

Our Community

Serenity Lane serves adult individuals and families throughout the state of Oregon and beyond who suffer from the disease of addiction. The American Society of Addiction Medicine defines addiction as follows:

Addiction is characterized by the inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

Patients who admit to Serenity Lane receive medical and clinical treatment for drug and/ or alcohol abuse. According to a recent study conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), nearly one in four residents in Oregon need but are not receiving treatment for substance use as defined in the DSM-V. (Source: 2016 Natl. Survey of Drug Use and Health, SAMHSA, Table 86) The State of Oregon Alcohol and Drug Policy Commission has stated in their 2018 Preliminary Recommendations a goal of reducing Oregon's substance use disorder rate to 6.8% within five years. With locations throughout Oregon, Serenity Lane is helping to address this need of its community.

The Demographics of Our Community¹

For over 20 years, the patient population treated at Serenity Lane has averaged 60 to 65 percent men and 35 to 40 percent women with a mean age of about 38 years for each group. Percentage distributions of the primary drug of choice for admits have remained similar across genders in the last few years. In 2018, around 60 percent of our patients were treated for alcohol abuse with another 15 percent treated for opioid addiction. Approximately 11 percent of patients were treated for methamphetamine abuse. Serenity Lane offers gender-specific groups in our inpatient and outpatient programs tailored to the unique issues associated with addiction and gender.

Residence. With our main campus centered in the Willamette Valley at Lane County, nearly 32 percent of admissions in 2018 reside in this area. 20 percent of our patients live in southern Oregon at Douglas and Jackson counties. Almost 14 percent reside in Linn and Benton counties to the north of Lane County. 16 percent reside in the Salem/ Portland area. East of the Willamette Valley, nine percent of our admits come from Deschutes County. Almost three percent live in other counties in Oregon, and the remaining five percent come to Serenity Lane from out of state.

¹See Attachment A for all referenced data.

The Demographics of Our Community (*continued*)

Age. In 2018, patients admitting to Serenity Lane ranged in age from 18 to 79. Half of these admissions were between the ages of 26 and 45, and 19 percent of all admissions fell in the 46 to 55 age range. In contrast, U.S. Census data for Oregon indicates 27 percent of the population are between 25 and 44 in age. Residents age 45 to 54 comprise almost 13 percent of the population.

Race. 90 percent of patients admitting to Serenity Lane identify as white or Caucasian. Another three percent of patients identify as Hispanic, Mexican, or Latino. Two percent of our patients identify as Native American, with another two percent indicating black or African American as their race. The most current U.S. Census data for Oregon reports 85 percent of the population identifying as white, nearly 13 percent as Hispanic, and nearly two percent as black.

Facilities within our Community

To meet the specific treatment needs for localities throughout the state and in Washington, Serenity Lane has outpatient facilities in the greater Portland area, Salem, Bend, Albany, Eugene, Roseburg, and Vancouver. Hospital and inpatient services are provided for these areas at our Coburg campus just north of Eugene.

Socioeconomic differences between urban and more rural areas dictate how our treatment programs and schedules are modified to address these local distinctions. For instance, U.S. Census figures show that 48 percent of all Portland residents have received a college or university degree versus 26 percent of Roseburg residents. This creates a disparity in household median incomes where Portland residents on average are paid 31 percent more than residents in Roseburg (\$61,532 versus \$42,507). Since a reduction in potential income also reflects a reduction in opportunities, Serenity Lane adapts its program schedule and curriculum as needed to be more accommodating to its patients on a local level.

Many other “detox” facilities are meeting the needs of the addicted community throughout Oregon and include: Willamette Family, Eugene; DePaul Treatment Center in Portland; CODA-Tigard Recovery Center in Tigard; Hazelden at Springbrook, Oregon; BestCare Treatment Services in Redmond; New Directions Northwest Inc. in Baker City; Rogue Valley Addictions Recovery Center in Medford; Eastern Oregon Detox Center in Pendleton; Hooper Memorial Center in Portland; Providence Health System Residential Program in Portland; Integrated Health Clinics (opioid treatment only) in Milwaukee; and Bridgeway Recovery Services in Salem. Most acute care hospitals with emergency departments provide but do not specialize in these services. Serenity Lane is the only licensed Specialty Inpatient Care Facility for medically supported withdrawal care in Oregon.

