Integrated Navigation Services to End Arrest & Detention (INSTEAD) Program

BENEFIT-COST EVALUATION

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Executive Summary

This report provides a comprehensive benefit-cost evaluation of the Integrated Navigation Services to End Arrest and Detention (INSTEAD) program in New Orleans, a community-based diversion program for court-involved people whose arrests are often connected to underlying factors such as unaddressed mental health challenges. Findings are based on: 1) a thorough review of INSTEAD's financial and participant data since the program launched in 2024, 2) discussions with INSTEAD leadership, 3) interviews with key staff from the District Attorney's and Public Defender's offices; and 4) in-depth interviews with five INSTEAD participants who completed the program.

Participants enter INSTEAD facing an array of social and health challenges, including mental health conditions, substance use disorders, unstable housing, and inadequate social support. Through intensive case management, they leave the program connected to community resources and support needed to address these challenges and avoid re-arrest. From January 2024 to July 2025, INSTEAD enrolled 81 individuals. As of July 2025, 25 of these participants were still in the program, 1 died, 7 dropped out of the program, and 48 completed the program, resulting in the Orleans Parish District Attorney dismissing their charges. Of the 48 that completed the program, 33 chose to continue working with their INSTEAD case manager.

INSTEAD generates significant cost savings for Orleans Parish by reducing jail and court costs, and shifting healthcare expenses to systems reimbursed by the federal and state government. INSTEAD saves between **$94,867 and $1.2M annually,** indicating that **every $1 invested in INSTEAD the program returns between $1.20 and $3.61 in savings**. The return on investment is highest when the program operates at full capacity.

INSTEAD also provides social and health benefits for participants, including improved mental, behavioral and physical health, expanded access to healthcare, greater housing stability, increased employment and educational opportunities, stronger social support systems, and a renewed sense of hope for the future, all of which help reduce recidivism and reliance on crisis services, and lower overall costs to the public.

These findings point to the following recommendations to further enhance INSTEAD's effectiveness and return on investment:

1. **Maximize Case Manager Capacity**: Balance staff caseloads and streamline referral processes to sustain quality services and lower cost per participant.
2. **Divert Earlier in the Process**: Implement strategies within the District Attorney and Public Defender's offices to divert individuals at earlier stages of the legal process.
3. **Aim for Racial and Gender Equity in Referrals**: Monitor and address racial and gender disparities to ensure equitable access to diversion.
4. **Improve Criminal Legal System Data Quality and Access**: Standardize data collection and reporting procedures to ensure accurate information is available for program evaluation and decision making.

Our analysis demonstrates that INSTEAD is both cost-effective and socially impactful. By reducing public expenditures and improving people's health and social and economic well-being, INSTEAD delivers returns for individuals, families, communities, and New Orleans.

Introduction

New Orleans is among a growing number of jurisdictions rethinking responses to low-level offenses rooted in social and behavioral health challenges. The Integrated Navigation Services to End Arrest and Detention (INSTEAD) program represents a local innovation in this movement, grounded in community partnership, equity, and cost-effectiveness.

Across 39 states, diversion programs provide alternatives to prosecution by redirecting individuals from the court system into community-based supports. **These initiatives address root causes such as unmet mental health needs, substance use, or housing instability, reducing re-arrest and the long-term harms of justice involvement while promoting rehabilitation and stability.**

Ubuntu Village, a Black-led community organization advancing health and equity, operates INSTEAD with funding from the Orleans Parish District Attorney's Office (OPDA). The program was created to fill a gap in OPDA's traditional diversion program by providing more intensive and holistic support for individuals charged with non-violent, low-level offenses (with exceptions), stemming from behavioral health and social challenges. Participants are identified through partnerships among OPDA, the Orleans Public Defenders (OPD), and the Orleans Parish Sheriff's Office (OPSO), with final approval for diversion granted by OPDA.

INSTEAD intervenes early in the court process, offering participants a 90-day alternative to prosecution through intensive, community-based case management. Case managers connect participants to housing, employment, healthcare, and other supports. Successful completion, defined by active engagement and no new arrests, results in dismissal of charges. Smaller caseloads than OPD case management and voluntary post-program support help sustain participants' progress and reduce the likelihood of re-arrest.

Incarceration imposes steep financial, social, and human costs on local governments and communities, including detention expenses, family disruption, and barriers to employment and housing (Morgan, 2018). By connecting participants to treatment and community resources instead of incarceration, programs like INSTEAD can reduce recidivism, improve health outcomes, and lower public expenditures (Delgado, 2020).

This benefit-cost evaluation assesses INSTEAD's fiscal and social impact through quantitative analysis of administrative and financial data and qualitative interviews with program participants, INSTEAD leadership, and criminal legal system partners. It examines the financial implications of diversion, the program's per-participant cost, and its return on investment. The report presents participant demographics, summarizes program benefits and costs, and offers recommendations to improve efficiency and reach. Findings are intended to inform policy and budget decisions by Orleans Parish leaders and strengthen public understanding of diversion's value as a community safety strategy.

Participant Overview

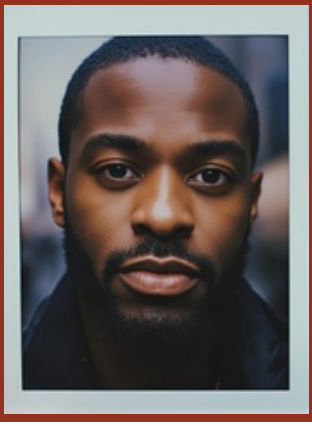
Understanding who participates in INSTEAD and their needs is essential to evaluating the program's costs and benefits. Participants' demographics, health status and access to care, housing and employment stability, and social support shape both the resources the program aims to provide for them and the outcomes it can influence.

The participant data below reflects the 81 individuals enrolled in INSTEAD between January 2024 and July 2025, along with qualitative insights from participant interviews that illustrate the social and health factors impacting engagement, outcomes, and costs.

