CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HOSPITALS

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April 20, 2026
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HELD AT: 250 BROADWAY - 8TH FLOOR - HEARING ROOM 2

B E F O R E: Mercedes Narcisse, Chairperson

COUNCIL MEMBERS:
Shirley Aldebol

A P P E A R A N C E S

Dr. Ted Long, Senior Vice President and Chief Medical Officer of Clinical Services and Population Health at New York City Health and Hospitals.

Jason Hansman, Deputy Chief Strategy Officer for the Office of Behavioral Health at New York City Health and Hospitals

Dr. Nicholas Shaughnessy, Committee of Interns and Residents

Zora Barnwell, self

SERGEANT-AT-ARMS: This is a microphone check for the Committee on Hospitals recorded on April 20th, 2026, located in Hearing Room 2 by Nazly Paytuvi.

SERGEANT-AT-ARMS: Good morning, everyone, and welcome to today's New York City Council Hearing for the Committee on Hospitals.

If you would like to testify, you must fill out a witness slip with one of the Sergeant-at-Arms in the back of the room.

At this time, please silence all electronic devices. Please silence all electronic devices.

No one may approach the dais at any time.

Chair, we are ready to begin.

CHAIRPERSON NARCISSE: Good morning. [GAVEL] I am Council Member Mercedes Narcisse, Chair of the Committee on Hospitals. Thank you for joining us today for this oversight hearing on NYC H and H, Street Health Outreach and Wellness Initiative, also known as SHOW van Program.

Since 2021, H and H has been delivering crucial services to unhoused all vulnerable New Yorkers to its excellent Street Health Outreach and

Wellness mobile units. The SHOW vans are staffed by a team of clinicians, social workers, and behavioral health professionals who are canvassing the streets of New York City to bring health care to where people are. While these events initially focused on providing testing and vaccinations for COVID-19, these units have broadened their focus to now encompass a wide range of medical, mental health, and behavioral health services. Patients can now come to a SHOW van in their neighborhood without insurance or any appointment and receive physical assessments, counseling, assistance as well. These mobile units also provide harm reduction education, substance use disorder counseling, referrals to psychiatrists, and overdose prevention kits. In recent years, these mobile units have also been enhanced to offer point-of-care lab testing, ultrasounds, and blood draws, which allow clinical staff to diagnose and manage patient conditions on-site wherever the vans are part.

Crucially, this outreach point serves as an important gateway for vulnerable patients to interact with the health care system. Each SHOW van is affiliated with an H and H campus that offers

clinical care services, which are designed to provide support for unhoused or unsheltered New Yorkers who are experiencing complex medical conditions on behavioral health needs. Those are the folks that would not get the care, and the SHOW van is doing just that in our community.

These outreach teams are doing incredible work for their communities and are empowering H and H to meet patients where they are. As we progress in our budget discussions, we hope to elevate this important program to ensure that mobile units are available across New York City and consider potential expansion to this initiative.

Before we begin, I'd like to thank the Committee Staff. Before I do that, I want to say thank you to Dr. Long and the staff for being here, or the support leadership, for being here for us to talk about something so important as SHOW van, because we have unhoused, like we said, unsheltered New Yorkers, and mental health, which is a problem in our community. Coming from the medical perspective as a registered nurse, I'm so appreciative of this work.

Before I begin, I'd like to thank, of course, Senior Legislative Counsel Ria Ogasawara and

Policy Analyst Mahnoor Butt for their hard work preparing this hearing, and I'd also like to thank my Staff as well, Juasheena that's here with me, and Kourtney, and Frank Shea, and all the Staff that are doing amazing work in our District office.

I would like to recognize that we have been joined… who's in the Zoom? Okay, I know my Colleagues told me they were going to be in the Zoom, Jennifer, but I don't see her yet.

Okay. So, now I would like to turn it over to you.

COMMITTEE COUNSEL OGASAWARA: Thank you, Chair.

We will now hear testimony from the Administration. Before we begin, I will administer the affirmation. Panelists, please raise your right hand. I will read the affirmation once, then call on each of you individually to respond.

Do you affirm to tell the truth, the whole truth, and nothing but the truth before this Committee and to respond honestly to Council Member questions?

Dr. Long.

SENIOR VICE PRESIDENT DR. LONG: Yes.

COMMITTEE COUNSEL OGASAWARA: Dr. Hensman.

DEPUTY DIRECTOR HANSMAN: Yes.

COMMITTEE COUNSEL OGASAWARA: Thank you.

CHAIRPERSON NARCISSE: You may begin.

SENIOR VICE PRESIDENT DR. LONG: All right. Good morning, 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 New York City Health and Hospitals. I am joined by Jason Hansman, Deputy Chief Strategy Officer for the Office of Behavioral Health at Health and Hospitals.

Access to high-quality services, regardless of a patient's ability to pay, is central to Health and Hospitals' mission to provide care to all New Yorkers, no exceptions. Thank you for the opportunity to testify before you, to discuss Health and Hospitals' Street Health Outreach and Wellness, SHOW, initiative, and the impact the program has had for the city's most vulnerable New Yorkers.

Launched in April of 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 and continue ensuring Health and Hospitals is consistently meeting people where they're 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 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 schedule across multiple locations, delivering services on designated weekdays from 9

a.m. to 5 p.m. and 8 a.m. to 4 p.m. 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 and 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 feature of the program generates additional trust to engage in care from street to clinic and across the H and H system.

The SHOW initiative has continuously leaned in to Health and Hospitals 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 and 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 medications to community pharmacies or a facility pharmacy at no cost to the patient.

Alongside these services, SHOW has enhanced its clinical capabilities this past summer to include point-of-care ultrasound, or POCUS, point-of-care lab testing, POCT, and blood draw services on board 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, point-of-care lab tests, patients are tested for COVID-19, HIV, A1c, blood glucose, and hepatitis C. Blood draws include a variety of tests, such as basic metabolic panel, HIV, and hepatitis C confirmatory testing, which are all sent to Health and Hospitals' lab partner for further analysis.

Additionally, POCUS strengthens clinicians' ability 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 infections or injuries and infections. Not only do these services and enhancements reduce the likelihood that a patient might find themselves in a Health and Hospitals' emergency room by allowing for earlier and more accurate diagnoses, they illustrate the importance of making care accessible beyond our 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, and fentanyl test kit distribution, and linkages 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 seasoned 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 and 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 PCSN primary care since the program's inception, and SHOW teams have connected 3,400 individuals to the DHS shelter process since April of 2021. Furthermore, over half the patients who have received medical consultations have received care at a SHOW unit two or more times. They keep coming back. 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 the continuum of care, SHOW continuously proves that meaningful innovation and relationship building is key to long-term positive health outcomes. Health and Hospitals is committed to keeping communities healthy and advancing health equity by consistently addressing the 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'm very happy to answer any questions.

CHAIRPERSON NARCISSE: Thank you, Dr. Long. As usual, you know we're on the same page for this SHOW and the reason we're actually having the hearing is because it's so good and we want it throughout the City of New York. So, I'm not going to hide it. I like to come straight and tell folks what, you know, my agenda is. So, to the point.

So, how many testing of COVID that you had done? Total number of the lab tests administered for COVID-19 tests?

SENIOR VICE PRESIDENT DR. LONG: Yes. For COVID-19 tests I have, let's see here, give me just a moment. I have almost every number. My team is going to give me the number of COVID tests if you'll give me just a couple minutes.

CHAIRPERSON NARCISSE: Okay. We'll get that.

So, substance use treatment, how many of that we have?

SENIOR VICE PRESIDENT DR. LONG: So, the way that we think about substance use treatment is a couple of things. If you look at the specific number of individuals connected specifically to substance use treatment, the number is over 1,900.

CHAIRPERSON NARCISSE: 1,900.

SENIOR VICE PRESIDENT DR. LONG: That's in addition to connections to primary care where they can get substance use treatment as well or connections to behavioral health care, which as I said earlier is more than 15,000.

CHAIRPERSON NARCISSE: Okay. Since we're talking about other materials giving, I got a lot of numbers, but one of them that I did not get is the meal package because it's a great thing to talk about food. So, how many of that we gave?

SENIOR VICE PRESIDENT DR. LONG: Okay. For meal packages distributed, we incorporate them into the hygiene kits, and we can try to break out those numbers potentially in the next couple of minutes too but, if you combine together, because those numbers tend to go together, it's over 90,000.

CHAIRPERSON NARCISSE: 90,000?

SENIOR VICE PRESIDENT DR. LONG: That's combining again the hygiene kits with meal packages.

CHAIRPERSON NARCISSE: Okay. And now coming back to the testing, the lab tests, HIV tests. So, how many of that we have done?

SENIOR VICE PRESIDENT DR. LONG: So, the HIV tests, we do point of care and we do lab-based testing. The point of care testing, my team can check on that. I believe, and they can correct me here, that the lab-based testing is since we started to do that which is more recently in January, 2025, it's over 50, but we can check on the point of care testing too.

CHAIRPERSON NARCISSE: Over 50?

SENIOR VICE PRESIDENT DR. LONG: Yes.

CHAIRPERSON NARCISSE: Okay. Since you know diabetes is a big thing, A1C, what are we doing with that?

SENIOR VICE PRESIDENT DR. LONG: A1C, again, since we started to do this more recently is over 50, but the way I would view that is that the main way that we do testing for diabetes is in our primary care clinics. So, the SHOW program will talk to you, do point of care testing as needed, but we

save the lab testing to the extent that we can to with the doctor in front of you in one of our primary care safety net clinics so that we can give you the care that you need there. That's where we teach you to start insulin if you need to start insulin and we can prescribe for you all the other medications which you could pick up on site.

CHAIRPERSON NARCISSE: The way we don't do actually A1C in the van is when they get to the clinic, their primary care.

SENIOR VICE PRESIDENT DR. LONG: We do both. We just recently started doing it in the van but, since 2021, we've done most of them in the clinic but now we do both point of care and lab-based A1C testing in the van.

