

TRANSCRIPT OF AUDIO FILE:

NATIONAL WOMEN'S LAW CENTER

*SUPPORTING FAMILY, FRIEND AND NEIGHBOR CARE IN ILLINOIS AND
MARYLAND*

DECEMBER 17, 2009

BEGIN TRANSCRIPT:

DAVE: Hello and welcome to the National Women's Law Center teleconference. Today's topic is Lessons Learned: Supporting Family, Friend and Neighbor Care in Family Child Care in Illinois and Maryland.

At this point I'd like to introduce Karen Schulman, Senior Policy Analyst with the National Women's Law Center and Helen Blank, Director of Leadership and Public Policy, also with the National Women's Law Center.

KAREN SCHULMAN: Thanks Dave. Thank you for joining us for this conference call. This is the fourth and final call in our series of calls examining childcare unionization and other strategies for improving compensation, benefits and working conditions for family child care and family, friend and neighbor care providers and enhancing the quality of care they offer.

We are pleased to have present - as presenters for this call Maggie Laslo and Beth Myers. Maggie is Vice President, Director of Government and Public Affairs for the Service Employees International Union, Healthcare Illinois and Indiana. In Illinois the second contract between the Child Care Union and the state was just ratified, so Maggie will be telling us about that and other efforts by the union on behalf of family child care and FFN providers.

Beth Myers is Child Care Division Director for the Service Employees International Union 500 of Maryland and Washington, DC. In Maryland, the first contract between the state and the union was ratified in June, and Beth will tell us about how the union is working to make progress for child care providers there.

I'll be moderating the first half of this call, asking Maggie and Beth some questions about their work in Illinois and Maryland. Helen will be moderating the second half, when you will all have an opportunity to ask Maggie and Beth some questions.

If you have a question you can e-mail it to Rio Romero at rromero@nwlc.org.

So let me begin with the questions for Maggie and Beth. As I mentioned, Maryland has ratified its first contract and Illinois is on to its second contract. Can you each give us a summary of your contracts? Maggie, why don't you go ahead and start?

MAGGIE LASLO: Okay. I guess just the highlights of our second contract are we - coming off of the increases that we had run in the - in rates.

In the first contract we continued secured rate increases for the next 3-1/2 years. The contract will begin in January. And rates will be increased by a total of about 22 percent over the 3-1/2 year term starting this coming January, 2010.

We will continue to push closer to unlicensed providers being at or exceeding the 75th percentile, in more areas. We still have not achieved kind of - all rates in the state being at or above the 75th but are closer to getting there and really, you know, pushing rates across the state, closer to what it takes to really provide the quality care that providers want to.

But it was significant in very difficult times to continue to improve rates.

Secondly, in our first contract, kind of our - one of our largest priorities was to begin to open the door to the start of health insurance being available to providers who provided care through the state subsidy program. In our first contract we won funds to begin a health fund and begin offering health care - comprehensive health insurance to child care providers in Illinois.

And in the second contract we secured the continued funding of that health insurance to through 2013. So there will be funding available for up to 5,000 child care providers to receive comprehensive health care going forward. So that was a huge priority and a huge accomplishment.

We also won a commitment from the state to continue funding for tiered reimbursement, offer incentives for providers that go through the state's training program. And so there is money committed to continue that program through 2013 as well.

Some additional new things: A statewide training registry is in the works. And, you know, we'll be a part of that when the state kind of committed to increase the number of trainings available for providers in the program and some improvements around payment as well.

So I think those are the highlights. But it was definitely a very difficult process in our state's experience, a pretty extreme budget deficit. But our bargaining committee was very happy with what we were able to come out with.

KAREN SCHULMAN: Great. And that was a great summary of some progress you made under difficult circumstances.

Beth, can you talk about your contract?

BETH MYERS: Sure. And I think obviously – as with everyone and everyone who is involved in child care – we are all basically working under a lot of the real economic challenges that sort of leave programs like child care subsidies very vulnerable.

