AGENDA

1. President’s Welcome  
   - Warren Ng
2. Agenda – Committee Chairs  
   - Karen Pierce, MD and Laura Willing, MD  
     0. Committee/Captains  
     0. Purpose and Goals  
     0. Key Issues and Asks – With Alexis
3. Political Landscape
4. Lobbying Best Practices  
   - Peggy/Julie/Alexis
5. Role-Play/Policy Review/Lobbyist Insight
6. Logistics  
   - Soapbox  
   - Wrap Up – Karen Pierce, MD & Laura Willing, MD
7. State Team Breakouts
VIRTUAL FORUM LOGISTICS

- We are using a Zoom webinar platform for the training.
- All participants will be silenced during the training.
- **Questions may be asked using the chat function.**
- **We will not be using the hand-raising function.**
- Due to time limitations, not all questions may be answered but we will try to answer as many as feasible.
- Slides will be posted, along with the webinar recording to [www.aacap.org/legcon](http://www.aacap.org/legcon) on May 6 and emailed to participants.
PRESIDENT’S REMARKS

CAPture: Belonging In Member Advocacy

Warren Y.K. Ng, MD, MPH
AACAP 2022 Awardees

Children’s Mental Health Champion Award

Dr. Rachel Levine, Assistant Secretary for Health for the U.S. Department of Health and Human Services (HHS)

Congressional Champion Award

ADVOCACY COMMITTEE CHAIRS

Advocacy As a CAP Core Competency
INTRODUCTIONS: ADVOCACY COMMITTEE MEMBERS

- William Arroyo, MD (CA)
- Avanti Bergquist, MD (WA)
- Clarence Chou, MD (WI)
- Suzanne Don, MD (AZ)
- Jennifer Dorr, DO (MD)
- Sandra Fritsch, MD (CO)
- Robert Holloway, MD (CA)
- Brian Keyes, MD (CT)
- Melvin Oatis, MD (NY)
- Karen Pierce, MD (IL) *Co-chair*
- Chris Rogers, MD (CO)
- Justin Schreiber, DO (PA) *liaison*
- Adam Sagot, DO (NJ)
- Laura Willing, MD (MD) *Co-chair*
AACAP GOVERNMENT RELATIONS TEAM

Alexis Geier-Horan
Chief of Advocacy and Practice Transformation

Karen Ferguson
Deputy Director of Clinical Practice

Emily Rohlffs
State Advocacy Manager
PURPOSE AND GOALS

- Amplify AACAP’s Voice
  - Seek specific action on a few of AACAP’s highest priority bills
  - Gather support through co-sponsorship/relay thanks to those already supporting key legislation
- Build Relationships with Policymakers
  - Continue or initiate relationships with Hill staffers and Congressional champions
- Evidence your expertise on issues that are “on the table” at this pivotal moment in Congress
  - Impart the importance of CAPs in addressing the crisis in mental health for children

NOTE: Meetings have been targeted for greatest impact with legislators...
- In AACAP Legislative Conference participants’ state/districts
- With champions of AACAP-supported legislation
- With staff of Members who sit on key committees of relevant jurisdiction
• State-specific data critically important for Hill staffers. Each Hill staffer will get the maps for their states.

• Note that the information is developed by AACAP from AMA data and is organized by state and county.

• Note that the data shows a disturbing lack of child and adolescent psychiatrists in YOUR state/county or neighboring areas.
ISSUE BRIEFS: ACCESS, WORKFORCE, AND EQUITY

Organized by…

• Issue
• Background
• Solutions
• Congressional Requests
  o Specific Asks for House and Senate meetings.
  o Includes Bill Numbers & Bill sponsors names.
  o Each Staffer Will Have.
ISSUE: Children and their families do not have adequate access to high-quality, localized specialty child and adolescent behavioral health care.

BACKGROUND

• AACAP, the American Academy of Pediatrics, and the Children’s Hospital Association jointly declared a national emergency in children’s mental health October 2021.
• Over 80% of states and 90% of counties in the U.S. have a severe shortage of child and adolescent psychiatrists.
• On average, in the US, there are only 14 child and adolescent psychiatrists for every 100,000 children. A sufficient supply would be more than 47 child and adolescent psychiatrists for every 100,000 children.
• Child and adolescent psychiatrists are physicians uniquely trained to treat complex mental, behavioral, developmental, or emotional disorders and often serve as their patients’ primary care physician.
• Child and adolescent psychiatrists expand access to behavioral healthcare in settings like pediatrician offices and schools through telemedicine consultation and collaborative care arrangements.

