



ireta

# ANNUAL REPORT 2009

BUILDING  
RECOVERY  
THROUGH  
SCIENCE



*...our vision is to integrate knowledge and science with service so that every person has an opportunity to achieve wellness and maintain recovery from addiction...*

## Our Mission

**IRETA, The Institute for Research, Education and Training in Addictions**, is a not-for-profit 501(s)(3) established in 1999 with the vision to integrate knowledge and science with service so that every person has an opportunity to achieve wellness and maintain recovery from addiction. IRETA accomplishes its mission to improve the recognition, prevention treatment, research and policy related to addiction and recovery by working with national, state and local partners and providing:

- accurate and timely dissemination of evidence-based information;
- bi-directional exchange of constructive knowledge related to addiction and recovery; and
- knowledge of addiction and recovery in a culturally competent manner.

IRETA focuses on influencing health care policy related to addictions, transferring research knowledge into practice, educating and training providers of addiction care and recovery, and acting as an advocate for the addictions field.

The organization also provides training according to principles of implementation science on significant topics in the field and requested topic-specific trainings and creates educational materials to enhance provider knowledge, skills and attitudes. IRETA works toward the consistent and sustained use of evidence-based practices, policies that support care that treat addiction as the chronic illness it is, and the elimination of stigma related to addiction.

# Letter from Our Executive Director

Dear Friends,

Someone once told me that IRETA's work has added dignity to an illness where most people saw only shame. Addiction is not a crime. It is a sad, terrible chronic illness. In my lifetime, I've known thousands of people with substance use disorders, and I can't tell you one yet who started out with the intention of becoming addicted, nor were any innately bad people.

We know a great deal about how to treat addiction and our science of treatment has never been stronger, largely due to generous funding of federal agencies such as NIH (National Institutes of Health) and SAMHSA (Substance Abuse and Mental Health Services Administration). But, the fact remains that people find and what helps attain and sustain their recovery isn't fully understood. We don't even know how many in America are in recovery from substance dependence. Estimates range from 20-40 million. The net loss, due to this illness —lost work, emergency room visits, hospital care, crime, adjudication processes—of not treating addiction in this country is more than 300 billion dollars a year. It's no wonder elected leaders continue to ask for data on the impact of public and private funds.

*“Early studies show cost reductions for individuals on welfare in ROSC saved annually \$462, and the reduction the second year was \$952. Multiply that times millions of people, and the ramifications are enormous.”*

substance use disorder field. Nationwide, stakeholders are collaborating through the utilization of the Addiction Technology Transfer Center (ATTC) Network's conceptual Technology Transfer model to promote the innovation of ROSC. The conceptual model developed by the Addiction Technology Transfer Center Network, illustrates the continuum of diffusion of an innovation (an idea, technology, treatment or method) from creation through implementation. Today, we're into the implementation phase, which is the Philadelphia model, and there are demonstrations of ROSC in more than half the states in the U.S.

Over the years, IRETA has strengthened partnerships and established new alliances with professional, public policy and regulatory leaders to build a consensus opinion on the definition of recovery and update policy and practice related to the illness. IRETA led in the development of the May 2008 Philadelphia Recovery Symposium and has since assisted in advancing the focus on recovery within a chronic illness model in all levels of science, policy, prevention, intervention and treatment. Recovery is a voluntarily maintained lifestyle characterized by sobriety, personal health and citizenship, and this definition is a standard adopted in the U.S., in England, Iran and other countries.

A wealth of evidence now supports the effectiveness of a recovery-oriented systems of care (ROSC), and ROSC is more and more the focus of local, state and national leaders in the

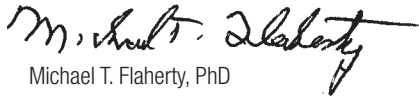
Early studies show cost reductions for individuals on welfare in ROSC saved annually \$462, and the reduction the second year was \$952. Multiply that times millions of people, and the ramifications are enormous. The federal government is beginning to produce guidelines, language and training on ROSC, the Department of Health and Human Services is documenting case studies where ROSC has been effective, and the White House is establishing an office and policy on recovery as well as grants to build recovery support programs.