We actually passed our contract – as you mentioned – earlier this year. One of the big things that we were really excited to do was to negotiate an average of a 2.9 percent increase for childcare subsidy rates. And we were able to do that using stimulus funds.

And also very important to both SEIU and the provider leaderships that we worked with was that parental co-pays would not increase as a result of the agreement. So it was very important to the providers that we work with and those that were really driving the negotiations that raises doesn't come in a way that harms the parents or the kids that they work with.

The second piece was really about making the system work better and be more efficient. There was timelines put into the payment - into the contract on what does a timely payment mean? How many calendar days? Pushing for direct deposit as well as offering emergency advances if there are problems with the system.

So they are really kind of pushing to make sure the system works and that child care providers can accurately protect their own financial health by having a system that they can count on when they choose to take Purchase of Care children – which is the subsidy program in Maryland.

The other piece that was really important that we wanted in our first contract was really making sure that providers had a seat at the table and were able to have a voice in a lot of the training requirements decision making around what requirements would come for family child care providers. So we did negotiate to put SEIU family child care providers on a number of committees and set up ways for them to really interact with the Maryland State Department of Education, who has the other side of our contract.

In addition, in the State of Maryland we represent - and there are sort of child care providers that are licensed and receive subsidies for care of both their children and other children. There are also informal child care providers, which are the friendly- friends, family and neighbor care providers.

As a part of our contract we agreed to work on exploring opportunities to get informal providers into the Federal Food Program, where they are not currently eligible in the State of Maryland.

We also have been not as fortunate as our friends in Illinois, but we - to get health care. But we did get an agreement from the state to really create a health care study group to really look at how family child care providers in Maryland can have access to affordable health care.

So those are the main highlights. Maryland has always done a really great job in terms of training as well as offering a number of resources. So really our goal was to not necessarily change the system but just create more access for folks to have a voice and then also a way to be helpful in making the system more efficient.

KAREN SCHULMAN: Great. Thanks. Beth you mentioned a little bit about how the contract addressed making the subsidy administration work a little bit better. Can you talk a little bit more about that – your efforts both in - within the contract and outside – to make the subsidy administration work better for FFN and family child care providers, especially with regard to administration of subsidy payments?

BETH MYERS: One of the things that I know, every state is different. But one of the things with Maryland is that there are - the payments or subsidies go through local offices. So there is, you know, 15 and - different groups or different offices that are not necessarily through the State Department of Education but through the Department of Health and Social Services in the State of Maryland. And they actually send out the checks.

So what - one of the challenges we have is not - of course, you know, child care providers in different areas of the state have totally different experiences. So one of the things we were really do is really make this much more of a standard way for things to work. And again we have had some providers that have had - you know, not been paid for up to two months or not be paid for three months or having backlogs. And so through the - because we did actually put dates into the contract, we then now have a legal mechanism to really challenge the state when those payments are late. So even though our contract has not been in force very long, we have already filed a grievance with the State of Maryland – with the Maryland Department of Education – about one office who has consistently been late.

And so through that grievance process we really got the state to agree to do a number of things. And what actually turned out happening, which was very helpful for - I think the Department of Education really wanted to make this office work, but they didn't always have the sort of right pressure tools to make that happen. So they actually ended up and found it very helpful. Because they are legally bound by our contract to take some sort an action.

So because of the grievance that we filed in this one problem office, they were able to get a waiver for the hiring freeze in the State of Maryland to get employees in there to deal with the backlog of payments. They were able to really work to get overtime pay from the state – all things which of course in the economic climate we are in were things that they were not able to do without sort of the pressure that we were able to put on them and that they were legally then required to do.

We also were then instrumental in getting monthly reports on that one office so that we can not only sort of know what happened in the past but also really monitor – as this grievance process moves forward – what changes are occurring and how things are moving.

