



Institute for Research, Education & Training in Addictions
ANNUAL REPORT

FY 2020

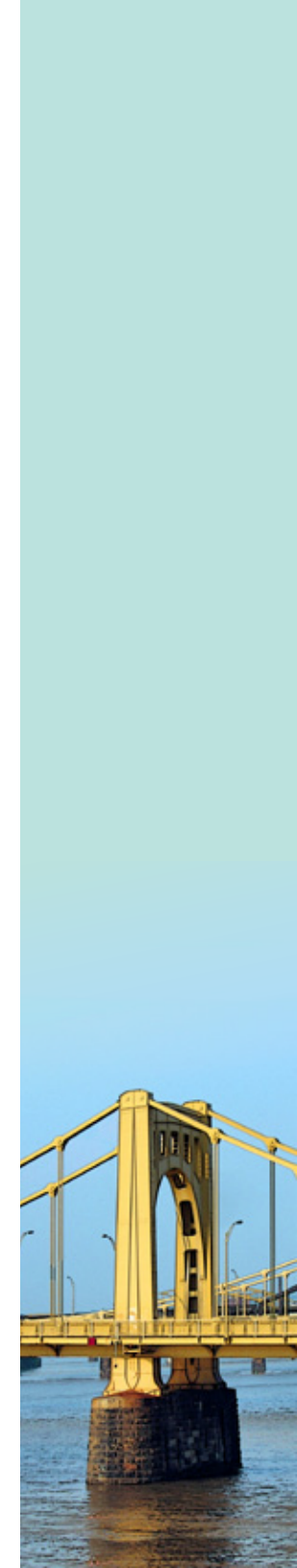


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ABOUT US

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 substance use disorders 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 substance use as a health issue.
- The criminal justice system has difficulty coordinating with health and human service providers.
- People with a history of substance use and incarceration often need a lot of help; professionals in the criminal justice system need help to help them.



A MESSAGE FROM THE BOARD OF DIRECTORS



THIS YEAR I BECAME A proud member of IRETA's Board of Directors! After years of being a fan of the work of IRETA, it is an honor to serve on the Board with my colleagues and join the efforts of a talented and dedicated staff.

As the CEO of a local organization dedicated to treating substance

use and co-occurring disorders, I've had the pleasure of participating in IRETA's work with medical students through the Scaife Medical Student Fellowship by hosting students interested in understanding addiction and recovery. The program helps these young, smart, and enthusiastic students better understand substance use and co-occurring disorders, which helps to reduce stigma and ensure more effective and compassionate care. We hope that involvement in the Fellowship program also inspires some to consider a specialty in addictions medicine.

The Fellowship program is only one of many reasons I'm proud to be associated with IRETA. During the course of the year, despite the challenges faced as a result of COVID-19, IRETA continued its strong tradition of adapting to the times and proved that even during a worldwide pandemic, the mission of responding effectively to substance use still needs to be, and can be met. IRETA's staff and clients were flexible, adapting quickly to new ways of service delivery and projects continued through virtual work sessions.

As a contract-driven organization, IRETA focuses on projects intended to improve services. This year was no different. IRETA worked with drug and alcohol treatment centers, criminal justice systems, medication assisted treatment clinics, medical and health care organizations, and government oversight entities. IRETA's commitment to quality improvement and enhancing service delivery systems is as important now as ever. Consider that two out of three families are impacted by problems with alcohol and other drugs and that the United States was in the midst of an opioid epidemic when we were hit with a global pandemic. The work of IRETA is critical as provider agencies and oversight organizations work to meet the increasing needs of those suffering from substance use disorders.

While we may be uncertain about the future impact of the pandemic, one thing remains clear, IRETA is and will continue to be a trusted resource in helping people respond effectively to substance use problems, creating opportunities for improved client outcomes and healthier and happier individuals, families, and communities.

Rosa Davis, MSW

IRETA Board Member

Chief Executive Officer of POWER

Pennsylvania Organization for Women in Early Recovery



A MESSAGE FROM THE EXECUTIVE DIRECTOR



IT OCCURRED TO ME THAT ORGANIZATIONAL CONSULTANTS looking at IRETA's response to the COVID-19 pandemic would talk about it in a particular way.

Something like; "IRETA is in a state of accelerated transition, pivoting towards a new service delivery model, yet maintaining its mission centered focus, empowering staff and clients with the tools, and operations needed to be successful." Maybe also: IRETA is "leaning in to the changes," and exploring how to make lessons learned "scalable" for both its internal and external customers.

