



12 & 12, INC.
FISCAL YEAR 2018 (July 1, 2017 – June 30, 2018)
ANNUAL MANAGEMENT REPORT

ORGANIZATIONAL OVERVIEW

We are a comprehensive addiction recovery treatment center serving adults, and their families, who are affected by the brain disease of addiction or co-existing mental health and substance use disorders. 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 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 1,652 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 2018, we offered a complete array of services including medically supervised detoxification, intensive residential treatment, transitional living, outpatient treatment and intensive outpatient treatment. Intensive residential treatment, transitional living and outpatient treatment were also provided for individuals who have co-existing substance abuse and mental health diagnoses. We have 170 beds available for services in our Skyline facility. During the year, 578 (35%) of our clients utilized more than one of our services. 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. 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 \$8.2 million dollars during FY 2018. We operate with a staff configuration of 151.5 full time equivalent positions. We contract with the Oklahoma Department of Mental Health and Substance Abuse Services, the Veterans Administration, Federal Probation and Parole, Medicaid, Cherokee Nation, Creek Nation, Sac & Fox Nation, the Indian Healthcare Resource Center and numerous commercial carriers.

During FY 2018, in collaboration with the Tulsa Police Dept., we began to operate the Tulsa Sobering Center (TSC) a jail diversion program designed to offer an alternative for adult men and women detained for public intoxication. Intoxicated adults are held at TSC for 10 hours after they are brought in by police. Community benefits from operation of TSC include: freeing up valuable police time, decreasing municipal courts' caseload and jail intake, and helping adults with substance use disorders. Adults brought to TSC receive treatment education materials, and the



12 & 12, INC.
FISCAL YEAR 2018 (July 1, 2017 – June 30, 2018)
ANNUAL MANAGEMENT REPORT

option to directly engage in our continuum of treatment services. TSC began operations on May 30, 2018.

CLIENT PROFILE

In FY18, 1652 (unduplicated) individuals received services at 12 & 12, Inc. Following are our client demographics for the fiscal year:

Gender	%		Race	%		Age	%
Female	26		Caucasian	64		18 to 35 Years	47
Male	74		Black	8		36 to 64 Years	51
TOTAL	100		Native American	21		65 and Up	2
			Hispanic	3		TOTAL	100
			Other	4			
			TOTAL	100			

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.

- 591 Persons Served
- Average Length of Stay – 5.09 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.

- 629 Persons Served
- Average Length of Stay – 21.63 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 30 to 45 days.

- 512 Persons Served
- Average Length of Stay – 32.62 Days



12 & 12, INC.
FISCAL YEAR 2018 (July 1, 2017 – June 30, 2018)
ANNUAL MANAGEMENT REPORT

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.

- 126 Persons Served (includes Regular and Co-occurring)
- 112 Persons Served - Co-occurring (89% of Total Persons Served)
- Average Length of Stay – 65.63 Days
- 93% Maintained Sobriety During Their Stay

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.

- 300 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.

- 159 Persons Served
- Average Length of Stay - 2.31 Days

Tulsa Sobering Center (TSC)

In collaboration with the Tulsa Police Department, the Tulsa Sobering Center (TSC) is operated by 12 & 12. TSC is a jail diversion program designed to offer an alternative for adult men and women detained for public intoxication. At the discretion of the detaining police officer, adults detained for public intoxication, who have not committed any other crimes, can be taken to TSC for a 10-hour period to “sleep it off” in a safe clean environment. During their stay, participants are provided with food and a cot on which to reside. Adults brought to TSC receive treatment education materials, and the option to directly engage in our continuum of treatment services. TSC began operations on May 30, 2018.

- 52 Persons Served (May 29, 2018 – June 30, 2018)



12 & 12, INC.
FISCAL YEAR 2018 (July 1, 2017 – June 30, 2018)
ANNUAL MANAGEMENT REPORT

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 per week provided by the Veterans Administration.

- 59 Persons Served
- Average Length of Stay – 50.56 Days

Veterans Administration Bryce House

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

- 73 Male Veterans Served
- Average Length of Stay – 236.58 Days
- 14 Veterans Were at Bryce the Entire Fiscal Year

Clients Served by Payer Source

- **Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)**
 - 565 Clients Served
 - Average Length of Stay:
 - 5.15 Days in Detox
 - 31.86 Days in Treatment
 - 59.77 Days in Transitional Living
- **Insurance**
 - 159 Clients Served
 - Average Length of Stay:
 - 4.36 Days in Detox
 - 15.61 Days in Treatment
- **Native American Tribes**
 - 88 Clients Served
 - Average Length of Stay:
 - 5.33 Days in Detox
 - 25.35 Days in Treatment
 - 20.67 Days in Transitional Living
- **Self Pay:**
 - 37 Clients Served
 - Average Length of Stay:
 - 5.76 Days in Detox
 - 23.54 Days in Treatment



