

Serenity Lane: A Place of Hope

The First 25 Years

Introduction

In the latter half of the 20th century, on a busy street corner in Eugene, Oregon, stood Serenity Lane, an expansive collection of buildings surrounded by beautiful landscapes and the burgeoning youth of a nearby college campus. In the heart of the Pacific Northwest, Eugene is the embodiment of energy and vitality, as the city exemplifies the celebration of culture and the flourishing of ideas. However, underneath its radiance, a crisis afflicts the community and deteriorates its residents. The crisis is a disease that attacks the mind, body and spirit, the individual, family and society. The disease is chemical dependency, and this invasive threat is often disguised in denial, causing its victims to suffer in silence.

Against this backdrop, Serenity Lane is more than a simple concrete and brick structure. It is a beacon, a hospital, a communal living space, a place of employment, a public resource, but above all, it is a family. Beginning in 1973, these buildings provided a tranquil retreat from the destructive patterns that accompany addiction and have introduced a new path to patients from all walks of life. Behind these doors lay a sanctuary that lingers in the hearts and minds of countless recovering alcoholics and addicts.

The unique aspect of alcohol and drug addiction is that unlike many diseases, its scope is universal, and virtually no family is immune to its infection. Although its causes are numerous and complex, ranging from hereditary traits to social customs, the encouraging outlook is that effective treatment is available. Through participation in education and counseling, chemical dependency can be overcome.

From his personal and professional experiences, Serenity Lane's founder Dr. Thomas Kerns witnessed the overwhelming consequences of substance abuse and dedicated his life to providing relief. He clearly perceived a need for comprehensive treatment services for alcohol and drug dependencies and envisioned a new fate for those plagued by this disease. With the help of a small but devoted following and the support of an entire community, Dr. Kerns formed the foundation for an organization that has become one of the leading treatment facilities in the nation.

Through Serenity Lane's individualized treatment program, patients gain an understanding of the issues surrounding their addiction. They acquire the ability to make positive choices by learning how to disconnect themselves from their addict. For many, this process is challenging, but most patients not only rediscover their authentic self, but also find a strong support system that will continue to guide them through a healthy life of sobriety.

In order to make an impact on an addict's life, it takes more than just a place and a program; it takes a group of hardworking people. Through many years of committed service, the few remarkable individuals who were instrumental in creating this safe haven have made a lasting contribution to chemical dependency treatment, and this legacy will stretch far beyond their imaginations.

Over the years, Serenity Lane has made a name for itself in the field of addiction medicine, but before it ever had a name or a location, this place had a spirit, a purpose and a story to tell. That story is full of hardships and triumphs, but essentially, it is a story of hope. What began as the dream of a single man has expanded to fill a void in thousands of lives. Every day, lost and desperate individuals apprehensively walk through the doors of Serenity Lane

searching for direction. Inside, they find a place where lives are saved, families are reunited, memories are cherished, and hope is restored.

Chapter 1: The Birth of a Dream

As a physician and the son of an alcoholic, Dr. Thomas Kerns was intimately acquainted with the destructive nature of substance abuse. His education in this field began as a child, observing changes in his father's behavior after a night of heavy drinking. He recalls feeling unnerved at the sight of him wavering back and forth and slurring his words. Although Tom Kerns was fortunate that his father never became aggressive or abusive, alcoholism severely impacted his family.

His childhood was defined by disease, and whether alcoholism or scarlet fever, he learned that the consequences were similarly fatal. At age seven, Thomas Kerns lost his mother to active toxic goiter, making his father Albert his primary source of stability and support, and his father's influence was the catalyst for his career in medicine. Although Albert was a successful dentist, his unfulfilled aspiration to study medicine planted the seed that led his son to Creighton Medical School. However, Dr. Kerns never had the opportunity to share his accomplishments with his father, and Albert never had the chance to utilize his son's program to treat his own addiction.

One Saturday night while Thomas Kerns slept, Albert traveled home from a trip to Alliance, Nebraska with a friend. He was intoxicated as he attempted to navigate the darkened street, and a journey that began in a car ended in an ambulance. Tom Kerns awoke Sunday morning to find his father critically injured after striking a bridge. He sat beside Albert's hospital bed, watching him dissolve into a shadow of his former image, his body now immobile and enclosed in a cast from chest to toe. Dr. Kerns ultimately witnessed his father pass away in that

room after six months of hospitalization. Within a year of this accident, both of his brothers died of scarlet fever, leaving him utterly alone. By age 16, Tom Kerns was an orphan.

Following this trauma, his family's buried history of alcoholism began to surface, extending from his politically prominent grandfather to his uncle and new guardian. Although Dr. Kerns experimented with alcohol as an adolescent, he quickly became aware of the adverse side effects of this behavior and resolved never to succumb to addiction. In adulthood, he experienced this disease from a medical perspective, but he could not disassociate from the child who suffered through those uncontrollable circumstances. This understanding heightened his ability to empathize with families enduring similar struggles. Although Dr. Kerns was unable to prevent the tragic outcome of his father's alcoholism, he has since saved the lives of numerous fathers, mothers, daughters and sons.

After starting a family of his own, Dr. Kerns relocated to Eugene and established a practice at the Eugene Clinic in 1949. The multi-specialty group appealed to his drive for knowledge, as well as his need for independence. In this environment, he could remain on the cutting edge of his field through exposure to diverse medical procedures, as well as maintain the autonomy to build caring and compassionate relationships with his patients. Initially, the clinic could not accommodate an additional physician, but he convinced the group to let him float among the vacant offices as doctors took leave. Through this arrangement, he encountered his first alcoholic patient, which prompted his introduction to Alcoholics Anonymous.

When a young woman visited his office concerned about her husband's drinking, Dr. Kerns looked to Alcoholics Anonymous for guidance. He set up an intervention at their home, and contacted Mac C., an AA member, to facilitate the discussion. Mac's interaction with the alcoholic not only encouraged the man to seek treatment, but also inspired Dr. Kerns to explore

the philosophies of AA. He attended AA meetings and devoured the literature he received. This experience gave him more insight into alcoholism than his entire medical education.

He developed a passion for treating this disease and quickly earned a reputation as the “alcoholic’s doctor.” He continued to refer his alcoholic patients to AA and made himself available day and night to respond to emergency situations. However, intensive treatment options were limited. Acting as a valuable resource to the alcoholic community, Dr. Kerns was motivated to search for new information and treatment programs that he could endorse.

Serenity Lane was founded when addiction treatment was only beginning to find a place in medicine, and Dr. Kerns emerged as a pioneer in this movement by utilizing revolutionary treatment methods. Leading the way in such innovations as natural childbirth and the development of an effective weight loss program, Dr. Kerns was clearly not restricted by medical conventions, often diverging from the community in order to enhance his quality of care.

At the time, the prevailing approach for treating alcoholism was aversion therapy. Based on the research of Ivan Pavlov, patients consumed alcohol in conjunction with a substance that induced vomiting, and over time, an unconscious correlation occurred between alcohol and nausea. Therefore, patients were conditioned to be repulsed by alcohol through negative associations. Dr. Kerns believed that this behavioral model did not confront the root of the illness and was reluctant to utilize this method due to its variable success rate.

Since there were no available alternatives in his community, Tom Kerns decided to create his own. By merging his medical knowledge with the fundamental principles of AA, he formulated the basis for “reality” therapy, which is now standard in the field of addiction medicine. He was determined to establish a treatment facility where he could apply this concept.

During a series of gatherings in the basement of his clinic, he assembled the alliance that would soon make his dream a reality.

Chapter 2: From Dream to Reality

Through his associations with AA, Dr. Kerns encountered ideas and individuals that aligned with his ambitions, and one of the most influential was a dynamic recovering alcoholic and AA member named Bob S. He introduced Dr. Kerns to the concepts that changed his life, as well as introducing him to the man who would become the second pillar of Serenity Lane, Sam Graves.

Graves was a counselor at a treatment center in Mandan, North Dakota, where he was instrumental in Bob's recovery. During his six-year career at the center, Graves was renowned for his course demeanor that patients found both distressing and disarming. However, this confrontational approach was remarkably effective. His success can be attributed to a unique perception of the disease of addiction as both a counselor and an alcoholic.

Graves's issues with alcoholism stemmed from his upbringing in a rural farming community during the Depression era. As his father struggled to make ends meet during lean years, he fell victim to the deceptive solace of alcohol. Although Graves was staunchly against his father's behavior, he too became seduced by alcohol in his late teens, as did all of his siblings. He said that when he enlisted in the military in 1951, it was like jumping from the frying pan into the fire. He experienced the delusions of grandeur manufactured by intoxication, and the temptation to be "ten feet tall and bulletproof" outweighed his stout convictions. Throughout his time in the service, Graves's drinking escalated, causing some episodes to fade into an alcohol-induced amnesia. His life was gradually spiraling out of control.

However, he refused to address this crisis until confronted by his wife, Vivian, in an intervention many years later, where she demonstrated a strength and courage reminiscent of his

own mother's unyielding commitment to protecting her family. On March 3, 1965, she reached her threshold and issued an ultimatum, forcing Graves to leave their home until he sought help. At the time, the couple had five young children, and she faced the hardship of raising them alone and unemployed, while he rebuilt his life. Although the separation was strenuous, it served to bring their family closer together, and their marriage has lasted over 50 years.

With no other viable options, Graves checked into the state hospital in Jamestown on March 6 for a five-week residential rehabilitation program. As he progressed through treatment and began to conquer his own addiction, he also hoped to offer guidance to others battling alcoholism. His decision to pursue a career in alcohol and drug counseling was inspired by an engaging and esteemed lecturer from the Heartview Foundation in Mandan, Dick Selvig. However, when he inquired about the possibility of entering this complex field, his dreams were momentarily dashed. Dick rejected Graves's employment proposition, instructing him to first maintain sobriety for a minimum of two years. Dick wisely cautioned that during this delicate stage, alcoholics are more prone to relapse. He may not have expected to hear from Graves again, but the aspiring counselor was determined. In 1967, two years later and still sober, Graves returned to Heartview and began working with Dick as an intern.

Through treatment and AA, he formed a strong bond with Bob S., and their relationship led him to Eugene, Oregon in 1971 for a family vacation. During this visit, Bob S arranged a meeting with Dr. Kerns at the Eugene Clinic. Familiar with his reputation as a distinguished substance abuse counselor, Dr. Kerns was eager to become acquainted with Graves, canceling all of his appointments that afternoon. In the basement of his clinic, Dr. Kerns listened intently while they spent hours discussing the Heartview program. As he was preparing for his dreams to materialize, this encounter was not just a valuable opportunity, it was destiny.

A few months later, Dr. Kerns scheduled a stopover in Mandan during a trip to Washington, D.C. For three days, he sat in on the programming at Heartview, studying the detox procedure, listening to lectures, observing group therapy and considering dietary arrangements. He tried to absorb as much information as possible, taking thorough notes regarding all aspects of the treatment model. While learning about the facility, he became convinced that a comparable center was essential in his community.

With a comprehensive program in place, Dr. Kerns was ready to prepare a plan of action. In January 1972, he began hosting meetings in the basement of his clinic, inviting AA members and influential community leaders to convene for the development of a new treatment facility. It was this group that gave the organization its name, which originated from the notable “Serenity Prayer” of Alcoholics Anonymous and the center’s location in Lane County. Led by Phil Meagher, they established two major goals: obtaining financial assistance and recruiting a treatment director. Economic obstacles would prove relentless, but for the treatment director, Dr. Kerns had the perfect person in mind. Approximately eight months after his trip to Mandan, he called Sam Graves and asked if he would consider relocating to Eugene to function as the core of their treatment program. Graves developed such a profound admiration for Dr. Kerns and his mission that he enthusiastically agreed.

The original committee also consisted of Jack O., an alcoholic who found sobriety as a patient of Dr. Kerns. Jack O was nearly dead when Mac C. referred him to the attentive physician. Due to his drinking, Jack O was estranged from his family, but he reconnected with his brother when he proudly called to announce his third anniversary in recovery, which brought about an introduction to Dr. Kerns, the man who saved his life. Jack O’s sister-in-law, Lois

O'Connor, was so struck by the transformation she witnessed in her own family that she also joined Dr. Kerns to champion his critical cause.

O'Connor intended to contribute three weeks of her time, keeping minutes and tracking donations as a temporary secretary. However, as her role expanded, she became crucial to the organization's success. Wearing a wide assortment of hats with roles ranging from cook to interventionist, a few weeks of employment quickly became 27 years. Soon, O'Connor and Dr. Kerns discovered a link that would seal their friendship indefinitely. Born on the same day, in the same year, they were virtually "twins" and celebrated their birthday together for three decades.

In the beginning, the group gathered at least once a week, setting up agendas and assigning duties. The meetings gained momentum for over a year and began occurring on a daily basis. Starting with nothing – no money, no location and no staff – the group struggled to build a treatment center from the ground up. Finally during one meeting, a man threw a dollar bill onto the table and instructed Lois to open a bank account. That single dollar had little value, but it became priceless: Serenity Lane was born.

As they attempted to promote community awareness, the group soon realized they needed an office where people could get information and make donations. Fortunately, they received a generous gift from the mayor of Eugene, Ed Cone. Owner of the Cone Lumber Company, Mayor Cone acquired property throughout the city and was able to offer an empty apartment as an office space. Previously, O'Connor had been conducting business out of her kitchen, so she welcomed the change of scenery.

Slowly, more people became involved in this project, and the staff began to solidify, consisting of Dr. Kerns as medical director, Sam Graves as head counselor, Lois O'Connor as secretary and Marianne Lilley as nursing director. Working by his side for 25 years, Lilley began

assisting Dr. Kerns in 1954 as a nurse in his private practice. At the Eugene Clinic, Dr. Kerns dedicated much of his time to serving the alcoholic patient population, holding group meetings in the office after hours that resembled AA meetings, where he would offer advice and encouragement. Consequently, Marianne gained extensive exposure to alcoholic patients, but she still had much to learn about chemical dependency treatment. In order to prepare for her new role, she attended six weeks of intensive training at Heartview, directly witnessing the severity of this illness and the barriers that hinder treatment.

Then, Dr. Kerns and his crew started conducting interviews to fill additional positions. They met with applicants in their new headquarters and carefully evaluated each potential employee. Since alcohol and drug treatment was a relatively new field of medicine, experienced candidates were in short supply. The interview process, therefore, was long and exhaustive, focusing primarily on personality traits and general aptitude. While Marianne Lilley interviewed nurses, she looked for strength and compassion, knowing that alcoholics need support in dual forms: a firm hand to keep them on the right track and an empathetic heart to embrace them while admonishing their addiction.

The hiring process was a difficult time for the founders. The group toiled around the clock on a volunteer basis, and their selfless dedication to this undertaking was astounding. Lois O'Connor labored for a year and a half before receiving a salary, and Dr. Kerns allocated his lunch hours, evenings and weekends to the treatment center, while still working full-time at the Eugene Clinic. However, as their organization started to expand, monetary constraints could not be overlooked. While they searched for qualified personnel, they faced the added stress of quoting potential salaries without financial backing. In order to generate the resources to pay

themselves and their new employees, as well as to purchase a facility to house them all, the next logical step was fundraising.

In addition to donating countless hours to this cause, Dr. Kerns contributed \$2000 of his own money, but the time came to call in reinforcements. One of the most influential contributors to these efforts was Monsignor Murnane of St. Mary's Catholic Church. As a notable religious figure, he had considerable influence in the community and was regarded as Serenity Lane's financial savior in the formative years.

Monsignor Murnane's involvement with Dr. Kerns began years earlier when he established the first Montessori School in Eugene in 1964. Dr. Kerns and his wife Clara "Tops" Kerns joined forces with another couple in this venture, and Monsignor Murnane served on the board of directors. At one of their business meetings, Dr. Kerns announced his intention to sell the school to a friend in order to start a treatment center for alcoholism. Monsignor Murnane expressed his unwavering support in this new endeavor, and throughout Serenity Lane's trying times, he delivered an answer to many prayers. In addition to his fundraising coordination and board membership, Monsignor Murnane also offered counseling to patients as one of the first spiritual directors at Serenity Lane.

When the group started scouting sites for the facility, the necessity to collect donations became urgent. As they searched for the right building in the right location, the group also had to be receptive to the reaction of surrounding neighbors when attempting to incorporate an alcohol and drug treatment center into the community. After viewing numerous dilapidated houses that required costly renovations, they became discouraged by their prospects until they stumbled upon the ideal building for their hospital - The Lambda Chi Alpha Fraternity house, located on the corner of 16th Ave. and Patterson St., which had been defunct and vacant for a prolonged

period of time. Dr. Kerns, Monsignor Murnane and Lois O'Connor met with the realtor at lunchtime, and as they explored the deserted space, they envisioned its tremendous potential. However, the group lacked the money to realize their vision.

With the help of his faithful associates, Dr. Kerns began contacting philanthropists all over the state and country to raise the \$100,000 they needed to purchase the 3,500 square foot building. The first contribution came from Don Lee Davidson, a gift for the esteemed physician who delivered his children. His donation of \$10,000 was enough to make the down payment on the old fraternity house and launch their campaign.

Sam Graves joined this effort in December 1972 when he moved to Eugene with his family to take a job that was still speculative. By raising funds, he would not only ensure Serenity Lane's survival, but also secure his own career at the treatment center. According to Dr. Kerns, alcoholics are naturally successful salespeople, skilled at concealing their addiction behind charm and persuasion. Graves was no exception, but in recovery he utilized his power in productive, rather than destructive pursuits.

Graves and Dr. Kerns set out to solicit donations for Serenity Lane by describing their program and its potential impact. First, they attended physicians' meetings to reach out to the medical community, but quickly realized that their strongest advocates would come from employers. Meeting with business owners daily, they appealed to the benefits of chemical dependency treatment to workplace productivity and profitability. Drug and alcohol problems often result in absenteeism, accidents, illness, theft and turnover, which cost businesses tens of thousands of dollars annually, in addition to putting numerous lives at risk. Serenity Lane would propose rehabilitation as an alternative to termination.

Many employers initially insisted that their workplace was impervious to drug and alcohol abuse and denied evidence to the contrary. Although Dr. Kerns obtained firsthand knowledge of the pervasiveness of alcoholism in the labor force, he refused to divulge this information due to its confidential nature. However, by educating business leaders about the characteristics and consequences of this disease, he tapped into an extremely valuable resource. Managers began to recognize the assistance this program could provide their company and their employees, and several were also motivated by their own struggles with alcoholism. Eventually, a large number of businesses in the area donated to the treatment center, while others sent small contributions on a regular basis.

Next, the group targeted logging giant Weyerhaeuser, making an appointment with the superintendent of the Springfield plant. After a brief deliberation, he agreed to add \$16,000 to their sum, but on the condition that it would be the last payment to boost them to their goal. After raising \$84,000, the company honored their pledge, and Serenity Lane finally had a place to call home.

