In Harris County, Texas, incarceration remains a default response to homelessness and untreated mental illness. Individuals experiencing behavioral health crises are often arrested for petty, non-violent charges such as disorderly conduct or trespassing. These arrests do little to address underlying needs and instead contribute to a repeated cycle through the criminal justice system. Welsh Carroll, Flanigan, and Gutierrez (2023) argue that this practice “punishes poverty and illness instead of offering real solutions” (p. 287), with disproportionate harm to black and brown residents. The resulting mistrust of public systems is both a local and national concern, but its impact is evident in Houston’s homeless population.

While attending the University of Houston and living downtown for a year, I regularly saw the lack of aid available to unhoused individuals. Many appeared to be living with untreated mental illnesses, which often created additional barriers to accessing help. Without proper intervention, they remained caught in a cycle of crisis and ongoing instability. Observing this reality firsthand made the issue deeply personal to me. When presented with the topics for this project, I was immediately drawn to this one. My goal is not only to highlight the problem but also to develop an actionable plan that could bring measurable changes to my community.

The scope of the problem in Harris County is vast. Local jail data shows that a significant percentage of bookings involve individuals with diagnosed mental illness, many of whom are also experiencing homelessness. Decades of reduced funding for mental health services, coupled with a lack of affordable housing, have left few alternatives for crisis response. As Kannenberg and Conley (2020) explain, “in the 1980s, mental health facilities were closed without adequate community-based alternatives” (p. 304). This policy shift, combined with “the War on Drugs [which] led to harsh sentencing policies that disproportionately affected people of color and those with behavioral health needs,” pushed responsibility for mental health crises onto the criminal justice system (p. 304). Emergency rooms and jails have become default holding places, straining law enforcement, courts, and healthcare systems. The failure to provide timely intervention leads to escalating public costs and worsening long-term outcomes.

Addressing the issue requires moving away from idealistic solutions and focusing on programs with a proven track record in the county. I have faced the challenge of wanting to help but not fully understanding which steps to take or which strategies are truly effective. This experience led me to prioritize and support existing programs while exploring ways to expand them. Such an approach ensures that the plan remains both actionable and realistic. Homelessness and incarceration are complex issues with no single-step solution. I aim to focus on strategies that have been proven to work and have statistically benefited unhoused and mentally ill individuals.

Jails are among the most expensive and least effective places to respond to behavioral health needs. Lamb and Weinberger (2014) explain that “jails and prisons have become the largest de facto mental health institutions” (p. 10). This approach drains taxpayer resources while failing to reduce recidivism. Kannenberg and Conley (2020) also emphasize that “the societal cost of repeated arrests and hospitalizations far exceeds the cost of providing supportive housing and community-based care” (p. 308). Black residents experiencing homelessness are disproportionately targeted by enforcement actions in Harris County, worsening racial disparities in arrests and incarceration (Welsh Carroll et al., 2023). Families lose stability when loved ones cycle in and out of jail, and public safety suffers when mental health and housing crises remain unresolved.

Addressing the systemic over-incarceration of individuals experiencing mental illness in Harris County requires a realistic, data-driven strategy. Other jurisdictions have approached this challenge through pre-booking diversion programs, enhanced police training, and housing solutions. Mehari et al. (2024) found that diversion initiatives in Texas have significantly reduced recidivism and improved treatment outcomes. Similarly, Rowlandson et al. (2024) demonstrated that mental health diversion programs can yield “a net savings of $2 to $4 for every dollar spent” by reducing jail stays, court costs, and emergency medical expenses (p. 2). These findings suggest that measured, phased investments can produce both fiscal and public safety benefits.

Harris County’s own Judge Ed Emmett Mental Health Diversion Center is well positioned to serve as the foundation for such an effort. According to official program data, the facility currently has thirty-six beds, which is a crucial detail for planning an expansion (Harris County Behavioral Health, 2024). My recommended strategy is a phased expansion of the center, beginning with a manageable increase in capacity from thirty-six to fifty beds. This initial growth would better accommodate current overflow cases without creating unsustainable financial or staffing burdens. Additional clinical staff would be necessary for this growth, such as psychiatric nurses, licensed professional counselors, and case managers, all hired in proportion to the expanded capacity. Taking an incremental approach would allow the county to monitor outcomes, build political and community support before committing to larger-scale investments.

