



Nominating Committee Meeting Transcript

March 1, 2021

THE CHILDREN'S TRUST
NOMINATING COMMITTEE MEETING
"VIRTUAL MEETING VIA ZOOM WEBINAR WITH A QUORUM OF
MEMEBERS PHYSICALLY PRESENT
AND SOME MEMBERS ATTENDING VIRTUALLY"

The Children's Trust Board of Directors
Committee Meeting was held on March 1, 2021
commencing at 2:00 p.m., with a quorum of members
physically present and some members attending
virtually. The meeting was called to order by Dr.
Daniel Bagner, Chair.

ORIGINAL

COMMITTEE MEMBERS:

Dr. Daniel Bagner, Chair (Zoom)
Gilda Ferradaz, Vice-Chair
Mary Donworth
Steve Hope
Marissa Leichter
Dr. Susan Neimand (Zoom)
Judge Orlando Prescott
Mark Trowbridge
Kenneth C. Hoffman, ex-officio (Zoom)

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STAFF:
 Leigh Kobrinski
 James Haj
 Muriel Jeanty
 Lisete Yero
 Imran Ali

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PROCEEDINGS

(Recording of the meeting began at 2:00 p.m.)

MR. CHAIR: So, welcome. Good afternoon, everyone. I'll call this meeting to order. Thank you for joining, those of you in-person, those of you online. As you know, we're going to be interviewing all the candidates today that we selected to invite for interviews. We have six candidates and we're going to speak to each of them for twenty minutes.

Before we begin, I wanted to check to see, I think last time we did this, we may have rotated asking the questions, each of us took a question. I'm happy to do that again. I'm also happy to do all the questions myself. I'm wondering what folks think. Anyone has a preference?

MS. LEICHTER: I thought we -- oh yeah. Because then I was going to say, I thought maybe one of us took each candidate. But I think you're right, everyone took a question, so we kind of -- everyone did every candidate. Right?

DR. BAGNER: Yeah, I think we had a few -- we have -- let's see. We have five questions, plus I'm asking if they have any questions. And I see, one, two, three, four, five, six, seven, I see eight of us. So not everyone will have a question. If we do

1 it that way.

2 DR. NEIMAND: Personally, I'm fine with Dan
3 asking all the questions since we're masked and its -
4 -

5 MS. LEICHTER: Yeah, maybe just at the end, Dan,
6 ask us if we have any follow up and if any of us have
7 follow up, we can just butt in.

8 DR. BAGNER: That sounds good. I was thinking
9 the same thing. I think in this hybrid virtual
10 format, it probably is easiest if I just take the
11 lead and I'm happy to do that.

12 MS. LEICHTER: Yeah, I'm so inclined to like rip
13 off my mask and ask a question. It seems so weird
14 with it on.

15 DR. BAGNER: Yeah, no, don't do that.

16 MS. LEICHTER: No, I know.

17 DR. BAGNER: So, any other questions before we -
18 - I think everyone should have -- all right, great,
19 its posted on the screenshare and also maybe in front
20 of you, is our schedule. I think there was a change
21 to it, although maybe I was the only one aware of
22 that. So that's a schedule --

23 MS. JEANTY: Yes.

24 DR. BAGNER: -- of folks coming in. Everyone
25 see that?

1 MS. JEANTY: Well, the first person is already
2 there, just let us know and then we will let that
3 person in. I think its Heather Bins.

4 DR. BAGNER: Great. So, we'll go ahead, you
5 know, I think I'll stick to the script of the
6 questions, but we can certainly veer off if you have
7 follow-up questions. After each question I'll check
8 in with you all. I think we also quickly introduced
9 ourselves to the candidate last time. I think that
10 will be nice to do. And I'm trying to think of the
11 best way to do that.

12 MS. LEICHTER: Do you want to call on us?

13 DR. BAGNER: I'll call on you. I'll just go in
14 the order that you're on my screen. That my change
15 periodically, but I'll go ahead and call on each of
16 you to introduce yourself to the candidate and you
17 can just briefly say your name and your role on the
18 board and how long you've been on the board.

19 MS. LEICHTER: Dan?

20 DR. BAGNER: Yeah?

21 MS. LEICHTER: One question. Because I know,
22 like, the person who was asking the questions last
23 time, like gave a little spiel before they asked the
24 questions, especially focusing on, like, the time
25 commitment. And I know that is question number five.

1 But I was wondering if you were going to, like, lay
2 it out at the beginning or kind of just, like, really
3 drill it in when you get to that question. Because,
4 you know, especially with COVID and everything,
5 quorum is, like, really important right now. Not to
6 say, like, oh, are you -- even to touch on COVID, but
7 let's just pretend like it's not, you know, number
8 five, I think is an important question. So, I don't
9 know. I was just reflecting on that from prior
10 interviews.

11 DR. BAGNER: Yeah, we actually added that. I
12 don't think that was an actual question that we had.
13 I think it just came up last time, so we added it as
14 a question to ask this time. We thought it was best
15 to add at the end. Although it may come up when we
16 ask if they're, if they serve currently as a board
17 member on another agency --

18 MS. LEICHTER: Right.

19 DR. BAGNER: -- because that also -- that is
20 something as well, just so you're all aware, we did
21 get a response from our attorney, and if they are
22 serving on another county board, and, Jim, correct me
23 if I'm wrong on this, but I believe they will have to
24 choose if they want to serve on The Trust, they will
25 not continue to be able to serve on that other county

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board.

MR. HAJ: That is correct. That's the legal opinion.

DR. BAGNER: So, we'll have to verify that with -- I think there was a question with one of the candidates, that they may be serving on another board.

MR. HAJ: There were two that are serving on a board. We clarified the advisory question, they said yes, it does also pertain to the advisory.

DR. BAGNER: Okay. Can you remind me, Jim, who those two candidates were?

MR. HAJ: Edward Abraham and Patricia Ares-Romero.

DR. BAGNER: Okay. So, they're both serving on an advisory board and they would have to no longer serve on that advisory board if they were to be on The Trust?

MR. HAJ: They're on the board. I'm not necessarily sure if it's the advisory or not, but we sent the two specific boards that they were on to our attorneys and they said they're going to have to make a choice.

DR. BAGNER: Okay. So, we'll go ahead and get started. The other, just briefly before we bring the

1 first candidate in, at the end of this meeting we'll
2 go through the candidates, we'll discuss them and
3 vote. If whoever is controlling the Zoom, maybe
4 there is a way you could do a poll question at the
5 end, that might be the easiest way to vote. Do like
6 an initial temperature on how folks are feeling about
7 the candidates. So if we could explore that when we
8 get to that point. And then we also discuss briefly
9 the open treasurer/finance chair position. Because
10 Steve is stepping down from the board.

11 MR. HOPE: Mr. Chair, just quick question. In
12 terms of question one through six, are we going to
13 assign a question to each member? How is that going
14 to work?

15 DR. BAGNER: I'm just going to go ahead and ask
16 them myself. I think that might be easiest in this
17 format. And then if in between questions, feel free
18 to jump in. I'll also open up opportunities here and
19 there for other committee members to ask questions if
20 they have questions.

21 MR. HOPE: Okay, thank you.

22 DR. BAGNER: You're welcome.

23 We will go ahead and introduce ourselves to each
24 candidate. Okay, great. Why don't we go ahead and
25 bring in our first candidate, Heather Bins?

1 MS. LEON: Okay, she's in.

2 DR. BAGNER: Hi, Ms. Parschal Bins. My name is
3 Dan Bagner, I'm the chair of the nominating
4 committee. You're on mute.

5 MS. BINS: Hello, how are you?

6 DR. BAGNER: I am great, thank you. How are
7 you?

8 MS. BINS: Good, good.

9 DR. BAGNER: Welcome to our hybrid committee
10 meeting, where we are interviewing candidates for
11 this at-large position for The Trust. I'm just going
12 to go ahead and have each of the committee members
13 introduce themselves to you and then we'll go ahead
14 and ask you some questions.

15 MS. BINS: Okay.

16 DR. BAGNER: Okay, so we'll start with the --
17 just go in order with how they are in my screen. So,
18 I'm going to start with Mary Donworth.

19 MS. DONWORTH: Good afternoon, I'm Mary
20 Donworth, and I represent the United Way on The Trust
21 board.

22 DR. BAGNER: Thank you, Mary.

23 Gilda.

24 MS. FERRADAZ: Good afternoon, my name is Gilda
25 Ferradaz, and I represent the Florida Department of

1 Children and Families.

2 DR. BAGNER: Steve.

3 MR. HOPE: Good afternoon, I'm Steve Hope, and
4 I'm the at-large member who you'll be replacing if
5 you are the candidate selected.

6 MS. BINS: Hello.

7 DR. BAGNER: Mark.

8 MR. TROWBRIDGE: Good afternoon, Mark
9 Trowbridge. I represent the business community
10 through the Miami-Dade Coalition of Chambers of
11 Commerce.

12 DR. BAGNER: Judge Prescott.

13 MR. PRESCOTT: Good day to you. My name is
14 Orlando Prescott, I'm a circuit court judge, and I
15 represent the judiciary in this -- on the board.

16 DR. BAGNER: Marissa.

17 MS. LEICHTER: Good afternoon, my name is
18 Marissa Leichter, I'm a gubernatorial appointee,
19 however I work for Florida Foster Care Review.

20 DR. BAGNER: And Dr. Neimand.

21 DR. NEIMAND: Everybody gets a first name except
22 me. My name is Susan Neimand, I am the Miami-Dade
23 College representative, where I serve as the Dean of
24 the School of Education.

25 DR. BAGNER: Thank you. Oh, and I missed Ken,

1 sorry, you're on the bottom of my screen.

2 MR. HOFFMAN: I'm actually not a member of the
3 committee. I'm Ken Hoffman. I'm the Chair of The
4 Children's Trust Board. Good to meet you.

5 MS. BINS: Nice to meet you.

6 DR. BAGNER: And you have some other staff here
7 as well. Jim Haj, president and CEO. Imran. Let me
8 see if there's any other -- due to time constraints,
9 I'm going to go ahead and jump right into some
10 questions that we have for you.

11 MS. BINS: Okay.

12 DR. BAGNER: And I already, briefly, I think I
13 might have just very briefly introduced myself, but
14 I'm Dan Bagner, I am the representative from FIU.
15 That is my role in The Trust. I've been in The Trust
16 for five years now.

17 So, to start off, can you tell us a little bit
18 more about the unique qualities and abilities that
19 you would bring to The Trust as a board member?

20 MS. BINS: Well, first and foremost, greetings,
21 and it was a pleasure to meet all of you. My name is
22 Heather Parschal Bins. I've been in the business of
23 education for essentially 20 years, 16 of them with
24 Broward County Public Schools. So, I would think
25 that my diverse -- I would be able to bring a

1 different perspective to the board in regards to me
2 being first and foremost on the front lines. So, I
3 see daily what programs do and how they impact
4 students and families. Your mission for The
5 Children's Trust is to plan and advocate those,
6 particularly for families and children. That's what
7 I do on a daily basis.

8 So, I currently, like I said, for 16 years, I've
9 been a classroom teacher, I've been a literacy coach
10 for six years. I've also been an agile professor at
11 Barry University. So, I'm very well versed in
12 literacy and, in particular, early literacy, as well
13 as comprehension. And I've been -- I'm a proud
14 assistant principal of New Renaissance Middle School,
15 which is located in Miramar, Florida, for the past
16 four years. So, I've had the ability to work in all
17 age levels, from elementary even onto high school, as
18 well as university level.

19 So, I think my experiences definitely lend
20 itself to being -- and serving as an asset on the
21 board in terms of just having that knowledge base,
22 that skill base of literacy and different programs
23 because that's what I do on a daily basis, is measure
24 the effectiveness of a program at a particular school
25 location.

1 DR. BAGNER: Thank you.

2 Any follow up questions from the committee
3 members?

4 Okay. Have you ever served on a board or as a
5 board member in any other agency, and if so, what
6 were some successes and challenges that you had from
7 your experience?

8 MS. BINS: Well, I would definitely say that I
9 have not served on any board, but there's never a, I
10 guess, never an opportunity not to start. And what
11 drew me to this particular board was that it is
12 solely right aligned with the mission of what I love,
13 which is children and families. So -- and in being a
14 school administrator, you know, we do our own form of
15 school advisory and board and evaluating the various
16 things that come to our school campus. In terms of
17 curriculum, in terms of enrichment, all these various
18 programs that come through.

19 DR. BAGNER: Okay. And on that note, what do
20 you see as the major issues facing children and
21 families today and also in the next five years from
22 now?

23 MS. BINS: We are going to -- the pendulum is
24 going to shift in education. Due to the pandemic,
25 you will see that, you know, there's an influx of

1 kids who are right now, who are at home doing remote
2 learning, e-learning, the kids who are on campus.
3 You will see that there will be a divide amongst,
4 that there's going to be an academic slide in terms
5 of achievement levels and students being able to
6 pretty much handle that task, task at hand. The
7 other piece is the digital divide. So not everyone
8 is afforded the opportunity or has the ability to
9 keep up with their remote learning because not
10 everybody has access to computers or Wi-Fi. So that
11 is also an issue that I do see in the schools.

12 The other piece that the State of Florida is
13 going to be changing is their standards. So no
14 longer will they just be doing the common core -- and
15 of course I'm sure everything will still look very
16 similar, but things will change, which means that
17 there will be a need for teachers, learning the
18 different standards, you know, so there's going to be
19 some professional development on that end. But
20 before you wait for that, there are going to be kids
21 who are going to need -- have that, you know, level
22 of understanding, so that they can go ahead and meet
23 mastery of that particular grade level. So there's
24 going to be a serious need for remediation,
25 remediation programs, enrichment programs, programs

1 that provide different types of resources for
2 students to handle the technology.

3 Once we've gone into this e-learning
4 environment, and even if we get a handle on this
5 pandemic and we return back to schools 100 percent,
6 there are still going to be students who are, you
7 know, teachers are not going to go back to the
8 traditional way of teaching. That is completely out
9 of the window. So there will be some things that
10 will still need to be maintained through technology.
11 And there's just going to be a lag of students who
12 are just going to be left behind. So those are some
13 of the things that I think is going to definitely
14 impact and change within the next five years.

15 DR. BAGNER: Thank you for that. We actually
16 had our board retreat last week and that was a common
17 theme in discussion, is some of the challenges and
18 divides that we're going to see and we're currently
19 seeing with the COVID pandemic.

20 Any follow up questions before I move on to the
21 next questions?

22 MR. HOPE: Yes, Mr. Chair, Steve Hope.

23 Ms. Bins, given the fact that you indicated that
24 as a result of some of the challenges that families
25 face during COVID, primarily, for example, due to the

1 technological divide, do you -- how do you envision
2 your role as a board member and The Trust, how can
3 The Trust address some of these issues, what are some
4 of the recommendations that you will most likely put
5 forward?

6 MS. BINS: Well, there are several companies who
7 are investing in education and just investing, like,
8 for instance, you have Comcast, you have Verizon,
9 Innovative Learning. These are different programs
10 that are providing resources, like giving a child
11 access to an iPad and the iPad has a certain amount
12 of gigabytes, you know, a particular month. You
13 know, these are different programs -- oh, and Sprint
14 also did one as well, where the students would have
15 little hotspots. So there are different programs out
16 there that have been of some type of resource, but
17 it's not going to be able to touch the masses.

18 And so looking at those programs, evaluating the
19 effectiveness, what is the possible return on them?
20 It could be issuing out a bunch of iPad's, laptops,
21 hotspots, but what does that plan look like in the
22 next three years? Because I could already tell you
23 that if you could get a middle school kid an iPad,
24 you know, you hope they'll take care of it, but what
25 happens when it breaks? And then, are you going to

1 be able to return those items, are they going to be
2 able to be replaced? So there are so many different
3 levels to evaluate the effectiveness of a program to
4 see what really best fits, you know, and how you can,
5 again, impact the masses.

6 MR. HOPE: Thank you.

7 DR. BAGNER: Thank you. Moving on. From what
8 you know about The Trust, what would you say are The
9 Trust's major strengths and weaknesses?

10 MS. BINS: So I'm going to tell you my
11 introduction to The Trust. I absolutely love your
12 book club. That was the first thing that actually
13 caught my attention, from the zero to five. So that
14 was sent to me and I went ahead and enrolled. And I
15 have my daughter and she's only nine months at this
16 point, but I receive a book every month. And the
17 beauty of it is that you guys have an instructional
18 resource on how to use the book. So it's not just
19 I'm going to give you this book for the month, but --
20 and as a literacy specialist coach in me, the fact
21 that you all wrote everything down to the pieces of
22 how to, as a parent, be able to read this particular
23 book to your child and what was the benefit and then
24 you're even aligning how cognitively -- and meeting
25 the kids where they're at particularly, you know, for

1 their appropriateness of age. I absolutely love it.
2 So that was my introduction to The Trust. And then -
3 - so when I looked at it, I was like, let me dig a
4 little deeper into this. So I, you know, read up and
5 how everything is pretty much funded, the different
6 programs that you capture, the parent workshops, all
7 of these different things, which I think is
8 definitely a strength of The Trust and that is the
9 reason why it caught my attention. And again, I
10 said, your mission is aligned to pretty much my
11 passion. So that's the reason why.

12 DR. BAGNER: Great. Well, thank you, we're very
13 proud of our book club and the recent -- we've
14 recently expanded the age, so your daughter would not
15 have gotten that a few years back. But we've
16 expanded that to zero to five and including all those
17 guides along with the books. So that's something
18 we're very proud of.

19 Any weaknesses that you've identified or ways to
20 improve what we're doing?

21 MS. BINS: Well, you know, at the top I can't
22 just -- I'm not fully involved in The Trust. Given
23 the opportunity, I'm sure there will be things that I
24 would like to recommend or suggest, but on the
25 surface level, as a constituent of Miami-Dade County

1 and a parent, I do not see that.

2 DR. BAGNER: Great, thank you.

3 And our final question is, given that you're, I
4 imagine, extremely busy as an assistant principal of
5 a school, wondering how you're going to manage a time
6 commitment for being on our board, which does
7 require, at the least, monthly board meetings, and
8 then most, if not all, of our board members are also
9 members of committees where we have also monthly
10 committee meetings, so wondering how you're going to
11 juggle those professional responsibilities with this
12 board position.

13 MS. BINS: That's a good question. So
14 definitely knowing these meeting in advance, my
15 question would be, is the flexibility to still be
16 virtual? That would be a factor. And I'm just going
17 to be honest with you, you know, considering that I
18 work in Broward and The Children's Trust is all the
19 way in Dade County, even by the time I leave work, I
20 would be mostly in traffic, and you know how 95 is.
21 But it's not something that isn't unreasonable. It's
22 something that if I know is on the calendar and then
23 these are things that I can make arrangements for.

