National Co-Responder Consortium
Promoting Community-led Responses to Substance Use and Mental Health for People in Need

The National Co-Responder Consortium (the “Consortium”) is comprised of national organizations that represent emergency medical services (EMS), behavioral health, social work, social services, research, individuals with lived experience, and community. The Consortium serves as the first national technical assistance center to design, create, implement, and evaluate community-based and community-led multidisciplinary response strategies, such as co-responder and community responder models, for people with behavioral health disorders\(^1\). The goal of these clinically-driven strategies is to minimize the reliance on law enforcement when a public safety risk is not present, and instead utilize a coordinated response team approach that is appropriate to the needs of the individual and each unique situation. The consortium encourages the development of multi-disciplinary teams involving EMS, behavioral health and medical care providers, social service organizations, and law enforcement.

Current Consortium partners include the following (new Consortium partners are welcome):

- American College of Emergency Physicians (ACEP)
- American Paramedic Association (APA)
- Emergency Nurses Association (ENA)
- International Association of EMS Chiefs (IAEMSC)
- International Academies of Emergency Dispatch (IAED)
- Law Enforcement Action Partnership (LEAP)
- Mental Health America (MHA)
- Meadows Mental Health Policy Institute (MMHPI)
- National Association of EMS Physicians (NAEMSP)
- National Association of Social Workers (NASW)
- National Association of State EMS Officials (NASEMSO)
- National Council for Mental Wellbeing (National Council)
- National EMS Management Association (NEMSMA)
- Treatment Advocacy Center (TAC), and
- TASC's Center for Health and Justice (TASC-CHJ).

The **MISSION** of the Consortium is to ensure that people who have behavioral health disorders are immediately connected to community-based treatment, housing, recovery, and social services that they need in a response to crisis and non-crisis situations. Non-crisis connections are critical for prevention strategies.

The **PURPOSE** of the Consortium is to ensure that community-level responses provide person-centered navigation to appropriate resources, while respecting an individual’s choices and being mindful of responses that respect race, gender, culture, and the local community context.

\(^1\) Behavioral health disorders includes people living with mental health care and substance use care needs.
The **GOAL** of the Consortium is to support integrated community-based responses for people with behavioral health disorders.

The **WORK** of the Consortium will use a **systems approach** to empower communities - urban, suburban, rural, frontier, and tribal - to create the change that they envision. At its core, our understanding of community includes the very people who reside in it, not just professional, government, and non-profit organizations.

The **WORK** of the Consortium ranges from **legislative advocacy** to **policy**, to **practice**, to **research**, in an effort to ensure that all local jurisdictions have a credible and reliable resource to help implement or enhance co-responder initiatives as needed in their communities.

The Consortium will develop principles, promising practices, case studies, mentor sites, policy (national, state, local), and peer learning networks for all those interested in co-responder initiatives. The Consortium will also support the development of guidelines to ensure a clinically and situationally appropriate response for individuals in need.

**Our WORK...**

- seeks safe encounters for individuals and co-responders alike,
- is centered in community,
- committed to equity,
- values a range of responses,
- and respects the dignity and autonomy of the individual,
- for both crisis and non-crisis encounters.

The Consortium believes that it is not enough to intervene in the moment, but that integrated and comprehensive responses must also support, engage, motivate, and advocate for the person through the path to recovery, and beyond. As such, at the core of the Consortium’s work is specialized case management and continuity of care. Our work utilizes a multidisciplinary approach and promotes promising and proven alternatives in response resource utilization.

For more information or to become involved in the National Co-Responder Consortium, please contact:

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