



New York City Council Hearing

Examining NYCH+H's SHOW Vans Initiative

Committee on Hospitals

Ted Long, MD, MHS

**Senior Vice President, Chief Medical Officer of Clinical Services
and Population Health**

NYC Health + Hospitals

April 20, 2026

Good afternoon Chairwoman Narcisse and members of the Committee on Hospitals. I am Dr. Ted Long, Senior Vice President and Chief Medical Officer of Clinical Services and Population Health at NYC Health + Hospitals (Health + Hospitals). I am joined by Jason Hansman, Deputy Chief Strategy Officer for the Office of Behavioral Health at Health + Hospitals. Access to high quality services, regardless of a patient's ability to pay, is central to Health + Hospitals' mission to provide care to all New Yorkers – no exceptions. Thank you for the opportunity to testify before you to discuss Health + Hospitals' Street Health Outreach + Wellness Initiative (SHOW) and the impact the program has for the City's most vulnerable New Yorkers.

Launched in April 2021 to ensure New Yorkers experiencing homelessness had access to COVID-19 vaccines during the height of the pandemic, SHOW units have expanded to provide services beyond vaccinations to continue ensuring Health + Hospitals is consistently meeting people where they are at. These services include but are not limited to wound care, evaluation and treatment of urgent care symptoms, and low barrier substance use disorder treatment. SHOW is crucial to advancing health equity by delivering essential, accessible care to some of the City's most underserved populations.

SHOW is designed to serve people in local communities, particularly those who do not engage in facility-based care. The program currently operates six units across the City and is comprised of a medical provider, social worker, addiction counselor, peer counselor, registered nurse, patient care associate, community health worker, and clerk. These teams provide services from the SHOW unit and walk block-by-block to offer services to those living on the street, often in locations only accessible on foot like parks and subways. The units' operating hours vary by location and day, with most sites operating on designated weekdays. SHOW teams operate on a rotating weekly schedule across multiple locations, delivering services on designated weekdays from 9 AM to 5 PM (and 8 AM to 4 PM in Brooklyn), ensuring consistent, community-based access to care.

SHOW units are also affiliated with the Primary Care Safety Net Clinics (PCSN) located at Health + Hospitals/Bellevue, Elmhurst, Lincoln, and Woodhull. PCSNs provide intensive primary care, addiction treatment, care coordination, and resource linkage for New Yorkers with multiple chronic health conditions who are experiencing homelessness. Medical providers and staff often work across PCSN and SHOW, and this key feature of the program generates additional trust to engage in care from street to clinic and across the H+H system. The SHOW initiative has continuously leaned in to Health + Hospital values: intentionally building relationships of trust with historically stigmatized populations and establishing longitudinal care to drive positive outcomes in both health and housing.

When a New Yorker seeks support from a SHOW team, they can access both clinical and non-clinical resources such as food and water. Clinically, New Yorkers receive primary care services with linkages to facility-based primary care (such as Primary Care Safety Net) and specialty care within the Health + Hospitals system. SHOW teams can also attend to any wounds, provide vaccines which include COVID-19 and Influenza, and administer basic over-the-counter medications as well as prescribe prescription medications to community pharmacies or a facility pharmacy at no cost to the patient.

Alongside these services, SHOW has further enhanced its clinical capabilities this past summer to include point-of-care ultrasound (POCUS), point-of-care lab testing (POCT), and blood draw services onboard all six SHOW units. This expansion provides clinicians with enhanced capabilities to evaluate, diagnose, and manage patient care where patients want to receive that care. Through POCT lab tests, patients are tested for COVID-19, HIV, A1c, blood glucose, and Hepatitis C. Blood draw labs include a variety of tests, such as a basic metabolic panel, HIV, and Hep C confirmatory testing, which are all sent to Health + Hospitals' lab partner for further analysis. Additionally, POCUS strengthens clinicians' abilities to provide a physical examination for a patient, enabling a more comprehensive physical assessment. Using a handheld probe and tablet, clinicians have the ability to scan for concerns such as skin and soft tissue injuries. Not only do these services and enhancements reduce the likelihood that a

patient might find themselves in a Health + Hospitals Emergency Room by allowing for earlier and more accurate diagnoses, they illustrate the importance making care accessible beyond clinic walls.

