Intervention and Referral to Treatment

#### Training

In FY 2014, IRETA offered SBIRT training in three types of formats: live online trainings known as webinars, self-paced online courses, and face-to-face trainings.

In partnership with NAADAC, the Association for Addiction Professionals, and NORC at the University of Chicago, we offered a **monthly webinar series** for practitioners and leaders interested in the use of SBIRT.

We offered instructional webinars on **tailoring SBIRT to specific populations** such as older adults and adolescents

We launched an implementation series, **SBIRT in Action**, to highlight real-world SBIRT programs and allow our audience to connect with presenters who have been instrumental in SBIRT success stories.

Mental health counselors at an SBIRT training in May



The value of SBIRT is that it makes an “invisible” clinical issue visible by providing the tools to identify and address alcohol and drug use disorders...

— H. Westley Clark

Director, Center for Substance Abuse Treatment

Yasmin Guy (left) and David Sabina, both educators, discuss the use of SBIRT with Holly Hagle



Ongoing evaluation of the undergraduate nursing SBIRT project shows that we have really broadened the discussion of alcohol as a health issue at the School of Nursing and increased students' confidence in using it. They feel that it's a health condition they can now address and they have a tool to address with their patients. And they feel excited about that. And that's where we get our excitement.

— Holly Hagle, PhD, IRETA's National SBIRT ATTC Director



Dawn Lindsay, Kimberly Talcott of the University of Pittsburgh School of Nursing, Holly Hagle and Jessica Williams

In partnership with the University of Pittsburgh, we created two **online courses** for health and human services professionals.

The **Interprofessional Collaborative Practice** course focused on cross-disciplinary collaboration using SBIRT to improve care for patients with risky substance use in rural areas.

The **Interprofessional Group of Anesthesia Students** course trained dental anesthesia residents, nurse anesthesia students, and dental students within the University of Pittsburgh to identify and provide services to patients and colleagues with risky substance use or substance use disorders.

We conducted numerous **face-to-face** trainings on the topic of SBIRT.

We offered **training sessions** to a diverse group of professionals, including faith leaders, educators, school nurses, addiction counselors, mental health providers, hospital staff, nurse practitioners, and future SBIRT trainers.

We also **continued ongoing training** with local emergency room registered nurses and undergraduate nursing students, two multi-year collaborative training projects with the University of Pittsburgh School of Nursing.

Eric McIntosh of St. James's Episcopal Church at an SBIRT training in October



When you implement SBIRT, you're taking a conversation that has historically been had in treatment centers out into the community. People may be shocked that you're asking these questions. But it's *good* that you're asking these questions.

— Geneva Sanford, LCSW, SBIRT Trainer

## SBIRT Suite of Services

As a National SBIRT center, we create and distribute resources for organizations and individuals interested in using SBIRT. Known as the SBIRT Suite of Services, these resources are **available to the public** without charge.

Webinar Library

National Trainers Registry

Infographics and Research Snapshots

National Reimbursement Map

Request and Response for SBIRT Inquiries

SBIRT Alert E-news

Blogging about SBIRT in the real world

First-Ever National SBIRT Needs Assessment

myIRETA SUPPORT IRETA CAREERS MEDIA CONTACT IRETA

Home Education & Training Research & Practice Services About IRETA

## SBIRT Reimbursement - Select your state

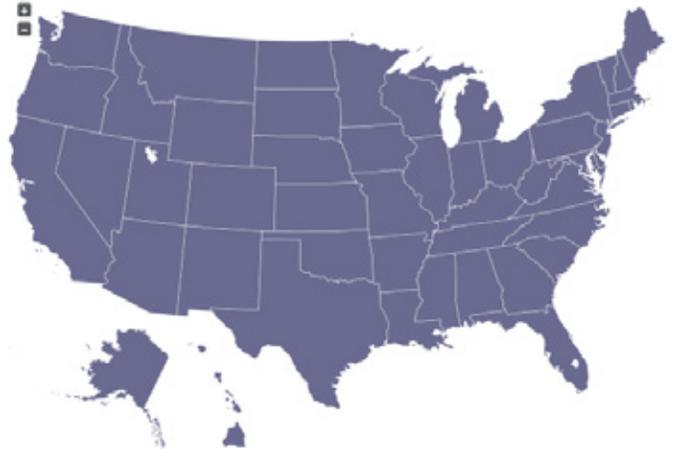
The ability to bill for SBIRT varies from state to state. This digital tool is designed to help you determine whether billing codes are listed on a state's fee schedule, and, if listed, whether or not they are open for reimbursement (i.e. a billing amount has been assigned to the codes). Click on the state to see the information.

