Ubuntu Village NOLA

INSTEAD

2025 ANNUAL REPORT

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Our Approach

INSTEAD is a community based diversion program for people arrested due to **unmet mental health needs**. It combines individualized care, emotional support, and hands-on resource navigation. By **eliminating barriers to success**, INSTEAD **provides practical support** such as transporation, cellphones, and vital documents.

Referal and Intake

Potential participants are referred to us through the Orleans Pubic Defenders (OPD) and the Orleans Parish District Attorney's office (OPDA).

After approval, participants are released from custody and work with their case manager to put together their individualized plans around housing, employment, benefits, and healthcare.

Upon completing three months of engagement, participants have their cases dismissed by the OPDA.

After program completion, they are offered and deeply encouraged to remain in contact with their case manager, who can continue providing them with resource navigation and emotional support.

Diversion Process

Needed Services at Intake

65%
Facing Housing Insecurity

75%
Unemployed

50%
In Need of Vital Documents

71%
Problematic Substance Use

35%
Unmet Phsyical Health Needs

YEAR 2: A MEASURED GROWTH

Enrollment Overview

240
Referrals received for diversion

86
Participants Enrolled

81%
Completed 3-month diversion

76%
Engaged in services, post case dismissal

Community Connections

Resource navigation is an essential pillar to our work, supporting participants through scheduling appointments, transportation to and from, and emotional support throughout the process. The agencies and organizations we partner with support participants not only during engagement, but also after with services and management through treatment.

175 Resource Connections

75 Service Providers

19 Service Areas

Year 2: A Measured Growth

INSTEAD's second year reflects strong overall growth in both scale and impact. **Referrals into the program more than doubled from 98 in 2024 to 240 in 2025,** an increase of about 145 percent, while enrollments rose from 55 to 86, an increase of about 56 percent.

Case outcomes also remained strong, with 81% of participants completing the three-month diversion in 2025, up from 75% in 2024. 76 participants in both years chose to continue working with a case manager voluntarily after their legal case closed.

This growth and consistency demonstrate that a health-based, community-rooted diversion model can simultaneously sustain strong legal outcomes and improve core measures of well-being.

Practical Resources Provided

71%
Were Connected to Mental Health Services

35%
Accessed Substance Use Treatment

21%
Received Support for Physical Health

25%
Received Support with Food Access

36%
Obtained Vital Records

70%
Reported Being in More Stabling Housing

39%
Received Support with Cell Phone Access

4,644
Miles of Transportation to Services Provided