12 & 12, INC.
FISCAL YEAR 2018 (July 1, 2017 – June 30, 2018)
ANNUAL MANAGEMENT REPORT

CONSUMER SATISFACTION

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

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	% Yes Response
Were treated with courtesy and respect by 12 & 12 Staff	87.98%
Medical Needs Had Been Addressed	86.07%
Privacy was maintained	87.98%
Rules were constantly enforced	85.12%
Were satisfied with the overall appearance of 12 & 12	85.24%
Were physically healthier than before admission to 12 & 12	54.52%
Meals were satisfactory	75.24%
Satisfied with the skills of my counselor	86.43%
Would refer others to 12 & 12	87.74%

Results from External ODMHSAS Consumer Satisfaction Surveys

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. The below information is a comparison of satisfaction between 12 & 12 and other State providers for FY 2018.

Results from the External (ODMHSAS) Discharge Consumer Satisfaction Survey			
Area/Issue/Service	12 & 12	State Providers Average	Difference Between 12 & 12 and State Providers Average
General Satisfaction	95%	95%	0%
Program Quality	95%	95%	0%
Service Outcome	92%	89%	3%
Access to Services	88%	82%	5%
Involvement in Treatment	94%	87%	7%
Overall Facility Rating	87%	81%	6%



12 & 12, INC.
FISCAL YEAR 2018 (July 1, 2017 – June 30, 2018)
ANNUAL MANAGEMENT REPORT

STAKEHOLDER COMMUNITY NEEDS

Community Stakeholders completed internal surveys to provide feedback on their awareness and knowledge of 12 & 12 services, and their satisfaction with services their clients received at 12 & 12. The surveys were administered to 200 Stakeholders in May 2018. Thirty-eight (38) Stakeholders (19%) responded to the survey.

Results from the Stakeholder Community Needs Assessment:

Area/Issue/Service	FY18	FY17
Awareness that 12 & 12 is nationally accredited through the Council on Accreditation of Rehabilitative Facilities (CARF)	76%	86%
Awareness that completion of an ODASL (assessment) is required to access State of Oklahoma addiction treatment service eligibility	89%	77%
Are you aware 12 & 12 contracts with various other agencies including the VA, most tribal nations, US Probation and Pretrial Services, etc.?	84%	N/A
Knowledge that 12 & 12 has a new commercial insurance/private pay unit, which opened in February 2017 and has contracts with most commercial insurance companies?	27%	31%
Were you aware 12 & 12 is partnering with OSU for an addiction treatment clinic?	39%	N/A
Did you know 12 & 12 is partnering with the City of Tulsa to open a sobering center?	77%	N/A

The surveys also asked the Community Stakeholders to indicate what they had experienced as the most common barriers to obtaining services as well as recommendations for additional service needs.

Barriers to Obtaining Services	Additional Service Needs
State funding	Employment Assistance
Capacity/ Bed availability	Sober living
Waiting list issues	Medication Assisted Treatment
Admission department returning phone calls	Long-term treatment
Transportation to treatment	Veteran Specific Programming

In comparison to FY17 the barriers to obtaining services remained the same, however the recommendations for additional service needs consisted of new needs except for Employment Assistance.



12 & 12, INC.
FISCAL YEAR 2018 (July 1, 2017 – June 30, 2018)
ANNUAL MANAGEMENT REPORT

CLIENT OUTCOMES

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

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, 2017 through June 30, 2018. The data includes ASI results for clients in 12 & 12's Outpatient 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	64%	52%	12%
Alcohol Use - Improvement with being troubled or bothered by recent use	59%	56%	3%
Other Drug Use - Improvement with being troubled or bothered by recent use	69%	53%	16%
Family - Improvement with satisfaction of current relationships	65%	49%	16%
Psychiatric Status - Improvement with significant psychiatric symptoms	63%	49%	14%

*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" outpatient treatment episode should yield a markedly improved set of ASI scores in most, if not all the problem areas evaluated in the ASI assessment process.



12 & 12, INC.
FISCAL YEAR 2018 (July 1, 2017 – June 30, 2018)
ANNUAL MANAGEMENT REPORT

INTERNAL OUTCOME REPORTS

Summary of Critical Incidents

Per ODMHSAS guidelines, we file and track every incident associated with a client’s treatment that is considered outside the normal day-to-day activities of addiction treatment. ODMHSAS titles the report utilized for all providers as the “Critical Incident Report”.

There were a total 498 critical incidents reported for FY 2018. Of those, 130 were medical emergencies that required the client be transported via EMSA to the hospital. From FY17 to FY18, the number of critical incidents increased by 14 from 484 to 498. However, the number of transports to the hospital via EMSA decreased by 121 from 251 to 130. Several changes contributed to this positive decline in transports including addition of a residential nurse 7 days a week to provide more direct treatment and care oversight; nursing staff education on medical vs non-medical send outs; and implementation of a head-to-toe nursing assessment flow sheet to help guide individualized medical treatment planning.

