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Casey Family Programs and Chapin Hall Community Pathways Convening 2025

Summary Notes & Key Takeaways

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These authors contributed equally to this work.

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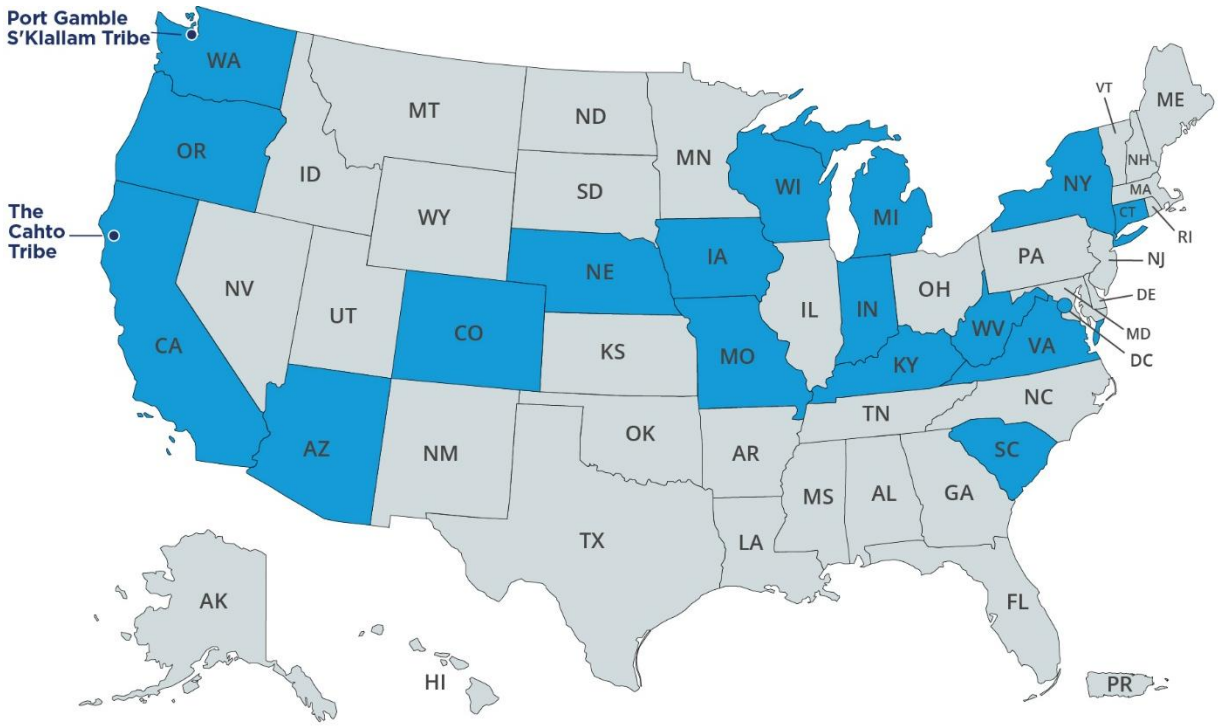
Convening Overview & Participants

This report is an outgrowth of the July 2025 Community Pathway Convening hosted by Casey Family Programs and Chapin Hall in Louisville, Kentucky. It shares key takeaways from the presentations and discussions at the Convening and explores opportunities, lessons learned, and considerations that were identified as jurisdictions across the country design and implement Family First community pathways. This report highlights innovations that were identified and provides recommendations to strengthen collaboration between child welfare, community agencies, and individuals with lived expertise.

Nearly 80 people joined the Convening, including lived experts, child welfare leadership, and policy experts. The following jurisdictions were represented:



Welcome & Introductions

The Convening opened with reflections from Amanda Body, Director of Kentucky's Division of Prevention & Community Well-Being; Margie Hunt, Senior Director of National Partnerships at Casey Family Programs; and Dr. Krista Thomas, Senior Policy Fellow at Chapin Hall.