Since that seminal talk in May 2008, I've presented ROSC findings in talks in 35 states to regional and national gatherings of prominent researchers, scientists, practitioners and policy leaders. In January 2009, the "Building the Science of Recovery" research brief by IRETA, Dr. Laudet and its affiliate, the Northeast Addiction Technology Transfer Center Northeast ATTC, provided a defining point for ROSC, in that it created a consensus within communities that ROSC and its more holistic systems of care is a collective vision we can all believe in and a direction in which we need to move.

This sweeping reawakening of optimism led to the sixth effort in a monograph series to guide the design and delivery of ROSC through peer-based support services: "Peer-based Addiction Recovery Support: History, Theory, Practice, and Scientific Evaluation," by William L. White and published by the Great Lakes ATTC and the Philadelphia Department of Behavioral Health and Mental Retardation Services in 2009.

Our work throughout 2009 reflects an agenda that is going beyond definition to building recovery through implementation science. In the following pages, you will read about key IRETA initiatives over the year that directly transferred latest science and consensus to the field, including: partnering with Allegheny Health Choices, Inc. (AHC) to implement evidence-based practices; initiating training of nursing faculty and preceptors to integrate SBIRT (Screening, Brief Intervention, Referral and Treatment) into an undergraduate nursing curriculum; continuing to implement a Scaife Medical Fellowship to train medical students in addiction services; educating on best practices for methadone treatment one day conference and series of online educational and face-to-face workshops sponsored by the Center for Substance Abuse Treatment (SAMHSA/CSAT) for more than 400 professionals in Chicago. Northeast ATTC, now in its third year of a SAMHSA/CSAT grant, offered another year of solid performance, participating in the ATTC Network Technology Transfer Workgroup to launch the network Technology Transfer in the Innovation Process.

As I witness the recovery-oriented systems of care reach translation, dissemination and implementation stages throughout the country, I realize we've done something meaningful and we've given something back to the people of this world. There's a common element of spirit, of vision, of human nature that comes back to resisting being controlled or addicted and at least having the choice. We say everybody should have an opportunity for recovery. It's a mantra we speak from our hearts.



Michael T. Flaherty, PhD

Executive Director

# Pittsburgh City Council



## Proclamation



**WHEREAS**, an estimated 23.2 million people, aged 12 or older, in the United States struggled with a substance use disorder in 2007, and 5.4 million of those adults also suffered from a concurrent mental illness; and

**WHEREAS**, education is essential to overcoming misconceptions and achieving long-term recovery; a great many resources exist online and in our community to increase people's awareness about how substance use disorders affect children, families, and our society and;

**WHEREAS**, the 20<sup>th</sup> Anniversary of the National Alcohol and Drug Addiction Recovery Month (Recovery Month) will be sponsored by the U.S. Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, the White House Office of National Drug Control Policy, and the Institute for Research, Education and Training in Addictions to achieve the goals and to promote this year's theme "Join the Voices for Recovery: Together We Learn, Together We Heal"; and

**THEREFORE BE IT RESOLVED**, that the Council of the City of Pittsburgh does, hereby, recognize the sponsoring agencies and organizations for their dedicated work and calls upon the people of Pittsburgh to and support this year's theme, "Join the Voices for Recovery: Together We Learn, Together We Heal."

**NOW, THEREFORE BE IT FURTHER RESOLVED**, that the Council of the City of Pittsburgh, does hereby proclaim September, 2009 to be **NATIONAL ALCOHOL AND DRUG ADDICTION RECOVERY MONTH** in the City of Pittsburgh.

Passed in Council on Monday, September 21, 2009.