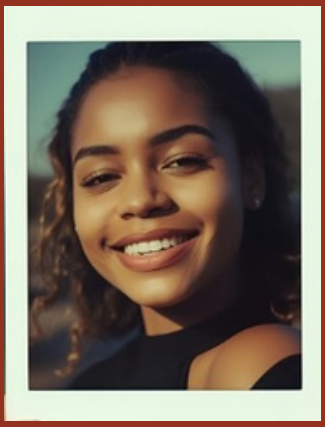
- **Demographics:** Most participants identified as Black (73%) and male (73%). For comparison, among all bookings in the Orleans Parish jail from 2024, 82% were Black and 79% male. Compared to the jail population, women are over represented in INSTEAD by 6 percentage points, and white individuals are over represented by 10 percentage points. The largest age group in INSTEAD was 35–44 years (32%), followed by 25–34 (25%) and 18–24 (17%).
- **Mental and Behavioral Health:** The majority (58%) of INSTEAD participants entered the program experiencing both mental and behavioral health challenges. The most common mental health conditions were schizophrenia or schizoaffective disorder (42%), bipolar disorder (37%), and depression (22%). Substance use patterns were dominated by alcohol (32%), methamphetamine (19%), and cocaine or crack cocaine (17%), with polysubstance use common. These challenges often stem from unaddressed trauma, persistent economic hardship, and limited access to mental health care.
- **Health and Healthcare:** Many participants also entered the program with other health concerns (47%) like asthma or diabetes. Most participants (77%) relied on Medicaid or Medicare for health insurance, while 1% had private coverage and 6% were uninsured. Additionally, many participants did not enter the program with access to their birth certificate (43%), social security card (37%), photo ID (36%), or any of the above (23%) needed to enroll in public insurance programs.
- **Housing:** Housing instability is common among INSTEAD participants. One-quarter of participants were unhoused or in shelter, 38% were at risk of losing their housing, and only 23% were securely housed. Just 4% had access to a housing voucher. Many participants find themselves without secure housing due to job loss, family conflict, or events out of their control, often connected to mental health challenges.
- **Employment and Education:** Economic instability is also common for INSTEAD participants. Nearly three-quarters (74%) of participants were unemployed at enrollment. Another 10% were employed but at risk of job loss, while only 12% maintained stable employment. Many participants face barriers to employment including disabilities or lack of transportation. Furthermore, 32% did not finish high school, 30% finished high school or obtained a GED, 17% had some college, and 12% had an associates, bachelors or graduate degree.
- **Social Support:** Many participants enter INSTEAD without a strong social support system, and 35% are parents of children under 18. Another 36% have incarcerated family members. Many report strained or distant relationships with family and friends, while others experience isolation or the absence of a support network altogether. These challenges increase vulnerability to re-arrest and make it harder for participants to achieve stability in other areas of their lives.

Participant Snapshots

Before INSTEAD



Adrian (Age 42): As a boy growing up in Opelousas, Adrian was surrounded by strong role models and a supportive matriarch, with a deep connection to his family's rich history in the area. However, after losing custody of his daughter in a difficult divorce, he fell into a deep depression, began drinking heavily, and lost his job, which eventually led to losing his housing. His addiction escalated, and he was arrested for trespassing in an abandoned home where he was staying. Adrian was connected to an INSTEAD case manager who helped him start his journey to sobriety.



Maya (Age 24): Losing her grandparents—the source of unconditional love and stability—left a deep void in Maya's life and heightened her anxiety. After graduating from college, she returned home to New Orleans to live with her mother and stepfather, but their volatile relationship created an unsafe and stressful environment for her and her younger sister. Maya's mental health worsened, and an argument with her stepfather led to her arrest. She was then connected with an INSTEAD case manager, who helped her secure safe housing and start planning for her future.

Morgan (Age 31): Morgan grew up without housing in Central City New Orleans after his father's incarceration and his mother's mental health condition made it difficult for her to sustain employment and pay rent. The trauma of his childhood had a profound impact on his development, and as an adult Morgan lives with schizophrenia and depression. While hospitalized, he was arrested after a conflict with nursing staff during a mental health episode and was referred to INSTEAD. With no family support, Morgan relies on his case manager as a vital source of stability and connection.

These composite snapshots are illustrative and represent the experiences of typical INSTEAD participants; they do not depict the actual details or identities of any single individual who participated in INSTEAD

Program Benefits:

System Cost Savings and Increased State and Federal Benefits

Diversion through INSTEAD generates substantial cost savings across Orleans Parish's criminal legal system by reducing participants' reliance on costly public resources. The program shortens jail stays, decreases court caseloads, and lowers demands on prosecutors and public defenders. By addressing underlying social and behavioral factors linked to court involvement—such as unstable housing, unemployment, and untreated mental or physical health conditions—INSTEAD creates both immediate fiscal savings and long-term community benefits.

The following subsections describe cost savings across three categories: **(1) reduced time in jail, (2) reduced workload for legal system actors, and (3) increased state and federal benefits**. Together, these estimates represent conservative first-year savings based on the program's first two years of operation.

Reduced Time in Jail

The Orleans Parish Sheriff's Office (OPSO), which operates the jail, realizes cost savings from reductions in jail time. OPSO reports a cost per person per day in jail of $124.35 (Metropolitan Crime Commission, 2024). After an arrest, some individuals remain incarcerated until their cases are resolved, while others are released on bail, on their own recognizance, or upon acceptance into a diversion program like INSTEAD.

According to INSTEAD's data, 62% (50 participants) of their participants entered the program right from jail after an average jail stay of 55 days. Average days in custody for inmates booked with the same charge types as INSTEAD participants range from 59 to 195 days (Metropolitan Crime Commission, 2025). To determine average days in custody saved by INSTEAD, we subtract the average days in custody for each charge type for INSTEAD participants entering from jail to get the days in custody saved. Then we multiply by the number of INSTEAD participants with that charge type, under the assumption that these participants would stay in jail until their case is resolved if not for INSTEAD's intervention. We assume no cost savings for the 38% (31 out of 81) of participants who were released from jail before entering INSTEAD. In total, releasing INSTEAD participants saved approximately **$327,041** in annual cost savings to OPSO.

