

SERENITY LANE

PATIENT TREATMENT OUTCOME STUDY

DECEMBER 2018

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

Data Summary

In December 2018, a dataset was identified of patients who were discharged from primary care between March and June 2018. A review of patient information indicated that 418 patients were eligible to be contacted during the course of the study. In order to incentivize the response rate, enclosure letters offered each respondent a chance to be selected for one of five \$100 gift cards upon his or her return of a completed survey questionnaire. Returned mail indicated that 40 patients could not be contacted due to incorrect addresses. Also, one patient had died after discharge from Serenity Lane.

A month after the initial mailing of the surveys, 5.6 percent of the forms were completed and returned. Patients were then contacted by telephone in an attempt to collect the survey information and this process yielded less than one percent.

At the end of this two-week calling period, 24 patients had responded to the survey by mail or phone. This group represents 6.1 percent of all surveyed patients. Weighted averages were applied to the data to normalize it within usable statistical parameters.

Findings

- **Overall Health and Welfare.** 82 percent of the responding patients indicated that their anxiety had gotten better after receiving treatment at Serenity Lane. 79 percent of these patients also reported improvements in managing their drug and/ or alcohol cravings. 86 percent reported that their depression had gotten better after receiving treatment for their addiction. As to self image, 69 percent of the respondents stated improvement after discharge. Other measures on appetite, sleep, stress-coping methods, loss of interest, enjoyment of activities, and friends using patient's drug of choice show improvements compared with the patient's status before admission.
- **Hospital Visits/ Employment.** 75 percent of the responding patients had no hospital visits in the six months after discharge.

Regarding employment, 33 percent of the responding patients stated that they are employed, a three percent increase over their reported status before discharging from treatment. 11 percent of the respondents indicated that they are unemployed which is an 11 percent decline from their pre-discharge status. 53 percent of the responding patients stated that their job satisfaction improved after discharging from Serenity Lane.

- **Treatment Medications/ Pain Management.** 42 percent of the respondents received treatment medications while at Serenity Lane. 18 percent of the survey respondents were in the Pain Management program. (Low responses were received for the other indicators in these sections.)
- **Patient Sobriety.** 81 percent of the responding patients indicated that they are currently clean and sober, and 20 percent of the responding patients who relapsed indicated alcohol as their primary drug of choice. 78 percent of all relapsing patients reported seeking treatment after the relapse. For those patients who relapsed after treatment and readmitted, on average the time between relapse and readmission was about four weeks.
- **AA/NA Attendance.** 63 percent of all responding patients indicated that they are attending 12 Step. This percentage is comparable to the data reported in 2017 (62%).

56 percent of respondents reported that they have a sponsor. This is slightly less than reported in 2017.

- **Family Information, Patient Referral and Quality of Service.** 78 percent of patients surveyed in 2018 indicated that they are happy with their family or s.o. relationships. This percentage is slightly less than was indicated in 2017.

58 percent of patients who did not relapse stated that they are happy with their relationships after discharge. This is a 58 percent improvement over their reported status before admission.

40 percent of all respondents stated that their family situations were “Good.” This is a 34 percent improvement over their situations before admission when only six percent of respondents indicated a “Good” rating for this question.

35 percent of respondents had family involved in their treatment program. 39 percent of these respondents stated that their families are attending Al Anon or 12 Step support.

85 percent of all patients that responded would choose to be admitted to, or refer a friend or family member to, Serenity Lane. This percentage is less than the response given in 2017. 81 percent of respondents agreed that all of their needs were met while at Serenity Lane, and this is an eight percent increase over the 2017 responses.

Future Studies. At 6.1 percent, the 2018 Outcomes Study had the lowest response rate since the annual study began in 2002. Several other conditions point to this population being atypical compared with earlier study groups. Incentivization in the study did not increase the response rate as it had in prior years.

- 1) While 40 surveys were returned with bad addresses and 23 surveys were completed, 355 surveys remain unaccounted for in the study. This void is inconsistent with the results of the earlier studies.
- 2) Earlier studies drew from a nine month date range based on patients being discharged at least six months out. Due to the constraints of needing a non-surveyed population, the surveyed group was reduced to a four month date range. Because this group was newly discharged compared with earlier groups (i.e. the surveyed date is closer to the six month discharge), it seemed plausible that more surveys would be returned since there would be less mobility of the surveyed patients.¹ The 355 “missing” surveys that did not come back as bad addresses points to this assumption.
- 3) The surveys were only offered as a prepaid, return mail option. Allowing completion through an email link or a service such as WebMonkey, as well as through mailing, may improve the response rate. One method would be to send 3x5 cards and emails announcing the future study with a link to allow early completion before mailing. Paper surveys could then be mailed to nonrespondents several weeks after the initial contact occurred.

¹ Historically, the majority of patients who have received treatment at Serenity Lane since 2002 were more mobile and more likely to change addresses than people who do not have these concerns. This is based on the percentages of “bad address” returns assessed in earlier outcomes studies.

DATA SUMMARY

Data Summary. In December 2018, a dataset was identified of patients who were discharged from primary care between March and June 2018. A review of patient information indicated that 418 patients were eligible to be contacted during the course of the study. In order to incentivize the response rate, enclosure letters offered each respondent a chance to be selected for one of five \$100 gift cards upon his or her return of a completed survey questionnaire. Returned mail indicated that 40 patients could not be contacted due to incorrect addresses. Also, one patient had died after discharge from Serenity Lane.

A month after the initial mailing of the surveys, 5.6 percent of the forms were completed and returned. Patients were then contacted by telephone in an attempt to collect the survey information and this process yielded less than one percent.

At the end of this two-week calling period, 24 patients had responded to the survey by mail or phone. This group represents 6.4 percent of all surveyed patients.¹

To determine whether the respondents are representative of Serenity Lane's general population, information on patient gender, ACA discharge status, and alcohol as the primary drug of choice was compared for the respondent and nonrespondent groups. Looking at data collected for all admits in 2018, system wide the male to female gender ratio was between fifty and sixty percent, the system wide patient ACA rate during that year was 49.8 percent, and the percentage of patients identifying alcohol as their primary drug was 57 percent.

If the percentages for these indicators are more or less comparable between the two groups and with the overall values seen in earlier studies, we can be reasonably confident that the respondent information is representative of the surveyed population.

¹ All survey comments are listed under Attachment A. A copy of the survey form used in the study is appended as Attachment B.

Comparing these two groups with indicator information from the 2018 study ¹ shows the following values:

	2014 Study				2017 Study				2018 Study			
	Gender		ACA Discharges	Etoh as Primary DOC	Gender		ACA Discharges	Etoh as Primary DOC	Gender		ACA Discharges	Etoh as Primary DOC
	Men	Women			Men	Women			Men	Women		
Respondents	58.7% (n=64)	41.3% (n=45)	10% (n=11)	65.1% (n=71)	73% (n=67)	27% (n=25)	49.4% (n=45)	67% (n=61)	45.8% (n=11)	51.2% (n=13)	75% (n=18)	79.2% (n=19)
Nonrespondents	58.7% (n=64)	41.3% (n=45)	15.6% (n=17)	59.6% (n=65)	64% (n=580)	36% (n=330)	49.4% (n=17)*	59.6% (n=65)*	60.4% (n=246)	39.6% (n=161)	56.1% (n=219)**	44.9% (n=183)
Measured Against:												
Pt Eval Responses	~60%	~40%			~60%	~40%			~60%	~40%		
Prior Studies			20% - 30%	>50%			20% - 30%	>50%			~50%	>50%
*NOTE: The measures "ACA Discharges" and "Etoh as Primary DOC" for 2017 are based on a 10% random sampling of respondents. ** These figures do not include patients who returned to Serenity Lane after the 6/30/18 ending discharge date for the surveyed group.												

The percentage distributions for the respondents are outside of the expected range for all three measures. For nonrespondents, the ACA discharge percentage is above the expected percentage for this measure and the gender measure is comparable to what is expected in the general population. The percentage of patients with alcohol (Etoh) as a primary drug of choice is less than what is expected, though. Given that the respondent group is outside of the expected value range in the three indicators, we can infer that the response data is not representative of the patient population and must be normalized.

To correct for the skewedness of the data it is necessary to 1) bring the responses more in line with the expected values for the general Serenity Lane population, and 2) adjust the scores to create a minimum sample size of ten percent. (Extrapolation to a larger sample size increases the error factor for representation of the population.)

Derivation of the proportional weighted values for each gender indicate that all male responses must be adjusted using a value 2.1. For responses from the female subgroup, a value of 1.5 must be applied to

¹ The parameters for this study are that patients in the sample had discharged from Serenity Lane at least six months prior to the study and 2) that the patient sample size reflects all primary care discharges.

account for this segment of the atypical group. These values were used to determine all calculated values in the accompanying charts and tables. Original counts were listed in all graphs and tables to show the unadjusted responses.

FINDINGS

A. Overall Health and Welfare.

Patients were asked to respond to four key indicators concerning their present quality of life. These questions were designed to measure changes in each patient's current anxiety level; any drug or alcohol cravings; current level of depression; and the patient's self-image. These responses are summarized in Table One. Most responding patients reported improvements in the areas of anxiety, cravings, depression, and self image. A comparison of the results of the 2017 patient responses to the current responses shows that the percentage of patients who reported improvement in anxiety has declined slightly relative to this prior study. The percentage of respondents reporting an improvement in drug or alcohol cravings is nearly 80 percent and 12 percent lower than reported in 2017. For the depression measure, the percentage of patients reporting improvements after discharge is 10 percent greater than reported in 2017.

In the self-image measure, almost 70 percent of the responding patients indicated that they feel good about themselves. Additionally, these responses show a 19 percent increase in this measure compared with the patient's ratings before discharge from Serenity Lane.