This is action language and, to me, reflects what we have strived for in this moment of uncertainty.

But that is not all that struck me. All organizations have responded to COVID-19. A drive to act, to be right for the moment, is what every organization aspires for.

It occurs to me that IRETA has been right for the moment. This is for a particular reason.

We have Grit.

University of Pennsylvania psychologist Angela Duckworth has studied individuals to see what personal traits might contribute to better understand how individuals with similar intelligence, physical prowess, educational attainments and expressed motivations have such varied achievements. How are we able to identify what makes individuals high achievers?



In her book, *GRIT: The Power of Passion and Perseverance*, Duckworth explores high achievement by individuals in a variety of settings ranging from students in schools to West Point cadets. She finds that the secret to outstanding achievement is not talent, but a blend of passion and perseverance; Grit.

Grit is the tendency to sustain interest in an effort toward very long term goals.

A case in point is predicting which plebes at West Point succeed and remain vs. those that leave the corps. This has been an area of intense scrutiny for years. To get to West Point, cadets are astonishingly accomplished, fit and motivated. But each year, a significant number opt out. It's not about talent. It's something else. For Duckworth and her colleagues it came to Grit. The passion and perseverance to keep the long term in mind.

That's us. We fit the language of the organizational consultant, but we act in that way because IRETA has the organizational equivalent of Grit.

Here's an example that is highlighted in this report. IRETA is committed to improving the quality of clinical services and patient outcomes in opioid treatment programs through our Clinical Quality Improvement (CQI) program. When COVID-19 hit, closing clinics for in person counseling, our CQI staff adapted by helping clinics shift to telehealth and remote group counseling. We stayed on task. We never strayed from the long-term goal of effectively responding to substance use.

Another example; IRETA staff seamlessly shifted to remote work, continuing to meet client expectations, and deadlines, in addition to extending to assist clients who discovered added needs beyond what their original engagement with IRETA called for. At a time when simply staying afloat was considered an achievement, IRETA was able to stay on mission and stay focused, adapting our methods to the moment and keeping our clients and partners engaged for this year, and committed for the future.

My thanks to IRETA's staff for being the epitome of Grit. And my thanks to the IRETA Board for their support and guidance as we continue to meet this moment.

Peter F. Luongo, PhD

Executive Director, IRETA



A NEW SERVICE DELIVERY MODEL

A CONVERSATION WITH DAVID REAZIN, IRETA'S DIRECTOR OF CLINICAL QUALITY IMPROVEMENT SERVICES



SINCE 2016, IRETA HAS BEEN CONTRACTED TO implement and do consultation work with therapy groups at opioid treatment programs (OTPs) in southwestern Pennsylvania. More recently, our clinical quality improvement (CQI) staff has begun working with additional OTPs in the central and eastern parts of the state. At the time of the initial COVID lockdown in March, our CQI team was observing and providing feedback for in-person therapy groups at a total of six OTPs across Pennsylvania.

In addition to being present for group sessions, our CQI team attends staff meetings of the OTPs as necessary and assists with writing clinical procedures. The CQI team also has helped hire staff by sitting in on interviews and provides staff with clinical training. In normal times, our CQI strategy is very hands-on.

The lockdown presented our CQI staff and the OTPs with the challenge of switching completely to telehealth with very little notice. IRETA's Director of Clinical Quality Improvement Services, David Reazin, MHS, answered some questions about what it was like to adapt to telehealth so quickly and what some of the pros and cons of virtual groups are.



What was involved in making the initial switch to telehealth?

We started by having virtual groups where clients would call in through BlueJeans®, a secure video conferencing platform. Like we did in-person, we would observe the virtual groups and provide feedback before and after the sessions. We are mostly listening now, however, rather than doing visual observations. Some of the groups moved very comfortably to having online sessions while others found it more difficult. One agency we work with has a room that is big enough where folks can social distance in person and wear masks. Rather than being completely virtual, they have adopted a hybrid model, where people can either come in person if they are comfortable, or dial into the session virtually.

What were some of the challenges you faced when going virtual?

Therapists are not able to see the client. We are only able to hear them, so there's no way to read body language. You can't see their eyes. It's also difficult when people need to wait their turn to talk. Some clients dominate the sessions and the big challenge is to move on to other topics or have other people speak. It takes a little bit of skill so that you're not offending anyone. Having continuity and getting clients to come regularly to therapy sessions is also a challenge. They are less committed to coming to a virtual session.