The Institute for Research, Education and Training in Addictions (IRETA) administers the **National SBIRT ATTC**, a federally funded program.



National Screening, Brief Intervention & Referral to Treatment  
**ATTC**  
Addiction Technology Transfer Center Network  
Funded by the Substance Abuse and Mental Health Services Administration

Special thanks to Rita Adkins, MPA, Joseph G. Graler, MFA, Mency R. Lay, BA, and Barbara E. Keen, BSN, RN from the Missouri Institute of Mental Health for the development of this information.



### Why Mainstream Healthcare Can't Ignore Substance Use

Consider the role substances play in physical and mental health:

**Substance use and physical health**

- More deaths are caused each year by tobacco use than by HIV, illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined. [1]
- Cigarette use continues to be the leading preventable cause of death in the United States. [2]
- Excessive alcohol use is the 4th leading cause of preventable death in the U.S. [3]
- Excessive alcohol use is responsible for an average of about 30 years of potential life lost for each death. [4]
- In 2011, over 5 million ER visits were related to drug use, a 100% increase since 2004. [5]
- Risky alcohol and drug use is a complicating factor in treatment or patient compliance for many physical health conditions (e.g., asthma, diabetes, tuberculosis). [6]

Integrating addiction services into mainstream healthcare is the only way we will tackle the misuse and abuse of substances in the U.S. and the physical and mental health problems that are intertwined with it.

## The SBIRTAlert

Part of the National SBIRT-ATTC Suite of Services

ATTC  
Addiction Technology Transfer Center Network  
Funded by the Substance Abuse and Mental Health Services Administration

An occasional email update from the **National SBIRT ATTC**

## RESEARCH SNAPSHOT

### Hospital SBIRT: THE REASONS

NOVEMBER 2013

**Rules**  
Some hospitals are required to do SBIRT.  
To meet accreditation, Level I and Level II trauma centers are now required to have a mechanism to identify patients whose drinking is unhealthy. Level I centers must have the capacity to help these patients. The UK routinely screens for risky alcohol use system-wide. The Joint Commission, the accrediting body approved for measures of SBIRT in its core report the SBIRT measure as part of their accreditation.  
**Reimbursement**  
You can get paid to do SBIRT.  
Hospitals have been reimbursed for SBIRT and Medicaid codes for SBIRT services (check to see if they are turned on your state).  
**Reform**  
The Affordable Care Act creates of SBIRT.  
SBIRT helps meet 14 CMS Accountable Care Organization quality measures.  
SBIRT helps fulfill doctors of patient-centered medical home integration criteria.

SBIRT helps hospitals address ACA-mandated community health needs assessments, which often find high rates of comorbid binge drinking and prescription drug misuse. The ACA's CMS Hospital Readmissions Reduction Program "incentivizes payments to SBIRT can play a role in reducing readmissions."  
The ACA's move toward bundled payments creates a strong incentive to reduce costly episodes of care. SBIRT can play a role in reducing their costs.  
Under the ACA, hospitals must provide US Preventive Health Task Force-recommended screens (including SBIRT) with no co-pay.  
**Results**  
Patient outcomes are better when substance use is addressed using SBIRT.  
In 2012, the USPSTF found adequate evidence that brief counseling interventions in adults with screening-detected risky or unhealthy drinking behaviors, including heavy episodic binge drinking, high average alcohol intake of alcohol, and consumption above recommended intake levels.  
Washington state ER data showed 1.2 days reduction in hospital days with the use of SBIRT.  
Patients who used SBIRT show up in hospital around 20% of all patients in EDs screen positive for substance use disorders.

