



SCHOOL OF
MEDICINE
DEPARTMENT OF
INTERNAL MEDICINE

Street Medicine

The Center for Inclusive Health at UNM
Bringing Health Care to the Street

Sara Doorley, MD
Internal Medicine/Addiction Medicine



What is homelessness

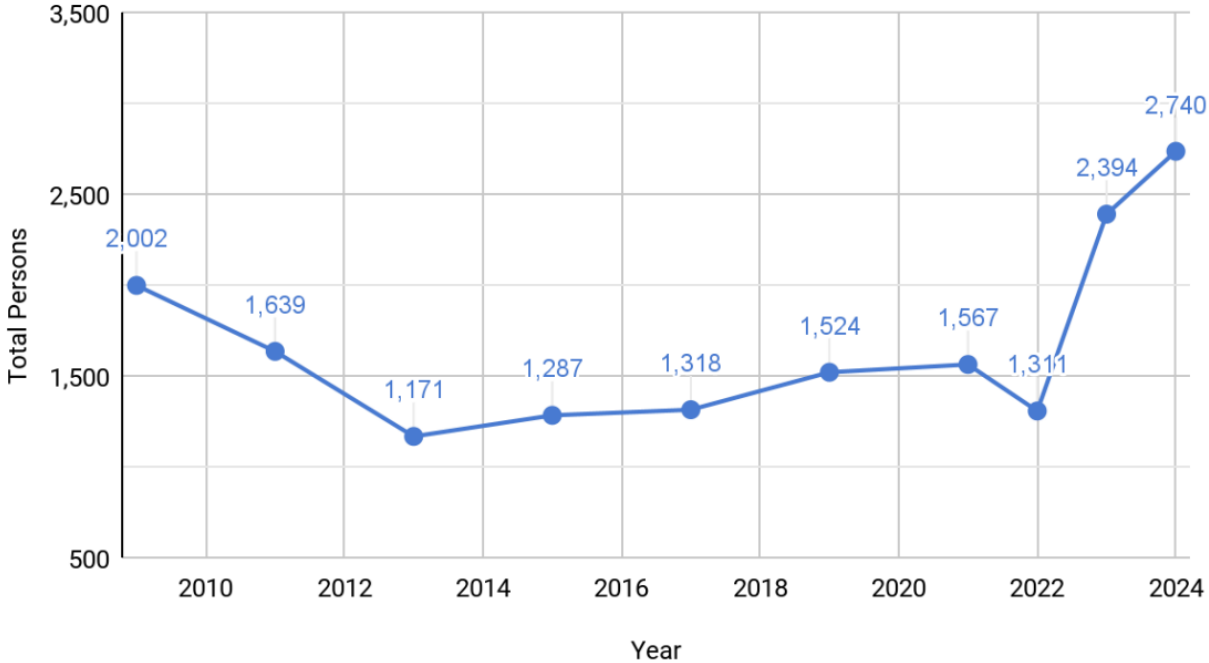


Categories of Homelessness

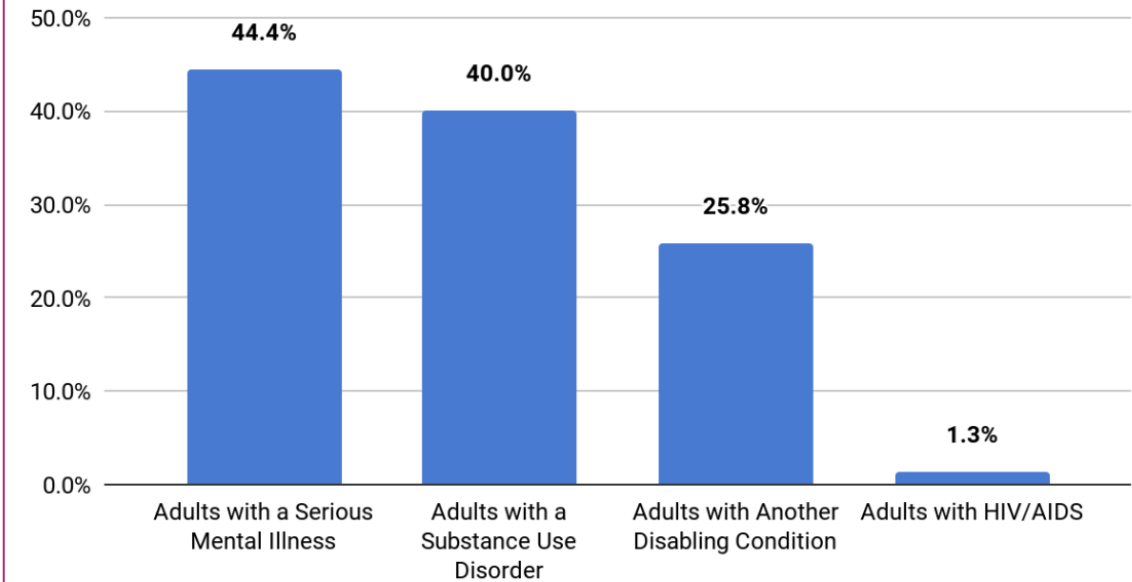
- Chronic Homelessness
- Episodic Homelessness
- Transitional Homelessness

