



Agindaso Abinoji-yag

"He/she reads or counts children"

Ain Dah Yung Center

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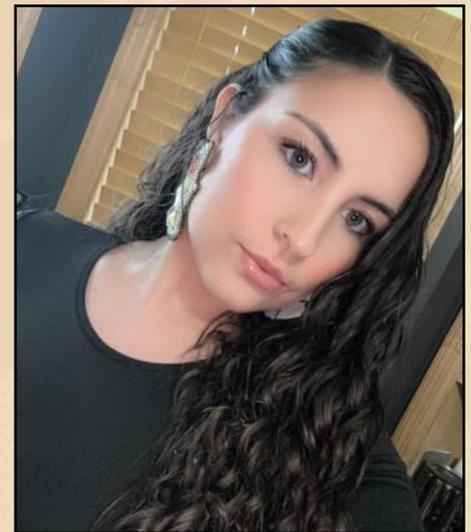
By Sadie Hart, Policy and Advocacy Director

ICWA Compliance Newsletter Q3 2024

Suicide Prevention for Indigenous Youth

Ain Dah Yung Center's (ADYC) Suicide Prevention Program provides culturally responsive community-based suicide prevention and postvention programming. Programming began in 2022 and the current Suicide Prevention Coordinator, Ginger Shelifoe, ahzhawahmemingqwakwe, transitioned into the role in December 2023. We asked her to share more about the suicide prevention programs and services available at Ain Dah Yung Center.

American Indians and Alaska Natives are disproportionately affected by suicide. According to the Minnesota Violent Death Reporting System, in 2020 American Indians in Minnesota were 2 to 4 times more likely to die by suicide compared to other races (*Minnesota Department of Health, The Health of American Indian Families in Minnesota: A Data Book, 2024*). A contributing factor to this rate is historical trauma. Ginger shared that "in the Native community, we were stripped from our culture, our teachings, our traditions. We are having to relearn it and get it back into our communities. It was illegal to participate in those things and so the healing starts now since we can do it again. We are able to have a pow wow and not get in trouble for it. We are able to have long hair and it not be cut. We're able to speak our language and it be okay."



Ginger Shelifoe, Suicide Prevention Coordinator at Ain Dah Yung Center.

"My parents, and their generation, were raised by individuals in the boarding school, and many of those individuals lost their traditions, language, and culture. I think if our programming wasn't here to try to engage youth in the culture, then they might not ever have that. I've seen with the residents at Mino Oski Ain Dah Yung (Good New Home in Ojibwe), with myself, with other people around, that the more you learn about your ways and the way that our people are, the less impact that historical trauma will have on you, or at least the more community you have to get you through those times. That's why I really believe that culture is prevention and why we do the activities that we do, because it is forming a community. It is allowing our people to do the ceremonies and things that they weren't able to do for so long."

This also contributes to a higher rate of American Indian and Alaska Native children in the foster care system. "I think that a lot of our youth who are in foster care are in those situations because of the historical trauma that their parents went through," Ginger explained. "I think that they are at a higher risk because our parents may be alcoholics or our parents are using substances because they're struggling with mental health that stems from the historical trauma that our ancestors faced in boarding schools and the other assimilation tactics used against our people."

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“Mental health has always been a taboo in Black and Brown communities because we are supposed to be strong, we are supposed to be resilient. Look what our ancestors went through; they did all of that for us. We’re supposed to be strong and I think that when we hold that weight it’s heavy and it’s hard, and that’s why a lot of these parents are using substances or struggling with their mental health. They were never able to process it and in a sense they didn’t really get that culture piece because of the historical trauma. And so these Native youths are now suffering and in foster care because they have that layer of historical trauma, and also the mental health and substance abuse of their parents. And it just gets put onto them.”

