**Title: APA Town Hall: Strengthening the Effectiveness of APA and SPTA Advocacy  
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**APA:** Welcome to today's APA Town Hall, which has a special focus on strengthening the effectiveness of APA and SPTA advocacy for even greater impact. Thank you all for taking time out of your day to join. Pleased to introduce our hosts, APA President, Dr. Sandy Shullman, APA CEO, Dr. Arthur Evans, and our special guest, Dr. Chuck Hollister, CEO of the Missouri Psychological Association, and a member of APA, his own advocacy Coordinating Committee, or the ACC. Ms. Katherine McGuire, APA's chief advocacy officer, and we're also joined by Dr. Jared Skillings APA's chief of professional practice. To start off today's town hall, I'm going to turn it right over to APA President Dr. Sandy Shullman.

**Dr. Shullman:** Well, hi, everybody. I'm particularly excited to do these continuing town halls with all of you. As a past president of the Ohio Psychological Association, I know how critical the relationship is between APA and SPTAs. We know that many of you are having parallel challenges that we are in terms of the continuing COVID pandemic highlighted focus on racism, disrupted economy, et cetera. Then various weather conditions depending on the regions of the country that you're in, some very horrific kinds of things.

We know it's affecting you individually. We know it's affecting your family and you as psychologists and as people that are working in psychology. We wanted to give you a brief update on what APA has been doing during the continuing crisis period of this year. Then for us to focus very specifically on strengthening APA and SPTA advocacy together as one united focus.

Next slide, please. This slide should hopefully look familiar. It's a first slide I started it off with when we started these town halls this past spring when COVID was relatively new in the US. I think it's just as relevant today, the same ideas are there. Even though COVID prompted the need for us to do all of our work virtually and to come together more regularly and more quickly, the situations that triggered that are still present. There's a lot of challenges we have in psychology and a lot of issues for the public that we really have to work through.

I really believe that regular discussions with leaders and people who are invested in various parts of psychology, like the SPTAs are absolutely critical. I'm hoping that even when we hopefully at someday come back to in-person conversations and meetings, that these kinds of activities will still regularly continue so that there is an opportunity for continuing to weigh feedback. Because I think what ultimately will make us all successful together is to continue to work together on common strategies, and check signals and align our activities with each other so that we lift each other up as we're doing our advocacy work and the other important work of psychology.

It also provides a level of accountability and engagement because I believe it's important that if we come together regularly, we can hold each other accountable for what we said we were going to do to be helpful and to work with each other. From my perspective, if we're going to advance from APA's perspective, strategic priorities, and if we're going to have a successful impact, where we're leveraging the impact of psychology as a whole discipline and profession, then there's no greater importance right now in my mind than APA and the SPTAs working together.

Whether we do it in person or we do it virtually, that relationship from my perspective has always needed to be strengthened and I'm hoping this opportunity to add this virtual component will do that. What I hope it will do is keep the two-way feedback moving so that we can help and learn from each other. Next slide, please. We know there's a lot of uncertainty in the world right now. We have COVID.

We have racism, we have a continuing focus on racism. It's not like we just knew that yesterday, but continuing to highlight the economic instability. I would acknowledge colleagues right now who are dealing with fires out in the west, hurricanes in the southeast and east, flooding, and drought in the south and southeast. Yes, in fact, the 17 years CICADA is doing 2020, some of you are already experiencing that as well. It has been a hard year.

There's obviously continuing unfair unequal treatment of people of color, and it's being called out in different ways and it's, unfortunately, being politicized in ways that are dangerous right now. There's all sorts of mental health impact that we have to address, depression, grief, trauma, and not just those that were pre-COVID but things that have been COVID accelerated. There's lots of widening disparities, divisiveness. Unfortunately, health is still considered by many policymakers to still only be a physical issue.

What I'm trying to say here is not to be gloom and doom, but to say, while the future actually may be just as unclear and uncertain today, as it was three or four months ago, when we last presented. We can be clear and certain about our purpose and our general focus, and that's what keeps me going every day. That's why having a strategic plan and a strategy and then looking at the context and seeing how best to implement that strategy is important because in all of the uncertainty you can easily be diverted from what's most important.

Having in mind every day, what's most important for the public in terms of critical social issues, helping the public understand what we're doing, preparing our folks for the future, and strengthening our voice as a voice for psychology. That's why that plan has been in front of us every day and is really critical. It never was meant as an end unto itself. It is meant as a means to an end. I know I can speak for both the staff and the volunteer side of the house, that the trickiest parts here are making sure we stay with the strategy and the myths of a lot of chaos.

What I mean by sticking with that strategy is finding the places based on our strategy where we can either make a unique contribution or focus on places where we can leverage the collective contribution because we have something we can add that makes the efforts more powerful to the public and/or just working in partnership with more and more groups to work on things collaboratively together that have impact.

Those are the places where we're trying to stay focused right now. That goes as well for advocacy, as it does for any of our other issues in public interest or education or science, or practice or applied areas. Those are the important pieces, what we can do uniquely, what we can do to leverage other people's efforts, and what we can do jointly with other groups to really have a heightened impact. In terms of what we have been doing, I'm going to turn it over to Arthur and he can give you a brief update. Thank you.

**Dr. Evans:** Thank you, Sandy. I hope all of you are doing well and that you are safe that you and your families are safe. Just a couple of comments before I turn it over to Dr. Hollister. As Sandy said, we've continued to be strategic and if there's any silver lining in these challenges that we're facing is that we as an association and psychology as a field, have really been able to highlight how the expertise within our members, the science that is produced by our members is relevant and is having an impact. There's so many great examples of that.

What you're going to hear today is how important it is for us as a national association to work with our state associations. As a psychologist, I have always been a member of my state association. I'm a member of DC as I'm living in DC now, but in every state and the reason that I'm always a member of my state association is that the work that is done at the state association level is critical to life of psychologists.

Increasingly what we're seeing and particularly in the conversations that we've had over the last several months with many of you, it is really critical that this relationship between the national organization and the state organizations is strengthen, because so much of the work that we need to do really requires both a national perspective and resources and the local expertise and knowledge in order for us to be effective.

