ADAI Strategic Plan | 2025

ADAI
ADDICTIONS, DRUG &
ALCOHOL INSTITUTE

Introduction

For more than fifty years, the Addictions, Drug & Alcohol Institute (ADAI) has been advancing substance use and addictions research, policy, and practice. The Institute is a focal point for substance use research at the University of Washington (UW) and the Pacific Northwest, benefiting the community by expanding knowledge and providing information to health and social services professionals, policymakers, and the general public.

ADAI initiated a strategic planning process in 2024 to establish goals to prioritize efforts and align employees around our shared mission. This introduction highlights the goals identified through the strategic planning process. The strategic planning process included an employee climate survey and an employee strategic planning survey. A workgroup composed of ADAI employees reviewed survey results, identified priorities, and developed goals, with input from other employees along the way.

Following this introduction is a brief history of ADAI and an overview of ADAI today. Detailed information about goals and objectives starts on page 8.

ADAI's goals to expand and strengthen our work over the next few years are:

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Goal 1

Increase educational opportunities to bolster interest in careers in substance use research, policy, and practice.

Goal 2

Expand anti-stigma initiatives regarding people with substance use disorder to reduce barriers to translating substance use research into practice and policy.

Goal 3

Integrate input from people with lived and living experience of alcohol, drug use, and/or addiction, and those providing addiction care, into ADAI central activities including, but not limited to, strategic planning; communications; educational pathways; and diversity, equity, and inclusion initiatives.

Message from the Director, Susan Ferguson

Since ADAI was founded more than 50 years ago, we have had a significant impact on Washington State and the Pacific Northwest. We have done this by conducting and disseminating information about cutting edge and real-world research, informing substance use-related policy, and educating community partners about best practices for the spectrum of activities addressing substance use from prevention to treatment and recovery.

Knowing that we are a stable and well-respected organization, composed of people with a great deal of expertise and passion, I initiated a strategic planning process in 2023 to build on our strengths and broaden our impact. The need for advancing research, policy, and practice in order to improve the lives of individuals and communities affected by alcohol and drug use and addiction has not waned over the last 50 years and there is always room to do more.

I am excited to start working on our three goals that will grow our educational opportunities, address stigma, and incorporate the guidance of affected communities into our work. Successfully accomplishing these goals will result in even more improvements in the lives of people in our state, region and, potentially, nationally.

ADAI History

ADAI is a multidisciplinary research institute in the UW School of Medicine's Department of Psychiatry and Behavioral Sciences. ADAI is a high profile local, state, regional, and national resource that brings external recognition to the UW and generates considerable external funding.

In 1948, the Washington State Legislature realized that the state was generating considerable revenue from the sale of liquor licenses. It also realized that alcohol contributed to health and social problems within the state. Given this dilemma, the Legislature decided to "give back" to citizens by providing funding from a subset of liquor license fees to facilitate research on alcohol use and related problems. The UW was one of the recipients of a portion of these funds.

A committee was commissioned to determine the best method and structure to facilitate substance use disorder research by UW faculty with these funds. This group, composed of representatives from Psychology, Psychiatry, Social Work, and Pharmacology, recommended the formation of a centralized institute. Based on this recommendation and recognizing the need to address the enormous problems caused by alcohol and other drugs, UW established the Alcohol and Drug Abuse Institute in October of 1973 as an interdisciplinary research center in the Warren G. Magnuson Health Sciences Center.

Since then, ADAI receives financial support from the State of Washington under State Initiative 171, which mandates that a portion of fees collected by the Liquor and Cannabis Board for certain state liquor licenses be allocated to UW and Washington State University for substance use research and the dissemination of research information.

In 2012, this financial support was enhanced by State Initiative 502 (which legalized cannabis in WA) that mandated that a small portion of the excise taxes collected from legal cannabis retail sales be allocated to UW for research on the risks and harms of cannabis use. Since 2014, ADAI has managed these funds, launched the Cannabis Education and Research Program, and added funds to the small grants program for cannabis-specific projects.

ADAI is a focal point for substance use research at the UW, benefiting people throughout the region by expanding knowledge and providing information to health and social service professionals, policy makers, and the public. The Institute's multidisciplinary staff, which includes clinical and social psychologists, epidemiologists, neuroscientists, public health experts, public affairs specialists, anthropologists, and information specialists, work to improve our understanding and reduce the harm caused by substance use.

Across the last five decades, ADAI has grown both structurally and fiscally. Most of ADAI's work is now funded by sources other than state fees and revenue. In recent years, ADAI changed our name to the Addictions, Drug & Alcohol Institute, updated our vision and mission, and committed ourselves to infusing the values of diversity, equity, and inclusion throughout all endeavors.

ADAI Today

Funded by grants and contracts from federal and state agencies, small portions of state liquor licensing fees and cannabis tax revenue, and private donors, ADAI is composed of eight centers and programs focusing on a variety of substance use issues. More than 50 people work for ADAI, with centers composed of 4-16 faculty and staff each.

While most work is conducted in centers, some is managed centrally. Current, centrally managed programs that advance ADAI's mission as an institute include:

- ADAI Clearinghouse
- ADAI Information Services
- ADAI Small Grants Program
- Annual Research Open House
- Lunch & Learn Webinars

Most research, policy, and practice are conducted through ADAI's centers and programs:

- Cannabis Education & Research Center
- Center for Advancing Addiction Health Services
- Center for Community-Engaged Drug Education, Epidemiology, and Research
- Clinical Trials Consultation and Technical Assistance Program
- Clinical Trials Network

ADAI
MISSION & VISION

Mission
To advance research, policy, and practice in order to improve the lives of individuals and communities affected by alcohol and drug use and addiction.

Vision
We believe that harms related to substance use are preventable and treatable and that research plays a vital role in developing real-world solutions.

- [Fetal Alcohol and Drug Unit](#)
- [Ferguson Lab](#)
- [Parent-Child Assistance Program](#)

ADAI's DEI Commitment

We strive to infuse the values of diversity, equity, and inclusion throughout all endeavors.

In 2020, ADAI employees formed a Diversity, Equity, and Inclusion (DEI) Committee which strives to ensure a positive, inclusive, and supportive environment for employees of diverse backgrounds. Over the last four years, highlights of the DEI Committee's accomplishments include:

- Organized multiple trainings for DEI-related professional development
- Launched an annual virtual Research Open House to engage with diverse groups of students
- Conducted two employee climate surveys. Results guide work to integrate diversity, equity, and inclusion into ADAI endeavors

Strategic Planning Past & Present

In 2016, ADAI developed a strategic plan with six goals, many of which have been reached. In 2018, an external review board made recommendations about future growth opportunities for ADAI. During the 2024 strategic planning process, previous plans and recommendations were reviewed and considered as new initiatives were identified. The 2024 strategic plan builds on previous accomplishments.

