



FY 2016  
ANNUAL  
REPORT



ireta

INSTITUTE FOR RESEARCH, EDUCATION & TRAINING IN ADDICTIONS

## ABOUT US

The Institute for Research, Education and Training in Addictions (IRETA) is an independent nonprofit founded in 1999 and located in Pittsburgh, Pennsylvania.

**We help people respond effectively to substance use and related problems.**

In order to improve individual- and system-level responses to substance use, IRETA...

### **EDUCATES:**

We offer learning opportunities to professionals and students.

### **EVALUATES:**

We measure behavioral health-related outcomes that lead to better practice.

### **GUIDES:**

We provide technical assistance and quality improvement to help improve outcomes.



Institute for Research,  
Education & Training  
in Addictions

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## Message from the EXECUTIVE DIRECTOR

THE OPIOID EPIDEMIC is the overwhelming and tragic story of the year. Sadly, the year finished with no end to it in sight, and the painful consequences for individuals, families and communities continue to be seen and reported daily in the media.

It is time to  
embrace a  
public health  
approach to  
the opioid  
epidemic.

This is not the time to sit back and reflect on how we got here. Rather, it is time to marshal a scientifically-grounded, multi-pronged, population-based approach to disease prevention and control. Ideology prolongs the agony and raises the body count. It is time to embrace a public health approach to the opioid epidemic.

IRETA is in the thick of the response. Since January 2016, we have been providing public health data coordination for the Office of National Drug Control Policy's Heroin Response Strategy, a 15-state on-the-ground operation combining drug intelligence and public

health data on heroin and fentanyl overdoses. The project is testing the joint analysis and use of local public safety and public health data to identify overdose hot spots and line up practical state and local responses to the problem. The project is going to expand in FY 2017 to eight High Intensity Drug Trafficking Areas (HIDTAs) encompassing 20 states.

In Pennsylvania, IRETA continues its work on the PA STOP campaign, a statewide public awareness campaign about the connection between prescription opioids and heroin. And as a federally-designated SBIRT ATTC, we provide focused webinars and trainings to help practitioners identify individuals with problematic

opioid use for intervention. Inside this report are other examples of IRETA's contributions to an effective response to this epidemic. In the near future, IRETA will be providing clinical quality improvement services to medication-assisted treatment programs wishing to establish and expand on-site counseling services and improve patient outcomes.

We are in a position to be relevant because over the past five years we have been broadening our knowledge and practice base, reaching new clients, and relentlessly focusing on our mission: "Helping people respond effectively to substance use and related problems."

This past year, IRETA has continued to update its business practices and infrastructure to stay relevant to clients in a continually changing health care environment. Our client and revenue mix has changed from primarily federal or state health agency grants to an array of clients that include treatment programs, public managed care companies, professional associations such as the American Society of Addiction Medicine (ASAM), and federal criminal justice agencies.

This past year is the fifth consecutive year IRETA has generated a budget surplus and a contribution to net assets.

I thank the Board of Directors for its support and guidance and—most of all—IRETA's smart, enthusiastic and curious staff, who make IRETA a special place to work.

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

# Message from the BOARD OF DIRECTORS



I'VE BEEN WORKING in the field of addictions since 1980. Over the decades, I have covered the full scope: from crisis services, to prevention, intervention, case management and treatment. The consistent theme throughout these 37 years has been helping as many people as possible to find hope and recovery.

I currently manage a Medicaid Behavioral Health Program which covers nine counties and funds behavioral health treatment for over 30,000 people each month. Despite the size of this program, I believe that my best opportunity to help as many people as possible is through IRETA.

Specifically, through IRETA's efforts, I believe that we can and do incorporate science into the addiction field both to improve outcomes and—even more importantly—to increase the number of people who find hope and the path to recovery.

When I joined IRETA's Board in the late 1990s, I was invited as the Chair of the Pennsylvania Association of County Drug and Alcohol Administrators (PACDAA). At PACDAA, I had the opportunity to see the passion and the struggles of Pennsylvania's Drug and Alcohol Single County Authorities to help the residents of their counties with limited resources. In IRETA, I saw answers to these struggles via opportunities to improve addiction services by incorporating scientific research and the resulting best practices into medication, therapy, and payment structures.