Beyond these critical interventions, SHOW teams also provide behavioral health support, which includes engagement and education on mental health questions or concerns; screenings, brief interventions, and referrals to treatment for substance use disorders; Naloxone administration training & fentanyl test kit distribution; and linkage to other support as needed. In addition to these clinical services, New Yorkers also have access to non-clinical resources such as snacks, water, hygienical kits, reusable bags, and season-appropriate clothing as needed.

SHOW units have provided more than 300,000 street engagements with New Yorkers experiencing homelessness dating back to the program's launch as part of Test & Trace during the COVID-19 pandemic, in April of 2021. SHOW teams have surpassed 38,000 medical encounters and 15,000 behavioral health engagements. In addition, more than 1,500 individuals have been connected to a PCSN since the program's inception, and SHOW teams have connected 3,400 individuals to the DHS shelter process since April 2021. Furthermore, over half of patients who have received medical consultations have received care at a SHOW unit two or more times. To date, SHOW teams have distributed over 90,000 hygiene and snack kits, over 9,000 vaccinations, 7,300 Narcan kits, 5,100 fentanyl test strips, and 2,000 xylazine test strips. Focusing on continuum of care, SHOW continuously proves that meaningful innovation and relationship building is key to long-term, positive health care outcomes.

Health + Hospitals is committed to keeping communities healthy and advancing health equity by consistently addressing social determinants of health. This mission does not stop at our hospital doors, but will continue to find ways to meet New Yorkers on street corners, subway platforms, and beyond.

We will continue to learn how best to treat the City's most vulnerable populations by creating safe environments wherever they are.

Thank you for the opportunity to testify today on this important topic. I am happy to answer any questions.



New York City Council Fiscal Year 2027

Executive Budget Hearings

Committee on Health and Hospitals: *Examining NYC H+H's Street Health Outreach & Wellness (SHOW) Van Initiative*

April 20th, 2026

**Testimony of Miral Abbas, Health Partnerships Coordinator
Coalition for Asian American Children and Families**

Good afternoon Council Member Mercedes Narcisse and members of the Committee on Hospitals. My name is Miral Abbas, and I am here on behalf of the Coalition for Asian American Children and Families and the Access Health NYC initiative to speak in strong support of the Street Health Outreach & Wellness (S.H.O.W.) program and its critical role in advancing equitable, community-based care.

S.H.O.W. is critical because it meets New Yorkers where they are—on the streets, in shelters, and in communities where people are often disconnected from traditional healthcare systems. This includes individuals experiencing homelessness, housing instability, behavioral health challenges, reentry after incarceration, and gaps in insurance coverage.

Through our work with Access Health NYC, we have seen that culturally responsive, community-based outreach is one of the most effective strategies for reaching underserved communities. Access Health NYC currently supports 37 community-based organizations across the five boroughs that provide in-language health education, outreach, and enrollment assistance—particularly for New Yorkers who are uninsured, have limited English proficiency, are undocumented, or are navigating complex systems after incarceration. These trusted organizations operate out of community spaces such as cultural centers, food pantries, and faith institutions, and increasingly serve as critical access points not only for healthcare, but also for housing support and other essential services.

The success of Access Health NYC underscores a key lesson: trust, language access, and



consistent community presence are often the deciding factors in whether someone seeks care. This is especially important as fear, misinformation, and policy changes continue to deter many immigrant and low-income New Yorkers from enrolling in or using health coverage. In the past year alone, Access Health NYC partners made over 9,000 healthcare referrals, helping residents enroll in Medicaid, connect to NYC Care, and access providers across the NYC Health + Hospitals system.