You're going to hear how we're doing that and some ideas about how we're going to do that in the future. I just want to thank all of you who have supported the work of APA and continue to encourage that and just say that, from a national standpoint, we want to continue to be a support to our state organizations. Dr. Chuck Hollister who is a leader that I know all of you know and is a great, not only person, but a great leader for our field is going to take the next leg of this. Chuck. Take yourself off mute, Chuck.

**Dr. Hollister:** Well, thank you, Dr. Evans. I sure appreciate that. Matter of fact, I absolutely appreciate the invitation today. It's wonderful. Sandy has told me before we started that these sort of meetings are going to be regular. That there will be discussions with state associations and CESPPA. This is just how we do business now, that we're going to be partners in this. I think it's really exciting. This is the fifth time that I've had a chance to talk on advocacy at APA. It's kind of fun. The first time I spoke here, it was on the health and behavior codes about 10 years ago.

There was another speaker on the panel at that time. There was this fellow from Oklahoma. He was incredibly bright, incredibly friendly. I was just real impressed and hope that I could fit in somehow with him and I stayed in touch with him a little bit. Anyway, APA hired this person. Jared knows who I'm talking about. I suppose everybody does. Stephen Gillaspy, what a great hire. Stephen is the senior director of the Office of Health Care Financing. This man knows everything there is about coding. He knows everything there is about our APA's relationship with AMA. He's an incredible resource and he's available to the states.

Call him up, he'll talk to you. He's wonderful. This is kind of the direction that I see is taking now. It's like, how can we help each other? What have I learned? Well, we had the assessment meeting this last year. Theresa Bruce, the current assessment president, asked me to just kind of lead a talk. All of the EDs shared some of the most difficult and challenging and bizarre situations they faced as EDs. We problem solved them together to see what sort of answers we could come up with. The overall effect, what did we learn from that was that we are so much better to do this together than to do it separately.

We have incredible amount of talented people who can make it on their own, but we are so much stronger when we work as a unit. APA's decision to refocus itself to become one of the most effective legislative and regulatory influence in the United States is making an incredible difference at the state level. You want to change the slide for me, please? In Missouri, why would this be important even? Well, in Missouri, there are 25,000 physicians, 8,000 social workers, 8,000 LPCs, 1,500 physician assistance and an unknown number of nurse practitioners. Then there's 1,800 psychologists. We are absolutely outmatched.

Somehow, we have become one of the strongest healthcare forces legislatively in terms of advocacy in our state but it has taken an incredible amount of organization. APA been a very central part of that for years and years. Matter of fact just for anybody who's doing this kind of work, I say there's 1,800 psychologists. 1,800 psychologists in Missouri don't step up to do advocacy. There's only a handful of people ever. A question that I've gotten a couple times now on committee from committee members is, how many members do you have? The strategy there is to somehow say, there's hardly any of you, you don't count and we don't need to pay attention to you.

We've been able to overcome that pretty well but I will tell you, we need to get everybody on board. If anybody was following the cesspool listserv today, they are listening, reading about Jared encouraging all of us to start advocating on this issue of Medicare and trying to stop the cuts that are planned by Medicare. A lot of people jumped in on that right away. I was really pleased to see how many states have already immediately taken action on this. Next slide. We've had some successes. Let me just run through them real quick. One of them was it at the request of Katherine, this was a fun one.

She suggested that we go to our local office. In this case, representative Billy Long's office and ask him if he would sponsor the Medicare Mental Health Access bill. We had visited the representative Long's office several times in Washington DC. It felt strange, it felt tense. It wasn't always friendly. In Springfield, where I'm from and where representative Long lives, it was very friendly and sort of like, coming home. You were welcome there and they've made you feel welcome. It took us almost no time at all to secure the sponsorship. It was like, sure, we'd love to do that for you because we were all local people.

Katherine also asked us to help out with the representative Jason Smith, because it was thought that he would be willing to help with promoting the idea of allowing audio only telehealth, telehealth through the phones. We also got involved in that. They have worked with his office a lot. We just became one of those that did. Again, were very, very friendly. Very quickly, we are reassured that the representative was on board about this. Years ago, I cold call that the director of social services in Missouri. He was brand new, I'd never met him. I thought it was time that we should at least have a little bit of a discussion.

I had no agenda. About 20 minutes or even less into the phone call he says to me, "What can I do for you? What would be good?" Because we were hitting it off really well. At that point, I told him, "You know what? We've been talking a lot lately about how to get reimbursement for our psychology insurance under Medicaid. That would be pretty exciting." We've been talking to APA about this as well. He looked at me-- He didn't really look at me, we were on the phone. He said to me, he said, "We don't do that yet." I said, "No, you don't." He said, "How about 30 days?" He said that he would make that happen for us within 30 days.

Of course, I didn't believe him because nothing moves very fast in Missouri. About three or four days later, I called up the Medicaid office and I said, "What's new?" They said, "We have 30 days to get reimbursement for your interns." In the process of setting that up, APA, not only were they helpful to us on the front end, they were very helpful to us during the process. We needed to help the Medicaid office decide what the reimbursement should be? How they were going to see that these interns were supervised? We were able to very quickly inform them about what other states were doing, why? Because APA helped out.

Recently here this year, we had one of our university, large university systems, probably largest one, had taken the position that graduate students maybe shouldn't be allowed to do telehealth, that state law didn't support that. Again, we contacted APA and had them discuss this case with Deborah Baker. She did some reaching out. Before we knew, even if we were able to do it, she had secured the support of our licensure board for the students. We were able to clean that problem up almost instantaneously. The student's ability to do telehealth was really up for grabs at that point.

This is the kind of stuff you can do. It's the kind of stuff that that crosses our desks all the time. All you have to do is pick up the phone or write an email and a telehealth help is very quickly available. Matter of fact, one of the differences I'd say is when I started this, you could go and ask for help. You know what? APA's always been friendly, always willing to help. It's different today. They reach out. They literally reach out. When you saw today Jared on the cesspool listserv that's reaching out. It wasn't a question of somebody writing Jared and say, "How can you help us?" It was Jared saying, "Hey, I'm here to help you."

That's a great attitude to see happening and something that I'm very proud of as an APA member. Next slide. I want to put a quick plug in here for the ACC Coordinating Committee. There's a couple new tools coming along that everybody should know about. The ACC is in the process of setting up a liaison system. They're calling it their Ambassador System. They're going to contact every group and committee in SPTA and division and set up some sort of liaison system with them with the idea of keeping an ear to the ground. In other words, this is another thing of reaching out. The ACC wants to make sure that they know what you're most concerned about.

