Thank You for choosing White Buffalo for your services.

White Buffalo Recovery is a division of Wind River Family and Community Healthcare System that is operated by the Northern Arapaho Tribe. We are accredited by the Commission on Accreditation of Rehabilitation Facilities, CARF for ASAM Levels 3.1 Community Transitional Housing, Level 2.1 Intensive Outpatient Treatment, Level 1 Outpatient Treatment, Level .5 Education/Prevention services.

Individuals must provide payment for services at the time they are rendered unless you are Indian Health Service eligible. We MUST have a copy of your Tribal ID, CIB, descendent documents BEFORE services can be rendered. We also bill third party resources and all individuals must submit a medicaid application with intake.

All services are confidential and we cannot release any information to family members, significant others, or attorneys without a signed and dated release of information. A signed release is only valid for **ONE** person and Entity. It cannot be used for multiple persons and places.

Assessments are completed in four working days and are just the first step to receiving services. Please be honest so we can help provide all the appropriate services needed. Any questions please feel free to ask.

Thank you again and we look forward to helping you in your recovery.

-White Buffalo Recovery Center Staff

White Buffalo Recovery

Substance Abuse Outpatient Treatment Services

450 South Federal Blvd Riverton #24 Great Plains Road, Arapahoe 639 Blue Sky Hwy, Ethete

INTAKE INFORMATION

Intake Encounter Date:_____

Name: First _____Middle_____Last_____

Date of Birth _____Age_____Gender_____Social Security # _____

Nickname _____

Marital Status _____Work Status_____

Religion _____

Race_____Ethnic Group_____

Contact Information

Mailing Address _____

Physical Address _____

Phone Number 1 _____ Phone Number2_____ Is it okay to leave a message? YES NO Is it okay to text you? YES NO E-mail Address_____

Emergency Contact: Name _____Relationship_____Phone_____

Military Status_____Military Branch_____

Tribal Enrollment # _____Tribe of Membership_____

Currently Involved with Child Protective Services YES NO

Program_____Caseworker:_____

Current Probation Status YES NO

Program _____Probation officer:_____

Current Parole Status YES NO

Program_____Parole Officer:_____

White Buffalo Recovery

Substance Abuse Outpatient Treatment Services

450 South Federal Blvd Riverton #24 Great Plains Road, Arapahoe 639 Blue Sky Hwy, Ethete

General Health Questionnaire

Do you currently or have a history of the following (PLEASE CIRCLE):

Rheumatic Fever or rheumatic heart Heart Murmur or heart problem High blood pressure

Diabetes

Kidney problems

Hepatitis or Liver Disease

Anemia or Bleeding Problem AIDS or HIV

Artificial Hip or other joint issue Fainting

Gagging
Problem with chewing or swallowing

Frequent colds

Epilepsy or nervous system condition

Asthma, emphysema, or COPD

Tuberculosis (TB)

Pancreatic Disease

Speech, Hearing or Vision problems

Other:_____

Allergies_____

Have you been tested from communicable diseases in the past year (ie. TB, HIV, STDS)? YES NO Do you have any current health issues that interfere with inpatient placement?

Did you experience any prenatal exposure with alcohol or drugs? YES NO

If Yes please indicate substance:

_____

Mental Health Provider:_____
Current Mental Health Diagnosis:_____
Current Mental Health Medication:_____

Next available walk- in Assessment Date:_____
Location of Assessment:_____
Intake Date:_____
Intake Completed:_____

White Buffalo Recovery

Substance Abuse Outpatient Treatment Services

450 South Federal Blvd Riverton #24 Great Plains Road, Arapahoe 639 Blue Sky Hwy, Ethete

CLIENT BILL OF RIGHTS

Philosophy: All clients receiving services shall have and enjoy all tribal, constitutional and statutory rights of all citizens of the Wind River Indian Reservation, the State of Wyoming and the United States of America, unless abridged through due process of law by a court of competent jurisdiction. Therefore each client shall have the right to:

- Be treated with respect and integrity;
- Receive services in a safe, sanitary, and humane psychological environment; protection from harm, abuse and neglect; ● Receive services in an environment which provides privacy, promotes personal dignity, and the opportunity to improve his or her functioning;
- Receive services without regard to his or her race, religion, gender, ethnic origin, age, degree of disability, handicapping condition, legal status, sexual orientation, and the ability to pay for services;
- Attain legal counsel/representation at his/her own cost (in which a release or disclosure of information and authorization form will need to be signed in order to release file information);
- Be provided with prompt, competent, appropriate treatment services and an individualized treatment plan including: ● The client shall be afforded the opportunity to participate in his/her treatment and treatment planning, and may consent or refuse to consent to the proposed treatment.
- The client's right to consent or refusal to consent may be abridged for those clients adjudged incapacitated by a court of competent jurisdiction and in emergency situations defined by law.
- When the client permits, the client's family and significant others can be involved in the treatment and treatment planning;
- Have his/her records treated in a confidential manner;
- Refuse to participate in any research project or medical experiment without informed consent of the clients, as defined by law; such refusal does not affect the services available to the clients;
- Request the opinion of an outside medical or psychiatric consultant at the expense of the client;
- Assert grievances with respect to any alleged infringement of these stated rights of client, or any other subsequently statutorily granted rights;