And then finally, we also got the state to agree to work with SEIU if there is problems with payments, if folks are in danger of having utilities shut off or losing their homes or getting behind in their payments, that we would work with the state to really start talking to folks' creditors if it comes to that.

So really kind of - we have given the state a tool to really challenge those sort of local offices as well as given them a tool to really push - to get around some of the hiring freezes when it's really necessary. So that's really one way that having those dates, having a legal contract, they really can't come back to us and say, "We don't have the money to deal with this now," or, "You are going to have to wait," or all of those other pieces. That's kind of one of the really huge benefits of actually having a legal signed contract.

KAREN SCHULMAN: Great. Maggie, could you talk a little bit about what you have been doing in Illinois to address that subsidy administration?

MAGGIE LASLO: Sure. I mean I think - I guess just - there are a couple. I think it's both, kind of in negotiating a contract but also kind of a lot of work away from the table and just working with the state and providers and CCR&Rs to help make it work.

I think some new improvements for providers that kind of were initiatives that the state were - was looking at and kind of was talking to us about and kind of teeing them up at the table as well.

They're kind of out of this new contract there are going to be expanded options for providers to be paid electronically – so in addition, deposit that has been available. Now there is going also kind of be a debit card option. And kind of providers, you know, were at - kind of at the table talking about kind of what kind of option that would be and, you know, kind of reviewing what the option would look like in terms of to make sure that - you know, fees, that it was a good option for providers who might not be able to having a checking account but didn't want to rely on paper checks.

And the union and the state agreed to work together to encourage providers to kind of move towards phone-in billing and options to be paid electronically to really be able to cut down on kind of the paperwork and delays around - and the cost to the state around paper checks to be able to both make it work better for providers and families but also be more efficient for the state and be able to redirect kind of some of the funding that's spent now on kind of administrating the program towards actually funding services.

So new options, to be paid out electronically and with kind of the phone-in building that - phone-in billing that's expanding. One of the issues with being paid electronically in the past has been kind of a difficult - a difficulty in being able to find of account for which - what money is for what child kind of a lack of paper

record that came with the paper check. And so providers will be able to receive statements – paper statements – that will go with their electronic payments, detailing how many days and for which child the payments were.

Getting around the administration there, those are some of the things. I mean in the current year or two in the worsening budget crisis. Just the issue of getting paid on time has been something that we need to worry about. And so we have been advocating with the state and the comptroller's office to make sure that child care provider payments are priority in terms of kind of the lineup of bills that the state has to pay.

And also just to work to protect funding for CCR&Rs that do a lot of the administration of payments, CCR&R funding was threatened with pretty serious cuts last year. And we were able to kind keep those devastating cuts from happening that would have really slowed down administration on a day-to-day level, you know, to providers.

One other thing I can think of is working through problems around notification, ensure that providers are notified at the same time that parents are if there is an issue with eligibility so providers can work with the parent to make sure the paperwork gets in and done right so that a parent doesn't lose a subsidy or lose services.

I think just some - those are the things that I can think of.

KAREN SCHULMAN: Great. Beth, can you tell us about your mentoring program for family child care providers?

BETH MYERS: Sure. And I think this is - like all good things, came out of the actual providers themselves. It really was something that had been going on for a very long time; and we just put a name to it and advertised it.

But what we have found most often happening in - particularly in neighborhoods amongst different providers was really providers calling each other and mostly talking about kind of how to get started and how to fill out forms and how to do all these different things that you really need to do be - to become a licensed family child care provider. And a lot of our folks really were intimidated by the process.

So they would talk to other providers. Other providers would really push them to do that. And we really wanted to kind of make it a little bit more official and also create an offer for someone who maybe doesn't know the other family childcare providers in their communities.

So we really have a group of our leaders that have come together and volunteered to be mentors. And, you know, like many things with family child care providers, most of this is done over the phone because that's really the easiest way for folks to get together.

