ANNUAL REPORT

FISCAL YEAR 2024

WHITE BUFFALO

PREVENTION
RECOVERY
SOBER LIVING

PRESENTED BY :
WB Management Team

PREPARED BY :
Sunny Goggles,
Program Director

INTRODUCTION

White Buffalo is the substance abuse program operated and managed by the Wind River Family and Community Health Care System, Northern Arapaho Tribe. The program primarily provides outpatient treatment services, recovery support services, prevention and education services to Indian Health Service eligible individuals who reside on or near the Wind River Reservation. The program is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) Accredited to provide American Society of Addiction Medicine (A.S.A.M) Level .5, Level 1, Level 2.1 outpatient services to adults and adolescents and Level 3.1 residential services to adults.

White Buffalo follows a circular approach to a continuum of care, seeing how all aspects are connected and continuous. A continuum of care is a comprehensive approach to behavioral health which also means seeing promotion, prevention, treatment and recovery as parts of an overall continuum of care. All aspects are equally important and necessary for our community. The Substance Abuse and Mental Health Services Administration's Behavioral Health Continuum of Care Model recognizes multiple opportunities for addressing behavioral health problems and disorders. The model includes the following components: Promotion—These strategies are designed to create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. Promotion strategies also reinforce the entire continuum of behavioral health services. Prevention—Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem, such as underage alcohol use, prescription drug misuse and abuse, and illicit drug use. Treatment—These services are for people diagnosed with a substance use or other behavioral health disorder. Recovery—These services support individuals' abilities to live productive lives in the community and can often help with abstinence. (SAMHSA, 2016).

VISION AND MISSION

VISION

A safe, sober community that values and respects our culture and traditions.

MISSION

Our mission is to address the needs of those individuals and families seeking recovery services. We accomplish this by providing community based treatment, cultural revitalization, education and prevention activities.

CARF SURVEY JUNE 2024

Accreditation Decision

On balance, White Buffalo Recovery Center demonstrated substantial conformance to the standards. White Buffalo Recovery Center provides a wide array of much-needed behavioral health services to children, adolescents, and adults and their families by incorporating the Arapaho way of life tradition (Hinono'el) that clearly emanates a value-driven, client focus. The staff members are deeply committed to providing services in prevention, recovery, and sober living to those experiencing hardships. Funding and referral sources expressed a high level of satisfaction with the services provided. There is a commitment to the clients, cultural revitalization, and the community. In addition to the warm and welcoming environment at the facilities, the staff members are engaged in various community activities promoting well-being. While the organization has many strengths, there are some opportunities for improvement noted in this report in the areas of leadership, strategic planning, risk management, health and safety, workforce development and management, technology, accessibility, performance measurement and management, performance improvement, treatment planning, transition/discharge, and quality records management. The organization is encouraged to continue its focus on ongoing quality improvement and conformance to the standards.

White Buffalo Recovery Center appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement. White Buffalo Recovery Center is required to submit a post-survey Quality Improvement Plan (QIP) to CARF that addresses all recommendations identified in this report.

White Buffalo Recovery Center has earned a Three-Year Accreditation. The leadership team and staff are complimented and congratulated for this achievement. In order to maintain this accreditation, throughout the term of accreditation, the organization is required to:

- Submit annual reporting documents and other required information to CARF, as detailed in the Accreditation Policies and Procedures section in the standards manual.
- Maintain ongoing conformance to CARF's standards, satisfy all accreditation conditions, and comply with all accreditation policies and procedures, as they are published and made effective by CARF.

