



12 & 12, INC.
FISCAL YEAR 2016 (July 1, 2015 – June 30, 2016)
ANNUAL MANAGEMENT REPORT

ORGANIZATIONAL OVERVIEW

12 & 12 Inc. is a comprehensive addiction recovery treatment center serving individuals and their families who are affected by alcoholism and other drug addictions. Our services are provided for adults 18 and older in the Tulsa metropolitan area, surrounding counties, and statewide. Our administrative offices and most programs are located in our Skyline facility at 6333 E. Skelly Drive. We have one satellite, Bryce House, located in downtown Tulsa at 1214 S. Baltimore which serves homeless veterans.

Since we were first organized in 1985, our primary purpose has been to help individuals affected by alcoholism and other drug addictions. From our modest beginnings as a halfway house for alcoholic men, we have evolved into the largest community addiction recovery center in Oklahoma serving 1,733 individuals and their families this year. Our mission is to offer life-saving recovery tools for adults suffering with addiction or co-existing mental health and substance use disorders to achieve individualized recoveries.

During fiscal year 2016, we offered a complete array of services including medically supervised detoxification, intensive residential treatment, transitional living, sober living, outpatient treatment and intensive outpatient treatment. Intensive residential treatment, transitional living and outpatient treatments were also provided for individuals who have co-existing substance abuse and mental health diagnoses. Our fees are based on the client's ability to pay; however, no one is refused services solely because of their lack of financial resources.

We are a non-profit corporation and are tax exempt under 501(c) (3) of the Internal Revenue Code. We are governed by a community volunteer Board of Directors who support our mission and vision. We have 270 beds available for services in our Skyline facility. Our programs are nationally accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) and state certified by the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS). In addition, we're an accredited Comprehensive Community Addiction Recovery Center (CCARC) through ODMHSAS. Bryce House, which houses homeless veterans, is accredited through the Veterans Administration.

Our annual operating revenue was \$7.3 million dollars during FY 2016. We operate with a staff configuration of 126 full time positions. We contract with the Oklahoma Department of Mental Health and Substance Abuse Services, the Veterans Administration, Department of Corrections, Federal Probation and Parole, Medicaid, Cherokee Nation, Creek Nation, Sac & Fox Nation, the Indian Healthcare Resource Center and numerous commercial carriers.



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CLIENT PROFILE

In FY 16, 1,733 (unduplicated) individuals received services at 12 & 12, Inc. Following are our client demographics for the fiscal year:

Gender	%	Race	%	Age	%
Female	30	Caucasian	56	18 to 35 Years	51
Male	70	Black	8	36 to 64 Years	48
TOTAL	100	Native American	27	65 and Up	1
		Hispanic	5	TOTAL	100
Employment	%	Other	4		
Employed	20	TOTAL	100		
Unemployed	26				
Not in the Labor Force	48				
Unknown	6				
TOTAL	100				

12 & 12 AVERAGE CLIENT AT A GLANCE FOR FY 2016

Area	Characteristic/Attribute	%
Gender	Male	66%
Age	Between 25-34 years	39%
Race/Ethnicity	Caucasian	79%
Referral Source	Self-Referred	77%
County of Residence	Tulsa County	55%
Type of Residence	Resided in Permanent Housing	53%
Employment Status	Unemployed	80%
Education Attainment	10-12 Grade Education	63%
Marital Status	Never Married	50%
Income Status	Below 25% Poverty Level	69%
Primary Drug of Choice		
	1 st Alcohol	33%
	2 nd Opiates	25%
	3 rd Methamphetamine	17%
Frequency of Drug Use	Daily Drug Use	65%
Age at First Drug Use	Between 13-17 Years of Age	45%
Payer Source for 12 & 12 Services	OK Dept. of Mental Health & Substance Abuse Services (ODMHSAS)	45%
Level of Care at 12 & 12		
	Detox	55%
	Residential Treatment	30%



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Alcohol was the primary drug of choice for all admissions during FY 2016 at 32 percent, which is a 3% decrease from FY 2015. Opiates was the second most used drug identified at 28 percent, also a decrease from FY 2015. Methamphetamines was listed as third at 21 percent, an increase of 7% from the previous fiscal year. Fifty-one percent (51%) of admissions were listed as having a substance abuse and a co-occurring mental health issue.

