



**INSTITUTE
FOR
RESEARCH,
EDUCATION
AND
TRAINING
IN
ADDICTIONS**



ireta

FY 2018

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ireta

Helping helpers do what they do better.

About Us

The Institute for Research, Education and Training in Addictions (IRETA) is an independent 501(c)(3) nonprofit located in Pittsburgh, Pennsylvania.

OUR MISSION *is to help people respond effectively to substance use and related problems.*

OUR CLIENTS *are programs and systems whose success hinges on responding effectively to substance use, including addiction treatment providers, healthcare systems, and the criminal justice system.*

2018

*These problems point to a
need for quality improvement
across systems.*

That's what we do.

What Problems Do We Solve?

For many clients, addiction treatment is not effective.

- Addiction services tend to be disjointed and clients rarely receive continuous coordinated care.
- Individualized care based on a menu of research-based options is the exception rather than the rule.
- Many treatment providers don't have systems for self-measurement.

Healthcare systems don't know enough or do enough to address substance use.

- Health providers constantly intercept patients with substance use disorders who need help.
- Physicians and nurses receive limited training in school or on the job about addiction.
- The vast majority of people with addiction never receive specialty addiction treatment; the health system is our best opportunity for helping them.

People with addiction often land in the criminal justice system, which often fails to promote recovery.

- Most professionals in the criminal justice field are not trained to think of addiction as a health issue.
- The criminal justice system has difficulty coordinating with health and human service providers.
- People with addiction and a history of incarceration often need a lot of help; professionals in the criminal justice system need help helping them.



A Message from the EXECUTIVE DIRECTOR

What do you think when you see these things happen for a person with a substance use disorder?

When the individual shows symptoms of the disorder by, say, using when in treatment, treatment is terminated. "They just are not ready to change," is the rationale.

When an individual seeking treatment tests positive for the presence of drugs, a symptom of the disorder, a treatment center refuses admission until use stops because the program is "drug free."

When presenting with an opioid use disorder, all patients are referred for inpatient detoxification, because the program doesn't believe in using addiction pharmacotherapies. This, despite addiction medication's effectiveness in reducing cravings, protecting against the risk of overdose and establishing a physiological baseline that gives individuals the opportunity to pursue a stable recovery.

I think these are punitive responses and distressingly common. Not everyone gets better, but no one deserves to be treated this way when they're struggling. Clearly, not every program works this way. There are outstanding examples of care,

sensitivity and compassion. There needs to be more of that. It is time to say "enough" to attitudes and practices that shame and punish individuals with substance use disorders. IRETA is working with clients and partners to shape that change. Here are several ways we do that.

For the **Federal Judicial Center (FJC)**, we help re-entry courts respond to continued or new substance use with therapeutic interventions rather than punishment. Intensifying treatment is not punitive; it is a clinically-appropriate response. So now, instead of issuing a sanction such as a "shock incarceration" or home detention, a re-entry court evaluates the treatment services, holds a case review, and determines what additional services (if any) are needed. Sometimes the decision is to stay the course.

For **opioid treatment programs**, we provide a two-year clinical quality improvement process that helps programs respond to continued use, or relapse, by enhancing clinical services to match the patient's treatment need. So now, instead of dismissing a patient with a positive drug screen as not ready to change, the program reassesses the treatment plan and offers additional clinical counseling. The treatment intervention adjusts to match the patient.

For **purchasers of treatment services**, such as U.S. Probation and Pretrial Services, IRETA consults on how to procure treatment services that fit the needs of the patient, not simply provide funds to purchase what the treatment program offers. Forcing patients into a treatment service that doesn't fit them is a disaster waiting to happen, so we have helped courts expand the treatment options available for probationers. For instance, addiction pharmacotherapy is now available for probationers of Western Pennsylvania with opioid use disorder, whereas in the recent past only an inpatient detox followed by drug-free programming was available.

As IRETA's mission is to help people respond effectively to substance use and related problems, **it is our urgent priority to advocate, teach and model therapeutic, not punitive or counterproductive, approaches to addictions.**

We shall continue to seek out opportunities with our clients and partners to advance this perspective and make it the common experience for anyone with a substance use disorder.

