



Nominating Committee Meeting Transcript

January 21, 2020

1 THE CHILDREN'S TRUST NOMINATING
2 COMMITTEE MEETING
3

4 The Children's Trust Nominating Committee
5 Meeting was held on January 21, 2020, commencing at
6 3:30 p.m., at 3250 Southwest 3rd Avenue, United Way,
7 Conference Room D, Miami, Florida 33129. The
8 meeting was called to order by Dr. Daniel Bagner,
9 committee member acting as Chair.

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11 COMMITTEE MEMBERS:

12 Dr. Daniel Bagner, Chair

13 Gilda Ferradaz, Vice-Chair

14 Mary Donworth

15 Marissa Leichter

16 Judge Orlando Prescott

17 Mark Trowbridge

18 Kenneth Hoffman

19 STAFF:

20 James Haj

21 Imran Ali

22 Vivianne Bohorques

23 Muriel Jeanty

24 Leigh Kobrinski

25 Shanika Graves

1 PROCEEDINGS

2 (Recording of the meeting began at 3:30 p.m.)

3 MR. BAGNER: Thank you everyone for coming. I'll
4 call this Committee meeting to order. We're here to
5 talk about two things. The first is regarding the
6 slate of officers. So, as you probably imagined,
7 because I think we initially had set up this day to do
8 interviews and we're obviously not. The reason is
9 because every current officer has indicated that they
10 are interested in maintaining staying on their role
11 and no other Board member has either been nominated or
12 self-nominated with interest in any of those
13 positions. So I'm going to recommend and certainly
14 turn it to the Committee that we move forward with
15 making the nominations or making the recommendation to
16 the Board that we're going to keep the current slate
17 of officers. I'll turn it to the rest of the
18 Committee members. And just note, as you speak, if
19 you could say your name because we have a new court
20 reporter.

21 MS. FERRADAZ: Gilda Ferradaz. I'm fine with
22 that.

23 MS. LEICHTER: Marissa Leichter. Just to refresh
24 my memory, is Ken going to be with us through the
25 whole next term?

1 MR. BAGNER: Yes.

2 MS. LEICHTER: Okay.

3 MR. BAGNER: Because there have been changes that
4 we've talked about before, I think at our last
5 meeting, that his position, even though we thought it
6 was going to be --

7 MS. LEICHTER: Through MCCJ?

8 MR. BAGNER: Right, correct.

9 MS. LEICHTER: He could stay.

10 MR. BAGNER: Yeah, there's been some, I guess,
11 changes in the interpretation of the length of terms.
12 And so the interpretation is that he can stay on
13 longer than --

14 MS. LEICHTER: Okay, perfect, that was my only
15 question.

16 MS. DONWORTH: Mary Donworth. I also agree.

17 MR. BAGNER: Great. If I can get a motion to
18 move forward. I'm assuming we need a motion and vote
19 as a Committee.

20 MS. DONWORTH: So moved, Donworth.

21 MS. LEICHTER: Second, Leichter.

22 MR. BAGNER: Any conflicts or recusals?

23 (NO VERBAL RESPONSE)

24 MR. BAGNER: All those in favor?

25 (WHEREUPON, the committee members all responded

1 with "aye.")

2 MR. BAGNER: Opposed?

3 (NO VERBAL RESPONSE)

4 MR. BAGNER: Motion passes to recommend to the
5 Board that we keep the current slate of officers.

6 So, with our next order of business I think I'll
7 punt to Jim. This is something we started to talk
8 about a little bit last time regarding the position
9 for the alliance seat and the alliance for social
10 services no longer exists, so we had started that
11 conversation last week about potential replacements
12 for the alliance. We also talked about possibilities
13 of maybe trying to change the statute to be more
14 broad. But, I'll punt it to Jim because I know the
15 staff has been discussing a few options, which are
16 included in your packet here for potential
17 organizations that could fit that position.