**Retention**  
Staff express satisfaction with the use of SBIRT.  
"Doctors we started using SBIRT, we didn't know what to do with certain patients. We know what we're doing now... and they just kept coming back."  
— Tom Day, RN, Nurse Educator, Allegheny General Hospital, Pittsburgh, PA

**Resources**  
The federal government in particular has thrown a lot of support behind SBIRT.  
A wealth of information exists for SBIRT implementation in hospitals.  
**Here are some ways to get started:**  
http://hospitalinfo.webm.com and selecting "Get involved"  
Contact with the National SBIRT ATTC by subscribing to The SBIRT Alert or monthly/quarterly newsletters:  
http://ireta.org/enewsletter-subscribe

www.attcnetwork.org/sbirt

# Applied Research

In FY 2014, we worked with public and private organizations to evaluate the effectiveness of programs, curricula, and emerging technology.

## Evaluation of Scaife Medical Student Fellowship

In Spring 2014, IRETA launched an evaluation of the Scaife Medical Student Fellowship, a longstanding professional development program that provides training in the areas of addiction and recovery far beyond what is offered in medical school. The project will examine the long-term effect of Fellowship participation on medical students' career outcomes and their interest and attitudes toward working with substance-using patients. Using survey instruments and structured interviews, IRETA is comparing former students with a comparison group of students who applied but did not attend the program.

## Evaluation of Renewal Treatment, Inc.

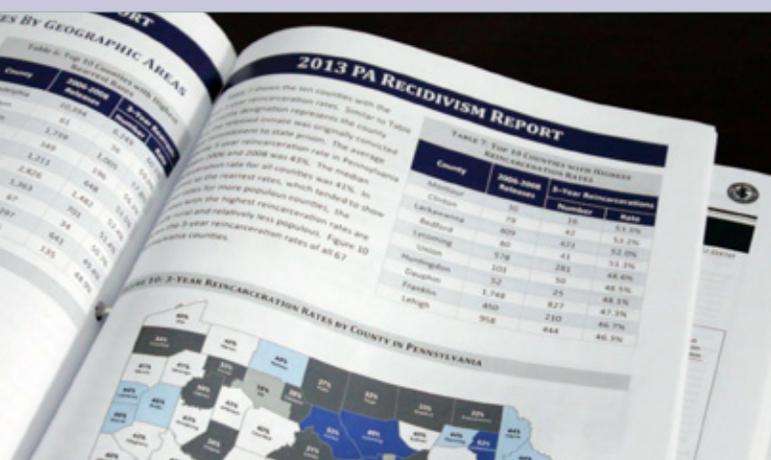
This year, IRETA conducted an evaluation of Renewal, Inc's substance use treatment program using a mixed methods approach that included chart reviews, key informant interviews, and analysis of Allegheny County re-arrest data. Renewal provides alternative housing and community corrections to help offenders reenter their communities after incarceration. IRETA determined that participation in Renewal's treatment program reduces recidivism by 10% and within a year yields a cost-savings of \$3 for every \$1 invested.

## Clinical Decision Support Tool for Opioid Dependence Treatment

IRETA has developed a clinical decision support tool to facilitate treatment planning for opioid dependent individuals presenting at county assessment centers for Southwest Behavioral Health Management. The project completed a 6-month pilot test in January 2014 with the assistance of county assessment staff from Single County Authorities in southwest Pennsylvania. The data verifies that the tool is able to identify patterns in clients' presenting problem and generate the appropriate treatment recommendation. We will be pursuing additional funding to continue validation testing.

Healthcare is a science, but there is also a lot of art in the application of it by a clinician. The clinical decision support tool doesn't act as a substitute for the clinician's judgment; what we hope to do is to make the judgment a little better informed.

— Peter Luongo, PhD, IRETA's Executive Director



IRETA's evaluation of Renewal Treatment, Inc. focused on the reduction of recidivism among former offenders



IRETA is evaluating the impact of the Scaife Medical Student Fellowship. Every year, Holly Hagle encourages the students to teach others what they have learned about addiction.

