

**CHARTER REVIEW COMMISSION MEETING**

DATE: Wednesday, October 2, 2019  
TIME: 9:02 a.m. - 11:53 a.m.  
PLACE: Jacksonville City Council Chamber  
First Floor  
City Hall at St. James Building  
117 West Duval Street  
Jacksonville, Florida 32202

BOARD MEMBERS PRESENT:

Lindsey Brock, Chairperson  
Ann-Marie Knight, Vice Chairperson  
Jessica Baker, Board Member  
Frank Denton, Board Member  
Charles Griggs, Board Member  
Nick Howland, Board Member  
Heidi Jameson, Board Member  
Emily Lisska, Board Member  
Nelson McCoy, Board Member  
Celestine Mills, Board Member  
Betzy Santiago, Board Member  
Hon. Matt Schellenberg, Board Member  
Hon. Ronald V. Swanson, Board Member

ALSO PRESENT:

CRC Staff:

Jessica Matthews, Chief of Legislative  
Services  
Crystal Shemwell, Legislative Services  
Jessica Smith, Legislative Assistant  
Melanie Wilkes, Legislative Assistant  
Anthony Baltiero, Council Research  
Jeff Clements, Council Research  
Paige Johnston, Office of General Counsel  
William Coffee, Information systems  
administrator.

## 1 P R O C E E D I N G S

2 CHAIRPERSON BROCK: All right. Good  
3 morning. We will call the meeting to order.  
4 I am Lindsey Brock, Chair.

5 Our first item is approval of the  
6 minutes of the September 26 meeting. It's  
7 been sent out to everyone. Entertain a  
8 motion to accept.

9 COMMISSIONER LISSKA: So moved.

10 VICE CHAIRPERSON KNIGHT: Second.

11 CHAIRPERSON BROCK: Any discussion,  
12 revisions, anything?

13 All in favor, say aye.

14 COLLECTIVELY: Aye.

15 CHAIRPERSON BROCK: Any opposed?

16 Thank you. The minutes are approved.

17 Next item is remarks from the Chair. So  
18 first up, as you know we moved -- we were  
19 tentatively going to have our town hall  
20 meeting on October 9. And Council Member  
21 Schellenberg pointed out that that was Yom  
22 Kippur, and a Wednesday when several people  
23 will be attending Wednesday services at  
24 their church. So we moved it to the 17th.

25 And in looking at the 17th, there was an

1 issue with the room at the library and the  
2 charge and waivers and all of that. So --  
3 and somebody had mentioned using the  
4 library, and that was the only reason that I  
5 had mentioned it.

6 And then I asked what I thought was a  
7 silly question but turned out to be the  
8 right one, is why can't we do it here inside  
9 City Hall, and they said absolutely we can.  
10 So we're going to do it here in City Hall.

11 This set up is a bit intimidating, I  
12 think, to a lot of people. Just like, for  
13 me, a courtroom isn't intimidating, but for  
14 anyone else that doesn't deal with it on a  
15 relatively regular basis, it's a very  
16 intimidating setup. There's a lot of wood,  
17 we're up high, all that.

18 So what we're going to do is we're --  
19 and I've checked with the folks here, we're  
20 going to have tables set up down front. And  
21 we'll all be sitting there at the tables,  
22 behind the tables. We will then have it  
23 open to the public. We'll have microphones.  
24 There will be a podium that they'll set up  
25 there. The members of the public can come

1 and talk to us. If we have questions or  
2 anything, we'll have some handheld mikes  
3 that we can pass back and forth on there.  
4 So that's what we're looking at for that  
5 meeting and doing that town hall. It will  
6 be from 5:30 to 7:00. And we'll do it here.

7 I am working on scheduling a brief  
8 snippet with Kent Justice to appear on his  
9 Sunday show, just a small, little shout-out  
10 to get the word out that we're having this  
11 town hall meeting. Because as I was talking  
12 with him, I said, Kent, I said, I have to  
13 believe that the people who would be most  
14 interested in what we're doing and most  
15 interested in wanting to speak are probably  
16 the folks that listen to his and watch his  
17 Sunday television show. So I'm working to  
18 do that, to get the word out.

19 And I believe, Ms. Brown, is it okay if  
20 we go ahead and put it out there that it's  
21 going to be here?

22 MS. BROWN: Yes, sir.

23 CHAIRPERSON BROCK: Okay. So, everyone,  
24 feel free to push it out on your social  
25 media.

1           Yes, sir, Mr. Denton.

2           COMMISSIONER DENTON: May I also suggest  
3 that you ask to get on Melissa Ross'  
4 program, you or perhaps Ann-Marie, because  
5 that's very widely listened to and  
6 influential.

7           And then, secondly, I would urge you to  
8 contact Mike Clark at the Times Union, and  
9 he might choose to do an editorial urging  
10 people to show up. I think that would cover  
11 the most powerful media outlets.

12          CHAIRPERSON BROCK: Thank you for that  
13 suggestion. I will do that.

14          And if it does not work, as far as with  
15 my schedule, then Madam Vice Chair, I will  
16 let you know and perhaps you can then follow  
17 up and go through it.

18          Mr. Howland.

19          COMMISSIONER HOWLAND: That's the only  
20 week I won't be in town, so I won't be able  
21 to be there. Is there any way we could have  
22 a means to dial in? Or is that --

23          MS. BROWN: Okay.

24          CHAIRPERSON BROCK: Yes. I'm getting a  
25 nod from the people who can make that

1           happen, so, yes.

2           COMMISSIONER HOWLAND: Thank you.

3           Appreciate it.

4           COMMISSIONER GRIGGS: Mr. Chair.

5           CHAIRPERSON BROCK: Yes, sir,

6           Mr. Griggs.

7           COMMISSIONER GRIGGS: I'll follow up

8           with the folks at WJCT on getting that

9           scheduled a well.

10          CHAIRPERSON BROCK: Thank you.

11          I'm sorry. I need to turn that on.

12          Yes, Ms. Santiago.

13          COMMISSIONER SANTIAGO: Yes. Good

14          morning. I'm just wondering do you want us

15          to just reach out to our own media contacts

16          or is there a proper way that you want to

17          push this out, a different way?

18          CHAIRPERSON BROCK: If -- I'm seeing

19          Ms. Brown.

20          MS. BROWN: Through the Chair, we have a

21          media release queue that we will send a

22          press release out for the Charter Revision,

23          but most definitely.

24          CHAIRPERSON BROCK: Yes. So it might be

25          good that once -- will you be copying all of

1 the Members with that press release?

2 MS. BROWN: Yes, sir.

3 THE COURT: Okay. So then, once we get  
4 that press release -- because that was one  
5 of the holdups, I was asking why haven't we  
6 got the notice out. It was because we were  
7 having an issue with the library.

8 When we get that press release, everyone  
9 please feel free to go with your own social  
10 media or media contacts that you know that  
11 might be interested, that if they get a  
12 little extra nudge, then that will help get  
13 that word out so that we have -- I mean,  
14 nothing would be greater than to sit here  
15 and have a room full of people, but we'll  
16 see.

17 I definitely want to encourage as much  
18 input from the public before we begin our  
19 discussions on topics, which leads me to the  
20 next item that I wanted to cover. You have  
21 the hard copy of the printout. It does not  
22 include one item that is on the most recent  
23 one from Mr. Howland, which was at-large  
24 school board members that will be under the  
25 Duval County School Board. You'll be

1 getting that one.

2 Just so you know, what I'm hoping we can  
3 do is, at our next meeting on the 15th --  
4 well, our third meeting on the 15th is to  
5 have a discussion to where we're all in  
6 agreement for these are the broad topics and  
7 that the bullet points are under the  
8 appropriate ones. If you have suggestions  
9 of how to move things around, I would say  
10 two things: One, put your name on the Word  
11 document that you've got of this, put your  
12 name up at the top, and the suggested  
13 revisions. And then we'll have that  
14 circulated and we'll have hard copies of  
15 that. Because on the 15th, I would like for  
16 us to get to an agreement as to what those  
17 topics are and what the subpoints are and  
18 then rank them.

19 Ms. Lisska, you had mentioned about  
20 there may be some one-offs. And that got me  
21 thinking, which can sometimes be a dangerous  
22 thing. I think as Chair I will make myself  
23 an ex officio member of all the  
24 subcommittees, but not a voting member, and  
25 that those one-offs, those things like

1           that -- I would also suggest the revisions  
2           to the CRC process that I would like to see  
3           implemented that I can do independently and  
4           report back to the group. But I'll leave  
5           that to see if that becomes, you know, one  
6           of the issues as we come through on  
7           priorities.

8           But my thought is that if there are  
9           these simple one-off things that we want to  
10          look at, but it's not really -- doesn't fall  
11          within a specific big topic, I'll take those  
12          on as Chair and work on them and report back  
13          to the group when we will all be meeting.

14          Because after we get our topics and we  
15          get our subcommittees, then there will be  
16          the subcommittee work. And then we will be  
17          meeting once a month as a body, where each  
18          subcommittee will come back and say, here is  
19          what we're looking at, here's what we're  
20          discussing, here are some of the people that  
21          we've talked to. And if during your  
22          deliberations there is somebody that you  
23          think it would be beneficial for us to hear  
24          from as a body, then I would ask that those  
25          be brought through the staff to

1 Ms. Matthews, and we can then schedule them  
2 to speak at those monthly meetings.

3 So that's kind of the process as I'm  
4 seeing, but, like I said, when you mentioned  
5 that, that got me thinking of how do we deal  
6 with those things that may not -- there's  
7 not a lot of discretion or debate in it.  
8 And perhaps we can find a way to get those  
9 things done in there.

10 Mr. Denton.

11 COMMISSIONER DENTON: Mr. Chairman, are  
12 you going to solicit from us our interest in  
13 which subcommittee or subcommittees we might  
14 like to work on?

15 CHAIRPERSON BROCK: Yes. And that's the  
16 next part through there, is after we have  
17 determined what our priorities are, I will  
18 solicit everyone to say, hey, I'm  
19 interested. You know, maybe even you can  
20 rank your interests. Once we get our big  
21 topics down, then everyone ranks the ones  
22 that they have an interest. Because then on  
23 the 25th, when we meet on the 25th, I will  
24 assign the subcommittees and chairs of those  
25 subcommittees at that meeting. We can

1 discuss the procedures and that process and  
2 refine that down a little more at that  
3 meeting on the 25th.

4 And then from then, it's release the  
5 hounds, and you guys go off and do the real,  
6 you know, nitty-gritty work of looking at  
7 the language in the Charter and how we can  
8 make it better for the citizens of  
9 Jacksonville.

10 Ms. Knight.

11 VICE CHAIRPERSON KNIGHT: So thank you  
12 for taking on the one-offs. Looking forward  
13 to seeing what those are. You mentioned  
14 that there are some CRC process things that  
15 you can do yourself. Are you referring  
16 to -- does it include the Charter Revision  
17 Commission summary list that we have there?

18 CHAIRPERSON BROCK: Yes. That's -- I  
19 think all of us collectively would like to  
20 see a process in the Charter that says that  
21 what comes out of this Commission should be  
22 not necessarily acted upon, but at least  
23 acknowledged and voted up or down by the  
24 City Council.

25 I don't think we should -- and I want

1           your input on this, but I don't think we  
2           should be acting like the Charter -- like  
3           the Constitutional Revision Commission,  
4           which has carte blanche determination of  
5           what the revisions to the Constitution are  
6           going to be, and those automatically go on  
7           the ballot without any vetting through the  
8           electeds.

9           I believe that if there are any Charter  
10          revisions, that that should be first vetted  
11          through the elected officials and not go  
12          straight to a ballot from an appointed  
13          board. That's my own personal view on that.

14          But that's exactly what I was thinking,  
15          is something like that, because I believe  
16          there's some consensus in that regard. So  
17          simply taking a lot of what's in the code  
18          and transferring that up into the Charter,  
19          maybe making it a little bit earlier in the  
20          Council President's term so that they're  
21          finishing within the same Council presidency  
22          and you have the same elected City Council  
23          group that was there when the Board was  
24          appointed. So that's kind of my thoughts,  
25          but thank you, that's a good question,

1 ma'am.

2 COMMISSIONER GRIGGS: Mr. Chairman.

3 CHAIRPERSON BROCK: Yes.

4 COMMISSIONER GRIGGS: So if I understand  
5 you correctly, your recommendation in that  
6 area would be that all the recommendations  
7 from this Body or future bodies be  
8 considered with an up-or-down vote from the  
9 legislative body, correct, the Council?

10 CHAIRPERSON BROCK: Yes. And, again --

11 COMMISSIONER GRIGGS: And that would  
12 give more weight to the work that's being  
13 done by the Charter?

14 CHAIRPERSON BROCK: Yes. And, again,  
15 the revisions that I would be proposing, I  
16 would be reporting back to the Body as a  
17 whole just as one of the subcommittees would  
18 be reporting back to the Body as a whole.  
19 If you guys say, no, I don't think we ought  
20 to do this, I think it ought to be this way,  
21 then I will listen, because you will be my  
22 subcommittee on that.

23 But I think that's something that we  
24 have a general consensus about. So like  
25 Ms. Lisska with the one-offs, on those

1 things where we've got some consensus, I'll  
2 take those on and then leave some of these  
3 other bigger topics, you know, that are  
4 coming up. Like, we have on the list  
5 strategic planning, the OGC, school board,  
6 you know, the government institutional  
7 knowledge, those things that I think are  
8 needing more vetting, research, digging into  
9 for the subcommittees.

10 All right. I think that covers  
11 everything that I was going to have. We  
12 have one public comment card from  
13 Mr. Nooney.

14 Step forward. Name and address, please,  
15 sir.

16 MR. NOONEY: Hello. My name is John  
17 Nooney, 8356 Bascom Road, Jacksonville,  
18 Florida 32216, City Council District 4.

19 We need to make our Charter great again.  
20 Now, here is the agenda for today's Charter  
21 Revision Commission. And we have the call  
22 to order, but we don't have the Pledge of  
23 Allegiance. So I pledge allegiance to the  
24 flag of the United States of America, and to  
25 the republic for which it stands, one nation

1 under God, indivisible, with liberty and  
2 justice for all.

3 And we also have a court reporter.  
4 Gosh, I am just so glad you are here. And I  
5 swear that the testimony that I am about to  
6 give is the whole truth and nothing but the  
7 truth and not a Charter Revision Commission  
8 fib.

9 You know, here again was the agenda for  
10 the Council on Elder Affairs. And after  
11 call to order is the Pledge of Allegiance.  
12 The Council liaison is Councilman Sam Newby,  
13 at-large. And I shared this with you last  
14 time. And his opening remarks addressed the  
15 greatest generation.

16 And I am simply asking that at Charter  
17 Revision to have -- and this is what I asked  
18 the Charter -- or the Council on Elder  
19 Affairs, will they sponsor a resolution to  
20 the CRC, Charter Revision Commission, to our  
21 Charter, that will create a Charter  
22 amendment that will have the Pledge of  
23 Allegiance on the agenda for every board,  
24 commission, subcommittee meeting in Duval  
25 County. I don't think that is too much to

1 ask for.

2 And I can't -- I'm just -- will be  
3 ecstatic to see when we have our Charter  
4 Revision Commission topics, and there's  
5 three pages of them, that the Pledge of  
6 Allegiance will even be considered for that.  
7 And we have over 70 boards and commissions.

8 And this is the state of Florida, this  
9 is our Charter. And please just consider  
10 that Charter amendment. Thank you for  
11 listening.

12 CHAIRPERSON BROCK: Thank you.

13 Next we have our invited speakers. And  
14 first up is Dr. Leon Haley.

15 Just for formalities, give us your name  
16 and address.

17 DR. HALEY: No worries, sure. My name  
18 is Leon Haley. I serve as the CEO of UF  
19 Health. My address is 1431 Riverplace  
20 Boulevard, Unit 1807, Jacksonville, Florida  
21 32207.

22 Thank you for the opportunity to talk to  
23 you a little bit this morning. I believe  
24 you may have seen a hard copy of this. I do  
25 have a PowerPoint, which I hope you're

1 looking at or viewing somewhere along the  
2 way.

3 CHAIRPERSON BROCK: We'll get somebody  
4 there to help get that up.

5 DR. HALEY: I have it.

6 CHAIRPERSON BROCK: You have it. There  
7 we go.

8 DR. HALEY: There you go.

9 CHAIRPERSON BROCK: It was there and  
10 then it went away.

11 Nope.

12 Whatever you did made it go.

13 Like the old carousel.

14 MR. COFFEE: Did it pop up?

15 CHAIRPERSON BROCK: Not yet.

16 Okay. There.

17 DR. HALEY: You got it? All right.

18 CHAIRPERSON BROCK: Okay.

19 DR. HALEY: Too much technology.

20 Remember the old -- I heard you say  
21 carousel, I remember the old days. The  
22 tough part about that was you had to make  
23 sure they went in the right way. Because  
24 remember they flipped them, so it went  
25 upside down and backwards.

1           Anyway, I just want to spend a few  
2 minutes and tell you a little bit, give you  
3 an update on UF Health and sort of our  
4 organization and the things that we're  
5 trying to do. So I will try and roll  
6 through this very quickly. I have a couple  
7 of videos in here as well, if they pull up.

8           Sometimes it's great for me to tell the  
9 story, but sometimes it's great for a  
10 patient to tell the story. So that previous  
11 picture was Brian Lynn. Brian was a trauma  
12 patient, he was A Night For Heroes Honoree  
13 for us a couple years ago. He was actually  
14 minding his own business in his own family  
15 home when he suddenly had both sort of a  
16 combination of a stroke and a fall, and he  
17 was brought to UF Health. This was back in  
18 2016.

19           As it turns out, he was flown into our  
20 trauma center, an emergency department, was  
21 cared for by NEN (ph), probably a hundred  
22 different individuals, but between our  
23 trauma program and our stroke program. And  
24 he recovered well and you can see that he is  
25 back to the lifestyle that he has become so

1           accustomed. So he's a great story for us  
2           and one of many stories that we as an  
3           organization share.

4           I want to tell you a little bit about  
5           our hospital. We're about to celebrate our  
6           150th year anniversary. You can see that  
7           dates all the way back to 1870. We were  
8           actually the first nonmilitary hospital in  
9           the state of Florida. Oddly enough, we  
10          started as an insane asylum, but don't hold  
11          that against us.

12          You can see over time a number of  
13          iterations of our organization taking it all  
14          the way out to sort of 2017 when we opened  
15          our most recent addition, which was UF  
16          Health North.

17          We've had a longstanding partnership  
18          with the University of Florida. You can see  
19          that dates back to 1969. And we've had a  
20          function of both a merger of what used to be  
21          the old University Medical Center with  
22          Methodist Hospital, which had also been a  
23          merger of Methodist and St. Luke's. And so  
24          we've gone through a number of iterations.  
25          We've had a number of names, which has

1 added, I think, to the complexity and  
2 confusion of the organization. But for  
3 today we are known as UF Health. And we're  
4 very proud of all the things that we do.

5 Just a couple of fast facts for us, I  
6 won't read through all of these you can see,  
7 but a very busy institution, some 26,000  
8 admissions, over 130,000 emergency  
9 department visits at both our Downtown and  
10 North hospital, delivering as many or more  
11 babies than any other institution in town.

12 We are now two full-scale hospitals. We  
13 have our 92 beds up at the North campus. We  
14 are in five counties in the metropolitan  
15 region. We are actually in two states. We  
16 have a number of specialties that we serve  
17 across the organization.

18 The other thing that we've recently  
19 known, we did a study with IFAS, who is the  
20 agricultural school at the University, and I  
21 asked them to come in and really look at our  
22 entire enterprise and the economic impact  
23 that we have for this region. And one of  
24 the things they were able to pull for us is  
25 really how many employees we truly have, so

1           how many people are under the University of  
2           Florida umbrella all combined. And that's a  
3           function of UF Health, the hospital; that's  
4           UF JPI, that's our physician practice plan;  
5           as well as our Colleges of Medicine, Nursing  
6           and Pharmacy, as well as our proton center.

