



2025 - 2026

# Annual State of the Community Report with Families

March 1, 2025 - February 28, 2026



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# ■ Executive Summary

## Mission

NAMI California is a grassroots organization of families and individuals whose lives have been affected by serious mental illness. We advocate for lives of quality and respect, without discrimination and stigma, for all our constituents. We provide leadership in advocacy, legislation, policy development, education and support throughout California to create a brighter tomorrow.

## Vision

NAMI California is the leading organization of individuals working with mutual respect to provide help, hope and health for those affected by serious mental illness.

## Who We Are

The National Alliance on Mental Illness (NAMI) California is a grassroots organization of families and individuals whose lives have been affected by serious mental illness. NAMI California includes **46 local affiliates across the state and 60,000 active advocates dedicated to advocating for the needs of individuals living with serious mental illness and their families** to ensure collaboration, effective education and access to care.

We advocate for lives of quality and respect, without discrimination or stigma, for all our constituents through programs and services and community engagement.

Our priorities include:



**Family involvement  
in treatment**



**Access  
to Treatment**



**Crisis services**



**Criminal justice  
issues**



**Housing**



**Services and  
support for all ages**

## Our Work

We offer trainings serving families across the state, work to expand the behavioral health workforce by training Medi-Cal Peer Support Specialists, empower the next generation of advocates by welcoming hundreds to our advocacy day each year, raise our voice at the Capitol with our legislative and advocacy efforts, and support local NAMIs with their programming, further reaching individuals and families in need of support across the state.

## Challenges Family Members and Caregivers Face

Throughout the year, NAMI California connects with family members and caregivers to listen to feedback and facilitate information sharing sessions through townhalls, affiliate meetings, and surveys. NAMI California also released the annual Mental Health Stakeholder Survey for California Family Members and Caregivers. This year, the survey nearly 500 responses. Overall, family members are eager to continue support and education, respite care (especially as caregivers age), and access to affordable and understanding supportive services, and of course, increased family member involvement in treatment. Family members also mentioned the difficulty of caring for a loved one experiencing anosognosia, and noted that the difficulties in handling times of crisis due to the inherent stress from the situation and from the lack of support. Housing remains a top priority for caregivers, including affordable housing, housing with support for their loved ones, and accessible housing.

## CEO Message

What began as a small nonprofit has now grown into a statewide movement. Over the years, NAMI California has scaled our programs on school campuses, now found in more than 160 high schools, helping students access peer-led mental health support. Through Mental Health 101, we've educated thousands of individuals, parents, teachers, faith leaders, and community members across diverse communities in California. We've built a network of over 50 affiliates that provide direct support groups, classes, and crisis response in more than 5 languages. We've tripled our staff, allowing us to reach more families than ever before.

Tens of thousands of families now have someone to call, a support group to attend, and the knowledge that they are not alone.

We've made mental health a priority at the State Capitol. We've helped pass legislation to expand crisis response services and secure millions in mental health investments. We've trained passionate and dedicated advocates, including individuals with lived experience, to speak at school boards, testify at hearings, and lead change in their own communities.

And yet, there's still so much work to do. Suicide is still the second leading cause of death among young people in California. Black and Latino communities continue to face disparities in access to culturally responsive care.

Far too many families are navigating this journey alone, unaware that help exists. This work is deeply personal. It's about dignity. It's about equity. It's about building a future where no one has to struggle in silence and where every person, regardless of background or circumstance, has access to care and support.

This annual report and the accompanying video provide both a visual and written snapshot of our work this past year. In partnership with our affiliates, state and local partners, NAMI California remains the leading organization in California listening, educating, and advocating for individuals living with mental illness and their families and caregivers and we are immensely grateful for the support of BHSOAC to make this work possible.

Sincerely,  
Jessica Wilson (Cruz), MPA/HS  
*Chief Executive Officer, NAMI California*

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# ■ Advocacy-Driven Action

NAMI California remains committed to fighting for a strong behavioral healthcare system in California that provides support for individuals and families living with mental illness. As a family-driven advocacy organization, NAMI California is dedicated to ensuring that the needs of those experiencing serious mental illness and their families are met and that critical resources are available. We serve as the liaison from the kitchen table to the Capitol, ensuring the family voice is heard by lawmakers and partners to support our loved ones.

## Advocacy Days

Each year, NAMI California welcomes advocates, family members and youth from across California to participate in our Advocacy Day. This event allows the opportunity for attendees to learn from NAMI leadership and state partners about policies and legislation impacting our state's behavioral health system, engage with hundreds of NAMI advocates at our rally event in Sacramento, and meet with legislators to share their stories and share needs of local communities.

This year, NAMI California held two Advocacy Days – one on June 17 and one on October 15 – for a total of **55 legislative visits and over 250 attendees**. The June event included a presentation from the California Health and Human Services Agency outlining the upcoming changes from Proposition 1 and how they may impact local NAMIs to serve as a resource for our 46 affiliates.





## Symposiums

The October 2025 Advocacy Day coincided with NAMI California Youth and Affiliate Symposiums and included a rally at the state Capitol, where attendees heard from NAMI California leadership, youth advocates, and Assemblymember Hoover and Assemblymember Gipson.

NAMI programming underscores the importance of sharing our stories for effective grassroots advocacy. NAMI California hosted an advocacy training for Advocacy Day attendees to ensure participants were prepared to effectively share their stories with their representatives during legislative visits.

At the Youth Symposium, youth leadership presented an Advocacy 101 training developed by NAMI California highlighting what advocacy is, why advocacy is important, and how individuals can participate.

At the Affiliate Symposium, the NAMI California Advocacy team presented on BHSAs, focusing on how affiliates can take action and advocate for NAMI inclusion in county integrated plans. The symposium also included a panel on the CARE Act featuring experts ranging from judges to family members to discuss implementation across the state, share different county perspectives, and areas for improvement.

# Education and Training

## *NAMI Smarts for Advocacy*



Throughout the year, NAMI California partnered with NAMI Shasta, NAMI San Joaquin, NAMI Mt. San Jacinto, NAMI San Mateo, NAMI Westside LA, and NAMI Butte to run Smarts for Advocacy Trainings reaching over 190 individuals from the following communities: Family, LGBTQIA, Latinx, Black/African American, AAPI, and Youth. This program equips individuals with tools to communicate their stories to decision-makers effectively. It provides practical advocacy training, enabling those affected by mental illness, along with friends and family, to convert their passion and personal experiences into impactful grassroots advocacy. Participants acquire essential advocacy skills, including crafting a compelling 90-second story and request, writing impactful emails, delivering elevator speeches, and making effective phone calls. The training also includes strategies for conducting productive meetings with elected officials.

Additionally, NAMI California team members became certified as NAMI Smarts trainers to support future training sessions.