Douglas Shields  
President of Council

Attest: Linda Johnson-Waizer  
City Clerk



**SPONSORED BY COUNCILMAN BRUCE A. KRAUS**  
**CO-SPONSORED BY COUNCIL MEMBERS**  
**REV. RICKY V. BURGESS, PATRICK DOWD, DARLENE M. HARRIS,**  
**THERESA KAIL-SMITH, JIM MOTZNIK, TONYA PAYNE,**  
**BILL PEDUTO AND DOUGLAS SHIELDS**

**On September 21, 2009**, The City of Pittsburgh, through its city council, issued a proclamation recognizing the month as National Alcohol and Drug Addiction Recovery Month in the City. The proclamation was presented to IRETA representatives on the 20th anniversary of the National Alcohol and Drug Addiction Recovery Month, which is sponsored by the U.S. Department of Health and Human Services, SAMHSA, the White House Office of National Drug Control Policy and IRETA to achieve goals and promote the year's theme: "Join the Voice for Recovery: Together We Learn, Together We Heal."

We thank City Council for this.

**IRETA, in 2009**, submitted recommendations for inclusion in the 2010 National Drug Control Policy, including: to rebalance national strategies of interdiction (including strong oversight of legal and illegal drugs) and demand reduction (prevention-intervention-treatment-recovery) to deal with SUDs with clear measures and accountabilities; reduce acute demand for specialty treatment by integrating substance use/misuse prevention and treatment into a medical continuum model; and that the Office of National Drug Control Policy (ONDCP) take advantage of workforce development funds to support SAMHSA/CSAT ATTC-based “training academies” where individuals could receive education and develop necessary skills to be certified as specialty counselors.

**IRETA and Northeast ATTC** teamed with NAADAC - The Association for Addiction Professionals to present training events (“New Innovations in Opioid Treatment: Buprenorphine” and “Conflict Resolution in Recovery”) in October 2009 for professionals in Pittsburgh, Norristown and Albany.

**IRETA was represented** as faculty and co-sponsored the October 2009 UPMC conference for clinicians, “Evidence-Based Treatments for Addiction,” along with the Northeast ATTC; National Institute on Drug Abuse (NIDA/NIH/HHS); the Appalachian Tri-State NODE; Chestnut Ridge Hospital; Southwestern Pennsylvania Human Services; Allegheny County Bureau of Drug and Alcohol Services; and others.

# Recovery Oriented Systems of Care and Recovery Science

**Treating addiction as an illness** and not stigmatizing it as a character flaw or moral failing opens it up to medical science and surrounding recovery. IRETA and its collaborators are working to take a wealth of science and experience from other chronic illnesses and using that knowledge to help enhance the system of addiction care so it will better serve those who need it most.

State by state, substance abuse services throughout the U.S. are undergoing a transformation from the prevalent acute care model to a person-centered, multi-system continuum of wellness-oriented care, called recovery-oriented systems of care (ROSC). Guided by an evidenced-based approach to public health, the Office of National Drug Control Policy (ONDCP) last fall began shepherding policy and a new recovery-oriented agenda to help people live a substance-free life of good health. Results from several major programs administered by the Center for Substance Abuse and Mental Health Services Administration (SAMHSA) have demonstrated benefits of a recovery-oriented approach.

Instead of a unique unit of treatment or single episode of care we need to consider a unifying continuum of care for an illness that needs to be addressed at each point along its development through a related phase in the continuum: prevention-intervention-treatment-wellness/recovery. At each phase of the continuum we must identify diverse symptoms and link individuals to a skilled workforce, including drug and alcohol specialists, capable of addressing the most severe manifestations of the illness, akin to cancer specialists and experts in HIV/AIDS, diabetes or depression.

The next step is to define recovery at each level of the continuum of care to broaden our accountability, as do specialist practitioners for other chronic illnesses, to more than a measure of acute pathology and its stabilization or remission. This will only happen if we broaden our definition of recovery to include more than remission or even sobriety and measure recovery via improvement in life-related domains such as community and personal health and individual citizenship (Betty Ford Institute, 2007; WHO-QOL Instruments, 1998). Under this broader definition of recovery, individuals successfully achieving personal recovery goals even while being sustained on medications will be considered in recovery.

Best, this new framework facilitates professionals working with individuals in treatment to develop personalized recovery plans that include increased community supports that empower each person to sustain his or her recovery while reducing clinical severity and lessening instances of illness recurrence. Clinically, for each phase of the continuum, we can measure compliance, proper dosage of care provided and short and long term sustained recovery, similar to measures for other chronic illnesses. If we do all these things, we will have the added benefit of a wealth of aggregate data, real and extrapolated, on the impact, success and value of these efforts at each phase that can be shared publicly with all who need to be assured of the value of all aspects of the addiction field.

