

National Alliance on Mental Illness - NC

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About NAMI

- Founded 1979 in Madison, Wisconsin
- Headquarters in Arlington, Virginia
- NAMI is the largest consumer- and family- run advocacy organization in the country.
- 1100 Affiliates in 50 States, Washington D.C. and Puerto Rico
- **NAMI North Carolina** has 34 affiliates across the State and over 2000 members; Formed in 1984

NAMI NC Mission

- Provide support, education, advocacy, and public awareness so that all affected by mental illness can build better lives

Central Beliefs

- Mental Illnesses are illnesses like any other
- Stigma is real and has terrible consequences
- Consumers and families alike are essential to the recovery process
- Family and consumer education and support make substantial differences in outcomes
- With appropriate treatment and services, people can and do recover from mental illness

Central Beliefs

- People with mental illness want what all citizens want
 - Stable and safe housing
 - Access to healthcare
 - Access to education and employment
 - Meaningful relationships & purpose
 - Connection to their communities

Public Education and Information Activities

- **NAMI's website ~ www.nami.org**
 - receives over 5.4 million visitors a year
- **NAMI's Toll-free HelpLine ~ 1 (800) 950-6264**
 - serves over 50,000 callers a year (staffed by a dedicated team of volunteers)
- **NAMI North Carolina website ~ www.naminc.org**
 - Receives over 52,500 visitors a year
- **NAMI NC HelpLine ~ 1 (800) 451-9682**
 - serves over 4,500 callers a year

Strengths

- Beginning to see LME/MCO being able to respond to local community needs, assessing their networks, and being innovative with services while showing savings
- Crisis Intervention Training (CIT)
- Telepsychiatry
- A clear thoughtful & engaged dialogue by policymakers

Areas of Growth

- Reform, Reform, Reform
- Money not following into the community
- Lack of coordination
 - No case management function in MI
 - LME/MCO not acting as navigator
 - No transition out of prison or follow up
- Our service array is crisis based not addressing the core symptomology/issue based
- Access to right service at the right time
- No consistency from Murphy to Manteo
- Workforce capacity

Opportunities

- An increase in consumer and family thoughtful input/voice
- Supportive Housing & a Housing 1st Philosophy
- Employment – IPS
- Moving from a Fee for Service to an outcomes based system with intention on integration with primary medical care
- Serving those in the gap between Medicaid eligibility & private insurance

Threats

- Without funding – this is moot
- Ensure that if privatization becomes the norm that there is some form of public accountability and transparency

Contact NAMI NC

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