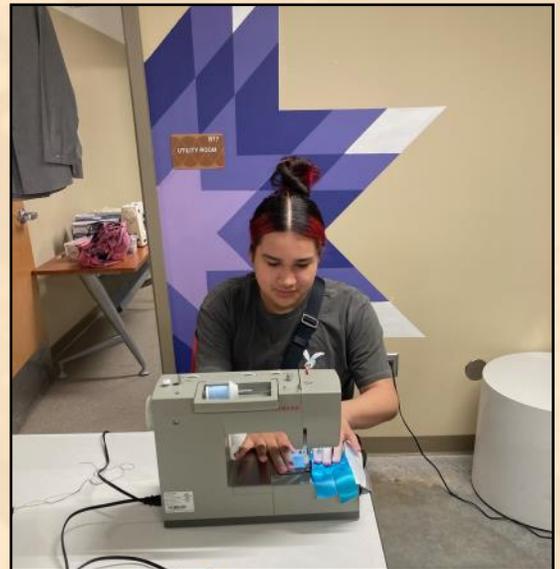
The Suicide Prevention Program is supported by grants from the Substance Abuse and Mental Health Services Administration (SAMHSA) and Minnesota Department of Health (MDH). A central part of the programming is facilitating cultural and community connections as protective factors against suicide. The programming focuses on services for residents at Mino Oski Ain Dah Yung but is open to all ADYC participants and families.

“We did ribbon skirt and ribbon shirt making right before summer started because that’s when a lot of the pow wows start up and we wanted to make sure that our participants had something to wear to go to those ceremonies so that they didn’t feel excluded or left out. The previous Suicide Prevention Coordinator did a Concho belt making class, which is a belt that people wear with their ribbon skirts or with their regalia. We’ve done moccasin making and starting next month we will be doing beading.”

Horse Camp is a three-day event that provides horse therapy and programming for youth in partnership with Four Directions Behavioral Health. “They had horses and donkeys and they utilized the space and the animals to create your story. Maybe the way that this horse is acting to you it’s reminding you of someone, and then using that interaction to work through something. The horse doesn’t have to represent a person, but it could be something in your life. It helps you create this narrative. So in a sense it is like play therapy, because you are creating this story without having to say in words what happened. It was powerful and beautiful because each youth made their own horse masks and at the ceremony the youth got to put their horse mask on the horse and then ride the horse as it wore their mask. Someone was drumming and singing, which I think is empowering because whatever they discovered in their story when they were doing the therapy work they got to take hold of that or let it go.”



A program participant attended Horse Camp, a three-day event that provides horse therapy and programming.



A program participant sewing during a ribbon shirt and ribbon skirt making class.

These services can also provide a sense of belonging to Native youth. “Within ADYC and other Native programming that I’ve seen in the Twin Cities, having people that look like you in those positions, it can really help engage youth and other participants in the suicide prevention aspect. Growing up with the historical trauma, with parents that are dealing with things, and then having to find my own way, I always wished there was someone who looked like me in those roles and there never was. I’m proud to be in this role to help Native youth, but then also proud of all these other Native organizations who make the effort to have those who look like our Native youth in those roles.”

Suicide Prevention for Indigenous Youth (Continued from page 2)

Ginger elaborated that “when you are taken away from your family and you're put into foster care, you feel a sense of loss, or like you don't have this belonging. I think what's beautiful about the Native community is that it doesn't matter where you go, you can go to a ceremony and find your community. You just talk to people, and then you have community there. You come to drum and dance here at ADYC and you can build a sense of community no matter where you go.”



Program participants canoeing at the ADYC Cultural Prevention Youth Retreat.

Another aspect of the suicide prevention program is the creation of a coalition. “MDH developed a five-year strategic plan on implementing a coalition within communities and it's very flexible to the facilitator. There's no structure, there's no form, there's no outline. The goal is Zero Suicide, and how to get there in your community is totally up to us. Right now we're in the process of looking at what do we want to know about our community, data, and what in our community makes statements true or false. Then we can actually look at the numbers and have community conversations to see what is working in our community, what is not, or what is missing. Then we can have more of a focus on the risk and protective factors that we're going to focus on to reduce suicide in our community.”

Partners include Indian Education programs, staff from youth and Native serving organizations, and county partners. Youth and young adults are also being recruited. “We are still trying to get others at the table,” Ginger shared. “We have a list of programming and people that we feel would be beneficial to have at the table because we want to make sure that we're not missing any youth. Everyone's voice matters. It would be great if more individuals who are either doing suicide prevention work or care about Indigenous youth and have the availability to be a part of the coalition.”

The program also facilitates trainings on suicide intervention for ADYC staff, partnering agencies, or anyone who works in the Indigenous community. “SafeTALK is a four-hour training that really gets individuals comfortable with noticing signs and asking the questions, like ‘Are you thinking about killing yourself?’ Because that question is very hard for people to ask. That is a very short, effective training to just get people to ask the question and know how to point people in the right direction, if that is the case.”