IRETA seeks to complement the rich science of addiction developed over several decades by building a science of recovery that will help transform systems of care and align service models with the conceptualization of addiction as a chronic condition. In 2009, IRETA worked to launch a Recovery Research Center to help translate the science of recovery into services and policy that create opportunities for long-term recovery and improved quality of life. Part of IRETA's Recovery Research Center's mission will be to understand the paths and strategies people use to recover, and the services and resources they need to gain, regain and sustain improvements in their quality of life, a key element of recovery. The Center will focus on building collaborations with institutions and individual scientists who are interested in clarifying recovery processes and in partnering to secure research funding.

*Part of IRETA's Recovery Research Center's mission will be to understand the paths and strategies people use to recover, and the services and resources they need to gain, regain and sustain improvements in their quality of life, a key element of recovery.*



### Risk Management Faculty:

Left to Right: Trusandra Taylor, MD, FASAM, MPH Medical Director, JEVS, Human Services/ACT; Lisa Torres, JD; Todd Mandell, MD, Clinical Co-Director Medical Director, Vermont ADAP and Michael T. Flaherty, PhD, Course Director, IRETA/Northeast ATTC Executive Director/Principle Investigator



## RECOVERY-ORIENTED SYSTEMS OF CARE (ROSC)

Substance abuse services throughout the U.S. are undergoing a transformation from the acute care model to a person-centered, multi-system continuum of wellness-oriented care.

*"I've always believed in a comprehensive, holistic and culturally competent approach to care that encompasses medical, psychological, social, cultural, and spiritual dimensions of recovery. As an ATTC, we look at the science that supports the practices that we promote. We're collaborating with IRETA and other ATTC regions on projects working with policy makers interested in shifting their state treatment systems to a recovery management model. To be honest, I'd anticipated some resistance, but it's as if our states and front-line workers had been waiting for this. When we launched our work, the response was overwhelming. We are now challenged to keep up with the demand for information, workshops, and more information and workshops. We at Great Lakes are proud to be a part of this field and happy to be of service"*

— Lonnetta Albright, Executive Director of the Great Lakes Addiction Technology Transfer Center (Great Lakes ATTC) at the University of Illinois at Chicago Jane Addams College of Social Work.

# IRETA Establishes Recovery Research Center

**Understanding the science of recovery** is the only way to revolutionize addiction treatment and build systems of care for helping addicts to get better and stay better. In 2009, IRETA put building blocks into place to establish a Recovery Research Center, which will be spearheaded by Alexandre Laudet, Ph.D., a social psychologist and nationally renowned expert in addiction recovery.

As director of IRETA's Recovery Research Center, Laudet will help to translate the science of recovery into services and policy that create opportunities for long-term recovery and improved quality of life for people with substance problems. Her federally funded research in the past 15 years has focused on elucidating what helps people with drugs and/or alcohol problems quit and how they stay in recovery. She has published numerous scientific articles, presents regularly at national and international conferences and serves on the editorial board of several peer-reviewed publications and the boards of community-based organizations.

The Center will function as an "extension cord" to supplement work done on the recovery front by researchers such as the National Institutes of Health (NIH). Efforts are underway within the Obama administration that could potentially revolutionize the science of recovery and assist in the Center's endeavors. The overarching goal of the Office of National Drug Control Strategy (ONDCP) is to decrease drug use by preventing the use of drugs, healing users and disrupting the market for illegal drugs. Implementation of the strategy and a connection to current ONDCP staff members such as 35-year addiction researcher and ONDCP Deputy Director Dr. A. Thomas McLellan, offer an opportunity for IRETA and the Recovery Research Center to make a powerful contribution in the advancement of recovery science.

"We understand the root of current recovery research and how it needs to evolve, but not how people emerge out of the problem," says Laudet. "IRETA is breaking the cycle of past and current research to help formulate the science for recovery and move it towards application." The IRETA Research Recovery Center will "build the science for recovery with the same rigor as addiction has been built," adds IRETA Executive Director Dr. Michael Flaherty.

