

Serenity Lane Organizational Description:

Serenity Lane was established as a private, not-for-profit treatment center for addiction in 1973 by Dr. Thomas A. Kerns. As part of its continuum of care Serenity Lane has had a licensed specialty hospital treating addiction since 1973. All Serenity Lane sites and programs are accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF).

Serenity Lane is the only addiction treatment center in Oregon that is fully licensed by the State of Oregon as a Special Inpatient Care Facility (SICF) hospital to provide medical withdrawal support. Serenity Lane has medical, clinical, and professional staff with 24-hour nursing care in its Hospital Unit (HU). Serenity Lane also provides addiction treatment through residential programs on our Coburg Campus.

Serenity Lane is a nationally recognized system of care for treatment of Substance Use Disorders (SUD). Serenity Lane has an Addiction Counselor In Training (CIT) Program and its graduates work in many treatment programs throughout the United States. Many of our counselors and physicians have been recognized for national honors. Our rigid adherence to qualifications of our staff members continues to make Serenity Lane one of the premier treatment centers for addiction in America. These attributes, combined with comparatively modest pricing, make Serenity Lane a desirable program for many patients and their families.

Serenity Lane has special drug-free workplace programs to help businesses retain valuable employees and improve their safety. Serenity Lane can assist employers with policy development and training, as well as offering an Employer Services program that provides a patient monitoring system, return-to-work conferences, and advice about last-chance agreements. We've been helping businesses, at no charge; stay drug-free for over 4 decades.

Serenity Lane has an innovative residential treatment program called Extended Serenity Lane (ExSL). What makes ExSL so special is that its main function is to give relapse-prone patients additional time as they seek help with SUDs. With an extra 60 or 90 days in a therapeutic community after completion of a Residential Program, ExSL patients have a real opportunity to obtain full recovery in an unhurried, supportive environment.

Included in Serenity Lane's continuum of care is its Intensive Outpatient (IOP) programs provided at all Serenity Lane Outpatient sites as well as Serenity Lane's Recovery Support (RS) program at all Serenity Lane Outpatient sites. RS provides ongoing guidance and support including a weekly group and other measures that extend for at least a year after entering Serenity Lane. Serenity Lane outcome studies demonstrate that recovery rates double for those who complete Recovery Support.

Serenity Lane's Special Inpatient Care Facility Hospital Unit (SICF HU):

Serenity Lane's Medical Director is board certified in addiction medicine. There are also other healthcare professionals, who make up the staff profile, including additional doctors, a full-time psychiatrist and nursing staff. Serenity Lane has a Registered Nurse on duty 24 hours a day, and allied professionals available as needed. The SICF HU has an addiction counselor on duty seven days a week for eight hours a day to help motivate patients to continue in their recovery process as well as to assist patients in assessments and other data input. The SICF HU has specialized programs for patients including: Addiction-Free Pain Management, Diabetic Management, Food or Fluid Management, Seizure Prevention, and Pregnant Patient Programs. These can help patients navigate through their individual needs. Serenity Lane is Oregon's only licensed SICF HU for substance use disorders.

Serenity Lane's SICF HU Function:

Most individuals with significant substance use disorders who quit "cold turkey" experience withdrawal symptoms of some sort. Withdrawal from alcohol and/or other drugs is never comfortable, but sometimes it can be dangerous even life threatening. The list below outlines some drugs, including prescription medications that should NEVER be quit suddenly without medical supervision. This is why addiction treatment should be preceded by a medically assisted withdrawal period lasting anywhere from 2 days to a week or more for patients that have withdrawal management and support needs.

Which drug withdrawals can actually be deadly?