2024 Albuquerque Point In Time : Homelessness

ABQ PIT Count Totals: 2009 - 2024

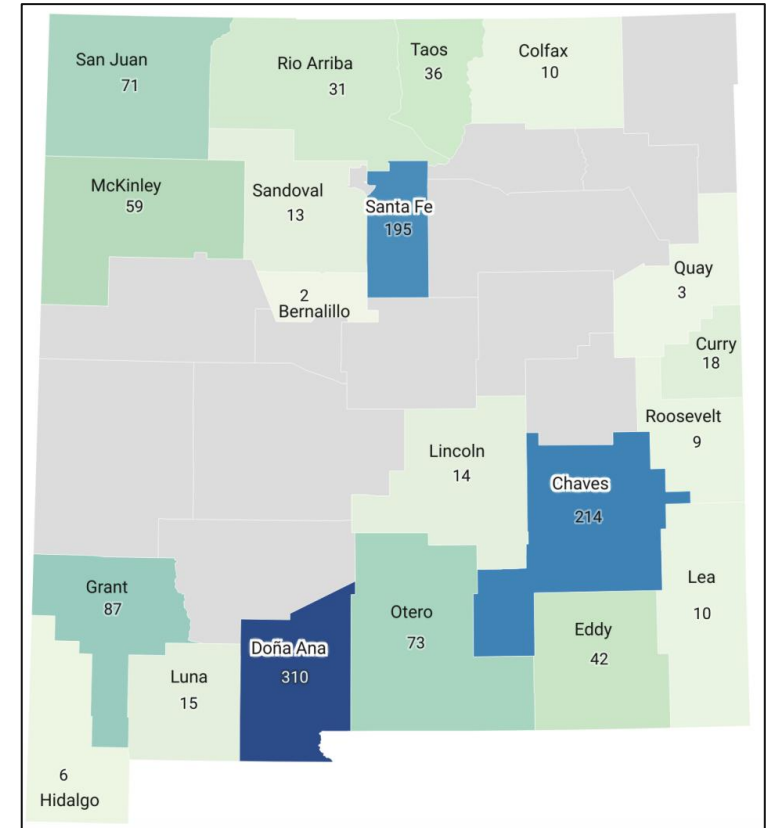
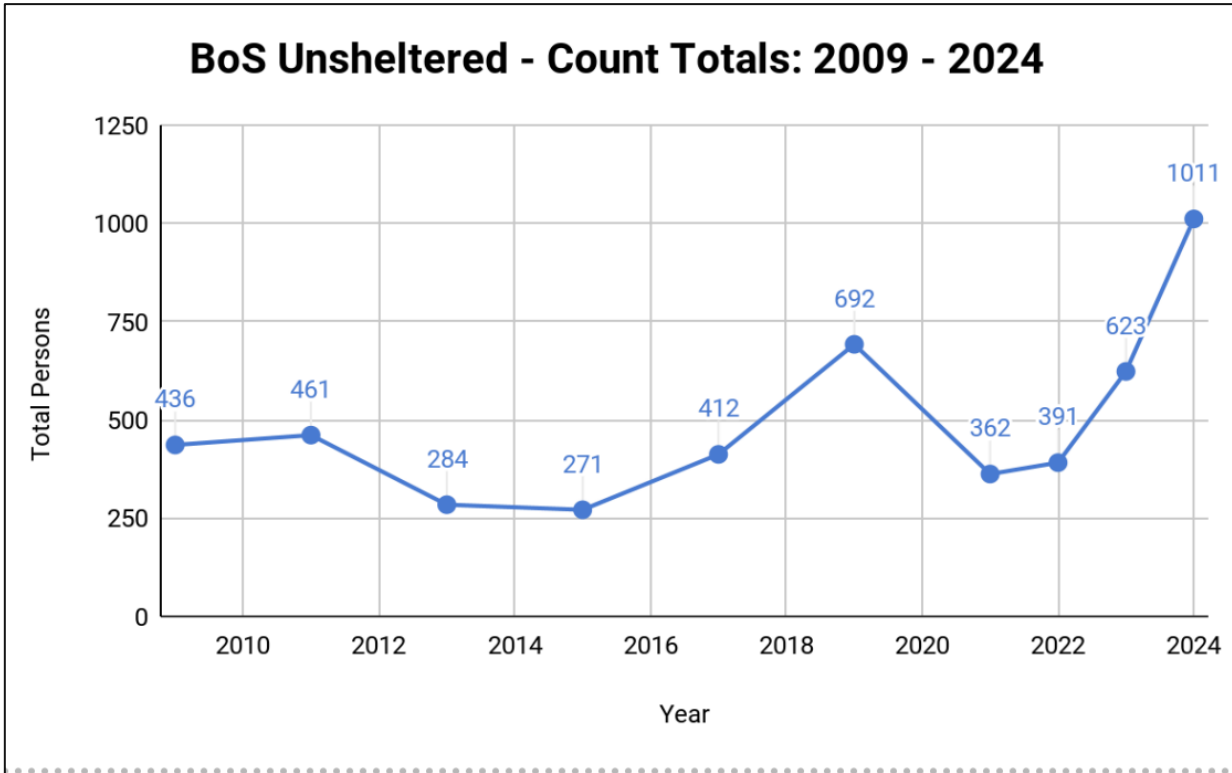