Thirteen percent (13%) of admissions were employed fulltime and seven percent (7%) were employed on a part-time basis. Twenty-six percent (26%) were unemployed, decreasing from FY 2015, and forty-eight percent (48%) were not in the labor force, increasing substantially from the previous year. Six percent (6%) did not provide an answer to the question.

PROGRAM DEMOGRAPHICS

Clients Served By Program

Medically Supervised Detoxification

This program is designed for those who are at risk for medical complications when withdrawing from alcohol and other drugs. It involves a medical monitoring process provided by a certified physician and qualified nurses. Typical length of stay at this level of care is 4 to 7 days.

- 719 Persons Served
- Average Length of Stay – 5.7 Days

Intensive Residential Treatment

This residential program provides intense structure including education, individual and group counseling sessions for individuals with substance abuse disorders. Education and counseling may address anger management, grief recovery, self-esteem, assertiveness, coping skills, stress management, interpersonal relations, gender issues, and relapse prevention depending on client needs. The typical length of stay for this level of care is 30 days or less.

- 468 Persons Served
- Average Length of Stay – 27.7 Days

Intensive Co-Occurring Residential Treatment

This residential program focuses on the greater challenges faced by individuals dealing with depression and other psychiatric disorders in addition to substance abuse disorders. A licensed psychiatrist is on staff to provide psychiatric services, supervise medication and assist in treatment. Typical length of stay is 45 to 60 days.

- 466 Persons Served
- Average Length of Stay – 43.1 Days



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Transitional Living

This program is available to individuals who have completed a residential program and are identified as being in need of a structured environment for a longer period of time. This level of care provides clients with the opportunity to work on restoring balance among work, family, and leisure while residing in a structured living environment. Clients are required to obtain employment or attend school as well as continue counseling and life skills training. Typical length of stay is 2 to 3 months with a maximum stay of 4 months.

- 116 Persons Served (includes Regular and Co-occurring)
- 73 Persons Served - Co-occurring (63% of Total Persons Served)
- Average Length of Stay - 78.7 Days

Outpatient and Intensive Outpatient

These programs are designed for individuals in early stage addiction, individuals who are at high risk for addiction or those who have completed a more restrictive level of care. Individuals with support systems, such as family and employment, and motivated to attend educational, individual, and group counseling as well as outside support group sessions may qualify for this level of treatment. Day and evening sessions are held to accommodate employment schedules. Clinical services include assessment, education groups and individual counseling. Through the Intensive Outpatient Counseling program clients may attend up to 16 hours per week of individual and group counseling services.

- 290 Persons Served

Extended Care Unit

This unit provides interim services for individuals who have completed a Detox protocol and are waiting for a Residential Treatment bed to become available. This program ensures continuity of care by providing education, room and board while individuals are waiting to begin participating in a residential treatment program.

- 143 Persons Served
- Average Length of Stay - 2.8 Days

Veterans Administration Intensive Outpatient Substance Abuse Treatment Program (VA IOP)

The intensive outpatient substance abuse treatment program (IOP) is designed for veterans who do not require residential treatment, however need more services and coaching than provided in traditional outpatient treatment. IOP is a 90-day program where the veteran will attend up to 20 plus hours of clinical programming.

- 84 Persons Served
- Average Length of Stay - 45 Days



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Veterans Administration Bryce House

Bryce House provides a sober living environment for homeless veterans in recovery from drug/alcohol abuse.

