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CITY OF JACKSONVILLE
CHARTER REVISION COMMISSION
MEETING

Proceedings held on Thursday, August 27,
2009, commencing at 9:00 a.m., City Hall, Lynwood
Roberts Room, 1st Floor, Jacksonville, Florida,
before Diane M. Tropa, a Notary Public in and for
the State of Florida at Large.

PRESENT:

- WYMAN DUGGAN, Chair.
- MARY O'BRIEN, Vice Chair.
- ED AUSTIN, Commission Member.
- MARTHA BARRETT, Commission Member.
- JIM CATLETT, Commission Member.
- TERESA EICHNER, Commission Member.
- ROBERT FLOWERS, SR., Commission Member.
- BEVERLY GARVIN, Commission Member.
- MECHELLE HERRINGTON, Commission Member.
- JEANNE MILLER, Commission Member.
- GARY OLIVERAS, Commission Member.
- CURTIS THOMPSON, Commission Member.
- GEOFF YOUNGBLOOD, Commission Member.

ALSO PRESENT:

- LOREE FRENCH, Office of General Counsel.
- JEFF CLEMENTS, Research Division.

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1 P R O C E E D I N G S
2 August 27, 2009 9:00 a.m.

3 - - -

4 THE CHAIRMAN: Good morning.

5 I officially call to order this
6 August 27th, 2009, meeting of the
7 Charter Revision Commission.

8 I would ask each of the commissioners to
9 identify themselves for the microphones.

10 MR. FLOWERS: Robert Flowers.

11 MR. OLIVERAS: Gary Oliveras.

12 MR. THOMPSON: Curt Thompson.

13 MR. YOUNGBLOOD: Geoffrey Youngblood.

14 MR. GARVIN: Beverly Garvin.

15 THE CHAIRMAN: Thank you.

16 And Vice Chair O'Brien is in the building.

17 Perhaps she stepped out. And Commissioner
18 Korman has an excused absence, a work-related
19 matter; and Commissioner Catlin is out of town;
20 and my information is that Commissioner Miller
21 will be here, but will need to leave early.

22 So, with that, I will ask that we first
23 turn off our cell phones, if we haven't already
24 done that, and then let's have the Pledge of
25 Allegiance and a moment of silence.

1 (Recitation of the Pledge of Allegiance.)

2 (Commissioners Austin, Catlett, and O'Brien
3 enter the proceedings.)

4 THE CHAIRMAN: Thank you.

5 For the record, Commissioner Austin and
6 Commissioner Catlett have joined us.

7 We just started, gentlemen.

8 And before you, as usual, you have a stack
9 of materials that I will ask Mr. Clements to
10 brief you on.

11 MR. CLEMENTS: Behind your agenda, you will
12 find the list that was e-mailed out to you
13 earlier. It's a compilation of all your issue
14 ideas. You have a copy of the verbatim
15 transcript of the last meeting, and you also
16 have a memorandum from Steve Rohan to
17 Chairman Duggan dated August 26th, which is the
18 compilation of the outdated, preempted, and
19 invalidated portions of the City charter, things
20 that need to be removed because they're no
21 longer applicable, and I'm sure Steve will talk
22 about that at a future meeting.

23 THE CHAIRMAN: Thank you, Mr. Clements.

24 I have read through Mr. Rohan's memo, and I
25 think it provides us with some areas to look at

1 in terms of suggestions that we can make for
2 cleaning up some outdated language perhaps.

3 I know, Commissioner Youngblood, you wanted
4 to look at the recall issue, so I'm sure you'll
5 find this of interest.

6 (Commissioners Miller and Barrett enter the
7 proceedings.)

8 THE CHAIRMAN: If you would like to, we can
9 have a discussion about this now or you can
10 review it later at your convenience and then we
11 can talk about it at the next meeting. I'll
12 move on, but if in reviewing this while we're
13 meeting today, if you have any questions, please
14 feel free to bring those up.

15 And Commissioners Miller and Barrett have
16 joined us.

17 Welcome, ladies.

18 As you recall, at our last meeting
19 Vice Chair O'Brien suggested that we set aside
20 an hour and a half of time at this meeting to
21 talk about our issues list, so the agenda for
22 today will proceed along consistent with that
23 motion that was approved at the last meeting.

24 So I have scheduled the first hour and a
25 half for us to talk about this list, the issues

1 that we have. And I anticipate this will be an
2 open-ended discussion in terms of how we want to
3 move forward, what items we can identify right
4 off the -- you know, right away, have a clear
5 consensus on the commission as to the areas we
6 want to examine. I anticipate kind of an
7 open-ended discussion on this list. Not
8 necessarily that we have to reach any conclusion
9 today, but I see a starting process today.

10 And then for the second hour and a half,
11 again, consistent with what we discussed at the
12 last meeting, I have scheduled two speakers on
13 an item -- on an issue that I think is certainly
14 consistent with the issues list but also, I
15 think, could be very beneficial to the City, and
16 that is health care cost containment.

17 The first speaker will be a man named
18 Brian Klepper. He's a nationally-recognized
19 health care cost containment expert, and he's
20 going to be talking to us about the concept of
21 worksite clinics, also known as medical homes.
22 He spoke at our first meeting. When we had
23 comments from the public, he came to speak about
24 this issue, about this concept initially, and so
25 I've asked him to come back and talk about how

1 this concept works and how it's scalable to the
2 City.

3 It is -- certainly in the private sector
4 results typically in about 30 percent health
5 care cost savings year over year. And if that
6 could be applied to the City, obviously that
7 would be a major benefit to the health care cost
8 issue as it relates to the budget and pension
9 obligations, so I've asked him to come talk
10 about that concept with us.

11 Hopefully, we, as a commission, if we think
12 it's compelling enough -- I personally think
13 it's compelling enough, but if we as a
14 commission do, then this -- it will be something
15 that we would recommend to the City in the
16 report that they implement and incorporate going
17 forward.

18 And then the last -- he will speak for an
19 hour, and then the last half hour I have invited
20 a man named John Kaegi, who works for Blue Cross
21 Blue Shield of Florida -- he's their chief
22 strategy officer -- to talk about how they have
23 implemented -- how they've implemented and
24 benefited from the worksite clinic model at
25 Blue Cross Blue Shield.