24 DR. BAGNER: Great, thank you. Yeah, thank you
25 for your honesty. In truth, so right now we have a

1 little bit of flexibility, obviously you see some of
2 us remote, some of us in-person, but we're, we are
3 limited to what we can do due to state rules and
4 regulations around county boards. And so we do have
5 to have quorum in-person. I know our board chair
6 here has been advocating for the ability to do things
7 more remotely, but in some ways our hands are a bit
8 tied. But that may, you know, perhaps due to COVID,
9 those things may change.

10 I don't know, Ken, if you want to chime in on
11 that point at all.

12 MR. HOFFMAN: I think we've been operating under
13 the same constraints as all public boards in the
14 county and we've had a little bit of, call it relief,
15 to be able to act virtually in this COVID
16 environment, but we don't expect to be acting
17 virtually or being able to allow a significant
18 portion of the board to act virtually, unless there's
19 a medical emergency or typical excuses. So it is a
20 requirement that we be able to have in-person
21 attendance for both board meetings and committee
22 meetings.

23 DR. BAGNER: Thank you. And the remaining
24 couple of minutes, turning it to you, if you have
25 questions for us.

1 MS. BINS: Yes. So, I do. I see that your
2 board meetings are every what, Thursday, I'm sorry,
3 every third Monday of every month from 4:00 to 6:00
4 p.m.; is that correct?

5 DR. BAGNER: Correct. Sometimes there's a
6 change if there's a holiday, so sometimes it'll occur
7 on Tuesdays, but generally speaking, correct, it's on
8 those Mondays.

9 MS. BINS: And there's a requirement for every
10 member to also be a part of a committee, is there a
11 limit on committees?

12 DR. BAGNER: I don't think there's a limit. I
13 would say probably all of our board members are on at
14 least one committee and many of our board members are
15 on more than one committee. And some of our, just so
16 you know, some of our committees meet more regularly
17 than others, so our program committee and our finance
18 committee are our committees that meet very
19 regularly, usually once a month, and then we have
20 other committees, like this one, for example, this
21 nominating committee, where we don't meet regularly,
22 but we meet when there's an opening like this, or if
23 there's other situations that require us to meet.

24 MS. BINS: Okay. I just want to say thank you,
25 thank you for even extending, you know, taking my

1 application and allowing me to get to this piece. It
2 would be an honor and a privilege to serve, but I
3 know that you all have certain things you are looking
4 for in terms of time, you know, requirements. And so
5 I just want to say that I do lead by, and I love this
6 quote that -- by superintendent Judith Billings,
7 which it says that, "Children are the priority.
8 Change is the reality. Collaboration is the
9 strategy." And so I kind of live by that, you know,
10 in everything that I do, so I just think this is just
11 another opportunity to go ahead and do that, so. I
12 don't have any other questions but I just want to say
13 thank you for the opportunity.

14 MS. LEICHTER: Mr. Chair, I actually have a
15 follow up question.

16 DR. BAGNER: Yes, sure, go ahead.

17 MS. LEICHTER: Sorry, I didn't want to butt in,
18 but I was waiting for an open door.

19 DR. BAGNER: No problem. Go ahead and butt in.

20 MS. LEICHTER: So, you know, we have your
21 information and we know that you live in Miami-Dade
22 County --

23 MS. BINS: Yes.

24 MS. LEICHTER: -- and you, you know, just said
25 you're a new mom in Miami-Dade County, however, most

1 of us on the board, and I think maybe all of us,
2 practice in Miami-Dade County and you practice in
3 Broward, not to say Broward and Miami-Dade don't
4 exhibit similar issues or, you know, children and
5 families in Broward don't exhibit the same issues or
6 matters that children and families in Miami-Dade do,
7 but, you know, we are working and on the front lines
8 and are involved in agencies and organizations in
9 Miami-Dade County. And I'm just wondering how you're
10 going to bridge your expertise and experience mostly
11 in Broward County to the issues and matters we face
12 in Miami-Dade County?

13 MS. BINS: Well, you know, that's a good
14 question. So even though I am a Miami-Dade resident
15 and I am a graduate of Miami-Dade Schools, so Miami-
16 Dade is my home, although I work in Broward. I
17 consider it South Florida. Our situations are very
18 similar across the board, just like there are various
19 pockets of different demographics in Dade County,
20 there are various pockets of demographics in Broward
21 County as well. So again, all of those different
22 issues are pretty much aligned and are the same,
23 especially with what is going to come down the pipe,
24 you know.

25 We have all of these different legislations of

1 things that are taking place, which are changing at -
2 - for education and what the expectation right now,
3 even with testing. And that's an example where, you
4 know, with testing -- I apologize for that. Again,
5 everything is pretty much -- I don't see it being an
6 issue, I see that my experiences will just be able to
7 enhance or definitely bring a form of insight to the
8 board.

9 DR. BAGNER: Okay, well thank you, Ms. Bins.
10 Again, it was a pleasure to meet you and thank you
11 for your time and for your commitment to children and
12 families in South Florida and in your role as
13 assistant principal. And we will be in touch with
14 you. And we appreciate you applying for this
15 position.

16 MS. BINS: Thank you so much. Thank you.

17 DR. BAGNER: Thank you. Nice to meet you. Take
18 care.

19 MS. BINS: All right, you too.

20 DR. BAGNER: Okay, so in lieu of time, why don't
21 we -- I think we should just go through each
22 candidate and then we'll just discuss them all. I'm
23 taking a few notes, hopefully you're all taking notes
24 too, and then we could discuss them as a group
25 together at the end.

1 Okay, so we can go ahead and bring in our next
2 candidate, Mr. Clarence Jones.

3 Good afternoon, Mr. Jones. Can you hear me?
4 You're on mute.

5 MR. JONES: Okay, I'm sorry about that. Good
6 afternoon.

7 DR. BAGNER: No worries. We can hear you now.
8 Welcome to the nominating committee for The
9 Children's Trust. My name is Dan Bagner, I'm the
10 chair of this committee. And I am on The Trust board
11 as a representative of FIU and I've been on this
12 board for five years. I'm going to go ahead and have
13 all the committee members introduce themselves to you
14 and then we'll go ahead and get started.

15 So starting on my left, Mary.

16 MS. DONWORTH: Good afternoon, I'm Mary
17 Donworth, and I represent the United Way on the
18 board.

19 MR. JONES: Good afternoon.

20 DR. BAGNER: Gilda.

21 MS. FERRADAZ: Good afternoon, Mr. Jones. My
22 name is Gilda Ferradaz and I represent the Florida
23 Department of Children and Families on The Children's
24 Trust board.

25 MR. JONES: Good afternoon, ma'am.

1 DR. BAGNER: Steve.

2 MR. HOPE: Good afternoon, Mr. Jones. My name
3 is Steve Hope and I'm the at-large member for which
4 you or one of the candidates will replace me. Thank
5 you.

6 MR. JONES: Good afternoon, sir.

7 DR. BAGNER: Mark.

8 MR. TROWBRIDGE: Hello, Mr. Jones. I'm Mark
9 Trowbridge, I represent the business community on The
10 Trust through our Miami-Dade Coalition of Chambers of
11 Commerce. Welcome.

12 MR. JONES: Thank you, sir.

13 DR. BAGNER: Judge.

14 MR. PRESCOTT: Greetings, Mr. Jones, my name is
15 Orlando Prescott, I'm a circuit court judge, and I
16 represent the judiciary on this board. Greetings.

17 DR. BAGNER: Marissa.

18 MS. LEICHTER: Good afternoon, Mr. Jones. My
19 name is Marissa Leichter. I'm a gubernatorial
20 appointee on the board, however I work for Florida
21 Foster Care Review.

22 MR. JONES: Good afternoon to you as well.

23 DR. BAGNER: Susan.

24 DR. NEIMAND: Good afternoon, I'm Susan Neimand,
25 I am the representative for Miami-Dade College, and I

1 serve as the Dean on the School of Education.

2 MR. JONES: Good afternoon.

3 DR. BAGNER: We also have Jim and Imran. Would
4 you like to introduce yourselves briefly?

5 MR. HAJ: Dr. Jones, good afternoon. Good to
6 see you.

7 MR. JONES: Jim, good to see you as well.

8 MR. ALI: Hi, I'm Imran, I'm the Chief of Staff
9 for The Children's Trust. Nice to meet you.

10 MR. JONES: My pleasure.

11 DR. BAGNER: And, Ken, I see your video off, but
12 we have our board chair, Ken Hoffman, on the call as
13 well. So welcome to our committee. As you know, we
14 are searching for an at-large position, which Steve
15 mentioned he was stepping down in his role, so it's
16 to fill his position. So, we have some questions for
17 you and then we'll certainly leave time open for
18 questions at the end that you have for us.

19 So, I'll go ahead and get started with just
20 telling us a little bit more about what unique
21 qualities or abilities that you would bring to The
22 Trust in this position?

23 MR. JONES: Okay, thank you. It's a pleasure to
24 meet each and every one of you. The work that you do
25 is valuable and hopefully I can be a contributor as

1 well. First and foremost, I love children. I can't
2 make that any plainer, any clearer. My whole life
3 and career has been about, for and with children and
4 their families.

5 As I'm sure you're aware, based on my resume, I
6 served -- after coming out of the military at about
7 20 years old, I served as a teacher aide and worked
8 my way through college at the University of Memphis
9 in Tennessee. And at that time, I began working with
10 children then and I loved it. I served as teacher
11 and principal in three different schools and up the
12 line until I reached the superintendent levels.

13 I have watched very keenly, although I'm retired
14 now, I've watched very keenly the conditions that
15 children and their families face here in our county,
16 Miami-Dade County. I'm aware that you kind of have
17 to approach the whole challenge educationally,
18 economically, through their social and environmental
19 lives, to have the right kind of effect that's needed
20 for them to grow, not only academically, but
21 physically and beyond. And so I've always had a keen
22 interest in making sure that children were developed
23 appropriately so that they can grow and get the
24 fullest out of their lives.

25 I served as an agile professor at Nova

1 University, at Barry University, and at Florida
2 International University teaching early childhood and
3 other programs related to childcare and children's
4 lives. The other issue that's of a big concern is
5 the health, having been an elementary school
6 principal, so many children come to school with all
7 types of health conditions that, some we can't see,
8 some our physical, some are mental. And it has a
9 great bearing on how well they will do in the
10 classroom. You know the saying that, we lose them by
11 third grade if we don't do something to intervene at
12 that time.

13 So, The Trust, and I remember when we voted for
14 it, I believe in 2001 or '02, The Trust has served as
15 a mighty instrument to improve the lives and
16 condition of children and families in this community.
17 And I just would like to be a part of it. I'd like
18 to contribute more to this area that has nurtured me
19 since I was a little boy living in the projects of
20 Liberty City to today having the highest degree in my
21 field. And that's one of my reasons I have a great
22 interest in it.

23 DR. BAGNER: Great. Thank you. And thank you
24 for all that you've done for the community and that
25 you continue to do for the community. A follow-up

1 questions is, have you served or are you currently
2 serving as a board member at other agencies, and if
3 so, what are some successes and challenges you've had
4 from your experience on those boards?

5 MR. JONES: Not at agencies. I'm now chair of
6 the, what is called the Ultraboston (phonetic)
7 Classic. If you know anything about Black Miami, for
8 years we had a football classic between Florida NM
9 University and various other HBCU Schools. And it
10 was like a social event of the year here in Miami.
11 It has since moved to Orlando, where they have the
12 game between Florida NM and Cook. But anyhow, we're
13 bringing it back, the classic, back to Miami. And I
14 serve on that board. We're working with ESPN to
15 publicize it, to show it on TV. And we think it'll
16 be a great rallying point for this community, to
17 bring that back. So I serve on that board as chair.
18 I have served on other boards that are more private.
19 One, Recapturing Vision, which is a recipient of
20 grants from The Trust throughout the years. I sit on
21 the board of my church, Second Baptist Church, on the
22 community development board, where we have also been
23 recipients of the afterschool care program through
24 grants we've received through The Trust and it's been
25 extremely helpful in our community in Richmond

1 Heights area. Beyond that, I'm not active on any
2 other boards.

3 DR. BAGNER: Very well. Thank you for sharing
4 all those boards that you're serving on and
5 volunteering with. Given that, it sounds like you're
6 very busy, even though you retired. So wondering,
7 given your busy schedule, how would you manage a time
8 commitment for responsibilities on this board?

9 MR. JONES: Well, it's not as busy as you may
10 think that it is. And so much of the work is kind of
11 interconnected. The things I do with my church are
12 truly connected to the things that we do at the
13 trust. We're just like little miniatures in that we
14 have emphasis on our afterschool care programs, the
15 parents, the community, things that -- for the
16 children, and our summer camps. So those two kind of
17 will blend together. The Classic does not require a
18 lot of work on my part. The executive director and
19 the staff, we've gotten a -- we've gotten seed money
20 from the NFL and some other places that we have a
21 professional staff that's doing most of the work to
22 prepare for the upcoming events for this year's
23 Classic. So, in actuality, I have a lot of spare
24 time. I'm not working or doing anything, basically,
25 every day.

1 DR. BAGNER: Okay. Great, thank you. You
2 touched upon this a little bit, I think in your
3 opening statements, but if you can elaborate a bit
4 more on what you see as some of the major issues
5 facing children and families today and also in the
6 next five years from now.

7 MR. JONES: It's been -- with COVID, COVID has
8 kind of really thrown a monkey wrench to a whole lot
9 of things, to be honest with you. We've had our
10 children who really had not been in school. They've
11 had this hybrid form of learning, this virtual
12 teaching. I have grandchildren that, I won't say
13 necessarily falling behind, but they're not
14 motivated, they're not -- they're missing that
15 interaction that they would normally have in a school
16 setting.

17 So, what I see in them is just a little
18 microcosmos of what I would imagine an entire
19 community is. Children are frustrated. They are
20 falling behind somewhat. They are -- its effecting
21 their mental health, their physical health. That's
22 one of the major problems. As a result of the, and
23 even prior to COVID, one of the reasons The Trust
24 exists is the deficiencies that are so apparent in so
25 many communities. In childcare, you know, parents

1 being able to leave their children in safe places
2 while they work. Having afterschool programs. Plain
3 and simple nutrition, which is a major that's going
4 on now in COVID. The schools, we used to feed kids
5 breakfast and lunch, and some of those kids, that was
6 the best they would receive during the day. That
7 pretty much is -- thanks to Mr. Carvalho, we've done
8 some of it in the school district. But it's not
9 having the same effect as if they were in school, so.
10 That's a major problem.

11 Health disparities. COVID has really brought
12 them out. I had a sister that died from COVID, and
13 to me, that seems like it was an unnecessary death.
14 And it has to do with the disproportionate resources
15 that go into different communities. That's still
16 pretty obvious, wherever you look in Miami-Dade
17 County. And having grown up in the Liberty City
18 area, I have a keen awareness of some of the things
19 that I think have been, I won't say unfair, but
20 uneven. So that is a major concern. And then
21 parents, so many of our parents don't know what to
22 do. I remember had a program called Florida First
23 Start, when I was over early childhood education
24 school district, that focused primarily on parents,
25 how to train them. Train them really on how to raise

1 their own children. That's unfortunate, but it has a
2 been a problem. So there's so many skills and so
3 many things that we can do with parents, that you are
4 now doing, that we could probably do even more to
5 enhance their skills in working with their children.

6 DR. BAGNER: Okay, thank you. And I'm so sorry
7 to hear about your lost and your sister.

8 MR. JONES: Yeah, thank you.

9 DR. BAGNER: Does anyone have any -- we have one
10 more question for you, but I'm just going to take a
11 quick break and see if anyone else wanted to jump in.

12 MR. HOPE: Mr. Chair, this is Steve.

13 So you've touched on some of the deficiencies
14 and disparities that exist in minority communities
15 and at-risk communities, and you've identified at
16 least some of the things that you would like to see
17 The Trust do. Can you elaborate a bit more in terms
18 of if you were to be nominated to the board, what are
19 some of the changes that, or recommendations that you
20 would make to improve some of these communities that
21 have been left behind?

22 MR. JONES: That's a tall order, that's an
23 extremely tall order. There's so many things that
24 need to be done to improve the lot of all of our
25 communities. My expertise has been in the field of

1 education and how that applies to the development of
2 children and to society and community in general. We
3 obviously are not putting, I think, enough resources,
4 and I know The Trust is putting as much as it can
5 because -- and I know the money comes from tax
6 dollars and what have you, but we're obviously still
7 not putting enough money in the early childhood
8 development so that children are better prepared when
9 they enter school so that they can succeed. How do
10 we do that? You know, we have a -- the early
11 childhood pre-K program. Universal pre-K. It's not
12 really universal because when I was in the school
13 district, we ran the program, we got funding from the
14 State of Florida that really only provided enough
15 funding for a half day. We were able to, through
16 parent fees and some grants, what have you, to offer
17 full day programs for children. I would like to see
18 that expanded, where every three and 4-year-old
19 child, and those with special needs, in particular,
20 have the opportunity to receive organized
21 instruction, organized development. In the settings
22 that are best beneficial for them.

23 So my emphasis would be in the field of
24 education and how that comes together to advance
25 children. Now that may require some things with

1 parents, that may require stuff with the Health
2 Department, things that you're already doing. I
3 don't know, funding levels, I don't know what could
4 be expanded. You know, this is like a petri dish,
5 for me. I'm just looking at a lot of new stuff based
6 on my past knowledge. And perhaps I could offer
7 something that can be helpful. I don't know, but I
8 offer myself.

9 MR. HOPE: Thank you.

10 DR. BAGNER: Great, thank you. On that note,
11 what you do know about The Trust, what would you say
12 are The Trust's major strengths and weaknesses?

13 MR. JONES: The Children's Trust, to be honest
14 with you, has been a lifesaver for this community.
15 Just think, it's been around, what, 17, 18, 19 years.
16 Think about the desert that existed, especially in
17 certain communities. The desert, the healthcare
18 desert, the education desert that exist and still
19 exists in so many communities. So I'm not a critic
20 of The Trust. So I think, if anything, The Trust has
21 added and expanded its role based on its revenues
22 annually. I looked at the budget in preparation for
23 this, at least I glanced at it. And it was
24 interesting to see that the money was going to where
25 the need was. There was not this overlap or this

1 waste. There was a little bit put into the
2 operations, but for the most part, staff and
3 operations, all that remains static. What additional
4 monies that were available were going into direct
5 services. And those services serve the kids in the
6 communities. So I'm not a critic of The Trust. I
7 don't know enough about it, I guess, at this point,
8 to say this is a weakness, and that is a weakness,
9 but I do see all of the strengths that it has.