7           When you do that, you end up with really  
8           7,600 employees, which makes us, as you can  
9           see on the screen, really the third largest  
10          private employer in the City of  
11          Jacksonville. That's important for us to  
12          understand. You get a little bit of that  
13          breakdown of where those numbers are. So  
14          4,800 folks in the hospital, 1,500 in our  
15          physician practice plan.

16          The physician practice plan supports not  
17          only the physician and billing and  
18          collection function, but it really is the  
19          heart of our primary care practices that are  
20          scattered throughout the region.

21          And you can see a large academic  
22          enterprise. So we have the College of  
23          Medicine, with over 400 faculty, 300 plus  
24          residents. We do have a branch of the  
25          College of Nursing on our campus with,

1           depending on the time of year, anywhere from  
2           40 to 70 nursing students that are in an  
3           accelerated 15-month program. And we have  
4           the College of Pharmacy. It has over 200  
5           students that are on our campus every day.  
6           So it's a large part of the economic impact  
7           for our organization.

8           As I talked a little bit about, UF  
9           Health North is our newest enterprise. And  
10          UF Health North -- this is a video; I don't  
11          know if it will show. But UF Health North  
12          was a strategic decision that the  
13          organization made about ten years ago. So  
14          we looked at our Downtown campus, looked at  
15          our growth, looked at the paired mix, and  
16          said, what are the other opportunities for  
17          us as an organization.

18          So we were able to purchase some land  
19          right off the corner of 95 and Max Leggett  
20          Parkway and built a medical office building,  
21          which opened in 2015. It is five stories.  
22          It is primarily composed of faculty from the  
23          University of Florida, but there are a few  
24          private practitioners. So there is a  
25          private orthopedic group, a private pain

1 management group, a private dermatology  
2 group. So it is a mixture of both sort of  
3 our academic faculty, as well as sort of  
4 community physicians.

5 It's a 92-bed hospital. It consists of  
6 48 sort of general medical surgical beds, a  
7 24-bed ICU, a 20-bed labor and delivery  
8 suite, and a full-scale emergency department  
9 that right now is seeing about 45,000 people  
10 a year.

11 So it was a big part of our strategy.  
12 It officially opened two years ago. And  
13 really, as you'll see in a couple slides,  
14 really for us it's part of our growth  
15 strategy to help support the mission that we  
16 believe in. Our mission as an organization  
17 is to heal, to comfort, to educate, to  
18 discover, but in order to support that, you  
19 have to have the appropriate margin to  
20 support that. So by moving to UF Health  
21 North, we're able to do that.

22 University of Florida Jacksonville  
23 Physician, Inc., like I said, is our  
24 physician practice plan. It supports our,  
25 you know, almost 700,000 ambulatory visits

1 in 2017. And we continue to grow.

2 We do support the region's only level  
3 one trauma center. Why that's important is  
4 a couple of different things. One, in the  
5 state of Florida, to be a level one trauma  
6 center, aside from having the capabilities,  
7 the physicians, nursing staff, all of the  
8 technology necessary, you must be able to  
9 take care of adults and pediatric patients.  
10 That actually is unique to our state.

11 I think many of you know I spent 20  
12 years in the state of Georgia. I was on the  
13 Georgia State Trauma Commission. So we  
14 didn't have that criteria, and most states  
15 don't. But Florida is unique, so you need  
16 to take care of adults and kids. We have  
17 the full range and capability more so than  
18 any other organization in the city.

19 There are two other level two centers  
20 for adults, and there's a level two  
21 pediatric center in the region as well. But  
22 we're the only one that's capable of doing  
23 all those patients.

24 The other piece of that is, as we  
25 continue to grow as a city and as an

1 organization, in order to support the events  
2 that we want, like the NCAA tournament,  
3 potentially the Superbowl again, you need to  
4 have a level one trauma center that's  
5 capable of taking care of the highest trauma  
6 patients, if necessary.

7 We support the region's largest proton  
8 center, one of two in the city of  
9 Jacksonville. Jacksonville is unique.  
10 There are only three cities in the United  
11 States that have two proton centers, that's  
12 us, but Washington D.C. and Baltimore area,  
13 and, oddly enough, Oklahoma City. Soon, as  
14 you've heard, Mayo has announced a plan to  
15 build a proton center. That will make us  
16 very unique; and so we'll be the only city  
17 in America that will have three proton  
18 centers.

19 But we're the oldest; we've been around  
20 for 12 years. You can see how many patients  
21 that we've served over the course of time.  
22 We have four, what we call, gantries, we  
23 just expanded a year ago because of the  
24 volume that we're serving. We serve a huge  
25 international population, so about 50

1 percent of the patients at the proton center  
2 are international, primarily coming from the  
3 UK and from China.

4 We are the world's number one proton  
5 center for children with brain tumors in the  
6 world. So more children come here than any  
7 other place in the world for their care.  
8 And they're here for about six weeks at a  
9 time. So the typical course of treatment  
10 for a patient under proton therapy is about  
11 six weeks. So think about that, six weeks  
12 international and local, here, they live,  
13 they eat, they breathe, they take part in  
14 our restaurants. And so a big economic  
15 impact that proton has moving forward.

16 Like I said, we do have a branch at the  
17 College of Medicine. Right now we're  
18 considered with an affiliate campus of the  
19 University of Florida, which means we have  
20 medical students who come over in their  
21 third and fourth years after spending time  
22 in Gainesville for their first and second  
23 years, but typically they only come over for  
24 a month at a time, maybe two months at a  
25 time.

1           We've recently announced a decision to  
2           work with the University to bring a cohort  
3           of medical students here for their entire  
4           third and fourth year. So they would do two  
5           years in Gainesville and then they would do  
6           their last two years entirely in the city of  
7           Jacksonville at UF Health.

8           It will probably, to start, be 25 to 30  
9           students. And what that will help is, one,  
10          these will be, again, medical students who  
11          are here, they live in our community, they  
12          buy houses in our community. The reason why  
13          that's important is, if they stay here and  
14          do their residency, which is really more  
15          important -- there's a lot of focus on  
16          Jacksonville doesn't have a four-year  
17          medical school -- what's really important is  
18          Jacksonville needs residents. And we have  
19          372 of them on our campus because the  
20          residents choose to stay in a community they  
21          survive.

22          I was a classic example of that. I  
23          finished my residency in Detroit. And at  
24          least for my first year -- first three  
25          years, I lived in the city of Detroit. So

1 of these residents that come, about 40  
2 percent of them stay in our city, about  
3 50-some-odd percent of them stay in the  
4 state of Florida.

5 So what you don't want is -- medical  
6 students will leave, they will go to  
7 wherever they go to residency, but the  
8 residents will stay; that's important.

9 But we have 440 faculty. You can see  
10 some of our other numbers. We have  
11 physician assistant students, like I said,  
12 College of Nursing students, College of  
13 Pharmacy students. And so a big part of our  
14 enterprise is to train hundreds and hundreds  
15 of trainees. They come from all over the  
16 United States, as you can see. So we have  
17 well-known programs, like our emergency  
18 medicine program, our OB/GYN program, a  
19 number of fellowships. But we are able to  
20 recruit people from all over the United  
21 States and, quite frankly, all over the  
22 world. So we have a very international  
23 presence, and so, again, sort of adding to  
24 the diversity of our community.

25 I talked a little bit about the College

1 of Nursing program, but just the only thing  
2 I'll add is that these are folks that have  
3 done an undergraduate bachelor degree in  
4 something completely different, finance,  
5 maybe they were a flight attendant, maybe  
6 they were a lawyer, and they decide, you  
7 know what, nursing is really my calling. So  
8 we have an accelerated program with them.  
9 They come in for 15 months. It's primarily  
10 clinical. And they train.

11 The nice thing about it is, when many of  
12 them finish, we have a relationship with the  
13 College of Nursing, obviously under the same  
14 enterprise, and we hire the majority of  
15 them. So any of them that basically want to  
16 stay, we will hire as long as we have a  
17 position. So about every year, about 25 of  
18 them will finish their curriculum and  
19 they'll stay. We'll hire them sort of as a  
20 nursing tech, because we hire them before  
21 they've actually passed their nursing  
22 boards, that's part of our agreement. So if  
23 they pass their boards, great, we make them  
24 a full-fledged nurse.

25 So that's really important, again, to

1 health professions. And if they leave and  
2 go to another institution, that's great.  
3 We're trying to support that.

4 We're working on a partnership right now  
5 with Edward Waters College to support  
6 students who will graduate from Edward  
7 Waters and then come over and finish the  
8 advanced nursing program, as we said.

9 The College of Pharmacy students, a  
10 little bit different than what the College  
11 of Medicine, College of Nursing are doing,  
12 which is growing. The College of Pharmacy  
13 is actually purposefully shrinking, because  
14 there is a sense from the pharmacists out in  
15 the community that we're making too many of  
16 them. So we have over 237 pharmacy students  
17 on the campus. They're going to shrink  
18 eventually and probably get to a number  
19 closer to 200. But these are the  
20 pharmacists that go in our community, again,  
21 CVS, the Walgreens.

22 I was in Publix a couple of months ago  
23 picking up some groceries and went up to get  
24 my medication. And before I got it, it was  
25 already sitting on the counter. I thought I

1 still had my hospital badge on. It was  
2 actually one of our pharmacy students who  
3 was behind the counter. He said, hey,  
4 you're our CEO, I recognized you so I went  
5 ahead and pulled your medication for you.  
6 So that's our community, those are our  
7 students that stay and do what we do.

8 We do a big research functionality. So  
9 we have about \$22 million of research  
10 funding on our campus. And the hope is to  
11 grow that more. We just recruited a new  
12 research director, Dr. Alex Parker from  
13 Mayo. He's been here for about a year. He  
14 is charged -- I have charged him with  
15 continuing to grow our research  
16 infrastructure and grow our research support  
17 and our dollars that come, again, to our  
18 city, to our location.

19 You can see the breakdown. The majority  
20 of that is federal. So those are big  
21 federal grants, like the NIH, the Department  
22 of Defense. So these are big grants we  
23 continue to work in trying to support that.

24 Most of our research is appropriate to  
25 our patients and to our clinical

1 environment. So we don't do a lot of bench  
2 and basic science research. We do research  
3 that affects all of us. So Jacksonville  
4 Ascent, for example, as an NIH funded -- so  
5 NIH, by the way, is National Institute of  
6 Health -- study to look at aging.

7 We're all going to age. That's the  
8 goal; right? If we don't age, the  
9 alternative is not exactly what we want. So  
10 this is a study that's looking at aging, how  
11 we age appropriately, how we walk. So  
12 they've received about \$3 million to support  
13 the study of patients as they age.

14 That grant also supports junior  
15 researchers. So part of that is to let's  
16 develop the next researchers of the day.

17 But we, obviously, as an organization,  
18 one of our challenges is we take the role as  
19 a safety net. What we mean by that is we  
20 provide care to everybody: low income, high  
21 income, black, white, rich, poor,  
22 underfunded, unfunded. So that's part of  
23 the dynamic and part of the challenge that  
24 we deal with.

25 There are many hospitals like us around

1 the country. They sit in various stages of  
2 sort of their financial health. Actually,  
3 the national president of our organization,  
4 which is called America's Essential  
5 Hospitals, he's actually flying in today.  
6 He's going to have dinner with a couple of  
7 our leadership team. And then he will  
8 actually present to our leadership team  
9 tomorrow during our strategic planning  
10 session about some of the things that are  
11 happening across the country as it relates  
12 to safety nets.

13 But part of our challenge is you can see  
14 some of our payor mix, so we're a heavy  
15 Medicaid, heavy uninsured population. So  
16 about 40 percent of our patients are either  
17 unfunded or underfunded. We receive \$26  
18 million from the City. I have a slide that  
19 talks a little more about that.

20 But you can see, like every other  
21 hospital, though, we still have to have the  
22 functionality of taking care of everybody.  
23 And we try and support that mission patient  
24 population, our Medicaid uninsured, with our  
25 commercial volume, with our Medicaid volume.

1           By the way, this includes both our  
2           hospitals. So we -- the North hospital, the  
3           Downtown hospital operate under one license.  
4           And so that's all mixed in. If you  
5           separated them out, the Downtown hospital  
6           actually is closer to about 40, 45 percent  
7           uninsured, Medicaid. So that's part of the  
8           challenge that we deal with.

9           The other challenge we deal with is sort  
10          of our reimbursement from the State has been  
11          declining over time. Part of that is  
12          because the State has cut the rates. So  
13          State funding kind of comes in a couple of  
14          buckets. It comes as a Medicaid payment  
15          rate. So that number has both shrunk in the  
16          amount of payment, as well as a  
17          redistribution around hospitals around the  
18          state. Many of the for-profit entities have  
19          also said, well, we take care of Medicaid  
20          patients too. So the State has really been  
21          playing with the formula.

22          LIP and DISH, so LIP stands for our low  
23          income pool; DISH is our disproportionate  
24          shares. And those numbers have shifted a  
25          lot as people have taken care of more or our

1 uninsured.

2 One of our challenges is we  
3 percentage-wise have the highest Medicaid  
4 burden of any safety net hospital in the  
5 state. We also have the dynamic that we  
6 don't have a specific taxing district.  
7 We're actually the only county in the state  
8 of Florida that can't do that. That's a  
9 function of the fact that the city and  
10 county are one entity. We would have to go  
11 back to the State to get that changed.

12 So, therefore, the money we receive from  
13 the City is really a function of you and  
14 City Council and the Mayor to decide what  
15 that number is. It's not tied to taxes.  
16 It's not tied to sales tax, community tax.  
17 And so that makes us at risk, particularly  
18 when you see that the state continues to  
19 shortcut those dollars. We continue to  
20 provide care, but that's been part of our  
21 challenge.

22 The other dynamic that's not here is the  
23 federal. So we've been cut from the federal  
24 government as well about \$10 million,  
25 actually probably closer to 15. And that's

1 a function of what's called 340B pricing.  
2 So that's an agreement between hospitals and  
3 the pharmaceutical agencies to make sure  
4 that low income patients, no income patients  
5 are able to access all the same drugs that  
6 everybody else is. It was a relationship  
7 that allowed us to have dollar -- keep  
8 dollars in the system, and it's been  
9 challenged at the federal level. We've  
10 actually won the challenge, but they're  
11 still cutting those dollars. So we take a  
12 hit at a federal level.

13 This is a complicated graph, but the  
14 simplicity of it is this is sort of the  
15 funding that we receive from the City.  
16 That's the blue line. If you go back to  
17 FY02, it was about \$23 million. It was  
18 increased in FY12, FY13 to 26, but largely  
19 we've been flat over the last 17 years. You  
20 can see the orange bar actually represents  
21 sort of just general cost of inflation. The  
22 green bar represents the cost of medical  
23 inflation. And the orange bar at the very  
24 top, or tan, I guess, represents actually  
25 the cost of care. So one of the dynamics is

1           over time the City dollars have been  
2           relatively flat, obviously inflation has  
3           gone up, medical inflation has gone up.  
4           Cost of care we try and control; we've been  
5           able to do a little bit of that, but it  
6           still is more expensive than what the  
7           dollars amount.

8           We are currently working with the Mayor  
9           and City Council to think about sort of new  
10          formulas, how can we support that. The  
11          Mayor has been very gracious to help us  
12          offset some of this with our CIP funding, so  
13          \$120 million over six years, we received \$15  
14          million last year, \$20 million this year.  
15          By the way, that goes to nothing sexy. That  
16          fixes the roof, the generator, the boiler,  
17          things like that. But we still have a need  
18          for some of those operational dollars to  
19          support kind of where we are.

20          I back up to, again, economic value of  
21          sort of the organization, \$2.7 billion  
22          economic value to the City of Jacksonville,  
23          Jacksonville region, 2.8 to the state. You  
24          can see, although, even though we don't pay  
25          taxes as a nonprofit charitable

1 organization, there are companies we do  
2 business with who do. So, again, sort of a  
3 big economic impact to the City in terms of  
4 our vendors and people that we have  
5 relationships with.

6 We do about \$93 billion in uncompensated  
7 care, community benefit. Most of that is  
8 sort of what we don't get reimbursed, that's  
9 sort of the charity cost, charity care,  
10 where the gap is enclosed, but about \$30  
11 million of that are our commitment to the  
12 community, from doing community benefit,  
13 health fairs, working with the United Way,  
14 American Heart Association, help raise money  
15 for them. It's specialty programs, it's our  
16 community. We have two centers that exist  
17 solely to check blood pressure, heart rates,  
18 blood glucose, things like that that are in  
19 the Durkeeville region, that are in the  
20 Soutel region as well, so a lot of community  
21 benefit that we support.

22 So, again, we run a pretty lean  
23 organization. I have a pretty lean  
24 management team. I have seven or eight VPs,  
25 that's it. I don't have any extra VPs. I

1 do my own strategy. I work with the  
2 University to do our own government affairs  
3 piece. So we have the key people around  
4 nursing and medicine and things like that.

5 So for us it's really around how do we  
6 continue to change the revenue. And for us  
7 that's a function of both our interactions  
8 with the government -- so federal, state,  
9 city -- but also it's with philanthropies,  
10 private enterprise, and growing our  
11 complexity.

12 Again, I said the Mayor has been very  
13 helpful to support some of our  
14 infrastructure. There are 32 buildings on  
15 the campus. The City, you, own two of  
16 those. So you own the hospital and you own  
17 the ambulatory care building. So we use the  
18 dollars from the City to support the things  
19 that we need.

20 But our buildings are old. So the  
21 proton center is the youngest building on  
22 campus; it's about 13 years old. But the  
23 hospital is getting close to 50, the  
24 ambulatory building is 40. Many of our  
25 other buildings, we joke that, if you walk

1           into them, it looks like it's 1975,  
2           literally, because there is shag carpet and  
3           brown and brick and everything in there.

4           But we're trying to get there. And you  
5           can see from this slide that we're above  
6           sort of the standard academic health center  
7           in terms of the age of plant.

8           So we're a very efficient hospital. We  
9           have a study that came in about three years  
10          ago that the City Civic Council paid for, an  
11          organization called DHG said, you run lean,  
12          mean, you're doing it as well as anybody  
13          across the country. And we continue to do  
14          that. We've taken cuts at the federal,  
15          state level. We've taken sort of a slack  
16          from the City. So we've got some  
17          improvements from short-term capital, but we  
18          have needs. So we're continuing to try and  
19          explore ways to work with the City and the  
20          State and private entities to do those.

21          This is our mission: To heal, to  
22          comfort, to educate, to discover. If you  
23          took all that and you'd, well, why would  
24          anybody want to be at that organization, but  
25          we do great work. We do a great job taking

1 care of everybody. We provide great  
2 education. And that's our mission, which is  
3 to support what we need to do.

4 But for us it's around continuing to  
5 grow. So this is sort of a quick snapshot  
6 of where we think we're going over the next  
7 five years. It talks about our priorities,  
8 which is continue to meet and exceed  
9 customer expectation, so, for us, those are  
10 one of our quality metrics. So we continue  
11 to rise in our quality metrics. U.S. News  
12 and World Report just came out. We've gone  
13 from 25th in the state, when I first got  
14 here, to 22nd last year, to 16 this year.  
15 We're now number third in the region.

16 And our goal, our charge from the board  
17 is to be in the top one or two in hospitals,  
18 and to be in the top five across the state.  
19 So that's important for us as an  
20 organization. And we're -- we have a number  
21 of other metrics we work through.