SOLUTIONS

Public and private insurance programs should support children’s access to high quality and timely mental health care by covering the full range of evidence-based behavioral and developmental health care services, including care delivered via telemedicine, and by adequately reimbursing medical providers to provide that care.
IMPROVING ACCESS TO CHILDREN’S BEHAVIORAL MENTAL HEALTH CARE: ACCESSING CHILD AND ADOLESCENT PSYCHIATRISTS

CONGRESSIONAL REQUEST: Support integration of pediatric behavioral health care in all child-facing systems of care and reimbursement parity for the full continuum of pediatric mental health.


This legislation would:
- Support payment parity in Medicaid for pediatric mental health services, including for child and adolescent psychiatry services;
- Integrate pediatric behavioral health care across a wide range of child-facing systems/settings of care; and
- Recruit and retain a diverse, evidence-informed pediatric mental health workforce.

SENATE: HELP Committee Senators Bob Casey (D-PA) and Bill Cassidy (R-LA) are working on legislation to support improved access to pediatric mental health care by addressing Medicaid payment parity and expanding the child mental health workforce and its integration. AACAP supports legislation that mirrors bipartisan, comprehensive mental health legislation currently in the House – H.R. 7236.
ISSUE: There are not enough child and adolescent psychiatrists to meet the growing demand for mental health subspecialty care for children and adolescents in the United States.

BACKGROUND
• 13-20% of US children have been diagnosed with a mental disorder; 15-25% of US children with a psychiatric disorder receive specialty care.
• The number of adolescents reporting poor mental health is increasing; 44% increase in youth who reported making a suicide plan since 2009.
• There are 14 child and adolescent psychiatrists for every 100,000 children in the United States; estimated need is 47 child and adolescent psychiatrists for every 100,000 children in the United States.
• 91% of U.S. counties have a severe shortage of child and adolescent psychiatrists.
• Child and adolescent psychiatrists complete four years of medical school, four years of residency, and a two-year fellowship, often incurring up to $300,000 in student loan debt.

SOLUTIONS
• Investments in programs that incentivize physicians to specialize in child and adolescent psychiatry would build a child and adolescent psychiatry workforce sufficient to meet an increasing demand for pediatric mental health care.
• Student load debt relief is an incentive strategy that encourages more medical students to pursue careers in child and adolescent psychiatry and enables new and existing psychiatrists to practice in areas currently underserved by specialty medical providers.
INCREASING THE CHILD & ADOLESCENT PSYCHIATRY WORKFORCE REQUEST

CONGRESSIONAL REQUEST: Support student loan repayment programs for pediatric mental health providers, including child and adolescent psychiatrists.

HOUSE: Support H.R. 3150, introduced by Reps. John Katko (R-NY) and Grace Napolitano (D-CA), “Advance the Mental Health Professional Workforce Shortage Loan Repayment Act.”

SENATE: Support S. 1578, introduced by Sens. Tina Smith (D-MN) and Lisa Murkowski (R-AK), “Advance the Mental Health Professional Workforce Shortage Loan Repayment Act.”

H.R. 3150/S.1578 would:

• Require the Health Resources and Services Administration (HRSA) to establish a loan repayment program for mental health professionals, including child and adolescent psychiatrists, who work in designated workforce-shortage areas.

• Authorize up to $250,000 in loan repayment for up to six years of full-time employment or one-sixth of an individual’s eligible loans for each year of service.
ISSUE: The current pediatric mental health care system does not serve the needs of racial and ethnic minority communities.

BACKGROUND

• The COVID-19 pandemic amplified pre-existing mental health disparities in minority children and adolescents, including gaps in access to high quality mental health care.
• Emergency Department visits for pediatric mental health care have disproportionately increased among minority children.
• Minority youth are more likely to attempt suicide than their white peers and are less likely to receive adequate care for symptoms of anxiety, depression, and ADHD.
• Due to a long history of poor medical treatment, minority communities are less likely to trust the medical care system.
• Minority and rural communities are underrepresented in medicine, including in behavioral health care fields.

SOLUTIONS

Research, education, and outreach programs that narrow the mental health quality and access gaps for racial and ethnic minority groups require federal investment. Similarly, investments in the recruitment, training and broader distribution of a more diverse and representative clinician workforce promotes a stronger and more culturally sensitive workforce.
CONGRESSIONAL REQUESTS: Expand, reauthorize, and appropriately fund minority scholarship and fellowship programs and support medical school efforts to provide diversity core competency curriculum.