Equation: Sum((Average Days in Custody by Charge Type – Average Days in Custody by Charge Type for INSTEAD Participants Entering from Jail) × INSTEAD Participants Entering from Jail by Charge Type) × $124.35/day = Total Jail Cost Savings

Equation

Sum x $124.35/day = Total Jail Cost Savings

Sum= Average Days in Custody (by Charge Type) – Average Days in Custody for INSTEAD Participants Entering from Jail (by Charge Type) x INSTEAD Participants Entering from Jail by Charge Type

Table 1. Cost Savings from Reduced Jail Time by Charge Type

Charge Type	Average Days in Custody	Average Days in Custody for INSTEAD Participants Entering from Jail	Number of INSTEAD Participants Entering from Jail	Cost Savings
Property Felony	79	55	17	$50,237
Felony Battery/ Assault	126	50	10	$111,666
Domestic Violence	140	72	10	$66,776
Drug Felony	80	51	3	$10,818
Weapons Felony	127	57	2	$17,409
Other Felony	195	57	3	$51,605
State misdemeanor	59	29	5	$18,528
		TOTAL	**50**	**$327,041**

Sources: Average Days in Custody - Metropolitan Crime Commission, 2025; INSTEAD Participants Entering from Jail - Analysis of INSTEAD case data.

Reduced Workload for Legal System Actors

Processing a criminal case through the traditional criminal legal system requires significant resources. The District Attorney's Office assigns staff for case screening, discovery, arraignment, motions practice, trial preparation, and victim-witness coordination, while the Public Defender's Office provides bond advocacy, repeated jail visits, discovery review, client counseling, investigations, and expert coordination. Each step in the process requires staff hours and measurable costs that accumulate as cases advance.

Based on interviews with key staff from both offices, we estimate an average of 101 staff hours per case for matters that progress through trial. Although only 2–5% of criminal cases typically reach trial (Gramlich, 2019), local data were not available to disaggregate staff time by disposition stage or to assign precise costs per hour.

To provide a conservative fiscal estimate, we draw on findings from the National Institute of Justice's evaluation of prosecutor-led diversion programs (Rempel, 2018), which reported cost savings of $527 to $978 per case for prosecutors, defenders, and courts combined. Using the midpoint of this range, INSTEAD yields an estimated $753 per participant, or **$60,953** total, in annual workload-related savings.

Table 2. Hour Savings in DA/OPD Activities by Step

Step	DA/OPD Activities	Total Hrs Saved
Step One Arrest → 1st Appearance ‘	DA reviews the case and attends first appearance. OPD bond team advocates for release. OPD attorney visits the accused in jail within 48 hrs.	6
Step Two Screening Window	Screening attorney reviews case. OPD maintains contact with the accused, advocates, investigates.	5
Step Three Filing, Docketing, & Arraignment	Both sides file paperwork and prep for discovery. ADA and OPD attorneys attend arraignment.	5
Step Four Discovery & Evidence Review	Both sides investigate, identify witnesses, and review evidence (i.e. body worn camera footage).	8
Step Five Motions Hearing	Both sides draft motions and prepare witnesses.	7
Step Six Pretrial Conferences & Plea Negotiations	ADA negotiations; victim-witness advocate contacts victims. OPD Attorney counseling; mitigation; continued investigation.	5
Step Seven Prep & Trial	Two attorneys from each side prep/try the case.	60
Step Eight Sentencing	Both sides conduct sentencing advocacy	5
	TOTAL	**101**

Source: Interviews with DA and OPD staff.

Increased State and Federal Benefits

A key feature of INSTEAD's case management model is helping participants access stabilizing benefits such as SNAP, Permanent Supportive Housing, Social Security, Medicaid/Medicare, and Unemployment Insurance. These supports address core needs that often underlie criminal legal system involvement—food insecurity, precarious housing, poor health, and financial instability—and can reduce future system costs by preventing crises that lead to further court involvement or instability.

To quantify this value, we estimate the incremental increase in benefit access using a 20% uplift rate—the proportion of participants likely to have obtained benefits they would not have received without INSTEAD's assistance. This conservative assumption aligns with national research showing assistance for simpler programs (e.g., SNAP) produces roughly 10–25% uplift among those not yet enrolled (Finkelstein, 2024), while intensive, hands-on models (e.g., SOAR for SSI/SSDI) yield much larger improvements, often equivalent to 30–50%+ uplift among those not yet enrolled (Policy Research Associates, 2025). National data also show there is headroom to improve enrollment. For example, about 18% of eligible people weren't on SNAP in 2018 (Food Research & Action Center, 2018), which makes a 20% improvement reasonable when case managers actively assist.

Applying the 20% uplift to the average annual benefit values yields an estimated **$221,038** in increased access to state and federal benefits annually. These figures represent the first-year value of newly accessed benefits and do not yet capture the compounded fiscal and social gains of maintaining access over multiple years. The direct costs of these programs are borne by federal and state governments rather than the City of New Orleans, which some analyses might frame as a fiscal shift rather than a savings, but because our evaluation focuses on New Orleans' local impact, these benefits are appropriately counted as a net gain for the city. The calculation is summarized as follows:

Equation: Sum(INSTEAD Participants Requesting Benefits by Benefit Type x 20% uplift) x Average Annual Benefit = Increased State and Federal Benefit

Table 3. Increased State and Federal Benefits by Benefit Type

Benefit Type	INSTEAD Participants Requesting Benefit	INSTEAD Participants Receiving Benefit (Est 20%)	Avg. Monthly Benefit	Avg. Annual Benefit	Geo	Source	Increased Benefit
SNAP	43	9	165	$1,980	Lousiana	USDA	$17,028
Social Security	31	6	1446	$17,349	USA	SSA	$107, 562
Housing Voucher	23	5	1236	$14, 832	New Orleans-Metairie	HUD FMR, 1-bedrm.	$68,227
Medicaid/ Medicare	16	3	na	$7,994	Louisiana	USA Facts	$25, 581
Unemployment	4	1	275	$3,300	Louisiana	Louisiana Workforce Commission	$2,640
						TOTAL	**$221,038**

Consolidated Cost Savings

Taken together, INSTEAD's first two years of operation generated an estimated $609,031 in combined system savings and participant financial benefits, averaging $7,519 per participant. Beyond direct fiscal impacts, these outcomes also reduce jail overcrowding, alleviate staff workload in the District Attorney's and
Public Defender's Offices, and promote greater participant stability and community well-being.