18 MR. HAJ: Thanks Dan.

19 And I believe everyone was here at the last
20 meeting, the Nominating Committee meeting, but we had
21 proposed, we had five names and we did some research.
22 The alliance seat was kind of unique, but we went, is
23 there any other seats that could kind of fit the bill
24 or come close to it and we provided five names last
25 Committee meeting. The Committee directed us to go

1 back and come back with more information on those
2 five, which we did, and it's attached in your packet.

3 These are the five names: The Organization of
4 South Florida Community Redevelopment, Community
5 Development Coalition, Health Counsel of South
6 Florida, South Florida Behavioral Health, Healthy
7 Start and the Health Foundation. I kind of wanted to
8 give it to Imran to kind of discuss the Alliance, yet
9 again, and where we stand.

10 MR. ALI: As I mentioned the last time, the
11 Alliance for human services was created by the County
12 Commission and it had a broad spectrum in everything
13 that it did because it's a social service agency. It
14 had a master plan that the county followed from a
15 perspective that they looked at everything across the
16 whole social services arena. When that organization
17 dissolved, then we had a vacant position on this
18 Children's Trust Board. Because it was no longer in
19 existence a few years ago the legislation changed the
20 statute to now read as it sees now, "A local alliance
21 of coalition engaged in cross-system planning for
22 health and social services delivering the county."

23 So we have come up with some names, and as Jim
24 mentioned, we went back and we have more specific
25 information for each of these agencies. Speaking to

1 several people in the community, I'm not too sure any
2 of these really fit the definition as outlined here,
3 but I want to turn it over to Gilda, who sat on the
4 Alliance when I sat there, who probably could give a
5 different perspective or add more information as to
6 whether you think this really falls into the
7 definition as it stands right now.

8 So, Gilda.

9 MS. FERRADAZ: Yeah, that Alliance I think was
10 broader and as the definition says, it was health and
11 social services. And it was funders in all of the
12 different areas of health and social services. And
13 I've reviewed all of these agencies on this list and I
14 don't think that anyone of them meet both health and
15 social services. Most of them are health. I also
16 don't think that they necessarily participate in
17 cross-system planning. I think that they are, you
18 know, by what their names suggest, health, and may
19 coordinate with some partners in the community to
20 provide health services and all that. But the cross-
21 system planning in both health and social services
22 delivery, I don't see that any of these meet that
23 definition.

24 MS. GRAVES: Mr. Chair, if we may. There is
25 currently, and you mentioned that maybe a legislation

1 change, there is currently a statute that's being
2 amended, a bill, I'm sorry, for Children's Services
3 Council. And I spoke to Donovan about some of the
4 obligations that it will put on The Trust, that may be
5 a vehicle to try to change that members spot. While
6 it went, I think it had a senate committee hearing
7 today. So there's still time if that's what The Trust
8 would like to move in that direction. Maybe session
9 started earlier this year and it will be over March
10 13th. You may want to differ it to see if you can get
11 the bill to add just some clarification language for
12 that seat or change and broaden it a little bit.

13 MR. HOFFMAN: If I'm correct, this is actually
14 the language that comes out of the 33 member board
15 statute or an alternative in the statute, and I guess
16 it was designed originally for Miami-Dade County
17 because we had all those criteria. It would seem
18 hard, again, unless we were, for example, to just say,
19 cross-system planning for health services, or social
20 services, or community, something that would either be
21 very broad or much narrower to find something that's
22 going to fit this old criteria.

23 MS. GRAVES: Correct.

24 MR. HOFFMAN: So I would think that if we had the
25 ability to influence a change we ought to consider

1 that.

2 MS. LEICHTER: I'd like to say something. I
3 think the Health Foundation of South Florida is the
4 closest one. Just knowing a little bit about what
5 they do. Additionally, after being on this Board for
6 quite a while and being on the committee, I can't
7 think of the name of it, that selects the new board
8 members, the at-large committee that selects, we
9 always seem to have a problem recruiting qualified
10 people or even recruiting anyone in the healthcare
11 field, like hardcore healthcare field, like
12 physicians. Even psychiatrist. When I was on the
13 board there was a physician, she's gone. The woman
14 who just left us was on for a little bit, a while, I
15 can't think of her name.