10 DR. BAGNER: Great, thank you. Do you have
11 questions for us?

12 MR. JONES: No, it's just a pleasure and an
13 honor to have an opportunity to present myself in the
14 presence of such distinguished individuals. All of
15 you permitting yourselves to betterment of the
16 community. I honor and respect each of you for that.
17 I think I'm cut from saying help. You just want to
18 do something to help folks and to help children. If
19 that's what The Trust, but thank God for that. If
20 not, there's other stuff that I'll do.

21 DR. BAGNER: Well, thank you so much for that.

22 Does anyone else have any final questions?

23 Okay, wonderful. And I apologize, I think I
24 called you Mr. Jones before, but I realize that
25 you're Dr. Jones, so --

1 MR. JONES: That's fair enough.

2 DR. BAGNER: -- Dr. Jones, thank you for being
3 with us today --

4 MR. JONES: Thank you.

5 DR. BAGNER: -- and for your time, we really
6 appreciate and it was wonderful to meet you.

7 MR. JONES: It's my pleasure.

8 DR. BAGNER: Take care.

9 MR. JONES: All right, God bless.

10 DR. BAGNER: Okay. So I'm thinking two more and
11 maybe we take a two or three minute break, I know
12 you're all not working with me here, but can maybe
13 use a -- we're running good on time, so we'll go
14 ahead do that and take a quick two, three minute
15 break. Get up and stretch.

16 So I think our next candidate is Dr. Patricia
17 Ares-Romero. I'm sorry, can you remind me, I was
18 just wondering what he was, when our previous
19 candidate was talking about the boards, that was not
20 one of the boards we were thinking was a conflict,
21 correct?

22 MR. TROWBRIDGE: No, she's the -- the next one
23 up is.

24 DR. BAGNER: Okay. Right, it was the next one
25 and then --

1 MR. TROWBRIDGE: After Abraham.

2 DR. BAGNER: Dr. Abraham, great.

3 MR. TROWBRIDGE: Those are the two that are
4 other county board engagement.

5 DR. BAGNER: Okay. So we'll inform them of that
6 when they talk about that. Okay, great. We can
7 bring Dr. Romero in.

8 MS. LEON: Dan, she's not in the waiting room
9 yet.

10 DR. BAGNER: Oh, okay. And she's on for this
11 time, correct?

12 MS. LEON: 2:55.

13 DR. BAGNER: Oh, 2:55. We still have a couple
14 minutes, okay. We could do a break right now. Sure,
15 yeah. Do you want to take a quick stretch, everyone?
16 I'm going to do that. I'll be right back.

17 MS. LEON: Okay, Dan, we have Patricia in the
18 waiting room, just let me know when to let her in,
19 okay.

20 DR. BAGNER: Okay, thank you for letting me
21 know. We'll wait another one minute or two to give
22 everyone a little bit of a breather here.

23 MS. LEON: Okay.

24 MS. LEICHTER: Mark also stepped out.

25 DR. BAGNER: Great, we'll wait until he gets

1 back.

2 MS. LEON: Okay.

3 DR. BAGNER: Okay, I think everyone is back, is
4 that right? Okay, it looks like everyone is back.
5 We can bring Dr. Ares-Romero in.

6 MS. LEON: Okay.

7 DR. BAGNER: Thank you.

8 Hi, good afternoon, Dr. Ares-Romero. How are
9 you? You're on mute right now.

10 DR. ARES-ROMERO: It's automatic, I'm always on
11 mute. Good afternoon. I apologize.

12 DR. BAGNER: No problem at all. My name is Dan
13 Bagner, I'm the chair of the nominating committee,
14 also a board member. I am the FIU representative on
15 The Trust. I've been a board member for six years.
16 We're going to go ahead and just introduce all the
17 committee members, and then we'll go ahead and get
18 started with some questions.

19 DR. ARES-ROMERO: Sure. Thank you.

20 DR. BAGNER: I'm going to start with Mary.

21 MS. DONWORTH: Good afternoon, I'm Mary
22 Donworth, and I represent the United Way on The Trust
23 board.

24 DR. BAGNER: Gilda.

25 MS. FERRADAZ: Good afternoon, I'm Gilda

1 Ferradaz, and I represent the Florida Department of
2 Children and Families on The Trust board.

3 MR. HOPE: Good afternoon. Steve Hope, at-large
4 board member.

5 DR. BAGNER: Mark.

6 MR. TROWBRIDGE: Good afternoon. Mark
7 Trowbridge, I represent the Miami-Dade Coalition of
8 Chambers of Commerce and our business community on
9 The Trust.

10 MS. LEICHTER: Good afternoon, Doctor. My name
11 is Marissa Leichter. I'm a gubernatorial appointee
12 on the board of The Children's Trust and I work for
13 Florida Foster Care Review.

14 MR. PRESCOTT: Good afternoon to you. My name
15 is Orlando Prescott and I'm the judicial member of
16 the board.

17 DR. BAGNER: Susan.

18 DR. NEIMAND: Good afternoon, I'm Susan Neimand.
19 I am the representative for Miami-Dade College where
20 I serve as the Dean of the School of Education.

21 DR. BAGNER: Thank you. And we also have our
22 board chair, Ken Hoffman.

23 MR. HOFFMAN: Hi, I'm Ken Hoffman. I'm chair of
24 The Children's Trust board. I'm not an official
25 member of the committee, but sitting in on their

1 decision making. Thank you.

2 DR. BAGNER: And we also have here Jim Haj, our
3 CEO and president, and Imran Ali, who is our Chief of
4 Staff.

5 So, welcome. Thank you for your time today.
6 We'll go ahead and get started with some questions
7 for you for this position. So just to start, if you
8 could tell us a little bit about some of the unique
9 abilities and qualities that you would bring to The
10 Trust as a board member.

11 DR. ARES-ROMERO: Well, thank you. Thank you
12 for this opportunity from such a distinguished board,
13 so I really thank you for your time this afternoon.
14 So, well, I'm the CEO of Jackson Behavioral Health
15 Hospital. I've been in this role for about, this is
16 going to be, it's my fourth year, which has been
17 wonderful, it's been a wonderful experience for me.
18 And what I've seen over the years and one of the
19 reasons why I was interested in applying for this
20 position was all the children that we were seeing
21 that were being brought into the hospital under Baker
22 Act, some were being hospitalized. And, you know, my
23 question has always been, and, you know, I serve on
24 the health impact for the United Way also, and it's
25 just been what can we do more, what else can we do in

1 our community to prevent this, right. And it really
2 starts at the beginning. It starts at how can we
3 support our children early on to prevent some of
4 these things happening later on in life. And of
5 course we also see the adults that are coming in with
6 so many issues. And this year has really served, I
7 think, you know, 2020 has been kind of a year of
8 stepping back and evaluating and really looking at
9 those things that are important to us. For me, it's
10 been, what else can I do in the community, for our
11 community.

12 So innovative ideas is one of the things I love
13 doing the most. I've started programs here at
14 Jackson because I just love creating projects that
15 really make a difference in peoples lives. So things
16 like that I think I would bring to the board, aside
17 from, I guess, my medical background.

18 DR. BAGNER: I mean, just out of curiosity,
19 what's the innovative project that you, or an example
20 of one that you brought to Jackson?

21 DR. ARES-ROMERO: Sure. When the opioid crisis
22 started here in Miami, I went to do medication
23 assistant clinic to prevent people from dying from
24 opioid use disorder. And so they told me it wouldn't
25 be able to be done. They said Jackson will never be

1 able to do it, it's such a complicated thing and, you
2 know, we're not going to be able to treat opioids.
3 And so we did, we got a grant with the BGA, actually
4 with Judge Cohen, I don't know if any of you know
5 her. So we wrote a grant and we opened a clinic in
6 July of 2017. And it's been running and its very,
7 very successful, I'm glad to say. And it's been a
8 wonderful thing for our community and for the
9 hospital. So I usually don't take no for an answer.

10 DR. BAGNER: Incredible. Congratulations on
11 that success. It's good to be persistent to help the
12 community. Wonderful. I know you just mentioned
13 briefly that you're on the United Way, on a board
14 with the United Way, so in that role, and if you're
15 on or were on any other boards, what are some
16 examples of success and challenges that you've had in
17 your experience on those boards?

18 DR. ARES-ROMERO: I would say one of the most
19 challenging ones was on the advisory board for
20 substance use for addictions. It's been very
21 challenging. Just because you kind of try to
22 accomplish so many things and sometimes we kind of --
23 kind of really been out our bandwidth, right, and so
24 we really need to be more strategic. So I think, you
25 know, when I joined the board, trying to really get

1 our mission, and our vision, our strategic plan in
2 order, was one of the most challenging things. You
3 know, we were able to actually get a strategic
4 planning meeting together, I was nominated as the
5 chair, and we were able to do that, and then COVID
6 hit. And so that's been one of our biggest
7 challenges, really, getting back and running. Right
8 now because of the change in our mayor, we still
9 haven't been assigned a person for our board, so
10 we're still -- we haven't met this year. So those
11 are some of the challenges that I find. But
12 definitely it's wonderful to be able to participate
13 in something like that.

14 DR. BAGNER: Right, so it's more logistical
15 challenges with assisting with that.

16 DR. ARES-ROMERO: Yeah, logistics, yeah. Just
17 really kind of, you know, getting used to all this
18 zooming.

19 DR. BAGNER: Sure. One point we did want to
20 bring up to just raise your attention, so your role
21 on the United Way board, that is something that we
22 were advised -- you're on the United Way board, is
23 that right?

24 DR. ARES-ROMERO: I'm not on the board. No, I'm
25 not on the board.

1 DR. BAGNER: You're not on the board?

2 DR. ARES-ROMERO: I'm not on the board. I'm
3 just on the health impact council.

4 DR. BAGNER: Okay.

5 DR. ARES-ROMERO: So I'm not on the board of the
6 United Way.

7 DR. BAGNER: Okay. You're not on the board of
8 any other county --

9 DR. ARES-ROMERO: The Addictions. I am on that.

10 DR. BAGNER: Okay.

11 Leigh, is that the board that you were referring
12 to?

13 MS. KOBRINSKI: If that's a county board? It
14 sounds like. There is a provision in the code that
15 anyone serving on The Children's Trust is not allowed
16 to serve on any other county board simultaneously
17 without the provision in the ordinance that states as
18 such.

19 DR. BAGNER: Was that hard for you to hear?

20 DR. ARES-ROMERO: Yeah.

21 DR. BAGNER: Sorry. I'll try to do it less
22 legalese. So we're just bringing it up to you
23 because if you -- so in our code, if you are on a
24 county board, The Trust does not permit you to serve
25 on another county board.

1 DR. ARES-ROMERO: Understood.

2 DR. BAGNER: So if you were to be selected for
3 this position and you wanted to take it, then you
4 would have to no longer serve on that board.

5 DR. ARES-ROMERO: Okay, understood. Thank you.

6 DR. BAGNER: So just wanted to inform you of
7 that. I don't know if you have any initial thoughts,
8 and probably didn't realize that, but I just wanted
9 to make sure you were aware of that and see if you
10 had any other follow up questions about that or
11 thoughts about that.

12 DR. ARES-ROMERO: No, I mean, I wasn't aware of
13 that, that there was that in the statute. So yeah, I
14 mean, I think it's something that I would have to
15 think about.

16 DR. BAGNER: Okay. Moving along, what do you
17 see are some of the major issues that are facing
18 children and families now and in the years to come,
19 five years from now?

20 DR. ARES-ROMERO: Well, kind of, from my vision
21 and the way I see it, you know, I think there's going
22 to be a lot more mental issues coming in the next few
23 years. people are talking about the next pandemic
24 and it's going to be a lot of the behavioral things.
25 And it's just because of this severe stress that

1 we've all been exposed to and a lot of people haven't
2 had access to services, right. You know, we talk
3 about problems with inclusion and diversity and other
4 areas in our community that just don't have the
5 access or are afraid to ask for help, right. Because
6 if I think there's something mentally wrong with me
7 or I'm having some issues, then I am crazy, right, or
8 I am not okay. So I think those are really some of
9 the issues that we are going to be seeing in the
10 future.

11 We are already seeing them now. We're having a
12 lot of kids coming in that don't even want to be seen
13 on Zoom because of them pulling their hair because of
14 the anxiety, they're afraid of not being able to be
15 accepted once they go back to school, things like
16 that that we've had a lot -- a lot of suicidal
17 attempts. So in addition to everything else that
18 we're seeing in the community, right, so the fear of
19 being sick or making other people sick, you know.
20 And also we'll be looking at the financial situation,
21 right, what is the economy going to look like in the
22 next 18 months. And how does that effect our
23 community, how does that effect our children.

24 DR. BAGNER: Thank you for that. As a
25 psychologist, I agree wholeheartedly with -- when

1 you're on the frontlines there, seeing the kids and
2 experiencing these challenges. Knowing what you know
3 about The Trust, what would you say our The Trust's
4 major strengths and weaknesses?

5 DR. ARES-ROMERO: I think one of the things I
6 was really impressed about was how you got a website
7 going two weeks into the pandemic, or three weeks, or
8 whatever it was, about for staying home. I thought
9 that was very impressive how The Trust was able to
10 get that done. Because that's really what we needed
11 to do, right, we really needed to act fast. A lot of
12 us really didn't know what we were doing, so
13 actually, that, I was very impressed by.

14 I also took a look at the review of the
15 financials that was posted. So a lot of great work
16 that has happened. As far as weaknesses, I really
17 can't speak to those because I'm not really familiar
18 with them. But I'm sure it's such a huge endeavor,
19 what The Trust does, that I'm sure there's a lot of
20 room for improvement and growth like there is in
21 anything else.

22 DR. BAGNER: Great, thank you. And finally, I
23 can imagine, given your role and your involvement in
24 several organizations, that you're extremely busy.
25 And so how would you manage a time commitment to our

1 board, given all your responsibilities?

2 DR. ARES-ROMERO: Sure. I tell my kids and
3 everybody else, if its not on my calendar, it doesn't
4 get done. So I'm very organized. So if it's on a
5 calendar, if I have the meeting scheduled, you know,
6 whenever it is, I think it was the first Monday of
7 every month, are the meetings, so if it's on the
8 calendar and I schedule myself, I'm perfectly fine.
9 And usually that's the way I function. Now, if it's
10 not on the calendar, I can't promise anything.

11 DR. BAGNER: Our secretary of the board, Muriel,
12 is fantastic at organizing everything and emailing us
13 and calling us and making sure that we're attending -
14 - we know when the board meetings are. And you're
15 correct, they are the third Monday of every month
16 with exceptions when there's a holiday, sometimes
17 it's on a Tuesday, but that is the minimum
18 requirement. And then all of our board members are
19 also on at least one other committee, so those
20 committees also, some of them meet pretty regularly.
21 Like our programs committee or our finance committee,
22 those also meet once a month, generally on Thursdays.
23 And then we also have other committees like this that
24 meet less regularly and then just come up when there
25 are things to be discussed.

1 DR. ARES-ROMERO: And the responsibility of
2 committees, how many committees are you expected to
3 be on?

4 DR. BAGNER: So, at a minimum one. I would say
5 that all of our board members are on at least one
6 committee and then there are some board members that
7 are on more than one committee.

8 I'm going to open it up to, we have a few more
9 minutes, so I'll open it up to the other committee
10 members and see if others have questions for you. Or
11 if you have questions for us also.

12 DR. ARES-ROMERO: What are your goals for this
13 year, for 2021, have you decided on what the goals
14 are?

15 DR. BAGNER: That's an excellent question. We
16 actually just had our board retreat last week.

17 DR. ARES-ROMERO: Oh, good.

18 DR. BAGNER: And so we will start to -- we had a
19 lot of great discussions and a lot of the things that
20 you raised today are related to some of the
21 disparities that we see in our community. We had a
22 huge initiative this year regarding equity and that's
23 something that certainly can be a priority in this
24 upcoming year. Also, things related to the pandemic
25 came up. We will be sifting through all of the

1 excellent discussion that we had and figuring out how
2 to move forward.

3 But feel free for anyone else to jump in to add
4 to that or clarify.

5 I guess I said the right thing. Any other
6 questions that you have for us?

7 DR. ARES-ROMERO: Just one more. What are the
8 pain points, is there one pain point that as a board
9 you find challenging? Or maybe you're not able to
10 tell me that.

11 MR. TROWBRIDGE: Doctor, its Mark Trowbridge
12 from our board. That's a great question. You know,
13 we have a very diverse board. We're also a large
14 board. We operate in the sunshine, so you have some
15 experience with that. If you want to characterize
16 it, the paint points, I think it's, you know, keeping
17 everybody engaged, having conversations that
18 sometimes can be somewhat challenging. We bring in a
19 large amount of money each year through our
20 assessment. That money is gone in an instant. You
21 think about the services that we provide. And so
22 trying to prioritize within those priorities and to
23 Dr. Bagner's point, you know, we just had our board
24 retreat and the fascinating conversation that takes
25 place is that we all look through our own particular

1 set of lenses, which is what makes us unique, I
2 think, as a board, but we also understand that we
3 have overarching goals, and so there will never be
4 enough resources to reach into every community and
5 every day there are new challenges that arise. So I
6 appreciated your earlier comment in your notes about
7 seeing how quickly we have pivoted in the early days
8 of the pandemic, but much of that credit goes to the
9 great team that is behind the board that is
10 representing so many of these entities.

11 DR. ARES-ROMERO: Wonderful.

12 DR. BAGNER: Thank you, Mark.

13 Any other comments or questions?

14 MR. HOFFMAN: Interesting way of asking a
15 question. Pain points. Because it is a challenge,
16 as Mark says, to have a large board, but also a board
17 that is constantly changing. We have representatives
18 from a number of organizations throughout the
19 community that's built into our statutes. We have
20 individuals, like for this position, at-large
21 position, who are with us for a limited time, but
22 enough time to absorb the work of The Trust. It's a
23 constant educational opportunity and challenge, I
24 think, is the way I put it.

25 DR. ARES-ROMERO: Wonderful.

1 DR. BAGNER: Yeah, I'll just echo the sentiments
2 that the staff always arises to the challenge. So we
3 have so many challenges, if you think about COVID,
4 and as you said how quickly -- the website was just
5 one of the many things that our staff quickly pivoted
6 and responded to this crisis in ways that are
7 astounding in terms of the impact they've had on
8 children and families, so. Our staff is just
9 incredible.

