



ireta

20th ANNIVERSARY

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Institute for
Research,
Education &
Training in
Addictions

ANNUAL REPORT

FY 2019

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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.

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

St. Francis Hospital was something special. Although it's been shuttered for over 17 years, St. Francis lives on in the memories of thousands of western Pennsylvanians whose lives were changed by the addiction services they received there. Similarly, countless health and human services providers in our region were made better by working at (or adjacent to) St. Francis, which modeled a compassionate approach to substance use disorder treatment that was unmatched in its era.

Although St. Francis was a unique force in western Pennsylvania, its origins weren't unusual. Founded by the Sisters of St. Francis of Millvale in the middle of the 19th century, St. Francis was among a number of independently-owned hospitals guided by a mission to provide care to needy individuals, including those with psychiatric and substance use disorders. And when the hospital closed in 2002, it was also in line with a broader trend: as healthcare services consolidated in western Pennsylvania (and across the nation), independent hospitals were taken over by large health systems. Such was the case when UPMC bought St. Francis and converted it to a children's hospital.

In comparison to St. Francis, IRETA's beginning seems as serendipitous as the Big Bang. All of the right ingredients needed to combine in the right moment—and they did.

Dr. Michael T. Flaherty, a clinical psychologist and Vice President of Behavioral Services at St. Francis Hospital, believed profoundly in the model of addiction care that St. Francis espoused. As the hospital neared its final days, he worked with its administration to secure funding for a training and policy think tank that would perpetuate the paradigm that St. Francis had embodied for so many years. He envisioned IRETA as an independent nonprofit seeking to align science, service, and policy in the area of addiction and its treatment.

With seed funding from St. Francis Hospital and the Jewish Healthcare Foundation, Dr. Flaherty recruited allies and staff members from western Pennsylvania's extensive network of addiction experts. He forged partnerships with Pennsylvania state agencies and within two years had secured a federal grant as a training center to promote the use of evidence-based addiction treatment practices. With impressive speed, IRETA had, in today's parlance, become a thing.

"We are honored to be celebrating our 20th anniversary and deeply indebted to the many individuals who helped create and sustain this organization over time."

New nonprofits are vulnerable. Establishing an effective governing structure and firm financial footing is a heavy lift. IRETA's birth and initial growth is entirely a testament to Dr. Flaherty's vision, creativity, and remarkable stick-to-itiveness.

Twenty years later, IRETA is thriving because of our continual adaptation. In a country rocked by opioid-related deaths and a region working to update its addiction services in both mainstream healthcare and specialty treatment settings, we have placed our focus on quality improvement projects. With a distinctly boots-on-the-ground approach, IRETA works closely with clients to identify specific target outcomes and implement change plans that create measurable progress in organizational efficiency and the lives of people with substance use disorders.

We are honored to be celebrating our 20th anniversary and deeply indebted to the many individuals who helped create and sustain this organization over time. The need for better responses to substance use disorders is clear, and we are proud to be working toward them.

Peter F. Luongo, PhD
Executive Director, IRETA

We live in an era when substance use treatment, recovery and drug policy topics appear regularly in national news, public discourse and even presidential campaigns. Science and evidence are constantly questioned and competing narratives drive the discussion about substance use and addiction.

It's an exciting time to be part of IRETA and have the opportunity to provide clarity and guidance about effective responses to substance use and related problems. I've been an active board member since 2016 and currently serve on the Executive Committee as Treasurer. However, I have been involved with IRETA in a variety of roles since its early days.

Initially, I was assigned to collaborate with IRETA as a graduate student. My role was to assist a unique project focused on performance improvement in community-based treatment. In that role, I was privileged to be able to follow a staff member out to provider sites and learn about the process of using data to help treatment agencies better serve their clients and make their processes more efficient, given the limited resources they had available.

Following my graduate training, I joined IRETA's staff as its Scientific Director. Those were exciting days, when IRETA was helping to advocate for recovery-oriented care and promoting the adoption of a science-based approach to substance use disorder treatment. During that time, the organization was part of a national network of training centers across the country funded by the federal Substance Abuse and Mental Health Services Administration. As one can imagine, this involved intensive partnership development, grant writing, grant administration and the navigation of shifting federal priorities and budgets. While IRETA was engaged with the national pulse, we also worked on local projects borne of an emerging need for technical assistance and evaluation to improve both the quality and efficiency of substance use disorder treatment.