As they started settling in, they were puzzled by the sudden disappearance of basic accessories. Students of the nearby University of Oregon who took up residence in the abandoned fraternity discovered the building was sold and began to vacate, removing carpeting, furniture and fixtures. The group was forced to change the locks to prevent further theft, but the students left the fraternity house in shambles.

The staff spent months getting the building ready for its grand opening. They recruited the help of their spouses and children, and Monsignor Murnane even gathered 30 seniors from Marist High School for nightly painting parties. Working with donated supplies, they creatively mixed and matched a rainbow of hues to tint the interior. They cleaned from floor to ceiling,

stripped and painted the walls and put down the carpeting and tile. They also replaced many appliances, including the majority of the heating system, which had frozen during their first winter.

In order to convert the space into a functional treatment center and hospital, the building required minor remodeling. Lacking additional funds, this could have stirred a crisis, but the public rallied its support and resolved to lend a hand in this project. Architect D.F. Balhizer outlined the floor plans free of charge, and Dr. Kerns enlisted the local trade unions to utilize the site as a training ground for new members. With the coordination of Doug Dinsmore of the Building and Construction Trades Council, the unions installed plumbing and partitioned the upstairs living quarters into six rooms. They were also fortunate to receive professional assistance from Helen Woodward, an interior decorator, who helped “Tops” Kerns redecorate the building to add aesthetic appeal. Since all of the labor was pro bono, their expenses were minimal, only consisting of materials.

The generosity of the community was incredibly gratifying to the founders, who deeply immersed themselves in this undertaking, but some of the donations came without warning. A truck driver, armed with a flat bed of instant lawn, awoke O’Connor one morning at 5 a.m. to request a location for his delivery. She drowsily directed him to 616 E. 16th Avenue, and then leapt out of bed to call Marianne Lilley. The two arrived at the site, but were not equipped to deposit this hefty gift. With her typical persistence, O’Connor stood on the street corner, offering five dollars to passing university students to unload the truck for an hour.

Later, a large group of volunteers bearing shovels and operating tractors transformed the desolate surroundings into an exquisite landscape. In a single day, Serenity Lane was adorned with a lush green exterior to complement its beautiful decor. A neighbor who walked by that

morning on his way to a bar returned home several hours later thinking he took a wrong turn.

Thanks to the aid of numerous individuals and organizations, the place was unrecognizable. As

the preparations were finalized, they sent for their license. It would not be long before Serenity

Lane would be able to welcome this neighbor as a patient.

Chapter 3: Opening the Doors

The air was electric before Serenity Lane's grand opening. After a long day of painting and cleaning, the place was sparkling, as they anxiously prepared to greet their first patients. But before O'Connor and Lilley could put their feet up and admire their work, Sam Graves plodded down the stairs, accidentally spilling a 5-gallon can of stain all over the floor. It was 2 a.m., and they spent the rest of the night scrubbing the blemish that trickled through their formerly pristine building. The next morning, they were ready to serve, but the entrance remained sealed until the mail carrier delivered their operating license from the Oregon Department of Human Resources.

On May 3, 1973 at exactly five minutes past noon, the moment arrived that they were all waiting for. The instant the license landed in their hands, the doors of Serenity Lane were officially opened. Within an hour, two patients were enrolled in the program: the first paid well in advance in anticipation of the projected opening; the second was more reluctant, succumbing to pressure from her family. By the end of the day, a third person joined their ranks. Although he had no money for a down payment, Dr. Kerns had faith that once the man received treatment, he would find employment and pay his debt.

This was a slow start, but the whole crew devoted their tireless energy to this inaugural class, consisting of two women and a man. Graves joked that if one-on-one attention alone could treat addiction, these patients were going to make it with flying colors. Holding group meetings with only three patients presented a challenge. However within the first week, the total grew to seven, and the ability of each person to interact within the group increased the effectiveness of the program.

Patients arrived at Serenity Lane through many different routes. Some came in to save their marriages, others to save their jobs. Some came in by wheelchair, and others had to be carried. Some walked, and others traveled hundreds of miles. Some were escorted by Dr. Kerns himself, and even his vacations served as a means for recruiting patients. During a trip to Colorado, Dr. Kerns surprised the staff when he returned with an unexpected guest: a college classmate who he lured onto his Oregon-bound plane after discovering that his life was in turmoil.

While attending a convention of the American Academy of Family Physicians in Denver, he was shocked to learn that a friend from medical school lost his family, his money and his professional license to alcoholism. This former successful obstetrician was living in a hovel when Dr. Kerns extended an offering of hope. The next day, he bought a plane ticket to Eugene with the remaining funds in his bank account. After spending five days in detox, followed by eight weeks of treatment, he became a permanent fixture at Serenity Lane. He resided there for several months, doing odd jobs and eventually working as a counselor. Then, with the support of Dr. Kerns, he attained his license in Washington and resumed a long career in medicine.

As a health professional, Dr. Kerns was advantaged by his acute understanding of addiction in ushering his colleague to treatment, but occasionally friends and family were forced to resort to more aggressive methods. A group from Bend made arrangements to transport a loved one to Serenity Lane, and when their car pulled up, Marianne Lilley went out to meet them. She greeted the driver, but found no signs of the patient. She was baffled by his apparent absence until she caught a glimpse of a man in a cowboy hat tied to the door handles. He was so grateful to be released after the long trip that treatment was an appealing alternative.

Friends and family were often the first point of contact, as the majority of alcoholics and addicts were unwilling to initiate the recovery process. In fact, nearly all of the patients admitted in the first several years came in under duress. One young man phoned Serenity Lane on behalf of his mother, who desperately needed treatment. O'Connor and Lilley tracked the woman down and went to her residence to intervene, but she refused to answer the door. As they traced the perimeter of the house, they spotted her, stubborn and inebriated. Upon further inspection, they noticed a bathroom window slightly ajar. Lilley could not force her way into the opening, but O'Connor was able to climb onto a garbage can and crawl through the window, unlocking the door for Lilley. Although the break-in startled the woman barricaded inside, they convinced her to accompany them to Serenity Lane and undergo treatment.

O'Connor and Lilley were a force to be reckoned with during their covert rescue missions and felt blessed that they did not encounter more opposition considering the dangerous measures they took to combat alcoholism. In her days at Serenity Lane, Lois O'Connor recalled enduring many harsh words from the people she tried to help. Nevertheless, she could withstand this embittered reaction, shielded by the awareness that the hostility stemmed from the disease.

In these difficult cases, interventions were an essential and powerful tactic, which primarily involved confronting alcoholics and addicts in the presence of their friends and family and encouraging them to seek treatment. The first step in an intervention is educating loved ones of their role in enabling destructive patterns and providing the tools to break this cycle through a firm resolve and brazen honesty. Dr. Vernon Johnson, an expert interventionist, trained O'Connor in this arduous process. Over the years, she emerged as one of leading interventionists in the country, often arranging three to four interventions a week, and as many as two in a single

day. The experience was exhausting and could last several hours, but she was rewarded with the knowledge that she played some part in saving a life.

The factors motivating a person to enter treatment varied widely. For one man, his moment of realization came after hearing his fourth grade son complain that his father's daily drinking interfered with his schoolwork. For one woman, it was sitting down with Marianne Lilley and lighting up a cigarette that made her feel at home. Sometimes, it was as simple as a hug from a caring clinician.

Still, the challenge of admitting patients was just the beginning. Not only did staff members compel alcoholics and addicts to initiate treatment, but they continuously urged them to remain in treatment. If patients attempted to abandon the program before they met the prescribed criteria for completion, doctors, counselors, nurses and administrators exhausted all options in order to change their minds. Lilley would search for a key statement encouraging them to give it one more day, and if necessary, she divided a day into hours or minutes at a time. When words were not enough, she was prepared to go the extra mile and was even seen chasing a woman who darted from the treatment center in her pajamas and housecoat. Lilley found the patient hiding behind a car in a church parking lot and reasoned with her until she agreed to return to the facility.

Stories like this are characteristic of Serenity Lane, and each staff member had a wealth of extraordinary memories. After O'Connor witnessed a defiant patient exiting through the front door, she decided to leave with him. She followed this man, who she affectionately called "little John," all the way to the Greyhound Bus Station downtown. When he purchased a ticket, she did as well. It was clear that he could not lose her that easily. They rode together to Cottage Grove in silence, and upon reaching his stop, he angrily got off the bus with Lois right beside him. Finally,

he asked where she was going. She replied that she was going wherever he was going, and she hoped it was back to Serenity Lane. After a short protest, he conceded defeat and re-engaged in the program, rather than letting this woman trail him all over the country.

As she followed John out of town, O'Connor realized that if he did not receive treatment, he would probably die. She did everything in her power to prevent that fate, and her persistence paid off, as John completed treatment and remained sober. Every time she stumbled upon him in Eugene, they would laugh and reminisce about that day, a day that formed a meaningful bond. She monitored patients in post-recovery, and each time she made a call, it was like catching up with an old friend.

From intervention to completion, Lois O'Connor went to great lengths to foster a successful recovery. During a routine trip to Sacred Heart Hospital for medical testing, one patient tried to escape from her car, jumping out into traffic halfway to the hospital. Exasperated, O'Connor ran after him, hauled him into the vehicle and delivered him to Sacred Heart as scheduled. Even though this patient initially expressed contempt for her, he was another man befriended against his will by her sheer tenacity. Despite his best efforts, he grew so enamored with her that he eventually professed his intention to marry her if she ever became unattached. She felt a connection to every patient at Serenity Lane, and each one became a part of her.

Dr. Kerns filled his center with people who unconditionally cared for the alcoholic, and this small, tight-knit staff loved each other as much as they cherished the importance of their work. In addition to Dr. Kerns, Sam Graves, Lois O'Connor, and Marianne Lilley, the employees consisted of several nurses, two cooks and a housekeeper. O'Connor recalled that in the early years, she spent more time with her co-workers than her own husband and children, but they understood this sacrifice and supported her purpose. As the staff at Serenity Lane began to

resemble a family, the patients became an extension of that family, and employees went above and beyond the call of duty to create a nurturing environment for recovery. After admitting several indigent patients who lacked the basic necessities, O'Connor and Lilley supplied a closet full of their husband's clothing to give patients arriving in shambles the opportunity to dress in clean clothes.

Many arrived at Serenity Lane with extremely poor nutrition, so nourishment was also an essential ingredient to their physical transformation. The kitchen staff, led by Jay Hall, prepared three bountiful meals daily to contribute to a healthy lifestyle. Although he suffered from severely restricted use of one arm, his disability was not a hindrance. Due to his genuine concern for patients' welfare and his legendary cooking talents, Jay Hall was a valued and admired influence at Serenity Lane.

Clearly, every staff member from the housekeeper to the physician was critical to the recovery process. Therefore, the whole team worked together to give patients a consistent message. In order to reinforce the clinical components of treatment, Serenity Lane employees received training in the same school of thought, learning to effectively deal with defiant patients while demonstrating a sincere understanding of the disease concept of addiction.

The staff shared this wisdom with others, emphasizing community education as a key objective. Graves, O'Connor, and Lilley performed various speaking engagements, giving hope to families affected by alcoholism. O'Connor said the group accepted any invitation with an audience and a microphone, raising awareness of drug and alcohol dependency at women's clubs, churches, schools, the Rotary Club and the Lions Club. The most difficult aspect of educating the staff and community was imparting the perception of alcoholism as a disease, not a vice or weakness.

As head nurse, Marianne Lilley often gave presentations to rooms full of patients and stunned listeners by portraying the disease of addiction as a blessing. While terminal illnesses claim lives with little promise for recovery, chemical dependency is not the equivalent of death. Alcoholics and addicts willing to enter treatment, participate in the exercises and study the teachings of AA can overcome their affliction and enjoy a healthy future. In order to illustrate this point, she explained that if she went to Sacred Heart Hospital and told 15 people diagnosed with cancer that if they came to Serenity Lane for treatment that they would be survivors, she firmly believed that each one of them would arrive at their doorstep by whatever means necessary.

While Serenity Lane was finding its footing, the development phase was a learning process for both patients and clinicians, and Dr. Kerns found his experience at the treatment center profoundly compelling. He continued to rotate between the Eugene Clinic and Serenity Lane, spending every free moment at the treatment center. From working with alcoholic patients, Dr. Kerns and his staff continually gained insight into the disease of addiction, and this knowledge enhanced their treatment methods.

Although he primarily conducted the medical history and physical evaluations of each patient, as well as managing the detox regimen, Dr. Kerns found himself drawn to Sam Graves's confrontational counseling process in group therapy. Graves maintained a balance between rigidity and sensitivity as patients endured the inherent discomfort of honestly reflecting on their choices. When they emerged from the traumas and trials, their lives were richer and their feet were firmly grounded in a newfound confidence and optimism.

The complexity of the issues addressed in treatment led the doctor to pursue continuing education. In his formal instruction, Dr. Kerns attended annual summer courses in alcoholism

offered by the University of Utah in Salt Lake City to gather academic knowledge about the illness and apply those concepts to his program. He learned about the destructive physical effects of the disease to the brain, liver and circulatory system, as well as methods of reducing this damage. The courses also reinforced the effectiveness of AA as a realistic approach to helping the alcoholic understand this disease and take responsibility for the process of recovery. Assembling information from various sources, Dr. Kerns gave his program legitimacy.

With this momentum, Dr. Kerns was motivated to earn accreditation from the state and national commissions. He had the foresight to fit this process into the initial planning by inviting a representative of the Health Department in Salem to inspect their facility and sanction the building layout. Working with the Hazelden Foundation in Minnesota, Marianne Lilley and Sam Graves visited the center to study the procedure for certification. When they returned to Serenity Lane, they spent almost a year training the whole staff in the format and structure of documentation that functioned as the foundation of accreditation.

In 1976, Serenity Lane became the first treatment facility on the West Coast to receive approval from the Joint Commission on Accreditation of Healthcare Organizations for the treatment of alcoholism and drug dependence, which was reevaluated periodically by reviewing medical records and clinical procedures according to meticulous guidelines. With the overwhelming emergence of new treatment centers at the time, accreditation was essential for Serenity Lane's credibility. In the company of only a small percentage of certified treatment centers, Serenity Lane was able to stand out in the flooded market.

Serenity Lane's method was distinct in that it did not utilize drugs in the treatment phase. Medications were only used during the volatile detoxification period to ease discomfort and ensure safety, but the overall emphasis was total abstinence. This program was designed to

provide the skills to come to grips with the realities of life and its inevitable problems without depending on alcohol or drugs as a vehicle for coping or escaping.

For over 30 years, the general composition of the treatment program remained consistent. Upon arriving at Serenity Lane, all patients were admitted to detox under the supervision of 24-hour nursing care, and a physician performed a thorough medical examination, investigating pre-existing conditions and diagnosing common complications related to chemical dependency. Then, each individual received a group assignment, and counselors immediately began establishing relationships with their patients. This educational treatment, called reality therapy, consisted primarily of confrontational yet compassionate group counseling, while also presenting information concerning the impact of alcohol on the physical, emotional and spiritual facets of life.

The basic framework of the residential treatment program adhered to a strict schedule of lectures, videos, readings, discussions and group counseling. In addition, exercise and recreation were incorporated into the daily routine. Each patient also had the opportunity to meet with the chaplain, who was trained to initiate a dialogue in which individuals voiced their psychological and spiritual concerns. Serenity Lane obtained clerics, including Derelle Barber and Bob Kugler, who accommodated a diverse range of beliefs.

As the founders developed the treatment program, they immediately considered the necessity to address family issues, but were unsure how to incorporate this feature into their treatment model. The Heartview Foundation, where Sam Graves made his start, added a highly sophisticated family component to their program, and Serenity Lane followed their leadership. Serenity Lane's nationally recognized Family Program evolved over several years, slowly maturing into a full-fledged service in 1978.

Initially, family members were integrated into the patient's treatment course during a designated week, in which they shadowed the patient, attending group therapy and lectures. During counseling sessions, loved ones had the opportunity to articulate feelings of anger, resentment or disappointment that were provoked by the patient's addiction. This passionate and often uncomfortable confrontation defined the early Family Program experience.

If a group typically contained 12 patients, suddenly they may be joined by 12 additional relatives. Since the group rooms held a limited capacity, this overextended the facility, as well as the staff. In order to address these restrictions and deliver more effective treatment, family time was divided between patient groups and independent family groups. The meetings were held in a rented apartment in a motel across the street from Serenity Lane, where family members participated in customized programming. Without the presence of their families, patients could speak freely and privately, while family members processed their personal concerns regarding their loved one's disease.

The Family Program ran parallel to the formation of the Al-Anon organization, which primarily helps alcoholic families maintain their own sense of reality and regain control of their lives, and Dr. Kerns invited Al-Anon members to share their understanding of the alcoholic's problems from the family perspective. Families of alcoholics and addicts have such unique and complex needs that they require an entirely separate program to specifically focus on those issues. They learned to address their relationship with the alcoholic or addict in a healthy manner and perceive the similarities of their experiences. In this setting, they discovered they were not alone.

Over time, the Family Program became more concrete and effective, and a fundamental change was implemented in 1991. In response to patient feedback about the lack of weekend

activities and the inability of family members to attend programming on weekdays, “Family Week” was replaced with family weekends. The program was held on Saturday and Sunday and featured lectures, films and group sessions. The new format presented patients with more individual counseling, while making the program more accessible to family members.

The family counseling staff materialized when Joann Breeden and Kathy Siegmund, Serenity Lane alumni and spouses of board members, were trained to lead the program. They both embraced the opportunity to serve in this capacity when the founders decided to put the Family Program into practice, but they did not always echo an affirmative attitude toward treatment. As a patient, Breeden was initially resistant to rehabilitation, attempting to conceal her addiction from friends. She even hid in the bathroom when Monsignor Murnane visited the facility. However, after completing the program, Joann became extremely dedicated to recovery and eventually wrote a book disclosing her experiences with substance abuse. Claiming a life of sobriety with the support of her husband, the Family Program was very close to her heart. In the many years that they directed this program, Joann Breeden and Kathy Siegmund never once took pay.

When the facility became overwhelmed with new patients and supplementary services, funding was not available for hiring, so volunteers were an important part of Serenity Lane’s workforce. In addition, employees often extended their schedule unpaid to meet the needs of each patient, never concerned about late hours because they prioritized quality of care. In these seminal years, O’Connor and Lilley worked well beyond the traditional 8 a.m. to 5 p.m. They were often found at the center from 4 a.m. until 1 or 2 the following morning. Social workers, counselors and AA members also assisted by presenting lectures, and one of the first guest speakers was Neil McNaughton, who would later fulfill a much greater role at the treatment

center. However, this was only the beginning of Serenity Lane's growth spurt, and financial stability would be the backbone of its survival.