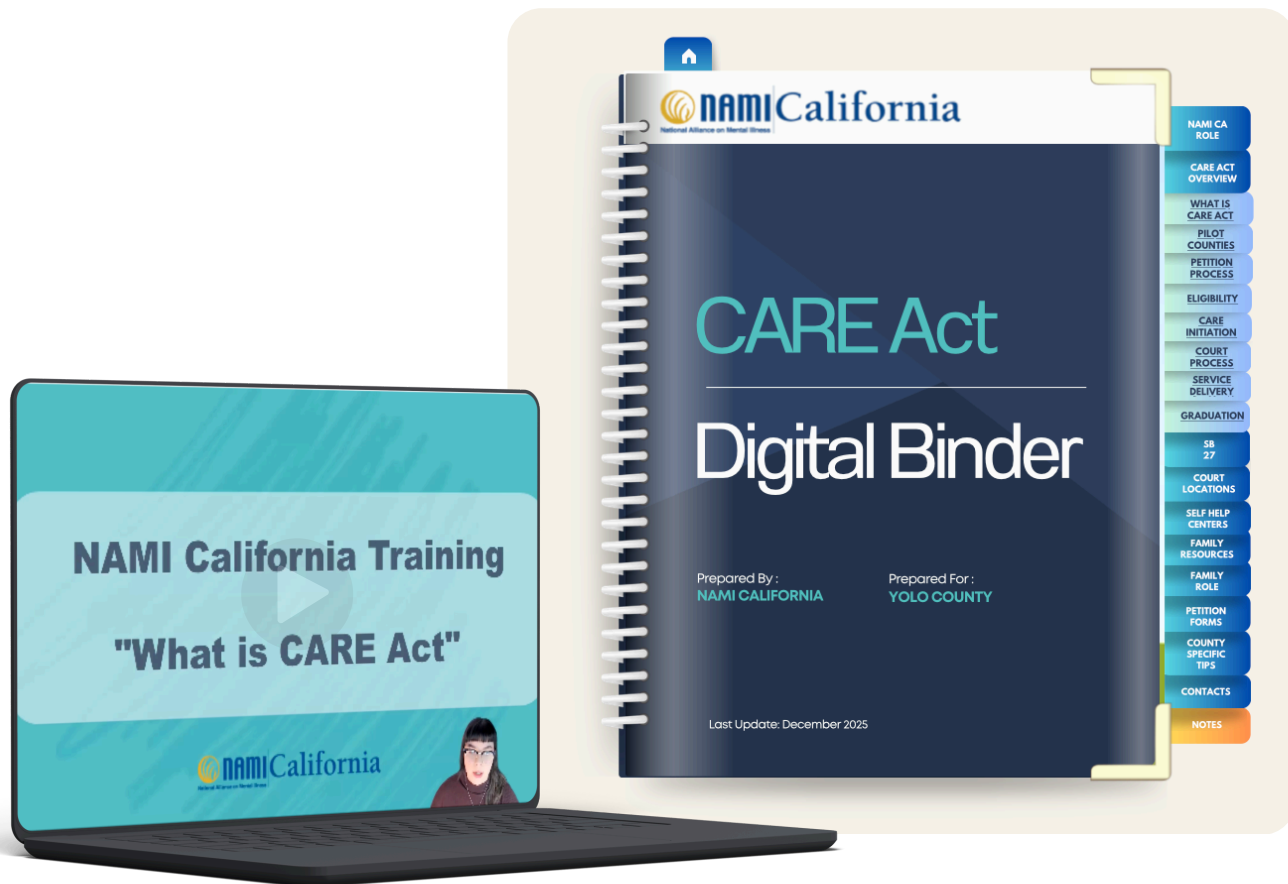
## *Sustained Resources from NAMI California*

**NAMI Family-to-Family** is an education course for families of individuals who have mental health conditions. NAMI California provides a 16-hour training course designed to help program leaders gain a better understanding of mental illnesses and coping skills. The programs looks to empower participants to advocate for their loved ones. It was the first NAMI program to achieve evidence-based practice designation in 2013. **The NAMI California team trained 70 program leaders from March 2025 to January 2026.**



**NAMI Provider** is for healthcare professionals and university students who will be in contact with individuals living with a mental health condition and/or their family or loved ones. This course is designed to provide the insight needed to understand the importance of including individuals with a mental health condition and their families/loved ones as partners in the treatment process. NAMI California provides a 15-hour program of in-service training, taught by a team consisting of an adult with a mental health condition, a family member, and a mental health professional who is also a family member or has a mental health condition themselves. NAMI Provider is an evidence-based practice. **From March 2025 to January 2026, NAMI California trained 17 program leaders.**

**NAMI Peer-to-Peer** is a free, 8-session educational program designed for adults dealing with mental health conditions, aiming to enhance their self-awareness and support their journey towards recovery. The course is designed to encourage growth, healing, and recovery among participants. **From March 2025 to January 2026, NAMI California trained 11 new program leaders.**



## ■ Legislation and Policy

### *CARE Act*

NAMI California supported CARE Court, new CARE Court legislation (SB 27), and affiliates and advocates through the continued implementation process.

Throughout the year, NAMI California actively engaged with state and local partners on CARE Act implementation to ensure family involvement is at the core of the process through resource development, support calls, information sharing, panels, webinars and listening sessions.

To support affiliates and families, NAMI California holds bi-weekly office hours to answer questions and gather feedback. Additionally, NAMI California developed Digital Binders for each county outlining CARE Court background, resources, and county-specific information. The binders are updated with changes to CARE.

In partnership with NAMI affiliates, NAMI California held CARE Act panels and presentations to help educate affiliates and family members through regional townhalls in partnership with the Commission.

# Proposition 1/Behavioral Health Services Act

NAMI California is continuing the process with Prop 1 (BHSA) implementation and equipping affiliates and families with the tools they need to advocate at the local level. Tools included: a presentation outlining the BHSA background and next steps, a one-pager featuring a BHSA advocacy overview, talking points and action items, a one-pager outlining the Community Planning Process, talking points and regular emails featuring action items and updates from the state to ensure the NAMI voice remains present during the Community Planning Process.

### BHSA Funding Streams and NAMI Programs

Access the digital [BHSA Policy Manual PDF](#) here.

NAMI Program	Recommended BHSA Component	Justification	Statutory/Policy Basis
Family-to-Family / De Familia a Familia	BHSS	Evidence-based family education to reduce crisis escalation.	BHSA Manual p. 141-142 (See Appendix A)
NAMI Basics	BHSS (Early Intervention, Youth-Focused)	Caregiver education for youth with SED aligns with youth EI.	BHSA Manual p. 47-48 (See Appendix B)
Family Support	BHSS	Peer-based support	BHSA Manual (See A)

### BHSA Funding Streams and NAMI Programs, Cont.

Access the digital [BHSA Policy Manual PDF](#) here.

NAMI Program	Recommended BHSA Component	Justification	Statutory/Policy Basis
Ending the Silence (ETS)	BHSS (Youth Early Intervention)	Prevention education directly supports youth mental health.	BHSA Manual p. 129-131 (See Appendix F)
NAMI on Campus / High School	BHSS (Youth Engagement, Early Intervention)	School-based peer outreach aligns with BHSA EI objectives.	BHSA Manual p. 129-131 (See Appendix F)
Mental Health 101	BHSS	Culturally responsive presentations align with BHSA goals to reduce disparities.	BHSA Manual p. 141-142; 148 (See Appendix A and Appendix C)

## NAMI California Advocacy Toolkit

# BHSA

#### In This Toolkit

- P. 1: Updates and how to Engage
- P. 2: The Three Core BHSA Funding Streams under Prop 1
- P. 3: BHSA Funding Streams and NAMI Programs
- P. 4: Template Impact Statement
- P. 5: Important BHSA Notes related to NAMI and Helpful links

#### How to Download

*On page 4, there is an impact Statement example and template for download.*

- 1: Click the "Click Here for Impact Statements" button to be led to a Google Drive folder.
- 2: Click on the statement you'd like to view, and click the "download" icon in the top right corner to download the item to your computer.
- 3: To use the template, be sure to follow the instructions for use, which can be found on the document, along with the link to the template.

