



HOMES Board Meeting #3 Minutes September 11, 2022

1. Items required a board vote

- a. Formalizing a stance on expanding HOMES
 - i. Link to proposal criteria guidelines:
 - ii. Stakeholders: all officers
 - iii. Board Discussion: “We risk spreading ourselves too thin, and also want to make sure efforts are in line with our mission, so we would like to create a strategic plan in order to formalize a stance on expanding HOMES. We won’t be able to tackle this today, so we propose forming a sub-committee to handle this.”
 1. Nick: “In terms of people approaching us for projects, we have created a set of proposal guidelines that are published on the website, and I think all board members should skim this at least once so that any time somebody approaches us, we can know where to send them.”
 - a. Website > Volunteers > FAQ > “I have a question”
 - b. Nick: “If anybody has any questions/concerns, please bring them up to us and we can bring them to the board for a vote.”
 - c. Chelsea: “Should we send this out to everyone?”
 - d. Nick: “I don’t think we need to send it out on a listserv style email, especially to people who haven’t asked for it.”
 - iv. **Action item: reach out to Nick/Thomas (director email) if interested in joining this sub-committee**
- b. Amending mission - Nick and Thomas
 - i. Portion of the mission being discussed: “To serve the **unhoused population** with a broad and holistic approach to healthcare, integrating community outreach, medical and social services, and education for the next generation of impactful and empathetic providers.”
 - ii. Stakeholders: all officers



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- iii. Board Discussion: “Previously said “unhoused population,” but proposed adaptation is “unstably housed” or “Houstonians experiencing homelessness””
 - 1. Bhavesh: “In looking at different websites, I’ve seen “unstable housing” as a term more frequently than “housing instability”
- iv. Outcome of vote: “Houstonians experiencing unstable housing”
 - 1. **Vote is passed by the majority of the board with no modifications necessary**
- c. SkinTalks curriculum - Nick and Thomas
 - i. Stakeholders: all officers
 - ii. Board discussion: Nick will be sending it out as an email to the officers, because there are too many comments and revisions to be discussed during the meeting.
 - 1. Does not require a vote at this time
 - 2. **Action item: input feedback here by Wednesday 9/14:**
 - iii. Board discussion: The org wanted to administer surveys to evaluate the efficacy of their programming; how do we feel about that?
 - 1. The board disagrees and vetoes this component

2. Proposals

- a. HOMES fundraiser - Will
 - i. Suggestion #1: Figs (scrubs) raffle
 - 1. Did it last year, was successful (made ~\$250 net)
 - 2. \$2 per entry
 - 3. Only overheard is the \$73 (plus tax) for the pair of Figs
 - ii. Suggestion #2: restaurant
 - 1. Partner with a restaurant and on any particular day they donate x% of the profits for that day to the org
 - 2. Might be tricky to get HHH to approve
 - iii. Board Discussion:
 - 1. Nick: “Is the venmo linked directly to the Frost account?”



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- a. Will: “No, the venmo is linked to my account and I have to deposit it into the Frost account.”
 - b. Nick: “Do they accept any other form of e-payment?”
 - c. Will: “Probably, but those e-payments aren’t as widely used.”
 - d. Conclusion: Check in with HHH and make sure they’re ok with using that structure
 - i. Might be ok if we do it under the student organization rather than the HHH side of HOMES
2. Nick: “It’s a federal requirement that if you’re a non-profit, you can only have 2 raffles a year, so we’ll have to check in with HHH about that.”
 - a. Thomas: “We might be able to get around that by going through the student org.”
 3. Nick: “We also have to make sure we earmark the money from this to make sure we don’t use it for patient care.”
 - a. Will: “We can use it for food for volunteers, care kits, etc.”
 4. Nick: “It might also help to have something specific to be marketing the fundraiser for. People are more willing to pay when they know what it’s going towards.”
 - a. Will: “I can look at the graphic from last year and see what we did.”
- iv. Outcome of vote: board favors option #1 (Figs fundraiser)
 1. Need to figure out when
- b. Director/Officer selection process - Caroline
 - i. Stakeholders: all officers
 - ii. Formalizing the Co-Director selection process - no existing policy
 - iii. Creating a sub-committee to create a formalized process that will address the following concerns:



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1. Last year, anyone running for a position could not vote on that specific position
 2. Term limits – none established, need to determine whether this is something we want
 3. Process of applying
 - a. Written application
 - b. Interview w/ Board?
 - c. Presentation to board detailing agenda / vision for the coming year
 4. Qualifications /prerequisites
 5. Last year we updated to two Co-directors but selection process was not updated
 6. How to fill a vacated position
 7. Who votes / voting process and structure
 - iv. **Action item: reach out to Caroline if interested in helping**
- c. Donation portal active - Thomas
- i. Link to proposal:
 - ii. Stakeholders: all officers
 - iii. Thomas: “Many advantages: 1) the less money WE have to deal with the better, 2) they have 501(c) status, which requires documentation and donating through the portal takes care of that. We thought that partnering with HHH for this would probably be best.”
 1. Nick: “Additionally, this adds accountability for us because we have to put in a specific request to them in order to access the money, so we will have to find specific things in order to use the money for.”

3. Updates

- a. No OCPs at HOMES clinic
 - i. Presenting officer: Nick



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- ii. We have IUDs and depot, but no OCPs. Per HHH the main barrier is expensiveness, so we are going to see if we can propose a fundraiser or potentially applying for a grant to pay for these
- b. Research updates
 - i. Presenting officer: Thomas
 - 1. IRB for the evaluation of preventative care initiative and the longer-term study of clinical outcomes and completion of referrals
 - 2. It has essentially been approved with modifications
 - 3. Pending a “Certificate of Confidentiality” from the NIH
 - ii. Presenting officer: Thomas on Spoorthi’s behalf
 - 1. How accurately are students able to understand the priorities of patients? The board approved it last time, but Dr. Clark had concerns that there may be things on the survey that we can’t change, which makes it less efficacious.
 - 2. Next step: Thomas and Spoorthi are creating a revised protocol which will then be sent to the board
 - iii. Presenting officer: Thomas
 - 1. We have 80ish triage forms uploaded to the drive, so we want to look through them for CCs and see if there is any sort of consistency in the types that we are and aren’t choosing
 - 2. **Action item: if anybody is interested in helping, reach out to Thomas or Spoorthi**
 - iv. Presenting officer: Nick
 - 1. The letter written by the previous patient that was discussed at the previous meeting was sent into a journal, but they need written approval from the person who wrote it, and the author has since passed away
 - v. Presenting officer: Nick



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1. A paper about the social liaison program and the social resource guide
2. IRB waiver has now been approved
- c. Reminder: Submissions being accepted for HOMES Clinic blog
 - i. Presenting officer: Nick
 - ii. Doesn't have to be long or complex, any are welcome
 - iii. Counts as a "press publication" on a CV
- d. Update on SLP (Service learning project, BCM program) points for managing at HOMES Clinic
 - i. Presenting officers: Nick/Panos/Emily
 - ii. Feedback on the manager quiz is that "it's hard and you have to study," but that is the point
 - iii. Emily: "Might be good to have some incentive by including it for SLP credit."
 - iv. Nick: "It'll have to be a program by program process, but there is so much work that goes into being at HOMES, that it would be good to formalize it and create some way to recognize the work people are putting in."
 - v. Panos: "I floated the idea to UT, but there isn't an option for that right now. Might be good to pose this to HHH and see if there's something we could do that way."
- e. UHCOM
 - i. Presenting officer: Nick
 - ii. The MOU is active and spots will be earmarked for them starting in October
 1. This is another reason SkinTalks won't be starting in October
 - iii. We don't need to have UHCOM for preceptors, but we will try to invite them in anyway
- f. Street medicine
 - i. Presenting officer: Nick



