

FY 2015 ANNUAL REPORT



ireta

Message from the EXECUTIVE DIRECTOR

When the opportunity to speak with new clinicians comes along, I invariably take it and impart two pieces of advice. First, I tell them that during their initial six or eight years of practice they should move to a different setting every several years to experience what it is like to work with multiple clinical populations, with different approaches, and with different supervisors. This helps them develop a broader skill set and acknowledges that they really do not know what they are going to be good at when they complete their preservice education. Only experience can help with that.

Second, I say emphatically, “Get good at something!” What I mean is that based on early career experiences, they should consciously choose to become an expert at one particular clinical practice and theory of change. The process of becoming expert at something requires discipline, critical thinking, self-reflection, persistence and patience.

Counterintuitively, the process of becoming expert produces practitioners more open to changes in practice. Why is that? Because experts are better able to evaluate their own effectiveness. They are quicker to recognize what is working for clients, but more importantly, what is not. And they have the awareness and skill to make changes to improve.

“Counterintuitively, the process of becoming expert produces practitioners more open to changes in practice.”

At IRETA, we have spent the past four years working with a variety of ideas, programs, products, markets and partners. This year, our Board of Directors adopted a new mission statement that simply and concisely announces what we are working to become expert at:

“Helping people respond effectively to substance use and related problems.”

The need is there and we are determined to be useful. This past year, we have continued to focus on education about substance use for medical, social work, and advance practice nursing students. We have provided ongoing consultation for federal problem solving courts to improve their clinical practice and will debut a case consultation program for federal probation officers in the next fiscal year.

Feedback over the years has left me with the impression that the advice was well received and useful. I have found it so, too.

The same goes for organizations. An organization should sample new ideas, programs, products, and markets and choose something to be expert—or, as Jim Collins would say in *Good to Great*—great at.

We also continue to push Screening and Brief Intervention (SBI) to better identify and address risky substance use. We have focused particularly on adolescents, helping to implement and disseminate SBI models in school-based health centers, youth development programs, and among peers. A new project with the CDC has extended our reach into Fetal Alcohol Spectrum Disorder (FASD) prevention.

Our designation as the National SBIRT ATTC is invaluable in leading us to explore new settings where people are trying to respond more effectively to substance use. Without a doubt, we will be working in contexts and settings that were unimaginable several years ago.

This year was noteworthy in additional ways. IRETA moved to a new custom-designed and -built space on the fourth floor of the Alcoa Building (same building, just reverted back to its original name). We now have dedicated webinar rooms and workspaces that accommodate our need for both collaborative and contemplative activities. From the fiscal perspective, IRETA finished the year with its fourth consecutive surplus even though additional expenses were incurred related to our relocation.

None of these accomplishments would be possible without the creativity, energy and expertise of IRETA’s staff. I am grateful for the opportunity to be here with them.



A handwritten signature in black ink that reads "Peter F. Luongo". The signature is written in a cursive, flowing style.

Peter F. Luongo, PhD
Executive Director

Message from the BOARD OF DIRECTORS

Every day, people fall through the cracks. People whose health and family are being impacted by substance use, but no one notices or tries to do anything about it. And not just a few people—something like 20% of Americans. These are more canyons than cracks.

Helping these individuals—that is, forging a true public health response to substance use and related problems—requires widespread involvement. And what’s struck me lately is the mounting interest in effective responses from the health, human services, education, and criminal justice sectors. Rather than insisting substance use is somebody else’s problem, members of these professions are proclaiming that this is already their problem—and it always has been. They’re seeking involvement at unprecedented levels, in unprecedented numbers.

IRETA helped create this wave of interest. And IRETA is now riding it.

Traditionally, schools and community-based organizations have tried to educate kids about the risks of substance use. And our treatment system has handled people whose use has become hazardous, usually people with severe substance use disorders. Screening, Brief Intervention, and Referral to Treatment (SBIRT) fills the massive space between these two phases. SBIRT is designed to reach people whose use puts them at risk—and may be accelerating. At that important point in a person’s trajectory, SBIRT offers knowledge, motivation, and further resources to support behavior change. IRETA is a national leader in the dissemination and implementation of SBIRT.

SBIRT is predicated on the involvement of new groups in identifying and addressing at-risk substance use: doctors, nurse practitioners, PAs, RNs, LPNs, and social workers. This is not new news. But what’s exciting is that members of these professions are more and more interested in getting involved.