1. Alcohol - After long term use withdrawal from alcohol can be deadly. More people die from alcohol withdrawal than from all other drugs combined. Alcohol withdrawal syndrome can take on mild, moderate, or severe forms. If while withdrawing from alcohol an individual develops a fever, extreme nausea, diarrhea, seizures or delirium tremens (the DTs) he or she should be rushed to emergency care as soon as possible. By using medications that relieve withdrawal symptoms medically assisted withdrawal can essentially eliminate any of these risks.
2. Benzodiazepines - were introduced as a replacement to barbiturates that were causing common overdose cases, many of which resulted in death. Nevertheless, withdrawal from extended use of benzodiazepines can be deadly. Whether Xanax (alprazolam), Ativan (lorazepam), Valium (diazepam) or other variations, long term use of Benzodiazepines requires medical supervision for withdrawal to be completed successfully with minimal adverse effects and risk to the patient.

(2. *Continued*) The withdrawal process should be managed starting in a hospital setting, and full resolution of benzodiazepine withdrawal syndrome can take many months.

3. Opioids – Such as Hydrocodone (Vicodin), Oxycodone (Oxycontin), Codeine, Heroin, and many others. Most people are surprised to learn that in many cases withdrawal from opioids is not deadly, if the individual does not have other significant medical issues and also if not used with alcohol and/or other drugs. But the withdrawal can be extremely unpleasant and many individuals will not be able to tolerate the withdrawal symptoms and will seek more opioids. Withdrawal from opioids under knowledgeable medical supervision is vastly better because the individual is more likely to be more successful in treatment for his or her addiction.

4. Other drugs and medical conditions –The above represent the common drugs that Serenity Lane’s SICF HU provides for patient’s medically assisted withdrawal support. There are many other substances and coexisting medical conditions that may or may not be known at the time of admission or may present as problems during the withdrawal process. Use of tobacco products and other nicotine delivery systems is addressed and nicotine withdrawal support is encouraged to help patients stay nicotine free. It is vital to have a team of healthcare professionals providing care throughout the individual’s progress in our SICF HU and in Residential treatment as well as transferring medical care to the individual’s primary care health team when the individual continues addiction treatment in Serenity Lane’s outpatient programs.

Serenity Lane’s Area Served Description:

Serenity Lane’s SICF HU is at our Coburg, Oregon campus but many patients are from other locations. Most patients reside in Lane, Multnomah, Marion, Washington, Linn, Jackson, Deschutes, Clackamas, Douglas, Benton, Coos, or Josephine counties, although there are patients who live outside of Oregon. Serenity Lane only treats patients 18 years old or above.

Most individuals prefer to seek treatment for SUD in their home community. That’s why Serenity Lane can be found all across Oregon and southwest Washington. To meet the needs of our patients we have outpatient sites with two locations in Portland, and one each in Beaverton, Salem, Albany, Eugene, Roseburg, Bend, Oregon and Vancouver, Washington.

Other “detox” facilities in Oregon (Serenity Lane is the only licensed SICF HU for medically supported withdrawal care in Oregon) include Willamette Family - Eugene, DePaul Treatment Center in Portland, CODA-Tigard Recovery Center in Tigard, Hazelden at Springbrook Oregon, Best Care Treatment Services in Redmond, New Directions Northwest Inc. – Baker city, Rogue Valley Addictions Recovery Center – Medford, Eastern Oregon Detoxification Center – Pendleton, Hooper Memorial Center – Portland, Providence Health System Residential Program – Portland, Integrated Health Clinics (Opioid only) – Milwaukee, Bridgeway II – Salem. Most acute care hospitals with emergency departments provide these services as well, but not specializing in these services and at a far greater cost.

Serenity Lane's Mission:

Our mission is to transform lives through treatment of addiction.

Serenity Lane's Values:



Serenity Lane's Philosophy:

We believe that addiction is a treatable disease. Through education, intervention and innovative treatment services recovery from the illness can be accomplished. Toward that end, we commit to:

- Serve with human sensitivity, technical excellence, and fiscal stewardship.
- Affirm the inherent dignity and worth of patients, families, and staff members.
- Foster a spirit of partnership internally and with others in the healthcare community.
- Empower patients and staff members to learn and grow in their personal and professional life.

