INSTITUTE FOR RESEARCH, EDUCATION & TRAINING IN ADDICTIONS

ANNUAL REPORT • FY2022

ireta

Institute for Research, Education & Training in Addictions

ANNUAL REPORT

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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

I FIRST HEARD ABOUT "using the right tool for the job" from my father. A check with a brother confirmed my memory. He heard it, too. I recall, "that if all you have is a hammer, everything looks like a nail." True. This conjures up the proposition that you can be skillful with a hammer, but if it is a board that needs a screw, well, pounding away with the hammer is not going to do it.

Selecting the right tool for the job is sound advice. If there is a good "fit," or match between the tool and the task, you expect the job can be done right. Selecting the right tool for the job blends the acumen and foresight of the tool's design to the user's ability to pick out the tool. You might say the tool and the user are matched for the job at hand. But there is one more element: the user needs the skill to use the tool properly.

A clear eyed, fearless look at the usual and customary clinical practices for treating substance use disorders (SUD) suggests a practice dominated by hammers. There is a predictable sameness about SUD treatment no matter the setting. Without regard for the number of times someone has already been in treatment they get what the program offers. And it usually is what they were offered before.

You are a nail. We have a hammer.

But everyone does not look like a nail.

Ideally, we need a variety of tools to treat SUD; we need the ability to match the tool to the job and we need the skills to use the tools effectively.

There are a variety of tools in the treatment kit (e.g. ASAM Criteria, multidimensional assessments, empirically supported counseling theories and clinical guidelines, and addiction pharmacotherapies), There are strategies to select tools (ASAM Level of Care matching, targeted treatment plans and clinical guidelines). The work has been done. Using the right tool for the right problem is not off in some unseen future. The future is here.

But do we uniformly and consistently use these tools? Do we have the structure and processes in place to match tools to the individual's needs? Do we have the clinical and medical structures in place to assure the user knows how to expertly apply the tools?

We need to find out because these are key to improving treatment outcomes.

This is the space where IRETA works.

Over the past year we have continued to develop the tools for direct clinical practice, and to lead the effort to create clinical practice guidelines for treating stimulant use disorders. Our CQI work is expanding from Opioid Treatment Programs (OTP) to non-hospital residential programs as we help programs assess their readiness for implementing ASAM driven treatment protocols. And we are expanding on-site work with clinical staff to improve their capacity to expertly match and use clinical tools.

As we say, "We help helpers do what they do…better."

As always, my thanks go to the IRETA Board of Directors for their support and guidance and to IRETA's passionate, persistent, and always curious staff for making IRETA a joy to lead.

Peter F. Luongo, PhD

Executive Director, IRETA

A Message from the Board of Directors

"Using the right tools for the job" is one of the most important missions in the substance use field and in all of modern medicine. The substance abuse field has a legacy of entrenched approaches and methods that many providers singularly subscribe to. The care that too many patients got in the past was determined by the door that they knocked on seeking help.

The Institute for Research, Education, and Training in Addictions (IRETA) is committed to evidence-based practice. It is all about bringing the best science to bear on helping people with addictions to get better. We have a proven track record of identifying, developing as well as helping implement protocols and tools that are more likely to help consumers along the path to recovery. The field has learned that the type of care a consumer needs generally changes from the time they approach the door to recovery and for the rest of their recovery.

IRETA is proud that we have carved out a recognized role assisting substance abuse providers, payers, and practitioners in discerning and providing the most appropriate care to consumers at a given point in their recovery. We are committed to "using the right tools for the job."

Henrick Harwood

IRETA Board Secretary

You might say the tool and the user are matched for the job at hand. But there is one more element: the user needs the skill to use the tool properly.

Adding to the Universal Addiction Medicine Toolbox:

A Conversation with Dr. Dawn Lindsay about IRETA's Collaboration with ASAM to Write Clinical Guidelines

DAWN LINDSAY, PH.D, is the Director of Research and Evaluation at IRETA. Dawn and her team have been working with the American Society of Addiction Medicine (ASAM) and the American Academy of Addiction Psychiatry (AAAP) this past year to develop a clinical guideline addressing the management and treatment of stimulant use disorders. This project is a part of a long-term partnership with ASAM in which IRETA has assisted with the development of three clinical guidelines up to this point. In addition to this guideline, Dr. Lindsay and her team have also worked with ASAM on guidelines for alcohol withdrawal management and the role of urine testing in substance use treatment facilities.