- The Convening hosts underscored the opportunities and challenges facing child welfare leaders in the current climate.
- While national foster care placements continue to slowly decline, uncertainty around ongoing funding cuts makes cross-jurisdictional collaboration more critical than ever to sustain progress.
- The session framed the Convening's goals, which were:
    - to foster collaboration and peer learning across states;
    - strengthen prevention infrastructure and financing;
    - showcase Family First–aligned community pathways;
    - elevate ethical strategies for data sharing and privacy;
    - highlight models that meaningfully integrate lived expertise; and
    - identify opportunities to leverage warmline models.
- The opening remarks grounded the Convening in both urgency and optimism, inviting participants to meaningfully engage in charting the future of prevention.

Opening Remarks & Context Setting

Presenters: Miranda Lynch-Smith (Chapin Hall), David Hansell (Casey Family Programs)

Miranda Lynch-Smith, Chief Strategy Officer at Chapin Hall and former Deputy Assistant Secretary for Planning and Evaluation - Human Services Policy at the U.S. Department of Health and Human Services (HHS), opened the session by calling on child welfare leaders to recommit to finding innovative solutions within Family First policy, and leaning into lessons learned. She noted that jurisdictions can continue to seize the momentum of the 44 states and four Tribes that have Title IV-E Prevention Plans approved. Though fewer jurisdictions have community pathways in place, many are looking to learn from how the teams at the Convening got started. She emphasized that state and Tribal leadership can continue to demonstrate persistence and innovation, while communicating a vision that others can learn and build.

David Hansell, Senior Advisor for Child Welfare Policy at Casey Family Programs and Former Commissioner for the New York City Administration for Children's Services (NYC ACS) reminded the attendees that Family First remains a federal entitlement which continues to hold great opportunity for positive change. Hansell noted that when he was the ACS Commissioner in NYC, they built primary prevention pathways before they had the framework and vocabulary to talk about what families need to prevent child welfare system involvement. Developing community pathways and focusing on economic and concrete supports has provided a clear vision to address families' needs, and Family First has provided a funding stream. Hansell concluded by encouraging leaders to think outside the box about where the opportunities are to move the prevention work forward, and to use all the resources that are available.

Innovations Identified

During the Q&A portion of this discussion, Lynch-Smith suggested that leaders should continue to "write the policy playbook" and work to concretely communicate about the challenges and opportunities they face. She encouraged participants to be flexible in their language but stalwart in their commitments to effectively engage families in the prevention services needed to promote child safety and family stability. She elevated the balance between incorporating required legislative language in case planning infrastructure and the language needed to build trust and effectively and respectfully partner with families in assessment conversations and service provision. Federal policies are going to evolve with time and leadership changes, but states and Tribes should stay focused on their goals and advancing their strategic direction without self-imposing limitations that have not been communicated via federal policy interpretation or implementation guidance.

Presentation: Integrating the Community Café Model into Family First CQI Efforts

Presenter: Leanne Heaton (Chapin Hall)

Leanne Heaton, Research Fellow at Chapin Hall, presented on the Community Café participatory research method for data collection. This method can be used to integrate community and lived expertise in the codesign and CQI process of community pathways. Community Cafés are used as part of the formative evaluation that Dr. Heaton's team at Chapin Hall is leading for the Doris Duke Opt-In for families initiative. Adapted from the World Café participatory method, Community Cafés are used to support inclusive, community-led data collection and decision making. Unlike traditional researcher-led focus groups, Community Cafés are intentionally participant-led to create a welcoming, informal environment where power dynamics are addressed and community voices are prioritized. A respected local figure typically serves as the emcee and community members with lived experience are invited to be table hosts. Community Cafés are typically more expensive and time consuming than standard focus groups because they include compensation for participants and provide meals, child care, and transportation. However, these cafés provide a space where community members can meaningfully engage and shape an approach from problem generation to implementing a solution.

Dr. Heaton shared findings from the Community Cafés that were conducted with caregivers impacted by the child welfare system in two Opt-In sites. Participants spoke to common challenges they experienced when engaging in services, including financial hardship and barriers to support access, such as lack of transportation, stigma around asking for help, and strict program rules.

Dr. Heaton also presented the following effective family engagement strategies that were identified at the Community Cafés:

- Outreach must come from the community, not child protective services
- Use direct and targeted outreach. Try multiple ways and keep trying; community events in public spaces are helpful
- Build trust by providing immediate tangible supports (for example, food vouchers, box of goods)
- Navigation support is critical for families: Fear and stigma are major barriers and families need someone to "walk beside" them to access needed services.