CHAIRPERSON NARCISSE: Okay. Hepatitis A.

SENIOR VICE PRESIDENT DR. LONG: Hepatitis A, we've done fewer tests since we started to do it. It looks like less than 10 here. Hepatitis C is more than 40.

CHAIRPERSON NARCISSE: So, now give me the C because that would be next.

SENIOR VICE PRESIDENT DR. LONG: That'd be more than 40.

CHAIRPERSON NARCISSE: Oh, what is it?

SENIOR VICE PRESIDENT DR. LONG: More than 40.

CHAIRPERSON NARCISSE: More than 40.

SENIOR VICE PRESIDENT DR. LONG: Again, since we started to do… these particular tests, we started to do more recently.

CHAIRPERSON NARCISSE: Okay. And about basic metabolic panels.

SENIOR VICE PRESIDENT DR. LONG: The BMPs, or basic metabolic panels, since we started to do those more recently too, we've done more than 80.

CHAIRPERSON NARCISSE: More than eight?

SENIOR VICE PRESIDENT DR. LONG: More than 80.

CHAIRPERSON NARCISSE: 80.

SENIOR VICE PRESIDENT DR. LONG: So, it's actually I think precisely 85.

CHAIRPERSON NARCISSE: 85?

SENIOR VICE PRESIDENT DR. LONG: Yes.

CHAIRPERSON NARCISSE: We have been joined by my Colleagues. I don't want to butcher it, Aldebol.

COUNCIL MEMBER ALDEBOL: Aldebol.

CHAIRPERSON NARCISSE: Aldebol. Aldebol.

Can you highlight what items are included in your hygiene kits?

SENIOR VICE PRESIDENT DR. LONG: Yes. What are they? All right. Just give me just a moment here. I'll start going off memory and then just to save some time here. If my team wants to text me, I can go over the rest of the items in the hygiene kits.

Page eight. My team is amazing.

CHAIRPERSON NARCISSE: I know. I can see them going, passing the notes.

SENIOR VICE PRESIDENT DR. LONG: Okay. Hygiene kits include… I got notes and it's all written out for me. And I got your numbers here too. So, it's all coming together.

So, hygiene kits include oral hygiene supplies, soap, shampoo, body wipes, surgical masks, tissues, menstrual products, socks, and underwear. We also, as part of that too, as I mentioned earlier, distribute season-appropriate clothing, which is important, especially when it gets cold out, and footwear as well is a big need that we were able to meet as well.

To get back to your earlier questions, if I may, the COVID tests that we've completed as part of the SHOW program is 67,000. Remembering that part of the reason why some of them…

CHAIRPERSON NARCISSE: Since 2021.

SENIOR VICE PRESIDENT DR. LONG: Since 2021. Because at the program's inception, it was focused on COVID testing and vaccines. It was back in the time when people experiencing homelessness that were sleeping outside in our streets were not getting tested for COVID and were not getting the COVID vaccine. This is our solution to that.

And just to clarify one other quick point, when you asked about the hygiene kits, the number actually we give them out, or rather the food with hygiene kits, we give them out together. So, the number for either of those categories is 90,000.

CHAIRPERSON NARCISSE: 90,000?

SENIOR VICE PRESIDENT DR. LONG: Yes.

CHAIRPERSON NARCISSE: Thank you. Okay.

Now, getting to the juicy part. Staten Island. Like my children used to say, Staten Island.

SENIOR VICE PRESIDENT DR. LONG: Yes.

CHAIRPERSON NARCISSE: Last January, this Committee and the Mental Health Committee jointly held a hearing on opioid settlement funds to discuss how those funds were set to be allocated. At that hearing, we received concerning testimonies stating that the SHOW van that had served Staten Island's North Shore was discontinued in January 2024 due to a lack of funds. Instead, there was a van that had been providing transportation services to a medical center in Coney Island. Can you confirm whether there was a SHOW van that served to the North Shore of Staten Island? And, if so, can you please explain why SHOW van services at that specific location have been discontinued?

SENIOR VICE PRESIDENT DR. LONG: Yes, absolutely. And I can explain to you a little bit too about our plans going forward. So, in 2024, this was the time when the SHOW program had started off with six units. Under the former Administration, there was an expansion of two additional units for the subway initiative. However, they weren't really needed for the Subway Initiative full-time. So, we're able to, with that additional resource on top of the baseline of the six that we've had, pull them off one day a

week in 2024 to go to Staten Island. However, when the Subway Initiative was concluded and the funding for those two additional units, which were intended to be temporary units, was discontinued, we weren't able to continue the services from those two units. That said, I have some good news, which is that under our current Administration, in a prelim budget, we've received funding for three additional SHOW units, and not just any SHOW units. These are what we call hyper-mobile SHOW units, or SHOW units that can cover more territory with the van itself and try out different locations, working with our colleagues at DHS and working specifically with the community-based organizations that through programs like NYC Care, we have deep relationships with in Staten Island. We look forward to helping.

CHAIRPERSON NARCISSE: So, Staten Island is going to get the van. And it's going to be located where?

SENIOR VICE PRESIDENT DR. LONG: So, actually, that's a terrific question. We've learned that with the SHOW vans, finding the right location is a worthy endeavor. So, we ourselves aren't going to be the ones to go to Staten Island and say, this

is where we think the SHOW unit should go. We're going to work, again, with DHS and with community-based organizations that know their communities better than we do. We will follow their lead, and that's where we'll bring the units to. It may take a couple of tries. We're not exactly sure which units will have the most, both need and also which areas will have a population that's most interested in engaging with our SHOW units. But that's why I'm excited, as you can tell, with the three additional units, because these units are more mobile. So, this gives us the ability to try out more places to see where we can have the greatest impact.

CHAIRPERSON NARCISSE: That sounds like a great plan for folks from Staten Island that have been worried. They say, how come we're not part of the City of New York? So, this is great news.

So, okay, when SHOW van services are made available in Staten Island, will patients still be able to request transportation services to Coney Island or other medical facilities in Brooklyn?

SENIOR VICE PRESIDENT DR. LONG: Yes, absolutely. So, the baseline is everything, for any

SHOW unit in Staten Island, the transportation services will be the same as for any other SHOW unit.

To give you another level of detail there, because I think the detail does matter, if it's a clinical need, we base it on the individual patient's needs, if they need medical transport, or if they need another form of transport. Separate from that, we also work with DHS, so that at the end of a conversation, if we're engaging with you about your medical needs, and then we're able to talk to you about your housing needs, which is one of the goals of the SHOW program, then we reach out to DHS and they arrange transportation to one of their shelter sites.

So, in Staten Island, that will be the base, which has been the proven base at all of our other sites. In addition to that, you mentioned Coney Island. I'm actually very excited about, also, arranging for transportation and continued care at our Vanderbilt site in Staten Island. In the past, we've had a great working relationship trying things like this with Project Hospitality, and I look forward to working with them and every other CBO in Staten Island to not only figure out where the SHOW

units can try out to have the greatest impact in Staten Island, but then to bring patients, once we've started to engage them, to Vanderbilt. And I could do things like create an open hours access, no appointments needed. They can just show up and we'll take care of them there.

CHAIRPERSON NARCISSE: Okay. So, the way I see it, everything based on statistic and the needs of the community, right?

SENIOR VICE PRESIDENT DR. LONG: Yes.

CHAIRPERSON NARCISSE: So, what about some parts of Brooklyn that I feel like is in dire need? Since you're getting about three additional, right?

SENIOR VICE PRESIDENT DR. LONG: Yeah.

CHAIRPERSON NARCISSE: How are you thinking about Brooklyn as well? Some areas that I can tell you, because I know the statistic and the data.

SENIOR VICE PRESIDENT DR. LONG: Well, I look forward to working with esteemed, trusted leaders like Chairwoman Narcisse.

CHAIRPERSON NARCISSE: Yeah, because we need some help in Brooklyn too.

SENIOR VICE PRESIDENT DR. LONG: I think that is why I'm excited about these three new SHOW units are slightly different than our former ones, which are really, they're stationed in the communities. The communities get to know them, trust them. They're there for years.

With the new units, we can also do that, but we can actually be a little bit more mobile too, because we've heard feedback and we want the SHOW program to continue to meet the feedback that we've heard. Well, there's these other communities too. Can you try it out? Can you see where you can have an impact? These three new units, I'm excited because it'll give us the ability to do that in a way that we haven't been able to do before. So, we can actually go to multiple places in Brooklyn or Staten Island, try them out, see where we're needed and go forward from there now.

CHAIRPERSON NARCISSE: Let me be honest. Even though it's mobile, I would like to have them stationed where we have the most problems, especially in the areas that I know of in Brooklyn.

SENIOR VICE PRESIDENT DR. LONG: Let's get together.

CHAIRPERSON NARCISSE: In situations where a SHOW van is not parked at the same location at the same time every day, how are patients made aware of the dates and times a SHOW van will be back in this location where a patient first visited?

SENIOR VICE PRESIDENT DR. LONG: Yeah. So, that is a good question because we do change the location sometimes over time. And whenever we do anything like that, because patients know us, they come to us, and they trust us, and that's the goal of the SHOW program. We give them flyers. We talk to them about, we may not be here tomorrow or going to be here next Monday, whatever it is. But not only that, we talk to DHS. We talk to our community providers. Again, you know, recognizing the importance of community-based organizations as the spokespeople, as it should be for the communities they know best. So, we get the word out that way. And then in our experience, we find the patients, when we come back, come back to us.

CHAIRPERSON NARCISSE: So where are we, the Council Member, included in this? Because I think one of the things that we can do is to support because each area, we have 51 Council Members. So, if

you go to the area and then actually, because a lot of us send newsletter emails out on a regular basis, so that can be helpful as well.

SENIOR VICE PRESIDENT DR. LONG: So, for the areas where… I know that the team hates when I do this, but I'll commit to you. For the areas where we have SHOW units, we'll let our city Council Members know if there's changes in hours so that you can help include to get in your newsletters and get the word out.