We have also run into challenges when it comes to the size of the sessions. An online group with 4-6 clients is very workable, but once we get to 7-10 people, it can become quite unmanageable, so that means we need to have more sessions with less people to have the most effective therapy.

Unfortunately, our clients that are suffering from the results of the pandemic are really suffering. There is an increase in substance use and isolation. This is also a population that has compromised immune systems due to being in early recovery from substance use. The big challenge is making sure these folks are getting effective group therapy without potentially being exposed to the virus.

Have there been any benefits you've seen in moving to a telehealth platform?

Some of our clients that are not able to attend therapy sessions at the clinics regularly are now able to engage in the virtual sessions more consistently. It is beneficial that IRETA's CQI staff doesn't have to travel as much. Our expenses are less and it's much easier to communicate with one another.

While IRETA doesn't have anything to do with distributing medication, it has actually been beneficial for clients in methadone maintenance programs to be able to get take-home doses with the recent loosening of restrictions. There haven't been any issues with this because clients are still called in randomly to get tested for potential misuse of take-homes. I have not heard of any misuse happening. The amount of take-homes a client gets also depends on how long they have been a part of the program.

I believe the virtual platform is definitely here to stay. I don't see us ever getting rid of this, even as we are able to meet again with clients in person.



IRETA'S PROJECTS

CLINICAL QUALITY IMPROVEMENT

Implementing Recovery-Oriented Treatment in Opioid Treatment Programs Across Pennsylvania

In the past year, IRETA's Clinical Quality Improvement team implemented recovery-oriented clinical services at five Pennsylvania opioid treatment programs (OTPs), known as methadone programs. Up until the initial pandemic lockdown in mid-March, IRETA staff members were in the field, assisting with group sessions at these clinics. Thanks to IRETA staff's quick adaptation and the ease of technology, IRETA maintained these group sessions virtually after groups could no longer be held in-person.

IRETA staff developed/automated a standard biopsychosocial assessment, interpretive summary, and treatment plan to reflect in the progress notes in Data Assessment Plan (DAP) format. When the program fully implements these developments, the OTP will exceed all Medication-Assisted Treatment program professional standards.

IRETA CQI developed two different group session models to meet the specific needs of the clients and programs. These models are described:

- Currently, CQI staff monitor a weekly clinical staff meeting that observes and consults with a woman's group and mixed-gender group. The groups are live with masks and social distancing (the program's choice), and IRETA staff provide consultation services virtually. This program has a large conference room and a state-of-the-art virtual platform. This method, referred to as a hybrid model, permits clients to present in person or online. The conference room is large enough to safely serve up to 8 clients that live at the facility, and several online.

- Before the COVID-19 pandemic, a southcentral PA clinic got off to a strong start by starting a psychotherapy group on Tuesdays and Wednesdays. After some initial challenges implementing a virtual therapy group at a southcentral clinic due to COVID-19, IRETA staff found it acceptable to meet before the meeting with a mutually developed plan to have two small virtual groups, rather than a single large group. Observations showed the smaller virtual groups are better for the focus and growth of clients. This is purely virtual with all participants connecting on a shared platform.

Opioid Treatment Initiative Objective Data

As of June 30, a clinic in the York area was the only OTP that was fully functioning online. These numbers provide a snapshot of the OTP prior to the pandemic and the client response once the program went virtual.

- 29 clients attended group sessions between December 2019 and June 2020
 - 18 clients attended group sessions prior to the March 19th stay-at-home order
 - Nine clients continued to attend group sessions and 10 new clients began attending group sessions through telehealth systems after the March 19th stay-at-home order
- The average number of sessions attended among all clients was 5.6 sessions
- 21 out of 29 clients attended group sessions more than once
- On a scale from 0 to 100, the average rating for the statement, "I felt heard, understood, and respected" during sessions was 94



TECHNICAL ASSISTANCE

Estimating the Capacity for the Allegheny Health Network Addiction Treatment System

IRETA was contracted by Allegheny Health Network (AHN) to develop a report for its Center for Inclusion Health (CIH) that offers estimates for projected treatment capacities at each level of care as determined by the American Society of Addiction Medicine. Public data from AHN and hospital network services through Pennsylvania's hospital reporting system was used to determine the estimations included in the report. The final projections include clinical staffing requirements for outpatient and intensive outpatient levels of care, as well as a discussion for further considerations as AHN and CIH move forward to build their addiction medicine services.