Figure 1. Findings from Community Cafés

Innovations Identified

Jurisdictions can use Community Cafés as part of their Family First CQI process to identify and understand drop-off points for families in engaging and completing prevention services.

Panel Discussion & Table Talk: Engaging Lived Experts in Family First

Facilitators: Kris Isom (Casey Family Programs), Krista Thomas (Chapin Hall)
Presenters: Theda Simpson-Mosby (Kentucky), Amanda Body (Kentucky), Leanne Walsh (Oregon), Mary Geelan (Oregon)
Table-talk facilitators: Janay Eustace (California), Samaris Rose (Connecticut), Dr. Bruce Purnell (Washington, DC), Michael Davis-Thomas (Michigan), Jennifer Justice (Washington State), Theda Simpson-Mosby (Kentucky), Leanne Walsh (Oregon)

The Lived Expert & State Lead Panel discussion included representatives from Kentucky and Oregon.
The Kentucky team included:

- Theda Simpson-Mosby, FPSS/Lived Expert (LEx)/Program Coordinator for the Division of Prevention and Community Well-Being
- Amanda Body, Director of the Division of Prevention & Community Wellbeing

The Oregon team included:

- Leanne Walsh, Lived Expert (LEx)/Program Manager at Next Step Mentoring
- Mary Geelan, Family First & Integrated Policy Manager

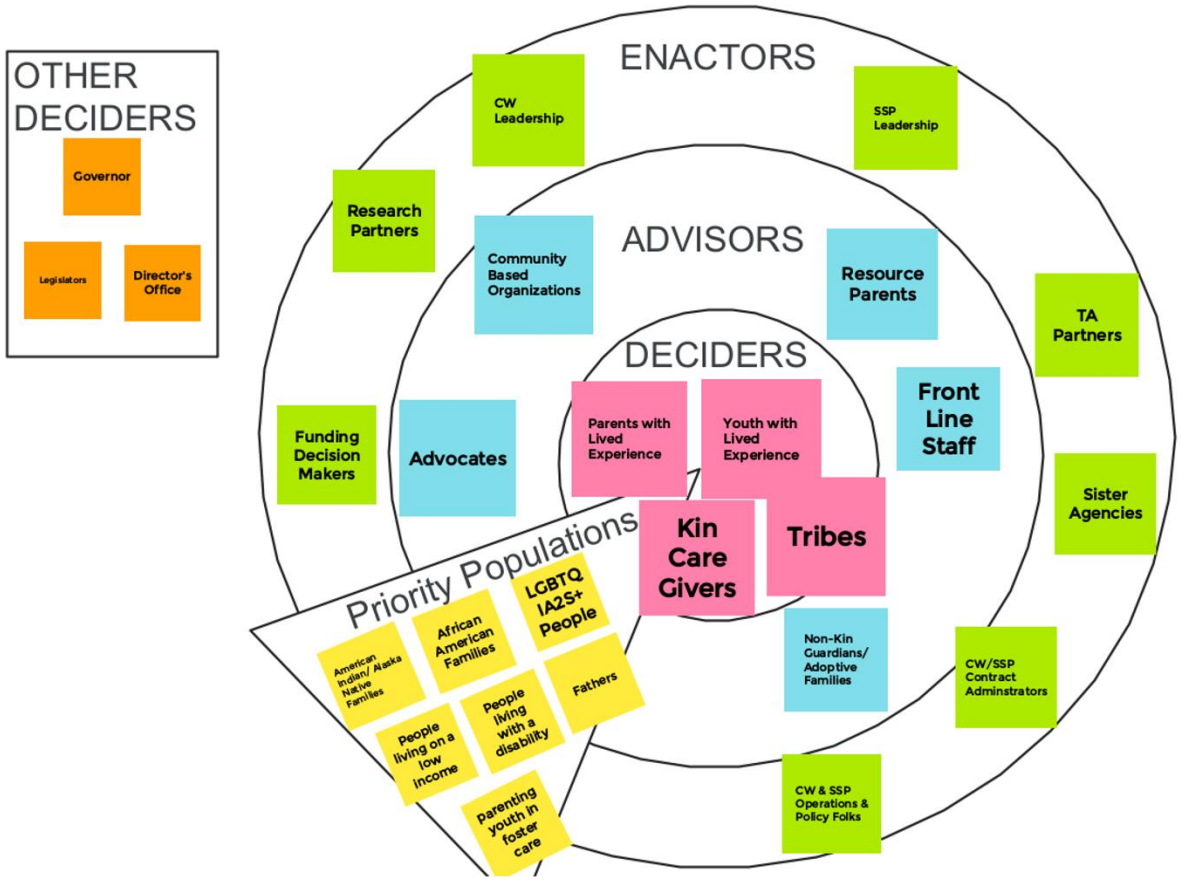
The group focused on how Oregon and Kentucky have developed successful partnerships with lived experts to ensure their perspectives are meaningfully engaged in community pathway design and implementation.