**Along with Michael Hoge, PhD,** and Manuel Paris, PsyD, of the Yale University School of Medicine and others, IRETA's executive director, Michael Flaherty, PhD, co-authored "A National Action Plan for Workforce Development in Behavioral Health," which appeared in the July 2009 issue of "Psychiatric Services: A Journal of the American Psychiatric Association."

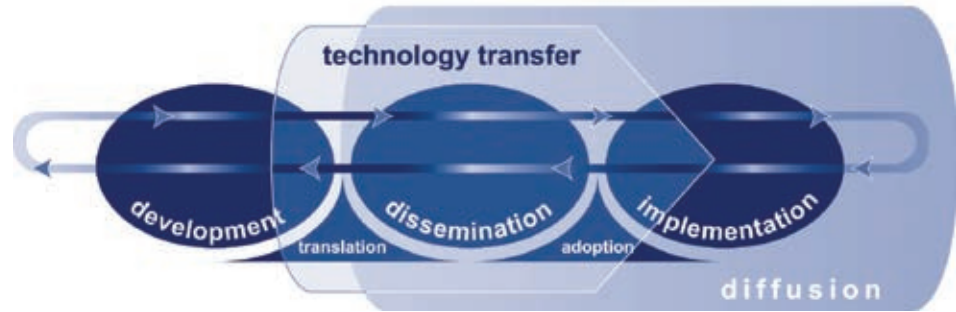
**Also in July 2009,** Dr. Flaherty penned "Why Recovery-Oriented Care Systems Are More Than a Passing Fad," which appeared in *Alcoholism & Drug Abuse Weekly*.

**In June 2009,** Dr. Flaherty, clinical psychologist and Captain, USNR (retired), presented "The Meaning of Service" at the Institute for Professional Development in Addictions' (IPDA) third Veterans Roundtable. The Northeast ATTC assisted in the planning of the event.

**For every \$1 invested** in addiction treatment programs by the state of New York, the state can expect a \$7 return in reduced drug-related crime, criminal justice costs, and theft alone, according to IRETA[h1]. For New York, that yield could translate into billions of dollars and result in reduced criminal activity and crime costs, increased employment, decreased homelessness, and reduced medical costs. This information and more can be found in "When Knowing the Facts Can Help In New York: Addictions Recovery" published and recently updated in 2009 by IRETA.

## Technology Transfer in the Innovation Process

Developed by the ATTC Network Technology Transfer Workgroup, with participation by Northeast ATTC staff, this conceptual model illustrates the continuum of diffusion of an innovation (an idea, technology, treatment or method) from creation through implementation. ROSC and other addictions policies, training and treatment are developed, disseminated and, finally, put into practice following this model.



*“IRETA’s visionary work to advance an agenda of placing a greater focus on recovery and research in addiction treatment is finding acceptance among principal leaders—including prominent scientists and researchers, care providers and policy makers—the world over. Years ago, the organization, under the capable direction of Dr. Michael Flaherty, challenged the preconceived notion of addiction as an acute rather than a chronic illness. Now IRETA is working to champion the need for research regarding the trajectory of the illness and the development of personalized recovery plans that include increased community supports to empower individuals to sustain long-term recovery.”*

— William L. White, MA, Senior Research Consultant,  
Chestnut Health Systems/Lighthouse Institute, and author of  
*Slaying the Dragon: The History of Addiction Treatment and Recovery in America.*

# Technology Transfer



## Developed by the ATTC Network Technology Transfer

**Workgroup**, with participation by Northeast ATTC staff, the Continuum of the Diffusion of an Innovation (depicted in the graphic above), starts during creation of an innovation (whether an idea, technology, treatment

or method) and moves that innovation from evaluated design through translation, where its relevance is established and it is packaged for dissemination. At that point, awareness of the innovation is promoted with the goal of facilitating adoption, or a process of deciding to use the innovation. Highlighted within the conceptual model is Technology Transfer, a multidimensional process that promotes the incorporation of the innovation into routine practice in “real world” settings. The process requires multiple stakeholders and resources, and involves activities related to translation and adoption.