In carrying out the Bill of Rights for Clients, the following is mandated by staff to guarantee protection of client rights: ● No client shall ever be retaliated against or subject to, any adverse conditions or treatment services solely or partially because of having asserted his/her rights as forestalled in this section;

- Each facility shall have written policy and implementing procedures to ensure each client reviews, and has explained to him/her, these rights, and these rights are visibly posted in both client and public areas of the facility;
- In the event that a client is considered to be a threat to self or others, physical and/or sexual abuse of a child, elder abuse and threaten to commit bodily harm, the client will be referred to the appropriate provider/facility for safety and care. ● If for some reason, the services offered by the program cannot effectively meet the needs of the client, referral will be made to the appropriate agency.
- The program will provide a problem solving procedure if the client so requests.

I fully understand the content of this document. I understand that if I have any questions about these rights, it is my responsibility to address the concerns with my counselor and/or case manager.

Client Name:_____ Client Signature:_____Date:_____

Parent and/or Guardian (if applicable)

Name:_____Signature_____Date:_____

White Buffalo Recovery

Substance Abuse Outpatient Treatment Services

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CONSENT FOR TREATMENT

By signing below, the patient or guardian agrees to the following financial conditions of treatment:
I consent to treatment by the staff of this facility for myself, or my child.

I understand that as an Indian Health Service eligible clients will NOT be required to pay copayments and deductibles as required by my health insurance, but if I am not an IHS eligible client I am responsible for all copayments and deductibles. I also understand that I will be financially responsible for all treatment fees if I fail to keep informed in writing of changes in my insurance.

I understand that all payments are due at the time of service. If this facility sends a bill for services rendered, there will be an additional $50.00 fee charged. I accept responsibility for payment for all non-covered services and I authorize the release of pertinent medical information to insurance carriers.

I understand this facility is an outpatient facility and only refers to an inpatient facility. The program can assist with the client cost and transportation, if inpatient is successfully completed. If an inpatient placement is not successful I understand I am responsible for all my costs AND transportation to and from placement from that point forward.

I give permission for all persons acting on behalf of the facility to contact me and leave messages at the following address and phone number including calling for clothing in an inpatient situation. To change this permission, I must contact the facility in writing:
Name:_____
Address:_____
_____
Phone:
(H) _____
(C) _____
(W) _____
email:_____

By checking this box, you are signing up to receive periodic news and information about this program such as newsletters, etc.

I have read this document and fully understand the above information.

Client Name:_____ Client Signature:_____Date:_____

Parent and/or Guardian (if applicable)

Name:_____Signature_____Date:_____

White Buffalo Recovery

Substance Abuse Outpatient Treatment Services

450 South Federal Blvd Riverton #24 Great Plains Road, Arapahoe 639 Blue Sky Hwy, Ethete

Risk and Liability Release

In consideration of being allowed to participate in any way of White Buffalo Recovery activities the undersigned acknowledges, appreciates, and agrees that:

1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my participation; and,

3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from the participation and bring such to the attention of the nearest official immediately; and,

4) I, for myself and on the behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE OF HOLD HARMLESS White Buffalo Recovery Center, Northern Arapaho Tribe, their officers, officials, employees, and/or volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASES"), WITH THE RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

THIS FORM MUST BE COMPLETED YEARLY.

PARTICIPANT NAME (Print) _____

SIGNATURE: _____ DATE: _____

(Participant's Signature)

FOR PARTICIPANTS OF MINORITY AGE

(UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the released from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

PARENT/GUARDIAN NAME (Print) _____

EMERGENCY PHONE NUMBER: __(____)_____

SIGNATURE: _____ DATE: _____

(Parent/Guardian Signature)

White Buffalo Recovery

Substance Abuse Outpatient Treatment Services

450 South Federal Blvd Riverton #24 Great Plains Road, Arapahoe 639 Blue Sky Hwy, Ethete **Financial**

Information/Fee Determination Affidavit

Service	Fee
Addiction Severity Index (ASI)	$ 150.00
Adolescent MIP Level 0.5 Class	$ 75.00 outside ASI
Adult DUI Level 0.5 Class	$ 120.00 ($175.00 outside ASI)
Adolescent Outpatient Treatment Level 1.0	$ 40.00 per hour
Adult Basic Drug and Alcohol Education Level 1.0	$480.00
Adult Individual Therapy Level 1.0	$60.00 per hour
Adult Intensive Outpatient Program Level 2.1	$4,320.00
Urinalysis with confirmation	$35.00
No call No Show Fee	$50.00

Employment Information:
Employer: _____ Occupation/Job Title: _____

Monthly Income: _____ or Annual Income: _____
If unemployed—how long? _____

Disability? YES NO
Other source of income (unemployment, welfare, social security): YES NO
Amount Received_____.
Marital Status: a) Single___ b) Married/Common Law___ c) Divorced___ d) Separated___ Spouse's

Name_____If employed-Monthly Income:_____ Number

of children, who you have custody of and are living in your home: _____

I understand I am responsible for all costs associated with the services provided and understand that the payment must be made before services are provided if I do not have a third party payer.