IRETA's work with ASAM on these guidelines is an important contribution to addiction treatment and the overall field of medicine. Evidence-based guidelines help ensure that clinicians have the most effective tools to treat different aspects of substance use disorders and create a universal standard for the field. Outcomes are based on clinical experience and extensive research.

Dr. Lindsay took time away from her busy project schedule to answer some questions about the latest clinical guideline on the treatment of stimulant use disorders.

Can you briefly describe the project we are currently working on with ASAM?

We are working with a team of clinical experts from ASAM and the AAAP to develop a clinical guideline for the diagnosis, management, and treatment for stimulant use disorders. There currently is very little evidence in the way of treatment guidelines out there specifically for stimulant use disorder. The Substance Abuse and Mental Health Services Administrations (SAMHSA) does have a guideline that we are using for a clinical resource. Hopefully the addition of this guideline we are developing will be able to better help the field.

Something that is unique to our current project is the collaboration with the American Academy of Addiction Psychiatry (AAAP). The collaboration of these two major professional organizations allow us to utilize expertise from both fields of addiction medicine and addiction psychiatry.

Can you talk a little bit about the work IRETA has done with ASAM in the past?

We have really built a nice collaboration with ASAM. This is our third major project developing a clinical guideline with them. The last one was on alcohol withdrawal management. Our first major project with ASAM was developing a guideline for the appropriateness of drug testing in treatment for substance use disorder. I was actually very surprised at how little evidence there was to support drug testing. People assume that because it's done so routinely, there must be a good reason for it. But based on our research, there's relatively little evidence to support positive outcomes from the practice.

The way we work when there is little evidence to go off, is to instead rely on experts in the field. ASAM chooses clinical experts for our project committee based on their knowledge. These experts have all been ASAM members at

some point and are well-regarded and published in their fields with a wealth of clinical expertise and knowledge. For the stimulant use disorder treatment guideline, there are 12 experts on the committee. Half of the committee come from ASAM and the other half come from AAAP.

How does the work we are doing on the clinical guideline addressing management and treatment of stimulant use disorders relate to the past work we have done with ASAM?

For the current guideline on the treatment of stimulant use disorders, we are using a different methodology than we have in the past. For this project, we are using the GRADE methodology. Consensus in this methodology comes from a ranking system and is probably more well-known than the RAND UCLA methodology, which was used in our previous guidelines. This is a completely different project than we have done in the past, but ASAM has come to respect us and what we are able to bring to these projects, no matter what type of methodology is being used.

What does the process of creating a detailed clinical guideline look like?

These projects are very labor intensive. From start to finish, they typically take about two years of work. First, we begin by discussing the scope of the project. This is a very important aspect because we discuss all the parameters and develop what will essentially become the literature review. We ask questions about who we want to include in the research and what countries we are looking at research from. Audiences in the United States don't want to hear about medications that aren't approved for use in this country. So, establishing those parameters at the beginning of the project is important.

The next step is reviewing the literature. This is time consuming and also very labor intensive. We condense the information from the literature review for the committee members in a way that's easy for them to digest with their busy schedules. We rely on tables, graphs, and other elements that are easy to interact with. There are extensive sub-committee meetings held to discuss the evidence and draft the clinical recommendations. We then organize those in a way that makes the most sense for other clinicians to consume. There is even a lot of discussion around the way to order things (assessment needs to come before diagnosis, etc.).

The last major step of the guideline process is actually pulling together the document including the clinical guidelines and all the background information. Finally, the full document is sent out for external stakeholder review. ASAM will invite additional experts and organizations to review the document and make suggestions. They will put it on their website for public comment. This feedback phase usually lasts 3 to 4 weeks.

We then conduct meetings to review all the feedback and whether we'd implement suggestions based on it and how. Getting feedback and including suggestions we receive is very important. If organizations aren't given the opportunity to give feedback, they'll be less likely to promote the finished product with their memberships. Giving them a chance to weigh in helps establish the legitimacy of the final document.

These projects are time consuming, but you can't rush them. For example, if we tried to rush the literature review, we would end up having a bigger problem down the road we'd have to go back and correct. It is well worth the time and care.

What is the importance of these detailed guidelines? Are they only important in addiction treatment, or do they have use in the overall medical field?

People who are not in the field of addiction medicine would be shocked to know how little evidence-based information there is for different treatment methods. A lot of addiction treatment facilities are operating on methods not at all based on empirical evidence. These guidelines have already, and will continue to fill a void that is present in many different areas of addiction medicine treatment. They provide a bridge to the literature that many people, clinicians included, don't have access to.