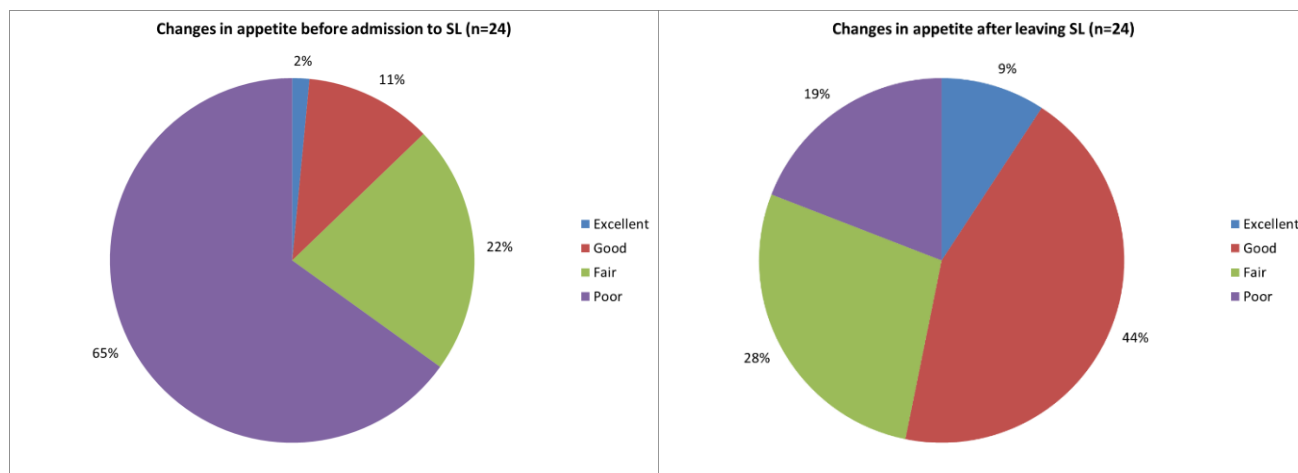
Table One. Quality of Life Questions.

TABLE ONE		The same (%/n)				Gotten better (%/n)				Gotten worse (%/n)			
		2017		2018*		2017		2018*		2017		2018*	
		Pre Dischg	Post Dischg	Pre Dischg	Post Dischg	Pre Dischg	Post Dischg	Pre Dischg	Post Dischg	Pre Dischg	Post Dischg	Pre Dischg	Post Dischg
	Changes in anxiety		11.6% (10)		9.7% (3)		84.9% (74)		82.1% (17)		3.5% (3)		8.2% (4)
	Changes in cravings		5.3% (5)		7.8% (1)		92.3% (84)		79.1% (22)		2.4% (2)		13.1% (1)
	Changes in depression		11.9% (13)		11.1% (4)		76.6% (68)		86.3% (19)		11.5% (8)		2.6% (1)
	Patient self image	19.6% (17)	28.4% (25)	27.4% (5)	26.4% (8)	21.2% (18)	66.7% (59)	49.9% (7)	69.2% (13)	59.2% (54)	4.9% (4)	22.7% (9)	4.4% (3)

*Counts represent actual counts and not weighted values.

Figures 1 through 3 depict additional indicators of patient well-being. Patients reported a 40 percent increase in appetite (reflected by the "excellent" and "good" responses).

Figure 1. Changes in Appetite Before and After Treatment



Sleep patterns improved by 32 percent after going through treatment (combined “regularly” and “often” responses), and respondents indicated that their methods of coping with stress were an average of 39 percent more effective after entering treatment (“effective” responses).

Figure 2. Sleep Patterns Before and After Treatment

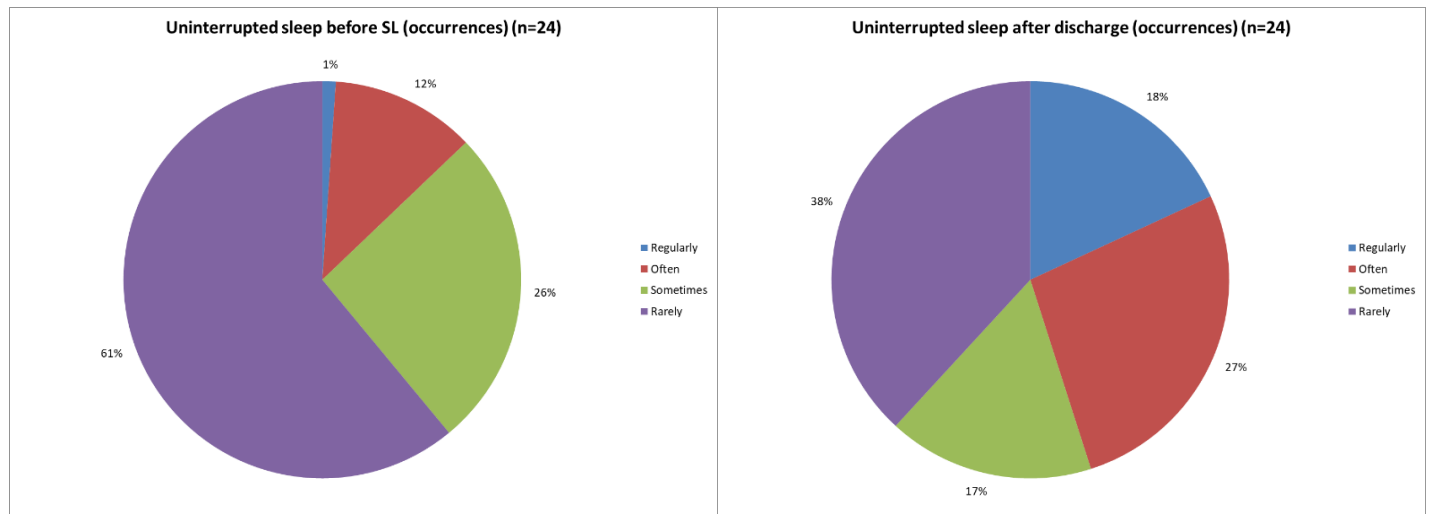
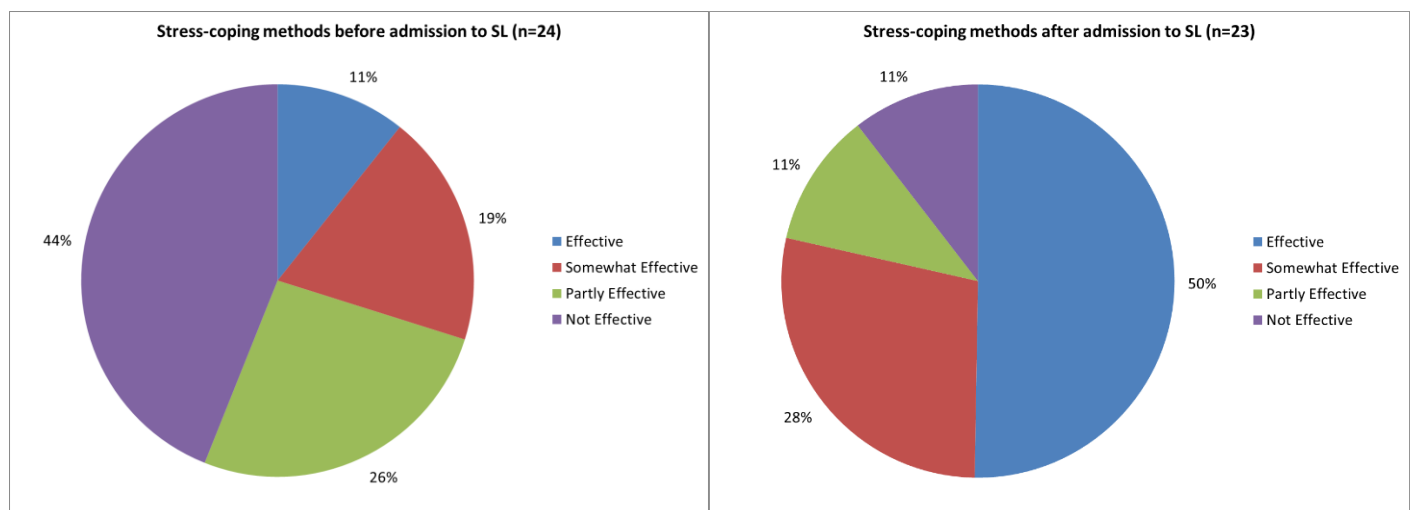


Figure 3. Methods of Coping with Stress, Before and After Treatment



Figures 4 through 6 display responses on loss of interest in activities, enjoyment of activities and friends using patient’s drug of choice. Comparing their status before and after treatment, respondents reported a 45 percent decline in loss of interest (combined “frequently” and “often” responses), a 46 percent increase in the enjoyment of activities (combined “frequently” and “often” responses), and a 33 percent decline in friends who use their drugs of choice (combined “all” and “some” responses).