2016 Strategic Plan

In 2016, ADAI completed a strategic plan with the following major goals:

1. Create a fertile work environment
2. Conduct quality research
3. Expand and diversify funding for a sustainable future
4. Support Small Grants programs
5. Disseminate information
6. Maintain a collaborative network with university and community partners

Since 2016, ADAI realized these goals and:

- Is known for conducting research with real-world applications
- Has centers with diverse funding sources
- Continues to provide small grants for pilot research projects
- Engages with a wide variety of partners within the university and throughout the region
- Is recognized for exemplary work sharing information for many different audiences
- Is viewed by employees as a respectful environment where there is a common purpose and appreciation of individual attributes

2018 Review Board Recommendations

In 2018, when Professor Dennis Donovan retired after 25 years as ADAI Director, a review board composed of five UW faculty members[1] familiar with ADAI's work developed recommendations to identify opportunities for future directions for ADAI and determine desirable qualities in a new ADAI director. They met with 17 individuals including external stakeholders, the departing director and the interim director, several research scientists, and administrative, fiscal, and research staff.

The board made the following recommendations to strengthen ADAI:

- Need to resolve long-term space issues
- Need to rebalance portfolio to increase traditional scientific research
  - Growing pipeline of investigators
  - Mentoring program
  - Growing small grants program
- Resolution of uncertainty about I-502 funds for ADAI
- Review of administrative structure by new Director

In July 2019, Associate Professor Susan Ferguson became the ADAI Director. During her tenure, ADAI moved to the UW School of Medicine, weathered the COVID-19 pandemic, and moved from an off-campus site to on-campus offices.

ADAI joined the Department of Psychiatry & Behavioral Sciences in 2019 which created a different administrative structure at ADAI. Financial activities, including grants management, as well as most operational activities, are now handled by central department staff.

In 2020, COVID-19 spread across the globe and, like workplaces worldwide, it had a significant impact on ADAI.

- After more than two years of fully remote work during the height of the pandemic, most ADAI staff continue to primarily work remotely. Those who have a hybrid schedule usually work onsite 2-3 days per week.

- Between 2021-2023, the WA Liquor and Cannabis Board reduced state liquor licensing fees in an effort to support state businesses that were economically impacted by a decrease in sales. With a reduction in fees collected by the Liquor and Cannabis Board, the portion of those fees distributed to ADAI was also reduced. The reduced revenue in turn meant less financial support for unfunded projects and fewer small grants were awarded for three years. In January 2024, the liquor licensing fees were restored to previous levels.

In November 2023, ADAI moved from the University District Building at 1107 NE 45th Street to the Magnuson Health Sciences Building on the main UW campus. For groups that work onsite, ADAI offices are located in different areas of the Health Sciences campus. While moving to the Health Sciences

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[1] Mary E. Larimer, PhD, Kevin P. Haggerty, MSW, PhD, Rita Fuchs, PhD, Celestina Barbosa-Leiker, PhD, Barbara McCrady, PhD.

Building is fiscally advantageous, onsite center offices are now physically separate from one another. Two centers do not have offices, and all of their employees work remotely.

Since the Review Board recommendations were made, ADAI resolved the uncertainties about I-502 funding. ADAI now receives enough annual funding to conduct ongoing research and education about cannabis in response to emerging needs in the context of a legal marketplace.

2024 Strategic Plan

To start a new ADAI strategic planning process, in the fall of 2023 the ADAI Program Operations Director met with ADAI center and program directors to assess their long-range interests and possible barriers to an ADAI strategic plan. A Strategic Planning Workgroup (SPW) was then formed with at least one representative from each center or program.[2]

In early 2024, ADAI employees participated in two surveys:

- A climate survey using the Diversity Engagement Survey (DES), an established instrument for assessment, evaluation, and external benchmarking of institutional engagement and inclusion of diverse perspectives. The goal of this survey was to better understand if and how ADAI creates a climate where all feel engaged. Results from these surveys inform efforts from the ADAI Diversity, Equity, and Inclusion Committee, including the development of a logic model that appears in Appendix B. Results of the climate survey appear in Appendix A.

- A strategic planning survey to identify broad, common themes and possible priority areas to guide the development of a plan for expanding ADAI initiatives. Results in Appendix C.

The SPW reviewed the surveys, in addition to previous stakeholder assessments, and identified overarching priorities that align with ADAI's mission.

The mission-focused priorities were shared with the center and program directors and all ADAI staff. While there was general consensus in support of the priorities, it was agreed that some needed more precise focus. In addition to better defining some of the priorities, the next steps included identifying gaps and assessing capacity. Capacity exists to integrate some of the goals into ADAI administrative and operations activities. Others need significant capacity building.

Each ADAI center has its own goals and projects. This strategic plan focuses on central ADAI goals to expand activities and to align employees around our shared mission. When implemented, these new activities will result in more support for centers and programs.

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[2] Meg Brunner, ADAI Director of Information Services; Susan Ferguson, ADAI Director; Anthony Floyd, CEDEER faculty; Sharon Garrett, CERP & CTN Research Scientist; Sierra Grossman, ADAI Administrative Assistant; Bryan Hartzler, CAAHS Director; Inga Manskopf, ADAI Program Operations Director; Mandy Owens, CEDEER faculty; Susan Stoner, FADU & PCAP Director; and Jennifer Verbeck, CAAHS Program Operations Specialist.

Strengths

This strategic plan builds on ADAI's strengths as identified by ADAI employees. ADAI's strengths are a key element to the growth and increasing impact on the field of addiction and substance use.

When asked "What are ADAI's strengths?" in the strategic planning survey, ADAI employees replied:

- *"Faculty and staff who are passionate about their work and making a difference."*

- *"Incredibly smart people, an array of projects that all support our common mission, name recognition, and decades of experience."*

- *"Great people, lots of research into treatment, good dissemination of results and findings."*

- *"Broad range of topics we address."*

- *"Real world research – projects that produce new knowledge that can be consumed by health systems, communities, people with lived experience, and policymakers."*

- *"Dissemination of science in various levels of society: communities, families, healthcare systems."*

- *"Being highly respected and recognized by policymakers and a team of super smart folks."*

- *"The variety of projects and specialties."*

- *"We are able to work together through different areas of work."*

- *"Our employees. Our communications. Seen as local experts."*

- *"People that care about the work."*

- *"I think we have a rich team of passionate folks and great community partnerships."*

- *"Excellent communication, information dissemination, and web presence."*

- *"Expertise."*

- *"Excellent web presence."*

- *"We are no longer hiding in plain sight now that substance use has become for acceptable to talk about."*

- *"Our information dissemination activities, particularly online resources, are sometimes better than what the federal government has available."*

In the 2024 employee climate survey, ADAI employees gave the highest scores to factors that indicate they have a common purpose and feel connected to the vision, mission, and values of ADAI.

Passionate people. Real world, diverse research. Excellent information sharing. These are ADAI's strengths.

Goals & Objectives

The goals and objectives outlined in this plan will be managed centrally and, in the long term, should strengthen centers and programs. When "ADAI" is mentioned in goals, objectives, and activities in this plan, it refers to central ADAI and not ADAI centers and programs.

Through 2028, ADAI will continue our current work, launch new activities, and develop new initiatives to expand our educational reach; integrate the voices of people with lived/living experience of substance use and/or addiction into activities and initiatives; and address the stigma associated with people with substance use disorders.

Action plans for each objective will be developed by workgroups composed of ADAI employees. The action plans will include specific activities for meeting objectives and benchmarks to help determine when activities are successful and when changes are needed. Each objective will be assessed at the end of each calendar year to determine effectiveness, possible barriers or new opportunities, and updated, as needed.

