Policy Matters Ohio

POLICY UPDATE

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Cleveland's crisis care continuum

Someone to call. Someone to respond. Somewhere to go.

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Over the past few months, a variety of decisions have been impacting Cleveland's crisis care continuum — some in the direction of progress, others not so much. Through the good, bad, ugly, and indifferent, advocates and impacted residents from all corners of our communities and behavioral health systems have been leading some of the most transformative efforts.

With significant new developments throughout Greater Cleveland's behavioral health ecosystem emerging over such a short period of time, this update is intended to give a snapshot of meaning and impact.

Across the behavioral health continuum, there are three key elements that determine how successfully people in crisis have their needs met: someone to call, someone to respond, and somewhere to go.

Someone to call

In fall of 2025, the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County and Frontline Services ended their non-police care response pilot, which serviced Cleveland's 44102 and 44105 neighborhoods. Following the pilot's sunset, ADAMHS board and the Research and Evaluation Group conducted an evaluation to capture the impact of the pilot. Findings from the evaluation report helped catapult service expansion to the entirety of Cuyahoga County 24 hours a day, seven days a week. Service expansion began February 2026.

This expansion is a major step forward for non-police care response in Northeast Ohio. The next big hurdle is one that has been there all along: When the average person dials an emergency number, it's almost always 911 — but non-police care response is only available by calling 988.

Early advocates of the program stressed the importance of interoperability between the 911 and 988 systems, envisioning a behavioral health clinician embedded in the 911 dispatch center to triage calls and train call-takers to recognize and transfer mental health calls directly to 988. By failing to integrate 911 and 988 emergency response systems, the ADAMHS board and Frontline missed most of the population the program was designed to serve. Frontline could significantly improve the county program by making the two systems interoperable.

Cleveland's own crisis-care system risks falling short for the same reason. The Bureau of Community Crisis — established under Tanisha's Law and housed in the city's Division of Emergency Medical Service — was designed to operate in tandem with the Division of Police's co-response program. But despite hundreds of thousands of dollars in federal grants and matching funds to support interoperability across city departments, the city has shown no progress toward a modern, integrated 911/988 system.

In September 2023, the federal Department of Justice awarded Cleveland a federal "Connect and Protect" grant of $550,000, intended to modernize Cleveland's 911 call system to better handle behavioral health crises and embed mental health clinicians in its dispatch center. Additional funding from the Cleveland Foundation and matching funds from the city have since increased funding to more than $800,000.

More than two years after the grant was announced, Cleveland City Council Member Stephanie Howse-Jones reported there had been little action from the mayor's administration.

That trend has continued. Tanisha's Law passed in February 2026; it requires the city to embed mental health clinicians in the 911 dispatch center to route appropriate calls to behavioral health responders. At publication, the city has shown no progress toward meeting this requirement.

Someone to respond

Smoothly functioning call and dispatch systems are a necessary foundation for a high-quality crisis care continuum — but like any service, crisis care response is only as good as the people who provide it. That is why crisis care responders must be highly qualified and capable of trauma-informed, person-centered response.

Tanisha's Law and the expansion of Frontline's care response program services both provide residents with crisis teams that can meet the complex needs that our community members often face when experiencing a behavioral health crisis. Both programs involve unarmed crisis response teams made up of behavioral health professionals, social workers, peers with lived experience, and clinicians.

These teams are dispatched to non-violent behavioral health and substance-use crises, wellness checks, and quality-of-life calls. They are sent in place of police, who too often harm or kill community members during what should be routine service calls — as they did to Tanisha Anderson, a beloved Clevelander experiencing a mental health crisis, in 2014. Tanisha's Law is named in her honor.

Tanisha's death was one on a laundry list of incidents that prompted a Department of Justice investigation of the Cleveland Division of Police that same year, and a federal consent decree in 2015.