Client Name:_____ Client Signature:_____Date:_____

Parent and/or Guardian (if applicable)

Name:_____Signature_____Date:_____

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Indian Health Service Eligible:
A person may be regarded as within the scope of the Indian Health program if he is not-otherwise, excluded therefrom by provision of law, and:

A. Is of Indian and/or Alaska Native descent as evidenced by one or more of the following factors: 1. Is regarded by the community in which he lives as an Indian OR Alaska Native;
2. Is a member, enrolled or otherwise, of an Indian or Alaska Native Tribe or Group under Federal supervision;
3. Resides on tax-exempt land or owns restricted property;
4. Actively participates in tribal affairs;
5. Any other reasonable factor indicative of Indian descent; or

B. Is an Indian of Canadian or Mexican origin, recognized by any Indian tribe or group as a member of an Indian community served by the Indian Health program; or

C. Is a non-Indian woman pregnant with an eligible Indian's child for the duration of her pregnancy through postpartum (usually 6 weeks).

Tribal Affiliation: _____ Enrolled Descendant (provide proof of enrolled family)

I have provided the necessary documentation and **I am eligible and wish to have these funds pay for my treatment services**

Client Name:_____ Client Signature:_____Date:_____

Parent and/or Guardian (if applicable)

*Name:*_____*Signature*_____*Date:*_____

OTHER PAYER INFORMATION—Please submit Medicaid/ insurance card (if applicable)

Equality Care/Medicaid/Kidcare: YES NO **Medicare**: YES NO Medicaid/Medicare

#:_____

I am eligible and wish to have these funds pay for my treatment services YES NO Are

you on Disability? YES NO Are you Pregnant? YES NO

Do you have dependents? YES NO

Would you like assistance in applying for Medicaid or Kid Care? YES NO

Health Insurance: YES NO

Insurance Company: _____ Policy #: _____

Policyholder: _____Birthdate of policyholder: _____

Soc. Sec. # of policyholder: _____ Relationship to policyholder: _____

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Billing Authorization and Privacy Acknowledgment Form

Client Name: _____

I request that payment of authorized Medicare, Medicaid, or any other insurance benefits be made on my behalf to White Buffalo Recovery for any services provided to me by White Buffalo Recovery in the past, now or in the future, until I revoke such authorization in writing.

I understand that I am financially and legally responsible for the services provided to me by White Buffalo Recovery, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance.

I agree to immediately remit to White Buffalo Recovery any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to White Buffalo Recovery.

I authorize White Buffalo Recovery to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or documentation about me to release such information to White Buffalo Recovery and its billing agents, and/or the Centers for Medicare and Medicaid Services and its carriers and agents, and/or any other payers or insurers as may be necessary to determine these or other benefits payable for any services provided to me by White Buffalo Recovery, in the past, now or in the future. A copy of this form is as valid as an original.

Notice to Medicare/Medicaid Beneficiary
Medicare/Medicaid have rules and regulations requiring us to notify you when services to be provided may not be covered by Medicare/Medicaid.

Medicare/Medicaid only pay for services that they determine to be reasonable and necessary under section 1862 (a)(1) of the Medicare/Medicaid law. If Medicare or Medicaid determine that a particular service, although it would otherwise be covered, is “not reasonable and medically necessary” under the Medicare/Medicaid program standards,

Medicare/Medicaid will deny payment for that service.

SIGNATURE SECTION: SECTION I –CLIENT SIGNATURE

The patient must sign here unless the patient is physically or mentally incapable of signing.

Client Name:_____ Client Signature:_____Date:_____

Parent and/or Guardian (if applicable)

Name:_____Signature_____Date:_____

Witness Signature: _____Date: _____

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CLIENT EXPECTATIONS (Please Initial)

I understand that while in the program I am expected to:

_____Maintain confidentiality about other clients

_____Attend all sessions and BE ON TIME for all classes, appointments and groups. If I am more than 15 minutes late, I will have to reschedule and pay a $50.00 fee for evaluation; and be unexcused and repeat the group session.

_____Actively participate in all sessions

_____No smoking on property

_____Maintain sobriety by not using any mood or mind altering drugs, including alcohol and narcotic prescription medication

_____Not use cell phone during sessions

_____BE HONEST with evaluator and/or counseling staff

_____Not pursue any romantic relationships with other clients or staff I have met while in the program

I understand that I may be discharged from the program for the following reasons:

_____Leaving the program or a referred residential program against medical advice (AMA)

_____More than three confirmed use of drugs and/or alcohol

_____Violent and/or aggressive behavior threats made toward other clients or staff members

_____Possession of alcohol, drugs or paraphernalia on premises

_____Failure to attend three or more scheduled treatment dates without absence approved by counseling staff before session

_____Lack of progress in the program

I understand that I will be reevaluated and my level of care will be increased for the following reasons:

_____Use of drugs and/or alcohol

_____New drug and/or alcohol related arrest

_____Lack of progress in the program

These expectations are clear and I fully understand my obligations.

