



12 & 12, INC.
FISCAL YEAR 2019 (July 1, 2018 – June 30, 2019)
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 1,561 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 2019, 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 had 187 beds available for services in our Skyline facility. During the year, 707 (45%) 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 The Joint Commission, 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 \$9 million dollars during FY 2019. We contract with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), 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 2019, in collaboration with the Tulsa Police Dept., we operated 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



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

CLIENT PROFILE

In FY19, 1,561 (unduplicated) individuals received services at 12 & 12, Inc. Following are our client demographics for the fiscal year:

Gender	#	%	Race	#	%	Primary Drug of Choice	%
Female	384	25%	Caucasian	1,072	69%	Alcohol	36%
Male	1177	75%	African American/Black	145	9%	Methamphetamines	28%
Total	1,561	100%	Native American	278	18%	Opiates	24%
			Asian/Native Hawaiian	13	1%	Total	88%
Age	#	%	Other	53	3%		
18 to 35 Years	635	41%	Total	1,561	100	Issue	#
36 to 64 Years	891	57%				Substance Abuse	48%
65 and Up	35	2%	Ethnicity	#	%	Co-Occurring Mental Health	52%
Total	1,561	100%	Hispanic	70	4%	Total	100%
			Not Hispanic/Latino	1401	90%		
Service Use	#	%	Other	90	6%		
Clients Used > 1 Service	707	45%	Total	1,561	100%		
Clients Used 1 Service	854	55%					
Total	1,561	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 6 days.

Inner Solutions Unit



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- 155 - Clients Served
- 4 Days - Average Length of Stay

Integrated Care Unit

- 449 – Clients Served
- 5 Days – Average Length of Stay

Combined

- 604 – Total Clients Served
- 4.7 – Weighted Average Length of Stay

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.

Inner Solutions Unit

- 176 - Clients Served

Integrated Care Unit

- 340 – Clients Served

Combined

- 516 – Total Clients Served

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.

Inner Solutions Unit

- 86 - Clients Served

Integrated Care Unit

- 467 – Clients Served

Combined

- 553 – Total Clients Served

Transitional Living

This program is available to individuals who have completed a residential program and are identified as needing 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.



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- 115 - Persons Served
- 93 Days (3.1 Months) - Average Length of 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.

- 285 - Persons Served

Extended Care Unit (ECU)

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.

- 273 - Persons Served
- 2 Days - Average Length of Stay

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.

- 52 - Persons Served
- 44 Days - Average Length of Service

Veterans Administration Bryce House

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

- 50 - Male Veterans Served
- 258 Days (8.6 Months) - Average Length of Stay
- 9 Veterans Were at Bryce the Entire Fiscal Year

Tulsa Sobering Center (TSC)

In collaboration with the Tulsa Police Department, we operate the Tulsa Sobering Center (TSC). 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



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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.

- 616 – Total Participants
- 10 to 12 Hours – Average Length of Stay
- 73 – Participants Referred to 12 & 12 from TSC

Data Regarding 73 TSC Participants Referred to 12 & 12:

13 – Were not admitted into a 12 & 12 program (*Primary Reason - During admission process, participants decide they do not want to be admitted to Detox/Treatment*)

60 – Admitted from TSC to 12 & 12:

- 56 – Admitted into Detox
- 1 – Admitted into Extended Care Unit (*to await placement in Residential Treatment*)
- 2 – Admitted into Residential Treatment
- 1 – Admitted into Inner Solutions (Commercial Insurance Unit)

Of the 56 that went to Detox:

- 17 – Transferred to Residential Treatment
- 8 – Transferred to Extended Care Unit (*to await placement in Residential Treatment*)
- 2 – Transferred into Outpatient

Of the 9 that went into the Extended Care Unit:

- 9 - Transferred into Residential Treatment

Of the 28 that went into Residential Treatment:

- 1 – Transferred into Transitional Living
- 5 – Transferred into Outpatient

Clients Served by Payer Source

Government Contracts Including Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)