1 So it will be kind of a -- so Mr. Klepper
2 will give the concept and Mr. Kaegi -- we'll
3 hear the literal application of this concept.

4 And then, of course, we'll have the regular
5 time also for questions, comments, and
6 discussion.

7 I would note that, as at our last meeting,
8 today, our court reporter, Ms. Tropa, has
9 Planning Commission at one o'clock, so we will
10 need to be as timely as possible to allow her
11 time to pack up, get over to the Ed Ball
12 Building, and have some time for lunch.

13 So with those preliminaries out of the way,
14 I think we should move right to the list. Each
15 of you should have a copy of it at your desk.

16 (Commissioner Eichner enters the
17 proceedings.)

18 THE CHAIRMAN: I will say that in compiling
19 each of your responses, I will note right out of
20 the box that there are clear areas of
21 consensus.

22 Commissioner Eichner has joined us.

23 Good morning.

24 There are clear areas of consensus as to
25 issues that we should talk about. I will note

1 that the -- by my tally of this list, issues
2 related to the Duval County School Board
3 received six votes, issues related to the
4 independent authorities received five votes,
5 issues related to the constitutional officers
6 received five votes.

7 That's what the "CO" appointment shorthand
8 is on the list. I apologize for using shorthand
9 that might not be clear. "DCSB" is Duval County
10 School Board. "OGC" is Office of General
11 Counsel.

12 OGC received five votes, and then pension
13 or budget issues received three votes, and
14 ethics-related issues received three votes.

15 So I think from this list and from other
16 items that we've talked about, we know right off
17 the bat that those are areas that we can start
18 talking about, given the limited time frame that
19 we're working with, and the need to start
20 scheduling resource speakers on these issues,
21 so . . .

22 I know that I personally have had several
23 conversations with many people throughout the
24 community who have also suggested that we take a
25 look at various aspects of what I will call

1 electoral reform that covers -- and I'm using
2 that as a shorthand to cover quite a few
3 different aspects. That could be moving the
4 elections; that could be addressing term limits,
5 do they need to be looked at again; things of
6 that nature. And so that might be -- although
7 it didn't appear on -- as I looked through these
8 lists, it didn't appear to be -- to have a clear
9 consensus right now, I would suggest that it
10 might be something that we also want to consider
11 taking a look at.

12 So, with that, I will hopefully stop
13 talking and let you-all talk about your thoughts
14 on this issues list and how you'd like to move
15 forward.

16 And just raise your hand, obviously, since
17 we don't have the queue buttons.

18 Vice Chair O'Brien.

19 MS. O'BRIEN: Good morning, everyone.

20 I'm delighted that we're getting to this
21 point. And since this is pretty much a flow and
22 I would think a discussion among, you know,
23 commissioners, I would love to have just an
24 idea -- and I'm happy to start -- to talk a
25 little bit about why I recommended what my list

1 was there, a brief explanation of -- you know,
2 this is a summary of, obviously, what I had
3 submitted to our chairman, and just to -- I hope
4 we can discuss this, you know, in a very open
5 way to get a better understanding of where the
6 different commissioners are coming from.

7 Obviously, we've got a shorthand list of
8 school board, independent authorities -- I
9 forgot the third shorthand. What does that
10 stand for?

11 THE CHAIRMAN: Independent authorities.

12 MS. O'BRIEN: No, we've got independent
13 authorities.

14 COMMISSION MEMBERS: Constitutional
15 officers.

16 MS. O'BRIEN: That's it, constitutional
17 officers, OGC and such, as the list goes, and so
18 I'm happy -- if this is the format that you-all
19 would like -- to talk about what my issues were,
20 which -- because I think a lot of them --
21 there's points in all of them that we're all
22 trying to address.

23 So I'll be the first to say what I had
24 submitted to Jeff and to the chairman is -- you
25 know, number one, in looking at some of the

1 reports that JCCI had done, my first issue of
2 concern was, you know, to define the core
3 mission of our consolidated government, in
4 particular what are our core functions of the
5 City of Jacksonville versus what are noncore
6 functions currently being provided by the City.

7 And I also did this in follow-up to the
8 e-mail we had all received from Mr. Andrews, who
9 happens to serve, I believe, as the director of
10 the Concerned Taxpayers of Duval County. He had
11 provided a list that I thought was pretty
12 interesting of what -- in his determination or
13 his organization's determination, what were, as
14 he called them, productive core functions of
15 government and then what were consumptive core
16 functions of government.

17 I don't know if you-all still have that
18 listing. I'm not going to go through the whole
19 thing, but in particular that's kind of one of
20 the things that made me think about it, along
21 with the JCCI study -- in particular their
22 finance study -- of what should our government
23 be providing versus what should the public
24 sector be providing, what should nonprofits be
25 providing, things along that line.

1 And that's what made me come up with that
2 issue, to prioritize those functions of what
3 should the City of Jacksonville be doing. It
4 may be a long list of what they should be doing,
5 but, as we all know, I've got a long list of
6 needs and wants. I personally can't fund them
7 all, so I have to prioritize my own line, what
8 can be done.

9 And then also another aspect under that was
10 to review the concessions that were -- that was
11 made in 1964 in order to pass consolidation, are
12 they still necessary and appropriate. And what
13 I mean by that is -- you know, there were, as I
14 said, certain concessions that were made. I'd
15 kind of like a list of what were those
16 concessions that were made at that time, in
17 particular in regards to the three beach
18 communities and the Town of Baldwin in regards
19 to elected constitutional officers, which I know
20 is one of the subject matters. That was a --
21 that was a -- you know, as I said, a concession
22 that was made, that it doesn't come under what
23 is true consolidated government. So let's look
24 at what those are.

25 The second thing I mentioned -- I've

1 mentioned a couple of meetings ago, that I would
2 like to better understand what our current
3 pension structure is, what other options may
4 be. I want to know what the financial and the
5 legal pros and cons are looking at the different
6 pension plans, in particular the current
7 structure of a defined benefit plan versus a
8 defined contributions program, how that's going
9 to affect legally what we owe current employees,
10 whether we look at just future hires, in
11 changing the structure for them.

12 And, obviously, I want to make sure we do
13 it all legally and we don't get in any trouble
14 that way, and then -- but that it's a
15 sustainable program.

16 Second of all, I wanted to look at
17 reviewing and possibly reallocating staff
18 positions as appropriate or ineligible for the
19 local or State pension programs.

