

Kaala's Village Family Healing Center

*2025 Montana Opioid Abatement Trust
Grants-second half of 2025*

Mountain Shadow Association

Megkian Doyle
444 Circle F Trail
444 Circle F Trail
Bozeman, MT 59718

megkian.doyle@mountainshadowassociation.org
O: 406-209-0109
M: 406-209-0109

Megkian Doyle

444 Circle F Trail
444 Circle F Trail
Bozeman, MT 59718

megkian.doyle@mountainshadowassociation.org
O: 406-209-0109
M: 406-209-0109

Application Form

Region Selection

To collaborate with someone else on this request, click the blue "Collaborate" button in the top-right corner.

Project Name*

Kaala's Village Family Healing Center

You may only select one Abatement Region, if you are applying for funding from more than one region you will need to fill out and submit a separate application for each region.

Select Multi County Abatement Region OR Metro Region*

Select the Multi-County Abatement Region **OR** the Metro Region you are requesting grant funds from. Click [HERE](#) for a detailed map of Multi-County Regions and Metro Regions.

Abatement Region 3

Regional Funding Request*

If you are applying to multiple regions, please select all the regions to which you are submitting applications.

Abatement Region 3

Application Overview

About the Organization/Program*

Give a brief description of the Organization/Program/Project. Include the mission statement and the services provided.

Mountain Shadow Association was formed from a grassroots group 9 years ago and formally became a nonprofit in 2018. The nonprofit was formed after completing an 18-month family centered design process under a grant from the Robert Wood Johnson Foundation, where Lodge Grass community members provided extensive feedback on their current state and the change that would need to happen so that Lodge Grass could become a place where children and families thrive. After this study, Dr. Megkian Doyle went to work as the Director of One Health's Regional Community Action Teams working closely with nearly all the resources listed in the MOAT framework. During the 7 years she worked with One Health, Dr. Doyle, also worked closely with Lodge Grass community members and the local board of Mountain Shadow to design a comprehensive ecosystem approach addressing crisis-level substance use and mental health disorders engendering a broad range of interconnected issues including foster care placement for children, maternal mortality, youth suicide, sexual abuse, incarceration, traumatic death, substance-exposed infants, and missing and murdered individuals. This became known as Kaala's (Grandmother's) Village, a healing center for whole families. Mountain Shadow's mission is to support families in their healing until all our kids grow up in homes of peace

and well-being. We accomplish this by restoring relationships between children and their parents, citizens and their community, families and their culture, and individuals and their environment.

What category does the program fit into*

Check the category/categories the program fits into. You may select more than one option.

Click [HERE](#) for a list of approved opioid remediation uses

Prevention
Treatment
Recovery

Exhibit E List of Opioid Remediation Uses

Schedule A - select all that apply

- A. NALOXENE/OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES
- B. "MAT" DISTRIBUTION & OTHER OPIOID-RELATED TREATMENT
- C. PREGNANT & POSTPARTUM WOMEN
- D. EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME "NAS"
- E. EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES
- G. PREVENTION PROGRAMS

Exhibit E List of Opioid Remediation Uses

Schedule B - select all that apply

- A. TREAT OPIOID USE DISORDER "OUD"
- B. SUPPORT PEOPLE IN TREATMENT & RECOVERY
- C. CONNECTIONS TO CARE
- D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS
- E. NEEDS OF PREGNANT/PARENTING WOMEN, BABIES W/ NEONATAL ABSTINENCE SYNDROME
- F. PREVENT OVER-PRESCRIBING, ENSURE APPROPRIATE PRESCRIBING & DISPENSING OF OPIOIDS
- G. PREVENT MISUSE OF OPIOIDS
- H. PREVENT OVERDOSE DEATHS & OTHER HARMS (HARMS REDUCTION)
- J. LEADERSHIP, PLANNING, & COORDINATION
- K. TRAINING

How does the program meet the Opioid Remediation Guidelines*

Provide a detailed explanation of how the program fits into the approved Opioid Remediation Guidelines selected in the above question.

Please be specific

Kaala's Village fits the Opioid Remediation Guidelines by delivering every Exhibit E remediation within one family-centered recovery campus but with the cultural trust and relational accountability required for

success in Native communities. This investment stabilizes whole families and restores healing pathways long disrupted by opioid use, child removal, incarceration, and generational trauma.

Where existing models separate parents from children, Kaala's Village ensures recovery and family preservation happen in tandem while providing for the immediate safety of children and parental access to opioid treatment through Guardianship Care housing, recovery housing, childcare, clinical space, and cultural and kinship connection designed by and for Apsáalooke families.

Direct alignment to MOAT-approved strategies:

Treatment & MOUD

- On-site addictions physician for MOUD initiation, counseling, and care coordination
- Same- or next-day warm handoffs from ER, crisis, courts, CPS

Pregnant & Parenting Families

- LCSW-led Plans of Safe Care aligned with Meadowlark Initiative
- Recovery Doulas (first national model pioneered by our ED): continuity through pregnancy, birth, bonding, and relapse prevention

Infant NAS Transition Care

- ESC + dyadic supports equate to no morphine, shorter stays, stronger neurodevelopment

Recovery Housing

- Homes designed for reunification where children stay safely connected to parents
- Guardian clan caregivers prevent foster placement and restore family identity

Harm Reduction & Prevention

- Naloxone distribution and fentanyl risk education
- Safe storage and medication take-back

Behavioral Health & Trauma Recovery

- Cultural healing circles, grief support, trauma-informed therapy

System Leadership & Training

- Cross-agency coordination, prescribing best practices, and accountability

Kaala's Village is where Montana's framework of clinical remediation meets cultural and generational healing.

New Program or Existing*

Is the funding intended for a new program or to expand an existing program?

A new program for your region.

Fiscal Information

Requested Amount*

\$200,000.00

Program Budget*

How will the funds be allocated? Attach a detailed line item budget breakdown for the program. If the funds are intended for a multi-year program please specify the amount budgeted for each year.

MOAT_2yr_Budget_MSA.docx.pdf

Source of Funding*

Does the program currently receive funding from another source? If yes, please explain in detail. (i.e. amount, funding source, etc.)

Grant funding is intended for the creation or expansion of opioid prevention, treatment, and recovery projects. The money is **NOT** meant to replace or supplant existing funding.

Mountain Shadow currently pulls funding from several sources including a mix of state, foundation, and individual support for both our general operations and the construction of Kaala's Village. MOAT dollars will not fund construction, which is already supported by other capital sources including \$1,700,000 in secured funds and \$1,800,000 in pending grants. Instead, MOAT funds will catalyze operational readiness for opioid treatment, Plans of Safe Care, naloxone distribution, warm handoffs, and family-centered recovery which will ensure Region 3 residents benefit from a comprehensive OUD response well before full campus build-out is completed. Funds will remain fully restricted to opioid-specific services.

Given the limited funds available to Abatement Region 3, Mountain Shadow is requesting \$100,000 per year for two years (\$200,000 total). MOAT funds will exclusively support licensed clinical staffing and opioid-specific treatment activation, allowing the region to benefit immediately from a model already under construction with other secured funding.

The LCSW role is critical to our holistic model of addressing opioid addiction. A LCSW can provide addictions, family, youth, and children's counseling services, making sure that every member of a family impacted by OUD receives licensed, quality, and culturally grounded treatment. This credential also allows Mountain Shadow to bill Medicaid for peer support and therapy, an important revenue stream to sustain our ability to provide opioid services long-term in Lodge Grass.

Year 1 (\$100,000):

- 1.0 FTE LCSW Site Director, \$80,000
- Clinical activation costs (medication storage, naloxone hub, charts/EHR, supplies), \$20,000

Year 2 (\$100,000)

- 1.0 FTE LCSW Site Director, \$80,000
- 0.1-0.2 FTE Addictions Physician hours for MOUD initiation & prescribing support, \$20,000

Do you have a Fiscal Agent*

No

Program Abstract

Program Description*

Describe the objectives of this project. Provide a detailed overview of the program, including its purpose, priorities & objectives, and intended results.

Mountain Shadow is building Kaala's Village, a family-centered recovery campus on the Crow Reservation designed to stop opioid harm across generations. The project pairs opioid treatment, therapeutic housing, and cultural supports so that children, parents, and caregivers heal together rather than being separated by the system. The purpose of MOAT funding is to complete clinical treatment space, finish therapeutic program areas, and expand recovery housing capacity so opioid remediation can occur on one campus grounded in Apsáalooke culture.

What MOAT will build and staff:

- Year 1–2: 1.0 FTE LCSW Site Director to lead Plans of Safe Care, therapy, warm handoffs, care coordination, naloxone distribution, and opioid-specific clinical services
- Year 2: Limited Addictions Physician hours (0.1–0.2 FTE) to initiate MOUD, oversee prescribing, and build a regional medical partnership network
- Clinical activation costs required to launch opioid treatment services within the new clinical suite funded by other sources

These components unlock the Exhibit E continuum: medication for opioid use disorder (MOUD), counseling, warm handoffs from crisis settings, Plans of Safe Care, NAS supports, behavioral health care, and navigation all delivered in the same place children are safely being cared for.

Phasing and flow of care:

While parents enter residential treatment, children will live in Our Children's House with trained guardian clan caregivers maintaining cultural identity and family bonds. The LCSW will coordinate treatment plans and frequent contact between parents and children. As parents stabilize and return home, Kaala's Village will support continued MOUD, therapy, and economic mobility in recovery housing so that progress inside treatment bridges to safe reunification and lasting recovery at home.

Program objectives:

- Provide for same- or next-day access to MOUD and care coordination for parents in crisis
- Keep children safe and supported while preserving bonds and cultural continuity
- Strengthen attachment and reduce NAS-related harm through perinatal and dyadic supports
- Improve behavioral health through therapy and culturally grounded healing
- Build a coordinated, local opioid response system tied to Apsáalooke strengths

Intended results (first 24 months):

- MOUD offered to all enrolled parents; strong 90/180-day retention
- ≥20 families served, with weekly parent–child contact during treatment
- Reduced foster-care entries through kinship care and safe reunifications
- Significant improvement in maternal–infant outcomes (NAS stability, bonding)
- Increased individual and public safety through naloxone distribution and prescribing best practices
- A shared clinical infrastructure that endures beyond the grant period

MOAT funding will allow Mountain Shadow to implement a family-centered opioid response that strengthens bonds, improves health outcomes, and offers Region 3 a durable and culturally grounded pathway out of the opioid crisis.

Specific Goals*

Describe the primary goals your program seeks to achieve. For each goal, explain how the program intends to accomplish it.

Goal 1: Reduce the # of Crow children in foster care due to OUD. Parents access voluntary residential treatment without losing custody. While in treatment, children live at Our Children's House (capacity 12, with two on-site Guardianship Care apartments) under trained guardian clan aunts/uncles. Guardian families provide stability and prepare children for reunification. After treatment, parents transition to Kaala's Village for MOUD, recovery housing, and wrap-around supports.

24-Month Targets: Serve ~20 families; support 12 children at a time and ~30 kinship caregivers; complete Plans of Safe Care for all eligible pregnancies; maintain weekly child-parent contact; majority achieve safe reunification/stable kin placement.

Goal 2: Prevent opioid-related overdose and death. Families enter safe, abstinence-based environment with full treatment support. With the support of the LCSW and addictions physician, Kaala's Village provides MOUD, counseling, and care coordination so parents begin treatment quickly and stay engaged. For community safety, will distribute naloxone, provide prevention training, safe storage/disposal.

24-Month Targets: Distribute ≥200 naloxone kits; train ≥150 community members; offer MOUD to all enrolled adult; achieve strong six-month retention.

Goal 3: Heal trauma and strengthen family mental health. Families receive individual, family, and dyadic therapy, grief support, healing circles, and perinatal treatment with NAS monitoring.

24-Month Targets: All families receive care plans; ≥75% session adherence; dyadic supports as needed; improved scores on validated screens.