- 61 Male Veterans Served
- Average Length of Stay - 317 Days
- 4 Veterans Were at Bryce the Entire Fiscal Year

Sober Living Program

Designed to meet the needs of individuals who are progressively able to take more independent steps in pursuit of long-term recovery but who still need and desire a sober living environment. It is a drug-free residence staffed by a case manager who assists with guidance and referrals to area resources such as vocational rehabilitation, education, financial counseling and other resources designed to assist the consumers in improving their life and regaining independence. Outpatient services are available to Sober Living Program (SLP) residents who need continued services or additional recovery support. Candidates for SLP must have maintained sobriety for at least three months.

- 144 Persons Served
- Average Length of Stay 118.4 days

Clients Served by Payer Source

- **Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)**
 - 1,195 Clients Served
 - Average Length of Stay:
 - 5.5 Days in Detox
 - 29.5 Days in Treatment
 - 73.9 Days in Transitional Living
- **Insurance**
 - 305 Clients Served
 - Average Length of Stay:
 - 5.2 Days in Detox
 - 17.1 Days in Treatment
 - 141 more clients served compared to FY 2015
- **Native American Tribes**
 - 256 Clients Served
 - Average Length of Stay:
 - 5.4 Days in Detox
 - 27.7 Days in Treatment
 - 44.3 Days in Transitional Living
- **Self Pay:**
 - 87 Clients Served
 - Average Length of Stay:
 - 4.6 Days in Detox
 - 25 Days in Treatment



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CONSUMER SATISFACTION

Consumers complete internal and external surveys to provide feedback on care received, access to services and customer satisfaction.

Results from the Internal Midpoint-Discharge-Post-Discharge Consumer Satisfaction Survey:

Area/Issue/Service	%
Were Treated with Courtesy and Respect by 12 & 12 Staff	96%
Medical Needs Had Been Addressed	95%
Privacy Was Maintained	94%
Rules Were Consistently Enforced	89%
Were Satisfied with the Overall Appearance of 12 & 12	89%
Were Physically Healthier Than Before Admission to 12 & 12	65%
Meals Were Satisfactory	80%
Satisfied with Skills of Their Counselor	96%
Would Refer Others to 12 & 12	95%

Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) Consumer Satisfaction Surveys are completed by all clients and sent to ODMHSAS who collects and reports the data.

Results from the External (ODMHSAS) Discharge Consumer Satisfaction Survey:

Area/Issue/Service	%
General Satisfaction	95.28%
Program Quality	95.83%
Service Outcome	91.35%
Access to Services	86.85%
Involvement in Treatment	93.55%
Overall Facility Rating	79.44%



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CLIENT OUTCOMES

12 & 12 Outcomes at Discharge Compared to Other State Providers Using the Addiction Severity Index (ASI)

The following table represents outcomes in improvement percentages in problem areas addressed in the ASI* for State funded addiction treatment clients during the one-year period of July 1, 2015 through June 30, 2016. The data includes ASI results for clients in 12 & 12's intensive residential treatment program.

Addiction Treatment Providers	12 & 12	State Providers Average	Difference Between 12 & 12 and State Providers Average
Problem Area - Description	% of Clients that Showed an Improvement	% of Clients that Showed an Improvement	+/()
Employment - Improved employment/employability	67%	57%	10%
Alcohol Use - Improvement with being troubled or bothered by recent use	75%	67%	9%
Other Drug Use - Improvement with being troubled or bothered by recent use	75%	64%	11%
Family - Improvement with satisfaction of current relationships	67%	58%	9%
Psychiatric Status - Improvement with significant psychiatric symptoms	67%	58%	9%

*The ASI is an evidence-based, Alcohol and other drug (AOD) Treatment best-practices recognized biographical, psychological, social, legal, AOD assessment tool utilized by all State of Oklahoma providers treating AOD addiction and dual-diagnosis (Addiction and concurrent Mental Health Disorder diagnosis). The assessment is administered at admission (to establish a baseline and help determine severity of AOD addiction and attendant problems) and again at discharge. A "successful" residential treatment episode should yield a markedly improved set of ASI scores in most, if not all of the problem areas evaluated in the ASI assessment process.