But we have also worked with some leaders. For example, one of our leaders has had a group of potential family child care providers to her home one Saturday so everyone could come in and see how she decided to set up her family child care in her home – so really going through the - where she got her ABC board; where she decided to put her play area; how they access outside. Then talk a little bit about, you know, how she went about filling out her paperwork. So there is that kind of broader piece of bringing ten folks in to see how you set up your child care business in your house.

And then there is also kind of the one-on-one, you know, calling up someone, someone who can help you really navigate a little bit of the paperwork. In the State of Maryland, when you want to become part of the credentialing program – which is kind of the second-level tier of training – you have to write a 300-word essay. So having someone that's really willing to work with you on that, someone who can call you up and encourage you, it really - this is a program not in any way, shape or form meant to take the place of training or meant to, you know, even come anywhere near that. It's just recognizing that as - particularly with licensed child care providers, as these programs become more official, as the regulations become stringent. And as we look at some of their early childhood educational requirements, sometimes it's helpful just to have someone who has done this a few years longer than you help you log through the paperwork. So we really have created sort of this database of folks that have been around awhile that are willing to help you.

And then we have a pamphlet that we hand out to new providers as well as looking at folks who are maybe informal providers who are considering moving into becoming a licensed child care provider and providing care for more than just their friends, families and neighbors.

KAREN SCHULMAN: Great. That offers a good model for other states to look at.

Maggie, can you discuss the challenges that FFN providers face in participating in the state's quality rating and improvement system and how the union has tried to address these challenges?

MAGGIE LASLO: Our quality rating improvement system started a couple of years ago. And it's definitely been a challenge. Enrollment from family, friend and neighbor providers is far from where we want it to be. It's still really only a few hundred providers that are participating on a yearly basis.

I think, you know, some of the recognized challenges are just providers knowing about the trainings and really understanding kind of what they are about and how they could be beneficial.

Some challenges are around availability: When the trainings are offered, there have been some issues around kind of negotiating. Sometimes the - kind of the providers that sign up for a training, there is more than the slots that are available and some have to wait. And other times there is trainings offered and there aren't enough providers that sign up to make it worthwhile and the training is cancelled. So really

kind of working to really have providers know about it, build and really make the trainings accessible.

I think there are the general challenges of being the child care provider and when you don't have backup and the parent is counting on you in terms of being able to set training and to - you know, what you are able to do.

I think, you know, we have also talked about – just in terms of kind of the curriculum and the content – that the track is not necessarily, you know, geared to be the easiest to jump into in terms of being able to - you know, it's very much you have to start at the beginning of the curriculum and move towards the end. And it's not as easy for someone who is - you know, is wanting to learn about one particular thing to kind of get their appetite whetted with, you know, kind of jumping into that class, and then maybe going on to do other things.

And so there has been discussions around can we make it more flexible? Can we kind of think about offering trainings that are more geared towards kind of what providers have a hunger for?

I think there has been some examples of CCR&Rs that have put together, you know, trainings that were geared towards a particular issue that providers are talking about in terms of dealing with children. I mean an example is a training that was put together around dealing with issues of violence with the children you are caring for, and where there was a huge amount - where just more providers wanted to be there than could be said.

And how do you really kind of work in the training that is needed for working with young children, and really make it relevant to what providers are experiencing? And there's the real challenges every day – so how to make kind of more flexible and really geared to people's wants, to build it.

I mean I think definitely some of the examples of things really working is when there was real intentional outreach to family, friend and neighbor providers and real support and encouragement to continue on the program.

There is a CCR&R in central Illinois that really put a lot of effort into really focusing and encouraging the participation of about 25, you know, family, friend and neighbor providers in their area and were able kind of, you know, were able to move folks, you know, through the program in a way that really was not the experience across the state.

And so I think, you know, when the union and the CCR&Rs have been intention - been intentional about outreach to providers and really giving the support that's necessary, you are seeing very impressive and yet small examples of real success. And so I think, you know, it is very much still something that we are trying to figure out and talking to other folks in the child care community about how to make it better and how to take on challenges.