CHAIRPERSON NARCISSE: Yeah. I'm always excited for good news to share. Because social media is popping. Everyone want to know what's going on. And I'm so impressed when you have seniors getting to know on Facebook. I saw that on Facebook. I saw that on Instagram. I was like, yay.

SENIOR VICE PRESIDENT DR. LONG: I don't have either, but I take your word for it.

CHAIRPERSON NARCISSE: Yeah. They like to follow social media now and the newsletters.

Presently, are there any plans… so, we talk about that, but now I'm interested because you do five days a week.

SENIOR VICE PRESIDENT DR. LONG: Yeah.

CHAIRPERSON NARCISSE: But we know we have a cycle of life that's seven days a week, 24/7. So, I want to know, are there any plan to expand the units on weekends?

SENIOR VICE PRESIDENT DR. LONG: It's a good question. And we have in the past had the units active on weekends. Over time, now the program is five years old now, we've learned working with our communities that the times that our operating hours here are the times when community members want to engage with us. So, in the past, again, we've tried different times, evenings, weekends, and we just haven't found that that's when people are ready to really see a street medicine provider. If that should change though, we're open to trying different things.

And I think I would just make the additional point as you're pointing out here, that people live their lives at all times of the day, and this program is really intended to be a street medicine program to meet people where they are when they're ready to engage with us. Overnight is different. And that's why, for example, when we had the recent cold snap, Health and Hospitals formed with the City's full support, the warm units, which

enabled us to have a different way by sort of taking the mantra of the SHOW program and going up to you and asking, how can I help you today at two in the morning when it's freezing cold out at night? So, it wasn't the SHOW program that did that, but it was learning from the SHOW program, creating an adjunct that was effective at that time. And through the warm program alone, we had more than 13,000 engagements on the street overnight.

CHAIRPERSON NARCISSE: Thank you. At a prior City Council hearing on opioid settlement spending in early 2025, H and H testified that the placement of mobile units is informed by overdose data, demographic information, identification of overdose hotspots, and community need. At that time, when asked how often the underlying data used to determine this location is updated, H and H indicated they would need to follow up. Can you walk us through how often the data used to determine the locations of the SHOW mobile units is currently updated? What specific data sources are relied open and how changes in overdose trends or community needs are incorporated into decision about where units are sited and for how long?

SENIOR VICE PRESIDENT DR. LONG: For the first part of your question, to give precision around how we think about opioid overdoses, I'll turn to Jason to start, and then I could share more about general SHOW placements.

CHAIRPERSON NARCISSE: Sure.

DEPUTY DIRECTOR HANSMAN: Yeah. So, we're constantly looking at the overdose data that we get from Department of Health and Mental Hygiene and other sources to kind of see where those hotspots are, right, and this includes not just SHOW vans, but how we're thinking about our substance use services in our facilities as well. So, we're updating that as often as we can based on both these external sources like DOHMH, but also what we're seeing in our ERs and in our clinics as well to really adjust and modify how we're delivering the services in the community.

SENIOR VICE PRESIDENT DR. LONG: And to add on, sorry, my apologies. To add onto that a little bit, I'll just start with a short anecdote or story, and then I'll get into some of the specifics of how we have placed SHOW units, both at the beginning of April 2021 and the data that we use going forward here. So back in 2021, just to go back

in time here, we had a problem in New York City. The vaccines were widely available. We had our mass vaccination sites for COVID, but people experiencing homelessness, sleeping outside were not getting the vaccine, as you know, Chairwoman. And I remember I was in a meeting, and the idea was brought up that maybe people sleeping on the streets have paranoia. That's why they don't want the vaccine. And I know I've shared the story with you before, but I remember I don't usually get very fired up, but I got fired up that day. And I said, that is absolutely wrong. It is not the people are paranoid about the vaccine. It's that we have not met them where they are. That's why they haven't gotten the vaccine. If you were sleeping on the street, the vaccine might not be as high priority as for one of us. So, that's where we came up with the SHOW model. We said, instead of just going up to you on the street and saying, we want to give you the COVID vaccine. We went up to you on the street and said, how can we help you today, and then there were consistent themes that came out. I traveled with the teams myself. The consistent themes were things you might expect. My leg hurts. I have an infection. I need new socks. I need new shoes. I need

antibiotics. And then we heard other things. I'm hungry. I haven't seen a medical provider in a long time. And as we began to craft different ways to meet people's needs, the third or fourth question we would always ask is can we administer the COVID vaccine to you, and people almost always said, of course, now that you've addressed my needs, yes. It wasn't that I was against the vaccine. Just my foot hurt. So, we initially went to where people experiencing homelessness were outside the need to be vaccinated. And over time, we've layered, to your point, data into that and how we look at where the SHOW units should be placed. That data includes, we look at the catchment areas of our affiliate hospitals. We have, as Jason was mentioning, our overdose heat map data. We look for where we have data to show where patients would potentially benefit, where people experiencing homelessness generally are now. Accessibility, we want to be at a place where we could be consistently there. Then we look at the impact of our data too. Are people coming to the unit? Are people then going to our primary care clinics after spending time with us at the unit? That's how we substantiate and really solidify where we are going forward.

CHAIRPERSON NARCISSE: So, there's different things that come with the data that you're able to…

SENIOR VICE PRESIDENT DR. LONG: Exactly. It started off as just about the COVID vaccine and now it's broadened to be about where are people that would benefit from comprehensive primary care, starting with us bringing it to you.

CHAIRPERSON NARCISSE: Okay. And I like the approach of getting to know what I can do for you.

SENIOR VICE PRESIDENT DR. LONG: Exactly. That's the mantra.

CHAIRPERSON NARCISSE: In our recent preliminary budget hearing, H and H said that the budget will expand to accommodate three… we'll talk about that, and I'm so happy.

SENIOR VICE PRESIDENT DR. LONG: We are too.

CHAIRPERSON NARCISSE: So, I am so happy for that.

Could you please describe the specific location, which we were talking about, you don't know yet? Are we going to… because I would like to see it

throughout New York City and most importantly, since I'm in Brooklyn, so I know there's a spot that we can use that would be very impactful if the van come to our area, some areas that it needs.

SENIOR VICE PRESIDENT DR. LONG: Yes, I agree.

CHAIRPERSON NARCISSE: Yeah. And I was going to sell you Canarsie, Brownsville, East New York.

SENIOR VICE PRESIDENT DR. LONG: Absolutely.

CHAIRPERSON NARCISSE: Because we have, in all fairness and being honest, mental health is a big deal for us, and I can see it just by looking and crossing the street and see those young, older folks talking to themselves. And it's just like the behavior alone lets you know that I need help, there's an emergency here. And it hurt when I'm looking at it, I know that person need help and just like, what do I do now? Sometimes I feel like I'm stopping and talk and sometimes I do. I take my chance to talk and it's hard, but I feel like we can benefit from that.

SENIOR VICE PRESIDENT DR. LONG: Well, if I may, I think you're bringing up a really important point, which is that, as a City, we need to think about the ecosystem for improving people's health or meeting the individual with severe mental illness that's out there on the street that may be talking to her or himself. The SHOW unit is sort of that first touch, if you will, or the outreach component of that. They can connect you back to immediate street medicine to ask, how can we help you to meet you where you are? But that can't be the end of the story. Another important part of the story is we built out, as we've expanded the SHOW program, we built out these specialized primary care clinics in our hospitals that are different from my primary care clinic in the Bronx. At these clinics, it's open access. You don't need an appointment. We have co-located behavioral health because we know the importance of co-occurrence and that you have to treat these things together to treat anything effectively. And these clinics have been so effective that we know from our first one that we started at Bellevue, that if you're a patient that steps foot into our clinic, if you're a person experiencing

homelessness coming to our clinic, you have a 57 percent reduction in your risk of going to the emergency department and a 67 percent reduction in your risk of being admitted to the hospital. So, telling somebody those statistics, that if you come to this clinic, there's a greater than 50 percent chance that you won't have to come to the emergency department or you won't get sick enough to be admitted, that matters to people. And that matters to us as doctors and providers and nurses.

And then beyond that too, in the prelim budget, we didn't just get funding for the three new SHOW units. We got funded for something that we're very excited about, which is another part of the ecosystem that we're building out, which is the Bridge to Home program.

CHAIRPERSON NARCISSE: I love it too.

SENIOR VICE PRESIDENT DR. LONG: As you know, from the announcement at Bellevue, which I remember I was at with you. And that program just in a nutshell is when people with severe mental illness have been admitted to the hospital, they have a care plan in place. And as Jason can attest to, it's one of the most uplifting things I've seen in my medical

experience is when you have somebody with severe mental illness, like schizophrenia, you give them the right antipsychotic medication. They go from somebody that you see on the street talking to themselves to somebody that can talk to you, that has linear thinking, clarity of thought, that can actually hold a job, that can succeed in supportive housing. But the problem is if we've engaged you a SHOW, engaged you with a primary care safety net clinic, and then engaged you in the hospital setting, that's where things have traditionally fallen off is that you need to have a team that's continuing to look after you to make sure that you stay on this life-saving, uplifting to me as a clinician, medication, and that's what the Bridge to Home program seeks to solve. So, we're excited we've gotten significant extra funding to now have three Bridge to Home sites, totaling 150 beds in steady state. And that will be where people can go when they're ready to leave the hospital, where they can go to a home-like environment, which they need, deserve, and are interested in going to in our experience. Our program so far is so popular, we have a wait list. And then the other component is we have a psychiatrist that's

there around the clock with nurses around the clock, social workers around the clock, and we do everything in our power to make sure you stay on your medications. And so far we have data to show that there's a dramatic improvement in the proportion of patients staying on these life-saving medications that go to our Bridge to Home site.