Chapter 4: Financial Uncertainty

Although the success of Serenity Lane is attributed to years of dedication and strategic preparation, an added contribution was simple faith and prayer. As a Catholic, Dr. Kerns was motivated by his religious beliefs, and when times were tough, he advised Lois O'Connor to call the Carmelite sisters and "get a friend." The Carmelite nuns prayed for Serenity Lane's success from the onset, and the organization was often blessed with solutions.

For the first year of operation, the board estimated a budget of \$200,000 to carry out their services, and the struggle to reach that goal was ongoing. When the founders lacked the funds to subsidize expenditures or distribute salaries, they often relied on the generosity of the community. This partnership would not have been possible without the work of Al Fromhold, who was instrumental in preparing the application to the tax commission for tax-free status during the initial development phase. On March 24, 1972, Serenity Lane was incorporated and became established as a private nonprofit organization, gaining the ability to subsist on charitable donations before becoming self-sustaining.

One delay to financial independence was caused by frequent fluctuations in patient volume, which made it nearly impossible to maintain a suitable ratio of patients to staff. As Serenity Lane's sole counselor, Sam Graves's workload was dependent on the number of intakes. On average, his group consisted of 10 to 12 people, and he scheduled individual meetings with each patient at least once a week. He also conducted lectures in the absence of guest speakers. Therefore, the majority of the program was shouldered by one man.

As the patient census continued to climb, some programming problems began to arise. In order to provide effective treatment, it was essential to develop trusting relationships with

patients, which required more interpersonal and individualized interaction. Although Graves was able to communicate with patients in Serenity Lane's large group room, he experienced difficulty addressing each individual in the allotted group time. When he was working with up to 18 patients in a single group, the time came to search for a second residential counselor.

After meeting a few inadequate candidates, Dr. Kerns decided to recruit another clinician from the Heartview Foundation. In December, Don Hefty, one of Sam's former associates, agreed to join their team. With the addition of Hefty, they had a counseling staff that would accommodate two groups of 10 patients, while alleviating some of the pressure from Graves, who finally had the freedom to take a day off.

Despite the fact that the budget was widely stretched, Serenity Lane's employees enjoyed ample pay by existing standards and could expect to gain periodic raises over the course of their employment. As director of treatment, Graves earned \$15,000 a year, and his subordinate in the counseling arena, Don Hefty, received \$12,000 annually, reasonable salaries compared to other treatment facilities in Minnesota and North Dakota. During the most discouraging moments, the founders went so far as to pool their own resources to make the payroll. Although Serenity Lane spent several years in debt, the managers proudly declared that they never missed a single payday.

In addition to monetary contributions, the staff also donated goods. Initially, Serenity Lane lacked the funds for office supplies, so O'Connor furnished pens, pencils and paper clips from her husband's office. In addition, Graves and Lilley purchased a brand new washer and dryer for the center to supply a laundry facility for patients. After including the gift on their tax deduction, they were disillusioned to undergo an audit by the Internal Revenue Service. Unaware of tax laws, their generosity was not only viewed as implausible, but was also penalized.

Although the majority of patients were financially cooperative, the difficulty generating new admissions was a strain on the organization. In order to reach out to the alcoholic community, they had to contend with issues of denial, co-dependency and social stigmas associated with chemical dependency, which caused many to avoid treatment out of shame or secrecy. Some patients also worried that committing to treatment would jeopardize their job stability. Coordinating a leave of absence for six to eight weeks was stressful for employees and employers alike. Therefore, interventions frequently included the patient's boss, signifying supportive employment conditions. Influencing a single person into treatment was a lengthy process, and reducing these fears involved many contacts with many individuals.

Cost was another concern, but Dr. Kerns placed recovery ahead of revenue, often inviting patients with open arms even if they had empty wallets. Soon, he realized that if insufficient funding forced Serenity Lane to close its doors, no one would benefit. The cost of treatment at Serenity Lane was considerably more affordable than other facilities. The founders established a fee schedule without a firm precedent for the financial demands of their comprehensive treatment course. For example, Raleigh Hills, a competing treatment center, charged \$2,000 for eleven days of treatment, while Serenity Lane offered eight weeks of residential treatment for only \$1,800. At that time, it was still a large sum, but most of their patients and insurance providers were able to arrange a payment plan.

Insurance companies were vital to the economic viability of Serenity Lane. Dr. Kerns approached insurers, urging them to cover alcoholism as a medical condition. In order to investigate his claims, Blue Cross sent health care professional Rosemary Foley to examine Serenity Lane's program, review their records and consult with staff. As a result, Blue Cross was

the first company to cover Serenity Lane's treatment program and thanks to their groundwork, other companies followed suit.

In the late 70s, the Oregon legislature passed a measure requiring insurers to grant at least \$5,000 coverage for treatment of alcohol and other substance abuse. State Senator Nancy Fadley, a member of Serenity Lane's board of directors, lobbied in Salem on their behalf and was instantly on the phone with Lois O'Connor to celebrate the good news. However, the policy had a shortcoming. With the inclusion of a specific monetary figure, treatment centers experienced limitations on the amount they could expect from insurance coverage.

Once insurance companies started taking advantage of this law designed to protect patients, Serenity Lane ran into financial problems and had to begin billing clients for treatment fees in excess of the minimum allotment. As costs continually rose due to inflation and medical advancement, the estimate was not reevaluated. Eventually, the amount allocated increased to reflect these changes and became more than double the initial sum, but until that time, Serenity Lane was forced to bear the burden. When patients lacked any form of insurance or their insurance denied coverage for treatment, the staff explored alternatives. They contacted relatives and friends for support and attempted to receive financing through bank loans or trust funds if necessary.

Ultimately, earnings and donations were not adequate to sustain operations, and the bills were piling up at a faster rate. With the patient population still volatile, the situation called for drastic measures. The board of directors considered selling Serenity Lane, but a new leader emerged, ready to take on the challenge of a company in crisis. Neil McNaughton, who formed a relationship with Serenity Lane as a guest lecturer, was hired as executive director, inheriting an organization in severe distress.

Shortly before McNaughton's inauguration, Serenity Lane experienced two critical transitions that threatened the program: The treatment center lost its most valuable counselor, and the board of directors inflated to impractical proportions. Serenity Lane's volunteer board was established as a tight-knit seven-member group of community leaders who initially contributed to the organization financially. Their collective fondness for Serenity Lane and founder Dr. Kerns created a familial atmosphere. However, the board became cluttered and unproductive when Dr. Kerns began extending invitations to anyone expressing an interest in their project.

Divisions were drawn as arguments sprouted among members who developed their own agendas for the future of the treatment center. At one meeting, half of the members passed a series of actions, and in the next, the others dismantled their work, replaced with their own initiatives. With a board of 36 people and 15-25 members attending each meeting, deliberations became disorganized, and valuable time was wasted.

One source of contention was the issue of broadening Serenity Lane's services to treat additional disorders, such as obesity. Other conflicts stemmed from personal experiences with alcoholism. One outspoken former patient dominated many of the discussions, instead of allowing the staff to make recommendations based on clinical knowledge. He was also critical of the AA-oriented program, which diverged from his agnostic beliefs. Several AA members joined the board with the view that Serenity Lane was compromising their efforts. At this rate, the board was leading the organization into bankruptcy.

Serenity Lane's founders were sympathetic to the attitude of AA advocates, who pioneered alcoholism recovery and felt endangered by the growing field. Sam Graves extended himself to the Alcoholics Anonymous network, explaining that treatment was designed to

complement AA, not combat it. After work, he attended every AA meeting in the area and was even accepted into exclusive women's groups. At the meetings, he reassured AA members that Serenity Lane highly recommended their program as part of an aftercare plan, and intensive treatment was intended for people with more severe dependencies demanding specialized attention.

As patients were discharged, they were encouraged to participate in AA, and Serenity Lane offered transportation to local meetings, as well as holding meetings in their own facility. In time, they established a cohesive partnership after this initial skepticism, and AA gained as many members from treatment center referrals as from other sources. Approximately 75% of treatment graduates were involved in AA.

Using a multi-disciplinary approach, Serenity Lane made every effort to meet the diverse needs of its patients. Although the program focused on 12-step methodology, counselors were sensitive to religious terminology alienating some patients. Therefore, they proposed a flexible definition of a higher power as a personal resource for each patient to derive inner strength and appointed spiritual advisors representing various religious beliefs. However, early friction with AA and other outside pressures made it difficult to continue working with the community in a constructive manner.

The organization was having trouble functioning without the consistent backing of the board. Dr. Kerns acknowledged his role in the current state of affairs and sensed the need for a temporary separation. When Bob Kugler, a board member and minister, asked him to resign, he agreed to reduce his involvement, while focusing on his private practice. Dr. Kerns invited a physician from Cottage Grove to serve as medical director in his absence. Board President

Monsignor Murnane remained an active and strong voice on the board and assured Dr. Kerns that he would repair the damage.

With the approval of the board and with the legal advice of Jim Giustina, Monsignor Murnane hired an outside group from Portland to observe their operation and make recommendations for improvement. They met with the staff, the patients and all of the board members to collect information, and the verdict placed the problem squarely on the size of the board. Prior to the investigation, Monsignor Murnane received the organization's full blessing to comply with any suggestions, so the board of directors was reduced to its original capacity of seven members with little protest from the 20 who were dismissed. The remaining members included John Breeden, Don Siegmund, George Kjaer, Larry Olson and Johnny Steinmuller.

With this nucleus in place, Serenity Lane's productivity was heightened, and the board was once again working with the staff, not against them. Rather than attempting to commandeer the treatment program, they placed it in the qualified and trusted hands of the professionals. The board members offered their input on major issues that arose and brought a unique knowledge and realistic perspective to their decisions.

One of the first challenges the new board faced was the loss of its most trusted and esteemed counselor to a program opening in Baton Rouge, Louisiana. Executive Director Tom Hagan worked with Sam Graves at Heartview and recruited him to conduct training programs for his Baton Rouge staff. During his week-long visit, Graves quickly realized that Hagan's intention was to entice him to relocate his family and fill the role of treatment director.

While Graves molded their staff, his wife Vivian, accompanied by a realtor, was touring the area and viewing potential houses. By the time Hagan formally asked Graves to consider a permanent position, Vivian was deeply invested in the opportunity. When Graves announced his

decision to resign, the Serenity Lane board was understanding, but disheartened. The loss delivered a significant blow to the organization, and these collective events marked a low point in Serenity Lane's history. Ultimately, the future of Serenity Lane rested on an offer of one dollar to purchase the institution, but McNaughton believed in the potential success of the organization and came to its defense. After enjoying a relatively simple and cooperative start, this turbulence took some of the wind out of their sails, but it would not be long before they were back up and running again.

Chapter 5: Change in Leadership

When Neil McNaughton came on board in November 1978, Serenity Lane had been in operation for five years. At that time, the administrative leadership was more of a liability than an asset, and failed business managers accounted for much of Serenity Lane's early financial turmoil. The first three executives lacked the necessary skills to run a successful organization. Originally, a board member appointed a friend to fill the role of executive director, whose tenure ended after a few months when it was discovered that he had a drinking problem. Subsequent managers Gordon Cook and Joe Clark, both in recovery, fared better, but the business side of Serenity Lane was stagnating and a savvy organizer and effective manager was desperately needed. McNaughton's strong personality and diverse experience was just the solution.

He began his career as a social worker with an emphasis in drug and alcohol addiction. He was approached by the state mental health authorities to join their staff due to the scarcity of professionals in his field taking a special interest in chemical dependency. Serving on the board of the Lane County Council on Alcoholism, his primary assignment was to introduce the concept of drug and alcohol services to local communities. He traveled across seven counties, including Lane County, educating the public about the necessity of chemical dependency treatment programs. Later, he was promoted to supervising regional manager, responsible for outreach efforts in 16 counties and overseeing 2 to 3 representatives. Through this work, he met Dr. Kjaer, a privately practicing psychiatrist who assisted Serenity Lane with psychological evaluations on a part-time basis.

Working in Dr. Kjaer's office as a counselor, McNaughton found alcoholic patients reluctant to stay the course to recovery. He felt that his guidance would have more impact if his

clients were court mandated to commit to a six-month treatment plan. Without the worry of time constraints, McNaughton would have the ability to entirely dismantle the structure of the disease from its origin. Collaborating with a successful traffic safety grant writer and other invested parties, he composed a grant to create Lane County's first DUII program. He served as the statewide coordinator of all drug programs, but was on hiatus when the position of executive director opened up at Serenity Lane.

He established a relationship with Dr. Kerns through their mutual interest in drug and alcohol treatment, and the two shared information and advice in their respective projects. Although he admired Serenity Lane's counseling program, McNaughton felt the organization would crumble under mounting administrative and chronic financial problems. After he was appointed executive director, he immediately identified key concerns regarding staff coordination and money management.

The board initially reported that Serenity Lane was maintaining balanced revenue, but he soon discovered the alarming truth – that the business was a quarter of a million dollars in debt! This grim reality was unavoidable when vital goods and services were in jeopardy because the organization was over 120 days behind in payments. Without food in the kitchen and money in the bank, Serenity Lane would disintegrate.

During McNaughton's first three months at the helm, Compcare, a large hospital contractor, offered the chairman of the board one dollar to take over their facility. Compcare specialized in leasing available hospital bed space to clinicians at exorbitant rates. As a for-profit group, it was illegal to acquire a non-profit organization without compensation, but their bid was modest to say the least. A dollar created Serenity Lane, and now a dollar threatened to destroy it. Although the board genuinely contemplated the offer, they put their trust in McNaughton's

regimented approach to running the program. However, they gave him only six months to turn the tides before they would finalize the closure.

In his decision-making, he utilized the scientific method of describe, predict and control, which echoes the counseling process of study, diagnose and treat. He felt if he accurately assessed a problem and analyzed the variables involved, he could produce an effective plan. After a thorough appraisal of the situation, his first order of business was to eliminate unnecessary expense, which unfortunately entailed dismissing some employees. Although halting the services of superfluous positions, such as the private gardener, was a reasonable response to financial limitations, it was still a difficult adjustment for the staff. Until this point, Serenity Lane's softhearted origins prevented a firm stance on personnel issues.

McNaughton's policy for employee relations consisted of highlighting positive contributions, addressing gaps in quality with further training and exhausting all measures before severing an employee from the staff. One careless person had the power to unravel a hard-earned reputation, and McNaughton aimed to attract skilled workers who reinforced his objectives. He contended that in order for the general public to trust Serenity Lane's expertise, each staff member must reflect professionalism.

Still, he acknowledged the importance of Serenity Lane's congenial atmosphere introduced by Dr. Kerns, Sam Graves, Lois O'Connor, Joann Breeden, and Kathy Siegmund, among others who developed close ties. Each of them received great satisfaction from the feeling of helping others, and their caring manner and relaxed rapport put patients at ease. However, over the course of his career, McNaughton put the fate of the company ahead of camaraderie. As Serenity Lane became more successful and complex, employees who were unable to grow with

the organization were inevitably left behind. This was one of the most difficult aspects of his role as executive director, but he felt it was necessary in order to achieve his goals.

He stood behind his decisions despite objections from Dr. Kerns and other staff members. He initially ran into opposition when long-standing employees felt he was too demanding on personnel as the patient population increased to double its average size. However, based on industry standards, McNaughton was confident that Serenity Lane's medical and clinical capabilities were far from extended. Due to rising tensions and irreconcilable differences, Marianne Lilley ultimately resigned as nursing director in 1979. She was later approached by a rival treatment center to design and implement their nursing services, and she began working for Raleigh Hills.

In 1981, Raleigh Hills, a well-known treatment conglomerate based in Beaverton, Oregon, sprang up in Eugene shortly after Serenity Lane began to thrive, constructing an elaborate building in a heavily trafficked location. Derived from aversion therapy, their program conflicted with Serenity Lane's abstinence-based approach because the crux of its methodology involved inducing alcohol consumption under abhorrent conditions. Although Raleigh Hills was not a substitution for Serenity Lane's brand of reality therapy, Dr. Kerns was still concerned. When drug and alcohol treatment became a lucrative enterprise, an influx of new rehabilitation centers infiltrated the region, and Serenity Lane had to outperform the competition through its commitment to quality services.

Raleigh Hills received publicity in the area when a prominent Eugene business leader and two other locals were featured in *The Register-Guard's* Sunday supplement, recounting their experiences in treatment at the Portland facility. The organization also produced aggressive advertising to announce its new location, but the media attention backfired when a celebrity

endorsement was the cause of public embarrassment. A famous actress who received treatment at Raleigh Hills attended the grand opening in Eugene to illustrious fanfare. However, as she gave her welcome speech, it became obvious that she was intoxicated. This disastrous first impression foreshadowed the center's impending fate. After several years, Serenity Lane rebounded, while Raleigh Hills recoiled.

Fortunately, as the treatment center struggled with the loss of its veteran nursing director, its top ranked counselor was making his way back into the lineup. After only eight months, Sam Graves's move to Baton Rouge was cut short due to the negative impact it had on his children. With one daughter in middle school and the other starting high school, they had difficulty adjusting to their new environment. After conferring with his family, Graves approached the president of the board at Baton Rouge General Hospital, who sympathetically released him from his contract.

During a short trip to Eugene to make financial arrangements for their homecoming, Serenity Lane Board President John Breeden and his wife Joann invited Graves to their home. As they reconnected, the Breedens described the volatile climate of Serenity Lane in his absence. Don Hefty, his successor as treatment director, was dismissed because he was ill-prepared for the expanded responsibilities, and they pleaded with Graves to restore his indispensable presence at the facility. When he finally reclaimed management of the counseling department, Serenity Lane eagerly welcomed him back.

Next to join this informal reunion was founder Dr. Kerns, who resumed his position as medical director of the residential hospital after a year-long break. He limited his role to performing admission history, physical exams and detox, while avoiding involvement in the board and distancing himself from the business administration. However, the workload of the

medical staff became unmanageable for just one physician. Therefore, he began outsourcing part of Dr. Kerns' duties to the Patterson Group, an association of five to six physicians. Although Dr. Kerns had trouble accepting this shift, McNaughton had the backing of the board, and this arrangement suited Serenity Lane's circumstances, while relieving Dr. Kerns from his stressful schedule.

The process to stabilize Serenity Lane after enduring a succession of major transitions was difficult, and some strained relationships replaced good-natured friendships. At one point in his career, the board was calling for his resignation, but he assured them that he would not lead the organization astray. In order to reach his stated mission, he aimed for maximum efficiency and effectiveness, while striving to make decisions with sensitivity and fairness. Although the staff was initially taken aback by his blunt management style, he earned great respect and support from his bold ambitions and his outstanding results.

Chapter 6: The Road to Success

During the first few years of McNaughton's leadership, Serenity Lane progressed from an operation in the red to a flourishing, viable business. The organization had been hovering in a financial trench, and he enjoyed the challenge of working his way up from the bottom. Although his first step to revive the program was to curtail unnecessary expense, this strategy alone could not elevate the center's status. Reducing expenditures had to be coupled with increasing revenue. He calculated that the facility must consistently serve 16 to 17 patients to break even financially. Averaging approximately seven patients in the census, he expended the majority of his energy motivating more people into treatment through awareness-building and advertising.