Reporting on Youth and Substance Use for PA's Opioid Awareness Campaign

For the past five years, IRETA has served as a research consultant for the Commonwealth Prevention Alliance (CPA)'s Stop Opiate Abuse campaign, also known as PA STOP. The campaign focuses on preventing non-medical prescription opioid use and, in doing so, breaking the connection between prescription opioids and heroin. This year we developed an extensive research report to help inform PA STOP messaging. The report summarized Pennsylvania youth substance use rates from the 2019 PAYS data (Pennsylvania Youth Survey), and focused on several special topics, which included substance use education for faith communities, substance use among LGBTQ communities, and the overlap between mental health disorders and SUDs.

Working With Courts to Ensure that Individuals on Community Supervision are Receiving Appropriate, High-Quality Care

Since 2011, IRETA has been a quality improvement consultant for federal reentry courts. We provide technical assistance to the Federal Judicial Center (FJC), which is the research and education agency of the judicial branch of the U.S. government.

IRETA began work with a new cohort of courts in November 2019. This kicked off with a two-day quality improvement seminar in Providence, Rhode Island. Monthly consultation calls with these courts continued throughout the fiscal year. IRETA has also submitted a proposal to evaluate the Quality Improvement program at the FJC's request.

Assisting with the Implementation of the ASAM Criteria in Pennsylvania

Since November 2019, IRETA has contracted with The Pennsylvania Department of Drug and Alcohol Programs to assist with the implementation of the ASAM Criteria. This project includes participation in workgroups and developing materials to assist the addiction medicine field in implementing and sustaining ASAM in clinical settings.



TRAINING AND EDUCATION

Delivering a Medical Student Fellowship in Substance Use Disorders and Addiction Treatment Amid the Challenges of a Pandemic

For the past 21 years, IRETA has hosted medical students in Pittsburgh for the Scaife Medical Student Fellowship in Substance Use Disorders. The fellowship offers medical students, typically between their first and second years of medical school, an intensive learning experience about substance use, addiction, and addiction treatment.

Due to the COVID-19 pandemic, this year's fellowship looked much different than it has in years past. After the initial shutdown in March, IRETA staff worked quickly to ensure that the program would still be able to move forward no matter what restrictions looked like come the summertime. Rather than coming to Pittsburgh, a total of 19 students – from all across the country – joined IRETA staff and Scaife faculty from the comfort of their own homes. Both fellowship sessions were held completely online.

In addition to 16 medical students, three pharmacy students from the Duquesne University School of Pharmacy were a part of the program. This was the first year pharmacy students have been included. Like medical doctors, pharmacists play a unique role in substance use prevention, education, and assistance.

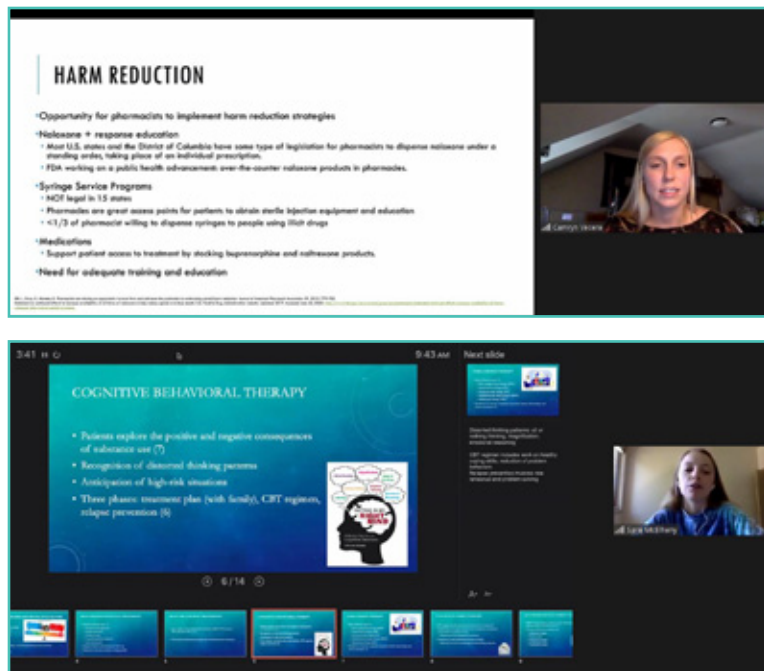
Over the course of the program, students attended virtual talks on a wide variety of topics including substance use in adolescents, brief motivational interviewing, harm reduction strategies, and special populations and addiction treatment. Students were also able to do virtual visits at Pittsburgh-based facilities, such as the Allegheny County Jail and POWER Recovery House.