HOUSE: Thank you for supporting and advancing H.R. 1475, the Pursuing Equity in Mental Health Act, introduced by Reps. Bonnie Watson Coleman (D-NJ) and John Katko (R-NY).

SENATE: Support S.1795, the Pursuing Equity in Mental Health Act, introduced by Sen. Robert Menendez (D-NJ), Cory Booker (D-NJ), and Catherine Cortez Masto (D-NV).

The legislation would:

- Expand programs to address racial and ethnic disparities in mental health through needed grants establishing interprofessional health care teams to provide behavioral health in largely minority communities;
- Support the development of health professional core competencies to address racial and ethnic minority mental health disparities; and
- Reauthorize and support the SAMHSA minority fellowship program, which seeks to place mental health providers, including child and adolescent psychiatrists, in communities where there are needs, giving child and adolescent psychiatrists, and others, the experience to support these communities going forward.
**POLITICAL LANDSCAPE: 2022**  
**FOCUS ON CHILDREN’S MENTAL HEALTH**

- Election year politics – could be majority-shifting in House and/or Senate.
  - It’s “tense” on Capitol Hill.
  - COVID issues such as mask mandates and children attending school are particularly politically-charged and should be avoided if possible. Example: masks/vaccines for children are “child abuse.”

- There are healthy bastions of bipartisanship, especially in mental health.
  - More than 300 bills regarding mental health have been introduced this session.

- Conservatives, mainly Republicans, are greatly concerned about COST.
  - With an evenly divided Senate, mental health proposals that would increase government outlays are less likely to advance.

- AACAP is “at the table” formulating policy, focusing Congress on key legislation in priority issue areas, and engaging with key actors in Congress and the agencies.
  - This Legislative Conference is a key component of AACAP’s power to influence what may be the most important debate on mental health in decades.
FIRST STEP: TELL THEM WHO YOU ARE, WHAT YOU DO

Child and Adolescent Psychiatrists are physicians who specialize in the treatment of childhood mental, emotional, developmental, and substance use disorders.

- Child and adolescent psychiatrists are medically trained in adult and pediatric psychiatry.
- Child and adolescent psychiatrists treat patients across many stages of life and in a wide variety of treatment systems including healthcare, social service, and school systems.
- Child and adolescent psychiatrists regularly consult with primary care providers, school mental health providers and social service professionals to support wider access to specialty behavioral healthcare.
YOUR VOICE REALLY MATTERS

Figure 7 | Influence of Advocacy Strategies to Washington Office on Undecided Member

If your Member/Senator has not already arrived at a firm decision on an issue, how much influence might the following advocacy strategies directed to the Washington office have on his/her decision?

- In-Person Issue Visits from Constituents: 94%
- Contact from Constituents' Reps: 94%
- Individualized Email Messages: 92%
- Individualized Postal Letters: 88%
- Local Editorial Referencing Issue Pending: 87%
- Comments During Telephone Town Hall: 87%
- Phone Calls: 84%
- Letter to the Editor Referencing Your Boss: 84%
- Visit From a Lobbyist: 83%
- Form Email Messages: 58%

(n = 190-192)

Figure 6 | Frequency versus Helpfulness of Specific Information in Constituent Advocacy

How helpful is it for messages from constituents to include the following? How frequently do messages from constituents include the following?

- Information about the impact the bill would have on the district or state: 91%
- Constituent's reasons for supporting/opposing the bill or issue: 90%
- Specific request or “ask”: 88%
- Personal story related to the bill or issue: 79%

(n = 188-207)
KNOW YOUR AUDIENCE: BUSY AND RELATIVELY YOUNG

**Figure 4 | Rising Constituent Communications Volume in One House Office**

*Source: Congressional Management Foundation. Data collected from the Members of Congress representing a single House district at select points in time. Increase is representative of data collected from other House offices and indicative of the overall increase in constituent messages to the House of Representatives through various channels. Published in: The Future of Citizen Engagement: Rebuilding the Democratic Dialogue, Congressional Management Foundation, 2021.*

**AGE OF HILL STAFFERS – 2017-2019**
LOBBYING BEST PRACTICES

- DO: Determine before the call who will lead: Constituent of the Member is best.
- DO: Introduce the group as AACAP PHYSICIANS.
- DO: Make introductions short and sweet. You are a physician serving what kinds of patients and where?
- DO: Get to know the staffer: Ask them questions about their boss’ highest legislative priorities regarding mental health/care for children.
- DO: Tell anecdotes that are directly relevant to each bill you’re discussing.
- DO: Mind the time, you will have a total of 20 minutes for the entire call.
LOBBYING BEST PRACTICES

- **DO** use the one pagers while on the calls. It’s also ok to follow up with answers to questions you can’t answer during the call.

