



FY 2017 ANNUAL REPORT

A dark blue silhouette of a city skyline is positioned in the middle ground. To the left, a bridge with a curved arch is visible. The background behind the skyline is a gradient from orange to yellow.

Institute for Research, Education & Training in Addictions

The bottom of the page features a dark blue background with a green and light blue geometric shape at the bottom right corner.



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.

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

- IRETA *educates*, offering learning opportunities to professionals and students.
- IRETA *evaluates*, measuring behavioral health-related outcomes that lead to better practice.
- IRETA *guides*, providing technical assistance and quality improvement to help improve outcomes.



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“You respond effectively and improve outcomes by *doing* things differently. And that’s what we help clinicians, communities and organizations do.”

A Message from the Executive Director

IRETA has been in the knowledge business since 1999. More accurately, we have been in the knowledge *application* business.

There is a difference.

The knowledge business includes a broad range of activities: knowledge development (theory testing), dissemination (publications, training and education), and documentation (database development) to name a few.

Knowledge application goes one step further.

Knowledge application at IRETA means exploiting empirical and practice-based evidence that improves prevention, treatment, recovery and harm reduction services.

It is the practical *use* of knowledge to improve practice and outcomes. You respond effectively and improve outcomes by *doing* things differently. And that’s what we help clinicians, communities and organizations do.

That’s the space where IRETA wants to be.

Several years ago, IRETA’s Board of Directors updated our mission statement to reflect our focus on knowledge application to improve services. IRETA’s mission is to “help people respond effectively to substance use and related problems.” Our work has been guided by this goal and the results are coming in.

This annual report presents the wide range of services we provide. But what is equally impressive is the wide range of settings in which we work. Not to mention the wide range of clients we work with. That is an accomplishment we especially value.

IRETA reaches out to organizations that are driven to more effectively respond to substance use disorders. We look for organizations and leadership compelled to develop a self-reflective practice, driven to be better, and willing to invest their time and resources to do so. Our client list and partners reflect that. We are thankful for their trust in us.

I would like to acknowledge the dedicated, skilled and ever-curious group of professionals working together at IRETA. The success we have with our clients and partners is largely because of their willingness to meet the constant challenge of applying what we know to improve practice and outcomes. They do it well! And their peers think so, too. This past year, IRETA has published three papers in peer reviewed journals, ranging from the development of drug testing guidelines for the American Society of Addiction Medicine to a follow-up evaluation of IRETA’s summer medical student program.

It has been a good year. Read about it!

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

Peter F. Luongo, PhD
Executive Director of IRETA



“After all these years, it’s very exciting to see actual data on the effectiveness of our summer medical program.”

A Message from the IRETA Board

Every summer, I present my story of addiction and recovery to about a dozen medical students at IRETA, and they ask me questions about it. It’s one of the highlights of my year.

We usually talk for about an hour. They’re always particularly interested to hear about my experience with physicians, both while I was in active addiction and now, in long-term recovery. Generally, my presentation comes near the end of their three-week training on addiction, and I can always tell they’ve absorbed a lot in that time. Their interest, enthusiasm, and compassion are plain to see.

After all these years, it’s very exciting to see actual data on the effectiveness of our summer medical program. I knew the program opened a lot of eyes, but until now, I didn’t know what a powerful effect it had on students’ attitudes. I also didn’t know that its effects last over time. What I find doubly exciting is that students who leave our program are going to influence whoever they work with over the course of their careers. Their compassion and skill are going to rub off on a lot of people.

It’s a big leap of honesty for those of us in addiction or recovery to tell medical professionals about it. Sometimes the information is not met well. I have heard many stories of physicians who mishandled situations with—at times—serious consequences. I consider myself very lucky. I’ve seen the same family practice doctor for my most of my life, and she is a huge supporter of my recovery. She’s always interested to hear how it’s going; she asks a lot of questions about it. And she’s very cognizant of the issue among all of her patients, because her practice (like so many others) is seriously affected by addiction.

