

**Child Welfare Information Gateway Podcast**  
**Advances in Supporting Kinship Caregivers - Part 3 (Port Gamble S’Klallam) TRANSCRIPT**

Presenters: Female Narrator; Tom Oates, Child Welfare Information Gateway; Cheryl Miller, Port Gamble S’Klallam Children and Family Services; Joylina Gonzalez, Port Gamble S’Klallam Children and Family Services; Donna Jones, Port Gamble S’Klallam Children and Family Services

[00:00:00]: [Music Introduction]

**FEMALE NARRATOR** [00:00:02]: This is the Child Welfare Information Gateway Podcast, a place for those who care about strengthening families and protecting children. You’ll hear about the innovations, emerging trends and success stories across child welfare direct from those striving to make a difference. This is your place for new ideas and information to support your work to improve the lives of children, youth, and families.

**TOM OATES** [00:00:32]: Often, we associate supporting kinship caregivers and kin families with foster care and out of home care for children that may have to be removed from the home. But what if support for families - including kinship and relative families - was more closely woven into prevention services? Well, we're going to explore what that looks like. And you'll also understand why I used the term ‘woven’ - because it matters. Welcome into the Child Welfare Information Gateway podcast, Tom Oates here and we are continuing our series looking into the advances in supporting kinship caregivers. Now in a recent episode, we took a dive into the work being performed in Central Washington supporting rural and Latinx families. In this episode, we're staying in Washington State, but shifting over to the Port Gamble S’Klallam Tribe. Now, a growing theme across every jurisdiction that we've been talking with along our journey looking into the advances supporting kinship caregivers, we’re seeing agencies and organizations demonstrate a great amount of flexibility. Port Gamble S’Klallam is a great example of this.

[00:01:43]: Now, the aspects, I think, that you'll take away are, one, how flexibility in funding in engaging with families and in the programs that fall under the tribe’s Children and Family Services - what they've coined ‘S’Klallam-izing’ programs - how they impact their ability to quickly connect families to what they need. And number two, the way they've really embodied their teams into the community over time and over generations. That's enabled Children and Family Services to be incredibly proactive and operating in a prevention first approach. It is a very, very unique situation. The results? Well, extremely low staff turnover and a considerable drop in the number of children who are in care. They're now at 30 percent in comparison to where they were a few years ago. So, we're joined by Cheryl Miller. She's the director of Port Gamble S’Klallam Children and Family Services. Joylina Gonzales is the tribe’s lead Family Care Coordinator, investigator, and Program Manager. And Donna Jones, a tribal elder, who before her recent retirement, served as a kinship navigator and a chemical dependency counselor for more than 20 years. Okay. We started off by getting a sense of the unique funding an organization. But you'll hear we move into the trust that's been established and why that trust sets the foundation for partnerships with families and the community of the Port Gamble S’Klallam tribe, right here on the Child Welfare Information Gateway podcast.

[00:03:22]: Cheryl Miller, Joylina Gonzales, Donna Jones, welcome into the Child Welfare Information Gateway podcast. And let's set the table here at the beginning because Port Gamble S’Klallam is a unique environment. So, Cheryl, when someone's going to step back and listen to this, I want them to understand that in comparison to other tribal welfare agencies, your funding is a bit different. Can you explain that for me?

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**CHERYL MILLER** [00:03:48]: Sure, Tom. Port Gamble S'Klallam tribal community is different. We are a direct IV-E tribe. So, we get our IV-E funds directly from the federal government. We also have a couple of different funding streams for our kinship programs, both from the State of Washington and also the federal kinship. We also are unique in that we try to offer all of our services utilizing the funding sources to provide the best services for our tribal community.

**TOM OATES** [00:04:22]: So, with that, you're able to provide an array of programs and they all kind of fall under Children and Family Services. That's correct, that you've got an array, I guess of programs. Could you walk me through all of the programs that really kind of fall under that Children and Family Services umbrella?