McNaughton had a vision of reaching out to the community by organizing a specialized team to work strictly with business and industry by providing free training programs. In 1981, he asked Sam Graves to take on the assignment of educating companies about chemical dependency and determining their level of need for treatment services. Graves was reluctant to relinquish his authority in the counseling department. However, after discussing his options with McNaughton, he transferred into the marketing realm, utilizing his expertise and charisma to increase referrals from the business community. Graves ultimately found a new niche in this undertaking and never returned to the residential counseling staff before his retirement in 1998.

Assembling a list of the top 50 companies in Oregon, Graves single-handedly traveled across the state, alerting employers to the warning signs of addiction and explaining appropriate courses of action. He intervened on employees whose addictions were endangering their jobs and their safety in order to address chemical dependency before the problem became unmanageable. When he departed to a different region each week, he typically returned to headquarters

escorting a new patient. As a result, a significant portion of Serenity Lane's patients were referred by companies that participated in his training programs.

Employers received vast amounts of valuable information from these seminars, and through their favorable reception, Serenity Lane escalated the scope of its services. Expanding to over a dozen employees, the outreach staff outgrew Serenity Lane's main facility and moved into the upper floor of a spacious building off campus. Clearly, the department was booming.

The success of the outreach staff reached its pinnacle when Steven Gallon, the new department head, was contacted by the California Forest Service to conduct training at roughly 50 sites. Serenity Lane gained widespread recognition in the region for their work with major companies like Weyerhaeuser, and although California was inundated with treatment centers, the forest service looked outside their borders and pursued the instruction of the Oregon-based facility. Approximately eight outreach employees trekked the entire state of California, starting from the northern coastline and working their way down as far as San Diego. For almost two years, they provided drug and alcohol education to nearly every forest service location in the state.

Employer Services still operates as a branch of the marketing department. Adopting the position of employer liaison, Jerry Gjesvold, a 1977 graduate of the program, passionately disseminated Serenity Lane's message to staff and management through intimate and informative presentations. Gjesvold's monthly "Straight Stuff" columns were published in Eugene's daily newspaper, *The Register-Guard*. Leaving a large and lasting imprint on the community, Employer Services was one of McNaughton's most significant contributions.

Initially, McNaughton did not have the luxury to take advantage of professional marketing assistance. Lacking adequate funds, he created most of the promotional materials

himself. Despite his inexperience in the field, he wrote newspaper ads and traveled across Oregon, recording radio spots about Serenity Lane's program. He directed his secretary to contact every radio and television station in the state to make use of their free community service requirements. Unfortunately, public service announcements were often buried in undesirable time slots, so Serenity Lane's messages were more likely to be heard in the dead of night than the middle of the day.

Other facilities like the Betty Ford Center garnered more publicity due to the prominence of its namesake, but Serenity Lane was founded almost a decade before the media shined a spotlight on the up-and-coming clinic. Serenity Lane had difficulty competing for a place in the public's consciousness, but continued to reach the highest standards of care and supplied a local alternative at a fraction of Betty Ford's cost. From years of perseverance, Serenity Lane earned a place in *The 100 Best Treatment Centers for Alcoholism and Drug Abuse*, a 1988 Avon Books publication, selected from over 7000 programs in the nation. As a result, the facility began attracting more patients from across the Northwest, including Washington, Northern California, Nevada and Idaho.

In order to vie for attention in this increasingly aggressive field, Serenity Lane solicited the expertise of marketing advisors. As financial reserves accumulated, McNaughton allocated a portion of the budget for advertising, outsourcing assignments to private practitioners, the Bev Green Ad Agency and Capelli, Miles and Wiltz. Eventually, McNaughton and his public relations committee decided to recruit an internal manager to oversee the majority of Serenity Lane's marketing efforts.

In 1986, Jerry Schmidt, who operated an advertising agency for 14 years, became the organization's first marketing director, and Serenity Lane began producing in-house advertising,

public relations, sales training and market research. Unfamiliar with the nature of chemical dependency, Schmidt held common misconceptions about treatment methods. While waiting for his first interview, he was surprised to observe patients leaving a group room laughing and embracing each other. From his experience with patients and counselors, he soon discovered that he was entering the delicate and rewarding business of saving lives and helping put families back together, and he devoted himself to this mission for over two decades.

Schmidt illuminated Serenity Lane's presence in the media through ground-breaking communication concepts that conveyed a tone of hope. Initially, word of mouth was Serenity Lane's primary marketing tool. When patients returned to their hometowns and became involved in AA, they referred alcoholics and addicts to the treatment center. Through his innovation, alumni began broadcasting their endorsement through testimonial-style radio and television commercials. The content was entirely unscripted and after interviewing a volunteer alumnus, he captured powerful and uplifting tributes to recovery that reached families across the state struggling with the disease of addiction.

Serenity Lane's overall advertising strategy entailed sending a consistent message through a variety of platforms, including mass media, community education and professional associations. In order to generate more referrals, the organization implemented a VIP Program to expose healthcare professionals, insurance providers and employers to its treatment services. The length of visits ranged from four hours to three days as guests observed group counseling, patient lectures and the family program, while meeting with counselors, clinicians, department managers and program directors. Over the years, hundreds of people "experienced" Serenity Lane through the VIP Program.

Schmidt's effective marketing plan was instrumental in the steady climb to financial prosperity. As Serenity Lane towered above the radar, the residential facility finally reached its capacity. With an overflow of admits, more counselors were needed to accommodate additional groups. In order to provide adequate training in their treatment methodology, Serenity Lane's counselor intern program, established years earlier, helped meet the demand for long-term growth.

As a physician, Dr. Kerns appreciated the intrinsic value of internships in preparation for self-directed practice and determined that addiction counselors would also benefit from a similar rite of passage. Consequently, a one-year training course was designed, in which students refine complex counseling skills through didactic study and hands-on experience. Under the supervision of a mentor, interns participated in group sessions, incorporated the feedback model and filled out compulsory paperwork. In addition, classroom instruction included lessons in a variety of theories, techniques, procedures and responsibilities. At the end of the internship year, students had accumulated over 1,900 hours of practical experience and more than 170 hours of classroom training, preparing graduates for the CADC I exam in Oregon, which certifies entry level alcohol and drug counselors. As a NAADAC-approved educational provider, Serenity Lane's Addiction Counselor Training Program has delivered top quality instruction in the field of addiction counseling for over 20 years.

Among his many duties at the center, Sam Graves coordinated the internship program until McNaughton asked him to locate a qualified manager, and he promptly singled out Joe Steiner. Owner of Steiner Consulting Services, he provided individual chemical dependency counseling, as well as employee assistance referrals and assessment services to clients. He took over the internship program as a contract employee, and his talents were precisely tailored to the

responsibility of coaching newcomers through this life-altering endeavor. Serving as a role model, Steiner was honored in 1983 as Alcohol Counselor of the Year on both the state and national level.

The internship program groomed the majority of the counselors at Serenity Lane, which rarely recruiting from outside this training pool. Many of the interns were former graduates of Serenity Lane's treatment programs who felt compelled to carry out the organization's mission by becoming alcohol and drug counselors. However, since the majority of applicants had been through treatment, they instituted a guideline that interns must verify they have at least two years of sobriety to enroll in the program. Serenity Lane's first intern, Jim Creasey, started as a patient and became one of the most memorable and paramount figures on the counseling staff.

Creasey's excellence in the field was the result of his experience in treatment and his participation in AA. In 1978, Sam Graves performed an intervention on him, and he remembered the encounter vividly because of its humorous beginning. When the interventionist arrived at the house, Creasey assumed Graves was his daughter's piano teacher. Still in his pajamas, he was caught off guard when he finally comprehended the gravity of this event. They paused to let him pour his morning cup of coffee before proceeding with the confrontation.

After this initial confusion, he agreed to sit down and listen to their appeal. Although he was amenable, he waited to make arrangements with his employer in Roseburg, where he commuted from Eugene. When Creasey left for work the next morning, his wife Jeannie made it clear that returning home was no longer an option. His next stop would have to be Serenity Lane. It only took him a few days to schedule an admission for residential treatment.

From the beginning, Creasey was dedicated to the program and made significant strides in his physical, emotional and mental growth with the help of counselors Shirley Johnson and

Don Hefty. Throughout treatment, his wife remained by his side, requesting time off work to take part in the process. After years of drinking had diminished their trust, he won the support of his entire family again and was forever grateful to Serenity Lane for salvaging his marriage and saving his life.

After completing the program, he shared the joy of recovery by serving as the president of the Alumni Association and becoming a volunteer at Serenity Lane. He carried out a variety of useful tasks, such as providing transportation to patients and performing routine maintenance at the facility. He also became heavily involved in AA, and Jeannie was immersed in its counterpart, Al-Anon. As a counselor, Creasey indoctrinated his patients to the AA program and sponsored close to 20 individuals on their path to sobriety.

Becoming a certified alcohol and drug counselor, he was hired at Serenity Lane on November 19, 1979. He trained with Shirley Johnson and took over her group when she was ill. He described his first experience with unsupervised counseling as the most terrifying moment of his life, but in time, he was highly regarded for being able to reach patients when others fell short. For many, the act of sharing intimate feelings and experiences is uncomfortable, but Creasey inspired even the most stubborn patients to pour themselves into the program. Soon, admissions staff began assigning every hesitant or hostile patient to Creasey's group, and the more he worked with these individuals, the more his counseling improved.

The patients loved him for his easy-going manner, as he was able to unearth the roots of their anguish without being intrusive. It was this gift that made him stand out among other counselors. During over 20 years of service, Creasey held positions in outreach, admissions, interventions and counseling and also served as chair of the CADC board. Although he passed

away on November 20, 2004 of lung cancer, former patients continued to call Serenity Lane to ask for him.

With the advent of the internship program, a cluster of new employees joined the organization and formed a cohesive partnership. The size of the staff grew to six basic counselors for residential groups and two counselors for the family program, as well as two psychiatrists. At its peak, the counseling staff consisted of 15 members, and trainers and psychologists were also hired to provide services on a contractual basis. As the census reached new heights of 65 patients, the additional personnel were a vital response to the mounting stress on employees. However, more patients and more staff members contributed to overcrowding.

In order to resolve this issue, Sam Graves proposed establishing a waiting list and admitting people sequentially as patients were discharged, while McNaughton instructed the staff to admit patients without delay. When the building became congested, McNaughton elected to give up his office to secure housing for additional patients, preferring to sacrifice his comfort rather than turn anyone away. They installed four beds in his office space, but this was only a temporary solution. Serenity Lane had stretched beyond its spatial limits and needed room to spread its wings.

Chapter 7: Expansion

As a result of Neil McNaughton's strategic fiscal stewardship, Serenity Lane was able to convert excess capital back into services, and this led to major expansions. In the early years, the main facility and an adjacent small blue building functioned as hospital, rehabilitation center and administration office. These cramped quarters exploded in the early 1980s when a new wing of "Main Lane" was built, and an internal campus gave patients an outdoor retreat detached from nearby residents.

Unfortunately, the West University community fenced in many of Serenity Lane's development projects. Community attitudes and city planning procedures made the process of acquiring additional property a stumbling block for McNaughton and the board. This became problematic when the opportunity arose to purchase surrounding buildings to incorporate into three new complexes: the Tom Kerns house, the Yosemite house and the quads. After hiring a land use planner and attending a series of city council meetings, their request was denied. The council members were attempting to limit Serenity Lane's presence in the neighborhood to its current size.

In graduate school, McNaughton had discovered that controversial political issues often called for strong activism and community building. When their application came up for appeal, the land use planner and architect suggested falling back on a more formal approach, but he was inclined to employ grassroots tactics. Against the advice of his consultants, he enlisted the help of every Serenity Lane graduate in the Eugene-Springfield area to attend the upcoming council meeting at City Hall where they would address the expansion. Typically, these meetings were comprised of around 20 people, but for this affair, 150 alumni packed the room with many

standing in the back and spilling out into the entryway. The council members were moved by this outpouring, and Serenity Lane won the zoning appeal by one vote.

McNaughton made another startling resolution when he rebelled against insurance companies. In the mid-1980s, the health maintenance organization movement devastated the medical community, and Serenity Lane was unwilling to sacrifice its methodology to conform to financial constraints. McNaughton's understanding of economic theory and his observation of business trends cautioned against over-reliance on a single entity, which would cause the fate of the company to rest on the integrity of that relationship. Instead, he proposed to cultivate a myriad of alternative enterprises to preserve the stability of the organization. Although some staff members seemed uneasy with his tough attitude toward managed care, his principles paid off. While many treatment centers collapsed under the pressure of harsh restrictions, Serenity Lane was still standing tall.

In an effort to cut costs, insurance companies established stringent rules for coverage that prevented Serenity Lane from continuing to offer eight weeks of residential treatment, authorizing only three to four weeks after detoxification. Initially, Dr. Kerns could negotiate with insurance companies when they refused to finance a particular patient's treatment recommendation. However, when managed care specialists assumed the responsibility of evaluating insurance claims, they were less receptive to the assessments of Dr. Kerns and his clinicians, taking an authoritative approach to the dispute. As a result of the reduction in approved residential treatment, relapses increased.

Although this external force shackled treatment providers from exhausting their vast resources to secure stable recovery, many measures remained in place to counterbalance the influence of the insurance industry. Beyond the condensed residential services, Serenity Lane's

outpatient program presented a supplemental instrument to contour the maintenance stage of the treatment sequence. Along with participation in the alumni program and AA/NA groups, outpatient services piloted the individual through the fragile period of potential relapse. As Serenity Lane struggled to operate within managed care guidelines, continuing care programs sustained their momentum by reinforcing the progress achieved in primary treatment.

Serenity Lane's first aftercare program was introduced in 1976, and this served as the catalyst for the development of outpatient clinics. In order to initiate aftercare in Eugene, McNaughton hired a consultant from Hazelden, where outpatient treatment originally surfaced, and each residential counselor began holding one aftercare meeting each week. Since the only outpatient services were limited to Serenity Lane's main facility, many patients were forced to commute to receive ongoing treatment.

Sam Graves was amazed by the number of patients who made the trip to Eugene every Monday night to attend his aftercare group. Driving up from Klamath Falls, down from Portland and across from Newport, patients traveled from the outermost corners of the state to enjoy the benefits of the program. However, this still confined the majority of the patient population to Eugene and the surrounding community, and Serenity Lane could not survive within the bounds of Lane County. Inevitably, expansion would not just occur within its own backyard, but Serenity Lane would stretch across the state of Oregon.

Once the aftercare model was in place, it naturally took shape in the areas with the highest volume of patients. Since the organization could not afford to set up its own programs for outpatient care, Serenity Lane retained the services of trusted counselors and therapists who expressed an interest in assisting chemically dependent people, including Jim Henson in Bend, Jack and Alice Bannon in Coos Bay and John Milnes in Salem. The treatment center paid each

contracted counselor a weekly fee of \$10 per patient to bundle 11 months of group therapy with Serenity Lane's 30-day residential program at no additional cost to the patient. The affiliation was mutually beneficial because patients received continuing care after returning to their local communities, and Serenity Lane established a reputation in numerous cities, casting a wider net for residential referrals.

Although these sites were not technically part of Serenity Lane's network, aftercare counselors attended an orientation at the Eugene facility, and staff members regularly visited the groups to maintain connections with their patients. Serving as a liaison between aftercare and residential treatment, Sam Graves made an effort to sit in on each group during his frequent outreach excursions. Patients were overjoyed to see a familiar face from Serenity Lane at their sessions, staying invested in their treatment progress.

After years of outsourcing, McNaughton and the board decided that a sufficient number of patients originated in Salem to warrant a local branch, and Salem became the first outlying city to set up a formal outpatient office in 1984. As the traffic accelerated in other areas, new satellite programs sprouted, and by 2008, Serenity Lane grew to 10 locations throughout the state. After Salem, next in line were Portland, Albany, Bend, Roseburg and Coos Bay, among temporary offices in Klamath Falls and Florence. This caused some unrest from the counselors under contract, who lost related revenue, but by facilitating the program, Serenity Lane had more control over consistency. With the restructuring of treatment services, the organization took on the appearance of a wheel, with the Eugene facility acting as the hub and the outpatient offices as the spokes.

Each outpatient office had some degree of autonomy to tailor its services to meet the needs of its residents, such as offering couples counseling, free weekly community education

forums and a variety of short-term treatment options. However, the clinical component of the outpatient program became standardized to promote uniformity and integration. Building the general philosophy of continuity of care through a step-down process, the treatment course consisted of a 10-week intensive outpatient program of three three-hour sessions per week, followed by at least 10 months of recovery support. Involvement in 12-step meetings was also encouraged as part of the treatment plan. By the time they completed the program, most patients passed many milestones on the road to recovery, often reuniting with their families and embarking on new careers.

These outpatient programs were created to enhance the quality of services by offering continuing care to all patients after residential treatment. However, they also began to function as alternative admissions sites, where patients received an in-depth clinical assessment to determine the severity of their disease and devise recommendations for treatment. Streamlining the process of utilization review, Serenity Lane established criteria for admission to inpatient and outpatient programs with an emphasis on providing appropriate levels of intensity to meet different levels of need.

Patients who were eligible for direct outpatient admission made strides toward recovery with the flexibility to live and work in their local community. In order to accommodate work schedules, the majority of outpatient groups were held in the evening, and some offices provided daycare services, making it convenient for more patients to participate. Morning groups were also available for those who worked swing shifts. Reducing costs considerably compared to residential treatment, the outpatient program made treatment accessible to segments of the population that were deterred by the expense of hospital care and the sacrifice of regular income.

Aware of the barriers encountered by patients with limited financial resources, Serenity Lane also began offering outpatient treatment services on a sliding scale through its New Hope Project launched in August 1985. By offsetting additional fees through the support of Serenity Lane and public funding from Lane County's Department of Health and Human Services, the cost of treatment was determined by the client's monthly income and number of dependents. When a local treatment agency closed its doors in August 1986, Serenity Lane's New Hope program swelled from 40 to 100 state-funded slots in four groups. For the first time, intensive outpatient treatment with 10 months of aftercare was attainable for adults who could not otherwise afford treatment.

Research shows that more than seven out of 10 patients achieve successful recovery if they complete their recommended treatment course, follow through with one year of aftercare and attend recommended AA or NA meetings. However, for patients who required even more intensive treatment options, Serenity Lane integrated a series of apartments on the main campus to provide long-term treatment for a minimum of 60 days. The revolutionary ExSL Program, established under the direction of Ron Weller in 1997, took a communal approach to addiction treatment that involved a total change in lifestyle. The highly structured daily regimen eliminated idle intervals that potentially led to sabotaging impulses.