Client Name:_____Client Signature:_____Date:_____

Parent and/or Guardian (if applicable)

Name:_____Signature:_____Date:_____

White Buffalo Recovery

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Drug Testing Consent

Please Initial:

_____I give my consent to obtain a drug screen from me via urinalysis and breathalyzer as a diagnostic tool to further aid in my intervention/treatment.

_____Urinalysis procedures shall follow Federal urinalysis guidelines.

_____Urine specimens will be sent to the designated laboratory for analysis.

_____I am aware that a positive screen may result in action which may include increased level of care, and if released by consent to my referral source, possible legal consequences.

_____ I agree to participate in a random (unscheduled) urine screening

_____I am aware if I am selected for a random screening I am to report to my case manager/counselor and submit a urine screen. Failure to comply with this agreement, by not submitting an unaltered urine sample with this twenty-four (24) hour period, may affect my standing within the program and will be considered a positive sample.

_____ Results of the collection will be forwarded, provided authorization for the release has been obtained in an effort to coordinate services upon Initial Release of Confidential Information to the referring agency/person.

I fully understand my obligations and understand that drug testing is an essential part of the treatment process.

Client Name:_____ Client Signature:_____Date:_____

Parent and/or Guardian (if applicable)

Name:_____Signature_____ __Date:_____

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GRIEVANCE PROCEDURE

A grievance is defined as an act, omission or occurrence which a client feels constitutes an injustice and can be established on factual information. It may relate to any condition arising out of the relationship between a client and an employee regarding treatment services. This facility does not handle personal conflicts outside of this office. A written formal grievance must be filed within 2 working days following origin of the grievance or the date the client who feels aggrieved learns of the problem. This will include: date event occurred, summary of grievance, the names of other persons involved in the act, omission or occurrence and signature of client.

Step 1:

File with Clinical Coordinator or Administrative Manager

Step 2: File with Program Director

Step 3: File with Wind River Cares CEO/Human Resources

Step 4: File with Business Council and/or Licensing Board

Following receipt of notification of action at steps 1, the grievant has 10 working days to refer the grievance to the next step unless the time limit is extended by agreement of the parties. A grievance may be submitted to the next level if the grievant has not received notification within the 10 working day period in which such action is required. The respondent, at each step, retains the documentation received from the grievant. The grievant is responsible for maintaining copies of the documentation he or she provided for his or her records and for filing at the next step in the grievance procedure, including attaching all previous responses when submitting the grievance to the next step.

I fully understand this process and if I fail to follow the Step process of skips to Step 4 the grievance is therefore null and void.

Client Name:_____ Client Signature:_____Date:_____

Parent and/or Guardian (if applicable)

Name:_____Signature_____Date:_____

White Buffalo Recovery

Substance Abuse Outpatient Treatment Services

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Professional Disclosure Statement

Welcome to the program. We are pleased to introduce our amazing staff that are here to assist you on your recovery journey. White Buffalo has been in operation under the Northern Arapaho Tribe since 1999. Our focus is to help individuals and families learn the tools necessary to heal mentally, emotionally, physically and spiritually. We recognize our culture is a resource in combating substance abuse and do our best to integrate this in our care.

All staff are expected to follow the NAADAC, the Association of Addiction Professionals, Code of Ethics. A summary of this is found in your handbook or can be found at www.naadac.org. Employees must follow the Northern Arapaho Tribes, Wind River Cares and White Buffalo Employee Expectations. Sexual Intimacy is never appropriate with clients. The NAADAC Code of Ethics includes “Addiction Professionals shall not engage in any form of sexual or romantic relationship with any current or former client, nor accept as a client anyone with whom they have engaged in a romantic, sexual, social, or familial relationship. This prohibition includes in-person and electronic interactions and/or relationships. Addiction Professionals are prohibited from engaging in counseling relationships with friends or family members with whom they have an inability to remain objective.” As a client of White Buffalo Recovery Center, you have the right to confidentiality. You are protected by Federal Confidentiality Rules 42 CFR Part 2 and HIPPA, 45 CFR Parts 160 & 164). Your personal information will not be released without your written consent.

Alice L. Cruz Morales, Licensed Addiction Therapist LAT-396, Clinical Coordinator

Background

I have lived in Fremont County for over 20 years. While living here I have dedicated my time to providing services to individuals in need. This has included working for Fremont County School District #25, working out of my home to provide services for those with intellectual and developmental disabilities, volunteering at the Fremont County Good Samaritan Center, and working with people who have substance use disorders. As a Licensed Addiction Therapist at White Buffalo Recovery Center, I offer substance abuse treatment services to individuals who may be experiencing difficulties with substance abuse or dependency. Services offered include counseling, outpatient counseling, group counseling, family counseling, and referrals.