IRETA had a successful FY 2018. We completed the transition from a primarily grant-funded entity to a consulting and technical assistance enterprise with the conclusion of the SBIRT ATTC project. IRETA finished the fiscal year with our seventh consecutive surplus and are in a strong financial position to advance our mission.

I wish to thank the Board of Directors for its continuing support and vision for IRETA.

I also thank the IRETA staff for making this an exciting, vibrant and important place to be. May you stay curious!

Peter Luongo, PhD

“We’re here to help others in a holistic and non-judgmental way.”

A Message from the BOARD OF DIRECTORS



2018

I am currently the newest member of the Board, having joined in September 2017, but I’ve been working with IRETA since 2015.

That year, I was working as the Director of Development for Gateway Rehab. I, along with representatives from across the addiction treatment, recovery and advocacy spectrum, attended a meeting that IRETA staff coordinated and moderated. The group was asked if we were interested in joining forces to create an event to raise awareness of the opioid epidemic and to celebrate the many paths of recovery. The answer was a resounding yes! The Pittsburgh Recovery Walk was hatched.

September 15, 2018 was the third anniversary of the Pittsburgh Recovery Walk, and IRETA continues to provide leadership and resources for an event that is now a Recovery Month tradition and a source of pride for the Pittsburgh community.

Although I am not an addiction clinician or expert, I developed a working knowledge of substance use disorders when I worked at Gateway Rehab. In my tenure there, I became very committed to Gateway’s mission to help all affected by addictive diseases to become healthy in

body, mind and spirit, and found tremendous respect for the recovery community. I joined IRETA’s Board and have continued to work on the Recovery Walk as a demonstration of that ongoing commitment and respect.

Currently, I serve as the Director of Development for the Sisters of St. Joseph. My fundraising work for the Sisters of St. Joseph isn’t explicitly geared toward addiction and recovery, but their mission, to serve God and the “dear neighbor” without distinction, is consistent with IRETA’s, Gateway’s and my own personal philosophy that we’re here to help others in a holistic and non-judgmental way. By the way, the Sisters are no strangers to addiction. They serve as public defenders, prison ministers, foster parents, psychologists, social workers, and even rehab counselors. The Sisters encourage my involvement with IRETA because they “get” what the organization does.

I have joined IRETA as the company enters a growth phase. Given the nationwide opioid epidemic and continuing scourge of alcohol use disorders, IRETA does not want for projects. Our work with the Federal Judicial Center, the American Society of Addiction Medicine, and the Office of National Drug Control Policy will result in greater

visibility and new opportunities well beyond our regional footprint that will strengthen the organization’s financial position and position us to influence the approach to addiction treatment in this country.

Furthermore, IRETA has an impressive track record of budget surpluses and clean audits which reflects effective fiscal management and board oversight. Our shift toward contracted services and away from government grants is a much more sustainable strategy.

However, as a contract-driven nonprofit, IRETA’s staff can never rest on their laurels because they have to be attentive to the ever-changing needs of their constituents and to continuously hone their craft. What helps is that many of IRETA’s newer initiatives are boots-on-the ground quality improvement projects, which keep us close to the people whose lives are directly impacted by substance use disorders.

Jeanne Minnicks, MBA, CFRE



IRETA by The Numbers:



- 2** *opioid treatment programs (OTP) assisted this year*
- 6** *OTPs will be assisted by the end of 2019*
- 4** *federal courts worked with IRETA this year*

Concrete Ways to Shift from Punitive to Therapeutic Responses to Addiction

“We can’t arrest our way out of this problem,” dozens of public officials and members of law enforcement are quoted as saying in recent years, referring to the opioid crisis.

“We’ve come to really understand that our largely punitive responses to people with substance use disorders is ineffective. It’s inhumane, and it’s costly,” said the director of the Office of National Drug Control Policy, Michael Boticelli, in 2016.

That same year, the Surgeon General echoed his sentiments, recommending that we “implement criminal justice reforms to transition to a less punitive and more health-focused approach.”

Even as consensus seems to be gathering around the need for a less punitive and more therapeutic approach to addiction, there are monumental questions about how to actually achieve this shift.

What does it look like on the ground?

How do you measure if it’s working?

This year’s annual report provides answers to these pressing questions by describing not just the *whys* but also the *hows* of bringing a more therapeutic paradigm to addressing addiction across systems.