Goal 4: Build stability through skills, school, and work. Recovery pairs with training in construction, agriculture, early childhood, birthwork, and entrepreneurship. Certified Peer Support Specialists will be cross-trained as trades instructors, integrating OUD prevention with Lodge Grass High School learning.

24-Month Targets: Engage ~70 high school seniors; support ~30 Little Chickadee children; help ~20 parents earn credentials and move into apprenticeships.

Goal 5: Coordinate a local, Indigenous-designed opioid-care system. The LCSW site director leads cross-agency coordination and data, prescribing protocols, and provider education. Quarterly trainings covering a range of OUD topics.

24-Month Targets: Formalize health/justice/child-protection partnerships; hold case-review meetings; deliver recurring trainings; share outcomes dashboard with partners and MOAT.

Evaluation Method*

Please explain in detail how you will gauge the effectiveness and overall impact of the program. What specific evaluation methods, tools, or metrics will you use to measure success.

1. Treatment & Recovery

METRICS: people screened; MOUD initiations; retention at 30/90/180 days; time from referral to first visit; naloxone kits distributed; overdose reversals reported; ER/law-enforcement contacts pre/post; peer support and therapy sessions.

DOCUMENTATION: HIPAA-compliant EHR and case-management records; naloxone and medication logs; shared referral/hand-off tracker; partner reports via consented MOUs (ER, mobile crisis, courts, child protection).

2. Family Stability & Reunification

METRICS: children diverted from foster care; weekly parent–child contact during treatment; safe reunifications or sustained kin placements; guardian clan caregiver trainings completed.
DOCUMENTATION: case files; visitation logs; child-welfare referral outcomes; signed kinship/guardianship documents; training rosters.

3. Perinatal & Infant Health

METRICS: pregnant/postpartum women served; Plans of Safe Care completed; prenatal/postpartum engagement; infants with NAS receiving ESC, dyadic care and pediatric monitoring.
DOCUMENTATION: EHR; maternal–infant care plans; hospital/clinic reports (with consent); state/tribal reporting where applicable.

4. Behavioral Health & Trauma Recovery

METRICS: participants receiving trauma-informed therapy; change on validated screens (PHQ-9, GAD-7; PCL-5 as indicated); participation in grief support and healing circles; family safety incidents.
DOCUMENTATION: EHR with embedded screening tools; attendance records; incident logs.

5. Housing & Economic Stability

METRICS: families housed in Kaala’s Village; length of stay; exits to permanent/stable housing; job-training completions; credentials earned; apprenticeships/placements; employment at exit and 6/12 months; childcare use.
DOCUMENTATION: housing database/leases; certificates; employer verification or pay stubs (with consent); service utilization logs; case notes.

6. Youth Prevention & Early Learning

METRICS: Lodge Grass High School seniors engaged and sessions completed; pre/post knowledge or attitude change; Little Chickadee enrollment and developmental screenings.
DOCUMENTATION: school partnership attendance and pre/post tools; early-learning screening records (consented).

All data are protected through HIPAA-compliant systems, consented data-sharing MOUs with partners, and adherence to tribal data governance protocols. We can provide MOAT with a de-identified quarterly outcomes dashboard if desired.

Data Source*

What data or evidence will you collect to show you are meeting your program goals? What specific information, metrics and documentation will you provide to demonstrate the program objectives have been achieved.

1. Treatment & Recovery

METRICS: people screened; MOUD initiations; retention at 30/90/180 days; time from referral to first visit; naloxone kits distributed; overdose reversals reported; ER/law-enforcement contacts pre/post; peer support and therapy sessions.
DOCUMENTATION: HIPAA-compliant EHR and case-management records; naloxone and medication logs; shared referral/hand-off tracker; partner reports via consented MOUs (ER, mobile crisis, courts, child protection).

2. Family Stability & Reunification

METRICS: children diverted from foster care; weekly parent–child contact during treatment; safe reunifications or sustained kin placements; guardian clan caregiver trainings completed.
DOCUMENTATION: case files; visitation logs; child-welfare referral outcomes; signed kinship/guardianship documents; training rosters.

3. Perinatal & Infant Health

METRICS: pregnant/postpartum women served; Plans of Safe Care completed; prenatal/postpartum engagement; infants with NAS receiving ESC, dyadic care and pediatric monitoring.
DOCUMENTATION: EHR; maternal–infant care plans; hospital/clinic reports (with consent); state/tribal reporting where applicable.

4. Behavioral Health & Trauma Recovery

METRICS: participants receiving trauma-informed therapy; change on validated screens (PHQ-9, GAD-7; PCL-5 as indicated); participation in grief support and healing circles; family safety incidents.
DOCUMENTATION: EHR with embedded screening tools; attendance records; incident logs.

5. Housing & Economic Stability

METRICS: families housed in Kaala’s Village; length of stay; exits to permanent/stable housing; job-training completions; credentials earned; apprenticeships/placements; employment at exit and 6/12 months; childcare use.
DOCUMENTATION: housing database/leases; certificates; employer verification or pay stubs (with consent); service utilization logs; case notes.

6. Youth Prevention & Early Learning

METRICS: Lodge Grass High School seniors engaged and sessions completed; pre/post knowledge or attitude change; Little Chickadee enrollment and developmental screenings.
DOCUMENTATION: school partnership attendance and pre/post tools; early-learning screening records (consented).

All data are protected through HIPAA-compliant systems, consented data-sharing MOUs with partners, and adherence to tribal data governance protocols. We can provide MOAT with a de-identified quarterly outcomes dashboard if desired.

Awareness*

How do you plan to create awareness of this program? Briefly describe what action the program plans to take to create awareness in the community.

Community awareness has been built from the start through an 18-month community design process, listening sessions, “kit of parts” workshops, and daily engagement at our drop-in center, where 20–40 individuals (10% of Lodge Grass’s population) seek support each day. We will use a layered strategy to create broad awareness and direct referral pathways:

-Trusted Daily Contact: Our drop-in center staff will continue to engage with community members already connected to us, ensuring they are the first to know about new clinical services, recovery housing, and family-based treatment opportunities.

-Direct Partnerships with Referral Agencies: We will collaborate with ChildBridge, BIA Social Services, Tribal Social Services, and Big Horn County Social Services to ensure families facing crisis or removal are consistently offered Kaala’s Village as a treatment and care option. Joint trainings, cross-referral agreements, and ongoing communication will embed Kaala’s Village within these agencies’ standard practice.

-Community & Cultural Outreach: We will host informational sessions, talking circles, and family nights that invite the broader Apsáalooke community to learn about services in a culturally grounded environment.

-Healthcare & Professional Networks: The LCSW will serve as both care provider and community liaison, meeting with schools, healthcare providers, and local churches to build trusted awareness. In Year 2, the addition of an addiction physician will extend outreach to medical networks across the county and region.

Kaala’s Village was not designed in isolation or by well-intentioned outsiders who don't fully understand the layered obstacles our People face in breaking free from OUD and the generational trauma it has wrought

upon our families. It's a place where evidence-based interventions are not just applied, but transformed by Apsáalooke culture, belonging, and lived experience so they become interventions our people recognize, trust, and believe in. Mountain Shadow understands that awareness is not only about informing families of services; it is about cultivating the belief that healing is possible, that families can remain whole, and that personal transformation contributes to the collective rejuvenation of our community. By intentionally designing Kaala's Village around the interwoven needs of our People, our center will reflect both proven pathways to recovery and the cultural strength that makes them real and lasting for Apsáalooke families.

Additional Documents

Tax Exempt Organization*

By clicking this box you are confirming the applying organization is a tax exempt organization.

Yes

Tax Exempt Determination Letter*

Please upload a copy of the Organization 501(C)(3) Tax Exempt Determination Letter.

MSA IRS NP status.pdf

Use this section to upload or explain any additional information regarding the program/organization. ie. a detailed budget projection, program/organization history, etc.

Upload #1

MSA Kaala's Village Design Plan.pdf

Upload #2

RevenueExpenseProjections_Phase1KaalasVillage_MSA - Sheet1.pdf

Upload #3

2024-2025 media links.pdf

Additional Information

A COMMUNITY FACING THE HIGHEST LEVELS OF HARM

Lodge Grass sits at the intersection of the opioid epidemic and the long shadow of intergenerational trauma. Few Montana communities have been as deeply and persistently affected. More than 60% of residents over age 14 struggle with addiction. An estimated 74% of children in Lodge Grass are born into homes already impacted by addiction, and roughly 60% are being raised by grandparents. Across Montana, Native children

represent 40% of the foster care system despite making up only 9% of the child population. These figures do not capture the undocumented but significant number of children in informal kinship care, often provided by relatives who themselves struggle with substance use or mental health challenges. This reality produces an unstable cycle: children displaced from their parents, raised in fractured environments, and at higher risk of repeating the same struggles. PNA and YRBS data illustrate a generation of youth with incredibly high risk factors for substance use and astonishingly low protective factors in their lives.

THE IMPACTS ARE IMMEDIATE AND SEVER

Families fractured by OUD are more likely to face unemployment, housing insecurity, incarceration, and preventable health crises. Pregnant mothers encounter barriers to prenatal care; infants are born substance-exposed, requiring neonatal intensive support. Youth carry some of the highest Adverse Childhood Experience scores in the state, fueling mental health crises, suicidality, and justice involvement. Overlapping challenges of geographic isolation, poverty, and strained healthcare access leave Lodge Grass families with too few options and too little hope.

ISOLATION WORSENS ADDICTION; CONNECTION DRIVES RECOVERY

Mountain Shadow's leadership has been deeply engaged in opioid remediation across Eastern Montana through 10 HRSA RCORP grants spanning 16 counties. Through that work, we learned that many system responses including incarceration, child removal, school suspension, and psychiatric isolation unintentionally increase relapse risk by severing the very human connections that soothe the brain's opioid receptors. We also saw that recovery was strongest where connection was strongest: peer supporters, Recovery Doulas, guardian kin, and community members walking alongside families in moments of crisis and change.

COVID-19 made this even clearer. When in-person connection disappeared, opioid deaths surged. Loneliness and social isolation became the strongest predictors of physical and mental health decline. In every setting where we maintained human contact through peer support, recovery doulas, relational navigation, people survived more, stabilized faster, and recovered more fully. Connection is not an optional enhancement to treatment; it is the treatment.

A NEW MODEL BUILT FROM REAL-WORLD EVIDENCE

These lessons shaped Kaala's Village. It is not a replication of existing programs, but a solution built from real-world learning about what works for Native families. It translates every Exhibit E remediation into a community-held, culturally grounded healing environment where people recover in relationship: to their children, to their kin, to their land, and to themselves.

INTERVENING AT BIRTH TO PREVENT LIFELONG OPIOID DEPENDENCY

The opioid epidemic also inflicts harm at the very beginning of life. In standard NICU settings, substance-affected infants often receive morphine and remain hospitalized nearly a month, costing over \$140,000 per child, with early opioid exposure increasing lifelong vulnerability to addiction. Kaala's Village intervenes at this origin point. Our Children's House will serve as a family-centered NAS transition setting using the Eat-Sleep-Console model, reducing stays to ~7 days, eliminating morphine exposure, supporting breastfeeding and bonding, and strengthening neurodevelopment. This approach not only prevents the next generation of opioid dependency but also dramatically reduces healthcare costs and keeps infants connected to their families and culture.

HEALING CYCLES OF TRAUMA, VIOLENCE, AND OPIOID ADDICTION THROUGH CULTURE AND ACCOUNTABILITY

The opioid epidemic in Native communities is inseparable from trauma, including physical and sexual violence. Survivors of assault have significantly higher rates of opioid use, and unresolved trauma remains one of the strongest predictors of relapse and overdose. In Montana's current judicial system, perpetrators of sexual assault reoffend 89% of the time, and two-thirds of those who are assaulted later become perpetrators themselves. This cycle fuels trauma and shame that can drive opioid use across generations. But culturally grounded interventions show another way. In Hallow Water, a First Nations community in Canada, a 20-year study demonstrated that when family healing and community accountability replace punitive isolation, sexual

re-offense dropped below 2% with no second-generation offenses. When belonging is restored, the roots of addiction can actually heal so they DO NOT get passed on.