Because of IRETA’s Scaife Fellowship for medical students, there are more doctors in the world with her unusual level of knowledge and skill, and more patients like me who receive holistic, high quality care. I couldn’t be prouder of this longstanding IRETA program, which without a doubt will directly impact many lives.

In fact, many of IRETA’s projects produce a direct and immediate impact on people’s lives. We have heightened our focus on service improvement and now work with addiction treatment centers, criminal justice systems, and methadone clinics that want to improve client outcomes. These boots-on-the-ground initiatives yield better care for people who need help. It’s very gratifying to be part of that.

A handwritten signature in black ink, appearing to read 'Jesse D. Scheck'. The signature is fluid and cursive, with a long, sweeping underline.

Jesse D. Scheck
Vice Chairman and Secretary,
IRETA Board of Directors

Frequently Asked Questions

Does IRETA provide direct services to people with addiction?

No. IRETA offers consulting and training to anyone who wants to do a better job of addressing substance use and addiction. Our work can take many forms (see “Our Projects” in this annual report), but we do not provide counseling or medication directly to patients with addiction.

Does IRETA advocate for specific approaches to addiction?

IRETA advocates for a science-based approach to addiction and at-risk substance use. Currently, there isn't one single approach to addiction that has been shown to work for everyone. This can be compared to weight loss: people do well with various levels of professional and personal support, and different diets work for different people. However, IRETA opposes the use of practices that have been found to be ineffective, such as fear-based prevention strategies, short term residential rehab with no aftercare, and treatment for opioid addiction that excludes the option of medication-assisted treatment. We believe that addiction and its treatment have been too long obscured by social stigma and philosophical beliefs that do not align with scientific research.

What is IRETA's history?

IRETA was formed in 1999 as an offshoot of St. Francis Hospital, which is now closed but used to be located in Pittsburgh's Lawrenceville neighborhood. Its founder was Dr. Michael Flaherty, a psychologist who worked at St. Francis and was continually frustrated by health professionals' inadequate training on addiction, skewed social views of addiction, and policies that punished people with addictions rather than supporting recovery. Dr. Flaherty retired from IRETA in 2011 and was succeeded by IRETA's current Executive Director, Dr. Peter Luongo, who has over 30 years of experience in addiction care as a social worker and administrator.

Is IRETA primarily focused on Pittsburgh or more broadly?

IRETA strives to be a good Pittsburgh citizen, which means taking on projects that improve health and support recovery in our home city. However, our work often takes place on a larger scale. Some of our projects operate at a state level, some are regional, and some are national.

OUR PROJECTS: THE YEAR'S ACCOMPLISHMENTS

Technical Assistance and Quality Improvement

IRETA works with a wide range of organizations, including the criminal justice system, addiction treatment providers, payers, healthcare systems, and educational institutions.

Enhancing a Methadone Clinic's Counseling Services

Foundations Medical Services, an Opioid Treatment Program in southwest Pennsylvania, is working with IRETA to implement and sustain new counseling services. Onsite consultations beginning in January 2017 have resulted in the development and initiation of a new group therapy system.

Quality Improvement for Re-entry Courts

Re-entry courts provide support and structure for individuals leaving incarceration who have mental health and/or substance use disorders. For the sixth year in a row, IRETA provided quality improvement consultation for a cohort of re-entry courts through the Federal Judicial Center.

"Anyone Can Become Addicted": The STOP Opiate Abuse Campaign

Since 2015, IRETA has been a research consultant for the Commonwealth Prevention Alliance's Stop Opiate Abuse campaign in Pennsylvania. In that role, IRETA manages the PA Stop social media presence and develops easy-to-read information about opiates in the workplace and overdose prevention for community members.



Members of the PA Stop workgroup attending the CPA conference.



Mentoring Youth to Prevent At-Risk Substance Use

IRETA partnered with the Center for Social Innovation to provide consultation to the Conrad N. Hilton Foundation-funded program, *Developing Peer Interventions to Reduce Problem Substance Use among Youth in Health Care Settings*.