#### Where are we right now with BHSA?

Right now, counties should be engaging in stakeholder engagement to draft County Integrated Plans which are due in draft version to DHCS in March 2026 and final version by June 30, 2026.

Counties need to focus on strategic planning and adaptation, not preemptive cuts that could harm vulnerable populations. Prematurely cutting contracts based on anticipated future resources is not a responsible approach. Counties should engage in careful planning, needs assessment, and stakeholder input before making any decisions about service reductions.

#### How to Engage

- Affiliates should be acquainting themselves with the community planning and stakeholder engagement process at the county level.
- Please relay any feedback on community planning process at county level to NAMI California to share with state partners.

[www.namicala.org](http://www.namicala.org)
[www.namicala.quorum.us](http://www.namicala.quorum.us)
[advocacy@namicala.org](mailto:advocacy@namicala.org)

### The Three Core BHSA Funding Streams under Proposition 1 arc:

Full Service Partnerships (FSP), <b>35%</b>	
Behavioral Health Services and Supports (BHSS), <b>35%*</b>	*51% of BHSS funds must be used for early intervention programs. 51% of early intervention funding must be used to serve individuals age 25 & younger.
Housing Interventions, <b>30%</b>	

**Most NAMI programs** are best aligned with BHSS, especially those providing early intervention, education, peer support, and outreach.

**Full Service Partnership (FSP) alignment** is limited to more intensive, wrap-around services. Only a few NAMI programs might fit under FSP if directly involved in care coordination or assertive engagement with high-need populations.

**Innovative and evidence-based practices**, like NAMI Family-to-Family and Peer-to-Peer, are encouraged under BHSS and may qualify for additional grants via the Innovation Partnership Fund (administered by Commission for Behavioral Health).

**Prevention-focused programs for youth and families**, such as Ending the Silence and NAMI on Campus, should be positioned under BHSS—particularly within the 51% Early Intervention requirement, which prioritizes individuals under age 25.

**Training programs** for providers (like NAMI Provider Education) may qualify as workforce or BHSS expenditures but are not a standalone funding category in BHSA. Counties can allocate planning/admin funds (up to 5% + 2-4% extra) for such capacity-building efforts.



## 2025 Legislative Session

NAMI California supported several behavioral health bills in the Legislature, many of which were signed into law by Governor Newsom, including:

- NAMI California Supported Bills - Signed into Law
  - **SB 27 (Umberg) CARE Court Eligibility Expansion**
    - SB 27 expands eligibility and referral pathways for California’s Community Assistance, Recovery, and Empowerment (CARE) Court, a central component of the state’s behavioral health reform agenda. Specifically, the bill:
      - Expands eligibility to include individuals diagnosed with bipolar disorder with psychotic features.
      - Requires referrals to CARE Court for individuals adjudicated incompetent to stand trial (IST) on misdemeanor offenses, ensuring they are not simply released without treatment or supervision.
      - Streamlines court procedures by consolidating early hearings and clarifying data-sharing among “care partners,” such as county behavioral health agencies and courts.
      - Maintains a voluntary framework but strengthens judicial authority to coordinate accountability among institutions and participants.

- **AB 348 (Krell): Full-Service Partnerships – Presumptive Eligibility for Vulnerable Populations**
  - AB 348 establishes presumptive eligibility for individuals with serious mental illness (SMI) to participate in county Full-Service Partnership (FSP) programs under the Behavioral Health Services Act (BHSA).
  - FSPs—originally conceived under the Mental Health Services Act (MHSA) as “whatever it takes” programs—offer intensive, wraparound behavioral health care, housing support, and case management for individuals with complex needs. These programs have been proven to reduce homelessness, hospitalization, and incarceration among individuals with SMI.
  - Under this measure, individuals with SMI would be presumptively eligible for FSP enrollment if they meet one or more of the following criteria:
    - Experiencing unsheltered homelessness;
    - Transitioning to the community after six or more months in a secured treatment or residential setting (such as an institution for mental disease or mental health rehabilitation center);
    - Transitioning to the community after six or more months in a state prison or county jail; or
    - Having been involuntarily detained five or more times under the Lanterman-Petris-Short Act within the past five years.
  
- **AB 440 (Ramos) & SB 800 (Reyes): Suicide Prevention Infrastructure on Bridges and Overpasses**
  - Both of these bills emerged in response to the same tragedy: the deaths of two Los Osos High School students by suicide within weeks of each other on a Rancho Cucamonga freeway overpass. Together, these companion bills sought to ensure that the California Department of Transportation (Caltrans) integrates suicide prevention into the design and maintenance of state bridges and overpasses — areas that too often become sites of crisis.
  - AB 440 (Ramos) requires the Office of Suicide Prevention (OSP) within the Department of Public Health (CDPH) to work jointly with Caltrans to identify bridges and roadways with a high incidence of suicide and to recommend cost-effective prevention strategies, such as physical barriers, fencing, or signage. The OSP must submit a report to the Legislature by December 31, 2026, detailing its findings and recommendations.
  - SB 800 (Reyes) directs Caltrans, in consultation with CDPH and in collaboration with local governments, to incorporate suicide deterrent measures into its design and safety guidance documents by July 1, 2028. While earlier drafts proposed a pilot program focused on San Bernardino County, the final version broadened its scope statewide.
  
- **SB 820 (Stern): Inmates – Mental Health and Involuntary Medication**
  - SB 820 establishes a temporary, narrowly tailored process for administering psychiatric medication to individuals found incompetent to stand trial (IST) for misdemeanor offenses while in county jail.

