National Alliance on Mental Illness - NC

Jack Register, MSW
Executive Director & Registered Lobbyist
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

- Jack Register
- 919.788.0801
- jregister@naminc.org