



COMMUNITY BOARD NO. 2, MANHATTAN

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HUMAN SERVICES

The Human Services Committee of Community Board No. 2, Manhattan, held its regular monthly meeting on June 26, 2025, at 6:30pm in hybrid format.

Committee Members Present: Susanna Aaron (Chair), Zachary Kazzaz, Janet Liff, Emma Smith

Committee Members Absent With Notice: Arturo Fernandez, Juliet Kaye, Ryder Kessler

Committee Members Absent: Keen Berger, Ritu Chattree (Vice Chair)

Public Members Present: Rachel Yarmolinsky

Other CB2 Members Present: Donna Raftery

Attendance did not achieve quorum

NOTE: This report excludes a summary of our discussion with Bellevue. A possible resolution on Bellevue will be added to the next Committee meeting where there is quorum, and a report on Bellevue from the June 26 meeting will be presented at that meeting.

Agenda

Guests:

- Andy Cook, Director, Street Health Outreach & Wellness (SHOW) Program, NYC Health + Hospitals
- Erfan Karim, Chief Clinical Operations Officer, NYC Health + Hospitals

REPORT: SHOW Vans

- SHOW stands for Street Health Outreach and Wellness, run by H+H as a form of street medicine.
- It provides primary care, wound care, behavioral health, addiction services, and social work to people experiencing unsheltered homelessness.
- The program delivers services via mobile vans (actually, small buses) that function as clinics and outreach hubs.

Operations and Infrastructure

- Number of Vans: 5 currently active, a 6th is launching soon.
- Each van is tied to a specific H+H hospital with a “safety net” primary care clinic (e.g., Bellevue, Elmhurst, Lincoln, Woodhull).

-Bellevue currently operates 2 vans: one at Sara D. Roosevelt Park and one in East Harlem.

Staffing and Service Delivery

-Staff per van (when fully staffed): ~7 members including medical provider, nurse, social worker, addiction counselor, community health worker, clerk/admin.

-Hours: Monday–Friday, 9am to 5pm.

-Vans are stationary so patients without phones/internet can rely on consistency.

-Staff split their time between working at the van and "roving," i.e., walking or taking public transit to engage individuals nearby.

-SHOW staff remain in contact with other city agencies, such as Department of Homeless Services.

Access to Care

-No ID or insurance required.

-Services are open to anyone, though primarily serve street-homeless individuals.

-Over-the-counter meds are available; prescriptions can be written.

-Common services include wound care, chronic disease management (diabetes, hypertension), and psychiatric care.

Funding and Cost

-Annual cost per van: ~\$1.5 million (includes vehicle, staff, supplies, logistics).

-City-funded for 6 total vans. Program cannot currently expand beyond that.

Outcomes and Metrics

-Over 2 years, the program overall has conducted the following:

-30,000+ "engagements" (distributing supplies, wound care, talking to clients)

-3,000+ documented medical or behavioral health "encounters" (entered into medical records)

-SHOW-engaged street homeless patients are more than twice as likely to maintain primary care: 24% of SHOW patients have sought further primary care in the H+H system, whereas only 9% of street homeless patients who've visited an ER, and who are NOT engaged with SHOW, are individuals who have sought further primary care.

-The estimated street homeless population in New York city is 4,000-5,000. SHOW vans have about 1,100 active patients at any time.

Program Goals

-Encourage patients to eventually engage with the broader H+H system (e.g., safety-net clinics).

-Reduce ER visits by increasing regular primary care visits.

-Build trust over time, often with patients who have had negative healthcare experiences.

-Create a pathway to housing when possible, though these cases are still limited.

Committee Questions and Concerns

-Scalability: Funding constraints prevent the program from being expanded.

- Staffing challenges: Recruiting and retaining the right personnel for this difficult work remains a challenge.
- Neighborhood concerns: Committee asked whether a SHOW van in their district would create visible street congregation or lines. Cook responded that they're usually embedded in areas where the population already is and have not been disruptive.
- Referrals & System Navigation: SHOW social workers offer "warm handoffs" to city services (HRA, other outreach teams, housing).
- Psych Crisis Protocol: For psychiatric emergencies, SHOW teams activate EMS by calling 911.
- Relationship with known individuals: Teams build relationships with repeat patients and maintain continuity through H+H's medical record system.