



Warmlines: key features and lessons learned

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Introduction

From April to June 2025, the Bloom Works Prevention Learning Collaborative team, funded by the Doris Duke Foundation, began a project exploring warmlines as a tool to prevent child welfare system involvement, reduce reports to hotlines, and connect families to prevention services.

This first stage of work focused on describing the different configurations of warmlines, their audiences, key features, and components.

Methods

We mapped 15 warmlines from across the country and spoke with 31 leadership and staff responsible for the design, development, operations, and fielding phone calls. We asked participants what they had learned while setting up warmlines. This is a condensed summary of what we learned.

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Warmline components

Warmlines varied. All the warmlines we mapped had 2 core components (information and connection to prevention services), and some warmlines also had additional components (emotional support, reporter consultation, and screenout redirects). We've defined the 5 components below. For a more detailed, visual breakdown download our [component map here](#).

Information and connection

Present in all warmlines we mapped, this component provided information about and routes to connect families to relevant services, sometimes including navigation and case management.

Prevention services

Present in all warmlines we mapped, this component made prevention services available to families through various providers including government agencies, contracted providers, community-based organizations, or mutual aid networks. Providers offered various services and resources including:

- Housing and shelter assistance
- Rental and utility assistance
- Concrete goods
- Food
- Benefits navigation
- Case management
- Peer support
- Coaching
- Education
- Training
- Behavioral health or therapeutic programs
- Homemaking services

Emotional support

This component provided emotional support to family callers in addition to core components of information and connection to prevention services.

Reporter consultation

This component provided consultations to reporters calling to hotlines to help guide them in determining whether a report is necessary and what other kinds of support or services could be useful for a family.

Screenout redirects

This component redirected hotline callers to information and connection to prevention services after reports had been made, but were screened out.

Lessons learned from establishing warmlines

Development and planning

Warmlines are only as good as the existing resources available. The greatest needs families have are housing and shelter, rental assistance, utility assistance, and concrete goods, which need to be in the service network before investing in navigation. One warmline leader said:

“It’s the relationship that the staff also have with other community partners that can also support the family. And why that’s important is that we don’t have all the resources, ideas, you know. We’re only as good as the community.”

Building an ecosystem map can identify community partners who work with families. It can also identify existing resources to prevent creating service duplication.

Brand awareness and trust may impact where to house the warmline. Child welfare agencies should consider their reputation and history when making these decisions.

Braided funding sources may help sustainability. Warmlines explored various funding sources including state funding, Medicaid, FFPSA, and philanthropic grants.

Co-designing with community

Co-design is a culture shift that requires sharing power, repairing harm, and listening to challenging feedback. It requires meeting people where they are and a willingness to adapt and change your plan based on community input. One warmline leader shared:

“The community was going to decide what they wanted to talk about. The community was going to talk about how our agency has created trauma in their lives and how we have to change the narrative and the perception people have of our agency, in terms of, we are known to just take your children from families.”

Co-design takes time. Planning could last 1–3 years, and is an ongoing commitment.

Advisory teams with lived experts, providers, and mandated reporters are integral. In one case, a jurisdiction kept some committees active long-term, providing capacity building and creating roles to join a street outreach team.

Staffing and training

Warmline goals determine what staffing and training is required. Lines offering consultation leaned toward staff with experience in child welfare safety and risk assessments. Family-centered lines may benefit more from lived experts or peers focused on active listening, crisis deescalation, coaching, and navigation.

Pairing lived experts with clinical experts helps address skill gaps. Especially for supervision, decision escalation, and debriefing, clinical staff paired with lived experts can be a strong combination. One warmline staff said:

“You have to find the right person. I could see a casework heavy team doing well as much as I can see a heavily lived expert team doing well. But they have to have something directing them in the areas that they might inherently be weak.”

Hiring for lived expertise may involve reevaluating hiring policies that require formal education or experience, and slowing down the hiring process.

Customer service distinguishes warmlines from CPS, and involves following up with families and reviewing calls to understand impact and improve service quality.

Awareness and engagement

Training community partners is a way of educating community partners and reporters.

Audience-segmented ad campaigns can be more helpful than mass campaigns. Targeting outreach to families, education professionals, health care professionals, law enforcement, and family resource centers may yield better results. One warmline staff shared:

“Bus ads. You would think that bus ads would be great. We spent thousands of dollars on bus ads and never got a single call from them. The flip side is if you spend any time talking to public health nurses, you’re going to get calls.”

Disclosure of a warmline’s relation to child welfare helps build trust. This is a consideration for call intake as most staff are mandated reporters as well as when conducting outreach for screened out reports.

Engaging families works best when they are brought along by supporters. One warmline leader shared:

“Our success rate of engaging [families] in at least one contact was somewhere around 78%. You don't get that if the family doesn't know what's happening, you're not going to engage families.”

Tooling and technology

Test decision guides and phone menus with callers. Program lists can be confusing if the service isn't clearly explained or if menu options are not in numerical order.

Frequent provider changes makes updating information challenging, whether using inhouse or third party platforms (e.g. FindHelp, InformUSA). AI voice tools such as Google's tool Ask For Me could automate this in the future. One warmline staff said:

“It is the hardest thing we do. Shall I say it a couple more times? Oh my God. Trying to keep track of what's open, what's not open. Who do you call to get the services?”

Tracking data and outcomes

Develop data retention policies to consider what information is required to track need to deliver supports while also ensuring you are not increasing surveillance of families.

Keep caller data from consults separate from hotline records. For screenout redirects, determine what data stays in the hotline record and is shared with the warmline.

Plan when and how to ask families demographic questions, and consider doing this throughout the course of a call to allow for rapport-building before invasive questions. One warmline staff put it this way:

“If you start asking all the usual demographic questions, a lot of times people just, they, either shut down or they hang up. Right. So what we've learned is to try to keep it very light at the beginning and then collect data organically across time.”

Gather service improvement data such as satisfaction surveys and texts, as well as conducting follow-ups on warmline and service experiences.

Consultation may result in an increase in screen-in rates since fewer reports are made and fewer screenouts get reported. Look at raw screen-in numbers, not just rates.

Don't rely on screenout redirects as a sole strategy for prevention since state registries tend to retain data on all reports made.

It may be too early to know the impacts warmlines have on CPS reports. Shifting the reporter to support culture takes time, legislative change, and a shift at the community level to get families what they need. However, one evaluated warmline found a community-level effect, which is a very positive indication:

“At the community [level] the major one was just improved child safety, decreased foster care entry, and decreased child welfare involvement. I think it’s typically really hard to find those kinds of outcomes.”

If you have thoughts or questions send us a message at prevention@bloomworks.digital.