ABQ Unsheltered - Disabling Conditions



Homelessness in NM

BoS Unsheltered - Count Totals: 2009 - 2024

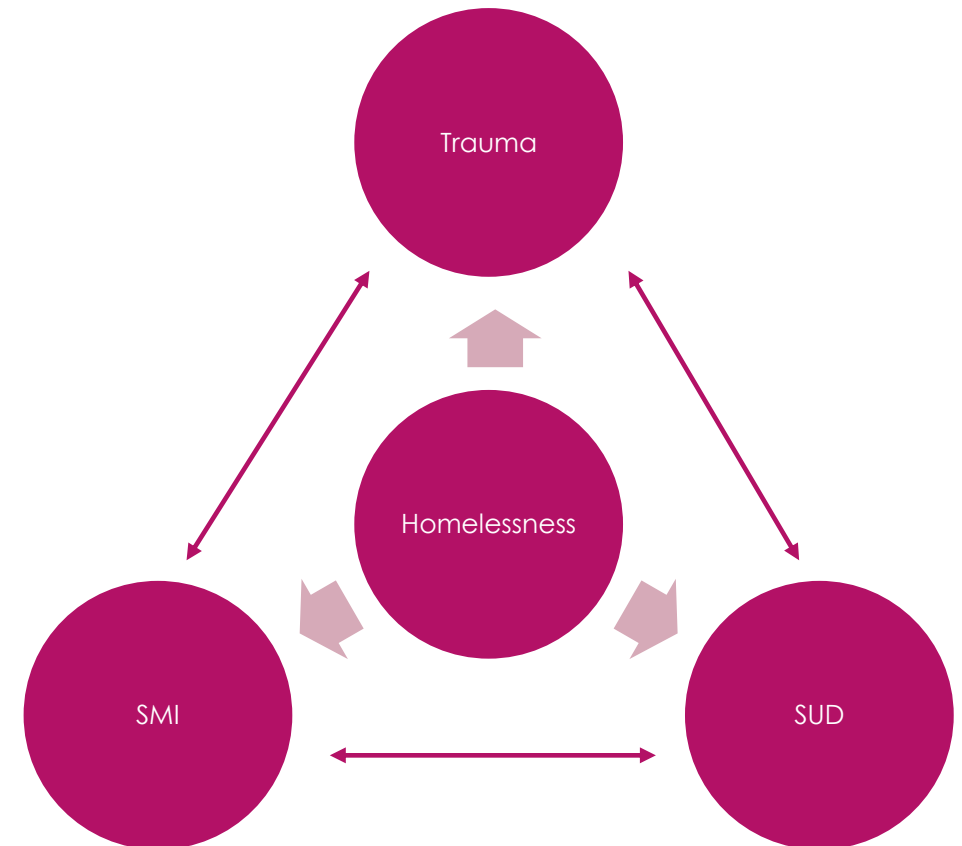


Homelessness in the US

- ▶ The number of people experiencing homelessness on a single night in 2024 was the highest ever recorded.
- ▶ Nearly all populations reached record levels.
- ▶ Families with children had the largest single year increase in homelessness.
- ▶ Nearly 150,000 children experienced homelessness on a single night in 2024.
- ▶ 1 in 5 people experiencing was age 55 or older.

Health and Housing

- People who are homeless bear a disproportionate burden of illness.
- Simply being without a home is a dangerous health condition.
- Recovery and healing are more difficult without housing.
- Unsheltered homelessness mortality rate is 4x higher than sheltered cohort.