The guidelines provide an anchor that clinicians and treatment facilities can base their addiction medicine practice in. Value is being added and major gaps that are present in the field are being filled. They are also very important for places that aren't strictly addiction medicine facilities. The alcohol withdrawal guideline can serve as a useful tool in hospital and emergency room settings where people present with alcohol intoxication. We hope that guideline has provided these spaces with guidance as well.

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How has our overall work with ASAM helped contribute to a "universal toolbox" for the addiction treatment field?

Addiction treatment providers want to know that the interventions they are using work. Being able to rely on these tools and say that evidence shows it works and improves the quality of treatment is a goal everyone should have, and is our mission at IRETA. The alcohol withdrawal guideline included evidence that showed withdrawal can be managed in outpatient settings more than what was previously assumed. If you don't need to have a person in an inpatient setting, it improves treatment quality and ease for patients, as well as making things easier from a provider perspective. Making these evidence-based practices more universal will help improve addiction treatment across the country.

We greatly appreciate ASAM's investment in IRETA and its mission. We have worked very hard over the past number of years to build this ongoing collaborative relationship and we are very excited to work more with them in the future.

Making evidence-based practices more universal will help improve addiction treatment across the country.

CLINICAL QUALITY IMPROVEMENT

Consulting to Provide Recovery-Oriented Opioid Treatment Programs Across Pennsylvania

IRETA is wrapping up consultation services with three Pennsylvania opioid treatment programs (OTPs), also known as methadone programs. A main priority of fiscal year 2022 has been to create and implement a Motivational Interviewing training that will meet DDAP ASAM alignment standards to further engage sites in the consultation process. The training requires direct session observation and feedback in addition to training hours for counselors to obtain certificates of completion.

IRETA staff observe group therapy at the OTPs on a weekly basis. For many of the programs, attendance among the sessions has been consistent to increasing. Referrals have also increased for some of the programs.

IRETA staff also attend clinical staff meetings to facilitate clinical case conceptualization and consultation.

Consulting services with these OTPs will conclude at the end of September 2022.

Opioid Treatment Initiative Objective Data

- **389** groups were conducted across three clinics
- An average of **21** 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 **45** days
- On a scale from 0-100, the average rating for the statement, "I felt heard, understood, and respected" was **93.5%**
- On a scale from 0-100, the average rating for the statement "The therapist's approach is a good fit for me" was **94.3%**

TECHNICAL ASSISTANCE

Assessing Non-Hospital Residential Programs for ASAM Level of Care Certification through Southwest Behavioral Health

In November 2020, IRETA began work with Southwest Behavioral Health, Inc. in its implementation of the ASAM Criteria. This included providing training and consultation services to Single County Authorities (SCA) and providers. The project entered its second phase of consultation this fiscal year. In this phase, IRETA assesses non-hospital residential programs for the ASAM Level of Care certification and assists Intensive Outpatient Program and Partial Hospitalization Programs with their alignment with the ASAM Criteria.

To date, two non-hospital residential programs and one outpatient service have completed the assessment and certification process. Two more programs are expected to be reviewed in the new fiscal year.

Planning a Learning Collaborative for Programs Participating in the Beacon Value Based Purchasing Program

In May, Southwestern Behavioral Health Management, Inc. contracted IRETA to work with Beacon Health Options to refine a model for implementing a learning collaborative for non-hospital residential programs. The programs are participants in the Beacon Value Based Purchasing Program. Value-based purchasing ties provider payments to patient outcomes, aligning incentives to improve care and reduce unnecessary costs.

IRETA has combined its knowledge of Clinical Quality Improvement with the learning collaborative knowledge base that we have developed with the Federal Judicial Center. This has set the groundwork for the proposed plan for the learning collaborative. Further discussion will be taking place with Beacon and Southwest Behavioral Health Management to finalize the model.

Providing Technical Assistance and Consulting to Gateway Rehab for Intensive Inpatient Program

IRETA has reached an agreement with Gateway Rehabilitation to provide technical assistance and consultation services for a planned Level 3.7 medically monitored intensive inpatient program. IRETA will assist Gateway in the development and implementation for the level 3.7 ASAM level of care and prepare for licensing and the ASAM Level of Care Certification review. The project is expected to last through the coming fiscal year.

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 and consultation to the Federal Judicial Center (FJC), which is the research and education agency of the judicial branch of the U.S. government.

IRETA is engaged to consult with the FJC Research Division on designing and implementing an evaluation of the Quality Improvement Program. A planning meeting was held in May to fully restart the Quality Improvement consultation project in fiscal year 2023.