In terms - in this last - in negotiating our last contract, kind of some of the ideas we put out there were offering incentives – specifically for family, friend and neighbor providers to attend trainings; you know, to actually get training started, you know, even before a provider would reach kind of the benchmark of a number of hours of trainings needed to see an incentive, you know, from the rate level – as well as, you know, kind of put out a proposal to, you know, start our training - a training fund that would be particularly geared towards kind of experimenting with offering new trainings and doing outreach to family, friend and neighbor providers; to be able to offer kind of in more communities more often; and some kind of new focuses of the training itself.

So, you know, we were not able to kind of get those things started in this contract. But those are the kind of things that we are thinking about and talking with others about. It's definitely - you know, remains to be a big challenge and a lot of work to do. But increasing - there is more and more people thinking about it and trying to work together to make it better.

KAREN SCHULMAN: Great. Can you each briefly discuss a couple of other strategies your unions are using to improve provider training? Beth, why don't you start?

BETH MYERS: Sure. I mean I think - you know, a lot of the pieces that we really want to do is make sure that providers are really invested in the training. So one big part that we are really trying to do – and I think Maggie mentioned this somewhat – was also, you know, having folks sitting on the Office of Child Care Committee, which is one of our contract pieces, with actually having them have more of a voice in what the training requirements were so folks really see kind of the reasoning behind it and so then work amongst each other to really sort of talk about, “Well this is why this happened. We were at the table. We, you know, wanted this to say yes or no.” [0:29:56.0]

And we have also been fairly – you know, working with the Maryland Family Child Care Association and other advocacy groups – also been fairly, you know, active in terms of really pushing the states to make sure that the training requirements that they are putting on providers are also being offered in the reasonable rates. So there is that piece as well.

We at SEIU have also worked to create some scholarship opportunities for providers. We pay for some folks to go to some meetings. And then also - one of the things that I think we are really hoping to do more of in the new year is really the work to expand. How do we use the fact that our union is bigger than just child care providers to create more training opportunities?

One of the things that can bring to the table is the fact that we are connected beyond the broader child care community. And that can be really helpful for political reasons. It can be very helpful for others reasons.

But one of the things we are really hoping to do is look at - for example, the fact that SEIU represents nurses. So how do we get some of that connection out to create a lower-cost CPR training, for example?

We also, in our local in Maryland, work in the school system and have a number of folks that work in food service in the elementary schools and who have a great background in nutrition. So how do we work with them to create some trainings for providers?

As well as just - in general looking to see how we can do more union-to-union work to create some lower-cost options and to see how we can be helpful in that process.

We are also, in addition, trying to help providers find support within the union as well. But most often we are trying to figure out what skills can we use, and how can we use our own connections to broader communities to create trainings? Because the main thing that we hear from folks is really about the cost of training.

KAREN SCHULMAN: Great. Maggie?

MAGGIE LASLO: Improving provider training is definitely something we are working to figure out what our role should be and our leaders are talking about.

Some of those things we, Beth mentioned earlier, too. But there is a ton of good training being offered in around the state and in providers' communities. Often the challenge to folks doing more and better is often a resources one. So we have definitely tried to be really active and push for the folks that are really invested in doing provider training –being helpful to keep resources going towards those programs.

Ourselves, we have tried to look to ways that we can fill in gaps or – for our members – offer some training that is helpful around the edges. But in terms of - kind of we have a training center where we offer computer training and GED classes for providers as well as have regularly done tax training for providers that are new and who need help in terms of filing taxes – so things like that.

And then, you know, and then work to cooperate and work with, folks in the child care community that are doing training to work together and look at what's needed in the future and how we can do that.

KAREN SCHULMAN: Great. You each talk a little bit about the extent to which your contracts are increase - or address access to health insurance for providers. I was wondering if either of you wanted to add just a little bit more information. Maggie, do you want to start? Is there anything you wanted to add about that?