Despite the challenges the pandemic presented us with this year, both sessions of the Scaife fellowship were a success. We want to thank the Scaife Family Foundation for their generous support that makes the program possible, as well as all of our fantastic faculty who were willing to adapt to a virtual program.



Both of the 2020 Scaife Medical Student Fellowship cohorts.





Students were able to do brief presentations on a topic of their choosing at the end of the program.

Developing a New Case Management Curriculum for the Department of Drug and Alcohol Programs

In July 2019, IRETA was contracted by the Pennsylvania Department of Drug and Alcohol Programs to reconstruct their current Case Management Overview training. IRETA is responsible for conducting a training needs assessment of case managers across the commonwealth to better enhance the online and in-person course. As a part of the training curriculum overhaul, IRETA also is developing a Training-of-Trainers guide. This project will continue through December.

Training Healthcare Providers on Prescription Drug Monitoring Programs

Since September 2017, IRETA has worked with the Pennsylvania Department of Drug and Alcohol Programs and the Pennsylvania Department of Health to deliver their *Evidence-Based Prescribing: Tools you can use to fight the opioid epidemic* curriculum. The training is intended to show healthcare providers how to utilize Prescription Drug Monitoring Programs, as well as other strategies to prevent non-medical opioid use. This year, IRETA expanded their involvement in the grant and developed an online course for the dental providers about safer opioid prescribing.

Online Courses

IRETA offers continuing education for addiction and mental health professionals with two self-paced online courses. They are designed to present concise and relevant information for professionals to effectively respond to substance use and addiction. Our current online course offerings are *Assessment and Treatment of Adolescent Marijuana Use and Dependence*, and *Electronic Tools for Use in the Continuum of Care for Patients with Addiction*.



TRAINING AND EDUCATION

Webinar Wednesdays

IRETA has continued to host monthly webinars that feature varying topics and experts in the addiction and mental health fields. As more and more people began to work from home, attendance for IRETA's webinars increased. A total of 407 people attended our June webinar.

Below are webinars held over the past year and what participants had to say about them:

- Innovation and Creation in Recovery: The Growing Field of Recovery Science

"I appreciated the breadth of information and having the perspective of recovery as a continuum and process, rather than an outcome. It encompassed the range of social support for recovery and acknowledged recovery outside of traditional approaches."

- Clinical Research on SBIRT and Integrative Healthcare at an FQHC

"The presenter was very easy to listen to, down to earth, and gave many interesting facts about his research findings."

- Communities that Care Overview

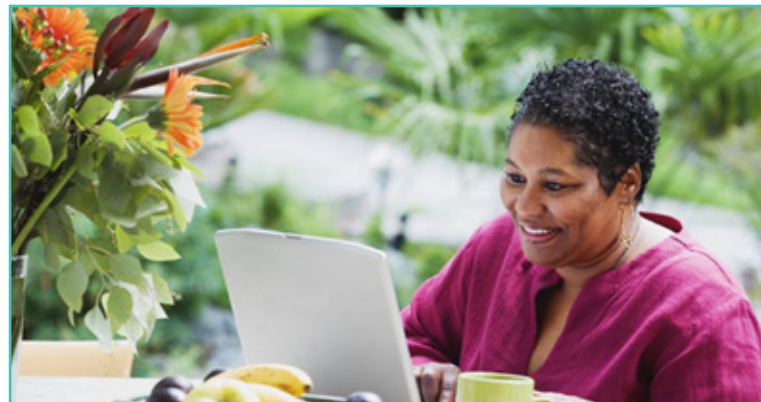
"The information that was provided was helpful for understanding better the risk and protective factor approach to prevention across systems."

- How Harm Reduction Fits into the SBIRT Model

"Great content designed to destigmatize and help learners empathize. So important for the populations we help train in SBIRT."

- The Standard of Care in ALL Levels of Care: MAT Across the Continuum

"The trainer was patient-centered as well as able to provide the data to support MAT. ... at a time when many will suffer if the War on Opiates is not handled well."