Table 4. Consolidated Cost Savings

Cost Savings Benefit Type	Assumptions	Total	Per Participant
Jail time	Diversion participants entering the program from jail spend 2,630 fewer days in jail (based on average length of stay by charge type) at $124.35/day.	$327, 041	$4,038
DA, OPD and Criminal District Court staff time	Prosecutors and public defenders expend fewer resources for diversion par ticipants.	$60, 953	$753
State and Federal Benefits	Participants received assistance applying for SNAP, Medicare/Medicaid, Housing Vouchers, and unemployment We assume a conservative 20% of participants who requested assistance with a given benefit type obtained benefits they would not have received without INSTEAD's support.	$221, 038	$2,729
	TOTAL	**$609, 031**	**$7,519**

These estimates reflect conservative early findings based on INSTEAD's first two years of implementation and available administrative data. As the program reaches full capacity and longitudinal data on participants' post- program outcomes become available, future analyses will be able to more precisely capture the ongoing and
cumulative fiscal impact—particularly in relation to reduced recidivism, sustained benefit access, and long-term healthcare savings.

Program Benefits: Social and Health Outcomes

Through five in-depth interviews, participants described a range of social and health benefits resulting from INSTEAD, emphasizing case managers' central role in providing emotional support and connections to vital resources. This case management **strengthened participants' social support systems, improved access to healthcare, enhanced their overall health, increased housing stability, and opened pathways to employment and education.** Together, these supports helped create a foundation for the participant's sustained progress.

> **"I'm a part of their village - I Am Because We Are - I'm literally proof of that, I can't thank them enough."**

Stronger Social Support Systems

Participants consistently described the socialand emotional support they received from their case managers as one of the most impactful aspects of the program. While assistance obtaining resources was important, **participants emphasized that the consistent emotional presence of their case manager made the greatest difference – they described feeling cared for, encouraged, and even loved**. Regular check-ins from case managers to see how they were feeling, simple reminders about self-care, and encouragement to stay on track helped participants feel seen, valued, and motivated.

Case managers not only supported participants with basic, immediate needs, but they also listened carefully to what mattered most to participants, helping address their most pressing issues. This support was especially important for participants entering the program with limited or no social support system. **Their case manager was often the only person who advocated for them and checked in on them regularly.**

*1*The quotations in this report are drawn from in-depth interviews with INSTEAD participants who completed the program between 2024 and 2025.

For participants with children, the support received from their case manager enabled them to prioritize their own well-being and build the emotional capacity and lifestyle needed to reconnect with and strengthen relationships with their children. Parents in the program, many of whom were separated or distanced from their children, expressed a deep desire to rebuild those relationships, while recognizing that taking care of themselves and getting things in order was essential to being a part of their children's lives.

The sense of accountability and encouragement from case managers fostered relationships built on trust, which participants identified as central to their progress and one of the program's most meaningful components.

> ***"The emotional support has had the biggest impact… I felt loved, it felt like a family, everybody was helping me…[my case manager] always asked me if I was okay and how my day's going and if I wanted to talk… she always checked in on me."***

> ***"It was a lot of dark days for me, I didn't have nobody to talk to, to run to for help, [my case manager] really helped to get me where I'm at today… she's been a big factor in my life."***

> ***"[My case manager's] the type of person that sees when you messed up, and grabs you by the hand, and guess what, she doesn't let your hand go, you're going to walk together...she sees something in me, and I'm where I need to be now, and it all started from the jail house..."***

> ***"[INSTEAD] points people in the right direction and makes them successful…I feel like I can win the race now, I'm at the beginning and I have a long way to go, but all I need is my [case manager], my buddy, and I'll take it from there."***

> ***"INSTEAD gives me human interaction, a relationship, so I have something to look forward to because nobody but them come to see me, the program helps me have a human connection, it helps me stay positive."***

Expanded Access to Healthcare

Another core benefit reported by INSTEAD participants was the support they received in obtaining public insurance and accessing healthcare services. Case managers guided participants through Medicaid enrollment, helping them secure identification, birth certificates, or Social Security cards, complete required paperwork, and navigate online portals.

After enrollment, case managers continued to play a critical role, helping to schedule appointments, send reminders, and arrange transportation whether by personally accompanying participants to appointments or providing public transit passes. Participants described this support as a critical starting point in their journey to health and wellness, encouraging them to access care, and enabling them to consistently engage with medical, mental health, and behavioral health services. **By reducing logistical and administrative barriers, INSTEAD strengthened participants' ability to address both immediate and chronic health needs.**

> ***"I was struggling making my appointments with the doctors, but I met my [case manager] and it's like my whole life changed. I started making my appointments, making sure I take my meds, picking myself back up, cleaning up, taking a whole 360 in life...she kept me motivated."***

> **"[My case manager] helps with my mental health a lot…she put me in a program in the West Bank that helped me get my medication."**

> ***"My Medicaid lapsed, the way I was living, I wasn't checking up on these things, you're so like day to day with whatever's going on under the bridge, it's hour by hour there…but [my case manager] was able to help me get [Medicaid] situated and my Social Security card."***

Improved Mental, Behavioral, and Physical Health

Participants reported meaningful improvements in their mental,behavioral, and physical health as they engaged more consistently with services, supported by their INSTEAD case managers. Many participants described noticeable reductions in stress, anxiety, and substance use as their basic needs were met and they felt more in control of their lives. Over time, participants learned to be more open, expressing their needs and vulnerabilities in ways that had not felt safe to do with anyone else before.