Areas of Strength

CARF found that White Buffalo Recovery Center demonstrated the following strengths:

- White Buffalo Recovery Center is staffed at all levels, from administration to direct care staff, by many local Indigenous people and some lifetime residents. The Indigenous staff members have a unique awareness of Indigenous traditions as well as the historical roots of trauma and victimization, and they strive to make services accommodating, sensitive, and safe for those who seek them.
- White Buffalo Recovery Center takes great care to be culturally relevant to the clients, as evidenced by the cultural rituals and traditions that are honored and carried on by personnel and relatives alike and integrated into all aspects of service delivery for both Eastern Shoshone and Northern Arapaho tribes of the Wind River Reservation.
- The staff members indicated that they feel blessed and honored to work at White Buffalo Recovery Center, to work with the clients, and to be surrounded by such caring people. The Wellness Boxes provided to each staff member demonstrate the commitment to the well-being of the staff.
- White Buffalo Recovery Center extensively uses peer supports to support the recovery of clients. This demonstrates the commitment to persons in recovery and, when possible, providing employment, volunteer opportunities, and other meaningful activities after services are completed. The staff is highly motivated and dedicated to providing the clients with the highest quality of care and services. The use of peer support greatly enhances the recovery process for the clients.
- White Buffalo Recovery Center's strong cultural and traditional approach to a balanced life and a paradigm where alcohol and drugs do not fit into the culture or profile of an Indigenous person assists to develop a strong identity for those in recovery.
- Staff members highlighted the teamwork, problem solving in difficult situations, culture teaching, community outreach, and dedication to their clients that need outside treatment services. There are also staff members who have experience with addiction to help provide support and knowledge to the clients.
- The community housing and residential treatment facilities are very warm and homelike settings, providing the clients a clean, safe, and comfortable place to live.
- Services are delivered in a way that is congruent with the traditional values of the Indigenous people of the Tribal region. These include humility (putting others' needs first), compassion (understanding, kindness, and love for others), unity (willingly working together), integrity (wholeness, completeness, honesty, and sincerity), and respect (shared meaning, shared knowledge, and the experience of learning together). Cooperation is vital to sustain life in a challenging environment, and the behavioral health staff's warm, welcoming, friendly, and kind attitude is evident.
- White Buffalo Recovery Center is committed to having healthy communities economically, spiritually, and culturally. The organization works with Tribes, cities, corporations, schools, and businesses to support a strong Arapahoe culture, encouraging families and employees to choose a healthy lifestyle and sustain a vibrant economy. It is noted that White Buffalo Recovery Center really "meets persons where they are at" in terms of meeting the client's individual needs.
- The organization utilizes various treatment modalities and has a garden for the clients to grow different vegetables. It also has chickens and a lamb for the clients to care for and be responsible for their well-being.
- The clients reported feeling very happy and safe and are very grateful to the staff for providing them with the tools and education to aid in their recovery process. The clients reported always being treated with dignity and respect.

CARF International, a group of companies that includes CARF Canada and CARF Europe, is an independent, nonprofit accreditor of health and human services.

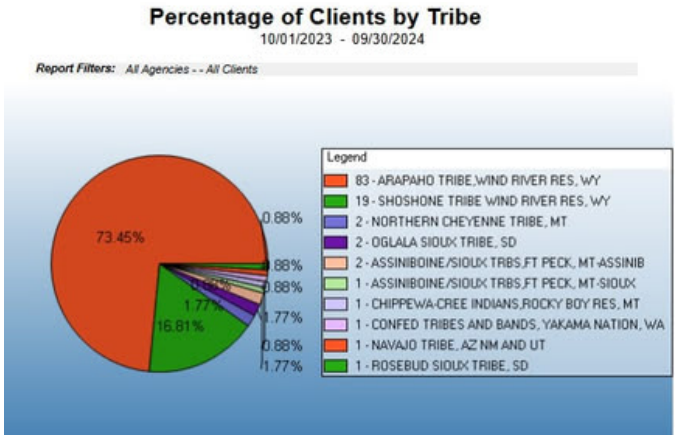
Through accreditation, CARF assists service providers in improving the quality of their services, demonstrating value, and meeting internationally recognized organizational and program standards.

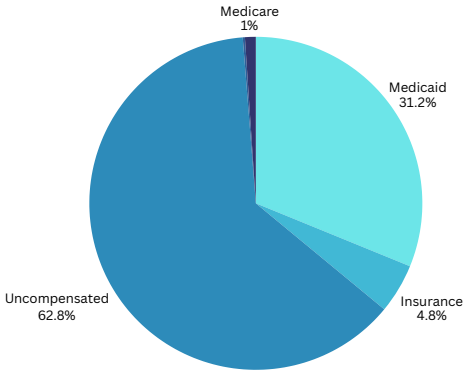
The accreditation process applies sets of standards to service areas and business practices during an on-site survey. Accreditation, however, is an ongoing process, signaling to the public that a service provider is committed to continuously improving services, encouraging feedback, and serving the community. Accreditation also demonstrates a provider's commitment to enhance its performance, manage its risk, and distinguish its service delivery.