Helping Probation Officers Manage Clients with Behavioral Health Disorders

IRETA provides consultation for Probation & Pretrial Services of the Federal District of Western Pennsylvania on specific cases regarding probationers with substance use and mental health disorders.

Defining Appropriate Drug Testing Practices for Clinicians

IRETA assisted the American Society of Addiction Medicine (ASAM) in developing a consensus document about appropriate drug testing practices for patients with addiction. IRETA utilized the RAND/UCLA Appropriateness Method to compile authoritative guidance on appropriate drug testing practices, which was published in the *Journal of Addiction Medicine*.

Evaluating a Treatment Center’s Work Release Program

IRETA conducted an independent evaluation of the work release program at Pittsburgh-based treatment center Renewal, Inc. The evaluation described potential contributors to disciplinary incidents and adverse outcomes in the program and made recommendations for internal process improvement.

Coordinating the National Heroin Response Strategy

IRETA provides public health data coordination and analysis services for the Office of National Drug Control Policy-funded (ONDCP) “Heroin Response Strategy.” This initiative doubled in size this year, and now involves eight contiguous High Intensity Drug Trafficking Area (HIDTA) regions and 20 states in the eastern U.S. The overarching goal of the project is to bring public safety and public health data together to bear on escalating rates of heroin overdose across these regions.



IRETA, ASAM, and a panel of experts meet to discuss drug testing practices.

Pre-Service Education

IRETA creates and delivers curricula about substance use for undergraduate nursing students, social work students, and medical students.

Preventing Fetal Alcohol Spectrum Disorders

In partnership with the University of Pittsburgh School of Nursing, IRETA is funded by the Centers for Disease Control (CDC) to conduct training and evaluation activities that increase nursing professionals' knowledge of Screening and Brief Intervention (SBI) and Fetal Alcohol Spectrum Disorders.

Incorporating SBIRT into Social Work Curriculum

IRETA offered training and technical assistance to the Masters of Social Work Program at University of Maryland on the use of Screening, Brief Intervention and Referral to Treatment (SBIRT) to address at-risk substance use.

Pitt's Doctor of Nursing Practice Curriculum Now Includes SBIRT

In partnership with the University of Pittsburgh School of Nursing, IRETA is conducting training and evaluation activities to infuse SBIRT into their Doctor of Nursing Practice curriculum for nurse practitioners.

University of Pittsburgh School of Nursing Community Preceptor Program

IRETA continues to facilitate community preceptor addiction education opportunities for the University of Pittsburgh School of Nursing. Two community psychology senior nursing students participate each Fall, Spring and Summer semester.

What is SBIRT?

Screening, Brief Intervention and Referral to Treatment (SBIRT, pronounced ESS-birt) is an approach to the delivery of early intervention and treatment for people with substance use disorders and those at risk of developing these disorders.





SPOTLIGHT

It Works: The Scaife Fellowship Provides Effective Addiction Training to Medical Students

We *can* educate future health professionals to provide better addiction care for the patients they encounter.

For over a decade, IRETA has hosted the Scaife Medical Student Fellowship, an educational program designed to improve medical students' understanding of addiction and substance use. Participating students spend three weeks in Pittsburgh, PA visiting organizations with diverse approaches to addiction and attending lectures from experts in the field.

This summer, the journal *Substance Abuse* published a research report on the Scaife program showing that it really works.

What Does “It Works” Mean in This Case?

The published evaluation looked at two research questions:

1. Did the program have an impact on the medical students' attitudes toward working with people with addictions?
2. Was the effect of the program sustained over time?

The evaluation results indicate that yes, students who participate in the program do feel more responsible and motivated to help people with substance use disorders than the comparison group. The data also indicate that this sense of responsibility for addressing addiction lasts for a long time—five years or more.

At a time when addiction is touching an unprecedented number of Americans, these evaluation results are particularly valuable. They demonstrate that we *can* educate future health professionals to provide better addiction care for the patients they encounter.

What did medical students find most valuable about the Scaife Fellowship?

