Institute for Research, Education & Training in Addictions

ANNUAL REPORT • FY2021





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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 to help them.

A MESSAGE FROM THE EXECUTIVE DIRECTOR



In 1942, DURING THE DARK days of World War II the British Parliament received the Beveridge Report. At this point in the war, Britain had no certain prospects for victory, or even guarantee of the nation's survival. The Beveridge report proposed a cradle to grave social and health safety net as a right for all British citizens. No means test was required for citizens to benefit from this safety net, as was the prevailing

practice. The report was the long-fulfilled promise of the Labour Party as a response to the devastating effect of the Great Depression on Great Britain's working class. The report was neither delayed, nor abandoned by the exigencies of the war. It was a proposal for the long term. Post-war Britain was battered from relentless battle and bombing. The country was essentially bankrupt and with, once again, uncertain prospects. The Labour Party won control of Parliament and enacted the major provisions of the Beveridge report, including the establishment of the National Health Service, the publicly funded healthcare system that is still used throughout the United Kingdom today.

So, what's the lesson here? The lesson is the long term.

Last year in this space I wrote about grit; the passion and perseverance to keep the long term in mind. Grit describes both individuals and organizations. Grit precludes imminent failure in the face of adversity and allows the transition to long-term planning after dealing with a more present threat.

Reflecting on the year just passed, I couldn't help but see that while we made adjustments to meet our client's needs, we stayed relentlessly focused on the long-term. For IRETA the long term is our mission statement: Helping people respond effectively to substance use and related disorders.

The mission never faltered. It was not knocked off track by the pandemic and was not subject to delay or postponement. Throughout this year our Clinical Quality Improvement projects moved forward. The work with ASAM and The ASAM Criteria to align services with industry best practice standards continued. Preliminary work on clinical guidelines to treat stimulant use disorders began. We surveyed the field to see what help treatment programs needed to earn ASAM certification and improve patient outcomes.

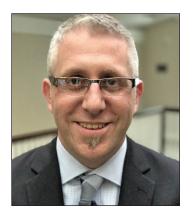
IRETA is built for the long term. While the future may be subject to unexpected events and crises, the need for continued and improved care for people with substance use disorders does not lessen. In fact, it is in these times when it is needed most. In June it was announced that overdose deaths had reached a stark new record, with 93,000 fatalities in 2020. IRETA is built to be there. Always for the long term.

As always, my thanks to the IRETA Board of Directors and to IRETA's persistent, passionate, and curious staff for making IRETA a special place to lead.

Peter F. Luongo, PhD

Executive Director, IRETA

A MESSAGE FROM THE BOARD OF DIRECTORS



JOINED IRETA'S BOARD OF Directors in 2010. I was nominated by a then-serving board member whom I admired as a mentor and a leader in the field of human services and substance use disorders. Although I sometimes still think of myself as a relatively new addition to our organization, the truth is that I have now had the honor of serving this board for half of IRETA's existence. You can excuse my skewed

perspective: even after over a decade, there are still two board members – David C. McAdoo and Henrick Harwood – who are significantly more tenured than myself. As a board, we also mourned the passing this year of a founding and still-serving board member, Rev. Dr. Toussaint King Hill, Jr.

The point to all this reminiscence is this: IRETA board members tend to be in it for the long term.

It has been through taking a long-term perspective that our organization been able to see changes on the horizon and adapt to them, while hewing to our mission. Years ago, we foresaw changes on horizon that led us to embrace contract funding as opposed to grant funding. No one could have foreseen the pandemic, but we have adapted, stuck to our long-term mission, and thrived.

In FY 2021, I am particularly proud that we celebrated the 5th Annual Pittsburgh Recovery Walk on September 19, 2020. This event was born out of a dream that formed and took shape in the IRETA boardroom. The dream was that Pittsburgh would have a large-scale community event that celebrated recovery, eliminated stigma, and showcased recovery resources throughout our region. And, of course, that it would grow into a worthy cross-state rival to Philadelphia's Recovery Walks.