We know that pre-service education generates that interest, that sense of responsibility. The evaluation results of IRETA’s medical student fellowship in addiction are clear as day: training students to recognize and address substance use improves their practice as professionals long after they complete their education.

Doctors, nurses, and social workers get remarkably little training in appropriate services and interventions for people whose substance use has become risky, much less once it’s reached the point of needing treatment. Many of us have been pointing to this problem for years.



But more and more, we’re seeing individuals and schools eager to rectify this deficit. The University of Pittsburgh School of Nursing, the University of Maryland School of Social Work, and the scores of applicants and handful of participants in our Scaife Medical Student Fellowship are all to be commended for their efforts to learn more about substance use and addiction.

In this environment, IRETA’s expertise becomes more important than ever. As institutions see the need to better address substance use, IRETA’s job is to ensure that they do it effectively, using approaches supported by science.

As enthused as I am about the shift toward greater involvement from healthcare and human service providers, I am gravely concerned about what happens if it does not continue apace.

The passage of the Affordable Care Act means that millions of Americans can access addiction treatment and other behavioral health services for the first time. This is huge. But getting them there—and supporting them along the way—requires involvement from the many service providers they encounter in their lives. If we don’t involve other sectors, or if their involvement remains partial or ineffective, we will miss a wide open opportunity to improve public health.

A handwritten signature in black ink that reads "Henrick Harwood". The signature is written in a cursive, flowing style.

Henrick Harwood
IRETA Board Vice-Chair

“As institutions see the need to better address substance use, IRETA’s job is to ensure that they do it effectively, using approaches supported by science.”



Institute for Research,
Education & Training
in Addictions

About Us

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

Educate – Training and in-depth education on recognizing and addressing harmful substance use for professionals and students in a variety of fields.

Evaluate – Rigorous, mixed methods approaches to measuring behavioral health and related outcomes with pragmatic recommendations to help you do what you do...better.

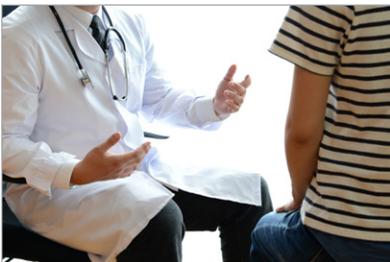
Guide – Technical assistance and quality improvement to help you improve the outcomes that matter.



Advancing Screening, Brief Intervention and Referral to Treatment

Screening, Brief Intervention and Referral to Treatment (SBIRT) is an evidence-based approach to recognizing and addressing at-risk substance use in any setting. It consists of:

A validated **Screening** process



A **Brief Intervention** based on the evidence-based practice of Motivational Interviewing (if indicated)

A **Referral to Treatment** to specialty care (if indicated)

SBIRT has been endorsed by many leading health and policy organizations, including the United States Preventive Services Task Force, the American Association of Pediatricians, the Emergency Nurses Association, and the Office of National Drug Control Policy.



One of IRETA's top priorities is advancing the use of SBIRT in health, human services, education, and criminal justice settings.

IRETA works under grants from the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), and the Centers for Disease Prevention and Control (CDC) to advance screening and brief intervention for substance use. As a federally-designated National SBIRT Addiction Technology Transfer Center, IRETA is a national resource for SBIRT training, information, evaluation and technical assistance.



TRAINING

IRETA offers online and face-to-face training for addiction professionals, social workers, physicians, nurses, educators, and the general public.

Online Courses

Online course topics include the prevalence of high-risk opioid use, an introduction to SBIRT, SBIRT for adolescents, and interprofessional collaborative care to address at-risk substance use and improve patient outcomes.

▶ **661 people participated in at least one of our online courses in FY 2015**



IRETA staff and partners from the University of Pittsburgh (from left): Jim Aiello, Michael Neft, Dawn Lindsay, Holly Hagle, Ann Mitchell, Marie Fiorvanti

Webinar series

Our monthly webinars feature national experts and innovative practitioners in the prevention, early intervention, and treatment of at-risk substance use.

▶ **1,911 people attended our webinar series in FY 2015**

SBIRT for Adolescents: A Growing Demand

The overwhelming majority of substance use disorders are germinated in adolescence. Therefore, preventing use and intervening quickly during adolescence can avoid the human and economic costs of substance use disorders later in life. To foster ongoing education and dialogue about this population, we created an SBIRT for Youth Learning Community and host regular webinars to share lessons learned and SBIRT tools for anyone interested in adolescent health.

What are people saying about IRETA's online courses?