16 MR. TROWBRIDGE: Dr. Eshlemann [phonetic].

17 MS. LEICHTER: Yes. And now we have no
18 physicians on the Board, not to say that someone from
19 the Health Foundation or similar organization would
20 necessarily be a physician, but I just feel that
21 there's always been a lack of expertise on the Board
22 someone with physical health expertise. So, I think
23 it's important to keep the language similar to what it
24 reads. If you want to get rid of cross-system
25 planning, but I think the Health Foundation, if you

1 read network of partnerships, that's cross-system
2 planning. The partnerships are elected officials,
3 government agencies, business leaders. Maybe I'm -- I
4 just had the opportunity to speak with someone that
5 works there and we were talking about things that
6 definitely include cross-system planning that they're
7 doing there. So --

8 MS. FERRADAZ: But is that just health?

9 MS. LEICHTER: Hmm?

10 MS. FERRADAZ: Because --

11 MS. LEICHTER: It is health.

12 MS. FERRADAZ: But it says health and social
13 services.

14 MS. LEICHTER: Right, but in my mind, cross-
15 system planning brings in social services. Like if
16 you're going to do systems, different systems.
17 Systems are, you have child welfare system. You have
18 healthcare system. You have education. So, I think
19 the Health Foundation works with all of those systems.
20 Government agencies, elected officials, business
21 leaders, those are all different systems. So, in my
22 mind, they do cross-system planning for social service
23 delivery. I think they give money to social services.

24 I don't know. It might not be perfect. I think
25 that no one would argue with us if we put them in that

1 position. I think that they can fit the bill, but my
2 larger concern is that I don't want to change this
3 spot so much to the point where I -- I think we need
4 someone in the healthcare field in this position.

5 So, if we're not going to keep it like this, we
6 need to change the language to make it for an agency
7 that specifically works in healthcare. And that's
8 what I have to say about that. Like I said, I know a
9 lot of the people that work at the Health Foundation
10 are not physicians, but they're -- I don't know -- but
11 that's my --

12 MR. BAGNER: I would echo, I would agree with the
13 health piece. I think we are missing that and we
14 tried, I've been on the Board for a while now and
15 we've also had several physicians come off and on.
16 So, I do agree with that. One thing that I wanted to
17 punt to the attorneys, I think one option is, do we
18 try to, based on our consensus, pick an organization
19 we think fit this definition as is. The down side to
20 that would be at some point someone could say this
21 doesn't fit and then we lose that position again. So,
22 I'm wondering what that process looks like. And the
23 other consideration would be to change it either more
24 broadly where we can fit the needs of the Board at
25 that time. Or we make it more specific to what we

1 think the needs are right now. And then how long that
2 would take? So, I guess those are two different
3 questions.

4 MR. HOFFMAN: Well, I think we can do both of
5 them. My concern has been that the statute and the
6 ordinance says the Board shall consist of 33 members
7 and these are the people. So, we go on for a year
8 now, plus, or a couple years --

9 MR. HAJ: Nine years.

10 MR. HOFFMAN: -- a number of years without even
11 considering that Board position. So, we probably
12 could do both. In other words, we don't even know if
13 we started a legislative initiative, whether it will
14 get passed if at all or it get passed in this session.
15 So, I think that if I had my druthers, I would
16 probably pick the closest, which I would prefer, and I
17 have read the descriptions might be the Health
18 Foundation. But, also pursue a change so that we can
19 narrow it to what we think is the best approach for
20 the future.

21 MR. TROWBRIDGE: My question was really in terms
22 of the statutes. So, the specificity on those seats
23 is in the state statute and mirrored in the county
24 ordinance.