In my entire career, the demand for addiction treatment has always outweighed available funding. While I often fantasize that someday we will have the funding to meet all of our needs, I do not see that day coming soon. I believe that our best opportunity to lessen the gap between needs and available resources is to ensure that we get the biggest bang for every dollar spent. I believe that is where IRETA fits in: we provide resources, training and onsite technical assistance.

While I talk about hope and recovery, I also am reminded each day about the lives that we are losing to the opi-

oid crisis. So many people are struggling and looking for answers about how to stop the next overdose. The addiction field is one of the few medical fields where even many MDs base decisions on philosophical approaches versus using evidence and research in individualized clinical decision-making. The high percentages of overdoses that are occurring after people have participated in treatment services tell me that we have many opportunities for improvement. I strongly believe that the best way to save lives is to examine our current crisis through the lens of science and research. Then, we take the opportunity to transfer research into practice. IRETA helps the addiction field accomplish these tasks.

Each year, IRETA has documented successes. This year, I look at IRETA's work with federal problem solving courts across the country as a perfect example of a tailored approach to quality improvement. In my experience with the criminal justice system, behavioral health service referrals are often based on existing relationships, because "that's what we've always done." People are rarely moved through treatment services based on an ongoing assessment of their needs. IRETA is bringing science into the decision-making process of federal probation and parole services and we're seeing improved outcomes: clients who are making progress in their recovery and in their citizenship.

In the months and years to come, I look forward to continuing my personal mission by supporting IRETA in its mission.

A handwritten signature in black ink, appearing to read "David C. McAdoo". The signature is fluid and cursive.

**David C. McAdoo, MBA**

Board Treasurer

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My best  
opportunity  
to help as  
many people  
as possible  
is through  
IRETA.

# Why IRETA?

“We live in a time when addiction touches every segment of our society – our friends, loved ones, and our communities.”

– Dr. Vivek H. Murthy, U.S. Surgeon General



**Christine Rauscher, M.D.**  
PHYSICIAN

#### HOW DOES ADDICTION AFFECT YOUR WORK?

“Addiction is a huge issue I see in the ER. I see a lot of accidents and injuries related to it. I often feel that I’m just a quick fix, and we need a better long term solution.”

#### WHAT NEEDS TO CHANGE?

“Medical school doesn’t teach us a great deal about how to identify addiction and what we, as doctors, can do about it. Physicians don’t get exposure to many different treatment options.”



**Laura Roman, LCSW**  
SOCIAL WORKER

#### HOW DOES ADDICTION AFFECT YOUR WORK?

“Addiction is a huge part of my work. And it’s not necessarily that everyone I see is addicted to drugs and alcohol, but probably between 90 and 95% of people I see have been affected by drugs and alcohol.”

#### WHAT NEEDS TO CHANGE?

“In the graduate school of social work there is very little talk about addiction. In fact, I don’t even remember chemical dependency ever being mentioned in the two years that I was in graduate school.”



**Devidid Woods**  
PROBATION OFFICER

#### HOW DOES ADDICTION AFFECT YOUR WORK?

“A probation officer is part social worker, part law enforcement officer, part associate. We’re trying to help people succeed, so we want to know about best practices for treating addiction but that’s not a big part of our training.”

#### WHAT NEEDS TO CHANGE?

“It’s important for probation officers to know about addictions and the bigger landscape of drugs to be able to talk to individuals about exactly what kind of treatment they might need. And that information would come from being formally educated.”

## Helping Helpers

Professionals in “helping” fields like health, human services, education, and criminal justice don’t have enough training about addiction and its treatment. Our job is to help these helpers do what they do... better.

# The OPIOID EPIDEMIC

Opioid-related deaths have soared over the last decade. A strong need has appeared for public health organizations to prevent use, reduce harm, and help people recover from opioid use disorders.

IRETA works to improve public understanding and public health in the areas of substance use and addiction. Many of our projects address the opioid epidemic as part of this larger mission. Some of our particular efforts related to opioid use include:

- The PA Stop campaign (page 8)
- The national Heroin Response Strategy (page 8)
- Our online course on prescription opioid misuse (page 10)
- Training nursing and medical students about prescription opioids, heroin and addiction treatment (page 9)
- Webinars on Screening, Brief Intervention and Referral to Treatment for at-risk opioid use (page 13)

How Big is the Opioid Epidemic and How Fast is it Growing?