“Gave me information that I can use with my clients”

“I refer my fellows and interns to the SBIRT 101 training for their skill development”

What are people saying about IRETA's webinar series?

“Really appreciated the details about specific drug types and effects on pregnancy and lactation”

“Will help me educate my case management staff regarding our patients' substance use issues”

Standardized patients: A training innovation

As a longstanding federal training center, IRETA continues to offer face-to-face trainings to organizations and systems. This year, with partners at the University of Pittsburgh, we took a special interest in training using standardized patients. Common in medical schools across the country, standardized patients are healthy individuals trained to portray a certain health issue consistently for training purposes.

Evaluation data suggests that training anesthesia students with standardized patients yields higher knowledge retention and role adequacy than didactic, lecture-based training.

Benefits of Standardized Patients

“Standardized patients enhance the educational experience a hundred-fold, making the practice as realistic as possible.”

– Holly Hagle, PhD

“Standardized patients are important for behavioral intervention trainings because in those cases, the interaction is the healthcare, and patient interaction is complex.”

– Piper Lincoln, MS

“Students receive direct and constructive feedback on their performance from SPs, a valuable tool unmatched by any other learning modality.”

– Dawn Lindsay, PhD



IRETA's Jim Aiello observes while a dental anesthesia student practices discussing substance use with a standardized patient

Pre-service education

IRETA has increasingly emphasized education and training for students before they become professionals. Although continuing education should occur over the course of a career, educating future health and human service professionals about evidence-based responses to substance use is a powerful way to change practice.

This year, IRETA offered curriculum design and face-to-face training on the use of Screening, Brief Intervention and Referral to Treatment for:

- 956 Master's students at the University of Maryland School of Social Work
- 160 Students in Nurse Anesthesia (MSN), Dental Anesthesia, and Dental Hygiene at the University of Pittsburgh School of Dental Hygiene and Dental Anesthesia
- 200 Doctor of Nurse Practitioner students at the University of Pittsburgh School of Nursing
- 16 Medical students through the Scaife Fellowship

SPECIAL PROJECTS

Criminal Justice

Substance use is a pervasive problem for all segments of the criminal justice system, including law enforcement, courts, corrections, and reentry services.

IRETA help courts and probation offices respond more effectively to substance use and improve offender outcomes. In FY 2015, IRETA:

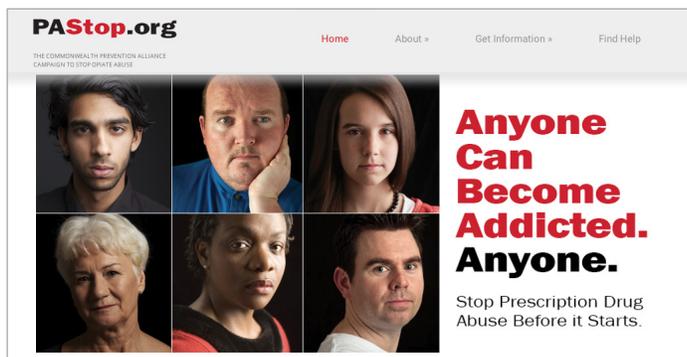
- Provided consultation services to five federal courts, including the Western District of Pennsylvania based in Pittsburgh. IRETA offered expert guidance on evidence-based addiction treatment, effective procurement of treatment services, and quality improvement processes to ensure ongoing success.
- Offered training and evaluation services to two county probation offices on a collaborative model of supervision, part of a pilot project by the Bureau of Justice Assistance.

Technology-Based Care

This year, IRETA provided clinical and subject matter expertise for Inflexion, a health information technology company in the development of a searchable behavioral health database.

Opiate Abuse Awareness

In response to a national epidemic of opiate addiction and overdose that has hit Pennsylvania particularly hard, IRETA helped create a statewide public awareness campaign to prevent non-medical use of opioid pain relievers. The Stop Opiate Abuse project includes a website, outreach materials for prevention professionals, and a toolkit for the public. The campaign will launch publicly in the fall of 2015 with a website, billboards, video and audio PSAs, and other materials that promote awareness of the problem, prevent the onset of use, and help Pennsylvanians find they help they need.



Fetal Alcohol Spectrum Disorders

In FY 2015, IRETA began a three-year grant funded by the CDC to use SBIRT to prevent fetal alcohol spectrum disorders (FASDs). With partners at the University of Pittsburgh School of Nursing, IRETA has conducted an environmental scan on the use of alcohol Screening and Brief Intervention (SBI) in the nursing profession and is developing training products that incorporate alcohol SBI, FASDs and the CDC's CHOICES (the Changing High-Risk AlcOHol use and Increasing Contraception) curriculum.