Kentucky has integrated lived experts into multiple phases of decision making, including the Participatory Action Research program development. This helped to foster trust with lived experts and validate their experiences. The team emphasized that investing in lived experts is a cost-saving strategy as they learned what works for families and avoided ineffective programs. The team communicated this strategy to the state legislature and other funding bodies to support ongoing investment. Theda Simpson-Mosby noted that though at first she felt some imposter syndrome when she joined the team, she was respected from the start of their partnership. Her work turned into a paid position with the agency.

In her role, Theda Simpson-Mosby serves as a trusted advisor within Kentucky's Division of Prevention and Community Well-Being, mentoring other lived experts and serving as a bridge between the agency and communities to ensure that family and community voices meaningfully shape prevention policy and practice. She coordinates prevention and family support activities across programs like the Kentucky Transitional Assistance Program (KTAP), Medicaid, and FFPSA, supporting data sharing, training, implementation, and monitoring of eligibility and compliance to strengthen access to timely, voluntary services.

Oregon emphasized that their community pathway codesign efforts included a diverse team— lived experts, representatives from Tribes, and frontline staff— and led to rethinking core concepts like "imminent risk" and prioritizing earlier access to services. In Oregon's model, lived experts and Tribal representatives own the decision-making and veto power, community-based organizations and front-line staff serve as advisors, and child welfare leadership is an enactor (see Figure 2 below). Mary Geelen explained that some of the approaches Oregon is taking with their community pathway design differ from what the agency leadership would have chosen because it has been developed by the community.

Figure 2. Oregon Family First Decision-Making Structure



It is important that lived experts were involved since the beginning of the design process and the agency team offered a safe space to collaborate, Leanne Walsh added. The lived experts were not just given a seat at the table; their perspectives were the focus of each meeting. She reflected that when parents who are involved with child welfare begin to make progress on their goals, they become more self-aware and open to change. She has observed a similar transformation at the agency—the progress on Family First is obvious because there is greater self-awareness and openness to doing things differently. She encouraged everyone to learn to be comfortable with discomfort; growth happens at that intersection.

Key Takeaways

Both states highlighted the need to involve lived experts from the start of the process and to offer multiple engagement methods (for example, anonymous feedback or paid roles).

Table-talk Discussions

After the panel discussion concluded, lived experts from **California, Connecticut, Washington, DC, Michigan, and Washington State** led table-talk discussions with state and Tribal leaders. Across teams, the lived expert leaders shared their experience with the efforts underway to meaningfully engage families in child welfare systems by improving hiring practices, compensation, communication, and decision-making structures. Below are a few highlights from these table-talk conversations.

- The table led by California lived expert Janay Eustace noted that the CA agency is investing in peer support networks and hiring lived experts within state and Tribal government systems while emphasizing flexible community engagement. They want to create community venues where voices can be heard and engaged. The teams were enthusiastic about learning more about the Community Café research model.
- The table led by Connecticut lived expert Samaris Rose focused on creating sustained, participatory parent advisory groups, providing compensation to lived experts, and using trauma-informed approaches to support continued involvement. The team asked: "What is the best way to recruit parents who had previous child welfare involvement?" Samaris and others suggested that offering help by providing cash or concrete goods may be an effective strategy. Follow up is very important to lived experts. They like to be kept updated on next steps, be informed if/how their stories are being shared, and have opportunities to share feedback on their experience being part of the group. In addition, if lived experts share their story, be mindful to ask how they are feeling after sharing it.
- The tables led by Michigan lived expert Michael Davis-Thomas, Washington, DC expert Dr. Bruce Purnell, and Washington State expert Jennifer Justice noted that the jurisdictions at their tables were prioritizing partnerships with community-based organizations. Jurisdictions were also using lived experts in policy and communication roles, while emphasizing a shift away from CPS-centric models. States like Kentucky, Oregon, West Virginia, and Wisconsin highlighted the need to fund smaller community-based organizations as bridges between families and child welfare agencies while moving away from rigid evidence-based practices from which communities feel excluded.