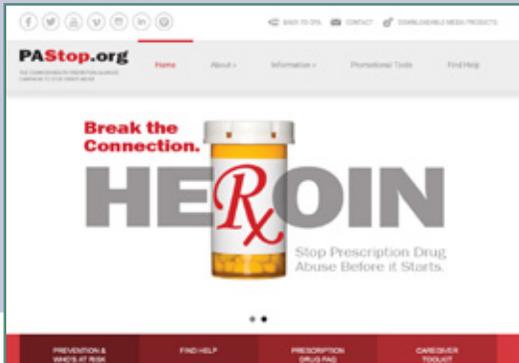
44 Americans die from prescription opioid overdoses every day.

Since 1979, overdose deaths in Pennsylvania have increased 14-fold.

One million Americans now use heroin, nearly three times the rate in 2003.



# Our Work – TECHNICAL ASSISTANCE



IRETA’s quality improvement and technical assistance services help organizations respond effectively to substance use and related problems.

## Federal Reentry Courts

In 2016, IRETA continued to offer quality improvement strategies to federal reentry courts across the nation. As an expert consultant for the Federal Judicial Center, IRETA works with judges, attorneys, and behavioral health providers who want better outcomes from problem-solving courts designed for clients with addiction and related problems.

## “Anyone Can Be Addicted” Opioids in Pennsylvania

The PA Stop campaign named IRETA as a research consultant in 2014. As part of this statewide public awareness campaign, IRETA creates accurate and approachable materials about preventing and treating opioid addiction. IRETA is also the PA Stop campaign’s social media manager, disseminating information via Facebook, Twitter, Instagram, and Pinterest.

## Peer Support to Prevent Youth Substance Use

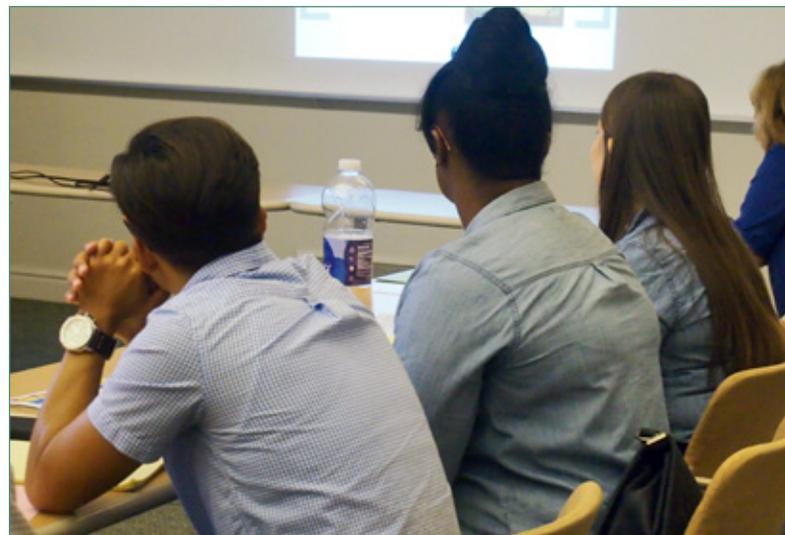
The Center for Social Innovation receives funding for a program titled “Developing Peer Interventions to Reduce Problem Substance Use Among Youth in Health Care Settings.” IRETA has been a consultant for this innovative program since 2015.

## Effective Drug Testing

IRETA is working with the American Society of Addiction Medicine (ASAM) to create a comprehensive appropriateness document regarding the use of drug testing within addiction treatment. The final product will be available through ASAM to further knowledge and discussion of drug testing practices.

## Strategizing to Fight Overdose

In January, IRETA began to provide public health data coordination for the Office of National Drug Control Policy’s Heroin Response Strategy. Across 17 states and seven contiguous High Intensity Drug Trafficking Area regions, this initiative aims to unite public safety and public health data to combat the rise of heroin use and overdose.



# Our Work – TRAINING

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

## Nursing Student Education About Addiction

Each semester, two students from the University of Pittsburgh School of Nursing undergo a 12-week training about addiction overseen by IRETA. As part of the program, the students complete clinical rotations at addiction treatment facilities and shadow nurses working in these settings.