In ExSL, patients formed a therapeutic community, composed of 12-18 people who were prone to relapse and did not made adequate progress in traditional treatment settings. These patients were well-versed in treatment concepts, but had yet to internalize and apply these proven principles. As a result, lectures were replaced with compassionate confrontation, dissecting the disease of addiction through strenuous self-appraisal and accountability of actions and attitudes. In addition to the rigorous program schedule, patients participated in an interactive relapse

prevention group and attended daily 12-step meetings. Although the health care climate prohibited coverage for this type of concentrated care, this innovative treatment program was well worth the added expense compared to the financial and emotional burden of repeated relapses and prolonged frustration.

In addition, Serenity Lane oversaw two specialized programs designed to assist distinct sub-groups of the patient population. The Straight FACTS (Finding Alternatives to Criminal Thinking Structures) program worked with chemically dependent women and men in prison. Started in 1985, the program provided inmates with six months of primary treatment and up to one year of aftercare. During its first two years, Straight FACTS operated on a \$2,000 donation and was staffed by volunteers. In 1991, Program Coordinator Jeri Moeller joined forces with the Salem Serenity Lane office, rescuing the program from impending extinction. The Salem office upheld management of the program until June 2006.

Serenity Lane took another daring step in its agenda by administering an adolescent program. Partnering with the Rogue Valley Medical Center, Serenity Lane established a second inpatient facility in Medford in 1988. Serenity Lane's Rogue Valley location included a 10-bed residential center that provided a meditative environment exclusively for the treatment of chemically dependent teens. The program resembled the adult-oriented model, while emphasizing major concerns of adolescent drug and alcohol abuse, including developmental deficits and family dysfunction. The landscape was conducive to invigorating physical activities, and the curriculum incorporated the Wilderness Challenge Program, which involved rafting down the Rogue River in the summer and skiing down Mt. Ashland in the winter.

Although neither of these facilities are operating now, the projects reflected Serenity Lane's ambition to formulate a response to the shortage of programs for underserved social

groups. Ultimately, Serenity Lane's clinicians and directors chose to concentrate their efforts on assisting an adult population due to the fundamentally incongruent methodology of adolescent treatment. Treating addicted people later in life involves the reinforcement of existing value systems that have been abandoned due to substance abuse. Without fully formed principles, clinicians had to first instill a moral core before addressing problematic behaviors in youth.

However, for the children of Serenity Lane's patients, a special program was created to educate young people about the disease of addiction and the process of recovery, as well as the changes that may take place within the family as an addicted parent becomes involved in treatment. The Children's Program combined verbal discussion and art therapy to maximize opportunities for understanding and self-expression. Providing a safe environment for kids between the age of seven and 15 to share their feelings, discuss addiction and explore family dynamics with their peers, this service was another facet of Serenity Lane's programming intended to apply a holistic approach to treatment that harmonizes the experiences of patients and their families.

Beyond the scope of treatment, patients and their loved ones also had the opportunity to maintain their affiliation with Serenity Lane, as well as strengthen their relationships with each other, through the alumni program. Lois O'Connor prompted this effort to unite individuals who shared gratitude for their recovery and wished to support others through the transition to sober living. The first alumni function occurred in June 1974 when Serenity Lane graduates were invited to a steak dinner at the main facility. This led to the formation of an Alumni Association and in 1981, chapters were set up in various regions of Oregon, including Portland, Salem, Albany/Corvallis, Eugene, Medford and Coos Bay/North Bend. Today, these chapters have dissolved, housing the entire membership under one umbrella, and alumni from all areas

converge each year for a social gathering in Eugene. This annual picnic provides an opportunity for former patients to reminisce with old friends, while enjoying the natural beauty of the Oregon landscape.

After expanding the grounds and the services, the growing geography contributed to a feeling of fragmentation, impeding the ability of executives and managers to govern universal performance criteria. In order to unify remote branches, the organization required a more sophisticated communication network. Originally, Serenity Lane's office equipment consisted of typewriters and conventional telephones, but with the arrival of new technology, staff members became acclimated with computers, advanced software applications and multi-line phone systems. A computerized record-keeping program was implemented to permit organization-wide access to critical paperwork, as well as to fulfill the latest Joint Commission standards for certification. Board President Larry Olson was instrumental in encouraging the treatment center to embrace the advantages of technology.

Serenity Lane also established a presence on the World Wide Web in December 1996. Initially, the website consisted of a home page with five linked pages providing an overview of services, outpatient locations, history, testimonials of graduates and a glossary of relevant terms. The site was praised by readers of the *Eugene Weekly* in the "Best of Eugene" special section only two years after its launch. Since then, serenitylane.org was redesigned with over 100 pages of content, containing an itemization of treatment types and costs, plus employment listings. In addition to providing valuable information to prospective patients, the website also fulfilled the center's commitment to community education.

As an industry in its infancy, chemical dependency treatment was a constantly evolving field, and Serenity Lane was able to adapt to treatment trends and patient demands, while

ensuring that all of the additional programs offered the same intensity, depth, warmth and support of the original model. With inventive resources and sophisticated programming, the organization effectively countered each movement, while remaining poised for the challenges ahead.

Chapter 8: The End of an Era

On Saturday, June 25, 2005, the father and founder of Serenity Lane, Dr. Thomas Kerns, passed away of renal failure at age 85. Although he retired from the treatment center in 1996, his impact on the facility and the community has outlasted his own time and generations to come. At a beautiful and elaborate funeral Mass at St. Paul's Catholic Church in Eugene, many Serenity Lane staff members and patients paid tribute to his inspirational achievements. From becoming Oregon's first certified addictionologist in 1987 to receiving the highest honor from the Governor's Council on Alcohol and Drug Abuse Programs only six months before his death, his lifetime of work in chemical dependency treatment is permanently etched in history.

This mournful loss marked the end of an era in Serenity Lane's evolution, followed by the organization's first dramatic shift in composition. In 2006, a passing of the torch swept through top management in a variety of positions, including executive director, ushering in an ambitious leadership team. After setting the pace for Serenity Lane's progress for 27 years, Neil McNaughton handed the reigns to Peter Asmuth, who had been with the organization since 1988.

Five years prior to his employment, Asmuth checked into Serenity Lane's residential facility and after completing the internship program, he began working as an intensive outpatient counselor. He advanced into areas of increasing responsibility, including employee assistance program coordinator, admissions and patient support director and clinical services director. Earning his bachelor's degree and receiving master's degrees in counseling and business administration, Asmuth was ready to incorporate progressive ideas into the traditions that propelled the center into the forefront of the treatment arena.

Careers also drew to a close for Marketing Director Jerry Schmidt, Outpatient Director Joe Steiner and Senior ExSL Counselor Erroll Long. Each of these powerful figures devoted over 20 years to the center, but even in retirement, their intense ties to the organization did not fade. Steiner continued serving in a part-time position, and Schmidt remained actively engaged in weekly lunch dates and leisurely rounds of golf with other Serenity Lane staffers and former patients. This group of self-proclaimed “cronies” also included Sam Graves, who worked as an interventionist since leaving the center. Although he was under no obligation to send clients to Serenity Lane for treatment, he strongly advocated the program as one of the best in the state.

Clearly, Serenity Lane was built on loyalty, and the longevity of careers at the center is a testament to the commitment of its staff and volunteers. None reflected this dedication as fluently as Andy White, who worked as a receptionist at the front desk of “Main Lane” for 19 years. As the matriarch of Serenity Lane’s family, her gentle hospitality and warm nature was the first impression people received when they walked through the doors or picked up the phone to discuss their problems with addiction. White gave thousands of hugs and words of encouragement to anxious patients and their loved ones, and many of the alumni who returned to the facility were pleasantly surprised to see her still holding her post after so many years.

Over time, she directly witnessed pronounced adaptations in the patient population as the faces of people who enter treatment become younger and the addictions become more diverse. In the early days, most of the patients were “good old boy” alcoholics, but societal trends and the availability of illicit substances broadened this demographic profile and led treatment providers through unfamiliar terrain. As the streets were flooded with more potent and less costly drugs, young people were submerged in a growing drug culture, and this phenomenon created unique challenges to the recovery process.

The sudden appearance of drug abuse cases required re-educating the staff and demystifying the addict. Lois O'Connor was never afraid of an alcoholic, but she admitted to being alarmed the first time she heard the word addict uttered by a patient at Serenity Lane. When the man came into the facility asking for help, she assumed he had a problem with alcohol and was shocked when he revealed he was addicted to heroin. After composing herself, she brought him a cup of coffee and called Dr. Kerns for assistance. The doctor treated this patient utilizing the same treatment philosophy that was successful in managing alcoholism. Over 25 years later, Dr. Kerns received a call from this patient, and he was still in recovery, running a thriving business.

The earliest incidence of drug addiction arose in conjunction with alcoholism when psychiatrists began prescribing addictive, mood-altering drugs to chemically dependent people in order to treat the mental and physical symptoms of their illness. Rather than alleviating their condition, it created a second addiction. The pervasiveness of dual addictions was discussed academically at therapy meetings and conventions, but Dr. Kerns could not directly confront psychiatrists and physicians about their prescribing habits.

Therefore, one of the ways Dr. Kerns and his staff communicated these concerns to medical professionals was through case studies. Lois O'Connor presented Joann Breeden's struggle with dual addiction to the staff at Sacred Heart, describing how Breeden was able to manipulate her psychiatrist into prescribing her drug of choice. This direct evidence exposed the vulnerability of the health care industry in facilitating destructive drug-seeking behaviors. After understanding the inherent conflict in treating chemical dependencies with chemicals, psychiatrists in the area became a valuable resource.

Dr. Kerns was committed to preserving an abstinence-based environment in treatment, but incorporating medications was essential for patients with legitimate physical and mental

illnesses. Disorders, such as depression, bipolar disease and schizophrenia required medical intervention in order to realistically address substance abuse. As the medical community witnessed the increased coexistence of chemical dependency alongside other psychiatric problems, treatment providers relied on the services of qualified mental health professionals. Dr. Kerns experienced difficulty in obtaining evaluations from psychiatrists with a broad knowledge of chemical dependency, but finally assembled several esteemed mental health consultants to assist in dual diagnosis, including Dianne Watson, Dr. George Kjaer and Dr. Alan Cohn, who remained with the organization for 17 years.

In order to stay abreast of the advances in the field, Dr. Kerns and his staff sought as many educational opportunities as possible. Various colleges, universities and medical schools held classes for physicians who were treating alcohol and drug addiction. Dr. Kerns and other clinicians regularly participated in the University of Utah's summer courses, and some employees traveled to schools stretching from New York to California.

Through experience and education, the medical staff discovered that every drug was accompanied by its own withdrawal symptoms, requiring modifications in the detox protocol. The first step to overcoming chemical dependency entails a complete detoxification to rid the body of the addictive substance through an abrupt cessation of use. As the patient's physical dependency tapers, the emotional and habitual manifestations of the disease are addressed. However, due to varying degrees of instability which range from moderate to lethal, medical supervision is essential to ease the patient through this phase with the greatest comfort and care.

One of the most significant developments in the detox process was the use of buprenorphine to treat opiate-addicted patients. In June 2003, Serenity Lane began introducing this synthetic medication, which contains both opiate and "anti-opiate" properties. Previously,

withdrawal from opiates consisted of three to six days of severe muscle aching and spasm, profuse sweating, abdominal cramping and diarrhea, but this medication relieved these painful symptoms without increasing the risk of relapse. With the dramatic rise in opiate abuse in the form of street drugs, as well as prescription drug dependencies among chronic pain sufferers, this medical breakthrough offered a valuable head start on recovery for many of Serenity Lane's patients.

Posing an even greater threat to the battle against drug abuse was the methamphetamine epidemic. The acute addict is left vacant and without conscience, resembling a state of psychosis which contributes to a correlation between methamphetamine abuse and crime rates. Although withdrawal from meth is less violent than other drugs, the psychological effects and gradual physical decay of prolonged use are devastating. As teens began exploiting this potent substance as a weight loss supplement and clandestine laboratories cropped up in unsuspecting communities, Serenity Lane spearheaded media campaigns and supported legislative initiatives to shed light on this crisis in order to deter "experimentation" and promote rehabilitation.

As the years passed with the arrival of younger patients afflicted with new drug addictions and the departure of legendary staff members, Serenity Lane underwent many transformations. Although changes are inevitable, the roots of the organization were firmly embedded, as the treatment center took on its own enduring and distinct character. Each new era arrives with fluidity, and each new element becomes immersed in the dynamic spirit of Serenity Lane.

Chapter 9

A Vision for the Future

From humble beginnings, Serenity Lane emerged as a prominent and revered presence in the community. By its 25th anniversary, over 50,000 alcoholics and addicts had received treatment, and one fraternity house in Eugene expanded into 10 outpatient clinics across the state. When Dr. Kerns breathed life into Serenity Lane, many forces pushed against its doors, but the organization miraculously survived every pitfall along its path, becoming stronger with each approaching obstacle. As the oldest free-standing non-profit program of its kind in Oregon, many improvements lay ahead as the administration strived to reach new plateaus in service.

In order to ensure that the center maintains the highest standards of quality, a variety of yardsticks were in place to gauge its progress. Near the end of their program, all patients and significant others completed a thorough evaluation of Serenity Lane's program content, facilities and personnel to survey their satisfaction, as well as to collect important demographic data. In addition, focus groups offered a forum for patients to verbalize and reflect on their experiences in treatment, while providing an opportunity to make constructive suggestions in a comfortable and attentive setting. The preadmission phase was analyzed through mystery shopping inquiry calls, designed to illustrate the effectiveness of counselors and receptionists in telephone communication based on the information and emotion conveyed in the interaction. These research tools increased the organization's ability to stimulate the ultimate measure of success: recovery rates. According to treatment outcome studies in the 1990s, Serenity Lane's efforts inspired as much as 75% of patients to abstain from alcohol or drugs for at least one year after treatment.

Many changes were implemented as a result of patient feedback, and the new leadership was bursting with energetic initiatives in an effort to respond to the urgent needs of chemically dependent individuals and their families. After struggling to simply shed light on the prevalence of addiction as an indiscriminate and powerful disease, the increased awareness coupled with Serenity Lane's superior performance produced a paradoxical challenge. The treatment center needed to accommodate the mounting demand for services in a progressively shrinking facility as consistent waiting lists delayed the admission process. On the horizon, a proposed building development plan would multiply the bed capacity and consolidate Serenity Lane's resources. In addition, renovations, technological advancements, medical innovations, outreach and education became integral parts of the future vision of the organization.

Amidst an abundance of upcoming projects, Serenity Lane never deviated from its fundamental objective. From the collaborative efforts of patients and staff members, Serenity Lane had created an environment of hope and healing that continued to uplift the community and the nation by effectively offering the tools necessary to achieve long-term recovery from addiction. The numerous individuals who gave life to this mission shared in the victory as patients graduated from treatment ready to embark on empowering and courageous journeys. People who were once apprehensive to enter the doors of Serenity Lane became reluctant to leave. During their residential stay, they were removed from often unhealthy situations and transplanted into a serene atmosphere, where all energy is concentrated on adopting a life of sobriety. However, with the skills amassed through education and counseling, the years sacrificed to addiction retreated into the distance, and the world beyond these doors became more vibrant and fulfilling than ever before.

The Second 25 Years

Chapter 10: A New Treatment Facility

In 2009, Oregon had nearly 3.8 million residents, but only 377 residential beds for drug and alcohol treatment, including Serenity Lane's 65. The board of directors recognized the need for a larger inpatient facility to meet the need for care and the nonprofit's reputation for responding effectively to substance use disorders. For example, 70 percent of Serenity Lane graduates surveyed at that time were still clean and sober two years after treatment, a marked contrast to the more typical 30 percent national rate.

By 2006, CEO Peter Asmuth had begun searching for a site in the Eugene area that would accommodate a modern campus while providing the serenity that is important to recovery. In 2008, Serenity Lane purchased a large parcel of bare land in Coburg, seven miles north of Eugene. The site was selected for its easy access from I-5, the quiet neighborhood, and the opportunity to design a campus from the ground up.

Asmuth and others visited existing inpatient treatment facilities around the country. They gathered ideas for making the campus work for patients and staff. The team hired TBG, a Eugene architectural firm. Asmuth worked closely with TBG, sometimes making suggestions and alterations to the plans based on his years of experience with people seeking treatment and recovery. The design evolved to include gender-based cottages, a medical detox unit modeled after the Eugene facility's specialty hospital, administrative offices, counseling offices, an extended-stay building, a gym, a cafeteria, a spiritual center, and meeting rooms.

Asmuth met with neighbors, who were cautious about a treatment campus near their homes because they had experienced an industrial neighbor siting a paint shed beside the

backyard fences of the residents. They successfully sued the company, forcing it to move the paint shed. Asmuth wanted to hear these neighbors' thoughts and get their feedback on the proposed design. During the meeting, he moved representations of individual buildings to new spots on a large map of the campus, demonstrating that the plan was not set in stone. Arms unfolded. Suggestions began to be offered. The plan was modified, including a shift in the location of the emergency entrance to campus. The neighbors also realized that the campus would be a buffer between them, industrial sites, land zoned for future housing, and the freeway.

During this period, Asmuth and board members were busily raising money to cover the estimated cost of \$26.2 million; Serenity Lane had purchased the land for \$2 million in 2008 and had committed \$10 million of the organization's funds, but the majority of the construction cost would have to come from others. Larry Olson, board chair, and Peter Asmuth envisioned a bridge over Muddy Creek at the entry to the field. It would serve as tangible evidence that the dream was going to become a reality, although for cost savings, the wood plank floors in the original bridge design were replaced with concrete. Olson, a surveyor who mapped out the proposed campus on the field, was an alumna of Serenity Lane and served on its board of directors for 40 years, including many years as board chair.

The team put markers in the field to show where the buildings would rise. Neighbors were invited to view a site map next to the bridge so they could envision the completed project. Asmuth and others would bring potential donors to the bridge to look at the land. Donors saw what could be, and many began to contribute. Quickly, the team realized that fundraising needed to be organized and deliberate. Asmuth hired Serenity Lane's first development director. Chambers Construction, a Eugene company, was selected to build the campus.

Then, Asmuth resigned suddenly in 2013 and returned to the East Coast. Mike Dyer, Serenity Lane's chief financial officer, was promoted to lead the organization. He was a certified public accountant with years of financial experience in a variety of local companies. He had graduated from Raleigh Hills Treatment Center when it had a Eugene site. He joined Serenity Lane's board in 1993, and then began his employment in 2010. With Asmuth's resignation, Dyer picked up the baton and managed the nonprofit while directing the effort to create the new campus. He hired Dustin Stapleton as the new CFO.

After several short-term development directors, Larry Bradley became vice president of development and marketing. Bradley had a long history with Serenity Lane, from treatment at Serenity Lane in 1984 to volunteer lecturer for patients on campus to service as a board member. He recalled that Dyer caught him by surprise at a board meeting by suggesting that he become development director. Bradley had successfully managed office equipment sales and then, after retiring, had bought a chocolate company. After several years, he sold it, thinking he was going to fully retire, but Dyer had another idea: Use Bradley's personality and sales ability to work with potential donors to underwrite the construction of the treatment facility. Because of Bradley's deep respect, gratitude, and love for Serenity Lane, he agreed to postpone retirement to work on fundraising.