IRETA has continued to serve as the fiscal sponsor of the Pittsburgh Recovery Walk, and I have been proud to serve – along with two other board members – on PRW's Steering and Planning Committees. While the pandemic forced us to adapt how we did it, we produced a joyous event that was a hybrid of livestreams, small local satellite gatherings, and self-directed walks. If it weren't for the long-term experience that we had under our belts, we might have just cancelled the 2020 Pittsburgh Recovery Walk, like so many other events quite understandably did. But we knew that the mission was too important and so we adapted and thrived.

An organization is generally well-served to have a combination of institutional memory and fresh energy and IRETA has always striven to have both. We will be looking to add new ideas and perspectives as we fill some vacant seats on our board in the coming year. It is my sincere hope that, perhaps a decade from now, one of them will be composing this message reflecting on the long-term view informed by their decade of service to IRETA.

Jesse Scheck

IRETA Board Chair

LOOKING TO THE FUTURE:

HOW IRETA'S PAST PREDICTS LONGEVITY



JULIUS HABJANETZ HAS BEEN working as head of the finance and human resources department at IRETA since August of 2004. In sixteen years, Julius has seen many iterations of IRETA. At the time he was brought on board, IRETA had only been in operation for four years. It was a time of fast expansion, growth, and identity development. As IRETA grew, the mission transformed to match the work as the organization

adapted to the times. The COVID-19 pandemic has issued a new challenge, and in its response, IRETA has proved again it is built for the long term.

In the interview below, Julius shares his unique perspective to discuss IRETA's continued success and longevity.

What were your initial impressions of IRETA?

I really liked that the organization was growing quickly even though it was new. It gave me a good feeling that we were going to be in it for the long haul. I knew that even if we lost some financial support, we would still be able to continue our work. I was also very pleased with our mission and had a good feeling for what that was when I began working. I knew IRETA was respected in the field. The mission statement has changed a bit during my time. We have had to change accordingly with the organizations and institutions we are working with. At one time we were working a lot with the Federal government. Now we are working more directly with organizational clients to give better quality care to individuals. Now we are more hands on with clients than we were when I started.

Can you explain in more detail how funding for IRETA's work has changed?

When I first started working with IRETA we were entirely funded through direct federal and state grants. Over the years, federal funding changed due to the fact that certain pots of money had dried up. When Dr. Luongo joined the organization, we anticipated that funding would change and began to change how we did things in order to adapt. We needed to move in a different direction or we would be in a lot of trouble financially. This was when we moved to Clinical Quality Improvement projects where we were working on the ground level with organizations to improve the care that is given to clients. We no longer write grants. Now the state has a grant with the federal government, which IRETA is written into. In the past, these were the grants that we wrote internally. Now we offer our services to the state as consultants. We have the staff and expertise here that the state needs in order to accomplish the goals of their grants. What IRETA does is initiate and accomplish these.

What do you think has been the key to IRETA's longevity despite these changes?

When the funding stream from the government changed, we had to adapt. And we were able to do that successfully. IRETA has also always tried to keep our hands on the pulse of what is needed in the field of addiction treatment. We are continually looking for what organizational clients need, as well as what the government is looking for and trying to accomplish. We determine what we can do to help meet these needs. We hire very good staff in order to make sure we can do the best possible work for our clients. Our staff is trained, educated, and passionate about making IRETA's mission successful. Our staff takes pride in the work IRETA does.

On the financial end of things, we're always looking for additional, pragmatic funding. As an organization, you want to be able to continue paying staff. We don't believe in letting people go. If we have good staff, we want to keep them.

If someone would have told me ten years ago that we wouldn't have been writing grants any more, I wouldn't have believed. That's entirely the way we were set up at the time. Now the only funding we have that counts as a grant is our funding from the Scaife Family Foundation for our medical student fellowship. This is because we were able to transition to look more at the finer details of how we can make big improvements for our clients' patients. Before we were looking at the bigger picture and didn't do any kind of direct service work with clients. It was this successful transition that helped us ensure the future of IRETA.