"IRETA had certainly evolved as an organization to meet the needs of its clients and end users."

Several years after leaving my position, I was invited to serve on the Board of Directors. At that time, IRETA had already secured several contracts with entities like provider agencies and federal courts. It was clear that demand for its services were growing. Additionally, IRETA's communications infrastructure had been updated, solidifying our role as an important voice in the changing dialogue about substance use, treatment and recovery (and frequently educating me about something I hadn't yet learned). IRETA had certainly evolved as an organization to meet the needs of its clients and end users.

A Message from the Board of Directors



Today, in the midst of a national opioid overdose crisis, there has been increased demand and funding for substance use disorder treatment in Pennsylvania and around the country. People who use drugs and their families and friends often aren't sure what effective treatment or recovery looks like.

IRETA has taken steps to respond to these needs. In 2016, IRETA convened local stakeholders to build a broad-based regional recovery walk. By the time you read this Annual Report, IRETA will have coordinated and helped to organize the 4th annual Pittsburgh Recovery Walk, which started with 1,000 participants and this year exploded to more than twice as many. Furthermore, in celebration our 20th anniversary, IRETA held a community forum to educate the public and professionals alike about what quality treatment looks like.

I've described how I've seen IRETA develop over the past 20 years. In that time, I have witnessed an organization that has transformed and adapted to meet the needs of a changing field while remaining true to its mission. I am proud to serve a responsive organization with skilled staff that is dedicated to helping people and systems respond more effectively to addiction.

Eric G. Hulsey, DrPH

IRETA's 20th Anniversary

IRETA Through the Years

- 1999:** Created as a training and policy institute under parent company St. Francis Hospital, appoints Michael T. Flaherty, PhD as first Executive Director
- 1999:** Assumes leadership of an annual fellowship in substance use disorders for medical students, funded by the Scaife Family Foundation
- 2000:** Begins offering Regional Training Institutes for addiction professionals throughout Pennsylvania in partnership with the PA Bureau of Drug & Alcohol Programs
- 2002:** Receives a federal grant to serve as a regional Addiction Technology Transfer Center (2002-2012)
- 2003:** Creates the Leadership Institute, offering training and mentorship for addiction professionals in Pennsylvania and New York (2003-2011)
- 2003:** Pennsylvania receives Screening, Brief Intervention and Referral to Treatment (SBIRT) training grant, names IRETA as statewide trainer (2003-2008)
- 2006:** Publishes the first of four monographs on recovery-oriented systems of care, in partnership with William White, the national ATTC Network, and other national addiction experts
- 2011:** Dr. Peter F. Luongo assumes role of Executive Director
- 2011:** Begins long-term partnership with the Federal Judicial Center, providing quality improvement consultation for problem-solving courts
- 2012:** Receives federal grant to serve as a national resource center on SBIRT in partnership with NORC at the University of Chicago (2012-2017)

- 2013:** Begins multi-year project providing program evaluation and technical assistance to a western Pennsylvania community corrections treatment provider
- 2014:** IRETA's Board adopts a new mission statement, "Helping people respond effectively to substance use and related issues," which reflects a new focus on quality improvement rather than training and policy
- 2016:** Begins long-term partnership with the American Society of Addiction Medicine (ASAM), creating evidence-based clinical guidelines and providing additional subject matter consultation
- 2016:** Launch of the annual citywide Pittsburgh Recovery Walk, coordinated by IRETA
- 2017:** Longitudinal evaluation showing the lasting impact of the Scaife Fellowship in Substance Use Disorders published in the journal Substance Abuse
- 2017:** First of IRETA's multi-year clinical quality improvement projects for PA methadone programs begins (by 2019, this project has expanded to five programs and continues to grow)
- 2018:** Once funded almost entirely by state and federal grants, IRETA's budget is only 5% grant-funded, 95% funded by contracts
- 2019:** Contracted to provide quality improvement services for a variety of providers in western Pennsylvania, including a regional health system, a mental health treatment facility, and an addiction treatment facility
- 2019:** To celebrate our 20th anniversary, IRETA hosts a community forum in Pittsburgh, "Complex Barriers to High-Quality Addiction Treatment" and becomes a lead sponsor of the Pittsburgh Recovery Walk





Long-term Partners

University of Pittsburgh School of Nursing
 American Society of Addiction Medicine
 Federal Judicial Center
 PA Dept. of Drug & Alcohol Programs (formerly BDAP)
 Substance Abuse and Mental Health Services Administration
 National Institute on Drug Abuse
 Commonwealth Prevention Alliance
 Southwest Behavioral Health Management, Inc.