“ASIST (Applied Suicide Intervention Skills Training) is a two-day training and is a standardized approach to how to intervene with someone who may be having thoughts of suicide. It's really about recognizing signs, like getting rid of all their belongings, not going to things that they usually go to, and just checking in like, ‘Are you ok? How's it going? Are you talking about suicide?’ Asking the question is the toughest part because asking that question and getting a ‘yes’ can be very scary for people. Having a standardized approach and an outline to follow after you hear ‘yes’ helps individuals know what to do, what to say, and even feel more comfortable that you're not going to say the wrong thing.”



Program participants making medicine bags at the ADYC Cultural Prevention Youth Retreat.

Suicide Prevention for Indigenous Youth (Continued from page 3)

"If you want a direct answer, you need to ask directly," Ginger explained. "That's a really big part of that training. If you ask someone 'You're not thinking about doing anything stupid, are you?' that could mean so many things. It could be going and getting wasted or it could be cutting themselves. Cutting is harming themselves, but it may not kill them, and so suicide may not be what they're referring to but you won't know unless you ask directly. If you're going to ask indirectly, then you could get an indirect answer. You don't really know what you're dealing with. So if you ask 'Are you thinking about killing yourself? Are you thinking about suicide?' then you know, and they know, that you're on the same page."

"It teaches you how to recognize signs, how to ask questions, or how to hear their stories so that you can help them find something that is worth them staying safe for now while they can work on a safety plan to stay safe long term. It is helping those people who are in that frame of mind that suicide is not the only option they have."

If you are interested in learning more about these trainings or the suicide prevention coalition you can contact Ginger at ginger.shelifoe@adycenter.org. Miigwech, Pidamayaye, Pilamayaye, Pinigigi (thank you) to Ginger for answering our questions sharing more about the Suicide Prevention Program!

Gigawabamin (See You Again) Judge Millenacker!

Judge Robyn Millenacker recently retired from the Second Judicial District. Over the past few years she has presided over child protection cases and her dedication has been integral in improving the court experience for families. Chi-miigwech to Judge Millenacker for her leadership in upholding the spirit of ICWA and MIFPA and working to support American Indian families over the past several years! Your commitment has left a lasting impact in Ramsey County.

Parenting in 2 Worlds

In October 2023, the Ain Dah Yung Center partnered with Arizona State University Global Center for Applied Health Research to offer parenting classes through a research study. The goal of this study is to determine if a 10-week program can improve the health of urban American Indian and Alaska Native families. Other study sites include the Denver Indian Center, Native American Community Services of Erie and Niagara Counties, and Phoenix Indian Center.

The program includes two classes. In the Parenting in 2 Worlds class adult family members learn how to strengthen family practices, improve family communication, and help promote their children's wellbeing and reduce their risk behaviors. In the Healthy Families in 2 Worlds class adult family members learn about different health topics like accessing appropriate healthcare, strengthening family health practices, and using CPR and First Aid.

To qualify for the study caregivers must identify as American Indian and care for at least one youth between the ages of 12 and 17 who identifies as American Indian, lives in an urban area, and attends an urban school. Participants must also agree to be randomly selected to join either the Parenting in 2 Worlds class or Healthy Families in 2 Worlds class. Families can earn up to \$200 by participating in this study.

Mariah Smith, Program Coordinator and Family Advocate, noted that "It has been positive to witness caregivers support one another in and outside of classes. This program offers an opportunity to our Indigenous caretakers to build community and leave each class carrying more knowledge to address challenges with their teens." Past participants have shared what they most enjoy about the sessions. Some of their responses have been: "connecting with other parents and listening to their points of view and values," "learning how to help their children with behavior," and "Very, very good information. Families need to learn this!"

The next class is anticipated to start in Fall 2024. If you would like to register for upcoming classes, click the link to sign up: <https://forms.gle/Xt3pqQtDuuRjcuX58>. If you have further questions about the program please email mariah.smith@adycenter.org or call/text (651) 417-3813.

About the Quarter 3 Data

Data was collected from July 1, 2024 to September 30, 2024. This data was collected by the court monitor at hearings, talking to the parties involved, and reading case files. This data reflects hearings the court monitor attended and does not include all Ramsey County ICWA hearings.

Tribal Attendance

The following chart indicates the tribes involved in ICWA cases in Ramsey County during Quarter 3. The chart includes the tribes involved, the number of hearings that occurred, and the number of times the tribe attended hearings. This data reflects hearings the court monitor attended and does not include all Ramsey County ICWA hearings.