Information for this Community Health Needs Assessment Obtained:

- From Serenity Lane data from admissions, assessment, discharge summaries, outcome studies, telephone interviews with local employers and local emergency services providers.
- Review of Information available from the National Institute of Health (NIH), National Institute on Drug Abuse (NIDA), National Institute on Alcohol Abuse and Alcoholism (NIAAA), and Substance Abuse and Mental Health Services Administration (SAMHSA).
- 2009-2011 The Domino Effect II: A Business Plan to Continue Re-building Substance Abuse Prevention, Treatment and Recovery Services. Prepared for: Governor Kulongoski and Members of the Oregon Legislative Assembly By The Governor's Council on Alcohol and Drug Abuse Programs

Serenity Lane's purpose in developing a Community Health Needs Assessment:

- To help meet Serenity Lane's mission;
- To work with internal and external resources to ensure needs of individuals are met and efforts are not duplicated;
- To create a sustainable process for conducting future Community Health Needs Assessments.
- To comply with the Patient Protection and Affordable Care Act of 2010.
- To improve performance at all levels of Serenity Lane.

Serenity Lane's Priorities Identified:

- To work with the community to be a resource for dealing with individuals with a SUD and help them find solutions to improve the quality of their lives and the lives of their families and others who care for them.
- To effectively leverage Serenity Lane's Hospital Unit to medically manage withdrawal from alcohol and other drugs in individuals when such treatment is indicated.
- To assure the efficiency of Serenity Lane's SICF HU services.
- To maximize access to Serenity Lane's Hospital Unit services.
- To work cooperatively with other community resources in order to not duplicate services.

Serenity Lane's Financial Commitment to the Community:

- There are a number of issues when dealing with substance use disorder treatment, not least of which is the financial commitment. The majority of Serenity Lane's patients have some level of insurance coverage but due to increasing deductibles and co-insurance the private pay portion of the patient's treatment may be large relative to their income. In addition, many patients are having financial difficulties as a result of their substance use disorder.
- Serenity Lane has a Charity Care policy to assist patients with limited financial resources. The policy provides a process whereby patients may apply for financial consideration based on financial status. The level of Charity Care is determined by the Board of Directors during the annual budgeting process. Serenity Lane has provided financial aid to approximately 300 patients annually pursuant to the Charity Care policy. This financial aid results in more than \$400,000 annually in reduced charges to our patients.

Serenity Lane's Educational Outreach to the Community:

- Employer Services Program, offering business and industry education, consultation and policy guidance regarding alcohol and other drugs in the workplace, including trainings to supervisors about how to observe, document and take action with problem employees.
- Education to healthcare professionals about substance use disorders, and how to recognize addiction issues in their patients.
- Co-sponsorship of Newspapers in Education, a program offering awareness, education and prevention strategies to community youth in middle and high schools.
- Serenity Lane also sponsors many alcohol and drug-free celebrations for high school graduation events.
- Provides educational fact sheets about alcohol and dozens of legal and illegal drugs, including statistics, street terms, pharmacology, warning signs and behavior patterns of those under the influence.
- Provides guest speakers on "Ask an Expert" radio programs in Eugene, Salem, Albany and Roseburg.

Examples of Serenity Lane Interacting With Community Resources:

- Candace Langhouse, PeaceHealth Human Resources at Sacred Heart Medical Center, indicated the overwhelming need for Sacred Heart employees is education. Ms. Langhouse expounded on the need for both management and staff members to receive training on substance use disorders as well as learning about best evidence based practices for the treatment of patients suffering from substance use disorder issues.
- Edwin Schneider, RPh, Professional Recovery Network President, "A 1988 survey showed 12-18 % of pharmacist will have a drug/alcohol problem sometime in their career. Our Boards of Pharmacy discipline records show that percentage to be much higher. Serenity Lane's Residential, ExSL, and Healthcare Professional programs and follow up has been instrumental in Professional/Pharmacy Recovery Network reaching out and helping healthcare resolve their substance use disorders."