TRUSTED COMMUNITY PRESENCE AND PROVEN LEADERSHIP

Mountain Shadow exists to change this trajectory. Kaala's Village unites modern and Indigenous evidence-based interventions with the cultural strength of our People. Services are delivered within a culturally grounded ecosystem of care - built by our own hands - that includes guardian clan caregivers for children, family healing circles, talking circles, Apsáalooke language and values, and recovery housing where cultural belonging is part of daily life. Our integrated approach ensures not only clinical effectiveness but also community trust and buy-in: the difference between services embraced and services left unused.

The strength of Mountain Shadow lies not only in our mission but in our leadership. Dr. Megkian Doyle, our Executive Director, brings both professional healthcare expertise and deep community roots. Before leading MSA, Dr. Doyle served as Director of Regional Community Action Teams with OneHealth, where she oversaw initiatives to reduce opioid misuse, improve prescribing practices, expand access to treatment, and grow recovery services across Eastern Montana. She led the work of the Eastern Montana Protection Coalition, directed prenatal home-visiting programs, and designed the first Recovery Doula certification course in the nation. Her career spans more than two decades of teaching, curriculum design, and community health leadership, including securing over \$8 million in federal health grants.

Dr. Doyle's scholarship is equally relevant. With a Doctorate in Curriculum and Instruction from Montana State University, she has studied both historical trauma and effective teaching and healing practices for Native communities. Her dissertation, *Baleiichiwee* (the story of understanding), examined the processes of conscientization among teachers of American Indian students, while her publications and presentations have focused on trauma, historical legacies of boarding schools, and community healing. Blending lived community presence, healthcare leadership, and academic expertise makes her uniquely positioned to guide Kaala's Village from vision to reality.

THE FAMILY-CENTERED PATH TO OUD RECOVERY

Research underscores why a family-centered model is essential. Nationally, about half of adults who resolve a substance use problem do so without formal services, while the other half use assisted pathways (formal treatment, mutual-help, or recovery supports). Among parents - especially mothers - parenting responsibilities and child-welfare involvement are common motivators for change. This reality makes it critically important to design interventions that support parents in recovery, preserve bonds with their children, and strengthen whole family systems. With Kaala's Village in place, families in Lodge Grass will no longer face the impossible choice between seeking treatment and losing custody of their children. Parents can pursue recovery while maintaining bonds with their children. Infants can be born into safe, culturally grounded care plans. Youth can find prevention and work-based learning opportunities that give them a future beyond addiction. And the community as a whole can move from a place of fractured trauma to one of collective healing.

WHY MOAT FUNDING IS THE CATALYST

MOAT funding is the catalytic step that will move Kaala's Village from construction to clinically operational. With \$100,000 per year for two years, MOAT support will staff a full-time LCSW Site Director who can provide addictions, family, youth, and children's counseling; lead Plans of Safe Care; coordinate warm handoffs; oversee naloxone distribution; and activate opioid-specific services in the new treatment suite. In Year 2, MOAT will also support limited addictions physician hours to initiate MOUD, strengthen prescribing practices, and build a regional medical partnership network. These investments complete the core components of the MOAT remediation framework: overdose prevention, treatment and MOUD, perinatal and NAS supports, warm handoffs, recovery housing, prevention education, and coordinated care.

Mountain Shadow is ready. We have the vision, leadership, cultural trust, and infrastructure already underway. What we need now is the focused investment to complete clinical readiness and launch staffing so Kaala's Village can function as a fully integrated, Indigenous-designed opioid treatment and family healing

model capable of reversing OUD harm in one of Montana's hardest-hit communities and standing as a blueprint for Region 3 and beyond.

File Attachment Summary

Applicant File Uploads

- MOAT_2yr_Budget_MSA.docx.pdf
- MSA IRS NP status.pdf
- MSA Kaala's Village Design Plan.pdf
- RevenueExpenseProjections_Phase1KaalasVillage_MSA - Sheet1.pdf
- 2024-2025 media links.pdf

Montana Opioid Abatement Trust

2-Year Budget

Mountain Shadow Association

Year 1 (2026) Expenses

Category	Amount
LCSW Site Director (1.0 FTE)	\$80,000
Clinical Activation and Opioid Treatment Startup Costs	\$20,000
<ul style="list-style-type: none">• Medication storage/administration (DEA-compliant safe, fridge, cabinetry)• Naloxone hub, UDS, rapid tests• Clinical workflow and referral system implementation• EHR setup, telehealth intake, screening tools	
TOTAL Year 1	\$100,000

Year 2 (2027) Expenses

Category	Amount
LCSW Site Director (1.0 FTE)	\$80,000
Addictions Physician (0.1-0.2 FTE)	\$20,000
<ul style="list-style-type: none">• MOUD prescribing and supervision• Safe-prescribing education region-wide• Data reporting and treatment coordination	
TOTAL Year 2	\$100,000

Note

MOAT funds will not be used for construction. Capital costs are already supported by other funding sources. This request focuses solely on operational readiness including clinical staffing, naloxone distribution, MOUD initiation, care coordination, and overdose-prevention services which are eligible Exhibit E opioid remediation uses and can be sustained long-term through billing, Medicaid reimbursement, and integrated care agreements.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **AUG 14 2019**

MOUNTAIN SHADOW ASSOCIATION
C/O MEGKIAN DOYLE
444 CIR F TRL
BOZEMAN, MT 59718

Employer Identification Number:
83-2453245
DLN:
17053073328019
Contact Person:
EDWINA O MCCURDY ID# 31229
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
January 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
November 29, 2018
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

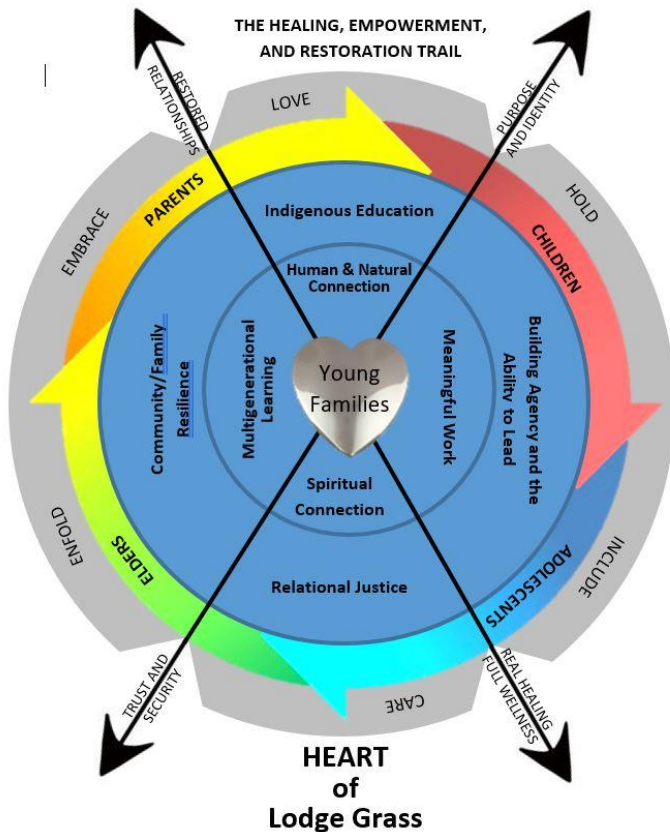
Mountain Shadow Association
Kaala's Village Family Healing Center – Programming Overview
Itchik Diiawakaam

Mountain Shadow Mission and Vision:

Mountain Shadow supports community-based action to restore wellness for Apsáalooke children, their families, and their environment.

With commitment and great love for our people, we will honor and support the journey of Apsáalooke families as they heal, until 100% of our children live in homes of abundant peace and well-being. Our mission is to preserve and protect our families by providing a secure and supported space for them to make transformational life changes.

Our goals are achieved by giving specific attention to shaping both the ethos (the characteristic spirit of a community as manifested in its beliefs and aspirations) and the environment of our Family Healing Center in order to address the challenges young families face. After one year in the program, we expect to send families back into the community operating as a unified unit in restored relationships, full of strong purpose and identity, exemplifying real healing and full wellness, demonstrating and extending trust and security. This is the result of engaging in the daily, hard work of restoring a foundation of wellness to the family structure.



Program Description:

The Family Healing Center, located in Lodge Grass, MT, draws on indigenous values and systems to bring justice, equality, and wellness to our communities. We will meet our young families at the courts, help them engage in restorative/relational justice, heal from trauma, adopt a healthy Native parent identity, and recover from addiction. We will also work tirelessly to bring every child from our community who is currently in foster care home and reunite them with their parents or relatives in a supported environment that offers emotional, social, educational, and economic support. We will support increased kinship care when parents cannot parent by providing in-home support resources and childcare for non-school-aged children. Our programs are designed to lift families out of poverty; protect them from abuse, neglect, and the risks associated with high ACE scores; and ensure their access to quality healthcare, sustainable indigenous education, and a spiritual foundation.

Our future Family Healing Centers will continue to be community-based, relational agencies focused on repairing and restoring relationships between children and their parents, citizens and their community, families and their culture, individuals and their environment. For this reason, our Family Healing Centers do not strive to grow beyond the bounds of localized communities to serve the needs of larger geographic areas. Instead, when we are successful in one community, we will begin a community-specific center again in a new community. To this end, we provide services based on key theories or models.

Staffing

Linking Human Systems Collaborative model of Community Resilience (LINC) focuses on community building efforts before, during, and after trauma (in this case complex trauma) by strengthening natural support systems rather than bringing in new ones. Lodge Grass has strong local loyalty to place and to youth and children. Apsáalooke values applied as they were originally intended bring security, identity, and structure to families and individuals. The professionals on our team work to stabilize local leaders and supporters while they undertake the work and education needed to raise and rebuild their community according to these strengths.

Staff are trained in **Trauma Informed Care/Healing Centered Engagement/Resilience**. A system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively resist re-traumatization. A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures. These principles are safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice, and cultural, historical, and gender issues. Healing centered engagement and resilience both emphasize the strengths and assets existing within the community, families, and individuals.

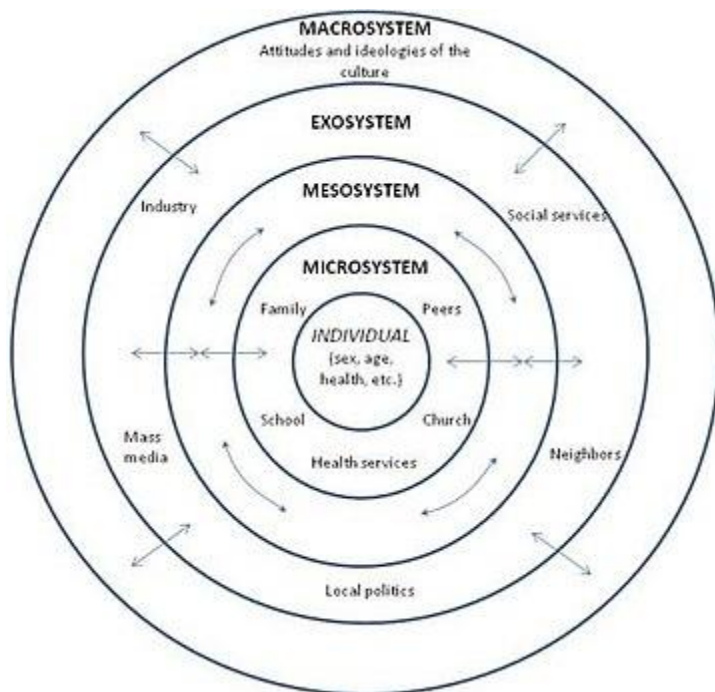
Brene Brown's Dare to Lead program for vulnerable leadership develops an environment where there is a culture of honor among staff that allows for vulnerability leading to strong collective decision making and powerful shared outcomes. This kind of leadership requires our staff to exemplify the kinds of

actions and workplace competencies that build and maintain relationships and scaffold functional human systems.

The Family Healing Center will employ one director, one behavioral health specialist, 2 care-taker families, at least two peer support specialists, one financial manager, two classroom teachers, one grounds/maintenance engineer.