10 DR. ARES-ROMERO: Wonderful.

11 DR. BAGNER: Other questions that you have, or
12 other committee members have questions for Dr. Ares-
13 Romero?

14 Okay, well with that, thank you very much for
15 your time. I know that you're very busy and we
16 appreciate you spending the time with us and
17 answering our questions.

18 DR. ARES-ROMERO: Of course, thank you. My
19 pleasure. Thank you for the time.

20 DR. BAGNER: Thank you. Take care.

21 DR. ARES-ROMERO: Bye-bye.

22 DR. BAGNER: All right, so I'm running a tight
23 ship here. We're still right on time. So I think we
24 probably are a few minutes ahead of schedule for --

25 MS. LEON: We have our next candidate, do you

1 want me to let her in?

2 DR. BAGNER: Sure. We could -- that's Dr. La
3 Greca, right?

4 MS. LEON: Yes.

5 DR. BAGNER: Okay. And just so you all know, I
6 actually know, not well, but I know Dr. La Greca,
7 we're in the same field. She's a prominent clinical
8 child psychologist at the University of Miami.

9 MS. LEON: Okay, should I let her in?

10 DR. BAGNER: Yes, sure. People are here, we can
11 get started early.

12 MS. LEON: All right. Thanks.

13 DR. BAGNER: Hi, Annette. It's Dan Bagner. How
14 are you? You're on mute.

15 DR. LA GRECA: Yeah, I'm doing fine. How are
16 you doing?

17 DR. BAGNER: I'm good. It's wonderful to see
18 you.

19 DR. LA GRECA: Yeah, good to kind of see you,
20 too, here.

21 DR. BAGNER: Right. It would be wonderful to be
22 in-person, but in light of the circumstances. Thank
23 you so much for joining us. And thank you for
24 joining us a little bit early, I know you're not
25 scheduled to a few minutes from now, but we're a

1 little ahead of schedule. So welcome to the
2 nominating committee. I am chair of this committee.
3 And as you may or may not know, I'm also board member
4 as the FIU representative on The Trust. I've been a
5 member now for six years. We're going to go ahead
6 and I'm going to have the nominating committee
7 introduce themselves to you.

8 DR. LA GRECA: Okay, great.

9 MS. DONWORTH: Hi, I'm Mary Donworth, and I
10 represent the United Way on The Trust board.

11 MS. FERRADAZ: Good afternoon, I'm Gilda
12 Ferradaz, and I represent the Florida Department of
13 Children and Families on The Trust board.

14 MR. HOPE: Good afternoon. Steve Hope, at-large
15 board member.

16 MR. TROWBRIDGE: Hi, Annette. Mark Trowbridge.
17 I represent our local business community through the
18 Miami-Dade Coalition of Chambers of Commerce.
19 Welcome.

20 MS. LEICHTER: Good afternoon, my name is
21 Marissa Leichter. I'm a gubernatorial appointee, but
22 I work for Florida Foster Care Review.

23 MR. PRESCOTT: Good afternoon. Greetings. My
24 name is Orlando Prescott, I'm a circuit court judge
25 and I'm our judicial representative on the board.

1 DR. NEIMAND: Good afternoon, I'm Susan Neimand.
2 I am representative for Miami-Dade College where I
3 serve as the Dean of the School of Education.

4 MR. HOFFMAN: Good afternoon, I'm Ken Hoffman.
5 I'm the Chair of The Children's Trust board and ex
6 officio member of the committee.

7 DR. BAGNER: And Jim and Imran, do you want to
8 briefly introduce yourselves as well?

9 MR. HAJ: Good afternoon, I'm Jim Haj, president
10 and CEO of The Trust.

11 MR. ALI: Imran Ali, Chief of Staff for The
12 Trust.

13 DR. BAGNER: Great. Thank you all.

14 So we'll go ahead and get started. I'm going to
15 just ask you some questions. And just to let you
16 know, Steve, who just introduced himself as a member
17 of our committee, he is the at-large member who is
18 leaving the board, unfortunately, so this is the
19 position that would be filled, is Steve's position.

20 DR. LA GRECA: Okay.

21 DR. BAGNER: We'll get started with, if you
22 could tell the committee a little bit more about some
23 of the unique qualities and abilities that you bring
24 to The Trust in this board position.

25 DR. LA GRECA: Sure, I'd be happy to. For those

1 of you who don't know me, I'm a professor, a
2 distinguished professor at the University of Miami.
3 My background is in clinical child psychology and
4 also pediatric psychology, meaning that my interests
5 have really stand both children and families mental
6 health as well as physical health. And I've been
7 working this area for a long time now. I've been in
8 the community now for about 40 years. And I think my
9 skills will be compatible with The Children's Trust
10 is that I have a very strong research background, but
11 also practice background.

12 So my interests have been for many, many years
13 in risk and resilience in youth and families. And
14 again, I take it from a mental health perspective as
15 well as from a physical health perspective. And so
16 I've done research and also practice work in that
17 area. So, for example, one of my big areas of
18 expertise is children and disasters and the impact of
19 disasters on children and families both in the short-
20 term and in the long-term. And actually with
21 Hurricane Irma, also the evacuation process and how
22 that affects you. And now with the COVID pandemic,
23 that's been another area related to that, that I've
24 been working in. And I've been trying to both
25 understand like what puts children and families at

1 risk, as well as how to help them.

2 I take some of the work that we do from a
3 science perspective and translate it into workbooks
4 for parents to help their kids, which we disseminate
5 freely in the community. I've done, also, workshops
6 for -- I actually did a workshop for The Children's
7 Trust last August, before the start of the school
8 year. But to other community agencies and national
9 agencies about how to help children deal with these
10 kind of issues when they come up. And so that's one
11 area of expertise, in the risk and resilience area.
12 But also, aside from disasters, I've also been
13 working for many, many years on youth peer relations,
14 both the good part, like the peer support and the
15 friendships, as well as the impact of peer
16 victimization and cyber victimization, and how that
17 affects youth both physically, as well as from a
18 mental health standpoint. And again, have developed
19 preventive interventions for that, which have been
20 very well received.

21 I also have expertise in terms of children's
22 chronic disease and factors that help kids maintain a
23 long standing chronic disease, like asthma or
24 diabetes. But I think what is important is over the
25 many years that I've been working, I have a very

1 strong science and practice background in these
2 areas. And they are areas that have remained high
3 interest in the real world for kids. So with climate
4 change, Miami-Dade being a voluble area for
5 disasters, we're all worldwide experiencing the COVID
6 pandemic, so some of that's led to, of course, for
7 some children, like isolation, social isolation, peer
8 relations become important. I don't know, I think
9 all these difference areas of expertise, I think,
10 maybe put me on a good position to work with the
11 wonderful organization like The Children's Trust,
12 where you're trying to develop and implement programs
13 to help children and families in the community.

14 So I think my expertise as fitting in well in
15 terms of having the background to help, help you with
16 programs that you may want to promote in the
17 community. And I also have a strong measurement
18 background, so how to measure programs for outcomes
19 that you're implementing or knowing how to screen
20 kids who are in trouble. I can go on and on, but
21 maybe I should stop there and see what kind of
22 questions you have. But I just think I have a very
23 broad base of interest in children and families for
24 many years that could be useful for an organization
25 like The Children's Trust.

1 DR. BAGNER: Great, thank you.

2 Any questions?

3 Okay, wonderful. Thank you for that. You're
4 certainly speaking to the choir and talking to me
5 with research and practice. That's one thing I've
6 been pushing the board, certainly with collecting
7 data and figuring out to make sure that the things
8 that we're doing are working, which I would say that
9 our board has been doing a really great job doing.
10 You were going to say something else?

11 DR. LA GRECA: Yeah, no, I was just going to
12 say, I also want to say that my interest in working
13 with The Children's Trust is not at all self-
14 interest. I am really interested in trying to, you
15 know, I spent my whole career doing work that I want
16 people to be able to use and implement it in the
17 community. And so anything I can do to help people
18 use the best available information and science to
19 help the community, is really what I'm interested in.
20 I'm not at all interested in like applying for a
21 grant or, you know, that's not my motivation. I just
22 really want to see research in action, like where
23 people actually do things in the real world, is what
24 would be really exciting to me about the position.

25 DR. BAGNER: Great, thank you.

1 So I know that you've served on many boards in
2 our profession, but the rest of the committee do not
3 know that. So maybe I'm hoping if you could speak
4 maybe about that or any other boards in the community
5 that you served on and what kinds of successes and
6 challenges that you've had from those experiences.

7 DR. LA GRECA: Sure. I've served on quite a few
8 boards and committees in a service mode for the
9 American psychological Association on a national
10 level. For example, I have chaired their committee
11 on children, youth and families. I most recently
12 chaired their publication and communication board.
13 I've also chaired a task force on children and
14 disasters. There've been a number of children's, the
15 board of Professional Affairs is another one I was
16 involved in and chaired for a while. I think I've
17 had at least one after another kind of experience.
18 And actually, currently, right now, I am the
19 president of the Society of Clinical Psychology,
20 which is a division of the American Psychological
21 Association. I think we've had a number of successes
22 on these boards.

23 I think one of the things I like doing is I like
24 working with people and I like working
25 collaboratively. And, for example, when I chaired

1 the task force for children and trauma, rather than
2 write a long research paper, which a lot of other
3 task forces have done, what we've decided to do was
4 help the American Psychological Association develop
5 fact sheets and information sheets that they could
6 disseminate broadly, that dealt with children and
7 trauma. So that way, if a parent or a teacher or, in
8 particular, because this was the American
9 Psychological Association, if a mental health worker
10 wanted to know what should I do now that all of a
11 sudden I'm helping a child after a disaster, where
12 could they go for information.

13 So we were trying to translate what we know and
14 best practices and science into actual real world
15 kind of implementation strategies for publication and
16 communication board. The American -- I chaired that
17 last year and I've been on the board for five years
18 prior to that. And that publication board oversees
19 journals, scientific journals, but also it oversees
20 books and professional books, but also books for
21 children. And I think we really, you know, this is a
22 challenging position for publishing, but I think we
23 managed to have a very flourishing publication
24 program under the boards direction. So that's like
25 another area that I worked in. And let me just say,

1 in the Miami community, one of the boards that I do
2 consult with is, but not at all related to The
3 Children's Trust, is a group called Serendipity,
4 which develops educational materials for children.
5 They do a lot on water pollution and they do programs
6 in the schools. In fact, if you've ever been to one
7 of the parades in Miami and seen Officer Smith go by
8 in a big fish costume, that is Serendipity. So I do
9 also assist them in some of their nonprofit work in
10 terms of how to reach people in the community. So
11 those are some examples.

12 As an administrator of the clinical training
13 program at the University of Miami, that's also
14 involved a lot of work with agencies in the
15 community, like to place practicum students in those
16 locations and so on. I've been doing that, probably
17 for too long, I've been doing the director of
18 clinical training for about 20 years. So anyway,
19 those are some of the -- and also, let me say, a lot
20 of my work has been with the community agencies, or
21 Department of Pediatrics, or the Miami-Dade schools,
22 so I've come across people in the community in a lot
23 of different contexts.

24 DR. BAGNER: Great, thank you. As someone who
25 just took over the Director of Clinical Training

1 position, my institution, for one year, I can't
2 imagine doing it for 20 years.

3 DR. LA GRECA: It's been a long time. But we
4 moved up from, I don't know what are ranking was
5 nationally, but we moved up to 18 out of about like
6 200 graduate programs in the country. So that's an
7 accomplishment I would say.

8 DR. BAGNER: Absolutely. Absolutely. So
9 shifting gears a little bit, I'm curious if you could
10 speak to the board about what you think are the major
11 issues that are facing children and families today
12 and also in the next five years.

13 DR. LA GRECA: That's a good question. Well,
14 certainly right now, we've got a lot of fallout from
15 COVID. You know, certainly there's a lot of food
16 insecurity, there are many vulnerable families,
17 particularly families, low income families, minority
18 families. I think children with any kind of
19 disability right now are really in need because the
20 educational system has been very complicated with a
21 lot of remote instruction. A lot of kids are missing
22 out on education that they would normally be getting.
23 And I think its compounded for those to have any kind
24 of developmental disability or any kind of other
25 special learning needs. And I think this is going to

1 be something that's going to play out over a period
2 of time because, you know, you can't just catch up
3 academically very quickly in a lot of cases. So
4 those kind of issues can compound themselves
5 overtime.

6 I think for kids it's also very hard, the whole
7 pandemic has been very hard for most people, from a
8 social isolation standpoint, but I think it's been
9 especially hard for children who haven't been able to
10 go back to the full kind of activities that they did
11 both in school and out of school. I think another
12 vulnerable population right now are mothers who are
13 having to juggle helping their kids get educated at
14 home and working. Many mother's, especially in the
15 more working class mothers, may be also either losing
16 their jobs, or furloughed from their jobs, or having
17 to go on because they're essential workers.

18 I think there are a lot of stresses on families
19 right now. You know, I think that's going to
20 continue for a while. I'll be really interested to
21 see how the vaccination scenario plays out because
22 not everybody amenable to being vaccinated and, you
23 know, so I think some of the fallout from the
24 pandemic is going to take a while to clear out. I
25 think, you know, we will continue to have issues that

1 relate to climate change. We will continue to have
2 hurricanes. One of the things I learned after
3 Hurricane Irma was even just the stress of having to
4 evacuate and knowing where to go and how to get
5 there. It was very, very stressful for many parents
6 and kids. We did a project on that and mothers who
7 were the informants in our study, reported a lot of
8 stress and a lot of physical health issues following
9 the -- who had more stresses around the evacuation.

10 I think because we're in an area where there are
11 a lot of immigrants and the immigration has policy
12 has changed and is changing, we're going to continue
13 to see a lot of issues around how do we help families
14 that are trying to integrate into the community, or
15 people who've even being here for a while but have
16 immigrant status. I think that we're going to see
17 those kind of stressors affecting children and
18 families. And I think they'll need attention moving
19 forward now and certainly in five years, I think,
20 those will continue to be issues of interest.

21 DR. BAGNER: Great, thank you. What you know
22 about The Trust, what would you say are some of The
23 Trust's strength and weaknesses?

24 DR. LA GRECA: That's a great question. I don't
25 know about your weaknesses, so maybe you have to tell

1 me those, maybe I should be asking you that question.
2 I just know that I've seen programs that were funded
3 by The Trust that I thought were amazing. I've had
4 contacts with a couple of them, mostly by virtue of
5 knowing colleagues or knowing people who have been
6 working with them, but like, for example, one of my
7 students was working on the pediatric mobile van that
8 was funded by The Children's Trust, that took a
9 mobile van and went out in the community to do well
10 care visits for kids. And a lot of them saw kids
11 that came from very poor immigrant areas, where they
12 would not otherwise have received services. And one
13 of my students who was working on that, actually
14 wound up doing her dissertation with the population
15 from the pediatric mobile van. But I know that
16 service. I thought that service was terrific.

17 I believe The Children's Trust also funds some
18 of the parent-child interaction therapy training that
19 goes on at the Mailman Center. I don't know, Dan,
20 probably some things going on at FIU too. I don't
21 know about some of those programs so much. I know
22 there's a summer camp that I've seen for kids with
23 autism and developmental disabilities. So those are
24 the kind of projects. I think what I see as a
25 strength is trying to reach the community in an area

1 of need and trying to do it in a very planful way and
2 trying to collect information about how well the
3 programs going and how its evaluated. I think all
4 those things are great. I think Miami-Dade is lucky
5 to have you.

6 Let me just say, from working, I did a project
7 in the Miami-Dade schools a couple of years ago on
8 helping kids, adolescents who were peer victimized
9 and who were already reporting anxiety and
10 depression. And it was a research project, but it
11 was, you know, application. And I was really struck
12 by how few psychological services that are in the
13 schools or in the community in some respects. So The
14 Children's Trust, to me, seems to fill a gap that's
15 really important in the community. A lot of families
16 don't have access to mental health, physical health,
17 food, services. And so I think what you're doing is
18 great.

19 I have to say that I found out that you had an
20 opening from listening to MPR, that's how I found
21 about this. And I was very excited the morning that
22 I heard that on the radio, so. Anyway, but maybe you
23 can tell me what you think your strength and
24 weaknesses are. I don't know about the weaknesses.

25 DR. BAGNER: Does anyone want to chime in? I've

1 done a lot of talking, but.

2 MR. HOPE: This is Steve. Just have a quick
3 question.

4 DR. LA GRECA: Sure.

5 MR. HOPE: Not on the strength and weaknesses,
6 but just a general question. So there are certain
7 segments of community that believe they have been
8 marginalized. And this marginalization, some
9 believe, has an impact on many children and families.
10 So as part of your research and studies, is this in
11 the area in which you have found this perception to
12 be true, and if so, as a board member, while The
13 Trust has done a significant amount in addressing
14 some of these issues, what are some of the
15 recommendations or observations would you bring to
16 the board, hopefully to help us to continue to
17 address some of these issues?

18 DR. LA GRECA: That's a great question. You
19 know, I do think there are communities, people in
20 Miami-Dade communities in Miami-Dade that have been
21 and do feel marginalized. I know that's certainly
22 true of some of the immigrant community that's in
23 Miami. Certainly we've had a very active movement in
24 the Black Lives Matters over the past year, you know,
25 I'm certain that there are a number of communities

1 that are feeling kind of left out and marginalized.
2 How I can address that as a board member is to
3 really be mindful of that and to be looking for
4 opportunities that could help to support some of
5 those families and children in the community. I was
6 struck by when COVID first occurred and the schools
7 were shutdown, one of the populations that was left
8 out initially with children who relied on school for
9 breakfast and lunch. And for many kids that was
10 their only meal of the day. And I was happy to see
11 that the schools and the counties stepped up to still
12 provide some of those food services for those
13 children and families even if the school wasn't open.
14 I think part of it is, a large part of is keeping
15 that on your radar the whole time and making sure
16 that no child is overlooked and that whatever
17 programs are being developed are trying to address
18 children and families who are particularly vulnerable
19 and who may feel marginalized.

20 MR. HOPE: Thank you.

21 DR. BAGNER: One more question and then we can
22 turn it back to the question you had for us. You
23 know, I know, and probably all of us on this
24 committee know, you're extremely busy, all the things
25 you just talked about. So given your extremely busy

1 schedule, how would you manage the time commitment to
2 this board as a board member?