Figure 4. Loss of Interest, Before and After Treatment

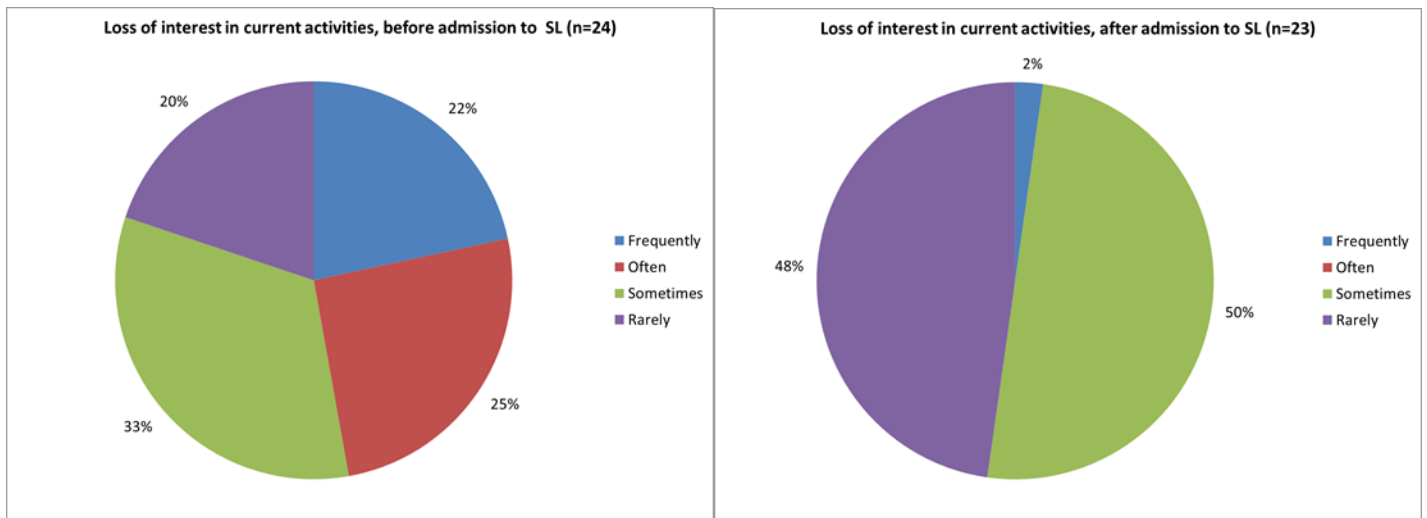


Figure 5. Enjoyment of Activities, Before and After Treatment

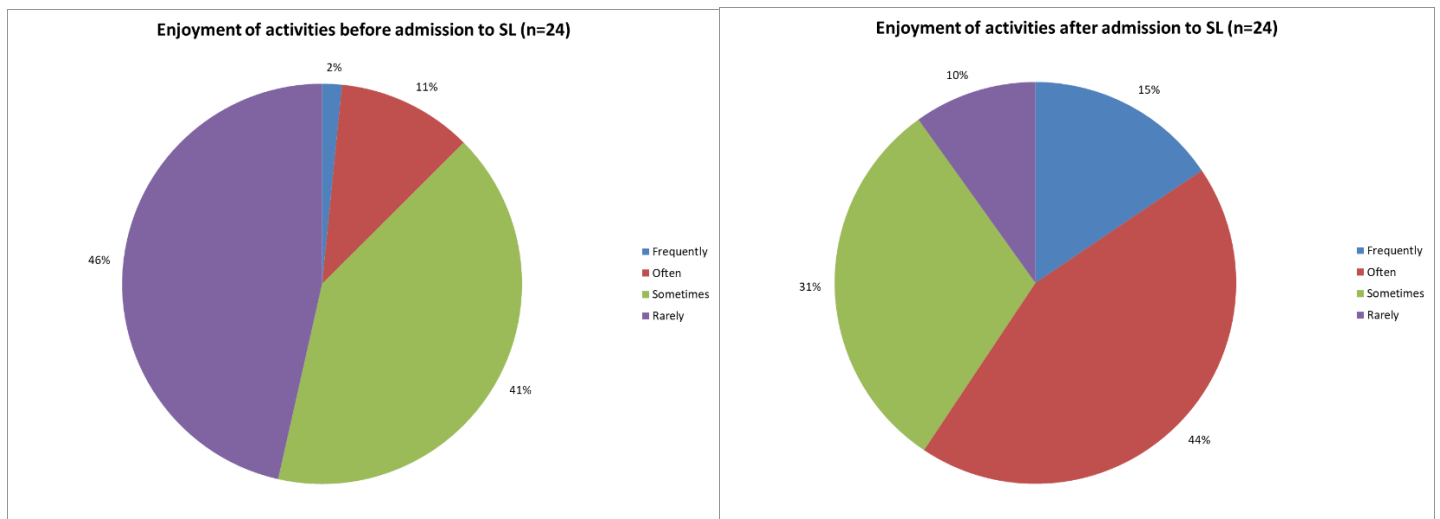
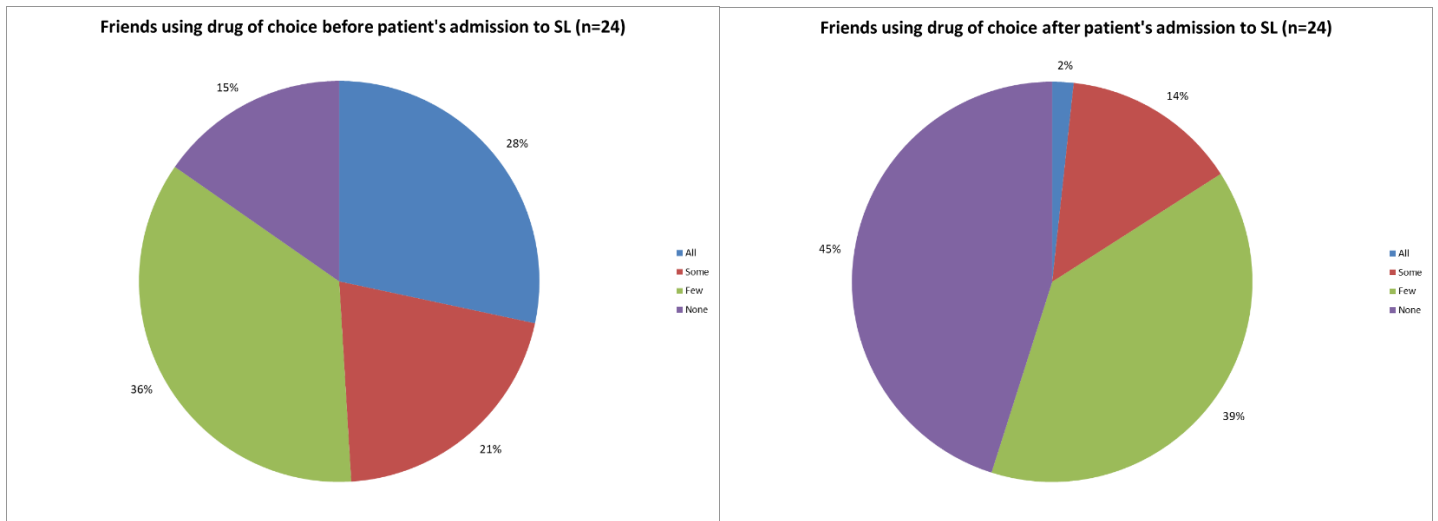


Figure 6. Friends Who Use Drug of Choice, Before and After Treatment



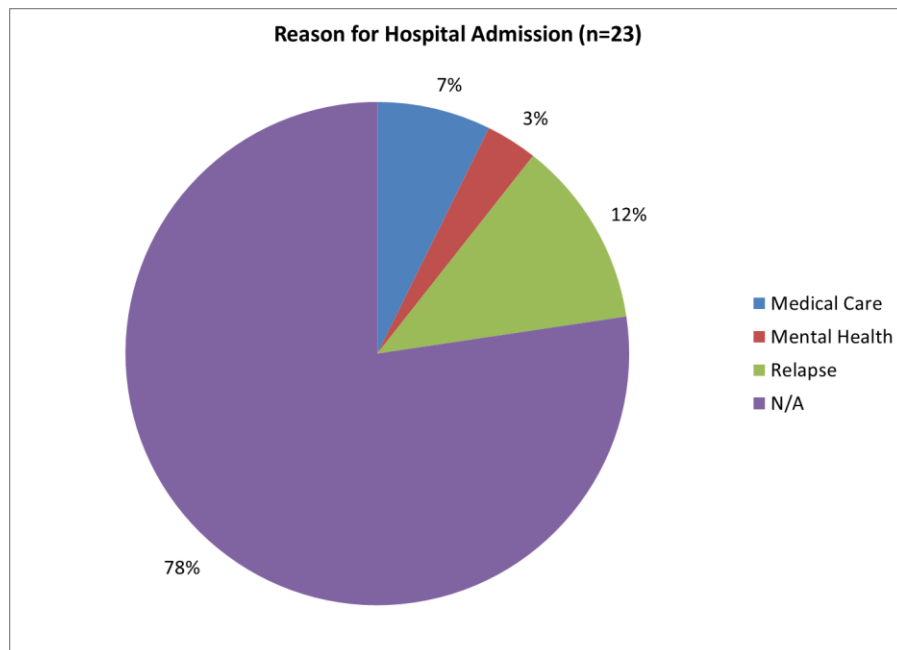
Hospital Visits. Patients were also asked about the number of hospital visits that they had required during the past six months. 75 percent of all respondents (21) reported no visits after discharge, which is a 35 percent improvement compared with the reported pre-discharge percentage. Four percent of patients reported one or two hospital visits during this time, a 45 percent decline after receiving treatment. 21 percent of the patients indicated that they had been to the hospital three or more times after leaving Serenity Lane, a 10 percent increase after discharge. (Table Two.) (Note – the small counts associated with this response category make these results of limited use.)

Table Two. Number of Hospital Visits by Patients during the Past Six Months

TABLE TWO		Percentages & Counts (Counts are before weighted averages were applied)			
		2017		2018	
		Pre Dischg	Post Dischg	Pre Dischg	Post Dischg
	No visits	3.4% (3)	6.4% (5)	40.5% (15)	75% (21)
	One to two	79.9% (72)	89.1% (80)	48.6% (8)	3.6% (1)
	Three or more	16.7% (15)	4.5% (4)	10.9% (1)	21.4% (2)

Figure 7 identifies the reasons given for the hospital admissions. Of the 23 respondents, 22 percent required hospital care. Seven percent of these patients indicated the visit was for medical care. 12 percent stated that the admissions were due to relapse.

Figure 7. Reason Given for Hospital Admission



Employment Status. 33 percent (15) of the responding patients indicated that they are presently employed, a three percent increase over their reported status before discharge. Respondents also indicated an 11 percent drop in unemployment compared with their status before discharge. (Table Three.)