**CHERYL MILLER** [00:04:42]: Absolutely. Children and Family Services for the Port Gamble S'Klallam tribe has one of the largest departments within the tribe. We not only have our child welfare program, which consists of, we do our own foster care licensing. We do our own child welfare investigations. We do have, we operate with dependencies and informal and formal kinship placements to offer support. In addition to the child welfare services, we operate the child support. We have a maternal home visiting program, our Together for Children program, who also operates our WIC program. We have Vulnerable Adult where we do APS investigations and we also offer support to all the vulnerable adults within the community, helping them set up with copes. We have staffings. We make sure that when people are transitioning from either a nursing home or a hospital situation, that we can implement services to make them successful at home, to keep them in the homes as long as we can. We offer, we operate a full TANF program, including a LIHEAP and LIHWAP program - the water Assistance Program and the Energy Assistance Program - as well as the tribal energy assistance program. We have, I oversee all of the elder's programs, including the congregate meals and all of the youth programs, as well. So, we have a huge department. We also have a case aid within the department, an attorney assigned to deal with us only for children and families, as well as our own financial manager.

**TOM OATES** [00:06:18]: You know, as we're continuing the series on advances in supporting kinship caregivers, it's, it's really unique or interesting to see unique ways that different jurisdictions are applying their services. Because in an earlier episode, if folks remember, their kinship support actually came out of the Department of Aging and how agencies have to kind of work together. But you've got them all under this, under your umbrella. And so, I'll want to dive into the, the whole idea of the campus and having so many of these services co-located in a little bit, but thank you for kind of painting the overall picture of how you operate. Yeah.

**CHERYL MILLER** [00:07:00]: I forgot, there were, they just added three new positions also to our department that started in January and we just finished hiring for the third position. These are two tribal navigator positions and a special needs case manager advocate. The tribal navigator will be able to help all of the tribal members, not just with social services, but also if they have any housing problems, problems with phishing or natural resources, just a whole array. Anything they need, these navigators would be able to point them in the right direction and do the proper referrals to make sure that they get the services they need. And the special needs case manager advocate is a position that we've discussed here at the tribe for some time. We have some tribal members who have Down's syndrome, who have autism, who are developmentally delayed. And we also have kiddos who are, were drug impacted at birth and we're seeing some behavioral, behaviors with them and also delays. We want to make sure that we give them all the support we can, connect them with all the services that they are entitled to so that they grow into successful adults and community members.

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**TOM OATES** [00:08:08]: You're hitting the whole family strengthening nail right on the head, there. That's, and that's a lot of what we're, you know, a lot of what we talk about when we talk about supporting these grand families, kin families is everything necessary to keep a family whole. And so, you've been going through the array of, of needs that every family has and how having some sort of connection to the community and a connection to the resources - and I want to make sure that I get the point across that those are two separate but related entities that you're able to kind of again, put this all under this umbrella. So, so thank you for that. And so, all of this points towards trying to fit the needs of tribal members. And so, Donna and Joy, I want to bring you guys in, as well. So, let's go back a little bit in terms about how flexible the tribe has been and, and in all of that flexibility, building some trust - because that's a key element of being able to provide services. Now, I know the state had required the tribe to implement a needs assessment for families, but the tribe itself revised that assessment. First off, can you tell me why you felt you wanted to revise that assessment and how what you've, what you're using now is different?

**DONNA JONES** [00:09:35]: We talked about the first one that was so long and then we changed it to a shorter version that pertains only to our tribe. The needs assessment needed to be more culturally sensitive to our families and our communities. For example, adding resources and support for traditional and cultural practices. Being able to give our families the needed supplies for regalia. Making sure that if they go on the canoe journey, they have the appropriate attire to participate. We build in classes on we being both with cedar and wolves so that they feel that they're part of the community in any activities that we're doing because then they're dressed appropriately for the occasion.

**TOM OATES** [00:10:29]: It sounds like that one of the things that - and I would encourage, I guess you'd encourage any jurisdiction to do - is don't apply some blanket understanding of needs without really understanding how the community operates and what's important to the community. Now, most of the families you and Joy work with are not technically within the child welfare system. Is that correct?

**JOYLINA GONZALEZ** [00:10:56]: Yes. So most of them are just, you know, family members that have either been referred to us by other family members. A lot of times it's by word of mouth because we're so, we're such a small community and small area, you know, everybody knows everybody. And so, one family member maybe we helped out previously with somebody and they'll say, hey, I know this program, it's our, you know, the kinship program. I know you're raising your grandkids or you're raising your niece or nephew, you know, go, go talk to them, maybe they can help you out with some services that's needing, whether it be, you know, from a bed to a dresser to clothes or just even help, maybe finding, you know, how to get them in school. Like if they've just had a kid come to them and they're like, hey, I need to, you know, I need some services with medical or anything like that, we're able to sit down and help with that. And, but a lot of it is always all through word of mouth that we're able to provide that. And of course, we have a memo that goes out every month, or every week, excuse me. And then we also have newspapers that is, I think those are quarterly -

**DONNA JONES** [00:12:07]: It's a monthly, it's a monthly newspaper.

**JOYLINA GONZALEZ** [00:12:10]: We have a monthly newspaper and so we're able to give all that information out. We also have brochures. So, whenever we have major events, a lot of times whether we have a pow-wow, whether we have different kinds of community get togethers, we can actually hand out our brochures.