- Under current law, when a defendant is found IST, the case is suspended and the individual may be referred to diversion, assisted outpatient treatment (AOT), or conservatorship. However, many such individuals—particularly those with severe or untreated mental illness—are unable or unwilling to participate voluntarily in these programs. As a result, their cases are often dismissed without treatment, leading to high rates of recidivism, homelessness, and repeated psychiatric crises.
- SB 820 aims to close this gap by authorizing psychiatrists in county jails to administer antipsychotic medication in limited circumstances:
  - During an emergency, when immediate treatment is necessary to preserve life or prevent serious bodily harm, for up to 72 hours; or
  - Pursuant to a court order, after a hearing establishes that the person is gravely disabled, lacks capacity to consent to treatment, and that no less restrictive alternative exists.
- **AB 1034 (Ávila Farías): Mental Health in Teacher Preparation**
  - AB 1034’s intent is to ensure that every new teacher entering California’s classrooms has foundational knowledge to identify signs of distress, establish a supportive dialogue with students, and link them to appropriate mental health resources. In the words of the bill’s author, Assemblymember Ávila Farías, “Telling the difference between expected behavior and the signs of mental illness isn’t always obvious without training. This bill ensures that from the moment teachers enter the field, they feel confident and prepared to help students in need”.
  - The bill requires that all teacher preparation programs include, as part of their health education requirements, experiences that address a basic understanding of youth mental health.
- NAMI California Supported Bills – Vetoed
  - **AB 1032 (Harabedian & Rivas): Wildfire Trauma Recovery and Resiliency Act**
    - AB 1032 was intended to ensure that wildfire survivors could access timely, trauma-informed mental health care, particularly after the Eaton and Palisades fires in Los Angeles County.
    - This bill would have health plans to reimburse up to 12 annual visits with a licensed behavioral health provider for residents in counties where a state or local emergency has been declared due to wildfires.
- NAMI California Co-Sponsored Bill – Held in Committee
  - **SB 531 (Rubio): Student Mental Health Education**
    - NAMI California was a proud co-sponsor of SB 531 which would have required age-appropriate mental health education for all California students in grades 1 through 12, expanding upon the existing mandate under SB 224 (Portantino, 2021), which currently applies only to middle and high schools. As a co-sponsor, NAMI California helped elevate the issue’s visibility, positioning the organization as a lead stakeholder in future framework revisions.

# ■ Supporting and Empowering Through Local Activities

## *Regional Townhalls and Events*

Regional Events continue to offer affiliates, community members, and family members a space to learn more about ongoing policy and a platform to voice their questions and concerns. This method of discussion makes space for diverse perspectives and stories of lived experience. NAMI Affiliates across the state participate in hosting these events across all six major geographical regions. NAMI California Regional Leads worked collaboratively with affiliate leaders in their respective areas to ensure proper support was provided for each event. Throughout the year, they helped affiliates continue to develop and strengthen the skills, abilities, processes, and resources needed to support those impacted by mental illness, particularly in underserved communities in urban and rural areas. Highlights of these meetings included:



**Bay Area Region:** The 2025 NAMI California Bay Area Regional Town Hall featured representation from six affiliates across the Bay Area region and focused on the CARE Act and housing in the Bay Area. The CARE Act panel featured experts, including Assistant Public Defender, Joni Spears, Court Operations Manager, Andrew Adams, and the lived-experience perspective from Lauren Rettagliata, a family representative CARE Act working group member. The housing panel featured Melissa Platte, the executive director of the Mental Health Association of San Mateo County (MHA). This panel also featured Rettagliata and Theresa Pasquini from the organization, Housing that Heals, NAMI Contra Costa County's executive director, Gigi Crowder, and a peer representative.

**Central Region:** The 2025 NAMI California Central Regional Town Hall featured Tulare County Behavioral Health's newly appointed Director, Dr. Natalie Bolin, who delivered a keynote address outlining upcoming SB 43 changes set to take effect in January 2026. She highlighted the County's partnerships with Kings View and NAMI, and shared updates on new housing resources funded through Proposition 1, including transitional housing, CRT, ART, and additional supportive housing options, as well as the potential expansion of hospital beds.

Marissa Valero, Clinical Manager/ LMFT CARE Court, Kings View, provided a comprehensive overview of the CARE Act and Tulare County's implementation efforts since December 1, 2024.

**Los Angeles:** The 2025 NAMI California Los Angeles Regional Town Hall convened leading county officials, providers, advocates, and family voices to discuss the future of behavioral health in Los Angeles County. The program featured a keynote address by Connie D. Draxler, Senior Deputy Director of the Re-Entry Division at Los Angeles County Department of Mental Health (LACDMH), who delivered a comprehensive overview of California's evolving behavioral health landscape, including the CARE Act, SB 43, BH-CONNECT, and BHSA. Brenda Scott, Executive Director of NAMI Mt. San Jacinto and NAMI California Regional Lead, moderated a CARE Act panel that included Connie D. Draxler and Martin Jones, Jr., LCSW from LACDMH, Self-help resource center representatives Candice Hendricks and Janice Shurlow, NAMI Westside LA member Debbie Brazil, MS, APC, family member Vive Jones, and Traute Winters, Executive Director of NAMI Greater Los Angeles County.

**Northern:** The 2025 NAMI California Northern Regional Town Hall featured panels on the CARE Act and housing supports, with speakers including Superior Court Judge McAdams, Supervising Attorney Melanie Snider, Family Law Facilitator Gina Manciatì, Julie Freitas, LMFT, Executive Director of NAMI San Mateo County Laura Parmer-Lohan, NAMI Solano member Lisa U'ren, Executive Director, Yolo County Housing Authority Ian Evans, VP, Community Impact, Community Housing Opportunities Corporation Terri Smyth Canillo, MSW, and Kerrie Covert, the Behavioral Health Bridge Housing Manager. NAMI California staff delivered a keynote overview of the CARE Act, and panelists shared expertise and their personal experience, offering stories of local collaboration and challenges to address community needs.

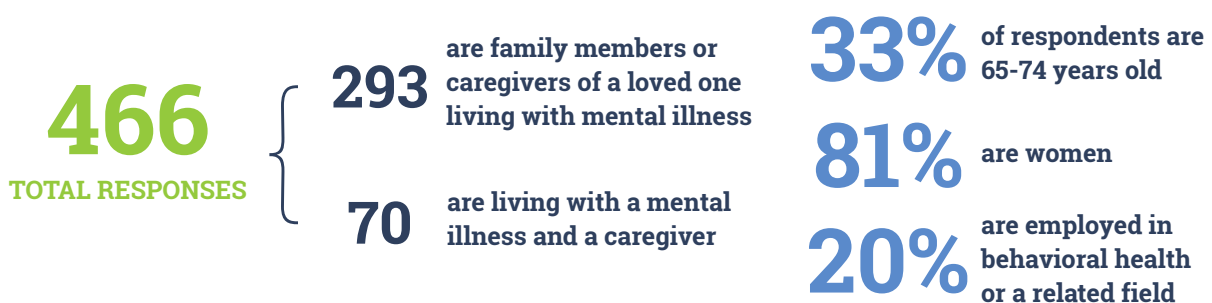
**Southern:** The 2025 NAMI California Southern Regional Town Hall featured a keynote by Toni Navarro, LMFT, Behavioral Wellness Santa Barbara Director, and included a CARE Act panel featuring AOT and CARE Act Manager Tammy Casiano, Christy Horowitz, Director of Diversion, Senior Deputy District Attorney, Gabriela Dodson, LCSW, Director of Wellness and Recovery for the Department of Behavioral Wellness), family advocate Ramona Winner, and Tom Franklin, President of NAMI Santa Barbara County). The program also included discussion of SB 43, set to take effect January 1, 2026.

**Superior:** The Regional Townhall hosted by NAMI Tehama in Red Bluff brought community members together to share perspectives on local mental health needs. The Sheriff's Department participated and actively engaged in discussion, contributing valuable insights from a law enforcement perspective. Through interactive activities, public feedback was collected for submission to local policymakers in the format of a community-informed report highlighting the urgent need for immediate crisis care. The event also included an overview of NAMI programs, a NAMI Provider session, and discussion focused on planning for the growth of NAMI Tehama. NAMI's facilitation amplified community voices, fostered connection amongst attendees, and generated new volunteer engagement.