- **DO** be pleasant and kind, even when a staffer appears combative, uncaring, or uncooperative.

- **ONLY ONE MAJOR NO-NO:** **DO NOT** talk about campaign contributions, AACAP’s Political Action Committee, attending any political events, volunteering on campaigns, or anything related to elections.

- **HAVE FUN, YOU GOT THIS!**
SUPPORT H.R. 7236, “STRENGTHEN KIDS’ MENTAL HEALTH NOW ACT.”

- **GOAL:** Support integration of pediatric behavioral health care in all child-facing systems of care and reimbursement parity for the full continuum of pediatric mental health.

- **LEADS:** House Energy and Commerce Health Subcommittee Chairwoman Anna Eshoo (D-CA), Reps. Brian Fitzpatrick (R-PA), Lisa Blunt Rochester (D-DE)

- Legislation expands the availability of mental, emotional, and behavioral health services under the Medicaid program.

- **IN HOUSE ONLY,** Senator Bob Casey (D-PA) working on companion bill

### HOUSE Co-sponsors

- Eshoo, Anna [D-CA]
- Fitzpatrick, Brian K. [R-PA]
- Blunt Rochester, Lisa [D-DE]
- Bacon, Don [R-NE]
- Barragan, Nanette Diaz [D-CA]
- Butterfield, G. K. [D-NC]
- Dean, Madeleine [D-PA]
- Dingell, Debbie [D-MI]
- Hayes, Jahana [D-CT]
- Higgins, Brian [D-NY]
- Houlanah, Chrissy [D-PA]
- Scanlon, Mary Gay [D-PA]
- Swalwell, Eric [D-CA]
- Watson Coleman, Bonnie [D-NJ]
- Wild, Susan [D-PA]
SUPPORT H.R. 3150/S. 1578, “ADVANCE THE MENTAL HEALTH PROFESSIONAL WORKFORCE SHORTAGE LOAN REPAYMENT ACT.”

- **GOAL:** Support student loan repayment programs for pediatric mental health providers, including child and adolescent psychiatrists.

- **LEADS:**
  - **HOUSE:** John Katko (R-NY), Grace Napolitano (D-CA)
  - **SENATE:** Tina Smith (D-MN), Lisa Murkowski (R-AK)

- Legislation requires the Health Resources and Services Administration to establish a loan repayment program for mental health professionals who work in designated workforce-shortage areas.

- **IN BOTH HOUSE AND SENATE**

---

**HOUSE Co-sponsors**
- Katko, John [R-NY]
- Napolitano, Grace [D-CA]
- Axne, Cynthia [D-IA]
- Delgado, Antonio [D-NY]
- Fitzpatrick, Brian K. [R-PA]
- Gottheimer, Josh [D-NJ]
- Harder, Josh [D-CA]
- Kilmer, Derek [D-WA]
- Lee, Susie [D-NV-]
- Neguse, Joe [D-CO]
- Phillips, Dean [D-MN]
- Pingree, Chellie [D-ME]
- Suozzi, Thomas R. [D-NY-]
- Trone, David J. [D-MD]
- Van Drew, Jefferson [R-NJ]

**SENATE Co-sponsors**
- Smith, Tina [D-MN]
- Murkowski, Lisa [R-AK]
- Kelly, Mark [D-AZ]
- Rosen, Jacky [D-NV]
- Shaheen, Jeanne [D-NH]
SUPPORT H.R. 1475/S. 1795, “PURSUING EQUITY IN MENTAL HEALTH ACT.”

- **GOAL:** Expand, reauthorize, and appropriately fund minority scholarship and fellowship programs and support medical school efforts to provide diversity core competency curriculum.

- **LEADS**
  - **SENATE:** Bob Menendez (D-NJ), looking for a Republican co-lead
  - **HOUSE:** Bonnie Watson Coleman (D-NJ), John Katko (R-NY),

- Legislation would expand programs to address racial and ethnic disparities in mental health through grants supporting behavioral health care teams in areas of a high proportion of minority groups.