Philosophy and Approach

I am passionate about helping others discover their potential and life purpose and prefer to use a strength based approach to counseling. I use a variety of theories and models to fit your needs. I believe that all the answers are within you, and, together, we can discover what you need to live a meaningful, healthy and purpose filled life. I comply with the National Association of Alcoholism and Drug Abuse Counselors Code of Ethics and will provide you with a copy of the National Association of Alcoholism and Drug Abuse Counselors Code of Ethics upon request. Sexual intimacy with a client is never appropriate.

Formal Education and Training

2005 - AAS from Central Wyoming College in Addictions (With Honors)
2005 - AAS from Central Wyoming College in Human Services (With Honors)
2006 - Bachelor of Science in Criminal Justice (With High Honors)
2011 - Certified Addiction Practitioner (Currently Expired)
2018 - Masters of Arts in Addiction Studies, University of South Dakota, Vermillion SD.
2025 - MANDT certified Instructor (updated, certified since 2017)
I participate in continuing education as a condition of licensure.

White Buffalo Recovery

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Travis Slagowski, Licensed Professional Therapist LPC-2085

Background

I have lived in Fremont County for most of my life and was a graduate from Dubois High School. I also received two degrees from Central Wyoming College. I received my Bachelors degree in psychology from Chadron State University. I worked with adults with intellectual disabilities for some time. Next I began working for the Wyoming Department of Corrections as a Caseworker. During this time I began working on a Masters degree in Clinical Mental Health Counseling. I completed my Degree while working for Wyoming Counseling Services and shortly thereafter began working for the Fremont County Treatment courts as a Treatment Therapist. I remained at that program for over 3 years before accepting a position at White Buffalo Recovery. As a Licensed Professional Counselor at White Buffalo Recovery Center, I offer substance abuse treatment services to individuals who may be experiencing difficulties with substance abuse or dependency. Services offered include counseling, outpatient counseling, group counseling, family counseling, and referral services.

Philosophy and Approach

I am a believer in a person's ability to take control of their own destiny. I am invested in helping my community and I believe that this has to be done one person at a time. I work to empower my clients to achieve their version of a better life.

Formal Education and Training

2011 Central Wyoming College Riverton, Wyoming AA Psychology, AA Human Services (with Honors)
2013 Chadron State College Chadron, Nebraska, BA Psychology (with Honors)
2019 Adams State University Alamosa, Colorado, MA Mental Health Counseling (with Honors)

Sarah Lawrence - Provisional Addiction Therapist PAT-098

Background

I was born and raised in Lander Wyoming and have resided in this area most of my life. I attended Central Wyoming College and graduated with my Associate of Applied Science in Human Services, and Associate in Addictions. A little later in life I went on to complete my Bachelor of Science in Psychology with the University of Wyoming. My internship was done with The Fremont County Drug Court, one semester with the adolescents, and the other semester with the adult side.

My job history is a bit different than most of my peers thus not having as much “work experience" in this specific field. Prior to my recent career change the last thirteen years I worked as an Assistant Manager at a motel. Before the motel job

I worked at CES for several years with TBI individuals. Before my employment with CES I worked at the Life Resource Center (called State Training School at that time) and acquired my CNA license. At that time employees who were licensed as a CNA were also Med – Aide certified, and so I was able to distribute medications at the various locations on the campus.
My passion has always been to work in the helping field, so I am excited to start this new adventure in my life working at White Buffalo.

Philosophy and Approach

Like some others in this field my philosophy and approach come from my own experience with substance abuse. I believe we are all capable of change, and that each one of our lives matters. Although the road to change is not easy, IT IS possible. I hope to be a part of others' journey to growth and positive change while employed here at White Buffalo. I like to focus on the here and now and have somewhat of an existential view in that we are responsible for our actions and thus in charge of our growth and change. My approach is to encourage accountability while helping provide a stable support system and encouraging healthy change and growth. Recovery is multidimensional and to be successful becomes a way of life.

White Buffalo Recovery

Substance Abuse Outpatient Treatment Services

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Formal Education and Training

Central Wyoming College – Associate of Applied Science in Addictions 2014
Central Wyoming College - Associate of Applied Science in Human Services 2014
University of Wyoming – Bachelor of Science in Psychology 2020
University of South Dakota - Masters in Arts Addiction Counseling 2024

Clinical Supervisor Sarah Lawrence

Debra Snapp, Certified Addiction Practitioner CAP-205

Supervision Information

I am clinically supervised by Travis Slagowski. He oversees all of my clinical work, critiques and approves or denies all assessments, treatment plans, along with anything else needing approval.

Background

I was born in Lander, Wyoming, and raised in Riverton, Wyoming. I have resided in this area all of my life, including Arapahoe, Wyoming. I completed my GED at Central Wyoming College, and then a few years later, I returned to Central Wyoming College, where I received my Associates of Applied Science in Human Services Addictions, followed by my Associates of Art in General Studies. I then immediately followed those up with my Bachelor of Science in Psychology through the University of Wyoming. I did three field experiences for my Human Services degree, one of which was with Fremont County Detox, one with Community Entry Services, and one with Wyoming Department of Workforce Services. My work history has a little bit of everything. I have worked at the Center of Hope as a Health Technician, although it was for a short time. I worked at the Fremont County Group Home with kids of various ages with either addictions or legal troubles. I was responsible for the kids' medications being distributed and kept safe. I worked for 6.5 years at the Wyoming Life Resource Center, where I was also a med aide, which meant I gave out meds to my clients. I also worked at Community Entry Services, where I also distributed medications to clients.
I have always wanted and enjoyed getting to help others in their lives. My entire motivation to go to college for the degrees I did was to be able to help others who are struggling with addiction. Coming to work for White Buffalo is not only allowing me to use my education but is also allowing me to achieve the goal of helping others. **Philosophy and Approach**

I am like so many others who choose this field with the fact that I have personal experience with substance use/addiction.