# ■ Survey Results - Challenges Family Members and Caregivers Face

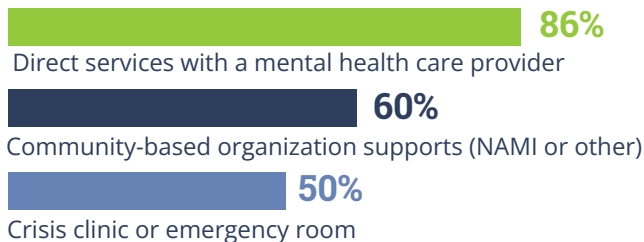
NAMI California administered our annual statewide survey to understand the unique experiences of family members and caregivers navigating the public mental health system to ensure we are appropriately advocating for the top priorities of families across the state.

## Demographics

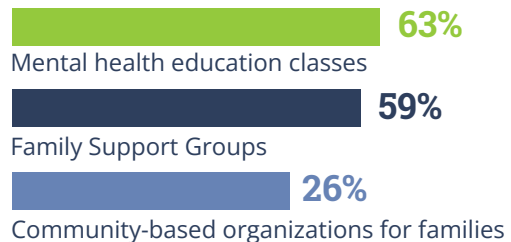


## Key Findings

**Top three programs and services that respondents or their loved one with a mental illness diagnosis have used or are currently using:**



**Top three resources/support have respondents found most helpful:**



## Top Challenges

### Housing

The 2024 Annual Homeless Assessment Report estimated 187,084 people experiencing homelessness in California. **California alone accounts for 44 percent of all individuals who experienced chronic homelessness in the country.**<sup>1</sup> Housing is a pivotal step toward recovery for an individual living with a serious mental illness. Many NAMI CA survey respondents expressed frustration at the lack of affordable, supportive, and secure housing:

1. [The 2024 Annual Homelessness Assessment Report \(AHAR to Congress\) Part 1: Point-In-Time Estimates of Homelessness, December 2024](#)

**“My loved ones need housing”** – Families and Caregivers Mental Health Survey Respondent, 2025

**“HOUSING. Staffed, safe housing that is basic enough for self care but safe enough with security and a knowledgeable staff on hand 24 hours a day. He once had a psychiatrist that also offered therapy in their sessions. Once that ceased, so his health went downhill. Affordable psychiatry that is welcoming is really hard to come by now. Access to healthy food and a place to cook and prepare it is about to become a real problem. Access to clean running water.”** – Families and Caregivers Mental Health Survey Respondent, 2025

**“We need more temporary housing and temporary care for that recovery period when the crisis is over but you still cannot live alone.”** – Families and Caregivers Mental Health Survey Respondent, 2025

**“Housing and food assistance programs. We will be attempting to obtain permanent housing and oversight for our son as we get further into our 80’s. We are just starting this venture and are uncertain of the path and processes.”** – Families and Caregivers Mental Health Survey Respondent, 2025

**“Suitable housing options so that my child isn’t homeless!! The administrative hoops and jumps have seemed like endless dead-ends as I have tried to obtain assistance for my child with multiple, non-profit and government organizations. It has added up to years of this, so I try to keep my child informed, but we have yet to experience any tangible, housing benefits available for my child.”** – Families and Caregivers Mental Health Survey Respondent, 2025

**“I wish there were more tiered housing models for people with Serious Mental Illness—ones that acknowledge differences in functioning levels, risk factors, and support needs—so individuals like my son could live independently in a safe, stigma-free environment while still receiving the support they require.”** – Families and Caregivers Mental Health Survey Respondent, 2025

In the NAMI California survey we asked respondents, *“What are the challenges you face in finding or maintaining suitable housing for your loved one with serious mental illness?”* **The top 3 weighted responses included limited availability of affordable and/or accessible housing, finding appropriate care services within the housing option, and financial hardships.**

## **Crisis Support**

Approaches to crisis support and resources vary greatly by county. This year, we learned some law enforcement are reevaluating when and how their officers can respond to calls reporting mental health crises. It is a time of fear and uncertainty, and family members are not sure who to call and who will come when they need support the most.

**“[We need] more readily available transportation for rides to crisis centers instead of 911 having to be called they can call for a ride to get themselves to a respite themselves to avoid further escalation of a crisis.”** – Families and Caregivers Mental Health Survey Respondent, 2025

Families also expressed needs of support after a crisis, sharing that support can end quickly, and they need a continuum of care.

**“After a crisis hospitalization, there should be further in-patient or intensive outpatient services in place before someone is released from the hospital.”** – Families and Caregivers Mental Health Survey Respondent, 2025

Some counties do have a crisis response team like the Trusted Response Urgent Support Team (TRUST) in Santa Clara County<sup>2</sup> or the Psychiatric Emergency Response (PERT) team in San Diego County.<sup>3</sup> These designated crisis response teams, are specially trained and specialize in de-escalation. Programs like these receive positive feedback from survey responders:

**“PERT team that always comes with a clinician and vest cameras. Knowledgeable teams well trained in psychosis, symptoms, deescalation techniques, and compassion.”** – Families and Caregivers Mental Health Survey Respondent, 2025

**“The TRUST crisis team was professional and quickly helped us during the crisis with our loved one.”** – Families and Caregivers Mental Health Survey Respondent, 2025

When we asked survey respondents what programs and services they or their loved ones have used or are currently using, **49.17% shared crisis clinic or emergency room.**

Enhancing first responders’ understanding of mental health issues and their ability to manage related situations effectively remains a top priority for NAMI California. There is a need for community members to have access to mobile crisis teams, along with adequately trained law enforcement through Crisis Intervention Teams (CIT) programming. Having properly trained and equipped crisis teams are safe, effective ways to support someone in crisis, but also connect them to the supports they may need following the crisis. NAMI California considers the law enforcement CIT Program to be an invaluable tool in diverting persons with serious mental illness toward treatment rather than jail, and expects all law enforcement agencies to develop similar programs. **In 2024-2025, NAMI California supported 9 NAMI affiliates run CIT programming, reaching over 290 first responders as they gained crisis intervention skills.** In total, over 500 individuals and law enforcement personnel participated in over 50 presentations and trainings.

### Respite Care and Plans for Aging Caregivers

Family members are in a unique position as caregivers to their loved ones and family members. However, it can be a complicated process that requires hours and hours of work and dedication. Caregivers of adults with mental or emotional health issues spend an average of 32 hours per week providing unpaid care.<sup>4</sup>

2. [TRUST Field Response Program | Momentum for Health](#)

3. [Psychiatric Emergency Response Team \(PERT\) - Network of Care County of San Diego CA Service Directory](#).

4. [Mental Health By the Numbers | NAMI](#)

California does not have a centralized mental health care system that provides equitable access and service delivery to all. Rather, the responsibility lies within multiple agencies, which allows for disparities in service delivery and accessibility from county to county. This means that many families end up navigating a county-based system that often lacks the necessary services and support needed for their loved one to thrive. Many families are also not familiar with the complex structure of the mental health system and are not equipped to effectively navigate it when seeking care for their loved one.