22 We want to think about different  
23 partnerships and relationships to other --  
24 and that includes other hospitals, by the  
25 way, so partnering with Baptist, which we do

1           now, particularly in as it relates to the  
2           care of children in our community. So if  
3           you go to Wolfsons now, about 70 percent of  
4           the physicians there are actually University  
5           of Florida faculty members. The other 30  
6           percent come from Nemours. So you probably  
7           didn't know that, but that's our ability to  
8           support our relationship with Baptist.

9           So we work with others. So we explore  
10          how we can work with St. Vincent's and  
11          Ascension, a number of other organizations  
12          to support -- the care of our community is  
13          not just about the competition. We want to  
14          continue to plan for the future.

15          These are our strategic buckets. Our  
16          team will spend a whole day tomorrow working  
17          through those, what do we want to do  
18          clinically. We focus on Downtown and North,  
19          our network. We focus on our academic  
20          footprint. We focus on our community  
21          engagement, so a new entity for us.

22          Your Commission Member Ann-Marie Knight,  
23          who I also recruited over from Mayo, is  
24          really going to help us reengage into the  
25          community, but be more specific and

1 intentional about it, and what do we want to  
2 do, what are the things we want to  
3 accomplish. And none of this works if we  
4 don't have the right workforce.

5 We believe in our partnership with the  
6 City. So I have had multiple conversations  
7 with the Mayor and City Council to say, as  
8 the City grows, we want to grow with you.  
9 So when you think about what happens  
10 downtown, core of downtown, I view it as an  
11 anchor-type system. So there is the eastern  
12 anchor, which is really around the stadium  
13 and lot J; there is a southern anchor around  
14 the district and MD Anderson; there is a  
15 western anchor around the JRTC and what  
16 we're trying to do with LaVilla and Five  
17 Points.

18 We view we're kind of the northern  
19 anchor. We've got 5,000 employees on that  
20 campus every day. We're five blocks off of  
21 downtown. We're ten blocks off of the  
22 river. So we think about what our  
23 relationship should be with the City to  
24 grow, grow that regional enterprise, create  
25 potentially a health science district, work

1 with our communities, to work with the  
2 community of Springfield to think about how  
3 we can grow with them, think about food  
4 deserts.

5 Right now, if our employees have to walk  
6 out to get something to eat, their choices  
7 are the gas station across the street,  
8 Walgreens and McDonald's. Well, those are  
9 the same choices that the people of  
10 Springfield have as well. So how can we  
11 work together to think about Publix or  
12 Trader Joe's or whoever to come and serve  
13 the entire community, which includes the  
14 hospital. Because there are a number of  
15 examples across the country of health  
16 systems partnering with the community,  
17 partnering with the city to help it grow.

18 I grew up in the city of Pittsburgh.  
19 When I left to go to college, Pittsburgh was  
20 still the classic steel town, steel mills  
21 downtown, it was dark, you know, gray. It  
22 looked like 9 o'clock at night at noon. By  
23 the time I went to college and came back,  
24 went to medical school there are UPMC,  
25 starting to grow as a health district now.

1           Now if you go to Pittsburgh, a very  
2           sophisticated city, one of the largest  
3           academic centers in the country now. So  
4           UPMC is a \$14.9 billion health system that  
5           owns basically half of the state, and it's  
6           centered in Pittsburgh. A change of the  
7           times, so the old U.S. steel headquarters,  
8           the 844 building downtown, now says UPMC on  
9           it. So that's how health care can engrain  
10          in the community.

11          For us, that North is just about growth.  
12          We have 70 acres at the North campus, we can  
13          build on about 42 of it. So it's really  
14          just about volume. We are starting to have  
15          conversations around building the next  
16          hospital tower. And part of that is because  
17          that community grows, there is some more  
18          medical office complexes that are starting  
19          to pop up. We've heard that there is going  
20          to be a rehab and skilled nursing center  
21          that's going to go next to the Hobby Lobby  
22          area, so a lot of growth. So we think this  
23          is the right time.

24          The reason why that's important is it's  
25          about a two-and-a-half-year process to build

1 another hospital tower. So by the time --  
2 if we make that decision today, you know,  
3 that tower won't really open up until late  
4 '21, '22. So we're trying to plan for the  
5 future, and that's what it would start to  
6 look like.

7 In anticipation of that, sort of our  
8 power plant, the chill plant is already  
9 stepped up to take care of the next two  
10 hospital towers. We can actually go up to  
11 two more hospital towers. We can add  
12 another medical office tower. So that's all  
13 part of our strategy to continue to grow.

14 Continuing to grow our resources, we  
15 have great programs like our OMFS program,  
16 which is actually nationally ranked. So  
17 it's the 41st popular ranked ENT program in  
18 the country. And so they work very closely  
19 with neurosurgeons who can make things  
20 possible. And we do innovations. So we  
21 have had a large focus on innovation  
22 recently, entrepreneurialship and really  
23 trying to make the things that we do  
24 discoverable, and so we can make them sort  
25 of out in the community. And then again

1 sort of continuing to focus on our trauma,  
2 mission.

3 We've increasingly started to think  
4 about the I95 corridor as sort of a part of  
5 our enterprise. So as part of that is the  
6 Wildlight project, so this is up in Nassau  
7 County. This is a partnership with Rainier,  
8 Radiant, the property arm of them. And so  
9 they send out a bid for looking for a master  
10 plan community and a health and wellness  
11 partner. We bid on that feeling that we had  
12 the expertise of our organization, but also  
13 sort of the benefit of the University of  
14 Florida to support that.

15 And so we won that bid and we're  
16 building now a 42,000-square-foot ambulatory  
17 building that's about 70 percent done. It  
18 should be done in early November, November  
19 11th actually is the date they gave me. I'm  
20 going to hold them to that. We do have a  
21 ribbon cutting ceremony on November 22nd.  
22 We will see our first patients on  
23 December 6th.

24 One of the things I want to incorporate  
25 in that is the dental practice. We tend to

1           forget about oral health. And so there will  
2           be an adult and pediatric dentistry from the  
3           University of Florida College of Dentistry  
4           in that building as well.

5           We also have a second building at that  
6           complex that will be in partnership with the  
7           YMCA, a rehabilitation center, so continuing  
8           to grow.

9           It must have been a good decision to be  
10          there, because one of our competitors bought  
11          land 200 yards away and another one bought  
12          land about 300 yards away.

13          So, actually, we want to know where the  
14          healthiest place to live right now. It's  
15          probably up in Wildlight, because you  
16          basically have about eight doctors for every  
17          patient that lives up there at this point in  
18          time. But those are part of our practice.

19          But in the end, sort of none of this  
20          works without you, none of that works  
21          without our partnership with the City, the  
22          State, the Federal government, philanthropy.  
23          We're also -- we've hired a new philanthropy  
24          director to help support all those  
25          enterprises. But it's a tough sled for us,

1 but, you know, I'm committed to the mission,  
2 committed to what we do, enjoy what I do and  
3 want to be part of the City's growth in the  
4 future in the things that we're trying to  
5 do.

6 So I'll stop there. I probably took a  
7 little too much of your time. I wanted to  
8 make sure you had sort of a good overview of  
9 our organization. And I'm happy to answer  
10 questions.

11 CHAIRPERSON BROCK: Thank you.

12 And I see Mr. Griggs on the queue.

13 COMMISSIONER GRIGGS: First one.

14 CHAIRPERSON BROCK: Yep. I was going to  
15 speak, but I saw you pop up there.

16 COMMISSIONER GRIGGS: Thank you.

17 And good morning, Dr. Haley. Appreciate  
18 you being here. Excellent presentation. I  
19 really appreciate the in depthness of the  
20 scope of what UF Health does in this  
21 community. A lot of people are lost on that  
22 because of past reputation and don't really  
23 realize all the things that this hospital  
24 brings to the community.

25 I grew up about a mile away from there,

1 so I've had a long relationship with the  
2 institution. So it's good to know that you  
3 can explain all of the good things that are  
4 going on and the challenges as well.

5 But I want to take you back to some of  
6 your earlier comments around the structure  
7 of your funding. And I'm not sure people  
8 are clear how the indigent care services  
9 that you provide to the community come to  
10 be.

11 Could you explain a little more -- and  
12 I'll help you a little bit here, because I'm  
13 a little familiar with the Florida Statute  
14 154 where your -- each community has a  
15 hospital -- a relationship with a hospital  
16 that are going to provide these services by  
17 statute; however, that relationship is  
18 shared with the county.

19 And what hasn't happened here, as you  
20 said, is that we do not have a fixed income  
21 source for Duval County that allows you to  
22 rely on a certain amount of money that you  
23 can depend on every year. And I'm curious  
24 to find out where do you see -- I mean, you  
25 said it earlier, but I want to make sure

1           that the Commission is clear on that, where  
2           do you see the opportunity to improve that  
3           relationship in terms of funding? Because  
4           most of these counties that have this  
5           relationship have a dedicated taxing  
6           district that are supposed to fund indigent  
7           care services for their partner hospital.  
8           Is there real opportunity here to get that  
9           done? And to the Commission, is this  
10          something that you see that we can take on  
11          as a Commission?

12           DR. HALEY: So I'll answer that last  
13          part, yes, absolutely, I think this is  
14          something you can take on as a Commission  
15          and continue to work with our organization  
16          and City Council and the Mayor's Office to  
17          support that.

18           So I'll take you back to this slide. So  
19          we officially receive \$26 million from the  
20          City of Jacksonville to support the patient  
21          population, it's called the City Contract.  
22          So it's essentially a group of underserved  
23          indigent patient population in our city and  
24          it's around -- it's a moving number, so it's  
25          around 8 to 9,000 people every year.

1           Probably about half of that group is the  
2           same. You're in, you're out. The other  
3           half kind of moves, right, as people get  
4           employed, unemployed, they sort of come out.

5           They sadly have to prove where their  
6           challenges are. So we actually literally  
7           have an entire building on our campus where  
8           they bring their paperwork every six months  
9           and say, you know, here is my income source,  
10          here is where I live, I have to prove that I  
11          live in Duval County, et cetera, et cetera.  
12          And they go through that process. Not very  
13          humane, quite honestly, on some level, but  
14          we have to come up with a methodology of  
15          doing that. But that \$26 million goes to  
16          support that patient population.

17          The top part tells you sort of how much  
18          that costs. So just in general the best way  
19          to think about it, it costs a little bit  
20          more than double to take care of that  
21          patient population. That's a function of  
22          when you look back on average every one of  
23          those patients is on 3.5 medications. So  
24          this is the population that has  
25          hypertension, diabetes, high cholesterol,

1 et cetera, et cetera. So it's a challenging  
2 population.

3 We do have a physician medical director  
4 and a clinic that is designed solely to take  
5 care of the patient population. That's how  
6 we try and manage the process, manage their  
7 care. So we try and funnel everybody  
8 through the same clinic.

9 But to your point, that 26 million has  
10 been the same number for the last six years.  
11 It really is up to City Council and the  
12 Mayor's office to decide what that number  
13 is. Typically, they just left it in there  
14 as the 26 million.

15 We are trying to work with the Mayor's  
16 office currently to say, okay, how do we  
17 come up with a better model to say, what do  
18 we want to hold it to. So until you can get  
19 to a taxing district, which is more  
20 complicated because you have to go through  
21 the State, get them to change that vote,  
22 et cetera, et cetera, so until we get to  
23 that point, how do you come up with a more  
24 sustainable model to keep pace, right.

25 So it's never going to be that green

1 bar, because that's the medical price index,  
2 so that just is too expensive. You want to  
3 hope it's at least the orange bar, right, so  
4 it's the consumer price index. And we come  
5 up with a methodology so the City knows and  
6 we know every year it's 26, then 2 percent  
7 more, 2 percent more, 2 percent more,  
8 whatever the case may be to support that.

9 For the patients that don't fall into  
10 this group, right, so they may live in Clay  
11 County, or Baker, or any place, or Duval but  
12 choose not to go through the paperwork,  
13 that's in that uninsured bucket. That's the  
14 group that's in that 14.5 bucket that, you  
15 know, uninsured, no cost of care, no fixed  
16 funding source to support that, et cetera,  
17 et cetera. And so that's the challenging  
18 population as well. We depend upon our  
19 Medicare volume, our commercial volume, what  
20 we do at North to support that.

21 If you actually look at our North  
22 finances and you separate it out from our  
23 sort of Downtown finances, the North keeps  
24 us afloat. That's what drives sort of our  
25 organization. This would be a whole

1           different conversation if we didn't have the  
2           North hospital. In fact, it probably would  
3           have been a whole different conversation  
4           two, three years ago, because we really  
5           would have been struggling.

6           So right now the North is a big part of  
7           our operation that keeps us afloat. But  
8           it's not the model, right. So I think we  
9           have the opportunity to think as an  
10          organization, as a Charter Commission,  
11          working with the City, working with the  
12          Mayor, what's a better model to do it, how  
13          do we make sure it changes and keeps pace at  
14          least a little bit with medical price index,  
15          consumer price index, with the model, until  
16          you can get to a different model.

17          Right now we suffer because, unlike  
18          Jackson in the city of Miami, Jackson  
19          receives -- just to give you an idea, so we  
20          get 26, they get about 300 million from  
21          Miami-Dade County, some of it is sales tax,  
22          some of it is property tax. Parkland  
23          Hospital in Dallas, very similar to us,  
24          probably about a quarter or so bigger,  
25          probably about a third bigger, they get

1           about 4 to 500 million from the City of  
2           Dallas to support them. So cities have --  
3           even where I came from, at Grady, Grady gets  
4           about \$60 million from the City, Grady is  
5           probably about our size.

6           So I think we want to come up with what  
7           is a right dollar amount, how do we make  
8           sure it scales up as time goes on. And then  
9           eventually, I think, longer term, how do we  
10          get to a point where we can go back to the  
11          State to come up with a way to create a  
12          taxing district.

13          COMMISSIONER GRIGGS: Mr. Chairman, I  
14          know my time is running out.

15          I appreciate it, because I was going to  
16          bring up Jackson and Grady so we can have a  
17          comparison of -- that would give us a clear  
18          picture of the type of support that a  
19          hospital that's charged with playing the  
20          role that you play in the community, the  
21          type of support that it receives as a  
22          partner in the community.

23          But I just have one other quick  
24          question, Mr. Chairman, if you don't mind --  
25          actually, I was going to have a comment. I

1 was going to say thank you for looking at  
2 dental services, that's been a challenge  
3 ever since UF Health let it go several years  
4 ago.

5 But also that part of your problem is  
6 folks that are returning that come through  
7 the emergency room that are returning  
8 multiple times and in that mix, in that  
9 plan, there should be more chronic care  
10 services provided by the folks who are  
11 charged with providing indigent care  
12 services.

13 DR. HALEY: Yeah. We actually have a  
14 very large primary care network, I can tell  
15 you much bigger than where I came from. So  
16 we have a primary care center on campus, we  
17 actually have a primary care center  
18 specifically for that City contract, Duval  
19 County group. We have ED meetings,  
20 Brentwoods, we have a number of primary care  
21 locations. It's always easier to default to  
22 the emergency department so we try and work  
23 with the patient population to make sure we  
24 can get in there, but it's a challenge for  
25 that group.

1           So we actually do have a case manager  
2           that's stationed in the emergency department  
3           specifically for the City contract patients.  
4           And their job is to sort of -- if patients  
5           come in, they can see them on our electronic  
6           screen. If they think the patient is stable  
7           enough, we'll actually walk them out and  
8           walk them across the street. We do try to  
9           manage it, but it is part of the challenge.

10           We've done great work -- we can talk all  
11           day -- on readmissions, because that's  
12           another reflection of sort of this  
13           challenging patient population. But we've  
14           had a lot of great work internally. So  
15           we're charged by the federal government to  
16           basically prevent people from being  
17           readmitted, right, for anything. So the  
18           dynamic on that, unfortunately, is you come  
19           in for your high blood pressure or your  
20           diabetes, we take great care of you, you  
21           walk out and get hit by a car, you come back  
22           in, that actually counts against us, by the  
23           way. Not that I can prevent car accidents,  
24           but we do try and prevent people coming back  
25           for their same disease.

1           So when people leave our institution,  
2           they have a primary care appointment. So  
3           it's not I gotta call, it's not a guess;  
4           like, you're coming back to see Dr. X on  
5           this particular day, this particular time.  
6           So we try and put in a lot of things. So  
7           we've had great work in that. So that's one  
8           we've been pretty successful in, but -- you  
9           know, looking at the emergency department  
10          population.

11          The other group we didn't talk about,  
12          which is the mental health, behavioral  
13          health, that's a big challenge. We get our  
14          daily reports, and I can see how many people  
15          are Baker Acts, right, and it's not a small  
16          number. During the hurricane, classic  
17          example of mental health patients having no  
18          place to go during a hurricane, so they all  
19          come to the hospital. So we had probably  
20          even double the number that we normally have  
21          for patients who just really have no  
22          resources.

23          We had a local methadone clinic that  
24          closed during the hurricane. The sign on it  
25          said, go to UF Health. So now all of a

1 sudden we have patients who need their  
2 methadone. We don't provide that unless we  
3 can really define, you know, where do you  
4 go, can we prove it, is the center open. So  
5 we had, unfortunately, a patient population  
6 that came in because their methadone clinic  
7 was closed, they were told to come to us,  
8 and we didn't have the resources to know if  
9 they were true, right. So we have to prove  
10 that they actually know that. So behavioral  
11 health drives a lot of the emergency  
12 department visits.

13 The other thing that's in sort of the  
14 subgroup of the City contract patients is  
15 the prisoners. So we don't get a separate  
16 dollar amount for prisoner care, by the way;  
17 that's included in that 26 million. So that  
18 gets back to your question. So one of the  
19 ways to think through that is should we get  
20 a separate dollar amount just for prisoner  
21 care. Right now we don't. So prisoners are  
22 kind of lumped in.

23 The jail has a private group that they  
24 work with, which is designed from a primary  
25 care model to keep them out, but we still

1           get them. So we can still get people that  
2           are brought in by JSO. And it's a  
3           challenging population, as you can imagine.  
4           And it's mixed in -- unfortunately, the way  
5           our emergency department is designed, it's  
6           mixed in with everybody else. We don't have  
7           a specific place. We have a corner where we  
8           put them in, but every -- if any of you come  
9           in for a patient care issue, you're going to  
10          likely see that population. So that adds to  
11          that reputation, challenge, so we're trying  
12          to work with the City to try and support  
13          that differently.

14                 CHAIRPERSON BROCK: Dr. Haley, you have  
15          given us an excellent presentation on the  
16          why. I want us to focus on the what. What  
17          can we do?

18                 And I'm looking through the Charter.  
19          And I think the public health division is  
20          under Section 24. And in that, it's 24.05  
21          and I'm looking at Subsection C. And I  
22          don't expect you to have this memorized by  
23          heart, but that seems to be where it says,  
24          all money appropriated by the City for the  
25          operation and maintenance of a public health

1 unit, under the provisions of Chapter 154 of  
2 Florida Statutes, including the amounts  
3 required to provide for the benefits  
4 preserved by this act to employees becoming  
5 members of the state service system --  
6 anyway, are all deposited to the state. Is  
7 that -- so the City collects -- or the City  
8 appropriates money, pays it to the State and  
9 then it comes back to you.

10 DR. HALEY: That's correct.

11 CHAIRPERSON BROCK: Then I look under  
12 Chapter 154 of the Florida Statutes, and  
13 specifically it's looking at 154.02. And  
14 that relates to the county health department  
15 trust fund. And that says that each -- oh,  
16 sorry, thank you. That says that each  
17 county in the state with a population  
18 exceeding 100,000, according to the last  
19 state census, may levy an annual tax not  
20 exceeding .05 mill. Is what you're saying  
21 is that Duval County does not have any tax  
22 that's already been authorized by the state  
23 statute?