Goal 1
Increase educational opportunities to bolster interest in careers in substance use research, policy, and practice.

Current ADAI educational activities

As an academic institution, ADAI is committed to educating people about substance use research, policy, and practice. While many educational opportunities exist within ADAI, the Department of Psychiatry and Behavioral Sciences, the School of Medicine, and other schools within the UW, ADAI is particularly interested in increasing educational opportunities for trainees at all levels with the goal of increasing interest in pursuing careers in substance use research, policies related to substance use, translating science into treatment and recovery practices, and disseminating information.

Currently, ADAI educational activities for students include:

- **ADAI Research Open House**: An annual, virtual showcase of ADAI and other UW group's substance use-related research and programs for undergraduates and post-bacs who are interested in substance use-related research.

- **CTN Summer Internship Program**: ADAI's Clinical Trials Network – Pacific Northwest Node participates in the National Institute of Health's Summer Internship Program which provides opportunities for students in college, graduate, and professional school to perform research.

- **Psych 499**: Some ADAI faculty provide research experiences for UW undergraduate students enrolled in Psych 499.

- **SOAR**: As part of the Substantial Opportunities in Addiction Research (SOAR) Doctorial Readiness Program, some ADAI faculty provide mentorship to post-baccalaureate students who are interested in conducting addiction neuroscience research and

attending graduate school but did not have significant research opportunities during their undergraduate studies.

- **Mentoring**: Some ADAI faculty provide mentoring for undergraduates, graduate and medical students, postdoctoral fellows, and clinical supervision for residents.

In addition to education and training programs available to trainees, ADAI's centers and programs provide a great deal of training, technical assistance, and other educational programs for faculty and staff, healthcare and service providers, community-based organizations, and the general public. For the purposes of this strategic plan, we are focusing on education and training for students.

Objectives

Objectives for reaching the goal of increasing educational opportunities are outlined below. Some objectives build upon the previous objectives, so the action plan spans 2025-2027. For instance, in addition to increasing educational opportunities in the short term, ADAI is striving to increase faculty and staff capacity to teach and mentor in order to further build educational programs in the longer term.

Integrated into these objectives is the overarching aim of increasing diversity within ADAI. One of ADAI's Diversity, Equity, and Inclusion (DEI) Committee's priorities is to engage with and support undergraduate and graduate students as a way to increase external connections and increase diversity and inclusion in the field. The objectives outlined below largely focus on activities that will enable ADAI to include students from diverse backgrounds in our work.

Objective A: In 2025-2026, increase the number of undergraduate 499 independent research students participating in ADAI projects to increase interest in substance use and addictions research and increase faculty experience as mentors.

Objective B: In 2025-2026, develop an ADAI-funded workforce development internship program to increase interest in the substance use field related to research, policy, and practice, including information services, and to increase faculty and staff experience as mentors.

Objective C: In 2025, explore establishing a trans-disciplinary masters-level degree program in addiction science in collaboration with the School of Social Work, the School of Law, the School of Public Health, the Department of Psychology, and others.

Objective D: In 2026-2027, apply for grant funding to expand training programs with a focus on increasing diversity.

Current anti-stigma activities

To improve the lives of individuals and communities affected by alcohol and drug use and addiction, ADAI believes it is essential to reduce the stigma associated with people who use substances and those with a substance use disorder. Stigma is often a barrier for implementing real-world solutions identified through ADAI research, science-based policy, and training and resources for healthcare and service providers. ADAI is particularly well positioned within the UW School of Medicine, with numerous community partners, and with our expertise to have a significant impact on addressing perceptions that get in the way of improving the lives of people affected by substance use and addiction.

Current anti-stigma activities include:

- ADAI's Information Services team is developing a library of non-stigmatizing images to use in a variety of materials (the Empathy Lens project).

- Several of ADAI's 2024-2025 Lunch & Learn webinars address stigma.

- CEDEER's State Opioid Response project's educational series about stigma in February 2025.

- Several conducted by CAAHS including annual trainings offered by the Northwest Addiction Technology Transfer Center (Northwest ATTC) for the region's addiction workforce, which focus on national standards for Culturally and Linguistically Appropriate Services (CLAS); intensive, county-level stigma reduction efforts by Northwest ATTC that unify community stakeholders to define, set, and achieve stigma reduction goals, as previously undertaken in Washington state with the Skagit County Public Health Department; similar community-level anti-stigma campaigns, supported via the Northwest ATTC's regional contribution to SAMHSA's national Opioid Response Network, involving schools and other community settings; and recurrent 'workforce spotlights' that offer a professional development award and positive portrayal of a member of the addiction workforce.

Spotlight:
Empathy Lens
Humanizing Images & Education for Harm Reduction

In 2024-2025, ADAI's Information Services team is developing a free online resource of accurate, compassionate, and non-stigmatizing images to be used in outreach and educational materials. The *Empathy Lens* project provides evidence-based education about the impact of harmful images and language on stigma and related health inequities for people who use drugs.

Objectives for reaching the goal are outlined below.

Objective A: In 2024-2026, spotlight and model positive examples of ways to reduce stigma during events such as Lunch & Learn, webinars, and meetings.

Objective B: In 2024-2026, boost knowledge of ongoing stigma reduction efforts to increase their impact (e.g., use social media to highlight the Empathy Lens project, inclusion of people with lived experiences as subject matter experts).

Objective C: In 2025-2026, develop and disseminate education materials targeted to specific groups who provide healthcare services and make healthcare policy to increase the adoption of evidence-based practice and policy in the community.

Objective D: In 2025-2027, explore amplifying other anti-stigma campaigns targeting the general population being conducted by community partners.

Goal 3

Integrate input from people with lived/living experience of alcohol, drug use, and/or addiction and those who provide addiction care into ADAI central activities including, but not limited to, strategic planning; communications; educational pathways; and diversity, equity, and inclusion initiatives.

Current activities with people with lived/living experience

People with lived/living experience, including people who currently use alcohol and drugs and families affected by substance use disorder, provide knowledge about the complexities and nuances of dealing with substance use disorder. The insights gained from people with lived experiences can strengthen ADAI's strategic plans, ongoing activities, and diversity, equity, and inclusion initiatives. These collaborations help to ensure that ADAI's work truly improves the lives of individuals and communities affected by substance use and addiction.

A few ADAI centers currently have advisory boards that include people with lived/living experience of alcohol, drug use, and/or addiction, that inform their work. Others partner closely with people with lived/living experience of substance use on projects and/or work with community partners to gain input.

One of the ADAI Diversity, Equity, and Inclusion Committee's priorities is to establish a mechanism to include the voice of and guidance from people with lived/living experience of alcohol and drug use to increase external connections. This aim is included in the objectives below.

Objective A: In 2025-2026, develop an ADAI advisory board composed of people with lived experience of alcohol and drug use to provide input about ADAI central activities.

Objective B: In 2027-2028, develop a toolkit about working with people with lived experience of alcohol and drug use for programs who want to develop similar partnerships.