Examples of Serenity Lane Interacting With Community Resources: *(continued)*

- Christopher J. Hamilton, PhD, MPA, Monitoring Programs, Program Director, Reliant Behavioral Health. “Substance use disorder among Oregon’s practicing health professionals is a grave concern. Due to the immense nature of trust afforded to the health professional, a health professional practicing impaired has great potential to harm their patients. As Oregon’s statutory physician health and alternative to discipline program, the Health Professionals’ Services Program (HPSP) partners with Serenity Lane for substance use disorder treatment. Serenity Lane’s treatment aligns with American Society of Addiction Medicine criteria for safety sensitive positions and delivers a level of care that has the greatest potential to stabilize, engage recovery, and minimize relapse. As health professionals are also individuals, Serenity Lane offers a continuum of treatment services to meet health professionals at their medically appropriate level of care.”

Scope of the Need for Addiction Treatment:

From 2009-2011 *The Domino Effect II: A Business Plan to Continue Re-building Substance Abuse Prevention, Treatment and Recovery Services*. Prepared for: Governor Kulongoski and Members of the Oregon Legislative Assembly By The Governor’s Council on Alcohol and Drug Abuse Programs

- Approximately 258,000 Oregonians experience substance abuse or dependence problems, but only 60,000 people access publicly funded treatment annually (NSDUH, 2006). Insufficient capacity for prevention, treatment and recovery services has put a strain on the public health system. It has taxed jails and corrections facilities; it has meant more children being placed in foster care; it has strained employer resources; it limits the number of workers ready for employment...(Executive Summary)
- The costs of not having treatment on demand are well documented. It would be irresponsible to have the data we have and not respond with increased resources. (page 3)
- In a 2001 report, the National Center on Addiction and Substance Abuse found that 13 percent of all spending by states was used to deal with substance abuse and addiction. Of that amount, 96 cents of every dollar was spent “shoveling up the wreckage” of substance abuse and addiction and only four cents was used to prevent and treat it. It is the Council’s hope people will use this report as a blueprint for building a healthier, safer, more prosperous future. (page 6)

Scope of the Need for Addiction Treatment (*continued*):

- Since 1995, the U.S. prison population has grown by about 43,000 people per year, about 25 percent due to drug arrests (FBI). (page 10)
- The Council encourages the Governor and Oregon members of Congress to join us in calling for a new direction in this country toward significant financial support for prevention and treatment programs, which have been proven to work and cost taxpayers far less than drug enforcement. (page 10)
- **Demographics:** (page 29)
 - During the 2006-07 fiscal year, 61,798 clients were served in the public - funded system through the Addictions and
 - Mental Health Division.
 - **Majority of the clients were:**
 - Male (67 percent);
 - White (78 percent);
 - Between 28 and 64 years of age (66 percent); and
 - Primary drug of choice was alcohol (56 percent).
 - **Principal referral source:**
 - Criminal justice system (66 percent).
- **Notable findings related to gender:**
 - 44 percent of residential clients were female;
 - 39 percent of non-DUII outpatient clients are female; and
 - 48 percent of Methadone clients are female
- **Estimate of Need (page 33)**
 - Lack of access for substance abuse treatment services continues to be a major hindrance for improving the health of Oregonians. Despite a small increase in treatment funding in the 2007 Legislature and the passing of parity legislation for group insurance covered health care under written in Oregon, 258,049 Oregonians either abuse or are dependent on alcohol or other drugs (National Survey of Drug Use and Health (2006-2007), Portland State Center for Population Studies).