CHAIRPERSON NARCISSE: Yeah, I love it. We're not discharging patients to the streets. We know they came from the street, and when you discharge it as a professional, you know they're going back to the street and they're not going to get better. And Bridge to Home was way overdue. That's something we've been looking for. Every time I used to discharge patient I'm like saying, what are we doing? So that was, that's a miracle. So that's why whenever I get with Dr. Katz over this, I'm like, yes, we're not sending people to…

And then one thing we are talking about, like the SHOW van, the folks that I'm seeing on the streets, they're not going to walk in the hospital or they're not going to make no appointment. We already know that. So, if we don't go to them, they're staying on the streets for…

SENIOR VICE PRESIDENT DR. LONG: Yeah.

CHAIRPERSON NARCISSE: Anyway. Thank you.

In addition to NYC, H and H Bellevue, Woodhall, Elmhurst, and Lincoln hospital locations, are there any other hospital that SHOW vans are affiliated with right now?

SENIOR VICE PRESIDENT DR. LONG: Currently, those are the four that we have SHOW vans affiliated with.

CHAIRPERSON NARCISSE: That's the four.

SENIOR VICE PRESIDENT DR. LONG: That's the four.

CHAIRPERSON NARCISSE: Any intention of expand that as we getting more folks coming in?

SENIOR VICE PRESIDENT DR. LONG: Actually, we do have, as you can probably imagine, have many thoughts about not only expanding this particular primary care safety net program. We have other sites that want to be part of this program because again, I gave you the statistics. I mean, a 67 percent reduction in risk of being admitted to the hospital for a patient. I mean, I would do anything for my patients to give them that benefit. So, we're looking to, as the SHOW program expands, consider other sites

in our system as well. And also we have other programs. And again, I just want to zoom out for a second. And again, think about the ecosystem of all of this. We're focused right now on people experiencing homelessness, but there's unfortunately a heartbreaking Venn diagram overlap with people that are justice involved too. So, we're concurrently, as my team behind me is working on now, working to create and continue to expand special clinics we have for those that are justice involved and often experiencing homelessness, those that are leaving Rikers so we want to try to, again, to meet everybody where they are. We want to look at what some of the most vulnerable New Yorkers are experiencing and try to solve for those things. So, we're not thinking about it solely about the safety net clinics. We're thinking about how we can make the overall system better for everybody.

CHAIRPERSON NARCISSE: Yeah. The empathy that we need in New York City.

SENIOR VICE PRESIDENT DR. LONG: Exactly.

CHAIRPERSON NARCISSE: And I always tell people, you don't live in the bubble. Your car can be

nice. You put the windows up. But when you see those folks, they are part of your universe.

SENIOR VICE PRESIDENT DR. LONG: Right.

CHAIRPERSON NARCISSE: Yeah.

SENIOR VICE PRESIDENT DR. LONG: We have to have a holistic response.

CHAIRPERSON NARCISSE: Are all SHOW vans ADA accessible for patients who require assistance with the mobility?

SENIOR VICE PRESIDENT DR. LONG: Yes.

CHAIRPERSON NARCISSE: Very good.

Language access.

SENIOR VICE PRESIDENT DR. LONG: Yes.

CHAIRPERSON NARCISSE: Are they all you have access to?

SENIOR VICE PRESIDENT DR. LONG: Yes.

CHAIRPERSON NARCISSE: Any languages, all the languages, what are you using right now?

SENIOR VICE PRESIDENT DR. LONG: So, yes, all of our SHOW units have the equivalent language access to me in my primary care clinic in the Bronx, to a patient admitted to Bellevue Hospital or to Elmhurst, which I believe statistically, my understanding is it's the most diverse hospital in

the world by number of languages spoken. So, we take a lot of pride in meeting people where they are from meeting you where you are, from the perspective of being a person experiencing homelessness on the street or from the perspective of whatever language you speak. Our interpretation service interprets more than 300 languages and dialects. And we have, you know, we've implemented the same system, including most recently with cell phone use, to access the interpreter services wherever we are, whether we're out roving or walking on the streets to find people that we can help or on the vans themselves. Just as a quick anecdote about, to me, how the system is working, as long as we make sure that all of our staff members have the appropriate resources, which we have, is I have a patient in my primary care clinic in the Bronx that every time she comes into my clinic, she smiles, and the reason she smiles is because she speaks a rare African dialect, and I'm literally one of the only people in New York City she can talk to because of the interpreter service we have.

CHAIRPERSON NARCISSE: Very good.

In November, 2025, the Office of the New York State Comptroller released an audit reviewing H and H language access services, including compliance at SHOW mobile healthcare units. The audit evaluated whether these mobile units were meeting the requirement of Title 10, section 405.7 of the New York Codes, Rules and Regulation, which requires hospital to provide meaningful language access for patient with limited English proficiency based on the site visit on the SHOW van locations. The Comptroller found gaps in… they were not available or not consistent with the language access services, raising question about how language assistance is implemented and supported in mobile unit healthcare setting. Can you describe how language access services are currently provided on SHOW mobile unit? And what interpretation tools are expected to be available when staff… you tell sell me you have all of them. You have their access. You have the… is it on a telephone.

SENIOR VICE PRESIDENT DR. LONG: Yes.

CHAIRPERSON NARCISSE: How is that placing?

SENIOR VICE PRESIDENT DR. LONG: Yeah. And actually I can, from my phone right here, access service.

CHAIRPERSON NARCISSE: Okay. So everyone have it.

SENIOR VICE PRESIDENT DR. LONG: We've issued H and H phones to our staff members.

And to your question, we appreciate the feedback. And again, after we read the Comptroller's report, we have reinforced it with our staff to make sure that everybody has a clear understanding of the resources that we believe in, that I experienced in my clinic in the Bronx and that we stand behind. And we've gone again above, or we've gone beyond that to make sure that our staff have things like H and H issued cell phones that can access interpreter services right on the phone.

CHAIRPERSON NARCISSE: And you access that to make sure that is equitable with the language when you come to New York City. I know you know that. I'm just making sure that we're clear on the record.

SENIOR VICE PRESIDENT DR. LONG: Yes, we do. On the record. And my team behind me is the team that does that great work.

CHAIRPERSON NARCISSE: Okay. Since the release of the Comptroller audit… okay, you did something, you took the step and that's when you started to put it on everyone and everyone have access to it so…

SENIOR VICE PRESIDENT DR. LONG: Everybody has access to interpreter services.

CHAIRPERSON NARCISSE: I can talk to the Comptroller and say, yes, it was done. Everyone have access to all languages.

SENIOR VICE PRESIDENT DR. LONG: 100 percent. And you can come and join one of our units do to check it out.

CHAIRPERSON NARCISSE: All right.

How do the clinical staff at SHOW vans ensure privacy when discussing sensitive medical information with their patients? How that work?

SENIOR VICE PRESIDENT DR. LONG: Yeah. That's a great question because, of course, with the street medicine, we don't have the same four walls of our clinic. That is what we usually use to ensure privacy. So, what we've done is we've outfitted the vans to have an exam room basically in the van. So, the door can be shut and the van will be a private,

still four, do you call it a wall of a car? Four door, no. The four walls of the clinic aren't there, but the four walls of the car are. And that's where we can have privacy within the SHOW van.

Of note, the SHOW van's don't transport people. So, these are not vans for transport, which we've done intentionally because we've prioritized privacy and being able to do small procedures, things like that. So, we basically have turned the vans, instead of having them be a van to transport people, they're a van that can treat people within the van, within that sort of van-based exam room.

CHAIRPERSON NARCISSE: So, if I'm entering the van right now, so the examining room that I'm going to call it, it would be toward the back.

SENIOR VICE PRESIDENT DR. LONG: Correct. And there's an ADA lift on the back too.

CHAIRPERSON NARCISSE: So either way. Okay.

In July 2025, SHOW vans enhanced their primary care capacity by adding point of care lab testing, point of care ultrasound, and blood draw services, which significantly expands the range of services available to patients. How long does it

typically take to get lab results for a blood draw, for example, ultrasound or any other screening tests that is taking at a SHOW van?

SENIOR VICE PRESIDENT DR. LONG: Yeah. Thanks for asking. So, our priority at the SHOW vans is to do point of care testing and ultrasound as indicated. Our priority is not to do general lab draws, which is why some of the numbers I showed you earlier are lower than the number of encounters we've had or the number of substance use referrals we've made, things like that, which we don't want to do for anybody in need. We reserve formal lab tests, which come back in about 48 hours, with those that basically tell us that they're not able to or interested in going to one of our clinics. Point of care testing comes back in a matter of minutes, which you could do for A1c, which you could do for HIV, even hepatitis C that requires then a confirmatory test. Same thing with point of care ultrasound. So those are things that we prioritize doing are things that we can get back a result for within five minutes. So that if I'm talking to you, I can give you the results back right away. We can make a plan together.

Point of care ultrasound is one of the new things we've added on. This is very rare in a good way. Very few places across the country have this. It's basically an ultrasound that you can take, put the probe up to the patient and identify things like if there's a soft tissue infection to see if there's an abscess that's formed there, which as you know, requires you to go to the hospital for formal drainage. Or if there's no abscess, then it's more likely to be cellulitis and that we can make the diagnosis with the assistance of the ultrasound there. Treatment of cellulitis, it starts with Keflex or Staphylococcus coverage if we need it. So, from a decision tree perspective, whether you go to the emergency room or not, the ultrasound can be the best way to make that delineation. And we're very lucky and fortunate to have it in New York City. Because again, I'm not familiar with other cities that are doing things like that.

CHAIRPERSON NARCISSE: What's the name of their ultrasound?

SENIOR VICE PRESIDENT DR. LONG: POCUS is the fun acronym. It stands for point of care ultrasound.

CHAIRPERSON NARCISSE: Point of care ultrasound. Got it.

SENIOR VICE PRESIDENT DR. LONG: So, it's an immediate ultrasound in the actual SHOW vans. So, if a patient comes in with concern for a leg infection, we could take the ultrasound out, immediately see if they have an abscess or not.

