

Program Profile: Intensive Mobile Treatment (IMT) in Fiscal Year 2025

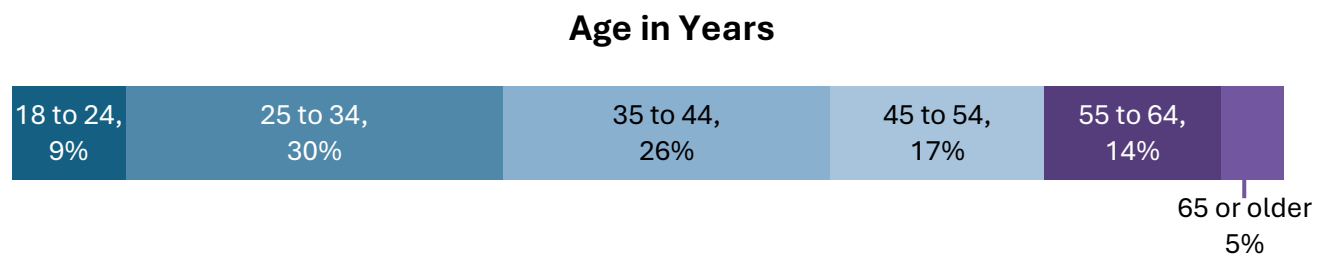
Program Summary

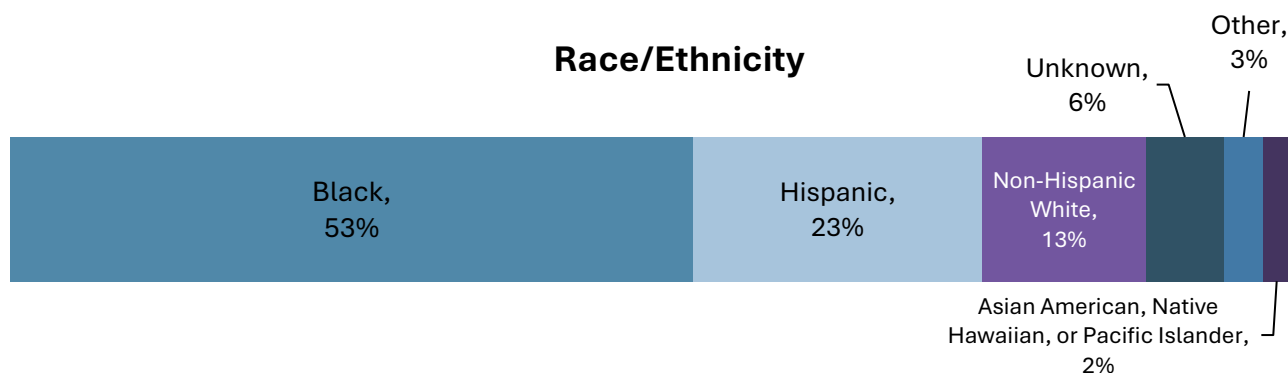
Intensive Mobile Treatment (IMT) serves people who have high service needs that are not being met in traditional mental health outpatient settings. IMT teams provide support to people with serious behavioral health concerns and complex life situations that may include transient living situations, housing instability, and involvement with the criminal justice system. Similar to but more flexible and intensive than Assertive Community Treatment (ACT), multidisciplinary IMT teams include behavioral health clinicians and peer specialists who bring services to wherever participants are, such as in the community, at a street corner, in a shelter, or in a residential setting.

IMT provides mental health and substance use treatment, including medication, care coordination, and behavioral health support. Service frequency and duration are individualized, and participants may stay in the program as long as they require support. IMT teams may also continue to provide services to participants during hospitalization, incarceration, and residential substance use rehabilitation to promote continuity of care.

Participant Characteristics in Fiscal Year 2025

In fiscal year 2025 (FY25), the program had the capacity to serve 972 individuals at a time and served 1,123 unique individuals. Participants in FY25 were primarily non-Hispanic Black, male, and between ages 25 and 44.





Other or unknown gender includes transgender, nonbinary/gender nonconforming, other, unknown, and missing. Unknown race and ethnicity includes unknown, missing, and not reported race and ethnicity. Other race and ethnicity includes other race and ethnicity and more than one race.