In that sense, it's a very bottom up model. It's giving you a chance to say, "Hey, this is what we need to do next." The Ambassador System is very exciting. Another tool has been developed by Karen Postal from the ACC and legal and regulatory affairs. What they're working on is a database, where we can put in all of the most important issues that we're working on in our states individually. Suddenly, if you're a Psy PAC person, for example, you're going to see what other states are currently working on Psy PAC. Maybe they can help you out. You don't necessarily always have a APA.

You can come to other states, but you'll know which states are that are working on issues that you're concerned about or have worked on issues. The whole idea is to have a more transparent understanding of advocacy. I'm really proud of the ACC, it's an incredible organization.

They're working a lot on their infrastructure. I think you're going to hear a lot more about them in the future. Next slide, please. Why should APA work with SPTA? I certainly made a good case of why we, as a state association would need APA. I think the main reason that APA needs us is because despite all our independence, besides our desire to stay independent, we're family. Probably one of the nicest things I saw was, I was invited to do a presentation at Oklahoma. Somebody else was invited to be there as well to do the keynote.

Dr. Evans came and visited just like he visits a lot of the state associations. Dr. Evans didn't come as a top gun Washington, DC guy who talked down to everybody and who knew all the answers before we even do the questions. He came as part of the family. What was really good matter of fact, he shared family pictures. He shared a lot of stuff about his upbringing. I got a smile out of Dr. Evans. That's great, because it was real sweet. It felt really close. It felt like, "Wow, this is somebody who's on my side who I can identify with, who I can feel attached to. Isn't that what family is when you can identify and feel attached?

When you feel that way, we get families we're born with but there's families we choose as well. I think all of us who've got this deep, deep love for psychology, we're part of a family. It's not just transactional. It's emotional and it's deep and it matters to all of us in a really incredibly important way. I'd also point out that we're also part of governance. Every SPTA is guaranteed a seat on council. That makes us kind of a citizen of APA. The fact of it is APA really benefits from us being their voice on a state level. Katherine has told me that as much as 70% of the important issues coming up the next decade may happen on a state level.

It's important for APA to have a voice there. I think every state association wants to help and be that voice. Okay, new slide, please. "Our greatness comes when we appreciate each other's strengths. We learn from each other and when we lean on each other." Michelle Obama, incredible woman, I think. Anyway, next slide. This is a fairly deep story that I'm kind of telling today, but there's a lot of challenges and bottlenecks. Next slide. APA, I do you want to give a compliment to APA, Dr. Evans and everybody? They started out and they heat of that split between the C-3 and the C-6. That opened doors towards advocacy that we'd never had before.

I know there's still a lot of work to be done but healing that split mattered. Now one of the things I've heard is, it's one APA. I've seen this work very hard at healing that split between healthcare practitioners and educators and those in Applied Psychology. So that we know that even if we have different professions, different focuses, different roles, we're all part of that same family of psychologists that can make a difference for the world. We've been working really hard to heal that on ACC. I often ask folks in Applied Psychology, because I don't know a lot about it. I say teach me about your profession. Tell me what I need to do to be a better support to you?

I think we need to all reach out and listen very carefully and be empathetic to the needs of others. Finally, I think we're starting to heal that split between the APAs and the SPTAs. I think there's been an ebb and flow in that over the years, but I think we're at a point where we want to be close. We want to know that we're part of the same people that are going to change the world. Because we need behavioral health to change the world right now more than anything. When you look at this, the comment I want to make about this is that this is really contrary to American politics right now. I don't know what Dr. Evans was thinking. He doesn't seem to understand. American politics is about division.

It's about playing one side against the other. It's about blaming somebody and making somebody feel bad. This is not how APA is being run but I'm enjoying it. I'm going to run with it. I think a lot of other fronts want to run with it as well. It's the time to bring us together. Next slide, please. I'm just going to comment real quick that the SPTAs are suffering like Sandy had commented. COVID has been hard on us. It's been hard on Missouri. Our resources are very limited. Most small state EDs, which are half or two thirds of all state associations are part time and advocacy is pretty much a full time occupation.

Many SPTAs are struggling financially right now, particularly in regard to non dues income. COVID hit right before our annual conference. That's what funds us for the whole year. We had to shut down that conference because it wasn't safe. Financially, we're hurting as a result. I think we're going to make it through. We're working hard to make it through but I'm not going to minimize it. It's a serious thing and it can compromise you and your ability to do advocacy. The second point I want to make is that we've ever had a dialogue and maybe we could start one about what a competent SPTA should look like?

What kind of resources should an SPTA have? Should they have a DPA? How do we make sure that the SPTAs are as competent and powerful as APA is? Every department within APA is an excellent department. I think that's what we want for the SPTAs as well. Without resources that becomes kind of hard. A couple years ago or so, I don't know what the current statistics are. We lost 30% of our EDs in a single year. For a lot of people, an EDs job in a state association is just a step ladder job. There's got to be a better job out there somewhere. It's not unusual to see people just visit for a while and then move on.

Most small state EDs work out of their homes. Most of them don't have health insurance, sick leave, holiday or vacation time benefits. You can see why that would cause them to change jobs. Volunteers come and go and they burn out quicker than you'd want them to because we don't have a very large pool when you're a small association. There's a lot of challenges that we face. I think we need to start having a dialogue about how to overcome those. I'd really like to see that. Next slide, please. There is a recent poll. I'm not going to go through it other than to say to you that, they're going to make these slides available.

I encourage you to just look through. This is from a recent CESPPA survey and give you an idea of some of the challenges the states are having right now financially. Next slide. I think APA can help by helping us grow our membership, because they have financial problems too. APA has financial problems. I think there's some things that APA can do to help us grow our membership. Maybe create a safety net for us, so that we can stay in business and be the strong advocates that they need. I'm going to cut it off there. Turn it over to Katherine. I got to tell you this has been a real privilege. I appreciate everyone listening to me. Thank you so very much.