Bradley said he began his new position by reading books on the subject. He also found that Serenity Lane's early alumni records weren't helpful in contacting graduates. The records were outdated, making it difficult to stay connected, whether to support the person in recovery or to solicit donations. Bradley instituted better recordkeeping.

Early on, he and Dyer met with a significant potential donor who already knew that a new campus was coming. Larry remembered later, “I asked if he’d come to a decision about supporting it financially. He said yes. He gave us \$100,000.

“Jerry Gilbert was a former board member. I took him to the field and the bridge so he could see what we envisioned. He told me that when we had other support lined up, he’d probably contribute. I said that sooner or later, someone has to step up and take the lead. Within days, we went to lunch and he handed me an envelope with a check. He said, ‘Is this what you’re looking for?’ It became our second-largest donation ever.

“He wanted to name the lecture hall, and I agreed. Six months later he told me, ‘We’ve decided. We want to name it for Sam Graves’.’” Today, the Sam Graves Lecture Hall is the site of patient education sessions, social events, and group gatherings. A display notes “Serenity Sam’s” many contributions to the non-profit. Jerry Gilbert also named Gilbert Hall, which leads to the Sam Graves Lecture Hall.

Even as Bradley, Dyer, and others continued to raise money and oversee construction, the world of addiction and treatment was continuing to change.

Chapter 11: Getting Into Treatment

As Serenity Lane grew, addiction continued to impact individuals, families, and society. In one sense, the supply of potential patients was vast; in reality, persuading patients to seek treatment was a big hurdle. For many years, Sam Graves was a key part of this work.

As noted earlier in this history, Graves came to Serenity Lane at the behest of Dr. Kerns. He was recruited from Heartview in North Dakota to be the core of Serenity Lane's nascent treatment program. He shared Dr. Kerns' vision for the new facility, helping to establish the protocols and working tirelessly with patients. His son, Kevin, recalled that his father "was the only stakeholder without a safety net or fallback plan. The rest of the family made the long journey to Eugene in early December 1972."

Sam worked tirelessly on treatment and counsel for patients as well as on fundraising. Plus, "He played an instrumental role in Serenity Lane receiving accreditation as a certified drug and alcohol treatment facility," Kevin Graves said.

He said his dad "was a leader and a believer. I was always struck by the respect my dad and Dr. Kerns had for each other. Their core values and spirituality aligned. They relied on each other. He never butted heads with Dr. Kerns. They had a profound alignment."

However, Kevin Graves remembered that his dad "had sleepless nights about the philosophy of treatment and its perceived compatibility – or lack – with Alcoholics Anonymous. AA was very strong in Eugene. Serenity Lane was bringing a new treatment philosophy to Eugene, and AA wasn't initially comfortable with it. The treatment philosophy would affect fundraising. Dr. Kerns didn't seem to be as affected by these things." As written earlier, Serenity

Lane saw AA as a complementary, post-treatment backstop for patients and as AA leaders saw the consistent referrals to their program, the issue faded away.

Sam also established the family program and the aftercare program. When McNaughton became CEO, Sam began leading outreach and marketing efforts, including the employer assistance program. Sam also coordinated the intern program.

McNaughton wanted to move more firmly into the insurance markets. As part of that effort, McNaughton made the difficult decision to move Sam Graves out of the role of treatment director. “Dad understood,” Kevin said, “Neil made other smart administrative decisions like that,” Kevin Graves said. “He repositioned Serenity Lane from a perilous financial place to a strong one.”

Even after retiring from the organization, Sam Graves served as an interventionist. His son, who became an alcoholic “about five years after my first drink at 29,” is also an interventionist and maintains ties to Serenity Lane.

“Intervention is designed to be a catalyst to facilitate initial change, and then we turn it over to the treatment center, which takes it from there,” he explained. However, like much else in Serenity Lane’s world, intervention has changed over the years. “I’ve needed to focus more on helping the family system create an initial strategy and ability to stay the course. It’s such a torturous dilemma for families. The stakes are so high. The disease is powerful, cunning, and baffling. Families often feel they’re in a no-win situation; no matter what they have done (on their own), it doesn’t work. Part of my job is to help them become clear, united, and effective.

“When I first started in 2005, families were far more positive about interventions and more likely to start there,” Kevin Graves said. “Now, more families see interventions as the nuclear option. When I do interventions now, I have far less to work with. Families have spoken

their talking points, which inoculates their loved ones from those points. A lot of the reactions have ruptured the relationship, and families have given away a lot of their influence. I'm far more likely to see (loved ones) saying they are done. Intervention helps them to try again, work together, and choose a more effective approach.

“The core principles and strategies of intervention are still valid. I believe, at the center, there is a lot of power in love. A lot of times, when it comes to interventions, you pick the best of the not-great choices. The consolation is that you can do it with love and the confidence that our chosen approach is going to give the team their best shot.”

“I do feel like my job is to educate, get people thinking, and create greater perspective, including goals and objectives,” he said.

For many decades, Serenity Lane focused solely on treating alcoholism. Indeed, one alumnae's story echoes that of many patients who have achieved recovery from alcoholism: She knew she would enter treatment in the morning so she booked a room at a local hotel and drank until she couldn't drink anymore. In the morning, she took a taxi to Serenity Lane, went through treatment, and has been sober ever since.

While alcohol is the traditional issue for addicts and continues to be a large portion of Serenity Lane's patient population, it is not the only substance that can require treatment. Of necessity, Serenity Lane's focus expanded beyond its emphasis on alcoholics. Serenity Lane has deep experience in the world of addiction, which means it can adapt to new challenges, and that includes other substances that can negatively impact adults.

As noted previously, first came the heroin and methamphetamine crises as well as patients arriving with addictions to pain pills. More recently, fentanyl has been an ugly addition to the menu of opioids that can create addicts from users. Fentanyl and meth are the leading

causes of substance use-related deaths in Oregon, according to the Oregon Department of Human Services, and meth is the reason that about 11 percent of Serenity Lane's population is in treatment.

Opioids increased the number of younger patients coming for treatment, which set up a new dynamic. "The average patient went from a middle-age alcoholic to an opioid addict in their 20s," said Doug Smith, a longtime counselor who is now a community liaison after years as a clinical director. "Overdose rates rose. Young adults haven't had years of addiction, but they have a high risk of overdosing. They haven't had as much time to hit bottom. Their awareness of their disease is low and the severity of their addiction is high. We have to bring the bottom up to them."

Serenity Lane continues to respond to the onslaught of substance abuse. The organization has expanded its treatment options for patients due to the shift from alcohol being the only presenting problem to a younger patient who often abuses several substances. The move has generated controversy as well as hope among staff and patients.

As recently as 2021, Serenity Lane subscribed to an abstinence-only, 12-step recovery process, a model of treatment that had worked for staff and patients for 48 years. It was based on the Minnesota Model and often involved confrontation balanced with compassion. "Back then, patients were more comfortable with being challenged," Smith explained. However, the relatively confrontational style does not help today's younger patient population as much as it had helped older patients decades ago. "Now," Smith said, "they're not willing to be uncomfortable. Now, due to improvements in trauma-informed care, we meet them in the middle – although the middle keeps shifting. Patients used to need to surrender to their disease; that's more difficult to achieve now."

In addition, the treatment industry is more competitive than it used to be, with many of the available programs being offered by for-profit businesses. For the addict, more treatment options mean that if a relatively difficult path at Serenity Lane doesn't resonate, the patient may shop for an easier option at another facility and then choose to leave Serenity Lane. Another factor is that insurance has changed the treatment model, and Serenity Lane has had to adapt to the industry's maximum coverage of 30 to 45 days of treatment. Finally, Serenity Lane began to consider new ways of organizing its programs because the new campus facilitated more flexibility and options.

These changes impacted Serenity Lane's extended-stay treatment program, ExSL, a recovery program based on the therapeutic model developed at the R. J. Donovan Correctional Facility in San Diego. Doug Smith, who worked in ExSL for eight years, said, "It was like a combination of different levels of care." For almost nine years, ExSL had attracted relapsed patients from North America who could benefit from an intensive program. They created a therapeutic community by living together and applying the principles of recovery. They confronted the issues that kept them from long-term recovery. It was a successful, albeit expensive, program.

These patients or their families paid out-of-pocket for ExSL, which meant that the cost made participation impossible for some potential patients. When Serenity Lane began to accept insurance for ExSL treatment, allowing more patients to access the program, the tradeoff was that insurance dictated limits on the amount of time patients could stay. "It changed the dynamics of the group when the longest participant was short-term," said Smith. ExSL was discontinued in 2021, but elements of the therapeutic community model of recovery have been incorporated into

today's treatment model, an important continuation of the philosophy of accountability and group work as part of achieving recovery.

Dr. Cheryl Gifford, a psychologist and Serenity Lane's director of mental health, has more than 30 years of experience and said, "I focus on helping patients develop coping skills because once their substance abuse is taken away, there's nothing to make them feel better. I make referrals to outpatient services in our clinics or outpatient beyond Serenity Lane. I encourage them to form long, strong relationships so they can get to the core of issues and help resolve them."

At each step in a patient's treatment, including discharge, Serenity Lane asks for feedback via a survey. The information gathered from these surveys improves the quality of care as well as identifies the individual patient's further needs.

Chapter 12: Responding to Substance Use Disorders

In 2018, Serenity Lane expanded to include medication-assisted treatment for addictions as well as its then-standard abstinence-only care. Serenity Lane was one of the last major treatment facilities to do so, although it had already adopted medically assisted detoxification. In the past, the specialty hospital was the only program in Oregon licensed as a Level 3.7 medical detox facility by the American Society of Addiction Medicine. Today, Serenity Lane no longer needs to be licensed but continues to offer a medically managed detox program.

The first step in treatment is an assessment. The assessment gathers information about whether the person's situation meets the criteria for a substance use disorder diagnosis, plus the level of dysfunction that is present, and any evidence of mental health issues. With that information, staff can determine if the person should become a Serenity Lane patient and, if so, will enroll the patient, whose first stop will be the detoxification unit.

Detoxification means removing poisons or harmful substances – toxins – from the patient's system. The process can be difficult and lead to relapse, particularly for opioid addictions. At Serenity Lane's detox unit, buprenorphine medications, such as Suboxone,TM continue to ease patients' discomfort and prevent seizures as they detox. These medications, administered via tablet, sublingually, or as a subdermal implant, are virtually impossible to overdose on. The medical support helps people come through detox ready to focus on the rest of their treatment plan.

Patients no longer have to fear the detoxification process from opioids. By the second week of treatment, they typically no longer experience withdrawal symptoms or cravings, although some experts have expressed concern that a relatively more comfortable detox

experience could mean addicts will cycle through treatment repeatedly because one incentive to stay clean – avoiding a painful detox – is gone.

The medication-assisted treatment, or MAT, combines with clinical therapies, counseling, and behavioral therapies to address opioid addictions like heroin, fentanyl, or Vicodin™. The Food and Drug Administration-approved medications used for MAT relieve cravings and reset the patient's brain chemistry and body functions because they target the same receptors as the opioids. Medication-assisted treatment improves patient survival rates, increases patient retention, and improves birth outcomes among pregnant women in treatment. MAT decreases opioid use. It increases the patient's engagement with treatment. When patients achieve recovery via MAT, they have increased rates of being hired and retained for a job.

Dr. Gifford, director of mental health services, said, "Over the course of recent history, there is more recognition of the disease model of substance use; after all, if you had diabetes, you would use meds with appropriate oversight, and they can be effective."

When staff saw the help that meds gave detoxing patients and the success rate of the treatment that followed, they were more open to a medical model of treatment, including administering prescription drugs to patients during treatment at Serenity Lane.

The substance being abused impacts the days spent in detox. Dr. Eric Geisler, Serenity Lane's medical director, has been in recovery for more than three decades and is a certified addictionologist. For an article in Lane County Medical Society's magazine, he said, "If someone comes in intoxicated, which is often the case, they can be in our (specialty) unit between three to five days. If a patient is on an opioid, they might be in our hospital unit for up to seven days for stabilization.

“After that, they either go to our residential part of the facility, which is another 80 beds of long-term care on our campus, or they go to one of our seven outpatient offices around the state.”

Dr. Geisler oversees all medical treatment. He came to Serenity Lane at the urging of a predecessor, Dr. Ron Schwerzler. “Dr. Ron,” as he was called, was a beloved figure on campus and respected throughout the treatment industry. In recovery himself, Dr. Ron could assure an addict that he understood the push-pull in seeking recovery. He could talk frankly and credibly with a patient. He would take extra time and work extra hours to help a patient get into treatment and settle in. He held Serenity Lane’s medical staff to high standards.

In 2009, Dr. Ron was among the first physicians in America to be certified by the American Board of Addiction Medicine, which was a new independent medical specialty board. When he was certified, he was the only physician with that designation in Lane County. He was also president of the Oregon Society of Addiction Medicine.

It made sense that Dr. Ron would target Dr. Geisler to work with him. “When he first met me,” Geisler recalled in the Lane County Medical Society’s magazine article, “he insisted that I help him because I was a healthcare professional and in recovery. I understood the unique nature of these patients.” Dr. Geisler began working at Serenity Lane on the weekends and continued to run his Springfield family practice during the week.

Dr. Schwerzler battled cancer for years, rarely letting his treatments interfere with his calling at Serenity Lane. Sadly, he passed in late 2015. Former patients eulogized him, saying on a remembrance page, “If it wasn't for you, I would not be alive and well today.” and “You were and are blessed with a sympathetic and compassionate disposition, and you did not waste it on yourself. Thank you for sharing it with me. Although I may not see you today or tomorrow, the

heart has eyes that the head knows nothing of. Therefore, my vision of you never fades. Thank you for helping me and so many others.” and “Thank you Dr. Ron! You helped save my life! Rest in peace.”

When the new campus opened, the detox facility was named the Dr. Ronald Schwerzler Hospital Unit. If a higher level of medical care is needed at any point during treatment, Serenity Lane works with PeaceHealth’s Sacred Heart Medical Center at RiverBend, the closest full-service hospital to campus.

In 2016, Dr. Geisler stepped into the full-time position of medical director of Serenity Lane. He has been certified by the American Board of Addiction Medicine. He has overseen major updates in the treatment protocols, including detoxification and options for recovery programs. Treatment now emphasizes harm reduction, with Serenity Lane always evaluating possible new components that will help addicts achieve recovery.

For all patients, the post-detox transition may begin with a diagnosis of a co-occurring disorder, which means the patient may need treatment for a mental health issue – which adds to the complexity of treatment – as well as a substance use disorder, or they may have addictions to alcohol *and* marijuana, or an addiction to one substance *and* a dependency on another.

“For the longest time, Serenity Lane was not a dual diagnosis facility,” said Kevin Graves. When professionals focus on a patient’s mental health issues as well as the substance abuse, “There are complications,” he said. “It’s more expensive, too. This was quite an effort (by Serenity Lane).”

The organization has added staff who can address the complexities of a patient’s dual diagnosis. In 2021, Serenity Lane began to individualize care for patients who have specialized needs due to trauma or other mental health issues.

In Dr. Gifford's experience, at least half of patients have diagnosable mental health conditions. "If a patient is treated for the addiction only," she said, "the (mental health condition) gets worse. Serenity Lane treats all of (the person) at the same time if at all possible." Of course, if a patient's initial assessment reveals deeper issues that go beyond the scope of care available at Serenity Lane, they are referred to qualified outside providers.

Those patients who have detoxed and are ready for group work can select which setting will best serve their needs. "We make recommendations to empower their decisions," said Doug Smith, "and then we walk alongside them."

It may be that relapse prevention will help those who completed treatment before; or perhaps cognitive behavioral therapy, dialectical therapy, early attachment behavioral therapy, or motivational interviewing that will resonate with them. Patients choose what is best for them after hearing descriptions of the various groups and meeting with their clinical counselor. When they stay more than 30 days, they may switch to a different group for another perspective. They may combine the 12-step tradition with other programs.

Cognitive behavioral therapy posits that emotions, thoughts, and behaviors form a triangle of thinking and feeling that leads to behaviors, and changing them can change the resulting actions. "We work on stinking thinking," Dr. Gifford said, "which is consistently misapplied thinking like misattribution, denial, and overintellectualizing."

Dialectical behavior therapy provides mental health therapy for patients with personality disorders. They learn skills, such as emotional regulation and delayed gratification, which give them more stability and assist in their recovery.

Another option for patients is Serenity Lane's emotional attachment behavioral therapy. This group takes patients to a deeper level. Many times, alcoholics and addicts have survived

severe childhood trauma that leaves them with low self-esteem, fear of abandonment, suicidal ideation, and more issues. These traumas may make it difficult to cope without the numbing provided by a substance. To move forward, these patients benefit by learning to direct themselves in the present rather than to live in their past traumas. Doug Smith developed the therapy to help patients understand how their attachment issues are connected to their addictions.

Serenity Lane also offers a group that uses motivational interviewing to help patients direct their future. “The idea,” Dr. Gifford said, “is that nothing is as powerful as you stating what you’re going to do. It may be finding housing, getting the kids to do the dishes, or staying sober – when we choose for ourselves, we more often commit to the work.”

“I’ve seen really good changes (in treatment),” said Tom Turner, who led several outpatient offices in his career at Serenity Lane. “It’s changed from program-driven to patient-centered. It takes into account way more individual needs and wants than it used to.”

These customizable treatment plans are an evolution from Dr. Kerns’s 12-step-based model of treatment and recovery, and they are designed to meet today’s patients where they are so they can achieve recovery. Modern treatment options have positively impacted Serenity Lane’s outpatient offices, too.

Chapter 13: Serenity Lane's Outpatient Offices

“Outpatient services are where the rubber meets the road,” said Doug Smith, who worked as an intensive outpatient counselor before his roles on the inpatient team and community outreach.

Serenity Lane’s outpatient offices coordinate closely with the inpatient facility in Coburg, Oregon. In turn, the campus staff is a resource for the outpatient offices, which in 2023 include Eugene, Albany, Salem, Portland East and Portland West, Bend, and Roseburg. Each outpatient office has a manager and counselors who conduct assessments as well as daytime and evening groups.

Tom Turner looked back at his time as a counselor and manager in Serenity Lane’s outpatient offices and said, “The work wasn’t telling people what to do; it was more to convince them that it was in their best interest to do it.” Turner, now retired, began drinking at age 10 and drank seriously by age 21. “The taste wasn’t much,” he recalled, “but it sure made me feel good.” He got sober in 1994 and, 14 years later, left his house painting business to become an intern at Serenity Lane. In fact, his father had been a patient of Sam Graves’s when Sam was at Heartview in North Dakota before coming to Serenity Lane. “When I got to Serenity Lane as an intern, I told my mother what I was going to do and she said, ‘You know who helped start that, don’t you?’ Then she said, ‘I also know Dr. Schwerzler’s mother-in-law, who is a good friend.’ Then I met Kevin Graves and we became friends. I was meant to be at Serenity Lane – no way I could escape that one.”