3 DR. LA GRECA: Well, that's a good question too,
4 Dan. Well, first of all, I'm somebody who is very
5 energetic, enthusiastic, hardworking. So I make time
6 for anything that I consider to be important. I
7 would consider this to be something that's important.
8 I'm also making a few adjustments in my professional
9 life that might allow for more time to devote to
10 community activities. So, for example, I had a huge
11 research lab for many, many years as a professor, but
12 now my lab is very small, and maybe extremely small,
13 just one person. I don't have many demands on me for
14 graduate student education as I've had in the past
15 and those are pretty heavy demands, like shepherding
16 somebody through a thesis and dissertation project.
17 So that area of my work is really lightening up.

18 This year we're up for our accreditation from
19 the American Psychological Association as director of
20 clinical training or any of the sub-studies
21 submitted. I'm waiting for the site visit. And once
22 that's over, I hope to transition that to somebody
23 else. So I'm also expecting that that aspect of my
24 social life will be a lot lighter moving forward, so.
25 But I never take on anything that I don't feel like I

1 can handle.

2 DR. BAGNER: Great, thank you. I'll open it up
3 to other committee members, if anyone has questions
4 or anyone wants to speak to Dr. La Greca's question
5 about our strength and weaknesses.

6 MR. TROWBRIDGE: Hey, Daniel, its Mark. We're
7 all pretending to be frozen.

8 DR. BAGNER: I saw your hand go there, I thought
9 you were going to say something.

10 MR. TROWBRIDGE: Thank you for that question. I
11 think, you know, this has probably been
12 characterized, even today as we've done some
13 interviews, the challenges that we face in The Trust.
14 So we are a large board, a large board that
15 represents a variety of organization interests and
16 certainly a cross-section of our community, but I
17 think the biggest need for us is finding folks like
18 yourselves who want to bring their expertise to the
19 table, dedicate their time. Because in addition to a
20 monthly board meeting, we do ask every member of the
21 board to serve on at least one committee. We have a
22 number of standing boards as well as organizational
23 boards like this that meet periodically as required.
24 But I also think being evangelists for The Trust and
25 the work that we're doing.

1 We spend a significant amount of tax dollars.
2 What I love about serving on this Trust is that we do
3 everything in our power to minimize our overhead and
4 to put every dollar back out into the community and
5 yet there still is a significant need. And so while
6 that is something we've always contended with, I love
7 that the fact that we work in the world of best
8 practices. And you understand that more than anyone
9 we've been talking with because that's what you do
10 every day, not only in your professional work, but in
11 your training of the future students and
12 professionals. So I think it's just getting folks
13 who really understand what our goals are and being in
14 lockstep with the work we need to do for the
15 community.

16 DR. BAGNER: Thank you, Mark.

17 Any other questions that you have for us?

18 DR. LA GRECA: How have you guys liked going on
19 Zoom, how has this been for you? Has it been a
20 challenge?

21 DR. BAGNER: It's a great question. I think you
22 may get different responses from each of us, I'm not
23 sure. For me, I actually think we found many of our
24 meetings that we were able to do via Zoom worked
25 quite well. We were constrained by the statutes in

1 terms of when we have meetings, how many people have
2 to be physically in-person to constitute a quorum.
3 And so we had a little bit of a period where we were
4 able to avoid that due to the emergency order, but
5 now we're kind of in this hybrid situation, which
6 gets a little tricky, where we do have to have people
7 in-person for quorum, but we can also have board
8 members join via Zoom. We were able to do our work
9 throughout the pandemic. Really the credit goes to
10 the staff for responding extremely quickly and
11 effectively to the needs of the community. As an
12 example, getting PPE equipment out and addressing
13 some of the high demands that were placed on children
14 and families. So the staff were able to really pivot
15 very quickly and effectively. In terms of the board,
16 I think we were able to do our work as well via Zoom.
17 But I'll -- if anyone else wants to chime in, feel
18 free.

19 MR. HOFFMAN: I will just say that Zoom is
20 terrific in the sense that it can get everybody
21 together, but it's exhausting for those of us who
22 spend large portion of our day on Zoom. I think only
23 time will tell what the physical effects and mental
24 effects of that will be in future years, just like we
25 talk about the effects of online learning in the

1 pandemic. So it's great, but it's not great.

2 DR. LA GRECA: I think I would agree with you on
3 that for sure. It's got its pros and cons, but.
4 What is your process from here, I mean, so today I
5 know you're interviewing a number of people for the
6 board, where does that go next?

7 DR. BAGNER: Yeah, good question. This
8 committee will then select a candidate from the folks
9 we're interviewing today as our recommendation to the
10 board, and then that will go to the full board for a
11 vote at the next board meeting, which I believe is
12 March, I'm not going to remember.

13 Jim, when is the next board meeting?

14 MR. HAJ: March 15th.

15 DR. BAGNER: March 15th, thank you. That's the
16 next step and we'll certainly be in touch.

17 I believe, Muriel, you'll probably be in touch
18 with the candidates before the board meeting to
19 inform them of their status, correct?

20 MR. HAJ: That's correct, Dan.

21 DR. BAGNER: Great, thank you, Jim.

22 Any other questions?

23 DR. LA GRECA: No, I don't think so. Not at
24 this moment.

25 DR. BAGNER: Okay, great. Well, it was lovely

1 seeing you, of course it would have been better in
2 person, but nice to see you and I'm glad the
3 committee had a chance to meet you.

4 DR. LA GRECA: Same here. I'm glad to meet you
5 all. Thank you so much for your time.

6 DR. BAGNER: Take care.

7 DR. LA GRECA: Bye.

8 DR. BAGNER: Bye-bye.

9 Okay, well right on schedule. Is our next
10 candidate in?

11 MS. LEON: Jose? He's there. I'm going to let
12 him in?

13 DR. BAGNER: Yeah. Are we good? Does anyone
14 need a quick break, or are we good to have Jose in?
15 So, Jose is the Chief Medical Officer at Citrus.

16 MR. HAJ: Dan, Marissa was asking -- asked if we
17 could have a 10 second break.

18 DR. BAGNER: Of course. Why don't we take, we
19 have two minutes, why don't we take a full two minute
20 break.

21 MS. LEICHTER: It is lovely, but very talkative.
22 I need to just --

23 DR. BAGNER: Absolutely. Let's take a two-
24 minute break.

25 (Off the record.)

1 DR. BAGNER: Okay, that gave me a chance to
2 check on my kiddos. Just to give a heads up, I'm
3 going to put myself, at four o'clock, when I'm not
4 talking, I'm going to put myself on mute because my
5 kids actually have remote piano lessons starting at
6 4:00, so you're going to hear a little accompaniment
7 in the background. But I'll switch myself on and off
8 mute so it's not totally distracting.

9 All right, well I think we're all back. So we
10 can go ahead --

11 MR. TROWBRIDGE: Yeah, we're just waiting for
12 Jim --

13 DR. BAGNER: Oh, Mary.

14 MR. TROWBRIDGE: There's Mary, so you're good.

15 DR. BAGNER: Great. And is it Dr. Pagliery, for
16 those of you who know, is that how you pronounce his
17 name?

18 MS. LEON: Yes.

19 DR. BAGNER: Great. Okay, well we can go ahead
20 and bring in Dr. Pagliery.

21 MS. LEON: Okay.

22 DR. BAGNER: Good afternoon, Dr. Pagliery. I
23 think you're still connecting to audio. You're on
24 mute.

25 DR. PAGLIERY: There.

1 DR. BAGNER: There you go.

2 DR. PAGLIERY: Okay, great.

3 DR. BAGNER: Welcome. Good afternoon. My name
4 is Dan Bagner, I am the chair of the nominating
5 committee and I'm a board member and representative
6 for FIU. I've been on the board for five years now.
7 We're going to go ahead and have the committee
8 members introduce themselves to you.

9 DR. PAGLIERY: Okay, great.

10 MS. DONWORTH: Good afternoon, I'm Mary
11 Donworth, and I represent the United Way on The Trust
12 board.

13 MS. FERRADAZ: Good afternoon, my name is Gilda
14 Ferradaz, and I represent the Florida Department of
15 Children and Families on The Trust board.

16 MR. HOPE: Good afternoon, I'm Steve Hope, I'm
17 the at-large board member. Thank you.

18 MR. TROWBRIDGE: Hello. I'm Mark Trowbridge, I
19 represent our local business community through the
20 Miami-Dade Coalition of Chambers of Commerce.
21 Welcome to you.

22 MS. LEICHTER: Good afternoon, my name is
23 Marissa Leichter, and I sit in one of the
24 gubernatorial appointment seats on the board, but I
25 work for Florida Foster Care Review.

1 MR. PRESCOTT: Good afternoon and greetings to
2 you. My name is Orlando Prescott, I'm a circuit
3 court judge and I'm the judicial representative on
4 the board.

5 DR. NEIMAND: Good afternoon, I'm Susan Neimand.
6 I am representative for Miami-Dade College and I
7 serve as the Dean of the School of Education.

8 MR. HOFFMAN: Hi, good afternoon. I'm Ken
9 Hoffman. I'm the Chair of the board and an ex
10 officio member of this committee.

11 MR. HAJ: Good afternoon. Jim Haj, president
12 and CEO.

13 MR. ALI: Imran Ali, Chief of Staff for The
14 Trust.

15 DR. BAGNER: Great. Thank you all.

16 Well, Dr. Pagliery, we're going to go ahead and
17 just ask some questions. Just so you know, this at-
18 large position, you just met Steve Hope, he is the
19 at-large member who is leaving the board,
20 unfortunately, and so this position will be to fill
21 his position.

22 DR. PAGLIERY: Okay, thank you.

23 DR. BAGNER: So if we could start with telling
24 us a bit more about your unique qualities and
25 abilities that you will bring to The Trust as a board

1 member.

2 DR. PAGLIERY: Okay. Well, I have a, I'm a
3 physician, I'm an internist. I practiced 16 years of
4 emergency medicine from Mariners Hospital to South
5 Miami Hospital, Homestead, and back to West Kendall.
6 So I've taken care of children and adolescents in
7 emergency care. But for the last four and a half
8 years, I've been able to bring my interests and
9 experiences to working with children and adolescents
10 at Citrus, where I've been able to do a few things.
11 I've been involved in the FIU Embrace Program that we
12 created jointly. Right across from the FIU campus in
13 Kendall. Where we take care of the needs of people
14 who have developmental disabilities, such as
15 intellectual, physical disabilities, and autism
16 spectrum disorder.

17 I was involved in the COVID-19 planning, we
18 initiated the COVID-19 planning so that we would
19 start early vaccination for children, so that we
20 would be on time by the time school rolled out. We
21 also, I think, quite early, the beginning of March,
22 first week of March, we implemented infectious
23 disease programs so that we would reduce the risk for
24 both of our staff and also to our patients and their
25 families.

1 Also, my experience at Citrus has been such that
2 I've been exposed to the treatment of people as a
3 whole person, not just from primary care, but also in
4 behavioral care and also attending to the socially
5 determents of health, such as their home environment.
6 Trauma informed care is a very important part in how
7 we evaluate people. And so we address, perhaps,
8 their food insecurity, housing security, level of
9 education, some of these things can be impediments to
10 really getting good care.

11 We also have available and make available to our
12 clients getting insurance, whether its Medicaid or
13 some other sort of program, so that we can bring them
14 into the healthcare system and address their needs.
15 Many times with our patients we also have to engage
16 in case managers, social workers, to address not just
17 their physical needs, but also their home
18 environment, which plays a big role in their overall
19 health. And especially for children and adolescents
20 and those that have psychiatric disorders.

21 DR. BAGNER: Great, thank you. I didn't know
22 you were involved in the Embrace program, I'm
23 actually doing some work with them as well. We're
24 trying to implement some parenting groups for the
25 parents who bring their adult children into the

1 transition program, to the college program.

2 DR. PAGLIERY: Yeah, that's what we formed over
3 there, right across from the campus. Its working
4 wonderfully. We're getting very busy. And we're
5 actually having to expand the services because both
6 for behavioral for both children and adolescents and
7 adults, we're having to expand our services there, as
8 you know.

9 DR. BAGNER: Yeah, right, right. Well, thank
10 you. So have you served as a board member at other
11 agencies before or currently, and if so, what are
12 some of the successes and challenges that you've had
13 in those positions? And in those experiences.

14 DR. PAGLIERY: So I've worked on physician
15 committees in Baptist Health to improve quality of
16 care and delivery of care, facilitating patient
17 through, as you've heard, the emergency services have
18 been overwhelmed for years. And so we've had to be
19 creative to reduce the burden on our physicians and
20 nurses, and also so that we could process our
21 patients claims quickly and address their needs. And
22 make sure that they have appropriate follow up when
23 they're not admitted to the hospital. So I've worked
24 in that capacity at Homestead hospital and also at
25 Baptist Hospital and Baptist West Kendall. And at

1 Citrus, I'm involved yearly at the yearly at the
2 annual retreat with the executive board, where we
3 plan out the forthcoming year. We evaluate the
4 previous year and see if we are able to reach our
5 goals and plan out different kinds of objectives that
6 we'd like to reach to improve our reaches into the
7 community and how we service them. Based on their
8 needs.

9 DR. BAGNER: Great, thank you. So what do you
10 see are the major issues facing children and families
11 today and in five years from now?

12 DR. PAGLIERY: Currently, I would -- well,
13 unescapable is the pandemic that we're addressing
14 right now, right, and the need to educate the parents
15 and children, adolescents to getting vaccinated and
16 maintaining social distancing, wearing masks and
17 avoiding conditions or places where they can get
18 contaminated. So that's an immediate need and this
19 is something that we're going to have to continue
20 practicing for the next year or so. But also, there
21 are lots of needs that I've seen in our community
22 because I've been able to care for kids who've come
23 from very impoverished backgrounds and I see the --
24 how their parents language barrier is an impediment
25 to the kids getting good attention, good medical

1 care, and good behavioral care. But also, there's
2 various levels of education and opportunities in our
3 communities and those are long-term kind of problems.
4 Many of them can be addressed with early childhood
5 development and emphasis on preschool education,
6 especially for those who don't have that available.
7 And also having afterschool care, very important
8 because it's a crucial moment for kids where they can
9 get in trouble and you can actually impact their
10 performance in schools by having them participate in
11 structured programs where they learn to interact with
12 others, they learn to have self-control, they can
13 improve their academics, they can improve their
14 behavior in school and outside of school. And their
15 achievement overall in a society is improved by this.
16 And it's something that we can supplement to help
17 that the parents are going through. Many of our
18 parents work full-time and they're not there for the
19 kids when they get out of school, so. I know this is
20 a very effective way of addressing.

21 DR. BAGNER: Great, thank you. You certainly
22 touched upon some areas in The Trust that we have
23 high amounts of investment both in our early
24 childhood and afterschool programs, we have a lot of
25 excellent programs in both of those areas. So on

1 that note, knowing what you know about The Trust,
2 what would you say are some of its strengths and some
3 of its weaknesses?

4 DR. PAGLIERY: I have to be frank. I don't know
5 much about The Trust. I'd like to know. And I would
6 like to find out further about The Trust. I know,
7 for instance, at Citrus, we get support from The
8 Trust with the early childhood education and
9 treatments in the schools, in our school connect
10 program because we have support so that we address
11 children's health literacy, first aid care, the
12 enamel treatments in children, the identification of
13 early behavioral problems, so that kind of work is
14 crucial. I'm wondering, I'm wondering if our reach
15 can also extend to those programs, which have shown
16 to be beneficial for children's development, not just
17 in school, but also after school. And I'd like to
18 know if we can perhaps explore that to benefit our
19 society.

20 DR. BAGNER: Great, thank you. And so I'll ask
21 a final question and then we'll open it up for
22 questions you may have and questions that committee
23 members have. So I imagine in your position and in
24 your role and all the things that you're involved
25 with, that you're extremely busy. So given your

1 schedule and how busy you are, how would you manage a
2 commitment to be a member of this board?

3 DR. PAGLIERY: So, I am the Chief Medical
4 Officer of Citrus. And part of my agreement with
5 Mary was that that would have direct patient care.
6 So that's very important to me. So I do patient care
7 three days a week. And then I have two days a week,
8 which are administrative care. So it's not direct
9 patient care. So I am flexible those two days of the
10 week to dedicate to The Children's Trust. I would be
11 able to make the time.

12 DR. BAGNER: Are those days flexible or are they
13 certain days? Because we have, for example, our
14 board meetings, all of our board members, we have our
15 board meetings typically on Monday afternoons, as an
16 example. So I don't know if there's flexibility in
17 your days that you have those administrative days.

18 DR. PAGLIERY: That's one of my administrative
19 days, Mondays.

20 DR. BAGNER: Great, okay. Good to know.

21 Okay, great. Well, let me open it up to
22 questions you have and then also questions that are
23 committee has for you. You can start with questions
24 you have for us.

25 DR. PAGLIERY: So I'd like to know the extent of

1 the reach that The Children's Trust has in our
2 community. How early do you start supporting early
3 childhood development? Or early childhood education.
4 Because that's determined to be a very important
5 factor in children's achievement levels. And it
6 tends to narrow the gap between those who are
7 wealthiest and come from parents who are educated and
8 that's, really, from a pediatric perspective, its
9 early, the brain development in the first six years
10 is crucial. So if they lose two years, three years
11 of that exposure to diversity and the exposure to
12 learning, to enthusiasm of the lifelong learning, we
13 do a disservice to our children. And so I'd like to
14 be able to make sure we have that reach into all our
15 communities. And some are very hard to get at. And
16 I know because when I worked down in Homestead and I
17 would go and see patients of mine, in some of the
18 really impoverished areas, it was dangerous. It was
19 literally dangerous. So I cannot imagine growing up
20 in that environment and these kids do.

21 DR. BAGNER: Yeah, good question. So we do have
22 broad reach, and I would say depth as well. In terms
23 of age, we start at day one and in some cases even
24 before day one. And so you're preaching to the
25 choir, to me, specifically, and many members of this

1 committee, that we've been pushing for higher levels
2 of investment in early childhood in those first few
3 years of life. As an example, we have a book club
4 that we just recently expanded to reach all children
5 between birth to five. In terms of areas of the
6 community that we focus on, we do have broad reach,
7 where we also really try to target really high risk
8 neighborhoods that you're referring to.

9 DR. PAGLIERY: Okay. I have another question.
10 Because part of the obstacles that we confront, as
11 physicians, as practicing physicians, is that our
12 population sometimes is not agreeable to getting
13 vaccinated. It's a real problem that we're having
14 now with COVID, right. So we have to convince them
15 to get the flu vaccine, we have to convince them to
16 get polio, diphtheria, pertussis, et cetera, to be on
17 time. So, is The Children's Trust able to partner
18 with other organizations so that we have greater
19 education out in the community, whether through TV,
20 YouTube, radio? I think there's a certain component
21 of education that really would be very welcomed in
22 our physician community.