I have also witnessed many friends and family struggle with the same thing. I believe that my philosophy and approach come from all this, and the one man who was a probation/parole officer along with drug court, whose belief was that people can change, but they need people not to give up on them. He believed that people have a better chance if there's at least one person telling them that they can do this, not giving up on them or telling them how they will never be able to do it, and who is willing to help them with the struggle. He made an impact on me the day we had this conversation, so a few weeks later, I started my education to be able to help others with addiction. Everyone is capable of change. It might be a difficult journey, but it is possible. It does make a difference if there is at least one person encouraging you through your journey.

I hope to be that encouraging person who makes a difference for many others while employed here at White Buffalo Recovery. I like to not focus on the past and the mistakes that have been made, but instead to focus on today and the future. Focus on what we want in our future and how to make it a reality, then to start those steps. At the same time, I encourage everyone to take accountability for their own actions and encourage them to make the changes that are needed

for their own personal growth. I will help to provide a stable and honest support system for them through their journey. I comply with the NAADAC Code of Ethics.

Formal Education and Training

Central Wyoming College: Associate of Applied Science Human Services Addictions 2013
Central Wyoming College: Associate of Art in General Studies 2015
University of Wyoming: Bachelor of Science in Psychology 2017

Patricia (Patty) Corso - Certified Addiction Practitioner CAP-183

Background

Originally, I grew up in Portsmouth, New Hampshire. I have resided in Wyoming since 1992, mostly in Cheyenne. I recently moved to Riverton and was employed by Wind River Job Corps as their addiction counselor for approximately five and a half years. Before that, I worked as an addiction counselor for both adolescents and adults, with group counseling being at the forefront of my expertise. I was drawn to addiction counseling because I wanted to be able to help people overcome this very challenging disease and make a difference in people's lives. I am a very friendly and outgoing person, and people seem to gravitate to me to talk about anything that is on their mind.

Philosophy and Approach

As a certified addictions practitioner, I utilize evidence-based treatments and practices to assist clients based on individualized assessment. Additionally, I adhere to the standards of the American Counseling Association (ACA) and the National Association for Alcoholism and Drug
Abuse Counselors (NAADAC) Code of Ethics. My theoretical orientation is a humanistic/existentialist approach, which focuses on the here
and now, allowing it to be flexible to meet each client's needs. I employ an integrative approach, utilizing Client-Centered therapies such as
CBT, Cognitive-Behavioral Therapy, and MI, motivational interviewing, or other appropriate techniques. I believe in meeting the client "where
they are at" both emotionally and in their stage of change, providing education and the tools to navigate through this sometimes difficult and
trying time in life.

Formal Education and Training

Certified Addictions Practitioner, CAP-183, by the Wyoming Mental Health Professions Licensing Board, 2020 to present.
National Provider Identifier (NPI): 1649742065

- Master's of Arts degree in Addiction Counseling from the University of the Cumberlands, Williamsburg, KY., in 2018.
- Bachelor's of Arts degree in Psychology from the University of Wyoming, Laramie, WY., in 2013. ● Associate of Arts degrees in Sociology (2003) and Psychology (2013) from Laramie County Community College, Cheyenne, WY.

Clinically supervised by Travis Slagowski, LPC-2085

White Buffalo Recovery

Substance Abuse Outpatient Treatment Services

450 South Federal Blvd Riverton #24 Great Plains Road, Arapahoe 639 Blue Sky Hwy, Ethete

Dawn Marie Thacker, Graduate Student Intern

Background

I have been a resident of eastern Fremont County for over 20 years. I hold an Associate of Arts degree from Central Wyoming College and a Bachelor of Science in Health Sciences with a concentration in Healthy Lifestyles from Arizona State University. Currently, I am a third-year graduate student intern in the Mental Health Counseling program at the University of Wyoming, with an expected graduation date of May 2026.

My professional experience has primarily consisted of working with the aging population. More recently, I have expanded my work experience to include individuals with intellectual disabilities and severe mental illness, further broadening my perspective and deepening my commitment to serving diverse populations.

Philosophy and Approach

As a counseling student intern, I adhere to the ethical standards outlined in the American Counseling Association (ACA) and the National Association for Alcoholism and Drug Abuse Counselors (NAADAC) Code of Ethics. I am committed to meeting clients where they are in their recovery journey and utilizing a holistic, culturally responsive approach to treatment. My clinical work focuses on supporting the development of healthy coping strategies, building strong support systems, and encouraging engagement in meaningful, recovery-oriented activities—all of which are essential for achieving and maintaining long-term sobriety and overall well-being.