This sense of trust laid the foundation for further progress, including improvements in mental health symptoms supported by access to medication and counseling. Participants also began managing physical health conditions that had long gone untreated, made possible by overcoming enrollment and transportation barriers. **Importantly, these health gains extended beyond clinical outcomes: participants described feeling more hopeful, more grounded, and more capable of working toward both their health-related and broader life goals.**

> ***"I'm way calmer [since INSTEAD] I'm not as depressed as I was… I'm talking more, I didn't used to talk…[my case manager] made me feel more bold to ask for what I need instead of waiting for things to come to me."***

> **"I didn't know [INSTEAD] was going to help as much as it did… I didn't think the person they assigned me with would actually care about me as a human, but she did…I even cried in front of her because there was so much on my plate, and I don't do that with nobody…she made me think I'm going to get it done, she helped me gain control of what I'm doing."**

> ***"When it's cold outside [my case manager] will get the bag of food [from the food pantry] and bring it right to me, that really helped me a lot…she also told me to keep up with my doctors, keep up with the paperwork and all that, she put me where I need to be at [with my health]."***

> ***"I was about to die, but I'm still here, by the grace of God and [my case worker]...without her I wouldn't be where I am today…I just would've gotten worse and worse and worse."***

Greater Housing Stability

Beyond social support and health-related benefits, housing emerged as a critical resource participants received through INSTEAD. **Case managers connected participants to transitional housing, sober living homes, and other temporary options that provided immediate safety while they worked toward securing permanent housing.** For many, this marked the first tangible step in rebuilding their lives, as having a safe place to stay allowed them to focus on health, employment, and personal goals.

Without housing, other supports like applying to jobs and counseling would have been far more difficult to access or sustain, since participants would otherwise spend much of their energy on basic survival. **By helping participants find a safe place to live, INSTEAD laid the groundwork for lasting progress across multiple areas of their lives.**

> ***"The biggest thing [my case manager] did was help me get into the shelter, I didn't have anywhere to go, I was broke…my brother was on the street with me too, but we're in the shelter now."***

> **"Without INSTEAD I'd be sleeping outside or spending all of my money on hotels."**

> ***"[My case manager] was the only person I trusted. Even with housing, once [another organization] found me housing they stopped coming by, just like 'We got you from under the bridge, we can go' and left us to our own devices…[INSTEAD] never stopped coming by and she's working on me being able to enter the program for [permanent] housing."***

Increased Employment and Educational Opportunities

Participants also highlighted the value of employment and educational support provided through INSTEAD. Case managers connected participants to resources for finding and keeping a job, including guidance with job searches, interview preparation, and bus passes to attend interviews or support travel to jobs they were already employed in. Participants also received help obtaining essential documents like identification, which had previously been barriers to employment. **To prepare for interviews and work, INSTEAD assisted with haircuts and other personal hygiene needs, provided access to free clothing, and alerted participants to career fairs and job-search websites.** When needed, case managers helped participants access disability benefits to support financial stability for those unable to work.

Many participants had goals of returning to school, either to complete a degree they had previously started or to pursue higher education. **Case managers supported participants' educational goals by connecting them to community resources for school enrollment, assisting with transportation to related appointments, encouraging and motivating them to continue their studies, and directly teaching them practical skills and knowledge.** By making these opportunities more attainable, INSTEAD helped participants take incremental steps toward greater financial security while fostering a growing sense of purpose and self-reliance.

> ***"The reason I was able to get to work for the past two months was because [my case manager] kept helping me get bus passes. She really looked out for me."***

> **"He doesn't have to, but [my case manager] offered to take me to my school appointments once I get everything planned…he also introduced me to the Louisiana Workforce Commission and they're going to help me find a job or help me get back into school."**

> ***"I learned how to read a little more, I learned how to write a little more, I learned how to do math a little more…[my case manager] taught me all of that…I'm very disabled so this helped me out big time…Now I'm looking into taking classes cause when my boy goes to school I might go too - [my case manager] can point me in the right direction."***

> ***"[My case manager] would get me whatever I need to complete the interview like if I needed new pants, or a shirt, a bus ticket or a ride, he would do that…it gives me more of an opportunity to achieve my goals."***

Participant Snapshots

After INSTEAD

Adrian (Age 42): Adrian completed INSTEAD last year and remains in touch with his case manager. While he's now connected to the services he needs, knowing he can still reach out to her offers a vital source of comfort and support. Six months sober, Adrian lives in a residential rehabilitation facility, where structure and accountability have helped him maintain his recovery. He holds steady employment, and is focused on securing permanent housing. More than anything, Adrian's goal is reconnecting with his daughter and building a life his late mother and grandmother would be proud to see him living. Adrian credits INSTEAD for getting him where he is today.

Maya (Age 24): Maya graduated from INSTEAD after her legal charges were dropped, and for the first time in a long time, she could see a brighter future. With support from her case manager, Maya was able to enroll in Medicaid, access mental health medication, and secure full-time work in food service. While not glamorous, the job brought steady pay and, just as importantly, co-workers who became friends. Maya's mental health significantly improved as she learned to open up about her experiences and find the resources she needs. Since leaving INSTEAD, Maya hasn't had the steady guidance her case worker provided, but her faith and determination keep her focused on achieving her goals: saving for a car and pursuing her passion for music.

Morgan (Age 31): Morgan completed the INSTEAD program this fall and chose to continue working with his case manager, someone he credits with saving his life and now considers a friend. With INSTEAD's help, Morgan was able to obtain identification, find housing, and improve his reading and writing skills. Through regular check-ins and reminders about medication and appointments from his case manager, Morgan is receiving the support he needs to navigate the demands of each day. No longer isolated, he is working with a therapist and regaining control of his life. Today, Morgan is focused on managing his health and meeting his basic needs one day at a time.

These composite snapshots are illustrative and represent the experiences of typical INSTEAD participants; they do not depict the actual details or identities of any single individual who participated in INSTEAD

Program Costs

Community-based diversion programs incur two distinct categories of costs: program operating costs and social service costs.

- **Program operating costs** are born directly by the diversion program and include salaries and benefits for case managers and other staff, as well as expenses for supplies, equipment, facility maintenance, utilities, staff training, program development, data collection, and evaluation.
- **Social service costs** arise from the treatment and community supports that participants are referred to such as mental health care, substance use treatment, housing assistance, and employment services, typically delivered by external providers. The majority of these expenses are reimbursed through federal and state Medicaid funding for eligible individuals, meaning the diversion program itself does not directly absorb the full financial burden of service delivery. For the purpose of this analysis, we are ignoring these costs because they are most often reimbursed by actors outside of New Orleans - specifically, the federal and state government.