Our **clinical quality improvement projects** in Pennsylvania methadone programs have helped bring high quality counseling services to settings where treatment-as-usual often lack a true recovery orientation.

Our **best practice guideline on drug testing in addiction treatment** conveys practical, research-based ways to use drug testing as a tool to support recovery and improve the therapeutic alliance.

Our work with **the Western Pennsylvania District federal reentry court** has taught probation officers and judges the value of Motivational Interviewing and medication-assisted treatment.

Our role in the **federal Heroin Response Strategy** enables law enforcement to work cooperatively with public health officials, tracking drug-related harms and formulating real-time responses to substance use trends.

These are concrete ways to shift from a punitive to a therapeutic response to addiction. In the face of a failed Drug War and unprecedented number of drug-related deaths, the need for a new approach is clear. We’re paving the way to make it a reality.

IRETA's Projects

Clinical Quality Improvement

IRETA works collaboratively with health service providers, taking time to understand each organization's process and problems. From there, clinical quality improvement can unfold.

■ Moving Opioid Treatment Providers Toward Recovery-Oriented Care

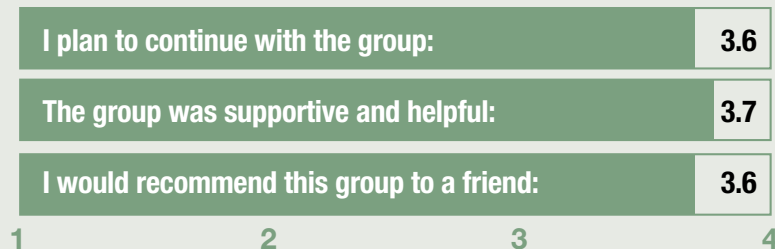
IRETA works with Opioid Treatment Programs, formerly known as methadone maintenance programs, to implement a more recovery-oriented model of care. Two western Pennsylvania OTPs—Foundations Medical Services (FMS) and Rainbow Recovery Center—have contracted with IRETA to implement and sustain recovery-oriented counseling services that will lead to better client retention and outcomes.

■ Behavioral Health Patients Now Receiving Co-occurring Disorder Treatment

Pittsburgh community mental health provider Milestone Centers is working with IRETA to develop and implement new clinical services that treat patients' co-occurring psychiatric and substance use disorders. To that end, IRETA has provided case consultations and staff training on best practices in assessing and treating substance use disorders. At the end of the fiscal year, Milestone hosted its first substance use disorder treatment group therapy session.



Clients receiving group addiction therapy at FMS rated agreement with these statements on a scale from one to four.



2018

Technical Assistance

IRETA provides technical assistance to a wide range of organizations whose success hinges on better responses to addiction and substance use.

■ Building Bridges between Courts and Addiction Treatment

Substance use disorders are prevalent among individuals in the criminal justice system and facilitating high quality addiction treatment can improve health and reduce recidivism. Federal courts are not addiction treatment experts, so this process can seem daunting. Through a contract with the Federal Judicial Center, IRETA worked closely with federal re-entry courts to better screen clients for substance use disorders and identify effective addiction treatment services.

■ Understanding Addiction and Treatment: Training for Probation Officers

This year, IRETA provided training for federal probation officers and judges on the benefits of medication-assisted treatment for opioid use disorder and the use of Motivational Interviewing to address substance use.

■ Improving Software Usage for a Job-Readiness Program

IRETA worked with Renewal Inc. to improve services for individuals transitioning out of the criminal justice system. IRETA provided technical assistance and consulting on Renewal's Work Release program, including a functional analysis of their resident tracking software. IRETA helped them identify what key performance capabilities they should look for in a system given their operation and reporting requirements and observed several site visits with Renewal staff.

■ Breaking the Connection between Prescription Painkillers and Heroin

For the third year in a row, IRETA served as a research consultant for the PA Stop campaign, a public health project to help educate and activate Pennsylvania communities that have been hit hard by the opioid crisis. At this stage, one of the campaign's primary goals is to assist Single County Authorities, coalitions, and other groups in using the PA Stop materials effectively and efficiently. As such, IRETA created a guide to effective media campaigns to prevent opioid misuse.



What people have to say about PA Stop:

We got an email from a family services provider that said, “PA Stop campaign flyers [are] posted within our offices. They are powerful and create discussions among professionals and family members who visit our locations.”