25 MS. GRAVES: Correct.

1 MR. TROWBRIDGE: So, the precedence is that the
2 state would have to be change for county then to then
3 consider it.

4 MS. GRAVES: Correct.

5 MR. TROWBRIDGE: Was that always the goal, is
6 that typical that something is that specific?

7 MR. HOFFMAN: Just to clarify, I think the county
8 changed the ordinance a year and half ago --

9 MS. GRAVES: To mirror.

10 MR. HOFFMAN: -- to make it broader and not
11 specific to the organization that had previously been
12 filling that seat.

13 MS. GRAVES: So, initially the statute had the
14 cross-system.

15 MR. HOFFMAN: Got you.

16 MS. GRAVES: And there was one entity that fit
17 that definition and so that --

18 MR. HOFFMAN: Which was alive at the time?

19 MS. GRAVES: Correct. And so that was what was
20 in the ordinance. After the last amendment to the
21 statute, we went in and cleaned up the ordinance and
22 then just made it mirror the language that's in that.

23 MR. HOFFMAN: Similar to what was done to the
24 position for the organization that has appointed me
25 MCCJ, no longer has that position stated in the

1 ordinance, but it's within the faith-based code
2 organization.

3 MR. TROWBRIDGE: Right, it's more of an open door
4 opportunity there.

5 MR. HOFFMAN: Correct.

6 MR. TROWBRIDGE: So you could look at more than
7 one, but this was obviously crafted at the time that
8 the alliance was running very efficiently and
9 operationally, so. So, nine years, huh?

10 MR. HAJ: Nine years, but they changed the
11 statute a year and a half ago, two years ago.

12 MR. PRESCOTT: Yeah, but even with that change,
13 and I understand, you know, you say shall consist of,
14 it shall consist of A, B, C. If we have D, E, F, we
15 don't put D, E, F into A, B, C. If we don't have
16 anything that fits this, we trying to put you know --

17 MR. TROWBRIDGE: A square peg.

18 MR. PRESCOTT: A circle into a square peg.

19 MR. TROWBRIDGE: That's right. I know I wouldn't
20 want us to get into a position that's sort of being
21 embarrassed by being told a person we went through a
22 selection process for that they can't serve. I don't
23 know who would do that, but someone could call that
24 question.

25 MS. DONWORTH: So, do we get into trouble if we

1 don't?

2 MS. GRAVES: Well, we won't be complying with the
3 statute or the ordinance. And so that is never good.

4 What I would suggest is that before we make a decision
5 either way, maybe find out specifically from the
6 Health Foundation about the process and planning and
7 if it's a little broader than what we have here.

8 Because based on internal discussions, like the people
9 who do the work, know the work they're doing. And
10 sometimes it's not really conveying that way to the
11 community.

12 MR. TROWBRIDGE: Right.

13 MS. LEICHTER: And like the elevator pitch.

14 MS. FERRADAS: Yeah, because even their mission,
15 it says, "Collaboration and policy of systems that
16 improves health," so it's specifically to health.

17 MR. BAGNER: Yeah when I was looking at them, I'm
18 going to throw one other option, when I was looking at
19 the organizations, I thought Healthy Start may be an
20 option. Because Healthy Start, while it focuses on
21 health in some levels, it also was more broad that
22 it's really targeting woman and babies at high-risk.
23 That I think they would probably categorize as broader
24 than just health related. And I do know that they do
25 work cross-system types of work. I mean, I think we

1 can make an argument for several of these.

2 MS. DONWORTH: I was going to say the exact same
3 thing. I've worked with the Health Foundation for
4 years on various things. And I don't tend to think of
5 them as being in the forefront of cross systems work.
6 They certainly participate in collaborate activities
7 that go on, but it's really driving towards their
8 grant making. But, the Healthy Start Coalition,
9 really is looking within that eco system. You know,
10 really looking at how is this working, how are we
11 making sure that children are born with all the right
12 health indicators, etcetera. And so looking at all of
13 these, for me, again, within that niche, they would
14 seem to fit the bill.