Engagement in the First Three Months of Care

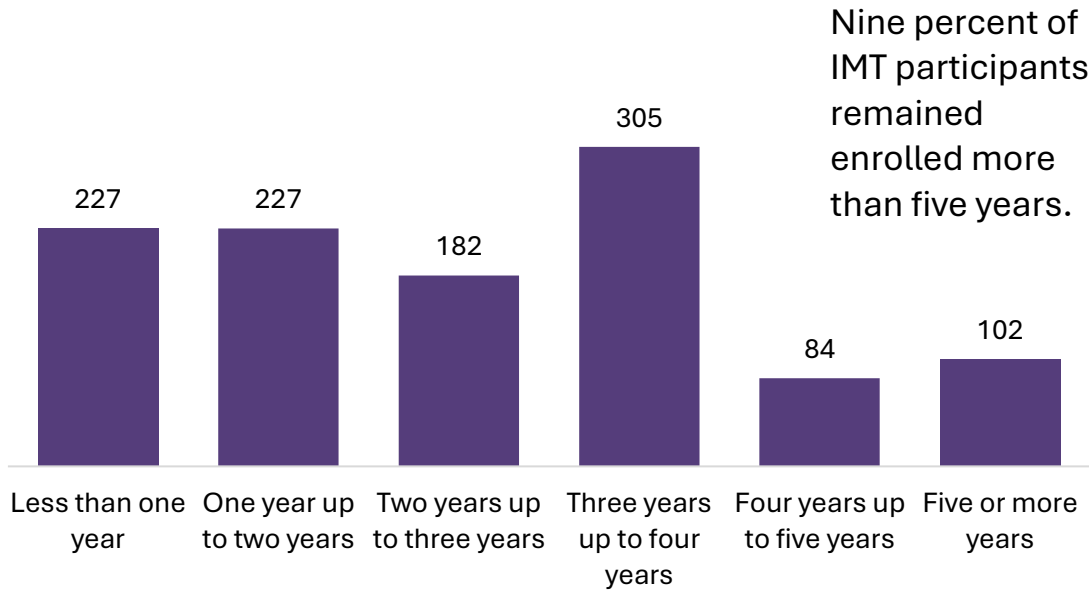
Finding and engaging with people who have just been referred to the program can be challenging. Many people who are referred to IMT have not found success with other mobile treatment programs. Given the program population’s unique needs and complex circumstances, IMT teams stay in frequent contact with the people in the program.

Typically, a person needs to remain in the program for more than three months before they experience its benefits. Among newly enrolled participants,* 96% of them (251 out of 261) remained in the program for three months or longer.

*Individuals who were referred to and enrolled in IMT between the fourth quarter of FY24 and the third quarter of FY25.

Duration of Enrollment

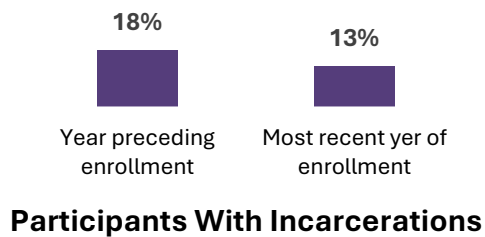
Generally, courses of treatment in IMT are expected to last several years. The following chart provides how long individuals who were receiving services at the end of FY25 have been enrolled in IMT, out of 1,127[†] participants served.



[†]IMT served 1,123 unique individuals in FY25; reenrolling more than 90 days after an IMT discharge is considered a new distinct enrollment period.

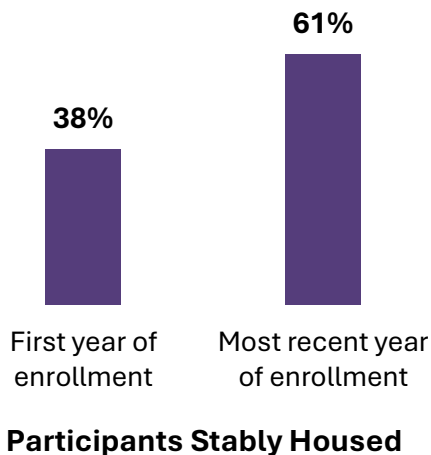
Incarceration Rates

Individuals referred to IMT often have a history of criminal legal system involvement. IMT teams provide support to prevent participants' further involvement. The chart below shows that among IMT participants served in FY25, the proportion of those with jail admissions in the NYC Department of Correction system **decreased by 5 percentage points** between preenrollment and the most recent year of enrollment.