Other New Initiatives

In addition to the activities outlined in this strategic plan, the following new activities are being integrated into central ADAI activities in 2024-2026.

- Host annual all-employee retreats to increase communication and collaboration among centers and programs and provide professional development.

- Continue to work with the Department of Psychiatry and Behavioral Sciences to host a biennial addictions symposium highlighting ADAI's and other UW programs work addressing substance use and substance use disorders to increase collaboration.

- Increase activities to support an inclusive, safe work environment and the hiring of a diverse workforce.

- Develop a webpage for students seeking educational opportunities within ADAI centers.

- Develop a webpage for the community to access information about policy related to the work conducted by ADAI centers.

In 2026-2027, ADAI will assess the interest and capacity to:

- Develop a pipeline program for future research faculty and staff with a particular emphasis on increasing diversity.

- Increase ADAI's role as experts in some areas of public policy and explore opportunities to increase partnerships with other departments to evaluate state and local policies.

Appendix A: ADAI Climate Survey Results Summary

2021: Data Collected between February 11-26, 2021; N=30, *n=29
2024: Data collected between February 21-7, 2024; N=28

Table 1. Item means, s.d., and median

Question (5-point Likert; Strongly Disagree to Strongly Agree)	Median	Mean	s.d.	Min, Max	n of "1"	n of "2"
1. I trust my institution to be fair to all employees and students*	4.28	4	.88	2, 5	0	2
	4	**4.1**	**.94**	**1, 5**	**1**	**0**
2. The leadership of my institution is committed to treating people respectfully	4.47	5	.86	2, 5	0	2
	5	**5.3**	**.88**	**2, 5**	**0**	**1**
3. I am valued as an individual by my institution	4.27	4.5	.87	2, 5	0	1
	4	**4.1**	**.85**	**2, 5**	**0**	**1**
4. I feel that my work contributes to the mission of the institution	4.60	5	.56	3, 5	0	0
	5	**4.7**	**.46**	**4, 5**	**0**	**0**
5. This last year, I have had opportunities at work to develop professionally	4.20	5	1.03	2, 5	0	3
	4	**4.1**	**.96**	**2, 5**	**0**	**2**
6. At work, my opinions matter	4.27	5	.91	2, 5	0	1
	4	**4.0**	**1.1**	**1, 5**	**1**	**1**
7. In this institution, I have opportunities to work successfully in settings with diverse colleagues	3.67	4	1.18	1, 5	1	5
	4	**3.7**	**1.0**	**1, 5**	**1**	**2**
8. Someone at work seems to care about me as an individual	4.70	5	.53	3, 5	0	0
	5	**4.3**	**.88**	**2, 5**	**0**	**2**
9. There is someone at work who encourages my development	4.13	4	.97	2, 5	0	2
	4	**4.1**	**1.1**	**2, 5**	**0**	**4**
10. I receive recognition and praise for my good work similar to others who do good work at this institution	4.20	4	.92	2, 5	0	2
	4	**3.8**	**1.2**	**2, 5**	**0**	**6**
11. I believe my institution manages diversity effectively	3.43	4	1.3	1, 5	2	7
	4	**3.5**	**1.1**	**1, 5**	**2**	**2**

12. In my institution, I experience respect among individuals and groups with various cultural differences	4.27	4.5	.83	3, 5	0	0
	4	**4.1**	**.98**	**1, 5**	**1**	**1**
13. If I raised a concern about discrimination, I am confident my institution would do what is right	4.00	4	.95	2, 5	0	2
	4	**3.7**	**1.35**	**1, 5**	**3**	**2**
14. I consider at least one of my co-workers to be a trusted friend	4.20	4	.92	2, 5	0	2
	4.5	**3.8**	**1.44**	**1, 5**	**2**	**6**
15. In my institution, I receive support for working with diverse groups and working in cross-cultural situations	4.07	4	.94	2, 5	0	2
	4	**3.8**	**1.1**	**1, 5**	**1**	**2**
16. In my institution, I am confident that my accomplishments are compensated similar to others who have achieved their goals	3.70	4	1.34	1, 5	2	6
	4	**3.4**	**1.4**	**1, 5**	**4**	**3**
17. I feel connected to the vision, mission and values of this institution	4.43	5	.86	2, 5	0	1
	5	**4.3**	**.91**	**2, 5**	**0**	**1**
18. I believe that my institution reflects a culture of civility	4.43	5	.73	2, 5	0	1
	5	**4.4**	**.83**	**2, 5**	**0**	**1**
19. I believe that in my institution harassment is not tolerated	4.27	4	.87	2, 5	0	2
	4	**4**	**1.3**	**1, 5**	**3**	**0**
20. In this institution, there are opportunities for me to engage in service and community outreach	4.37	4.5	.72	3, 5	0	0
	4	**4.1**	**.88**	**2, 5**	**0**	**1**
21. I feel that I am an integral part of my institution	4.20	4	.85	3, 5	0	0
	4	**3.7**	**1.3**	**1, 5**	**3**	**1**
22. The culture of my institution is accepting of people with different ideas	4.10	4	.92	2, 5	0	2
	4	**3.9**	**1.3**	**1, 5**	**2**	**2**

Table 2. Means within factors

Factor	Mean 2021	Mean 2024
Common Purpose (4, 17)	4.52	4.51
Access to Opportunity (5, 9)	4.17	4.07
Equitable Reward & Recognition (10, 16)	3.95	3.59
Cultural Competence (7, 11, 15, 20)	3.89	3.75
Trust (1, 13, 19)	4.18	3.92
Sense of Belonging (6, 14, 21)	4.22	3.84
Appreciation of Individual Attributes (3, 8, 22)	4.36	4.14
Respect (2, 12, 18)	4.39	4.25
Overall	**4.19**	**3.99**

1. **What do you think ADAI already does well to create a climate of inclusion?**

    - Provides opportunities for people to gather socially.
    - ADAI consciously addresses DEI and encourages all staff to participate
    - The mission of ADAI is focused on equity-related work and increasing social justice for people who are struggling w substance use, those commitments are very strong and adhered to across teams and projects.
    - Something the ADAI already does well to create a climate of inclusion is making everyone feel welcome. Everyone is very helpful.
    - Not only asked (repeatedly) of us what we want/need from ADAI but also followed through on many of those requests.
    - There have been many opportunities in the past few years to meet up socially for institute-wide activities and events. I think this is especially important since so few of us work in person regularly, and even if we did, we are spread across three spaces now.
    - Leadership is active and engaged in promoting a climate of inclusion, and the communications team does an excellent job of messaging.
    - I think that onboarding is more welcoming now than it used to be, and sincere efforts are underway to try to increase the diversity of staff. However, some subgroup managers are more committed than others to this goal of making ADAI more inclusive.
    - The DEI group is great, both for improving the culture, and for building bridges across teams.
    - I can't speak for ADAI as a whole, but our director make a lot of effort to make sure our written materials don't "other" people.
    - Efforts like this survey, staff trainings, general awareness.
    - Open committees
    - ADAI staff are respectful and very willing to listen. It is heartening to see the DEI committee continue to work. I especially appreciate their work to organize events that foster collegial relationships, especially given the disjointed nature of remote work and having offices in 3 separate locations.
    - -Leadership talks about inclusivity and respect on a regular basis -microaggression speaker/series bwas arranged last year and made mandatory for all to attend, which set a

positive tone -Everyone at ADAI seems to make an effort to value respectful communication

- Engaging with Psychiatry staff and students to promote research within the minority demographic and providing support to further stated goals.
- Formation of the DEI and internal ADAI connections groups. Hiring some diverse staff. Internal newsletter keeps staff in the loop on what's going on around the Institute.
- ADAI welcomes and elicits ideas and opportunities from staff directly through meetings, surveys, etc.
- positive inclusive language and meetings, setting up informal social options for people to interact...