Long-term Focus Areas

Screening, Brief Intervention and Referral to Treatment (SBIRT)
 Co-occurring disorder treatment
 Methadone treatment
 Criminal justice system improvement
 Recovery advocacy
 Clinical supervision
 Motivational Interviewing
 Buprenorphine treatment
 Measurement-based behavioral healthcare

Long-term Quality Improvement Strategies

Distance learning
 Intensive medical student education
 Performance measures
 Leadership development
 Data management training
 Program evaluation
 Onsite clinical quality consultations

Anniversary Symposium

In honor of our 20th anniversary as an independent nonprofit dedicated to promoting best practices in the treatment of addiction, we hosted a community symposium titled “Complex Barriers to High-Quality Addiction Treatment.” The event consisted of a reception and a panel discussion among experts in the field of addiction treatment. Panel members were as follows:

- Margaret Jarvis, MD, DFASAM – American Society of Addiction Medicine
- David Loveland, Ph.D. – Community Care Behavioral Health
- Brooke Feldman, MSW – CleanSlate Outpatient Addiction Medicine
- Stuart Fisk, CRNP, MSN – Allegheny Health Network

The presenters spoke about some of the most pressing barriers people face when it comes to seeking quality substance use treatment including stable housing, employment, adequate social support, and other chronic health issues.

About 75 community members and healthcare professionals attended and the symposium was covered by Pittsburgh’s local NPR affiliate, WESA.

Complex Barriers to High-Quality Addiction Treatment

20th Anniversary Reception & Symposium with Panelists:

Margaret Jarvis, MD, DFASAM
American Society of Addiction Medicine



David Loveland, PhD
Community Care Behavioral Health



Brooke Feldman, MSW
CleanSlate Outpatient Addiction Medicine



Stuart Fisk, CRNP, MSN
Allegheny Health Network



IRETA's Projects

Clinical Quality Improvement

Implementing Recovery-Oriented Clinical Services in Opioid Treatment Programs

IRETA is implementing recovery-oriented clinical services at three western Pennsylvania opioid treatment programs (OTPs), also known as methadone programs. Assisted by IRETA's Clinical Quality Improvement team, Rainbow Recovery, Foundations Medical Services, and Echo Treatment Centers have made significant progress in enhancing outpatient services to include cognitive behavioral therapy, case consultation as a quality assurance strategy, and an overall recovery orientation. Data collected from the enhanced programs show that patients and staff see high quality therapy as being important to the treatment process.

In an expansion of our work with OTPs, IRETA has signed on to begin a three-year consultation, funded by the Department of Drug and Alcohol Programs (DDAP), with OTPs in York and Adams counties. In addition to clinical quality improvement, this project will include an effectiveness evaluation.



Opioid Treatment Program Initiative by the Numbers

- Cumulatively, the MAT Clinic Initiative has served **114** clients in three clinics.
- A total of **154** group sessions have been facilitated across the three clinics and are ongoing in two of the clinics.
- Nearly **50%** of clients say they are willing to attend groups more frequently than is currently required for methadone clinics (i.e., 2.5 hours per month).
- Across all three clinics, **98%** of clients agreed that the group was supportive and helpful, **96%** would recommend a friend to the group, and **97%** planned to continue with the group.



Helping a Mental Health Provider Address Substance Use Disorders

IRETA completed a two-year consultation project with Milestone, a community mental health provider located in Pittsburgh, in which we developed and implemented a program of clinical services for clients with co-occurring psychiatric and substance use disorders. The project incorporated onsite observations, consultations, training on Screening, Brief Intervention and Referral to Treatment (SBIRT) for all clinical staff, and the initiation of group therapy for Milestone patients with co-occurring substance use and mental health disorders.