**Katherine:** Thank you Sandy and Arthur for inviting me to join you all today. Thank you Chuck, for your wisdom and the support you provide every day and your great accomplishments with us and also from Missouri. You're making Missouri state proud. Just had to put in from Missouri there. Next slide, please. I'm going to talk today about how APA's integrated advocacy offices working in new ways to advance priorities on behalf of the APA membership. We have spent the last 18 months since my office was created, transforming and changing the way we work to integrate our efforts across APA. To adopt new strategies and tactics to maximize our impact.

As Sandy has stated, APA's strategic plan was never meant to be an end, but rather a means to an end. A roadmap to get APA to a place of impact. As we all know, transformation is very hard. The wheel here captures the stages of the change process and relies on each and every one of us. You probably feel the same way as I do that we've been around this wheel many, many times but that's the beauty of it. We can celebrate successes along the way. We can shift from the old to the new and we can have impact along the way. What I wanted to do today is share with you how this new approach to advocacy is paying off for psychologists and the discipline of psychology.

Next slide. You'll recall last year that the Advocacy Coordinating Committee surveyed the membership about APA's advocacy priorities through a robust survey process of evaluation and distilling over 9,000 comments from APA member psychologists. The ACC recommended 18 priorities to the board of directors for adoption. Those priorities are tactical approaches and we look at them through three different categories. The priorities that are unique to APA are core to strategic priorities, and where APA provides primary leadership. Priorities is where APA makes a significant difference. Those are issues that are important to achieving the priorities and to the wider psychological community, and where we share a leadership role with others. Then the third category is the collaboration category where we're actively collaborating with other organizations to advance our goals.

I also instead of dwelling on and really digging into what those 18 priorities are, I do want to just give you a heads up that the new 2021 advocacy priority survey will be launched in October by the Advocacy Coordinating Committee. We will be counting on all of you for your input. Next slide, please. Let's pause for a minute and just talk about what the context is in which we've been doing our advocacy this year.

The last time many of us were together was in March for PLC. The last time I saw all of my colleagues as well as all of you in person was on March 10th. Since then, we had to pivot from being a boots on the ground advocacy organization to faces on the screen. That was a very big shift for a lot of people. Where we succeeded was that we had a very strong team in place at APA. We had long standing relationships at all levels of government. We had strong interpersonal networks and relationships that were in place.

That when we went to that face to face environment, using the old Rolodex phrase, we had phone numbers, we had contacts at our disposal that allowed us to get in and have access to the lawmakers and their staff. We were challenged to build bridges between the two parties as well as within the government. We were actually providing social proof in many cases or shuttle diplomacy is probably a better way to put it, where we were actually going from Democrat office to Republican office and sharing information back and forth to try to break down the partisan divisions and the partisan lines.

Because once we went into the virtual remote environment, once everyone did and Congress did, we were finding that offices, especially by party, were very divided and were in silos. We also really had to focus our approach and double down on COVID-19 priorities that were things that we said would suck the oxygen out of the room. We had to craft our messages, retool them so that they would correctly land in order to communicate that our priorities were part of the COVID solution.

Our focus has been on telehealth, data collection, small business grants, mental health programs, safety net programs and science funding. We also during this time, increased our reliance on the states and local leaders to leverage federal activities. We made a hard pivot to constituent based advocacy. As Chuck said, being a constituent is the strongest voice that you can have. We have been building up our reliance on the states and your voice being a key partner in how we're advancing our legislative goals.

Of course, our process. Next slide, please. What you see in front of you here is what I regularly shared not only with our team, but I also share with other associations and my counterparts around DC. What we talk about a lot are the traditional and modern advocacy strategies. When I arrived at APA, after doing a bit of a deep dive, I discovered that a lot of our advocacy activity were in the top three categories legislative, judicial and regulatory advocacy.

What we have done in parallel with the same work that you all do in the states is we approach every single advocacy strategy, or address every **[unintelligible 00:34:23]** in developing strategy by combining multiple strategies off this list. We never are just doing a legislative strategy that isn't matched also possibly with a regulatory and a communications or media strategy as well as pack. This new recipe of combining multiple strategies has really propelled our impact forward. Now, let's talk more specifically about the integrated advocacy approach.

Many of you have asked me what that entails or I could say what Tony Clemente said to me, "Katherine, please tell me what's in your head. Explain to me what you're thinking." To me integrated advocacy means having the right players with the right skills and expertise at the right time, working together toward a common and well defined goal. Sounds simple, doesn't it? Well, we could quote one of the greats and I know one of Arthur's favorites, Michael Jordan, talent wins games, but teamwork and intelligence wins championships.

I can tell you that we are in it to win it. I can tell you that you have a team, an Olympic level team of champions fighting for psychologists every day. This schematic here is representational of the many, many APA entities that can be involved in advancing a single advocacy priority. A multi pronged strategy, counts on the important input and engagement of many centers of expertise, with APA combined with our reliance on APA members and partners to help advance our goals.

By intentionally keeping this relationship map in mind as we do our work, we are nimbly able to create teams of experts to execute strategy. This approach relies on collaboration and communication between all the many necessary parties that you see here. Next slide, please. Our work on Medicare reimbursement related issues and telehealth are good examples of our integrated advocacy work and how effective we can be when we're firing on all cylinders. I would like to invite Dr. Jared Skillings, Chief of professional practice to walk through the slide that demonstrates how integrated advocacy is propelling us forward, Jared.

**Dr. Skillings:** Thank you so much, Katherine. I'm glad we can be together to talk about these important wins for the profession and for psychology overall. I'm going to take just a minute and highlight these two major categories which is our work Medicare reimbursement, the physician definition on the left side of the screen, and on the right side of the screen is about telehealth. We have been really having all hands on deck for both of these two initiatives. I'm not going to walk through every bullet point here, but what you'll see is we have renewed connections between the various elements within APA.

The advocacy office, the practice office, the communications office, the science office, our governance, and volunteer leader partners, and the states. All of that partnership, as well as I probably should have put this first even but our own Dr. Evans, who has testified before Congress about these issues. All of these together, have led to more sponsors for the physician definition bill than we have ever had and hearings in Congress that we have never been able to achieve.

On the telehealth side of the house, we were so effective that we were able to get telehealth approved for almost every psychological service across the whole board. In fact, the best example was we even got access to neuropsychological testing for phone services. We could literally bill for neuropsychology testing through the phone. You can't even do that from a professional perspective. That's really bad practice, but that's how good our advocacy was. We were even in front of where the practice was.