IRETA staff and partners from the CDC and Frontier Regional FASD Training Center

Professional Development

Professional development is an in-depth process of training and mentoring.

IRETA is privileged to teach medical and nursing students effective responses to substance use over periods of weeks and months. IRETA's professional development programs include:

The Scaife Advanced Medical Student Fellowship

Every summer, IRETA accepts 16 medical students from across the country to participate in a three-week immersive learning experience involving site visits to addiction treatment and human service providers as well as instruction from local experts.

“...changes to students’ attitudes toward working with patients with alcohol and other drug issues were sustained even years after participation in the program.”

This year, IRETA completed a longitudinal evaluation of the Scaife Fellowship and determined that changes to students’ attitudes toward working with patients with alcohol and other drug issues were sustained even years after participation in the program. These results will be presented at the Association for Medical Education and Research on Substance Abuse (AMERSA) National Meeting in November 2015.



The June 2015 cohort of Scaife Advanced Medical Student fellows who received three weeks of training on addiction

The University of Pittsburgh School of Nursing Community Preceptorship

IRETA serves as a community preceptor site for two community psychology nursing students each semester. The students complete online and face-to-face coursework and visit local sites over a period of 15 weeks.

IRETA and University of Pittsburgh School of Nursing staff with two community nursing students



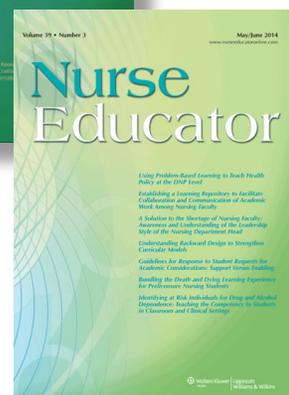
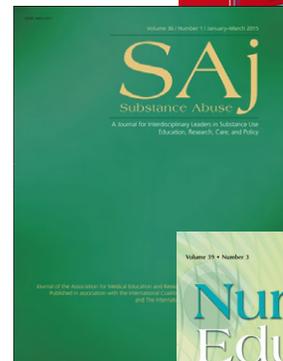
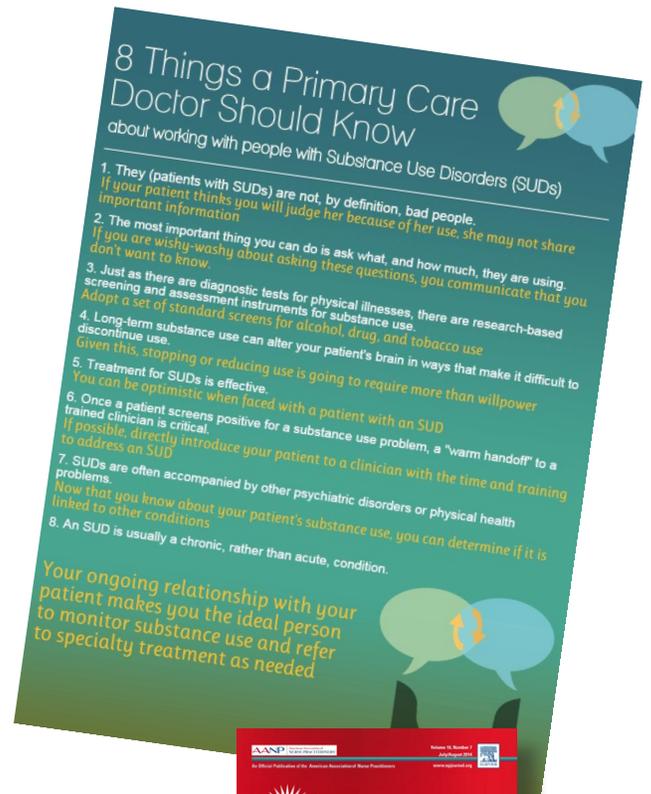
Communication and Dissemination

IRETA creates materials and disseminates information about effective responses to substance use and related problems. Some of our information is designed for the general public; some is for professionals who want to do their jobs better. We offer:

- An SBIRT Suite of Services, including our new Compendium of Cases
- Infographics for sharing and posting
- Newsletters on three different topics
- Blog posts that take an in-depth look at substance use, addiction, treatment, and recovery
- Social media platforms for online conversation and connection
- Toolkits for Practice on SBIRT, Co-occurring Disorders, and Risk Management in Methadone Treatment