Formal Education and Training

2007 Central Wyoming College Riverton, Wyoming AA General Arts
2022 Arizona State University, Tempe, Arizona BS Health Sciences
2026 University of Wyoming, Laramie,Wyoming Mental Health Counseling (with Honors)

Clinically supervised by Alice L. Cruz Morales LAT-396

Jesse McIntosh Manley, Certified Addiction Practitioner Assistant CAPA-051

Background

I have been employed with White Buffalo Recovery Center for 10 years and came to this field of services to help improve

the lives of those who choose to change. I provide clients with first contact to addiction services by collecting information for the substance abuse evaluation. I provide education in the following groups, BADE and WOMEN IN RECOVERY, which is based on how addictions affect families, pregnancy, mind, body, and spirit.

Philosophy and Approach

White Buffalo Recovery Center has employed me for 10 years as a Certified Addictions Practitioner's Assistant case manager, Level 1. The services I provide include educational groups for outpatient programming, such as individual sessions, a women in recovery education group, and a Basic Alcohol and Drug Education group, as well as assessments and goal setting with clients. I continue my education with NAADAC webinar training and facility in service training. I am currently enrolled in the University of South Dakota ACP program to obtain my Bachelor's Degree in Addictions. I enjoy learning and working with individuals to help them see a better future for themselves. I believe in challenging the individuals I work with to self-evaluate their own thoughts and behaviors to achieve their goals. I encourage clients to

find healthy coping skills, supports, and activities within their culture, which are essential for sustaining long-term recovery. Recovery is a process and differs for everyone. I believe spirituality is an important component to have while working through their addiction to change their lives.

Formal Education and Training

Graduated from Central Wyoming Community College, Specializing in Addictions, May 2009
Certified by the State of Wyoming, CAPA-051 October 2015
Re-Certified by the State of Wyoming, CAPA-051 July 2024
The Mandt System Training: 2024
Understanding The Purpose of Life: 12 Teachings for Native Youth Training: April 17-19,2017
Mending Broken Hearts: Healing Unresolved Grief Training: January 26-28, 2016
Medicine Wheel and the 12 Steps Training: July 13-15, 2015
Prime for Life Training: November 2-3, 2015

Clinically Supervised by Travis Slagowski, LPC-2085

Michael O. Willow, Certified Addictions Practitioner Assistant CAPA-080

Background

I am currently employed with the White Buffalo Recovery Center as a Certified Addictions Practitioner Assistant. I was born and raised here in Wyoming, I attended elementary school here and went to high school in Salem, Oregon. I was hired on with White Buffalo Recovery as a Certified Peer Support Specialist Candidate in May of 2021. I have worked for the Wind River Hotel and Casino for 12 years as a cook. In 2017, I decided to go back to school to fulfill my goal of becoming a substance abuse counselor. I made that a goal in my life to be of assistance to others who are suffering in silence and I would like them to know that we are here to help them.

Philosophy and Approach

As a recovering addict myself, I feel that I can be an inspiration to help others find their path of recovery. I believe that every person has the capacity to live a meaningful and fulfilling life. I want to be of assistance to our clients in helping them to reach their full potential so they can discover what possibilities await them in their life of recovery. **Formal Education and Training**

Peer Support Specialist Training, 2021
Mandt Training, 2021
Associate of Applied Science in Human Services-Addictions Option, Class of 2021, Central Wyoming College
Currently pursuing a Bachelor of Arts, Sociology, as an online student with the University of Wyoming, expected graduation at the end of the Fall 2026 semester.

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April Friday, Certified Addiction Practitioner Assistant CAPA-071

Background

I have lived most of my life in Ethete Wyoming. I worked for the federal government and tribal government for 27 years before attending Central Wyoming College to study human services and addictions. I graduated with an associates degree Human Services Addictions Option in May 2019 and began working for White Buffalo. I am motivated for positive change to our communities and support this by the services I provide for clients such as; case management/skills development services and educational groups for all levels of care.

Philosophy and Approach

My belief is that everyone deserves autonomy; listening and understanding clients from their perspective allows me to better serve their needs and interests. I believe being a positive role model in my family and in our communities is the best example and teacher.

Formal Education and Training

2015 Mending Broken Hearts Facilitator
2015 12 Steps Medicine Wheel Facilitator
2017 Peer Recovery Coach
2019 Assoc. of Applied Science; Addiction, Central Wyoming College
2019 Certified Addiction Practitioner Asst License #071, Mental Health Board, State of Wyo
2022 ASIST
2022 Prime for Life
2023 Purpose of Life
2025 MANDT
Clinically Supervised by Alice L. Cruz Morales, Licensed Addiction Therapist LAT-396

Amber Haanpaa, Certified Addiction Practitioner Assistant CAPA-087

Background

I have lived in Rock Springs, Wyoming most of my life. I graduated from Independence High School in 2009 and received my Associates degree in Human services for the Addictions field in 2020.