15 MR. ALI: You know, I've worked with all of these
16 agencies and if you look at the Health Counsel and if
17 you want to try to fit something, they're probably the
18 closest fit because they do a lot of cross planning
19 and system planning across. The different social
20 service agencies. Not that it will guarantee that
21 you'll get a doctor appointed, but at least it does
22 just a little bit more than the other two. If you
23 read the dialogue described in there. That's an
24 option you need to look at. You know, and I did talk
25 to a few people in the Health Department, I asked them

1 their opinion on this. They felt that this would
2 probably be the closest fit, the Health Counsel. I
3 just thought I'll put that consideration out there.

4 MR. TROWBRIDGE: Can we ask them to consider
5 appointing a medical doctor versus an administrator?

6 MR. BAGNER: I don't think it has to be a medical
7 doctor, I think, as you were saying, a physician, a
8 psychiatrist, a nurse, a nurse practitioner, anyone in
9 the health field.

10 MS. LEICHTER: Professional. Someone that maybe
11 has frontline experience versus like --

12 MR. TROWBRIDGE: So the answer that you're saying
13 is, we can make that suggestion. We'd like someone in
14 the health professions.

15 MR. PRESCOTT: Since we're throwing everything
16 out. I threw out that we maybe accept the suggestion
17 wait to see what the legislation does before we try to
18 put this circle into a square peg and if they don't,
19 then it leaves us and we'll have to create a band aid
20 situation. But, I think we're creating a band-aid
21 situation before we need to.

22 MS. LEICHTER: Since we let it go for nine years
23 already.

24 MR. TROWBRIDGE: Who would we reach out to to
25 carry the water on that? Because someone would need

1 sponsor that.

2 MR. HAJ: Through the day delegation we'll reach
3 out to a variety of different people. The question
4 is, what is the ask? I don't know what the ask is
5 right now. It just needs to be clear.

6 MR. BAGNER: I think we have options. I think we
7 can either narrow to some --

8 MS. LEICHTER: More health related.

9 MR. BAGNER: -- to say more health related or
10 maybe make a recommendation to have another at-large
11 positions, which I think is viewed as the needs of the
12 Board at the time that it's open.

13 MS. DONWORTH: And take out the cross-system
14 planning function.

15 MR. BAGNER: Well, if we'll be at-large, it will
16 just be a general at-large position. Or we narrow to
17 just health related field.

18 MR. HAJ: Just for background, there's two parts
19 of the statute. One, is the 33 member board, which we
20 have. And then every other CSC operates in their 10
21 member board. So, you know, five govern five variety
22 of different ways, but we have the 33 member board.
23 So there's two sections and that's where the 33 are
24 listed in the alliance seat. So it's neither here nor
25 there. I just wanted to give you some background.

1 MR. TROWBRIDGE: So we're accepting that?

2 MR. BAGNER: So just to be clear, also another
3 option could be is to cut down to 32 members, right?

4 MR. TROWBRIDGE: I was going to say, so we're
5 accepting resignations now?

6 MR. HOFFMAN: That situation is a condition --

7 MR. BAGNER: So, I guess in my opinion, there's
8 two decision points. The first one is, do we wait and
9 try to make a change to the statute as the judge was
10 recommending, or do we try to fit one of these into
11 the position as stated now. And then depending on how
12 we feel as a Committee, that would then dictate the
13 other decision, which would be either what the
14 statute, what we recommend the statute change to or
15 which organization do we chose. Right?

16 MR. TROWBRIDGE: So, I move the judges item that
17 we delay until after the legislative session has been
18 completed.

