



STRONG AND RESILIENT FAMILIES – WHAT WE FUND

In the Strong and Resilient Families Focus Area, we support two strategies, **Strengthening Protective Factors** and **Promoting Family-Centered Mental and Behavioral Health**.

We use our [guiding principles](#) to make funding decisions across our focus areas. Organizations and programs reaching children and families of color and/or with limited access to resources are prioritized. Organizations that incorporate family voice into decision-making, provide culturally responsive services and reduce barriers to accessing programming (e.g., child care, transportation, language justice) are emphasized.

In the **Strengthening Protective Factors** strategy, we seek to fund:

- ✓ Organizations addressing protective characteristics through comprehensive programming, including concrete supports (basic needs and navigation of available benefits), parenting education, social connection, and positive child development.
- ✓ Organizations and programs that intervene, prevent, and respond to crisis or violence such as domestic violence agencies, child advocacy centers or mental health crisis intervention.

In the **Strengthening Protective Factors** strategy, we **do not** fund:

- Organizations exclusively focused on basic needs or immediate/short-term assistance (e.g. food clothing, short-term shelter, utility assistance) in the absence of other family-based programming and support.
- Organizations offering adult-only services.
- Programming focused on specific health or medical conditions.

In the **Family-Centered Mental Health** strategy, we seek to fund:

- ✓ Trauma-informed and community-based outpatient, virtual and/or in-home mental health services for children and families.
- ✓ Evidence-informed approaches that address whole family mental and behavioral health, including the community health and peer support workforce.
- ✓ Planning and capacity building for organizations or coalitions seeking to develop or enhance access to family-centered mental health, including access via telehealth.

In the **Family-Centered Mental Health** strategy, we **do not** fund:

- Services that can be billed to insurance. *
- Organizations that do not offer free or accessible services based on sliding fee scale.
- Mental health organizations operating independently of larger system of community or regional support.
- Services for adults without accompanying support for children, youth, and families.

*We recognize that current mental health payment models may not adequately support costs associated with hiring, training, startup, or the delivery of whole person mental health care. CFC will consider funding for services that may eventually be covered or supplemented with earned revenue.