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**TOM OATES** [00:12:26]: But a lot of your connection isn't just when somebody's in immediate need, you know, and the word-of-mouth connection clearly says you've built some trust across the community, but helping folks before, maybe before that emergency arises, right? And working with these families, quote, as they say "upstream". So, I'm curious how you're connecting with families, you know, upstream for, for all of these services that would fit under the term of prevention related services.

**JOYLINA GONZALEZ** [00:12:56]: I think we just go to them if we hear somebody that is raising another family member or something like that, or even, we just go to them. We ask them, hey, you know, we have this program that's available. And because most of us, the community and like Donna knows everybody that's, you know, and them or know family members, we can be able to track them down and say, hey, we have this available for you, or, you know, we have this program available for you.

**DONNA JONES** [00:13:24]: And we can, and we can set up a home visit and do the needs assessment and see what, make sure that they have enough beds, enough bedding space for all the kids, dressers to make sure that all their needs are met. And the community is comfortable with us coming into their house.

**TOM OATES** [00:13:45]: That's the interesting part, is you being proactive and reaching out to them as opposed to having a family referred to you be it word of mouth, or in many cases, they're referred to caseworkers by the system. But actually taking the step and reaching out as opposed to waiting somebody to be kind of handed to you. That's gotta be an interesting shift, Donna, you mentioned that folks are willing for you to come in and do a home visit. Where, where do you credit that willingness, that partnership from?

**DONNA JONES** [00:14:26]: I've been in the community for many years. I've done a lot of community activities. I was a chemical dependency counselor for 24 years. I'm an elder and I'm involved in a lot of community activities. You often see me volunteering at Canoe Family, drumming and singing and any activity that's going on in the community, I want to be a role model for my kids and my grandkids to follow in my footsteps.

**TOM OATES** [00:14:59]: You know, when we spoke earlier, there was a point where we spoke earlier about getting, you guys were helping me understand how, how you've S'Klallam-ized programs. But Donna said something interesting and I want the audience to listen in on this - when Donna referred to Children Family Services staff, she said, we want to be the fabric of the community. I'm curious, if you wouldn't mind sharing again, what you meant by being a fabric of the community and why that's so important.

**CHERYL MILLER** [00:15:32]: What we've done over the last few years through our child welfare system and the kinship programs that we've had since 2016 is, we're fortunate that we can establish relationships with people within the community. Even though I have worked with Port Gamble for many, many, many years, and Joy has been here for six years and Donna has been here her whole life - we've been able to establish relationships with our families here. We know them all by first name. We also participate in events that give us an opportunity to see them outside of when they come in for services. We've also really shifted our perspective. The child welfare system has historically been somewhat punitive. We have completely shifted that around to, to do, to be proactive and offer preventative services rather than waiting for people to be in crisis to ask for our services. I think that that has led us to be more successful within the community. They know that they can come here for help. And that our

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last absolute last thing we ever want to do is remove the children from their care. We want to give them the tools that they need. We want to support the kinship families so they can sustain the placements. We want to keep children out of foster care.

[00:16:52]: When I first started our caseloads were about 45 kids in foster care. We're down to 15 independencies. So, I think that it was a shift as a whole. And then having an elder - a respected elder - in our, in our working force within the department. Donna can go into the homes a little easier than if we hired an MSW who'd never worked in a tribal community. It's a, it's a matter of trust, it's a matter of respect. And I think that - not that everything always goes smoothly in child welfare because it doesn't. And there are times where the risk is eminent and we have to do a court action. But for the most part, we've been really fortunate that we can work with these families, establish relationships, build some trust, and have a good outcome. And I think by being willing to go to the homes and sit down and have a cup of coffee or tea with them and go over the needs assessment and involve them, too, in their case management. If, you know really, honestly, what do you need to succeed? Because one family's needs are going to be very different than another family's needs. It's the, the old standard of child welfare where everybody does parenting, chemical dependency, and gets a job is out the window. In my, in my view, we have to tailor these case plans and give them the supports that truly benefit people to help them be successful and help them break maybe some of the generational trauma that they have never dealt with.