The team from Washington State shared that their focus is on building trust through continuous feedback loops and community-hosted meetings without child welfare agency branding. The team emphasized shifting the role of lived experts from being on display to actively leading, while ensuring transparency and emotional safety in engagement processes.

Innovations Identified

Jurisdictions can consider claiming Title IV-E reimbursement for administrative costs related to integrating lived experts into their IV-E prevention program. This could include Family First-related positions within the Title IV-E agency as well as compensation and support provided to lived experts participating in Family First efforts.[1] Because the lessons learned, decisions, and improvements directed by lived experts are all for the benefit of the Family First prevention plan and community pathway, these investments are allowable expenses that should be reimbursable through administrative claiming.

[1] Administrative costs can be claimed for the "proper and efficient administration of the Title IV-E prevention programs" and include "activities to develop necessary processes and procedures to establish, revise, and implement the provision of prevention services for eligible individuals, policy development, program management and data collection and reporting." (ACYF-CB-PI-24-11, December 20, 2024)

Gallery Walk: Peer Learning on Innovations in Family First Community Pathways

Facilitator: Yolanda Green-Rogers (Chapin Hall)

Leading up to the Convening, all teams were asked to prepare a one-page overview of their community pathway by highlighting a "rose, bud, and thorn" of their jurisdiction's design and innovations.[2] These 1-pagers were printed into posters and placed around the meeting conference room. During the Gallery Walk session, leads from each jurisdiction were situated at stations around the room and provided a brief overview of their "rose, bud, and thorn" to participants who rotated through different stations.

This session, led by Yolanda Green-Rogers, a Senior Policy Analyst at Chapin Hall, facilitated deeper connections across states and Tribes as leads shared their innovations and lessons learned. Participants were able to ask specific questions about their community pathway design. The following are commonalities across jurisdictions from this poster session:

Figure 3. Rose, Bud, Thorn Themes

ROSE	BUD	THORN
• Ongoing collaboration with community partners, lived experts, and state agencies • Expanding services to more geographic areas • Implementing new community pathways • Improving referral processes and family engagement • Claiming IV-E funds, using state budget dollars, working to maximize revenue	• Developing new strategies to protect and manage child welfare and prevention data • Learning with and from other states through convenings and learning cohorts	• Limited staffing and funding • Struggling to meet the federal requirements needed to claim IV-E reimbursements • Families declining services due to concerns around data sharing and privacy • Service providers' and families' lack of awareness of community pathway options

[2] A "rose" was defined as success or positive example of the community pathway design/implementation; a "bud" was defined as a new idea that is blossoming with the community pathway or something the team was looking forward to learning; and a "thorn" was defined as a current challenge or barrier that the team is facing in pursuit of Family First or community pathway goals.

Innovations Identified

Numerous innovations in community pathway design and implementation were identified during the Gallery Walk session, including:

- Integrating Motivational Interviewing into existing practices within community-based organizations, partner agencies (such as self-sufficiency/TANF), or Family Resource Centers. (Example jurisdictions: Washington, DC, Missouri, Oregon).
- Engaging home visiting evidence-based programs like Healthy Families America, Parents as Teachers, and Nurse Family Partnership to develop a pathway focused on an Evidence-Based Practice (EBP). Jurisdictions are aligning their Family First candidacy definitions with the EBP's target population and using the program's assessment as the child-specific prevention plan. (Example jurisdictions: Indiana, Arizona, Michigan, South Carolina).
- Engaging the federally directed Plan of Safe Care model by integrating Motivational Interviewing into the family navigator position making referrals to Family First home visiting EBPs or engaging administrative claiming opportunities. (Example jurisdictions: New York, Washington State).