20 I was pretty confused when I read our
21 charter in terms of pension on which employees
22 can qualify for a State program versus a local
23 program. And, quite honestly, the State has
24 been pretty pushed down to local governments
25 about what we have to take. Is there an option

1 for us to make them absorb some of our pension
2 liability? Let's look at that as a possibility.

3 And then I didn't know how our independent
4 authorities -- employees of JEA, JAA, and so
5 on -- how they fit into the pension program.
6 Are they truly City employees? Are they
7 independent employees? Are they eligible for
8 the pension program? Should they be eligible
9 for the pension program under that as those
10 employees?

11 These are really just questions I have that
12 I'd like to be answered before I know personally
13 I could make any kind of a decision about where
14 the City should go on those.

15 And then also looking at what the current
16 benefits are, if we need to, going forward --
17 not backwards, but going forward limiting any of
18 those benefits or benefit enhancements in order
19 to make sure that we have a sustainable
20 program.

21 I know that some people have expressed to
22 me some of the management programs that we have,
23 like a guaranteed return of a balance that
24 someone has in a pension program, you know, is
25 that a sustainable means of managing that

1 program? I know I certainly don't have any -- a
2 guaranteed return for my retirement plan.

3 And then the last thing which -- I think it
4 comes to so much of what we, as a city and as a
5 commission right now are faced with, are budget
6 issues. My number three was to require or look
7 at requiring a long-term -- meaning five- to
8 ten-year -- financial plan as opposed to right
9 now, for the most part, we're looking year to
10 year to year.

11 And, you know, everybody works for
12 themselves or for a company. I know, in
13 particular, for our company, we have a five-year
14 to seven-year strategic plan that we plan for
15 because we make commitments today that,
16 unfortunately, aren't going to be paid by the
17 end of the year. They are long-term
18 commitments, as the City has to make.

19 And I think that would address some of the
20 situations that -- how do we pay for these
21 capital projects that we fund, how do you
22 operationally pay for them? That should all be
23 part of a long-term budgeting financial plan
24 that currently the charter nor our internal
25 systems truly account for.

1 Let's put -- in my mind, should we put that
2 in the charter to make sure that we've got this
3 long-term financial plan in place to address
4 those issues that -- all of a sudden we get this
5 great capital project, we love it, and -- you
6 know, whether it's five or seven new libraries,
7 and we can't fund it on a year-to-year basis.

8 And as part of that, whether that would
9 utilize the True Commission, which is already in
10 the charter, or other outside financial
11 management experts as well as community public
12 input, meaning all those parties, but establish
13 funding requirements and priorities to implement
14 and follow management and financial measurement
15 and benchmarking systems to track performance.

16 It's no good to put a system in place if
17 you're not going to abide by it and you're not
18 going to put in measures to make sure that you
19 are following it and whether or not you're being
20 successful with the program.

21 And, lastly, to practice discipline when
22 funding -- as I mentioned, when funding capital
23 projects to ensure operational funding in
24 following years.

25 And then, lastly -- I added it afterwards.

1 I am so pleased Mr. Rohan, who's not here, was
2 able to put that memo together. I think it's
3 very appropriate. No one needs a document
4 that's inaccurate, and so I would very much like
5 to see us, when all is said and done,
6 recommending a -- basically a cleanup of the
7 charter so that whatever is there is truly
8 accurate, there's not any inaccurate information
9 in it.

10 And that's kind of where I got my three
11 points from in particular and was a starting
12 point for me. Certainly it helped when I looked
13 at everybody else's, but, you know, to me, why
14 do certain people -- and if you want to keep it
15 private, I certainly understand, but why do
16 people want -- what in particular do they want
17 to address about these certain items besides,
18 you know, the school board, which received the
19 most votes, what in particular do we -- are you
20 thinking when you put that down.

21 That would help me, and I hope my
22 explanation of my three points help you
23 understand where I'm personally coming from and
24 where I need more understanding in order to make
25 any decisions or possible recommendations to the

1 commission and then as a commission to the City
2 Council or the State Legislature.

3 That was my thought process.

4 THE CHAIRMAN: Thank you, Vice Chair
5 O'Brien. I think that was -- that's an
6 excellent framework for our work today.

7 I would hope that each of you could talk
8 about why you put your issues down, why you
9 chose those issues, and what exactly you had in
10 mind with respect to those issues.

11 I have -- of course, I have each of your
12 e-mails that you sent to Jeff with a level of
13 detail for some of you on these issues that I
14 didn't feel like I could fit on a single page,
15 so my intent was to just really kind of list the
16 topic without getting into specific detail. So
17 if you could provide that level of information
18 for the rest of the commission, I think that
19 would be helpful.

20 Who would like to follow? Who would like
21 to go next?

22 Commissioner Oliveras.

23 MR. OLIVERAS: Thank you, Mr. Chairman,
24 fellow commissioners.

25 The items I put on here, I felt that --

1 they were compelling to me for several reasons,
2 and the first one that -- the sheriff's IT
3 department. That might seem like an
4 insignificant thing, but my concern was, going
5 back to what -- Mr. Rinaman's presentation and
6 documentation provided to the commission was and
7 the concern from the constitutional officers,
8 not just the sheriff, the issue of appointing
9 these elected officials.

10 As a career police officer, I know that
11 certain things need to remain confidential, and
12 I was concerned at the time that I put this down
13 as a priority for me, that if -- if the
14 sheriff's IT department was commingled with the
15 City's IT department, there's a significant risk
16 of something we call criminal intelligence.
17 Very confidential information could be
18 compromised. And we have seen in the past these
19 types of things have occurred. City employees
20 have been fired, have been arrested for giving
21 out confidential information, and -- but the
22 concern specifically with this is we have
23 undercover officers, detectives, things that are
24 going on that myself, as a police officer, I'm
25 not allowed to know about. Things are held very

1 closely -- the cards are held close to the
2 chest. If that information gets out,
3 detectives, officers could be at risk, and
4 that's a very real concern for me.

5 There's also information about criminals,
6 people that are being investigated. It is
7 entirely possible, if this information gets
8 compromised -- call out a name from the past.
9 Henry Manns, the big drug kingpin in
10 Jacksonville from years ago. If somebody had
11 given him information that we were watching him,
12 that we were surveilling him, that -- he might
13 not have gone to prison. He may have -- and he
14 was fond of firearms. Any number of bad things
15 could have happened.