- **IN HOUSE AND SENATE.** See House Co-Sponsors on next slide

**SENATE Co-sponsors**

- Bob Menendez (D-NJ)
- Bennet, Michael F. [D-CO]
- Blumenthal, Richard [D-CT]
- Booker, Cory A. [D-NJ]
- Carper, Thomas R. [D-DE]
- Cortez Masto, Catherine [D-NV]
- Heinrich, Martin [D-NM]
- Lujan, Ben Ray [D-NM]
- Murphy, Christopher [D-CT]
- Padilla, Alex [D-CA]
- Rosen, Jacky [D-NV]
- Smith, Tina [D-MN]
- Stabenow, Debbie [D-MI]
- Warren, Elizabeth [D-MA]
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ROLE PLAY, POLICY REVIEW, LOBBYISTS’ INSIGHTS

- **DIVERSITY, EQUITY, AND INCLUSION**
  Justin Schreiber, DO and Jennifer Dorr, DO

- **WORKFORCE**
  Suzanne Don, MD and Robert Holloway, MD

- **ACCESS**
  Christopher Rogers, MD and Melvin Oatis, MD
VIRTUAL MEETING LOGISTICS 2022

“No person is an island.”

117th US Congress, Second Session
CONGRATULATIONS!

STRATEGIC MAP
The Mobile Tool

Not an App; just a website.

sboxmobile.com

WORKS ON ANY BROWSER

2022
Welcome to Soapbox Mobile®

Type your Mobile Code in the box below, then press the Get Schedule button.

QQ756179

GET SCHEDULE

PUSH NOTIFICATIONS

Soapbox can send you text notifications on the DAY OF THE EVENT if a meeting on your schedule changes. To take advantage of this feature, please enter your cell phone number below.

(Your schedule is always current here on the Soapbox Mobile Tool.)

Mobile Phone Number:

(509) 863-4321

SAVE SETTINGS
To help protect your privacy, PowerPoint has blocked automatic download of this picture.

Main Navigation Screen

The Mobile Tool stays accurate in real-time. Please use it – meeting times often change.

(202) 362-5910

Please CALL for live assistance on day-of-event and during practice sessions.
• Senate meetings may have larger delegations and alternate team leaders

• Custom schedules must use ROSTER button on SCHEDULE to see multiple teams
Important!

Do not share or post links or call-in information.

A team leader or staff may choose to end the webinar if unknown parties show up.

Test individual schedule note.

Your Virtual Practice Room Link: https://us02web.zoom.us/j/87136499204?pwd=K3pBbHppYnVPY0VcTVSRFkREdaZz09

Your Virtual Call-In and PIN (if link not available):
Phone: (301) 715-8592 Meeting ID: 871 3649 9204 Meeting Passcode: 503866
MEETING: 2:30 PM – Sen. Roy Blunt (MO-S-R) [ldr]

With whom did you conference call? (Member/staff/or both)? If staff, please give name:

What issues did you cover in the meeting?

Did the Member (or staff) ask any questions? (Please note any questions to which HRC should respond)

Were there any commitments made by you or the Congressional office? (Please note who made them & any dates for response)

What was the tone of the meeting? Were there any particular problems, information needs or advice that would help move this Member on the issues or help in future lobbying?

Upload a photo of the meeting (optional):

Choose File  No file chosen

SUBMIT
You’ve probably used it before. : )
Download Zoom

Once you install Zoom Client, click Launch Meeting below.

By clicking "Launch Meeting", you agree to our Terms of Service and Privacy Statement.

Launch Meeting

Don't have Zoom Client installed? Download Now

If you haven’t done so already.
Press here to chat/text with others. (Be careful. “To: Everyone” includes staff and Members.)

Control your audio and video here.

Control screen layout here.

Participant names and chat interface.
PRACTICE SESSIONS

SESSIONS

Meet with your team
Meet Your Team

www.sboxmobile.com

One Link (FULL STATE DELEGATION): Go here to organize/review the Senate meeting and House meetings.

Your Practice Room link is in the orange box.
VIRTUAL TIPS

• Never talk about elections or contributions in a legislative meeting.
• Stay on message. Time is limited.
• Manage your noise and environment.
• Staff may choose to join meeting by phone (be gracious.)
• Never (ever) videotape or record these meetings.
• Follow up or they might forget.
• Meetings were requested on the hour. If you have a meeting on the half hour, you will tell the staffer of the 1st meeting that you are happy to keep the meeting to 25 minutes. Staffers find this offer charming.
• Call Soapbox on another line if staff or Member is more than 10 minutes late. (Everyone else should stay in the meeting space)
WLAP UP

• JOIN US ON MAY 11
• AWARD PRESENTATIONS
• HILL VISITS/DEBRIEF – May 11: 5pm-6pm
  o Key Intelligence Gathered
  o GREAT meetings
  o New Relationships
  o Important Follow-up
  o Lessons Learned