Panel Discussion: Leveraging Warmlines to Strengthen Community Pathways

Facilitators: Katie Rollins (Chapin Hall), Nicole Yohalem (Casey Family Programs)

Panelists: Moira Flavin (New York City), Lisa Bolling (New York City), Morgan Welch (Washington, DC)

The panel on leveraging warmlines highlighted how jurisdictions are using this model to reduce barriers to voluntary prevention services and create new entry points into community-based supports. Leaders from New York City and Washington, DC shared approaches that address both technical challenges, including referral tracking and digital infrastructure, and adaptive challenges, such as shifting the mandated reporter mindset away from "when in doubt, report." In both cities, warmlines are designed to serve as a front door to a seamless continuum of care across health and human services, supported by Motivational Interviewing as a foundational engagement strategy.

Washington, DC's *Keeping DC Families Together* initiative integrates 211 with five community-based organizations and incorporates proactive outreach: call center staff make up to three contact attempts with families screened out at the hotline, followed by in-person support within 15 business days if needed. The city also invested in promotional strategies, including a new website and community-facing materials, to build awareness and created an error-checking process to ensure service directories stay up to date.

New York City's *Prevention Support Line* similarly functions as a gateway to prevention services regardless of insurance coverage, connecting families to a network of over 130 programs serving 15,000 families annually. To increase intake, the line is embedded into existing city infrastructure and relies on warm handoffs to prevention providers until a family is successfully connected. To ensure accuracy, NYC maintains its service directory through a dedicated staff process, using a cloud-based spreadsheet and database system and routine checks to keep listings current.

Innovations Identified

Both Washington, DC and New York City emphasized the central role of lived experience and community engagement in shaping service design. A successful warmline requires a clear strategy for meeting families' material needs (for example, providing rental assistance, utility assistance, etc.) since many calls are driven by economic stressors. To sustain effectiveness, it is important to recruit and support staff with social work training and lived expertise, provide ongoing onboarding and debriefing support, and leverage technology platforms (such as FindHelp in NYC) that enable reliable closed-loop referrals.[3] Finally, both cities recommended a phased approach: start with navigation functions, build strong referral pipelines, and then expand to more intensive follow-up and case management as capacity and funding grow.

Breakout Rooms: Protecting Family Privacy in Community Pathway Implementation

Facilitators: *Yasmin Grewal-Kök (Chapin Hall), Jen O'Brien (Chapin Hall)*

Presenters: David Reed, Ashley Purdue, Hannah Robinson (Indiana), Trish Mantey (New York City), Nancy Rostoni (Michigan), Ken Mysogland (Connecticut)

Participants had the opportunity to join two breakout discussions focused on the promise and complexity of building trust and protecting family privacy in community pathway implementation while meeting Family First reporting requirements.

In one breakout session, Indiana, New York, and Michigan shared strategies for balancing data sharing with confidentiality while providing home visiting services via community pathways. Jurisdictions leveraged technical strategies for protecting data privacy as well as policy and practice strategies like carefully limiting access to prevention data to a limited number of individuals.

[3] A closed-loop referral is a process in which a service provider not only makes a referral to another provider or resource but also receives confirmation that the referral was completed and services were received. This ensures greater accountability and continuity of care.

- **Indiana's** Healthy Families program uses Enlite, a Salesforce-based data platform developed for prevention services, to manage home visiting data. Enlite operates separately from the state's child welfare information system, and only data required for Family First reporting are extracted through secure file transfers and matched to child-level identifiers in the child welfare database. Access is limited to a small prevention team and a few IT and data staff. In the future, Indiana is considering connecting Enlite directly to its new Comprehensive Child Welfare Information System CCWIS via a firewall. To ensure transparency, families participating in home visiting services must sign a detailed consent form stating that the Department of Child Services funds the program and has access to required data. Lived experts have been engaged throughout design and implementation, particularly in shaping family-facing consent language.
- In **New York**, families participating in Healthy Families America are assigned a unique identifier through the state's welfare management system, which is also used for TANF, SNAP, and other benefits. The state created a bridge to this identifier so that the child welfare eligibility team can confirm Family First eligibility without accessing any underlying case information. All data is housed in an external management information system, where only the identifier is stored and accessible to staff with limited eligibility. This approach allows the state to meet federal claiming requirements while safeguarding family privacy.
- **Michigan** records data on families participating in home visiting programs directly within its SACWIS system, but limits entries to the information required for Family First reporting, excluding case details or program goals. Because many participating families have no prior child welfare involvement, the state codesigned consent flyers with parents to clearly explain what data are shared with child welfare and to guide a transparent engagement strategy.