IRETA disseminates information in scholarly journals. FY 2015 publications include:

- Mitchell, A.M., Hagle, H., Puskar, K., Kane, I., Lindsay, D., Talcott, K., Luongo, P.F., & Goplerud, E. (2015). Alcohol and Other Drug Use Screenings by Nurse Practitioners: Policy Implications. *The Journal for Nurse Practitioners*, 11 (7), 730-32
- Mitchell, A.M., Hagle, H., Puskar, K., Kane, I., Lindsay, D., Talcott, K., Luongo, P.F., & Goplerud, E. (2015). Alcohol and Other Drug Use Screenings by Nurse Practitioners: Clinical Issues and Costs. *The Journal for Nurse Practitioners*, 11 (3), 347-35
- Farmer, C.M., Lindsay, D., Williams, J., Ayers, A., Schuster, J., Cilia, A., Flaherty, M.T., Mandell, T., Gordon, A.J., & Stein MD (2015): Practice Guidance for Buprenorphine for the Treatment of Opioid Use Disorders: Results of an Expert Panel Process. *Substance Abuse*, 36(2), 209-216.
- Kane, I., Mitchell, A. M., Puskar, K. R., Hagle, H., Talcott, K., Fioravanti, M., Droppa, M., Luongo, P. & Lindsay, D. (2014). Identifying at risk individuals for drug and alcohol dependence: teaching the competency to students in classroom and clinical settings. *Nurse Educator*, 39(3), 126-134.



IRETA Out and About: **SBIRT in Pittsburgh**

In June, IRETA hosted a unique national conference on the use of SBIRT that focused particularly on a novel training strategy: utilizing standardized patients.

Conference participants not only heard from cutting-edge SBIRT trainers, researchers, and practitioners, they also practiced discussing substance use with standardized patients and learned how to design educational sessions that incorporate standardized patients. Eduardo Salas, PhD headlined the conference, an international expert in the use of simulation to improve teamwork and skill development.

What People Said About #SBIRTinPgh

“...You looked at things from a lot of different angles, there were innovations, and it was noticed.”

“I gained new perspective, learned great skills, and even practiced.”



Researcher and nurse Lauren Broyles (left) with Dawn Lindsay



All conference attendees had a chance to practice and observe the use of SBIRT with a standardized patient.

IRETA Out and About: **2014 Recovery Sports Link**



Every September, IRETA celebrates Recovery Month at Pittsburgh's PNC Park. We host addiction professionals, individuals in recovery, health and human service providers, researchers, public officials and others in southwest PA who support addiction prevention, intervention, treatment, and recovery.



IRETA Out and About: **Global Solutions Pittsburgh**



With other local leaders, IRETA Director Peter Luongo served on a Global Solutions Pittsburgh panel this year, a community discussion about substance use and drug policy.

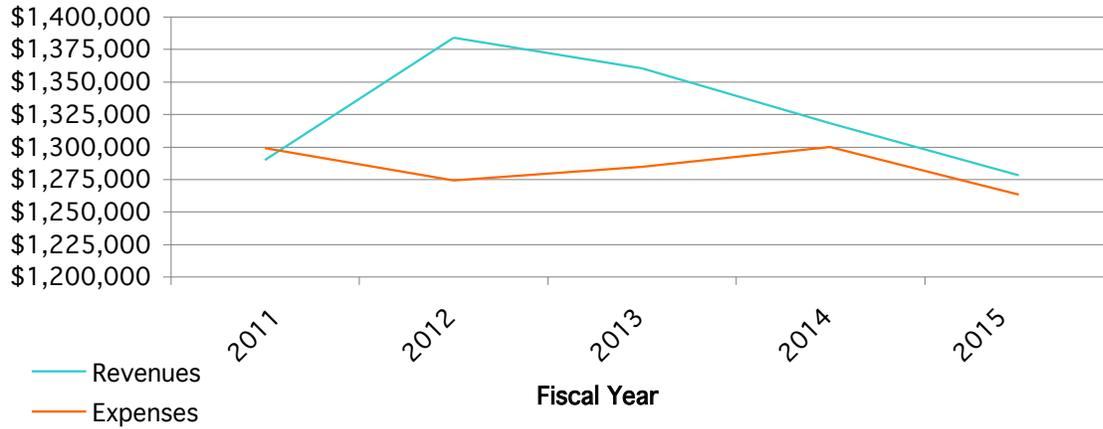
IRETA Director Peter Luongo (right) joins local thought leaders in a panel about drug policy