MAGGIE LASLO: It was a really important. Since child care providers started organizing in Illinois, it's always been a huge issue – the lack of access to health care for providers – and was a huge priority for us when we negotiated our first contract.

And so what we won was resources to begin a health fund for providers. The fund has been going for about - a little over a year now. Comprehensive health insurance is offered. Providers that take care of

an average of two subsidized children over a period of time become eligible. The insurance is at no cost to the provider.

There is both kind of a PPO and an HMO option. Right now we are covering about 3,000 providers. And enrollment is growing every quarter. We continue to make the plan address providers' needs and incentivize providers who are getting preventative care. The plan is really set up around kind of what we knew were the needs of child care providers in particular. And there is an advisory committee of providers who kind of keep bringing feedback from providers that are using the plan in terms of how to make it better.

Definitely I think, we have had to work to really get the word out to providers and make sure providers understand that the healthcare is there and take advantage of it. There was definitely in the beginning a little bit of a sense of folks thinking, "Too good to be true," or not understanding that there really was health insurance available.

So we aggressively work to get word out to providers about the health insurance and seeing enrollment, you know, growing every month, every quarter like I said. So it's - and we'll continue to do that and work to make it, you know, more accessible to...

You know, at the same time we have been fighting to expand coverage to all low-income working families in terms of our family care program and other - kind of other state wraparound programs for folks who might not be eligible.

But it's definitely been a huge thing for us to win that for providers that commit themselves to doing child care have access to comprehensive health insurance through doing the work.

KAREN SCHULMAN: Great. It's - well Congress here in DC is being a little slow tact on health insurance. It's nice to hear you are moving forward in the meantime. Maybe we have to get you here.

Beth, did you have anything to add on health care?

BETH MYERS: I think we are just really jealous of folks like Maggie in Illinois.

We did negotiate to really start a committee to have with the state and again - I think one of the benefits that we bring is we are looking at other states that have used really interesting models - like Illinois, like Washington State or other states - to try to bring all of that together and see what we can do. But unfortunately we are just not that far into the process, although we certainly recognize that this is a major need that we really need to work on.

KAREN SCHULMAN: Great.

MAGGIE LASLO: It's something that we have been working on for a long time. And so I'm really proud of that.

KAREN SCHULMAN: Well I want to leave time for everybody else to ask questions. So I just have one final question that's pretty complicated. But if you could just maybe make some brief comments on it so we leave time for everybody else.

I was wondering if you could talk just a little bit about current economic conditions and state budget shortfalls are affecting unions' effort to support FFN and family child care. Maggie, why don't you go ahead first?

MAGGIE LASLO: In Illinois, we went through an incredibly difficult year last year with about a one in two dollars missing out of the state operating budget in terms of deficit. And pretty devastating cuts on the table. All of the potential cuts in terms of the budget shortfalls were focused in human services. There was a budget on the table that would have cut children eligible for the subsidy from about 175,000 children down to 25,000 children this year as well as cutting all kinds of other programs.

It was a very intense year of us. We are in Springfield every single week working with advocates and allies in the child care community and across human services providers to work to make sure everyone understood how vital the services were. We were pushing for revenue solutions like a fair tax increase.

There was often an unprecedented amount of activity in Springfield and around the state with folks coming together and of a movement formed to fight the cuts, we pushed for politicians to come up with revenue to fill the holes.

And it was very difficult at the same time that we were negotiating our second contract and looking to and looking at threats to everything that we had won in our first contract going into our second. The budget crisis was really striking at or threatening to strike at the heart of the whole program that so many have worked to build over the last 25 years.

We were able to get a short-term solution with the legislature committing to a lot of borrowing and shifting of bills to keep the doomsday budget from happening. But our legislature is about to go back into session next month for the FY 2011 budget; and the situation is even more dire in terms of how out of whack the state budget is. We are looking at a \$13 billion deficit out of a \$26 billion operating budget. A lot of the short-term solutions that got us through last year won't be available next year.