24 DR. HALEY: That's correct.

25 CHAIRPERSON BROCK: Okay. So, again,

1 all this is contingent upon if funding for  
2 this -- it's been one of the issues that  
3 we're looking at. So I'm trying to -- for  
4 the benefit of our group, if we're looking  
5 at what can we do, is that something if we  
6 were to take that language or something like  
7 that and put it into the Charter as far as  
8 the funding -- because it is very general in  
9 the Charter, it just says whatever money  
10 you're going to collect pursuant to the  
11 chapter gets done. But if we were to put  
12 something in there that -- like you're  
13 saying, sets a dedicated amount, that there  
14 shall be X mills paid to this trust fund, I  
15 mean, is that something that for this  
16 Commission we're looking at? Because  
17 finding a dedicated source of funding, you  
18 had mentioned tax districts, and it looked  
19 to me like this is something that's already  
20 authorized under Florida statute.

21 DR. HALEY: Correct, but my  
22 understanding is -- and I could be certainly  
23 wrong -- that we can't do that. So we're  
24 not -- even though that's what the  
25 legislation says, because of our

1 consolidated government, we're the one  
2 county in the state that can't do that. So  
3 you would have to go to the State to ask for  
4 a State change in how it reads specifically  
5 for us.

6 To answer the first part of your  
7 question, yes, we take the dollars that the  
8 City of Jacksonville provides, we give them  
9 to the State. It kind of passes through us,  
10 goes through the State. The State match --  
11 takes all the money and matches that at the  
12 federal level and then sends it back. And  
13 we get back the equivalent of around \$60  
14 million in our dish. That's where that  
15 dollar -- and then the City gets paid back,  
16 so that's basically how that works.

17 CHAIRPERSON BROCK: Okay.

18 DR. HALEY: There is nothing that  
19 governs what that City amount should be. So  
20 where, I think, the Commission can play a  
21 role working with the Mayor's office, City  
22 Council, is how do we internally think about  
23 the current dollars that potentially could  
24 go, and what is a better model, formula,  
25 rate to support the organization.

1           CHAIRPERSON BROCK: So if we're looking  
2 at Charter changes, then we would need to  
3 make sure we're vetting that with whatever  
4 existing state law is that's outside of 154.

5           DR. HALEY: Yes. Great question.

6           CHAIRPERSON BROCK: Again, I wanted to  
7 try and focus us back to what areas we're  
8 looking at and where we can actually make a  
9 change.

10          Ms. Santiago.

11          COMMISSIONER SANTIAGO: Good morning.  
12 So my question actually comes back to the  
13 same thing, one of the issues that we're  
14 looking at is our strategic plan for the  
15 entire City. And I'm just curious to know  
16 how often or how involved you are with our  
17 local City. Do you meet with them on a  
18 regular basis? How -- have you talked to  
19 anything strategically maybe with our Office  
20 of Economic Development? Is there any  
21 involvement with the City at this point?

22          DR. HALEY: City through the Mayor's  
23 Office, yes, so have lots of conversations  
24 with the Mayor, with the Chief of Staff,  
25 have lots of conversations with City Council

1 leadership, but not with the specific  
2 offices, per se.

3 COMMISSIONER SANTIAGO: What about  
4 through City Council as well?

5 DR. HALEY: City Council too, we have  
6 lots of conversations with City Council.  
7 And, obviously, a newer group of folks this  
8 year so we try and invite -- so typically  
9 our model is to invite them to the campus,  
10 bring them in, see them, show them what we  
11 do. So here is the organization, here is  
12 the opportunities, here are some of the  
13 challenges, and then we follow that up with  
14 conversations and meetings. And we'll  
15 present to City Council to talk through it.  
16 We presented actually a proposal to the  
17 Mayor's Office earlier this summer around an  
18 increase in that dollar amount.

19 So we went back and said, okay, what was  
20 the dollar amount in FY02 and it was 23  
21 million. But that 23 million covered about  
22 61 percent of the health care costs. Now  
23 the 26 million covers about 40 percent, 41  
24 percent of health care costs. So we went  
25 back to the Mayor's Office and said, well,

1 if we just close that gap again, get back to  
2 that 60 percent number, it's about another  
3 \$9 million increase.

4 And then the physician practice plan --  
5 so the doctors technically have never gotten  
6 paid for the care they provide. So the  
7 hospital gets paid for that, but the  
8 physicians don't. So we actually figured  
9 out what the physician number is, and that  
10 was about 8 million. So we actually went to  
11 the Mayor's Office and to the Mayor with a  
12 \$17 million proposal. We talked to Scott  
13 Wilson about it.

14 So they're thinking through it. So in  
15 fairness to them, they're thinking about how  
16 to manage that number right now and, I  
17 think, what's a good formula for the coming  
18 year to support that.

19 COMMISSIONER SANTIAGO: Thank you very  
20 much.

21 CHAIRPERSON BROCK: All right.  
22 Mr. Schellenberg.

23 COMMISSIONER SCHELLENBERG: Through the  
24 Chair to Dr. Haley, great to see you again.

25 DR. HALEY: Good to see you.

1           COMMISSIONER SCHELLENBERG: Are you  
2 proud of the Steelers? They at least have  
3 one win now.

4           DR. HALEY: Yes, they do have one win.  
5 But, you know, I had no faith so I really  
6 actually stayed up until the final two  
7 minutes. Then I thought, even the Steelers  
8 can't lose in the last two minutes.

9           COMMISSIONER SCHELLENBERG: You have  
10 great faith.

11           A couple things that I'm aware of. One  
12 of the things why the North campus works is  
13 because the commercial down there. And the  
14 differential between Downtown and the North  
15 campus are substantial in commercial. I did  
16 want you to -- probably not today, but  
17 because the City is self-insured now, there  
18 are employees that can be -- incapsulated  
19 sort of like a Gator Care. I don't want to  
20 go in great detail, but if you can be brief  
21 about it. And how many City employees are  
22 utilizing this for the benefit of UF Health.  
23 Do you have any --

24           DR. HALEY: It's not many, actually.  
25 It's only around 400 people. So we do -- so

1 City employees can do a direct to us  
2 relationship, so, like you said,  
3 self-insured. We're actually the no cost  
4 benefit, so they're not charged a premium to  
5 use our services. They can, obviously, go  
6 to any of our private practice center, so no  
7 matter where they live. My understanding  
8 it's only about 400 people are in it and  
9 obviously it's dependent. So it's probably  
10 still less than 1,000 people.

11 COMMISSIONER SCHELLENBERG: It's more  
12 than zero.

13 DR. HALEY: It's more than zero. It's  
14 growing slowly.

15 COMMISSIONER SCHELLENBERG: Okay. Is  
16 there anything that would -- not here, but  
17 is there anything that is being done by --  
18 to encourage this on the City Council side  
19 or the Mayor's Office?

20 DR. HALEY: I don't know. I think they  
21 would know a little bit better. When the  
22 City does open enrollment, when that comes  
23 up, we obviously present, we have a table,  
24 we meet with folks, so the number goes up  
25 slowly.

1           I mean, the tough thing around any of  
2           these, as people always know, is I have my  
3           doctor. I go, I'm currently through Florida  
4           Blue, and, yep, I pay a premium, and, yep,  
5           UF Health has no premium, but I like my  
6           doctor in there at this location. So it's  
7           hard for people to let that go. So we  
8           understand. The idea is to try and grow  
9           that.

10           COMMISSIONER SCHELLENBERG: Well, I  
11           think it's also historical, right or wrong,  
12           about the reputation of that. And as you  
13           know, I utilize that office, and the care I  
14           get from the doctors are fabulous.

15           You touched on the LIP program. Could  
16           you quickly tell us -- can you review some  
17           of the numbers that you're not getting that  
18           you had been getting on LIP, low income -- I  
19           don't think I saw the number. Did I see the  
20           number and missed it?

21           DR. HALEY: No. But the LIP number  
22           moves, the actual dollars getting cut by the  
23           State primarily is in the Medicaid rates.  
24           So let's say it used to be, you know, 50  
25           cents on the dollar --

1           COMMISSIONER SCHELLENBERG:  It's low  
2           income?

3           DR. HALEY:  Yeah, low -- so there's  
4           three different buckets.  So there's the  
5           Medicaid rate, so that's actually the what  
6           do you get paid for Medicaid.  And that  
7           number has been decreasing.  So that's the  
8           biggest number that's going down, because  
9           part of what's happening is the State's view  
10          is and the argument from other institutions  
11          across the state is, well, we take care of  
12          Medicaid patients too so we ought to get a  
13          cut.  So the State has been, you know -- so  
14          let's say it used to be 50 cents on the  
15          dollar, now it's 40 cents on the dollar, so  
16          you multiply that by the number of patients.

17          The LIP model keeps moving.  So actually  
18          we have a little bit of a LIP model  
19          increase.  LIP is really just a function of  
20          how many patients are basically uninsured,  
21          right.  So what's your percentage, how many  
22          have you taken care of, you have to prove  
23          it.  We go back to the State.

24          And DISH is basically the same thing,  
25          it's kind of the underfunded.  So LIP is for

1 people who have no insurance. And that's  
2 how the State supports that. And DISH is  
3 for people who have some insurance, but  
4 you're trying to -- the gap isn't completely  
5 closed.

6 The entire pool of the LIP and DISH  
7 dollars for the State of Florida is around  
8 \$1.2 billion. That's an increase. So the  
9 State -- so going all the way back, not to  
10 be political, but so the State made a  
11 decision not to expand Medicaid. So when  
12 the Affordable Care Act came into play, the  
13 goal was that every state would expand  
14 Medicaid. So we're one of a few states that  
15 chose not to do that. We left a lot of  
16 money on the table.

17 But unfortunately the Obama  
18 administration decided to, for lack of a  
19 better description, probably punish the  
20 State of Florida and didn't allow them to  
21 access the same amount of Medicaid dollars,  
22 the LIP money, DISH money that other states  
23 could.

24 So when the new administration came into  
25 office, Trump administration came into

1 office, then Governor Scott went to the  
2 Trump administration to get that number  
3 increased. So it went from around 700  
4 million to a-billion-two.

5 The problem with that is we can't access  
6 it all as a state because it has to be  
7 funded by intergovernmental transfers. So  
8 the money we get from the City is our  
9 intergovernmental transfer, that's what we  
10 use. So other cities use a version of that.

11 But, unfortunately, as a collective  
12 state, we can only come up with about \$900  
13 million, maybe even less than that, about  
14 \$800 million in IGTs; so, therefore, we  
15 leave about, you know, \$300 million on the  
16 table every year because there is not enough  
17 ways for us to come up with IGTs for the  
18 state.

19 So a good example of what happened this  
20 past year is we sent out our matching  
21 dollars, other hospitals sent in their  
22 matching dollars. One of the things we work  
23 with the State on is can we get paid first,  
24 just because of the way our cash flow is.  
25 So they usually agree to that. We got paid

1 first.

2 At the end of the year last year, the  
3 City of Orlando was about \$5 million short  
4 from what they could put up as an IGT; and  
5 so, therefore, the other hospitals didn't  
6 get all their money. We actually had to  
7 give money back. So we had to give back  
8 about a-million-two at the end of June,  
9 which obviously changed for how we finished  
10 the year.

11 But part of it is there are LIP dollars,  
12 low income pool, DISH dollars, there's about  
13 a-billion-two that's available, the State of  
14 Florida can only access about 800 million of  
15 it. We leave 400 million on the table every  
16 year.

17 And the overall number for us moves. So  
18 our Medicaid rate has been cut, our DISH  
19 money has been cut a little bit. We  
20 actually got an increase in LIP this year.

21 Now, the other saving grace this past  
22 year or past two years is for many years the  
23 physician practices were not getting any of  
24 the low income pool dollars. And so thanks  
25 to some work with the Council of Teaching

1           Hospitals, they went to the State and said,  
2           well, we provide care as well. So the State  
3           did allocate about \$84 billion for the  
4           physician practices to access the LIP  
5           dollars. So we get -- we got 17 million two  
6           years ago, we got \$20 million last year out  
7           of that.

8           Now, theoretically, it's only a  
9           five-year pilot. So it's supposed to end in  
10          another three years. But, quite frankly, as  
11          an organization we use that to balance how  
12          we are. So, essentially, at the end of the  
13          year -- I think most of you know I'm the CEO  
14          and the dean. So at the end of the year, I  
15          look in the mirror and I say, Leon, I have  
16          to borrow some money from you. So when I  
17          put my CEO hat on, I have to borrow money  
18          from the practice plan, I get it and then I  
19          pay them back. So I have to borrow from  
20          myself. It's good. It makes the  
21          negotiation pretty easy, though.

22                 COMMISSIONER SCHELLENBERG: I have more  
23          questions, but I'll wait. I'll come back.  
24          Thank you.

25                 CHAIRPERSON BROCK: All right. Next we

1 have Ms. Lisska.

2 COMMISSIONER LISSKA: Hello, Mr. Haley.  
3 Thank you -- Dr. Haley, thank you for being  
4 here.

5 DR. HALEY: My pleasure.

6 COMMISSIONER LISSKA: Very informative.  
7 I'm confused, and not admitting it happily.  
8 I'm trying to keep up here. But do you have  
9 a role on the health authority at all -- the  
10 hospital authority? I'm sorry.

11 I'm looking, I can't really follow  
12 what's in the statute -- I don't have  
13 Florida Statute in front of me. But we  
14 have -- I assume it's still called the Duval  
15 County Hospital Authority or maybe I'm so  
16 far behind the curve here. Am I not  
17 correct? And that's how it's stated in our  
18 related laws to the Charter. And I just  
19 want to make sure there has not been any  
20 update that I'm missing. And so --

21 COMMISSIONER GRIGGS: It doesn't exist.

22 DR. HALEY: If that commission exists,  
23 or if that authority exists, I'm not on it.  
24 But I'm not sure of that. I'm not even sure  
25 that's a real entity anymore.

1           COMMISSIONER LISSKA: Okay. That is  
2 something I would like the Commission --  
3 because I'm desperately -- I'm not trying to  
4 be rude, but I'm desperately using my little  
5 handheld device and feeling very embarrassed  
6 that I don't know if this is an active  
7 authority in our city any longer. So I was  
8 trying not to have to ask the question, but  
9 I'm glad to get it out there. Okay. So I  
10 will make sure I know going forward.

11           So let me ask you this then: As per the  
12 Charter, how -- is there anything you would  
13 like to see changed that can be helpful to  
14 you? I ask any speaker who may not have a  
15 chance to offer that. Is there anything at  
16 all that could be done to make your delivery  
17 systems, your services more effective?

18           DR. HALEY: I think our delivery  
19 systems, as we have them established in our  
20 model, work. We've got primary care,  
21 specialty care, our model is well. We're  
22 actually poised very well for value, once  
23 value comes in. The issue for us is really  
24 how we receive dollars from the City.

25           COMMISSIONER LISSKA: Right. I'm sure

1 the City couldn't help you directly with  
2 your delivery systems, but again the  
3 dollars. So anything that could be helpful  
4 as per the Charter, something that we could  
5 do for you, the City Council could do for  
6 you?

7 DR. HALEY: I think it's let's come up  
8 with a model that we think works for the  
9 City and what we think that dollar amount  
10 is, keeping in mind that we have to have  
11 enough to match the State so we can get the  
12 rest of the dollars back. And then let's  
13 come up with a formula that adds every year,  
14 right. So it isn't every ten years we go,  
15 okay, the hospital starts to get into  
16 trouble and let's think about adding some  
17 more money. But let's have a model that  
18 says, you know, since we can't necessarily  
19 tie it to taxes right now, how do we have a  
20 model that supports -- if it's 26 million  
21 this year, how do we make sure it's 26-point  
22 something next year or 30, whatever the  
23 number is, and it keeps moving and pays for  
24 sort of consumer price inflation.

25 I think that's where the Commission can

1           come up with a model or a formula to work  
2           with the City Council and the City and  
3           Mayor's Office to say, let's come up with a  
4           model and let's make sure it changes every  
5           year automatically.

6           COMMISSIONER LISSKA: And in case I  
7           missed it, do you have a recommendation for  
8           that model?

9           DR. HALEY: I think our proposal would  
10          be at least if the dollar amount matched  
11          sort of the -- every year with the consumer  
12          price index, that would at least be helpful.

13          COMMISSIONER LISSKA: Thank you so much.  
14          Thank you for being here.

15          DR. HALEY: You're welcome. My  
16          pleasure.

17          CHAIRPERSON BROCK: Next we have  
18          Ms. Mills.

19          COMMISSIONER MILLS: Through the Chair,  
20          good morning, Dr. Haley. Just wanted to let  
21          you know I appreciate the services that -- I  
22          got a little cold today. So I appreciate  
23          the services that UF Health offers. I have  
24          a family member that just had surgery there,  
25          and I want to let you know everything was

1 outstanding. I didn't have to complain one  
2 time.

3 DR. HALEY: Great.

4 COMMISSIONER MILLS: But Ms. Lisska did  
5 ask some of the questions that I was going  
6 to speak to you about, was the model, but  
7 you answered through Ms. Lisska.

8 But thanks again for your commitment to  
9 the community, the City of Jacksonville.  
10 And North UF Health is a lovely facility.

11 DR. HALEY: Fantastic. And we want to  
12 continue to grow that facility. But we  
13 also, like I said, want to really revitalize  
14 Downtown. So older buildings, how do we  
15 start to begin a process of replacing.

16 CHAIRPERSON BROCK: Next we have  
17 Ms. Jameson.

18 COMMISSIONER JAMESON: Thank you.

19 Good morning, Dr. Haley. Good to see  
20 you.

21 DR. HALEY: Good morning. Good to see  
22 you.

23 COMMISSIONER JAMESON: I don't quite  
24 have a question for you, because I think  
25 that Emily also answered mine.

1           But I would like maybe Ms. Johnston to  
2           give us a better understanding about this  
3           Duval County Hospital Authority that is  
4           listed in these related laws within our  
5           information here, if it is still in  
6           existence or if it's not. Would you be able  
7           to explain that a little bit better?

8           MS. JOHNSTON: Through the Chair to the  
9           Commission, I'm sorry, but I don't have any  
10          of the background knowledge on that. I  
11          thought there was discussion about a memo  
12          that was going to be circulated with the  
13          background about the hospital. And I  
14          thought maybe that would have some  
15          additional information on the progress  
16          that's been made since consolidation. But  
17          I'm sorry. I can look into that, but I  
18          don't have the information here.

19          COMMISSIONER JAMESON: I appreciate that  
20          follow-up. Thank you so much. I'm sorry to  
21          put you on the spot right now.

22          And thank you again, Dr. Haley.

23          DR. HALEY: You're welcome. I would  
24          too, because I didn't know that authority  
25          existed.

1           CHAIRPERSON BROCK: Next we have  
2 Mr. Griggs for the second time.

3           COMMISSIONER GRIGGS: Thank you,  
4 Mr. Chairman.

5           Just a couple things real quick, to my  
6 knowledge, the hospital authority was  
7 created around consolidation to help with  
8 the transition between the county and the  
9 city, because back then we had a county  
10 health officer and a city health director.  
11 And that was created in order to house the  
12 funding.

13           Over time through the legislation when  
14 the Department of Health was created and the  
15 funding mechanism changed, we no longer use  
16 this hospital authority, which is something  
17 we can revisit.

18           I think I mentioned that during our  
19 first or second meeting, something we need  
20 to revisit is a way to house the dollars if,  
21 in fact, we were to develop a formula for  
22 these type -- this type of funding for  
23 indigent care is public health.

24           The second thing is I wanted to make  
25 sure that we're clear that, in the state

1 statute, the trust fund is to fund not only  
2 the indigent care services provided by UF  
3 Health, but also those three areas of  
4 services provided by the county health  
5 department, which is primary care services,  
6 environmental health services and disease  
7 control services. So whatever funding  
8 mechanism that we look at or create as a  
9 result of this conversation should also  
10 include that for the public health  
11 department.