Operating Costs

INSTEAD's program costs are primarily driven by staffing. In 2024, salaries and benefits accounted for 78% of INSTEAD's total costs, increasing to 85% in the first half of 2025 as INSTEAD expanded its staffing. Administrative fees were the next largest expense, representing 12% of costs in 2024 and 11% in early 2025. Fees associated with administration include rent, utilities, insurance, administrative salaries, and human resources.

Costs such as a case management system, client transportation, client fund (used to pay for client cell phones, IDs, etc.), and staff training increased as staffing levels and caseloads increased. Costs for supplies and equipment declined in 2025 due to continued use of prior-year purchases.

Table 5. INSTEAD Program Operating Costs

Costs	2024	2025 (Jan-June)	2025 (Projected)
Salaries and Benefits	$300,165.77	$187, 913.99	$401,886. 38
Administratives Fees	$48,000.00	$23,875.96	$47,751.92
Case Management System	$3,440.00	$2,839.95	$5,679.90
Client Fund/Transportation	$2,193.19	$2,706.59	$5,413.18
Staff Training	$2,636.66	$1,826.87	$3,653.74
Supplies/Equipment/ Software	$7,058.61	$2,347.46	$4,694.92
Eval/Website/Photography	$21,100,00	na	na
TOTAL	$394,594.23	$221,510.92	$469,080.04

Staffing and Caseload Capacity

In 2024, three full-time INSTEAD case managers could each take on about 15 cases at a time, roughly 180 cases annually, but managed only 48 total cases that year because the program was new and operating below full capacity.

Full capacity calculation (2024):

3 case managers x 15 cases at a time x 4 90-day periods in a year = 180 cases per year

In March 2025, one case manager became a supervisor and two new case managers joined INSTEAD, raising staff's total caseload capacity to an estimated 225 cases (105 in the first half of the year, 120 in the second as staffing expanded). Actual caseloads were far lower: 35 in the first half and a projected 75 for the year, after adjusting for the mid-year staff change.

Full-capacity calculation (2025):

(3 case managers x 15 cases at a time x 1 90-day periods in the first part of the year) + (4 case managers x 15 cases at a time x 3 90-day periods in the second part of the year) = 225 cases per year

Cost Per Participant

Using INSTEAD's 2025 projected annual budget of $469,080, we estimate the program cost per participant under two operating scenarios:

Full capacity (225 participants): $469,080 / 225 = $2,085 per participant
Current caseload (75 participants): $469,080 / 75 = $6,254 per participant

These figures reflect direct staffing and overhead expenses but exclude the costs of external social-service supports covered through Medicaid and other reimbursement mechanisms. As INSTEAD expands and consistently maintains full caseloads, its cost per participant will decline substantially, improving cost efficiency and overall return on investment.

Benefit-Cost Comparison

When comparing program costs with estimated savings, INSTEAD demonstrates a strong potential return on investment (ROI) for Orleans Parish's legal system. Even under conservative assumptions, the program produces measurable fiscal savings that increase significantly with higher caseload capacity.

At full capacity, with four case managers serving approximately 225 participants per year, INSTEAD is projected to generate an estimated **$1.2 million** in annual savings. When operating at the current case level of 75 participants per year, the program is expected to return approximately **$94,867** in savings annually. These estimates are based on the combined cost-savings benefit categories presented in Section 3.

Table 6. Benefit-Cost Comparison by Scenario

Scenario	Benefit per Participant	Cost per Participant	Net Return per Participant	Participants	Net Return Total
Current Case Level	$7,519	$6,254	$1,265	75	$94,867
Full Capacity	$7,519	$2,085	$5,434	225	$1,222,627

Return on Investment (ROI) quantifies how much benefit is gained for every dollar spent, using the formula:
ROI = (Net Return ÷ Program Cost) × 100

INSTEAD's projected annual operating cost is $469,080, covering staffing and program operations.

- Current case level (75 participants): $94,867 ÷ $469,080 × 100 = 20% ROI
- Full capacity (225 participants): $1,222,627 ÷ $469,080 × 100 = 261% ROI

This means that for every $1 invested in INSTEAD, the program returns between **$1.20 and $3.61** in savings to the legal system. The highest returns occur when the program operates near full caseload capacity, with all case managers fully staffed and active.

While these estimates focus on quantifiable fiscal impacts, they do not incorporate INSTEAD's broader community benefits. Participants report improvements in mental, behavioral, and physical health, housing and employment stability, and social support networks—all of which strengthen long-term individual and community well-being. As the program matures and participant outcomes accumulate over time, the actual return on investment is likely to exceed these conservative early estimates.

Conclusion

By achieving an 87% program completion rate among participants and fostering voluntary participation beyond court mandates, INSTEAD demonstrates immediate cost savings by reducing court processing and incarceration expenses. The criminal legal system benefits from significant savings by diverting individuals before they are formally charged, reducing the need for expensive legal defense, prosecution, and probation or parole supervision, with the largest impact coming from reduced time spent in jail (Sirotich, 2009).

Diversion also reduces the need for psychiatric hospitalizations and emergency department visits over time (Gittner & Dennis, 2023; Steadman & Naples, 2005). Together, these savings highlight how addressing underlying needs decreases reliance on crisis-driven systems and creates a multiplier effect of savings across both criminal legal and healthcare sectors (Davis, 2021; Gill & Murphy, 2017; Hughes, 2012; Mehari et al., 2024).

Diversion programs also offer benefits that extend beyond direct cost savings, especially for participants experiencing mental health challenges. Consistent with our findings, diversion programs can lead to significant improvements in well-being, including improved mental and behavioral health and increased life satisfaction (Ryan et al., 2010; Steadman & Naples, 2005). We were not able to monetize these benefits based on available data.

For individuals with co-occurring substance use disorders, diversion can result in a notable reduction in drug and alcohol use, particularly when paired with integrated substance abuse treatment (Bernard et al., 2020; Ryan et al., 2010). Aligned with our findings, successful diversion programs often contribute to greater employment and housing stability, benefiting both the individual and their families (Bernard et al., 2020; Mehari et al., 2024).