Accident Reports

During FY18, 130 Accident Reports were submitted. Seven (7) of the accidents reported required outside medical attention to the Emergency Room via EMSA or to a local Urgent Care. The leading accident type was “falls” at 28 followed by “struck against” at 12. Most reported accidents were minor, but the overall percentage is much higher than the previous year.

In comparing the results of FY17, in which 71 accidents were reported there was an 83% increase in the total number of accidents reported. This is a significant increase due in part to a larger census, needed facility improvements and better training of our staff.

There have been significant adjustments made to the safety committee and the training program towards the end of the year that we believe will have a significant impact on the environment and culture in FY19.

Grievances and Complaints

During FY 2018, there were 27 grievances and 66 complaints were filed. All grievances and complaints were resolved at the lowest level.

BOARD MEMBERS AND PROFILE

Total #	14	Race	%
		Caucasian	93
Gender	%	Black	0
Female	21	Native American	7
Male	79	Hispanic	0
Total	100	Asian	0
		Total	100



12 & 12, INC.
FISCAL YEAR 2018 (July 1, 2017 – June 30, 2018)
ANNUAL MANAGEMENT REPORT

FY 2018 Board of Directors	
Chair, Clayton Woodrum	Woodrum, Tate & Associates, PLLC
Vice Chair, Reuben Davis	Alexander Memorial Fund
Vice Chair, Frederic (Nick) Schneider	Lorene Cooper Hasbrouck Charitable Trust
Secretary, Tom Robertson	Barrow & Grimm, P.C.
Treasurer, Samuel S. Alexander	Certified Public Accountant
Walter (Wally) P. Bryce, Jr.	A.J. Gallagher Risk Management Services, Inc.
Patrick B. Cobb	Kolding Oil & Gas, LLC
William Kellough	Doerner, Saunders, Daniel & Anderson LLP (retired)
Michael Kimbrel, Sr.	Kimbrel Oil Corporation
Robert Laird II	Alexander Memorial Fund
Mary McMahan	Petroleum International
Carol Messer, Ph.D.	Tulsa Community College (retired)
*John Roberds	Odyssey Digital Printing (retired)
Sharolyn Wallace, Ph.D.	Tulsa Community College
**E. Cary Waters, MD	Community Care of Oklahoma
*Sharon Wright, Ed.D.	Tulsa Community College (retired)
*Resigned during FY 2018	** Joined during FY 2018

STAFF PROFILE

Gender	#	%	Race/Ethnicity	#	%
Female	82	57	Caucasian	92	64
Male	61	43	African American	17	12
Total	143	100	Native American	14	10
			Hispanic	7	5
			Two or More Races (not Hispanic or Latino)	5	3
			Asian	1	1
			Not Specified	7	5
			Total	143	100



12 & 12, INC.
FISCAL YEAR 2018 (July 1, 2017 – June 30, 2018)
ANNUAL MANAGEMENT REPORT

<u>Department</u>	<u>Number of Employees</u>	<u>Number of Full-Time Equivalent (FTE) Employees</u>
Administration	16	16
Admissions	6	6
Bryce House	7	6
Clinical Services	6	6
Commercial Detox	9	8
Commercial Treatment	17	16
Commercial Unit	9	8
Detox	8	8
Food Service	9	9
Front Desk - Integrated Services	4	4
Housekeeping	4	4
Integrated Unit	37	35.5
IT	2	2
Maintenance	5	4
Operations	2	2
Outpatient	3	3
Outreach	1	1
Transitional Living	6	5.5
Tulsa Sobering Center	9	7.5
Total	160	151.5

Staff Turnover for FY18

#	Item	#	Item
160	Number of Employees: (As of 6-30-18)	27	Resignations
66%	Staff Retention	19	Terminations
34%	Staff Turnover	7	Quit Without Notice
		2	Retirement
		2	Did Not Complete Probationary Period
		<u>57</u>	<u>Total</u>



12 & 12, INC.
FISCAL YEAR 2018 (July 1, 2017 – June 30, 2018)
ANNUAL MANAGEMENT REPORT

EMPLOYEE NEEDS

Employees complete internal surveys to provide feedback on employee satisfaction with employment and benefits and additional needs for employment success at 12 & 12. The surveys were administered in May 2018 to 144 employees, with a 59% response rate.

Results from Employee Needs Assessment:

Area/Issue/Service	%
Do you believe addiction is a chronic brain disease?	94%
Do you understand the mission of 12 & 12?	91%
Do you understand what is expected of you to perform your job?	98%
Do you believe you have the tools to perform your job duties?	92%

Employees were also asked for feedback on what 12 & 12 could do to improve their work environment. The top re-occurring needs included:

More training	Improve Electronic Medical Records (EMR) system
Improved communication	Better equipment and technology
More staff	Better pay