IRETA is one of a handful of organizations that specifically focuses on bridging the gap between science and policy/practice in addiction treatment. Our overall goals focus on influencing health care policy related to addictions, educating and training providers of addiction care, acting as an advocate for the addictions field—and transferring innovations into practice. Following are some examples of various stages of Technology Transfer that occurred in 2009.

## Implementing Evidence-Based Practices

Starting in 2009, IRETA joined in a year-long partnership with Allegheny Health Choices, Inc. (AHC) on the Implementation of Evidenced-based Practices on two evidenced-based practices—motivational interviewing and motivational incentives—to a select cohort of addiction service providers in Allegheny County, with ongoing technical assistance and evaluation to help with implementation. Trainings are particularly helpful at smaller organizations that may have limited funds for training or implementing new practices, but are nevertheless interested in the topic. Five agencies have started this process and to date IRETA has started the implementation process in four of the five agencies.

**IRETA, in May of 2009**, offered advocacy and commentary on the Center for Medicare and Medicaid Services, Department of Health and Human Services historic legislation, the “Paul Wellstone and Peter Domenici Mental Health Parity and Addiction Equity Act of 2008,” noting that nothing should transcend the doctor-patient relationship, that treatment panels and provider fees should be carefully monitored and that laws protecting patient confidentiality must be clarified. Dr. Flaherty was quoted in a December 2008 Pittsburgh Post-Gazette article that addressed the Mental Health Parity and Addiction Equity Act, saying: “The positive implications of this law will by far exceed any good achieved by the economic ‘bailout’ over the years. Medicine can now work on finding the true origins of mental illness and empower the patient in each cure.”

**Dr. Flaherty presented** information regarding ROSC in at the May 2009 Recovery House Forum sponsored by the YMCA of Greater Pittsburgh.

**The 2009 South East Conference** on Addictive Disorders (SECAD) held in January featured William L. White as keynote speaker. White’s monograph, “Recovery Management and Recovery-Oriented Systems of Care: Scientific Rationale and Promising Practices,” witnessed 25,000 downloaded copies (worldwide) from IRETA in just 90 days with thousand of hard copies distributed in the U.S. in related presentations.



## Recovery Orientated Methadone (ROM)

Southwest Behavioral Health Management, Inc., a Medicaid oversight organization, contracted with IRETA in 2009 to develop a way to improve the care provided to individuals and families receiving Methadone in a six-county region in southwestern Pennsylvania. This was accomplished through a multi-stakeholder approach and consensus development regarding scientifically—and clinically-based, recovery-oriented recommendations regarding the delivery of clinical services in opiate treatment programs using methadone. The recommendations are intended to describe strategies that, when applied in an opiate treatment program (OTP), ensures the greatest likelihood that a person receives individualized, quality care that can lead to recovery following a diagnosis of opiate dependence and conclusion to treat that dependence via the medication methadone.

## Transferring the SBIRT Model to the Field



In 2009, IRETA was fully funded from the Health Resources Services Administration (HRSA) to institute a three-year project that would train nursing faculty and preceptors to integrate SBIRT (Screening Brief Intervention and Referral to Treatment) for alcohol and other drugs into an undergraduate nursing curriculum. To date more than 200 nursing students have received the SBIRT training.

## Medical Student Training

IRETA continued to conduct the six-week medical student education program as part of the Scaife Medical Fellowship offered through the Scaife Family Foundation. For over 10 years, IRETA has hosted this program, which offers medical students training in the field of addiction services an experience incomparable to any they may have encountered in their prior medical school education or residencies. In 2009, 17 students participated in the program from across the nation.

## Best Practices Training for Methadone Delivery Conference

Held in October 2009 “Minimize Liability, Manage Risk, Ensure Patient Safety: Effective Strategies in Outpatient Methadone Treatment” conference offered instruction in the employment of best practices to reduce risks associated with delivering methadone to treat opioid addiction. This project consisted of two-and-half-hour interactive webinars, on-demand viewing of the recorded webinar, a conference workshop and a full day workshop. The event was sponsored by SAMHSA/CSAT, and was designed for health care and mental health professionals who are involved in the direct care of patients seeking help for opiate dependence. Experts in insurance, law, policy and daily clinical practices conducted all phases of the project. The training provided the framework for applying best practices and developing comprehensive risk management strategies that improve patient safety and enable opioid treatment providers (OTPs) and methadone maintenance programs to eliminate, transfer, reduce and manage the risks associated with medication-assisted treatment for opioid dependence. More than 400 professional participated in this education project.