1. Building motivational interviewing skills
2. Exposure to risky substance users of all demographic types
3. Introduction to medication-assisted treatment methods and modalities



Professional Training

IRETA offers web-based and face-to-face training to professionals working in a variety of fields. Most trainings offer the opportunity for continuing education credits.

SBIRT Suite of Services

Screening, Brief Intervention and Referral to Treatment (SBIRT, pronounced ESS-birt) is an approach to the delivery of early intervention and treatment for people with substance use disorders and those at risk of developing these disorders.

It can be delivered by a variety of people (e.g., healthcare providers, mental health counselors, educators) and in a variety of settings.

Between 2012 and 2017, IRETA served as the federally-designated National SBIRT ATTC (Addiction Technology Transfer Center), with funding from the Substance Abuse and Mental Health Administration. The National SBIRT ATTC offered resources and training opportunities to advance the SBIRT model.

Our SBIRT Suite of Services includes:

- National Registry of Qualified SBIRT Trainers
- Monthly live webinars and a library of on-demand recorded webinars
- Technical assistance and consultation
- The SBIRT Toolkit for Practice with resources for clients, practitioners, and organizations
- The SBIRT Alert eNewsletter, featuring announcements of upcoming webinars and trainings, publications and resources, links and articles of interest
- Digital tours of SBIRT tools
- A searchable review of SBI codes by state
- Eight case studies summarizing SBIRT projects in a variety of settings
- Two online courses, “SBIRT for Adolescents” and “SBIRT 101”



**Screening, Brief Intervention
and Referral to Treatment**

A Sample of Recent Webinars

An Upstream Intervention to Address the Heroin and Prescription Opioid Epidemic

Pediatricians Explain Why SBIRT is Essential to Adolescent Health

The Opioid Epidemic in Our Emergency Departments: Preventing Overdose and Supporting Survivors

Developing an SBIRT Model for Use in Juvenile Justice Settings

Webinars

As the National SBIRT ATTC, IRETA hosted a monthly webinar series for multi-disciplinary professionals. Social workers, counselors, addictions and mental health professionals, and people in many other health-related fields tuned in to these presentations for convenient professional development.

Online Courses

IRETA has worked with the National Institute on Drug Abuse (NIDA) to convert their topical publication, NIDA Notes, into two online education modules. The success of these first products propelled plans for the development of two more courses, which are now underway. Our online courses produced in collaboration with NIDA include:

- The Prevalence of Prescription Opioid Misuse: Doctor Shopping, Co-ingestion, and Exposure
- Electronic Tools for Use in the Continuum of Care for Patients with Addiction
- Assessment and Treatment of Adolescent Marijuana Abuse and Dependence – *Coming soon!*

IRETA also hosts two online courses as part of our SBIRT Suite of Services. These courses impart the basics of the SBIRT model to participants. They are:

- SBIRT 101
- SBIRT for Adolescents



Events in the Community

Recovery Sports Link

Every September, the professionals and individuals who support recovery in western Pennsylvania gather at Pittsburgh's PNC Park during National Recovery Month to cheer on the Pittsburgh Pirates. IRETA and Community Care Behavioral Health co-host the event.



2016 Pittsburgh Recovery Walk

Since 2015, IRETA has facilitated a planning committee to create a citywide recovery celebration, the first of its kind in Pittsburgh. In September 2016, the Pittsburgh Recovery Walk took place! City Council President Bruce Kraus, Pittsburgh Mayor Bill Peduto, and Pennsylvania Governor Tom Wolf all supported the event. The walk proceeded down Liberty Avenue in Downtown Pittsburgh and concluded in Market Square. Speakers, distribution of information, music, and activities were available to all. An estimated 1,200 people attended.

Following this initial success, 2017 will see the second annual Pittsburgh Recovery Walk.



Communication and Dissemination

IRETA disseminates accurate, timely information to improve professional skills and public understanding of addiction.