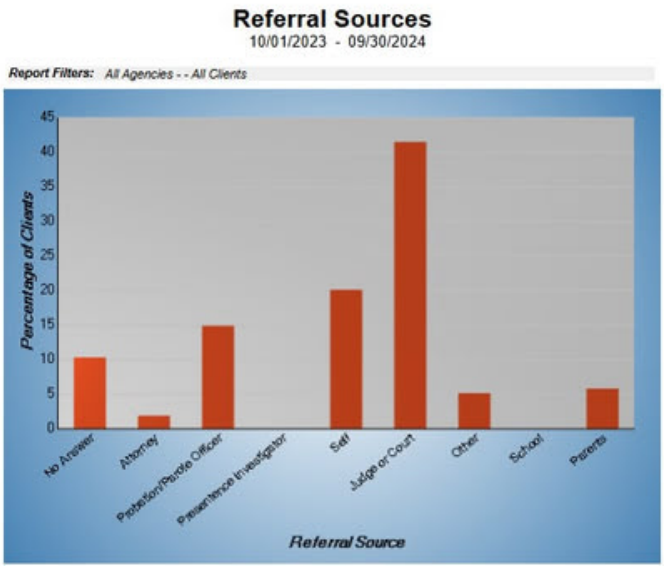
Visit www.carf.org for more information and useful resources for providers and consumers.

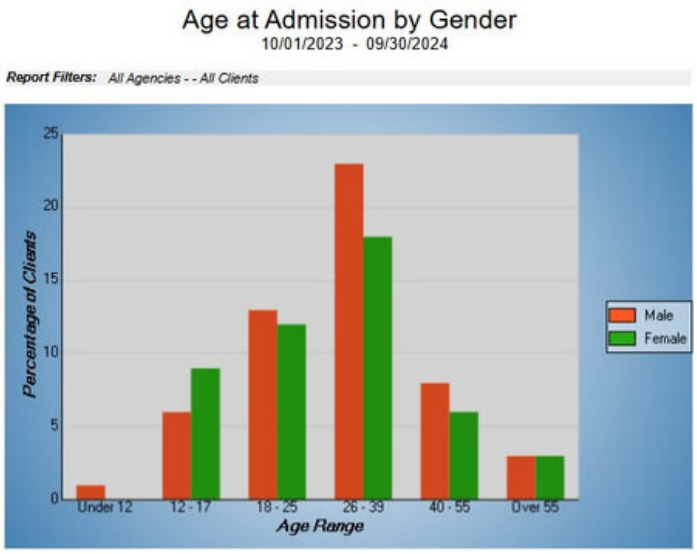
CLINICAL PERSONS SERVED

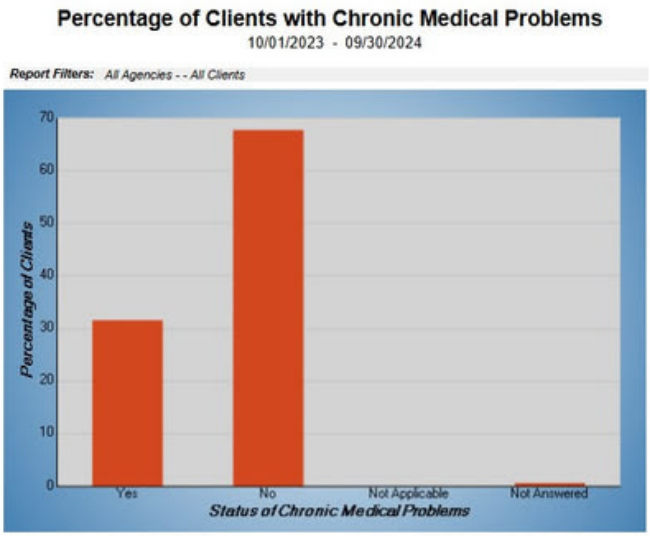
Clinical Services are limited to Indian Health Service eligible individuals. Information does not include people who came in with outside agency assessments.