The consent decree between the city of Cleveland and DOJ is a court-enforced settlement to repair community trust and correct the Cleveland Division of Police's unlawful, excessive practices and patterns of policing, which have led to the killing of community members.

Under the decree, the city must comply with an array of requirements, with progress assessed by an independent monitoring team. The decree can only be terminated after the city has been in compliance with these requirements for either one or two consecutive years. Over a decade after agreeing to the decree, Cleveland has not fulfilled these requirements.

The Bibb administration unintentionally drew attention to those shortcomings in February, when officials joined with DOJ lawyers to request that a federal judge terminate the decree. Community members and other advocates pushed back immediately. Even the judge was surprised by the request: The most recent Monitoring Team assessment included observations that the city was not yet in full compliance with

provisions related to bias-free policing, community engagement and trust-building, and community and problem-oriented policing.

Not only was the request strikingly premature — as noted by U.S. District Court Judge Solomon Oliver when he rejected it — it also undermined any emerging sense of trust between crisis-care advocates and city officials, coming just weeks after the city adopted Tanisha's Law.

The city is still considering its response to the judge's ruling, but Cleveland's consent decree should remain in place until community feedback and other data confirm that the city has met all requirements.

Somewhere to go

A strong crisis care system needs more than call lines and responders — it needs places where people can go to receive care. In Cuyahoga County, recent funding decisions are beginning to address that need, though important gaps remain.

The ADAMHS board recently approved funding for a new behavioral health crisis center in Cleveland's Central neighborhood. Operated by the Cleveland nonprofit The Centers, the facility will improve access to emergency behavioral healthcare in an area where residents often access other behavioral support services. After recent funding hurdles, the project is moving forward thanks to sustained advocacy from community members, service providers, and local organizations, including public comment from Policy Matters Ohio.

The new crisis center will be an improvement to Cleveland's crisis care ecosystem. However, federal budget cuts will reduce its impact by forcing the county to close another behavioral health facility to free up funding. The Cuyahoga County Diversion Center provides care and treatment for people showing signs of mental illness or addiction, who otherwise would be sent to the county jail. The diversion center's purpose is similar to that of the new crisis care center; the community needs both.

A recent Signal Cleveland article highlights this dilemma, noting that diversion center leadership is concerned that closing the diversion center will mean a net loss of residential beds for people experiencing mental health crises, who can need services for days at a time. The new crisis center will have some residential beds, but fewer available for longer-term stays. Instead, it will add more short-term chairs, where residents can stay for up to 23 hours to receive medication and therapy.

That tradeoff comes at a time when demand for behavioral health services continues to grow. Proposed cuts to federal funding for the county's continuum of care, as well as harmful executive orders targeting our unhoused neighbors, are also contributing to the funding squeeze.

A high quality crisis care continuum requires a range of options — from short-term stabilization to longer-term residential care. Cuyahoga County cannot continue robbing Peter to pay Paul; every "place to go" during crisis is essential and brings a unique value to the community members they provide treatment to.

Conclusion

Thanks to the tireless work of directly impacted families, community members, direct-service organizations and policy advocates, Cleveland and Cuyahoga County continue to improve our crisis care continuum — and there's still a lot of room for improvement.

We urge advocates and other community members to stay involved with discussions to improve our behavioral health ecosystem. The Mental Health Response Advisory Committee (MHRAC) is one opportunity to do so. Established as a requirement of the consent decree, MHRAC provides feedback to and advises the Cleveland Division of Police on crisis intervention. MHRAC is also considered an advocacy checkpoint for continued engagement with city leadership on implementing Tanisha's Law.

Another way to engage is through the Community Police Commission, which hosts monthly meetings on policing oversight, where community members can provide feedback on their experiences with police.

Lastly, the more people know about accessing crisis care services, the more lives they can save. We urge our neighbors to continue promoting the 988 mental health emergency crisis line, FrontLine Services non-police care response county-wide program expansion, and other crisis care services in our continuum that are currently still active and available.