CHAIRPERSON NARCISSE: Nice.

If a patient has left the van, by the time their result come back, but they should not be leaving the van because that's five minutes so you can make them talking to them alone. You can make them wait.

SENIOR VICE PRESIDENT DR. LONG: Correct.

CHAIRPERSON NARCISSE: But some of the patients, you know, they have no patience for you to wait for results so they will walk out on you.

Are these point of care lab tests and ultrasound services available in all of the SHOW vans?

SENIOR VICE PRESIDENT DR. LONG: Yes.

CHAIRPERSON NARCISSE: Of the tests and vaccination that are offered at SHOW vans, which specific lab tests and vaccination are most commonly

requested? Are the most commonly administered vaccination a one-time vaccine or do, because I knew during COVID, we do Johnson and Johnson. That was the one shot, right?

SENIOR VICE PRESIDENT DR. LONG: Yes. Yes. Yes.

CHAIRPERSON NARCISSE: Some of the… yeah, you have to remember that time. We can think back. That was a scary moment. I would never forget.

Do some require multiple doses over a longer span of time?

SENIOR VICE PRESIDENT DR. LONG: Good question. So, back at the height of the COVID emergency, we were doing predominantly COVID vaccines, which could have been the Johnson and Johnson, the one-shot vaccine, Moderna and Pfizer required two shots and then subsequent seasonal variants. So, that current state today is that we are offering the new COVID vaccine or the annual flu vaccine. So those, as you know, don't require more than one dose. It's just, we recommend them once a year now.

CHAIRPERSON NARCISSE: So, I would like to call my Colleagues to ask that question.

COUNCIL MEMBER ALDEBOL: I do have a question about Jacoby Hospital and the Northeast Bronx and whether there are plans to expand to the Jacoby Hospital area and the Northeast Bronx, which is quite huge geographically and where we're seeing more homeless people on the street, in our parks. Pelham Bay Parks is also part of my District, Pelham Parkway. So, we're seeing a lot more people living in the parks, in some cases in encampments. So, yeah.

SENIOR VICE PRESIDENT DR. LONG: Yeah. So, for precision, I'll tell you where the SHOW units are today in current state, and then I'll say a few words about how I'd love to work together with the new units, how we could deploy them together. So, with respect to where they are today, both of them are anchored to Chairwoman Narcisse's earlier point to Lincoln Hospital. So, they're fairly close to Lincoln Hospital, specifically 147th and Willis, East 144th, and then also Tremont and Webster. So, the SHOW units in the South Bronx have been in those communities for a very long time. And I'll just give a quick anecdote of when I was rounding with one of the SHOW units, this is a couple of years ago now, but I think just speaks to, as we think about the North Bronx, what

the opportunity is. I went around with one of the teams and you mentioned things like encampments, things like that. There was a particular area where there were a lot of homeless people at the time, and I went up to a gentleman that was sleeping on a bench. He'd been there for a couple of nights. And instead of going up to him and saying, we want you to do this, or we want to give you a vaccine, we said, how can we help you today? And I'll never forget his first… he thought about for a second and he didn't know who we were, but of everything in the world that he could have said, he said, I want help with my blood pressure, which as a primary care doctor, I was like, I finally made it. I found somebody, their number one issue in life is their blood pressure. And we checked his blood pressure. He told us he was on Norvasc, his blood pressure was high. We actually, with the SHOW program, have medications we can give you on site. We had Norvasc, we gave it to him. He was over the moon happy. And then a few minutes later, this gentleman had been sleeping on the bench for several nights. We said, okay, we've addressed your needs. You feel like you're feeling better now. Do you want to sleep on the bench again tonight? Or

what if we had a vehicle come pick you up and bring you to a homeless shelter tonight? And he said, you know what, I'm ready to go. So, a vehicle came and picked him up and he did not sleep on the bench that night after we treated his blood pressure.

So again, our program, we're very proud of it. We believe we have the right approach to be effective. We're in the South Bronx today. We have new units coming online. So please reach out to us, to me personally. My email is ted.long@nychhc.org. I'm aware this is a recorded hearing. I welcome emails from everybody.

COUNCIL MEMBER ALDEBOL: Thank you.

SENIOR VICE PRESIDENT DR. LONG: Yes.

CHAIRPERSON NARCISSE: That was short and sweet for your District.

You see how we are for my District.

COUNCIL MEMBER ALDEBOL: I'm being District specific today.

CHAIRPERSON NARCISSE: Okay. What specific behavioral health services are most commonly requested or utilized at SHOW vans, and what variation of behavioral health services do you see based on the neighborhood being served?

DEPUTY DIRECTOR HANSMAN: So, the behavioral health services most utilized… mainly substance use services. So, the folks who are on the van are associated with our substance use clinics at the individual facilities. So, we're seeing high rates of distribution of Narcan, of fentanyl test strips, of xylazine test strips. So, we're seeing a lot of substance use services being pushed out in the community to include screening and connection back to the actual clinics themselves. So, as Dr. Long mentioned at the beginning of the hearing, and I think during his testimony, we've also connected about 2,000 folks into substance use treatment as well. If folks do need mental health treatment, we're able to connect folks also back to either the safety clinic that has that on-site or co-located behavioral health treatment or back to our outpatient facility or outpatient treatment, mental health treatment at the facilities as well. And we certainly see variation site to site, van to van, right? So, whether that's variation within seeing more mental health or mental illness versus substance use or seeing more substance use versus mental illness and the types of substances used as well. So, if you

would like a specific breakdown, we can get you a specific breakdown how it works from site to site, but we do see variation between the vans, between the boroughs.

SENIOR VICE PRESIDENT DR. LONG: And the one thing I would just quickly add to what Jason was saying there is I think it's a good example of over time how we together have built out further behavioral health treatments based on the needs that we're seeing. So, it wasn't the case on day one, but it is the case today that we could do things like buprenorphine induction, which is where if we find somebody that in the moment is ready to start on buprenorphine, which is an incredible medication to help with opioid dependence, we can say, you don't have to wait any longer. We can actually prescribe the medication. You can get it today. So that's something that's new that we built out, again, based on the needs that we've seen with the population that we're seeking to serve and help.

CHAIRPERSON NARCISSE: What specific types of programming, counseling, or education are covered during your harm reduction training? Are these trainings offered open requests or are there

scheduled times that such trainings are offered at the van?

DEPUTY DIRECTOR HANSMAN: So, we're doing some of this ad hoc as we're roving, as we're talking to folks who are coming to the vans so we're doing this as needed. It's not like a set schedule that we're doing kind of that training, that education, we're doing it as needed based on the needs of the individual and where we're encountering that individual.

CHAIRPERSON NARCISSE: Thank you.

If a patient requires emergency care, wound care, or behavioral health services that require immediate transportation to a clinic, what does the process look like for the patient and for the clinical team that are staffing the SHOW van? Do SHOW van teams accompany the patient to a clinic or is the patient escorted by an ambulance?

SENIOR VICE PRESIDENT DR. LONG: Yeah, and I'll start by saying, this is a kind of a sobering statement and thought, that it's not infrequent that we see emergencies. It's important to remember that the statistic that keeps me up at night is that if you're a person experiencing homelessness that's

sleeping on the street, you will live 20 years less than everyone else. Think about what you did in the last 20 years or what you want to do in the next 20 years. That's what they won't have. So, they have conditions that get worse on the street, things like that, and we find them in the moments, we start to help them, we start to introduce preventive care, but it's not uncommon that we see a person that would need to be transported to the emergency department. In those cases, we would call EMS. We'd in the meantime, be doing everything that we can from the clinical perspective to attend to them, make sure they're safe, give them any immediate treatment. Again, we have medications, things like that with our teams. And then we'd work with EMS to take them to one of our sites.

The second part of your question, which I think is an important one to emphasize too, is you said, do we go with them? While we don't go with them to the emergency department, we do go with them to primary care. So, what happens is, I'll be precise in terms of this process, because I think it's one of the most special parts of our SHOW program. I was with our Bellevue team in Lower East Side week before

last, and one of the doctors came up to me and shared that he had positive experience recently, which is he diagnosed a patient with a condition on the street as part of that SHOW program. Then he was able to say to the patients, you need further care and you haven't gotten care in a long time. Can you come to Bellevue and you will see me tomorrow? He was in the SHOW program. I'm going to make it up on a Wednesday and, on Thursday, he was going to be at the Bellevue clinic. So, he was able to build trust in the moment and transition that patient to see him in the comprehensive primary care clinic literally the next day. That's what's special about the SHOW program is we're staffed by the same staff that treat you in the hospital, in our primary care clinics, in our behavioral health clinics. So that when we build trust, you're not going to an anonymous, big, scary place. You're going to see your doctor that you met, that you trust and that wants to work with you.

CHAIRPERSON NARCISSE: That's good.

What profession does a SHOW team include? I think you mentioned that for me, but we have seen reports that each van has clinical staff, a paramedic, a social worker, but we have also seen

reports that events may also offer more specialized care providers, such as addiction counselors, peer counselors, patient care associates, community health workers, and clerks. Do the team staffing a SHOW van change based on the patient's population's needs?

SENIOR VICE PRESIDENT DR. LONG: You did a great job there. I really don't have anything to add. But just to be specific, medical provider, social worker, addiction counselor, clerical associate, peer or community health worker, registered nurse, patient care associate, and a peer counselor. That's our core model.

CHAIRPERSON NARCISSE: So is a team, that body at each SHOW van at all times?

SENIOR VICE PRESIDENT DR. LONG: Correct. And by the way, part of the reason why it's important to have that consistent team is a lot of those same team members are the same people in our primary care clinics. So, I was at Bellevue again the week before last, and I met one of our community health workers there that goes out, you know, with the program, identifies people in need, and then is able to say, I want to bring you back to the primary care safety net clinic at Bellevue. We will literally walk you there.