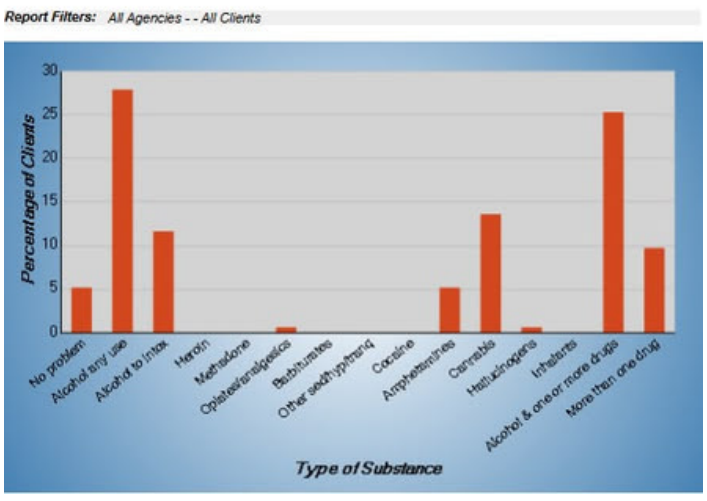












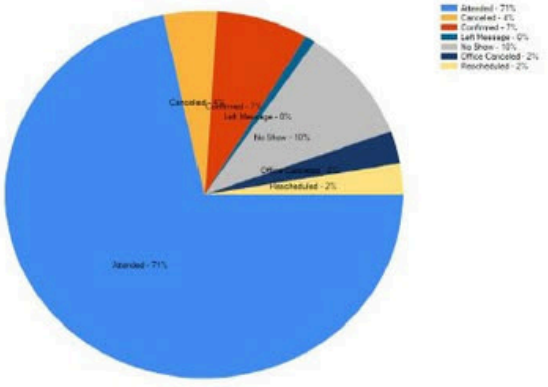
YEARLY CLINICAL SERVICES

Attendance Summary Status

10-01-2023 to 09-30-2024

Report Filters: Clients: All Clients / Facilitator: All Counselor / Sessions: All Sessions / Statuses: All Statuses / Staff: All Staff

Session Type:	Attended	Canceled	Confirmed	Left Message	No Show	Office Canceled	Rescheduled
ASI	227	29	1	0	96	16	46
Chart Review	0	0	3	0	0	0	0
Clinical Staffing	456	0	265	0	0	0	0
Clinical Supervison	9	0	0	0	0	0	0
Co-Occurring group	0	0	0	0	0	0	0
Continuing Care Group	282	36	2	4	38	10	4
Correspondance	289	3	373	32	39	0	0
Crisis Management	9	0	2	0	0	0	0
Discharge MIA/Refuse/NoProgress	2	2	16	0	19	0	0
Discharge Successful Completion	16	1	3	1	5	1	1
General	0	0	0	0	0	0	0
In person contact with client	121	2	0	0	2	0	0
Individual therapy session	1050	212	3	5	391	107	120
Intake	297	4	0	0	58	2	32
Intake No Call/No Show	0	0	0	0	0	0	0
Level 1 Pre-Inpatient Group	0	0	0	0	0	0	0
Level 3.1 Daily Contact	1422	0	0	0	0	0	0
Level I Individual Skill Development	206	18	0	2	65	22	31
Level I Outpatient Group	1	0	0	0	0	0	0
Level I Skill Development Group	45	6	1	0	20	6	2
Level II. 1 Therapy Group	455	54	0	12	67	29	4
Level II.1 Education Group	919	89	2	24	133	48	9
Massage Therapy with Paul Daw	0	0	0	0	0	0	0
Meeting	6	1	0	1	2	1	0
No Call/No Show Fee	0	0	0	0	0	0	0
Outreach	0	0	0	0	0	0	0
Outside Recovery Support	0	0	0	0	0	0	0
Peer Telehealth Individual Session H0038+GT	17	0	0	0	1	0	0
Peer to Peer Group H0038+HQ	1776	75	134	1	148	79	28
Peer to Peer Individual	721	99	15	2	292	103	94
Phone contact client	676	2	58	51	90	1	0
Prevention	0	0	0	0	0	0	0
Prime for life DUI Education	2	0	0	0	0	0	0
Prime for Life Minor in Posession	0	0	0	0	0	0	0
Prime for Life Prevention	0	0	0	0	0	0	0
Recovery Support	34	0	0	0	0	0	0
Relapse Prevention Group	0	0	0	0	0	0	0
Screening A/D	1406	0	18	0	0	0	0
Screening Team	2	0	0	0	0	0	0
Skills Development and Training	659	73	1	12	139	70	48
Substance Testing-Lab Results	511	0	406	0	0	0	0
Transportation	540	0	3	0	0	0	0
Treatment Plan Session	341	33	1	0	142	9	53
Other	0	0	0	0	0	0	0
Total	12497	739	1307	147	1747	504	472