19 MS. LEICHTER: Yeah, I agree.

20 MR. TROWBRIDGE: And then regroup.

21 MR. BAGNER: Do I have a second?

22 MS. DONWORTH: Second.

23 MR. BAGNER: Any recusals?

24 (NO VERBAL RESPONSE)

25 MR. BAGNER: So all those in favor of delaying or

1 not delaying, but all those in favor of tabling --

2 MR. TROWBRIDGE: Deferring.

3 MR. BAGNER: -- and changing the statute, all

4 those in favor?

5 (WHEREUPON, the committee members all responded

6 with "aye.")

7 MR. BAGNER: Opposed?

8 (NO VERBAL RESPONSE)

9 MS. JEANTY: Who seconded it?

10 MS. DONWORTH: I did.

11 MR. TROWSBRIDGE: Mary did.

12 MR. BAGNER: Any opposed?

13 (NO VERBAL RESPONSE)

14 MR. BAGNER: Motion passes unanimously.

15 So now we should discuss what we want to see the

16 changes to be to the statute in the next five minutes.

17 MR. TROWBRIDGE: Well, if you just take the board

18 position description that's on the top of the second

19 page of our packet. I would just use that as a

20 guidepost. It seems like the challenge was the cross-

21 system planning and having both health and social

22 services together, so maybe trim it.

23 MS. LEICHTER: I would concentrate on health.

24 MR. TROWBRIDGE: Okay.

25 MS. LEICHTER: And, I mean, I don't want to focus

1 too much and say like physical health because I think
2 that mental health is subject and such a big part of
3 our community now. But, we do have more mental health
4 practitioners on the board currently. It never seems
5 to be an area where we're lacking, but I would be
6 comfortable with just saying, but I just feel like
7 dentists, doctors, people that are on the frontline
8 that are working in our hospitals. We need them on
9 this Board and we don't have them. And if we do, they
10 -- I mean, we haven't, in my eight or nine years on
11 the Board, it just hasn't -- and I just think, you
12 know, when you have resolutions and you want that
13 expertise. Yeah, you can have the people from the
14 organization that are coming up and chatting, but it
15 would be nice to have someone with that expertise on
16 the board. My opinion is to keep the word health in
17 whatever we trim it down to.

18 MR. BAGNER: We could specify pediatric
19 healthcare service deliveries, something like that.

20 MR. TROWBRIDGE: Pediatric and adolescent or
21 adolescence.

22 MS. DONWORTH: And do we want it to be an
23 alliance or coalition precisely, because we don't want
24 nonprofits individually that might be applying for
25 funding. So this takes that to a different level.

1 MR. TROWBRIDGE: We can leave that, but maybe, or
2 individual, so that it leaves some more options.

3 MR. BAGNER: Local alliance, coalition or
4 individual engaged in -- and I think pediatric would
5 umbrella adolescent. Yeah, child and adolescent. My
6 only concern with saying pediatric would be it may not
7 cover someone who's focus on like maternal health,
8 which has impacting on kids, but I don't know if we
9 would want someone who's focus on, like thinking about
10 --

11 MS. FERRADAZ: Somebody's health.

12 MR. BAGNER: -- Healthy Start, right.

13 MS. LEICHTER: My brain just went off. I know,
14 for example --

15 MR. PRESCOTT: When you say your brain went off,
16 like turned off?

17 MS. LEICHTER: No, it actually went on --

18 MR. HOFFMAN: Just turned on.

19 MS. LEICHTER: -- my brain just went on a
20 tangent. It went off on a tangent, sorry. Like, Mark
21 comes from the Chamber and they focus on business. Is
22 there a pediatric association, or we might not be able
23 to resolve this in four minutes, but I think maybe we
24 need to come back on this issue. Maybe we can have
25 the seat to some sort of pediatric, I'm not so

1 familiar with what, who and what physicians have to --

2 MR. BAGNER: That would narrow better. You can

3 say American Academy of Pediatrics --

4 MS. LEICHTER: Something like that.

5 MR. BAGNER: -- but then that would narrow it

6 only to pediatricians. You can say a child

7 psychiatry.