16 But those types of investigations are
17 very -- they're secret. We keep that
18 information very confidential. And so, like I
19 said, even the rank and file officers will not
20 know about certain things going on. And so I
21 just think that goes not only to the specifics
22 of something that was discussed by the sheriff
23 with the -- maintaining the integrity of his IT
24 department, but I think it reinforces the idea
25 that -- there are good reasons that our

1 constitutional officers are elected and that we
2 separate these powers and we -- they are able to
3 maintain the integrity of their job, and I think
4 it's important -- I think it's important to look
5 at it from the standpoint of the IT department
6 specifically and, to a larger extent, the
7 integrity and the independence of the office of
8 the sheriff as a whole, and that's why I put
9 that down.

10 The thing about the school board -- I know
11 we have all -- the generic here. I think
12 specifically what I have taken from the
13 conversations, the presentations from the school
14 board members, from conversations I've had with
15 individuals in the community, there's a lack of
16 communication, and I just feel like the mayor's
17 office, the City Council and the school board
18 should be more directly involved with each
19 other.

20 I mean, these are our children that we're
21 talking about when we're talking about the
22 schools, and I don't see effective communication
23 between these offices, and I think that we -- it
24 would be helpful if we were able to provide a
25 framework to increase communication.

1 Specifically what I had recommended was a
2 type of advisory committee. The mayor could
3 appoint, the school board members could appoint,
4 and the City Council could appoint, and this
5 would provide a framework for all these
6 interested parties to communicate more directly
7 and to engage in problem-solving because I think
8 that -- and I hear this at the school board
9 meetings. There's a sense -- there's
10 disconnect. There's disconnect between the
11 school board, there's disconnect with the City
12 Council, there's disconnect with the mayor, and
13 I think all three of these entities ought to be
14 working together for the same goals even though
15 it's primarily the responsibility of the school
16 board.

17 The mayor, obviously, has a stake in the
18 success of our schools and the council has a
19 stake in the success of our schools, and I think
20 if we were able to provide a framework for these
21 three entities to provide an advisory council so
22 that issues could be worked out, solutions could
23 be cobbled together in a fashion that would not
24 offend any of the interested parties, that we
25 could make progress because, you know, I don't

1 think a week goes by where the schools are not
2 in the media, and a lot of it's not positive.
3 And I think that if we were able to support
4 these offices -- the council, the mayor, and the
5 school board -- with a mechanism for them to
6 approach issues and problems and provide
7 recommendations or solutions that were
8 acceptable to all parties, I think that we
9 would -- we could move forward in a positive
10 direction.

11 So that -- that's where I was leaning
12 there.

13 I have the unfortunate distinction of being
14 the only commissioner that requested that we
15 look at the Civil Service Board. I will tell
16 you, it was not originally my intention to make
17 this suggestion, but after one of our previous
18 meetings I saw one of the sheriff's department
19 directors here in the building, and -- a man I
20 had worked for a couple of times in my career,
21 and I went over and talked to him, asked him
22 what he was doing. He was here for an
23 arbitration case. I said, Well -- because I
24 know the Civil Service Board meets here. I
25 said, Don't y'all use the Civil Service Board?

1 He said, Not really anymore.

2 And anecdotally -- I know this from talking
3 to other people in the community, that the Civil
4 Service Board is being used less and less
5 frequently. I'm sure there's a lot of reasons
6 for that, but one thing I know to be true,
7 arbitration is expensive, it costs the City
8 money. And so I just wondered if, for no other
9 reason, we should look at this as a way to
10 engage in some cost savings, and I think that --

11 I remember when we were in this specific
12 room, when then Council President Fussell gave
13 us our charge, it was to look at this charter
14 and see what was not working and to see what
15 could be improved, and I --

16 Like I said, I know I'm -- I've got the
17 dubious distinction of being the only one here
18 on this, but I think this is a place where we
19 can look to improve the quality of service.

20 It's a very serious matter for the
21 thousands of City employees when they go before
22 the Civil Service Board, and so I think
23 that's -- that's an issue we could look at and
24 see if we can tweak it, if we can provide some
25 recommendations to make that a better process,

1 and to see if we can actually make the process
2 of going to the Civil Service Board something we
3 do more frequently to save money.

4 And then I was one of the ones -- I would
5 like to look at -- I'd like to hear from our
6 ethics officer, actually, and see -- I know
7 there's -- I'm kind of concerned because we're
8 talking about the budget and possibly
9 eliminating the position, and I think -- I don't
10 think I'm alone here. I think that ethics is
11 very important. I think it's something that the
12 community wants to see strengthened. I don't
13 think that they're wanting to see the position
14 cut. I don't think they're wanting to see the
15 emphasis on ethics within the City government to
16 go away.

17 One thing -- as a police officer, the
18 number one thing I have when I go in someone's
19 home is my integrity. If I don't have
20 integrity, if I don't have the trust of that
21 citizen, that encounter is probably going to go
22 downhill.

23 Citizens want to trust the people that do
24 the work of the government. They want to trust
25 their government entities, to make sure we're

1 spending money appropriately, things are not
2 being done in an inappropriate manner. They
3 want to trust, and I think it's -- it's
4 appropriate for us to have an ethics officer or
5 an Ethics Commission where we -- where citizens
6 can come and say, look, you know, this doesn't
7 look right, this doesn't feel right, it seems
8 like something's being done inappropriately.

9 I think there's a way -- we should be
10 looking at strengthening either that position or
11 an Ethics Commission so that the citizens of
12 Jacksonville have confidence in their city
13 government, and I would like us to take some
14 time and talk to Ms. Miller, see, you know, what
15 her direction is, what her priorities are, and
16 see if there's a way we can make recommendations
17 to strengthen the ethics process in
18 Jacksonville.

19 And that concludes my remarks,
20 Mr. Chairman.

21 THE CHAIRMAN: Thank you, Commissioner
22 Oliveras.

23 I will tell you and the members of the
24 commission that the Ethics Commission has
25 requested time on our agenda at our September

1 24th, I believe it is, meeting. They are -- the
2 commission is currently rewriting their bylaws,
3 I believe it is, or their organizational
4 documents, and they haven't finished, but they
5 intend to be finished by early next month and
6 have asked to come present to us then. So we
7 will absolutely -- this is a long way of saying
8 we will be hearing from them.