We're right now, our offices and partnering with our state associations are working to make sure that psychologists continue to be able to build effectively and be paid for the work that we do, that our science is pushed forward, and that we're able to continue to provide telehealth services and provide access across the whole country, especially to marginalized folks and including rural areas. We're going to continue to as Katherine said, fight for you and fight along of you to make sure that the psychology profession is front and center of the political arena and all these community spheres where it should be.

**Katherine:** Thank you, Jared. The synergy that this integrated approach makes possible is what makes our success as possible. Next slide, please. It is really hard to emphasize how important it is that we realize this kind of synergy and working with SPTAs which is why we've made this such a focus. This hands and glove type of working relationship isn't a choice. It's a necessity. The slide lists some of the joint initiatives we've carried out so far this year, and our goal is to carry this even further in the coming months.

Our system of governments as you know intertwines federal and state policies, programs and funding very tightly. As Tip O'Neill famously said, all politics is local.

Members of Congress, just as Chuck has described, aren't going to last long in office if they don't put their finger on the pulse of their constituents, and of the communities that they represent. SPTAs are the ones that represent all their constituents. They make up their communities, they are the people that make up their backyard. If they're not hearing from you, and if we're not singing from the same song sheet, they're going to devote their time and attention elsewhere.

Here we are, back to what Sandy had previously mentioned, two-way learning, bi-directional communication. We are also here, very importantly, learning from your input, and that makes our strategies and tactics better informed. I want to draw your attention here in the sample of accomplishments, specifically, to two items the last two items that are on the list. These include two new approaches to partnering with States.

As part of our pivot to this constituent based advocacy, we routinely now rely on having psychologists constituent voices in every Psychology PAC event to detail their firsthand experience in their members' own backyard.

This change in approach has made a big impact in relationship building for state leaders and for us to, so far, the Psychology PAC has partnered with members of the Oregon, California, New Jersey, and Pennsylvania psychological associations, and these efforts are not only helping to support the election or re-election of members of Congress, but they're importantly building relationships that we can rely on down the road.

The last item involves a new partnership between the Equity Flattens The Curve network, the advocacy office, and volunteers from States. The fourth COVID-19 package called for a review of state testing plans. State, local and territorial governments, were all asked by Congress to report on those plans to extend testing to vulnerable populations, but not specifically on racial and ethnic minorities. This new effort is engaging leaders in the states from the EFTC network to inform what a good plan should include to bring racial equity to COVID-19 testing and treatment, and for us all to collectively to push for change. Next slide, please.

Let's just pause and look at the work of our divisions and the work we're doing with them. Advocacy has taken a more intentional approach to reach out to our experts in the divisions to inform our advocacy strengths and strengthen the scientific foundations of our efforts. If we need to target Senator Patty Murray from the state of Washington to discuss trauma to immigrant children, then we look for an expert in Washington state. The divisions along with SPTAs are our sources for identifying these experts, and getting them in front of the senator or Congresspeople in their own districts on their home turf.

One example that is on the list, that I really want to focus on, is the work with the APA's Coalition for Psychology in Schools and Education. Even before the start of the pandemic, lawmakers were expressing a strong interest in addressing the social and emotional learning needs of students. To ensure that science was present in these discussions last summer, advocacy band working with the Coalition led by the Education Director here at APA and Cathy Gross, and with input for more than 15 APA divisions on a document to inform policymakers about the dynamic relationships between academic achievement and social-emotional learning. Congress is using our information in their work today. Next slide, please.

Here's where, I guess, we'll say the rubber hits the road. Here's the proof that integrated advocacy works. We are focused on results, and we monitoring our progress on APA's priorities while at the same time exploring new bolder, higher reward, sometimes higher risk advocacy strategies. Just please note that these are comparing all of 2019 with 2020 data that is just through this last week. What we see here is with the launch of our Integrated Psychology Advocacy Network, we have sent almost six and one-half times more messages to Congress, and that also explains why our priority legislation H.R.884 had its first-ever hearing in Congress and why Dr. Evans was invited to testify and make the case for the Medicare Mental Health Access Act.

We also have had five times as many key meetings with the administration, and these key meetings are necessary to prevent bad policies from happening, protect practitioners, defend vulnerable populations and combat health disparities, all done by advancing psychological science. As Jared noted, messages are being sent out, the actual **[unintelligible 00:45:21]** is live for the CMS comment period, and I can tell you, I just checked the numbers right before we got on this town hall. In the course of 36 hours, our members have risen to the occasion, all hands on deck, and we already have over 1,100 comments submitted to the Federal Register. That is exactly how we're going to win the number game. If we can keep that pace up, we could end up over 20,000, and numbers matter in this game. Thank you for those who are who have participated already. Next slide, please.

I just wanted to finish up by just talking a little bit about the PAC, just in a few words. Next slide. In closing, we are 48 days out from the November 3rd election, and we already have our eye on the future here. We're already laying important groundwork to ready ourselves for political changes and challenges on the horizon. We must work together to build our PAC, to compete, and build relationships. As you can see, by the graph here, we had already started falling behind in 2018, and it is urgent to get ourselves back in the game and to make up ground to close the gap between us and others. You'll be hearing about the relaunch of the PAC soon, and I'll just close by saying that we look forward to continuing our work with you. Together we can fight the good fight and really truly make a difference. Thank you.

**Alyssa:** Thank you, Katherine, and thank you all. Now, we want to save the remaining time for questions and conversation. I'm going to go right ahead and turn to Gail Spheres who has her hand up Gail? Hold on, we're going to hold on you Gail as you enter your pin and in the meantime, turn to Angela Bierce. Angela. You might need to unmute yourself as well.

**Angela Bierce:** Hello. I'm just calling in because of the issues that are surrounding the EPPP. I'm hearing a lot of advocacy, especially in this town hall meeting that pertains to the outside, outside of the association within the field, and how it can have an impact on society, but it's not really addressing, what's going on within. Part of that is, there's a lot of systemic racism. EPPP has been recently through psychological research-proven to be discriminatory towards African-Americans, Hispanics, Asians, and pretty significant, there's no changes, whatsoever, to address that.