Newsletters and Social Media

- IRETA Current
News and trainings about substance use on the local and national level
- SBIRT Alert
The latest in SBIRT research, webinars, articles, and more
- Weekly Social Media Mashup
Each week's top stories from Facebook, Twitter, and more

IRETA is also active on social media. How many subscribers does IRETA reach?

- Facebook: 2,400+
- Twitter: 2,000+
- YouTube: 600+
- Pinterest: 300+
- LinkedIn: 200+

The IRETA Blog

The IRETA blog features science-based perspectives on substance use and related problems. This year, we published 29 new articles, including:

- 3 Barriers to Medication-Assisted Treatment for Drug Court Participants and How They Can Be Overcome
- Doctors, Nurses, Social Workers Ought to Get Addiction Training in School
- Children Are Often the Most Visible Sign of Addiction in the Home
- Can You 'Get Help' for Alcohol Use without Getting Sober?
- Targeting the Intersection of Substance Use and Suicide

IRETA.org

IRETA.org offers resources and information that can help professionals improve their practice and stay informed about substance use issues. Recent additions to IRETA.org include:

- A Motivational Interviewing toolkit
- Special topic resources pages on hepatitis C, opioid overdose response, and on the evidence surrounding SBIRT
- Easy-read brochures about eight types of substances



Selected Publications

ATTC White Paper: Preparing Students to Work in Integrated Health Care Settings

Eric Goplerud, PhD, Vice President and Senior Fellow, NORC at the University of Chicago

Holly Hagle, PhD, Director, National SBIRT ATTC

Tracy McPherson, PhD, Senior Research Scientist, NORC at the University of Chicago



Appropriate Use of Drug Testing in Clinical Addiction Medicine

Margaret Jarvis, MD, DFASAM, Chair, ASAM Quality Improvement Council

Jessica Williams, MPH, IRETA

Matthew Hurford, MD

Dawn Lindsay, PhD, IRETA

Piper Lincoln, MS, IRETA

Leila Giles, BS, IRETA

Peter Luongo, PhD, IRETA

Taleen Safarian, ASAM Quality Improvement Council

Journal of Addiction Medicine, 11(3), 163-173.



Exploring Medical Students' Conceptions of Substance Use: A Follow-up Evaluation

Dawn L. Lindsay, PhD, IRETA

Holly Hagle, PhD, IRETA

Piper Lincoln, MS, IRETA

Jessica Williams, MPH, IRETA

Peter F. Luongo, PhD, IRETA

Substance Abuse, 38(2), 1-4.



Educating Emergency Department Registered Nurses (Edrns) in Screening, Brief Intervention, and Referral to Treatment (SBIRT): Changes in Attitudes and Knowledge Over Time.

Ann Mitchell, PhD, RN, University of Pittsburgh School of Nursing

Irene Kane, PhD, RN, University of Pittsburgh School of Nursing

Dawn Lindsay, PhD, IRETA

Holly Hagle, PhD, IRETA

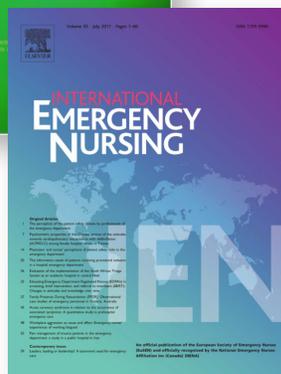
Kathy Puskar, PhD, University of Pittsburgh School of Nursing

