share many of the same characteristics (e.g., confidential, toll-free, provide services in multiple languages). Indiana residents calling the Substance Abuse and Mental Health Services Administration’s National Helpline are transferred to the Indiana Addiction Hotline, which provides crisis intervention services for SUDs and gambling. The Hotline is available 24 hours per day, seven days a week, and calls are answered by masters-prepared counselors who, using established protocols, refer callers to state-approved agencies or directly transfer calls to a treatment provider. Nearly 7,000 addiction-related calls were received in 2015, representing a 26% increase over the previous year. The Hotline is currently evaluating strategies to increase awareness and access to its services, with potential opportunities including use of a single phone number for all SUD issues, improved data collection, and additional methods of communication such as text and social media.

iii. Indiana Parenting Institute

Parenting is widely regarded as a determinant of social, economic, and health outcomes; however, a parent’s ability to make responsible choices regarding his/her children is often conditioned by the parent’s resources, his/her own health, and the characteristics of the communities in which he/she lives. In the most extreme circumstances, children exposed to strong, frequent, or prolonged adversity (e.g., abuse, neglect, caregiver SUD or mental illness, or the accumulated burdens of family economic hardship) without adequate adult support, often develop unhealthy coping mechanisms and engage in high-risk behaviors. Adults in this high-risk group who become parents themselves are less likely to be able to provide a stable environment for their own children, thereby creating an intergenerational cycle of limited economic achievement and poor health. As such, support for effective parenting behaviors is reflected in a number of professional and policy initiatives ranging from clinical interventions (e.g., parent-training groups delivered to parents in pediatric primary care settings) to advocacy at the highest levels (e.g., the Affordable Care Act Maternal, Infant, and Early Childhood Home Visiting Program, which, among other metrics, seeks to improve parenting skills related to child development).

In Gary, Indiana, the Indiana Parenting Institute (“Institute”) supports positive and effective parenting behaviors by delivering evidence-based, skill-building, parenting education programs. For example, the Institute offers a 10-week truancy reduction program (“Zero Tolerance”) designed to educate and train caregivers of children with a record of school truancy, or who are showing signs of school disengagement due to chronic absences, in the tactics of intervention and prevention. Parents are asked to examine their influence on their children's behavior and to consider the changes they need to make in an effort to help their children succeed. In addition, parents learn about the consequences of truancy, conflict resolution and problem-solving techniques, as well as measures to effectively transition youth into adulthood. The Institute also offers a “Birth2Eighteen” parenting course to provide parents and caregivers with children under 18 the “latest foundational relationship strategies and techniques to enhance parenting and family outcomes.” The course uses in-class role-playing and group activities to help parents better understand the stages of human development, how to motivate positive behavior, and how to build and sustain healthy relationships.

iv. Indiana Department of Correction Vivitrol Pilot Program

The DMHA coordinates SUD treatment for individuals released from jail or prison through the Recovery Works program described in Section IV; however, in an effort to further reduce the risk of relapse, the IDOC recently implemented a pilot program to provide Vivitrol to severely addicted individuals upon release from Starke County Jail. An injectable, extended-release form of naltrexone, Vivitrol blocks opioid cravings and the associated opioid high. Participants in the program will receive one shot prior to release and, along with regular drug testing, continue post-release treatment in their communities. IDOC will also help eligible offenders prepare to enroll in HIP 2.0 upon release treatment in their communities.

PERSONAL TESTIMONY

Joan Moon, a doctorally prepared nursing faculty member and retired certified nurse midwife and clinical nurse specialist, shared with the Task Force her grandson’s positive experience with Vivitrol. In and out of rehabilitation programs for opioids since 2009, Joan’s grandson was given access to Vivitrol and had great success remaining drug-free for over a year, finding stable employment, completing probation, and reuniting with his family. Though her grandson eventually began using again, Joan continues to advocate strongly for the use of medication assisted treatment, particularly Vivitrol given its non-addictive nature. While Joan recognizes Vivitrol is not a “cure-all,” she encouraged the Task Force to view addiction as a chronic disease that should be treated with medication when available just as we would diabetes or congestive heart failure. Further, Joan recommended increased awareness of Vivitrol among corrections, the judicial system, and the general public.