We have COVID going on, we can't even get a proper on-time appointment to sit for the EPPP, it takes two to three months to get in the door, get your foot in the door and hold back. You have enough calm with yourself to be able to pass the exam. People are facing licensure lapses, licensure loss. I'm licensed both in the state of Colorado, as well as Michigan and I have communicated with commissions in California, Texas, both Colorado and Michigan, regarding these same concerns, that they have taken the exam and have failed it multiple times. Talk to people who appealed it nine times, and they had no people who failed it in the double digits.

Majority of these people are Black, Indigenous, People of Color. That's obviously reducing the diversity in the field and that's impacting not only the clinicians, the burden of the financial, having to pay back school loans, and get through a pandemic, two pandemics, are racism and COVID-19 one, and take care of their families. It's super frustrating to hear the advocacy not really focused on these aspects because this is about internal eat the dog, eat yourself, you're looking outside and you're not looking within. This is psychology We should be, definitely, putting that lens, that hyper-focus within to assist Black, Indigenous, People of Color to get into the field of psychology, to help shape the world. As you guys are talking about, that we have this position to shape the world because it's really dysfunctional. It's really violent. It's very-

**Dr. Shullman:** Maybe Chuck could address that question for you. Chuck, do you want to take that?

**Dr. Hollister:** Just real quick. By the way, there's a lot of what you've said that Missouri shares with you. We were going to be one of the few states that had EPPP-2. This is why it's important to work with coalitions of people, working with our academic partners, some of whom were **[unintelligible 00:50:48]** members, some of whom weren't. We put in a set of arguments together and started doing a lot of advocacy around our state's plan to adopt to EPPP-2, and we got it stopped. We got the governor's office to put a stop on it.

Part of that argument dealt with racism. Part of it had to do with what we thought was questionable science. We think if anybody should be serious about good testing then, that be us. We questioned the science and that was another one of the arguments. I'm really sympathetic for what you do and I encourage you to keep at it, but find yourself some partners that want to jump in and deal with the issue with you.

**Alyssa:** Great. Next question is what is APA's perspective on partnering with faith-based organizations on advocacy efforts around mental health issues, or psychological issues more broadly? Are there any partnerships in the works?

**Dr. Shullman:** Who'd like to take that one? Faith-based organizations and advocacy.

**Dr. Evans:** I can take part of it, and then maybe Katherine can talk more specifically. I don't think that there's any objection to partnering with faith-based organizations. Obviously any organization that we partner with, has to have views that are consistent with ours and consistent with the positions that we take. There are a number of faith-based organizations that do that. I can't think of a particular one right off the bat, but Katherine, maybe you do know more specifics about that.

**Katherine:** I would just say that we in the advocacy area and myself, we have regular interactions with faith-based groups. There actually is a group, the Prayer Caucus on Capitol Hill, a group of members, bipartisan members that on a weekly basis, they meet with the groups ranging from a Lutheran World Relief to the Catholic charities. There can easily be 45 different groups in the room but I would just raise up one significant area where we have continued to focus efforts.

That is working with the faith-based office along with the Office of Refugee Resettlement at HHS. We have been linking up those two because we find that they are very closely aligned and related within that structure at HHS, and have been doing quite a bit of work with our immigration working group on how to get immigrant children and families the care that they need. I greatly appreciate you're bringing faith-based groups and partnerships to everyone's attention here, they are indeed very important.

**Alyssa: :** Great. Thank you. Next, we're going to try going to **[unintelligible 00:54:02]** Jones, one more time. **[unintelligible 00:54:05]**

**Dr. Jones:** Hi, can you hear me now? I'm out here in Michigan and one of the biggest advantages of being a Leadership Institute for Women in Psychology graduate was our experience with advocacy, and the lessons that I learned. My question, though, and as a board member in MTA, my question really is, it seems like as APA gets better with their ability to be advocates and to interact with Congress at the federal level, how can States learn these lessons? While we have federal advocacy coordinators, how do the SPTAs- where are the opportunities to learn so that we all get better at the state level in our advocacy? Maybe I'm naive, but it seems to me we're not as well-developed at the state level, as APA is now at the federal level.

**Katherine:** This is Katherine. An important part of the transformation and integration of the office was, first of all, fully integrating the advocacy action network. That meant bringing together into one network, the federal advocacy coordinators, the federal education advocacy coordinators, and the list goes on, the Students' Science Council. We are sitting on top of a network now that is over 40,000 individuals who have signed up for that network. Previously, the network was around 23, about a year ago.

To your point about training, we are in the process- because of the opportunities, I would say that this virtual remote environment has presented us with, we are in the process of putting together a series of training modules to bring that expertise to the states should you choose. They would range from the traditional working with congressional members, also looking at educating the states on the federal regulatory process so that our vocabularies match up sometimes.

We can tell you what we need quickly from you, and how to leverage federal states in the regulatory space, as well as coalition building, and provide some insights into how we go about coalition building and sharing best practices in that regard. We do have those goals in our sites and hope to be improving on that as we go forward. Jared, do you want to add anything to that?

**Dr. Skillings:** Yes. Those are excellent points, Katherine. One of the other things I'm actually really glad to hear Dr. **[unintelligible 00:57:02]** Jones, she and I are good colleagues from Michigan, and so I'm glad to hear her voice. One of the other things I would also add is just a reminder to the states is that Chuck started to highlight some of the ways we were working together. I wanted to remind the directors of professional affairs and also the legislative and small SPTA organizational grants that we fund, because APA recognizes how important states are and we want to continue to lean into this leadership as we go forward.

One of the things I wanted to highlight just for a moment for the psychologist who asked the question about the EPPP earlier, I just wanted to make a quick comment. In her comments, I also heard a lot of frustration and a lot of-- maybe even anger and upset feelings. I just wanted to recognize that, how important that is. I appreciate the bravery of coming on and saying those tough things on a forum like this.

I want to remind people that we have the Equity Flattens The Curve initiative, which APA is facilitating, is going to be working with States on. I also know that ASPPB has been working on changing and evaluating the item content for that test, to try to move forward with ensuring that there are no items that are discriminatory. I just want you to know how important it is to the profession to have a licensing exam, but how much we agreed that we also want to lean into making sure that we're non-biased and don't discriminate, that's really important.