Family Healing Center Modeling

Facilities, environment, and programming are designed according to a **bioecological** perspective for family healing. The Family Healing Center is a child-centered program where the family unit is our client and anything that intersects with each child's family's daily life is a part of our system of healing. This includes education, treatment, healthcare, employment, counseling/therapy, recreation, and the community at large.



Bronfenbrenner's ecological systems theory is illustrated by inseparable, interconnected systems.

- *Microsystem*: Refers to the institutions and groups that most immediately and directly impact the child's development including: family, school, religious institutions, neighborhood, and peers. The child's own biology is also part of this microsystem.
- *Mesosystem*: Is interconnections between the microsystems, interactions between the family and teachers, and relationships between the child's peers and the family.
- *Exosystem*: Involves links between a social setting in which the child does not have an active role and the child's immediate context. For example, a parent's or child's experience at home may be influenced by the other parent's experiences at work. The parent might need to take a job outside the community that requires more travel, which might increase conflict with the other parent and change patterns of interaction with the child.

- *Macrosystem*: Describes the culture in which individuals live. Cultural contexts include developing and industrialized countries, socioeconomic status, poverty, and ethnicity. A child, his or her parent, his or her school, and his or her parent's workplace are all part of a large cultural context. Members of a cultural group share a common identity, heritage, and values. The macrosystem evolves over time, because each successive generation may change the macrosystem, leading to their development in a unique macrosystem.
- *Chronosystem*: The patterning of environmental events and transitions over the life course, as well as sociohistorical circumstances. How these transitions transpire, heavily influenced by sociohistorical circumstances, can introduce trauma or healing into the life of a child.

According to this theoretical construct, each system contains roles, norms and rules which shape psychological development. The Family Healing Center provides an environment that normalizes healthy relationships and relational interactions. Our staff is committed to maintaining a strong contextual understanding of risk factors (often normalized negative behaviors) and a dedication to increasing protective factors (normalized positive behaviors) that will help to mitigate the impact of ACEs.

Programs

Sometimes our clients have encountered the court system. Rather than employing traditional sentences of jail time, fines, and child removal which engender trauma, isolation, and shame, **Restorative Relational Justice** asks offenders to return to their communities, submit to accountability within their families and clans, and work out solutions that heal relationships and clean up the messes that were made. People who work through their wrongs in a manner responsive to all those affected by what has been done reoffend at extremely low rates because they come to understand their place in the world and that simply being removed from it doesn't make things right again. Relational justice also reintroduces people to an Apsáalooke culture of honor and family connection.

The Family Healing Center uses **child/parent psychotherapy (CPP)**, a counseling method well-suited for multiply-traumatized populations. This treatment is a child-centered extension of relational justice that focuses on reconnecting the child and the caregiver, helping the caregiver understand how trauma has interrupted the child-caregiver relationship and the child's development. It gives traumatized children a voice in their relationships with adults and repairs damaged attachments by naming and identifying trauma-causing adult behaviors and life patterns.

Children returning from foster care as well as children residing at the Family Healing Center with their parents will participate in **Trust-Based Relational Intervention**. TBRI® is an attachment-based, trauma-informed intervention that is designed to meet the complex needs of vulnerable children. TBRI® uses Empowering Principles to address physical needs, Connecting Principles for attachment needs, and Correcting Principles to disarm fear-based behaviors.

CPP leads parents into **motivational interviewing, narrative therapy** (building meaning-making into daily life practices), **marriage counseling, work-based counseling for fathers (behavioral activation), cultural/spiritual counseling, and recovery groups** where parents work to examine, understand, and resolve their own ACEs and their related trauma responses including addiction, domestic violence, and neglect. Throughout these therapeutic processes, parents are supported by **both peer support personnel and licensed providers**.

The Family Healing Center will address a broad range of parent needs including **out-patient treatment** and **medically assisted treatment at level 2.1 and below** (as an integrated health recovery home) by providing these services on campus as a part of our programming or through contracted services. All children and adults will be connected with a primary care provider and will receive **integrated healthcare services** on campus (medical, dental, behavioral health, prenatal, etc.).



During their time at the Family Healing Center, parents will have time to complete a number of training programs. We provide training in Trust-based parenting, Fatherhood is Sacred (Native American Fatherhood and Families Association), Motherhood is Sacred (NAFFA), Positive Native Parenting, the Biology of Loss (what happens when attachments are impaired and how to foster resilience), Linking Generations by Strengthening Relationships (NAFFA), and Addressing Family Violence and Abuse (NAFFA), Family Spirit, Seeking Safety, and Circle of Security. Parents will be able to engage in work-based counseling also known as behavioral activation.

The focal point of the day for children will be their time in the multigenerational classroom. Here **Attachment Security and Social Learning Theory** will be applied through an **Indigenous Education Pedagogy**. Children will work through dysregulated emotions and trauma responses with the help of the teaching staff. Parents work with their children alongside teaching staff and elders who model serve and return communication and reciprocal teaching and learning patterns. Parents also use their time in the multigenerational classroom to pursue their own educational goals (GED, online college courses, training courses, etc.)

In the evening and weekend hours the multigenerational classroom becomes a **community forum space** for learning cultural skills and conducting various **support groups**.

Outside of the classroom, parents have the opportunity to pursue culinary, cultural arts, or construction skills. These **job training programs** prepare parents for greater economic stability upon exiting by teaching them the skills to become self-employed, independently contracted, or employed in the facility's restaurant and conference services, hospitality, or construction businesses. Parents receive this hands-on training while also engaging in work-based counseling.

Screening Tools

The Family Healing Center will employ a number of screening tools to measure the needs of program participants including:

SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

- Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- Referral to treatment provides those identified as needing more extensive treatment with access to specialty care

ACEs Family Health History and Health Appraisal Questionnaire (developed by Dr. Vince Felitti and Kaiser Permanente) is used to collect information on childhood maltreatment, household dysfunction, and other socio-behavioral factors examined in the ACE Study.

ACEs screening tool for children and adolescents was developed by Dr. Nadine Burke Harris based on the work of Dr. Vince Felitti.

Parental ACEs screening tool (developed by Dr. R.J. Gillespie) screens for parental ACEs, providing an opportunity to discuss how a parent's ACE score can affect their parenting. This tool also includes the resilience questionnaire.

Resilience Questionnaire (developed by Dr and Mrs Burt and Gladys Richardson) assesses for parental resilience and support systems.

Parental Screening Questionnaire: A Safe Environment for Every Kid (developed by Dr. Howard Dubowitz) is a tool to screen parents briefly for major psychosocial problems and risk factors for child maltreatment (eg, maternal depression, substance abuse in the family, intimate partner violence).

The Myers–Briggs Type Indicator (MBTI) is an introspective self-report questionnaire with the purpose of indicating differing psychological preferences in how people perceive the world around them and make decisions. This may also be paired with the **Enneagram** assessment to evaluate stress responses.

The Strong Interest Inventory[®] assessment provides insight into a person's interests, to help them consider potential careers, their educational path and the world of work. It helps to illustrate how people of similar interests are employed, and what motivates individuals in the workplace.

Facilities that Facilitate Values, Purpose, and Direction

When you walk into this place for healing young families you can picture this – The wide double doors at the front in the center of the building open into a room full of activity. Teachers are talking and playing with children alongside their parents. A grandparent is reading a story to a small group of children sitting in the laps of their parents. It is happy and peaceful. There are places for children to find calm and to feel safe. There are garden boxes on wheels that the children can move about the room. They place them along the inside wall of the room where high windows look through the atrium out into the courtyard. Along one side a few parents are studying for college courses or to get their GEDs.



In the evening the room is filled with energy and conversation as families sit around dinner tables. Some are helping in the kitchen and others are serving at the tables. Everyone works together until dinner has been eaten and everything is cleaned. Then the children head to bed and parents and grandparents and members of the community sit drinking coffee, talking in small groups, and working on projects.



In the kitchen of the facility meals are prepared for the multigenerational classroom participants. Bison, elk, and deer come out the freezer and fresh vegetables are chosen from the garden or greenhouses. A chef is teaching those in the kitchen culinary skills they will use in preparing high-class meals of indigenous foods for the small restaurant. Patrons can book the restaurant for meetings or dinners, but it is not open every night. The restaurant though small, is sharp and clean and full of uniquely Crow designs. It is a point of pride for those preparing foods that represent their rich heritage of strength and health. Only the best foods are served here – to paying guests and to the families who live and work here. Good nutrition flows naturally from the products prepared because they are grown, harvested, and made in ways that respect the plants, animals, and land they come from. People who eat here know reverence for their food and it heals them.



Next to the restaurant is a small gift shop where products made at the center are sold. Each artist sets their own price for the things they create. When products are purchased, artists put 10% of the profit back into the center. There are all different kinds of products and they represent the very best in high quality craftsmanship.

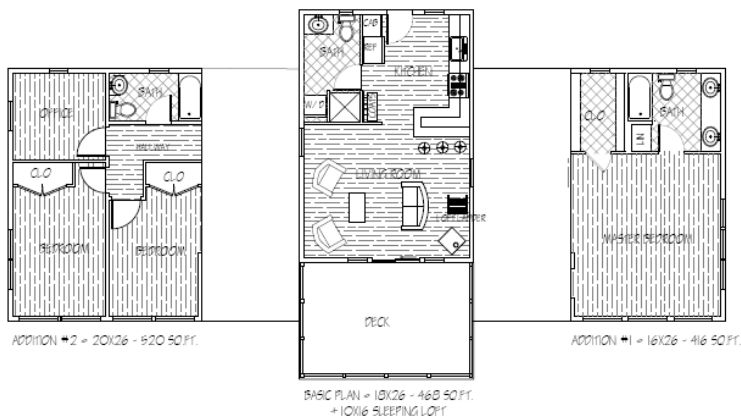
Moving back to the right of the classroom, there is an elder's residence. Here elders take one-year turns being the resident grandparent(s). Their job is just to be present, to share wisdom and laughter with children and their parents when they can, and to find joy in their important role.



Above the multigenerational classroom, children's rooms are placed between two care-taker residences. There is a room for boys and a room for girls. In each room each child has a sleeping area that is their own small space. It is cozy and safe. There is a large walk-in closet in each room where each child has a designated space for their clothing and their laundry. They make this space their own and it belongs to them while they are here. The caregiver's residences are placed on either end of the children's space so that the center parents can take turns. Two stable families share the job of caring for up to 12 children, one week on, one week off. During the first three weeks of each year, both families care for the children together while they are getting settled and becoming comfortable with their caregivers.



Across the courtyard there are three to five parent residences. The small homes these parents live in will allow them to care for just the basic tasks of homemaking while they begin the road to healing and recovery. For a time, parents will be able to just work on themselves and their marriages. When they reach certain milestones, their children will join them, sleeping in the lofts of these small homes. They'll be able to gradually learn the routine of caring for a family and keeping a home they are proud of. These homes replicate the center portion of a home men can build for their families as part of the men's counseling-through-work program. Utilizing the 20- log allotment available to Crow tribal members and the sawmill at the center, men can begin building the central portion of their own home. At the end of their year in the program, they can have a small home that has been designed to grow. This home design has been created so that two wings can be built onto the center home to eventually create a five-bedroom home. Using the skills they have gained at the center, fathers will be able to build their families homes.



LODGE GRASS SMALL HOME - FLOOR PLAN

FRONT ELEVATION - SCALE 1/4" = 1'-0"

AREA = 1,564 SQUARE FEET TOTAL

Each of the three small homes is connected by a greenhouse. Families can tend their plants together and begin to create family meals from the ingredients they have grown themselves.

At the far right of the property there are sheds and corrals for therapeutic animal care. Both children and their parents can heal as they care for horses, alpaca, rabbits, and other animals.

There is a prayer loop walking trail that skirts the property and people walk quietly finding calm in the natural environment.

Around the courtyard there are gardens. Children, parents, and community members work together while they talk and learn.