This need for dedicated time to navigate the system and care for their loved ones means that many family members never get a break or have complications with balancing their professional and personal lives. We heard:

**"It's exhausting to do 24/7 care with someone who is stable enough to not be in a psych hospital and not considered gravely disabled because of caregivers' home care so cannot be considered for long term Conservatorship."** – Families and Caregivers Mental Health Survey Respondent, 2025

**"[I need] good free or low-cost mental health care for myself - I struggle with my own lifetime depression and what I've experienced has often been overwhelming. Respite care."** – Families and Caregivers Mental Health Survey Respondent, 2025

**"Respite care for caregivers is non-existent in our community unless paid for or secured through Visiting Nurse Association."** – Families and Caregivers Mental Health Survey Respondent, 2025

**"Respite. My brother has lived with me since 2003. Family members do not invite him for vacation. I would like a week in my own home without him."** – Families and Caregivers Mental Health Survey Respondent, 2025

**33% of the NAMI California survey respondents are 65-74 years old.** We heard many express anxieties around aging and being able to care for their loved one as they themselves need care along with fears of who will take care of their loved one once they are gone. According to Mental Health America, nearly **1 in 4 (22%) of caregivers are over the age of 65.**<sup>5</sup>

**"I am 84 years old. My son is 55 and mentally ill since 17. What will happen to him when I die?"**  
– Families and Caregivers Mental Health Survey Respondent, 2025

### Family Involvement in Treatment - HIPAA Law

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that helps protect the privacy of individual health information and confidential mental health treatment records.

An unintended consequence of HIPAA is family and friends of an individual living with mental illness are unable to communicate with healthcare providers, which can often lead to the more challenges for the family seeking support for their loved one. While HIPAA is in place to protect,

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5. [Caregiving for a person with a mental health condition](#) | Mental Health America

when caregivers are excluded from treatment, providers may be unaware of information about the consumer's full range of symptoms, and this could lead to lack of information sharing on care coordination. We heard from respondents:

**"We have always been advocates for our family member. I'll add that interpretations of HIPAA have created a few big frustrations over the past 25 plus years."** – Families and Caregivers Mental Health Survey Respondent, 2025

## Anosognosia

Anosognosia, also called "lack of insight" or "lack of awareness", is a neurological condition that can make people unaware of their symptoms and experiences. When anosognosia is talked about in terms of a mental illness, it means that someone is unaware of their own mental health condition or that they can't perceive their condition accurately. It is a common symptom of certain mental illnesses. **It is estimated to impact 50-98% of people with schizophrenia.** People with schizophrenia who have anosognosia may lack insight into several dimensions of their illness including delusions, hallucinations, level of cognitive impairment, level of functional disability, and physical health.<sup>6</sup>

Anosognosia can also impact one's capacity to make medical decisions about their treatment. It has been estimated that **up to 25% of psychiatric patients may not have the capacity to make informed medical decisions because of their illness.**<sup>7</sup>

Families and caregivers have seen this first-hand:

**"Anosognosia and paranoia makes it difficult for him to feel safe answering questions from landlords and trusting people."** – Families and Caregivers Mental Health Survey Respondent, 2025

**"We see that providers don't understand the "stages of emotional response" that families experience, and that families need help too. NAMI is the only organization in our county that gets that--and we may not be a good fit for everyone. Again, access requires the party accessing services has some knowledge. Anosognosia prevents that."** – Families and Caregivers Mental Health Survey Respondent, 2025

**"My son has anosognosia, and they won't listen to me. He doesn't have insight, so he won't stay with treatment. He doesn't believe he is ill."** – Families and Caregivers Mental Health Survey Respondent, 2025

6. [SMI Research Digest: Anosognosia - Treatment Advocacy Center](#)

7. [SMI Research Digest: Anosognosia - Treatment Advocacy Center](#)

## Access to Care

Across survey responses, access to care came up time and time again as a top challenge for family members and caregivers. Issues with access to care, ranged across quite a number of topics including:

### 1. Stigma

Stigma refers to negative attitudes, beliefs, and stereotypes held towards individuals experiencing mental health challenges, which can lead to discrimination and cause individuals to be reluctant to seek help and treatment. NAMI California also recognizes the unique cultural, linguistic, and other barriers that contribute to stigma within those communities.

**“[There is] a lack of government and societal support due to stigma and lack of education around mental illness”** – Families and Caregivers Mental Health Survey Respondent, 2025

### 2. Physical and Remote Access

There is a projected shortage of 70,610 full-time equivalent (FTE) primary care physicians by 2038, which will be particularly acute in nonmetro areas.<sup>8</sup> Primary Care Physicians are taking on a substantial amount of behavioral health services. While burnout has increased in many health care occupations, it has especially among primary care physicians. Almost half of primary care physicians reported feeling burnout in 2023.<sup>9</sup>

Those who live in rural areas, have an even harder time accessing mental health support. A trip to the doctor might mean driving over 50 to 100 miles. While telehealth has worked to mitigate this issue,<sup>10</sup> about 30% of rural American households lack reliable internet.<sup>11</sup>

When asked about programs their loved one needs but are difficult to access:

**“Clinical providers who specialize in my loved one's diagnosis. Difficult to access geographically and financially because the specialists are not local or do not take insurance.”**  
– Families and Caregivers Mental Health Survey Respondent, 2025

### 3. Culturally Competent Care

The lack of cultural competency training among providers is believed to be one of the reasons for the underuse of mental health resources in underrepresented minority communities.<sup>12</sup> Research indicates that the Latine community, in particular, experiences significant disparities both in access to and engagement with mental health services.

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8. [State of the Primary Care Workforce, 2025](#)

9. [State of the Primary Care Workforce, 2025](#)

10. [Confronting Mental Health Challenges in Rural America | NAMI: National Alliance on Mental Illness](#)

11. [Stuck in the middle: Connected Nation report finds one-third of rural American households are facing internet insecurity](#)

12. [Issues of cultural competence in mental health care - ScienceDirect](#)

A range of factors interfere with service access and engagement for Latine individuals in the U.S., including logistical, attitudinal (e.g., stigma and mistrust), and other structural barriers (e.g., discrimination, language, and a lack of culturally competent providers).<sup>13</sup>

When mental health care lacks cultural awareness, patients often disengage—not because of stigma, but because they don’t feel understood.<sup>14</sup>

Additionally, respondents shared that beyond the need for culturally competent care, they often run into providers or other health professionals who may not fully understand or emphasize with their loved ones mental illness.

**“[I wish I had access to] more people in the behavioral health that understand mental illness, [and have] more understanding [and] empathy.”**— Families and Caregivers Mental Health Survey Respondent, 2025

**Sample survey responses when asked why services and supports are difficult for their loved one to access:**

**“Language barrier”**

**“Vietnamese support groups”**

#### 4. Affordability

According to the State of California’s Department of Managed Healthcare, in 2024 complaints regarding balance billing, premium disputes, payment disputes, deductible/co-pay disputes, was the #1 top complaint among consumers from all health plans (28.07% of all calls).<sup>15</sup>

#### We need...

**“more affordable treatment options. Access to this is limited due to the lack of availability of specialists in the field of mental health”**

**“more affordable options or financial assistance programs for therapy”**

**“qualified and affordable doctors”**

**“more affordable medication”**

— Families and Caregivers Mental Health Survey Respondents, 2025

13. [Cultural Adaptations in Community Health Worker-Delivered Mental Health Interventions for U.S. Latine Populations](#). | [Journal of Racial and Ethnic Health Disparities](#) | [Springer Nature Link](#)

14. [What is the role of cultural competence in mental health?](#)

15. [Complaints and IMRs](#)

## 5. Wait times

A report published by the RAND Corp. found that California has a shortfall of more than 7,700 beds for people with behavioral health needs. Residents in 24 of California's 58 counties have no in-county access to acute psychiatric hospital services.<sup>16</sup>

California's Department of Managed Healthcare shares that it can take 10 days to receive a mental health appointment and another 10 days for a follow-up appointment<sup>17</sup>, too long for those who need help without escalating a situation to crisis.