Individuals with mental health challenges are disproportionately represented in correctional facilities, where incarceration offers little to no therapeutic benefit and often worsens mental health (Hoke, 2015). What distinguishes INSTEAD from the traditional path is its focus on rehabilitation rather than punishment, offering participants the opportunity to address the root causes of their court involvement and build a sustainable foundation for long-term well-being.Taken together, these findings highlight not only the promise of diversion but also the need for intentional policies, practices, and funding strategies that sustain and expand its impact.

Recommendations

Based on evaluation findings shared in this report, INSTEAD has demonstrated strong outcomes in reducing court system involvement, improving participant well-being, and delivering cost savings. To strengthen and scale these impacts, the following recommendations build on our evaluation results to maximize cost efficiency, and ensure that diversion reaches individuals earlier and more effectively in the court process.

Maximize Case Manager Capacity Work to ensure case managers carry full caseloads to improve cost efficiency and program sustainability. Establishing clear protocols for referral flow, prompt case assignment, and ongoing caseload monitoring can optimize workloads, uphold service quality, and lower the cost per person served.

Divert Earlier in the Process By dedicating a staff person to diversion in both offices, OPDA and OPD could identify and divert eligible individuals sooner, ideally immediately after arrest or at first court appearance, to increase cost savings and reduce unnecessary court involvement. Earlier diversion can minimize the compounding harms of incarceration, reduce system costs, and improve participant social and health outcomes.

Aim for Racial and Gender Equity in Referrals Strengthen policies and practices to ensure equitable access to diversion across demographic groups. Monitoring referral patterns and outcomes by race and gender will help address systemic disparities and reinforce the program's commitment to equity.

Improve Criminal Legal System Data Quality and Access By continuing efforts already underway to enhance the accuracy, consistency, and availability of criminal legal system data across agencies, the City of New Orleans could strengthen diversion decision-making, transparency and accountability. Better data quality and accessibility also enable more precise benefit-cost analysis and ensure policies are guided by reliable evidence.

References

Becker, T. M., Henzel, P., Harrison, P., Black, C., Mayfield, J., Huber, A., & Felver, B. E. M. (2022). The impact of prosecutorial diversion programs on behavioral health service use and criminal justice system involvement: An evaluation of DSHS-contracted diversion programs. Retrieved from: https://www.dshs.wa.gov/sites/default/files/rda/reports/research-11-260.pdf

Bernard, C. L., Rao, I. J., Robison, K. K., & Brandeau, M. L. (2020). Health outcomes and cost-effectiveness of diversion programs for low-level drug offenders: A model-based analysis. PLOS Medicine, 17(10), e1003239.

Bird, K. S., & Shemilt, I. (2019). The crime, mental health, and economic impacts of pre-arrest diversion of people with mental health problems: A systematic review. Criminal Behaviour and Mental Health, 29(3), 142–156.

Center on Budget and Policy Priorities. (2025). SNAP in Louisiana fact sheet. https://www.cbpp.org/sites/default/files/atoms/files/snap_factsheet_louisiana.pdf

Center on Budget and Policy Priorities. (2023). SNAP helps struggling families put food on the table.https://www.cbpp.org/research/food-assistance/snap-helps-struggling-families-put-food-on-the-table-0#VIII

Center for Prison Reform. (2015, September). Jail diversion programs in America. https://centerforprisonreform.org/wp-content/uploads/2015/09/Jail-Diversion-Programs-in-America.pdf

Davis, R. C., Reich, W. A., Rempel, M., & Labriola, M. (2021). Multisite evaluation of prosecutor-led pretrial diversion: Effects on conviction, incarceration, and recidivism. Criminal Justice Policy Review, 32(8), 890–909.

Davis, A. (2021). Community-based alternatives to incarceration: Evidence on health and social outcomes. Journal of Community Psychology, 49(7), 2809–2823.

Delgado, A. (2020). Jail diversion programs: Improving outcomes for individuals with serious mental illness. CNS Spectrums, 25(4), 566–570.

Ella Baker Center for Human Rights. (2015). Who pays? The true cost of incarceration on families. https://static.prisonpolicy.org/scans/who-pays%20Ella%20Baker%20report.pdf

Finkelstein, A., & Notowidigdo, M. J. (2019). Take-up and targeting: Experimental evidence from SNAP. The Quarterly Journal of Economics, 134(3), 1505–1556.

Food Research & Action Center. (2018). The SNAP gap: A state-by-state glance. https://frac.org/blog/the-snap-gap-a-state-by-state-glance

Franck, T. (2025, March 18). Average Social Security payments in every state. CNBC. https://www.cnbc.com/2025/03/18/average-social-security-payments-in-every-state.html

Gill, K. J., & Murphy, A. A. (2017). Jail diversion for persons with serious mental illness coordinated by a prosecutor's office. BioMed Research International, 2017, Article 7917616.

Gittner, L. S., & Dennis, J. A. (2021). A public health perspective on diversion programs for justice-involved individuals with mental health issues. In C. W. Clark (Ed.), Handbook on pretrial justice (pp. 23–39). Routledge.

Gittner, L. S. (2023). Diversion: A Systems Theory Perspective. Journal of Contemporary Criminal Justice, 39(4), 471–490.

Gramlich, J. (2019, June 11). *Only 2% of federal criminal defendants went to trial in 2018, and most who did were found guilty*. Pew Research Center. https://www.pewresearch.org/short-reads/2019/06/11/only-2-of-federal-criminal-defendants-go-to-trial-and-most-who-do-are-found-guilty/

Henzel, P., Mayfield, J., Black, C., and Felver, B. (2018). The Impact of Mental Health Court on Recidivism and Other Key Outcomes: An Evaluation of the King County District Court Regional Mental Health Court. Retrieved from: https://www.dshs.wa.gov/sites/default/files/rda/reports/research-3-49.pdf

Hoke, S. (2015). Mental illness and prisoners: Concerns for communities and healthcare providers. Online Journal of Issues in Nursing, 20(1), Manuscript 1.

Hughes, D., Steadman, H. J., Case, B., Griffin, P. A., & Leff, H. S. (2012). Simulation modeling approach for planning and costing jail diversion programs for persons with mental illness. Criminal Justice and Behavior, 39(4), 434–446.