At the very center of the courtyard there is an arbor and a fire pit for times of ceremony and times of gathering, for prayer, and laughter, and sharing life experiences.



All of these parts are intended to create a healthy ecosystem where families can learn to appreciate each other, find value and purpose, and be supported in their healing. Professional staff like teachers and counselors will keep things running smoothly from day to day and health providers will come to the center to provide services families may need like doctor's visits, dental care, and outpatient treatment.

Every aspect of this building will look like it could easily be lost in the natural environment. It will fit into its surroundings organically and will not have any parts that look or feel industrial or residential. Inside and out, its form is both innovative and ancestrally familiar, like you've known this place your whole life. Its circular layout is intended to create an atmosphere of support and safety. It is located just down the hill from the school, enabling staff and parents to engage with the school in supporting a trauma informed environment for healing children. At the end of the day, they will know where home is.

The diagram on the next page illustrates some of the pathways families may take to Kaala's Village.

Blue = Children Red = One or Both Parents

Foster Care and Children's Homes

Hospitals – Primarily in Billings

Courts or Correction/Probation – State, ICWA, Tribal

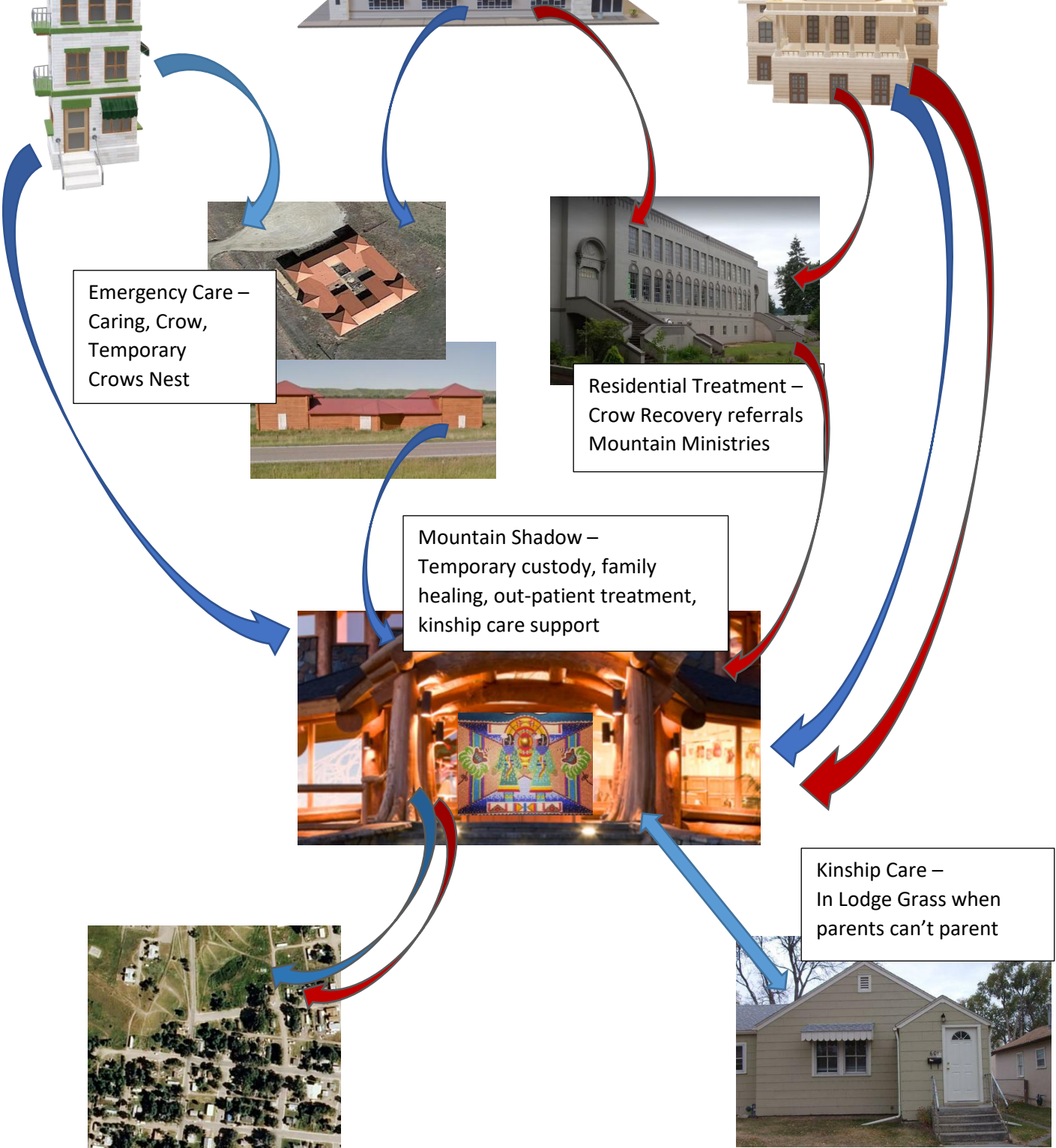
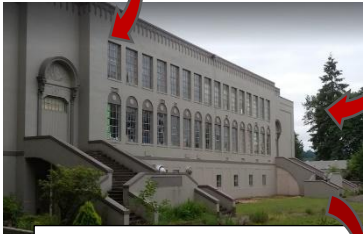
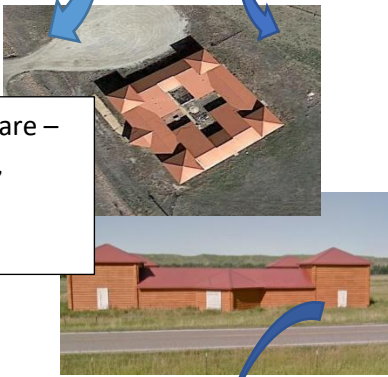
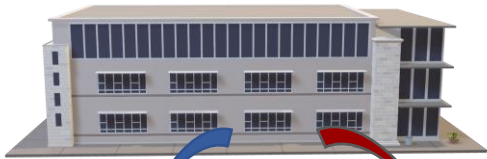
Emergency Care – Caring, Crow, Temporary Crows Nest

Residential Treatment – Crow Recovery referrals Mountain Ministries

Mountain Shadow – Temporary custody, family healing, out-patient treatment, kinship care support

Kinship Care – In Lodge Grass when parents can't parent

Lodge Grass Community – Contributing citizens



Itchik Diiawakaam Kaala's Village (Family Healing Center) - Welcome Home Design Executive Summary

For Lodge Grass, Montana

EXECUTIVE SUMMARY

Mountain Shadow Association, a Native American non-profit organization on the Crow Reservation has set out to build a new Family Healing Center in Lodge Grass, MT on a beautiful site nestled in the low hills on the edge of town within walking distance of the Elementary and High Schools, Head Start, and the clinic.

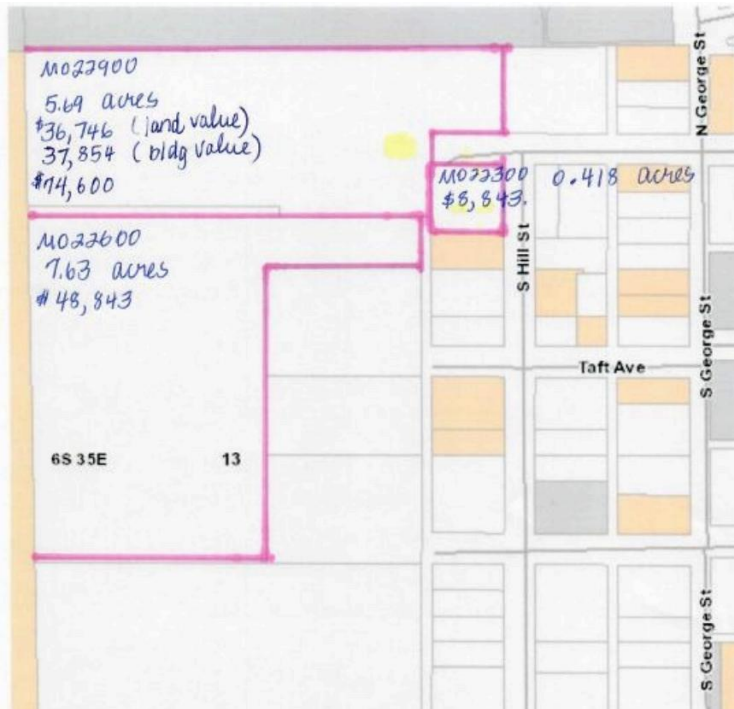
This plan is the product of a human-centered design process and subsequent feasibility study that engaged city residents, tribal members, the Mountain Shadow board, and other organizations serving the Crow Reservation. The Family Healing Center was born out of a community vision for healthy young families and an end to the trauma of Indian child removal. We have worked to embody the culture and values of community and we seek to become a district-level, culturally-attuned model of healing, sustainability, and relational restoration. The intent is to create a family healing campus with broad-reaching networks that responds to the needs, culture and tradition of Apsáalooke tribal members in a design that reflects the evolving broader vision and culture for present and future generations.

PROJECT OVERVIEW

In 2018 the grassroots group, Raising Places, lead a 9-month human-centered design process in the Lodge Grass community. As a result of this intensive period of research, interviewing, discussion, and prototyping, the community adopted 9 key projects to undertake for its vision of healing and revitalization. The Family Healing Center is one of these concepts. It will not exist in isolation. It is one interconnected piece of a strong plan for our community.

The campus site was purchased in 2022. It is nestled along the low hills on the southwest edge of town, opposite the interstate. The two larger portions in the map below encompass a combined 13.32 acres. Adjacent to this property, MSA is owner of a 0.418 acre space, home to a skatepark to built in August of

2022. Upon completion of the park the land will be donated to the City of Lodge Grass for designation as a city park.



The campus site plan and development of new building types incorporate environmental and culturally responsive planning strategies.

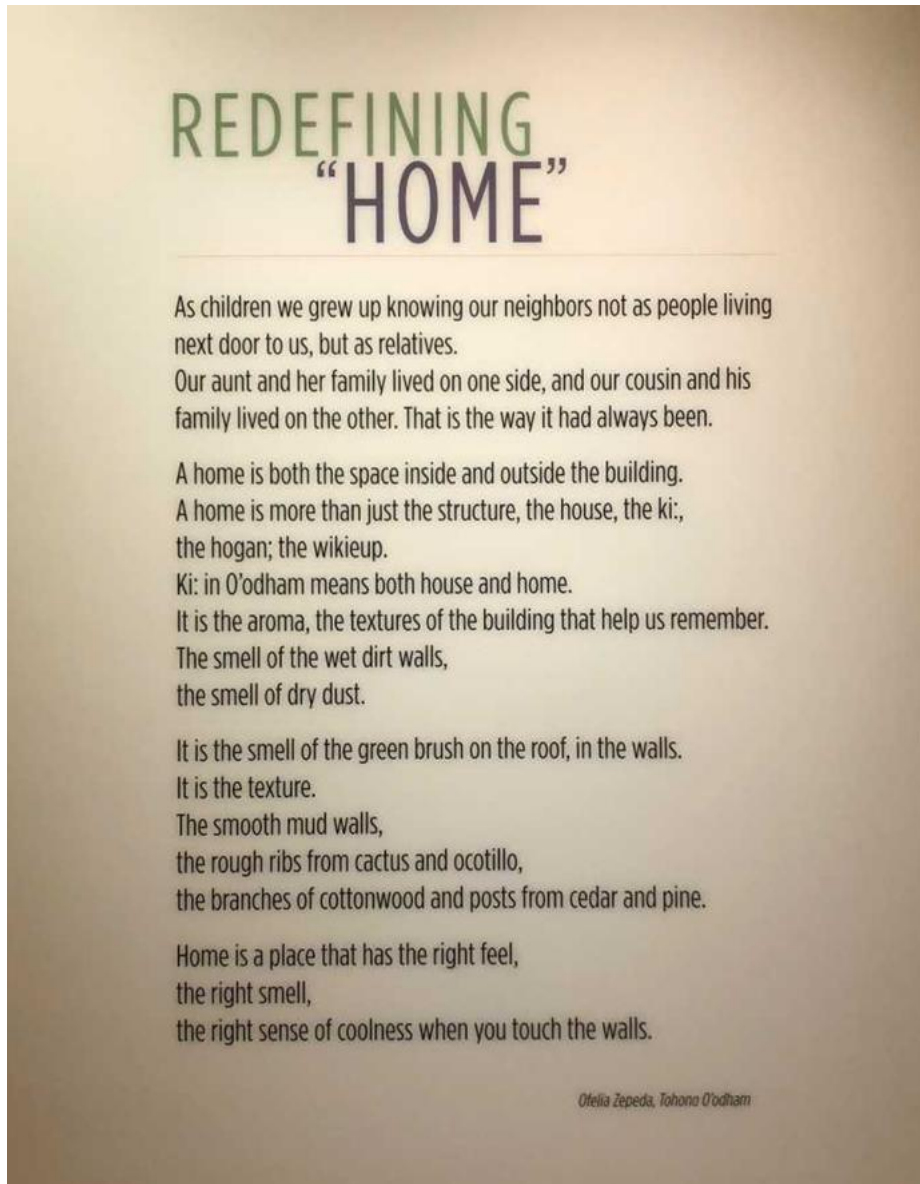
Mountain Shadow has completed a feasibility study, determining the best program components and seeking out compatible building design elements to match these components. Now partnered with Stillwater Strategies through the generous support of AMB West Philanthropies, we are moving toward a capital campaign to raise the necessary funds for building and have developed phasing priorities. The result of this process is a preferred site plan that is inclusive of traditional Apsaalooke lifeways, which incorporate sustainable and green building concepts and renewable energy design.