Table Three. Patient's Current Employment Status

TABLE THREE		Percentages & Counts (Counts are before weighted averages were applied)			
		2017		2018	
		Pre Dischg	Post Dischg	Pre Dischg	Post Dischg
	<i>Employed</i>	59.7% (53)	69.2% (61)	30.1% (14)	32.7% (15)
	<i>Unemployed</i>	26.4% (23)	11.1% (10)	21.8% (5)	11.0% (3)
	<i>Homemaker</i>	1.9% (2)	2% (2)	11.3% (1)	11.0% (1)
	<i>Retired</i>	8.9% (8)	10% (9)	23.7% (3)	23.2% (3)
	<i>Disabled</i>	1.9% (2)	3.5% (3)	0.0%	0.0%
	<i>Student</i>	1.2% (2)	4.2% (4)	13.1% (1)	22.1% (1)

Table Four. Job Satisfaction and Financial Situation

TABLE FOUR		The same (%/n)				Gotten better (%/n)				Gotten worse (%/n)			
		2017		2018*		2017		2018*		2017		2018*	
		Pre Dischg	Post Dischg	Pre Dischg	Post Dischg	Pre Dischg	Post Dischg	Pre Dischg	Post Dischg	Pre Dischg	Post Dischg	Pre Dischg	Post Dischg
	Job satisfaction	12.8% (8)	17.5% (11)	28.9% (3)	9.3% (2)	32.6% (20)	70.4% (44)	16.5% (6)	53.5% (13)	54.6% (34)	12.1% (8)	54.6% (6)	37.2% (2)
	Financial situation	11.3% (10)	19.4% (17)	9.3% (2)	11.7% (3)	27% (24)	54.3% (48)	32.6% (8)	67.4% (16)	61.7% (41)	26.3% (11)	58.1% (14)	20.9% (5)
*Counts are before weighted averages were applied													

53 percent of responding patients stated that their job satisfaction had improved after discharging from Serenity Lane, which is a 37 percent improvement over their reported status before discharge. (Table Four.) 67 percent of the responding patients indicated that their financial situation had improved after their treatment at Serenity Lane. This is a 35 percent improvement over their reported situation prior to discharge.

B. Treatment Medications

Figure 8. Received Treatment Medications at Serenity Lane

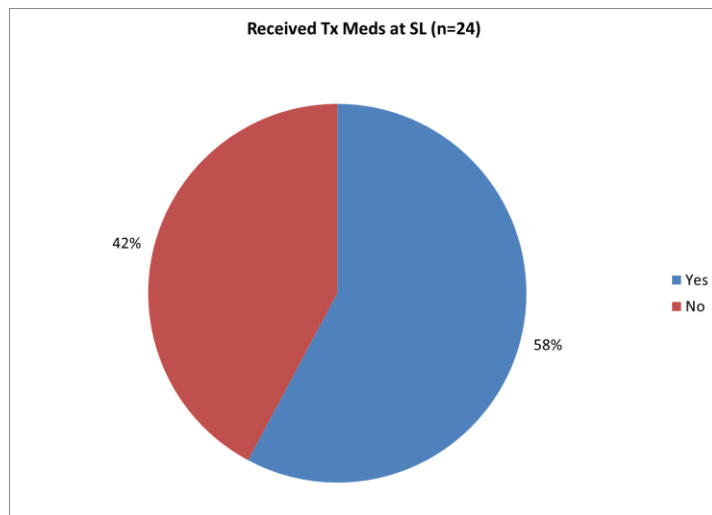
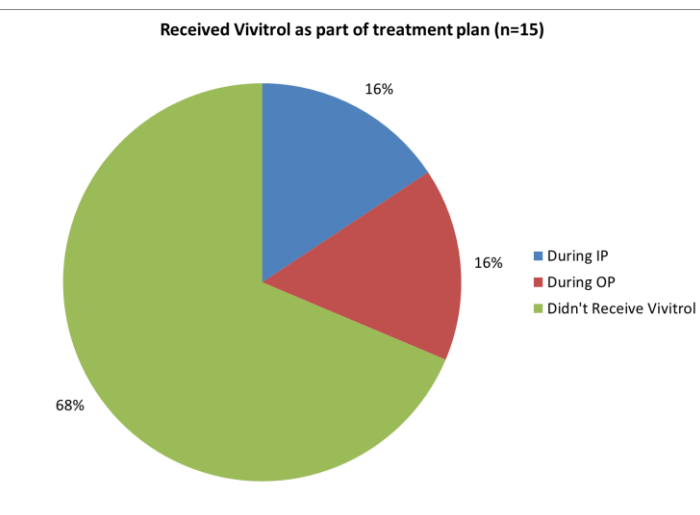


Figure 9. Received Vivitrol as part of Treatment Plan



42 percent of the respondents received treatment medications while at Serenity Lane. (Figure 8.) 32 percent of the responding patients received Vivitrol as part of their treatment plan, with dosing split equally between inpatient and outpatient. (Figure 9.)

Figure 10. Received Vivitrol after discharge

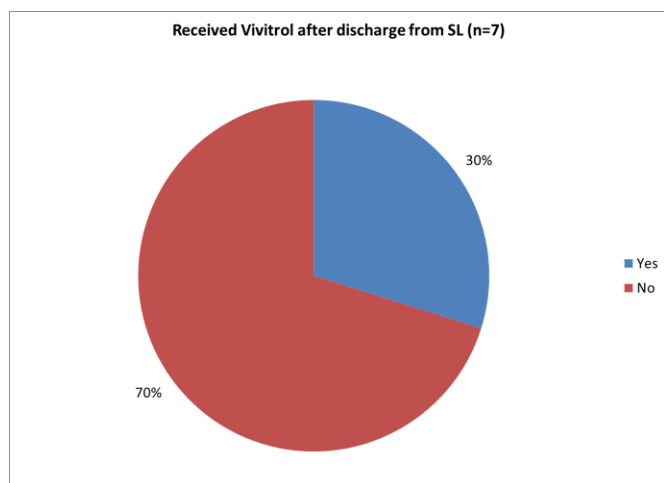
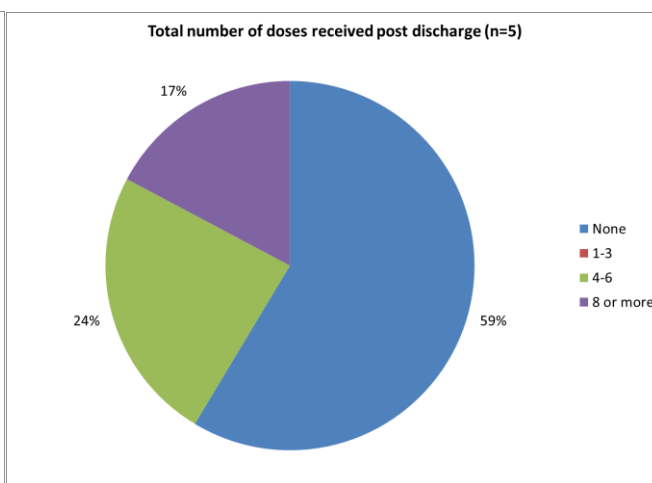


Figure 11. Vivitrol doses received post discharge



30 percent of the respondents to this question received Vivitrol after discharging from Serenity Lane (Figure 10). Most of the respondents who received Vivitrol after discharge received four to six doses. (Figure 11.) (Note: Low response data on measures about Vivitrol make these analyses and the results in Table Five of limited use.)

Table Five. Cravings and Vivitrol

Percentage & Counts (Counts are before weighted averages were applied)				
Cravings:	<u>Zero</u>	<u>Low to Moderate</u>	<u>Moderate</u>	<u>Moderate to Severe</u>
Before starting Vivitrol			14.8% (1)	85.2% (4)
While receiving the med		39.1% (3)	60.9% (2)	
After stopping the med		40% (1)	60% (1)	

Patients with cravings in the “moderate” and the “low to moderate” ranges reported reductions in cravings while receiving and after stopping the medication. These reductions remained consistent after dosing of the medication was stopped. (Table Five.)

C. Pain Management

18 percent of the survey respondents were in the Pain Management program. (See Figure 12.) Table Six contains the responses of this subgroup in assessing the program’s usefulness. A majority of the patients gave positive responses to the questions on being chemically free, if the program met their expectations, if the assignments were helpful, and if they regularly see a doctor for pain management. (Note: Low response data on these measures make the results in Table Six and in Figure 13 of limited use.)

Figure 12. Attended Pain Management Program

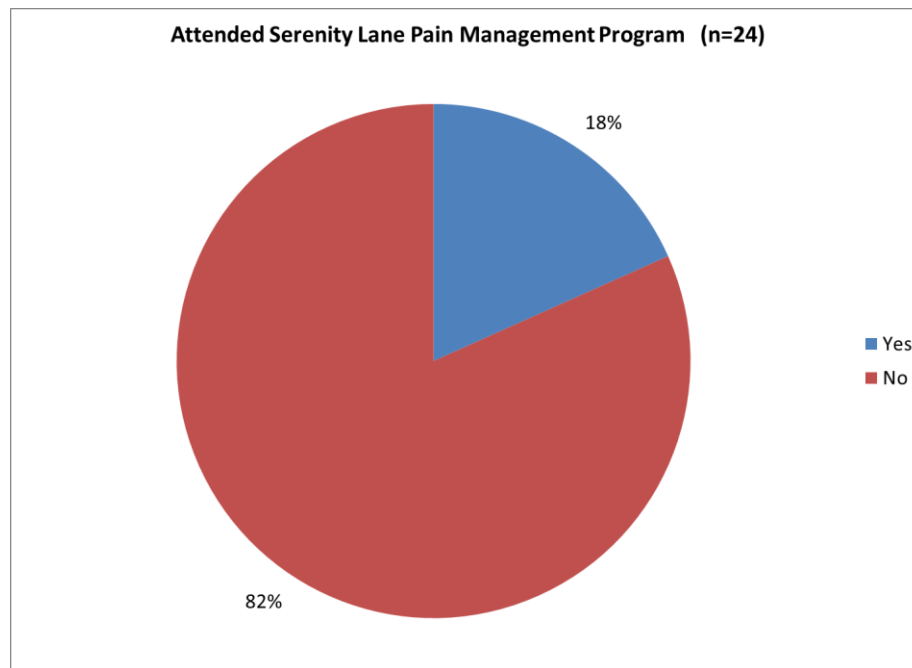


Table Six. Pain Management Program (Counts are before weighted averages were applied)

	Yes	No
Pain Mgmt program met patient expectations (n=4)	73.1% (3)	26.9% (1)
Assignments helped patient to better manage pain (n=3)	63.2% (2)	36.8% (1)
Patient is chemically free (n=7)	83% (6)	17% (1)
Patient completed materials in PM workbook (n=2)		100% (2)
OP counselor followed up with materials (n=1)		100% (1)
Patient was sent home with pain meds (n=3)		100% (3)
Patient is still on Buprenorphine (n=3)		100% (3)
Patient regularly sees a doctor for pain management (n=3)	100% (3)	
Pain has changed since the PM program (n=3)		100% (3)

Figure 13.