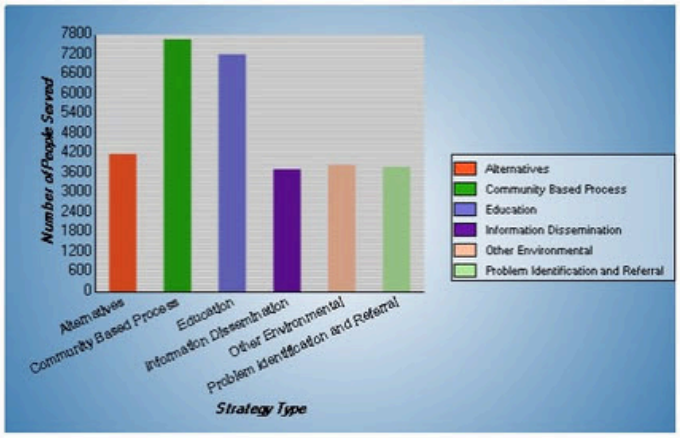
10/01/2023 to 09/30/2024

Code	Description	Duration (Hrs)
H0031	ASI	441:15
CHARTR	Chart Review	2:32
CLNSTF	Clinical Staffing	166:15
H0046	Continuing Care Group	541:45
CORRES	Correspondance	111:45
CRISIS	Crisis Management	14:27
DISCHG	Discharge MIA/Refuse/NoProgress	18:30
DISCHS	Discharge Successful Completion	28:30
INPER	In person contact with client	147:33
H2019	Individual therapy session	998:53
INTAKE	Intake	411:15
INTKNO	Intake No Call/No Show	6:00
RECVHM	Level 3.1 Daily Contact	28465:52
H2014	Level I Individual Skill Development	196:45
H0046	Level I Outpatient Group	0:45
H2014	Level I Skill Development Group	46:30
H0015	Level II. 1 Therapy Group	1315:30
H0015	Level II.1 Education Group	2149:56
MEETNG	Meeting	6:45
ASIfee	No Call/No Show Fee	10:00
H0038G	Peer Telehealth Individual Session H0038+GT	11:20
H0038+	Peer to Peer Group H0038+HQ	3525:00
H0038	Peer to Peer Individual	659:28
PHONE	Phone contact client	217:05
DUI	Prime for life DUI Education	20:00
RECSPT	Recovery Support	57:30
DRUGSC	Screening A/D	483:59
H2014	Skills Development and Training	526:30
LAB	Substance Testing-Lab Results	75:01
TRANS	Transportation	862:02
H2019	Treatment Plan Session	322:47
	Totals:	41841:25