# Consultation

In FY 2014, we provided technical assistance and specialized consultation services to help public and private clients do what they do...better.

## **Performance measurement development for the Pew Charitable Trusts Public Safety Improvement Project in Pennsylvania**

IRETA provided consultation and technical assistance services on behalf of Pew to the Pennsylvania Department of Corrections. The project developed performance measures and performance based compensation for prison mental health services.

## **Quality improvement consultation for the Federal Judicial Center**

This year, IRETA again worked with four court teams (composed of Federal Judges, Assistant US Attorneys, Federal Defenders, US Probation Officers, and treatment providers) to help improve clinical and administrative processes with the ultimate goal of improving offender outcomes.

## **Clinical practice and implementation consultation for behavioral health training software**

This year, IRETA served as an Advisory Group to a health informatics company in the development of an online training program for evidence-based treatment. IRETA drew on its expertise in clinical practices and research translation to identify and organize evidence-based treatment approaches, determine patient attributes that match various treatment approaches, and recommend implementation processes to tailor the training product to the clinical environment for which it was designed. This project will extend into FY 2015, when IRETA will assist in onsite field testing for the training software.

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This year, IRETA's consultation work has focused on justice systems and justice-involved populations

I had a great time working with Pew Charitable Trusts and the Pennsylvania Department of Corrections on prison mental health services. I like practical thinking—and creating a basic set of performance measures is a practical step toward reducing recidivism and improving public safety. It's clear that we are moving toward the de-institutionalization of prisons as we did mental institutions forty years ago. The costs of imprisoning so many people are too high—both in human and economic terms.

— Peter F. Luongo, PhD



# Professional Development

In FY 2014, IRETA provided pre-service training to build addiction treatment knowledge and skills among the next generation of healthcare providers.

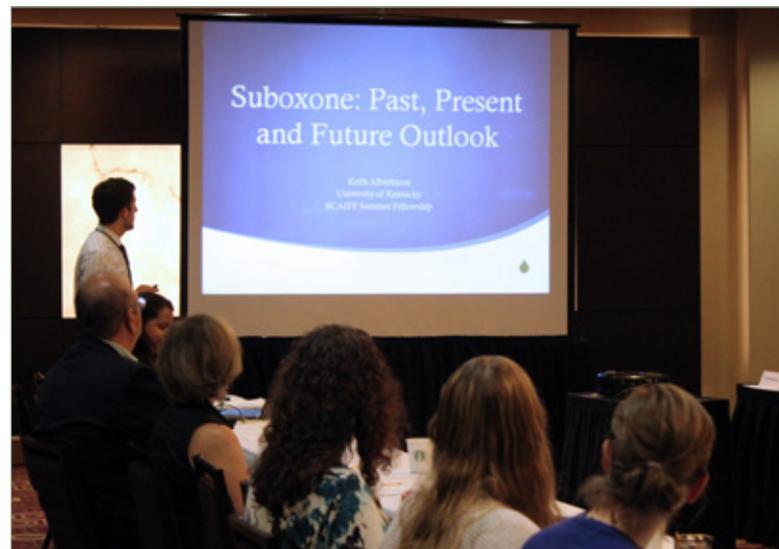
## Scaife Medical Student Fellowship

For the 14th consecutive year, IRETA hosted two cohorts of medical students for our three-week intensive Scaife Medical Student Fellowship, which offers specialized training in addiction and recovery far beyond what is offered in medical schools.

## Student Nurse Preceptors

IRETA facilitates community preceptor addiction education opportunities for the University of Pittsburgh School of Nursing. In FY 2014, we coordinated clinical rotations at local addiction treatment facilities for two community psychology nursing students.

Scaife student Keith Albrektson leads a presentation about medication-assisted treatment for opioid addiction.



It became clear to me that physicians with a lack of training in the area of addiction fail to properly engage these individuals... They destroy any chance of recognizing the patient's issues and offering help. This needs to change.