Status of pain after discharge

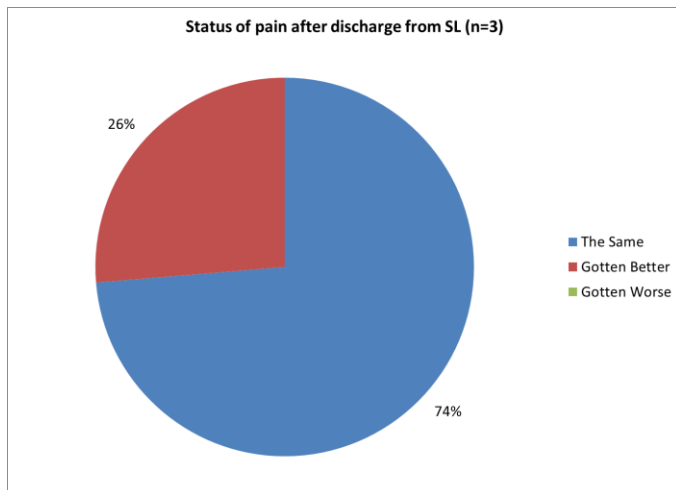
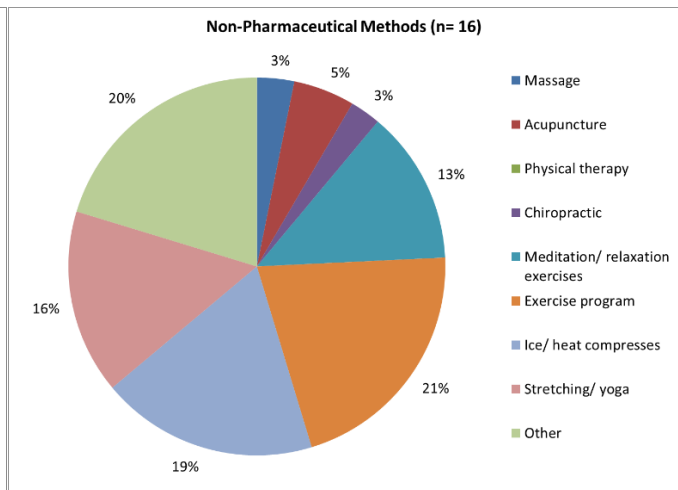


Figure 14.

Non-pharmaceutical methods used in pain management



26 percent of these patients showed improvements in their levels of pain after entering the program. (Figure 13.) Patients dealing with chronic pain also indicated using a variety of non-pharmaceutical methods for pain relief with exercise, the application of ice or heat, and stretching as the most commonly used approaches. (Figure 14.)¹

D. Patient Sobriety.

81 percent (20) of all responding patients indicated that they are clean and sober now. This percentage is a 12 percent decline from what was reported in 2017. No respondents had relapsed while in treatment at Serenity Lane and patient records indicate alcohol as the primary drug of choice for 20 percent of these patients. 78 percent of all relapsed patients indicated that they did enter a treatment program after their relapse. (Table Seven.) This is a 37 percent increase over what was reported in 2017.

¹ The count in Figure 14 reflects the number of responses and not the number of respondents. Respondents indicated multiple methods of pain management.

Table Seven. Patient Sobriety

	N		Percentage		Primary drug of choice (alcohol) (n and %)		Average length of time after discharge when the relapse occurred (w eeks)		Sought treatment after relapse occurred (n and %)		Average length of time from point of relapse to entering a treatment program (w eeks)	
	2017	2018*	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018
Currently clean and sober:												
- Yes	88	20	93.6	81.4								
- No	6	4	6.4	18.6								
All relapsed patients:	22	9	23.4	40.9	18 (81.8)	2 (20)			9 (40.9)	7 (77.8)		
A.												
Relapsed while in treatment	0	0	0.0	0.0	0	0			0	0		
B.												
Relapsed after discharge from Serenity Lane	22	9	23.4	40.9	18 (81.8)	2 (20)	45.0	15.7	25 (37.3)	7 (77.8)	2	3.6

*Counts are before weighted averages were applied

For those respondents who relapsed after discharging from Serenity Lane, most sought treatment after relapsing with an average time to readmission of four weeks. On average the relapse occurred 16 weeks after discharge from Serenity Lane. (This is less than the 45 weeks reported in 2017.)

44 percent of respondents who relapsed indicated marijuana as their primary drug of choice. Alcohol users were the next largest group at 20 percent. (Figure 15.) Additionally, all relapsing patients indicated that the substance used in the relapse was their primary drug of choice. Only nine percent of respondents indicated that they transitioned from their primary drug of choice after relapse. (Figures 16 and 17.)

Figure 15. Substances used in relapse

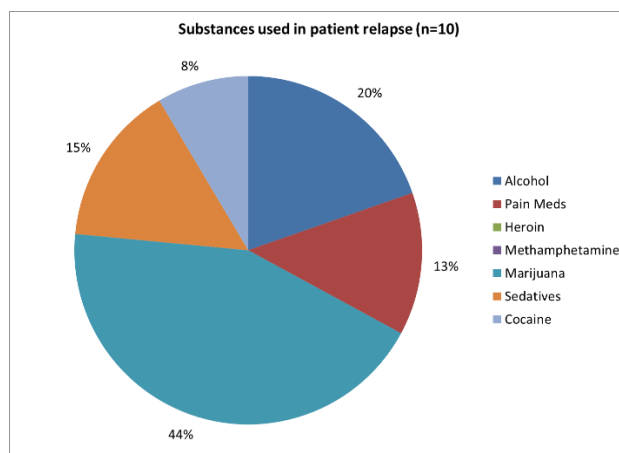


Figure 16. Relapse substance as main drug of choice

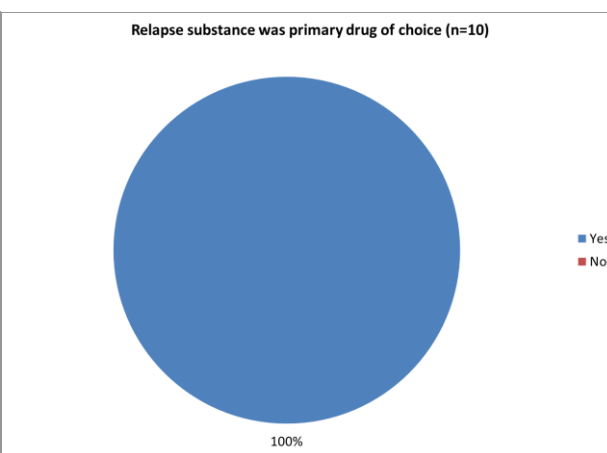
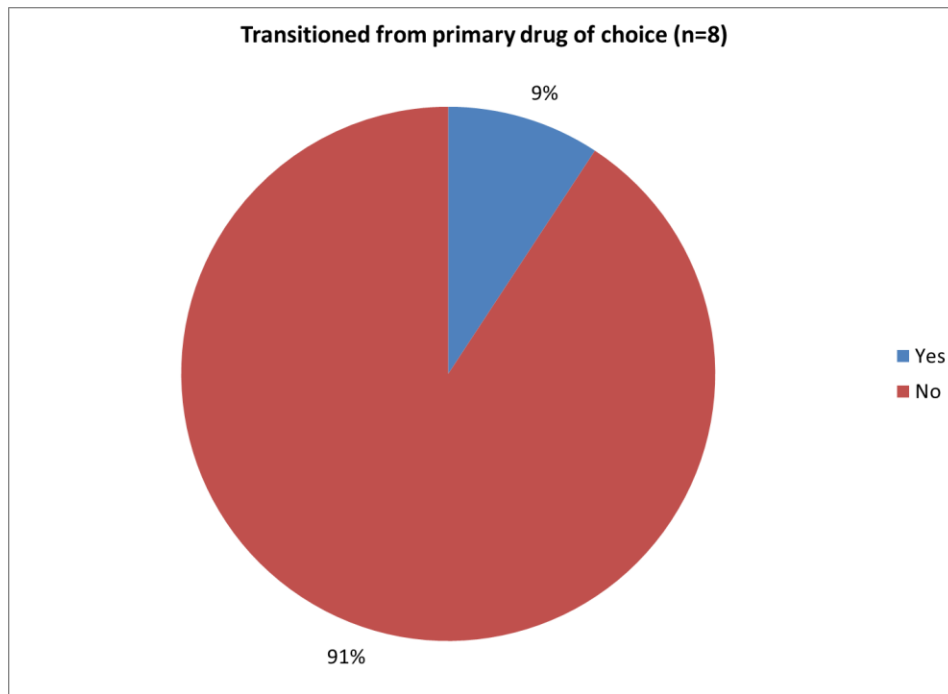


Figure 17. Respondents who transitioned from main drug of choice



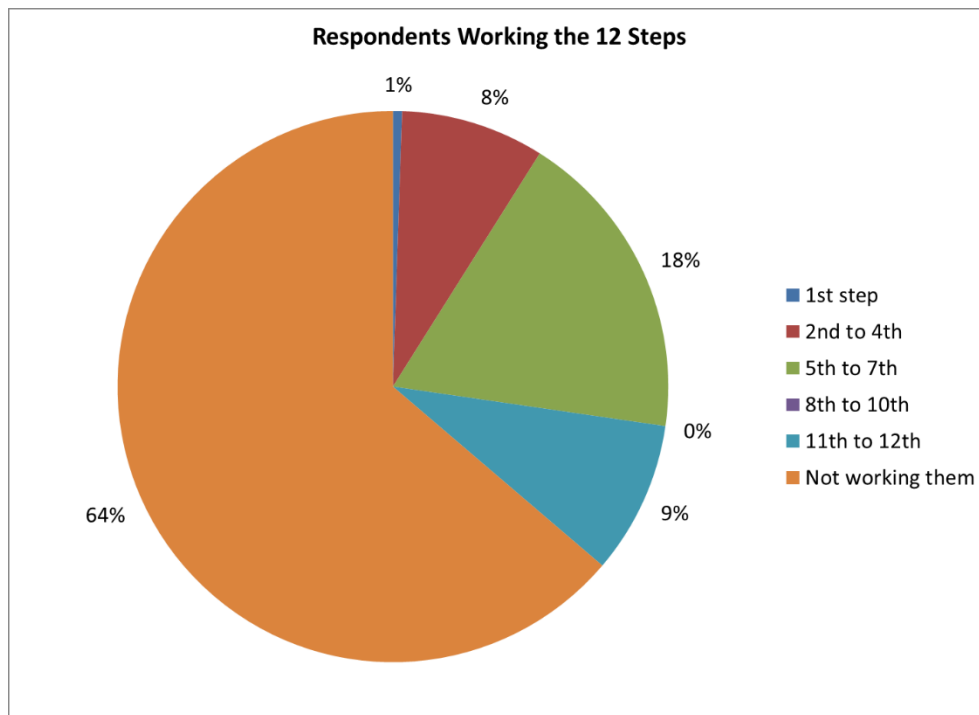
E. AA/ NA attendance.