YEARLY PREVENTION & COMMUNITY SERVICES

Number of People Participated by Strategy

10/01/2023 - 09/30/2024



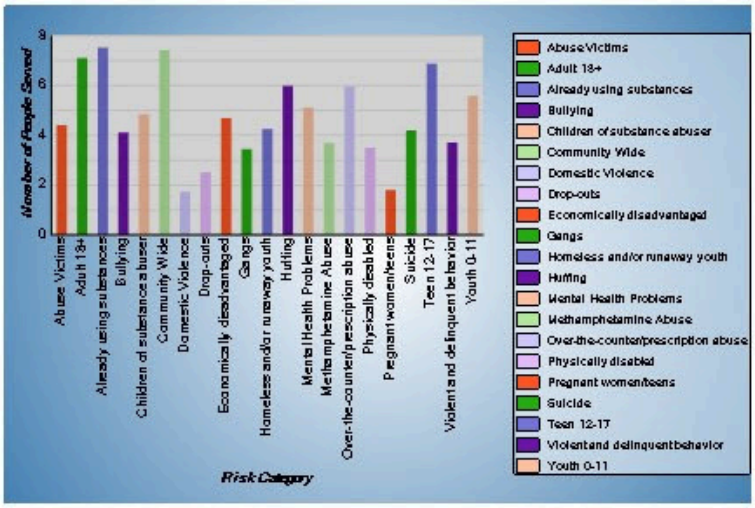
StrategyType:	Total Count (Number of Events)	Total Count (Number of People)	Percentage of People
Alternatives	100 of 970	4199	40%
Community Based Process	902 of 970	7674	74%
Education	326 of 970	7219	69%
Information Dissemination	65 of 970	3732	36%
Other Environmental	61 of 970	3863	37%
Problem Identification and Referral	72 of 970	3809	37%

Total Number of Events: 970

Total Number of People Served: 10433

Number of People Participated in Prevention Activities by Risk Category

10/01/2023 - 09/30/2024



Risk Category:	Total Count (Number of Events)	Total Count (Number of People)	Percentage of People
Abuse Victims	144 of 970	4419	42%
Adult 18+	886 of 970	7118	68%
Already using substances	785 of 970	7535	72%
Bullying	105 of 970	4120	39%
Children of substance abuser	134 of 970	4853	47%
Community Wide	788 of 970	7424	71%
Domestic Violence	124 of 970	1732	17%
Drop-outs	85 of 970	2518	24%
Economically disadvantaged	158 of 970	4699	45%
Gangs	101 of 970	3443	33%
Homeless and/or runaway youth	157 of 970	4256	41%
Huffing	673 of 970	5994	57%
Mental Health Problems	315 of 970	5116	49%
Methamphetamine Abuse	716 of 970	3689	35%
Over-the-counter/prescription abuse	716 of 970	5973	57%
Physically disabled	110 of 970	3494	33%
Pregnant women/teens	65 of 970	1793	17%
Suicide	132 of 970	4203	40%
Teen 12-17	137 of 970	6884	65%
Violent and delinquent behavior	112 of 970	3702	35%
Youth 0-11	115 of 970	5580	53%

Total Number of Events: 970

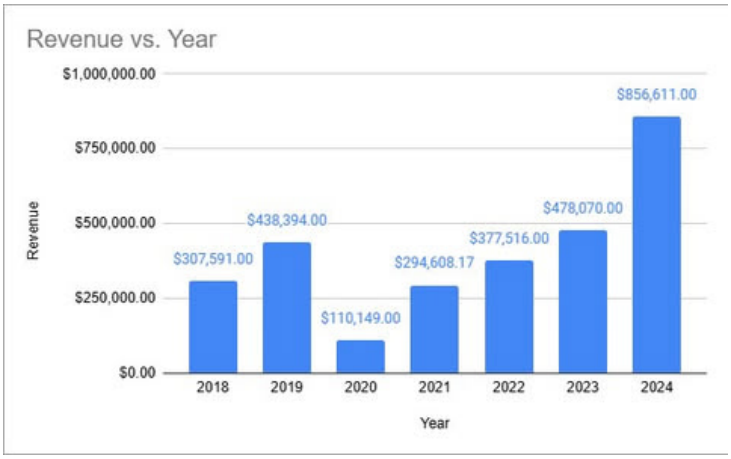
Total Number of People Served:10433

REVENUE & EXPENSES

We saw a significant increase in revenue due to Medicaid as the result of consistent billing and development of Quality Assurance. Billing for insurance will be back billed the next fiscal year.