2. **If you feel it's been effective, please share which activities are most effective and provide any examples of positive changes you've seen.**

- I responded "neutral" because while increased sharing and communication has improved, it's unclear if it results in increased collaboration.
- I think they all have had a place and some effectiveness though participation in things naturally wanes over time. I think it's just really hard post-covid to get people to do extra things.
- Wellbeing lunches have been a positive change.
- I really appreciate the ADAI staff meetings to hear about different centers as well as the in-person opportunities to be with coworkers to not work.
- I think the in person activities, especially, have been somewhat effective for increasing communication and collegiality across units. I don't think they've necessarily increased collaboration, and of course not everyone wants or is able to participate in these things.
- The longer center reports have been the best efforts in years to break down the silos within the institute. I appreciate that the center directors share their challenges and present without egotism.
- I think some of these efforts are effective. The ones I would cite in this category are: the increased number of all staff meetings, the group walks (e.g. bird walk, Cherry Blossom walk), lunches in person with others (wellbeing lunches). The report-outs are helpful but should be kept short. They can sometime drag on. Efforts to cross-fertilize our work across teams at ADAI has a long way to go but there are minor inroads where staff have taken it upon ourselves to reach out and share information with one another or otherwise engage one another (by identifying opportunities for ADAI staff to speak at a WA State conference, for example).
- The lunch has been a great opportunity to learn more about my colleagues. The center report outs have been super helpful, I finally understand what the others centers do.
- Although there are more frequent staff meetings, 5 minute center report-outs and 30 minute center presentations at staff meetings, group walks, virtual lunches, wellbeing lunches, parties, Slack, QuizBreaker), staff don't seem to voluntarily participate much. For example, many people do not openly share information at staff meetings and keep their cameras off.
- All staff meetings are helpful for building knowledge of what is happening in other departments and with other teams.

- The virtual lunches, parties, and group activities I think are effective, when staff can participate. The increase frequency of staff meetings and the structure of them with the short reports and one more in-depth report is also helpful. I also like the weekly newsletter.
- Quarterly, regularly scheduled staff meetings have been helpful.
- Short center reports, outdoor outings/events, virtual lunches, internal newsletter. These have helped us better stay up-to-date with work across centers, meet new staff members, and get to know other staff in an informal setting.
- center presentations, well being lunches
- I think the staff meeting is being organized and letting the centers each do a check-in and one do. an extensive overview is very helpful for people understanding what is happening.

3. **What else would help to increase collaboration and communication across teams?**

- Offices on the same floor.
- Knowing about collaboration opportunities within the ADAI.
- I don't know if this would be practical or desirable, but one idea I had was having a "visiting member" from another team sit in on a team meeting, just to be a fly on the wall and hear what's going on on the other team. Maybe see some synergies, take back some ideas.
- Maybe once or twice per year--or perhaps connected to a funding cycle, there could be an ADAI full staff meeting in-person with opportunities to discuss future potential projects in small groups?
- We should do an in-person staff meeting with a catered lunch. With the understanding that not everyone could make it, we can have a recording on Zoom for people to join us virtually.
- Not sure! There have been many opportunities, now it's up to us to manage our time to take them (which is harder said than done).
- I'm not sure.
- Something like an all-staff research brainstorming session/retreat might help.
- Various structures and fora for presenting work, including practice talks, idea-stage "pitches". Etc.
- I think having a monthly, optional, in-person lunch at the UW Medical Center (or at St. Bread) is a good idea. I know this was proposed. Maybe we need to revisit this, so we can find a good day (or two) when a lot of folks can make it. That is/will be an ongoing challenge, but could become a regular thing. One idea would be to hold an optional all staff meeting to discuss what we as an institute can do about preventing fentanyl overdoses in WA State, perhaps chaired by the ADAI Director or an external partner. This work tends to be siloed and not shared across subunits, in part due to the long-time managerial personalities involved, but we could likely improve our impact through a more coordinated effort.
- More opportunities for connection across teams professionally, such as a survey workgroup where people can brainstorm, or other other team-based professional development activities. Maybe a writing workshop?

- Setting up one-to-one meetings between the various center staff.
- Unsure
- Maybe a few activities that are not in the middle of the day. Yes, scheduling is difficult. Maybe an occasional late afternoon activity would help. The same could probably be said by ADAI's morning people of an pre-9 am morning event.
- Office space together and an expectation that people come to the office at least X times per week
- Information given at staff meetings help groups to hear about what others are doing on the management/directors side but staff is often busy and finding time on a consistent basic to meet and collaborate can be difficult. The need to avoid duplicating efforts can be a challenge in that some groups have overlapping goals. Physical locations don't always lend to meeting easily.
- Fun virtual events (low barrier). Maybe one staff meeting per year during a warm weather month could be a BBQ, picnic, retreat or staff appreciation-type event (outdoors for accessibility). Some kind of internal "Staff Spotlight" could highlight the accomplishments and unique backgrounds/personalities of our staff.
- us all being in one space that is adequate for the number of people and is beautiful and facilitates good work internally and external

4. What would help to make the climate at ADAI more inclusive?

- I'm not sure. What if each staff meeting had some time for staff to volunteer to talk about something that interested them with relation to addictions or substance use? Like an open mic? Maybe put out a call for before each meeting for any folks who might like to speak extemporaneously on something. Like what are we doing about X? What could we be doing about Y? Others are doing Z; what do we think about that?
- Hiring more POC
- Outside assessment of gaps and areas for improvement.
- Continue efforts to recruit staff and faculty with diverse backgrounds and perspectives.
- That may not be possible, but there are no overt signs that it is becoming less inclusive.
- I think a concerted effort needs to be made to hire different types of personalities as well as diverse staff as people typically understand the term. There is a preponderance of introverts (at ADAI and at UW in general), which goes with the territory to some extent, however, this does not lead to an inclusive climate. Institutions like ours should attempt to truly have a diverse staff, knowing that diversity can be a pretty broad category.
- Less hierarchy on teams, more opportunities for staff to grow professionally and more clear development track. Continued efforts to reduce silo-ing across teams.
- If there was more racial diversity in leadership positions.
- Hiring staff who aren't racist or education elitist.
- I feel that it's already inclusive so don't have additional suggestions
- Maintain hybrid, virtual, or outdoor options for internal and external ADAI events, meetings, etc. for accessibility. PBSci offers lots of special treatment for Faculty, so seeing some opportunities for events, awards, non-token recognition of other staff would be good.
- Keep up the enthusiasm and support already in action.