Scope of the Need for Addiction Treatment (*continued*):

- Approximately 65,000 people identified by the department of Addictions and Mental Health Data System (CPMS) received treatment using public funds, with another 1,220 treated each year in the prison system. Only 38 percent of those with insurance, 238,000 are covered by the parity mandate and nearly 600,000 Oregonians have no insurance.
- The economic consequences of limiting access to substance abuse treatment are astronomical. In a 2008 report by ECONorthwest, the authors conclude that “substance abuse cost the Oregon economy about \$5.929 billion in 2006, which is four percent of Oregon’s gross state product.” The report adds that \$13 million is for social welfare program administration.
- In the child welfare 2006 report, alcohol and drug issues represent the largest single family problem, 42 percent, when child abuse and neglect is present. The Council submits that a larger investment must be made, both in treatment and prevention of substance abuse, to reduce this large societal cost. We recommend a strategic multi-pronged approach to increase access to treatment and to reestablish a comprehensive prevention system beginning in 2009. Increases should continue over the next biennia until all Oregonians can access treatment on demand through their insurance, the Oregon Health Plan, or Medicare. We shouldn’t wait until a crime is committed to offer treatment. This only increases the costs to the state and further stigmatizes people who have a chronic illness making it harder for them to get jobs, school loans, life insurance and housing.
- Some of the diseases shown are associated with high levels of chronic pain which leads to self-medication with alcohol and pain medicines. In the last four years Oregon has had a significant problem with individuals becoming addicted to high doses of pain relievers. The rate of non-medical use of pain relievers in Oregon is higher than the national rate. (DHS Fact Sheet on Prescription Drug Abuse). Prescription Drug Monitoring Programs (PDMPs) are proven to reduce prescription drug abuse. Oregon is surrounded by states with operational PDMPs, and is one of only 13 states without an enacted or operational PDMP. (page 46)
- Stabilization/Detoxification Services: Old models of detoxification are seen as inadequate with the increased use of stimulants like methamphetamine, and the increased number of clients with co-occurring medical and mental illnesses. The standard of practice supported by research (NIDA 08) is to offer stabilization/detoxification services lasting up to 2 weeks. The loss of detoxification facilities throughout Oregon has led to many clients receiving treatment in inappropriate levels of care, both residential and outpatient. Service providers often have to contend with people too ill or unstable to participate in treatment which no doubt contributes to the huge number of clients who drop out in the first thirty days of treatment (completion rates reported for all venues combined thirty-five to forty percent (SAMHSA 2006). Also contributing to this high dropout rate is assessments and treatment recommendations rely on a 2 hours session wherein the client’s self-report can be contaminated as they are not yet cleared from drug affects. (page 61)

Prevalence of Substance Use Disorders among Physicians

According to the American Medical Association one in ten physicians is likely to become dependent on one or more drugs. Anesthesiologists, Psychiatrists, Internists and Family Practitioners are the most likely to develop a dependency on drugs (see Table 8). Substance use disorders are more common in male physicians than they are in women physicians.

Table 8. Relative Risk Comparison of Selected Specialties

Specialty	Relative Risk	% in PHP*
Anesthesiology	3.04	10.70%
Family Practice	1.79	10.60%
Obstetrics/Gynecology	1.26	7.60%
Radiology	1.09	4.00%
Psychiatry	1.01	10.10%
Neurology	0.92	1.60%
Internal Medicine	0.74	18.10%
Pediatrics	0.40	3.30%
General Surgery	0.39	6.60%
Pathology	0.28	1.40%

Source: Mansky, PA (2003)

*PHP (Physician Health Programs)

Addiction is a condition which impacts a significant percentage of the entire population regardless of social-economic and educational status, and places this group at risk of developing a substance use disorder which will require assistance with many individuals requiring hospitalization to start their recoveries. Medical support of possible significant withdrawal problems (which can be life-threatening) is needed for many people from all walks of life, and Serenity Lane’s Hospital Unit may be vital for many individuals afflicted.

Conclusion:

Serenity Lane is committed to helping patients and their families improve the quality of their lives. Serenity Lane will always attempt to employ the most appropriate tools to achieve positive outcomes including periodically updating our Community Health Needs Assessment.

Starting the recovery process with medically assisted withdrawal support in Serenity Lane's Hospital Unit (when indicated by need) helps patients become successful in achieving their recoveries. Improving access to and utilization of the Hospital Unit is vital.