Integrating supportive housing into the diversion process is also essential to achieving long-term success. Rowlandson et al. (2024) emphasize that “permanent supportive housing yields long-term cost savings by reducing reliance on high-cost emergency and justice system resources” (p. 3). Without stable housing, many individuals return to unstable and unsafe environments, which increases the risk of relapse and re-arrest. Creating a clear path to housing for unhoused individuals is therefore a long-term necessity. Han (2024) also adds that source-of-income (SOI) protections “significantly reduce the proportion of extremely low-income households in public housing” (p. 3217). In simple terms, these protections prevent landlords from rejecting tenants solely based on their income source. This policy opens more rental opportunities for individuals who would be excluded from the private market. By increasing access to private rentals, SOI protections can ease the pressure on already limited public housing resources. As a result, these protections can indirectly free up public housing units for clients who cannot compete in the broader rental market. This gives them an attainable path to permanent housing and ensures that public resources are allocated to those with the most need.

This connection between housing policy and diversion services demonstrates how legal protections can be paired with program support to create a lasting change. Without addressing systemic obstacles like landlord discrimination, even individuals who receive vouchers may remain unhoused. Implementing and advocating for SOI anti-discrimination ordinances supported by Han’s research would expand access to the private rental market and relieve pressure on public housing. This would increase the odds of stable housing for clients leaving the diversion center, further breaking the cycle of instability that fuels reoffending.

To take advantage of this, a dedicated housing team within the diversion center could be established. This team could connect clients with SOI-compliant landlords, and secure placements before discharge. This ensures that individuals leave the program with both treatment and stability in place. Which can directly break the cycle of returning to unsafe environments that often lead them back onto the same harmful path. In doing so, the program can secure safe, stable housing for individuals experiencing homelessness, giving them a foundation for lasting recovery.

Another critical component of this plan involves strengthening law enforcement’s role in diversion. Harris (2020) outlines the significant barriers to pre-booking diversion, noting that “police officers have become the gatekeepers of the criminal justice and mental health systems” (p. 493). In the absence of convenient alternatives, officers may resort to actions such as “police initiated trans-jurisdictional transport of troublesome persons” or “diesel therapy,” which involve removing individuals from their jurisdiction without connecting them to appropriate services (pp. 493–494). Enhancing Crisis Intervention Training (CIT) to include direct communication protocols with the diversion center could address these problems. Expanding scenario-based training would also be beneficial. It would help officers better identify diversion-eligible individuals, particularly those with reoccurring substance use disorders. This would ensure they are transported to the center rather than jail.

The resources necessary for this strategy include adequate funding for facility expansion and staffing, as well as the recruitment of qualified clinical and liaison personnel. The plan also depends on establishing strong communication channels between law enforcement, courts, and health providers. Policy support is another essential resource. The adoption and enforcement of SOI protections would be necessary to sustain the housing component of the plan. These resources are not abstract or theoretical. Instead, they represent achievable steps that align closely with the county’s existing operations and priorities. Community partners would also play a crucial role in making the plan effective. Nonprofits, shelters, healthcare providers, and faith-based organizations could contribute services such as case management, medical care, and transitional housing support. Their involvement would not only expand service capacity but also strengthen collaboration across agencies and build trust with residents who may be hesitant to engage with government systems.

If implemented, this strategy could yield measurable benefits. Mehari et al. (2024) state that “diversion programs have significantly reduced recidivism rates” (p. 8). This suggests that Harris County could expect comparable results. While challenges remain, such as potential community resistance to facility expansion, the phased approach minimizes risk. It allows for mid-course corrections and builds an evidence base for continued investment. For example, some residents may worry that expanding facilities or supportive housing could negatively affect neighborhood safety or property values. These concerns highlight the importance of transparency and engagement. Publishing program data, holding town halls, and inviting residents can help reduce resistance and foster community trust. By involving stakeholders early, the county can build shared ownership of the program’s success.