In working with patients seeking recovery, Turner found that, “My own experience helped in the sense that if I could get and stay sober and have a pretty peaceful life, then hopefully others could get that idea and I could help them obtain that.”

After managing the Bend outpatient office upon Don Zeigler’s retirement, Turner moved to the west Portland office on Barbur Boulevard. “That’s when Medicaid and Oregon Health Plan kicked in, plus for-profit alcohol and drug treatment businesses. The competition for counselors was pretty stiff.” He worked hard to hire enough quality staff to meet the demand for services.

He and Steve Harris were a team, with Harris running East Portland and the then-Vancouver, Washington office. Together, they breathed new life into the Portland-area offices before Turner moved to Salem to lead Serenity Lane’s outpatient office in Oregon’s capital.

When he thinks about people coming for outpatient treatment, “It’s astounding to me,” Turner continued. “In assessment, patients will do anything to stay sober. Two days later, we can’t get them to come to group because they feel better. All I can do is the best I can, then let go and let God. You can almost predict the next thing they’re going to run into. You can almost say, ‘Okay, but....’ We see a lot of repeat customers. That’s the nature of the business. People think they’ve got it figured out, then fail, then learn.

“One of my primary talking points when I’m teaching (future counselors) is that you don’t know who will make it and who won’t. Some have so much against them, you wouldn’t give a nickel (for them to recover), and they do. By the same token, someone will have everything going for them and they give it up and die with their head in the toilet.

“It has nothing to do with intelligence or social status. I couldn’t predict so I gave them all my best. Each patient gets as much time and attention as you can give them, and your best advice and belief that they can do it. We (give them) hope and positive regard for their efforts.”

Turner said, “It’s definitely part of a counselor’s training and experience that they learn they are the go-between, the messenger. Counselors have to take care of themselves and practice their own recovery if they’re in recovery. They can’t take it personally. It’s not my fault if someone relapses, and not my credit if someone recovers. It’s their journey, and it’s a blessing to watch either way. It could be me going down, could be me still going up. I am blessed to be the observer.

“Insurance drives treatment more than it used to,” he said. “It’s reluctant to authorize inpatient treatment but it’s also authorizing treatment for Level 1 outpatient more than it used to.” Patients may move out of the comparatively expensive in-patient treatment, transitioning into 60-90 minute outpatient sessions daily or once a week or once a month. For over two decades, Serenity Lane’s long-term outpatient treatment has encouraged patients to maintain a connection with their therapeutic community. Long-term outpatient treatment also increases the odds of a sustained recovery.

One advantage to outpatient treatment is that the addict may be able to continue to work, live at home, and remain in the community. By not requiring an alteration of the person’s life, outpatient treatment may be less expensive and less disruptive. However, a disadvantage to outpatient treatment is that it may be beneficial for the addict to be physically removed from the routines and people who may have accommodated or enabled the addiction.

All patients receive an individualized treatment plan. The plan lays out the problems, goals, objectives, and activities that should be completed to achieve recovery. The plan is modified and updated as needed.

In the Level II intensive outpatient program, patients acclimate to living a substance-free life by attending group therapy, individual counseling, and educational sessions for three hours three times a week. The 10-week program includes individual and group work that encourages patients to review their history with substance use and its effect on them and others. Those histories are shared with the group. All of the groups educate patients about substance use disorders. This program is also available to patients who have completed all elements of their inpatient program.

The Level I outpatient program meets in person 1.5 hours a week and includes individualized treatment. About half of the patients who complete the Level II intensive outpatient program move to Level I, sharing their issues and developing solutions as a group. “Typically,” Turner explained, “it’s a check-in session. The Serenity Lane counselor may have five to 15 patients. And participation falls off; the better their life gets, the more patient participation dwindles.”

All patients are encouraged to participate in recovery support, which includes alumni activities and further education and support. Some patients find it helpful to attend weekly support groups in their area, religious groups, and/or individual therapy.

The outpatient offices also offer support for people arrested for driving under the influence of intoxicants. DUII education includes evening and daytime groups. Staff fulfill external requirements, such as mandatory reporting for courts. DUII education is also offered via telehealth. Serenity Lane’s DUII program is approved by the Oregon Health Authority.

Because of these outpatient options, patients can find a path that leads them toward recovery closer to home.

Chapter 14: More Responses to Patients' Needs

Detoxification at Serenity Lane's Coburg inpatient campus, followed by months of localized treatment in one of the organization's outpatient offices, is one model for achieving lasting sobriety, but Serenity Lane has implemented several outpatient-only options that can work well, too.

Day treatment, or partial hospitalization, is a way to strengthen the addict's introduction to the world of recovery in a way that is more accommodating of patients' work and personal responsibilities. Day treatment combines elements of inpatient care with intensive outpatient treatment and meets many insurance providers' requirements. This modality helps patients who are relapse-prone by offering five to seven full days of intensive work, with up to six hours a day, most of it in structured group therapy. It is available at the Coburg campus, where patients may also opt to reside. After day treatment, patients move to intensive outpatient or long-term residential care.

Another option is telehealth or virtual treatment, born of necessity during the COVID-19 pandemic. Serenity Lane's program is called RecoveryNOW. Like the outpatient programs, telehealth offers another door to treatment and recovery. In this model, patients meet regularly with their online-only group and their counselors, plus primary care practitioners and mental health specialists, in an outpatient format that fulfills intensive outpatient and Level 1 treatment plans. RecoveryNOW patients have more flexibility because they can work their program from home or another remote location. RecoveryNOW was designed in coordination with Lane County Public Health and the Oregon Health Authority to ensure protocols that allow Serenity Lane to continue providing quality care.

Serenity Lane has had a robust employer services program, but like evolving patient expectations and needs, employers' protocols have changed, too. Tom Turner, the retired outpatient manager, reflected on the difficult position employers are in. "Now I see too much marijuana in the workplace. How do you manage an employee who smokes at night and still has THC in his system? (The company's employee relations department) may not care as long as the employee isn't drinking. Somebody with an addiction has a problem; it's not the substance, but the addiction. I have worked with some good employers who will pay for a patient's treatment. That's a really good thing. But now, it's almost like everyone's throwing up their hands."

As mentioned previously, Jerry Gjesvold was the face of employer services for Serenity Lane for decades. Several years after treatment at Serenity Lane, he entered the intern program. That was when "Neil McNaughton called me into his office," Gjesvold recalled, "and shared the idea of employer services and outreach. It was very insightful on his part."

In close to 40 years of work, the now-retired Gjesvold trained tens of thousands of supervisors. "I put 150,000 miles on eight or nine different cars. There wasn't a corner of the state I didn't visit." After he retired, the employer services program shifted to education and resources for the workplace as well as monitoring of patients' compliance with the terms of employment after being referred for treatment.

Taking care of many people from healthcare professions led to a specific program focused on their needs. Physicians, pharmacists, nurses, and other healthcare providers have daily exposure to medications, and the stress of their positions may lead to addictions. The American Medical Association estimates that six percent of physicians have drug use disorders and 14 percent experience alcohol use disorder. In a Lane County Medical Society's article, Dr. Geisler, Serenity Lane's medical director, explained, "Alcohol abuse among physicians is

reported to be as high – or higher – than the general public, but frequently goes undetected or untreated because physicians are fearful about their board discovering they have an issue. Also, it could be an issue for the public. Physicians often have strong self-discipline, and can control their drinking until they are quite severe in their problem.”

Healthcare patients are usually licensed by a professional board. Gjesvold said, “We (have) treated lots of healthcare professionals, many of which were mandatory referrals from the boards of pharmacy, nursing and physicians. The (boards) rely on our compliance reports.” Also, “the (patient compliance) system keeps healthcare licensees’ feet to the fire so they stay in treatment long enough to get back in the workplace.”

The compliance program, formerly called Blue Flag, has been fine-tuned and renamed the Licensure and Employment Monitoring Program. Through the program, Serenity Lane staff will work with the board, the employee assistance program, the substance abuse professional, and/or the employer and human resources contacts, keeping them informed and up-to-date on the licensee’s or employee’s progress.

In recognition of the unique factors facing healthcare professionals, their program lasts longer than those designed for the general population. The healthcare providers program is administered by Dr. Geisler and includes the option of day treatment, or partial hospitalization.

Serenity Lane has added a program specifically tailored to first responders, such as firefighters, prison guards, members of the military, emergency medical technicians, police officers, and social workers. Because the nonprofit’s mental health professionals are trained in trauma-informed treatment, they understand that substance abuse may be a coping mechanism for people who are often the first on the scene of events that can result in post-traumatic stress

disorder. Serenity Lane's First Responders program uses clinical and group therapy to help this cohort of valued workers find healthy coping mechanisms.

Serenity Lane has expanded its range of services for detoxing patients in the general population. While detoxing, people can access programs that meet their individual needs, such as addiction-free pain management, diabetic management, food or fluid management, seizure prevention, and pregnancy care. These programs are possible because of the 24/7 nursing staff and Dr. Geisler.

Knowing that the deception and chaos of addiction impacts the entire family, Serenity Lane offered a program on four weekends for families of those in residential care, plus the patients themselves. Family involvement in the addict's recovery helps everyone. "Usually the phrase from the family is something along the lines of 'We're sick and tired of it,'" Dr. Geisler noted in Lane County Medical Society's magazine article. The format of Serenity Lane's family program has evolved since its inception although it was paused during the COVID-19 pandemic.

The family recovery support program educates loved ones about the disease of addiction, helps them look at family systems and communication, and emphasizes healthy boundaries and relapse prevention. It also includes a letter writing exercise, where the addict writes about addiction experiences and family members write about how the addiction has impacted them. This exercise is popular and effective. Using this curriculum helps the family begin its recovery process. The result is better communication, the development of new patterns of interacting, and a reset of the addict-family relationship – and, for the patient, better odds of long-term recovery and a lower risk of relapse. Indeed, the National Alliance on Mental Illness said that substance abuse treatments that include family therapy works better than substance abuse treatments that do not.

Serenity Lane's reputation for quality is partly due to its pattern of consistently hiring outstanding counselors. Early on, the organization was fortunate to employ Sam Graves, Lois O'Connor, Jim Creasey and others, and in turn, they trained counselors-to-be through Serenity Lane's Addiction Counselor In Training program. The program continues today, with many of the new counselors finding employment with Serenity Lane; others now work in treatment programs throughout the country.

As the first 50 years of Serenity Lane have unfolded, its employees – including those who aren't named in this history – have had incalculable and valued impacts on many lives. They are dedicated professionals. From providing quality, nutritious food to managing the organization, the staff has always stepped up. For example, many staff donated to the new campus via payroll deduction, buying bricks to honor others, or contributing to the landscaping.

In the spirit of their predecessors, Serenity Lane's staff continually studies new protocols that might help patients, who can then find a method and venue that maximizes their opportunities for recovery. Its scope of programs and its relatively low cost for care make it stand out as it heads into another 50 years of service.

Chapter 15: A Campus Rises From a Field

Building the new campus generated more than the obvious change of location. Serenity Lane established relationships with its Coburg neighbors and city officials, a new outreach that hadn't been necessary when the facility was sited among the predominantly student-rental West University neighborhood in Eugene.

One of the big changes wrought by construction was taking out Serenity Lane's first loan. The organization had always prided itself on being fiscally conservative. It made a point of not carrying debt. For example, it did not expand into new outpatient sites until it had the funds to pay the lease or purchase the property as well as staff the new facility. However, the price tag of the proposed campus was a huge eye-opener. It would be a large project that could not be financed solely by the nonprofit. Serenity Lane would need a major capital campaign.

Mike Dyer, former chief financial officer and then president and CEO, recalled, "We could sell the Eugene properties for \$6 to \$7 million, and we had good cash reserves. However, building the new campus would not be possible without financing a portion of the total cost. We developed a proposal document with our history and financial information, and what the (campus) and buildings would look like. We talked to a number of financial institutions. In the end, with the assistance of then-Pacific Continental Bank, we were able to issue \$12.25 million in tax-exempt bonds through the Oregon Facilities Authority."

Jamie Louie-Smith, a Pacific Continental Bank employee, facilitated the proposal. "She was dynamite," said Dyer, "She scheduled the meetings, coordinated the communication between the parties, and helped us bring it to the finish line. Then Pacific Continental Bank

purchased the tax-free bonds.” Several years later, Louie-Smith came to Serenity Lane as its chief financial officer.

Serenity Lane also got a big boost from the Harrison family of Willamette Valley Company. Dyer said, “We approached the family for a donation to the new campus. The conversation moved to the properties we would be selling when our new campus opened. We had an opinion of value. The Harrison family said they would purchase the properties at those valuations. We entered into a purchase and sale agreement with the Harrisons to sell all the facilities near the University of Oregon campus. Because we needed to occupy these facilities while we built the new campus, there was the dilemma of not having the proceeds from the sale to help finance the new campus. The Harrisons offered to close on a portion of the properties when we began construction and allow us to continue to occupy for up to 18 months rent-free. This was critical to our ability to pay construction costs for the Coburg campus. The remaining properties closed when we vacated and moved to the new campus.”

Since Serenity Lane’s move to Coburg, the Eugene treatment center, which had begun its life as a fraternity, has been remodeled and, in a full-circle moment, now houses a sorority.

Other buyers were generous with the terms of their purchase of Serenity Lane’s property, too. Mike Dyer recalled, For example, the administrative headquarters were off of Martin Luther King Jr. Boulevard on Centennial Loop in Eugene. “That building was sold to a hotel developer,” Dyer said, “but Serenity Lane was allowed to continue occupying it rent-free for 12 months. After that year, though, the rent would jump to \$50,000 per month. Unfortunately, the new campus wasn’t complete after the 12- month period so we needed to rent office space in Coburg for the final six months of construction.”

Mary Daniels, the marketing director at the time of the move, had been Jerry Schmidt's right-hand person for many years and emphasized online communications while continuing the successful testimonial TV ad program through the in-house ad agency, Outreach Advertising. She said that the interim move and then the final move onto the new campus, "was extremely disruptive, but change is invigorating. It could be difficult finding things we had packed for the move, but it was exciting."

A number of actions contributed positively to the new campus. For example, the lecture hall needed a piano, but it wasn't in the budget. "A month later," Dyer remembered, "a patient in ExSL, the long-term residential program, came to us and said, 'I don't have any more money (for continued treatment) but I have a piano.' Now we could have piano music in the lecture hall. Another example was when John Murphy of Murphy Lumber worked with other wood product companies to donate \$400,000 of in-kind products. He also made a significant cash donation.

"We had gatherings of potential donors at the homes of Mary Ann Moore and Andy and Donna Moore. The generosity of these community leaders played a significant role in the success of the new campus. At the gathering at Mary Ann Moore's home, Dr. John Teller spoke up. He is the son-in-law of Don and Willie Tykeson, as well as the son of Dr. George Teller, who practiced with Tom Kerns," Dyer said. "John said he'd known the Kerns family all of his life and believed that Serenity Lane was a valuable organization. Amy and John, who were visiting her parents here, wanted to see the campus. I met them at the bridge the next day, which was Sunday, but I couldn't open the lock on the gate to let them in! Instead, I showed them the schematics. The next day, Amy promised a large donation from the Tykeson Family Foundation."

Amy Tykeson explained that her family's interest in Serenity Lane comes partly from the mission and partly from personal connections. "In our family, we've been fortunate to not have anybody who needed treatment, but I think my dad in particular was very taken with the concept of Serenity Lane, the wrap-around support." Also, "My parents got to be quite close with Marianne and Mike Dyer through their Bible study group. When the campaign really started in earnest, we felt like this is a wonderful place to invest dollars to support people in regaining relationships and productivity in life."

Don Tykeson wrote a guest opinion in *The Register-Guard* in 2011, urging readers to support treatment and recovery by making donations toward the new facility. His daughter explained, "Our family foundation supports education, health sciences and the arts. My father had the philosophy that first you have to have your health and get an education. When you have those, you are better able to engage with and appreciate the arts for greater enrichment and fulfillment in life."

"We were so pleased to be part of the campaign," Amy Tykeson said. "We pitched in on two buildings: the main building and the fitness center." The fitness center is named for Dr. George Teller, who practiced with Dr. Kerns and is the father of Dr. John Teller. The Tykeson Family Charitable Trust has contributed \$1.25 million since 2013.

The Serenity Lane Foundation was established during the fundraising, something else the organization had never had before. It wasn't a true foundation because it did not manage assets for later distribution; instead, it had an advisory role of working closely with the development staff to raise funds for Serenity Lane's new campus. Over the years, the Foundation's board of directors included Judy Baldwin, Diana Bray, Diane Greenwood, Dean Hansen, Cheri Harrison, Judge Michael Hogan, Luke Jackson, Del Johnson, James Koons, Debbie Leiken, Mary Anne

McMurren, Dino Philyaw, Juan Shedrick, Pat Straube, and Paul Weinhold. Larry Bradley and Mike Dyer represented the organization. The Foundation is not active now, but the development work continues with a director of development and marketing.

The new campus cost \$30 million, including architect and permit costs, which was larger than the original estimate of low- to mid-\$20 million. The cost was a far cry from the \$100,000 raised years earlier to purchase the Eugene site but a lower cost than it might have been because the spiritual center, one residence hall and one counselor building were put on the back burner.

At the Coburg site, years of friend- and fund-raising, combined with long months of construction, created Serenity Lane's new inpatient campus. The buildings, designed with a Northwest feel, include four gender-specific residential buildings that can each house 20 patients, plus lecture halls, group pods, counseling offices, administrative offices, a 22-bed unit for medically managed withdrawals, physician and nursing units, a fitness center, a kitchen, a cafeteria with gender-specific dining areas. The former extended-stay residential treatment facility has been converted into more counselor offices and group meeting spaces.

The Eugene campus had a central courtyard where patients liked to meet, perhaps to smoke or connect with each other or just take a break, and Serenity Lane staff knew that nature and places to relax together would be important parts of the new campus. The grounds were landscaped. Inscribed pavers, with names and sayings dedicated by donors to special people, were installed along a sidewalk.

Inside the buildings, colorful quilts designed by a donor, Mary Nyquist Koons, were hung, brightening the walls and offering sayings that inspire hope. Kathy LaMontagne oversaw the interior design.