I began my work experience in the human services field when I did my internship at Volunteers of America here in Riverton, Wyoming. I fell in love with helping people. I am a person in recovery myself and know what it feels like to be alone, scared and trying to change your life. If I can help just one person every day to never feel alone again I will do everything in my power to help them.

Philosophy and Approach

I believe that everyone no matter their past can change who they are if they really want to. They just need help finding the want to change. I believe that working in this field and helping others focus on their sobriety also in turn helps me in my sobriety as well. It helps me stay strong and set a great example for my kids and family to be anything they want to be if they set their minds to it.

Formal Education and Training

Certified by the State of Wyoming, CAPA-087 September 2021
Mending Broken Hearts Certified November 2024

Supervision Information

I am clinically supervised by Travis Slagowski.

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Alicia Little, Certified Addiction Practitioner Assistant CAPA-090

Background

I have lived in Riverton, Wyoming most of my life though I was born in Pittsburgh, Pennsylvania. I began my journey at Central Wyoming College in 2010 as a music major. In 2020 I decided to return to school and begin my journey as a substance abuse counselor at Central Wyoming College and am still attending Central Wyoming College with a graduation year of 2025. I completed my field experience while attending Central Wyoming College at Juvenile Treatment Court of Fremont County. I enjoy being outside, reading, and learning all that I can.

Philosophy and Approach

As a recovering addict myself I feel that I can help others who are battling the same battle. I believe in meeting people where they are and helping others take back power over their lives by bringing to light the choices that are available and aiding in decision making when one is unsure of what to choose. I believe everyone has the ability to know what is needed and sometimes needs help to make the picture become clear.

Formal Education and Training

AAS in Social Work – Addictions Option, Central Wyoming College, Riverton, Wyoming with a projected graduation year of 2027.
MANDT 2024
ASIST 2024
Mending Broken Hearts Certified November 2024
I continue education as part of a condition of certification.
Clinically Supervised by Alice Cruz Morales LAT-396

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As a client of the White Buffalo Recovery Center you have the right to confidentiality. You are protected by Federal Confidentiality Rules (42 CFR Part 2) and HIPAA (45 CFR Parts 160 & 164). Your personal information will not be released without your written consent. As a client, you have the following rights:

To expect that a Licensee has met the minimal qualifications of training and experience required by state law.

To examine public records maintained by the Wyoming Mental Health Professional Licensing Board confirm credentials of a Licensee.

To obtain a copy of the National Association of Alcoholism and Drug Abuse Counselors Code of Ethics.

To report complaints to the Wyoming Mental Health Professions Licensing Board.

To be informed of the cost of professional services before receiving the services.

To be assured of privacy and confidentiality while receiving services as defined by rule and law, excluding the following: a) abuse or harmful neglect of children, the elderly or disabled or incompetent individuals is known or reasonably suspected b) the validity of a will of a former client is contested
c) information related to counseling is necessary to defend against a malpractice action brought by a client d) an immediate threat of physical violence against a readily identifiable victim is disclosed to the counselor e) in the context of civil commitment proceedings, where an immediate threat of self-inflicted harm is disclosed to the counselor f) the client alleges mental or emotional damages in civil litigation or his/her mental or emotional state becomes an issue in any court proceeding concerning child custody or visitation g) the patient or client is examined pursuant to a court order

h) in the context of investigations and hearings brought by the client and conducted by the board, where violations of this act are at issue.

This information is required by the State of Wyoming, Mental Health Professional Licensing Board, 10800 Cary Avenue, 4th Floor, Cheyenne, WY 82002, (307) 777-7788.

Grievance Process: Counselor, Clinical Coordinator (Alice Cruz-Morales, 307-856-0470), Program Director (Sunny Duran, 307-856-0470), CEO Wind River Cares (Richard Brannan, 307-856-9281)

I have read and understand the information in this document. Should I feel my rights as a client have been violated, I understand it is my right to contact the address and phone number noted above for any complaints. By signing this form, I understand the above information and agree to accept services from this agency.

Print Name:_____

Signature:_____Date:_____

Witness Signature:_____Date:_____

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Records Management

Confidentiality of client records includes the following:

- Program staff shall not convey to a person outside the program that a client receives services from the program or disclose any information identifying a client as an alcohol or drug services client unless the client consents in writing for the release of information, the disclosure is allowed by a court order, or the disclosure is made to qualified personnel for a medical emergency, research, audit or program evaluation purposes.

- Federal laws and regulations do not protect any threat to commit a crime, any information about a crime committed by a client either at the program or against any person who works for the program.

- Federal laws and regulations do not protect any information about suspected child abuse or neglect form being reported under State law to appropriate State or Federal authorities.

Request for records to be sent:

Attn:_____

o Fax: (____)_____-_____ o

Mail: _____

Release on file: YES NO Sent

Date:_____

Initials:_____

Attn:_____

o Fax: (____)_____-_____ o

Mail: _____

Release on file: YES NO Sent

Date:_____

Initials:_____

Attn:_____

o Fax: (____)_____-_____ o

Mail:_____

Release on file: YES NO Sent

Date:_____

Initials:_____

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