- Medically Supervised Detoxification
 - 375 – Clients Served
- Residential Treatment
 - 681 – Clients Served
- Transitional Living
 - 110 – Clients Served



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- Veterans Administration – Bryce House
 - 50 – Clients Served

Insurance

- Medically Supervised Detoxification
 - 135 – Clients Served
- Residential Treatment
 - 220 - Clients Served

Native American Tribes

- Medically Supervised Detoxification
 - 29 – Clients Served
- Residential Treatment
 - 89 – Clients Served
- Transitional Living
 - 3 – Clients Served

CONSUMER SATISEACTION

Results from the Discharge Consumer Satisfaction Surveys:

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

Results from the Internal Discharge Consumer Satisfaction Surveys by Program						
Program/Questions	Yes #	Yes %	No #	No %	No Answer #	No Answer %
Program – Integrated Residential Unit						
• Were your treatment goals met?	147	96.08%	1	.65%	5	3.27%
• Did you receive services that were right for you?	148	96.73%	2	1.31%	3	1.96%
• Were you involved in developing an after-care or discharge plan?	144	94.12%	4	2.61%	5	3.27%
• Were you educated about the reason for being prescribed medication and the side effects of those medications?	90	56.60%	4	2.52%	65	40.88%
Program – Integrated Dual Residential Unit						
• Were your treatment goals met?	105	91.3%	2	1.74%	8	6.96%
• Did you receive services that were right for you?	111	96.52%	0	0.0%	4	3.48%



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• Were you involved in developing an after-care or discharge plan?	105	91.3%	1	0.87%	9	7.83%
• Were you educated about the reason for being prescribed medication and the side effects of those medications?	100	84.75%	7	5.93%	11	9.32%
Program – Integrated Detoxification Unit						
• Were your treatment goals met?	40	45.46%	2	2.27%	46	52.27%
• Did you receive services that were right for you?	54	61.36%	1	1.14%	33	37.5%
• Were you involved in developing an after-care or discharge plan?	22	22.45%	4	4.08%	72	73.47%
• Were you educated about the reason for being prescribed medication and the side effects of those medications?	31	31.63%	9	9.18%	58	59.19%
Program – Inner Solutions Dual Unit						
• Were your treatment goals met?	110	95.65%	0	0.0%	5	4.35%
• Did you receive services that were right for you?	44	83.02%	1	1.89%	8	15.09%
• Were you involved in developing an after-care or discharge plan?	43	81.13%	1	1.89%	9	16.98%
• Were you educated about the reason for being prescribed medication and the side effects of those medications?	40	76.92%	5	9.62%	7	13.46%

Results from External ODMHSAS Consumer Satisfaction Surveys

Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) Consumer Satisfaction Surveys are completed by all 12 & 12 ODMHSAS 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 2019.

Results from the External (ODMHSAS) Discharge Consumer Satisfaction Survey of ODMHSAS Consumers for FY19 (July 1, 2018 – June 30, 2019)			
Area/Issue/Service	12 & 12	State Providers Average	Difference Between 12 & 12 and State Providers Average
General Satisfaction	94.09%	94.01%	.08%
Program Quality	94.01%	93.86%	.15%



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Service Outcome	89.98%	87.10%	2.88%
Access to Services	88.80%	82.35%	6.45%
Involvement in Treatment	91.00%	86.48%	4.52%
Overall Facility Rating	78.46%	78.44%	.02%

STAKEHOLDER COMMUNITY NEEDS

We value feedback from the community we serve and strive to meet identified needs while removing barriers to services. We utilize these results to assess needs for the next fiscal year and incorporate those into our strategic and performance improvement plans.

In this endeavor, an annual Community Needs Assessment was sent to community partners including those in the behavioral health and addiction field and stakeholders who are referral or contract sources. On June 17, 2019, 202 online surveys were distributed via SurveyMonkey and 33 responses were received for a 16% response rate. When compared to FY18 responses, we experienced a 5% decrease in response rate.