Technical Assistance

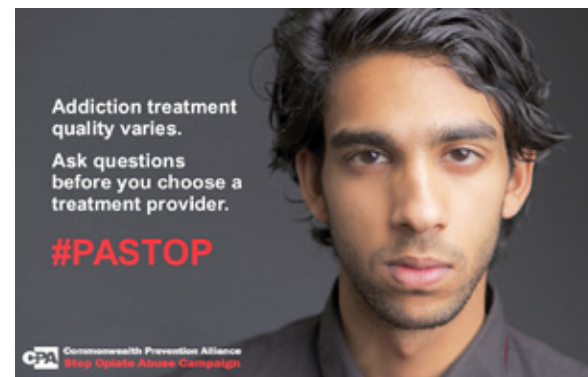
Bringing Addiction Medicine to Allegheny Health Network

This year, IRETA worked with Allegheny Health Network (AHN) to assist in the planning, development, and implementation of an addiction medicine service within the regional health system. IRETA presented a literature review on performance measures in substance use disorder treatment systems and recommended strategies for estimating substance use disorder treatment needs and capacity requirements across levels of care.



Improving the Quality of Federal Re-Entry Courts

In an effort to improve outcomes for federal re-entry courts, IRETA provides technical assistance to the Federal Judicial Center, which is the research and education agency of the judicial branch of the U.S. government. IRETA helps federal courts to better screen clients for substance use disorder and identify effective addiction treatment services. A group of four courts started in November 2018 with a two-day quality improvement seminar in Dallas, Texas. Monthly consultations with these courts will conclude in October 2019 and a new group will begin the following month.



Providing Support for PA's Opioid Awareness Campaign

This year, IRETA has continued to work as a research consultant for the Commonwealth Prevention Alliance (CPA)'s Stop Opiate Abuse campaign. The campaign focuses on preventing non-medical prescription opioid use and, in so doing, breaking the connection between prescription opioids and heroin. IRETA provides science-based information for the campaign's website, distribution materials, and social media platforms.

Here is what organizations across Pennsylvania are saying about their involvement with the PA Stop campaign:

"This campaign helps us chisel away at stigma. The negative stigma associated with addiction prevents people from reaching out and getting the help that they need. I like the way PA Stop shows faces of people from all walks of life and all ages."

— Cambria County Drug Coalition

"I think the trick is to be creative and meet people where they're at. PA Stop is helping us do that. PA Stop helps us communicate that our services are not fear-based, they're about 'How do we help you?' We're getting information out there so that our population knows where to go if they need help."

— Duquesne University

"Our number of calls are up about 15% since last year... We want people to reach out to us as early as possible, before the disease of addiction progresses. We want them to know that addiction can happen to anyone. And the PA Stop materials definitely help us spread that message."

— Erie County Office of Drug and Alcohol Abuse

Training and Education

Preventing Non-Medical Opioid Use with a Provider Education Initiative in PA

In the past year, IRETA has conducted training for nearly 300 healthcare providers in Pennsylvania on how to utilize patient screening, Motivational Interviewing, opioid prescribing guidelines, and the statewide Prescription Drug Monitoring Program (PDMP) to prevent non-medical opioid use. Trainees include social workers, physicians, advanced practice providers, licensed professional counselors, and probation officers. IRETA is currently working to expand the curriculum to include a module on opioid prescribing for dentists and develop a patient empowerment brochure for young adults that details the risks and benefits of opioids for pain management.



Webinar Wednesdays

IRETA has continued to host a monthly webinar in 2019. Below is a list of webinars that were hosted this past year on the IRETA website and what attendees had to say about them.

How Nurses Can Foster Positive Interactions with Patients who have Substance Use Disorders

"Lots of good insights for working with colleagues in the healthcare system. Good tips on addressing stigma."

Treating a Patient with a Co-Occurring Disorder

"Our company is moving to working with co-occurring clients and it was very informative about the integrated treatment."

Addressing Opioid Addiction in Acute Care Settings

"Facilitator was very knowledgeable and held my interest. He was on point."