8 MS. LEICHTER: Well, physicians.

9 MR. TROWBRIDGE: But they fall under an alliance

10 or coalition much the same that we talked about.

11 MR. BAGNER: Yeah.

12 MS. LEICHTER: But maybe they could appoint some

13 -- you know, I'm just trying to think of how we can

14 get a practitioner on the board.

15 MR. HOFFMAN: How about a word like organization

16 a local organization?

17 MS. LEICHTER: Right.

18 MR. HOFFMAN: Which could include these or could

19 include any --

20 MR. BAGNER: And providing pediatric healthcare

21 service delivery.

22 MS. LEICHTER: Right, because let's say you

23 wanted a lawyer, we're not lacking in that area on the

24 Board, but you know you would say like some local bar

25 association. And within that bar association they

1 would know, you know consult like the juvenile
2 subcommittee or you know whatever. So, I'm thinking
3 like medical associations. Medical. And they'll know
4 where to find within their community.

5 MR. TROWBRIDGE: Or maybe we can do some due
6 diligence like what was done by the staff.

7 MS. LEICHTER: Exactly.

8 MR. TROWBRIDGE: With regard to the current, you
9 know, sort of the current read on the statute and look
10 at that and see who's out there.

11 MR. BAGNER: So, what I'm hearing in terms of a
12 potentially new definition is local alliance,
13 coalition, or individual engaged in pediatric
14 healthcare service delivery, that we can keep in the
15 county?

16 MR. HAJ: May I ask, could we get -- just throw
17 it out there, could we just keep it rather broad. If
18 you keep it broad it gives the Board flexibility. You
19 don't know what's going to happen eight years to come.
20 You didn't select whoever you want to if you want a
21 pediatric.

22 MR. PRESCOTT: Just like the situation we're in
23 now.

24 MR. HAJ: Correct. If you put local healthcare
25 organization, that gives the Board it's in our bylaws,

1 we could pick the organization. Just as we do with
2 MCCJ. So as long as we keep it broad it gives, long
3 after we're not here, you know, people the ability to
4 have some, this Board flexibility.

5 MS. LEICHTER: Did you say association in there?

6 MR. BAGNER: I didn't have that, but we --

7 MR. TROWBRIDGE: We can suggest it also say
8 organizations.

9 MR. HAJ: Local healthcare organization.

10 MR. BAGNER: So, you're saying, just say local
11 healthcare organization, but not even saying providing
12 healthcare delivery?

13 MS. DONWORTH: Did you not want to say and or
14 practitioner?

15 MR. HAJ: I just think if we go into pediatric,
16 the whole thing about pediatrics is you start pigeon
17 holding yourself.

18 MR. DONWORTH: But if you limit it to an alliance
19 or an organization, then an individual doctor who
20 might be whatever would perhaps be precluded.

21 MR. HOFFMAN: But isn't that really the purpose
22 of the at-large to get people to apply versus, again,
23 here it was a position design for representative of
24 something and here we're saying healthcare system, or
25 healthcare delivery, or healthcare services.

1 MR. BAGNER: Or another option is we could just
2 recommend is we want this as another at-large
3 position, right, and right now we're determining that
4 the needs of the Board are related to healthcare and
5 so we as a Nominating Committee can find people
6 specific to healthcare. That's another option way to
7 go. Because there may be a case that down the line
8 from some other organization, there's a lot of medical
9 providers --

10 MR. DONWORTH: I would like to keep it broad as
11 possible.

12 MR. LEICHTER: I would like to keep the word
13 health in there. I'm not saying I've been on here
14 forever and I know everything, but I'm telling you
15 this is a way to get a physician on the Board and we
16 are lacking a health --

17 MR. HOFFMAN: Again, that's not a bad idea in
18 terms of saying an at-large position to be filled by a
19 healthcare practitioner, period.

20 MR. TROWBRIDGE: By wording.

21 MR. HOFFMAN: It might say one additional health
22 at-large position. Allow us to advertise and it could
23 be we ask organizations like we did, I did at least,
24 in a couple at-large, could you please nominate one of
25 your doctors or somebody you feel would be

1 appropriate.

