



SOCIETY OF  
BEHAVIORAL  
MEDICINE

## **SPLC Call Minutes - Dec. 21, 2020**

### **Call participants (quorum = 5)**

Amy Janke, PhD – Chair  
Leslie Hausmann, PhD  
Barb Resnick, PhD, CRNP,  
FAAN, FAANP  
Kristin L. Schneider, PhD  
Julie E. Volkman, PhD  
Sandra Winter, PhD  
Lindsay Bullock (staff)

### **Regrets**

Colleen McBride, PhD  
Tammy Schuler, PhD  
Rebecca Bartlett Ellis, PhD (Guest, DHC  
liaison)  
Kimberly Granada (staff)

### **ZOOM INFO:**

<https://zoom.us/j/91969500587>

Meeting ID: 919 6950 0587

Passcode: 118017

### **Dial by your location**

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### **MINUTES:**

Continued issues with BlueJeans vs Zoom in calendar invites.

**ACTION:** Kimberly to delete existing calendar invite and create an entirely new one so all BlueJeans remnants are gone!

November Meeting Minutes approved by consensus

[https://docs.google.com/document/d/1vN9yMslq-km1l20V3J\\_lI7L6qHcbKPqxwe\\_eqZ7fRKE/edit](https://docs.google.com/document/d/1vN9yMslq-km1l20V3J_lI7L6qHcbKPqxwe_eqZ7fRKE/edit)



Council make up considerations and formal structures for interacting with SIGs or other councils/Executive Committee when they manage liaisons. Has not always been successful onboarding new SPLC call attendees. How do we want to connect and facilitate connections with internal SBM groups?

- SMDM as an example with HDM SIG (Julie). SMDM partnership of past years has fallen to the SIG leadership, mostly around meeting session planning. SIG sees it as a benefit to their membership and they spearhead; SPLC role could be to look at greater benefits to SBM.
  - Aging SIG and GSA partnership has been similar (Barb). Sometimes depends on where the outreach initiates.

Partnerships should be led by a SIG as they have the relevant topic-specific expertise, unless there is a clear reason it needs to be managed by SPLC; SIG to report once or twice a year on activities to the SPLC and ask for help or resources when needed. (SPLC as facilitator, for both bottom up and top down partnerships) SPLC also could have a role as the entity tracking all partnerships, helping avoid siloization, and reporting out to the Board (SPLC as the intermediary, but could also involve a member delegate). Allows development of levels (with example/case study for each level), best practices for partnerships. SPLC role in elevating the importance of partnerships to SBM.

If the council is not developing new partnerships and the SIGs report to the Board on activities already, what should the council do? A good question for us to keep asking.

What about industry partnerships? Development-related partnerships? Those have not historically been managed by SPLC.

All these considerations will inform future council membership. And the role of the individual members. Rather than being liaisons to organizations/partners, they may be liaisons to specific SIGs/councils/committees that have external partnerships or have strong interest in developing new partnerships. Council members not as middle-managers, but as a braintrust and matchmaker. (Feedback from the SIGs about what they want/need may be helpful.)

Seemed to have consensus around SPLC role as:

- SPLC members serve as liaisons to specific other SBM entities that manage partnerships or want to (SIGs, Health Policy Council, Development Committee) to share best practices and look for overlap/connections.
- SPLC to drive new partnerships (or grow partnerships) of strategic importance to SBM and the Board-approved strategic framework. SPLC members could manage these themselves or could help find an appropriate SIG/council/committee home within SBM.
- SPLC tracks all partnerships across SBM and reports to the Board (this could also involve a member delegate).



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- Per the new levels, SPLC to most concern itself with the higher level partnerships.

**ACTION:** Amy/Kristin to join the next SIG Council call to get input from the chairs about what they want/need re partnership management and development.

**ACTION:** On early 2021 calls, council to (1) continue its evaluation of existing partnerships, including ISBM, and (2) continue its audit of what SPLC should do long-term and, as a result, who the council members should be and what their core role is.

### ORIGINAL AGENDA

#### **Minutes Approval and Announcements**

- Approve the November Meeting Minutes:  
[https://docs.google.com/document/d/1vN9yMslq-km1l20V3J\\_lI7L6qHcbKPqxwe\\_eqZ7fRKE/edit](https://docs.google.com/document/d/1vN9yMslq-km1l20V3J_lI7L6qHcbKPqxwe_eqZ7fRKE/edit)
- SPLC Chair transition in the spring
- Google drive file organization
  - Sharing relevant material with the council via google drives. If you would like to house shareable materials such as partnering agreements, mou's, or anything you'd like to share, you can do so in the google drive.
  - Kimberly will give you access. Email her at [kgranada@sbm.org](mailto:kgranada@sbm.org)

#### **Other updates and planning**

- Discussion and consensus: The council will primarily do more big picture thinking while having the liaisons be periodic members who join us on a quarterly basis and/or as needed
  - What should the roles on the council be?
  - Definition of guest versus core membership
- Internal partnership focus and process (DHC?)
  - Collaborations with SIGs and other groups?
- Continue review of groups as charged by EC:
  - DHC
    - Rebecca to follow up with DHC
    - New potential partnership: NODE Health
    - DHC has mentioned how there is an interest for industry members to connect



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- Finalize external partner review process using our rubrics and partnership levels.
  - [SPLC Guidance Doc](#)
- COVID planning moving forward
  - Review MOUs for adjustments
  - Partner outreach to assess how we are able to move forward (if we are able to do so at this time)
- Take a look at the partnerships we already have and to discuss ways to collaborate with organizations that emphasize in police brutality, race equity, inclusion and diversity