**Dr. Shullman:** Jared, thanks for acknowledging that frustration. I'm going to recall an audible here and say that we'd like to extend this another 10 minutes. We recognize some of you that practice will have clients and won't be able to stay on, but we want to stay on at least another 10 minutes so that we have an opportunity to do yet two more questions at this point. Let's go ahead. Thank you.

**Alyssa:** All right, great. With that, we have a question in about what are your thoughts on how we can position psychologists as almost primary care providers, especially in the areas of prevention and treatment and regarding psychological health. More importantly, help the nation, including the media, to recognize psychologists and psychology in that way?

**Dr. Hollister:** Jared, you want to speak to that?

**Dr. Skillings:** Happy to. I just wanted to make sure. I flinched for a second because I thought the question said psychologists as primary care providers, not psychologist with primary care providers. Is that how it read, Alyssa?

**Alyssa:** This individual is writing in, I guess, conceptualizing psychologists as primary care providers. I think they're in the sense that they are working in a preventative way. I believe that's, but if this is from Gilbert Sanders, if he would like to raise his hand, I'm happy to let him elaborate further. But what are your thoughts, Jared, on them putting together?

**Dr. Skillings:** Why don't I react to that question and then if Dr. Sanders would like to elaborate if I don't quite hit it what he had in mind, then we can involve him here in a second. I actually think that's a very creative way of thinking about psychologist's role. I think it's actually connected to the population health initiatives that Dr. Evans and Dr. Shullman have been talking about more and more to get us to think, not just about how we treat people who already have a diagnosed illness, but what can we do to get upstream even further and help prevent those problems to start with?

In fact, just for anybody listening on the call, one of my good friends who's a health psychologist, Dr. Adrienne Williams published a paper proposing in fact this very idea about psychologists being mental health primary care. In fact, having a regular visit, even for prevention with a mental health practitioner as a part of your routine healthcare. Very creative ways of thinking. I love this idea. It's a little tough on the billing front, but this is a really interesting opportunity to think about exploring.

**Dr. Hollister:** If I could jump in, I actually used that argument one time. Medicaid, when they were talking about network adequacy, if you had a primary care doc within 30 miles, then your network was adequate for that person. For psychologists and behavioral health people it was more like 90 miles. That made no sense to me at all, so one of the arguments I used is that we're really the equivalent of primary care physicians in the behavioral health area. So much of psychotherapy is upfront, we can't have people have to travel long distances to get help because in your Medicaid population they often had poor transportation or may not have any transportation.

I made the argument that we needed to have the equivalent distance -I think it was 30 miles- that primary care docs did. They bought into that and they changed it so that network adequacy for behavioral health was required having providers that were much, much closer to them.

**Alyssa:** Thank you. Our next question coming comes in from Monica Kurylo. Monica, I'm going to turn to you next.

**Dr. Evans:** Hi Monica.

**Monica:** Hey, are you able to hear me?

**Dr. Shullman:** Yes, we are.

**Monica Kurylo:** Okay, good. I never know how these things work. Good thing I'm not on the side where you can see my face because I'm not sure how that part of it would work. Anyway, I'm very glad that you all are having this. It's good to see you all and hear from everyone. I am the current president of Division 31 for SPTA, for those of you who don't know.

I want to let you know that our division led by Dr. Cathy Ashton, who is our president elect and in concert with some of our other executive committee members has put together a fact sheet that we hope to have posted to our website at some point that talks about the pros and cons, or at least considers different sides of the EPPP-2 issue, knowing that some states have decided that they are going to require this and others have not necessarily gone that direction yet. I wanted to make sure to alert people to we will let our Division 31 members know when that gets posted to our website. I appreciate the work of our members in that.

We **[unintelligible 01:03:49]** happy to connect with folks around these issues of concerns. Ultimately, when it comes to EPPP the ASPPB obviously has the final say given their exam, but they are very willing to have input into that process. I know APA has certainly provided input, Division 31 is happy to do that as well and partner. Again, I want to say thank you very much for having this Town Hall and thank you, Chuck, for representing SESPA and the SPTA in this matter, As well as the Ethics Advocacy Coordinating Committee.

**Dr. Shullman:** I certainly would want to also put a shout out to SESPA and Teresa Bruce from our Utah 2020 SESPA chair. I concur in your thanks to SESPA for all they do for all of us, so thank you. Let's take a few more questions so we can get as many as possible.

**Alyssa:** Great, next I'm going to Jo Linder-Crow. That's your hand raised, Jo?

**Dr. Shullman:** Jo.

**Jo:** Hi, good morning everybody from the West coast, we actually have good air quality here today in Sacramento. That's blessing. I wanted to just make one comment about also the comment about the EPPP. There's an aspect of advocacy that I think a lot of psychologists don't recognize as being as important as it is, and by the way, I'm the CEO of the California Psychological Association. That is with the licensing boards in your own states. This is where issues like exams are really handled and regulated. That's another avenue to let your licensing boards know how you're feeling about the EPPP.

I know here in California, we have encouraged our students and other people to write to the Board of Psychology, to attend Board of Psychology meetings to weigh in on those items. That can be very effective as well. I just also wanted to say thank you for the webinar today and to just encourage- thank you, Chuck, you did a great job for all of us. I just wanted to encourage at the APA level, at the macro level, to just continue to think about the executive directors of the SPTAs really serving as the hub for what is happening in the state.

I wrote down several things like the Education Directorate, coalition of psychologists and schools and education, I didn't know anything about that. A couple of other things that were mentioned, like the flatten the curve effort. As you continue along the lines of fully integrating advocacy, this is a piece that I think we're all interested in helping with really getting to the point where we are aware of the things not only directly related to the everyday practices psychology, but to those things that have to do with training and education.

Our SPTAs are more like APA, we're broad-based organizations. Even though we are mostly C (6) organizations, we advocate on issues around education, practice, of course, scope of practice, but also on social issues as well. All across APA, all the things that APA is working on are really vitally important to us and we're here to help as much as we can.