## Immersive Medical Student Fellowship on Addiction Topics

Sixteen medical students journey to Pittsburgh each summer to visit treatment providers, learn about addiction science with experts, and present research on a topic that particularly captures their interest. IRETA hosts this fellowship annually, thanks to funding by the Scaife Family Foundation.



## What are people saying about online courses created by IRETA and NIDA?

“Offered quick and easy research on the technologies being presented.”

“It was very valuable and practical information.”

“I liked the narrated slideshows mainly since it assisted me with remaining focused while taking in the information. This is especially helpful with regards to medical information/ language which can be more challenging to understand at first read.”

## NIDA Notes Online Courses

Since 2014, IRETA has worked with the National Institute on Drug Abuse (NIDA) to convert their online collection of articles and information, *NIDA Notes*, into educational modules. So far, two courses are available on IRETA's website at no cost. They are: “Electronic Tools for Use in the Continuum of Care for Patients with Addiction” and “The Prevalence of Prescription Opioid Misuse: Doctor Shopping, Co-ingestion, and Exposure.”



A screenshot of the IRETA website. The header features the IRETA logo (Institute for Research, Education &amp; Training in Addiction) and a search bar. Below the header is a navigation menu with options: WHO WE ARE, WHAT WE DO, SPECIAL TOPICS, LIBRARY, ONLINE TRAINING (highlighted), BLOG, and myIRETA. Social media icons for Twitter, Facebook, YouTube, and LinkedIn are also present. The main content area displays a breadcrumb trail: IRETA &gt; Improve Your Practice &gt; Addiction Professionals &gt; Online Courses &gt; Electronic Tools for Use in the Continuum of Care for Patients With Addiction. The title of the course is "Electronic Tools for Use in the Continuum of Care for Patients With Addiction". Below the title is a photograph of a woman with dark hair, resting her chin on her hands, looking thoughtfully towards the camera.

# SCREENING, BRIEF INTERVENTION AND REFERRAL to TREATMENT

IRETA advances the use of SBIRT, a public health approach to substance use and addiction.

## What is SBIRT?

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

SBIRT begins with the use of a validated screening tool to assess for at-risk substance use. If necessary, the process continues with a brief intervention that utilizes the evidence-based practice of Motivational Interviewing. It also includes a referral to treatment, when appropriate.

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.

## How Does IRETA Advance SBIRT?

IRETA proudly serves as the National SBIRT Addiction Technology Transfer Center (ATTC), a hub for SBIRT training, information, evaluation, and technical assistance across the country.

IRETA works under grants and subcontracts from the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), and the Centers for Disease Control and Prevention (CDC) to advance screening and brief intervention in many settings.



# Our Work – SBIRT PROJECTS

## SBIRT and Fetal Alcohol Spectrum Disorders

In collaboration with the University of Pittsburgh School of Nursing, IRETA is helping the Centers for Disease Control and Prevention (CDC) to conduct training and evaluation activities to increase nursing professionals' knowledge of SBIRT and Fetal Alcohol Spectrum Disorders.

## SBIRT in Doctor of Nursing Practice Curriculum

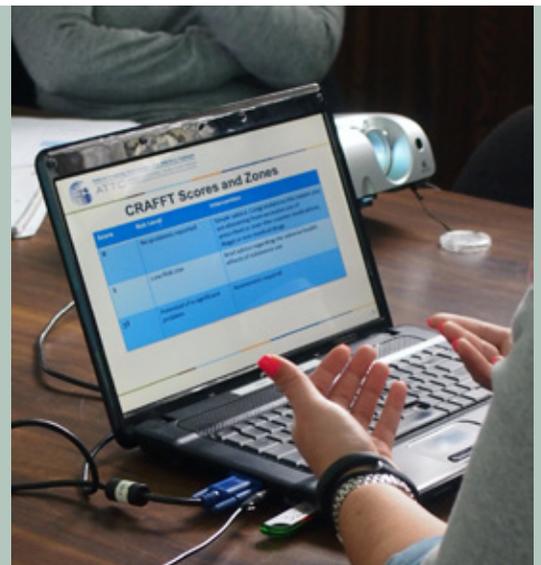
With IRETA's help, future nurse practitioners working toward their Doctor of Nursing Practice will learn SBIRT skills at the University of Pittsburgh School of Nursing. Under a three-year subcontract from SAMHSA, IRETA conducts training and evaluation of this program at the University of Pittsburgh.