TRAINING & EDUCATION

Providing Intensive Learning Experience on Substance Use Disorders for Medical and Pharmacy Students

For 23 years, IRETA has hosted medical students for the Scaife Medical Student Fellowship in Substance Use Disorders. The program has been held virtually since 2020, due to COVID-19. This year's program continued online. For three weeks in both June and July, small cohorts of medical and pharmacy students logged in from across the country for an intensive learning experience about substance use, addiction, and addiction treatment.

Throughout the past three years, IRETA has been pleased to include pharmacy students from the Duquesne University School of Pharmacy in the fellowship. This year, we had three pharmacy students as part of the June cohort. Like medical doctors, pharmacists play a unique role in substance use prevention, education, and assistance.

Sessions held throughout each three-week program consisted of a wide variety of topics These included, but were not limited to, 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. Next year, we hope to host students through a hybrid curriculum, both virtually and in-person for a portion of the program.

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.

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 100 to 250 attendees.

Below are webinars held over the past year:

- Your Client Isn't "Acting Out". They're Having a Trauma Response.
- Substance Use in Healthcare: Two Nurses Share Their Recovery Journeys
- Best Practices for Understanding Why and How to Assess and Treat Co-Occurring Disorders: Sex and Drugs
- Stress, Relationships, and Substance Use Disorders: Clinical Applications
- Sex, Gender, and Screening for Alcohol Use – Time for a Change
- Stimulants: A Focus on Effective Treatment Interventions and Recovery Supports
- Stress, Relationships, and Substance Use Disorders: An Introduction to Neuroscience Informed Counselling
- Treating Substance Use Disorders with a Trauma-Informed Approach

RESEARCH & EVALUATION

Developing a Clinical Guideline for the Management and Treatment of Stimulant Use Disorders

The American Society of Addiction Medicine (ASAM) has contracted IRETA to assist in the development of a clinical guideline addressing the management and treatment of stimulant use disorders. For this project, ASAM is working in collaboration with the American Academy of Addiction Psychiatry (AAAP).

The IRETA Research & Evaluation team completed the comprehensive literature review last fall and the first set of clinical recommendations have been rated by the review committee with respect to acceptance and strength. Recommendations focus on assessment and diagnosis, intoxication and withdrawal management, pharmacotherapy and behavioral therapy. Committee meetings are held regularly to fine turn the recommendations.

The second set of subgroups, include secondary and tertiary prevention, co-occurring disorders, harm reduction, adolescents, pregnant women, and health disparities, are currently being drafted to add to the guideline.

This is the third clinical guideline IRETA has worked with ASAM to develop.

COMMUNITY EVENTS

Celebrating Paths to Recovery

The 2021 Pittsburgh Recovery Walk was held on September 11, 2021 at Waterfront Place across from the David L. Lawrence Convention Center in Downtown Pittsburgh. This was the sixth year of the walk. IRETA was once again the fiscal sponsor.

The walk was attended by over 2,500 people, which was more than have ever attended before. Prior to the walk, attendees could attend a resource fair, which featured over 50 vendors. There were also live performances, speakers, children's activities, and much more.

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.

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:

- Women Are Drinking More Than Ever. Many May Not Be Aware How It Is Affecting Their Health.
- Holiday Tips and Resources for People in Recovery
- The Importance of Speaking the Same Language in Addiction Treatment
- No, the Government Is Not Giving Out Crack Pipes & Other Harm Reduction Myths Busted
- The Role of Alcohol in the Overdose Crisis
- Happy National Nurses Week from IRETA
- An Examination of America's Deaths of Despair
- Alcoholics Anonymous Works. But It's Important to Giving People Options When It Comes to Recovery
- How Can We Better Serve Transgender and Gender Non-Conforming Individuals in Addiction Treatment Settings?