Responses to Yes/No Questions on the Community Needs Assessment Survey		
Question	Yes (%)	No (%)
1. Did you know 12&12 is licensed by the State of Oklahoma through the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) as a Comprehensive Community Addiction Recovery Center (CCARC)? CCARC means a facility offering a comprehensive array of community-based substance use disorder treatment services, including but not limited to, <i>Outpatient Services, Intensive Outpatient Services, Ambulatory Withdrawal Management Services, Emergency Care, Consultation and Education.</i>	91%	9%
2. Are you aware, 12&12 received national accreditation from the Joint Commission (previously JCAHO) in 2018?	55%	45%
3. Did you know that 12&12 provides a full continuum of care including Ambulatory and Medically Supervised Detox, Outpatient and Intensive outpatient, Transitional Living, Residential, and Intensive Residential Treatment Services?	88%	12%
4. Did you know 12&12 received national accreditation from Commission of Accreditation Rehabilitation Facilities (CARF) to provide adult Detoxification, Intensive Outpatient Services, Outpatient Services, Residential Treatment and Transitional Housing programs?	61%	39%
5. Did you know that 12&12 employs an interdisciplinary team of treatment professionals that consists of psychiatrists, medical doctors, registered nurses, licensed professional nurses, licensed professional counselors, licensed alcohol drug counselors, certified case Managers, chemical dependency techs, and peer recovery support specialists?	91%	9%



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6. Did you know that 12&12 operates a jail diversion program for the City of Tulsa for public intoxication known as the Tulsa Sobering Center? The Sobering Center is a joint effort between 12&12 and the City of Tulsa to give people arrested for public intoxication an option besides going to jail.	58%	42%
7. Did you know that OSU-CHS (Oklahoma State University Center for Health Sciences) operates an Outpatient Addiction Medicine Clinic on 12&12's campus at 6333 East Skelly Dr. in Tulsa?	64%	36%
8. Did you know that 12&12 operates a 30+ bed residential commercial insurance/private pay unit known as Inner Solutions at 12&12 at the main campus 6333 East Skelly Dr. in Tulsa?	66%	34%
9. Are you aware 12&12 contracts with OSU-CHS physicians for medical directorship; oversight of medically supervised detoxification; provision of medically assisted treatment protocols; and dual diagnosis / co-occurring treatment?	50%	50%
10. Are you aware that 12&12 contracts with the Veterans Administration to provide addiction treatment services for Veterans including operating a transitional living program for homeless Veterans in recovery known as Bryce House at 1214 S. Baltimore in Tulsa?	52%	48%
11. Are you aware that in early 2019, 12&12 successfully completed an \$8.7M (Transforming Recovery) capital raise which is being utilized to significantly upgrade 12&12 facilities, technology, programs and infrastructure?	36%	64%
12. Are you aware that completion of an ODASL (Oklahoma Determination of ASAM Service Level) screening is required to access funding through State of Oklahoma for residential addiction treatment?	79%	21%
13. Do you know how to refer patients to 12&12?	91%	9%
14. Are you aware that in certain cases, detoxification, especially from alcohol, can be a life-threatening process requiring medical oversight and interventions?	100%	0%
15. Do you believe addiction has social stigma, which may inhibit a person from seeking services when needed?	94%	6%
16. Do you believe addiction is a brain disease?	97%	3%



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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 497 CIR completed for FY2019. Of those, 155 were medical emergencies that required the client be transported via EMSA to the hospital. For FY18 and FY19 the critical incidents have stayed relatively the same. With only a slight increase in medical emergencies.

Accident Reports

During FY19, a total of fifty-six (56) Accident Reports were submitted. Five (5) of the accidents reported required outside medical attention to the Emergency Room via EMSA or to a local Urgent Care. The leading accident types were “falls” at twenty-seven (27) followed by “struck against” at seven (7). Most reported accidents were of a minor nature with the overall percentage being much lower than the previous year.