— Pavan Patel, a 2014 Scaife Fellow reflecting on his experience at IRETA



Scaife students in 2013: (Left to right) Macy Rupprecht, Karina Vazquez, Shannon Looney, Sheema Gaffar, Elena Nguyen



Scaife students and IRETA staff in 2014: Back row: Holly Hagle, Keith Albrektson, Pavan Patel, Peter Luongo, Anthony Young, Jonathan Aubrey Front row: Elsie Yoo, Crystal Jicha, Nitasha Dhiman, Jessica Williams

# IRETA Out and About

## Select Conference Presentations

**“Confronting Alcohol and Other Drug Use Across Multiple Clinical Settings: The Future of SBIRT.”**

*NY Dept of Health & Mental Hygiene, Bureau of STD Control*

**“SBIRT Opportunities & Implementation Strategies.”**

*National Council for Behavioral Health Conference ‘14*

**“Hot Button Issues for Risk Management of Methadone Treatment.”**

*American Association for the Treatment of Opioid Dependence 2013 Conference*

**“Management of Benzodiazepines in Medication-Assisted Treatment.”**

*American Association for the Treatment of Opioid Dependence 2013 Conference*

**“Development and Implementation of Recovery-Oriented Guidelines for Best Practices in Buprenorphine Treatment.”**

*American Association for the Treatment of Opioid Dependence 2013 Conference*

## Recovery Sports Link

Every year, IRETA hosts an event at Pittsburgh’s PNC Park called **Recovery Sports Link** to celebrate those who have recovered from addiction and the recovery-oriented professional community here in southwest Pennsylvania. Recovery Sports Link is part of Recovery Month, a national observance during the month of September that spreads the positive message that behavioral health is essential to overall health, that prevention works, treatment is effective and people can and do recover.

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Peter Luongo, Kevin Kerr from the office of Pittsburgh City Councilman Bruce Kraus, and IRETA Board Member Jesse Scheck at Recovery Sports Link in 2013



Holly Hagle and Trusandra Taylor, MD present on managing risk during methadone treatment at the AATOD conference in Philadelphia



Dawn Lindsay speaks about best practice guidelines for benzodiazepine use in medication-assisted treatment at the AATOD conference in Philadelphia



# Communications

IRETA's communications efforts are geared toward two goals: **PROFESSIONAL DEVELOPMENT** and **PUBLIC OUTREACH**. That is, helping people to do their jobs better and expanding the conversation about addiction and its treatment. With those goals in mind, we share practical tools and important untold stories related to substance use and recovery from addiction.

## E-news

IRETA distributes three e-newsletters to more than 6,000 diverse stakeholders across the country.

**The IRETA Current (twice-monthly):** addiction-related updates for addiction and allied health and human service providers

**The SBIRT Alert (monthly-ish):** updates specific to Screening, Brief Intervention and Referral to Treatment

**IRETA's Social Media Mashup (weekly):** a compilation of the week's best stories on social media related to substance use and substance use disorders

IRETA's work reaches such an array of people. We see it on our list of subscribers, where we have a nice balance of dot-com's, dot-org's, dot-gov's, and dot-edu's.

— Jessica Williams, IRETA's Communication Project Manager



## IRETA Online

We tap into the power of social media to share our perspectives on substance use and to hear the perspectives of others. This year on social media, IRETA:

- Published 38 articles on the IRETA, including audience favorites like:

*Women Have Been Particularly Affected by the War on Drugs*

*Study Finds Methadone Clinics Don't Increase Crime in Baltimore Neighborhoods*

*Drugs Are Double Edged: Three Thoughts on the NYT Buprenorphine Story*

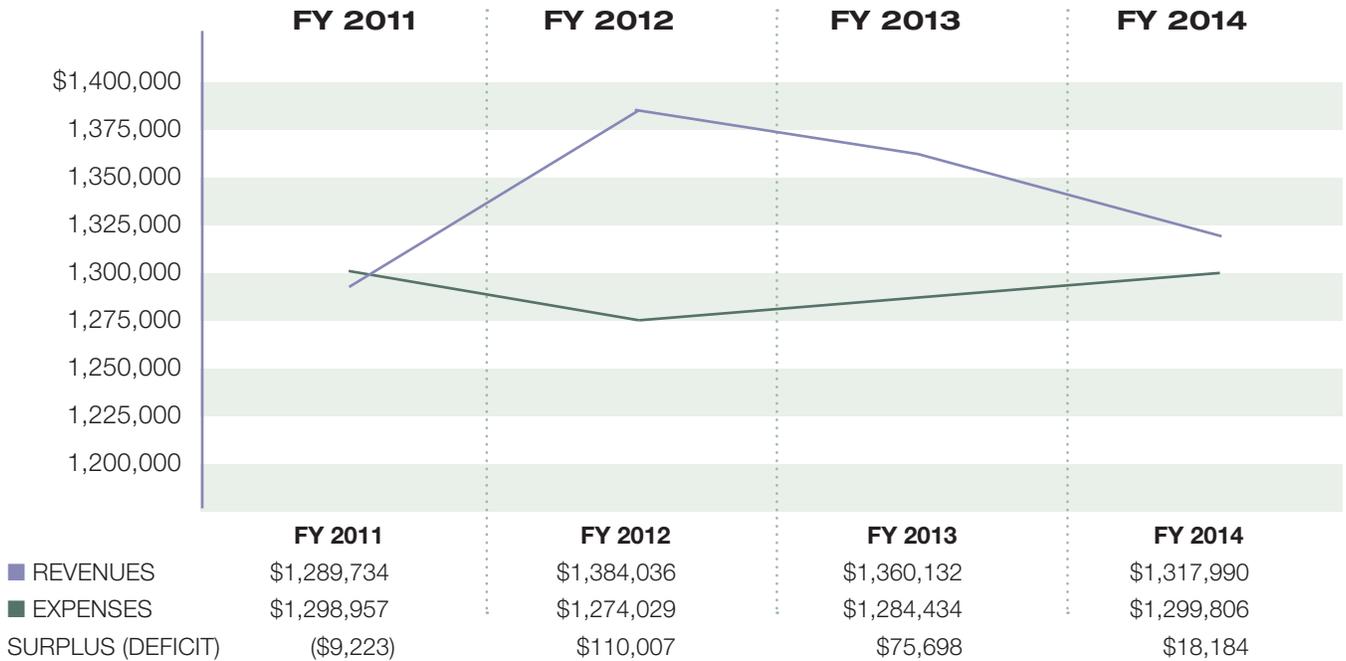
*8 Things a Primary Care Doctor Should Know About Working With People with Substance Use Disorders*

- Produced a video introduction to IRETA's mission and staff members
- Joined Pinterest to share infographics and other images related to substance use and substance use disorders
- Shared information daily with 800 Twitter followers and 850 Facebook fans