**"There were not enough inpatient beds or residential facilities at the time we most needed them. Our need was for eating disorder treatment in a locked facility because my child was also suicidal. This combination of care is a common need but only 2 facilities could provide it in the state of California and they both had a long waitlist."** – Families and Caregivers Mental Health Survey Respondent, 2025

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16. [calhospital.org/file/behavioral-health-key-messages-2025/](https://calhospital.org/file/behavioral-health-key-messages-2025/)

17. [Timely Access to Care](#)

# ■ Family Driven Solutions and Recommendations to Provide Better Support

## Family psychoeducation resources and sustained NAMI resources

### **NAMI Family-to-Family**

The NAMI Family-to-Family class is a free program designed for family members and loved ones of individuals living with mental health conditions. Participants gain a deeper understanding of mental health diagnoses, treatment options, communication strategies, crisis planning, and self-care over the span of 8-9 weeks. The class also provides connections and support from others with shared experiences. The program is also available in Spanish, called De Familia a Familia de NAMI. **NAMI California reached 674 participants from March 2025 to January 2026.**

### **NAMI Peer-to-Peer**

NAMI Peer-to-Peer is a free, 8-session educational program designed for adults dealing with mental health conditions, aiming to enhance their self-awareness and support their journey towards recovery. The course is designed to encourage growth, healing, and recovery among participants. This program is also available in Spanish, De Persona a Persona de NAMI. **NAMI California reached 366 participants from March 2025 to January 2026.**

### **NAMI Provider**

The NAMI Provider class is an informative class for mental health professionals and service providers. It offers insight into the lived experiences of individuals and families affected by mental health conditions. The training helps providers strengthen empathy, improve communication, and enhance collaboration with families to deliver more person-centered care. **NAMI CA supported 40 participants from March 2025 to January 2026.** NAMI CA also offers a NAMI Provider 4-Hour Seminar, which is a condensed version of the full Provider class. It introduces professionals to the family perspective and highlights the impact of mental health conditions on individuals and their loved ones. This seminar focuses on building understanding, reducing stigma, and improving provider family partnerships within a shorter timeframe.

## Family Involvement in Treatment

NAMI California believes that family members are a central resource in the treatment of children and adults living with serious mental illness. Because of this, families should play an integral part in their loved one's care and take an active part in mutually agreed-upon

treatment decisions and goals. Family members and caregivers have the unique experience of knowing their loved one's history and perspective on how their loved one's illness has impacted their lives. NAMI California is built upon the idea that families need a seat at the table. There must be ample effort to provide the family with information, skills, and support as they work with providers to care for their loved one, noting that the individual wants their family to be part of the process.

## Connection to Community

A connection to community is vital in supporting families and individuals with mental illness through the challenges they may face. Support groups are a great tool to connect individuals with experts or others facing similar experiences and hardships. These groups can give attendees a safe, caring place to receive emotional support.

**"The family support group has been very insightful."** – Families and Caregivers Mental Health Survey Respondent, 2025

**"I used their online resources to access support groups and education."** – Families and Caregivers Mental Health Survey Respondent, 2025

**"General meetings and/or support group. Family to Family class was critical when we started this walk with our loved one 20 years ago. Being able to go to a weekly support group, was critical also. Did not feel so alone."** – Families and Caregivers Mental Health Survey Respondent, 2025

## Enhanced State and County Supports

While there is a long road ahead, the state has made great strides in supporting and expanding the behavioral health system. Programs from the state provide families, caregivers, and individuals with mental illness additional resources and opportunities for necessary care.

### 1. CARE Court

Designed to help some of the most vulnerable populations, the Community Assistance, Recovery, and Empowerment (CARE) Act, represents a crucial step forward in ensuring that individuals facing severe mental health challenges (schizophrenia spectrum and other psychotic disorders) in California receive the care they so desperately need. Too often, these vulnerable individuals find themselves without access to the necessary treatment. CARE takes a proactive approach by intervening earlier, seeking to divert individuals from more restrictive conservatorships or incarceration. NAMI California recognizes there is room for growth in CARE, but is optimistic in the work done in the first two years of implementation. As of April 2025, a total of 3,366 people have been petitioned or otherwise engaged with county behavioral health under the CARE Act, with petitions or diversions.<sup>18</sup>

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18. [CARE Act Implementation Update July 2025](#)

**“I think the CARE process is helpful because it creates accountability and coordination across systems that often don’t communicate well with each other. It brings together mental health providers, housing services, and the courts in a way that keeps individuals with serious mental illness from falling through the cracks. What’s especially valuable is that CARE focuses on early intervention rather than punishment—it helps people get treatment, housing, and case management before they end up in crisis or involved with law enforcement. The structure of a court-supported plan can motivate participation while still centering dignity, recovery, and community inclusion.”** – Families and Caregivers Mental Health Survey Respondent, 2025

## 2. Full Service Partnerships (FSP)

Full Service Partnership (FSP) programs are recovery-oriented, comprehensive services for people who are unhoused or at risk of becoming unhoused, have a severe mental illness, often have a history of contact with the criminal justice system, and have had multiple hospitalizations.<sup>19</sup>

While the offerings vary from county to county, they offer invaluable support to those who need additional support. Survey respondents expressed the need for more FSP services, citing there are not enough resources in their county to fully support all the needs of their loved one.

**“FSP has been amazing help”** – Families and Caregivers Mental Health Survey Respondent, 2025

**“The full service partnership through the Star Program has literally saved us and our daughter. I don’t know where I would be without the NAMI group I go to every Sunday”**  
– Families and Caregivers Mental Health Survey Respondent, 2025

**“FSP agencies use to provide classes such how to cook...pay their bills...etc. I would be nice if the county could give more into this so that people with mental health issues could know to survive in the real world.”** – Families and Caregivers Mental Health Survey Respondent, 2025

## 3. Warmlines and 988

A warmline is a confidential, free phone service offering comfort and emotional support that can prevent a crisis. They are typically staffed by peers (paid or volunteer) who have lived experience. Warmlines are typically viewed as a step down from a call to 911 for mental health crisis support. Many NAMI affiliates offer access to NAMI run warmlines. For example, The BHS County funded NAMI San Diego Warmline fields more than 8,085 calls and over 2,060 chats per a year at a minimal cost of \$125,000 annually. In the 2024-2025 fiscal year, NAMI San Diego fielded 5,089 unduplicated calls/chats and only transferred 2 callers to a crisis line.