Karaca, Z., & Moore, B. J. (2020, May 12). *Costs of emergency department visits for mental and substance use disorders in the United States, 2017* (Statistical Brief #257). In *Healthcare Cost and Utilization Project (HCUP) Statistical Briefs* [Internet]. Rockville, MD: Agency for Healthcare Research and Quality (US). https://www.ncbi.nlm.nih.gov/books/NBK558212/

LeBlanc, C. (2024). A bad deal for workers. Invest in Louisiana. https://investlouisiana.org/a-bad-deal-for-workers/

Louisiana Workforce Commission. (n.d.). About us. Retrieved October 12, 2025, from https://www.laworks.net/PublicRelations/PR_AboutUs.asp

Mehari, K. R., et al. (2024). Mixed methods evaluation of a jail diversion program: Impact on arrests and functioning. Journal of Community Psychology. Advance online publication.

Metropolitan Crime Commission. (2025, July 21). *OPSO inmate population snapshot: July 21, 2025*. https://crimebulletin.metrocrime.org/wp-content/uploads/2025/07/OPSO-Inmates-7-21-2025-snapshot.pdf

Metropolitan Crime Commission. (2025, April). *Orleans Parish Criminal District Court 2024 judicial accountability report*. https://crimebulletin.metrocrime.org/wp-content/uploads/2025/04/Full-Judicial-Accountability-2024.pdf

Morgan, R. (2018). How much does prison really cost? Comparing the costs of imprisonment with community corrections. Trends & Issues in Crime and Criminal Justice. Australian Institute of Criminology.

Owens, P. L., Fingar, K. R., McDermott, K. W., Muhuri, P. K., & Heslin, K. C. (2019, March). Inpatient stays involving mental and substance use disorders, 2016 (Statistical Brief #249). Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project (HCUP). https://hcup-us.ahrq.gov/reports/statbriefs/sb249-Mental-Substance-Use-Disorder-Hospital-Stays-2016.jsp

Policy Research Associates. (2025). *SOAR: SSI/SSDI outreach, access, and recovery*. https://www.prainc.com/soar-ssi-ssdi-outreach-access-recovery/

Peterson, J. (2022, November 2). Report: Louisiana second most expensive state for health care. New Orleans CityBusiness. https://neworleanscitybusiness.com/blog/2022/11/02/report-louisiana-second-most-expensive-state-for-health-care/

Ryan, S., Brown, C. K., & Watanabe-Galloway, S. (2010). Toward successful postbooking diversion: What are the next steps? Psychiatric Services, 61(5), 507–509.

Sirotich, F. (2009). The criminal justice outcomes of jail diversion programs for persons with mental illness: A review of the evidence. Journal of the American Academy of Psychiatry and the Law, 37(4), 461–472.

Social Security Administration. (2025). Monthly statistical snapshot. Retrieved October 12, 2025, from https://www.ssa.gov/policy/docs/quickfacts/stat_snapshot/

Steadman, H. J., & Naples, M. (2005). Assessing the effectiveness of jail diversion programs for persons with serious mental illness and co-occurring substance use disorders. Behavioral Sciences & the Law, 23(2), 163–170.

USAFacts. (n.d.). *How much is spent per Medicaid enrollee in Louisiana?* Retrieved October 12, 2025, from https://usafacts.org/answers/how-much-is-spent-per-medicaid-enrollee-in-the-us/state/louisiana/

U.S. Department of Agriculture, Food and Nutrition Service. (2022). *Louisiana SNAP state fact sheet*. Retrieved October 12, 2025, from https://fns-prod.azureedge.us/sites/default/files/resource-files/snap-state-factsheet-la.pdf

U.S. Department of Housing and Urban Development, Office of Policy Development and Research. (2025). *FY 2025 Fair Market Rents schedule*. Retrieved October 12, 2025, from https://www.huduser.gov/portal/datasets/fmr/fmr2025/FY2025_FMR_Schedule.pdf

Qualitative Methods Appendix

In-depth, individual, semi-structured interviews of up to 60 minutes were conducted in person with five INSTEAD participants on July 30 and August 1, 2025. Participants were selected by INSTEAD staff based on the following criteria: completion of the INSTEAD program, representation of an “average” participant profile (i.e., not considered an outlier for the program), ability and willingness to openly discuss their experiences with INSTEAD

and its impact on employment, education, mental and behavioral health, healthcare, and social support, and availability to participate in an in-person interview. Four interviews were conducted in a private space at the Baptist Community Health Center in New Orleans, where Ubuntu Village NOLA is located, and one interview took place in a private space at a rehabilitation facility. In all interviews, only the participant and the interviewer from the evaluation team were present.

Interviews followed a semi-structured discussion guide designed to explore participants’ experiences with the INSTEAD program, perceived impacts of participating in the program, and the factors that facilitated or hindered their success. While informed by this framework, interviews were conducted in a flexible participant-driven manner, allowing the discussions to flow naturally and enabling participants to highlight topics most relevant to their experiences. Only audio recordings were captured, which were securely stored and transcribed. Participant identifiers were removed to ensure confidentiality.

All participants provided informed consent prior to participation, and compensation was provided in recognition of their time. While findings reflect a small purposive sample and may not be generalizable, they offer in-depth insights into the experiences of typical INSTEAD participants.

Limitations

Several limitations should be considered when interpreting the qualitative findings. First, the sample size was small and purposively selected, which limits generalizability. While this approach was appropriate for capturing in-depth perspectives, the experiences described may not represent the full range of INSTEAD participants. Second, participant interviewees were identified by program staff as typical rather than outliers, which may have introduced selection bias by excluding individuals with less positive experiences or outcomes. Third, all participant interviews were conducted in-person, which may have influenced responses due to social desirability bias or participants’ perceptions of the interviewer’s relationship to the program.
Despite these limitations, the interviews provide rich, nuanced insights into how participants experienced INSTEAD, highlighting perceived impacts on health, employment, education, housing, social support and overall well-being. These qualitative findings complement quantitative measures by offering context and depth that would not be captured through survey or administrative data alone.