63 percent of all responding patients indicated that they are attending a 12 Step program. This percentage is comparable to the number reported in the 2017 study (62%). 31 percent of all patients who did not relapse are attending 12 Step and have a sponsor. These percentages are lower than reported in the 2017 study.(Table Eight.)

Table Eight. AA/ NA Attendance and Sponsorship

	Attending a 12 Step Program				Has a sponsor			
	N		Percentage		N		Percentage	
	<u>2017</u>	<u>2018*</u>	<u>2017</u>	<u>2018</u>	<u>2017</u>	<u>2018*</u>	<u>2017</u>	<u>2018</u>
Didn't relapse	45	7	48.9%	31.5%	43	4	46.7%	31.5%
Relapsed during treatment	0	0	0.0%	0.0%	0	0	0.0%	0.0%
Relapsed after completing treatment	12	7	13.0%	31.5%	11	6	12.0%	24.4%
Combined	57	14	61.9%	63.0%	54	10	58.7%	55.9%
*Counts are before weighted averages were applied.								
**Percentages are of all respondents.								

Figure 18. Steps currently worked by respondents (n=19)



36 percent of respondents are working the 12 Step program with 18 percent working on steps five through seven. 64 percent of the responding patients are not working the steps (Figure 18.)

F. Family Information, Patient Referral, and Quality of Service.

78 percent of patients surveyed in 2018 indicated that they are happy with their family or s.o. relationships (n=18). This percentage is slightly less than the percentage indicated in the 2017 study (82 percent). This is a 38 percent improvement in patient satisfaction compared with the reported status of these respondents before they were admitted to Serenity Lane. (Table Nine.)

58 percent of patients who did not relapse stated that they are happy with their relationships after discharge. This is a 58 percent improvement over their reported status before admission.

Table Nine. Family/ S.O. Relationship

	Yes, happy (n%)				No, unhappy (n%)				Total			
	2017		2018*		2017		2018*		2017		2018*	
	Before admission	After discharge	Before admission	After discharge	Before admission	After discharge	Before admission	After discharge	Before admission	After discharge	Before admission	After discharge
Didn't relapse	22 (35.5%)	55 (88.7%)	0 (0.0%)	9 (58.3%)	40 (64.5%)	7 (11.3%)	13 (100%)	5 (41.7%)	62 (100.0%)	62 (100.0%)	13 (100%)	14 (100%)
Relapsed during treatment	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Relapsed after completing treatment	8 (38.1%)	13 (61.9%)	9 (100%)	9 (100%)	13 (61.9%)	8 (38.1%)	0 (0.0%)	0 (0.0%)	21 (100.0%)	21 (100.0%)	9 (100%)	9 (100%)
Combined counts	30 (36.1%)	68 (81.9%)	9 (40.9%)	18 (78.3%)	53 (63.9%)	15 (18.1%)	13 (59.1%)	5 (21.7%)	83 (100.0%)	83 (100.0%)	22 (100%)	23 (100%)

*Counts are before weighted averages were applied

40 percent of respondents stated that their family situations were “Good” after discharge. This is a 34 percent improvement over their situations before admission when only six percent of respondents indicated a “Good” rating for this question. (Figures 19 and 20.)

Figure 19. Family situation before admission

Figure 20. Family situation after discharge

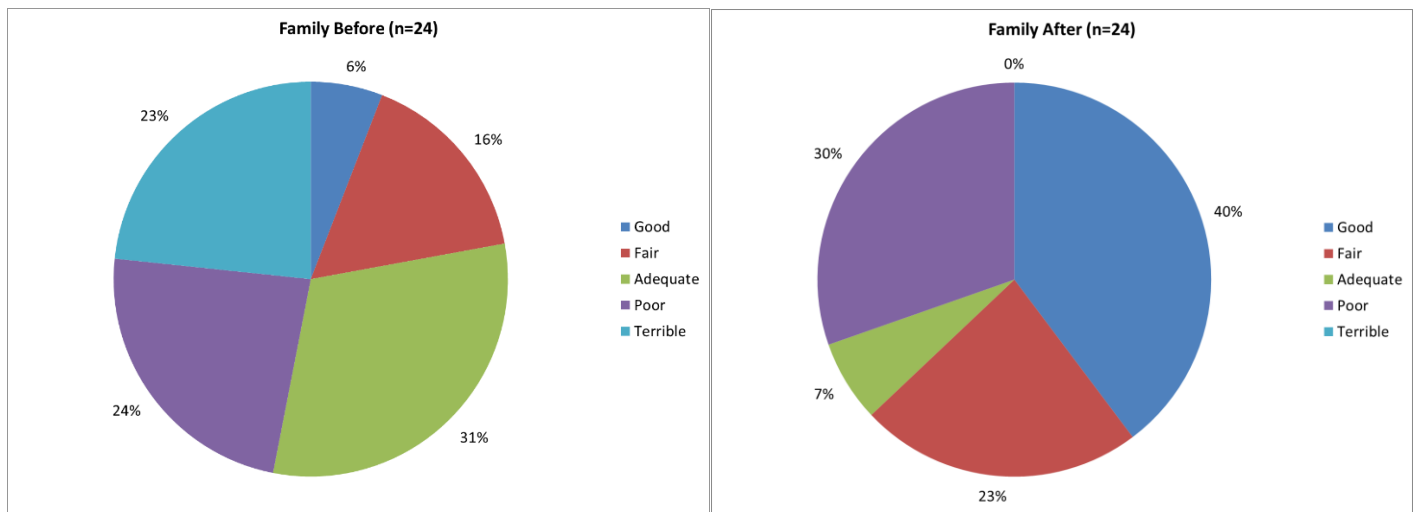
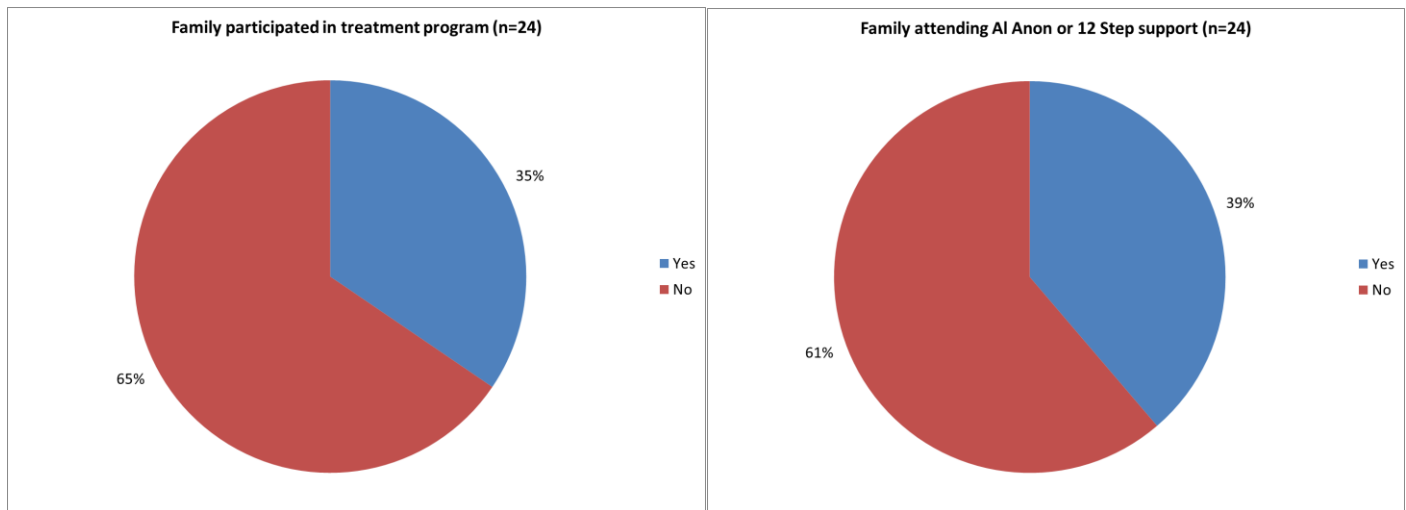


Figure 21. Family Participated in Treatment Program

Figure 22. Family attending Al Anon or 12 Step



As Figure 21 shows 35 percent of respondents had family involved in their treatment program. 39 percent of all respondents stated that their families are attending Al Anon or 12 Step support. (Figure 22.)