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INTERNAL OUTCOME REPORTS

Summary of Critical Incidents

There were 762 critical incidents during FY 2016. Of those, 269 were medical emergencies that required the client be transported via EMSA to the hospital.

Accident Reports

During FY16, there were a total of one hundred and twenty-eight (128) accidents reported. Of these accidents forty-six (46) required outside medical attention, to include Emergency Room, Urgent Care or Concentra. One hundred and one (101) clients, twenty-four (24) staff, and three (3) visitors reported accidents this year.

In comparison to FY15, in which one hundred and two (102) accidents were reported, FY16 shows a 25.5% increase in reported accidents. There was a significant increase in the number of residential clients reporting accidents from FY15 to FY16, with a 52% increase in this area.

Grievances and Complaints

There were 86 Grievances and 34 Complaints. All grievance and complaints were resolved at the lowest level.

BOARD MEMBERS AND PROFILE

Total #	15	Race	%
		Caucasian	93
Gender	%	Black	0
Female	27	Native American	7
Male	73	Hispanic	0
Total	100	Asian	0
		Total	100

FY 2016 Board of Directors	
Chair, Thomas Robertson	Barrow & Grimm, P.C.
Vice Chair, Reuben Davis	Alexander Memorial Fund
Vice Chair, Clayton Woodrum	Woodrum, Tate & Associates, PLLC
Past Chair, Walter (Wally) P. Bryce, Jr.	A.J. Gallagher Risk Management Services, Inc.
Secretary/Treasurer, Samuel S. Alexander	Certified Public Accountant
Patrick B. Cobb	Kolding Oil & Gas, LLC
Ruby Gilbreath	Licensed Alcohol and Drug Counselor (retired)
William Kellough	Doerner, Saunders, Daniel & Anderson LLP
Michael Kimbrel, Sr.	Kimbrel Oil Corporation
Robert Laird II	Alexander Memorial Fund
Mary McMahan	Petroleum International
John Roberds	Odyssey Digital Printing (retired)
Frederic (Nick) Schneider	Lorene Cooper Hasbrouck Charitable Trust
Sharolyn Wallace, Ph.D.	Tulsa Community College
Sharon Wright, Ed.D.	Tulsa Community College (retired)



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STAFF PROFILE

Gender	#	%	Race	#	%
Female	80	62	Caucasian	86	67
Male	48	38	African American	24	19
Total	128	100	Native American	12	9
			Hispanic	5	4
			Asian	0	0
			Not Specified	1	1
			Total	128	100

Department	Number of Employees	Department	Number of Employees
Administration	12	Food Service	
		Manager	1
Admissions		Assistant Food Service Supervisor	1
Supervisor	1	Cooks & Drivers	7
Counselors	2		
Admissions Screeners & Clerks	4	IT	2
Front Desk	4		
		Housekeeping	
Bryce House		Supervisor	1
Counselor	1	Housekeepers	4
Chemical Dependency Techs	5		
		Maintenance	
Clinical		Supervisor	1
Clinical Director	1	Maintenance Techs	2
Lead Counselors	1		
Counselors	9	Operations	
Case Managers	4	Manager	1
Lead Case Manager	1	Medical Records Lead	1
Lead Tech	1	Medical Records Clerk	1



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Shift Lead Tech	3		
Chemical Dependency Techs	27	Outpatient	
Utilization Review Specialist	1	Supervisor	1
		Counselors	3
Detox		Sober Living	1
Director of Nursing/RN	1	Outreach Services	1
RN	3		
LPN	7	Transitional Living	
Chemical Dependency Techs	7	Supervisor	1
MAT Techs	3	Counselor	1
Total Employees	128		