As the organization transitioned from the closing Eugene campus to the new one in Coburg, the patient population was deliberately lowered so the Coburg campus could come up to speed slowly. No new patients were admitted for the last several weeks of Serenity Lane being headquartered in Eugene. Still, a sizeable group of patients and staff witnessed the transfer of the large bell that was part of a treasured ceremony when a person graduated from the treatment program. Before graduates left campus, they would ring the bell, and everyone would clap and hug the person. It was always a special part of the day. Larry Bradley described the transfer of the bell from the old cafeteria to the new one: “We did a ceremonial ringing of the bell, took it off the wall, gathered the portrait of Dr. Kerns that hung over the fireplace, and carried them together to the new campus.” The bell was rehung on a post in the new cafeteria, and the bell-ringing tradition continues today. And Dr. Kerns’s photo hangs again over a fireplace, this time in Gilbert Hall at the new campus.

By early 2016, Serenity Lane’s administrative staff was housed on the new campus. Marketing staff worked on signage and décor, and the buildings and grounds were prepped. One of the challenges in the move came from the requirement for a new certificate of need for the hospital unit. Mike Dyer said, “We were under the impression that because our current certificate was for more beds than we were building in Coburg, we didn’t need a new certificate. We found out that if you move your facility more than five miles, you need to apply for a new certificate of need. The distance between the two facilities was a little more than 5.5 miles. We hired an attorney who was very knowledgeable in this area and with his help, we were able to obtain a waiver of a new certificate.”

Another issue dealt with the license for the hospital. “The Oregon Health Authority had to inspect the facility prior to the issuance of our license at the new facility,” explained Mike

Dyer. “They came to do their inspection, but we didn’t have the hospital fully stocked and the beds were still at our old location. They would not issue our new license, which meant we could not admit patients. They said they would come back in a few weeks. I had to plead with the supervisor at Oregon Health Authority and in a couple days, I received our license by email.”

All of these minor miracles, from generous buyers of property who let Serenity Lane remain while the new campus was built, to last-minute delivery of an operating license, were reminiscent of the against-all-odds opening of the original campus.

Serenity Lane’s Coburg inpatient campus was dedicated on March 11, 2016 on a day filled with joy and celebration. The new facility represented the hopes, tears, planning, sacrifices, donations, and dreams of every staffer, donor, and alumni. Mike Dyer and Kevin Graves, Sam Graves’s son, kicked off the event. Father John Kerns, another son of Dr. Tom Kerns, gave the invocation. Media reported on the grand opening and the new campus was packed with alumni, Coburg residents, government officials, and people taking advantage of seeing the normally closed facility. They took self-guided tours, enjoyed the kitchen staff’s goodies, and soaked in the festive atmosphere. Visitors, patients, and staff liked the wandering paths – including a jogging path dedicated to Jim Creasey – and the water features and open spaces.

The 15-acre campus is a showcase for modern thinking about treatment, and Serenity Lane took advantage of the new facility by inviting specific groups to tour the campus. For example, the Eugene Downtown Rotary Club held one of its weekly meetings in the Sam Graves Lecture Hall, and attendees could walk through the campus. Insurers and medical referrants got a sneak peek, and major donors were thanked at an on-campus dinner.

On March 31, 2016, Serenity Lane was in operation, able to serve twice as many patients as it had at its former location. The work didn’t stop there. After completion of the campus,

future chief financial officer Jamie Louie-Smith converted the construction loan to a term loan. Fundraising made it possible to plant trees along the southern and western property lines, screening the facility from the neighbors, and vice versa.

Changes occurred beyond the difference in physical infrastructure between the Eugene campus and the new one. Today, patients are admitted seven days a week, often on the same day as their inquiry. The new campus provides more options for configuring groups, meeting patients' special needs and offering more programs.

While the pandemic slowed the number of people seeking in-patient treatment, Serenity Lane has continued to successfully help people achieve recovery, whether through telehealth, outpatient offices, or the residential campus at 1 Serenity Lane in Coburg.

Chapter 16: Today's Serenity Lane

Serenity Lane's mission is to transform lives through the treatment of addiction. The nonprofit is working to achieve its mission in a state with high numbers of residents with substance use disorders. The numbers tell the story:

- Oregon ranks fifth among all states for the most residents with an alcohol use disorder – which is an improvement from 2020, when the state ranked second.
- Between 2019 and 2020, alcohol-related deaths in Oregon grew by 73 percent and drug overdoses increased by 39 percent, according to the 2022 National Survey on Drug Use and Health.
- In 2021, more than half of Oregon's overdose deaths involved more than one substance.
- In 2022, Oregon ranked seventh for cocaine use, which was an improvement over 2019, when the state ranked fourth.
- In 2016-2017, Oregon ranked first in the nation for illicit drug use, according to the National Survey of Drug Use and Health.
- In 2022, Oregon ranked second highest for substance use disorder.
- A 2020 study by the Substance Abuse and Mental Health Services Administration found that nearly one in four Oregonians does not receive the treatment they need for substance abuse.
- Oregon's Secretary of State's office said Oregon ranks last in access to treatment.

In 2015, Oregon voters decriminalized possession and use of small amounts of marijuana. More recently, voters decriminalized adult use and personal cultivation of marijuana. In 2020, voters passed the Drug Addiction Treatment and Recovery Act, or Measure 110. The measure

reduces penalties for non-commercial possession of drugs that are still illegal under the federal Controlled Substances Act, designating the cost savings and marijuana sales revenue to create a new drug treatment and recovery grant program.

As Oregon works to build out the system of access to care required by Measure 110, one element will be contingency management, which will offer incentives for participating in treatment.

Oregon's new process has not been attempted by any other state. If successful, the statewide model could be a beacon for Oregonians seeking treatment and an example for other states.

Meanwhile, Serenity Lane has actively partnered with coordinated care organizations across a broad section of Oregon. The CCOs serve Medicaid-eligible residents. About 40 percent of Oregonians qualify. Since developing these partnerships in 2012, Serenity Lane is able to serve more low-income people.

Serenity Lane is one of two Oregon facilities offering the full spectrum of treatment, from detoxification to residential treatment, plus outpatient options and follow-up care. Serenity Lane's mission is backed by its philosophy and values. Because the organization believes that addiction is a treatable disease through education, intervention, and innovative treatment services, it has committed 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.

Serenity Lane puts service excellence at the core of its values, then surrounds the central goal with expectations of respect, integrity, compassion, and quality.

Who is the typical Serenity Lane patient? As of 2022, that patient is probably an alcoholic 38-year-old Caucasian man living in Lane County, but the patient profile covers the spectrum.

About 62 percent of patients are male and about 90 percent of patients are Caucasian. While nearly 40 percent of patients live in Lane County, Serenity Lane still attracts patients from all of Oregon, the Northwest and beyond. About two-thirds are admitted with alcohol dependency, although sizeable portions of the patient population have methamphetamine or opioid issues and some patients struggle with cannabis, sedatives, or cocaine. The patient population skews younger, with 60 percent between ages 26 and 45.

Serenity Lane's staff knows that its treatment philosophy and programs make a huge difference to the patients. However, long-term patient outcomes are difficult to track because survey participation rates decline several years after initial treatment. That's why Serenity Lane is participating in a national effort, led by the National Association of Addiction Treatment Professionals, to study patient outcomes.

Every year, Serenity Lane writes off a portion or all of the financial cost of treating some patients. The charity care policy lets patients apply for financial assistance, as set by the board of directors annually, and about 200 patients do so yearly. The reasons for needing assistance vary. Patients may not have insurance or it may be limited or require payment of a large deductible; in addition, patients may be experiencing financial difficulties because of their substance use disorder. The Founder's Fund for Patient Aid, named in honor of the vision of Dr. Kerns, Sam Graves and Lois O'Connor, accepts donations that are supplemented by annual distributions from the Thomas A. Kerns M.D. Endowment Fund of the Oregon Community Foundation. The

funds are available for immediate use at the discretion of Serenity Lane's executive leadership, and patients received \$209,000 in aid in 2021-22. The financial assistance allows Serenity Lane and the patients to focus on patients' needs rather than their finances. Serenity Lane's donors are filling a gap and helping more people break the cycle of addiction.

In addition, Serenity Lane has established a monthly giving program. The Dr. Thomas Kerns Giving Circle enables people to make a generous commitment of at least \$100 monthly for three years.

The charity care policy was scrutinized carefully in a 2012 lawsuit filed by the Lane County Assessor's Office. It claimed that Serenity Lane did not qualify for its tax-exempt status because it did not meet the gift-giving requirements of the tax code. The County also said that offering detoxification at below-market rates didn't justify Serenity Lane's tax-exempt status. The proposed change in tax status was quite serious; if Serenity Lane couldn't use the nonprofit model and had to begin paying taxes, its charges for providing treatment would have to jump astronomically to cover the annual tax bill of \$400,000-\$500,000. As a result, Serenity Lane's mission would be deeply and adversely impacted because fewer patients could afford to access treatment. Although the County won its tax court lawsuit in 2012, Serenity Lane appealed to the state and its nonprofit status was affirmed in 2013. Serenity Lane also had to expend funds and time to successfully defend itself in 2014 when Multnomah County tried to revoke the tax-exempt status of the Barbur Boulevard outpatient office. Since then, Serenity Lane's classification as a charitable institution has not been questioned.

In support of patients' entire recovery, Serenity Lane raised money for a spiritual center, a goal of the original Coburg campus's design that had to be postponed for budget reasons when the rest of the facility began operation. The Dwight Lee Spiritual Center is a 700-square-foot yurt

that accommodates groups as well as individuals seeking healing in many forms, such as meditation, reflection, and spiritual practices.

Dwight Lee was a beloved Serenity Lane counselor and spiritual advisor, known for his past as a Michigan State football hero, National Football League and Canadian Football League player and, later, an addict who achieved recovery. In addition to his Serenity Lane work, Lee also ran a recycling business from an old flatbed truck and was an ordained minister and an elder in his church. As a friend said who had met Lee while in treatment at Serenity Lane and was then quoted in the Michigan State Football Players Association remembrance of Lee's life, "He was large in size and had one of those James Earl Jones type of voices. When he spoke, the room resonated. He brought this bright light with him everywhere he went."

Because of his credibility, Lee reached young men and athletes. He became known to the wider world when he recorded a Serenity Lane television commercial where he asked the question he asked patients: "Who's driving your car? Because if it's your addict, it'll take you where you don't want to go, make you spend money you don't want to spend, and cause you to suffer." His question was so popular, Serenity Lane's marketing staff created bumper stickers that said, "Who's driving your car?" and they sold out.

In October 2016, Lee was honored with Serenity Lane's Community Service Award for Spiritual Advisor. Among other memorable statements in his acceptance speech, he said, "There are no mistakes in life, there are only lessons." Lee died in late December 2016 of liver cancer. The Dwight Lee Spiritual Center, created through donations in his honor, opened in 2022 and serves patients as they move through treatment.

"(Spirituality) is different (from the traditional 12-step program) in that it is not tied to a specific belief but might be another organizing force," said Dr. Gifford, Serenity Lane's director

of mental health. “Although patients may practice 12-step, we recognize that there are other ways to approach recovery.

“We use lectures, multiple groups, clinical and mental health groups – mindful breathing, walking meditation, prayer, journaling, gratitude lists; it is all a focus on purpose and what they really want,” she explained. “They have to be in touch with their highest good.” A spiritual advisor, plus group activities, is available in one location, becoming another element in the healing and recovery of Serenity Lane’s patients.

To honor individuals and organizations working in the drug and alcohol field, Serenity Lane launched the Community Service Awards in 2012, missing one year due to the pandemic and returning virtually in 2021 before resuming an in-person celebration in 2022. Its goal is to celebrate treatment professionals, plus community volunteers and organizations, for their contributions to treatment and recovery. The project also brings service providers together, and Serenity Lane has coordinated the nomination and award process with peer organizations that offer care and support on the local, regional, and statewide levels, including Centro Latino Americano, Emergence Addiction and Mental Health Services, Lane County Methadone Treatment, Lane County Public Health, Looking Glass, PeaceHealth, Relief Nursery, Sponsors, Willamette Family Treatment Services, White Bird, and others.

Community Service Awards recipients have included ministers, social workers, police officers, judges, leaders of nonprofits, teens, counselors, and others who do the day-to-day work that helps addicts find a path forward while providing vital support to help address their community’s needs. The families and coworkers of the honorees also attend. Community members are present, too, learning that addiction can strike anyone, but there is hope for recovery. The celebratory atmosphere puts the focus on honoring those who make a difference.

Serenity Lane continues to have good name recognition, being almost synonymous in Oregon with treatment and recovery from substance use disorders, thanks to its presence throughout the state, the large number of alumni, and decades of testimonial ads on television and radio. An employee who came from another regional treatment center said that she always admired Serenity Lane because it had a great reputation in the Northwest.

Serenity Lane no longer advertises on television and radio because the media landscape has splintered and many viewers record their programs, then fast-forward through the commercials. However, the organization uses targeted messages to reach people online, including through Google and social media outlets like Facebook, Instagram and Twitter. Serenity Lane also delivers communications via email to its online mailing list. It continues to manage a robust website, serenitylane.org, which emphasizes education, both for the patient and the patient's loved ones. Information ranges from blog posts to downloadable brochures, explanations of program options and locations, and answers to commonly asked questions. The site includes details about treatment costs and insurance options. Each page features contact information and ways to access 24/7 help.

Serenity Lane has added an educational monthly webinar, *Beyond the Brink*, which introduces addiction and recovery concepts while answering viewers' questions. Kevin Graves, the interventionist who is the son of cofounder Sam Graves, facilitates the program with Serenity Lane staff.

A comforting, reassuring presence at the residential campus is Sage, a certified therapy dog who visits regularly. She is owned by Teresa, who trained her. Teresa reports that Sage "runs to the car when it's time to 'go say hi' and pulls on her leash when they arrive at campus."

Sage, a rescue dog, is available for petting and hugging, accepting tears, smiles, and love. Patients and staff look forward to her visits.

About 68,000 patients have sought help from Serenity Lane since its founding in 1973, and hundreds of thousands of people, as well as generations of families, have been touched indirectly by those who have achieved recovery. Graduates of Serenity Lane become part of the alumni program. Many return to their communities, ready to contribute in healthy ways. The alumni group provides a sober support network to help those in recovery create their new lives. Activities include meetings, bowling and other sports, BBQs, service opportunities, trainings, and activities that keep alumni connected to each other and to Serenity Lane. Each year, an alumni picnic brings everyone together, and Doug Smith, the long-time counselor, said, “I love seeing the individuals with their families, breaking the cycle for future generations.”

Some alumni have joined Serenity Lane’s board of directors; other board members came from the community or professions that work with addiction and recovery. At the time of the 50th anniversary in 2023, board members included Chair Mary Chavin, Tim Danforth, Dr. Renee Edwards, Dana Fleming, Dean Hansen, Sister Jane Hibbard, Rev. John Kerns, Dr. John Lipkin, Mike McCallum, and Jens Schmidt.

The pandemic of 2020-2022 was a difficult period for everyone, and Serenity Lane’s treatment format suffered, too. The organization saw fewer residential patients despite addiction numbers rising dramatically during the pandemic: The Journal of Addiction Medicine reported that drinking among women grew by more than 50 percent and, among women with children under age 5, it rose by more than 300 percent. In addition, some staff chose to leave. Once again demonstrating flexibility and resiliency, the remaining staff developed the telehealth option. They were also vigilant about avoiding transmission of COVID, and new patient protocols were

installed to prevent spread of the virus among the residents. Despite these stringent efforts, several employees and patients were diagnosed with COVID, which affected the day-to-day operation of programs. Group living facilities were especially vulnerable before vaccinations were developed, but Serenity Lane contained those outbreaks. Serenity Lane continues screenings of all visitors as well as new patients.

Despite the turmoil caused by the pandemic, Serenity Lane has maintained its accreditation by the Commission on the Accreditation of Rehabilitation Facilities.

Today, Serenity Lane patients stay an average of 2.5 days in withdrawal management and an average of 30 days in the residential program. In 2021-22, Serenity Lane saw a seven percent increase in the number of patients admitted to the detox unit and an average of 66 patients in the daily census for the residential program.

In 50 years of work in the substance use treatment and recovery field, Serenity Lane has gone through many changes. The large, modern in-patient campus is an obvious change, but so is shouldering a mortgage for its construction, plus maintaining seven outpatient offices in Albany, Bend, Eugene, Roseburg, Salem, and east and west Portland. The nonprofit has come a long way from 1973's monetary difficulties when, according to Jerry Gjesvold, the retired manager of employer services, "we were in such financial hard times that Jay, the cook, had to pay cash to get bread delivered from Williams Bakery" – leading Jay to make most of the cafeteria's delicious bread himself, which became a fond memory for many early alumni.

In 2019, Mike Dyer retired and Pete Kerns became the president and CEO. He is one of the children of Dr. Thomas and Clara "Tops" Kerns. Previously, he had a 36-year law enforcement career that included nine years as Eugene's chief of police. After retiring, he

worked briefly as the chief of staff for St. Vincent dePaul, a large local nonprofit, but he came to Serenity Lane when the position opened.

Donor Amy Tykeson said, “I can’t think of a better way to celebrate the 50th anniversary than to have Pete Kerns heading up the organization. His parents in heaven have got to be so proud of him and his engagement and dedication to the mission of Serenity Lane.”

Kevin Graves said, “Serenity Lane has tried to manage that tension of quality, excellence, and affordability. One of my burning core desires for Serenity Lane is that they stay true to their DNA: indispensable, with a unique role in the industry. For the most part, the field has been taken over by for-profit facilities. Serenity Lane is doing things that few others are, and it’s needed. Remembering history helps you remain true to your DNA, what you’re called to do.”

Amy Tykeson added, “It would be wonderful if Serenity Lane wasn’t needed, but the reality is that all of us face challenges in our lives and many of us need help in addressing them. It is vital to have resources like Serenity Lane available to those who need it, including scholarships, and the capacity to provide care when the patient is ready. Serenity Lane is continuing to evolve with the science and discoveries about how to deal with addiction and mental health issues so people can achieve the best possible outcome. A wonderful combination of treatments plays into all of this, including spiritual, exercise, counseling, relationship, family work, and post-recovery support groups. Serenity Lane has weathered the test of time. Eugene-Springfield is very fortunate to have this caliber of facility available in our own back yard.”

From its beginnings, treatment and recovery have formed the heartbeat of Serenity Lane. Nearly 4,000 adults come to Serenity Lane each year, including hundreds who come to the inpatient campus, then ring the bell as they graduate, ready to move back into the larger world, creating exponential, positive impacts.

Perhaps the sweetest story about successful treatment at Serenity Lane is that of a woman who entered treatment, discovered she was pregnant, and considered leaving the program. She was encouraged to stay. She completed treatment and was sober during the rest of her pregnancy. Later, she thanked the staff for saving her life and the life of her baby. In gratitude for her sobriety and Serenity Lane's role in it, she named her newborn daughter Serenity Elaine.

Somewhere in Lane County, the state of Oregon, the Pacific Northwest, and the United States is another young woman struggling with addiction and the loss of hope. Thanks to Serenity Lane's continuing enactment of its mission, that woman and many others may find Serenity Lane and, as Serenity Elaine proves, create a happier ending.

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