

## NAMI CONTRA COSTA'S 24-25 ANNUAL REPORT



### 4<sup>th</sup> Annual Suicide Prevention Awareness Event

Our Mission is to provide support, outreach, education and advocacy to individuals, their families and loved ones impacted by mental illness.

Proporcionar apoyo, abogacía, educación y divulgación a las personas que viven con y las familias afectadas por enfermedades mentales.

為精神疾病患者及其家人提供支持,外展,教育和宣传。

FISCAL YEAR: 2024 – 2025

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	PREVENTION
X	EARLY INTERVENTION
X	OUTREACH
X	STIGMA AND DISCRIMINATION REDUCTION
X	ACCESS AND LINKAGE TO TREATMENT
	IMPROVING TIMELY ACCESS TO TREATMENT
X	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	CHILDHOOD TRAUMA
X	EARLY PSYCHOSIS
X	YOUTH OUTREACH AND ENGAGEMENT
X	CULTURE AND LANGUAGE
X	OLDER ADULTS
X	EARLY IDENTIFICATION

## NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- Recruited 220 diverse volunteers across Contra Costa County.
- Trained and Certified 65 volunteers through Five-Part Volunteer Module Training.
- Expanded multilingual and cultural responsiveness trainings to be more reflective and honoring of the diverse needs of Contra Costa County residents.
- Served 3,829 individuals through culturally diverse and inclusive support groups, educational classes, trainings, and community events.

- Provided one-on-one Support to 1,158 families; made 1,089 referrals to NAMI programs and 814 to external agencies.

- Held monthly Volunteer Meetings in multiple languages to stay engaged with our Volunteers.
- Established ongoing monthly Volunteer Orientation series for recruitment and retention.
- Offered remote and flexible volunteer assignments – content translation, content creation, newsletter support, Reception Warm Line responsibilities, advocacy, and education. supporting peers and their families, providing education through classes, advocacy as needed through legislation and participation at events, and outreach through tabling and participation at community events.
- Strengthened cultural responsiveness through training and targeted efforts of community engagement for unserved, underserved and inappropriately served residents of Contra Costa County.
- Volunteers participated in community events and Leave No One Behind unsheltered outreach and feeding programs.

**Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed, and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.**

We provided non-clinical supports such as educational courses, volunteer training and referral services to individuals seeking a variety of services to prevent and address critical urgent needs. We're charged with addressing the needs of Contra Costa County impacted by mental illness. We are committed to serving culturally diverse communities and therefore offer our services in Chinese/Mandarin, English and Spanish languages. We excel in meeting the behavioral health needs of African American, AAPI, Latinx, TAY (Transitional Age Youth of all ages), older adults, LGBTQ+, Veterans, the unsheltered and more.

We deliver services across the county, utilizing satellite offices and meeting people where they feel most comfortable; in-person, hybrid, virtual platforms and participate in community events, faith-based settings.

**Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.**

- Quantitative: 220 volunteers recruited, 65 certified, 1,158 families supported, 1,089 NAMI program referrals, 814 external agency referrals, 580 families successfully connected.
- Qualitative: Volunteers gained knowledge and confidence; multilingual and culturally responsive training increased access; feedback from individuals and families indicated increased trust and engagement, along with the receipt of practical education and support. Through collection of our evaluations, we have had a great impact in improving the knowledge base about mental illness for our program participants.
- Evaluation: Pre and Post surveys, evaluations are administered at each of our training and signature program courses. Attendance logs, activity records, family tracking forms; data anonymized and translated to ensure cultural responsiveness.

**Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.**

- Integrated, community-based, culturally responsive services.
- Empowerment of volunteers with lived experience.
- Promotion of wellness, recovery, resiliency.
- Timely access to non-clinical mental health services and resources through referrals.
- Non-stigmatizing, inclusive, strengths-based framework.
- Examples: Multilingual trainings, cultural liaisons, bilingual meetings and events.

NAMI CC carries a strong commitment to adhering to the MHSA principles. We utilize a recovery model and focus on strengths vs. weaknesses.. Our diverse Staff has 100% personal Lived Experience or as a family member.

Those seeking our services for the first time are immediately engaged whether through a phone contact, email or live, in-person contact.

We set our hours to best meet the needs of those who might need us, Monday through Thursday 8:30 am to 7 pm, Friday 8:30 am to 4 pm, and Saturday 10 am -2 pm and by appointment. We also respond to our Warm Line calls within 24 hours and utilize a phone/email service after hours. Our phone messages are translated to email and several staff triage and respond and follow up as requested.

<b>Include examples of notable community impact or feedback from the community if applicable.</b>
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- Positive feedback on multilingual and culturally responsive approach and volunteer support.
- Individuals and families reported feeling understood, connected and practically supported.
- Volunteers reported increased purpose and belonging.

We are often sought after to attend community events, being the recipient of several notable awards, letters of encouragement. We regularly are recognized with notable community impact, invitations to speak. Our CEO was named 2025 “Woman of the Year” for District 15.

We are well embraced by the community.

**Testimonial from NAMI CC Volunteer Cristal G. (Bilingual English & Spanish speaker)**

Despite barely being in the recovery stages from mental illness when I first joined, I wanted to be able to give and provide support to those around me. I always found healing and comfort in taking care of everyone around me so that no one would ever have to feel alone or distressed because the world has been cruel to them. When I left my work, I found out about NAMI CC and I thought that it was a great opportunity to gain experience in the field of mental health and to give back to my community.