The Largest Waiting Room in the US

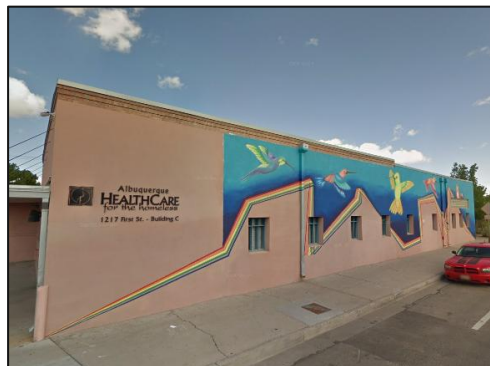


PICKUP: Survey of People Experiencing Homelessness in New Mexico

Summary Report: 9 September 2024

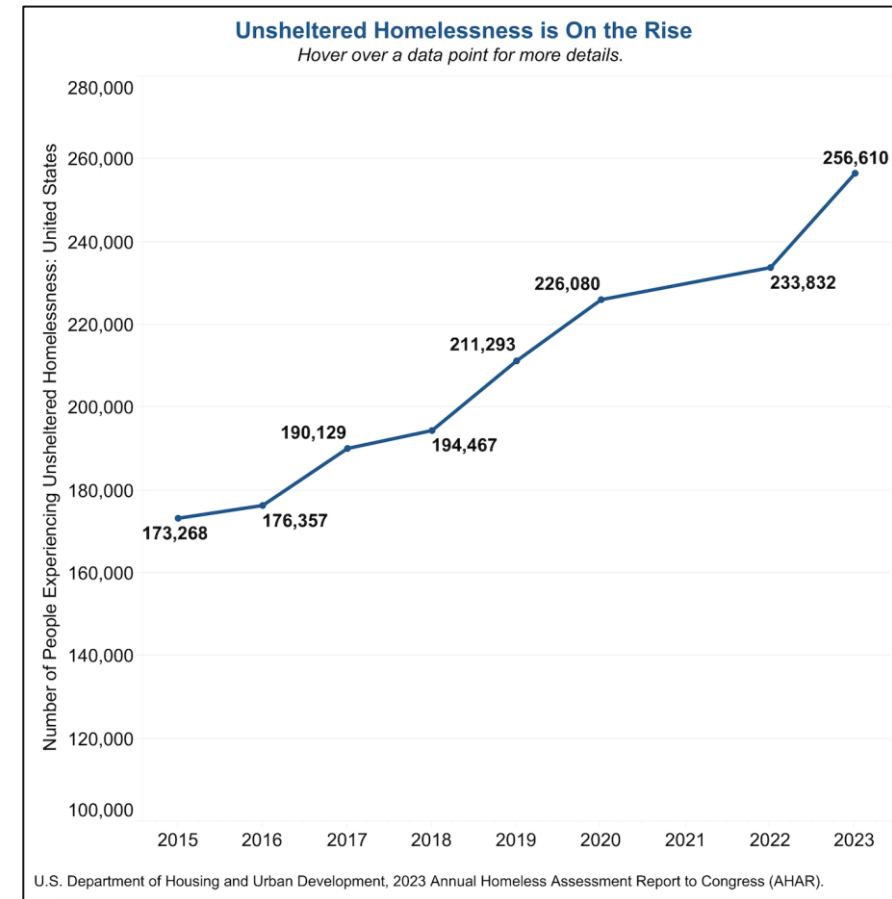


Healthcare Services for PEH



Why Street Medicine

- The number of people experiencing homelessness exceeded shelter bed availability in 2023.
- Large increases in permanent housing haven't kept up with the need.
- Unsheltered homelessness is on the rise.



Street Medicine

"Meeting People Where They Are"



- Delivering whole-person, patient-led care where people experiencing unsheltered homelessness are found
- Does not require engagement in a brick and mortar healthcare system

Street Medicine: Reality Based Healthcare



“By going directly to the patient, the nurse or physician immediately establishes the centrality of that person’s reality.

This creates trust, and an acknowledgement that any health care plan will be grounded in a shared recognition of real circumstances. The person is honored for who they are.

Equally important is the insight we gain about the actual determinants of the patient’s health. We see the forces at work in their lives and health. Without such information we are working with incomplete data.”

--Dr. Jim Withers, founder of The Street Medicine Institute

Street Medicine

- ▶ Patient-led, not just patient-centered
- ▶ Respecting agency
- ▶ Rethinking outcomes
- ▶ Based in reality
- ▶ Strength-based
- ▶ Identifying and addressing the different poverties
- ▶ Harm reduction
 - ▶ “Every encounter we strive to keep each person alive for their tomorrows.”
-- Dr. Atwell



Street Medicine



REVIEW ARTICLE

International Journal on Homelessness, 2023, 3(2): page 295-343.

Street Medicine: A Scoping Review of Program Elements

Michael Enich, BA¹* | Emmy Tiderington, PhD, MSW² | Andrea Ure, BS³ |

1. Direct care to people experiencing unsheltered homelessness
2. Wrap around health service provisions and referrals
3. Harm reduction services
4. Psychosocial case management
5. Provision of life necessities
6. Education/research/advocacy

Street Medicine



Pragmatism

- Providers understand that none of us will ever achieve perfect health behaviors. As such, multiple options for care are provided.

Autonomy

- Though providers offer options for medical intervention, ultimately patients make their own choices about medications, treatment, and health behaviors to the best of their abilities.

Incrementalism

- Positive change can take years; plateaus and backwards movement is expected.

Center for Inclusive Health



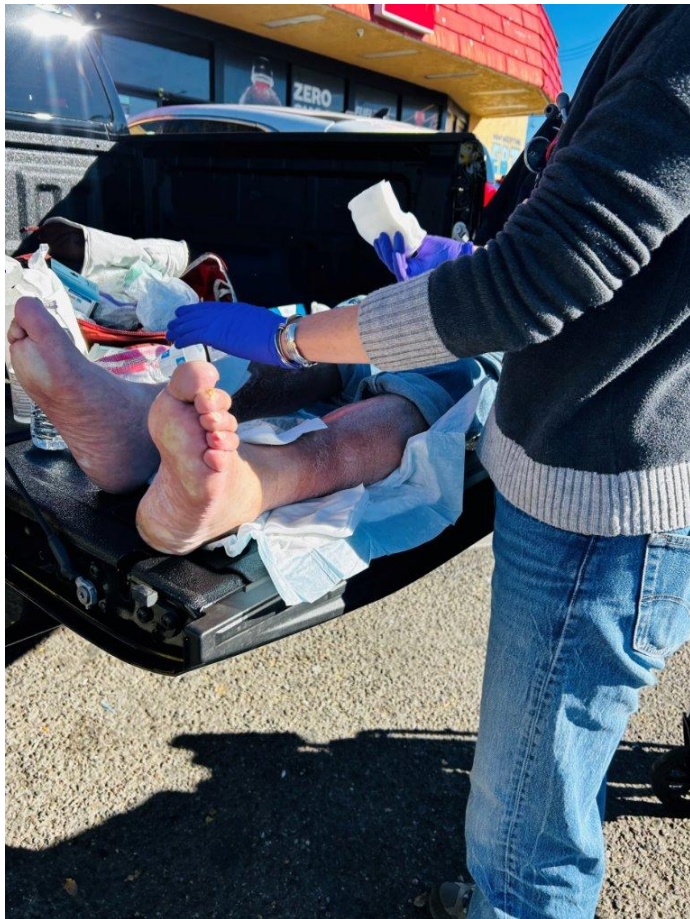
CENTER FOR INCLUSIVE HEALTH

MOBILE MEDICAL TEAM

Bringing Health Care to the Street



What we do




What we do




Services provided

- ▶ Wound care
- ▶ Antibiotics (skin infections, dental infections, CAP, STIs etc)
- ▶ Medications for chronic illness (DM, HTN etc)
- ▶ Psychiatric treatment (PTSD, MDD, GAD, LAIs for SMI, CforE)
- ▶ Medication treatment for SUD (also Narcan!)
- ▶ Medical triage
- ▶ Bridge care and connection (emergency, primary care, SUD tx)
- ▶ Letters of support and disability
- ▶ Blankets, socks, food