2 MR. TROWBRIDGE: No, we have to count on future
3 iterations of this Committee to follow the spirit of
4 the attitude. Be mindful of that. We're not always
5 going to have your wisdom.

6 MR. HOFFMAN: That would be in the power of the
7 way of going to the legislator and saying this was a
8 purpose design provision. There is no purpose for it
9 anymore. And we would like to keep the Board the
10 same, but revert to an at-large position focused on
11 healthcare.

12 MR. TROWBRIDGE: That could be the easiest route.

13 MR. BAGNER: On healthcare generally, or
14 healthcare service delivery, specifically?

15 MR. HOFFMAN: Well, again, I would say, an at-
16 large position to be filled by a healthcare
17 practitioner or an individual engaged in healthcare.

18 MS. LEICHTER: In the healthcare field.

19 MR. BAGNER: Maybe in the healthcare field,
20 because even if you say healthcare --

21 MS. LEICHTER: Practitioner.

22 MR. BAGNER: -- provider, practitioner, then that
23 narrows it to someone actually providing services
24 deliveries.

25 MS. FERRADAZ: There's strengths to some of the

1 organizations here, but most of them don't provide
2 direct services.

3 MR. BAGNER: Right.

4 MS. FERRADAZ: So it's not practitioners.

5 MR. BAGNER: And I think that's okay.

6 MS. FERRADAZ: Right, right, but, I mean, if you
7 put it broader, it could be either.

8 MR. BAGNER: Right. So, I'm hearing now, an at-
9 large position focused in the healthcare field. We
10 all in agreement on that? An at-large position
11 focused in the healthcare field.

12 MS. LEICHTER: That keeps it at-large even if you
13 put a little bit of a specificity on it. Okay.

14 MS. BAGNER: That's good.

15 MS. GRAVES: One other thing, someone mentioned
16 the staff coming back. Because session is already
17 started and it and moves very quickly. What we
18 suggest is that we start working on this now to see if
19 we can get it added on to the bill that's currently
20 pending.

21 MR. BAGNER: So, can I hear a motion to change,
22 make a recommendation to change the statute to say an
23 at-large position focused in the healthcare field?

24 MS. GRAVES: Or something along those lines.

25 MR. BAGNER: Or something similar.

1 MS. DONWORTH: So moved.

2 MR. BAGNER: Second?

3 MS. FERRADAZ: Second.

4 MR. BAGNER: Any conflicts or recusals?

5 (NO VERBAL RESPONSE)

6 MR. BAGNER: All those in favor?

7 (WHEREUPON, the committee members all responded

8 with "aye.")

9 MR. BAGNER: Any opposed?

10 (NO VERBAL RESPONSE)

11 MR. BAGNER: Okay, motion passed unanimously.

12 MS. GRAVES: So we'll just suggest that this is,

13 you tell the Board today what they did and we can

14 start moving on it. We'll talk with Donavon and with

15 the rest.

16 MR. BAGNER: Okay, thank you, everyone. Meeting

17 adjourned.

18 (Whereupon, at 4:00 p.m., the meeting was

19 adjourned.)

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CERTIFICATE OF REPORTER

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

I, MIRIAM BRIGHTON, court reporter and
Notary Public do hereby certify that the foregoing
proceedings were taken before me at the time and place
therein designated, and that the foregoing
pages numbered 1 through 29 are a true and correct record
of the aforesaid proceedings.

I further certify that I am not a relative
or employee, attorney or counsel of any of the parties,
nor am I a relative of any of the parties' attorney or
counsel connected with the action, nor am I financially
interested in the foregoing action.

Under penalties of perjury, I declare that
I have read the foregoing certificate and that the facts
stated herein are true.

Dated this 18TH day of FEBRUARY 2020.

MIRIAM BRIGHTON

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