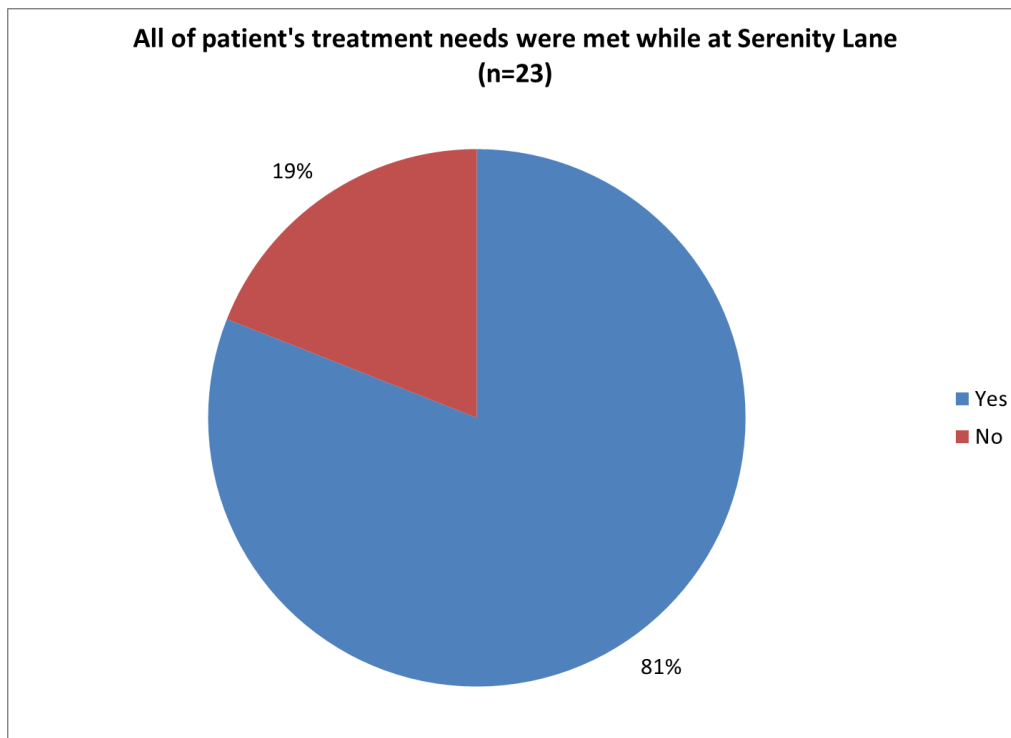
85 percent of all patients that responded would choose to be admitted to, or refer a friend or family member to, Serenity Lane (n=18). (Table Ten.) This percentage is lower than the responses given in 2017.

81 percent of respondents agreed that all of their needs were met while at Serenity Lane. (Figure 23.) This is an eight percent increase over the 2017 responses for this question.

Table Ten. Referral to Serenity Lane

	<u>2017</u>	<u>2018*</u>
Would recommend Serenity Lane	91.0% (81)	84.6% (18)
Would not recommend Serenity Lane	9.0% (8)	15.4% (4)
*Counts are before weighted averages were applied		

Figure 23. Meeting patient needs while in treatment



ATTACHMENT A

2018 OUTCOME STUDY QUESTIONNAIRE PATIENT COMMENTS

Overall health and welfare comments:

- Before treatment I had a good job, after I can't pass a background check because of my choices during my use.
- I got a new job after leaving Serenity Lane. I also finalized a three year long divorce.
- I'm semi-retired, have plenty of assets but could always use a little more. My alcoholism didn't affect my availability for work or my financial well-being.
- I have gone to outpatient at SL off and on for years. Each time I've grown a little stronger.

Treatment medications comments:

- Still taking Naltrexone.

Are you still chemically free? If not what are you using to control pain?

(No response.)

Are you still on the Suboxone/Subutex medication? If no, what are you taking for pain?

(No response.)

Pain management comments:

(No response.)

Drug of choice:

(No response.)

Sobriety status comments:

- I have not relapsed since leaving Serenity Lane.
- After SL was not helping me, I found other treatment programs that did!
- I'm still on the "?" (unreadable)
- I went to Hazelden – self admitted after EXSL 45 day program.
- I only relapsed for one night on 11/5/18. I called my sponsor and got right back on track. I left Serenity Lane on 1/28/18. My sobriety date was 1/1/18 then relapsed on 11/5/18. Now my sobriety date is 11/6/18. I only had one slip-up. Serenity Lane truly has helped me.

Please explain why you would or would not choose Serenity Lane:

- Staff appeared to be kind and caring.
- Very family oriented. My counselor, Sam taught very good tools to remain sober.
- There was a lot of good people, but some rudeness.
- I went on my own for help with alcohol. Everything was so unorganized and unethical. My counselor never even returned my phone calls or had one on one meeting with me. I was ignored and treated different since I wasn't mandated. Groups were so large not everyone could even talk. Judgement is the biggest issue in group. I had to sit through hours of men talking about their sex addiction while I was just raped a month prior to entering treatment at SL. Why would my counselor ever let that happen? Did she read my file? Does she even know my name? Horrible experience here. I ended up using more than less.
- Great facility, caring staff.
- Our counseling sessions were more just a gossip session than about our own recovery and not emphasis on AA/NA after.

- I would choose Serenity Lane because it helped me change my life and I know it will do the same for others.
- I learned a lot in Coburg. Whomever chose the right counselor for me (Lori) and I feel like SL looks at the person tries to give them the best program possible.
- I felt the time when I was there it was a punishment based program. Patients snitching on other patients – encouraged by the counselors. 30+ pages I wrote papers and plastics. It was not team work helping, it was punitive.
- I'm proof that Serenity Lane helped me, one day at a time.
- It's not for people over 35. It was like a camp for wild teenagers. It was very distracting to have so many immature people who didn't want to be there so they goofed off. Too much drama with the young ones.
- SL did everything right and more for me.
- I am not sure of this answer. I have some strong concerns about your "power" control attempts and instilling the feeling of being incarcerated.
- Wonderful, sincere program. Steve Harris is awesome!
- Darci is amazing!
- I've referred 3 friends to Serenity Lane and one has entered inpatient. Serenity Lane inpatient was amazing. The staff are knowledgeable, empathetic, and dedicated. The process setup while there really works. It was the best decision of my life to enter SL inpatient and I'll forever be grateful.
- It brought me back to myself.
- I gained so much knowledge and could relate to others with my situation. I trust Serenity Lane.
- I have made more progress each time I have gone to Serenity Lane out patient. They have made me feel so welcome every time. I'm thinking about attending classes again.

What else could we include that would enhance your treatment experience?

- Music

- A more positive and supportive program. Not to encourage peers to work against each other. A total lack of support. Strongly disagree with the philosophy of the EXSL program.
- Letting our pets come for a short visit on the weekends. My older dog was very distraught without me.
- Asshole guy at the med place wouldn't let me take my meds at the same time that the other med tech would. When he was working, I had to go back 2X at night because he wouldn't let me take them at the same time. The other techs didn't care and gave them to me when I asked. It wasn't like it was pain med – it was my BIRTH CONTROL! My period got off track and messed up because of him.
- I felt minimized as a human being with your control over my sense of being a human. I had Forrest as a counselor and he has some real power issues toward other professionals or anyone who is taller or bigger than him. He verbally denigrates them in order to improve his love of power over his own addiction issues – (food, and coffee). Your detox facility is wonderful. My number one purpose was using detox as a safe place to go through withdrawals if I in fact did go through it. They were compassionate and attentive and treated me with respect, which is very important during that time. I have since returned to significantly less <30 % of prior med use. And ____ to enjoy my life as much as possible.
- Allow coffee at the smoke shack.
- 1) OHP is not an insurance option for residential at Serenity Lane, so I wasn't able to obtain sobriety. 2) The staff on all shifts in medical detox are too loud. I couldn't relax or rest well due to their very, very loud voices and laughing. 3) I didn't appreciate the guy working in med detox for telling me I couldn't use more than one tea bag for my tea.

Other comments:

- SL has helped change my life in a positive way. Every staff member I have encountered was amazing and encouraging/challenged me. While it was a lot...I liked the gradual step down process – inpatient / IOP 9 hours per week / Recovery support 1.5 hours per week. I really appreciate that all of the employees I have met at SL understand because they have been there.
- As with most people I initially fought many of the ideas and opinions put forth by my counselor (Darcie Tocco) and we butted heads several times. She gave me the most lasting and beneficial tool that I received during my time there introducing me to meditation. It has been a great reducer in my anxiety, stress and anger. I regularly have her in my thoughts and ask that you give her a big Atta boy from a former resident.
- This was the best place I have ever been and I have been in three other treatment places. I loved the family program and water therapy. Very clean place. Good food.
- I feel that about ½ of my time there was a waste of my time – primarily the classes. The grief class teacher sucked! He talked for about 5 whole minutes before having us do nothing else really. Two times out of the 4 we had “study hall” and he didn’t teach me a frickin’ thing. I can’t recommend the inpatient Serenity Lane but I can recommend the outpatient program. There’s a lot more 1 to 1 and I actually learned stuff and didn’t have to deal with teenager drama and noise! Regarding Outpatient: I didn’t like how very little 1 to 1 there was @ Serenity Lane. I was shocked and surprised. Group time basically was spent on the people who were emotional or upset all the time. People like me who were polite, respectful and quiet got very little attention and help from staff. It was so disappointing to lose so much money by taking time off from work to go to rehab and then have a crappy experience that felt like a waste of my time. Sorry. I don’t drink anymore so I guess it (SL) helped?
- Tell people before they enter med detox that if they have OHP, that this insurance doesn’t cover residential. More people might obtain sobriety if they can transition immediately into residential. The counselor for outpatient, Carol Lemming, very unprofessionally told me I’d have to divorce my husband because he also drinks. I also quit going because she also acted like we were all felons or something from the ghetto.

- Serenity Lane has helped me a lot. However, I do feel many people would benefit from having the option of going to the inpatient program through OHP insurance.

ATTACHMENT B



SERENITY LANE

Patient Questionnaire

Instructions:

Your well being is important to us. Please read and answer each question thoroughly using a dark blue or black pen. Return the survey in the enclosed envelope, or mail it to the following address: Serenity Lane, Attn: John O'Guinn, 2133 Centennial Plaza, Eugene, OR 97401

A. Overall Health and Welfare

Please complete the following sentences.

Before I entered Serenity Lane, I felt

- ☐ I had a poor self-image
- ☐ inadequate
- ☐ adequate/just okay
- ☐ not very confident
- ☐ I had a good self-image

After I left Serenity Lane, I felt ____.

- ☐ I had a poor self-image
- ☐ inadequate
- ☐ adequate/just okay
- ☐ not very confident
- ☐ I had a good self-image

Before I entered Serenity Lane my appetite was ____.

- ☐ excellent – regular meals
- ☐ good – I rarely skipped a meal
- ☐ fair – sometimes I wasn't hungry
- ☐ poor – I ate irregularly each day

After I left Serenity Lane my appetite was ____.