12 And the third and final thing is that --  
13 actually, I think I covered it already.

14 But my question to you was for your IGT,  
15 your receipt of IGT funding, some of the  
16 things that you do, I know that you said you  
17 have projects out there. Do you ever  
18 consider partnerships with other health care  
19 entities, such as the health department so  
20 you can, you know, kind of increase your  
21 chances of getting additional IGT or LIP  
22 funding as well?

23 DR. HALEY: Yes. We partner with the  
24 Health Department. We partner with -- we're  
25 looking -- actually, the State is being --

1 is asking the health system, the hospital,  
2 to look at the IGT models and think about  
3 are there different ways to expand the pool  
4 of dollars that come with that.

5 But we look at the public health  
6 department, we look at actually physician  
7 practice plan, can the University support.  
8 So I think there are different ways to think  
9 about how we can increase that dollar  
10 amount.

11 COMMISSIONER GRIGGS: The final thing I  
12 want to ask, Mr. Chairman, is: If you go  
13 back to the Task Force on Consolidated  
14 Government recommendations, you will see  
15 that one of the recommendations in there was  
16 that there should be a creative funding  
17 formula that is insulated by political  
18 influence and will meet the current and  
19 future public health needs including  
20 indigent health care in the city. So that  
21 was one of the recommendations from back in  
22 2014, so this conversation is not new.  
23 Thank you.

24 CHAIRPERSON BROCK: Thank you.

25 And we'll be respectful of Dr. Haley's

1 time. We also have two other upcoming  
2 speakers.

3 So last speaker, Mr. Schellenberg.

4 COMMISSIONER SCHELLENBERG: Just real  
5 quickly. First of all, I want to  
6 congratulate you on your performance  
7 statewide on improvement. Thank you very  
8 much.

9 DR. HALEY: Thank you.

10 COMMISSIONER SCHELLENBERG: You have  
11 been a great asset to the City.

12 Just for information only, do all the  
13 hospital administrators get together  
14 periodically to discuss the issues going  
15 forward?

16 DR. HALEY: The other CEOs in the city,  
17 yes, we try. I mean, obviously, it's a busy  
18 group, as you can imagine. We try and get  
19 together monthly. So -- and the goal with  
20 that is so we try and take the senior CEO  
21 and -- not even senior -- CEOs of each of  
22 the major health systems in the city. We  
23 meet at Brooks Rehab, because it's the most  
24 neutral, because we all work with Brooks.  
25 And we try and have a conversation about

1           what are the collective things that we can  
2           do together.

3           Jacksonville is an interesting health  
4           care market because it is hypercompetitive  
5           because there are a lot of national players,  
6           local players, universities, so it's a  
7           little bit different than many places. But  
8           we try and find those things that we think  
9           work well together, disaster planning,  
10          emergency preparedness, cyber security --  
11          really big deal -- physician burnout,  
12          physician resilience, sort of things that we  
13          work on together.

14          I took a small group -- or I asked  
15          Aundra Wallace from the JAXUSA to take a  
16          small group of leaders to Houston. So if  
17          you go to Houston, largest medical center in  
18          the world, well over 100,000 employees, some  
19          several million patient visits. And they  
20          have a unique model that they have a  
21          governance group that's called the Texas  
22          Medical Center. And there are 65 different  
23          entities that are under that governance  
24          model, including all of the health systems,  
25          but also things like public health, actually

1           there are two high schools right on their  
2           campus, they have a parking authority, the  
3           University, University of Texas at Houston,  
4           and they're all part of a consortium.

5           And part of what they do is they do a  
6           lot of work around innovation and education.  
7           They actually have a whole center -- you'll  
8           appreciate this because, like us, they had  
9           some old buildings. They took an old  
10          Nabisco building and they turned that into  
11          their headquarters. It's interesting  
12          because you can see still the burn marks on  
13          the floor that they left from when the hot  
14          dough would hit everything.

15          But, anyway, they collectively work  
16          there and think about innovation and how do  
17          we change, so they have space that Johnson &  
18          Johnson has there, couple other device  
19          companies, and that's how they get together.

20          So I want to -- I've sort of been having  
21          that conversation with Aundra and a number  
22          of other economic leaders, but also the CEOs  
23          to think about what are those things we can  
24          do together to try and support -- and,  
25          again, it's around the health of the

1 community. So how do we make our citizens  
2 healthier, how do we make our region  
3 healthier.

4 COMMISSIONER SCHELLENBERG: One other  
5 quick question: At one time you were doing  
6 telemedicine with the jail. Has  
7 that floundered or --

8 DR. HALEY: No. We're still doing it.  
9 We're expanding it for all of our services.  
10 Now you can actually pull up a UF  
11 physician -- I didn't do it, I swear. We do  
12 telemedicine for all of our sites. We use  
13 it at the North campus, use it at many of  
14 our primary care centers. Actually, one of  
15 our physicians -- so our clinics are run the  
16 gamut. So we have some clinics that are 100  
17 percent Medicaid, we have some clinics that  
18 are 100 percent commercial. So our clinic  
19 that is essentially 100 percent Medicaid is  
20 actually our biggest user of MyChart,  
21 IntelliHealth in our system. So that  
22 medical director has worked very closely --  
23 he said, look, everybody has got a cell  
24 phone. So we've worked very closely with  
25 them to use the MyChart on their phone and

1 use IntelliHealth to support their care.

2 COMMISSIONER SCHELLENBERG: Thank you  
3 very much.

4 DR. HALEY: You're welcome.

5 CHAIRPERSON BROCK: Okay. We've got a  
6 little bit of static going on.

7 Dr. Haley, thank you. For someone at  
8 the CEO level, you have displayed knowledge  
9 of your battlefield as a frontline soldier.

10 DR. HALEY: Thank you. Appreciate that.

11 CHAIRPERSON BROCK: Your command of the  
12 facts and the details within your  
13 organization is incredible. So thank you  
14 very much for your time.

15 DR. HALEY: Thank you for inviting me.  
16 You guys have a good day.

17 CHAIRPERSON BROCK: All right. Next we  
18 have Sherry Magill.

19 Name and address, please, ma'am. The  
20 floor is yours.

21 DR. MAGILL: Thank you. Sherry Magill,  
22 3339 Oak Street, Jacksonville, 32205.

23 Thank you for inviting me to appear. I  
24 think you all are interested in my  
25 perspective on the relationship between the

1           nonprofit sector and local government.

2           Let me just say at the outset I've  
3           served on the Pension Reform Task Force  
4           during the Brown Administration and  
5           cochaired the Task Force on Open Government  
6           when Anna Brosche was President of City  
7           Council. So I understand your pain and  
8           appreciate what you all are trying to do,  
9           because you never know if anyone is  
10          listening or even cares. Thank you.

11          I also read the Charter, the Blueprint  
12          For Improvement to Anna Frankton's (ph)  
13          incredible series of columns that were in  
14          your packet of information. And I wish to  
15          share some brief observations.

16          In general, my sense is that our  
17          government is not well equipped to address  
18          the most difficult, physical and human  
19          challenges we face: namely, sea level rise,  
20          flooding, the lack of affordable housing,  
21          low wage jobs and poverty. We don't seem to  
22          have a mechanism that allows us to  
23          understand what current trends mean for us  
24          or to forecast what the next generation will  
25          face. And I'm talking about people who are

1           20 years old today, despite such significant  
2 warnings like Irma.

3           So my question is what would it cost to  
4 make the people and the place more  
5 resilient, particularly if we put ourselves  
6 20 years out and look back and wish we had  
7 done something different today.

8           With the demise of JCCI, Inc., we no  
9 longer produce an easy to consume quality of  
10 life study that tracks trend level later and  
11 is a check on how we're doing. And we do  
12 not have an organization dedicated to  
13 engaging the public in agenda setting. We  
14 might consider something like an agenda  
15 committee that focuses on quality of life  
16 and the welfare of the people.

17           Our current Charter lists these among  
18 the services the consolidated government  
19 shall furnish: child care, health and  
20 welfare services.

21           I take the word shall to mean will. In  
22 other words, our local government bears  
23 responsibility for our collective quality of  
24 life with the exception of the Department of  
25 Public Health's responsibility for health.

1           The Charter does not charge anyone  
2 specifically with overseeing child care and  
3 the welfare of the people, nor is the phrase  
4 quality of life prominent, if it appears at  
5 all.

6           Several things leap out at me when  
7 reading Blueprint For Improvement II. And  
8 parenthetically y'all might just be able to  
9 say ditto and end your work and send that  
10 report along. It's exhaustive, it's  
11 thorough, it's really an incredible  
12 document.

13           But this is what jumps out at me from  
14 reading that incredible report. We  
15 remain tax averse despite our deep  
16 challenges. We're not comfortable with the  
17 role of the General Counsel. We want a  
18 strong mayor, but we recognize that the  
19 character of that person is critical. And  
20 we also recognize that that's not something  
21 we can control. We feel guilty over broken  
22 promises to our poorest neighborhoods and  
23 admit that some folks do not have access to  
24 city water services. And I'm honestly not  
25 sure what those -- that means. Does it

1           really mean they don't have indoor plumbing?  
2           We ought to know that.

3           The report wrings its hands about our  
4           pension debt, seemingly more an issue in  
5           2014 than it is today, but count me among  
6           the skeptics on that one.

7           We worry that good work of task forces  
8           and commissions are not only not  
9           implemented, but that every new City Council  
10          and new Mayor starts completely over in  
11          terms of understanding our deepest  
12          challenges and how to meet them. And then  
13          increasingly too few people participate in  
14          shaping our collective vision about  
15          our collective future. The report calls it  
16          a lack of institutional knowledge and a lack  
17          of citizen participation.

18          If we're not comfortable with a small  
19          group of people telling us how to spend  
20          precious few public dollars with setting our  
21          budgetary priorities with postponed  
22          promises, then we need to figure out how to  
23          engage more people in the process and hold  
24          local government accountable for decisions  
25          that we make. We should join the open

1 government and participatory budgeting  
2 processes for city -- movements that are  
3 sweeping the country. We should clean up  
4 our City's website, making it easier for  
5 City Council to maintain institutional  
6 knowledge and for the public to engage.

7 We should think about how to create a  
8 truth in advertising effort when it comes to  
9 local political campaigns, especially since  
10 local journalism is shrinking.

11 I can tell you that nonprofits engage a  
12 much greater portion of citizens than local  
13 government. I can also tell you that they  
14 bear the major brunt of delivering child  
15 care services and focus their -- all their  
16 attention on what the Charter calls the  
17 welfare of the people. What they know about  
18 our people and our place is staggering.  
19 They are the keeper of institutional  
20 knowledge. But they are almost never asked  
21 to help set policy or budget priorities.

22 And far too often they are viewed as  
23 professional mendicants, beggars at the  
24 public trough. We don't see them as the  
25 problem solvers that they are. Their

1 relationship to local government is critical  
2 to our doing better, and to our being a more  
3 resilient place and a more resilient people.  
4 They are the civic glue that binds us  
5 together in some common enterprise. And  
6 their entire reason for being is to make the  
7 world a better place, not for some narrow  
8 group of people, the poor, but most of us.

9 Here I think is our local government's  
10 attitude about nonprofits. We see them as  
11 undeserving organizations whose role we  
12 refuse to understand. We do not adequately  
13 fund public service grants, the Kids Hope  
14 Alliance, the Cultural Council. Yet, any  
15 problem that involves the welfare of the  
16 people, we expect the not-for-profit sector  
17 to solve.

18 And I'll give you just one example, and  
19 I am quoting from the City's current  
20 consolidated plan: "The primary obstacle to  
21 meeting underserved needs is a lack of  
22 sufficient funding to provide the City of  
23 Jacksonville services and programs to all  
24 those who need them. At a time when it is  
25 necessary to do more with less public

1 funding, nonprofit community organizations  
2 are a critical component of our community's  
3 capacity to meet the needs of Jacksonville's  
4 underserved populations. A priority for the  
5 City over the course of this five-year  
6 consolidated plan is to continue to build  
7 the capacity among Jacksonville's public and  
8 private organizations, to develop and  
9 preserve affordable housing, provide  
10 essential social services and collaborate  
11 effectively to meet the needs of  
12 Jacksonville citizens."

13 This is the consolidated plan that we  
14 submitted to the federal government. So we  
15 admit it, protecting the welfare of the  
16 people is the role of the not-for-profit  
17 sector in partnership with local government.  
18 But woe is me, we refuse to fund those  
19 efforts.

20 In closing, I would argue that we need a  
21 mechanism that allows City Council and the  
22 Mayor to learn especially from the folks who  
23 have spent decades understanding our  
24 toughest challenges and what works to solve  
25 those challenges. We need a comprehensive

1 plan about our quality of life. And since  
2 we won't raise revenue and the Blueprint For  
3 Improvement II says repeatedly that these  
4 special taxing districts is not in the  
5 spirit of consolidated government, they  
6 don't really explain to a reader like me why  
7 that's the case, but that's the refrain. So  
8 if we won't raise revenue, we absolutely  
9 must enlarge the number of people who get to  
10 talk about how we spend what we have.

11 Mr. Chairman, that's my opening  
12 observations. I'm happy to answer any  
13 questions if y'all have any.

14 CHAIRPERSON BROCK: Thank you. We do  
15 have Mr. Schellenberg on the queue.

16 COMMISSIONER SCHELLENBERG: Through the  
17 Chair to Ms. Magill, thank you very much for  
18 your service over at duPont. It was greatly  
19 appreciated.

20 DR. MAGILL: Thank you.

21 COMMISSIONER SCHELLENBERG: We didn't  
22 always agree, but I was always willing to  
23 listen to you.

24 One of the things that's amazing to me,  
25 and you said this at the last couple

1           seconds, is the revenue over the last five  
2           years has gone up from about a billion to  
3           almost \$1.4 billion, the City budget. So I  
4           understand the issue of raising taxes, but  
5           basically it's increased almost 40 percent  
6           in that time frame. And the actual  
7           allocation to various thoughts that you had  
8           basically have not increased in that period  
9           of time.

10           DR. MAGILL: That's correct. And I have  
11           not looked at this year's budget. I know  
12           the reports in the Times Union say that the  
13           funding to Kids Hope Alliance has gone up a  
14           little bit. I don't know what happened with  
15           the Cultural Council. I don't know what  
16           happened with public service grants. But  
17           what I can tell you a year ago, and I did  
18           this analysis myself and it's not easy to  
19           do, which is my point out the website. I  
20           went back and looked at ten years of the  
21           individual budgets that were actually  
22           adopted by City Council. And the funding  
23           for what I would call quality of life, and  
24           this included libraries in my analysis, was  
25           reduced by a staggering \$77 million in terms

1 of real dollars since 2007.

2 Now, admittedly, we had a horrific  
3 downturn in the economy, an economic  
4 tsunami, which I don't think Jacksonville  
5 has actually climbed out of yet, though  
6 signs are good. But we're not back to level  
7 funding in terms of the 2007, 2008 budget.  
8 We're just not.

9 COMMISSIONER SCHELLENBERG: I'm not sure  
10 about the library, but they got devastated  
11 during that period of time.

12 DR. MAGILL: Well, public service grants  
13 went from 11 million down to 2. I think  
14 they're back up to about 3 or something.

15 COMMISSIONER SCHELLENBERG: Yeah, thank  
16 you. The other thing about affordable  
17 housing, there have been quite a few  
18 articles written about why we are infringing  
19 on affordable housing, mostly it has to do  
20 with government regulation and NIMBY, Not in  
21 My Backyard. That itself prevents  
22 affordable housing.

23 So give me your thoughts on how you're  
24 going to do affordable housing when we have  
25 all these rules and regulations for builders

1 and what they can do and just going forward,  
2 because that really impacts the cost of the  
3 piece.

4 DR. MAGILL: Well, you know, there are  
5 additional reasons why we have an affordable  
6 housing crisis in this country, and it's all  
7 about supply. It's expensive to build  
8 housing, admittedly. But we know and there  
9 are organizations locally that are doing  
10 yeoman's work -- and I know you know this,  
11 so thank you for the question -- Ability  
12 Housing, a not-for-profit housing developer,  
13 is one of the best in the nation. We don't  
14 really embrace Ability Housing as a  
15 government. But, boy, the Mayor of Orlando  
16 does. He met them, figured out what they do  
17 and they do major work in Orlando.

18 LIISC is a financing mechanism for this,  
19 it's a body of work that I'm very proud of.  
20 They've been here 20 years. They're one of  
21 the country's highest performing chapters.  
22 And, you know, it's tough, tough, tough  
23 work. And I would submit that City Council  
24 and the Mayor's Office does not understand  
25 the critical role an organization like that

1 plays in financing the development of  
2 affordable housing.

3 You know, part of this is an attitude.  
4 Affordable doesn't mean housing that simply  
5 houses homeless people. It's for working  
6 people. Millennials can't afford rents in  
7 Jacksonville. So, yeah, there are  
8 regulations that may prohibit building in  
9 certain places, et cetera, et cetera. But  
10 it's a supply problem. And you need a  
11 strategy and you need to work it. You need  
12 to understand who your best partners are.

13 COMMISSIONER SCHELLENBERG: Real  
14 quickly, the Ability, they had a project and  
15 it took them forever because no one in the  
16 neighborhood wanted them to be there, and it  
17 was a problem.

18 DR. MAGILL: Well, that's your NIMBYism.

19 COMMISSIONER SCHELLENBERG: Right,  
20 that's NIMBYism, but --

21 DR. MAGILL: And there was a lawsuit  
22 that got rolled up in that, and the Fair  
23 Housing Act, the United States, Ability  
24 Housing won, but the city used its dime and  
25 effort and money to sue them. Not smart.

1           COMMISSIONER SCHELLENBERG: I  
2 understand. For those that don't know what  
3 LISC, it's Janet -- what's Janet's last  
4 name?

5           DR. MAGILL: Owens.

6           COMMISSIONER SCHELLENBERG: Owens, thank  
7 you. Just let the people know what that is,  
8 please. Thank you.

9           DR. MAGILL: Sure. It stands for Local  
10 Initiative Support Corporation. It's a  
11 national financial intermediary that's  
12 headquartered in New York. And the most  
13 important point to remember about them is  
14 financial intermediary. This is a local  
15 chapter that we created 20 years ago that  
16 doesn't use your tax money.

17           It does use tax credits. They are  
18 experts in new market tax credits, low  
19 income tax credits, housing tax credits,  
20 et cetera, et cetera. And they use  
21 mechanisms available to them, plus  
22 philanthropic capital, plus a lot of banking  
23 capital that comes their way and moves that  
24 money into certain projects in Jacksonville.  
25 So basically they finance our community

1 development corporations.

2 So Paul Tutwiler's work on the north  
3 side you may know. And Paul is worth  
4 listening to, because if you want to know  
5 how to solve some of the social problems  
6 that Frank Denton outlines, organizations  
7 very rooted in neighborhoods, like community  
8 development corporations really know how to  
9 do that work.

10 So it kind of goes, Mr. Schellenberg,  
11 back to the Blueprint's argument about  
12 institutional knowledge or understanding.  
13 And it goes to Mr. Denton's, the spirit of  
14 his articles. We know that certain things  
15 work and they have been pioneered by  
16 not-for-profits. But for some reason they  
17 don't become -- the answers to some of these  
18 challenges are not systematically embedded  
19 in how local government thinks about some of  
20 these challenges.

21 But to go to the Chairman's question --  
22 I know it's going to be what specific  
23 recommendations for the Charter -- I would  
24 say the Charter needs a good editor. And  
25 you've got one right here in Mr. Denton. I

1           have never read a document more repetitive  
2           and, you know, maybe it would be easier for  
3           the rest of us to understand and for all of  
4           us to, you know, gather where the gaps are  
5           if it were a simpler and easier read.