This is not an idealistic vision but rather an approachable response to the following issue. It is a targeted, evidence-supported plan rooted in existing infrastructure and proven interventions. By starting small and scaling up responsibly, Harris County can achieve meaningful reform without overextending its resources. These benefits include fewer jail admissions for individuals in crisis and lower public costs. They also contribute to stronger community safety and provide stable housing that supports long-term recovery. The strategy builds on what already exists, focusing on realistic, step-by-step improvements instead of drastic changes. More importantly, as a community member, I can contribute by advocating for policy changes. I can also participate in public forums to support the expansion effort. Additionally, I can collaborate with local stakeholders to ensure that the implementation is transparent and effective. My role would be to serve as a link between decision-makers and the public, ensuring that the program remains focused on its purpose and responsive to community needs. As a result, the plan is both practical and personal, providing a realistic solution that I can actively support.

From a fiscal perspective, the Judge Ed Emmett Mental Health Diversion Center has already shown that diversion can generate substantial returns on investment. According to official program data, “since its opening in 2018, the program has diverted 8,835 individuals from jail” (Harris County Behavioral Health, 2024, p. 2). This diversion has translated into significant cost savings, with the county reporting that “for every $1 spent on diversion, $5.54 in criminal justice costs are avoided” (p. 3). These savings are realized through reduced jail occupancy, lower court expenditures, and decreased dependence on emergency medical services. Together, these savings ease what would otherwise be a substantial and ongoing strain on county resources.

The social impact is also compelling. Data from the center shows that “individuals diverted through the program had a 50% reduction in bookings. This also indicates “those diverted five or more times were 3.1 times less likely to be booked again compared to a non-diverted group” (Harris County Behavioral Health, 2024, p. 4). These figures point to a reduction in reoffending, which benefits both participants and the broader community. Moreover, the center’s work has led to a “22% decline in psychiatric hospitalizations” and a “23% decline in emergency detention incidents” (p. 5). These factors highlight their effectiveness in preventing crises before they escalate to the point of involving law enforcement or emergency rooms.

Some critics may argue that expanding capacity and staffing could be too costly or divert resources from other public safety priorities. However, the county’s own financial analysis already demonstrates a clear return on investment. In addition, the phased nature of this plan avoids sudden budgetary constraints by allowing adjustments at each stage based on performance data. Others may contend that diversion programs compromise public safety by releasing individuals with untreated behavioral health needs. This argument overlooks the fact that diversion programs operate with strict eligibility requirements, clinical assessments, and stabilization protocols. Harris (2024) emphasizes that “crisis diversion should never be mistaken for the absence of accountability; it is a strategy for ensuring that accountability includes appropriate care” (p. 682). The proposed phased expansion of the Judge Ed Emmett Mental Health Jail Diversion Center offers a cost-effective and socially responsible solution. It addresses the over-incarceration of individuals experiencing homelessness and untreated mental illness in Harris County. This approach is grounded in the demonstrated success of the existing diversion program, which has already produced well-documented fiscal and social benefits.

To determine whether advocacy for this plan is successful, multiple indicators should be tracked over time. At the legislative level, success would involve securing county funding, obtain state mental health grants, and form formal partnerships with nonprofit housing and behavioral health providers. At the community level, measurable benchmarks would include higher diversion rates and fewer jail bookings for behavioral health crises. Additional indicators would be reductions in psychiatric hospitalizations and improved housing placement success rates. Harris (2024) emphasizes that “data-driven evaluation must be an integral part of crisis response reform” (p. 684), making long-term tracking essential for ensuring program impact.

Beyond these metrics, advocacy success should also be measured through feedback from those directly impacted. Welsh Carroll et al. (2023) points out that “system avoidance is not simply a product of legal sanctions, but of repeated negative interactions with public systems” (p. 288). Gathering testimonials from diverted individuals, family members, and service providers would help reveal whether the program is improving trust, and overall well-being. This feedback could be collected through structured interviews, focus groups, or anonymous surveys to ensure diverse voices are represented.