S.H.O.W. builds on this same foundation by delivering care directly to individuals who are least likely to engage with traditional systems. Together, these models create a continuum of care: S.H.O.W. reaches individuals in moments of immediate need, while community-based initiatives like Access Health NYC help ensure they remain connected to coverage, primary care, and preventive services over time.

That continuum is especially urgent now. Housing instability continues to drive poor health outcomes across our city, and many individuals served by S.H.O.W. are navigating overlapping challenges—including lack of insurance, recent incarceration, and unmet mental health needs. Without proactive outreach and strong follow-up support, these New Yorkers are at high risk of falling through the cracks—cycling between shelters, emergency rooms, and the streets without consistent care.

S.H.O.W. plays a vital role in breaking this cycle by not only providing immediate services, but also connecting individuals to Medicaid and other benefits, assisting with enrollment and re-enrollment, and preventing dangerous gaps in coverage that can interrupt treatment. These connections are particularly critical for individuals returning to their communities after incarceration, who often face significant barriers to accessing both physical and mental health services. Timely, coordinated outreach can ensure they are enrolled in coverage, connected to care, and supported before health needs escalate into crises.

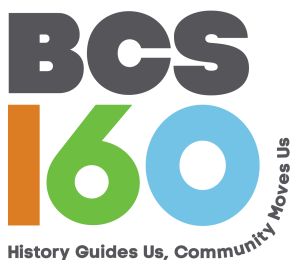
Just as importantly, S.H.O.W. teams can connect people to mental health services in real time—meeting individuals in moments of need and linking them to care before challenges require emergency intervention. When paired with community-based organizations that provide ongoing navigation and culturally competent support, this approach strengthens long-term engagement in care.



At a time when potential federal changes threaten to increase uninsurance and deepen disparities, investing in upstream, community-centered solutions is both strategic and necessary. Programs like S.H.O.W. and Access Health NYC improve health outcomes, reduce reliance on emergency services, and strengthen the overall resilience of our healthcare system.

I urge the Council to continue and increase investment in S.H.O.W., and to also increase funding for Access Health NYC to **\$4.5 million in the FY2027 budget**, ensuring that community-based organizations can continue their essential role in outreach, enrollment, and care navigation. Together, these investments will help ensure that New Yorkers are not only reached in moments of crisis, but are supported in staying connected to care over the long term.

Thank you for your time and your continued commitment to advancing health equity in New York City.



NYC Council Committee on Hospitals
Oversight - Examining NYCH+H S.H.O.W. Vans Initiative
Support for Street Health Outreach & Wellness Mobile Units

To: Councilmember Mercedes Narcisse, Chair - Committee on Hospitals
From: Archana Jayaram, Executive Director - Brooklyn Community Services
Date: April 20, 2026

Councilmember Narcisse,

I am Archana Jayaram, Executive Director of Brooklyn Community Services (BCS), one of Brooklyn's oldest human services agencies — serving this borough for 160 years.

BCS operates the first and only mobile shower unit in New York State dedicated to unhoused Brooklynites. Since 2021, our Shower Bus has provided approximately 2,000 people per season with the basic human dignity of a clean shower, paired with hygiene kits, Narcan, health testing, and direct referrals to housing, mental health, and workforce services. Additionally, we operate a year-round Mobile Care Unit that extends that reach with HIV and STI testing, harm reduction support, and addiction treatment referrals.

The need for these services has never been urgent. Over 100,000 New Yorkers sleep in shelters every night, and the Coalition for the Homeless estimates more than 350,000 lack stable housing altogether. Shelter numbers among longer-term New Yorkers grew over 11 percent in 2024 alone, and more than 32 percent over three years. Thousands more live on the streets and in subway stations, uncounted.

People experiencing homelessness die at rates three or more times higher than the general population. As NYC Health + Hospitals' own Medical Director for Homeless Health has said, street life causes "an unraveling of physical and mental health." Mobile outreach doesn't wait for people to navigate a complicated system; it meets them where they are, with dignity and without barriers.