[00:18:21]: It's a new era. And that's what I think our goal is here, is to provide them with, with any tools that will be helpful so they can be a healthy, successful family. And that only benefits the tribal community. You know, the fabric of the community that you went to - and I really like that Donna initially said that - I think in a way, you know, S'Klallams do weaving and we do a lot of weaving within their regalia, and that is a fabric within the community. But whenever you're part of the community - and I have to say that I've been here for 10 years - and they are such a supportive community. And they're supportive of not only their families, but they're very supportive of their employees. Which I think is why you have the longevity here and not that the turnover that so many tribes experience. And especially with social services, we have to try and keep stability. If you have a new case manager every two years, there's no stability for cases, for the families that the case managers work with. So, I think we really strive to do that. But where I just go with the fabric is all of us, I think, are woven in together with the families and we do create a blanket or regalia. You know, S'Klallam means strong people and that's what this community is.

**TOM OATES** [00:19:40]: You used the word, just recently, used the word help about two or three times. And in terms of compliance first help, that shift. But the bigger shift is - from what I'm hearing - is how you have been able to really be viewed by the community as that they don't necessarily see the child welfare system, they see a person within their community. They see Donna, they see Joy - because they see them in other areas. They see them as part of the community at these events, at these festivals, as volunteers. So, somebody who does come into the home is somebody who you're used to seeing and used to being a part of your community and not only an unknown face from the system. So, that's been, been the shift that I think people want to, want to take a way of looking at the system as partners who are there actually to - as you said earlier - to help. You mentioned, Cheryl, you mentioned that the tribe itself is small. Can you give us a sense of the population size?

**CHERYL MILLER** [00:20:49]: Go ahead, Joy.

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**JOYLINA GONZALEZ** [00:20:50]: I think we're about 14 hundred.

**TOM OATES** [00:20:52]: Okay.

**JOYLINA GONZALEZ** [00:20:53]: A little, a little under that. I think the last time it was 13 something but I do know that we've added more recently, so. But we're under that, under 14 hundred.

**TOM OATES** [00:21:03]: Well, at the beginning of our discussion, Cheryl gave us a sense of all of the programs that fall under Children and Family Services. So, you've not only got this umbrella that I use the term, but you've actually physically co-located many of your public services. And when we were speaking earlier, you used the term 'the campus'. Can you describe the campus for me and, and how that kind of supports a holistic approach to supporting families?

**CHERYL MILLER** [00:21:36]: Sure. Yes. Not only, we have many of the services located right in Children and Families. We have the TANF program, we have the Together for Children, the maternal home visiting. We have child support. The elders' program is right across the parking lot and so is the youth program. We also have a state-of-the-art clinic. We operate our own behavioral health and chemical dependency programs. We have an education department here that helps with scholarships, educational support. They have folks in the school, they do tutoring. We have our own ECE and childcare program located on a campus-like setting. So, it is kind of a one-stop shop for our families, our clients, folks we work with, they don't have to run around to a bunch of different agencies to be able to get the help that they need.

[00:22:34]: We also are really good about coordinating services. I, our Children and Family Services team is truly a family. We work together. We know each other. We don't have a lot of turnover here. Most of the people here have been here six or seven plus years. Some of them have been here 30. So, for a child welfare agency, we do not experience the turnover that many agencies do. And I, I'm not sure what to attribute that to. We try, Port Gamble's a great place to work, but we're really supportive of one another, too. And we all have the same goals with trying to better the community and help the families to be as successful and self-sustaining and have what they need to have happy children, happy families, and to be great members of the tribal community. So, I think it makes it easier to, to achieve services when you have kind of a one-stop shop. And I truly believe that our prevention services and the flexibility with the kinship programs have really helped us expand our services to really look at the needs for and for a small tribal community, we were the first tribe in the nation to get direct IV-E.

[00:23:51]: We were the only tribe in the nation to get the IV-E Waiver Program. And out of that program, we created our S'Klallam Indian parenting program. And also, we did a family group decision-making. So, although we may be small, we are really proactive. We go after a lot of funding and we want to make sure that any services we start have longevity. The worst thing you can do in a community is start good programs and then run out of funding. It's devastating. So, we are always looking at three steps ahead to make sure that if we get a program in here, it has a way to be sustained even if the funding runs out.