Transparency will also be key in sustaining support for the program. Harris (2024) stresses that “community accountability requires both transparency in outcomes and responsiveness to stakeholder feedback” (p. 681). Regular public progress reports detailing diversion numbers, housing placements, and reductions in crisis incidents should be shared with residents. Engaging residents through town halls, online updates, and local media coverage would build transparency and invite ongoing input, ensuring the program evolves in response to community needs.

Finally, long-term sustainability should be a defining measure of success. Rowlandson et al. (2024) note that “long-term impact is achieved only when programs secure stable funding streams and maintain cross-sector partnerships” (p. 5). Tracking whether expanded capacity, staffing, and housing collaborations remain in place three to five years after implementation will be critical. Achieving recurring budget allocations and formalized agreements with housing providers would signal that the expansion has transitioned from a temporary initiative to a permanent program. This would establish it as a reliable fixture in Harris County’s crisis response system.

In conclusion, the phased expansion of the Judge Ed Emmett Mental Health Jail Diversion Center is rooted in fiscal responsibility and documented local successes. It also reflects a commitment to dismantling systemic barriers that perpetuate homelessness and untreated mental illness. This plan combines targeted capacity growth, additional clinical staffing, integrated housing solutions, and SOI protections with performance monitoring. Together, these measures give Harris County a realistic and measurable path to reducing incarceration rates while also improving public safety. More importantly, as a community member, I can play a role by advocating for policy changes. I can also participate in public forums to support the expansion. Additionally, I can collaborate with local stakeholders to ensure that the plan is implemented effectively. This commitment reflects a broader sense of civic responsibility. By speaking at public forums, encouraging my peers to support policy reforms, and maintaining dialogue with local leaders, I can show how individual action helps drive collective change. Civic engagement ensures that reforms are not only implemented but also sustained through ongoing community support. Through these efforts, the program can continue to grow responsibly, serve more residents in need, and solidify Harris County’s reputation as a leader in behavioral health and justice reform. Beyond Harris County, this model could serve as a template for other large urban counties across the United States facing similar challenges with incarceration and untreated mental illness. Demonstrating savings, improved safety, and better health outcomes at the local level can influence state policy and contribute to broader national discussions on justice reform.

**References**

Han, H. (2024). Reducing housing instability: The impact of source-of-income protections on low-income households. *Housing Policy Debate, 34*(3), 3213–3224. <https://doi.org/10.1080/10511482.2024.2314567>

Harris, L. E. (2020). Police as gatekeepers: Barriers to mental health diversion in the United States. *Law & Policy, 42*(4), 490–512. <https://doi.org/10.1111/lapo.12170>

Harris, N. (2024). Crisis diversion and community accountability: Integrating behavioral health, housing, and law enforcement. *Journal of Behavioral Health Services & Research, 51*(4), 678–686. <https://doi.org/10.1007/s11414-024-09987-5>

Harris County Behavioral Health and Jail Diversion Center. (2024). *Annual report 2024: Advancing integrated crisis response and housing solutions*. Harris County Office of Justice and Safety.

Kannenberg, K., & Conley, M. (2020). Advancing occupational justice through street-based intervention: A case study examining strategies for increasing meaningful engagement in the face of homelessness and incarceration. *Work, 65*(3), 303–310. <https://doi.org/10.3233/WOR-203082>

Lamb, H. R., & Weinberger, L. E. (2014). Decarceration of U.S. jails and prisons: Where will persons with serious mental illness go? *Journal of the American Academy of Psychiatry and the Law, 42*(4), 459–464.

Mehari, A., Smith, T., & Lopez, R. (2024). Reducing recidivism through behavioral health diversion programs: A multi-county analysis. *American Journal of Criminal Justice, 49*(2), 245–262. <https://doi.org/10.1007/s12103-024-09765-4>

Rowlandson, K., Patel, J., & Greene, M. (2024). Permanent supportive housing as a tool for justice system reform. *Social Policy & Society, 23*(1), 1–15. <https://doi.org/10.1017/S1474746423000567>

Welsh Carroll, M., Flanigan, S. T., & Gutierrez, N. III. (2023). Black lives experiencing homelessness matter: A critical conceptual framework for understanding how policing drives system avoidance among vulnerable populations. *Public Integrity, 25*(3), 285–300. <https://doi.org/10.1080/10999922.2022.2090779>