CHAIRPERSON NARCISSE: Do you have current numbers for the number of the times a SHOW van patient has been referred to services at one of H and H primary care safety net clinics, and how often such patients able to make it to the hospital for follow-up care?

SENIOR VICE PRESIDENT DR. LONG: Yeah. So, we've referred more than 1,500 patients from the SHOW units to our primary care clinics. And again, to emphasize, not just to our primary care practices in general, but to these four specialized primary care clinics, which are evidence-based and we know highly effective for some of our most vulnerable New Yorkers. I don't have the number. We looked into this and we weren't able to calculate the SHOW rates. We can continue to look into that because there's two different data systems. But we've made those referrals and we know from our providers that patients are coming, the patients that we're meeting at our SHOW units, and then the same providers are at the hospital clinics the patients are coming to. They know they're coming because they meet the patient then they follow up with them the next day.

CHAIRPERSON NARCISSE: Are the vehicles used for SHOW vans specialized in any way with any particular medical equipment? Does NYC H and H have additional vehicles that can be dispatched if one vehicle requires maintenance?

SENIOR VICE PRESIDENT DR. LONG: Yeah.

CHAIRPERSON NARCISSE: A backup plan, basically.

SENIOR VICE PRESIDENT DR. LONG: The what?

CHAIRPERSON NARCISSE: A backup plan.

SENIOR VICE PRESIDENT DR. LONG: Oh, yeah. Thank you. Always a backup plan.

So, the staff are all from Health and Hospitals. So, the doctor I met that I was referring to with the SHOW units the other day that transitioned his patient to Bellevue and saw his patient there. Those are all Health and Hospitals doctors and that's a cornerstone of the program. That's how we build trust. The units themselves are not Health and Hospitals units. The vans themselves. We have a vendor that we get the units from which is good in the sense that if there's a unit that isn't, you know, has a mechanical issue or whatever it is, we can ask the vendor to just send a different unit.

CHAIRPERSON NARCISSE: Okay.

So, the vendors, how long do vendors usually take to come? Let's say if you have a breakdown right now.

SENIOR VICE PRESIDENT DR. LONG: They're pretty responsive because, you know, while we have the best doctors in the world, best nurses in the world, we're not renowned for our vehicle repair services. So, it's better for us to have a vendor that has a lot of extra units that can just, you know, more easily send another one. We haven't had problems with that. The vendors generally have been responsive.

CHAIRPERSON NARCISSE: Okay.

SHOW van fleet. At the preliminary budget hearing in March, Dr. Katz mentioned that NYC H and H had a fleet of six that were currently active as part of SHOW van units. In previous press releases from NYC H and H, some reports mentioned that there were up to eight vehicles in rotation. I know you have more, but just pay attention to what I'm asking. Can you verify whether this is true or what factors cause the reduction in active vehicle? Are those two additional vehicles still available? And will they

put back in rotation once the budget allows for the three more units?

SENIOR VICE PRESIDENT DR. LONG: Good question, and you're alluding to the answer at the end there. So, the core program of SHOW has been and is today six units. We had two additional units that were temporarily added during the former Administration Subway Initiative, and those were the units we were able to maximize their use and bring them to Staten Island one day a week. Those two units being associated with the subway program, when that program and the funding associated with that concluded, those units concluded as well. But the good news is that today with the preliminary budget funding that we've received, we're going to have three additional units on top of the core six, which will make it the largest SHOW program we've ever had.

CHAIRPERSON NARCISSE: Let me understand. You have the three more now that coming with the new budget.

SENIOR VICE PRESIDENT DR. LONG: Correct.

CHAIRPERSON NARCISSE: You had the six and you have the two extra. So, it's going to be the eight plus the three.

SENIOR VICE PRESIDENT DR. LONG: It'd be six plus three because the two extra when the subway funding was concluded, those units were concluded too.

CHAIRPERSON NARCISSE: I just want to make sure that we have. I heard you but I want to know.

SENIOR VICE PRESIDENT DR. LONG: Thank you.

CHAIRPERSON NARCISSE: So we don't come back and ask you that question. All right.

At the preliminary budget hearing held in March, Dr. Katz attributed some NYC H and H success during the code blue emergencies to the community outreaches outreach that ambulettes were able to provide. Can you describe how the SHOW van initiative may have inferenced the ambulette outreach during extreme cold events, whether they were any lesson learned during the ambulette outreach that SHOW vans can learn from, and how H and H intends to expand the street outreach models in the future.

SENIOR VICE PRESIDENT DR. LONG: Yeah. I love that question.

And I said a couple of words earlier about it, but I'll go into more detail now. So, we

call it the WARM initiative, the Winter Access Relief and Medical initiative that was during the cold snap, the recent code blue. That grew out of the success and the mantra that is the SHOW program. So, the mantra of the SHOW program is instead of going up to somebody and telling them what you want from them, ask how you can help them.

CHAIRPERSON NARCISSE: Yeah.

SENIOR VICE PRESIDENT DR. LONG: This should be your first two or three questions. And the WARM units did exactly the same thing. It's just they did it overnight when it was freezing cold outside, as opposed to what the SHOW program does every day with the six units we have today. So, in the moment where there was a critical life-saving need to have this response, we were able to, bridging off of our experience with the SHOW program, both how to manage mobile units, the mantra of the SHOW units in terms of how to connect with people and create that quick trust by quick acts of kindness. We were able to form the WARM program and it was very successful. We had 13,000 engagements on the street during that code blue period of time. Nearly 10,000 of those 13,000 included medical consultations. So that would be for

things like hypothermia, things like frostbite. And we would find people, you know, there on the street that once we were able to help them with what mattered to them, we brought many people to the hospital to finally address things that could be life-threatening, hypothermia and frostbite. We found people that were sometimes unconscious, unfortunately, that we were able to bring to the hospital and save their lives. And we found others that didn't have a coat or were willing to come onto the WARM unit with us after we came to them onto the street and said, you know, how can we help you? And hundreds of times, once somebody came onto the WARM unit, which was literally warm inside with the warm bowl of soup or tea for you, then they're willing to be transported to a safe place to sleep that night. So, it was a life-saving effort. But I would say that the through line with the SHOW program is it was 100 percent based on the success we've had with the SHOW program, how to engage people, how to create trust. And we use those lessons learned, to use your words, for the WARM initiative, and I think we saved a lot of lives.

CHAIRPERSON NARCISSE: That's very good.

When you talk about the food in the van, you're talking about hot tea, hot things in there too.

SENIOR VICE PRESIDENT DR. LONG: Yes. Yes. We had food. We had tea. We had, in some of the units, warm soup. I even asked my team what type of soup, but I'm forgetting what type of soup it was.

CHAIRPERSON NARCISSE: Yeah. And I'm not going to ask you what type. As long as you give them soup, you give them tea, something to warm them up.

SENIOR VICE PRESIDENT DR. LONG: Yep.

CHAIRPERSON NARCISSE: Giving the intricate links between housing and health, we commend the inclusion of housing navigators into the SHOW initiatives and within the PCSN clinics. Can you please walk us through their roles, what they do, and how a patient can access them?

SENIOR VICE PRESIDENT DR. LONG: Yeah. And actually I'll go to the end of the example that I gave a minute ago for the individual in the Bronx that when I was with our team, we were able to help. So, in that individual's case, we met his needs. It was the blood pressure individual.

CHAIRPERSON NARCISSE: Yes. You told me that and where he was.

SENIOR VICE PRESIDENT DR. LONG: And then we transitioned him. DHS came and picked him up that same day. That example, we've done 3,400 times. In other words, with the SHOW program, once we've been able to engage with people, once we've been able to address what's important to them, 3,400 times they've agreed to letting us make a referral or an appointment to DHS, and many of those times we actually have DHS come and pick them up where they are. So, I think the important takeaway there to your good point is housing is health. And if we hadn't had the SHOW program with the approach that we had, those 3,400 referrals that we made would have been zero. We met people where they are, we built trust, and then we were able to talk to them about housing, and that was our secret ingredient to success there.

CHAIRPERSON NARCISSE: So, about those that not going to Bridge to Home or any housing, do you have literature accessible that you can give? Because some folks will go with you, but some folks will not listen to you. Do you have literature to

give them so, later on, if they want to access the housing part.

SENIOR VICE PRESIDENT DR. LONG: That's a great question. So, we offer to connect them directly to DHS. And actually in terms of the literature we give out, if you give me just a moment, I'll see if my team wants to write it down or text me.

CHAIRPERSON NARCISSE: Okay.

SENIOR VICE PRESIDENT DR. LONG: So, I get you a precise and excellent answer.

CHAIRPERSON NARCISSE: Okay.

Is it treatment for unhoused person or a person that requires shelter, how you adjust the treatment, you know, how will be effective because the person is unhoused, like you want to do certain things, they're not coming, so what do we do? I'm asking kind of a… sometimes you're not a magician, but you have trying to do the best you can for… you see someone that you're supposed to give them a treatment, the follow-up or somebody with hep C. And how, you know, you'll help them out so for the follow-up, if they don't want to go.

SENIOR VICE PRESIDENT DR. LONG: Yeah. Yeah. Well, I think actually, that is a perfect

example of one of the things the SHOW program, one of the needs to SHOW program is able to meet now that was not being able to meet, be met before, which is, as you know, as a nurse, the healthcare system traditionally has been reliant on you coming to us. Healthcare system has not been so good at us going to you. So, this single statistic that I think really tells the best story of the SHOW program is for people experiencing homelessness. Some of our most vulnerable New Yorkers, when you come and they have a medical consultation with us, more than half the time, you come back two or more times to keep coming and seeing us, which I think speaks to the trust that we're able to build. This isn't the type of thing where you come to us one time, we say you could have, you know, a different diagnosis and then you never come back. The majority of the time, based on the interaction that we have, the trust that we build with you, you are coming back and that's what the data says. And then, you know, from there, that gives us the ability, you mentioned hepatitis C, to start hepatitis C treatment in our safety net clinic. So, it's about the ecosystem. The SHOW program serves a critical role that was not being met before the SHOW

program. That's, I think, why it's been so successful, but it doesn't exist alone in a silo or in a vacuum. It exists to build that trust, to give you that initial care with the initial continuity with the doctor or provider team that you're getting to know, that you're learning to trust, beginning to trust. That's transition to the comprehensive care you'll get in one of our hospital clinics. Then when you broaden out the ecosystem, now you're involved in the healthcare setting. Now you have a care plan. Now maybe you can go to a place like our Bridge to Home program. So, it all connects together from the point where, by us doing outreach to you on the street, that can get you into a program like Bridge to Home, which is life-saving and that could be your path to permanent housing.