23 DR. BAGNER: Thank you for sharing that. We did
24 have a huge effort once COVID hit, to educate the
25 public on safety measures. I don't know if --

1 someone please jump in if we have efforts, perhaps
2 thinking for the future, once vaccines become more
3 widely available to the population, if we have
4 efforts that we're thinking about educational
5 promotional type things.

6 MR. HAJ: Dan we had two things. We were on a
7 phone call probably two weeks ago with Mr. Magoya
8 from Jackson about this, as well as today somebody
9 from the University of Miami reached out to us about
10 promotional materials and just getting the facts out
11 and getting information to the community. They're
12 going to send over, we will partner.

13 DR. BAGNER: Wonderful. As an example, Dr.
14 Pagliery, our staff always being one step or ten
15 steps ahead of us as the board. So it's great to
16 hear that we're already moving forward with those
17 efforts.

18 DR. PAGLIERY: I'm happy to hear that.

19 DR. BAGNER: Any other questions that you have
20 for us, or committee members, any questions that you
21 have for Dr. Pagliery?

22 MS. DONWORTH: Hi, this is Mary. I just have
23 one quick question. How did you learn about this
24 opportunity to join the board and what is your really
25 driving motivation to be a part of the board of The

1 Trust?

2 MS. DONWORTH: Okay, thank you for that, Ms.
3 Donworth. I actually heard, the first time that I
4 heard that a position could open up in the board was
5 maybe a couple of years ago when I was on the radio,
6 just driving to work, I had the radio on and it was
7 advertised that there was a position available on the
8 board. And I said, I'd like to participate in it.
9 I'd like to make Miami-Dade County a better place for
10 children. And I'd like to raise all the children
11 that need to be raised, I'd like to be able to raise
12 them so that they can all compete. So my drive is
13 that. My drive is for that to happen. Now, how I
14 heard about this particular position, once again, I
15 think I went on to your site and it was available and
16 then I applied. That was it. But it is my interest
17 that we share, that I know that I share with a lot on
18 the board that we just want to raise our children's
19 ability to be in the best possible position to learn
20 and to develop, and to be an active member of the
21 community. And I know it's a multifaceted,
22 multipronged problem, but I'd like to be able to
23 address that.

24 MS. DONWORTH: Thank you.

25 DR. BAGNER: Any other questions?

1 MR. PRESCOTT: I don't have a question, but this
2 is Orlando Prescott. Doctor, I just wanted to say
3 thank you. You have no reason to remember me, but
4 back in July when I was struck with COVID, I came to
5 Citrus to be tested, and although you're the CMO,
6 you're the one who administered my test to me and my
7 daughter. And the treatment you gave, I just wanted
8 to say thank you. And listening to him speak, that's
9 when I realized, I know this man. Because he was so
10 nice, he gave me his cell number because the test did
11 not come back in time, and he continued to keep in
12 contact with me. So I just wanted to say, thank you,
13 sir.

14 DR. PAGLIERY: Thank you, Your Honor.

15 DR. BAGNER: Wonderful. Well, on that note,
16 that lovely note, thank you so much for your time,
17 Dr. Pagliery, we appreciate it. And it was great to
18 meet you and nice to talk with you.

19 DR. PAGLIERY: Thank you. It was a pleasure to
20 meet all of you and a privilege. Thank you so much.
21 Bye-bye.

22 DR. BAGNER: Thank you.

23 Okay, everyone doing okay? We have one more.

24 MS. LEON: Dan, are we going to vote when the
25 time comes and select the two candidates that we like

1 the best and you'll go with that, or how do you plan
2 to do the summing up and determination?

3 DR. BAGNER: Yes, so after this next candidate,
4 we'll go ahead and discuss the candidates and vote
5 and we'll be on one candidate it will come to. So
6 I'm thinking we'll open up the floor. We don't have
7 too much time at the end, but open up the floor for
8 comments and feedback and thoughts about the
9 candidates and then we will do a quick straw poll to
10 see where folks stand and if there's one clear
11 leader, then that might make our job easier, or we
12 can go into further discussion and maybe narrow it
13 down.

14 MR. HOPE: I'm sorry, go ahead. Sorry to
15 interrupt.

16 DR. BAGNER: I was just going to say we want to
17 end today with having a recommendation for the board
18 for the next board meeting.

19 MR. HOPE: I just use a scale from 1 to 10 and I
20 -- based on the interactions, so I know if there is
21 any other methodology?

22 DR. BAGNER: Yeah, anyone else have any
23 strategies? I mean, I usually like the couple that
24 stand out for me. but I don't want to be bias, I
25 figure its best and fairest to have everyone meet

1 everyone and then talk about it so we're not putting
2 certain people at an advantage or disadvantage. So
3 let me go ahead, if the last candidate is here --

4 MS. LEON: Yes, I'll let him in.

5 DR. BAGNER: Okay, great.

6 MS. LEICHTER: Steve took a break.

7 DR. BAGNER: Oh, Steve took a break, okay.

8 Hi, Dr. Abraham. Nice to meet you. You're on
9 mute.

10 DR. ABRAHAM: Okay, now I'm off mute. How are
11 you?

12 DR. BAGNER: Now you're off mute. Wonderful.
13 How are you?

14 DR. ABRAHAM: Always good. I'm great. How's
15 your day?

16 DR. BAGNER: Good, thank you. So let me
17 introduce myself to you. We have a committee member
18 that just stepped out, but he should be right back.
19 My name is Dan Bagner and I am the chair of the
20 nominating committee with The Trust. I'm also a
21 board member. I am the representative from FIU,
22 that's my role on The Trust and I've been a board
23 member now for five years. We're going to go ahead
24 and have the committee members introduce themselves
25 to you and then we'll go ahead and proceed with some

1 questions.

2 DR. ABRAHAM: Okay, great.

3 MS. DONWORTH: Good afternoon, I'm Mary
4 Donworth, and I represent the United Way on The Trust
5 board.

6 MS. FERRADAZ: Good afternoon, I'm Gilda
7 Ferradaz, and I represent the Florida Department of
8 Children and Families on The Trust board.

9 MR. TROWBRIDGE: Good afternoon, Dr. Abraham, my
10 name is Mark Trowbridge. I'm with the Miami-Dade
11 Coalition of Chambers representing our local business
12 community on The Trust.

13 MS. LEICHTER: Good afternoon, my name is
14 Marissa Leichter, and I fill one of the gubernatorial
15 appointee spots on the board of directors, however,
16 my real -- my other job, my real job, I work for
17 Florida Foster Care Review.

18 DR. ABRAHAM: Great, thank you.

19 MR. HOPE: Good afternoon. Steve Hope, at-large
20 board member. Welcome.

21 MR. PRESCOTT: Greetings. My name is Orlando
22 Prescott, I'm the judicial representative on the
23 board.

24 DR. NEIMAND: Good afternoon, my name is Susan
25 Neimand, I represent Miami-Dade College and I serve

1 as the Dean of the School of Education there.

2 MR. HOFFMAN: Good afternoon, my name is Ken
3 Hoffman, I'm the chair the board and an ex officio
4 member of this committee.

5 MR. HAJ: Dr. Abraham, Jim Haj, good to see you
6 again.

7 DR. ABRAHAM: It's good to see you. It's great.

8 MR. ALI: Imran Ali, Chief of Staff.

9 DR. ABRAHAM: Great, thank you.

10 DR. BAGNER: Great. I think we've got everyone.

11 Well, it was nice to meet you. Thank you for
12 joining us today. We'll go ahead and get started
13 with some questions. If you could start with telling
14 us a bit more about what unique abilities or
15 qualities that you would bring to The Trust as a
16 board member?

17 DR. ABRAHAM: Okay, so clearly my background has
18 been in healthcare. I'm a physician, most recently
19 was a CEO of University of Miami Health System.
20 Prior to that was the Dean at the University of Miami
21 Miller School of Medicine. Also Dean at the Wake
22 Forest School of Medicine. My whole career has been
23 in academic medical centers with a big emphasis most
24 recently on health care delivery, taking care of
25 populations, thinking about social deterrents of

1 health, how we think about the future of health, how
2 one prevents illness. I make sure that we have a
3 healthy population. Health care is very much moving
4 in that direction, moving away from addressing,
5 having patients come to the emergency room, taking
6 care of illnesses, to think about how we can prevent
7 illness.

8 So, for me, particularly in Miami, in this
9 diverse community, my most recent position has very
10 much interfaced with the populations in Miami,
11 diversity of Miami and recognizing the kind of health
12 needs that had been here and are present in Miami.
13 So a passion for me has been improving health and
14 addressing the social deterrents of health. So it's
15 much more than just providing medical care, thinking
16 about food insecurity, shelter insecurity, how we
17 really -- how we have safe streets, and think about
18 how we can improve the health of the populations that
19 live here in this community. And for me, a CEO at
20 the University of Miami, how we can improve the
21 health of the populations we serve.

22 DR. BAGNER: Great, thank you, Dr. Abraham.

23 Do you serve on current boards, or in the past,
24 did you serve on boards, and if so, what your
25 experiences in those boards have been in terms of

1 your successes and challenges?

2 DR. ABRAHAM: Yeah, so I've recently moved on to
3 a number of boards. I'm the vice-chair of the board
4 for Urban Health Partnerships, a nonprofit that deals
5 with underserved populations in Miami-Dade and
6 Broward County, in Little Haiti, up in Broward
7 County, here, the Latino underserved community as
8 well. I'm also on the board of Florida Impact and
9 Hunger that directly addresses issues with food and
10 security across the state. It has a program in Miami
11 Gardens addressed at getting out food to underserved
12 populations in that area as well. Those are the
13 major boards that I'm involved in at the present
14 time. In the past, I moved to Miami from North
15 Carolina. I was on the board of the YMCA there. I
16 was also involved with community organizations in
17 northwestern North Carolina at the same time.

18 DR. BAGNER: Great, wonderful. Thank you. Just
19 so you know, I believe it's probably related to that
20 first board that you mentioned. We were advised by
21 our legal staff that if you were to take this
22 position, if you were offered this position, that our
23 statute does not allow you to actually be
24 concurrently on that board as well as on our board.
25 So just something to keep in mind and consider if you

1 were to be offered this position.

2 DR. ABRAHAM: Okay. And then the other
3 committee I'm on, Ms. Jeanty asked me about this,
4 whether I'm on any Miami-Dade boards, I'm on the
5 Citizen Transportation Advisory Committee for Miami-
6 Dade County.

7 DR. BAGNER: Okay, so that's the one -- am I
8 correct, Jim?

9 MR. HAJ: Yes, that's the one where there's
10 conflict.

11 DR. BAGNER: Okay, so that's the one where there
12 would be the conflict if you were to be offered --

13 DR. ABRAHAM: Urban Health Partnerships is okay?

14 DR. BAGNER: Yes, that's okay. It's the last
15 one you said because it's a county board.

16 DR. ABRAHAM: Okay. Fine.

17 DR. BAGNER: Okay. So it sounds like you would
18 be comfortable not being on that committee anymore if
19 you were to be offered this role, or it's something
20 you need to think about more?

21 DR. ABRAHAM: Yeah, absolutely.

22 DR. BAGNER: Okay. Shifting gears a bit. If
23 you could tell us a little bit more about what you
24 see are the major issues facing children families
25 today and five years from now?

1 DR. ABRAHAM: Well, I guess the basic issues
2 relate to children being the future of our community.
3 And I think some of the issues have been made even
4 more severe because of the recent pandemic. Food and
5 security, insecurity with shelters, supportive home
6 environments, being very important to children,
7 access to healthcare and preventive health measures
8 being extremely important. I think all of these have
9 become more acute, particularly in our underserved
10 populations over the last year. They were --
11 unfortunately, our society really doesn't have a very
12 robust social safety net for families and for
13 children, in particular. I saw this every day in
14 healthcare and I feel that it's even more severe at
15 the present time, these kind of inadequacies, and one
16 could think of other words, in our society. So
17 children are very vulnerable population. And
18 providing them with the support that they need to
19 realize their potential, to grow up and be
20 integrated, highly productive members of society, to
21 lead healthy lives. These are all incredibly
22 important issues and ones that really concern me very
23 much, in particular, in the present environment.

24 DR. BAGNER: Great, thank you. Knowing what you
25 know about The Trust, what would say are The Trust's

1 major strengths and weaknesses?

2 DR. ABRAHAM: Well, the major strength is the
3 focus of The Trust, for sure. Supporting families
4 and children in important areas. Parenting, access
5 to health care, healthy living, educational efforts
6 as well. They really go across the spectrum. Again,
7 I think coming back to what I was just mentioning, a
8 lot of these programs should, in an ideal sense, be
9 provided by governmental organizations. They're not.
10 And so The Trust being able to fill the gaps, being
11 able to step up and address these very important
12 needs provides an incredibly important role. And I'm
13 aware of the funding that The Trust has. I'm sure
14 you know about this more than anybody, all of you,
15 about those funds, it's great to have. I think you
16 have about \$170,000,000. But still, I'm sure that
17 doesn't come close to meeting the needs of these
18 populations. So prioritization of how best to use
19 those funds, to best serve populations, children and
20 families is incredibly important. And really, The
21 Trust being able to get maximum leverage from the
22 funds available have very meaningful impacts on
23 society and in particular in Miami-Dade County.

24 DR. BAGNER: You're absolutely right. We
25 actually, just so you know, came out of our board

1 retreat last week, where we discussed how do we best
2 use the funds that we have available to us in a
3 strategic way and where do we want to -- there's
4 certainly never enough funds to go around to meet the
5 needs of our community.

6 DR. ABRAHAM: Yeah, and I saw this everyday with
7 patients that we would serve at University of Miami,
8 not at Jackson, because remember, our connection for
9 pediatrics is through Holtz, most of the physicians,
10 almost all of the physicians at Holtz are University
11 of Miami faculty. And it was something we saw every
12 single day in terms of the needs of children, when
13 they were ill -- but again, this issue about
14 preventing illness, maintaining health in children.

15 DR. BAGNER: Great. So we can imagine that
16 you're extremely busy with multiple time commitments
17 and responsibilities, so how would you manage your
18 time to make a commitment to being a member of this
19 board?

20 DR. ABRAHAM: So remember that I've stepped down
21 from my role as CEO of University of Miami, in terms
22 of my activities. I'm doing consulting and advising.
23 I'm working with other house systems at the present
24 time. I'm working with early stage companies that
25 are transforming health care. But carving out time

1 for a major priority is something that I would
2 absolutely do.

3 DR. BAGNER: Okay, great. Thank you. So I'll
4 open it up to you to see if you have questions, and
5 also committee members, feel free to jump in with
6 additional questions. What questions do you have for
7 us, Dr. Abraham?

8 DR. ABRAHAM: Well, I think I would love to hear
9 what came out of your strategic retreat, about some
10 of the priorities.

11 DR. BAGNER: It's a great question. The staff,
12 it's so fresh that the staff actually is in the
13 process of helping to sift through all of the
14 information that they got. But I could say that, at
15 least from my experience, and other committee
16 members, feel free to chime in, I was leading
17 discussions on early childhood. And so a lot of our
18 focus was on the needs and early childhood. It's
19 something that we've been trying to grow and expand
20 over the past several years. And particularly around
21 COVID and the immediate and long-term needs was a
22 common theme that I heard, that those are going to be
23 high needs for our community. But I'll open it up to
24 other committee members to chime in with some of
25 their experiences.

1 MS. FERRADAZ: Hi, I'll just jump in. I was
2 looking at the school-aged education and one of the
3 issues there is what will be the impact of the
4 constitutional amendment on the minimum wage going up
5 to \$15 an hour. And will it be fewer kids getting
6 serve, more kids getting serve. We obviously have to
7 really look at the budget and understand who we go
8 after and increase and the millage rate. So I think
9 that's going to be a key focus going forward for The
10 Trust.

11 DR. ABRAHAM: Can I ask, are you worried the
12 economy -- I've had a lot of discussions about the
13 state finances. Going forth this is going to be a
14 tough year for the state. I think we're looking
15 forward, hopefully, to the economy picking up speed
16 again. Because of the millage rates, it really is a
17 concern what funds are available and what funds will
18 be available, at least in the short-term for you, and
19 again, how to prioritize the use of those.

20 DR. BAGNER: It's a great question.
21 Unfortunately, we have -- I think I mentioned Steve
22 Hope, who introduced himself earlier, is our at-large
23 member who is unfortunately leaving the board, which
24 is the position this is filling, but Steve is our
25 current finance chair and treasurer, so he would be

1 best equipped to answer that very important question.

2 MR. HOPE: Thanks for putting me on the spot.

3 DR. ABRAHAM: Sorry.

4 MR. HOPE: So back in, I think it was September,
5 we've voted on the millage rate for the current
6 fiscal year, which will take us into September of
7 this year. So pretty much in term of the revenue
8 projections, the projections will -- were projected
9 to be in line with the budget and expenditure, plus
10 we also have a reliable operating reserve that kind
11 of gives us the cushion to weather some of the
12 challenges that, the short-term challenges that the
13 economy faces. So we do not anticipate any
14 disruption in our funding, at least for the current
15 fiscal year.

16 DR. ABRAHAM: That's reassuring.

17 MR. TROWBRIDGE: Dr. Abraham, this is Mark
18 Trowbridge. I would just add to that, you know, at
19 the state level they're currently projecting about a
20 2.6 billion dollar shortfall and the session starts
21 tomorrow. And the one course of action required by
22 our state legislature is to present a balance budget.
23 And so though I think Steve is absolutely right about
24 what's happening here locally, we also keep an eye on
25 what's happening in the larger context. You talked

1 about the social deterrents of health related to
2 things like housing and I worry about some of those
3 funds being raided to help patch the holes that will
4 be in the budget. The positive news, and I can say
5 this just from a business agenda, is that we may get
6 certain things through the legislature, such as the
7 collection of sales tax on internet purchases out of
8 state, which has never happened in our state. Some
9 due it voluntarily. That could be \$600,000,000 right
10 there. So we're going to count, I think, on our
11 elected officials and relationships we have, to do
12 the heavy lift in looking at other sources, without
13 taking away dollars that have been marked for other
14 priorities.