TRIBE	NUMBER OF HEARINGS	TRIBE PRESENT
Bois Forte Band of Chippewa	1	0
Cheyenne River Sioux Tribe	4	3
Leech Lake Band of Ojibwe	8	8
Lower Sioux Indian Community	3	3
Mille Lacs Band of Ojibwe	5	5
Oglala Sioux Tribe	1	1
Red Lake Nation	2	2
Rosebud Sioux Tribe	2	2
Spirit Lake Tribe	2	1
White Earth Nation	3	3
Unknown/Tribe Not Identified	2	-

Court Updates

This newsletter includes positive observations from ICWA hearings as well as highlights that demonstrate the great work happening in Ramsey County.

Observation: The social worker congratulated the parents on the successful reunification and providing a loving home for the child.

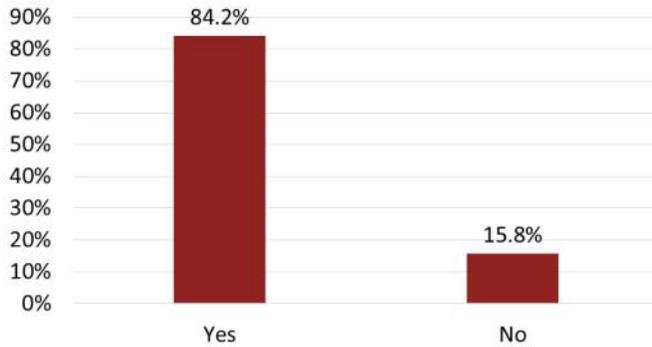
Observation: The tribe congratulated the parents in a successful reunification and stated they

appreciated the active efforts that had been made to reunify the family.

Observation: The child gave the relative foster parent/adoptive parent a bear hug and said she loved her home and wanted to stay with her forever.

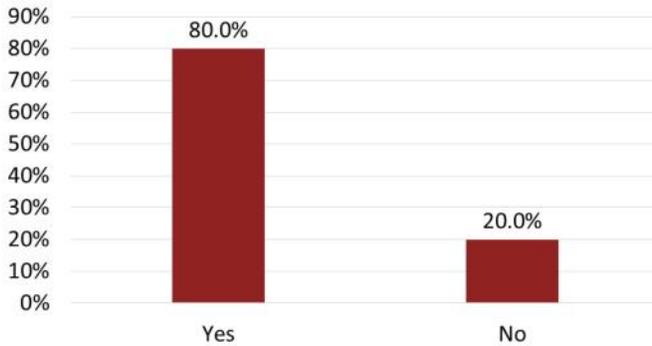
Was testimony presented to support the active efforts finding?

Yes	16	84.2%
No	3	15.8%
Total	19	



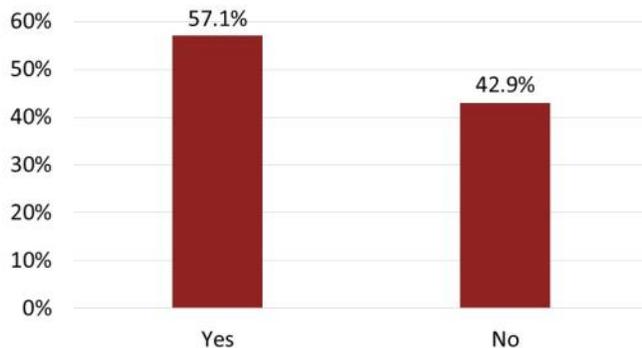
When the tribe was identified, was there discussion of how the tribe has been involved in case planning?

Yes	16	80.0%
No	4	20.0%
Total	20	



When present, did the tribe present a recommendation regarding placement?

Yes	12	57.1%
No	9	42.9%
Total	21	



Active Efforts and Tribal Engagement

There was discussion and testimony to support an active efforts finding 84.2% of the time in Quarter 3. Most discussion focused on the social worker's efforts to engage the parent, coordinate resources and services, and engagement with the tribe. There were no disputes from parties regarding the active efforts finding.

When the tribe was identified there was discussion regarding how the tribe has been involved in case planning 80% of the time. This includes the social worker making decisions with the tribal worker and collaborating to secure resources for families.

The tribe shared a placement recommendation 57.1% of the time in Quarter 3. The recommendation was the same as the agency's 100% of the time.

Contact Information

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