So it's gonna be the same thing and even more intense in terms of everyone needing to come together to fight to protect the child care program and get the state to take the responsible action it needs to – specifically around income tax – to be able to fund programs like this.

KAREN SCHULMAN: Beth?

BETH MYERS: I think it's probably going to a very similar story to Illinois. It is really about coming together with other advocates for children, with the Family Child Care Association, to do the political work necessary, to constantly be at the table to really be pushing to protect the cuts. We know that there are cuts coming down the line. And we know that there is going to be a big battle every year for the funding for this program. And so we just need to be ready and really be political advocates.

I think the other piece that we were really to do successfully for our first contract was to use stimulus funds and to work to identify how we could work to use federal funding to support an increase in providers' pay. So I think that's the other piece.

It was also being a partner to the state and looking to increase federal funding and to look at, how do we actually access things like stimulus dollars?

And then to make an effort not only to be fighting for the budget at the level of working in Annapolis – in the state capital of Maryland – to protect these funds, but then also to be doing the advocacy at the national level; to push for an increase of federal investments; and working with SEIU international staff and the folks in DC and around the country again to put our collective strength to talk about investing federal dollars and then protecting these funds in the state.

So I think it is about doing the political work to make sure that these funds are protected, and then also doing the sort of thinking process of how do we get money? Where do we bring money in? – and how to bring new money into these programs either from federal dollars or other places.

KAREN SCHULMAN: Great. Well - that information is pretty sobering, but it just makes progress that you have been able to make even more impressive. So with that I'll turn it over to Helen to bring in some questions from others on the call.

HELEN BLANK: We have had a number of questions. Maggie, can you clarify if you are talking about FFN providers or licensed providers or both? I think it's both.

MAGGIE LASLO: We are talking about both. The numbers go up and down around - a bit, but we represent about 36,000 home child care providers. And there are, you know, around 7,000 licensed providers and remain - and about 29,000 license-exempt providers on average taking care of children with the subsidy program in Illinois. And we represent both.

HELEN BLANK: Great. Beth? Someone asked what is required for a provider to be a mentor, in particular their education level?

BETH MYERS: We actually just have a requirement of someone - we talk to them; we make sure they understand, you know, what the process is to become a child care provider.

I said, we don't sort see this as a - someone who is going to replace training or replace any number of the formal trainers. What we are really doing is looking for folks that are willing to be a cheerleader who have already been through the licensing process.

Of course we would love to have someone fully credentialed, which means they had been through all the levels of training in Maryland. But most of our goal, really, at this point is to focus on folks that have absolutely no licenses - those that are in the informal care - that are really interested in taking the first step. We do talk to folks a lot. We stay in contact with both sides of the partnerships to make sure that the information is happening there as it should. But we really do want to sort of look more to the cheerleaders.

And we have really identified the biggest issue is the sort of fear of paperwork - and so naturally what we are trying to do is support folks getting over.

HELEN BLANK: I guess this is to both of you. When you win improved subsidy policies and procedures in - on the administrative side and timely payment side, doesn't this affect child care centers as well?

BETH MYERS: Sure we are always happy to make sure that all children get the best care possible.

And so when we make the system more efficient for our members, it's ultimately helping folks in child care centers, in all - you know, in other situations. And, you know, the raise that we actually worked very hard to negotiate also went to child care centers as well as the family child care providers.

MAGGIE LASLO: And I would just say I would agree in terms of the overall administration kind of benefits the whole system across the board. A lot of times, however, there are kind of particular issues in terms of payment that are difficult just by there being so many individual providers and with a small number of cases and just the volume on the family child care side around individual cases. So there are often improvements that are specific to family child care as well.

HELEN BLANK: Great. Thank you. Maggie, is your health care fund information available on your website?

MAGGIE LASLO: It is. Our Web site has information.

HELEN BLANK: Can you tell people what is the website?