15 DR. ABRAHAM: Good. Thank you.

16 DR. BAGNER: Thanks, Mark.

17 Any other questions you have, Dr. Abraham?

18 DR. ABRAHAM: Well, I guess I have a real
19 passion for the activities that The Children's Trust
20 does, but I'd be curious to know, for a new board
21 member, what would you be looking for in terms of
22 priorities as well?

23 DR. BAGNER: That's an excellent question. I
24 could start. Certainly someone with a medical
25 background, like yourself, is something that we've --

1 we've had physicians in the past on our board, I'm a
2 psychologist, we have some healthcare providers, but
3 no physicians currently. So that is an area that we
4 do feel like we need someone to bring that area of
5 expertise. So that's one of the reasons why we
6 invited you here today, that was one of the important
7 things. And I'll let other folks chime in with other
8 needs.

9 MR. TROWBRIDGE: I think I'll just pick up where
10 you left off, Daniel, when you were talking about
11 some of our strategic priorities. We've put a great
12 emphasis over the last year on diversity and
13 inclusion, but I think that goes through a number of
14 constricts, but I would also echo your comments as
15 well about having a physician. I think that is an
16 opportunity for us here. And about a year ago when
17 we had an opening for an at-large, we were also
18 looking for that opportunity, we didn't end up
19 filling that with a physician. And so I appreciate
20 some of your thoughts today, Dr. Abraham, because I
21 think it falls in line with some of the questions we
22 have had with the best answer by a physician.

23 DR. ABRAHAM: Great, I appreciate that. And
24 again, I've tried to make it clear, my feelings about
25 being a physician, health is a much bigger issue than

1 just taking care of illness. Its preventing illness,
2 it's really dealing with these social determinants of
3 health. That's a far broader field of vision than
4 just thinking about how does someone become sick.
5 It's trying to make sure that their lives are
6 supported, that they have a healthy lifestyle, that
7 their environment allows them to reach their
8 potential. So it's a very broad definition of
9 health, but it's a very important one for our
10 society.

11 MR. HOPE: Hi, this is Steve Hope. I think one
12 of the board members indicated earlier that we're
13 such a diverse board, we tend to see things from
14 different lenses and we approach our responsibility
15 from different perspectives and experiences. So one
16 of the areas that I've always, I guess, had some
17 concern or interest in, is looking at the role The
18 Trust plays when it comes to addressing the needs of
19 those segment of the community that have been, or who
20 envision themselves as being marginalized. And I
21 noticed that in your early conversation you talked
22 about some of the work outside of your medical field
23 in terms of addressing the needs of at-risk families
24 when it comes to food and other types of services.
25 And I think, you know, I would be advocating for

1 someone who shares those values in terms of
2 addressing some of the needs, primarily of children,
3 as a whole, but also that segment of the community.

4 DR. ABRAHAM: Yeah. And again, this is
5 something I feel very strongly about. Children are
6 clearly a hugely vulnerable component of our society
7 from multiple factors. Starting with the family.
8 Starting with the home. Starting with shelter, food,
9 issues, and then moving on to health and education
10 and other functions related to supporting them.
11 Because of this and because they're really our
12 future, the activities of The Children's Trust are
13 just incredibly important. I hear this from all
14 sides. I should mention that my wife is a guardian
15 ad-litem and is involved with children who need
16 protection, the interface with the court system as
17 well. And so we as a family see this all the time.
18 How children are treated in our society, their
19 vulnerability, and in particular, Miami-Dade County,
20 these kind of holes, again, in the social safety net
21 through which children can so easily fall. Fall
22 through.

23 DR. BAGNER: All right, any other questions from
24 any committee members?

25 Well, thank you, Dr. Abraham, so much for your

1 time. It was a pleasure to meet you.

2 DR. ABRAHAM: And a pleasure to meet all of you.
3 Thank you for taking time with me. I know this is
4 the end of the day for all of you, but thanks for
5 finding time to talk with me. I really very much
6 appreciate it. I would love to be a part of the
7 group.

8 DR. BAGNER: Thank you very much.

9 DR. ABRAHAM: Thanks.

10 DR. BAGNER: Okay, well we did it, everyone.
11 Thank you so much, everyone, for your helpful
12 questions and comments. So why don't we jump right
13 in. I'm just going to open up the floor. If while
14 we discuss if somebody can, on the staff side, could
15 generate like a straw poll --

16 MS. LEICHTER: I think Gilda -- I know I'm like
17 the break reporter, but I think Gilda's walking out.
18 I think those of us here might need like a minute or
19 two, Dan.

20 DR. BAGNER: Oh, sure, let's take a minute. Two
21 minutes.

22 MS. LEICHTER: I'll let you know when, if you
23 can't see from the overhead shadow, I'll let you know
24 when everyone comes back in.

25 DR. BAGNER: That sounds good. I can kind of

1 see. Thank you.

2 MS. LEICHTER: Can we chat a little -- we're
3 going to chat a little before we vote, right?

4 DR. BAGNER: Yes, 100 percent.

5 MR. HOFFMAN: Dan?

6 DR. BAGNER: Yes?

7 MR. HOFFMAN: Like I said, looking at the poll
8 here, I appreciate that my input was taken into
9 consideration in the prior ground. I don't know that
10 -- I'm not an actual voting member of the committee,
11 so I don't know that I should be tallied up in this
12 final vote. I would be happy to weigh in when my
13 turn comes on those I would vote for, but I don't
14 think it should necessarily be in the tally.

15 DR. BAGNER: Okay, great. Thank you for that.
16 Yes, so if we can actually take Ken's name off that,
17 but we'll certainly love to hear your input as we
18 discuss.

19 MR. HOFFMAN: Yes, appreciate it.

20 DR. BAGNER: Thank you.

21 MR. HAJ: It was nice that we had such great
22 candidates. That's amazing.

23 DR. BAGNER: Yeah, I have to say, from the
24 outside, I don't know if we're all back, but this is
25 going to be a tough one. They were all, most of them

1 were excellent and I think most of them would make
2 excellent members in the board.

3 MS. LEICHTER: Yeah, the outreach must have been
4 really good this year.

5 DR. BAGNER: Go ahead, Susan.

6 DR. NEIMAND: I just want to say, we have to
7 look for what we don't have already. And that makes
8 it -- it is a difficult decision and some of them
9 were really terrific. We have to look at who we
10 already have on the board, and what they represent,
11 and who they represent, and where are the gaps that
12 need to be filled. So I think that's a perspective
13 that's important to consider as we look at different
14 people. Because they were all excellent. There's no
15 question about it. And they were all very committed
16 to children and the work that they do. But, you
17 know, I've said this before, some of them are
18 similar, bring to us what we already have and we need
19 to look to fill what we don't have.

20 DR. BAGNER: Thank you, Susan. Would you be
21 specific --

22 MS. LEICHTER: We don't have everyone back yet,
23 just so you know.

24 DR. BAGNER: Oh, not everyone is back. Let's
25 hold off another minute. We're just waiting for

1 Gilda?

2 MR. HOFFMAN: I will say it does show the value
3 on advertising on WORN.

4 MR. TROWBRIDGE: My goodness, so many MPR
5 listeners.

6 DR. BAGNER: That was a good investment.

7 MS. LEICHTER: All right, Gilda is back. If
8 Susan wants to recap what she just said.

9 MS. FERRADAZ: So what I just said was, while
10 all the representatives that we interviewed today
11 were excellent and all of them care deeply about
12 children and have demonstrated through the work that
13 they do in the community, they all are very active in
14 the community, I think as a board, we need to look at
15 where the gaps are in terms of the skills that we
16 presently have on the board and that we have to look
17 for someone that fills one of those gaps. And if you
18 want a specific example, we have Dr. Dorothy
19 Bendross-Mindingall on our committee. And she
20 certainly was a teacher and a principal and someone
21 who served in a multiplicity roles as an educator.
22 And so when I look at Dr. Jones, I'm not seeing a big
23 contrast between what he brings to us and what we
24 already have in terms of talents and abilities. So
25 when I evaluated him, that was one of the

1 considerations that I had. That's just my thinking
2 in terms of the way that we should approach some of
3 our conversations about who is going to be more
4 effective on the board.

5 DR. BAGNER: Yeah, thank you, Susan, for that.
6 It's a really great observation in terms of what we
7 have, what we need. I had some of the same thoughts.
8 One of the things I keep on struggling with is
9 balancing that with our vision for equity and
10 diversity. And so, you know, trying to balance those
11 things sometimes comes at odds. That's what I'm
12 struggling with personally, but.

13 MS. LEICHTER: On that same line, I had that
14 feeling about Dr. La Greca. Dan, you're awesome and
15 we have a few other folks with your background on the
16 board already as well, I think we have like a really
17 strong psychological, PhD, professor. I think we
18 have a lot of people on the board that bring that.
19 So while I think she's very qualified, I don't think
20 at this moment we need another person with that
21 background.

22 I'm just going to go ahead and be transparent, I
23 mean, not be transparent, I'm going to be transparent
24 and say who I feel. I think I -- as coming from the
25 same as Susan said on that thread, I would lean

1 towards the physicians, the last two we interviewed.
2 However, I am leaning toward Pagliery because I feel
3 that he is still in the trenches. I did notice that,
4 you know, if you want to count this against him, I
5 understand, he's not that familiar with The
6 Children's Trust. I think there are a lot of people
7 on the board, that came to the board not being that
8 familiar with The Children's Trust. So I don't see
9 that as a deficit necessarily. He can do his
10 homework, he'll have a meeting with Jim like we all
11 had before we started. He would get acquainted with
12 The Children's Trust. I think it's more important
13 that his finger is on the pulse of what certain
14 communities are facing in the medical area. He said,
15 you know, he rattled off a few that stuck in my head.
16 He said the resistant to vaccines, like he's there,
17 he knows it, just like you were to ask me, what's the
18 greatest challenge dealing with families in the
19 dependency system, I'd rattle off two or three top
20 issues and that's because I'm still involved, I know
21 what's going on.

22 And not to belittle Dr. Abraham, I feel like
23 he's been a little bit more removed from the front
24 lines, in a way. I'm sure he's very qualified as
25 well, but just from the 20, 25 minutes we had

1 speaking with both of these doctors, that was my
2 initial reaction. And my second choice would
3 actually be, I'm not sure if she's a doctor, but the
4 educator, Ms. Bins, the first person we interviewed.
5 She would be my second choice. I know we're only
6 doing one, so if I would have to vote, I would say
7 Dr. Pagliery and then -- so don't put a one, I mean,
8 we're only allowed to vote for one person, right?

9 Dan, are we only doing one?

10 DR. BAGNER: Why don't we start with one and
11 then we'll see how that plays out.

12 MS. LEICHTER: I thought Ms. Bins -- is she a
13 doctor? I don't know. I thought that she was very
14 well-spoken. I think she would serve us well in the
15 area of education, but I do feel like we do have a
16 lot of educators on the board already, kind of like
17 the psychologists. So that's my vote, Dr. Pagliery.
18 And if anyone wants to comment on my comments or ask
19 me questions.

20 MS. DONWORTH: My top two, I'll narrow it down
21 to one. My top two were Dr. Jones and Dr. Pagliery.
22 Dr. Pagliery for the same reasons that Marissa is
23 saying, that we have -- we do need a doctor on the
24 board, I agree with that. But he is like, you said,
25 in the trenches. He's there practicing every day and

1 it's not just a private practice, it's a very
2 qualified health center that you see all kinds of
3 needs there, not just the pediatrician and a private
4 practice, so I felt that was good. And Dr. Jones I
5 liked too, but I see Susan's point on the other
6 educator's that we have on the board. So my vote
7 would be for Dr. Pagliery as well.

8 MR. HOPE: This is Steve. So I'll vote Dr.
9 Jones first and Dr. Abraham second. And the reason
10 for Dr. Jones, first and foremost, I think it's
11 important to maintain diversity on the board. So
12 what I did was looked at total number of board
13 members and representative of the population of
14 Miami-Dade County. So if you take an African
15 American mix of about 16 percent of the population,
16 and then I look at that of a percentage of the board,
17 we're looking at about four to five members.
18 However, taking that out of the picture, he brings a
19 lot of experience based on his educational
20 background, based on also his experience, of course
21 working in the school system in terms of programs in
22 at-risk communities. So he understands the need of
23 the at-risk community in terms of the different
24 programs that's currently funded by The Trust in the
25 south area. So those are the reasons that I would

1 select Dr. Jones as at least the first candidate.

2 Dr. Abraham also. I think a lot of the work
3 that he's doing, Holtz, University of Miami, in terms
4 of working with at-risk families. He demonstrated he
5 had a very strong understanding of the needs of those
6 communities. So those would be the two candidates
7 that I would select, with Dr. Jones being one, Dr.
8 Abraham being two, and Dr. La Greca being the third
9 person.

10 DR. BAGNER: Thank you, Steve. I might
11 interject really quickly. I'll save my comments for
12 the end. But just to let everyone know, also Dr.
13 Ares-Romero is a physician. I believe she's a
14 psychiatrist. So although we do have a lot of folks
15 with mental health experience on the board, she kind
16 of brings both of those areas. So I just wanted to
17 note that to make sure folks were -- so she is
18 technically a physician as well.

19 DR. NEIMAND: We're only voting for one at this
20 time.

21 MS. LEICHTER: I don't know who is doing the
22 three, but I guess Steve's vote is for Jones, so the
23 other two need to go away. Unless we're all going to
24 do three.

25 MR. PRESCOTT: So please help me. Where is our

1 greatest need, in the physician or the education?

2 DR. BAGNER: That's a good question.

3 DR. NEIMAND: I'm going to vote for Dr. Pagliery
4 also because I do feel that we need someone who is a
5 physician on this board. We had one for a while but
6 we haven't for a long time. And the fact is that we
7 are now in a pandemic and the viewpoint that he can
8 bring in terms of what he is seeing on a day-to-day
9 basis will inform all the other areas that we already
10 have, the psychological aspects of children, the
11 schooling of children, at-risk youth, everything that
12 we stand for has a undergirding of medical needs and
13 that's where we are deficient, in my opinion.

14 MR. TROWBRIDGE: I'll add to that, but I will
15 vote for Dr. Pagliery.

16 MR. PRESCOTT: I'm just acting as the label in
17 the suit. Okay. What about Dr. Romero? She was on
18 the front lines with Dr. Cohen in establishing the
19 medical assistant substance use and addiction,
20 dealing with strategic planning.

21 DR. BAGNER: Judge, I second everything you're
22 saying. I have to be quite honest, I was turned off
23 by Dr. Pagliery's lack of understanding of The Trust,
24 and while I understand that could be something you
25 could gain, I think it just highlights the priority,

1 right, if you're interviewing for a role and your
2 response is, I don't really know much about The
3 Trust, I don't -- I was very turned off by that. You
4 know, I also think that he, and it's not to like -- I
5 though all the candidates were excellent. But just
6 to -- he's not a pediatrician, he's a family doctor
7 and he does take care of kids, but that's not his
8 focus. So if I were to say the physician is who we
9 want to go after, I would be more in favor of the
10 other two. But I'm also very torn because I hear
11 what Steve said and I think our diversity is very,
12 very important. And so I'm not voting on anyone yet,
13 I'm just waiting to hear from everyone, but I just
14 wanted to throw in some of those comments and
15 thoughts.

16 MS. FERRADAZ: I'm sorry, I was just going to
17 jump in. I'm also thinking in terms of what is it
18 that The Trust needs and it is a doctor. I will say
19 I agree with you. I was shocked that Dr. Pagliery
20 knew so little about The Trust and didn't even take
21 the time to go online and just prepare himself for
22 this interview. And the reason I asked the question
23 is because I know Muriel and Maria well at Citrus and
24 it just made me wonder, did they think it would be a
25 good idea for him to apply. And that may or may not

1 be the case, I don't know. The passion for being on
2 the board did not come through to me.

3 I really love Dr. Abraham. And I love his
4 background. I love the fact that he is the vice-
5 chair of Urban Health Partnerships. I love the fact
6 that he's on the board of Florida Impact. I love the
7 fact that he's really looking holistically at the
8 social determinants of health. Really focused on
9 prevention. The fact that he is retired as a
10 physician means he may have the time to devote. I
11 love the fact that he knew how much money we had,
12 that, you know, he really did his homework and
13 engaged in way that -- we want that, right, we want
14 somebody to bring that kind of leadership to the
15 discussion. I was just -- for me he was hands above
16 -- everybody was very good, but he was, to me, hands
17 above everybody else. I also really liked Dr. Jones,
18 but it was the same thing, looking at, we have a lot
19 of people coming from the education space. And so
20 would that really add, and if it adds, it subtracts
21 from looking for somebody with a medical background.

22 DR. NEIMAND: So I agree with both of you that I
23 was a little disappointed that he didn't do his
24 homework, that Dr. Pagliery didn't do his homework.
25 But if you listen to his statement right before he

1 said that, he actually listed every one of the
2 initiatives that we really our focused on. Because I
3 wrote them down. And then when he said, I don't
4 really know what you work on, I was a little taken
5 aback because he just said them all. So from his own
6 personal commitment in the community, he's already
7 invested in those kinds of things. So yes, I was not
8 happy he didn't do his homework, you know, I'm all
9 about homework, but the truth is, that what he did
10 say right before, really all of the initiatives that
11 we are focused on. So as Marissa stated before, we
12 can bring him up to speed because he's already more
13 than hallway there in terms of his personal
14 commitments.

15 MR. HOPE: This is Steve. I agree when it comes
16 to Dr. Pagliery because up to the point when he
17 indicated that he knew very little about The Trust, I
18 had given him the highest score and then I crossed it
19 out because I thought that if this was something that
20 he truly had an interest in, we have tremendous
21 amount of information online that you can at least
22 get an understanding of what you're getting into and
23 what kind of commitment is needed.

24 Dr. Abraham, on the other hand, demonstrated
25 that he did his homework and brings tremendous amount

1 of experience. So if I have to choose between the
2 two doctors, I'll definitely go with Dr. Abraham
3 because I think if you're presenting yourself as a
4 prospective board member, I think you want to show,
5 in the early stages, that this is something you're
6 serious about, that you would take the time to at
7 least research a little bit about the organization
8 you want to be a part of.

9 MR. HOFFMAN: I'm not going to add a score here,
10 but I do think that if we're choosing between two
11 doctors, I would agree with just about everything
12 that Mary said. And again, this goes to what Steve
13 just said as well, I think both of them showed
14 clearly a passion to want to do this, but I think
15 that Dr. Abraham is just clearly, to me, more
16 interested in the position, maybe even qualified for
17 it from his other activities. In fact, I think the
18 two most qualified people that we saw were Dr. La
19 Greca and Dr. Abraham.