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19. [Full Service Partnership Innovation - California Mental Health Services Authority California Mental Health Services Authority](#)

**“I also know that my loved one has used the warmlines.”** – Families and Caregivers Mental Health Survey Respondent, 2025

**“Warmlines have helped when we are caught by surprise.”** – Families and Caregivers Mental Health Survey Respondent, 2025

In addition to Warmlines, the 988 Suicide & Crisis Lifeline has been an irreplaceable tool for Californians. The 988 California Consortium is a network of organizations and agencies dedicated to managing the 988 Suicide & Crisis Lifeline across California.<sup>20</sup> In 2023, the California 988 chapter answered 342,394 calls.

## Access to Quality and Robust Care

### 1. Workforce

In order to expand the behavioral health workforce, and support those who self-identify as having experience with the process of recovery from a mental illness or substance use disorder NAMI California provides Medi-Cal Peer Support Specialist training. Participants learn behavioral health skills covering the 17 Peer Specialist core competencies as identified by the Department of Health Care Services (DHCS). Topics covered include the recovery model, communication skills, trauma-Informed care, cultural competency, Medi-Cal code of ethics and more. Those who complete the 80-hour training will receive a certificate of completion that will be submitted in their application to sit for the Medi-Cal Peer Support Specialist Exam. This serves as a pathway to employment or volunteer positions within the public mental health system.

Since NAMI California began this program in 2022, 1500 individuals have completed the training. **From March 2025 to February 2026, 679 individuals have participated and completed the Medi-Cal Peer Support Specialist 80-hour training, and 86% passed the exam.** 35 out of 58 counties were represented in the March 2025-February 2026 timeframe.

**“One program or service that is greatly needed but not widely available is job support that partners directly with companies who understand and respect individuals with Serious Mental Illness (SMI). Many existing vocational programs focus on getting people employed quickly but don’t adequately prepare employers or work environments to accommodate the unique needs of individuals living with SMI. What’s missing are collaborative employment initiatives that not only help clients build job skills and confidence but also educate employers on how to create inclusive, stigma-free workplaces. These programs would ideally include ongoing job coaching, gradual acclimation support, flexible scheduling, and mental health sensitivity training for supervisors and coworkers. Such a resource would make it possible for people with SMI to enter or re-enter the workforce at a comfortable pace, supported by both mental health professionals and understanding employers. The goal isn’t just employment—it’s sustainable, dignified participation in the workforce where individuals feel safe, valued, and capable of thriving over time.”** – Families and Caregivers Mental Health Survey Respondent, 2025

20. [Home | 988 California](#)

## 2. Stigma Reduction

Shifting one's perspective can help reframe how one thinks and speaks about people with mental illness and thereby reduce the stigma associated with same. NAMI Signature programs provide an effective way in which to share testimonies of lived experience from people who have struggled with various aspects of serious mental illness. These informational outreach efforts provide a gateway to open minds and constructively challenge the attitudes, stereotypes, assumptions and misinformation in society about people with serious mental illness.

One of NAMI's Signature Programs, In Our Own Voice, is program that raises awareness around these issues and challenge existing attitudes, assumptions and ideas about people with a serious mental illness. The sessions are led by NAMI California team members who have lived experience and who speak openly about what it is like to have a serious mental illness.

Mental Health 101 is another NAMI Signature Program devoted to giving individuals an opportunity to learn about mental illness through an informative presentation, short video, and personal testimonies that represent a variety of cultures, beliefs, and values. The goal of this program is to create a multi-generation of culturally diverse individuals that can help address the stigma associated with mental illness through education, support and advocacy.

**"NAMI classes have helped me both as a participant and as a leader. The classes provide understanding and support that make living with mental illness easier and reduce stigma."**

– Families and Caregivers Mental Health Survey Respondent, 2025

**"Mental health education classes help the public become more informed about the issue so that there is less stigma. Family support groups give family members and the person dealing with a mental illness a chance to talk to others going through a similar situation and therefore not feel alone"** – Families and Caregivers Mental Health Survey Respondent, 2025

NAMI California also asked survey respondents to share what types of resources and support have they found the most helpful. The top three weighted responses we received were:

- **Mental Health Education Classes (63%)**

- "It was helpful when I was in residential care to attend mental health classes. It is always good to know more about what you are diagnosed with."
- "I believe that the more I know, the better equipped I am to help so I attend classes as often as I can. And the weekly family support groups are a lifeline for me."
- "NAMI is a valuable resource in terms of providing current information and a warm, supportive network of people in similar situations. The classes have helped me understand my loved one's illness."
- "NAMI classes have helped me both as a participant and as a leader. The classes provide understanding and support that make living with mental illness easier and reduce stigma."

- **Family Support Groups (59%)**

- "The Family-to-Family classes were very helpful to me as a mom. Later, I took the NAMI for Providers classes. They were also very helpful."
- "Family support allowed my husband and I to become educated about mental health and addiction and gain emotional support to help our son and ultimately professional help through private care and then SCBH."
- "NAMI family support and family to family taught me a lot about supporting my loved."

- **Community Based Organizations for Families (26%)**

- "The Assertive Community Treatment (ACT) program, Catalyst TAY services in San Diego, has been extremely helpful for my son. Their team provides comprehensive, hands-on support that meets him where he is—both literally and emotionally."

## ■ Conclusion

The behavioral health landscape in California is evolving, and while great progress has been made, there is much opportunity for growth. Education, state and county supports, and caregiver programs are working to make a positive impact, but we are simultaneously facing challenges with responses to crisis, housing, access to care, and workforce shortages. NAMI California works with families and individuals statewide to increase understanding of their needs and the importance of family involvement in the overall design and implementation of mental health programs, supports, and services.

The findings in this report have important implications for further development and expansion of mental health research, policy and practice aimed at addressing the complex needs of families and caregivers as well as the individuals living with mental illness in their care. NAMI California and its affiliates consist of compassionate teams who foster trust and empathy, leading to improvements in mental health support and services across the state. In response to their needs, these findings provide a strategic planning tool for achieving mental health parity, guide policy decision making, and resource allocation.

Through collaborative efforts, NAMI California proudly amplifies the voices of thousands of individuals and families across California and facilitates action steps for important ideas and bold solutions that might otherwise go unnoticed.

## ■ Acknowledgments

This project is dedicated to the families and caregivers across the state affected by mental illness. This work would not be possible without the work and passion of all those across the state who participated in this project. We express gratitude to all who shared their knowledge, experience, and voices to support the efforts of NAMI California. This includes our members, the leaders of our local NAMI affiliates, and our many state and local partners across California. Gratitude is further extended to all the family members and peer participants, including a strong youth contingent, who all contributed to the success of our two 2025 Capitol Advocacy Days. Your visits with legislators from the California State Assembly and State Senate, contributed greatly to our ongoing collaborative work to reduce the stigma of mental illness and bring healing to all families and communities. Thank you to the NAMI California staff and our survey respondents for their significant contributions to this report. Special acknowledgments are also given to the NAMI California Board and NAMI California CEO, Jessica Wilson (Cruz), for their support and expertise in this field. Many thanks to the state and local leaders who supported this project, most notably the Behavioral Health Services Oversight and Accountability Commission as the funder of this work.





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