— Donna Foisy and Mallory Showalter
Bucks County Drug & Alcohol Commission

It’s really important for us to get our toll-free number out there. PA Stop has been our primary way of getting the number out. It’s amazing: you think people know how to access services, but it’s like anything else—until you need it, you’re not out there looking for it.

— Jamie Drake, Executive Director
Carbon-Monroe-Pike Drug & Alcohol Commission

What does the PDMP training cover?

Prescribers and their staff learn to prescribe opioids using best practice guidelines, how to screen for substance use disorders, and how to integrate the statewide prescription monitoring database into clinical practice.

Training and Education

Whether web-based or face-to-face, IRETA creates and delivers curricula about substance use for a variety of learners.

■ Using the Prescription Drug Monitoring Program to Inform Opioid Prescribers and Link Patients to Care

In partnership with the Pennsylvania Departments of Health and Drug & Alcohol Programs, IRETA began a new contract in September 2017 to educate Pennsylvania prescribers about preventing and addressing prescription drug misuse. The trainings target healthcare providers in Washington and Fayette counties who work with adolescents and young adults, focusing on the state Prescription Drug Monitoring Program (PDMP) and how its use can improve patient care. In June 2018, the project was expanded to include 13 more counties across the state.

■ Helping Nurses Develop Knowledge of Fetal Alcohol Spectrum Disorders

In the final year of an ongoing project funded by the Centers for Disease Control and Prevention (CDC), IRETA and the University of Pittsburgh School of Nursing have continued to increase nursing professionals’ knowledge of Fetal Alcohol Spectrum Disorders (FASDs) and the use of Screening and Brief Intervention to prevent alcohol use during pregnancy. IRETA collaborated on the development of online learning modules and digital media messaging utilizing SBI and the CHOICES curriculum (Changing High-Risk Alcohol Use and Increase Contraception). IRETA also contributed to scholarly manuscripts and position papers on these topics.





Student feedback on IRETA's online education:

"The information was very educational and well presented. [The presenter] was phenomenal and understood firsthand the topic and other areas."

"The in-depth focus on the neuroscience behind addiction provided a strong foundation on which to understand the very useful strategies for helping adolescents dealing with substance abuse."

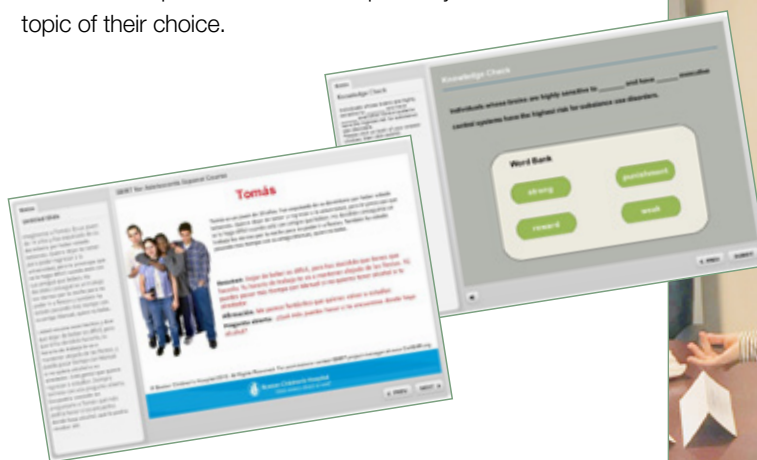
2018

■ Online Learning Informs Students and Professionals on Substance Use and Addiction Topics

IRETA continues to offer free online courses on addiction research and evidence-based practices for addiction treatment providers and allied health and human service professionals. The courses are hosted on ireta.org and students can receive continuing education credits for their work. In the coming year, IRETA will release a new course on adolescent marijuana use created in partnership with NIDA and a Spanish translation of the online course "SBIRT for Adolescents." Semi-monthly IRETA webinars invite learners to gain knowledge from topic experts and ask questions in real time.

■ Medical Students Developing Confidence in Addressing Patient Substance Use

IRETA hosted sixteen medical students for another successful year of the Scaife Medical Student Fellowship. Students explored the Pittsburgh region, improving their understanding of substance use disorders through lectures and site visits with addiction experts. On the program's final day, each student presents to fellowship faculty on an addiction topic of their choice.