- Motivating Change Talk: May the Force Be With You

"I felt the information was helpful in better understanding how to meet clients where they are at."

- Transformational Chairwork: Using Psychotherapeutic Dialogues with Addictions, Trauma, and Self Hatred

"I enjoyed what I learned in relation to my own experience in recovery, sponsorship, and addiction studies; I found it very relevant and useful in understanding how the recovery process works from a different perspective/therapy."

- Engaging Reluctant Participant in SUD Group Counseling: 'Gimmicks for the Group'

"I appreciated the breadth and depth of Dr. Chapman's experience—especially with regards to the changes in approach and philosophy in working with SUD."

- Cannabis Therapeutics & Policy: A Substantive Discussion of a Substance Worth Discussing

"This was by far the most interesting training on Cannabis I have attended. The stats, and information from all staff was highly informative."

RESEARCH AND EVALUATION

Developing a Clinical Guideline for Alcohol Withdrawal Management

IRETA finished its work with the American Society of Addiction Medicine (ASAM) to develop an updated clinical guideline on alcohol withdrawal management utilizing the RAND/UCLA Appropriateness method. The project involved a systematic literature review, development of draft guideline statements with the assistance of clinical champions, and convening an expert panel to rate appropriateness and necessity of the guidelines.

Alcohol withdrawal affects a high percentage of patients treated in general medical settings and an even higher percentage of patients admitted to emergency departments. Evidence-based practices, such as those provided in the ASAM guideline, can lead to improved outcomes, including more effective connection to treatment for alcohol use disorder.

The full guideline document was approved by the ASAM Board of Directors in January 2020 and is currently available on ASAM's website. A manuscript summarizing the guidelines will be published in the September/October issue of the Journal of Addiction Medicine.



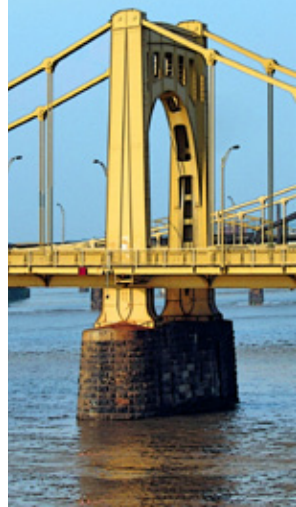
Creating an Accompanying Slidedeck for Alcohol Withdrawal Management

The American Society of Addiction Medicine (ASAM) contracted IRETA to produce an accompanying slide deck that summarizes the alcohol withdrawal management project. The slide deck will be utilized in the development of several continuing medical education courses. The slide deck was finalized in June.

Responding Effectively to Overdose through Public Health & Public Safety Partnerships

IRETA has been contracted to be an official trainer for the Overdose Response Strategy. The Overdose Response Strategy (ORS) is a collaboration between public health and public safety entities with the goal of reducing drug overdose deaths. The initiative now extends across 34 states and Washington D.C.

A Training Needs Assessment was developed and administered, and a report of findings and recommendations was delivered to the ORS in June. IRETA has overseen the webinar evaluation process, as well as expanding onboarding materials and developing a training of the trainers for an Overdose Fatality Review Toolkit.



COMMUNICATIONS

With face-to-face communication being strictly limited amid the pandemic, IRETA's digital communications have become an extremely important way for disseminating critical news and information about substance use, substance use disorders, and their treatment. Professionals in the addiction and mental health treatment look to IRETA as a leader in thought and information on many important topics in the field.

Newsletters

IRETA has three different email newsletters for professionals and interested community members. All three publications deliver timely, evidence-based information on substance use, substance use disorders, and addiction treatment directly to your inbox. Our current newsletter offerings are:

- **IRETA Current** (5,848 subscribers) The IRETA Current is disseminated to addiction and allied health and human service providers, as well as policymakers, advocates, and researchers interested in prevention, treatment and recovery. The Current features training opportunities in Pennsylvania and throughout the nation, news, resources and research updates.
- **Upstream Interventions** (5,453 subscribers) Upstream Interventions is an occasional email update with webinars, news, training and resources related to early intervention and prevention.
- **Weekly Social Media Mashup** (2,538 subscribers) With the Social Media Mashup, the best of IRETA's social media content arrives conveniently in your inbox every Friday.