Community Needs and Interests – What’s Needed Today

In the 2016-2017 National Survey on Drug Use and Health, Oregon ranked first nationwide in illicit drug use and 36th in binge alcohol use (Table 1 and Table 14). This study focused on the primary substance of choice only and did not consider those patients who are polysubstance. Although Oregon ranked 36th compared with other states for binge alcohol use, this problem is likely more acute because many drug users list alcohol as their secondary substance in treatment assessment.

More recently, in January 2019 The White House published its National Drug Control Strategy as part of its ongoing policy on substance abuse. A primary goal of the strategy is to strengthen the capacity of communities by requiring coordination between key facilities and individuals on a local level.

To address this addiction crisis, Serenity Lane liaisons with governmental departments, medical centers, and substance use treatment centers to meet the health and safety needs of its treatment community. A few examples of the process are -

Community health issues. Some persons struggling with substance abuse are at risk for contracting tuberculosis or other transmissible diseases through their lifestyle. In Lane County, community health issues concerning communicable diseases and patient and employee tuberculosis testing are addressed through Cindy Morgan with the Public Health Department.

Other patients require medical care that is outside the scope of addiction treatment. Coordination of patient care with the Peacehealth-Riverbend Emergency Medicine working group, the closest medical facility to Serenity Lane’s campus, allows for transfer of addicted patients to Serenity Lane after stabilization in the ER.

To be successful, addiction treatment centers must adapt to the varied needs of those people seeking care. Some patients with a problem of opioid abuse, for instance, require a longer treatment regimen than is usually the norm. In July 2018, Serenity Lane added a Medication Assisted Treatment track to meet this need beyond the completion of the patient’s residential stay.

A further example is day treatment. To accommodate the employment issues of our patients, Serenity Lane offers a partial hospitalization track that is more flexible for our patients’ work schedules and responsibilities. Providing this modality is also an acknowledgment of changing insurance processes as insurers modify the treatment coverage for their covered lives.

Community education. Dr. Eric Geisler, Director of Medical Services at Serenity Lane, regularly travels throughout the state of Oregon to deliver addiction lectures to stakeholder groups like the ILWU, Deschutes County, Trillium Lane County, and the Oregon Medical Group.

Community Needs and Interests – What’s Needed Today (*Continued*)

In February, 2019 Serenity Lane conducted a community survey with one of these groups (the Columbia Chapter of the Employee Assistance Program Association) to acquire a wide perspective on pressing issues within the addiction community. With a wide range of responses, the majority of comments fell into the areas of prevention, support, trauma, and community resources.

As Serenity Lane patients transition through each level of care, they learn how to identify the day-to-day triggers that can be pitfalls to recovery and receive strategies beneficial to combatting addiction. For most patients, addiction is a symptom that overlies a deeper trauma experienced in the past. Through recognizing this, trauma patients are better able to create coping mechanisms that are free of the desire to self-medicate.

For over two decades, Serenity Lane has offered an extended outpatient program that encourages patients to maintain a connection with the therapeutic community to help bolster their chances of being clean and sober. About half of the patients who complete the outpatient program transition to this level of care where they share mutual problems and develop solutions as a group.

During the initial assessment, though, some patients reveal other needs that are beyond the scope of Serenity Lane’s care. Patients with deeper issues arising from serious medical or mental health conditions receive referrals to other quality providers within the local areas.

Another example of care coordination is the annual Community Service Awards Breakfast hosted since 2012 by Serenity Lane. Service providers in Eugene and Springfield nominate individuals working in the drug and alcohol field who deserve recognition for their contributions. Past award recipients have ranged from police officers to volunteers to judges. In short, people throughout the continuum of care in Lane County are recognized for their integral support in meeting the local community’s needs to address the illness of addiction.