6           CHAIRPERSON BROCK: Well, you have  
7           mentioned Mr. Denton's name three times, and  
8           he happens to be the next person on the  
9           queue.

10          COMMISSIONER DENTON: If only to defend  
11          myself. No.

12          Dr. Magill, one of the things that we're  
13          thinking about talking about on the  
14          Commission is whether we should recommend  
15          creation of an agency or body similar to the  
16          Downtown Investment Authority. If downtown  
17          was designated such a big issue that it  
18          should have a DIA, I would argue a much  
19          bigger issue is the poor areas, Northwest  
20          Jacksonville. There are many programs that  
21          work out there, some of them are excellent,  
22          some nonprofit, some government and some  
23          private.

24          So my longwinded question to you is do  
25          you see the value in creating our -- urging

1 the creation of a DIA-like structure to  
2 coordinate and focus the efforts to address  
3 poverty, joblessness, et cetera, in  
4 Northwest Jacksonville.

5 DR. MAGILL: Yeah, I think it's a great  
6 idea. I think understanding what the  
7 challenge is and doing it by place so that  
8 you have reliable data and listening to the  
9 people who live there and together coming up  
10 with a vision for -- I mean, if the county  
11 is too big to do this countywide, then think  
12 about it differently and, you know, allow  
13 people an opportunity to voice their  
14 concerns, how they would like their  
15 neighborhood to change, what they think the  
16 services are that they need. Because they  
17 know the answer to the riddle. And talk  
18 with those that are doing yeoman's work in  
19 those neighborhoods and be pragmatic about  
20 it. Absolutely, I think that's a great  
21 idea.

22 Downtown Washington D.C. years ago  
23 created an organization, I don't know if it  
24 still exists, but they were so concerned  
25 about poor children, they created something

1 called D.C. Agenda. And they had 150, 200  
2 people come to these meetings to talk about,  
3 here is our concern about our neighborhood.  
4 And, you know, it resulted in city  
5 expenditures and city plans to help lift  
6 folks out of poverty.

7 And, on the poverty piece -- and you  
8 know this, I think you have written about  
9 it -- the work that United Way is doing with  
10 earned income tax credit, it is by far the  
11 country's best poverty fighting tool we  
12 have. We need to put it on steroids. We  
13 need everybody to know about it. But we  
14 particularly need people who are responsible  
15 for spending public resources to understand  
16 what works well in this community. So  
17 whatever that mechanism is, I think it's  
18 broken.

19 COMMISSIONER DENTON: If I may follow  
20 up, are you talking about opportunity zones  
21 that --

22 DR. MAGILL: Well, opportunity zones  
23 have their critics, but, no. I'm talking  
24 about their mechanism for financing that's  
25 not using the general revenue fund to do it.

1 But I'm really talking about priority  
2 setting and speaking to it and holding folks  
3 accountable and measuring what's working  
4 well. We seem to silo everything, which is  
5 kind of ironic when you have consolidated  
6 government.

7 I'll just read to you the City Council  
8 strategic plan initiatives, five year, 2018  
9 to 2023, and this is my point about things  
10 seem to be out of sync: Establish  
11 Jacksonville as the safest urban center in  
12 the country; become the cleanest city in the  
13 country and most attractive city to  
14 visitors; develop and fund resilient  
15 strategies for natural disasters, economic  
16 and environmental threats.

17 I'm just kind of shocked by what's on  
18 that list.

19 CHAIRPERSON BROCK: All right. Next we  
20 have Mr. Griggs.

21 COMMISSIONER GRIGGS: Thank you. And  
22 good morning. I certainly appreciate your  
23 comments. I want to piggyback off of some  
24 of what Mr. Denton mentioned. We've had  
25 extensive conversation about the potential

1 recommendation to create an urban core  
2 investment authority or something of the  
3 like. And I think in order to do that, in  
4 order to convince people that this is  
5 necessary, the City and stakeholders have to  
6 be in a posture of understanding the real  
7 priority that has festered over the last 50  
8 years, has grown over the last 50 years.

9 Unfortunately, we don't have a lot of  
10 information, current information, I should  
11 say, that helps to make that argument. The  
12 Blueprint that was done in 2014 comes short  
13 of presenting any type of plan. All it asks  
14 for is that they make recommendations and  
15 the City Council perhaps adopt these  
16 measures.

17 Who should we turn to now -- because we  
18 used to have the JCCI -- that we can depend  
19 on to provide the data and best practice  
20 recommendations necessary in order to help  
21 move this recommendation forward?

22 DR. MAGILL: So I would choose a small  
23 group of not-for-profit leaders, maybe even  
24 public health and UF Health, who work across  
25 the county in poor neighborhoods, and ask

1           them what data they're using and what data  
2           they're collecting. What we don't have in  
3           Jacksonville -- and our efforts in the past  
4           were kind of halfhearted and I mean  
5           that from the duPont fund perspective -- was  
6           to create what's called a data center. So I  
7           mean, if you're a new member of City  
8           Council, I do not know how you understand  
9           this county. And I don't know who informs  
10          your discretion. I do understand lobbying.

11                 If we create this urban district  
12          initiative, I would urge us to put the  
13          welfare of the people at the top of that  
14          agenda and not simply economic development.  
15          Economic development is critically  
16          important, but I think we have to talk about  
17          the whole spectrum. So the social  
18          determinates of health, again, documenting  
19          who is working in that area. But I would  
20          talk to the leaders of those organizations.

21                 So I can name some: United Way, The  
22          Community Foundation, LISC, Paul Tutwiler's  
23          group in one neighborhood, but I would talk  
24          to all of the CDC chairs, executive  
25          directors, and just start with that tiny

1 group. We're thinking about doing this,  
2 rather than just doing it, what do you know  
3 about these places and what do we not know?  
4 And how do we maintain that understanding  
5 over time, because that's a big problem that  
6 the Blueprint points out.

7 CHAIRPERSON BROCK: I don't have anybody  
8 else on the queue. I did want to point  
9 where Ms. Magill is referencing, the  
10 functions for city government, it is under  
11 Section 2.04, Services in the General  
12 Services District. And it lists a great  
13 deal of government services to include child  
14 care within that.

15 We have talked about this idea of a  
16 dedicated funding and a mechanism for the  
17 urban core. You had referenced the Public  
18 Service Grant Council, KHA and the Cultural  
19 Council. And I know that -- I believe the  
20 majority of City dollars that are going to  
21 nonprofits pass through the Public Service  
22 Grant Council.

23 DR. MAGILL: Probably through the Kids  
24 Hope Alliance.

25 CHAIRPERSON BROCK: Kids Hope Alliance.

1 DR. MAGILL: Well, PSG does fund  
2 nonprofits.

3 CHAIRPERSON BROCK: Do you see any  
4 wisdom and benefit at the creation of, for  
5 lack of a better way to describe it, a  
6 public service authority of some sort that  
7 would manage -- have a dedicated funding  
8 source and have -- and manage those City  
9 dollars that are going to the nonprofits  
10 because, if you look and see, the nonprofits  
11 do more with one dollar than the City  
12 government can. So that's my question: Do  
13 you see any wisdom and benefit and have any  
14 ideas on a structure for anything like that?

15 DR. MAGILL: Well, I think we keep  
16 trying that. And I think we keep moving the  
17 chairs around on the deck. And I think we  
18 keep changing the people. And I think we  
19 keep changing what are the purposes of this  
20 money. And I think we keep harassing  
21 nonprofits about results, you know, one-year  
22 results.

23 I think we need to take a step back and  
24 ask the question, what do we mean when we  
25 say the welfare of the people? What do we

1 mean when we say child care? What do we  
2 mean when we say quality of life? And can  
3 we attempt to look at existing data?

4 So Mr. Griggs asked about who has the  
5 data, since the City doesn't seem to have it  
6 and we don't have JCCI quality of life  
7 studies anymore. And take a step back and  
8 say, what do we want to happen over a  
9 ten-year period of time? This work you  
10 can't do in one year.

11 So I'm a little reluctant to say, yes,  
12 forge ahead, create yet another mechanism  
13 that I fear will just, you know, have one  
14 more layer of bureaucracy in terms of  
15 getting us where we want to be without  
16 having a conversation about where do we want  
17 to be. So that's a soft answer, but I would  
18 just say I'm reluctant.

19 CHAIRPERSON BROCK: Fair enough, that's  
20 what you're here for, to get your input on  
21 this.

22 DR. MAGILL: If it's not going to work  
23 any better than what we have, I would say  
24 why waste your time.

25 CHAIRPERSON BROCK: One of the other

1 items that we have been looking at and  
2 talking about is this idea of strategic  
3 planning. And we have actually gotten the  
4 City Council strategic plan. But one of the  
5 things that we have been looking at and  
6 talking about as a Commission is a citywide  
7 strategic planning group of some sort.

8 Do you think that's the kind of place to  
9 where we can have people actually gathering  
10 that data and helping to drive policy?  
11 Because how can we create a structure that's  
12 going to drive policies that are beneficial  
13 for the citizens?

14 DR. MAGILL: So one of the things I  
15 would look at is the City of Louisville and  
16 it's public participatory budget process.  
17 Because at the end of the day, we're talking  
18 about money, we're talking about priorities  
19 and money, who is the priority and who gets  
20 the money. And we've already said we're not  
21 going to raise taxes here. So we're working  
22 with a finite resource.

23 I, if it were me, and I were inventing  
24 this, absolutely we have to have the  
25 public's greater involvement. We don't even

1 know what these people want. Fewer than 15  
2 percent voted in our March elections. I  
3 fail to understand what the people's  
4 priorities are.

5 So, absolutely, I think you have to have  
6 a listening mechanism that is authentic and  
7 responsive. But to begin with, I would go  
8 back to what do we know, and that means what  
9 do we know about current data, current  
10 conditions and what's working and what we  
11 think isn't working in a nonpunitive  
12 environment.

13 CHAIRPERSON BROCK: All right. Then  
14 Mr. Denton here for the second time and  
15 then wrap up.

16 COMMISSIONER DENTON: When we talk about  
17 the kinds of things that we've been  
18 discussing in terms of social services and  
19 attacking poverty and low income  
20 neighborhoods, some people resist that by  
21 saying, well, we tried that back in the war  
22 on poverty, back in the '60s and '70s, and  
23 what we ended up doing was spending a lot of  
24 money with very little impact, quote,  
25 unquote.

1           Haven't we -- this is a leading  
2           question, Dr. Magill. Haven't we, in fact,  
3           learned a lot from that entire process and  
4           sense, and don't we know what things work in  
5           terms of attacking poverty, weak family  
6           structure, educational failure and many of  
7           the other issues that are plaguing  
8           Jacksonville, don't we know?

9           DR. MAGILL: Yeah, I think we do know.  
10          I think the people who do the work  
11          absolutely know. I think the people who  
12          are -- who work hard to get out of poverty  
13          absolutely know. I think the policy  
14          mechanism is ignorant of what we know. I  
15          don't think we use what we know.

16          And I know that when nonprofits go to  
17          these funding mechanisms to continue a line  
18          of work, they're often treated as  
19          professional mendicants and undeserving.  
20          It's a punitive process. It's not a  
21          learning environment. So, yeah, I think we  
22          do know.

23          So what I don't know, Mr. Denton, is how  
24          you take a structure like the Charter and  
25          embed what I might call reflective practice

1 and a stick-to-itness to the strategy by  
2 amending the Charter. They don't seem to be  
3 the same thing to me.

4 But there are clearly things we need to  
5 do. I mean, this Blueprint's argument about  
6 starting over all the time, not having a  
7 community-wide vision of where we want to be  
8 in 20 years, I think, is a serious, serious  
9 challenge.

10 CHAIRPERSON BROCK: All right. Thank  
11 you, Ms. Magill. Thank you very much for  
12 your service as well.

13 DR. MAGILL: Thank you all. Good luck.

14 CHAIRPERSON BROCK: Okay. Next we have  
15 Audrey Moran.

16 Ms. Moran, name and address. And the  
17 floor is yours, ma'am.

18 MS. MORAN: Thank you. Good morning.  
19 My name is Audrey Moran, 1261 Challen  
20 Avenue. I am an attorney here in  
21 Jacksonville, Florida.

22 Let me begin by saying what a privilege  
23 it is to follow my friend, Sherry Magill.  
24 We use the words community trustee a lot.  
25 She lives it every single day. And you all

1 are holding in trust our community through  
2 your service on this Charter Revision  
3 Commission, so thank you for that. It's  
4 greatly, greatly appreciated.

5 I have lived here for 35 years. I have  
6 had the opportunity to work for four  
7 different mayors. I worked for Mayor Ed  
8 Austin. I worked for Mayor John Delaney as  
9 his chief of staff. I volunteered on the  
10 steering committee for the Jacksonville  
11 Journey for Mayor John Peyton. And I was  
12 cochair of the transition team for Mayor  
13 Alvin Brown. All very different gentlemen,  
14 but all cared deeply about our community.

15 The topic that I would like to talk  
16 about today is nonpartisan elections and  
17 bringing our municipality in line with over  
18 80 percent of other cities around the  
19 country where we do not have party  
20 affiliation next to our folks who are  
21 running for local office.

22 We're already halfway there. In 1988  
23 JCCI did a study on the local election  
24 process. And in 1988 it was a very  
25 different Jacksonville, because, you see,

1 the democrats held power. It was considered  
2 a one-party town. But that party was the  
3 Democratic Party. Turn out for elections  
4 was dropping year after year after year.  
5 And the good citizens who work on JCCI  
6 studies said, we need to do something about  
7 that. We need to have people turning out  
8 for elections. We need citizen  
9 participation. I think all of us would  
10 agree that's sort of a cornerstone of a  
11 healthy community.

12 They studied what could be done to  
13 improve that. This was 1988. They spent a  
14 year looking at models all around the  
15 country and they settled on the idea of  
16 unitary elections. And that is what we have  
17 today, of course. The idea that we don't  
18 have a primary, we have a general election.  
19 If you win outright in that general  
20 election, you are the elected official. If  
21 you don't win outright, then the top two  
22 vote-getters go on to the next election.  
23 And those unitary elections would be a  
24 steppingstone to hopefully getting more  
25 folks engaged in the political process.

1           That was 1988.

2           Did -- the ideas in that JCCI study  
3 languished for a while, but then in 1991 two  
4 democrats, of course, ran for Mayor: Tommy  
5 Hazouri and Ed Austin. Only democrats got  
6 to vote, remember we didn't have unitary  
7 elections yet. Only democrats got to vote.  
8 And the turnout was dismal. It was 20  
9 percent. And people were furious.

10           And that gave the fuel to the 1988 JCCI  
11 study to say, we can do something about  
12 this. We must do something about this. And  
13 so that was the impetus to get it on the --  
14 to get a referendum put forward for unitary  
15 elections.

16           There was talk at that time that it  
17 should also go all the way to fully  
18 nonpartisan elections, eliminating party  
19 affiliation on the ballot. That wasn't  
20 going to fly with a lot of people. And so  
21 consensus, sometimes, right, don't let great  
22 get in the way of good. So we went ahead  
23 and got unitary elections on the referendum.

24           It passed by 84 percent. Nothing passes  
25 by 84 percent. But people were hungry for a

1 different way for engaging in the political  
2 process. That was in 1992.

3 So almost 28 years later our community  
4 is suffering from the same low voter  
5 turnout. You heard Dr. Magill earlier talk  
6 about the fact that last March in our very  
7 important local election, the turnout in our  
8 community was 14 percent. Fourteen percent  
9 of the electorate decided who would lead us  
10 for the next four years. Why is that? Is  
11 there a malaise across our country? I  
12 believe there is. Is there a distrust at  
13 how it is all going to turn out and my vote  
14 doesn't matter? I believe there is. How  
15 can we change that? How can we shape that  
16 up? By saying in local politics party  
17 affiliation shouldn't matter. And I believe  
18 we'd especially energize young people by  
19 moving in that direction.

20 There is a saying out there that I've  
21 heard many times called potholes don't have  
22 a party, right. And that's true. Our local  
23 issues truly are nonpartisan, that's why 80  
24 percent of municipalities have nonpartisan  
25 local elections.

1           I started over the last year and had a  
2 chance to speak to different groups raising  
3 this issue of nonpartisan elections, just  
4 kind of take the temperature of folks. And  
5 folks get excited: How would we do that?  
6 Is that something that could happen? I  
7 would really like to get away from that  
8 rhetoric and know who my candidate is, who  
9 the person is.

10           And let's be honest, many of us, myself  
11 included, truly doesn't know what it means  
12 to be a republican or a democrat anymore.  
13 But I do know what it means to be a public  
14 servant. I do know what it means to care  
15 about a community. I do know what it means  
16 to believe in service.

17           The only negative comment I get  
18 sometimes about nonpartisan elections is  
19 this: Well, Audrey, local government is our  
20 training ground for higher office.

21           Ugh. That's the reason we're going to  
22 keep R and D behind our names, to train  
23 folks up for higher office? I'd like to not  
24 have that in my community.

25           I had the privilege of chairing the

1 Jacksonville Regional Chamber of Commerce.  
2 And during my tenure we went to Oklahoma  
3 City, Oklahoma, to learn about them, to  
4 follow the work that they were doing  
5 downtown, what they were doing culturally,  
6 how they were energizing their riverfront.

7 And one of the best sessions of the day  
8 was when we had the current mayor and the  
9 two prior mayors before him take the stage  
10 and talk about their vision, their  
11 community's vision for Oklahoma City. It  
12 was fascinating and inspiring and  
13 energizing, because they each made a point  
14 to say we each built on the next person's  
15 work. We didn't throw it out and say, that  
16 wasn't me so I need my own thing. We view  
17 it in Oklahoma City as the community's work,  
18 the community's plan, the community's ideas  
19 about how to move forward. And I was  
20 obligated to build on that when I took  
21 office.

22 When we asked them what they believed  
23 was some of the secret sauce for getting  
24 that kind of community vision, something  
25 that you all have been talking about, each

1           one of them said nonpartisan elections.  
2           Nonpartisan elections led to that community  
3           coming together with a vision for the  
4           community as a whole.

5           I hope you will consider nonpartisan  
6           local elections. You have many, many  
7           important topics on your agenda. And thank  
8           you for the work you do to make our city  
9           better. Let me know if you have any  
10          questions.

11          CHAIRPERSON BROCK: Thank you. Yes, we  
12          have a few people on the queue.

13          First is Mr. Schellenberg.

14          COMMISSIONER SCHELLENBERG: Thank you,  
15          Chair.

16          And thank you very much for all the  
17          community service you have given over the  
18          last 24 years. Thank you very much.

19          You mentioned that 14 percent, but 14  
20          percent of the people voted, and only 50  
21          percent plus one vote would have nominated  
22          the Mayor. He got a little bit more than 50  
23          percent. When you look at the actual  
24          number, it is deplorable. And I would agree  
25          with you, people aren't going out to vote.

1 I would agree with you on the nonpartisan,  
2 because the judges are voted on a  
3 nonpartisan basis. And I think that we do a  
4 very good job of liking those two.

5 I want to change the subject a little  
6 bit, Ms. Moran. We have a strong mayoral  
7 government, but the Sunshine Law came into  
8 existence in the 1990s and it made it -- the  
9 Mayor even stronger because the City Council  
10 members couldn't even meet one on one to  
11 discuss anything. Do you have any position  
12 on Sunshine, maybe two or three of us  
13 getting together? How does this actually  
14 help us? And even in this committee, we  
15 can't talk to one another. Did you have  
16 your thoughts on it? Not that we can do  
17 anything, but what your thoughts are,  
18 please.

19 MS. MORAN: I think a conversation about  
20 Sunshine and how it helps and hurts local  
21 government is a healthy one, but you can't  
22 have that conversation until there is trust  
23 in government. A whole reason the Sunshine  
24 Law came into existence was because of the  
25 distrust of government. And I believe that

1           when we rebuild that trust, which I think  
2           nonpartisan elections would help us do, we  
3           can start having some of those difficult  
4           conversations.

