

Navigating SUD on the Streets of Kalamazoo

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Disclosures

- Sravani Alluri, MD - No financial conflicts of interest related to this presentation
 - Nic Helmstetter, MD - No financial conflicts of interest related to this presentation
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STREET MEDICINE

Street medicine is about *going to the people*. It's defined as the delivery of healthcare and social services directly to those sleeping outside, or those experiencing unsheltered homelessness.



STREET MEDICINE KALAMAZOO

Delivery of medical care as well as healthcare and social service navigation directly on the streets, encampments, shelters in Kalamazoo

- Core services: full-spectrum primary care – adults, children, pregnant women, harm reduction, treatment and counseling for substance use disorders
- Provide continuous care – hospitals, nursing homes, rehab, jails, newly housed, other specialty clinics
- **Educate future physicians in all stages of training**
- Our Team: physicians, peers, social work, nurse, pharmacist, medical residents, students, community partners

>500
Individuals received care
from SMKZoo

25
Average number of
patients seen per week

>5000
"Office" visits since April
2021

LESSONS FROM THE STREETS

1. Street medicine transforms access — bringing care directly to people experiencing homelessness removes traditional barriers.
2. Low-barrier, harm-reduction-oriented care saves lives by focusing on engagement over abstinence and meeting people where they are.
3. Integrated care: (primary care + behavioral health + harm reduction + social services) builds trust and continuity across systems.
4. Relationship-based practice is central; connection, not compliance.
5. Data and advocacy matter — program outcomes help drive policy change and sustainable funding for street-based (and integrated) care.

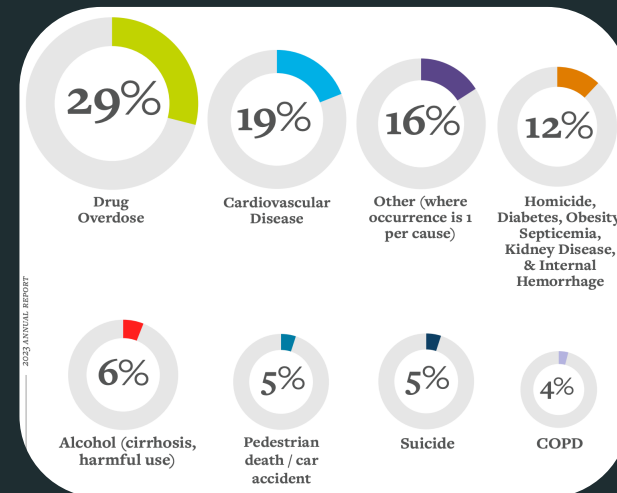
PATIENT PROFILE

- **Tri-morbidity:** co-occurring medical, psychiatric, and addiction diagnoses
 - Infections
 - Hypertension, Diabetes, Emphysema, Coronary Artery Disease, Heart Failure
 - Mental Illness

Homeless adults are 4-15 times more likely to die than their housed counterparts (Roncarti et al, Dickins et al. 2023)

Drug overdose mortality is up to 12 times higher in homeless adults (Fine et al., 2022)

1 in 4 deaths are due to drug overdose (Fine et al., 2022)



(2023 Annual Report, Michigan's Campaign to End Homelessness)

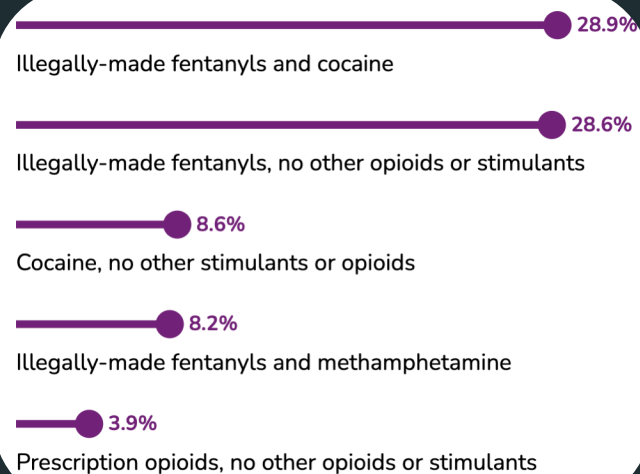
PATIENT PROFILE

- Polysubstance use is common
 - Methamphetamine
 - Alcohol
 - Heroin/Fentanyl
 - Crack
 - Cocaine

Drug	Samples (n)	Percent (%)
Methamphetamine	141	75.0
Cocaine	26	13.8
Fentanyl	20	10.6
Heroin	8	4.3
Xylazine	6	3.2
Medetomidine	1	0.5