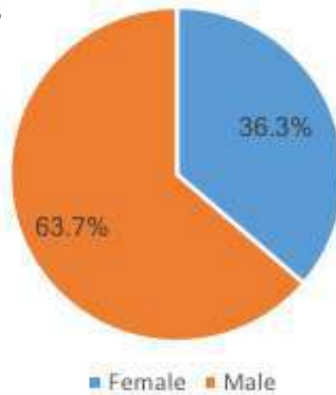
Community members. Lastly, Serenity Lane patients receive surveys at each level of care and after discharge to gather their input on patient programming. These tools identify ways to improve the quality of care, give opportunities for patients to identify personal needs in recovery, and discuss what is and is not working well in their treatment regimen.

The Future

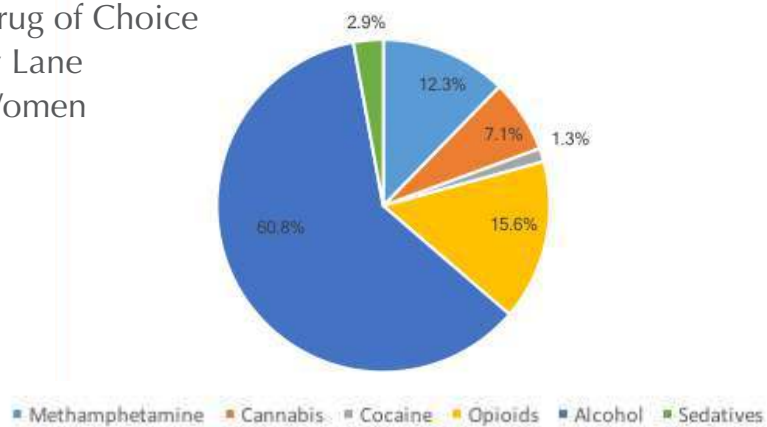
Addiction is a disease of the family and, by extension, a disease of the community. An important component of Serenity Lane’s philosophy is to affirm the inherent dignity and worth of its patients and family members as part of the treatment community. As long as families in addiction crisis exist, Serenity Lane will strive to improve their quality of life by giving them the tools to manage the illness of addiction.