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 (5,407 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 (5,118 subscribers)** • Upstream Interventions is an occasional email update with webinars, news, training and resources related to early intervention and prevention.
- **Weekly Social Media Mashup (2,367 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
(3,432 followers)

Twitter:
@IRETApgh
(2,669 followers)

YouTube:
/TheIRETAchannel
(2,370 subscribers)

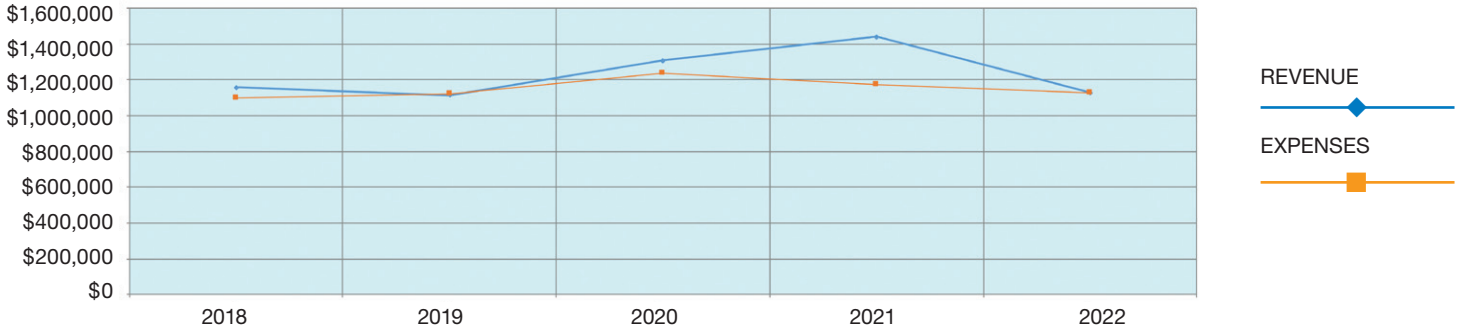
LinkedIn:
/IRETA
(518 followers)

FINANCIAL SNAPSHOT

Fiscal Year Ending	Revenue	Expenses	Surplus (Deficit)	Net Assets	Net Asset Percent Change Year To Year + (-)
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%
6/30/21	$1,439,510	$1,174,432	$265,078	$1,328,008	24.94%
6/30/22 *	$1,128,947	$1,125,034	$3,913	$1,331,921	0.29%

* unaudited

Expenses vs. Revenues



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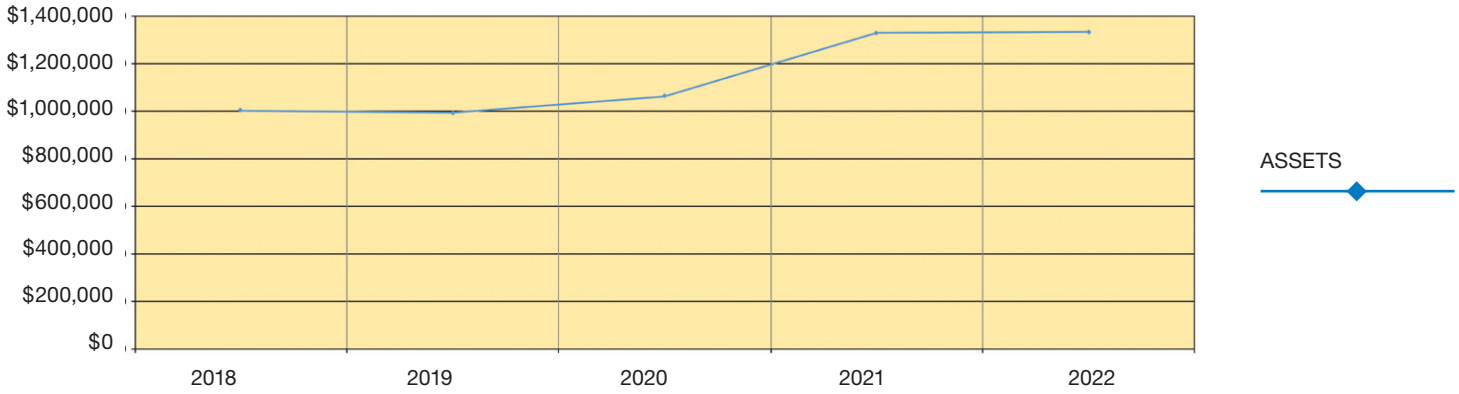

WHO WE ARE

PARTNERS AND CLIENTS

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

Allegheny Health Network, Center for Inclusion Health
American Society of Addiction Medicine (ASAM)
American Academy of Addiction Psychiatry (AAAP)
Centers for Disease Control and Prevention (CDC)
Commonwealth Prevention Alliance
Duquesne University School of Pharmacy
Federal Judicial Center
Gateway Rehab
NAADAC, the Association for Addiction Professionals
National Addiction Technology Transfer Center Network
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
Scaife Family Foundation
Southwest Behavioral Health Management, Inc.
Substance Abuse and Mental Health Services Administration (SAMHSA)
The National Institute on Drug Abuse (NIDA)

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