20 I fully understand why we don't need Dr. La
21 Greca right now, but she seemed like a very, again,
22 passionate for the position and for involvement. And
23 I felt, again, between the two, if we're focusing on
24 doctors, that Dr. Abraham was more passionate for the
25 position and why he was sitting in front of us. And

1 not ready to go, nobody is going to be ready to go.
2 I do agree we can teach anybody about The Trust, but
3 it's a really difficult process because we -- it's a
4 lot to learn and I don't even think I, anybody from
5 the outside fully understands, unless they already
6 educate themselves, fully understands how we fund,
7 what we're funding and the like. And again, Dr.
8 Abraham, to me, had more of a sense of what we do,
9 why we do it, and other connections in the community
10 that would help us and him understand our funding
11 process.

12 DR. BAGNER: Gilda, I don't think we heard from
13 you yet. Thank you, Ken.

14 MS. FERRADAZ: Me? Yeah, you did. I did.

15 DR. BAGNER: Oh, we did hear from you. Okay.

16 MS. FERRADAZ: About Pagliery with -- like I
17 said before, that he is in the trenches. He's not up
18 here, you know, that we have a lot of people on the
19 board that I think that are up here. We don't have
20 as many, you know, doing the actual work.

21 DR. BAGNER: So we've heard from everyone. Let
22 me put in my -- I know I put in a few interjections,
23 but I'll throw in my two sense here. So I agree with
24 Ken. I think from a qualification standpoint, I
25 think Dr. Abraham and Dr. La Greca are the two most

1 qualified. I just want to throw out there that even
2 though Dr. La Greca is not a physician, and I
3 appreciate the kind sentiments that what I bring as a
4 psychologist, she's also a pediatric psychologist.
5 So she brings in the health lens, which I think is
6 something that when we're thinking -- like someone is
7 a physician, so they bring in that area, but its what
8 part of that do we need as The Trust, right. So her
9 expertise, as an example, is bringing in the
10 knowledge and information and programming that she's
11 researched on kids experiencing pediatric illnesses,
12 like cancer, diabetes, those kinds of things. Kids
13 who are experiencing events like hurricanes. So
14 she's bringing in a unique piece to that.

15 I am struggling here because I feel like people
16 are deciding if we narrow it down to a physician, but
17 I'm almost wondering if is that the first vote we
18 need, is whether or not we need a physician or not,
19 or -- I mean, if we look at the numbers, no matter
20 how I vote, the decision is clear. So if that's how
21 the committee feels, then we can move forward. I
22 would personally disagree. I think that if we're
23 deciding between two physicians, I would select Dr.
24 Abraham. But I'm wondering what other folks think,
25 if that may be a question first, if we vote whether

1 or not we want to narrow it down to just physicians?

2 MR. TROWBRIDGE: Does it make sense then to
3 share our second choices because a lot of us didn't
4 do that, so?

5 MS. LEICHTER: I don't think Judge Prescott
6 went.

7 MR. PRESCOTT: I didn't vote yet, I was just
8 playing the soup ladle.

9 DR. BAGNER: That's right.

10 MR. PRESCOTT: Once again, I'm dipping my ladle
11 back into the soup. Mr. Hope?

12 MR. HOPE: Yes, sir.

13 MR. PRESCOTT: As we talk about diversity, well,
14 how many members -- because I hear her speak about,
15 Dr. Bendross-Mindingall, from the educational
16 standpoint, but we all know that some of our
17 commissioners and things of that nature, they're on
18 the committee, but they're not really here. So, are
19 we going to get the benefit of her being here?
20 Because, if not, how many people, because the
21 appearance of fairness is just as important as
22 fairness itself. So when we're talking about
23 diversity, we want the community to know that this
24 board that represents them looks like them. And
25 that's what Mr. Hope was speaking of. And I

1 understand that. But then I asked a question, we can
2 balance that, we can weigh that against our needs.
3 And if we haven't had anybody of color to fill a
4 particular need, how can we fill that with somebody
5 of color when they have not been applying for it?

6 That's why I asked, what is our greatest need?
7 If our greatest need is somebody in the medical staff
8 versus the educational staff, we have several people
9 of color from the educational staff, but none from
10 the medical staff, but our greatest need is medical,
11 then we fill the need. We fill the gap.

12 MS. KOBRINSKI: Judge Prescott, just so you
13 know, there's the members appointed by their
14 position, there's the superintendent and his
15 designee, so Dr. Abrahante. Many do have members of
16 the United Teachers of Dade and then also the school
17 board. And then, I think, also, the PTA.

18 MR. PRESCOTT: Okay, so that's four. Okay, and
19 so we have four individuals that know the gambit of
20 Dade County Public School, going from pre-K all the
21 way through high school. Then we have people from
22 the academia from universities that can cover that.
23 We can honestly say, we filled a need on the board.
24 Okay. If we're going to weigh it, we're going to
25 weigh it. You know, then we fill a need on the

1 board. It's not -- we're not just going to place
2 somebody on the board that doesn't fill our need.
3 Because I don't think we'll be doing our community
4 much service doing that either.

5 DR. BAGNER: Okay, thank you for that, Judge.

6 So maybe it would be helpful to -- in light of
7 that, for everyone to give top two. Is that what I'm
8 hearing as a recommendation?

9 MR. TROWBRIDGE: Let me go back to your earlier
10 question of then trying to narrow it down. I think
11 there's some consensus around the physician idea. We
12 haven't voted on that, but --

13 MS. LEICHTER: I just --

14 MR. TROWBRIDGE: -- it may help you draw
15 distinctions if, like in my case, my second choice
16 was being Abraham, so.

17 MS. LEICHTER: And just to go back to Dr. Ares-
18 Romero, because you reminded us that she's also a
19 physician even though she's a psychiatrist. I got,
20 aside from that, aside from filling the need of a
21 physician, I got a gut feeling that she would maybe
22 not pick our board over the other county board that
23 she's involved in. Whereas, I've felt like Dr.
24 Abraham, when that question came up to him, he
25 indicated -- I mean, people can fake it until the

1 make it, but I felt like he was more interested in
2 our board as a county board, than the current one
3 that he might have to step down. But she was a
4 little bit more coy about it. And when it was
5 brought to her attention that she would have to
6 choose, she was kind of just was like -- so even if
7 we offered it, I know no one's voted for her, but I'm
8 just saying, even if we offered it to her, she would
9 maybe not even accept based on her reaction to Dan
10 pointing that out that she would have to choose. So
11 just didn't know if anyone else noticed that, but
12 just wanted to put that out there.

13 DR. BAGNER: Thank you.

14 So I'm hearing -- yeah, I mean, maybe a quick
15 show of hands as to a yes or no, we need a physician
16 or not, might be a helpful place right now. I know
17 we're really close to time, but that might help in
18 voting because it might, you know, if we're just
19 deciding between two or three versus all of them.

20 So can I get a show of hands of how many would
21 like to see a physician in this position?

22 I'm seeing one, two, three, four, five. It's
23 pretty unanimous. Not everyone, but. So, given
24 that, I propose that we vote base on the three
25 physicians on the board -- on the candidate list,

1 between Dr. Abraham --

2 Yes, Steve?

3 MR. HOPE: Mr. Chair, before we vote. So, Jim
4 just gave me a board ethnicity report. So when I
5 looked at the number, there were some new names,
6 which I had not taken into consideration. So one of
7 the factors that I considered, when making my
8 decision, was ensuring that there appropriate
9 representation. At this point in time, the
10 representation that is reflected is an excess of what
11 I would be looking for. So, for example, I think it
12 works out to about 28 percent of the overall board
13 number at this particular point in time. So, for me,
14 staff was one of the criteria. So I would then shift
15 to my second vote, given that at least one of those
16 criteria that I use as part of my assessment has been
17 met. And the second, so I would then change mine to
18 Dr. Abraham as a result of that information that I
19 had.

20 DR. BAGNER: Okay, thank you for that Steve.
21 That's very helpful, I think, as we think about
22 equity and diversity on our board.

23 So in light of the recent vote, I propose that
24 we all go through, verify if not, but let's all
25 select one physician. Because at a committee, we

1 voted in favor of doing this with a physician.

2 So, I'll start. I'll keep my vote as Abraham.

3 MS. LEICTHER: Mr. Chair?

4 DR. BAGNER: Yes.

5 MS. LEICHTER: I don't know if this impacts it,
6 but if you do think you're going to, if the top
7 person is going to be someone who's serving on
8 another county board --

9 MR. PRESCOTT: An alternate.

10 MS. LEICTHER: -- you might want to consider an
11 alternate. Because if Jim approaches them after this
12 meeting and they decline The Children's Trust
13 position, you might -- you'd either have to have
14 another meeting or you'll need to have a backup.

15 DR. BAGNER: Marissa, thank you for that.

16 MR. PRESCOTT: If it is Dr. Abraham, he did
17 express that he would step off the other board.

18 MR. TROWBRIDGE: Well, if you've ever been to a
19 CCTI meeting. No offense.

20 MR. PRESCOTT: And to the Chair --

21 MR. TROWBRIDGE: I know you're laughing behind
22 your mask over there.

23 MR. PRESCOTT: -- I would ask, that although
24 some of us believe that we need a physician on here,
25 allow each member to vote their conscience, who they

1 believe is the most qualified to come on and not
2 limit them to a doctor.

3 DR. BAGNER: Thank you, Judge. I appreciate
4 that.

5 So yeah, maybe that vote previously is just kind
6 of a temperature to where we are as a board and
7 feeling where the need is, but for everyone to vote
8 who they want to vote for.

9 So I'm going to stick with Dr. Abraham for my
10 vote.

11 Gilda, are you going to stick with Dr. Pagliery?

12 MS. FERRADAZ: Yes.

13 DR. BAGNER: Okay, Mary sticking with your --

14 MS. DONWORTH: Yes, I'm sticking with Dr.
15 Abraham.

16 DR. BAGNER: Steve?

17 MR. HOPE: Oh, yeah, Dr. Abraham for me. So I
18 see we still have -- you'll need to take off Dr.
19 Jones.

20 DR. BAGNER: Right.

21 Okay, Marissa?

22 MS. LEICTHER: Yeah. I'm sticking with my
23 original.

24 DR. BAGNER: Okay, Susan?

25 DR. NEIMAND: Sticking with Dr. Pagliery.

1 DR. BAGNER: I have a feeling I know where we're
2 going here.

3 Judge?

4 MR. PRESCOTT: Dr. Edward.

5 MS. JEANTY: Who?

6 MR. PRESCOTT: Edward Abraham.

7 DR. BAGNER: And Mark?

8 MR. TROWBRIDGE: I'm switching mine to Abraham.

9 DR. BAGNER: Okay, well you made the job easier
10 then, Mark.

11 Okay, so thank you all for that. So, it looks
12 like the committee, with a very narrow vote, is for
13 Dr. Abraham. I think based on what our attorney
14 mentioned, I think if it's okay with you all, I would
15 be in favor of saying that Dr. Pagliery would be our
16 backup in the event that Dr. Abraham would not want
17 to resign off of his current board that he's on. If
18 that's -- if there's any objection to that, please
19 let me know.

20 MS. LEICTHER: Can I like second that motion?
21 Can we -- do we have to make that into a motion?

22 DR. BAGNER: Do we need an official motion or?
23 Then vote?

24 MS. LEICTHER: Well, I'll second -- like the
25 second -- are you moving it?

1 MR. PRESCOTT: Since he's Chair, I don't think
2 that he can move it.

3 MS. LEICTHER: Okay.

4 DR. BAGNER: I can't move it, yeah.

5 MS. LEICTHER: I'll move it.

6 MR. PRESCOTT: I'll second.

7 DR. BAGNER: Okay, so the vote here is to have
8 our nominee be Dr. Abraham and as a backup, Dr.
9 Pagliery, in the event that Dr. Abraham does not want
10 to step off of his current board, county board.

11 All those in favor?

12 ALL: Aye

13 DR. BAGNER: Opposed?

14 Anyone in abstention or in conflict?

15 Okay, so we'll move forward with that
16 recommendation and --

17 MR. HOFFMAN: Before we move to the next item,
18 I'd just like to thank everybody, because this does
19 take a lot of time and effort and extra reading. And
20 I think we had excellent candidates to get us to this
21 stage and tough choices. So I do appreciate
22 everybody's time and the effort and the thought
23 process that goes into this.

24 DR. BAGNER: Yes, thank you, Ken. I second
25 that. Thank you, everyone. I know this is a big

1 chunk of time of your afternoon.

2 The next item, I suspect is going to be very
3 brief, I'm hoping. At least from my perspective. So
4 with Steve stepping off the board, unfortunately,
5 that is also opening up the treasurer position and
6 also which in turn, becomes the chair of the finance
7 committee position. So we have one board member who
8 has expressed interest and that's our very own Mark,
9 Mark Trowbridge. So we can have a brief discussion,
10 but I would be in favor of moving forward with Mark.
11 I think he'd be a fantastic --

12 MR. PRESCOTT: We can't do that.

13 MR. TROWBRIDGE: Would you like me to leave the
14 room?

15 MR. PRESCOTT: Marissa pointed out how in the
16 middle of a meeting, he will just get up and walk
17 out, we can't have him doing that and juggling our
18 books as well, okay.

19 MR. TROWBRIDGE: It is likely to happen again.
20 At 52, making calls.

21 MR. HOFFMAN: I think we should schedule
22 interviews.

23 MR. TROWBRIDGE: Would you like me to step out?

24 DR. NEIMAND: No, I move it.

25 MR. HOPE: I'll second.

1 DR. BAGNER: All those in favor.

2 MR. TROWBRIDGE: Mr. Hope would like --

3 MR. PRESCOTT: Wait, wait --

4 MR. TROWBRIDGE: I think Mr. Hope would like to
5 say something.

6 DR. BAGNER: Sorry, hold on.

7 MR. HOPE: No, no, I just wanted to say that
8 Mark is the -- is it deputy or assistant chair, which
9 is it?

10 MR. TROWBRIDGE: Vice-chair.

11 MR. HOPE: Vice-chair, I'm sorry.

12 MS. LEICTHER: Yeah, that's what I was going to
13 ask.

14 MR. HOPE: Yeah, Mark is the vice-chair and
15 obviously has demonstrated that he's qualified for
16 the post based on his contributions throughout. So
17 as the chair, I would not hesitate in recommending
18 Mark for the position, so.

19 MR. TROWBRIDGE: Very kind of you.

20 Could I say a word before you vote?

21 DR. BAGNER: Absolutely.

22 MR. TROWBRIDGE: No, I just wanted to say, I
23 think we have a great need in this role and it's
24 probably a little more challenging to fill than the
25 vice-chair role. That's a wonderful position on our

1 board. I also think it's an opportunity to cast a
2 net for a little more diversity on our executive
3 committee. It might be, you know, more opportunity
4 there for a vice-chair versus someone with a finance
5 background. And I do have an interest, one day, in
6 being our chair, and I think the opportunity to work
7 as treasurer, work more closely with the staff and
8 also work day to day as the finance chair would help
9 me prepare for that. So just being candid with you.

10 MS. LEICTHER: Thank you, Mark, for stepping up.

11 MR. HOPE: Thank you, Mark.

12 MS. LEICTHER: And that was going to be my next
13 question. So then, Jim, you have three jobs for
14 vice-chair now. Now that that opens that up, so.

15 MR. HAJ: We were going to wait until the
16 official board action to accept Mark in the treasurer
17 position and then that evening I would submit to the
18 board --

19 MS. LEICTHER: But then that's what -- that's
20 what would happen?

21 MR. HAJ: -- that would mean that this board
22 would have to convene --

23 MS. LEICTHER: Again?

24 MR. HAJ: -- again.

25 MS. LEICTHER: Okay.

1 MR. TROWBRIDGE: Sorry about that.

2 DR. BAGNER: But we don't have to convene before
3 posting that position, correct, Jim? What Jim said,
4 once we recommend Mark to the board, then Jim can go
5 ahead and post for the vice-chair position and then
6 we'll have to meet again to select someone.

7 MS. LEICHTER: Got it.

8 DR. BAGNER: So back to the motion on the floor,
9 which is for Mark Trowbridge to serve as our
10 treasurer and finance chair. All those in favor?

11 MR. PRESCOTT: Who moved it?

12 MS. DONWORTH: Moved, Donworth.

13 MR. TROWBRIDGE: It was moved by Donworth and I
14 think Dr. Neimand --

15 MR. PRESCOTT: I'll second.

16 MR. TROWBRIDGE: -- second it.

17 MS. LEON: Do we have any recusals?

18 MR. PRESCOTT: No recusals.

19 MR. TROWBRIDGE: Are we allowed to vote on
20 ourselves?

21 DR. BAGNER: All those in favor?

22 ALL: Aye.

23 DR. BAGNER: Opposed?

24 Any recusals?

25 MR. TROWBRIDGE: I'll abstain from the vote.

1 DR. BAGNER: Okay, wonderful.

2 Well, any other new business?

3 With that, thank you all for your time. Thank
4 you, those of you who went in-person to make sure
5 that we had enough people there in-person. And I
6 will see you all at our, either program meeting or
7 board meeting.

8 MR. PRESCOTT: I know we're adjourned, but I
9 just wanted to say thank you. I'm saying thank you
10 because there's so many organizations that talk about
11 diversity and inclusion, but they don't want to
12 address the real issues. And to know that we can sit
13 in this meeting and have conversation about diversity
14 and inclusion, that we could look at the numbers and
15 make correct -- well, make decisions based upon the
16 totality of the circumstances. I just wanted to say,
17 you make it comfortable for Steve and I to raise
18 these issues, so thank you.

19 MR. TROWBRIDGE: Of course.

20 DR. BAGNER: Thank you, Judge. And I hope we
21 could continue to have these discussions in the
22 future, comfortably, like we did. I think it's
23 really, really important. And I'm really grateful to
24 the board that we're talking about equity and we're
25 really bringing it into everything that we do. And

1 it's so critically important.

2 MR. PRESCOTT: Absolutely.

3 DR. BAGNER: Thank you, everyone. Thank you
4 all, have a good week.

5 MR. TROWBRIDGE: Thank you.

6 DR. BAGNER: Bye-bye.

7 MR. HAJ: Thank you, Dan, for sharing.

8 (Whereupon, at 5:00 p.m., the meeting was
9 adjourned.)

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CERTIFICATE OF TRANSCRIBER

The above and foregoing transcript is a true and correct typed record of the contents of the file, which was digitally recorded in the proceeding identified at the beginning of the transcript, to the best of my ability, knowledge and belief.

Signed this 1st day of April 2021.

Christy Caldera

Christy Caldera, Transcriptionist