9 MR. OLIVERAS: Thank you.

10 THE CHAIRMAN: Sure.

11 Who would like to go next?

12 MR. YOUNGBLOOD: I have a quick question
13 for --

14 THE CHAIRMAN: Sure.

15 MR. YOUNGBLOOD: -- through the Chair for
16 Commissioner Oliveras.

17 You did bring up the Civil Service Board.
18 I believe prior to '96, the Civil Service Board
19 was an elected board and there was a referendum
20 on the ballot that created it as an appointed
21 board. Does anyone know, any other
22 commissioners, at -- prior to the appointment,
23 was it a board that was regularly used and did
24 that cause a controversy? Because I know -- I
25 think it's been brought up in other

1 commissions.

2 So, through the Chair to Commissioner
3 Oliveras, do you know, was it used prior to
4 being appointed?

5 MR. OLIVERAS: I couldn't give you the
6 numbers. I think we could probably find those
7 numbers. I'm sure the Civil Service Board would
8 have those number themselves.

9 And my thrust here is not so much -- and I
10 know I couched it as elected versus appointed
11 Civil Service Board. If we went in the
12 direction of a recommendation towards an elected
13 Civil Service Board, that doesn't necessarily
14 mean salaried. You know, if we went in the
15 direction of an elected Civil Service Board,
16 they could volunteer, the same way they're
17 appointed now, but perhaps a mechanism so they
18 would be more -- there would be a sense that
19 they came more from the community, from --
20 whether it be the planning districts, you know,
21 council districts, and that was -- that was
22 where my interest lied there, was not so much
23 that I was opposed to the appointed members, but
24 rather I think as a way -- again, integrity for
25 the city, if the citizens and, in this case, the

1 employees felt that their representation came
2 from the community, which has a stake in the
3 outcome, obviously, of City employees.

4 MR. YOUNGBLOOD: The reason I ask is
5 because -- I think, Commissioner Flowers, you
6 served on the Civil Service Board one time
7 yourself, but I believe the charter was already
8 amended back in '96 because of a referendum on
9 the ballot to go ahead and make it an appointed
10 board versus an elected board, so is it
11 something we want to continue to reverse and go
12 back to an elected board?

13 And as our chairman spoke earlier, it looks
14 like we're looking for reform across the board
15 anyway to the election laws, as I've looked into
16 for recall, or term limits, as cleaning up the
17 charter and so forth, so I don't want to
18 reinvent the wheel here.

19 If it was something done because a previous
20 commission recommended, are we going to overturn
21 that and go back to an elected versus an
22 appointed board?

23 I don't want to keep going back and forth
24 every ten years and changing this document. I
25 think we were instructed by General Counsel's

1 Office, let's keep this as a framework and not
2 so loose or should we say a loose framework and
3 not a focused framework on individual items.

4 So that's more of a question than it is a
5 solution.

6 THE CHAIRMAN: Commissioner Catlett, did
7 you want to be heard on that?

8 MR. CATLETT: Yeah. I wanted to -- I want
9 to make sure that I understand the issue because
10 sometimes I get lost, I don't have your
11 background.

12 Are you saying, then, that the reason
13 people aren't using the Civil Service Board is
14 because it's appointed rather than elected?

15 MR. OLIVERAS: I'm not sure. I'm not sure
16 that it -- whether it's appointed or elected is
17 specifically the problem. The problem is it's
18 not --

19 MR. CATLETT: What is the problem?

20 MR. OLIVERAS: The problem is it's not
21 being used. The problem is that the various
22 bargaining units are opting to go to arbitration
23 rather than make use of the Civil Service Board,
24 so I -- I think it indicates there's a problem.
25 It may be an issue of confidence in the board.

1 I don't know.

2 It would be interesting to see, if we could
3 get the documentation to see what the outcome of
4 the rulings of the Civil Service Board are, of
5 the percentages, if that's the issue, but -- but
6 clearly there is an issue that the employees
7 that are affected and the bargaining units that
8 are representing these employees are not taking
9 advantage of the Civil Service Board and they're
10 opting for arbitration, which is a much more
11 expensive process.

12 THE CHAIRMAN: Commissioner Barrett.

13 MS. BARRETT: Thank you, Mr. Chairman.

14 I'm just asking, who does appoint the Civil
15 Service Board now?

16 MR. OLIVERAS: The charter, when I read it,
17 the -- the mayor appoints five members, the JEA
18 appoints two. There has to be -- one of the
19 mayor's appointees is a union member, and then
20 it -- my memory fails me now. And then there's
21 two others, so there's five members of the Civil
22 Service -- correction -- nine members of the
23 Civil Service Board.

24 MS. BARRETT: Thank you.

25 THE CHAIRMAN: Commissioner Miller.

1 MS. MILLER: Just for clarification,
2 because there seems to be some amount of --
3 there are a number of questions about this issue
4 and whether or not it's really an issue, so I
5 would like to ask that maybe a representative of
6 either the General Counsel's Office or someone
7 involved with the Civil Service Board come to
8 the commission to maybe talk with us about the
9 process.

10 Based on my experience in labor and
11 employment law, they -- we may not be able to
12 mandate that a union use the Civil Service
13 Board. Under the Public Employee Relations Act
14 and other laws in Florida, unions usually have
15 an option of remedies, and they may opt to use
16 arbitration for their own reasons.

17 Whether it's appointed or elected may or
18 may not, you know, persuade them, but I think we
19 need a little bit more information to really
20 understand whether or not an elected board
21 solves the problem or if there really is a
22 problem, but I think -- I would just recommend
23 that we get some information, and I suspect --
24 at least on that particular legal issue, we may
25 or may not -- the answer that we're seeking or

1 the recommended answer may not be an answer at
2 all.

3 THE CHAIRMAN: I think that's a good
4 suggestion. I would ask that the General
5 Counsel's Office provide us with some background
6 information in a memo form to the commission on
7 the issues as articulated by Mr. Oliveras and --
8 Commissioner Oliveras and Commissioner Miller
9 and then, hopefully, based on that written
10 information that we can read on own time, we can
11 then decide whether we want to -- whether we can
12 do what you are trying to get at or whether the
13 law kind of precludes us -- or the City -- from
14 effecting that change, and then we can move
15 forward from there.