We were within our budget for expenses for the FY. We have two ARPA projects currently in progress with a projected completion in FY 2025.

We plan to apply for more federal grants to enhance our services and fundraise to cover costs for our transitional and sober living residents including food, clothing, basic necessities.



Fiscal Year Donations/Rent/No Show/Fundraising
$ 11,109.56 EXPENSES
$ 11,831.00.00 Donations
$ 721.44 Remaining

Fiscal Year Medicaid
$ 776,877.37 EXPENSES
$ 856,611.00 Medicaid Revenue
$ 79,733.63 Remaining

Fiscal Year IHS funding
$ 1,391,294.36 EXPENSES
$ 1,890,494.00 I.H.S. Funding
$ 499,199.64 Remaining

Other Funding Sources (yearly)
$ 75,000 State of Wyoming Contract Tobacco Funding
$ 50,000 State of Wyoming Contract Opioid Funding
$ 75,000 State of Wyoming Contract Project Venture
$ 50,000 RMTLC Contract SPHSSIC
$ 250,000 SAMHSA Native Connections Grant

PERFORMANCE MEASURES

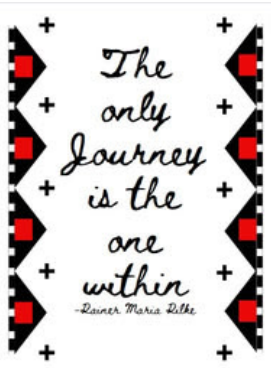
Objective	Indicator	Target	To Whom Applied/Obtained By	Time of Measure	Data Source	Result
Business Function: Consistent Billing which will enhance Revenue	Increase in total bills paid; decrease in bills denied; increase in revenue	Month to month Billing with a minimum of $25,000 a month	• Billing Department • QA	Monthly	• Medicaid RA Reports • GL financial reports	**Target met 12 of 12 months**
Business Function: Successful Attendance to appointments	Decrease in missed appointments	Less than 10 %	• Front Staff doing check ins; • CAPA remind calls	Yearly	• Accucare scheduler report	**10% no show out of 12497 appointments**
Effectiveness: Clinical Services	Successful completions of a level of care	30% Successful completion	• Providers • QA	Yearly	• Accucare data analysis discharge reasons report	**32.08% Successful completion**
Access: Maintain consistent Clinical service hours	Increase the number of clinical services each month	1500 minimum of clinical hours a month	• Front Desk Staff • Providers Documentation	Monthly	• Accucare clinical hours report	**Target met 12 of 12 months**
Access: Maintain availability to services	Increase in persons served in clinical and prevention services	100 minimum clinical	• Providers • Prevention	Monthly	• Accucare data query & prevention report	**Target met 12 of 12 months**
Satisfaction: Overall impression of services provided	Satisfaction rate on population surveys	70% Satisfaction Rate	• QA • Provider	Monthly	• Satisfaction surveys	**94% satisfaction rate**

CHALLENGES

Internal
1-Staffing-many open positions; difficulty recruiting; lack qualified applicants
2-Productivity-lack of consistency in service hours; documentation
3-Best use of Space-rooms with no attendance
4-Training-online training is not as effective as when it comes to ethics
5-Coverage staff of all three locations
6-No show rate especially for intakes and ASIs
External
1-Transportation-missing appointments; not being picked up after programming for several hours; communication with department
2-Leadership Support-lack of understand of how substance abuse and prevention services work
3-Community Readiness-a lot of sigma, denial and enabling
4-Client accountability from probation, DFS, etc.

SUCCESSES

Internal
1-Communication was improved with staff and community programs
2-Staffing Roles were established including SOPs, team training, etc.
3-More community events such as mending broken hearts, soup & share, community sweats, NA, Sewing group, Crafts, Talking Circle etc.
4-Positive feedback from the community
5-Staff growth and professional development
External
1-Community participation for events.
2-Funding opportunities such as federal grants
3- Community support, knowledge and growth
4-Support from WRFCHC, increase desire for collaboration among programs.



YEAR TO YEAR COMPARISON