Supporting Children who Lose Parents to Accidental Overdose

"I was able to share these with 14 regional prevention centers throughout KY. Very helpful moving forward, and something KY preventionists as myself did not previously have access to."

"All information shared was provoking. Led me to research more the Parents Raising Grandchildren Act."

Improving Clinical Quality in Methadone Treatment: Results of a 2-Year Pilot

"I liked learning about a well-designed pilot with clear measurable objectives and evaluation."

"I enjoyed the presentation, the slides were very effective. Dr. Luongo had much information. I am interested in strategic outcomes with methadone and this was extremely helpful."

Medication First: Integration of Opioid Use Disorder Treatment Across the Healthcare System

"This was very informative and really challenged the treatment community's false beliefs about medication in a non-threatening way."

The Feasibility & Effectiveness of Drug Using Peers Distributing Naloxone & Injection Equipment

"I enjoyed the real-world examples and descriptions of the work and barriers facing syringe service programs and harm reduction in general."

Cognitive Behavior Therapy for Substance Use Disorder: From Theory to Practice

"The theoretical framework was very useful; practical functional analysis exercise was great; use of example was insightful."

Integrating CBT, ACT & Mindfulness-based Therapy for the Treatment of Substance Use Disorders

"It has been a long time since I received my Master's and my practice did not include addictions- now that I will be in schools, I will be interacting with some individuals having substance use disorders and this was a nice overview."

Online Courses

IRETA offers continuing education for addiction professionals with self-paced online courses on a variety of topics, including adolescent marijuana use and electronic tools to support patients with addiction across the continuum of care.

IRETA also has teamed up with the Pennsylvania Department of Drug and Alcohol Programs (DDAP) to enhance and develop online courses. This year, IRETA created a MAT 101 course for DDAP that outlines the different pharmacotherapies for opioid use disorder and offers guidance on how to design a patient-centered Medication-Assisted Treatment program. IRETA is also working with DDAP on a case management curriculum and training improvement project, which entails working with case managers across the state to improve their online and in-person training curriculum.

Scaife Medical Student Fellowship in Substance Use Disorders

This year, IRETA once again hosted 15 medical students as part of the Scaife Medical Student Fellowship in Substance Use Disorders. Students from around the country explored the greater Pittsburgh area and learned about substance use, addiction, treatment, and recovery through lectures and site visits with local addiction experts. On the last day of the program, each student presented on an addiction topic of their choice.

Here is what Scaife Program fellows had to say about their experience:

"The Stigma and Language session I think is very important for us...I am a little bit more aware of when people talk and the words that they use, and also for myself."

"At Magee, it was really cool to see the interdisciplinary work with behavioral health, doctor and peer...they just have such a good working relationship that comes across when you see them in the room. That was a great experience."

"The doctor I shadowed was great at explaining things. I really admire her and the way she talked to patients. I felt like I learned a lot."

"I feel like I know MAT from every angle and that's good. We see who opposes it and why they oppose it. Who is for it and why they are for it, how it works for some people and how it doesn't work for others. We got personal stories and we got systemic stuff. It's the whole picture of MAT, which I think is super important."

"I am definitely going to recommend this to first year medical students next year that come into my school."

"I do feel regardless of what specialties we go to, we will all have some degree of comfort with anyone who has some substance use disorder. I feel much better about it."



Research and Evaluation

Alcohol Withdrawal Management with ASAM

IRETA is working with the American Society of Addiction Medicine (ASAM) to develop an updated clinical guideline on alcohol withdrawal management. The project involves a systematic literature review utilizing Grading of Recommendations Assessment, Development and Evaluation (GRADE) methodology; the development of draft guideline statements with the assistance of expert clinical champions; and working with an interdisciplinary guideline committee to rate the appropriateness and necessity of each guideline statement using the RAND/UCLA Appropriateness Method.