Social Media

IRETA continues to be active on several social media platforms, including:

- Facebook - /IRETA.org (3,349 followers)
- Twitter - @IRETAphg (2,668 followers)
- YouTube - /TheIRETAchannel (1,460 subscribers)
- LinkedIn - /IRETA (433 followers)



Blog

IRETA website visitors, newsletter subscribers, and social media followers are 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 features this past year are as follows:

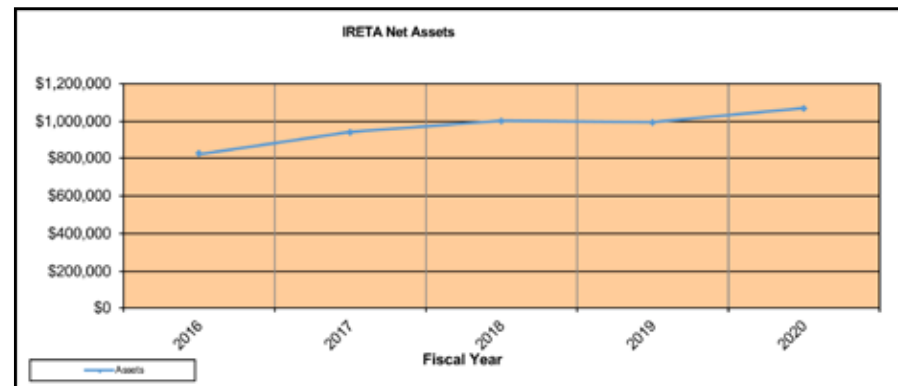
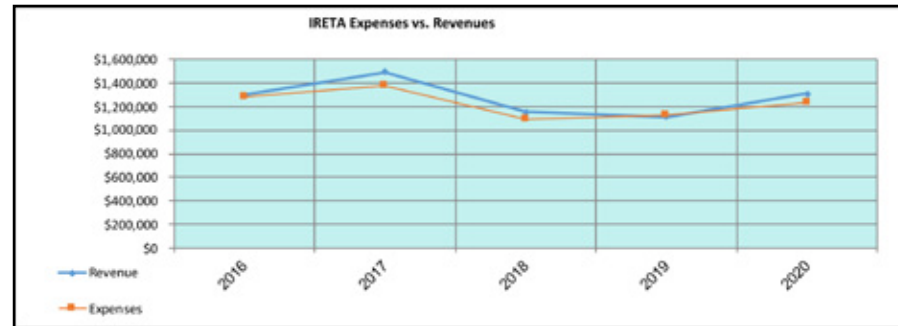
- The Treatment Gap Is Not What You Think It Is
- Combatting the Abstinence Violation Effect
- Our Healthcare System Can (and Must) Work Better for People Who Use Drugs
- Fear of Drug Users is How We Justify Harming Them
- Questioning Alcohol Use as #SelfCare: The Sober Curious Movement and Being Mindful About Alcohol Consumption
- You Have Options For Dealing With Alcohol Withdrawal
- The War on Drugs Has Damaged Black Communities and Deepened Racial Bias



FINANCIAL SNAPSHOT

Fiscal Year Ending	Revenue	Expenses	Surplus (Deficit)	Net Assets	Net Asset Percent Change Year To Year + (-)
6/30/16	\$1,294,292	\$1,279,251	\$15,041	\$824,254	1.87%
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%
6/30/19	\$1,115,623	\$1,124,100	(\$8,477)	\$993,138	-0.85%
6/30/2020 *	\$1,307,759	\$1,234,129	\$73,630	\$1,066,768	7.41%

* unaudited



WHO WE ARE

PARTNERS & CLIENTS

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

Allegheny Health Network, Center for Inclusion Health
American Society of Addiction Medicine
BOOM Creative
Centers for Disease Control and Prevention (CDC)
Commonwealth Prevention Alliance
Duquesne University School of Pharmacy
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 Pittsburgh City Council President Bruce Kraus
Office of National Drug Control Policy (ONDCP)
Pennsylvania Department of Drug & Alcohol Programs
Pennsylvania Department of Health
Rainbow Recovery Center
Scaife Family Foundation
Southwest Behavioral Health Management, Inc.
Substance Abuse and Mental Health Services Administration (SAMHSA)
The National Institute on Drug Abuse (NIDA)
University of Pittsburgh School of Nursing
University of Pittsburgh School of Public Health

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Jessica Samuel, Finance & Program Associate
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