16 MR. OLIVERAS: That's fine, Mr. Chairman.

17 I would just like us to take a look at it
18 and see if there's something, if there is a
19 problem. And then if there is a problem, if we
20 do have something we can do to provide a
21 solution. That would be as a cost savings if
22 nothing else.

23 THE CHAIRMAN: Sure.

24 MR. YOUNGBLOOD: Mr. Chairman, if I could
25 interrupt.

1 THE CHAIRMAN: Certainly.

2 MR. YOUNGBLOOD: I believe Commissioner
3 Flowers served for a time, elected, to the Civil
4 Service Board at one time, so we may have some
5 in-house insight, if he's willing to share,
6 regarding the Civil Service Board.

7 MR. FLOWERS: I will share the fact that,
8 general practice throughout the state -- we were
9 the last Civil Service Board to be elected, and
10 I was on the last board. And I think the
11 citizens spoke and the employees spoke, so -- I
12 think it worked fine, and we just have to pay
13 the cost of what the people want, and that's
14 where my concern will show up when I make my
15 presentation.

16 MR. YOUNGBLOOD: Then I can go back
17 straight to my issues, then. I did bring up
18 the -- obviously, the independent authorities,
19 and I had asked are they too independent, and I
20 guess I was kind of focusing in on one area.

21 I see that the sheriff's department and the
22 fire department are clearly using -- I see that
23 the independent authorities are clearly using
24 some of the resources of the City motor pool.
25 For instance, police and fire seem to be the

1 vast majority, but JTA doesn't and JEA doesn't,
2 so have they seen a potential cost savings and
3 the reason they've jumped ship and do not use
4 it. Are they required to use it?

5 So, again, more questions here, as a lot of
6 us have, but I think it would be very
7 instrumental to -- to hear both sides because I
8 think -- after speaking with the mayor
9 yesterday, he said that every administration has
10 always been told to look at the motor pool, look
11 at the motor pool, and he said everything is
12 working efficiently with the motor pool and
13 there is no savings, when we heard contradictory
14 information, obviously, from our own sheriff
15 that says, well, there's, you know, \$1.5 million
16 in savings.

17 So here it is with the budget issues that
18 we have at stake, I think it's something we
19 should look at again. Is it operating truly
20 efficiently? And if it is, then how come JEA
21 and JTA aren't taking advantage of those
22 efficiencies? Well, maybe there are some
23 savings to go to privatization.

24 Then we get into the appointment versus
25 elected officials. We've heard from our elected

1 officials thus far. I'd like to hear the other
2 side. We've heard it spoken that we'd like to
3 see them appointed. We've heard from our
4 elected officials who disagree, and they think
5 they should stay elected, obviously, because
6 they are currently elected officials, but I
7 would like to hear from those maybe surrounding
8 counties that have attempted to appoint and hear
9 their woes.

10 It's one thing to have an elected official
11 share that this is what they've been told, but
12 I'd like to hear from those individuals that
13 have been in those positions of appointment, and
14 I'd like to hear their difficulties because I
15 think they truly have some on their hands.

16 And then we go back into recall, and what I
17 seek to do by covering Article 15 for recall --
18 and I brought this up to each of those appointed
19 or elected officials that were looking toward an
20 appointment -- is maybe the opposite side of the
21 coin was greater accountability.

22 We have a strong mayor now. We have a
23 great executive branch of government the way the
24 system is set up. Do we need it stronger by
25 having the appointment from the mayor to appoint

1 the sheriff and all the other constitutional
2 officers or is it better to give the power back
3 to the people through the election process,
4 again, to reform the election process, and look
5 at the potential of recalling? Not to make it
6 easy, but to make it easier.

7 And as many of you probably read through
8 Steve Rohan's information -- pretty involved.
9 And I don't know that we've ever removed any
10 elected official. And I'm not seeking to remove
11 an elected official, but that puts the fight --
12 the fire under the elected official's feet that
13 says you're answerable to the people. And I
14 think that's the overwhelming trend, is they
15 want accountability. If they truly want
16 accountability, they're already currently
17 elected, they can be removed through this
18 process or they can be voted out of office based
19 on term limits, so back to election reform.

20 And I think commissioner -- or our chairman
21 has already made that very clear, that -- it
22 seemed to be, from several different angles, a
23 huge question.

24 And do we have a track to run on to really
25 accomplish this in 12 weeks? How do we shrink

1 down -- I'm a little overwhelmed with -- there's
2 so many areas to look at. Question.

3 THE CHAIRMAN: That's an excellent
4 question. An obvious solution would be to meet
5 every week. I mean, that would double our
6 amount of time.

7 MR. YOUNGBLOOD: If it's important enough,
8 maybe we should, but that's entirely up to the
9 other commissioners.

10 THE CHAIRMAN: Well, that's an excellent
11 question and that's exactly what I want us to
12 get out of this process, this discussion
13 process. Now that we've got our list and we
14 hear everybody's perspectives on why they chose
15 these issues, we have to decide how we're going
16 to invest our time and our resources. So
17 hopefully we will have an answer to that
18 question.

19 MR. YOUNGBLOOD: Thank you.

20 THE CHAIRMAN: Next.

21 MR. FLOWERS: I'm Robert Flowers.

22 I would like to -- want to submit my
23 concerns in writing so that I don't get nervous
24 up here and misquote what I intend to say.

25 But my concerns are with the division of

1 power. Section 401, the general -- and it goes
2 to Article 5, and it goes on down to -- the
3 second one is the arrangement of Article 7. We
4 talk about changing the order of priority from
5 the City Council, Mayor, General Counsel, and
6 additional departments. So I have a nice
7 prepared statement on that.

8 But now when it comes to HUD, I -- since
9 1974, the federal government developed the
10 community development and the government housing
11 act of 1974, and in that section there's a part
12 called 109, under Title 1, which mandates that
13 where federal dollars are concerned, all
14 citizens have a right to be -- to be
15 participants in the planning and development of
16 the resources of that money commingled with or
17 either directly goes to certain projects.

18 And when we first started this in
19 Jacksonville, we had an elected advisory board
20 to HUD to disseminate the plan for how that
21 money would be spent, but through the years the
22 money has been spent by certain elected people,
23 so real stakeholders, which the demographics of
24 downtown Jacksonville will use to get the money,
25 have seemed to disappear from participating.