In the second breakout session, participants learned about strategies to address the Family First reporting requirement of assigning an Adoption and Foster Care Analysis and Reporting System (AFCARS) ID to children whose families are engaging in prevention services via a community pathway. This breakout room featured leaders from Connecticut and Indiana.

- **Connecticut** stores data on community pathway cases in a portal called the Provider Information Exchange (PIE), which is accessible only to a small group of DCF program leads and data scientists. To generate AFCARS IDs for children without prior child welfare involvement, the state uses MultiVue, a master data management tool that performs nightly matches between PIE and the state's child welfare system. If a child is new to the system, MultiVue creates a new identifier; if the child has prior involvement, it links the record to their existing ID. This ensures that records remain consistent across systems without exposing case details. Families engaged in community pathway services are informed of this process; those who opt out of data sharing may still receive services through alternative funding streams.
- **Indiana** employs a "bridge table" approach that links Enlite IDs with AFCARS IDs while keeping prevention and child welfare data systems distinct. Data from Enlite (the Salesforce-based prevention platform) are exported in secure files and matched against the child welfare database. If a child already exists in the system, the bridge table ensures the record connects to the existing AFCARS ID; if not, a new identifier is created. This process relies on both automated matching and manual verification by prevention and IT staff to avoid duplication and maintain accuracy. Access to the bridge table is limited to a small number of prevention and data staff, reinforcing privacy protections.

Innovations Identified

Master data management for prevention services

Connecticut uses MultiVue to perform nightly automated matches across systems, creating or linking identifiers without exposing case details.

Opt-out options with service continuity

In some jurisdictions, families who decline data sharing can still access services through alternative funding streams, ensuring access isn't contingent on consent.

Bridge table for privacy and accuracy

Indiana uses a "bridge table" approach linking Enlite IDs to AFCARS IDs while keeping systems distinct, combining automated and manual checks to prevent duplication.

Controlled system access

A few jurisdictions specify a very limited number of child welfare staff that can access prevention data, primarily prevention staff and data staff.

Family-facing transparency

Jurisdictions discussed the different strategies they took to explicitly inform families of how their data is being stored and used.

Presentation & Panel Discussion – Sustaining Prevention: Innovative and Integrated Funding Strategies

Facilitator: Rebecca Jones Gaston (Rebecca Jones Gaston Consulting)

Presenters: Jenny Thornhill (Kentucky), Alex Briscoe (Public Works Alliance), Andrew Johnson (Corporation for Supportive Housing), Aprille Flint-Gerner (Casey Family Programs), Mary Geelan (Oregon)

State Innovations (Kentucky & Oregon). Kentucky and Oregon highlighted how state agencies are pushing forward prevention financing strategies despite federal uncertainties.

- Kentucky's Division of Prevention and Community Well-Being, created in 2022, has doubled prevention spending and helped reduce out-of-home care entries by more than 1,600 children since implementing Family First reforms. While its community pathway plan is still pending federal approval, Kentucky is already blending Title IV-E, TANF, state general funds, Medicaid (for evidence-based practices such as Multisystemic Therapy), and one-time federal relief dollars from the American Rescue Plan Act, alongside philanthropic partnerships (Doris Duke Foundation, New Allies) for its prevention efforts. These funding streams support a broad set of community-based strategies, including safety net concrete funds, parenting engagement meetings, and library collaborations, all of which embed prevention within everyday community life. Kentucky has also elevated lived expertise, making the case to legislators that investing in family voice and community partnership strengthens both outcomes and fiscal sustainability.
- Oregon has placed Tribes and people with lived experience at the center of its prevention financing strategy, engaging them as decision-makers in the design of the state's Title IV-E Prevention Plan. Rather than limiting their role to consulting, Oregon has given these partners real authority to shape priorities, align funding streams, and identify barriers to access. The state has paired this community-driven approach with interagency agreements to strengthen cross-departmental investment.