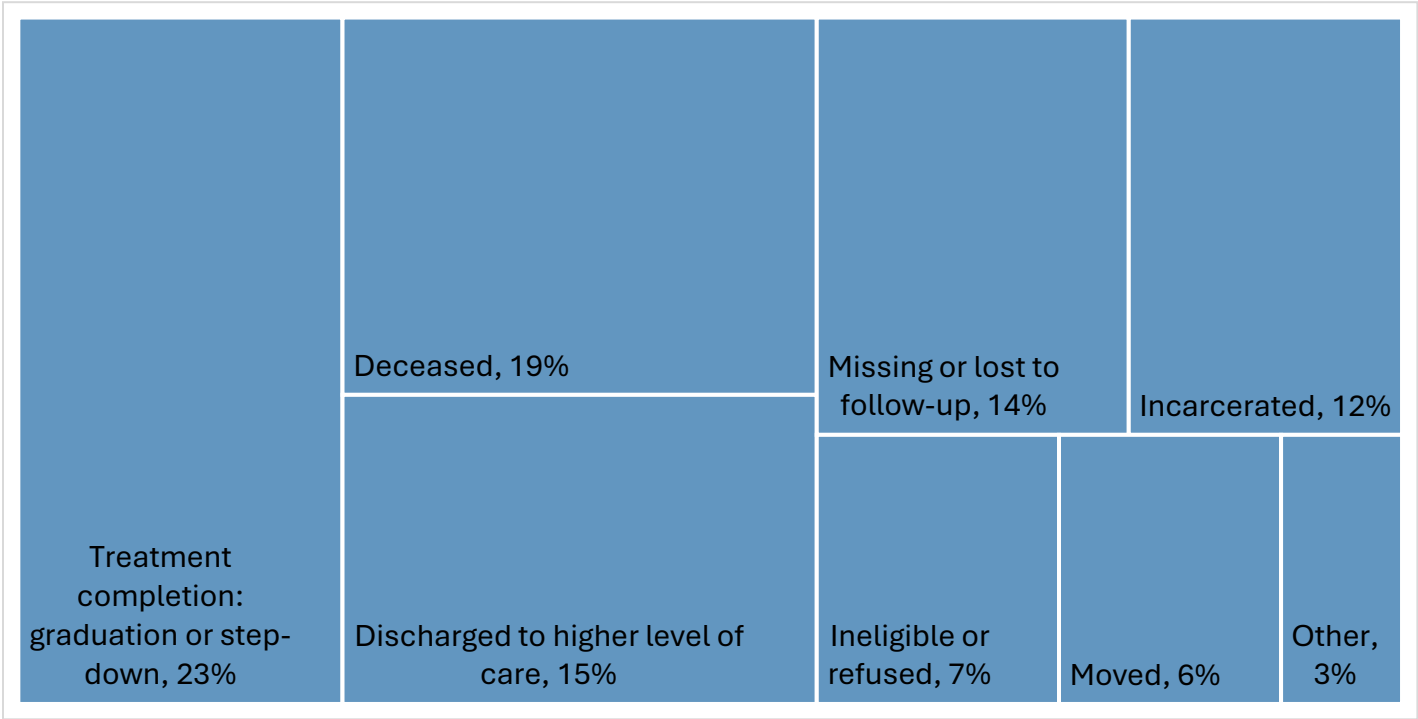
Housing Stability

Many people referred to IMT are unhoused when they start the program. IMT teams help participants apply for and move in to housing. Of the people in the program in FY25, the proportion who were stably housed increased by 23% between their first year and their most recent year of being in the program.



Discharges in FY25

People can be discharged from the program for a variety of reasons, planned or unplanned. In FY25, 175 people were discharged from the program, the reasons for which are detailed in the following chart.



4.26

Suggested citation: Bureau of Mental Health. Intensive Mobile Treatment Program Profile, Fiscal Year 2025. NYC Dept of Health and Mental Hygiene; 2025, updated March 2026.