5           That's when you have the great  
6           conversations about raising taxes, because  
7           people trust that the money will be spent  
8           wisely and well. What you can have  
9           conversations about is, is the Sunshine Law  
10          really working the way it should be. But  
11          right now, the temperature of distrust is  
12          very high, Mr. Schellenberg, and I am  
13          concerned about having that conversation at  
14          this time.

15          COMMISSIONER SCHELLENBERG: Ms. Moran,  
16          you bring up another subject, in my district  
17          that I represented, they don't particularly  
18          object to the money being raised, they just  
19          object to the fact that they don't think  
20          it's going to be spent wisely. So I echo  
21          your concern. They don't mind spending  
22          money when it's going to good things. They  
23          don't see it happening overall in any  
24          government going forward.

25          So thank you very much for all the

1 things that you have done. Thank you.

2 CHAIRPERSON BROCK: Next we have  
3 Ms. Jameson.

4 COMMISSIONER JAMESON: Hi. Good  
5 morning. Thank you for coming.

6 MS. MORAN: Good morning.

7 COMMISSIONER JAMESON: I have a couple  
8 questions here for you. First of all, are  
9 there any counties in the state of Florida  
10 that you know that do nonpartisan elections?

11 MS. MORAN: Yes, there are many. I  
12 don't have that list with me, but, yes, you  
13 can go on the National League of Cities  
14 website and they have a whole list of  
15 nonpartisan municipalities, nonpartisan  
16 elections and those municipalities.

17 It is interesting, though, they list  
18 Jacksonville as nonpartisan. I think they  
19 do that because of unitary elections. We're  
20 not completely nonpartisan.

21 COMMISSIONER JAMESON: So my follow-up  
22 question to that is I was reading that there  
23 was a Supreme Court case this year about  
24 nonpartisan elections. Could you maybe give  
25 us some history on that? I was

1           understanding that the Supreme Court ruled  
2           that we could not have nonpartisan elections  
3           in the state, but maybe I'm misreading that.

4           MS. MORAN: I'm not aware of that case  
5           so I can't help you with that.

6           COMMISSIONER JAMESON: It is something  
7           in Orange County.

8           MS. MORAN: I'm happy to take a look at  
9           that, though.

10          COMMISSIONER JAMESON: Okay. Thank you  
11          very much.

12          Also, just kind of a statement for the  
13          record that I would really encourage that  
14          Mike Hogan come to speak to this group  
15          considering how much we have been talking  
16          about elections. So I would just encourage  
17          that we maybe invite him to speak to this  
18          Committee.

19          And then I guess another follow-up  
20          question: Would state law need to change  
21          for us to have nonpartisan elections or is  
22          that something that we could do at the city  
23          level?

24          MS. MORAN: I believe you can do that at  
25          the local level.

1           COMMISSIONER JAMESON: All right. Thank  
2 you very much.

3           CHAIRPERSON BROCK: Next we have  
4 Ms. Baker.

5           COMMISSIONER BAKER: Hi. Good morning.

6           MS. MORAN: Good morning.

7           COMMISSIONER BAKER: Quick question,  
8 just a follow-up to Ms. Jameson: The  
9 Florida Supreme Court case ruled that  
10 constitutional offices have to be partisan  
11 elections. So our City Council could be  
12 nonpartisan, I believe. So would you  
13 suggest, Ms. Moran, that that would still  
14 help our county in a positive way?

15          MS. MORAN: Oh, I think it would, for  
16 sure. The idea of the Mayor's race and the  
17 City Council races being nonpartisan, those  
18 are the races people are really interested  
19 in, talk about all the time.

20          And since you raised the constitutional  
21 officers, I'm just going to have to put in  
22 my two cents on that as well. The  
23 constitutional officers were a compromise  
24 made at consolidation so certain people  
25 could have jobs. You know, I don't know

1           that those need to be constitutional  
2           officers anymore.

3           COMMISSIONER BAKER:   And just another  
4           follow-up:   Do you know the exact percentage  
5           of turnout between the March election and  
6           May election?   Because I believe the May  
7           election was 14 percent, but maybe the March  
8           election was actually closer to 25 percent.  
9           So maybe we could get those numbers,  
10          Ms. Johnston or Jeff, that would be great.

11          MS. MORAN:   When I looked this morning,  
12          March was 14 percent, but I could be  
13          mistaken; that was before coffee.

14          CHAIRPERSON BROCK:   Next, Judge Swanson.

15          COMMISSIONER SWANSON:   Push what button?

16          CHAIRPERSON BROCK:   On the podium.

17          COMMISSIONER SWANSON:   Got it.   Low tech  
18          guy in a high tech world.

19          I appreciate your comments on the  
20          nonpartisan election.   As a judge, I ran in  
21          nonpartisan elections many times and I found  
22          it worked.   My question goes to the issue of  
23          turnout.   And I recognize your thoughts are  
24          that a nonpartisan election could impact  
25          turnout.   And I don't know that I agree with

1           that. I don't know that I disagree. I  
2           don't have enough data.

3           But it seems to me that increase in  
4           turnout could be impacted more easily by  
5           changing the dates of local elections to  
6           correspond with national elections. Do you  
7           have any thoughts on that and whether or not  
8           that might be something that we should  
9           consider recommending?

10          MS. MORAN: Yeah. Thank you, Your  
11          Honor. I have always thought our local  
12          elections should be in sync with the  
13          national elections. I think we  
14          underestimate the intelligence and vigor of  
15          our voters when we say, oh, they wouldn't be  
16          able to pay attention, they wouldn't be able  
17          to understand, it would be too much. I  
18          disagree with that. I do think that would  
19          help with turnout as well. But that is a  
20          conversation that's been had many times and  
21          to date has been a nonstarter.

22          CHAIRPERSON BROCK: Anything else?

23          Next we have Mr. Denton.

24          COMMISSIONER DENTON: At the risk of  
25          changing the subject, Ms. Moran, I would

1           like to -- given your vast experience in  
2           both the public and nonprofit sectors, I  
3           would like to ask you the same question that  
4           I asked Dr. Magill about whether the  
5           creation of a DIA-like agency to coordinate  
6           and focus any poverty efforts in Northwest  
7           Jacksonville might be useful.

8           MS. MORAN: So an authority is only as  
9           strong as its members. And I believe that  
10          our authority system in government right now  
11          is not as strong as it has been in prior  
12          years based on the fact that it seems, at  
13          least from looking from the outside, that  
14          the independence of the authorities has been  
15          reduced. So if you're going to have an  
16          authority to focus on the real persistent  
17          problems in our low income areas, you'd have  
18          to think through the appointment process for  
19          that and give them the ability and the  
20          funding to actually make real change.

21          You know, there's lots of ways you could  
22          hamstring an authority. And if you were  
23          going to look at this, you would want to  
24          look at that very carefully.

25          CHAIRPERSON BROCK: Next I have

1 Mr. Howland.

2 COMMISSIONER HOWLAND: Thank you,  
3 Ms. Moran, for coming to speak with us.

4 MS. MORAN: Sure.

5 COMMISSIONER HOWLAND: Real quick  
6 comment to Judge Swanson, I also ran for  
7 nonpartisan. It worked for you; it didn't  
8 work for me.

9 Another point, also, Ms. Baker, the  
10 turnout in November was close to 63 percent.  
11 So even though the spring was 14 in March,  
12 in November it was 63 percent, which maybe  
13 kind of counters the thought that, you know,  
14 nonpartisan will increase turnout, because  
15 in November there was a big partisan element  
16 to that turnout number.

17 I do have one quick question. I would  
18 say one valid argument against going  
19 nonpartisan, probably an invalid one, is  
20 that this is the learning ground for future  
21 office, local politics here. But maybe one  
22 valid one is you're denying voters a piece  
23 of information, because having a party after  
24 their name, whether it's democrat or  
25 republican, libertarian, whatever, is a

1 piece of information when voters are to some  
2 degree starving for information.

3 So as you go down into a longer ballot  
4 and you start losing some of that party  
5 affiliation on the ballot, it's probably  
6 harder, more expensive and otherwise more  
7 difficult to get information about  
8 candidates to voters.

9 MS. MORAN: First of all, Mr. Howland,  
10 let me tell you thank you for running for  
11 office. I know what it's like to run and  
12 not win, not fun. But appreciate you  
13 stepping up to do that for our community.

14 You know, I would dare say that people  
15 will find out the party of the candidates  
16 anyway, the people who want to. It's easier  
17 enough to find that out. So if you're  
18 interested in that and that's an important  
19 piece of information for you, you're going  
20 to find that out anyway.

21 But I think what it does is it helps us  
22 really think about issues and community more  
23 than party. It gives people the opportunity  
24 not to just do that shortcut. We have bios  
25 and information now on candidates available

1           when you go to your polling place. So I  
2           feel like there are ways that we could make  
3           it work in a nonpartisan election. And I  
4           think we go back to that theme of building  
5           trust in government again. I think it would  
6           help a lot.

7                   CHAIRPERSON BROCK: Next we have  
8           Mr. Griggs.

9                   COMMISSIONER GRIGGS: Good morning.

10                  MS. MORAN: Good morning.

11                  COMMISSIONER GRIGGS: Thank you for  
12           being here. I just have a couple quick  
13           questions, hopefully they're quick. But I  
14           want to go back to Frank -- I'm going to  
15           have to start -- this is like a game show.  
16           He's always stealing my questions. But go  
17           back to the urban core investment authority  
18           idea and you talked about, you know, how  
19           that will be structured. And I understand  
20           that. But given the situation where the  
21           City has neglected to make this a priority,  
22           we're catching up from neglect in the urban  
23           core over the last 50 years, the City and  
24           the stakeholders have neglected to make this  
25           a priority.

1           If we don't do something like that, how  
2           would you best approach remedying the  
3           problems that we've had that have festered  
4           over the last 50 years?

5           MS. MORAN: Elect local government  
6           officials who believe they represent every  
7           single citizen in this community and no  
8           longer will tolerate a tale of two cities.

9           COMMISSIONER GRIGGS: Thank you. Great  
10          answer. And my other question is back to  
11          the nonpartisan elections, we had a little  
12          bit of talk about the election cycles. Do  
13          you think that you -- because one of the  
14          arguments is, if they don't have a party  
15          affiliation in a national election cycle,  
16          then people will be confused. How do you  
17          recommend that we get through that process,  
18          because if people are looking at state races  
19          and federal races and they see a local  
20          election and there's no party affiliation,  
21          how do you think that people will muster  
22          that information and not get confused by --  
23          because it's a lot of information going to  
24          be flowing, and I know you said people are  
25          smarter than that.

1           But how do you think that we can kind of  
2           break through that? Because one of the  
3           problems also is the money and how the  
4           candidates raise and spend money. So how do  
5           you think we can sort of trust the public to  
6           cut through all of that and be able to  
7           identify what they consider to be the best  
8           candidates.

9           MS. MORAN: You know, there are voters  
10          that are going to come in and not have done  
11          any of the work and are going to look at a  
12          name and decide how they want to vote. I'm  
13          only going to vote for women candidates,  
14          whatever it might be. That's going to be  
15          whether we have nonpartisan elections or  
16          not.

17          I think we can do a much better job as a  
18          community of educating voters on the  
19          importance of local elections, on the change  
20          that can happen. That's where change  
21          happens, in your local government. That's  
22          where citizens are affected, that's where  
23          communities change. That's where quality of  
24          life is built. And I think we can do a much  
25          better job of educating the public on the

1 issues and the candidates' stance on those  
2 issues alongside nonpartisan elections, and  
3 it would take both.

4 COMMISSIONER GRIGGS: Okay. Thank you.  
5 Just one more quick question: You mentioned  
6 about the constitutional officers, that you  
7 didn't think they needed to be elected. How  
8 would they be appointed? What is your  
9 thoughts on how they would be appointed?  
10 Through the Council? Some type of structure  
11 with the Mayor's Office? How do you see  
12 that working?

13 MS. MORAN: I think that's part of a big  
14 conversation, but it's one worth having.  
15 You know, the elections for that are just --  
16 it just seems like it is a department head  
17 in some situations. And if we were to treat  
18 them as department heads, it would be a  
19 mayoral appointment. But I really feel like  
20 it's time to take a look at this.

21 COMMISSIONER GRIGGS: Thank you.

22 MS. MORAN: Sure.

23 CHAIRPERSON BROCK: Okay. Next we have  
24 Ms. Jameson for the second time -- oh, wait,  
25 excuse me, Ms. Lisska just popped up for the

1 first time.

2 COMMISSIONER LISSKA: Hello, Ms. Moran.  
3 Thank you for being here. Thank you for all  
4 you've done for our City and your efforts to  
5 four administrations and so much more.

6 I want you, if you will, if you're  
7 willing to, to elaborate a little bit more  
8 on your comment about the independence of  
9 authorities. Specifically, I would like you  
10 to look at the way they're appointed now  
11 perhaps and your opinions about that, any  
12 other aspect of providing independence for  
13 authorities.

14 MS. MORAN: So, you know, perception  
15 drives reality. And when you have  
16 authorities where board members are all  
17 asked to resign with the new administration  
18 coming in -- that wasn't just this  
19 administration, that was prior  
20 administrations too -- that sends a message  
21 to people that these aren't my people and I  
22 need to have people that are my people on  
23 these authorities.

24 That's the whole -- that is the reverse  
25 of what independent authorities were to be

1           about. They were supposed to come in and  
2           become subject matter experts on their  
3           particular area, whether it is aviation, or  
4           the port, or electricity. Huge budgets,  
5           lots to learn.

6           And that independence was supposed to  
7           span administrations. It was supposed to  
8           continue no matter who was in office and be  
9           subject matter experts for our City to make  
10          the very best decisions possible.

11          That changes when boards are asked to  
12          resign, all new boards are appointed when a  
13          new person is elected. That perception has  
14          really hurt, I believe, the public's view of  
15          independence of our authorities.

16          COMMISSIONER LISSKA: Do you want to add  
17          anything else about independence of  
18          authorities beyond that? Thank you.

19          CHAIRPERSON BROCK: All right. Now  
20          Ms. Jameson for the second time.

21          COMMISSIONER JAMESON: I have a  
22          follow-up question, because Judge Swanson  
23          did bring it up: But if we were to put our  
24          local elections with the federal election  
25          cycle, knowing that state and federal

1 elections are partisan elections, how would  
2 that work if we had our local elections  
3 nonpartisan, especially when it relates to a  
4 primary? So how would that come together?

5 MS. MORAN: Well, you would have  
6 subcandidates that had R and D behind their  
7 name, or I. In a local election, perhaps  
8 you would have a division on the ballot, and  
9 then you're going to your local elections,  
10 which is nonpartisan. It would be an  
11 education process that would have to happen.

12 COMMISSIONER JAMESON: So, for instance,  
13 a democrat would get a democratic ballot for  
14 state and federal, and then everyone would  
15 have the same ballot for the local  
16 elections?

17 MS. MORAN: Or perhaps you have a  
18 separate ballot for your local elections.

19 COMMISSIONER JAMESON: So that could be  
20 designated either way, there is no kind of  
21 one way to do it.

22 MS. MORAN: Hey, I'm looking forward to  
23 being able to vote on my phone. When is  
24 that going to happen? We could figure it  
25 out.

1           COMMISSIONER JAMESON: I appreciate it.  
2 Thank you so much.

3           CHAIRPERSON BROCK: Okay.  
4 Mr. Schellenberg, for the second time.

5           COMMISSIONER SCHELLENBERG: Thank you,  
6 Chair.

7           To Ms. Moran, it's one of those funny  
8 things, I never met anybody who didn't vote  
9 for me, by the way. But the point is that  
10 you don't represent just the people who vote  
11 for you. You represent the people -- the  
12 70,000 people I represented. And they're a  
13 diverse group. They're not monolithic. The  
14 gift is listening to them. Not always  
15 agreeing with them, but listening to them.  
16 So greatly appreciate it.

17           Just a couple things: I taught a class  
18 over at JU last week. And one of the things  
19 I asked them is how do you get the  
20 information on elected officials? Google.  
21 It has nothing to do with the mailers or  
22 anything else, it's Googling them and  
23 finding out who they are and they do a deep  
24 dive. This really was informative to me  
25 going forward.

1           The other thing is that Jeff Edwards  
2           over at Beaver Street is doing something  
3           miraculously in the river -- they call it  
4           the Railroad District, completely private  
5           group of people, business people, that are  
6           engaged in improving that area. I'm sure  
7           they want government money to improve  
8           infrastructure and other things, but that's  
9           a local thing going back to Mr. Denton's  
10          question about how is the government going  
11          to work. They're independent and they're  
12          moving forward. They're going to do -- they  
13          are asking the City for some input, but give  
14          me some -- help us on infrastructure, but  
15          we're moving forward with or without your  
16          help.

17                 And I think maybe something in the  
18          Charter specifically saying something, if a  
19          group or Paul Tutwiler got an area to say  
20          this is the group we're going to do and  
21          we're going to make it happen without any  
22          appointments from the City, we can go  
23          forward. Wouldn't you think that's the best  
24          way to go because of the concerns about this  
25          constant turnover of appointments to boards?

1 MS. MORAN: I think the City needs to be  
2 a lockstep partner with these initiatives  
3 that are happening around our city through  
4 the goodness of citizens that want to step  
5 up and make change. Government needs to be  
6 supporting them, government needs to be  
7 helping with permitting and infrastructure  
8 and all the other pieces of the puzzle.  
9 This is working together on the problems  
10 that we're facing, not in silos, not this  
11 is -- we're too busy, we're only looking at  
12 this. How do we really latch in to those  
13 other groups that are doing good work?

14 And I want to make sure, since you've  
15 mentioned poverty a few times, there is a  
16 fabulous group led by Darnell Smith and  
17 Ellen Wiss, that is looking at really  
18 creative ideas on poverty. You're all  
19 nodding. So did you hear from them?

20 CHAIRPERSON BROCK: No.

21 MS. MORAN: Okay. Well, you should,  
22 because they have really got some ideas  
23 about how to tackle poverty in Jacksonville  
24 in a very different way than we have done  
25 before. And so I would urge you to have

1           them come and talk, because it's exciting.

2           CHAIRPERSON BROCK: Next we have Judge  
3           Swanson for the second time.

4           COMMISSIONER SWANSON: Just as a  
5           follow-up, I think we have nonpartisan  
6           elections on the ballot now, judges are  
7           nonpartisan. And you have for the appellate  
8           court and the Supreme Court, you have  
9           retention votes.

10          MS. MORAN: And the school board.

11          COMMISSIONER SWANSON: School board. So  
12          there is a way to accommodate the  
13          nonpartisan aspect of the things that you've  
14          suggested.

15          I just Googled the case out of the  
16          Florida Supreme Court that was referenced.  
17          And it dealt with Orange County. And it  
18          actually reversed the earlier Florida  
19          Supreme Court decision that said nonpartisan  
20          elections for constitutional officers was  
21          okay. The Supreme Court, as a shrinking  
22          figure, with the recent governors'  
23          appointees said, no, it had to be partisan.  
24          That was for constitutional officers.

25          So I would think at a minimum we would

1           have broad flexibility in what we might  
2           recommend insofar as it pertained to City  
3           Council or nonconstitutional officers. And  
4           I think there will be a way to accommodate  
5           that on the ballot just the way we do the  
6           judge races now. Wouldn't you think?

7           MS. MORAN: I do think that, yes.

8           COMMISSIONER SWANSON: And back to the  
9           timing issue. Do you think that's an  
10          important variable in terms of turnout?

11          MS. MORAN: I think it could be. I  
12          think it could be. There is no -- most  
13          important to me is the nonpartisan issue.  
14          And then looking at moving local elections  
15          would be a second conversation.