1 And, of course, Blodgett Homes was an
2 example, but that issue was resolved through
3 (inaudible), but in the same time, it converts
4 over to the City purchasing code where you have
5 the (inaudible) program, which required meeting
6 of the agencies to that board -- they have a
7 board every quarter. And those demographics and
8 data should be passed on to the mayor a
9 quarter.

10 It's my understanding that some of those
11 meetings never occurred, so the mayor has been
12 held responsible for a thing he doesn't know
13 about, and so if -- if we could get the HUD
14 people here to begin to tell us how that tie in
15 with all of the City planning because we
16 planning a whole thing with two different pots
17 of money and nobody is accountable for which one
18 because -- but it is all required in this
19 section, so that's what I was -- my main
20 concern.

21 Thank you.

22 THE CHAIRMAN: Thank you, Commissioner
23 Flowers.

24 Any questions about Mr. Flowers' comments?

25 Vice Chair O'Brien.

1 MS. O'BRIEN: Commissioner Flowers.

2 MR. FLOWERS: Yes, ma'am.

3 MS. O'BRIEN: In particular -- I know you
4 were talking about your HUD activities. Did you
5 have anything in particular that you wanted to
6 express in your recommendations about the checks
7 and balances, what you meant by that, the OGC,
8 the General Counsel's Office that you wish to
9 share?

10 MR. FLOWERS: Particularly, I would like to
11 see more everyday people on the advisory
12 commission that's spending that money. The
13 Housing Authority is basically, I think, made up
14 of lawyers and doctors and Indian chiefs. So if
15 we could make certain that the people that is
16 designed to help is on the commission, then
17 everything would be all right because they
18 should look out for their own interest.

19 MS. O'BRIEN: When you say "the
20 commission," are you talking about the City
21 Council or the --

22 MR. FLOWERS: No, no.

23 The HUD requires the City to have an input
24 board to implement the plan. So when they
25 implement the plan, the -- you would have

1 stakeholder representation, but at the
2 present -- I might be wrong -- everyday citizen,
3 like way down there, are not communicating into
4 the planning process.

5 MS. O'BRIEN: Thank you.

6 MR. YOUNGBLOOD: If I could ask a question.
7 Are we asking to put this in the charter or
8 is it currently in the charter and we're looking
9 to revisit it? I don't think it's in the
10 charter.

11 MR. FLOWERS: Yeah. What I'm saying is we
12 can't thoroughly plan anything without
13 information on all of the City funds, where they
14 come from and how they are dispensed and under
15 what law or rule they are dispensed. So we
16 would be blowing in the wind if we try to look
17 at how the City plans and -- it's covered in the
18 charter and all those entities without knowing
19 the whole story.

20 MR. YOUNGBLOOD: I guess we would have to
21 ask how do we put that in the charter, then, and
22 can we truly add it to the charter since it's
23 not within our scope in the current charter, and
24 how do we go about doing that. Someone from
25 the -- Rick Mullaney, Steve Rohan, someone that

1 can answer --

2 THE CHAIRMAN: Well, I will tell you that
3 Mr. Rohan and I and Mr. Flowers have had some
4 discussion about this issue already because it
5 is not in the charter, and I believe
6 Commissioner Flowers was going to try to
7 identify who the best -- the City HUD activities
8 apparently have been diffused across several
9 different agencies, and -- going on memory,
10 based on what Mr. Rohan told me. None of which
11 are in the charter, none of those agencies are
12 in the charter.

13 I know that Commissioner Flowers has asked
14 to hear from a point of contact on City HUD
15 activities, and my last conversation with
16 Mr. Rohan and Commissioner Flowers was that they
17 were going to do some research on that issue as
18 to who the best point of contact to come talk to
19 us about these issues would be, and so that's --
20 I have not heard anything further on that issue.

21 I'm happy to ask that Mr. Rohan prepare
22 something in writing for the commission to
23 review as to those issues if that's -- if you
24 would like.

25 MR. YOUNGBLOOD: I just want to see if it's

1 something we should even look at. I don't know
2 that it's within our scope. And not to take his
3 item off the table, but is it really something
4 that we can look at? I don't know that it is.

5 THE CHAIRMAN: Okay. That's the purpose of
6 this discussion, but I'm certainly happy to have
7 Mr. Rohan do some research on that.

8 MS. O'BRIEN: I mean, my comment would be
9 the issue that we as a commission would be,
10 solely, should HUD be incorporated as an
11 independent article within the charter? And if
12 so, what does that follow?

13 I think that's the decision that we have as
14 a commission, not to amend anything at yet
15 because I think the question is should that be a
16 charter issue or should it remain a state and
17 local administrative issue.

18 THE CHAIRMAN: I agree. That's what we're
19 trying to flesh out.

20 Who would like to go next?

21 MS. GARVIN: I don't -- I had a very
22 difficult time coming up with three -- not
23 coming up with three, narrowing it to three.
24 Listening to all of the talk, and then when I
25 saw the list, I thought, yeah, that was

1 important to me too, and -- so I had a very
2 difficult time.

3 The independent agencies, though, have just
4 kind of jumped out at me from listening to
5 everyone, the different groups talk, and they
6 all want to keep autonomy. They want to, you
7 know, become their own, but they should be
8 accountable to the City, and we need to --
9 somebody needs to have some kind of an overseer
10 or something on that. So I'm just concerned
11 that they have the ability or they have taken
12 the ability and gone off on their own in
13 disregard to the City itself, and I could cite
14 some activities that I feel that way.

15 The Ethics Commission, I go back to what
16 Commissioner Oliveras said. I think the city of
17 Jacksonville wants a government that is an
18 ethical, upright government. People want to
19 trust government. And when things go wrong --
20 and in every situation there are always going to
21 be some people in there that are going to try to
22 manipulate a system or do something to their
23 betterment rather than the betterment of all --
24 someone needs to be there. There needs to be a
25 way that the citizens of Jacksonville know that

1 it's going to be handled and it's going to be
2 handled fairly and everybody is going to be --
3 get a good representation. Not that people are
4 automatically guilty. I think they have a right
5 to prove their case and they're innocent until
6 proven guilty, but there needs to be -- needs to
7 be a check and balances on government and what's
8 going on in government.