ATTACHMENT A

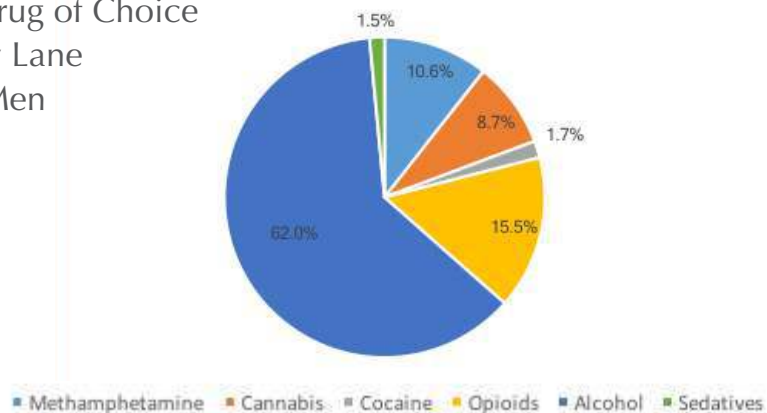
Serenity Lane Admissions
by Gender



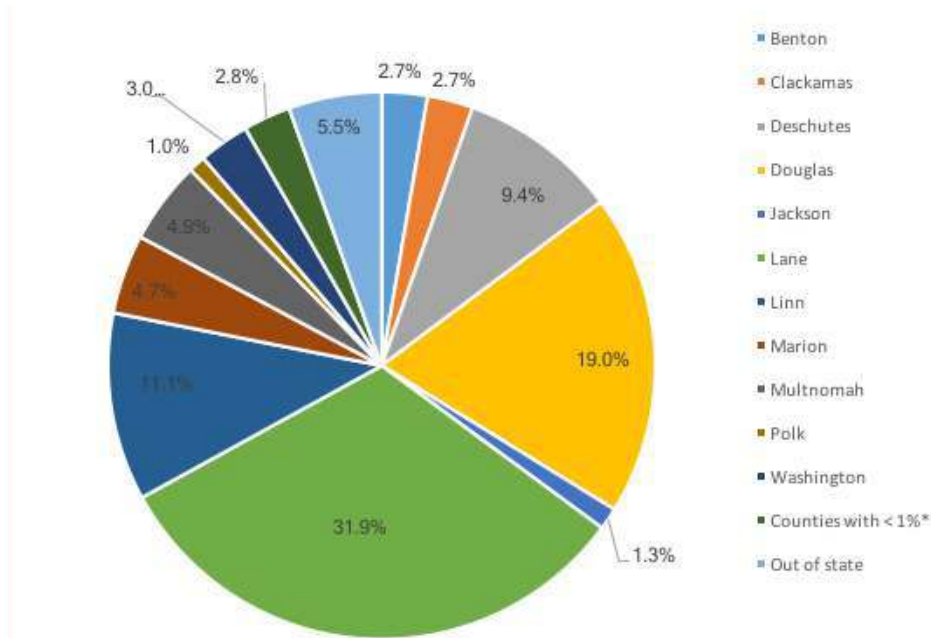
Primary Drug of Choice
in Serenity Lane
Admits - Women



