

Facilitating a New Era of Community-Based Response to Substance Use Disorder



National Co-Responder Consortium

Promoting Community-led Responses to Substance Use and Mental Health for People in Need

Introductions

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Why a new type of response?

Deaths of numerous people of color in recent memory

- Sparked the call for alternatives to law enforcement response to individuals experiencing behavioral health crises

All across the country, communities are turning to Co-Responder Models

- Combinations of behavioral health clinicians with first responders to answer calls to individuals in crisis and non-crisis states

Co-responder models led by law enforcement still dominate the space

- Many non-police involved approaches are popping up in all sorts of communities around the nation



Statistics of SUD/BHD in Rural Areas



“Between 1999 and 2015, the overdose death rate in rural areas increased by 325 percent...”

Rural youth have 35 percent greater odds of having misused prescription opioids in the past year than their urban peers...

The consequences of greater opioid use in rural areas include increases in opioid-related overdose deaths and increased exposure to...HIV and hepatitis C virus (HCV)...

The overdose death rate in rural areas surpassed that in urban areas in 2015; it had previously been similar to or lower than the urban rate.”

(Behavioral Health in Rural America: Challenges and Opportunities)



Grantee Sourcebook

Rural Health Opioid Program

2018-2021

“Rural communities are facing higher rates of death in opioid overdose when compared to urban populations. A lack of locally available emergency naloxone devices and treatment options as well as high response times of emergency medical services due to isolation are principle factors leading to a higher mortality rate in rural areas.”

“Furthermore, individuals in rural communities with OUD are more likely to have socio-demographic vulnerabilities than opioid users in urban areas that may affect their ability to seek treatment and maintain recovery. These vulnerabilities include being under 20 years of age, having fair or poor health, not graduating high school, earning an income of less than \$20,000, and being uninsured.”

Colerain Township (OH) Quick Response Team

Emerged to address the rapid increase in overdoses in community

Colerain's small size allowed for a strong feeling of community

“A benefit of involving treatment professionals in diversion is their profound knowledge of substance use and mental health, both through professional work and sometimes personal experience” (Naloxone Plus Pathway)



Who makes the team?



Fire/EMS Employee

Substance Use Specialist

Peer Recovery Coach

Licensed Clinician

Law Enforcement





Lessons Learned

- 1) Diversion requires a culture change for first responders and the community
- 2) Face-to-face contact is essential to engaging individuals in treatment
- 3) Strong relationships with community providers are essential to streamline and to connect diversion participants to services
- 4) Collecting and using data enables programs to identify and prioritize funding requests, garner community support, and outline obstacles
- 5) Outreach volunteers need organized training and support to prepare for the challenges of post-overdose outreach



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How are we helping?



Mission Statement

The National Co-Responder Consortium aims 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.

Facilitating a New Type of Response

Bringing together practitioners and policy experts from a variety of disciplines to move the field of Co-Response forward

Advocating for inclusion/leadership of EMS in Co-Responder models, funding, and legislation

Focusing on Rural EMS Co-Response models and capabilities



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