Jim Aiello, MA, MEd, IRETA

Lynn Boucek, MSN, University of Pittsburgh School of Nursing

Emily Knapp, University of Pittsburgh School of Nursing

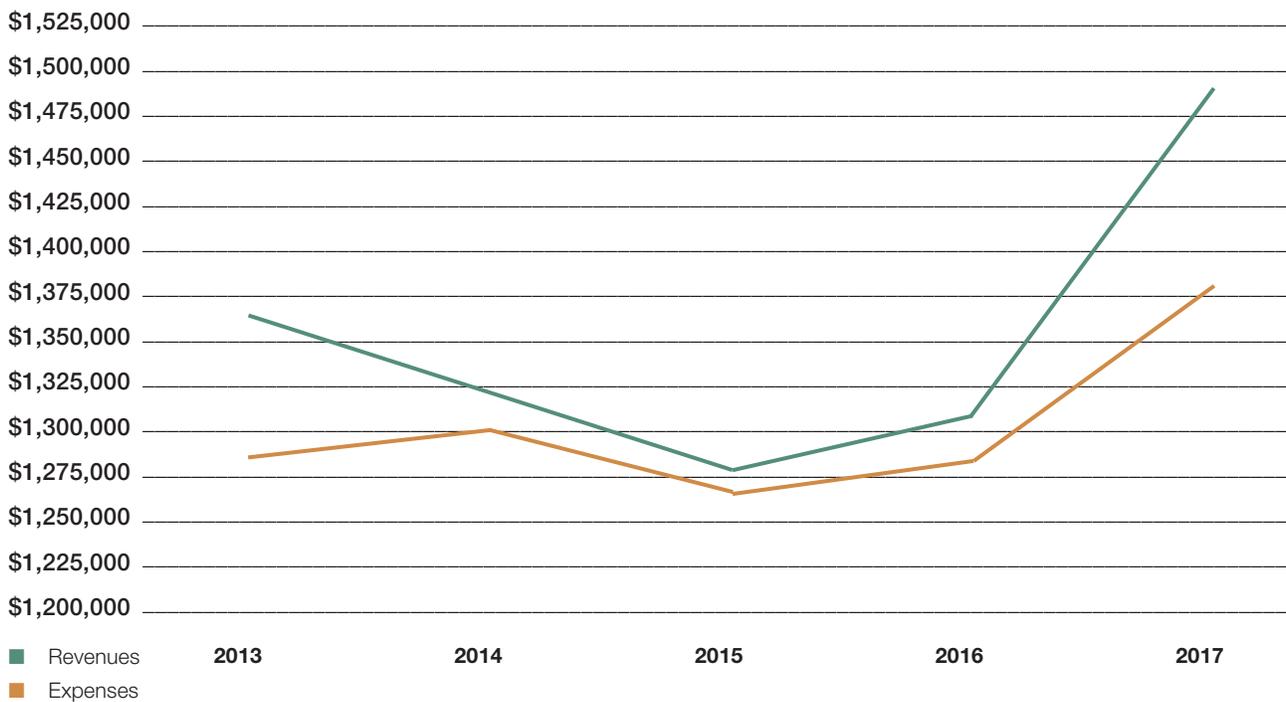
International Emergency Nursing, 33, 32-36.