IRETA Snapshops



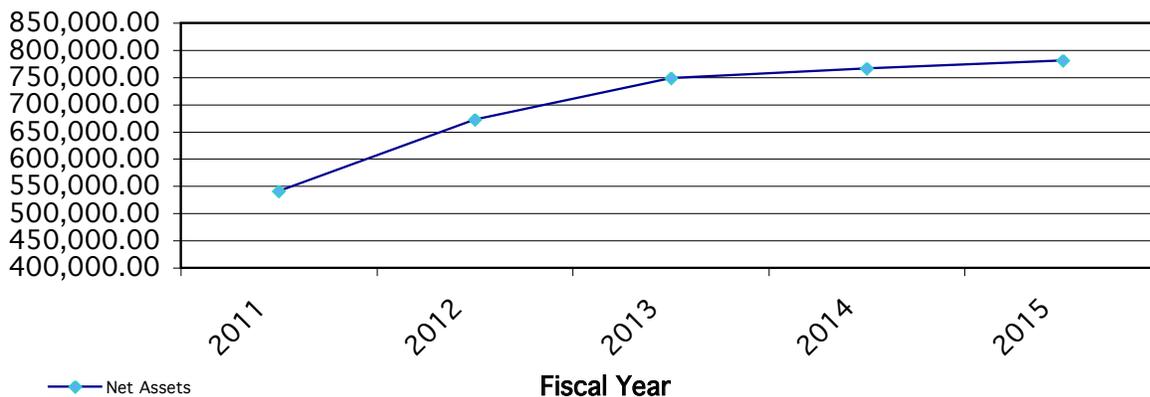
FINANCIAL SNAPSHOT

FIVE YEAR COMPARISON: IRETA EXPENSES VS. REVENUE



	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
Revenues	\$1,289,734	\$1,384,036	\$1,360,132	\$1,317,990	\$1,278,097
Expenses	\$1,298,957	\$1,274,029	\$1,284,434	\$1,299,806	\$1,263,314
Surplus/(Deficit)	(\$9,223)	\$110,007	\$75,698	\$18,184	\$14,783

FIVE YEAR COMPARISON: IRETA NET ASSETS



	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
Net Assets	\$541,382	\$672,571	\$748,269	\$766,453	\$781,236
Increase/(Decrease)	(\$9,223)	\$131,189	\$75,698	\$18,184	\$14,783

Partners

Center for Advancing Correctional Excellence at
George Mason University

Center for Social Innovation

Community Care Behavioral Health

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 Maryland, Baltimore School of Social Work

University of Pittsburgh School of Dental Anesthesia

University of Pittsburgh School of Nursing

University of Pittsburgh School of Public Health

Clients

Federal Judicial Center

Mercer Behavioral Health Commission/
Commonwealth Prevention Alliance

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

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Julius Habjanetz

Chief Financial Officer

Holly Hagle, PhD

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Director of Communication and Health Promotion

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Digital Media Intern

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Southwest Behavioral Health Management, Inc.

Jesse Scheck – Secretary

Community Member

James Simms, D.Min. – Chairman

St. Paul Baptist Church

Susan Weiner, MBA

Forging Futures

New Staff

Sarah King, Project Coordinator

Sarah King graduated from the University of Pittsburgh with a Bachelor of Science in Psychology and a undergraduate certificate in Gender, Sexuality and Women's Studies in 2014. She joined the staff as project coordinator in February of 2015 working on webinar training and technical assistance projects.

Kitty Schmeltzer, Digital Media Intern

Kitty Schmeltzer has a B.A. in English Literature from Indiana University of Pennsylvania. She joined IRETA in March of 2015. At IRETA, Kitty creates social media content, edits videos, reports metrics, and contributes to content on our website.

New Board

Eric Hulsey, DrPH

Eric Hulsey is Manager of Behavioral Health Analytics at the Allegheny County Department of Human Services, Office of Data Analysis, Research and Evaluation. Prior to this, he served as the Services Innovations Specialist at Allegheny HealthChoices, Inc. (AHC) where his focus was to increase the application of the science of substance use disorder treatment and recovery within Pennsylvania's Medicaid program. Dr. Hulsey earned a Doctor of Public Health from the University of Pittsburgh's Graduate School of Public Health, a Master of Arts in Psychology from Duquesne University, and a Bachelor of Science in Psychology from the University of Florida.



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