## Alcohol SBIRT for Nurses

Funded by the CDC and the American Association of Colleges of Nursing (AACN), IRETA is participating in a pilot project to advance nurses' knowledge, practice and implementation of Alcohol Screening and Brief Intervention (SBI).

## Social Workers Conducting SBIRT

Since 2015, IRETA has helped the University of Maryland School of Social Work weave SBIRT into their Master's program. IRETA designed online training modules for social work students, faculty, and community preceptors. We also offer technical support throughout the process of integrating new subject matter into current social work education.



# Ongoing WEBINAR SERIES

Our webinar series focuses on multiple aspects of SBIRT implementation. In 2016, our webinars covered a variety of...

## SETTINGS

- Emergency departments
- Mental health treatment settings
- Juvenile justice

## DEMOGRAPHICS

- Hispanic
- Native American
- Adolescents
- Veterans and active military

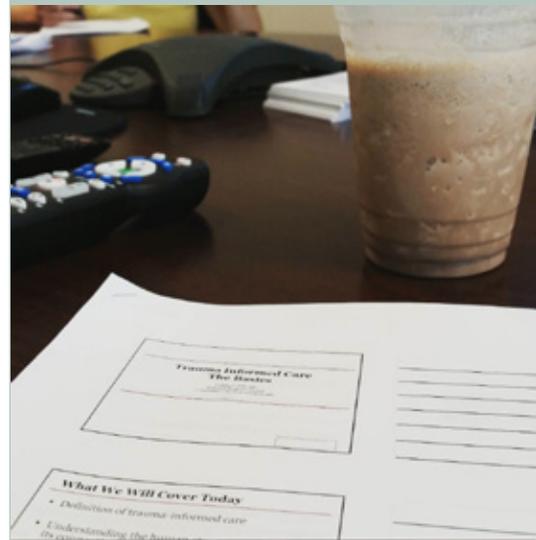
## PRACTICES & TECHNIQUES

- SBIRT evaluation
- Implementation of SBIRT
- Motivational Interviewing
- Virtual patients
- Apps and other technology
- Electronic health records

## The SBIRT Suite of Services

IRETA offers SBIRT resources in one convenient location. In addition to our webinar series, we provide:

- National registry of SBIRT trainers
- SBIRT Toolkit for Practice
- SBIRT for Youth Learning Community
- Interactive SBIRT reimbursement map
- Digital tours of featured products



# People Can and Do RECOVER FROM ADDICTION

September is National Recovery Month, which encourages us to celebrate and spread awareness about recovery from addiction.

## Recovery Sports Link

Every September, IRETA and Community Care Behavioral Health host Recovery Sports Link, a gathering of Pittsburgh community members who support recovery. It's always invigorating to spend time with our colleagues in a setting that reminds us of the positive impact we can have—and of course, cheer on our Pittsburgh Pirates.



## 2016 Pittsburgh Recovery Walk

Since 2015, IRETA has facilitated a planning committee to create a citywide Pittsburgh Recovery Walk in September 2016, the first of its kind in our city. City Council President Bruce Kraus, Pittsburgh Mayor Bill Peduto, and Pennsylvania Governor Tom Wolf have all supported the event.



# COMMUNICATION & DISSEMINATION

Using traditional outlets and new media, IRETA fosters PROFESSIONAL DEVELOPMENT and PUBLIC AWARENESS in the areas of substance use and addiction.

## IRETA's Newsletters

The IRETA Current

**7,200 subscribers**

Updates on news and trainings from IRETA and organizations with similar missions.

The SBIRT Alert

**4,800 subscribers**

Everything SBIRT: the latest webinars, articles, and more.

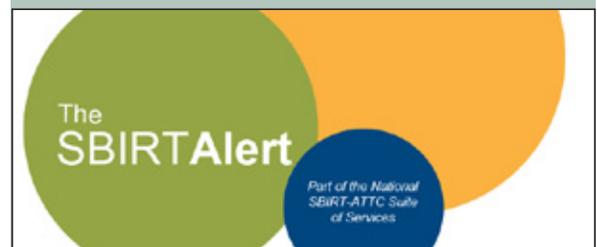
The Weekly Social Media Mashup

**2,400 subscribers**

A convenient way to view the best of IRETA's Facebook, Twitter, and more.