The site layout is intended to increase connection to nature and create a safe, secure environment for children and families. Each of the buildings splays outward radially from the center of the circular courtyard, so that each building has a narrow entrance area opening out to a shared common space. This allows for everyone to have unobstructed views of the activities within common spaces, the entrances to each family unit, and the activities in the main building. Walls and dividers will be minimized by utilizing natural elements like the surrounding hills, green houses, and other structures to encircle the space. We will work to protect children by minimizing small closed-off spaces and maximizing open multi-use areas with room dividers that can be easily put in place as needed. This open design will also help to increase the presence of the natural environment indoors. Other elements of the buildings are described in the document preceding this plan.

INCLUSIVE METHODOLOGIES – Cultural and Environmental Design Approach

The design of both the site and the buildings seeks to embody traditional Apsáalooke lifeways that were determined through interviews with tribal members and studies of current and historic community organization, village patterns, and building forms and layouts.

We want to incorporate important philosophies about home for those who are relearning how to create safe space for a home and for those children returning home.



As children we grew up knowing our neighbors not as people living next door to us, but as relatives.

Our aunt and her family lived on one side, and our cousin and his family lived on the other. That is the way it had always been.

A home is both the space inside and outside the building.
A home is more than just the structure, the house, the ki,
the hogan; the wikieup.

Ki: in O'odham means both house and home.

It is the aroma, the textures of the building that help us remember.
The smell of the wet dirt walls,
the smell of dry dust.

It is the smell of the green brush on the roof, in the walls.
It is the texture.

The smooth mud walls,
the rough ribs from cactus and ocotillo,
the branches of cottonwood and posts from cedar and pine.

Home is a place that has the right feel,
the right smell,
the right sense of coolness when you touch the walls.

Otelia Zepeda, Tohono O'odham

Apsáalooke village settlements historically wintered along rivers that provided shelter from the prairie wind and water for drinking, bathing, and ceremonies. In the summer, greater distance from the river protected the people from mosquitos. The hills provided a landscape to scout, to have greater vision and to ensure continued prosperity and safety for families and communities. Animals also utilize this geography in similar ways and were a resource for the people. The community structures consisted of several typologies including teepees and ceremonial lodges that were positioned following the natural topography of the land. As a community we centered our vision and mission on the tobacco society

teepee structure pictured below. This teepee with its rolled-up sides, surrounded by other living structures, also has rows of willow fencing inside, but we were unable to find a picture of this structure. This structure that houses the adoption tradition communicates our mission to ensure that every child in our community lives deeply connected to family within their home community.



This design should seek to develop a new building type that uses a historical building type while responding to modern living needs and modern building practices.

Through our work with Indigenous Restorative Practices, MSA seeks to leverage the weight of ceremony to advocate for radical inclusion of children and their parents as connected, vital pieces of our surviving community. This is our way of confronting the internal conflicts of identity and belonging that have been created by colonization ideologies and racism and have impacted the sense of self-worth and value of Native people.

EXISTING CROW TRIBAL BUILDINGS



WELLNESS – Environment and Healing Spaces

Nature heals, soothes, restores, connects and supports cultural values and traditions.



TREATMENT MODEL - It is important to understand that Kaala's Village is not to be labeled a treatment center – it is a center for healing from the kinds of trauma that lead to symptoms like addiction and violence. Kaala's Village will provide a living environment of actualization for residents so that they can heal and move toward the work of community actualization and purpose. It is a place of healing for whole families and substance use treatment may be a part of that healing, but that is not its central focus.

The treatment model for family healing proposes the length of stay at 12 months with 24/7 care at an off-site treatment program that will allow couples to stay connected with each other and their children at least weekly. With the introduction of P2P Methamphetamine some families may require longer than 12 months to regain stability because the brain needs at least 6 months to detoxify from the lingering effects of the drug's use. After this 12-month in-patient treatment period, the model will be based on creating a small community ecosystem of interconnected individuals who share responsibility for the health of their environment together. The space causes and facilitates connection with others in the community. (See the earlier pages for a more thorough description of program components, models, strategies, and theories.)

Cultural approaches to healing: life, purpose, and identity-affirming ceremonies, traditions, and values. As in any therapeutic space, daily living spaces need to support the overall design, which provides a soft, minimalist, and safe environment with warm colors and as much natural light as possible. This helps to mitigate anxiety and depression. Room colors have been researched to support the space utilization.

Staffing includes only those positions that are directly involved in providing direct services to the residents as part of the therapeutic program.

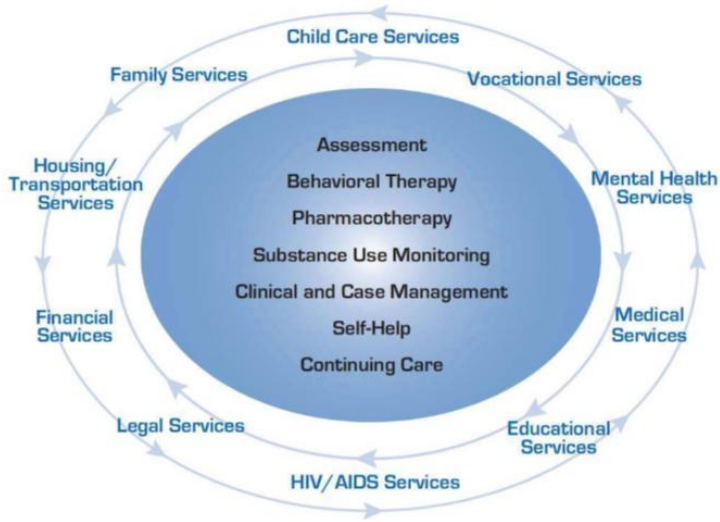
Treatment will help families explore and understand trauma, trauma responses, and SUD and domestic violence triggers and identify strategies to support behavior change.

- Restoring damaged relationships within and outside of the family unit
- Reconnecting to family, clan, and community systems
- Becoming trauma informed across the family unit
- Recovering from addiction, patterns of violence, and normalized pathology

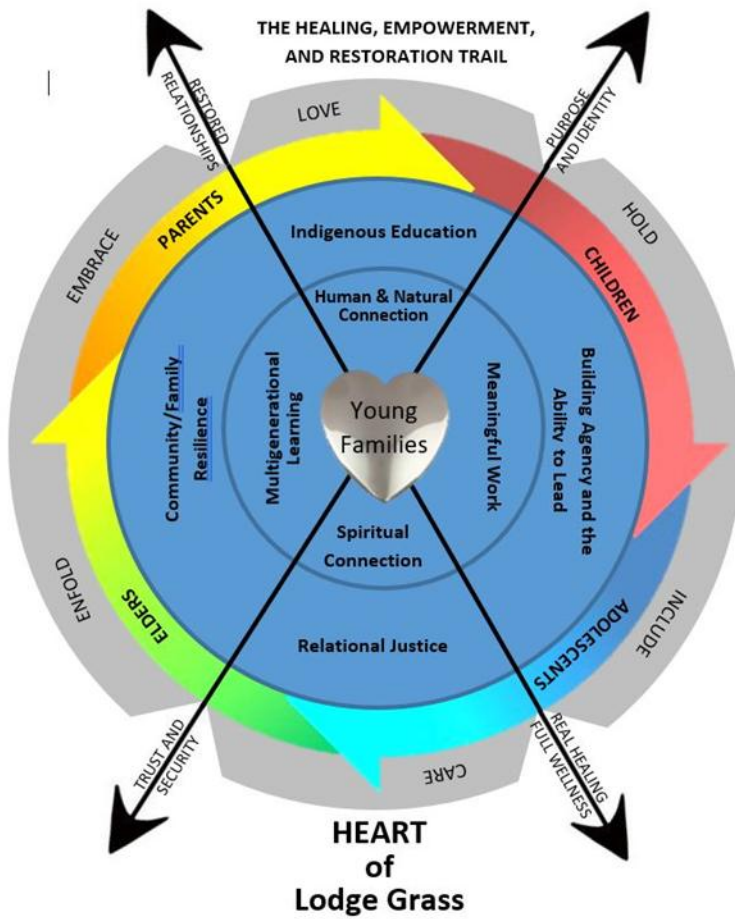
A fully integrated approach to family healing is the aim in assisting families with PTSD, depression, anxiety, and SUD. Tribal and cultural traditional knowledge including relational justice will be used to promote and achieve healing.

- Native American Fatherhood/Motherhood is Sacred
- Intergenerational relationships
- Healthy lifeways, daily patterns, nutrition, and fitness
- Cultural and spiritual therapeutic practices
- Group therapy, resilience, marriage and family relationships, parenting
- Work-based counseling

This diagram defines the possible range of billable services that will be available through the Family Healing Center.



This diagram represents our holistic vision related to these services:



LOW IMPACT DEVELOPMENT – SITE DESIGN

Mountain Shadow is committed to protecting the environment while developing their property for the prosperity and sustainable development of our community.

Designing for low impact to the environment is achieved through the use of Low Impact Development (LID) techniques. This includes a storm water and land use management strategy that strives to mimic pre-disturbance hydrologic processes by emphasizing conservation, use of on-site natural features, site planning, and distributed storm water. Best Management Practices (BMPs) are integrated into a project design. The goal of managing surface water flows on the site with LID techniques instead of conventional means is a response to Mountain Shadow's interest in developing an environmentally sound project. Surface water is part of a larger system of water circulation. Slowing and cleansing the surface water runoff from roofs and paved areas is one way among many of protecting the health of this important cultural and economic resource land which has been the lifeblood of the Apsáalooke for generations.

Goals for site development include techniques to mimic the natural hydrologic processes of the plains that historically covered the site and emphasize pre-disturbance hydrologic process of infiltration, filtration, storage, evaporation and transportation. Common LID features include:

- Permeable pavements
- Bio-retention
- Rain-gardens
- Rainwater harvesting
- Vegetated roofs
- Tree preservation
- Compost soil amendments
- Dispersion
- Minimal impact grading
 - Grey-water recycling

The goal for this site is to provide good water quality and support a zero waste, healthy ecosystem with an aesthetically pleasing site design and protect and minimally impact the natural environment. We would like to invest in energy options that might allow us to produce and store a surplus of energy that we can contribute to the community.