## Achieving the Mission of the ATTC:

The Northeast ATTC (Northeast ATTC), an affiliate of IRETA, is in its third year of funding by a grant from SAMHSA/CSAT, and strives to: foster collaboration; develop and disseminate clinical tools and evidenced-based practices; enhance cultural appropriateness; ensure workforce development; advance knowledge adoption; and provide ongoing assessment and improvement in regards to addictions. Northeast ATTC uses these original goals as guideposts to achieve the overall mission of the ATTC, which is “to improve treatment outcomes through the use of research-based practices by raising awareness of those practices, building the skills of the workforce, and cultivating the systemic changes necessary for successful implementation.” In 2009, Northeast ATTC staff participated in the ATTC Network Technology Transfer Workgroup, which launched the network Technology Transfer in the Innovation Process. The Northeast ATTC will focus all strategies and approaches proposed in the initially approved and funded application and in the continuation application being implemented in alignment with the new ATTC Technology Transfer model.

**Dr. Flaherty and Debra Langer** of IRETA contributed a substance abuse component to the January 2009 issue of *The New Republic* concerning utilizing the White House stimulus to boost public health. IRETA noted that another \$1 billion in federal block grants for drug treatment could provide decent treatment for more than 100,000 users and that studies establish investments would bring large benefits that outweigh costs.

**IRETA published** “Recommendations for Public Health and Substance Use Related Stimulus Measures” in early January 2009, noting that by addressing the submitted priorities, “the federal government can help each state serve the greatest number of people in a manner consistent with the best-known science and efficient and accountable care.”

**“A must-read for everyone”** was how the National Association of Addiction Treatment Providers (NAATP) January 2009 Visions publication termed William L. White’s monograph, “Recovery Management and Recovery-Oriented Systems of Care: Scientific Rationale and Promising Practices.” The Monograph was published by IRETA.

## 2009 Medical Student Summer Fellowship July 2009 Session

Front Row Left to Right: Kanthi Akkineni (University of Tennessee Health Science Center), Amy Taylor (Duquesne University, Psychology Department) and Halley Briglia (University of Toledo College of Medicine). Second Row Left to Right: Michael T. Flaherty, PhD (Executive Director, IRETA), Thomas Hallinan (Duquesne University, Psychology Department), Genevive Cheng (University of Medicine & Dentistry of NJ, Robert Wood Johnson Medical School), Jamie Vizcarra (Virginia College of Osteopathic Medicine) and Holly Hagle, IRETA Training Officer





# Special Incentive Programs

## Sixth Annual Sports Link Draws Cheers

Thanks to generous sponsors, 330 people marked National Alcohol and Drug Addiction Recovery Month with the Pittsburgh Pirates in September 2009 at PNC Park. Over the last six years, more than 2,000 addiction professionals, individuals in recovery and their families, and community leaders have cheered on the Pirates in IRETA's Recovery Sports Link celebration. The 2009 theme was Together We Learn; Together We Heal, and sponsors for the special event included: Gateway Rehabilitation Center; Highmark Blue Cross/Blue Shield; Community Care Behavioral Health; Mercy Behavioral Health; PA Recovery Organization Alliance - Pro-A; SAMHSA; and Faces and Voices of Recovery.

## Leadership Institute 2009

The Northeast ATTC, in partnership with SAMHSA's Partners for Recovery, stepped forward to provide one of the few educational opportunities to groom successors for leadership positions in addiction service organizations. This professional development opportunity is available to addiction professionals in New York and Pennsylvania (Northeast ATTC Region). The Northeast ATTC Leadership Institute provides a unique opportunity for emerging leaders within the addiction treatment field, offering a combination of training seminars, distance learning, mentoring, and experiential learning within a six-month timeframe. The Institute incorporates a four-phase design that will lay a foundation in developing leadership and management skills through assessment, training experiences, experiential learning in actual work settings, and a special recognition program, which allows trainees to present their projects.