When compared to FY18, in which one hundred and thirty (130) accidents were reported, there was a 56% decrease in the total amount of accidents reported in FY19. This significant decrease was due in part to effective hazard controls that helped minimize and eliminate safety and health risks.

The safety committee made significant adjustments to the accident review process during FY19 and will continue to maintain steady focus by evaluating options for controlling safety hazards as they become identifiable in FY20.

Grievances and Complaints

During FY 2019, there were no grievances filed. During FY 2019, there were 64 complaints as compared to the 66 filed for FY 2018. All 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

FY 2019 Board of Directors	
Chair, Clayton Woodrum	Woodrum, Tate & Associates, PLLC
Vice Chair, Reuben Davis*	Alexander Memorial Fund



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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
Joe Griffin**	Intensity Midstream 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 (retired)
Carol Messer, Ph.D.	Tulsa Community College (retired)
Sharolyn Wallace, Ph.D.	Tulsa Community College
E. Cary Waters, MD	Community Care of Oklahoma
Steve Ortwein (Leadership Tulsa Intern)	Manhattan Construction Company
<i>*Completed Term During FY 2019</i>	<i>** Joined During FY 2019</i>

STAFF PROFILE

Gender	#	%	Race	#	%
Female	104	61.4	Caucasian	106	63
Male	64	38	African American	24	14
Unknown	1	.6	Native American	13	8
Total	169	100	Two or More Races (not Hispanic or Latino)	6	3.5
Ethnicity			Asian	1	.5
Hispanic	7	4	Not Specified	19	11
Not Hispanic/Latino	162	96	Total	169	100
Total	169	100			

Employees by Department as of June 30, 2019		
Department	Number of Employees	Number of Full-Time Equivalent (FTE) Employees
Administration	16	13
Admissions	5	5
Bryce House	7	7
Commercial Unit (Inner Solutions)	33	22



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Detox	11	10
Food Service	8	8
Front Desk - Integrated Services	4	4
Housekeeping	3	3
Integrated Unit	57	52
IT	2	1
Maintenance	3	3
Operations	4	4
Outpatient	4	3
Outreach	2	2
Transitional Living	5	3
Tulsa Sobering Center	5	4
TOTAL	169	131

Staff Turnover for FY19

#	Item	#	Reason for Termination
169	Number of Employees: (As of 6-30-19)	15	Resignation
58%	Staff Retention	3	No Call/No Show
42%	Staff Turnover	7	Violation of Company Policy
		46	Other Reasons
		71	Total

EMPLOYEE NEEDS

12 & 12 understands the importance of employee satisfaction and morale and values the perceptions of employees. The Employee Needs Assessment survey was used to gather information on the efficiency of the organization and to make organizational improvements. On July 12, 2019, one hundred eighty-nine (189) anonymous surveys were distributed via SurveyMonkey email. Seventy-eight (78) responses were received for a 45% response rate. When compared to FY18 responses, we experienced a decrease of 14% in response rate.

Responses to Yes/No Questions on the Employee Needs Assessment Survey		
Questions	Yes (%)	No (%)
1. Do you know 12&12's mission statement?	91%	9%
2. Do you know where to find 12&12's policies and procedures?	97%	3%
3. Do you understand the goals of your department?	99%	1%
4. Do you believe that addiction is chronic brain disease?	96%	4%
5. Do you learn from the training provided on Accreditation Now?	82%	18%
6. Do you believe you have received sufficient training to perform your job duties?	82%	18%



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7. Do you understand what is expected of you to do your job? (i.e. understand your job description, requests of your supervisor)	95%	5%
8. Do you believe you have the tools you need to perform your job duties?	79%	21%
9. When something unexpected happens, do you know who to ask for help?	97%	3%
10. Are you proud to be a member of your team?	96%	4%
11. Do you feel you receive enough recognition from your supervisor?	88%	12%
12. Do you feel valued at work?	83%	17%
13. Do you foresee yourself working here one year from now?	90%	10%