5. **How can we increase mentorship and career/professional development opportunities at ADAI?**

    - Supervisors and staff developing individual development plans together.
    - I think it would be helpful to define some different forms mentorship could take and see if people would like to volunteer to mentor or be mentored in one of the forms. Maybe time could be devoted in each staff meeting to professional development opportunities.
    - By providing development opportunities that do not have to be completed on the employees own time outside of work.
    - Find an incentive - I know giving FTE to do that isn't necessarily feasible, but it would be a solution.
    - More pathways for students to become engaged in research maybe?
    - Not sure.
    - Managers should take the lead in identifying promising training and professional development opportunities that staff may wish to do. They can present it as optional, almost like a menu for staff to consider. This is particularly important for classified or new staff at ADAI (or at UW) who may be less familiar with how to access training such as the POD trainings, not to mention other external or internal trainings or professional development opportunities. Make it clear if there is a path for progression in job growth potential. That is clear as can be for ADAI faculty; it is less clear for staff.
    - More mentors for staff. There's a clear pathway for PhDs, much less clear for other staff. Develop this within ADAI so people can continue to grow while staying at ADAI.
    - Doing good in this area, but I myself have not had the time to take advantage of opportunities given.
    - Allow staff to attend more POD courses for free.
    - For mentorship, maybe have a list of people who are willing to be mentors and the areas of their knowledge. We may not always know that someone in another group may have a particular skill set they'd be happy to chat about.
    - The staff stipends are a great start! It can be hard to use them when workloads are busy. Having supportive/receptive admin is also huge when it comes to professional development and advancement.
    - Get support from department level leadership to free up time for these opportunities. If we don't have time freed up to attend/take advantage, it seems more like a burden rather than an opportunity. Example: I would like to use my professional development funds, but I haven't had time to explore and pursue opportunities.

6. **What can be done to address any diversity, equity, or inclusion concerns you may have about your work at ADAI?**

    - I don't have any concerns.
    - n/a
    - Inclusion of ADAI "leadership team" in the DEI meetings and conversations. It is interesting that most do not attend those meetings or many of those trainings/opportunities.
    - I have no concerns

- I have no major concerns in this area.
- Keep doing what you're doing and amplify messages across Psychiatry and UW Medicine as a whole on DEI issues. Plus, do an equity review of people doing similar jobs at ADAI and in Psychiatry as a whole and see what that turns up. I don't have confidence that there is pay equity in our institute for staff doing similar work. And some mid-managers at ADAI are not willing to have that conversation, or may not know enough about how to go about doing this it seems, and so inequities persist. By contrast, other managers within ADAI seem to promote their staff more regularly. When this does not happen, or where it no clear path for growth, good staff will leave or have left.
- Management receive training on DEI issues, including gender, race, ageism, etc.
- Hire & promote more people of color.
- There are some big questions around compensation and consent to include "lived experience" voices from the populations we work with - coming up with solid guidance (even something that can adapt with time) would help with this problem.

7. Is there anything else you'd like to share?

- All good questions for which I don't yet have answers. Continued communication is helpful.
- Not that I can think of.
- I have not been with ADAI very long and I work fully remote, so I feel I cannot answer most of these questions. Two things I have noticed that is different from other places I've worked at are the efforts to provide wellness opportunities and the diversity of staff. It has been refreshing to see.
- n/a
- No
- I don't want to give up on the idea of a highly collaborative work environment, but right now ADAI feels as cohesive as it has been in the last several years. There are active attempts at bonding, and no open hostility between staff members. There is room for growth, but we're not at a place of dysfunction either.
- I would like to applaud the current director and Administrator at ADAI for making honest efforts to take on DEI issues. Through their communications, involvement with different groups, and support for training they show their commitment to making improvements. I think that having a new administrative assistant who is including things like birthdays (for those who wish that) is a nice touch and a welcome change. It is also more like what most workplaces routinely do to help build a sense of belonging, and cake is not required. :)   It may seem like a small thing, but in a mostly virtual environment, it helps to build more friendly staff interactions.
- Some DEI issues have gotten worse since we joined Dept of Psychiatry. Much more hierarchical and rigid in ways that are harmful and not supportive of equity issues.
- Thank you for creating this survey and giving people a chance to share things they may have been thinking about but didn't know quite how to share. Thank you, too, for all the work organizing events. The group probably doesn't get the level of appreciation they deserve.

- It's definitely improved over the last several years, but there is still a cultural attitude at ADAI that some types of work are more important, more beneficial, or more serious than other's work at the Institute. I'd like all our work to be seen and treated as vital pieces of the puzzle, not hierarchical based on education, scope of work, etc.

Appendix B: DRAFT 2025 DEI Logic Model

Learn, Reflect, Grow
- Be open to difficult conversations
- ADAI DEI library/book group
- Ongoing DEI trainings on topics such as imposter syndrome, gender, etc.
- Training for managers on sensitivity and supervision*

(Internal)
- Build connections across teams
- Facilitate more cross-team sharing*

Connect (External)
- Engage with and support graduate and undergraduate students
- Outreach to diverse student orgs
- Include POC from other depts/ agencies as collaborators in research
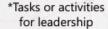- Establish a mechanism to include the voice & guidance from people with lived/living experience

Goal: Increase Diversity, Equity, and Inclusion at ADAI

Hire & Support
- Develop and implement a plan to increase diversity in hiring & retention
- Broaden the scope of research projects to focus on more diverse groups
- Advertise positions through different media to reach diverse applicants
- Encourage managers to model inclusivity*
- Include interview Qs about experience with DEI*

*Tasks or activities for leadership

ADAI ADDICTIONS, DRUG & ALCOHOL INSTITUTE

Appendix C: 2024 Strategic Planning Survey Results

What are the activities that you see ADAI doing that support the mission statement above?
To advance research, I see us seeking funding and conducting research studies. To advance policy, I see us interfacing with policymakers like DBHR, WSLCB, DOH, and the legislature. To advance practice, I see us presenting and publishing findings for practitioners and offering training and technical assistance. I also see us talking to the media for broad audiences.
I really like the ADAI mission and think it reflects well what we do. Some groups lean more heavily toward one aspect than another (CTN and FADU do research, CEDEER and CERP research and policy, NWATTC improving practice.) The mission connects what otherwise can seem like a bunch of siloed groups.
We do a good job doing research on treatments for substance use disorder.
1- Real world research - projects that produce new knowledge that can be "consumed" by health systems, communities at large, people with lived experiences and policy makers.   2- Dissemination of science in various levels of society: communities, families, health care systems.
Uncertain - I haven't been here long, within my own team on my specific grant we try to incorporate a lot of collaboration w/ folks having lived experience or experts in the field
A variety of centers, funding sources, and projects that address research, policy, and practice.
Several projects. I appreciate the innovation and attempting to move the addiction treatment field in a progressive, evidence-based direction.
I think the training we do for system changes is an important aspect.
I think we do ethical, evidence-based research with community partnerships.
Partnering with PWLLE, & diverse stakeholders in community to steer policy and practice to improve life outcomes.   (1) More active partnerships w PWLLE; (2) Collaborative research design; (3) Policy forums to facilitate dialogue; (4) Education events to help bridge the gap between non-involved individuals/communities and PWLLE in the best practices of research around substance use.
Multiple kinds of research, from qualitative investigations to surveys to longitudinal studies to clinical trials. Policy discussions with state and local leaders. Media contacts, bringing a calm voice to what can be emotional or divisive topics.