How was IRETA able to survive throughout the COVID-19 pandemic?

Financially speaking, IRETA actually did very well in 2020. When things initially shut down for COVID we were able to turn our inhouse model for Clinical Quality Improvement into web-based work. Our expenses decreased because we weren't spending money to be in the office or for travel. The web-based model meant we used staff time more, but aside from that we were really operating with only the bare necessities. Our CQI team is going out into the field again and travel costs have increased and staff availability has decreased. Because of this, we'll be hiring new staff which will increase expenses, but in the end, it will be to our benefit.

What other things are we doing now to safeguard IRETA's financial longevity?

Dr. Luongo is constantly looking for additional funding sources. IRETA does not do any kind of fundraising so we are always looking for new projects that would be a good fit for us. As an organization, I wouldn't say we are frugal, but we do watch our expenditures. We are always sure to weigh our options and make the best decisions when it comes to finances. Because IRETA has been very smart with these decisions, we have been able to build up a nest egg to invest in CDs with high yield rates. We are currently earning more interest now than we did in the past.

In the future we are hoping to invest in accounts that are managed by a broker, but that will be further down the line. We are investing in IRETA's future, and once we are able to invest with a broker, that will further solidify IRETA's future. We also currently have 13 months' worth of operating expenses. This means if we lost all sources of funding, we would still be able to operate for over a year. That amount has doubled in the past 10 years.

We are in a very unique position because we're one of the few organizations that do work in the way that we do. Because of our unique approach, IRETA has very little competition, and we have continually had work and will continue to for the foreseeable future.

CLINICAL QUALITY IMPROVEMENT

Implementing Recovery-Oriented Treatment Virtually and In-person at Opioid Treatment Programs Across Pennsylvania

IRETA has continued to carry out recovery-oriented clinical services at four Pennsylvania opioid treatment programs (OTPs), also known as methadone programs. Virtual group psychotherapy sessions that were implemented as part of the initial COVID-19 restrictions and protocols continued this fiscal year. At the end of fiscal year 2021, one program has moved back to in-person group sessions and one program operates on a hybrid model of both in-person and virtual sessions. In-person sessions adhere to CDC COVID-19 guidelines. All other programs IRETA observes continue to be held virtually.

Due to favorable group attendance, two sites have begun the planning process to add a second session per week and one program is in talks to add a third if attendance remains consistent. A program in south-central Pennsylvania is also in the planning stage to add one Spanish-speaking group per week.

IRETA is working closely with Pennsylvania Department of Drug and Alcohol Programs (DDAP) oversight staff to develop a plan to increase site engagement with clinical quality improvement services. Future plans include developing a more formalized process of working with sites, which will include completing ASAM Level 1 assessments at each site and creating a plan for alignment within the program. IRETA will also provide training and implementation assistance with Motivational Interviewing.

IRETA began working with one program site to increase engagement with clients, clinic-wide, in order to increased referrals to the Enhanced Outpatient Program (EOP). This is part of the assistance to DDAP's ASAM alignment efforts.

Opioid Treatment Initiative Objective Data

The following data was taken from OTPs where IRETA observed clinical group psychotherapy sessions throughout the fiscal year:

- 157 groups were conducted across the 3 clinics in the implementation phase
- An average of 23 clients participated in groups per month
- Among clients who attended at least two group sessions within a month, the average length of engagement in groups was 64 days
- On a scale from 0-100, the average rating for the statement, "I felt heard, understood, and respected" was 93%
- On a scale from 0-100, the average rating for the statement, "We worked on and talked about what I wanted to work on and talk about" was 95%

TECHNICAL ASSISTANCE

Assisting with the Implementation of the ASAM Criteria in Pennsylvania

From November 2019 through December 2020, IRETA was contracted with The Pennsylvania Department of Drug and Alcohol Programs to assist with the implementation of the ASAM Criteria. This project included participation in workgroups and developing materials to assist the addiction medicine field in implementing and sustaining ASAM in clinical settings.