CHAIRPERSON NARCISSE: Now, we have the van parked in a specific place, which we asked, I mean, I asked you earlier to keep it in the same site. It will be most, you know, accessible or people will come back. Is any way in the program where let's say Mr. J, Mr. J always tell you, this is the spot that I go to. This is the bench that I hang out with. This is the park that I hang out with.

SENIOR VICE PRESIDENT DR. LONG: Yeah.

CHAIRPERSON NARCISSE: Is that any way we do outreach to see, let's say Mr. J happened to have hep C or Mr. J had, I have some kind of things that need to follow up. Is that any outreach kind of like trying to look at Mr. J if possible?

SENIOR VICE PRESIDENT DR. LONG: Yeah. Well, so the way we would know Mr. J had hepatitis C would be Mr. J would have had to have had some interaction with the healthcare system. So, that is actually a great example because, again, traditionally the healthcare system would have failed Mr. J. The healthcare system would have said you either come to the clinic or you don't, and then that's it. Today, we not only have the SHOW program, but we have our community health workers. We at Health and Hospitals have, well, as far as I still understand to be one of the largest community health worker program teams around or in the country. It was 250 strong when we started the public health core. A component of those community health workers have been built out specifically to help people experiencing homelessness that we put on the SHOW units and in our safety net clinics. So, if Mr. J has been diagnosed

with hepatitis C in our safety net clinic, he'll have a community health worker that will be tied to him that will know generally what the bench he sleeps on, will going to actually be able to go to him and say, hey, you missed your appointment last week. It's open access. You don't need an appointment tomorrow. Come with me. Let's walk over there together. And our community health workers, I think have been a crucial and lifesaving component of this overall ecosystem or approach in terms of meeting everybody where they are.

CHAIRPERSON NARCISSE: That's a big deal because when you start a treatment, if there's no continuity, it's just like you did not achieve where the full potential that you want that person to have in life and you just drop them. And then if you have a team that know where Mr. J, Mrs. S, whatever the name, happen to be where they are, they're in this park, they're in that park before we can get them. Maybe after a couple of visits, hopefully we can get them to Bridge, you know, Bridge to Home or somewhere. They don't have to be on the street.

SENIOR VICE PRESIDENT DR. LONG: And just to emphasize, I mean, I think that the word I use for

what you're describing is continuity, and continuity is the backbone of primary care.

CHAIRPERSON NARCISSE: Yeah.

SENIOR VICE PRESIDENT DR. LONG: And, you know, we're not going to be able to solve all your problems the first time we meet you. But if you give us a couple of chances and then we connect you to the safety net clinic, connect you to the Bridge to Home program, whatever it is, that's how we stand as a city of fighting chance of really helping people to make a permanent improvement in their lives and get them into permanent housing.

CHAIRPERSON NARCISSE: Can you describe the Bridge to Home a little bit, even though I know?

SENIOR VICE PRESIDENT DR. LONG: Yes, I can.

CHAIRPERSON NARCISSE: Yeah. For folks, you know, who may not aware, can you please briefly describe Bridge to Home and Housing for Health initiatives and how this housing program can improve health outcome for New Yorkers?

SENIOR VICE PRESIDENT DR. LONG: Yes. If you'll permit me, Chairwoman, I just want to make sure I'm answering all your questions. I have the

answer for the question a couple of minutes ago about the information we give people about shelter options, things like that.

CHAIRPERSON NARCISSE: Yeah. This is good news for New Yorkers.

SENIOR VICE PRESIDENT DR. LONG: We agree. Actually, I have pictures on my phone here because my team is so amazing. I have all these PDFs now. But generally speaking, the way that we transmit information is we have flyers and palm cards to talk about service connections and ways to connect. And we have, I have examples that I can show you after this on my phone of the type of things we hand out to people to describe shelter options and how to connect into them.

Transitioning to Bridge to Home. So, Bridge to Home in a nutshell, and I'll give the use case for this to describe the actual model itself.

CHAIRPERSON NARCISSE: How you can access it.

SENIOR VICE PRESIDENT DR. LONG: Yes.

CHAIRPERSON NARCISSE: I know how you can access it.

SENIOR VICE PRESIDENT DR. LONG: I'll describe for everybody.

CHAIRPERSON NARCISSE: Yes.

SENIOR VICE PRESIDENT DR. LONG: So, Bridge to Home, the problem it's seeking to solve is people that are experiencing homelessness, sleeping on the street with severe mental illness, they all at different points will come to the hospital. Many will be started on a life-saving medication, but too often, there's no place for them to go when they're ready to leave the hospital that meets their needs, and they end up right back there on the street, oftentimes at the exact same point on the street that they started at. That's the cycle. It's a destructive cycle and that's a cycle we must break. Bridge to Home seeks to break that cycle. The way we seek to break that cycle is by having a program that has two core components. The first is, this is a voluntary program. People have experienced trauma. People have experienced a variety of negative things in their journey and their experiences on the street and oftentimes in our shelter settings. So, the first thing we seek to do is to make this a program that people will want to come to. It's a home-like

environment where everybody has their own room. Everybody has their own refrigerator, microwave, television, bathroom. So, any experiences they've had in the past could be alleviated by having their own space, we tell them, this is going to be different for you. This is going to be like your new home.

The second thing, which is crucial, is that these medications we're referring to, these antipsychotics are life-saving. Not only do we have a clinical team onsite at the Bridge to Home program that we'll talk to every day, every week about where you are, when you're due for your next dose, things like that, but we have a secure fridge onsite, which is again, a rare thing, where we have the long-acting injectable medications. So, when your 30 days are up and you're due in for your next dose, we have you come into the office. You don't need to leave the building. It's like getting your long-acting injectable at your new home. So that's our way of making sure that we have every opportunity to keep people on these life-saving medications. And we have data that shows a dramatic improvement in adherence rates at our new site compared to our clinics or compared to other settings.

Then your next question is about Housing for Health and how that works. Once we make sure that we're doing everything in our power and moving heaven and earth to create this environment for you that you want to be at, that you're going to start to heal at, and that we can offer the world-class behavioral health that we can uniquely provide at Health and Hospitals at, then we have our social work team start to work with you to complete the permanent housing applications. And we've had people, even though the program is still young, already go into permanent supportive housing since starting the program so we're very encouraged about the fact this is the right model. It's already starting to help people, and we're looking to open our second site soon.

CHAIRPERSON NARCISSE: I love Bridge to Home again. Yes. You have your own setting, your own TV, your own fridge. You have nice window. And then you have a family you can go in the lobby to eat with, and you have a nurse that can hear you. There's a station. So, it's just like, it's amazing. I love it.

Aside from the Bridge to Homes and Housing for Health programs, is H and H in discussion

with any City or State agencies to address housing for unhoused patients who present with a clinical need for stable housing to manage their care after they are released from the inpatient treatment?

SENIOR VICE PRESIDENT DR. LONG: Yeah. That's a great question.

So, I'll walk through a couple of options that we have, but I'll start by making the first point that we do all of this work in lockstep with our colleagues and full partners at DHS or DSS writ large. So, the Department of Homeless Services, we work with our colleagues there to determine how the supportive housing process should work for our patients, to have the clock continue for our patients when they're at our sites. We view these as our mutual clients. Too often, patients experiencing homelessness in our hospitals, of course, have interacted with the DHS system before and we all agree that the right thing for them is to get them into permanent supportive housing. We can only really do that if we work together. So, in lockstep with DHS, we have a couple of options for people when they're ready to immediately leave the hospital.

If you're in the hospital for a severe mental illness, then the Bridge to Homes is a new option for you once we started that model back in September. So, we're really optimistic that that's the right approach to meet people where they are that have been in this destructive cycle for too long. Separate from that, if you have complex medical needs, also working with DHS, we built out a separate model called our Respite model. This is our model for people that have, again, are experiencing homelessness, have complex medical needs, but their core need is not a behavioral health need. It's heart failure, uncontrolled diabetes, whatever it is, but they don't need to be in the hospital. That's an important point to make too, just to say it out loud. When you're ready to leave the hospital, you shouldn't be in the hospital. The hospital, if you're to take all the world's worst diseases and put them in one place, it would be the hospital. So, the hospital can be an at-risk place, especially for people that are medically vulnerable so we, as doctors and nurses, want to have you be in the safest place possible when you're ready to leave the hospital. That's where the Respite program comes into

play. That is the place that you can go to now that we've built up this program through New York City Health and Hospitals so that we can get you to a safe place where you also have a private room or a shared room with another individual, but be in a healing environment with your medical needs being met so that you can leave the hospital and begin on your journey to permanent supportive housing. And that program, I can give you the exact number, but I believe it's on the order of hundreds of people that have gone into our medical Respite program, working with our colleagues at DHS have been moved into permanent supportive housing since the program inception.

CHAIRPERSON NARCISSE: And even though there's a lot of disease going around, we, nurses and doctors and the medical team, we don't get sick easily. Those kind of bacteria and viruses get to know us a little, you know, special so I'm going to say that's where you go when you're sick. Despite all that, we make people much better.

SENIOR VICE PRESIDENT DR. LONG: Yes.

CHAIRPERSON NARCISSE: In a day, how many people can each SHOW van interact with? How long are the average wait times for patients?