What opportunities are we missing to further our mission?
Our employees - both faculty and staff - may be considered "thought leaders" when it comes to substance use topics. We should capitalize on that to increase awareness of ADAI and share important information with the public. We have an excellent website and including perhaps blog posts from our thought leaders could be fairly easy to implement.

Perhaps we could be doing more to educate the public at large to increase knowledge of addiction and decrease stigma.

I know several groups are working on ways of engaging the community more directly in our work, particularly people with lived experience. This seems really important to me and I wonder if there's a way to share insights about who's being included and how it's being done.

We could do more work around policies around substance use and substance use disorder, and better connect with people working on the laws related to these issues. We could also do more to directly involve people with a history of substance use in our work. We could also include different types of researchers or better collaborate with other departments to address a broader spectrum of issues related to substance use, rather than a more narrow focus on treatment.

More emphasis on legal substances - the most developed and well-funded parts of our institute are centered mostly around illegal substances.   Alcohol, tobacco have been mostly neglected at ADAI. Cannabis has the most modest group and budget.

More folks with lived and/or living experience at the table.

More explicit involvement of people with lived experience in our institute planning.

Collaboration with other researchers focusing on similar issues? This could happen through web forums / mini-conferences / etc.

The policy part might be the weakest. Considering the genesis of ADAI, it seems like the institute is not always the first voice to which the state turns.

What threatens our ability to further our mission?
Funding for non-research projects.
Stigma, difficulty obtaining funding
Funding, always.
The lack of input from communities and individuals affected by the issues we work on. A political climate that is becoming more conservative about approaches to improve the health of people who use drugs. The fact that we have no researchers studying alcohol and its impacts, treatments, etc.
Mistrust from the community, not enough people whose lives you are trying to improve in the conversations.
Funding sources driving work away from opportunities to work with the community. Also, not having more trainees or junior investigators coming through ADAI.
Politics that impede sound public health initiatives.
Federal laws and funding
Each area of ADAI seems very siloed to me.

Misunderstandings about what navigating substance use in the current moment is like, and persistent stigma about substance use fueling the anti-harm reduction movement.   Having clarity about what best practices are, understanding the implications of an anti-harm reduction orientation toward substance use (ie: stigma's corrosive effect on relationship with people who are struggling & increasing and compounding OD risk due to drug supply toxicity/variability)

Unfulfilled funding promises.

It is unclear if all center/program directors get along.

As an institute, what can we do to further our research work?

Establish more training programs to increase the pipeline of researchers.

Explore more opportunities for collaboration and broader sources of research funding. Perhaps we could secure philanthropic support.

I'm not sure. I think we as a whole have lots of research experience and that this is our strength. Support for grant writing to keep us all employed would be good, but I'm not sure exactly what kind of support.

Support and encourage alcohol research. Broaden the partners that we work with.

integrate more into the community. maybe soften the perspective from those outside adai - even internally it "what can we do to further our research" comes across distasteful, it has a selfish ring to it - can furthering your mission just include research work?

Are there internal opportunities to have grant proposals reviewed?

Maybe look at marginalized populations

I think we already are putting a ton of stuff out on the website and that update was great.

Communicate, collaborate, and disseminate research, policy and practice to include all of ADAI. The biggest piece seems to me the collaboration. There are many areas where different areas could inform each others' work - but this rarely happens.

More partnerships and collaborations both locally and across the western corridor, and with other researchers elsewhere in the country would be one way.

As an institute, what can we do to further our policy work?

1) Develop an ADAI policy center that includes representatives from ADAI centers involved with policy work as well as other UW who work on similar policies.   2) Add a webpage that provides information about best practice policies (state and local) for addressing SUD.

I'm not sure. I participate in https://prevention.psu.edu/flagship_intitiative/research-to-policy-collaboration/. Maybe others would be interested to participate.

I really only hear about policy if it directly affects a project I'm on or if I read about it outside of ADAI (which I do a lot). We aren't allowed to lobby, but I think it's really important to keep abreast of policies that affect out communities, especially to identify gaps in knowledge that we might be able to fill. Maybe we could include that as a standing item on our staff meeting agenda? Maybe "policy/relevant community updates"?

Work with a broader range of academics and policy experts to identify important issues. Hire at least one staff person who is a policy expert/legal expert.

We need more professionals from public health and public policy background. We are still mostly composed by clinical psychologists, that do not have training on policy development or research. The fact we are in the Psychiatry Department may be a barrier to realize our policy potential.

Maybe explicit presentations from UW government relations at an ADAI staff meeting? I can't remember if that has happened yet.

I think the policy connections are pretty well-established, however, being clear about what helps further the capacity for reach and impact for people using substances (more opportunity for relationships, more social supports, and less stigma) needs to be shared far and wide (in part bc the anti-harm reduction hammer is gaining momentum, and ADAI could help reframe the conversation about best practices for access to support/treatment when needed and appropriate.

Re-establish strong relationships with elected officials, legislative staff, and state agencies.

As an institute, what can we do to further our work supporting practice (e.g. evidence-based models for delivery of treatment, prevention or harm reduction)?
I'm not sure. What comes to mind is having a presence at conferences that practitioners attend.
Having the NWATTC housed here is huge in this regard. We also have an outstanding communications team, which is one of our strengths, for sure. This is another place that can be informed by the communities we work with . . . what do people on the ground need/want most?
Find more funding to support research into integrating harm reduction into different settings.
reach and educate the communities that are halting this supportive work.
I think we offer a fair amount of training/implementation support.
Continue to have clinical staff involved in the work.
continue to grow our partnerships
We are so disconnected from each other. This was a little better when we were all in the office together but any collaboration is pretty much non existent now.

As an institute, what can we do to improve the lives of individuals, families, and communities affected by alcohol and drug use and addiction?
Educating the public on addictions and working to reduce stigma.
Involve our communities more in our work. Take a public health approach that considers what can be affected in people's environments to reduce risk and improve quality of life for people with SUD and their families. Continue our work of reducing stigma.
Conduct focus groups with communities and individuals to learn more what their priorities are for research.
Likely don't have resources to do this - but it'd be great to have some stats on the impact of all the education we do.
Continued and expanded opportunities for people with lived and living experience to provide their expertise. Making paying people easier.
help with resources and providing that information to the public, sometimes something just as basic as a guide on where to go or how to talk to someone can be helpful.
I think it would be cool to have some volunteering as a group, maybe at a needle exchange or food bank on one weekend a month?
Continue to be engaged in collaboration with communities that can impact policy. ADAI advocacy is important.

What are ADAI's strengths?
Our employees Our communications Seen as local experts
Faculty and staff who are passionate about their work and making a difference. Some stable sources of funding. I feel we have good support from our department.
Incredibly smart people, an array of projects that all support our common mission, name recognition, decades of experience. As stated above, incredible communication team.
Great people, lots of research into treatment, good dissemination of results and findings. Broad range of topics that we address.
Real world research - projects that produce new knowledge that can be "consumed" by health systems, communities at large, people with lived experiences and policy makers.   2- Dissemination of science in various levels of society: communities, families, health care systems.
Being highly respected and recognized by policy makers, having access to large grant funds, and a team of super smart folks.
Variety of projects and specialties.
People that care about the work.