Primary Drug of Choice
in Serenity Lane
Admits - Men



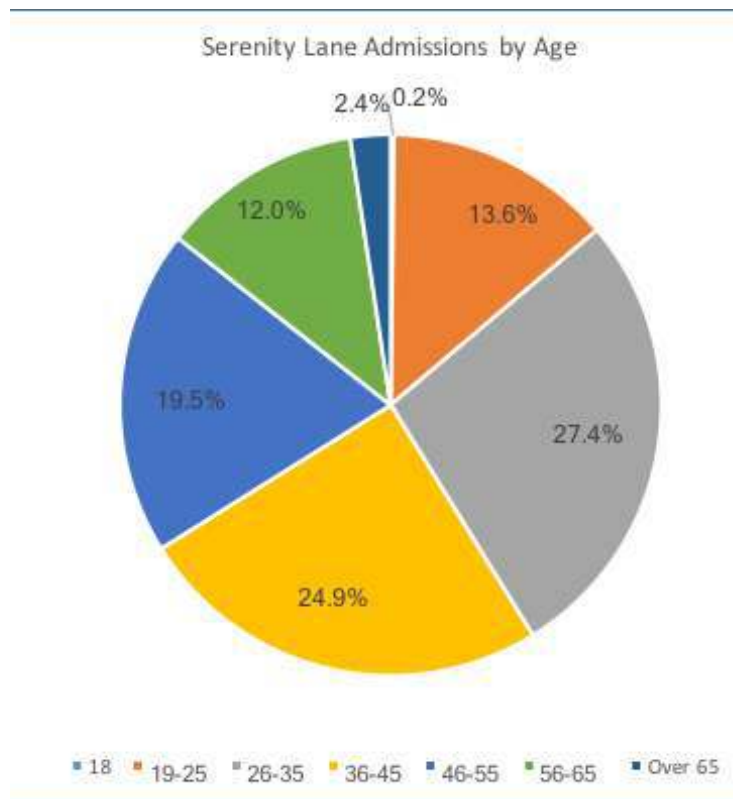
Serenity Lane Admissions by County



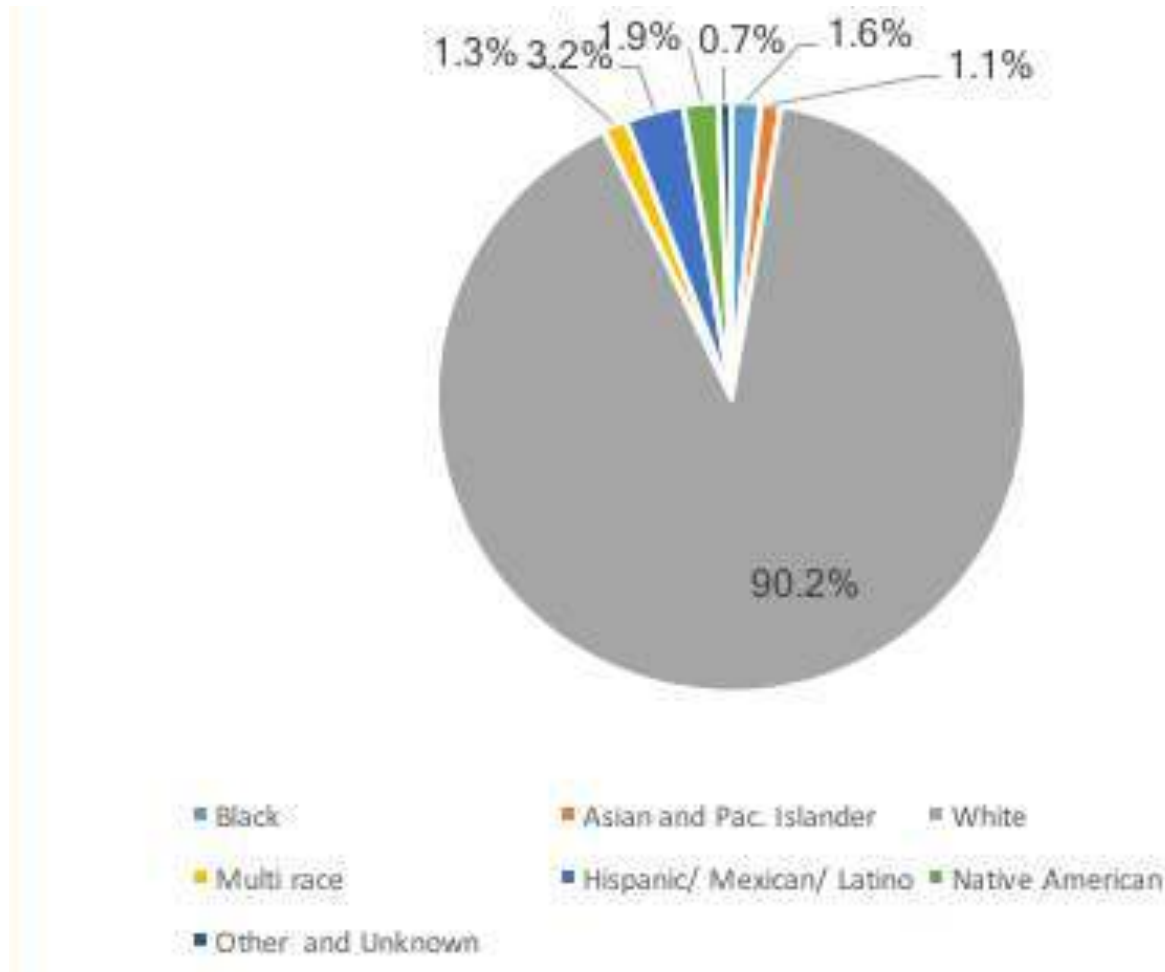
Oregon Counties



Serenity Lane Admissions by Age



Serenity Lane Admissions by Race



References

American Society of Addiction Medicine.
Serenity Lane Electronic Health Record.
Serenity Lane Program surveys and annual Serenity Lane Outcomes studies.
SAMHSA 2016 National Survey of Drug Use and Health, Tables 1, 14, 86.
Oregon Alcohol and Drug Policy Commission, 2018 Preliminary Recommendations.
2010 U.S. Census Data for Oregon.
Office of National Drug Control Policy, 2019 National Drug Control Strategy