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- ii. One of the two officers stepped down, so we might need to replace them
 - 1. Will be discussed with Dr. Buck
- iii. Meeting with Dr. Buck on 9/19 to see what the program looks like and how to coordinate with them
- g. Partnering with Schweitzer Fellows
 - i. Presenting officer: Thomas and Nick
 - ii. Dr. Clark mentioned that we have accepted Schweitzer Fellows in the past
 - iii. We will now once again be open to accepting 1-2 fellows
 - 1. Officers are welcome to apply
 - 2. If we get fellows from outside of the board, they are still accountable to the Schweitzer Fellows program, so there will be external accountability
- h. Naloxone
 - i. Presenting officer: Thomas
 - ii. Due to federal regulations, you have to have a specific system in place to be approved to have Narcan
 - iii. It will take a fair bit of work to get this in clinic, so is the board interested in moving forward with this?
 - 1. Yes
 - 2. HHH is also on board
- i. Advocacy
 - i. Presenting officer: Michael
 - ii. In talks with the "Office of Government Affairs" at BCM
 - iii. Might reach out to Dr. Buck to see what ideas/proposals he has
 - 1. Thomas will bring it up at their upcoming meeting on 9/19
 - iv. Considerations:
 - 1. Can't advocate for anything too controversial since the schools have to approve it
 - v. **Action item: if you have any ideas, reach out to Michael**
- j. Reed clinic



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- i. Presenting officer: Michael and Nick
 - ii. Talking about expanding to get students there
 - iii. Next step: set up a tour there
 - iv. Detailed list of next steps from now to prospective opening created by Michael and Nick
 - v. The proposed timeline for this is probably a year
- k. Optho clinic
- i. Presenting officer: Nick
 - ii. Several issues - this was shut down indefinitely back in July
 - iii. Might be resuming in January
 - iv. Considerations:
 1. Used to happen once a month, but may eventually accelerate to once a week
 2. A lot of this may fall to Michael as a project
 3. Need to set expectations that volunteers are working under officers, not independently in charge of anything
 4. Document to delineate scope of practice between attending and volunteers
 - a. Michael: "What is the guideline for that? Will the students be working with Dr. Chundru to create these documents?"
 - b. Nick: "After speaking with him, I have an idea of what he wants, we just need to create a formal document of it."
 5. Indications for referral document
 6. Dr. Chundru (the attending in charge) wants to do a basic vision check and a pressure check, which requires a tonopen which is very expensive
 7. Panos: "Do we want volunteers from each school?"
 - a. Nick: "Actually only UTH has approval right now, but I will check with Dr. Buck."
- l. Expanded social resource guide for optho resources



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- i. Presenting officer: Nick
 - ii. Need to pull together an eye-specific resource guide for both HOMES and Dr. Chundru to use if we will start referring to him
 - iii. This will be fairly labor intensive, so try to recruit interested students outside of the board
 - 1. Let's aim to have some interested students to get started by October
 - m. Pre-volunteering orientation
 - i. Presenting officer: Nick
 - ii. Needs to be created
 - n. Applying for funding through Student Activity fees (BCM, UTH)
 - i. Presenting officer: Thomas
 - ii. Will be applying for this through UTH
 - 1. Will be used for care kit supplies
 - iii. Chelsea has submitted this application for BCM
 - 1. Will be used for things that benefit students (PPE, food at volunteer events, etc.)
 - 2. Chelsea heard from them last week that they are reviewing applications
 - 3. Decisions last year came out around September 21st
- 4. Officer updates -**
- a. None were specifically discussed outside of the aforementioned discussions
- 5. Items to discuss**
- a. Care kits
 - i. Want to identify companies that will give us in kind donations so that we aren't constantly wondering who is responsible for getting/paying for care kits



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1. Will have to work with HHH first because they already have something like this in place and we want to make sure we don't double down on anywhere
2. Ex: Johnson & Johnson
- ii. Action item: find other student orgs, etc. that get donations
 1. Ex: Block the Blaze

6. Action items

- a. Formalizing a stance on expanding HOMES
 - i. Officer in charge: Nick/Thomas
 - ii. Goal date for completion: unsure
- b. Read through SkinTalks curriculum and give feedback
 - i. Officer in charge: Nick/Thomas
 - ii. Goal date for completion: Wednesday 9/14
- c. Co-Director Updated Selection process
 - i. Officer in charge: Caroline
 - ii. Goal date for completion: November meeting
 1. Aim to have sub-committee finalized by Friday, September 16th
- d. Research
 - i. Officer in charge: Spoorthi/Thomas
- e. Advocacy
 - i. Officer in charge: Michael