**TOM OATES** [00:24:30]: You know, I'm curious - going back to the one-stop shop - how many instances there are where an individual or a family comes to have one need met and then you learn about others and you, you're able to take somebody down the hall or across the street to where someone walked in

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with the expectation or hopefully solving one problem, but now I end up solving more or just kind of that whole upstream services. Is that a common story or am I just kind of thinking a fantasy here?

**CHERYL MILLER** [00:25:06]: That happens all the time because as Donna was talking about when we have our needs assessment on there, we go through there, you know, what services that the family may need. They may need to have, you know, TANF, they haven't signed up for TANF yet. So, we literally, she can walk across the hall and, and help them sign up for TANF and introduce them or give them the card if somebody isn't there or the application, whether it's whatever kind of services that are there. Housing. A lot of times we have a lot of people that are having problems with housing. Our housing department is just right across the way from us, also. They help with getting appliances at times, you know, whatever it is, those little things sometimes that would help our families. We're able to just walk them across. If we're not able to, then we can ask somebody else, you know, if you know, who can they go to or where can we go? Because I know that this person may know a little bit more than I do or I can pick up the phone, I know who to call. I can call the clinic or make an appointment. A lot of times if there is somebody that's needing some help with mental health services, I have the clinic's number. I will call right there with them, make that appointment, walk them over there. And it's just, you know, we're able to do that because it's across the street, you know, it's literally right next door to us. So, and we even have a food bank. We have a food bank that's right there available for us. We all, in our office, have keys to the food bank and can offer people that services, too.

**TOM OATES** [00:26:37]: And, it's also one of those ideas of once a need may be identified saying, Oh good, you should go talk with them in about two weeks. Following up on appointments it's, is really difficult. But actually turning around and saying instead of two weeks, how about two minutes? And let's just walk down the hall.

**CHERYL MILLER** [00:26:57]: And we may lose them, you know, you may lose people that way and they may not go back and ask for that. Or they feel like, oh, well, they didn't really help me, you know, they blew me off or, and we're not, we don't want to be like some of the other services, you know, whether it's community or state where sometimes you do have to do that. They don't have this flexibility that we are, that we have. We can do that. We have that opportunity and know who to talk to. And so, they don't feel like they were blown off or, you know, that we were able to help them right then and there and give them the services that were needed or at least connect that with somebody at that moment.

**TOM OATES** [00:27:34]: You mentioned not everything they fall under the, the one-stop shop umbrella. You operate with multi-disciplinary teams. And so, could you, could you tell me who else kind of is at this, this ever-growing table and how you and your partners are able to maybe share some of the responsibilities and services.? It's easy when everybody's under the same umbrella. But when you've got other partners outside of that, how, how are you guys able to share the, the services and responsibilities and try to avoid any gaps?

**CHERYL MILLER** [00:28:07]: So, we have, one, we have our own internal meeting, meaning in our Children and Family Services. We actually do meet with our program managers on a quarterly basis. So, if we need to arrange or talk about what's going on or what we're offering, you know, the families are different ones, different kinds of services we're able to do that and we share all that information. But on a bigger front, I have which a, an MDT. And so, we meet quite frequently. We meet once a month and it's with our police officers. It's with our wellness center - which includes our mental health and our CD, our chemical dependency group. And then also it's our victim's advocate and our vulnerable adult. And

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so, we all meet on a monthly basis. We talk about whatever, you know, families maybe that are coming up, maybe the police a lot of times, hey, I'm, I'm having this family, these reoccurring calls. And like for example, we had been getting calls about alcohol, you know, whether they're DUIs or somebody was, you know - things like that. I'm seeing a little bit more of an uptick on this, you know, so, what are we going to do as a community, as a group, you know, to address this issue.

[00:29:27]: So, like with that, we did have this conversation about having an uptick on some of our alcohol calls, so, we're going to be doing awareness. So, we're going to be doing, since April is coming up or April was here, we're going to do the Alcohol Awareness Month. We're going to have a town hall meeting at the end of this month. We had a family outing just recently, a family meeting thing that they did on Friday. So, we are addressing those needs and we can do that as a group and come together as a group.