Attendees for the 2009 Recovery Sports-Link baseball game. Inset: Sister M. Rosita Wellinger, Sisters of St. Francis, IRETA Board of Director member and Board Secretary



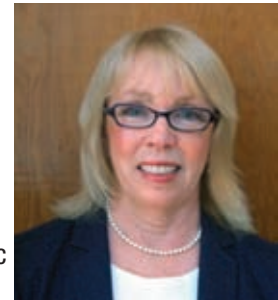
## 2009 Leadership Institute Immersion Training

Left to Right: John Hickman (Suffolk County Department of Health Services), Cynthia Newberry (Twin County Recovery Service), Luis Fiqueroa (Metropolitan Hospital Center, Assertive Community Treatment), Kristina Monti (Beth Israel Medical Center MMTP) and Patricia Fralick (Credo Community Center for the Tx of Addictions, Inc.)

The 2009 Leadership Institute began with a five-day immersion training held at Pocmont in the Pocono Mountains of northeast PA, and drew 18 participants from New York and Pennsylvania. Each protégé, with his/her mentor, devised a Leadership Development Project, which they develop over the course of six months.

## Training Academy (Alcohol and Drug Coalition)

IRETA launched a new educational initiative to enhance the addiction workforce this past year. The Training Academy will provide an intensive educational experience to prepare the new Alcohol and Drug Counselor with the necessary knowledge and skills, to begin a career in the Addiction Workforce. The program will combine classroom, distance learning and independent study. The Academy Graduate will have completed the 300 hours required by the Pennsylvania Certification Board for the, Certified Addiction Counselor (CAC) education. Courses will be provided in the six competency domains as required by the International Certification & Reciprocity Consortium (IC & RC): Assessment, Counseling, Case Management, Education, and Professional Responsibility. The Training Academy was approved by the US Department of Labor as an educational site for displaced or underemployed individuals; this approval widens the workforce development possibilities potentially attracting new people to the addictions workforce. Carolann Kane-Cavaiola of IRETA had been the trailblazer for this soon to go national initiative.

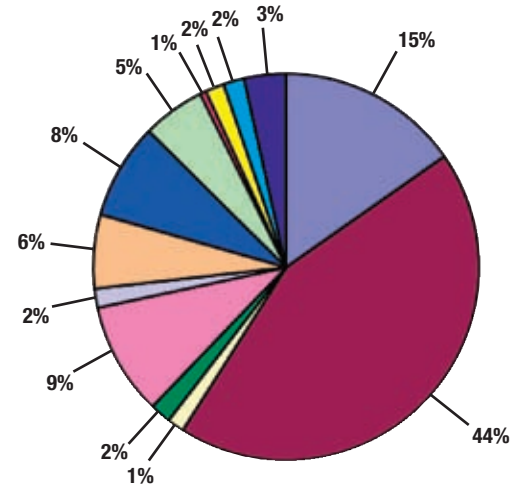


Carolann Kane Cavaiola, MA, LCADC

# IRETA 2009/2010 Budget Chart

Report Period Ending 5/31/10

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<span style="display:inline-block; width:15px; height:15px; background-color:magenta; border:1px solid black;"></span> PA Co-Occurring	\$7,410
<span style="display:inline-block; width:15px; height:15px; background-color:yellow; border:1px solid black;"></span> NY OMH/OASAS Adolescent Co-occurring TOT	\$22,500
<span style="display:inline-block; width:15px; height:15px; background-color:cyan; border:1px solid black;"></span> DPW/OASAS (D/A Coalition)	\$25,000
<span style="display:inline-block; width:15px; height:15px; background-color:purple; border:1px solid black;"></span> Scaife	\$50,004
<b>TOTAL</b>	<b>\$1,428,800</b>



While IRETA's budget is modest, since 1999 the organization has led in the generation of more than \$57 million in new grants for programs to address addiction in Pennsylvania, New York and New Jersey.

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