Alcohol withdrawal affects a high percentage of patients treated in general medical settings and an even higher percentage of patients admitted to the emergency department. Evidence-based practices can lead to improved patient outcomes, including more effective connection to alcohol use disorder treatment. Some of the current clinical practices that the updated guideline is designed to address are:

- Uncertainty about which questionnaire is most effective for monitoring alcohol withdrawal symptoms
- Excessive caution about the use of benzodiazepines to treat alcohol withdrawal, which have been shown to prevent seizures and delirium
- The overuse of barbiturates, which have a much narrower therapeutic index than benzodiazepines
- Particularly inconsistent treatment practices in non-specialty settings



ASAM Clinical Certification Standards

This year, IRETA worked with ASAM to assist in the development and launch of their pilot national certification program for addiction treatment providers. The pilot program created a clear criteria for certifying treatment programs that demonstrate the ability to deliver service consistent with established guidelines for care. The ASAM certification standards are initially being developed for residential programs at three different levels.

Community Events

Celebrating Roads to Recovery at the Pittsburgh Recovery Walk

The third annual Pittsburgh Recovery Walk was a huge success. The free event was held on September 15, 2018 as part of National Recovery Month. It included a mile-long walk through Downtown Pittsburgh and a Recovery Expo that included dozens of community organizations and recovery resources, activities, speakers, and entertainment. Over 2,000 people from three different states and eight Pennsylvania counties attended. The Recovery Walk was featured on Pittsburgh Today Live, CBS KDKA, and WPXI, as well as in the *Pittsburgh Tribune-Review* and the *Pittsburgh Post-Gazette*.



Here is what attendees had to say about the Pittsburgh Recovery Walk:



"This was my second recovery walk and it was impressive to see how much it has evolved in just a year. I'm looking forward to participating next year."

"Wonderful positive and inclusive event! It was clear that the participants were very engaged and enthusiastic."

"It was great to share the spirit of recovery!"

"It truly showed me that anyone can be in recovery no matter of their race, color, creed, national origin, or financial status."

Pittsburgh Recovery Walk by the Numbers

- **53** registered teams representing recovery support groups, treatment centers, families, government groups and more
- **85** naloxone kits were distributed by Duquesne University School of Pharmacy
- Over **40** community groups shared information, resources, and support
- More than **60** volunteers helped make the walk possible
- **30** people were screened for STI and hepatitis C, thanks to Central Outreach Wellness Center
- **14** local organizations sponsored the event, including presenting sponsors UPMC, UPMC Health Plan, and Community Care Behavioral Health

Communications

Social Media

Over the past year, IRETA's social media presence has continued to grow. Individuals and organizations can receive updates from IRETA on Facebook, Twitter, and LinkedIn. Below is a snapshot of IRETA's social media following at the end of Fiscal Year 2019:



/IRETA.org
2,961 followers



@IRETA
2,565 followers



/ireta
347 followers

Blog

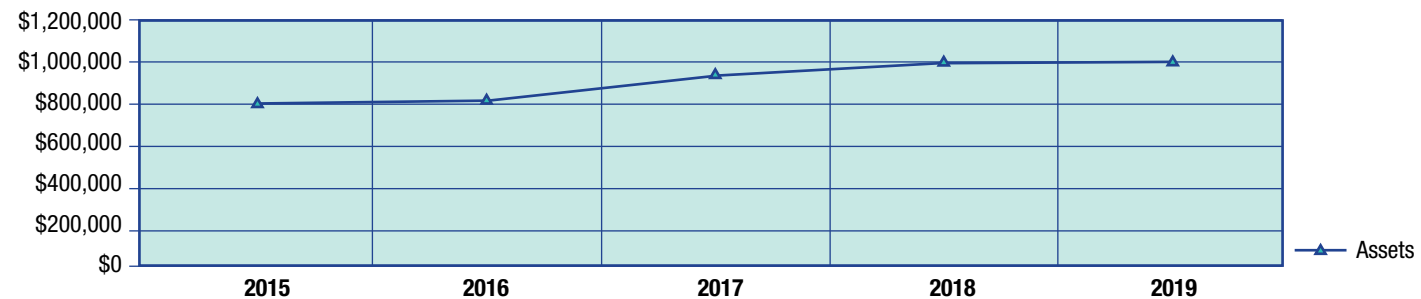
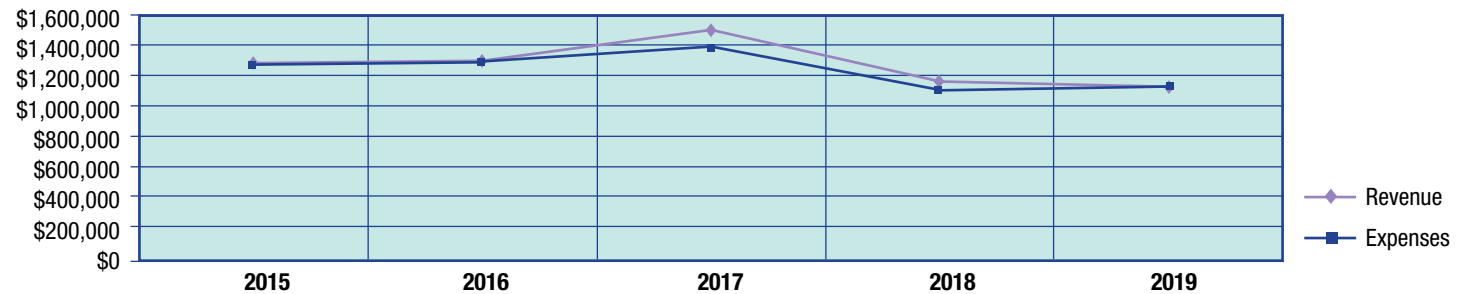
IRETA website visitors, newsletter subscribers, and social media followers are all able to stay up-to-date on evidence-based information and perspectives in the addiction field by reading the IRETA blog. Some of the blog articles featured this year were as follows:

- Gabapentin, the 'Chameleon' Drug: Risks and Response
- How Not to Talk About Addiction
- There Are a Number of Ways for an ED to Responsibly Address Addiction
- What's So Great About the Pittsburgh Recovery Walk? This Amazing Video Says It All
- Measurement-Based Care and Outcomes Monitoring in Addictions Treatment
- Why Don't We Do a Better Job with the Overlap Between Eating Disorders and Addiction?
- Parental Overdose and Grieving Children
- Like All of Us, Dentists Can Play a Role in Reducing Opioid-Related Harms

Financial Snapshot

Fiscal Year Ending	Revenue	Expenses	Surplus (Deficit)	Net Assets	Net Asset Percent Change Year To Year + (-)
6/30/15	\$1,279,697	\$1,264,861	\$14,836	\$809,213	1.87%
6/30/16	\$1,294,292	\$1,279,251	\$15,041	\$824,254	1.86%
6/30/17	\$1,490,795	\$1,375,106	\$115,689	\$939,943	14.04%
6/30/18	\$1,157,288	\$1,095,616	\$61,672	\$1,001,615	6.56%
6/30/2019*	\$1,119,271	\$1,124,101	(\$4,830)	\$996,785	-0.48%

* unaudited



Partners & Clients

IRETA is proud to call these groups our partners and clients:

Allegheny Health Network
American Society of Addiction Medicine
BOOM Creative
Centers for Disease Control and Prevention (CDC)
Community Care Behavioral Health
Commonwealth Prevention Alliance
Duquesne University School of Pharmacy
Echo Treatment Center
Federal Judicial Center
Foundations Medical Services, LLC
Milestone Centers, Inc.
NAADAC, the Association for Addiction Professionals
National Addiction Technology Transfer Center Network
National Institute on Drug Abuse (NIDA)
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)
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 Graduate School of Public Health

Who We Are

Staff & Board of Directors

IRETA Staff

Peter Luongo, PhD, Executive Director
Julius Habjanetz, Chief Financial Officer
Dawn Lindsay, PhD, Director of Research & Evaluation
David Reazin, MHS, Director of Clinical Quality Improvement
Jessica Williams, MPH, Director of Communication & Health Promotion
Piper Lincoln, MS, Senior Research Associate
Abby Bartus, MPH, CPH, Communication & Health Promotion Associate
Jackie Jones, MPH, Research & Evaluation Associate
Christie Nebel, LPC, Clinical Quality Improvement Associate
Jessica Thurston, LPC, Clinical Quality Improvement Associate
Jessica Samuel, Finance & Program Associate
Marla Kauffman, Communication & Health Promotion Coordinator

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CELEBRATING 20 YEARS OF IRETA