## The IRETA Blog

We published 36 new articles this year on topics ranging from fetal alcohol spectrum disorder to prescription drug monitoring programs. All told, IRETA's blog hosts over 120 articles about substance use, addiction, prevention, and recovery.





## Selected Publications

### **2016 — Screening, Brief Intervention, and Referral to Treatment Education for Emergency Nurses in 5 Hospitals: Implementation Steps and Hurdles.**

***Journal of Emergency Nursing***, 42(1), 53-60.

Irene Kane, Ann Mitchell, Jim Aiello, **Holly Hagle**, Kathryn Puskar, **Dawn Lindsay**, Kimberly Talcott, Lynn Boucek

### **2015 — Interprofessional Groups of Anesthesia Students (InGAS) in Screening, Brief Intervention, Referral to Treatment (SBIRT) in Substance Use Disorders (SUDs): The SBIRT-InGAS Project.**

***Journal for Interprofessional Education and Practice***, 1(2), 65.

Michael Neft, John O'Donnell, Ann Mitchell, Kathryn Puskar, Irene Kane, Marie Fioravanti, Lynn Boucek, Michael Cuddy, Angelina Riccelli, Antonia Ambrosino, **Holly Hagle**, **Dawn Lindsay**, **Piper Lincoln**

### **2016 — Interprofessional Screening, Brief Intervention, and Referral to Treatment (SBIRT) Education for Registered Nurses and Behavioral Health Professionals.**

***Issues in Mental Health Nursing***, 37(9), 682-687.

Kathryn Puskar, Irene Kane, Heeyoung Lee, Ann Mitchell, Susan Albrecht, Linda Frank, **Holly Hagle**, **Dawn Lindsay**, Martin Houze

### **2016 — Interprofessional Collaborative Education for Substance Use Screening: Rural Areas and Challenges.**

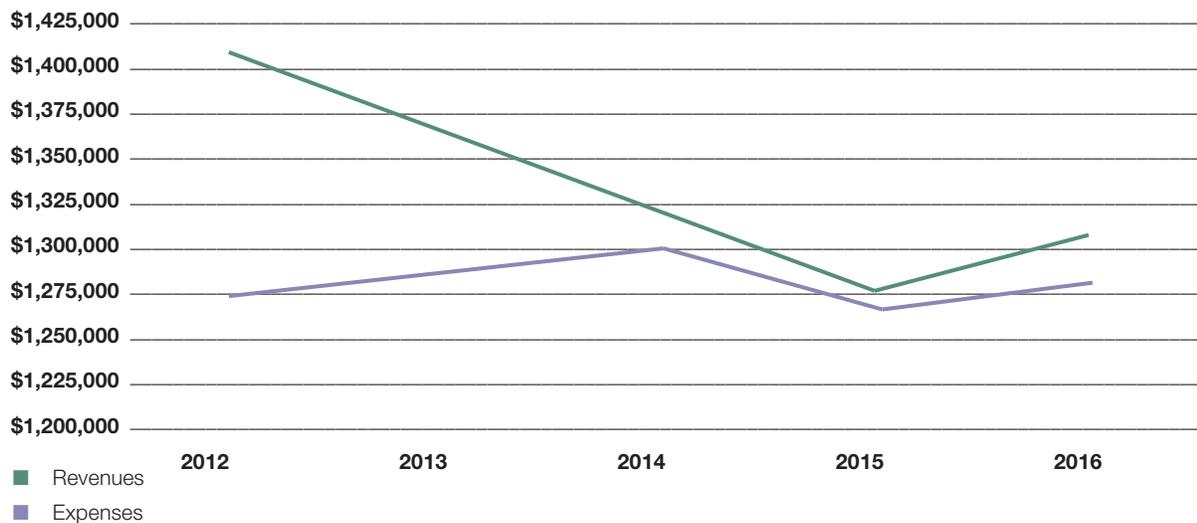
***Online Journal of Rural Nursing and Healthcare***, 16(1).