That we are able to work together through different areas of work
I think we have a rich team of passionate folks and great community partnerships.
Expertise.
Excellent web presence.
We are no longer hiding in plain sight now that substance use has become more acceptable to talk about. The framing of substance use disorders as a brain disease has helped.
Our information dissemination activities, particularly our online resources, are sometimes better than what the federal government has available.

What are ADAI's weaknesses?
The majority of work is dictated by grants and contracts. There is little funding for self-defined projects or projects not related to research or technology transfer.
We do not have enough focus on alcohol use disorder, which is still the #1 killer in terms of substances of abuse. We do not have enough diversity though I feel we try to do our best with equity and inclusion.
Too few opportunities for students, too decentralized physically, no real opportunities for upward mobility in certain career paths. And, seemingly infrequent communication/collaboration across teams.
No alcohol researchers, even though alcohol contributes to significant issues in our society. Staff are not diverse enough in terms of their academic focus. Would be nice to have more types of people, beyond addiction researchers and psychologists. Substance use has all sorts of impacts, not just addiction.
More emphasis on legal substances - the most developed and well-funded parts of our institute are centered mostly around illegal substances.   Alcohol, tobacco have been mostly neglected at ADAI. Cannabis has the most modest group and budget.
Not being inclusive enough of those you are trying to help. Potentially not pushing the hard enough for systematic chance, rather focusing too much on the research aspect of things.
Diversity of faculty and staff - gender, racial, and level of training.
Sometimes, engaging with other stakeholders.
Virtual, but I wouldn't want to change that. It allows us a lot of flexibility which I think outweighs the bad.
I think having more POC onboard would be really great.

Are there partnerships or collaborations, within UW and/or externally, that we should strengthen or establish? Which ones, and why?
I would like to see more interaction with folks working on addictions elsewhere in our department, school, and the university at large: CSHRB, Psychology, SDRG, etc. This primarily would strengthen research and open more doors to collaborations.
I remember Susan's interview she described positioning ADAI as a HUB of addictions research at UW. I really like that idea, and think we should continue to build those connection and relationships.
Stronger relationship with the School of Public Health. I've worked with PH students and they say that none of their coursework addressed substance use, even though it's a significant public health issue. Closer relationship with UW Law since many of the issues around drugs have legal implications.
Other substance use and addictions research centers at UW.
I think hosting a two-day conference at UW with both internal and external research presentations would be fantastic. Now is the time to start planning this. :)   Seattle, Pdx, and SF researchers could work powerfully together. Could involve/invite UCLA too.
We should be leveraging all of our external partnerships. For instance, CTN has an advisory board that includes Evergreen Treatment Services, SeaMar, Vocal WA, Providence in NE WA, and others. CTN got 40 letters of support from partners including Seattle Children's and WSU.

What can ADAI do to bolster sustainability so we may continue to further our mission for the foreseeable future?
Empower employees to take the lead on changes they would like to see at ADAI.
Pursue philanthropic funding, find ways to bring in the next generation of faculty.
We need more opportunities for students at all levels to be involved in research, especially students from disadvantaged communities. This will provide stability in the institute with more people at different places in their career being trained and ready to replace those who retire. It also replenishes our ideas keeping our work relevant.
Further develop our skills in monitoring and evaluation and policy.
mend realtionships with exisiting service providers that may have been hurt by a lack of inclusivity, problematic subject research, and not actively listening to this with most expertise from living/lived esperince.
Keep up the diversity of projects!
Continue to allow for the flexibility that our department is good at.
I think collaborations are a great idea to this end.

Does the structure of ADAI provide the support you need to do your work successfully? If not, what do you need (e.g., specific type of professional development; specific type of IT support; information, administration, project, or research staff)?
A lot of support was taken out of the hands of the Institute, forcing us to rely on the department. In some ways it has been good/fine (e.g., grant submission support has been excellent), but in others not so much (purchasing, reimbursements, and IT have been more challenging).
I think people are missing having a grants manager that did pretty much everything from submission support, budgets, interacting with other UW offices etc. Psychiatry is more of a maze and figuring out who to go for for support is more daunting. And it's all more time consuming. And frustrating.
Mostly. However, the lack of clear advancement opportunities for professional staff is challenging. Make it easier for jobs to be reclassified, people promoted, and to get raises. Navigating reimbursement and purchasing is also really hard.
I miss the times of having an Administrator.   While having a Director-Program Operations is important, we have been using many hours (really many hours) to understand budgets, have clarity on budget decisions, hiring personnel, understanding how to post positions. It has been a major issue in our small group.   As we will have bigger funds and expand staff I feel afraid we are going to make mistakes, because the person in Psychiatry that takes care of our 2 small budgets is miles away from a person that makes me feel secure. It is very concerning.
yes
Yes! Perhaps some help with grant writing would be useful, but also can find those resources elsewhere.
Yes, mostly. As staff, I would appreciate more opportunities for professional development, like conferences and refreshing research skills (I'm not a researcher, but I am involved in research). More project management tools.
I think we do good.
In my experience, I have received the support I need.
While ADAI staff are able to provide each other with the support, we need to get better guidance and support from the department for a range of administrative and financial activities. We don't receive any administrative orientation from the department. PsycSource and the department's Wiki are not always up to date.

What suggestions do you have to bring us together more as an institute?
If we further develop educational programs that are run by ADAI, and not a certain center, they can bring ADAI together as a whole. Programs could include annual symposiums, lectures, fellowships, and other training programs. All ADAI programs are impacted by public policy in one way or another. Work around policy could also bring us together as an institute.

I would really like us to have more contiguous office space where we are more likely to see each other if we come into the office. When I come in, I don't see anybody else there, so it doesn't seem worth the hassle of commuting and parking and risking parking tickets. I would like to explore ways to encourage us to be in the same place in person at the same time.

Maybe an annual in person full-day retreat where people can meet in small groups/interest areas, do some planning together, maybe with an educational component?

More meetings on specific research topics, such as survey design, working with special populations, etc. Concrete projects or learning collaboratives that people can work on across teams.

I am happy as we are. I think this narrative of ADAI having to be closer as a group is more than a decade old. We are who we are. We are very successful. We do things right.

volunteering at grass root/non-profit orgs

I think the internal connects group is doing a great job here!

Perhaps a virtual social hour or discussion group.

I think it would be nice to do a group thing once a month at different areas. virtual or in person.

I think if we could have a quarterly lunch together that would be helpful to stay in the loop/ other team building activities.

Once a quarter 1/2 day ADAI forward thinking retreat?   Storming (what's the weather of concern, what do we need to be prepared for it), norming (what practices/norms will help us meet the challenges coming), forming (what concrete actions can we plan and build to make change/progress/impact meet needs)?

Keep up the opportunities for social interactions. Prior to COVID and the increase in remote work, staff would often go to The Ave to get lunch or takeout together. These brief, unplanned social interactions built relationships with people outside of our own center/program.

Continuing with DEI activities.