82.4% of drug overdose deaths in Michigan involved at least one opioid

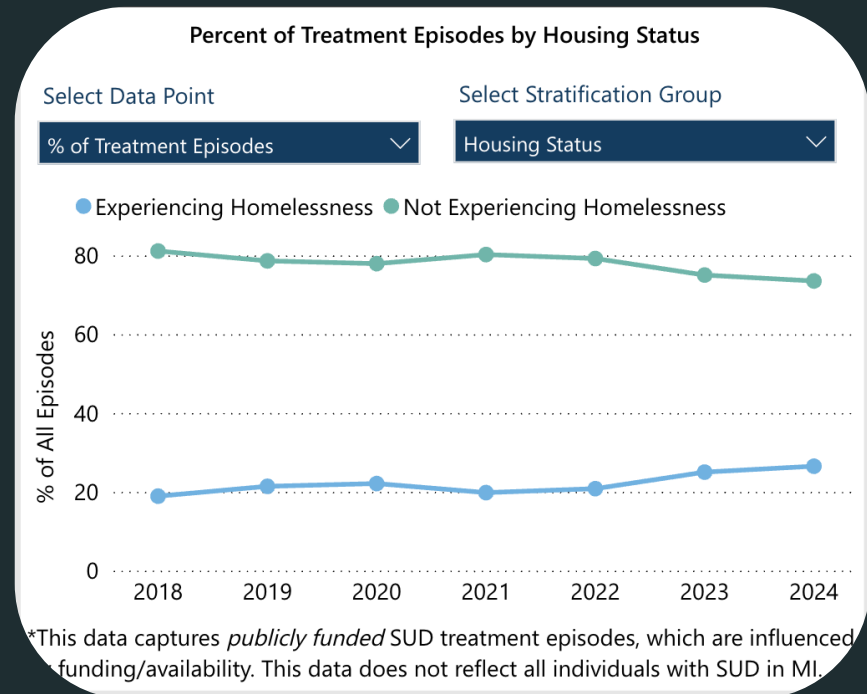
59.1% involved at least one stimulant (most commonly cocaine)



(CDC State Unintentional Drug Overdose Reporting System Dashboard 2025)

PATIENT PROFILE

- Often have sought care at local/state SUD and mental health treatment resources at some point in time
- Lack of long-term engagement in available treatment resources



(Michigan Overdose Data to Action Dashboard 2025)

SMKzoo FOUNDATIONAL PRINCIPLES

Meet people where they are

→ Improved engagement and access to care

Build trust and relationships

→ Focus on long-term relationships – Retention

Integrate medical and social services

→ Address barriers to care (more than just screening)

Provide continuity across systems and time

→ Addresses barriers, improves care during transitions

STREET MEDICINE CLINIC MODEL

Low barrier principles

aim to create an environment where individuals with opioid use disorder are:

1. more likely to seek help,
2. engage in treatment, and
3. ultimately improve their health and well-being

Person-centered -> integration of SUD and primary care, resources to address social needs

- Address immediate needs
 - Respect preferences
 - integration of peer support/peer recovery
 - Every interaction is an opportunity
 - Non-punitive approach to treatment
 - Flexible treatment options (changing formulations, frequent titrations, etc.)
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LOW BARRIER CLINIC MODEL

Low barrier principles

aim to create an environment where individuals with opioid use disorder are:

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2. engage in treatment, and
3. ultimately improve their health and well-being

Easy access to treatment when ready

- Low-threshold initiation -> same day, home-based
- Convenient location – Mobile and street outreach, Telemedicine, ED and hospital-based initiation
- Care during hospitalization, incarceration
- Flexible/walk-in appointment availability
- Relationships with pharmacies for same day access/on-site access to MAT
 - Funding to cover cost of medications (insurance gaps, lost medications)
- No hard and fast law yet, about the necessity/frequency of "face to face" visits for buprenorphine prescribing

Reduction in use and/or injection related harms are prioritized over abstinence.

No stringent treatment requirements - Harm reduction approach

- No clinic dismissal policy
- Positive drug screens are fine
- Behavioral health encouraged, but not required

Meeting folks where they are physically, and in their journey of using drugs

Drug use behaviors can be a continuum but there are always safer ways to use

Folks who use drugs have agency on how to reduce harms of their drug use

HARM REDUCTION PRAXIS

- Kalamazoo Harm Reduction (KHR) -> key partners in founding SMKzoo and ongoing partnership today
- SMKzoo serves as a secondary through KHR -> clean supplies and naloxone are available to patients seen in clinic



**KALAMAZOO
HARM
REDUCTION**



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5. Data and advocacy matter — program outcomes help drive policy change and sustainable funding for street-based (and integrated) care.

References

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