In November 2020, IRETA began work with Southwest Behavioral Health, Inc. in its ASAM implementation. This includes providing training and consultation services to Single County Authorities (SCA) and providers.

Working With the Federal Judicial Center to Provide Quality Improvement for Re-entry Courts

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 finished consultation with the latest round of courts in December 2020 and is now engaged to consult with the FJC Research Division on designing and implementing an evaluation of the Quality Improvement Program.

TRAINING & EDUCATION

Hosting a Virtual Fellowship in Substance Use Disorders for Medical and Pharmacy Students

For the past 22 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.

The fellowship was held virtually for the second year in a row due to the COVID-19 pandemic. A total of 16 medical students from across the country and six pharmacy students from Duquesne University joined IRETA staff and Scaife faculty for three weeks of 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.

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

Creating Training Modules and Materials on Safe Opioid Prescribing Practices

IRETA delivered the completed Dental Prescribing Training Module to Pennsylvania's Department of Drug and Alcohol Programs and Department of Health in March 2021 as part of the SPF Rx Project. A pocket guide on opioid prescribing laws was also created and delivered at the same time. The project concluded in June 2021 with the delivery of Patient Caregiver posters and brochures. These materials highlighted best practices for parents and caregivers of adolescents who have been prescribed opioids.

Webinar Wednesdays

IRETA has continued to host monthly webinars that feature varying topics and experts in the addiction and mental health fields. Webinar attendance has increased steadily over the past year. A typical webinar will have anywhere from 250 to 400 attendees.

Below are webinars held over the past year:

- What Is the Right Choice When Prescribing Medication Assisted Treatment (MAT)?
- Substance Use Disorder Care: Pandemic and Beyond
- Stimulant Use: Current Trends, Impact on the Brain and Body, and Implications for Treatment
- Addressing Adolescent Substance Use via Telehealth
- Best Practices for Caring for Pregnant and Postpartum Women with Opioid Use Disorder
- Clinical and Ethical Issues Managing Suicide Risk with Individuals Using Substances
- Understanding Harm Reduction: A New Paradigm for Treating Risky and Addictive Behavior
- Targeted Self Care

RESEARCH & EVALUATION

Conducting Research for the American Society of Addiction Medicine

IRETA began several new research projects with the American Society of Addiction Medicine in the past year. The first was conducting a literature review on the management of stimulant use disorders. This project will lead to a more long-term project where IRETA will work with ASAM to develop a clinical guideline on stimulant use disorder management and treatment.

IRETA also assisted ASAM with conducting market research to determine the level of need for consulting services to assist substance use treatment facilities to obtain ASAM certification. The information obtained in the market survey will be used to develop and price these services in the future.

In addition to these two current ASAM projects, the final guideline on alcohol withdrawal management that IRETA previously worked with ASAM to develop was published in the September/October 2020 issue of the *Journal of Addiction Medicine*. This will represent the third clinical guideline development project in IRETA's long standing collaborative history with ASAM.

Reducing Overdose Deaths through the Overdose Response Strategy

IRETA continued to act as the official training contractor for the Overdose Response Strategy through May 2021. 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.

Following the development and administration of the Training Needs Assessment, a report of findings was delivered to ORS in June. IRETA also oversaw the webinar evaluation process, which included an expanded evaluation for the Training of the Trainers for the Overdose Fatality Review toolkit. Additionally, IRETA provided significant support to the strategic planning process for onboarding new Public Health Analysts.

COMMUNITY EVENTS

Celebrating Paths to Recovery All Over Pittsburgh and Beyond

The 2020 Pittsburgh Recovery Walk was held on September 19, 2020. Due to the COVID-19 pandemic, the event was held as a semi-virtual event. Using the hashtag #MyRoadPGH, participants chose their own walking routes and tuned into a livestream in the evening. There were also several "pop-up" walking locations where participants could meet and walk on a smaller scale.