Kathryn Puskar, Heeyoung Lee, Ann Mitchell, Irene Kane, Susan Albrecht, Linda Frank, **Holly Hagle**, **Dawn Lindsay**, Martin Houze

# FINANCIAL SNAPSHOT

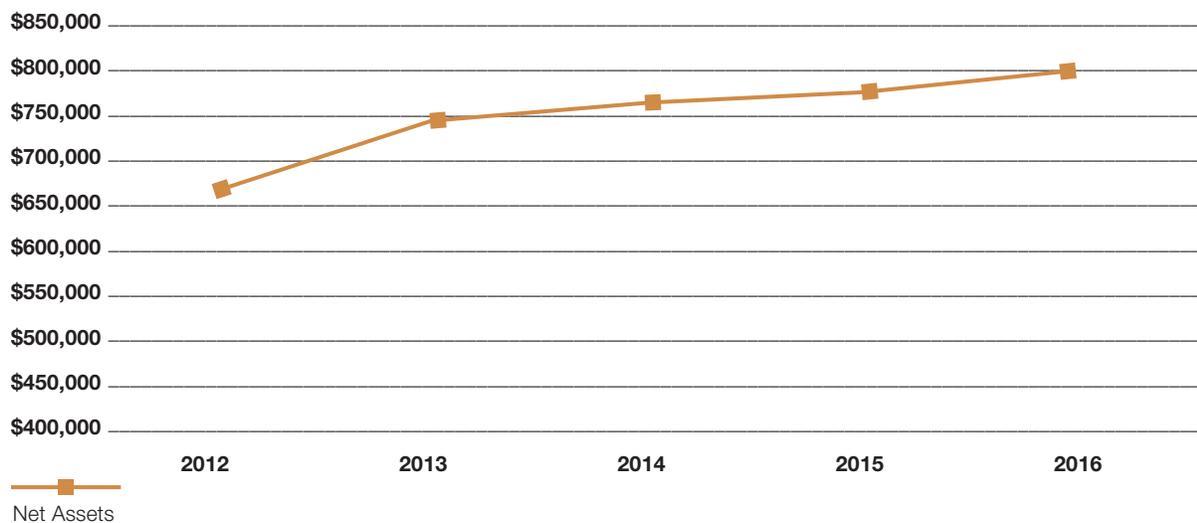
## FIVE YEAR COMPARISON: IRETA EXPENSES VS. REVENUE

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016
Revenues	\$1,405,235	\$1,360,131	\$1,317,882	\$1,277,342	\$1,307,297
Expenses	\$1,274,046	\$1,284,435	\$1,298,564	\$1,264,861	\$1,282,582
Surplus/(Deficit)	\$131,189	\$75,696	\$19,318	\$12,481	\$24,715



## FIVE YEAR COMPARISON: IRETA NET ASSETS

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016
Net Assets	\$672,571	\$748,267	\$767,585	\$780,066	\$804,781
Increase/(Decrease)	\$131,189	\$75,696	\$19,318	\$12,481	\$24,715



## Partners & Clients

American Society of Addiction Medicine  
Center for Advancing Correctional Excellence at  
George Mason University  
Center for Disease Prevention and Control (CDC)  
The Center for Social Innovation (C4)  
Community Care Behavioral Health  
The Commonwealth Prevention Alliance  
Federal Judicial Center  
National Addiction Technology Transfer Center  
Network  
NAADAC, the Association for Addiction  
Professionals  
The National Institute on Drug Abuse (NIDA)  
New York Office of Alcoholism and Substance  
Abuse Services  
NORC at the University of Chicago  
Office of National Drug Control Policy (ONDCP)  
Renewal Treatment, Inc.  
Scaife Family Foundation  
Southwest Behavioral Health Management  
Substance Abuse and Mental Health Services  
Administration (SAMHSA)  
U.S. Probation and Pretrial Services, Western  
District of Pennsylvania  
University of Maryland School of Social Work  
University of Pittsburgh School of Dental  
Anesthesia  
University of Pittsburgh School of Nursing  
University of Pittsburgh School of Public Health

## New Staff

**Crystal Downey** graduated from the Pennsylvania State University in 2014 with a Bachelor of Arts in English and Economics, as well as a minor in Labor Studies and Employment Relations. She joined IRETA in October 2015 as a Project Coordinator. She works with trainers and clients on various aspects of online course development, face to face trainings, and webinars. Prior to joining IRETA, she was a Program Assistant with the Pennsylvania Bar Institute in Mechanicsburg, PA.