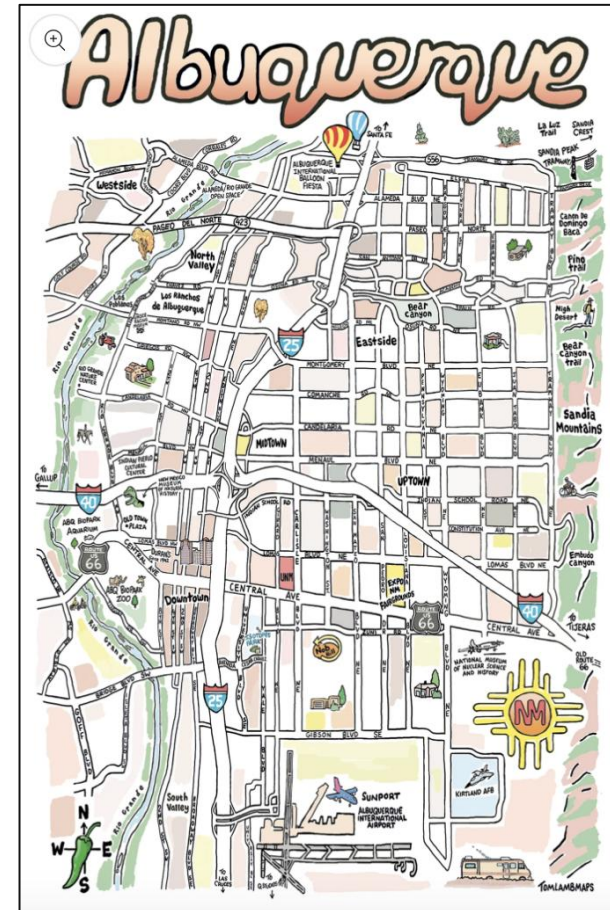


HOUSED BEDS
Taking a history on a person experiencing unsheltered homelessness

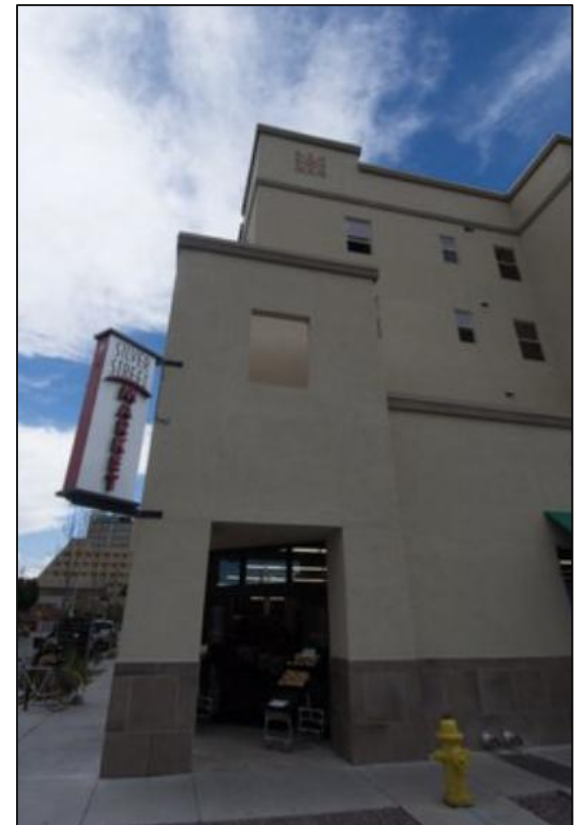
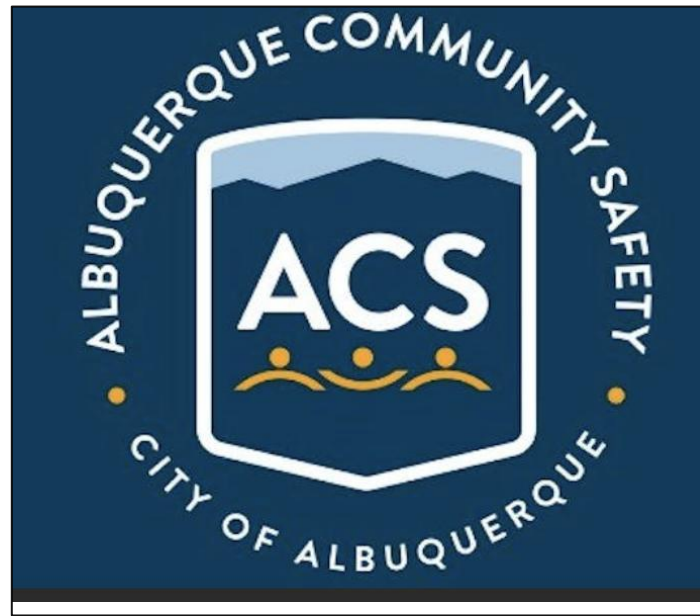
H	Homelessness history
O	Outreach engagement
U	Utilization
S	Salary/income
E	Eat
D	Drink
B	Bathroom
E	Encampment
D	Daily routine
S	Substance use



Where do we do it?