What students have to say about the Scaife Fellowship:

"It was really difficult to find someone within my school who had an interest in addiction medicine treatment. Through the Fellowship, I built relationships with contacts and now have people to reach out to."

"I would encourage my colleagues to participate in this program for sure. There are different ways to incorporate addiction medicine into your practice even if it's not your specialty."



Applied Research

IRETA brings research and analytical methods to bear on substance use services as they are delivered in the real world.

■ Coordinating a National Heroin Response Strategy

This collaborative project funded by the Office of National Drug Control Policy brings public health and public safety entities together to address the opioid overdose epidemic through shared data and collaboration. IRETA coordinates all training, technical assistance, and data support services within this initiative. This includes conducting training needs assessments, developing and delivering topical webinars, facilitating collaborative learning activities, and maintaining training materials for new personnel.

■ Creating Research-informed Guidelines on Alcohol Withdrawal Management

IRETA is engaged in another clinical guideline development project with the American Society of Addiction Medicine (ASAM) on the topic of alcohol withdrawal management. IRETA conducted a comprehensive literature review, held an expert panel meeting in the summer of 2018, and is now working with clinical experts to develop guidelines that outline best practices in the management of alcohol withdrawal across all levels of inpatient and outpatient settings.

■ Drug Testing as an Effective and Therapeutic Tool

Working with ASAM professionals and a team of physician experts, IRETA developed a document titled "Appropriate Use of Drug Testing in Clinical Addiction Medicine." It provides guidance about the effective use of drug testing in the identification, diagnosis, treatment and promotion of recovery for patients with, or at risk for, addiction. The consensus document is now complete and can be found online or in the *Journal of Addiction Medicine*.



IRETA by The Numbers:

20 states in the Heroin Response Strategy

9 experts advising the alcohol withdrawal guideline. They represent specialties that include emergency medicine, addiction medicine, gynecology and obstetrics, family medicine, general and addiction psychiatry, and pain management

2018

Community Events

Located in Pittsburgh, PA, IRETA values projects that improve health and well-being in our home town.

Celebrating the Many Roads to Recovery at the Pittsburgh Recovery Walk

The 2017 Pittsburgh Recovery Walk was an unprecedented success, earning recognition from SAMHSA as the country's best Run/Walk event to commemorate Recovery Month. IRETA coordinated the Pittsburgh Recovery Walk Steering Committee, which consisted of more than a dozen representatives from addiction treatment, healthcare, government, and the recovery community. Planning for the 2018 Recovery Walk began shortly afterward and the event has taken its place as an annual Pittsburgh tradition.





IRETA by The Numbers:

11,094 people subscribe to our newsletters



Communication and Dissemination

A Fresh Look for IRETA.org

IRETA is a constantly-evolving organization and several years had passed since IRETA's website had seen major changes. The time had come for our website to better reflect our work. Visitors can now easily navigate multimedia resources and learn about IRETA's consulting, evaluation, and training services.



Publications

- **Changing BSN students' stigma toward patients who use alcohol and opioids through screening, brief intervention, and referral to treatment (SBIRT) education and training: A pilot study**

Khadejah F. Mahmoud, PhD(c), MSN

Dawn Lindsay, PhD, IRETA

Britney B. Scolieri, DNP, PMHNP-BC

Holly Hagle, PhD, IRETA

Kathryn R. Puskar, DrPH, RN, FAAN

Ann M. Mitchell, PhD, RN, FAAN

Journal of American Psychiatric Nurses Association, online edition.

- **Effect on dental hygiene students of a substance use simulation conducted with nursing students**

Ann M. Mitchell, PhD, RN, FAAN

Angelina Riccelli, MS, RDH

Lynn Boucek, CRNP

Kathryn R. Puskar, DrPH, RN, FAAN

Holly Hagle, PhD, IRETA

Dawn Lindsay, PhD, IRETA

Journal of Dental Education, 82(5), 469-474.

- **Undergraduate nursing students' perception of individuals with drug use problems: Confirming the factor structure of the drug and drug problems perception questionnaire (DDPPQ)**

Khadejah F. Mahmoud, MSN

Lauren Terhorst, PhD

Dawn Lindsay, PhD, IRETA

Kathryn R. Puskar, DrPH, RN, FAAN

Ann M. Mitchell, PhD, RN, FAAN

Journal of Addictions Nursing, 28(4): 196-202.