SENIOR VICE PRESIDENT DR. LONG: So, in a given day, a SHOW program will be open from 9 to 5. I'll see if my team has a precise or average number of generally how many people we engage with on a given day, but I'll start with an anecdote. So, when I was at the SHOW program, the week before last week, when I came up to the unit that was parked there, there's one person in one of the vans. I waited a couple of minutes and then four other people came up, and the team, as we went over the team members, we have nurses, doctors, social workers. We're able to go up and engage each of the people that came up to us and start their care right there on the street. So, my team will attest to it's between 20 and 50 is our capacity per day. And the team is built so that if we have, in my example, four people coming up to us in a given moment, we can actually begin the care for them all right away.

CHAIRPERSON NARCISSE: Thank you.

This Committee has heard time and again the importance of addressing a wide range of social determinants of patient health. Can you please elaborate on how SHOW vans allow NYC H and H to address the multiple faceted elements of health that

are not always addressed at a traditional healthcare facility?

SENIOR VICE PRESIDENT DR. LONG: Yeah. For the SHOW program, the way we think about it is we have like a magical backpack that we can carry around that has in it the things we hear from people most commonly their needs, and a lot of those are the social determinant needs. Whether it's food insecurity, we have food. Whether it's, you know, where are you going to, if it's are you ready to go into the shelter system, you know, housing instability. We connect you to DHS. We can talk to you about other options as well. And then we offer medical care as well. So, I think the SHOW program, itself, serves to meet some of the immediate needs of your social determinants, like being able to give you food right away, like being able to connect you to, on the housing pathway from even as soon as the day that we meet you, as the example in the Bronx I gave was a good example of.

But then beyond that too, I think it's a really, really important point to say that the SHOW units don't, again, exist in a silo. They're part of the ecosystem that we're very intentionally creating

at Health and Hospitals, where we can continue to address all of your social needs. So, if we address food on day one, the next day you're going to have the same need. But the next day we want to see you in our safety net clinic to talk about how we can put you on a longitudinal or better path going forward. So, all the pieces connect together on your journey from when we meet you sleeping on the street to when we want to get you into permanent supportive housing.

CHAIRPERSON NARCISSE: What can I say, Dr. Long? I'm always happy to see you. I do not have any more questions.

So, you were excellent. So, I want to say thank you for your leadership and thank you for the work you're doing for New Yorkers. We appreciate you. And, of course, with Jason as well and all the team, de la Cruz, all your team, thank you for your leadership and thank you for keeping New Yorkers healthy.

With that, I will say thank you for your time, and we're going to go to testimony. If you have the time, you can wait. I would like to advise to wait because at least you can learn from folks that are going to testify to see where we can learn from

each other. That's what I always say. You learn, and Dr. Katz love to stay and listen. So, thank you for your time and have a blessed one. And if you stay, I'll say welcome.

SENIOR VICE PRESIDENT DR. LONG: Thank you for having me, and I'll take a seat.

CHAIRPERSON NARCISSE: Thank you.

Okay. I now open the floor to public testimony.

Before we begin, I remind members of the public that this is a formal government proceeding and that decorum shall be observed at all times. As such, members of the public shall remain silent at all times.

The witness table is reserved for people who wish to testify. No video recording or photography is allowed from the witness table. Further, members of the public may not present video or audio recording as testimony but may submit transcript of such recording to the Sergeant-at-Arms for inclusion in the hearing record.

If you wish to speak at today's hearing, please fill out an appearance card with the Sergeants-at-Arms and wait for your name to be

called. Once you have been recognized, you will have two minutes to speak on today's hearing oversight topic of SHOW vans.

If you have a written statement or additional written testimony you wish to submit for the record, please provide a copy of that testimony to the Sergeant-at-Arms. You may also email written testimony to testimony@council.nyc.gov within 72 hours of this hearing. Audio and video recordings will not be accepted.

When you hear your name, please come up to the witness panel. For the first panel, we are inviting Dr. Nick Shaughnessy and Zora Barnwell.

Good morning, Doctor. You may begin whenever you're ready.

DR. SHAUGHNESSY: All right. Chair and Members of the Council, thank you for the opportunity to testify today. My name is Dr. Nicholas Shaughnessy. I'm an emergency medicine resident physician at Lincoln Medical Center in the South Bronx, and I'm also a member of my union, the Committee of Interns and Residents, CIR. And I'm here today to speak in strong support of the NYC Health and Hospital Street Health and Outreach and Wellness

mobile units known as the SHOW vans as we're all aware. While I have not personally been involved in working with these units myself, many of my colleagues at Lincoln Medical Center have and, through their experiences and as a representative of my union, I've gathered their input about the importance of this initiative and these units. And, through their experiences and what I have seen in our shared patients at the hospital, the impact is clear and the SHOW vans are not just vehicles, they're 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 in the healthcare system, but programs like the SHOW vans meet patients where they are literally and figuratively with no ID required, no appointments required, but just consistent reliable care, and that

consistency helps to build trust and trust is what makes healthcare ultimately possible.

Through what I've 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 (TIMER CHIME) become hospitalizations and 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 with the H and H 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, meaning fewer ER visits, fewer hospitalizations and better outcomes downstream. So importantly, while 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

currently operating vans, this program is already reaching a significant portion of the highly vulnerable population in New York City. And it is also cost effective and this program is far less expensive than the cost of repeated emergency visits, hospital admissions, and unmanaged chronic illness that we would otherwise see downstream.

I also want to address the common concern that these vans may disrupt neighborhoods. From what I've seen and heard, this has not been the case in that these services are placed where people are already living. They do not create need, but they rather respond to it. With care, with dignity and professionalism, they represent what healthcare can look like, when it is accessible, when it is consistent and when it is humane. They're 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.

CHAIRPERSON NARCISSE: Thank you. So, we are on the same page. I love the idea to meet people where they are and having medical team making those

kind of decisions, I love it even more. And we can see when people don't believe in science or healthcare as a problem and New Yorkers are New Yorkers. So, I thank you for taking the time out to testify on this. I appreciate you, Doctor. Thank you.

ZORA BARNWELL: Hello. My name is Zora Barnwell. I'm a HIV and mental health advocate. I would like to talk about worker protections and also like I could talk on the perspective of being a patient, also being a worker. I did like HIV testing in the past and I felt that on the Community Healthcare Network, but they also have mobile vans. I'm not sure if you guys are like associated with Community Healthcare Network vans, but I know that in the workplace, there could be some violations around like the worker signing HIPAA forms for clients or not really being transparent about their care. I know when, for the mental health part of it, I know people who be in mental health, they be admitted to mental health services, like in Bellevue and they're not really being fully transparent about their treatment plan. So, I understand that even though the vans is good to like meet them where they're at, but a lot of people have trust issues with the healthcare system.

And then once they get in the van, like what type of services they will actually get, it seems like the staff who work in the clinics or vans might not be properly informed about the services that they are referring the people to. I think there's like a bigger issue than just going to meet people out in the community. It's about when they get into the healthcare system, what type of services they'll be receiving and how they're going to pay for it.

CHAIRPERSON NARCISSE: The good news is the SHOW van is for free. So, when you get to the clinic part and if you don't have any help so that you still have the doctor, Dr. Long in the house, you can talk to directly and we'll answer the question for you. Because from the H and H, he will be the ideal person and all the team is still here. You can ask that question. But it's a start. Would you agree that it's a start? I don't like to do that, but I think it's a start to get people where they are on the street, right?

ZORA BARNWELL: Yes. I believe it's a start. I just feel that there's a lot of trust issue in the healthcare system that people might not really

receive the help in the way that organizations might be intending it to be.

CHAIRPERSON NARCISSE: So, you can share with us, with Dr. Long right now and then we can learn from where you come in, your perspective, because that's how we do. We learn and I'm glad I asked Dr. Long to stay so you're going to have a conversation and ask.

ZORA BARNWELL: So, we should have the conversation with him after this?

CHAIRPERSON NARCISSE: After you're finished. Or right now, if you're done with me, you can go to him directly and get your answer and see how we get… and we're learning from you too because it's very important. And I want to say thank you from the bottom of my heart for you to take your time to come and testify. That's how we learn because it's a process. Life is a process of learning. So, we're not perfect. And, if you see something, you decided to come here and you have the great opportunity to talk to him. So, if there's any way we can improve what you're saying and take it into the planning, it will be nice. And I want to say thank you to you.

ZORA BARNWELL: You're welcome. Thank you for having me.

CHAIRPERSON NARCISSE: Thank you. Thank you.

This is very good. We almost done. Thank you all for coming out here to share your thoughts, your experiences, and especially you, madam.

If there's anyone in the Chamber who wishes to speak but not has yet had the opportunity to do so, please raise your hand and fill out an appearance card with the Sergeant-at-Arms at the back of the room.

Okay. Seeing no hands in this Chamber, we will now shift to Zoom testimony. When your name is called, please wait until a member of our team unmute you and Sergeant-at-Arms indicate that you may begin.

We'll start with Miral Abbas.

SERGEANT-AT-ARMS: Starting time.

CHAIRPERSON NARCISSE: Miral Abbas. A-B-B-A-S.

SERGEANT-AT-ARMS: Starting time.

CHAIRPERSON NARCISSE: All right.

I'm sorry. Anyone else in the Zoom? If you would like to speak, this is the time to raise your hand. Have not seen any hands.

COMMITTEE COUNSEL OGASAWARA: No hands.

CHAIRPERSON NARCISSE: No hands.

So, now I can say thank you for everyone. Thank you for your time.

To conclude, I'm grateful to all of the folks who have attended today's hearing, offered their testimony. Young lady, you're going to talk to Dr. Long. Don't let him leave before. He's right there.

Thank you to all my staff, my team and, of course, Counsel Ogasawara and Mahnoor and my team, and thank you everyone for participating in today's hearing. That's how we learn.

So, with that, I want to say have a good one and be blessed. [GAVEL] Now we're finished.

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.

Date August 15, 2026