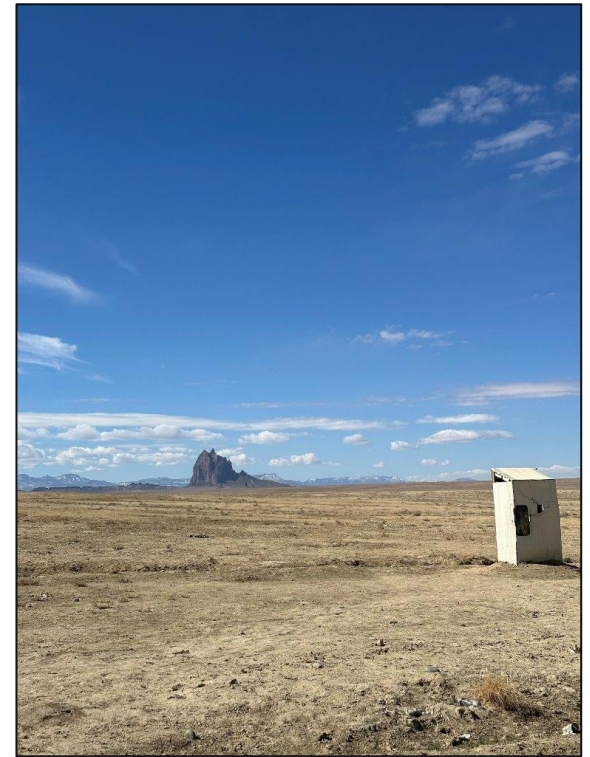


Partnerships



Street Medicine in New Mexico

- ▶ Sih Hasin Street Medicine Program
- ▶ Asha Atwell, DO, Emergency Physician, Department of Health Promotion and Disease Prevention
- ▶ Northern Navajo Medical Center, Indian Health Services



Health Equity Challenges in Shiprock

- Food Insecurity is widely experienced in the Shiprock Service Unit, San Juan County and Montezuma County.
- Transportation challenges
 - Rural communities with few transportation resources
 - One of the first things our patients say “but I don’t have a ride. . .”
- Housing Insecurity
 - San Juan County Average time to housing is 41 days
 - Shiprock Service Unit Average time to housing
 - ?
 - Montezuma County Average time to housing is 328 days
 - Also, no Section 8 housing
- Utilities
 - Navajo Nation 30% of people do not have running water while 40% of households in San Juan County, UT haul water.⁴
 - 13,000 of the 56,000 families on Navajo Nation do not have electricity.⁵
 - No running water
 - Outhouses
 - Interpersonal Safety
 - 1 in 40 reported Domestic Violence in 2015 while 1 in 4 adults reported Domestic Violence in their lifetimes.⁶

Homelessness on the Reservation

- As an outsider, I gathered input on this term to define better who our program would serve.
 - People told us, “Everyone has relatives, a family. . .”
 - “People aren’t really homeless on the reservation.”
- Though only 1.2 percent of the national population self-identifies as AI/AN (Census Bureau, 2013), 4% of all sheltered homeless persons, 4% of all sheltered homeless individuals, and 4.8% of all sheltered homeless families self-identify as Native American or Alaska Native (HUD, 2012).
- Conclusion:
 - Homelessness is grossly underestimated on the reservation.

Shiprock Rounds

- Started October 5, 2021.
 - Every Tuesday from 8:30-11.
- 500 relatives in Shiprock.
- Students and residents have been included since the beginning
- In winter months, also worked with The Shiprock Chapter and The Four Corners Native American Ministry to open a seasonal shelter- HOGHAN
 - Open every year since Sih Hasin Street Medicine started



Farmington Rounds

- Started January 20, 2022.
- Every Thursday at 8am at the West Walmart parking lot, then traverses the city of Farmington to several touch points.
- Well over 1500 relatives seen so far. . .
- We have made several partnerships while doing our rounds. Including CAYA ministries (sober living for women, several who were our previous patients on the street), Salvation Army, Catholic Charities, San Juan County Partnership.
- We work closely with the San Juan County Public Health Department, San Juan County Jail, Presbyterian Medical System, Totah Behavioral Health and the Expansion, The Mental Health Resource Center, Department of Mental Health and Social Work and Cenikor



Cortez Rounds

- Started September 2022.
- 400+ relatives seen in Cortez so far.
- Tuesdays for lunch at St Barnabus Church- Grace's Kitchen
- Partnerships include:
 - Pinon project, Axis Health, Indigenous Wellbriety Program, Southwest Memorial Hospital, Judge Beth Padilla, The Bridge Shelter, and the Montezuma County Jail.
- It is through our joint efforts we can provide housing, services, and meaningful ongoing treatment for SUD.



