



Considerations & Criteria for Proposals to HOMES Clinic

Updated: 7/19/2022

- **Alignment with our mission**
 - The aims and outcomes of all projects should serve the missions of Healthcare for the Homeless Houston (HHH), The Beacon, and HOMES
 - **HOMES Mission:** “To serve Houston’s unhoused population with a broad & holistic approach to healthcare, integrating community outreach, medical & social services, & education for the next generation of empathetic providers & impactful advocates.”
 - **HHH:** “To promote health, hope and dignity for those affected by homelessness through accessible and comprehensive quality care.”
 - **The Beacon:** “To provide essential and next-step services to restore hope and help end homelessness in Houston.”
 - Note that research is not intrinsic to the missions of any of the above organizations

- **Direct benefit to patients**
 - Proposals that are most successful aim to address an identified need within our patient population or those with unstable housing at large. We strongly prioritize projects with direct benefits.
 - Service projects that directly benefit clients and/or patients that are not research-oriented are more likely to be approved; for example, donating reusable water bottles, athletic shoes, blankets, vaccine drives, health fairs, hygiene supplies, patient education, etc.
 - The HOMES Board will consider projects with indirect benefits if they (1) result in little to no burden to participants (e.g. chart review > survey) and (2) establish foundational knowledge that will help us and others improve delivery of care or identify unmet needs within our capacity of addressing. Asking individuals to retell experiences, lend perspective, complete surveys, etc. without potential for direct benefit constitutes an unrequited sacrifice from our patients and is therefore discouraged.
 - We want to avoid doing too many projects at The Beacon. Clients are there to regroup, obtain social services, eat, shower, and do laundry we do not want to inundate them with surveys and education sessions. Every interaction with them should be thoughtful, meaningful, and appropriate.

- **Appropriate approval from all stakeholders**
 - Projects involving surveys, and/or interviewing must be approved by The Beacon if conducted on Beacon clients

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- Projects that will yield posters or publications must be approved by the Institutional Review Boards (IRBs) at HHH, and those of BCM and McGovern if students from these institutions are involved.
- All proposals affiliated with HOMES have to go through the Board. The Board will review all proposals and either approve, approve with modifications, or reject.
- Outside groups cannot "run" or "own" an initiative at HOMES, because we represent a 501c(3) federally qualified health center. All proposed programs must fall under the HOMES governance structure. If compelling, we may be able to add additional officers to the Board to run the program, which will adhere to HOMES bylaws, standard operating procedures, and the Officer Accountability Policy.
- Epic EMR access to HOMES and HHH patient information can only be approved through HHH.
- Any group can approach HHH or the Beacon independently to propose a project. It must be clear, however, that they are not affiliated with HOMES.
- **Quality, Feasibility, Longevity**
 - Any proposal involving substandard care will be rejected. We believe that all patients deserve uncompromised, high quality healthcare.
 - Proposals must be feasible. Including specifics is an effective way to convince the Board of feasibility. For example, rather than saying "we will provide medications," a successful proposal will say "We have been in communication with Bayer who has agreed to provide X doses of Y and Z."
 - If the project will continue beyond 1+ year, it should include a plan for transitioning leadership and successful continuation.
 - Proposals that involve an expansion of care or other complex initiative need to think carefully though all aspects of what this entails. At HOMES Clinic, we will *not* provide screening, for instance, if we cannot reasonably link patients into higher level treatment and care if indicated. Taking dermatology as an example, a successful proposal, at the minimum, would be able to explain:
 - Does the proposed service meet a **demonstrated** need of our patient population?
 - How will patients without insurance can get access to further specialty care with our referral if their findings are beyond our ability to manage?
 - How do we coordinate with a pathology lab and how do we communicate biopsy results to patients, many of whom do not have an email or cell phone?
 - How do we ensure our patients can actually get the treatments they need after diagnosis? (e.g. lupus drugs can range from \$1,000 - \$35,000 per year)

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- Will volunteers and preceptors have liability coverage that extends to their activities at HOMES Clinic?
- Can you provide the necessary staff, stuff (e.g. equipment), and system to ethically and competently run a specialty service?
- Is there a meaningful role for student involvement, and to what extent will this initiative be “student-managed?”

Given the broad and diverse nature of potential initiatives at HOMES, we do not provide a proposal template. We simply ask that proposals are crafted mindful of the criteria enumerated above. Proposals may be submitted to: homes.director@gmail.com

Example of projects that have been approved:

1. Focus groups were conducted on female Beacon clients and participants were fed. They chose to address preventing assaults on the streets and the participants were able to attend martial arts self-defense classes and given cell phones.
2. Effort to set up handwashing stations at regions throughout Houston with high densities of unhoused populations and limited access to running water
3. Retrospective, chart-review based study to evaluate how frequently patients are able to access the services to which we refer them.
4. A social liaison program, which collected data on what services were most needed during the pandemic and what special challenges clients faced, which drove the development of a social resource guide used to directly help clients at The Beacon and at HOMES Clinic every week.

Examples of projects that have been rejected:

1. Studies must have actionable results that benefit our patients. For example, if we **CAN NOT** staff clinic with a cardiologist, it is unethical to survey people on if they would like access to a cardiologist and then present a poster about it. How do our patients’ lives improve through this?
2. We can't do something like "sexual health histories" and then do STD prevention counseling at the Beacon because it is not HIPAA compliant, safe for students, and it is mainly an older population that does not have the highest STD rate.

Examples of modifications to proposed projects

1. A group proposed hosting sessions to educate patients on risk factors of skin cancer and how to mitigate them. The Board offered approval only if the proposers procured sunscreen, UV-protective clothing, hats, etc. that would empower patients to act on what would be taught, among other quality control measures to ensure accuracy and standardization of information provided and sufficient pre-training for volunteers.

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