16          COMMISSIONER SWANSON: Do you have any  
17          corporate knowledge as to why the city  
18          elections don't correspond with the national  
19          elections or not?

20          MS. MORAN: I don't. I don't have a  
21          history on that. I know we've talked about  
22          moving it before. And that was during the  
23          unitary election referendum, and that was a  
24          nonstarter.

25          COMMISSIONER SWANSON: I'm sure there is

1 a rational argument for or against it. I'm  
2 not familiar with what it would be. But  
3 thank you so much for your input today and  
4 also for all you've done for this community.

5 MS. MORAN: Thank you, Your Honor.

6 CHAIRPERSON BROCK: All right.

7 Ms. Johnston has data for us. We were  
8 talking about the March and the May. You  
9 looked it up.

10 MS. JOHNSTON: Yes, Supervisor of  
11 Elections website for the election that was  
12 held on March 19th, the voter turnout was  
13 24.53 percent, and that was registered  
14 voters, there were 606,036, and the ballots  
15 cast were 148,678. And then for the May  
16 election, which was held May 14th, there  
17 were 608,564 registered voters, ballots cast  
18 87,318, and the voter turnout was 14.35  
19 percent.

20 CHAIRPERSON BROCK: I don't see anybody  
21 else on the queue. I have a few questions.

22 MS. MORAN: Sure.

23 CHAIRPERSON BROCK: First, echo what  
24 everybody said, your service for this  
25 community has been incredible and we all

1 appreciate it and the city is better off  
2 having you involved over the years of  
3 service.

4 MS. MORAN: Thank you.

5 CHAIRPERSON BROCK: We've talked about  
6 rank choice voting. Any ideas, anything in  
7 that with your understanding and rank choice  
8 voting? And does that help on some of the  
9 issues that you've talked about?

10 MS. MORAN: I really don't know much  
11 about that. I was doing a little reading  
12 this morning that you had some presentations  
13 on rank choice, but I personally am not  
14 really very familiar with it.

15 CHAIRPERSON BROCK: It's basically a  
16 Sudoku puzzle, as far as I can figure out as  
17 you go through and getting all the numbers.

18 Okay. The other question I had, we had  
19 a lot of talk about the Office of General  
20 Counsel, its structure and the selection  
21 process. In one respect, it was Mike  
22 Weinstein who actually put up the idea of  
23 perhaps you have an Assistant General  
24 Counsel that's assigned to the Mayor's  
25 Office, much like the other branches of

1 government have their own Assistant General  
2 Counsel so that the General Counsel, that  
3 office, the person sitting at that desk is  
4 above the fray, for lack of a better way to  
5 describe it.

6 I'd like your thoughts on is there a way  
7 to structure it so that there is this  
8 perception of the independency of the OGC  
9 when it comes to intragovernmental disputes.  
10 Go ahead and answer that one.

11 MS. MORAN: So full disclosure for those  
12 of you who don't know, I am one of the  
13 attorneys representing the School Board in  
14 an issue to get the school tax referendum on  
15 the ballot. So I do have strong feelings  
16 about this.

17 And I will start by saying that the  
18 General Counsel sitting at the right arm of  
19 the Mayor has been how it's always been.  
20 That is not new in this administration.  
21 That has definitely been how it has always  
22 been. And sometimes it works well, but  
23 sometimes, when you're in disputes between  
24 agencies or parts of government, it doesn't  
25 work well at all.

1           And so I saw that Mike had made that  
2 suggestion, that's an interesting one to me,  
3 where you would have the Assistant General  
4 Counsel as part of Mayor staff meetings and  
5 things of that nature and the General  
6 Counsel sits above that. I think that would  
7 certainly help with perception.

8           But what we really need to dig into with  
9 the General Counsel's Office is how they can  
10 deal with conflicts. There are simply going  
11 to be conflicts between the parts of  
12 government at certain times in history.  
13 That's just how it's going to be. And as  
14 lawyers, conflicts are critical in terms of  
15 your decision to behave ethically and your  
16 decision to follow the rules of the Florida  
17 Bar.

18           And in order to do that, we have to have  
19 a mechanism for the General Counsel to allow  
20 other opinions to come into the equation so  
21 that people can feel they're being  
22 represented independently and impartially.  
23 So I think it requires a lot further  
24 discussion.

25           CHAIRPERSON BROCK: Two other questions

1           on that: One is do you see a benefit in  
2           creating a mechanism within the Charter,  
3           because as it stands now there is a review  
4           process within -- Attorney General for the  
5           State of Florida. Is there another  
6           mechanism that we can put within the Charter  
7           to allow for a review at a lower level?

8           MS. MORAN: I really haven't given that  
9           the thought it would need for me to answer.

10          CHAIRPERSON BROCK: Okay. Third one,  
11          the selection process, as it stands now that  
12          was revised, I believe, in 2005 to include  
13          more input from the judiciary from former  
14          City General Counsels, as well as within the  
15          Jacksonville Bar community, but it is still  
16          a group of attorneys who are making a  
17          recommendation to the Mayor. That's been a  
18          subject that's been discussed here of a  
19          structure where we get more input from the  
20          other clients that the General Counsel  
21          serves in that selection process. Any  
22          thoughts on that, benefits, disadvantages  
23          recommendation of structure?

24          MS. MORAN: That makes a lot of sense to  
25          me. The more input you can have from the

1 critical players who work with the General  
2 Counsel's Office on a regular basis and have  
3 confronted some of these issues, especially  
4 issues regarding conflict, I think could be  
5 very helpful.

6 CHAIRPERSON BROCK: Okay. I seem to  
7 have stirred up some things. I do have a  
8 couple other people on the queue.

9 Ms. Knight, first time.

10 VICE CHAIRPERSON KNIGHT: Good morning,  
11 Ms. Moran. Thank you for being here.

12 I'm actually going back in the  
13 conversation a little bit. So I apologize  
14 if it's going to disrupt the questions in  
15 queue. I appreciate your comments around  
16 the urban core authority. No mission, no  
17 money, right. No money, no mission.

18 Dr. Magill talked about maybe the model  
19 should be something where there is a small  
20 group of nonprofits, she mentioned UF  
21 Health. Another is to address this gap in  
22 data, to address this tale of two cities, so  
23 to speak, the City has that position of  
24 strategic partnerships. Could you speak to  
25 that position for the good of our fellow

1           commissions; and also maybe suggest or  
2           provide any thoughts around how that  
3           condition may be could help in this quandary  
4           within the City?

5           MS. MORAN: That's a new position in  
6           government. And the idea was to really be  
7           that conduit to bring together the special  
8           projects, the citizens groups, the  
9           nonprofits who are doing the important work  
10          for our community, together in a way to  
11          leverage that energy, to really put focus on  
12          it, to see how the City can support and  
13          partner with that. But like anything, it  
14          has to be a priority, right, because you  
15          make a position, that's a good thing, that's  
16          a good thing, that's somebody who is waking  
17          up every day thinking about those issues.  
18          But they have to have a voice and they have  
19          to have the ability to make things happen,  
20          right. And so I think that position is a  
21          good one; I think it needs to be  
22          strengthened; and I think it needs to have  
23          more power.

24          VICE CHAIRPERSON KNIGHT: Thank you for  
25          those comments. I would consider that a --

1 recommend that we look at that position as  
2 well and see is there anything that we can  
3 do as a Commission to support that work and  
4 maybe could at least start with inviting  
5 that company to speak to us.

6 CHAIRPERSON BROCK: Next we have  
7 Mr. Griggs for the second time.

8 COMMISSIONER GRIGGS: Thank you,  
9 Mr. Chairman.

10 Ms. Moran, since the Chairman opened the  
11 OGC door, I'm going to walk through it. One  
12 of the recommendations that we -- that's on  
13 the list as well, it's not really a  
14 recommendation, but it's one of the topics  
15 of discussion, is perhaps in order to build  
16 more public trust within how the OGC  
17 operates, perhaps maybe the appointment of  
18 the OGC should occur during the Mayor's  
19 second year of his term. In other words,  
20 there would be overlap from the previous  
21 Mayor and then we would -- that person would  
22 go through the approval cycle. And it would  
23 seem to be, at least the appearance would be  
24 that this person is more independent or the  
25 perception would be that they have not just

1           been generally appointed by someone who they  
2           are going to follow in lockstep.

3           Do you see any problem with that type of  
4           recommendation? And if that were to occur,  
5           would it help perception?

6           MS. MORAN: I think that's really  
7           interesting. If I recall correctly, Jason  
8           Gabriel was General Counsel for Mayor Brown  
9           and then continued with Mayor Curry. You'd  
10          have to have a conversation with the  
11          applicants if they were willing to do that.  
12          But that was something that's that how it's  
13          going to operate, so we span  
14          administrations. But I think it's an idea  
15          worth considering.

16          COMMISSIONER GRIGGS: Thank you.

17          CHAIRPERSON BROCK: All right. I have  
18          no one else on the queue. Ms. Moran, thank  
19          you again for taking the time to be here  
20          today and thank you for your service to the  
21          city.

22          MS. MORAN: Thank you all.

23          CHAIRPERSON BROCK: Next we have  
24          Commission updates and discussion. And I've  
25          got a point that I want to bring, we've

1           talked about different people that we want  
2           to have come and speak. And we have one  
3           more meeting before -- my goal was for us to  
4           pick our topics. One JPA, and it's just an  
5           email, response to an email, where I asked  
6           all of the independent authorities to  
7           respond back on strategic planning and how  
8           they interact with the City. They have  
9           responded back and said they would like to  
10          schedule a time to come and speak.

11                 We mentioned Mike Hogan. Councilman  
12           Yarborough who we moved off the agenda so  
13           that we would have enough time when we were  
14           speaking with Dr. Green and Chairwoman  
15           Hershey with the School Board has asked if  
16           he can come back. I was also going to have  
17           Lori Boyer come and speak to us to address  
18           her Blueprint Task Force that she chaired.  
19           And we now have, I didn't get the name, Don  
20           Lockhart to come and speak with us. So  
21           that's five -- you want to put six?

22                         COMMISSIONER GRIGGS: Dr. Rolle.

23                         CHAIRPERSON BROCK: Dr. Rolle, okay. So  
24           that's six people. The most we've ever been  
25           able to do is three with the questions that

1 we ask. Now, perhaps we can manage it to do  
2 it, but I don't see how. I don't see how.  
3 So what I guess we'll do is we will extend  
4 our fact-gathering time to that meeting on  
5 the 15th, and then we will work to get the  
6 Committee's priorities and everyone giving  
7 me their thoughts on subcommittees for that  
8 time on the 25th when we meet.

9 We have not looked at scheduling  
10 November. And I will hold off on that for  
11 now, but if everyone can begin to look at  
12 their calendar for November so that we can  
13 perhaps schedule a group meeting and then,  
14 you know, leave the rest of the time for the  
15 subcommittees in there.

16 Is that kind of the feeling of the  
17 group, consensus that we extend it to that  
18 October 15 meeting? Okay. I don't hear  
19 anybody saying no so that's what we'll do.

20 COMMISSIONER GRIGGS: Mr. Chairman, I'm  
21 sorry. So we're done with the presentations  
22 on October 15th, is that what you're saying?

23 CHAIRPERSON BROCK: We would be -- yes,  
24 we would finish -- so we have the 11th, and  
25 we have the 15th for covering these six

1 people that we now have on the agenda. If  
2 we do have to add more, I would only ask us  
3 to limit it to just those who have  
4 responded, the independent authorities who  
5 have already responded to us.

6 And I would remind us all to focus our  
7 questions on the Charter. The folks coming  
8 up here have a tremendous wealth of  
9 knowledge on a lot of different things. But  
10 the more we can focus our questions on what  
11 can we change in the Charter, not  
12 necessarily the whys, but the whats, what  
13 can we change, then I think we'll move  
14 through quicker and we'll be able to get to  
15 our point of where, you know, it's fish or  
16 cut bait time.

17 Ms. Mills.

18 COMMISSIONER MILLS: Thank you. I had  
19 asked Glorious Johnson to come before, she  
20 had a death in the family. I asked them to  
21 reach back out, but I don't know if that  
22 happened. So I did speak with someone today  
23 to try to get them to reach back out. So I  
24 hope that won't be a problem, because she  
25 was scheduled to come.

1           CHAIRPERSON BROCK: Right. And I had  
2 not heard anything more on rescheduling  
3 that.

4           COMMISSIONER MILLS: So I did ask  
5 someone to reschedule and that never  
6 happened. So I asked again today, if that  
7 wouldn't be a problem.

8           CHAIRPERSON BROCK: All right. Next,  
9 Ms. Santiago.

10          COMMISSIONER SANTIAGO: I just wanted to  
11 point out that actually that works out  
12 really well if we do fact finding on the  
13 11th and 15th, because then we have our town  
14 hall on the 17th, which gives us time to  
15 really look at their priorities, as well as  
16 ours, for the priority meeting on the 25th,  
17 so thank you for doing that.

18          CHAIRPERSON BROCK: Okay.

19          COMMISSIONER GRIGGS: Mr. Chairman.

20          CHAIRPERSON BROCK: Yes. I have next  
21 Ms. Knight.

22          VICE CHAIRPERSON KNIGHT: So we're  
23 playing a little bit of checkers. That was  
24 one of my points, as well, I think it works  
25 nicely.

1           The other thing, as far as my  
2           recommendation, it could be transitioned to  
3           the subcommittee who will do the work, if  
4           necessary around the urban core. I just  
5           think that position has a unique opportunity  
6           and a point that we should understand as it  
7           relates to that urban core authority.

8           CHAIRPERSON BROCK: And, again, one of  
9           the things that perhaps if you want to meet  
10          with Ms. Lockhart and talk with her and then  
11          during this time report back and say, here  
12          were some of the concerns or questions she  
13          had and the questions you asked her, I think  
14          that's beneficial to us. Because that's  
15          what I'm trying to encourage all of us, to  
16          the extent there is someone that -- and if  
17          there is a person on here that you've asked  
18          to speak, that you've actually gone and  
19          talked to, let me know. Say, hey, you know  
20          what, you don't need to bring them here, I  
21          talked to them, here's is what we've done.  
22          I'm more than willing to do that to try and  
23          manage our time so that we have sufficient  
24          time for the committees to do the work.

25          Mr. Griggs, I don't see you on the

1 queue, but you were --

2 COMMISSIONER GRIGGS: I just want to  
3 make note I will not be in attendance at the  
4 October 15th meeting.

5 CHAIRPERSON BROCK: Okay. All right.  
6 Then with that, we have our next period of  
7 public comment. And we have two cards.

8 Ms. Bussard, name and address, please.

9 MS. BUSSARD: I'll remember this time.

10 CHAIRPERSON BROCK: Mr. Schellenberg  
11 always backs me up on it.

12 MS. BUSSARD: Billee Bussard, 2115  
13 Forest Gate Drive East, Jacksonville, 32246.

14 I hadn't planned on commenting, but, to  
15 me, some important question was not asked by  
16 your group this time in discussing changes  
17 in election law, whether it's ranked voting,  
18 you know, whether it's nonpartisan races.  
19 Until we address revealing the deep pockets  
20 that finance our elections, not a whole lot  
21 is going to change. It will still impact  
22 the outcome of races.

23 And I was Googling Montana because  
24 they've recently done some changes in  
25 election law. I'm not sure of the details.

1 I just heard it mentioned in the various  
2 debates. And I think that's something that  
3 maybe needs to be addressed.

4 We know about the PAC money and the  
5 special committees that are financed and  
6 some of the things that are going on in  
7 Jacksonville. It -- in my opinion it is one  
8 of the things that is destroying our  
9 democracy. And I think we need to figure  
10 out a way at least to reveal who the dark  
11 money participants are.

12 Now, the Supreme Court did look at  
13 Montana's changes to the law. And they let  
14 it stand. I don't know the particulars, but  
15 I will have a little one-pager for you the  
16 next time.

17 CHAIRPERSON BROCK: Thank you very much.

18 Next we have Mr. Nooney.

19 Name and address, please, sir.

20 MR. NOONEY: Hello. My name is John  
21 Nooney, 8356 Bascom Road, Jacksonville,  
22 Florida 32216. And I just have these  
23 handouts. I would like to have them made  
24 part of the permanent record. I'll just  
25 leave them right here.

1           And what I just want to share with you  
2           is I'm not from Jacksonville. I've been  
3           here almost 30 years, but I love the  
4           outdoors, I love the waterways. And in  
5           order to participate in the waterways, you  
6           know, I went to the Waterways Commission  
7           meetings.

8           And back then, you know, Councilwoman  
9           Lynette Self, she was the Chair of  
10          Waterways, Greg Gratalinski (ph), he was the  
11          Office of General Counsel. And I was  
12          sitting in the audience and the meeting had  
13          to do with the Lady St. Johns and the  
14          Annabelle Lee. They had their lawyers.  
15          And, basically, they were arguing that one  
16          of those ships was going over to the Landing  
17          and they weren't allowed to do that to pick  
18          up their customers. And if you're the  
19          little guy, you're saying to yourself, wow.

20          So, anyway, so I go and I end up talking  
21          to Tony Sleiman, the owner of the Landing.  
22          I kept telling him, you know, if I wanted to  
23          do something on the waterways downtown, do  
24          you have any problem if I come to your  
25          business and drop off some passengers.

1 Well, John, you're not allowed to do that.

2 I was like, wow.

3 So, anyway, it got that changed to where  
4 people can participate. Now, think about  
5 how long ago that was. So the legislation  
6 to get that change was 2007-451. That was  
7 13 years ago. So where are we today?

8 Again, I really want to be one of the  
9 biggest cheerleaders for downtown. So in  
10 order for that to happen, I hope that you  
11 will create a Charter amendment so that any  
12 CRA, DIA that touches the waterways will  
13 have a component that public access will  
14 be -- will be guaranteed that anyone will be  
15 allowed to participate.

16 And, again, one of the most active  
17 pieces of legislation right now, there's two  
18 of them, 2016-18, that's the Duval County  
19 Public School Board property; the other  
20 would be 2013-384, that's the armory, which  
21 right now, from what I understand, the  
22 administration is looking at that. And  
23 that's a fantastic opportunity with parking.  
24 Pick either side, you know, before you give  
25 away that piece of property. And

1           especially, if now, from what I understand,  
2           you're looking at an urban, you know, DIA,  
3           or urban authority, if you will. So,  
4           anyway, I'm just down to four seconds, make  
5           our Charter great again.

6           CHAIRPERSON BROCK: Thank you, sir.

7           MR. NOONEY: Thank you for listening.

8           CHAIRPERSON BROCK: All right. Ladies  
9           and gentlemen, there is nothing else on the  
10          agenda. Anything else for the good of the  
11          order? If not, we are adjourned.

12          (Meeting concluded at 11:53 a.m.)

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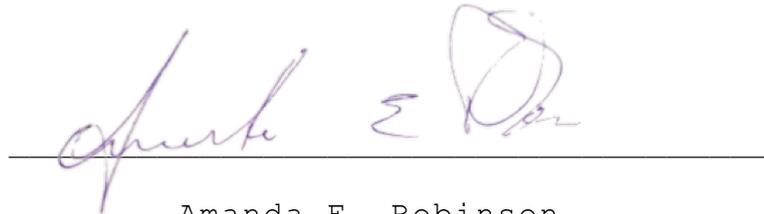
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CERTIFICATE OF REPORTER

STATE OF FLORIDA  
COUNTY OF DUVAL

I, Amanda E. Robinson, Registered Professional Reporter, do hereby certify that I was authorized to and did report the foregoing proceedings; and that the transcript, pages 1 through 164, is a true record of my stenographic notes.

DATED this 15th day of October, 2019.



Amanda E. Robinson,  
Registered Professional Reporter