**Leila Giles** returned to IRETA in February 2016 where she previously spent 2014 as an intern. Between tenures at IRETA, she worked with a research center at the University of Pittsburgh as their Communications Officer. She holds a Bachelor of Science from Indiana University of Pennsylvania in Communications Media with minors in Psychology and Religious Studies. Leila's roles include working with IRETA's website, newsletters, blog, social media, videos, and events.

**Jessica Samuel** graduated from West Virginia University in 2009 with a Bachelor of Science in Finance and a minor in Political Science. She joined the staff as an administrative assistant in November of 2015, and became a Project Coordinator in 2016. Her responsibilities include event planning, development of educational and promotional materials, managing course CEUs for multiple credentialing agencies, staff travel coordination, and assisting the Chief Financial Officer with Accounts Payable.

## Staff & Board of Directors

As IRETA continues to grow and evolve, so does its team. Every person who works for IRETA brings a unique perspective and valuable areas of expertise.

### Staff

**Peter F. Luongo, PhD**

Executive Director

**Julius Habjanetz**

Chief Financial Officer

**Holly Hagle, PhD**

Director of the National SBIRT ATTC at IRETA

**Dawn Lindsay, PhD**

Director of Research and Evaluation Services

**Jessica Williams, MPH**

Director of Communication and Health Promotion

**Piper Lincoln, MS**

Research Associate

**Crystal Downey**

Project Coordinator

**Jessica Samuel**

Project Coordinator

**Leila Giles**

Communication and Digital Media Coordinator

### Board of Directors

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Chair

**Henrick J. Harwood**

Vice Chair

**Jesse D. Scheck**

Secretary

**David C. McAdoo, MBA**

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**Eric G. Hulseley, DrPH**

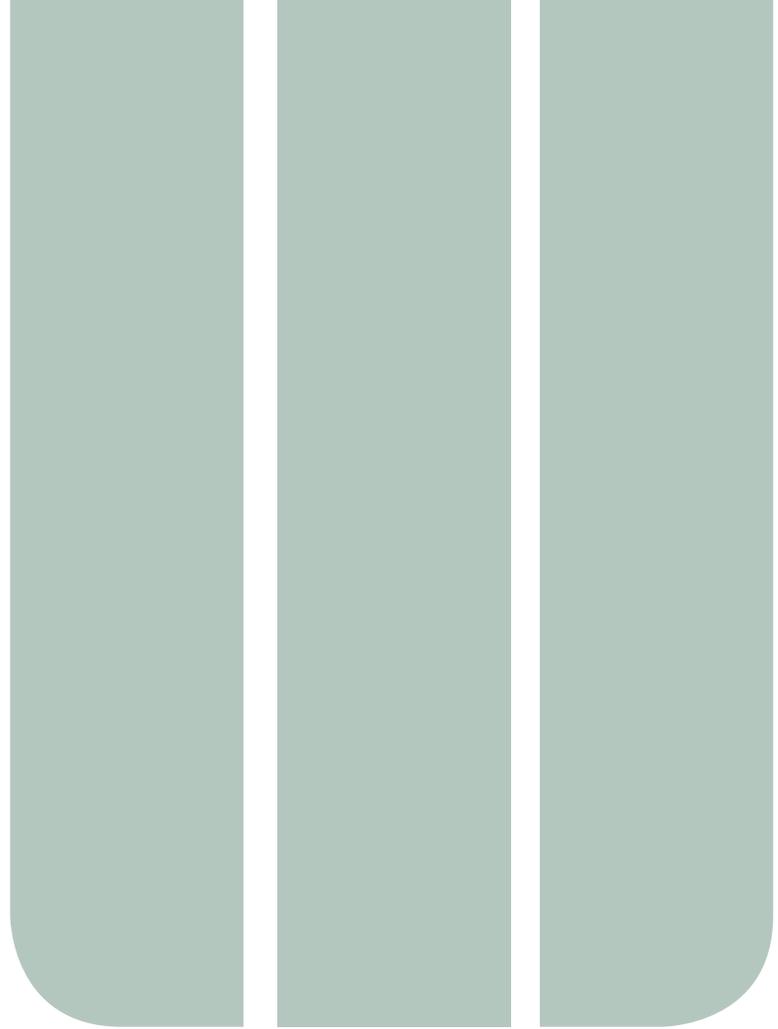
**Michael B. Harle, MHS**

**Susan S. Weiner, MBA**

**Rev. Dr. Toussaint King Hill, Jr.**



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