**TOM OATES** [00:29:28]: And, and leverage that proactive nature that you have just to understand what's going on in the community and where can you apply services in an upstream nature? I know folks are only being able to listen, but you can kinda hear the smile of, hey, isn't this the idea that we've all kind of been talking about a little bit. So, so thank you for, for not only what you're doing, but - and we're talking about a 14 hundred population here, but it can be applied with the tools and the techniques and the co-location that we're talking about. So, I want to, Donna, I want to tap your years of experience here and look back. And looking back to when all of these programs kind of first got off the ground. I'm curious to hear from you what you think were the key factors to the successes that you're seeing today? You know, what were some of the things that you guys did right when you started all those years ago?

**DONNA JONES** [00:31:03]: Go ahead, Cheryl.

**CHERYL MILLER** [00:31:07]: Well, I think he'd like to hear your tribal perspective and everything. But I, from my point of view as the director of the programs here, I think that I'm really fortunate, Tom, I have an excellent staff and I don't say that lightly. I have wonderful program managers over each key program. There's a program manager for child welfare which is Joylina. I have one for TANF, for the maternal home visiting, for the elders, for the youth, for child support. And most of them have been here a minimum of six years. Some of them, like I said, have been here 20. We have very little turnover. I think the, the shift of really being preventative and supportive and even how we do all of our child welfare and adding programs that can truly benefit the community have really helped. We also really try and involve the, any of the families, clients, and even the young people who are in the dependency system to participate in their case plan, tell us what you need from us to make you successful. We also do independent living skills for any kids coming out of the foster care system and going into adulthood. We don't want them, we want them to, to not only be successful, we don't ever want to see them as a client within our system. So, we want to give them a good foundation to be successful.

**DONNA JONES** [00:32:26]: I have an answer.

**CHERYL MILLER** [00:32:38]: And now Donna has an answer.

**DONNA JONES** [00:32:42]: First, working as the CB counselor, I was a community member and I got this program state certified so. And then after retiring from there and working in this field, people saw me in a different light than I am a non-threatening person. But the other thing is that we're families working with families. My granddaughter, Sandra, worked with Joylina. Judy that works across the hall, lives

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down the street from me. My daughter is the housing director, and so, if we need help with appliances, I say how can you help us? The attorney that works with us worked with my youngest daughter, Gina, who is our tribal attorney. So, we're family working with family in our community. And I think that's the key. We work together and a lot of us live nearby each other.

**TOM OATES** [00:33:41]: Well, it's supporting your own community. It's being, it's, we talk about like infusing child welfare within the community. Well, if it's created and run by your own neighbors. And I can gather that there's a little, it, it means a little bit more when it's your neighbors, doesn't it?

**DONNA JONES** [00:34:02]: Yes. And then with our first parenting group we did like six, seven years ago, we had 16 people in that group. 14 graduated. And from that, they started their support group. They would meet and have coffee at the store on top of the hill. They'd meet and talk with each other. They became their own support system as parents with other parents sharing the same problems and discussing how to help each other. And I think that was one of my most heartwarming experiences, is having that.

**TOM OATES** [00:34:43]: Well, it's about neighbors, right? We talked about it and Cheryl mentioned the word help and, and we're not trying to, to go in there and, you know, check a box. The work can be long, but work can be tiring. But when you understand and maybe have a connection to it. And this is something that, you know, Joy, you'd mentioned and, Donna, you had mentioned - folks are, you know, a fabric of the community. And so, that's what kind of keeps, keeps it strong together. But, Cheryl, we've painted a wonderful picture here. But clearly you had mentioned the numbers for who is in care have decreased, well they were at a higher rate before. So, when looking back a little bit, what would you advise somebody if they were in that similar situation back then to maybe do differently?

**CHERYL MILLER** [00:35:35]: I think switching to more outreach with preventative services to try and help people before it gets into a crisis situation. And I think you can do that by establishing trust within the community. People who need help that maybe grew up in foster care and now have their own families and are still dealing with some of the trauma that they had through their own childhood, you need to try and break that cycle and establish some trust. I think that you have to look at that, what the real needs are. For a lot of years, I worked at the state system way back in the nineties and everybody kind of had the same case plans, which was not functional. So, what's a stressor and a crisis to one family may not be the same stressor or crisis to another family. So, I think evaluating every family's needs individually is, is a better way to do social work overall.