Housing. Presenters elevated housing stability as being foundational to family well-being, with Andrew Johnson, Corporation for Supportive Housing CSH, urging states to embed housing expertise within child welfare teams. Innovative strategies included creating flexible, multi-year funding pools to seed new housing–child welfare models, embedding housing liaisons and interdisciplinary teams within child welfare agencies, and leveraging federal tax credits to expand affordable housing. Ohio's innovation of prioritizing child-welfare–involved families for low-income housing tax credits demonstrates how existing federal mechanisms can be repurposed to target vulnerable populations. Special-purpose vouchers, such as Family Unification Program (FUP) and Foster Youth to Independence (FYI), together with new funding streams like Medicaid, were highlighted as strategies to expand resources to support housing tenancy. These models show how aligning housing resources with child welfare priorities can prevent entry into care.

Medicaid. The panel placed significant emphasis on Medicaid as a funding source with great potential to expand and strengthen community pathways to prevention services. With more than 90% of families who interact with child welfare eligible for Medicaid, Alex Briscoe, with Public Works Alliance, cautioned against creating a "shadow Medicaid" with Title IV-E. Instead, he urged states to build on the prevention infrastructure already embedded within Medicaid, blending it with other funding sources. Specific opportunities include billing for case management and care coordination, expanding Early and Periodic Screening, Diagnostic, and Treatment criteria (EPSDT) to remove diagnostic prerequisites, and ensuring parents and children can be treated together. Briscoe also highlighted the potential to reimagine both the prevention workforce and service locations by reimbursing new provider types, such as peer specialists with lived experience, and making schools "automatic in-network providers" so services meet families where they are while expanding employment opportunities for lived experts. A particularly promising idea was for community-based organizations (CBOs) to form cooperative models that pool purchasing power, reduce administrative burden, and negotiate collectively with managed care organizations. By creating shared infrastructure for billing, data, and care coordination, CBOs can strengthen their bargaining power and ensure Medicaid dollars flow directly into community prevention services. The session closed with a call to "never spend a nonfederal dollar alone," urging states to maximize federal matches through Medicaid and other streams.

Innovations Identified

Oregon has embraced a commitment to "play in the gray" by assessing and removing unnecessary state-imposed requirements that go beyond federal rules. To maximize federal claiming, Oregon is aligning Title IV-E funding with Medicaid, TANF, and MIECHV to build a comprehensive prevention service array, supported by fiscal analysis grants and a cross-agency funding committee that regularly distinguishes between real and perceived constraints.

Shared Reflections & Closing

Facilitators: Margie Hunt (Casey Family Programs), Krista Thomas (Chapin Hall)

The final session was facilitated by Margie Hunt, Senior Director of National Partnerships at Casey Family Programs, and Dr. Krista Thomas, Senior Policy Fellow at Chapin Hall. They reflected on the connections and key takeaways from the Convening and emphasized the critical role of centering lived experts in efforts to bridge the gap between families and systems. Thomas highlighted the power and necessity of involving individuals with lived expertise in both listening and facilitation roles, underscoring how their authentic perspectives can drive meaningful change. She noted the growing national momentum toward valuing lived expertise, as more jurisdictions are recognizing the importance of preserving authentic voices in prevention work. While jurisdictions are at varying stages in their prevention planning efforts, the consistent message is to "stay the course."

Key Takeaways

- Meaningfully investing in **lived expertise** across planning and implementation requires resources and trust. It is also foundational to effective community pathways.
- **Diverse funding strategies** are essential for **building and sustaining** upstream prevention systems.
- **Warmlines** are emerging as powerful entry points into broader community pathways.
- Technical and adaptive strategies are needed to build **data firewalls that protect family privacy** while enabling learning and accountability.
- Families consistently identify **economic and concrete supports** as their most pressing needs.
- Child welfare leaders must **assess real vs. perceived barriers** and leverage what is within their control to drive system transformation.
- **Preventative and community-based supports** are core components of **child safety.**
- **Peer exchange fuels momentum, sparks innovation, and reinforces a shared sense of purpose** across jurisdictions.

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