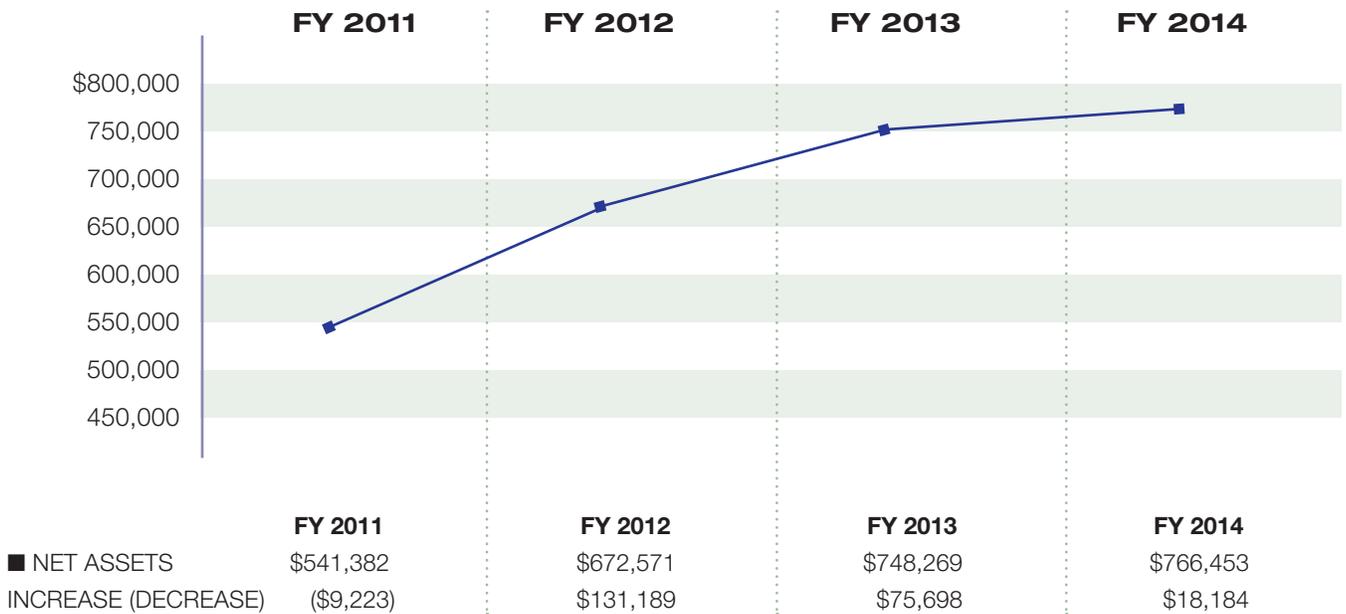


# Financial Snapshot

## FOUR YEAR COMPARISON: IRETA EXPENSES VS. REVENUE



## FOUR YEAR COMPARISON: IRETA NET ASSETS



## Partners

Center for Advancing Correctional Excellence  
at George Mason University  
Community Care Behavioral Health  
Gateway Rehabilitation  
Inflexion, Inc.  
National Addiction Technology Transfer Center Network  
NAADAC, the Association for Addiction Professionals  
NORC at the University of Chicago  
Scaife Family Foundation  
Substance Abuse and Mental Health Services Administration  
University of Pittsburgh School of Dental Anesthesia  
University of Pittsburgh School of Nursing  
University of Pittsburgh School of Public Health

## Clients

Federal Judicial Center  
New York Office of Alcoholism and Substance  
Abuse Services  
Pew Charitable Trusts  
Renewal Treatment, Inc.  
Southwest Behavioral Health Management  
U.S. District of Western Pennsylvania RISE Court



## Staff

### New Staff:

**Leila Giles** started working at IRETA in December of 2013. She is involved in online projects such as newsletters, webinars, and the website; managing IRETA's social media presence; and creating videos and graphics. She holds a B.S. in Communications Media from Indiana University of Pennsylvania. Her past work experiences have ranged from serving as a production assistant in Hollywood to answering phones for a congressperson in Washington.

**Lisa Master** started working at IRETA in April 2014. She is involved with updating payroll files, processing payroll, inputting invoices, cutting checks, adding new vendors, and billing for services. She is a senior at Duquesne University majoring in Accounting and Finance and will graduate in May 2015. She is also in the work study program at Duquesne University's Office of Research.

**Jim Aiello, MA, MEd**

Project Associate

**Claire Barbetti, PhD**

Media Consultant

**Leila Giles**

Digital Media Intern

**Julius J. Habjanetz**

Financial Officer

**Holly Hagle, PhD**

National SBIRT ATTC Director

**Melva Hogan**

Administrative Assistant

**Piper Lincoln, MS**

Research Associate

**Dawn Lindsay, PhD**

Director of Evaluation Services

**Peter F. Luongo, PhD**

Executive Director

**Lisa Master**

Accounting/Finance Intern

**Kristine Pond**

Logistics Coordinator

**Jessica Williams**

Project Manager

## Board of Directors

**Arthur C. Evans, Jr., PhD**

Philadelphia Department of Behavioral Health  
and Intellectual disAbility Services

**Cheryl Floyd-Brown, LSW, CCDP**

The Miracle Group, Inc.

**Michael Harle, MHS**

Gaudenzia Foundation

**Henrick Harwood - Vice Chairman**

The National Association of State Alcohol and  
Drug Abuse Directors, Inc.

**Bruce Kraus**

Pittsburgh City Council

**Toussaint King Hill, Jr., D.Min.**

West Hunter Street Baptist Church

**Peter F. Luongo, PhD**

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**Susan Weiner**

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