THE DESIGN PROCESS

In order to ensure that the project was planned and designed in a way that will be meaningful to the residents of Lodge Grass district and meet the needs of the community, an interactive design process was used, involving visioning, and concept design workshops. The process allows future clients, client families and staff, City leaders and other stake-holders a direct hand in planning and envisioning the project. The project schedule and process is summarized below:

1. Introduce the physical design of the FHC to the community during a community feed event. DONE
2. Explain the finalized concepts for the facility based on the original community input, the results of the feasibility study, and the input of the brain trust group. DONE
3. Inform the community of the capital campaign process to raise funds for the building. IN PROCESS
4. Begin building employee and program capacities. IN PROCESS
5. Build the facility. IN PROCESS
6. Begin providing a full range of support services to families, children returning from foster care, and kinship care providers. ACTUALIZATION

THE SELECTED SITE

The site is located in Lodge Grass, MT. It is roughly 13 acres of pasture located one block from the town clinic and 20 miles from the closest hospital in Crow Agency. The site is suitable for the proposed Family Healing Center program including equine and small animal therapy, meditation paths/ trails, therapeutic courtyards, and healing gardens, with beautiful views of the Big Horn Mountains.

The site is peaceful and serene with natural features providing a protective backdrop of hills and sounds of nature. The land is irrigated by a small ditch. The natural environment provides elements conducive to recovery and the natural topography offers an effective at-grade site access and parking with solar orientation. The site is suitable for development with ample room for the program to grow.

COMMUNITY RESOURCES/ AMENITIES

- Proximity to local clinic: 1 block
- Proximity to Hospital: 20 miles
- School District: Direct cross-country walking access to Elementary and High Schools
- Town Center: 0.3 miles

INFRASTRUCTURE

- Fiber Optic Line: Available
- Community Water Syst. Access (Two properties currently have condemned housing on them – both are connected to city water, sewer, and electric.)
- Electrical Access - Yes
- Community sewer system - Yes

ACCESSIBILITY

- Adjacent to Hwy I90

- Emergency access during winter months is rarely a challenge
- Great access to nature, tree stands, mountain views

VISIBILITY

- Visible from main roadway, from Head Start and from the Elementary and High Schools

ORIENTATION

- Good for Solar access – Yes. There is enough space to orient buildings for solar access.

SITE INFO (Both lots circled in blue in the diagram below.)

Northern Parcel:

Property Category:RP Subcategory:Residential Property

Geocode:22-0462-13-2-13-01-0000 Assessment Code:000M022900

Primary Owner: PropertyAddress:

RASMUSSEN BEATRICE H (1/4 INT)

PO BOX 237 COS Parcel:

LODGE GRASS, MT 59050-0237

NOTE: See the Owner tab for all owner information

Certificate of Survey:

Subdivision:LODGE GRASS ORIGINAL TOWNSITE

Legal Description:

LODGE GRASS ORIGINAL TOWNSITE 301, S13, T06 S, R35 E, 5.69 AC M&B TRACT IN SE4NW4

Southern Parcel:

Property Category:RP Subcategory:Residential Property

Geocode:22-0462-13-2-05-01-0000 Assessment Code:000M022600

Primary Owner: PropertyAddress:

RASMUSSEN BEATRICE H (1/4 INT)

PO BOX 237 COS Parcel:

LODGE GRASS, MT 59050-0237

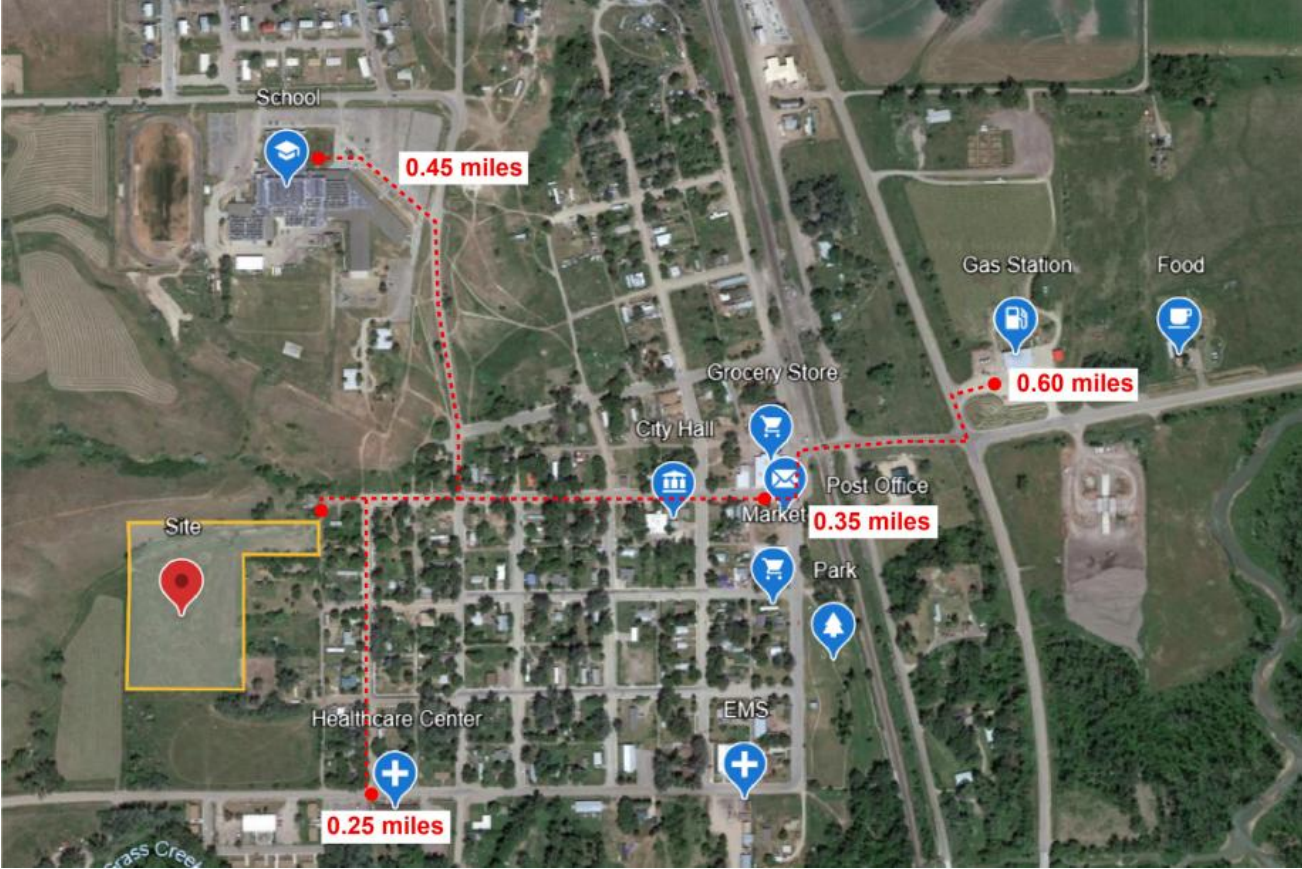
NOTE: See the Owner tab for all owner information

Certificate of Survey:

Subdivision:LODGE GRASS ORIGINAL TOWNSITE

Legal Description:

LODGE GRASS ORIGINAL TOWNSITE 301, S13, T06 S, R35 E, 7.63 AC M&B TRACTS (462' X 660' & 92' X 300')



SITE PLANS

The site plan has been designed to create a supportive, culturally rich and healing environment as a setting for the Family Healing Center. To this end, the design integrates the Family Healing Center into the surrounding landscape, creating open spaces and views that celebrate and embrace the beauty of the tranquil, natural setting on the grassy bench overlooking the center and looking outward toward the Big Horn Mountains. This is achieved by interlacing outdoor spaces with indoor spaces, ensuring that every gathering and treatment area has views out towards the natural environment, and that all of the residential spaces and offices have natural light and courtyard views. The center sits inside curve of the bench that overlooks it, with each building facing inward toward the courtyard



The site circulation is designed to welcome families home to a place of wellness. The exterior design of the main building will face those entering the property. It will invite families with warmth from the outer world to a place of sanctuary and reconnection as they make their own journey to wellness together. The main roadway brings clients, staff and visitors to the main parking area and provides a loop roadway for drop-off, deliveries, and emergency access. A service roadway may also be needed to provide alternative access to the site.

CAMPUS SITE PLAN (see basic design drawings at the end of this section)

The campus plan is designed to create a healing couple's area in the back (western) portion of the space. Each couple has their own minimalized living space that mimics the center portion of a home they can build for themselves during their participation in the program. This is an important part of the therapeutic design that keeps parenting couples together as they transition to healthy and/or sober living. Our community told us that the separation of men and women during treatment was a major contributor to relapse because couples could not work together on shared values in a supported environment before having to live them in daily life.

The facility is surrounded by active therapeutic recreational and cultural activity spaces, including equestrian stables, small animal housing, and gardens, with a network of trails for exercise, contemplation (a prayer loop) and nature walks. A pathway extends from the main building around the courtyard, through the gardens, and past the parents' residences, the construction shop, and the animal pens and then makes its way to the teepee ring, sweat lodge, and horseback riding areas.

The surrounding grassland is retained where possible to preserve the natural environment, but it is culled and cleared around the building to create a fire buffer to protect the campus. View corridors are also cut through the trees as needed.

The courtyards and buildings have quiet reflective spaces created specifically and uniquely for adults and for children. The parent homes open out to the courtyard. The multigenerational main building includes a child-oriented courtyard, with the elder's residence sharing the playground court with the childcare center (multigenerational classroom). The central courtyard includes a Welcome Arbor, that will serve as the main ceremonial space for welcoming new residents, daily rituals, and graduation ceremonies. There is also a small building known as the healing rooms where therapeutic counseling and healthcare will happen.

PROGRAM PRIORITIES

The community child-centered design series began with an input exercise asking the community what they envision and value for their future community. This initial conversation helped the design team understand the current community's priorities and needs in relationship to program uses, accessibility and life-ways, environmental features and the spirit of the place. The priorities are organized into categories: Community, Culture, Nature, Health/Wellness.

COMMUNITY

Values / Potential Outcomes

- Sense of Connection to Family and Community.
- Civic Responsibility.

- Sense of Community Pride.
- Increased time spent outdoors.
- Support healthy diet.
- Ritual Life in Modern Village.
- Multigenerational Community.
- Reunion Design Goals
- Help promote Treatment Model
- Promote Health & Well-being by encouraging reflection outdoors & exploring nature

Design Strategies Elements

- Family, Adult, and Child Treatment
- Nature/Connection Sidewalks/Trails
- Community Gathering (indoor hall & covered welcoming arbor)
- Good Neighborhood Buffer/ set backs/privacy
- EMS transportation Hwy I90
- Conservation/ Preservation
- Services: 24/7 Outpatient Treatment Care/ Nurse/ Counselors etc.

CULTURE

Values / Potential Outcomes

- Sense of Cultural Identity & Belonging.
- Respect for Each Other.
- Passing on Cultural Knowledge, Language, History & Traditions.
- Food & Family time is a Cultural Belief
- Eating Together & Food are Important.

Design Goals

- Integrating Tribally Specific Art (Karis Jackson Beadwork design adapted to a family for front doors)
- Culturally Responsive Designs

Design Strategies Elements

- Reflection on Spaces - Age Specific
- Access to the hilltop for views of the Big Horn Mountains
- Outdoor Gathering Areas/Fire Pits
- Important Surrounding Views- Mts
- Equine and Small Animal Therapy

NATURE

Values / Potential Outcomes

- Respect & Connection to the Land
- Create a Sustainable Community – as close to zero waste as possible (no trash facilities)
- Energy Savings
- Environmental Awareness & Stewardship

Design Goals:

- Solar/ geothermal

- Sustainable techniques that aren't expensive, low-maintenance

Design Strategies Elements

- Native Landscaping for use: medicinal, food
- Community and Family Gardens
- Natural Play space
- Create an Eco-Village
- Rain-Garden/ Swales
- Rainwater Harvesting

HEALTH

Values / Potential Outcomes

- Increase sense of well-being.
- Increase quality of life.
- Increase physical activity.