MAGGIE LASLO: It's www.seiuhealthcarelin.org.

HELEN BLANK: How do the rates and coverage compare with low-income family health insurance currently available in the state?

MAGGIE LASLO: You know, there is no monthly premium for providers. We work to get rid of any barriers to entry for all low-income persons. There are no monthly premiums. There are very low-to-no co-pays for preventative care. There are low deductibles. And then depending on whether you are in the PPO or the HMO option there are some services that are entirely covered in an HMO option. And some places it looks like a kind of 80/20 for hospitalization split. But low deductibles and pretty low kind of annual maxes for out of pocket.

It is a modest benefit in terms of there are annual and lifetime maxes. And so in terms of like our family care, Medicaid is a richer plan, but ours is a self-funded plan.

Some of the issues that folks have in using Medicaid is that some doctors are not willing to take it. Ours is regular private health insurance. And so the ease of use is there. It's a comparable comprehensive plan but with some limitations because we have to fund it with the funds that we have available.

HELEN BLANK: Sure. Beth - we have a question that we'd like you both to answer. I guess we could start with Beth. What research questions, directions or studies do you all think would be most beneficial at this point in the ongoing process of supporting family, friend and neighbor care?

BETH MYERS: What research - wow. That's a big question.

BETH MYERS: Well - sure. I think honestly one of the things that we always look in - or are always really interested in, of course, is the quality of care as it relates to children achieving educational goals in the future. I mean certainly any of that care - I mean I think the other piece is, you know, we really want to talk a little bit, too - particularly I know with us in looking at low-income parents - and how friend, the family and neighbor care allows them to work. Because I think we also recognize that healthy kids come from healthy parents.

And so also looking at, you know, what the difference between having a, you know, a family child care provider or having a family member or even having a center that is close to either your home or your work. What difference does that make in terms of your earning ability throughout life, as well as looking at the educational outcomes? Because I do think sometimes, for me, we want to prove that our services are not only really helping out children in their learning but also helping out that family to really make a living.

So I mean - I think that's something off the top of my head I would throw out there. But, you know, that could have already been done.

HELEN BLANK: Okay. Maggie?

MAGGIE LASLO: Yeah. I mean I would say, looking at the turnover in the industry, and I think we know that raising rates and having benefits and giving support or things that keep someone from leaving the field. But I think there really needs to be a look at and analysis of the effects of different improvements and how, over time, they really help to increase quality by keeping more people in the field longer. But I think that is one thing.

On the other side is I think some kind of research that looks at the real cost of providing quality care. I think so often the conversation is around either kind of what the market rate is or what parents can afford to pay.

But often it is not around what's really necessary to provide the quality care that we want for our kids. And then a provider needs to do that and support her family and have a good life for herself and her family as well.

But I think really getting at what research measures are necessary for the quality care as opposed to kind of just looking at market situations or kind of what funds are available to determine what we have. And really looking at where we want to get to and putting some price tags on some of that are not just about our reality but where we need to get to.

HELEN BLANK: Thanks. Thank you. Thank you both.

As we close our series of calls, we wanted to highlight the work that unions and other advocates are doing to support FFN and family childcare providers. As you know, it not only involves working on improving support such as rates and health insurance but ensuring that the subsidy system operates in a way that's responsive to all providers and that training and licensing are structured in a way that recognizes the needs of providers as well as the needs of children.

NWLC will have our update on Getting Organized, available shortly. It will highlight union activities around these issues in 13 states. We will have the transcript of this conversation, both written

and audio, available on our website, www.nwlc.org. And we will be sending a follow-up e-mail that'll include the web address that Maggie provided in terms of health insurance. And we'll get you Maggie and Beth's contact information.

Again, Maggie and Beth, thank you for today. And thank you for your tremendous work on behalf of low-income women and children.

MAGGIE LASLO: Thanks very much.

BETH MYERS: Thank you.

HELEN BLANK: Thank you.

END TRANSCRIPT