Services Provided

- ☐ COVID testing
- ☐ Vaccines
 - COVID
 - Flu
 - Tetanus
 - M Pox
- ☐ Sexually Transmitted Infections Testing: HIV, Syphilis, Hepatitis C, Gonorrhea, Chlamydia, Trichomonas
 - HIV and Syphilis Rapid Test (15 minutes)
 - Blood and Urine Collection (full testing) includes HIV, Syphilis, Hepatitis C, Gonorrhea, Chlamydia, Trichomonas
 - PrEP/PEP
- ☐ Birth Control
 - Condoms
 - Nexplanon placement (lasts 5 years!)
 - Ella (plan B)
- ☐ Wound Care
- ☐ Splinting
- ☐ Suturing
- ☐ Suture Removal
- ☐ Minor Procedures
 - Abscess Incision and Drainage
- ☐ Medication Assisted Treatment for Substance Use
 - Vivitrol
 - Naltrexone (oral)
 - Suboxone
- ☐ Needle Exchange
- ☐ Safe Injection supplies
- ☐ Narcan
- ☐ Medications for Chronic Illness (Diabetes, High Blood Pressure, Schizophrenia, Depression, etc)
- ☐ ACCUDETOL
- ☐ Antibiotics (Skin Infections, Dental infections, Pneumonia, Urinary tract infections, etc)
- ☐ Pain Control (Tylenol, Ibuprofen)
- ☐ Help Connecting to Services
 - Need PCP
 - Need Prescription
 - Need Referral
- ☐ Inpatient Substance Use Treatment
- ☐ Ultrasound
 - Prenatal, Broken Bones, Abscess vs Cellulitis, FAST exams

Pharmacy Bag



Servants Posture



More than meeting needs

- ▶ Gaining trust
 - ▶ Showing up every week at the same time and same place
 - ▶ Remembering stories shared with the team
 - ▶ Remember names, faces, details
 - ▶ May take years, be patient
 - ▶ Be aware of historical trauma, intergenerational trauma, social and political determinants of health
 - ▶ Let the patient direct their care and tell you what they need.
 - ▶ Only once you have built trust, offer routine screenings, and ask what their goals are for health

Advancements in the field

POPULATION HEALTH MANAGEMENT > COMPLEX CARE

CMS Code Change Bolsters Street Medicine Programs

Lack of place-of-service (POS) code has hampered reimbursement for programs that provide healthcare for unhoused people

[David Rath](#)

Oct. 4, 2023

CMS increases health care access for individuals experiencing homelessness

[Access to Care](#) | [Social Drivers of Health \(SDOH\)](#) | [Health Equity](#) | [Delivery System](#)

NEWS RELEASE 20-JUL-2023

Streets recognized by CMS as legitimate locale to deliver health care

Move will allow providers like USC's Street Medicine team to be reimbursed for care they provide to people who are unhoused

Advancements in the field

Addiction Science
& Clinical Practice

Low barrier buprenorphine treatment for persons experiencing homelessness and injecting heroin in San Francisco



Evaluation of methamphetamine assist packs: As-needed antipsychotics for self-management of methamphetamine-associated psychiatric toxicity

1. Carter J, Zevin B, Lum PJ. Low barrier buprenorphine treatment for persons experiencing homelessness and injecting heroin in San Francisco. *Addict Sci Clin Pract*. 2019 May 6;14(1):20
2. Coffin P, Chang Y, McDaniel M, Leary M, Pating D, McMahan V, Goldman M. Evaluation of methamphetamine assist packs: As-needed antipsychotics for self-management of methamphetamine-associated psychiatric toxicity. *International Journal of Drug Policy*. 2024 July. Volume 129.

Advancements in the field

Women's Health

Trauma and cervical cancer screening among women experiencing homelessness: A call for trauma-informed care

HPV self-sampling kits make cervical cancer screening more convenient and comfortable

Advancements in the field

Why POCUS in Homeless health care?

- Patient centered
 - Performed by trusted care team
 - Deepen relationship with patient
 - Improves patient satisfaction
 - Diagnostic and therapeutic accuracy
- Portable into the field or in a clinic
- High image quality
- Easily Reproducible
- Safe
- Low cost
- Diverse applications



Advocacy

HOMELESS ENCAMPMENTS & YOUR HUMAN RIGHTS

If you are living in an encampment, you have human rights. Governments are obliged to respect your human rights, including your right to housing.

You have the right to housing under Canadian legislation and international human rights law. These rights are found in:

- / Canada's National Housing Strategy Act - S.C. 2019, c. 29, s. 313
- / The International Covenant on Economic, Social, and Cultural Rights, Article 11.1
- / The United Nations Committee on Economic, Social, and Cultural Rights, General Comments No. 4 and No. 7

In April 2020, the United Nations Special Rapporteur on the Right to Adequate Housing developed *A National Protocol for Homeless Encampments in Canada: A Human Rights Approach*. The Protocol is a guide for Canadian governments to ensure they implement the human rights of people living in encampments, in keeping with international human rights law. This booklet is a summary of the Protocol.

Homeless encampments will never fulfil the right to housing. But insofar as they exist they must be human rights compliant.



Fatih, L., & Schwan, K. (2020). *A National Protocol on Homeless Encampments in Canada: A Human Rights Approach*. Geneva, Switzerland: Office of the United Nations Special Rapporteur on the Right to Adequate Housing.
<https://www.make-the-shift.org/wp-content/uploads/2020/04/A-National-Protocol-for-Homeless-Encampments-in-Canada.pdf>

TV

THESE ARE YOUR HUMAN RIGHTS

1/ GOVERNMENTS MUST RESPECT YOUR HUMAN RIGHTS AND DIGNITY

If you are living in an encampment, you have human rights. You are claiming your right to housing by living in an encampment. Governments must uphold the human rights of all people, as outlined in Canadian and international law. All governments and anyone exercising government authority are required to treat people living in encampments with dignity and respect, this includes city officials, social workers, or the police. This means that you should not be ticketed, fined, treated as a criminal, or experience discrimination because you live in an encampment.