[00:36:40]: And I think that also with the different funding sources that we've been able to secure, have allowed us flexibility with providing the services. As you know, tied to so many grants, whether they be federal or state, there are criteria. If you don't fit into that little box of that criteria, that funding source can't help you. Without resources, we cannot help the families. And we have been able to - especially with our kinship programs - think outside of the box and really do some excellent supportive services. So, I think that all of those, all of those factors have contributed to why we have been successful. And we, we meet quite often and think of ways that we really can help the community, support the community and do a whole shift to just healthier families.

**TOM OATES** [00:37:38]: One of the things we first talked about was how you revise the needs assessment and focus that needs assessment on the people that you are serving. And so that's, that's

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understanding part of that community and trying to be, well, as creative or as much of you have to put your detective hat on to find the funding sources to help meet those needs.

**CHERYL MILLER** [00:38:03]: Right and the initial assessment was so incredibly long, I wouldn't have filled it out. And it was, yes, it was really invasive. And some of the questions were just not relevant to what they wanted the outcomes to be. In order to get people to participate, you can't give them a 40-page document, ask them every nook and cranny of their life and expect them to willingly fill it out. In fact, we did a couple test runs and two of our families wrote none of your business on it. That's not the kind of data we want to collect. Although, I would have probably written the same thing. I don't think we needed to know some of the questions that were on there. So, we did work with Angelique Day from the University of Washington to make it more family friendly, user-friendly, and not be so invasive. I mean, you're working with families who we already know a lot of their intimate details. We don't need to know everything and we want to really get good information out of those surveys and also do a really good needs assessment. So, we had to switch it around or we would have gotten nothing.

**TOM OATES** [00:39:13]: It also shows how you present yourself to a family of are we going to work with you or do I, do I need to know all of these things and that can instantly put somebody on the back foot, so to speak, to where you'll get a response that says none of your business or using other words that would that would convey the same meaning. But what I, I do appreciate hearing about just the way you've created the community. Both become a fabric within the community, created a community of services, as well, that help support those kinship caregivers, those families and being to a level where they see you as - there, again, the word I'll use over and over again - as, as there to help and to where like, they'll welcome Donna into their homes. And I want to, you know, Cheryl Miller, Joy Gonzales, Donna Jones, guys, I want to thank you so much for sharing your experiences with us, with our listeners and taking the time to demonstrate the work that you're doing here on the Child Welfare Information Gateway podcast. Guys, thanks so much for your time.

**CHERYL MILLER** [00:40:31]: Thank you, it's been a pleasure.

**DONNA JONES** [00:40:33]: Bye, bye.

**TOM OATES** [00:40:35]: While we know not every child welfare or human service department can replicate everything that's happening with Cheryl Miller and her team, I think there are ways that agencies can - and are - looking at what's happening in the neighborhoods or regions and attempt to join in, not solely as child welfare professionals, but as members of the neighborhood, members of the community and work to mitigate or eventually erode any adverse perceptions. Perhaps areas like co-locating services and creating relationships among various service providers can improve how kinship families are connected to and access supports. Lots of great takeaways from that conversation. Well, if you head over to [childwelfare.gov](http://childwelfare.gov), search 'podcasts' for this episode's webpage, we'll have links to other resources surrounding working with kinship families, partnering with tribal agencies and communities, and other episodes of this series examining advances in supporting kinship caregivers.

[00:41:35]: Now if you are seeking tools to provide families, laws and policies surrounding child welfare, resources or contact information for related organizations in your state or backyard, visit [childwelfare.gov](http://childwelfare.gov). Or you can reach out to our team of information specialists dedicated to supporting your search for resources to help your work. Just reach out to [info@childwelfare.gov](mailto:info@childwelfare.gov). My thanks again to the team from Port Gamble S'Klallam tribe - Cheryl Miller, Joylina Gonzales, and Donna Jones. Thank

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you also for being a part of our community as we continue to pull apart ways to increase the support and strength for families caring for relatives. It's been an interesting series so far. So, lookout for more to come right here on the Child Welfare Information Gateway podcast. I'm Tom Oates. Have a great day.

**FEMALE NARRATOR** [00:42:30]: Thanks for joining us for this edition of the Child Welfare Information Gateway podcast. Child Welfare Information Gateway is available at [childwelfare.gov](http://childwelfare.gov) and is a service of the Children's Bureau, U.S. Department of Health and Human Services Administration for Children and Families. The views and opinions expressed on this podcast do not necessarily reflect on those of Information Gateway, or the Children's Bureau.