- ☐ excellent – regular meals
- ☐ good – I rarely skipped a meal
- ☐ fair – sometimes I wasn't hungry
- ☐ poor – I ate irregularly each day

Lately, I feel ____.

- ☐ more depressed than usual
- ☐ less positive
- ☐ about the same
- ☐ more positive
- ☐ less depressed than usual

After coming to Serenity Lane, my drug or alcohol cravings ____.

- ☐ have definitely decreased
- ☐ are a little less than usual
- ☐ have stayed about the same
- ☐ are a little more than usual
- ☐ have definitely increased.

Compared with when I left Serenity Lane, I feel ____.

- ☐ more anxious than usual ☐ less secure ☐ about the same
☐ more secure ☐ less anxious than usual

Before I left treatment at Serenity Lane I had ____ methods (like exercise, video games, walking) to deal with stress.

- ☐ effective
☐ somewhat effective
☐ partially effective
☐ not effective

After I left treatment at Serenity Lane I had ____ methods (like exercise, video games, walking) to deal with stress.

- ☐ effective
☐ somewhat effective
☐ partially effective
☐ not effective

Before I entered treatment at Serenity Lane I ____ slept all night without awakening.

- ☐ regularly
☐ often
☐ sometimes
☐ rarely

After I left treatment at Serenity Lane I ____ slept all night without awakening.

- ☐ regularly
☐ often
☐ sometimes
☐ rarely

Before I entered treatment at Serenity Lane I ____ lost interest in whatever I was doing.

- ☐ frequently
☐ often
☐ sometimes
☐ rarely

After I left treatment at Serenity Lane I ____ lost interest in whatever I was doing.

- ☐ frequently
☐ often
☐ sometimes
☐ rarely

Before I entered treatment at Serenity Lane I ____ participated in activities that I enjoyed.

- ☐ frequently
☐ often
☐ sometimes
☐ rarely

After I left treatment at Serenity Lane I ____ participated in activities that I enjoyed.

- ☐ frequently
☐ often
☐ sometimes
☐ rarely

Before I entered treatment at Serenity Lane _____ of my circle of friends used my drug of choice, or other drugs or alcohol.

- ☐ all
☐ some
☐ few
☐ none

After I left treatment at Serenity Lane _____ of my circle of friends used my drug of choice, or other drugs or alcohol.

- ☐ all
☐ some
☐ few
☐ none

Within 6 months before I entered Serenity Lane, I was admitted to the hospital _____ times.

- ☐ 0 ☐ 5
☐ 1 ☐ 6
☐ 2 ☐ 7
☐ 3 ☐ 8
☐ 4 ☐ 9

Within 6 months after I left Serenity Lane, I was admitted to the hospital _____ times.

- ☐ 0 ☐ 5
☐ 1 ☐ 6
☐ 2 ☐ 7
☐ 3 ☐ 8
☐ 4 ☐ 9

The hospital admission(s) was/were for _____ reasons (*check all that apply*).

- ☐ medical ☐ mental health ☐ relapse ☐ Not applicable

The best way to describe my employment status before treatment at Serenity Lane is _____.

- ☐ employed (any job type) ☐ disabled
☐ unemployed ☐ student
☐ retired ☐ homemaker

The best way to describe my employment status after treatment at Serenity Lane is _____.

- ☐ employed (any job type) ☐ disabled
☐ unemployed ☐ student
☐ retired ☐ homemaker

Before I entered treatment at Serenity Lane I was _____ with my job.

- ☐ very satisfied ☐ somewhat unsatisfied
☐ somewhat satisfied ☐ very unsatisfied
☐ satisfied ☐ Not applicable

After leaving treatment at Serenity Lane, I was _____ with my job.

- ☐ very satisfied ☐ somewhat unsatisfied
☐ somewhat satisfied ☐ very unsatisfied
☐ satisfied ☐ Not applicable

Before I entered treatment at Serenity Lane I was ____ with my financial situation.

- | | |
|---|---|
| <input type="checkbox"/> very satisfied | <input type="checkbox"/> somewhat unsatisfied |
| <input type="checkbox"/> somewhat satisfied | <input type="checkbox"/> very unsatisfied |
| <input type="checkbox"/> satisfied | <input type="checkbox"/> Not applicable |

After leaving treatment at Serenity Lane, I was ____ with my financial situation.

- | | |
|---|---|
| <input type="checkbox"/> very satisfied | <input type="checkbox"/> somewhat unsatisfied |
| <input type="checkbox"/> somewhat satisfied | <input type="checkbox"/> very unsatisfied |
| <input type="checkbox"/> satisfied | <input type="checkbox"/> Not applicable |

Comments:

B. Treatment Medications

Did you receive treatment medications during your stay at Serenity Lane?

- ☐ Yes ☐ No

If you answered Yes, did you receive Vivitrol as part of your treatment plan?
Check all that apply

- ☐ Yes, during Inpatient treatment ☐ Yes, during Outpatient treatment ☐ No

If you answered No, please move to section C.

Did you continue to receive injections of this medication after leaving Serenity Lane?

- ☐ Yes ☐ No

If Yes, approximately how many times have you received Vivitrol after discharging from Serenity Lane?

- | | | | | |
|-------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 |
| <input type="checkbox"/> 10 or more | | | | |

How would you rate your cravings:

Before starting the medication?

- | | | | | |
|-----------------------------------|----------------------------|-------------------------------------|----------------------------|---------------------------------------|
| <input type="checkbox"/> 0 - None | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 - Moderate |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 - Severe | | |

While receiving the medication?

- ☐ 0 - None ☐ 1 ☐ 2 ☐ 3 ☐ 4 - Moderate
☐ 5 ☐ 6 ☐ 7 - Severe

After stopping the medication?

- ☐ 0 - None ☐ 1 ☐ 2 ☐ 3 ☐ 4 - Moderate
☐ 5 ☐ 6 ☐ 7 - Severe

Comments:

C. Pain Management

Did you attend the Serenity Lane Pain Management Program?

- ☐ Yes ☐ No

If you answered No, please move to section D.

Did the Pain Management Program meet your expectations?

- ☐ Yes ☐ No

Did the assignments aid you to better manage your chronic pain?

- ☐ Yes ☐ No

Since your original admission to Serenity Lane, has your pain:

- ☐ definitely increased ☐ become a little higher ☐ stayed about the same
☐ become a little lower ☐ definitely decreased

Which of the following non-pharmaceutical methods have you employed since leaving the program?

- | | | |
|---|--|--|
| <input type="checkbox"/> Massage | <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Ice/heat compresses |
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Meditation/Relaxation Exercises | <input type="checkbox"/> Stretching/Yoga |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Exercise Program | <input type="checkbox"/> Other (please specify): |

Are you still chemically free?

☐ Yes ☐ No

If No, what are you using to control pain? _____

Did you complete the materials given to you in the Pain Management workbook?

☐ Yes ☐ No

If you transferred to Outpatient, did the counselor follow up with you on these materials?

☐ Yes ☐ No

Were you sent home on any pain medication?

☐ Yes ☐ No

Are you still on the Suboxone/Subutex medication?

☐ Yes ☐ No

If No, what are you taking for pain? _____

Are you seeing a doctor regularly to manage your pain?

☐ Yes ☐ No

Has your pain changed since you attended this program?

☐ Yes ☐ No

Comments: _____

D. Sobriety Status

I am clean and sober now

☐ Yes *(If yes, please answer the question below)* ☐ No

How many months have you been clean and sober since your last contact with SL?

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9
☐ 10 or more

I _____ relapse after leaving treatment with Serenity Lane

- ☐ did (*Please answer the questions below*) ☐ did not

How many weeks or months after your last treatment contact at Serenity Lane did your relapse occur?

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9
☐ 10 or more

Were these weeks or months?

- ☐ Weeks ☐ Months

The substances I used in my relapse were (choose all that apply):

- ☐ Alcohol
☐ Pain medications (eg. Vicodin/ hydrocodone; codeine; Percoset/ Percodan/ oxycodone; Oxycontin; Methodone; Ultram)
☐ Heroin
☐ Cocaine
☐ Methamphetamine (including “Ecstasy”)
☐ Marijuana
☐ Sedatives (eg. Xanax; Klonopin; Valium; Ambien; Librium; Ativan (Lorazepam))
☐ Psychedelic/Hallucinogens (eg. LSD; Mescaline; Peyote/ “mushrooms”)

Was this your primary drug of choice?

- ☐ Yes ☐ No

If not, what is your primary drug of choice?

My drug of choice is: _____

Did you transition from your primary drug of choice?

☐ Yes ☐ No

Please complete the following sentence. I sought treatment ____ after my relapse.

☐ 0 weeks (didn't seek treatment) ☐ about 1-4 weeks ☐ about 5-9 weeks
☐ about 10-12 weeks ☐ more than 12 weeks (3 months)

Comments: _____

E. AA or NA

Are you regularly in a 12 step program?

☐ Yes ☐ No

Do you have a sponsor?

☐ Yes ☐ No

If you are working on the steps, which step are you on now?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
☐ 11 ☐ 12 ☐ I am not working on them right now

F. Family

For the next four questions, please complete the sentences.

I ____ satisfied with my marital or significant other relationship before I was admitted to Serenity Lane.

☐ was
☐ was not

Since leaving Serenity Lane I am now ____ with my marital or significant other relationship.

☐ satisfied
☐ unsatisfied

Before I was admitted to Serenity Lane I would describe my family situation as

- ☐ good
- ☐ fair
- ☐ adequate
- ☐ poor
- ☐ terrible

After leaving Serenity Lane I would now say my family situation is ____.

- ☐ good
- ☐ fair
- ☐ adequate
- ☐ poor
- ☐ terrible

Did your family participate in your treatment program?

- ☐ Yes
- ☐ No

Is your family attending Al Anon or 12 Step support?

- ☐ Yes
- ☐ No

If you, or someone you know, needed help for chemical dependency, would you choose Serenity Lane?

- ☐ Yes
- ☐ No

Please explain why you would or would not choose Serenity Lane.

Were all of your needs met during your time at Serenity Lane?

- ☐ Yes
- ☐ No

If not, what else could we include that would enhance your treatment experience?

Other comments.