■ **An environmental scan of the role of nurses in preventing fetal alcohol spectrum disorders**

Ann M. Mitchell, PhD, RN, FAAN

Diane K. King, PhD

Brayden Kameg, BSN, RN

Holly Hagle, PhD, IRETA

Dawn Lindsay, PhD, IRETA

Bridget Hanson, PhD

Irene Kane, PhD, RN

Kathryn R. Puskar, DrPH, RN, FAAN

Susan Albrecht, PhD, RN, CRNP, FAAN

Carolyn Shaptunic, RNC, MPH

Becky Porter, MS, LPC

Alexandra E. Edwards, MA

Emily Matthews

Issues in Mental Health Nursing, 39(2), 151-158.

■ **Interprofessional education for teaching screening, brief intervention, and referral to treatment (SBIRT) for substance use**

Michael Neft, CRNA, DNP

Ann M. Mitchell, PhD, RN, FAAN

Kathryn R. Puskar, DrPH, RN, FAAN

Marie Fioravanti, DNP, RN

Holly Hagle, PhD, IRETA

Dawn Lindsay, PhD, IRETA

John M. O'Donnell, CRNA, DrPH

Journal for Interprofessional Education and Practice, 10(2018), 12-14.

IRETA's Webinars

- MI Skill Building: How To Recognize, Respond To, and Elicit Change Talk
- Expanding SBIRT through Policy Advocacy
- SBIRT+RM: A Conceptual Framework for Managing Substance Use Disorders in Primary Care Settings
- Cultivating Change Talk, Part II
- Hope and Help for Families Affected by Substance Use Disorders
- Prescribing Buprenorphine in Primary Care
- Implementing Recovery-Oriented Methadone Maintenance
- How Nurses Can Foster Positive Interactions with Patients with Substance Use Disorders

2018

Presentations

■ **Education for the prevention of fetal alcohol spectrum disorders (FASDs) with alcohol screening and brief intervention (Alcohol SBI) through the use of case studies**

Ann M. Mitchell, PhD, RN, FAAN

Kathryn R. Puskar, DrPH, RN, FAAN

Holly Hagle, PhD, IRETA

Dawn Lindsay, PhD, IRETA

Emily Matthews

Alexandra E. Edwards, MA

Lela R. McKnight-Eily, PhD

Presented at the 20th Annual International Society of Psychiatric Nurses (ISPN) Conference: Mental Health Care Amid Policy Chaos, Tempe, AZ.

■ **An Experiential Program that Changes Medical Students' Views of Addiction**

Holly Hagle, PhD, IRETA

Jessica Williams, MPH, IRETA

Presented at the 8th Annual McGinley-Rice Symposium Exploring Social Justice for Vulnerable Populations: The Face of the Person with an Addiction at Duquesne University, Pittsburgh, PA.

■ **A Primer on Synthetic Opioids**

Jessica Williams, MPH, IRETA

Kathryn Muzzio

Presented at the Commonwealth Prevention Alliance Conference, State College, PA.

■ **What We Know About Adverse Childhood Experiences and What That Means for Prevention**

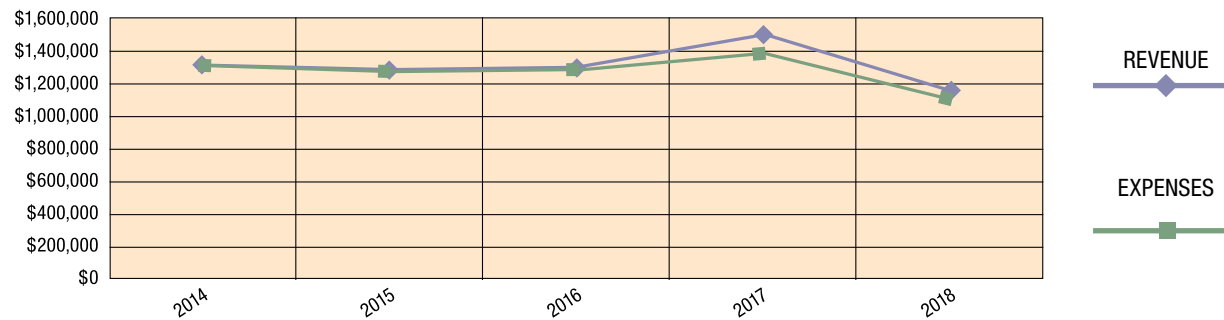
Jessica Williams, MPH, IRETA

Presented at the Commonwealth Prevention Alliance Conference, State College, PA.