**Dr. Shullman:** Joe, this is Sandy Shullman. I can't agree with you more. One of my pet peeves as an SPTA person myself was historically the focus on the practice piece of the resources at APA. There are so many other resources and so many other things that SPTA do around advocacy, public interest, education, science, applied psychology, it's across the board. That's part of my understanding of what the one APA of the future means, is that we bring all of APA to the SPTAs and help the SPTAs develop as full of range of effectiveness across the spectrum of psychology and the public as we can. Thank you for that very much.

**Dr. Evans: [inaudible 01:08:26]** Just to add a comment. Jo, I really appreciate that comment and we've heard increasingly, as we've engaged states around this, that more and more states want to have a really much broader agenda and including some of the social issues or some of the other issues that people care about. We're going to be much more intentional about including you and though we haven't historically on any of those issues, but it's exciting to hear that the state are willing to amplify the work that we're trying to do on behalf of the field at the state level and what will be certain to incorporate you in that. Also, it works the other way too, if you're working on those kinds of issues and you think we could be a help for resource, please draw us in.

**Dr. Hollister:** Just real quick I want to echo what Jo had said about using the EDS as the hub for making things happen. We had really fast leadership changes in the state associations. It's that ED that's going to have that longer-term perspective that makes a difference. It doesn't mean that the ED is going to do the actual work or make the actual comment, but they know who to hand it off to. The ambassador system for the ACC is going to make the ED central for a central point of contact.

The second thing I wanted to mention real quick is that a lot of times when you testify, legislators want to know what the licensure board's position is on your bill, so it makes sense to process that with the Licensure Board sometimes and it saves you a couple of extra steps if you do that.

**Alyssa:** Time for one more question.

**Dr. Shullman:** Yes, ma'am

**Alyssa:** All right. Thinking about partnerships between APA and SPTAs, as well as APA in the broader global community and how this work can trickle between all of us. We have Raj **[unintelligible 01:10:30]** who wrote in about asking whether APA has thought about collaborating with UNICEF or others. You have that global focus to be able to help children across the globe who experienced psychological maltreatment and child abuse. I want to tie this back to some of the work I know you've done, Dr. Shullman and Dr. Evans, with the international community around home-based violence.

The question here is how can we better keep those conversations going at the broad global level and let the work that's being done there trickled down to APA and also to the states. Again, knowing the information states are working on a different level, but having that valuable information, how do we create that broader community?

**Dr. Shullman:** Well, I can tell you this year that one of our, our better enhancements and one of the most positive byproducts out of the tough challenges that we've had in front of us is we have expanded our global relationships tremendously. By being virtual, we've been able to include countries and organizations that don't typically have the resources to be part of global conferences and things like that. Arthur and I meet twice a week with what is called now formally the Global Psychology Alliance.

It's not a formal organization that takes years to come through with things, we've actually worked on issues together to between 60 and 70 countries that meet regularly twice a week. We do that twice a week because of the time zone. Europe and the West are on Mondays at noon and our Asian colleagues meet with us at 7:00 on Wednesday nights because it's 7:00 in the morning in Asia on Thursday for them.

We meet and we have worked particularly on issues of home violence, which includes child abuse and domestic violence, human trafficking, etcetera. They have developed a global statement and global resources targeted at providers across the world so that we've already reached over a million and a half providers to get them focused on the increasing occurrence and the needs for paying attention to those issues. We've worked on some common global strategies that can be used as resources for various countries to address those issues.

We are also working to coordinate those efforts with our efforts at the UN, which would include of course, UNICEF as another piece of that. We're trying to put the dots together between what we do at the UN as psychology organizations, what we do globally. The piece that you're suggesting, which we do need to add, now that we're more established as a regular group, is how we get the information about what we are doing globally out to the SPTAs and divisions so they can benefit from that.

We have a website that we can be making accessible to you that's got resources that have been shared from many different countries. In fact, this is all resulted in we have already approved 15 new memorandums of understanding with many with 15 different countries this year and three more in the **[unintelligible 01:13:52]**. We've added 18 MOU since the beginning of the COVID crisis to work together.

The other thing we did do is I invited all of my international colleagues in that global leadership psychology group to attend the APA convention, we were talking about some of the critical issues that you're raising. We had representatives at our conference this year of 101 countries, which is a record that we've never had, and many, many students from other countries to work on these issues as well. Your point, though, is what we need to close the connection with SPTAs and divisions as a point well taken. I will work on that. Arthur, do you want to add anything?

**Dr. Evans:** No, that was a great response. I think the main point here is that this is an area that we are really focused on. Amanda Clinton, who leads that work for us has done a phenomenal job of being a facilitator, bringing countries around the world together and it's going to continue to be a focus area for the association.

**Dr. Shullman:** Yes. Right now we're adding we're working on climate change issues from a global perspective, which for many of people on this call is very critical to you at the moment in particular. We're also working on global population mental health strategies, how we can really look at a broadened perspective on the role of psychology from a global perspective and also from a population health perspective for mental health. That's one of the most exciting pieces of this year from my perspective, is that we've been actually made the world a lot smaller by using the virtual technology rather than relying solely on travel to get our work done.

**Alyssa:** Well, I think that brings us to the end of our time today. I'm going to turn to you all to close this out and thank you again for your time.

**Dr. Shullman:** Well I would like to thank everybody that attended. I want to thanks so much SPTA leaders, Division 31 leaders, our SESPA leaders, our executive directors, and all of the staff at APA for strengthening our efforts and advocacy. We truly have greater impact as one solid voice for the discipline and profession of psychology and for the public, and that's really what the impact is about.

Katherine showed you a few metrics. I think what you haven't had a chance to understand and translate yet is that policymakers and people that have key impact on the issues that we all care about are now calling us more regularly rather than us just having to call them. To me, that's one of the most implicit indicators of our ability to get things it was done on behalf of psychologist, psychology and for the public. We can't do this by ourselves. This is really, this is absolutely a team effort. Every single psychologist can work to be part of advocacy, to be part of what's going on in their state, to be part of what's going on nationally and internationally with psychology.

Once we all recognize that we need actually 120,000 ambassadors in APA, and then the other, however, many, 100,000 psychologists that are in the States that might not be part of APA, as we work together we're going to get a lot more impact and a lot more things done for the things that we care about. I really appreciate that, that's why I want these conversations to continue. Please reach out if you have other questions, concerns, or suggestions for things that we can do. Thank you very much.

**[01:17:45] [END OF AUDIO]**