On March 21, CIT International sent out a link to a survey asking how your communities are adjusting mental health crisis response in the context of the COVID-19 pandemic. We received 73 responses representing law enforcement, corrections, behavioral health and advocacy. As one respondent indicated, *"There is certainly a feeling that we are "building the plane as we are flying it" and creating protocols as we go with this,"* many communities are adjusting quickly to a very challenging new reality.

We wanted to share what we learned with the CIT International Community.

Respondents listed a number of changes to their mental health crisis response strategies to protect first responders, individuals in crisis, service providers and the public. Many indicated **reducing face to face contact** as much as possible by handling calls for service by phone if safe to do so, utilizing **phone and video conferencing** for mental health assessments, and encouraging community members to utilize **crisis lines, 211 and natural supports**. Respondents indicated that when on scene law enforcement response is necessary, officers ask people to **step outside and maintain a safe social distance**. They also indicated that **personal protective equipment (PPE)** is being used for these contacts and that COVID -19 screening is being conducted by 911 call takers, officers, and EMS. If an individual in crisis screens positive for possible COVID-19, law enforcement respondents indicated they would request medical transport (EMS) or transport to emergency department to have **medical issues addressed first**. One respondent indicated their community has a **dedicated COVID-19 ambulance** that would be used. While many respondents indicated that mental health transports are being done as usual with the **addition of PPE,** another respondent indicated that currently, some signed involuntary commitment orders are **not being acted on** due to concerns about COVID-19 exposure.

Several respondents from the behavioral health sector indicated that mobile crisis teams are **no longer responding in person**. If on scene response is needed, law enforcement is sent and mobile crisis workers provide **phone or telehealth support**. However, in other communities, mobile crisis teams continue to respond while **taking precautions (PPE, distancing).** One respondent indicated that community mental health providers have stopped clinic and community visits. If they are unable to get in contact with clients via phone, they are calling 911 to request law enforcement conduct **welfare checks**.

When considering what resources are needed, the most frequently mentioned resource was more **PPE**-for police, EMS, mental health service providers, and the individuals in crisis. This was followed by greater access to **telehealth assessments**. The remainder of responses reflected two themes; the first related to overall i**ncreased mental health resources** (mobile crisis, crisis triage centers, hotlines, housing), the second pertained to **resources to prevent spread of COVID-19** (cleaning supplies, separate areas for individuals with and without COVID-19 symptoms). Several respondents indicated they would like to separate their crisis receiving site from the emergency department so that people in crisis did not need to be processed through ED.

One respondent indicated they are running public service announcements encouraging people to take care of their mental health and utilize warm lines and crisis lines when needed. Respondents also pointed out the value of **CIT Councils, Coordinators and partnerships** during the pandemic, indicating that their community has really **come together** to support individuals experiencing mental health crisis and each other. That is the heart of CIT!

Given that the pandemic is predicted to continue for some time, we plan to periodically send out surveys to check in and gather information on how communities are adapting.

We thank you for all that you do! Stay safe and stay well!