FINANCIAL SNAPSHOT

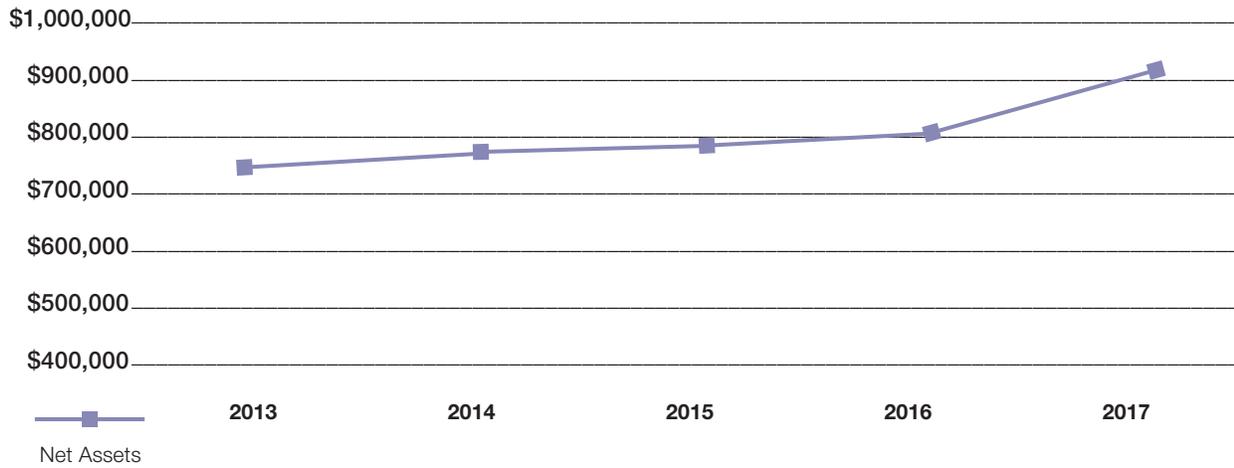
FIVE YEAR COMPARISON: IRETA EXPENSES VS. REVENUE

| | FY 2013 | FY 2014 | FY 2015 | FY 2016 | FY 2017 |
|-------------------|----------------|----------------|----------------|----------------|----------------|
| Revenues | \$1,360,131 | \$1,317,882 | \$1,277,342 | \$1,307,297 | \$1,482,756 |
| Expenses | \$1,284,435 | \$1,298,564 | \$1,264,861 | \$1,282,582 | \$1,378,358 |
| Surplus/(Deficit) | \$75,696 | \$19,318 | \$12,481 | \$24,715 | \$104,398 |



FIVE YEAR COMPARISON: IRETA NET ASSETS

| | FY 2013 | FY 2014 | FY 2015 | FY 2016 | FY 2017 |
|---------------------|-----------|-----------|-----------|-----------|-----------|
| Net Assets | \$748,267 | \$767,585 | \$780,066 | \$805,756 | \$910,154 |
| Increase/(Decrease) | \$75,696 | \$19,318 | \$12,481 | \$25,690 | \$104,398 |



New Staff

Rachael Vargo joined the Research and Evaluation team at IRETA in August 2016. She obtained a Bachelor of Science in Psychology from the University of Pittsburgh where she also worked as a research assistant through the Department of Psychology. Before joining IRETA, Rachael held multiple positions related to social work services, mental health, research, and integrated healthcare. At IRETA, Rachael assists with applied research, data collection, program evaluations and project coordination.

David Reazin joined IRETA in December 2016 as Clinical Operations Associate. He brings 40 years of experience in the field of addiction treatment and program development. He has worked as an individual, group and family therapist, clinical supervisor, program director, and administrator, in addition to directing the development of software that manages and evaluates clients involved in treatment and/or the criminal justice system.

Staff and Board of Directors

IRETA Staff

Peter Luongo, PhD, Executive Director

Julius Habjanetz, Chief Financial Officer

Holly Hagle, PhD, Director of Training and Education

Dawn Lindsay, PhD, Director of Research and Evaluation

Jessica Williams, MPH, Director of Communication and Health Promotion

Piper Lincoln, MS, Research Associate

David Reazin, MHS, Clinical Operations Associate

Jessica Samuel, Project Coordinator

Leila Giles, Communication and Digital Media Coordinator

Rachael Vargo, Research Assistant

IRETA Board of Directors

James Simms, D.Min., Chairman

Jesse Scheck, Vice Chairman and Secretary

David C. McAdoo, MBA, Treasurer

Henrick Harwood

Eric Hulsey, DrPH

Michael Harle, MHS

Rev. Dr. Toussaint King Hill, Jr.



Partners and Clients

American Society of Addiction Medicine
Center for Disease Prevention and Control
Community Care Behavioral Health
Federal Judicial Center
Foundations Medical Services, LLC
NAADAC, the Association for Addiction Professionals
National Addiction Technology Transfer Center Network
NORC at the University of Chicago
Office of National Drug Control Policy
Renewal, Inc.
Scaife Family Foundation
Southwest Behavioral Health Management, Inc.
Substance Abuse and Mental Health Services Administration
The Center for Social Innovation
The Commonwealth Prevention Alliance
The National Institute on Drug Abuse
U.S. District of Western Pennsylvania Probation & Pretrial Services
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

The logo for ireta, featuring a stylized flame icon above the word "ireta" in a lowercase, sans-serif font.



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