This organization has not only prepared me to apply the knowledge that I have obtained through my psychology degree, but also allowed me to alleviate other’s stress and be a listening ear. When doing the warm line, calls would be coming in from all kinds of demographics, all over the county and even beyond. And doing follow up calls and seeing how we can continue to help them with free resources we provide and connecting them to organizations that can help with their situation. It was hard, I’ll admit, not the physical labor itself, but emotionally seeing that there are so many voices and individuals suffering in silence, crying and confused, and so many at their last straw. My first day out doing Leave No One Behind unsheltered

outreach, I remember getting so emotional. So, at a loss for words; being showered with “thank you’s” and “God bless you’s”, put a new perspective in regards to how grateful I am to have all the basic necessities to survive and being a face they look forward to seeing, especially since for some we might be the only people that care and provide sustenance. And now with these other programs and other projects opening up, I hope to continue contributing to their mission. Despite the many things to work on, it gives me hope and a sense of fulfillment in helping those individuals heal; to know that there is still good out there. And I am honored to be part of this non-profit, and grateful for all that it has to offer.

### **Community Testimonial – Bing, NAMI Family Member (Chinese Speaker)**

In January 2025, our daughter was rushed to the hospital by her school due to severe suicidal thoughts. That moment plunged our entire family into shock and deep emotional pain. After three months of treatment, her condition fluctuated, and we often felt helpless and anxious, especially when trying to communicate with English-speaking doctors.

Just when we felt most lost, a volunteer told us that NAMI Contra Costa had Chinese-language resources. It felt like grabbing onto a lifeline. We immediately called Sister S, and that phone call marked the beginning of a true turning point.

In July, we joined a Chinese-language mental health education course focused on child psychology. The course was taught entirely in Mandarin, allowing us to fully understand the material without language barriers. In class, we met other Chinese-speaking parents who had faced similar challenges. Through shared experiences, we listened, empathized, and supported one another. That sense of community made me feel no longer isolated.

The instructors’ professionalism and deep experience helped me respond to my child’s situation with calm and clarity, rather than panic. Since taking the course, our daughter’s condition has stabilized, and we’ve had no further crises. These changes came from the power of knowledge and the support we received through NAMI CC.

I am deeply grateful for the NAMI Contra Costa Chinese Program—for the course, for Sister S’s warm guidance, and for the hope and strength this program has brought to families like ours.

## **AGGREGATE REPORT**

**Include the following demographic data, as available, for all individuals served during the prior fiscal year: (NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)**

**TOTAL SERVED FOR FY 24-25: 3,829**

**AGE GROUP:**

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
2	779	107	53	2,888	3,829

**LANGUAGE:**

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
1,829	14	1,268	604	3,829
IF OTHER, PLEASE SPECIFY: Chinese (Mandarin) and Tagalog				

**RACE:**

**ETHNICITY (NON-HISPANIC/LATINX):**

MORE THAN ONE RACE		AFRICAN	26
AMERICAN INDIAN/ALASKA NATIVE		ASIAN INDIAN/ SOUTH ASIAN	
ASIAN	1,266	CAMBODIAN	
BLACK/ AFRICAN AMERICAN	26	CHINESE	954
WHITE/ CAUCASIAN	24	EUROPEAN	24
HISPANIC/ LATINO		EASTERN EUROPEAN	
NATIVE HAWAIIAN/PACIFIC ISLANDER		FILIPINO	120
OTHER		JAPANESE	
DECLINE TO STATE/ DATA NOT CAPTURED	1,964	KOREAN	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	3,829	MIDDLE EASTERN	
		VIETNAMESE	

	MORE THAN ONE ETHNICITY	
	OTHER	

**ETHNICITY (HISPANIC/LATINX)**

**ETHNICITY (ALL)**

CARIBBEAN		DECLINE TO STATE/ DATA NOT CAPTURED	1,964
CENTRAL AMERICAN		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	3,829
MEXICAN AMERICAN			
PUERTO RICAN			
SOUTH AMERICAN			
OTHER	237		

**SEXUAL ORIENTATION:**

HETEROSEXUAL	82	QUESTIONING / UNSURE	0
GAY / LESBIAN	1	ANOTHER SEXUAL ORIENTATION	4
BISEXUAL	0	DECLINE TO STATE/ DATA NOT CAPTURED	3,225
QUEER	15	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	3,829

**SEX ASSIGNED AT BIRTH:**

**CURRENT GENDER IDENTITY:**

MALE	77	MAN	76
FEMALE	121	WOMAN	121

DECLINE TO STATE/ DATA NOT CAPTURED	3,631	TRANSGENDER	1
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	3,829	GENDERQUEER / NON-BINARY	
		QUESTIONING	
		ANOTHER GENDER IDENTITY	
		DECLINE TO STATE/ DATA NOT CAPTURED	3,631
		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	3,829

**ACTIVE MILITARY STATUS:**

**VETERAN STATUS:**

YES	0	YES	50
NO	50	NO	0
DECLINE TO STATE/ DATA NOT CAPTURED	3,230	DECLINE TO STATE/ DATA NOT CAPTURED	3,230
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	3,829	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	3,829

**DISABILITY STATUS:**

**DISABILITY TYPE:**

YES		DIFFICULTY SEEING	
NO		DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	
DECLINE TO STATE/ DATA NOT CAPTURED	3,829	PHYSICAL MOBILITY	

<b>TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)</b>	<b>3,829</b>	<b>CHRONIC HEALTH CONDITION</b>	
		<b>OTHER</b>	
		<b>DECLINE TO STATE/ DATA NOT CAPTURED</b>	<b>3,829</b>
		<b>TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)</b>	<b>3,829</b>

**COGNITIVE DISABILITY:**

<b>YES</b>	<b>0</b>	<b>DECLINE TO STATE/ DATA NOT CAPTURED</b>	<b>3,829</b>
<b>NO</b>	<b>50</b>	<b>TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)</b>	<b>3,829</b>