The livestream featured Stacie Brown as the keynote speaker with County Councilmember, Bethany Hallam, and poet, Joseph Green, as featured guests. The Recovery Walk honored three award winners: Laurie Johnson-Wade, George Jones, and Brian Nuckols. The livestream also featured a virtual resource fair with over a dozen representatives of local organizations.

People participated in the #MyRoadPGH social media campaign from many locations, including Brooklyn and Alaska. Over 1,300 people tuned into the livestream. IRETA acted as the main fiscal sponsor. The event was also generously sponsored by UPMC, UPMC Health Plan, and UPMC Community Care.



Recovery Walkers on the North Shore of Pittsburgh



COMMUNICATIONS

IRETA's digital and social media platforms continue to be an important source of 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.

Social Media

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



Facebook:

/IRETA.org (3,432 followers)



Twitter:

@IRETApgh (2,669 followers)



YouTube:

/TheIRETAchannel (2,370 subscribers)



LinkedIn:

/IRETA (518 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:

- Compassion Fatigue: A Personal Account from an IRETA Clinical Quality Improvement Associate
- A New Service Delivery Model: How IRETA has Adapted Clinical Quality Improvement in the Era of COVID
- Skyrocketing Methamphetamine Overdose Deaths Show Our "Crisis Response" Must Expand Beyond Just Opioids
- Opportunity Out of Crisis: A Natural Experiment
- How Likely is Your LGBTQ Teen to Use Drugs and Alcohol? Your Support Could Be the Deciding Factor

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:

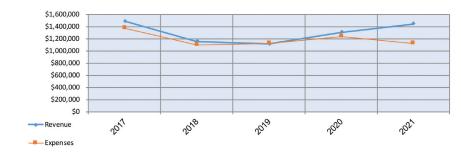
- IRETA Current (5,780 subscribers) The IRETA Current is disseminated to addiction and allied health and human service providers, as well as policymakers, advocates, and researchers interested in prevention, treatment and recovery. The Current features training opportunities in Pennsylvania and throughout the nation, news, resources and research updates.
- Upstream Interventions (5,444 subscribers) Upstream Interventions is an occasional email update with webinars, news, training and resources related to early intervention and prevention.
- Weekly Social Media Mashup (2,517 subscribers) With the Social Media Mashup, the best of IRETA's social media content arrives conveniently in your inbox every Friday.

FINANCIAL SNAPSHOT

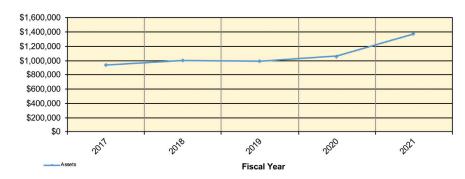
Fiscal Year Ending	Revenue	Expenses	Surplus (Deficit)	Net Assets	Net Asset Percent Change Year To Year + (-)
6/30/17	\$1,490,795	\$1,375,106	\$115,689	\$939,943	14.04%
6/30/18	\$1,157,288	\$1,095,616	\$61,672	\$1,001,615	6.56%
6/30/19	\$1,115,623	\$1,124,100	(\$8,477)	\$993,138	-0.85%
6/30/20	\$1,307,875	\$1,238,083	\$69,792	\$1,062,930	7.03%
6/30/2021 *	\$1,442,250	\$1,128,242	\$314,008	\$1,376,938	29.54%

^{*} unaudited

Expenses vs. Revenues



Net Assets



WHO WE ARE

IRETA is proud to call these groups our Partners and Clients:

Allegheny Health Network, Center for Inclusion Health

American Society of Addiction Medicine

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 Dept. of Drug & Alcohol Programs

Pennsylvania Dept. of Health

Rainbow Recovery Ce.

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

IRETA STAFF

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Julius Habjanetz, Chief Financial Officer

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