Design Goals:

- Desire a Culturally Integrated Center
- Pride in community for both clients & staff
- Sustainability & Safety is a need

Design Strategies Elements

- Implement Program Needs and Requirements
- Common areas for safety/supervision, group therapy, community connection
- Private areas for reflection, meditation, healing, prayer, and rest

BUILDING PROGRAM

Priorities for building include teaching building and contracting skills to young people and employing as many local members of the community as possible supported by veteran builders willing to teach and mentor. The experience can also help local residents learn the skills needed to maintain and improve their own existing homes.

FAMILY HEALING CENTER DESIGN – amended to add a community extension of additional supportive housing units in a future stage two phase.

Upon graduation from the intensive support program (when families decide they are ready), families have the option to move into the supportive housing loop to the left of the main village. Here they are close to continued support services, and can begin to support each other as recovering families and community leaders. Together those in the loop community will build stage one of one family's home that is ready to begin working on their own homestead. This home moves to the homestead site (including home, gardens, and animals/livestock) on completion and then community construction on the next family home begins.

STAFFING SCHEDULE

Director Salary - \$100,000

Behavioral Health Specialist - \$75,000 (This position is needed for billing for both counseling and peer

support. Could be brought in as a separate entity partnership.)

Care Taker Families - \$30,000 for each household (Living expenses will be covered by living on campus. Must be certified for foster care. One member of the household can work off campus. One must work full time on site.)

Peer Support Specialists- \$32,000 each (Must be state certified for billing)

Classroom Teacher - \$50,000

Financial Officer/Grants Manager - \$70,000

Grounds/Building Engineer - \$50,000

Elder in Residence - \$15,000 per couple (All living expenses will be covered by living on campus.)

Total Staffing Cost: \$515,000 per year plus \$128,750 for benefits = \$643,750

Staffing costs could be reduced by partnering for services:

Head Start for Indigenous Teacher Staff

One Health or Meadowlark Counseling for Behavioral Health Specialist and Peer Support Specialist

May be able to reduce cost of caretaker families through foster care supplements

May be able to get by on half time CFO

Can combine role of classroom teacher/program director or CFO/Director if we recruit individuals with the right skills.

Could examine the roles covered by the Drop In Center contract to see what portion of these roles could be allocated to the family healing center.

Could reduce to \$235,000 to \$345,000 per year, plus \$75,000 in benefits using these measures.

BUILDING COST ESTIMATE

3-5 small family housing units - \$700,000

Healing Room therapy building - \$200,000 (purchased)

Livestock and construction shelters, ceremony arbor, and landscaping - \$100,000

Our Children's House – house parent housing, foster care children's housing - \$1,700,000

Kaala's house main building (classroom/community room, grandparents in residence, office, kitchen)– \$1,500,000.

Architectural and Engineering Design @ 8% total project costs - \$480,000

COST OF OPERATIONS

Utilities

Food

Building Maintenance

Operating Supplies – school and office supplies

Insurances

Our Children's House



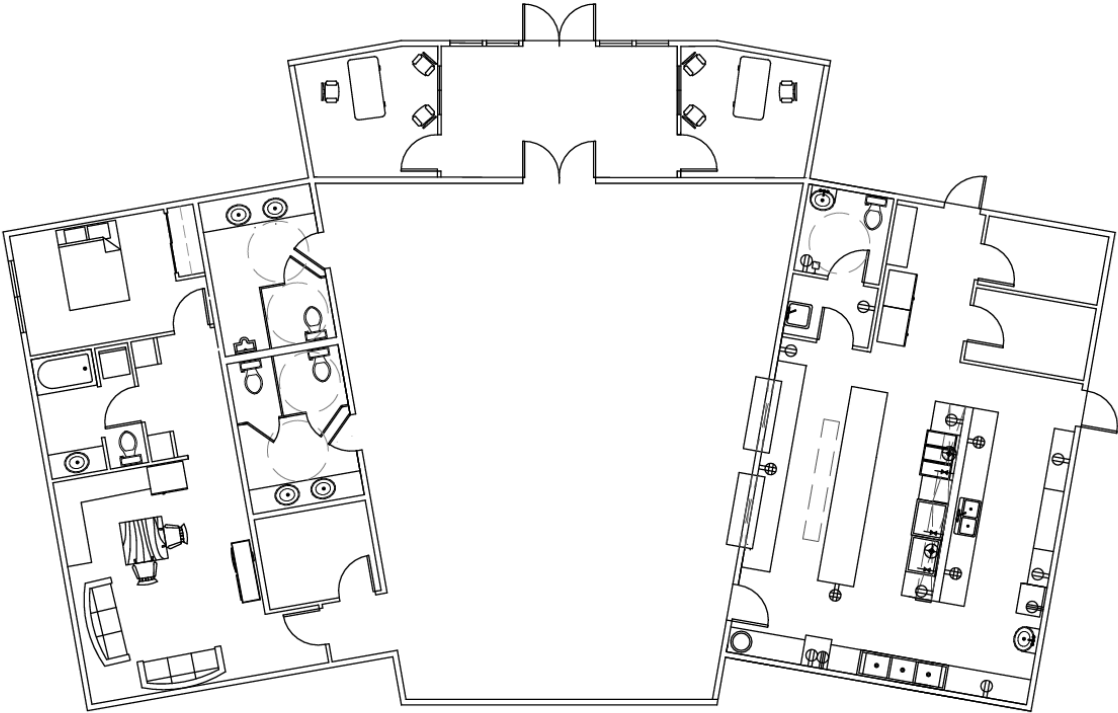
Current Completion as of 9/20/25



Family Small Homes



Kaala's House Main Building



Revenue and Expense Projections - Mountain Shadow Association

	Most Recently Completed Fiscal Year	Current Year Operating Budget	Year 1 Projected	Year 2 Projected	Year 3 Projected	Year 4 Projected
Year Ending:	1/31/2024	1/31/2025	1/31/2026	1/31/2027	1/31/2028	1/31/2029
REVENUE						
Earned Income						
Recovery Community Center State Contract	\$ 117,882	\$ 160,100	\$ 160,100	\$ 160,100	\$ 160,100	\$ 160,100
After School Program State Contract	\$ 53,243					
Childcare Program		\$ 12,493	\$ 149,760	\$ 374,400	\$ 374,400	\$ 374,400
Adult Resident Patient Treatment					\$ 176,800	\$ 176,800
Adult Non-Resident Patient Treatment						\$ 165,080
Child/Adolescent Treatment				\$ 212,160	\$ 212,160	\$ 212,160
Ar/BNB					\$ 2,000	\$ 2,000
Therapeutic Construction Peer Support					\$ 144,248	\$ 144,248
Fundraising Events		\$ 30,000				
Guardianship Family State Payments				\$ 60,000	\$ 60,000	\$ 60,000
Contributed Income						
Capital Campaign	\$ 99,190	\$ 1,030,804	\$ 1,587,000	\$ 2,000,000	\$ 1,016,000	
Foundation Grants	\$ 320,000	\$ 355,500	\$ 369,000	\$ 250,000	\$ 200,000	\$ 200,000
In-Kind Donation (Great Adventure Academy)			\$ 300,000	\$ 650,000		
Total Revenue	\$ 590,315	\$ 1,558,897	\$ 2,565,860	\$ 3,706,660	\$ 2,345,708	\$ 1,494,788
EXPENSE						
Staff Salaries	\$ 128,726	\$ 221,678	\$ 400,793	\$ 560,443	\$ 622,243	\$ 640,910
Fringe Benefits	\$ 30,118	\$ 73,893	\$ 100,198	\$ 140,110	\$ 155,560	\$ 160,227
Training	\$ 6,003	\$ 11,330	\$ 32,000	\$ 32,000	\$ 32,000	\$ 32,000
Fundraising/Marketing	\$ 68,200	\$ 82,126	\$ 50,000	\$ 50,000		
Utilities	\$ 4,725	\$ 3,888	\$ 3,888	\$ 7,000	\$ 10,000	\$ 10,000
Accounting	\$ 13,000	\$ 72,500	\$ 72,500	\$ 72,500	\$ 72,500	\$ 72,500
Insurance	\$ 5,875	\$ 3,000	\$ 7,240	\$ 12,000	\$ 12,000	\$ 12,000
Maintenance	\$ 148	\$ 1,449	\$ 300	\$ 300	\$ 5,000	\$ 5,000
Program Expenses	\$ 31,992	\$ 43,378	\$ 55,000	\$ 75,000	\$ 100,000	\$ 100,000
Kaala's Village		\$ 93,867	\$ 2,487,000	\$ 2,000,000	\$ 1,016,000	
Total Expense	\$ 288,787	\$ 607,109	\$ 3,208,919	\$ 2,949,353	\$ 2,025,303	\$ 1,032,637

7 year contract - currently in year 3. It is unknown at this time if the state will fund a later round of contracts

We plan to open the kinship care center October 1, 2024. We will have 3 months of revenue in this year. When Kaala's House (Phase 2 of Kaala's Village) is built we will move from group to center status for childcare and increase enrollment from 15 to 30

Adult Resident Patient Treatment: LCSW and Peer Support Specialist Services billable to Medicaid

Adult Non-Resident Patient Treatment: LCSW Services billable to Medicaid (This comes into play when members of Kaala's Village graduate to their own homes and land in Lodge Grass)

Child/Adolescent Treatment: LCSW Services billable to Medicaid

Ar BnB: Hospitality Training Program

Therapeutic Construction Peer Support: Worked-Based Counseling Construction Program - construction and agriculture program trainers will be cross-certified as peer support specialists. Peer support is a medicad billable service that all adult residents will receive daily.

Guardianship Family State Payments: Two families receiving the state of Montana's foster care payments for foster parents

Foundation grants secured for year ending 1/31/25: Gianforte Family Foundation - \$87,500; Otto Bremer Responsive Fund - \$75,000; Northwest Area Foundation - \$50,000; BCBS Big Blue Sky Initiative - \$50,000; PacificSource Foundation - \$25,000; Dennis and Phyllis Washington Foundation - \$20,000; Foundation for Community Vitality - \$20,000; Oro y Plata - \$20,000; Potlatch Foundation - \$8,000

STAFFING PLAN

Most Recent	Current Year	Grant Yr 1	Yr 2	Yr 3	Yr 4
2 peer support specialists	2.5 peer support	2.5 peer support	2.5 peer support	2.5 peer support	2.5 peer support specialists
1 volunteer ED	1 Full time ED	1 Full time ED	1 Full time ED	1 Full time ED	1 Full time ED
0.5 Children and Families Director	0.5 Children and Families Director	0.5 Children and Families Director	1 Children and Families Director	1 Children and Families Director	1 Children and Families Director
	0.5 Childcare Me	0.5 Childcare Me	1 Childcare Ment	1 Childcare Ment	1 Childcare Mentor/Asst. Dir
	3 Childcare provi	3 Childcare provi	3 Childcare provi	3 Childcare provi	3 Childcare providers
	1 LCSW	1 LCSW	1 LCSW	1 LCSW	1 LCSW
	1 Security	1 Security	1 Security	1 Security	1 Security
		2 foster parents	2 foster parents	2 foster parents	2 foster parents
			1 CFO	1 CFO	1 CFO
		1 Grandparents i	1 Grandparents i	1 Grandparents i	1 Grandparents i
			1 Grandparents i	1 Grandparents i	1 Grandparents i

2024-2025 Media Links

[\(20+\) Facebook](#) – link to Blue Cross Blue Shield article.

[Q3 Grants Highlight Healing as a Key Condition of Justice - NWAf.org](#)

[Family services in Lodge Grass get a boost and new building](#) – Billings Gazette Article

[Lodge Grass non-profit gets funding for family healing center | Investing in Native Communities](#)

<https://bit.ly/KaalasVillage> - a flipbook created this spring to provide education about Kaala's Village

<https://youtu.be/xa2ybr4f0mE> - Going to Kaala's House our new video

<https://nativenewsonline.net/health/kaala-s-village-breaks-ground-in-lodge-grass> - groundbreaking article

[The Great Restoration - YouTube](#) – GAA video

[Kaala's Village Family Healing Center](#) – link to our new flipbook about Kaala's Village

www.kaalasvillage.org – Our new website