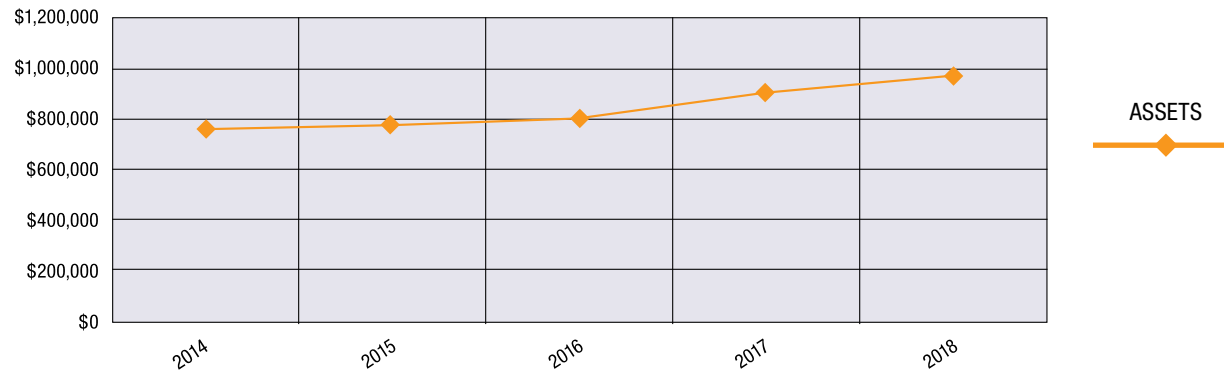
Financial Snapshot

FISCAL YEAR ENDING	REVENUE	EXPENSES	SURPLUS (DEFICIT)	NET ASSETS	DIFFERENCE	NET ASSET PERCENT CHANGE YEAR TO YEAR + (-)
6/30/14	\$1,309,554	\$1,298,564	\$10,990	\$794,377	\$10,990	1.47%
6/30/15	\$1,279,697	\$1,264,861	\$14,836	\$809,213	\$14,836	1.87%
6/30/16	\$1,294,292	\$1,279,251	\$15,041	\$824,254	\$15,041	1.86%
6/30/17	\$1,490,795	\$1,375,106	\$115,689	\$939,943	\$115,689	14.04%
6/30/18	\$1,153,138	\$1,090,924	\$62,214	\$1,006,361	\$62,214	6.62%

IRETA EXPENSES VS. REVENUES



IRETA NET ASSETS / FISCAL YEAR



Who We Are

Partners & Clients

American Society of Addiction Medicine
BOOM Creative
Centers for Disease Control and Prevention (CDC)
Community Care Behavioral Health
Commonwealth Prevention Alliance
Federal Judicial Center
Foundations Medical Services, LLC
Milestone Centers, Inc.
NAADAC, the Association for Addiction Professionals
National Addiction Technology Transfer Center Network
NORC at the University of Chicago
Office of Pittsburgh City Council President Bruce Kraus
Office of National Drug Control Policy (ONDCP)
Pennsylvania Dept. of Drug & Alcohol Programs
Pennsylvania Dept. of Health
Rainbow Recovery Center
Renewal, Inc.
Scaife Family Foundation
Southwest Behavioral Health Management, Inc.
Substance Abuse and Mental Health Services
Administration (SAMHSA)
The Commonwealth Prevention Alliance
The National Institute on Drug Abuse (NIDA)
U.S. District of Western Pennsylvania Probation &
Pretrial Services
University of Pittsburgh School of Dental Medicine
University of Pittsburgh School of Nursing
University of Pittsburgh School of Public Health



Staff & Board of Directors

IRETA Staff

Peter Luongo, PhD, Executive Director
Julius Habjanetz, Chief Financial Officer
Dawn Lindsay, PhD, Director of Research and Evaluation
Jessica Williams, MPH, Director of Communication and
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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

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