BCS has seen firsthand that this model works. We urge the Council to fully support the SHOW Vans initiative and other mobile health services, so that every borough can reach its most vulnerable residents.

Thank you, Chair Narcisse and the Committee, for this opportunity to testify in support of the NYC Health + Hospitals SHOW Vans initiative.

Chair and members of the Council—
thank you for the opportunity to testify today.
My name is Dr. Shaughnessy,
I am a Emergency Medicine resident physician
at Lincoln Medical Center in the south bronx ,
and a member of my union,
the Committee of Interns and Residents (CIR).
I am here today to speak in strong support of
the NYC Health + Hospitals
Street Health Outreach and Wellness mobile units—
the SHOW vans.

While I have not personally worked on these units,
many of my colleagues have—
and through their experiences,
and what I have seen in our shared patients,
their impact is clear.

The SHOW vans are not just vehicles.
They are fully functioning clinics—on wheels.
They bring primary care, wound care, behavioral health,
substance use care, and social support
directly to people experiencing unsheltered homelessness—
individuals who are too often excluded
from traditional healthcare settings.

In the emergency department,
I routinely care for patients who have no phone,
no insurance,
and no safe place to store medications.

Many have had negative—
or even traumatic—
experiences with the healthcare system.

Programs like the SHOW vans meet patients where they are—
literally, and figuratively.

No ID required.

No appointments required.

Just consistent, reliable care.

And that consistency builds trust.

And trust—

is what makes care possible.

Through what I have learned from my colleagues,

and what I see reflected in my own patients,
these vans are preventing serious complications
every single day.

Treating infected wounds—
before they become hospitalizations.

Managing chronic diseases—
before they become emergencies.

Connecting patients to shelter,
to benefits,
and when possible—
to housing.

And the data reflects this impact.

In just two years,

SHOW teams have conducted over 30,000 engagements
and more than 3,000 medical or behavioral health encounters.

Patients engaged through SHOW
are more than twice as likely
to continue receiving primary care
within the Health + Hospitals system—

24 percent,

compared to just 9 percent

for similar patients who only interact
through the emergency department.

That is a real shift—

from crisis care
to continuous care.

Fewer ER visits.

Fewer hospitalizations.

Better outcomes.

Importantly, these vans serve
an estimated 4,000 to 5,000 unsheltered individuals
across New York City,
with about 1,100 active patients at any given time.

With just six vans currently operating—
this program is already reaching
a significant portion
of a highly vulnerable population.

And it is cost-effective.

At approximately \$1.5 million per van per year,
this program is far less expensive

than the cost of repeated emergency visits,
hospital admissions,
and unmanaged chronic illness.

I also want to address a common concern—
that these vans may disrupt neighborhoods.

From what I have seen and heard,
that has not been the case.

These services are placed
where people are already living.

They do not create need—
they respond to it.

With care.

With dignity.

With professionalism.

The SHOW vans represent
what healthcare can look like
when it is accessible,
when it is consistent,
and when it is humane.

They are a bridge—
to primary care,
to stability,
and in many cases,
to housing.

I respectfully urge the Council
to continue funding this program.

Our patients—
and our healthcare system—
are counting on it.

Thank you.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Dr. Ted Long

Address: _____

I represent: H + H

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

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in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Jason Hansman

Address: _____

I represent: H + H

Address: _____

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in favor in opposition

Date: 4/20/26

(PLEASE PRINT)

Name: Theodore Long

Address: 50 Water

I represent: Berlin + Hospitals

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: MON April 20, 2026

(PLEASE PRINT)

Name: Zora Barnwell

Address: _____ NEW YORK, NY, 10038

I represent: _____

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

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Name: ^{Dr.} Nick Shaughnessy

Address: _____

I represent: Committee of Interns & Residents CIR-SEIU

Address: _____

Please complete this card and return to the Sergeant-at-Arms