



## REPORT AT A GLANCE

# Department of Health and Mental Hygiene's Intensive Mobile Treatment Initiative

### What questions did the audit look at?

- ▶ Does the New York City Department of Health and Mental Hygiene's (DOHMH) Intensive Mobile Treatment (IMT) program effectively serve clients?
- ▶ Did DOHMH set measurable performance targets for the program?

### Why does it matter for New Yorkers?

In 2016, the Mayor's Office and DOHMH created the Intensive Mobile Treatment initiative—a program designed to provide adults who have had frequent contact with City services (including mental health services, the criminal justice system, and homeless outreach/shelters) with more flexible treatment options than are traditionally available.

DOHMH has stated that its objectives for the IMT program are three-fold: (1) increase the number of clients who remain in the program; (2) increase the number of clients placed in stable housing or assist those who are already housed to retain stable, long-term housing; and (3) decrease the number of client incarcerations.

The audit found that IMT providers have achieved mixed success in delivering services to clients. Although the program may retain clients on paper, just 41% of enrolled clients were actually seen by a psychiatrist at least 75% of the months they were in the program.

DOHMH does not actually measure the rate of client incarceration on a regular basis, with the most recent analysis conducted in February 2022—almost two years ago. Additionally, DOHMH's effectiveness in connecting clients with long-term housing has declined over a two-year period.

Finally, the audit found inconsistencies in DOHMH's review methodology. Reviews are performed on a client-by-client basis, but staff document the results in an inconsistent manner, and outcomes are not reported in the aggregate. This makes measuring the overall effectiveness of the program difficult, if not impossible.

### What changes did the agency commit to make following the audit?

- ▶ DOHMH agreed to identify and report on key treatment services and periodically assess the degree to which IMT is effectively serving clients.
- ▶ DOHMH agreed to establish performance measures to track client progress.
- ▶ DOHMH agreed to make all reasonable efforts to reconcile client case files with data reported by providers and develop a tracking system.

## AUDIT FINDINGS



The IMT program has mixed success providing services to clients who have been poorly served by traditional treatment models.



Although IMT retains clients on paper, few actually receive continuous treatment.



DOHMH does not effectively track incarceration rates of IMT clients.



The percentage of IMT clients who were able to acquire housing decreased from 47% to 30% over a 27-month period.



The percentage of IMT clients who were able to retain stable housing decreased from 44% to 37% over a 21-month period.



Audit Recommendations	Agency Response
<p><b>1</b> Identify key treatment services provided to IMT clients and require providers to regularly submit to DOHMH information relating to the provision of those services.</p>	<p><b>AGREED</b></p>
<p><b>2</b> Periodically (e.g., quarterly, annually) assess and report the degree to which the IMT initiative is effectively servicing clients in relation to all prescribed treatments; access to stable housing; and reduction in incarcerations.</p>	<p><b>AGREED</b></p>
<p><b>3</b> Make all reasonable efforts to develop a less labor-intensive mechanism to obtain pre-program incarceration data for clients from the Department of Correction and use it in conjunction with the data submitted by providers to assess whether incarceration rates are reduced for clients in the program.</p>	<p><b>AGREED</b></p>
<p><b>4</b> Develop reasonable targets for treatment provided to clients (e.g., percentage of treatment-related contacts held on a monthly basis) and establish protocols providers should follow when those targets are not met.</p>	<p><b>AGREED</b></p>
<p><b>5</b> Establish performance measures that will allow the agency to assess and track the progress of the clients (e.g., extent to which clients' treatment plans are followed and treatment goals are met) and identify areas that require improvement.</p>	<p><b>AGREED</b></p>
<p><b>6</b> Make all reasonable efforts to reconcile, on a sample basis, key information contained in client case files with client data reported by providers.</p>	<p><b>AGREED</b></p>
<p><b>7</b> Reassess the guidelines offered to program specialists in its Program Policy Review Procedures and ensure that it offers clear and unambiguous guidance about how comprehensive reviews should be conducted.</p>	<p><b>DISAGREED</b></p>
<p><b>8</b> Develop a uniform reporting template for program specialists to use so that their summary review reports clearly indicate the areas covered and note the severity of any deficiencies identified.</p>	<p><b>PARTIALLY AGREED<sup>1</sup></b></p>
<p><b>9</b> Make all reasonable efforts to ensure that issues uncovered during the comprehensive reviews are rectified and develop a system for tracking the implementation status of all outstanding CAPs.</p>	<p><b>AGREED</b></p>

<sup>1</sup> DOHMH stated that “policies and procedures are enacted to cover all bureau offices and service areas. In addition to policies and procedures, every unit has an identified outline to follow that guides their program reviews allowing for tailoring where necessary based on service type and clinical judgement.” Nevertheless, DOHMH agreed that it “will improve the consistency in documentation of program reviews.”