2/ YOUR VOICE AND EXPERTISE MUST BE RESPECTED BY GOVERNMENT AUTHORITIES

You are an expert in your own life, and governments must respect your right to self-determination. You are entitled to shape the programs, policies, and laws that affect you. Governments must provide you sufficient information about any housing, shelter, or services they are offering you, and must meaningfully consider your perspectives in all decision-making processes. They must treat you as a community of rights holders, not beneficiaries of charity. Formal processes should be established in this regard, for example, specific meeting dates and times in a place that is convenient to you. Governments must provide you with information, resources, and opportunities to ensure you can participate in any decision-making that affects you (e.g., by providing you with independent legal and other supports).

3/ GOVERNMENTS MUST ENSURE YOUR BASIC NEEDS ARE MET

Governments are legally required to ensure that every person, including those living in encampments, have their basic needs met. This means that you have the right to: safe and clean drinking water, access to sanitation facilities (including toilets, hand-washing stations, showers), waste management systems, social and healthcare services, supports to ensure personal safety, and resources for fire safety, food safety, harm reduction, and pest prevention. These basic services must be provided to all encampments and their residents on an urgent basis.

4/ FORCED EVICTION IS A VIOLATION OF HUMAN RIGHTS

Under international human rights law, governments cannot remove residents from encampments without meaningfully consulting them, without providing them legal supports, and without providing adequate housing alternatives. International human rights law does not permit governments to destroy peoples' homes, even if those homes are made of tents, tarps, or found materials. The reasons often used to justify removing encampments – such as city beautification, re-development, or "public interest" – do not justify forced evictions. If government authorities or others have legitimate concerns about the safety of an encampment (e.g., fire), they must consult with residents about these concerns and support residents to resolve the underlying issues.

5/ RESPECT THE DISTINCT RIGHTS OF INDIGENOUS PEOPLES

Indigenous Peoples have distinct rights that must be respected and protected by all government authorities. Governments must not forcibly evict, displace, or relocate Indigenous Peoples without their consent, including Indigenous Peoples living in encampments. Governments are obliged, by law, to respect the self-determination of Indigenous encampment residents and must consult with them to ensure their free, prior, and informed consent before taking any action that may affect them. In addition, governments must respect the unique relationships that Indigenous Peoples have to their lands and territories, and their right to construct shelter in ways that are culturally, historically, and spiritually significant.

6/ GOVERNMENTS MUST EXPLORE EVERY ALTERNATIVE TO EVICTING AND PROVIDE LONG-TERM HOUSING ALTERNATIVES

Governments are legally required to explore all possible alternatives to eviction before asking encampment residents to leave where they are living. Government authorities cannot force you to go to a shelter or housing outside of your usual neighborhood. Staying where your community is, and where your home is, is part of the right to housing. If relocation is necessary, you must be provided with long-term adequate housing alternatives in close proximity to your original home, supports, and employment. Relocating you to a shelter does not constitute adequate housing.

DECAMPMENT REPORT CARD

Based on National Protocol for Homeless Encampments in Canada

This tool is for tent city residents to grade the government's decampment plan. Assign a grade to each question; then decide on the overall grade at the end. Bullet points are to assist you in grading, but you are welcome to consider other factors. A final "Report Card" will be issued to government actors after answers have been collected. For questions concerning this tool see the bottom of the back page.

Are the distinct rights of Indigenous peoples being respected?

A B C D E F

- Officials recognize Indigenous peoples' right to create and organize shelter and housing in ways that incorporate their lived histories, cultures and experiences.
- Officials are genuinely working with Indigenous residents to find appropriate, culturally-safe, long-term housing, and do not force people into housing via eviction from encampment.
- Officials consult with Indigenous encampment residents to get informed consent before making any decisions, including eviction.
- Police are not present when officials engage with Indigenous encampment residents.
- Officials recognize that Indigenous peoples have high rates of homelessness and poverty.

- Residents are given enough time to consider information provided by government and to give their direction.
- There is a clear resident-approved process to challenge decisions, propose alternatives, and articulated demands and priorities.
- Officials ensure resources are available to support full participation in decision-making, including Indigenous cultural supports, literacy supports, translation, mobility supports, PPE, food, and access to information.
- Residents are provided with independent legal advice, information concerning human rights, and the specific rights of Indigenous peoples.

Are there prohibitions of forced evictions of encampments?

A B C D E F

- Officials have declared an end to all forced evictions and ban harassment, intimidation, or threatening of people living outside, which includes ensuring police, fire services, bylaw officers, and other agents of the state only engage and respond using a trauma informed, culturally safe and harm-reduction approach.

Is there meaningful engagement with and leadership by encampment residents?

A B C D E F

- Officials engage in ongoing and meaningful engagement with residents that act as resident leaders.
- Encampment leaders are empowered to make decisions about actions that affect them, including through resident-led meetings and processes.
- Officials supply access to safe drinking water hygiene sanitation, food, harm reduction supplies, waste management, electricity and heat.
- Government actors protect and respect belongings and privacy, including personal property and tents.

A growing movement



<https://www.streetmedicine.org/>



New Mexico Street Medicine ECHO

<https://iecho.org/public/program/PRGM1693515496178TZ9ANTTCC8>

What you can do?

- ▶ Ask about housing
- ▶ Practice patient-led compassionate care
- ▶ Respect autonomy
- ▶ Listen to the journey that people have been on
- ▶ Show up with love
- ▶ Bear witness
- ▶ Educate