9 And the Office of General Counsel, I put
10 that on there because it came up so much. I was
11 impressed with their report and what they said,
12 and I thought, gosh, you know, why are people
13 coming back and keep hitting at them? And then
14 the more I listened and the more I thought about
15 it, everybody wants to have their own. They
16 want to have their own counsel, they want to be
17 in control of their own people. And so I'm not
18 sure if maybe we ought -- if there's a way to
19 strengthen the Office of General Counsel rather
20 than weakening it because I think that
21 they're -- just listening to it, I think there's
22 some important things there. And the City and
23 its independent agencies need to be talking out
24 of the same side of their mouth, and that was my
25 reason for putting it -- narrowing it down.

1 Did I think the school board wasn't an
2 issue? Absolutely. And Commissioner O'Brien, I
3 thought her remarks were excellent. And I
4 wanted to say, yeah, I believe that.

5 And I think pensions -- I mean, obviously,
6 at the rate we're going, pensions are going to
7 cripple our government if we don't do
8 something. Cripple our city I should say, not
9 our government, cripple our city if we don't do
10 something.

11 So I had a hard time narrowing it down to
12 three, but I did so based on the information
13 that I heard and what I've seen going on in the
14 City.

15 THE CHAIRMAN: Thank you, Commissioner
16 Garvin.

17 Commissioner Barrett.

18 MS. BARRETT: Well, Mr. Chairman, thank
19 you.

20 I simply put down the ethics office, and I
21 think we're going to be visited by them.

22 And the only thing -- the City ombudsman.
23 We can really take that off. I was the only
24 one. I was interested in Mr. Rinaman's idea
25 simply, and that -- some day I can just visit

1 with him on that.

2 And the General Counsel, I notice they got
3 five votes though, the OGC, so it got almost as
4 many votes as the school board. So at some
5 point I would imagine people do want to see
6 whether we need to strengthen the General
7 Counsel's Office, but I definitely think they
8 should be on this list.

9 THE CHAIRMAN: Thank you, Commissioner
10 Barrett.

11 Commissioner Miller.

12 MS. MILLER: Thank you.

13 And I agree with much of what has been said
14 at the table, so I don't want to reiterate, but
15 I'll -- and I'll start with Commissioner and
16 Cochair O'Brien's statement regarding the
17 pension. And instead of reiterating all those
18 questions, I would just say that I have the same
19 questions and I'd like to have the answers to
20 those questions before we know what, if
21 anything, we can do on this body to address
22 those issues because I do think the pension is a
23 concern, not just police and fire pension, City
24 pension, how we reconcile that, how it relates
25 to the state pension, if at all, and maybe

1 creating some greater transparency there.

2 But I will say that my issues and concerns
3 really are based on a few themes. One is
4 greater accountability, enhanced accountability
5 by our independent authorities to the mayor and
6 to the consolidated government, to the City
7 Council. I think we've heard that today.

8 So when I go through my issues, I will be
9 thinking about and I'm thinking about greater
10 and enhanced accountability for outcomes and
11 greater and enhanced accountability for -- for
12 their particular functions.

13 Second is greater transparency, greater
14 transparency in processes, greater transparency
15 in how these agencies do business and how
16 their -- and how their outcomes are determined.

17 If we think about our charter as our
18 constitution, which it is, you know -- I
19 appreciate Mr. Rohan's recent memorandum because
20 a constitution really should be setting forth
21 our priorities, what are our priorities as a
22 city and as a county and as a community, and
23 then how are we going to implement and
24 effectuate those priorities through various
25 agencies.

1 This constitution, if you will, has become,
2 in my mind, cluttered up with a lot of things
3 that maybe don't belong here, and I would
4 analogize that to the state constitution with
5 the pregnant pig amendment. You know, that --
6 it doesn't belong in the state constitution. It
7 might belong in a statute, but it doesn't belong
8 in the state constitution.

9 Are there things in here that maybe should
10 be more appropriately within the governance of
11 the City Council and the administration in an
12 ordinance code?

13 And in my list, I've listed Ethics
14 Commission, JEDC, Children's Commission, not so
15 much to look at those individual -- going into
16 depth on those individual entities, but are they
17 better served and are they better suited to be
18 in the ordinance code where there is greater
19 accountability, if you will, to the City Council
20 through the ordinance code and to the mayor that
21 way? Do they need to really be in this?

22 The Children's Commission, I will note, has
23 an actual funding option and has a funding
24 mandate through the charter that may or may not
25 need to be -- you know, that we may have to

1 address if it's moved to the ordinance code.

2 So my comments as to those individual
3 commissions, if you will, have to do with
4 efficiency and moving some of these items out of
5 the charter into the ordinance code, hopefully
6 to enhance efficiency.

7 More specifically, though, as to the -- and
8 I may go in various order.

9 As to the core functions of government,
10 again, I echo Vice Chair O'Brien's statements,
11 defining our priorities, at least reexamining
12 the priorities that are listed there. There's a
13 lot listed there. They're not in any particular
14 priority. I think they're all important to the
15 quality of life in this city.

16 How does the city and what is the proper
17 functioning and core functions of government?
18 Maybe we keep them all, but I think it's worth
19 it to go back to that, at least to agree and get
20 some consensus on this commission to say we
21 agree that these are important to the city. We
22 may not agree that they all belong in the
23 charter, but at least if we have that basic
24 consensus on our initial priorities, then we can
25 begin to build our recommendations based on

1 that.

2 And so that was on that particular part of
3 my list.

4 In more detail, I have the school board,
5 and my statements will probably be unpopular
6 with some, but nevertheless I think they need to
7 be stated.

8 I'm very disappointed in our school board.
9 I believe we have a lot of well-intended people
10 on our school board and in the elected
11 positions. Unfortunately, the outcomes of our
12 school board, the outcomes of our children
13 graduating are not good. We do not perform well
14 throughout the state. We do not perform well.
15 We have a very low high school graduation rate.
16 We have a very high dropout rate, and that has a
17 direct impact on crime, it has a direct impact
18 on the quality of life, it has a direct impact
19 on our income, on our per capita income, on our
20 ability to recruit and sustain businesses and
21 jobs in our community. It's very, very, very
22 important.

23 How do we help the school board? What can
24 we do as part of this consolidated government to
25 enhance the outcomes? And it's a tenuous task,

1 it's a tenuous question. It's difficult because
2 the school board is chartered in statute, but
3 what I'd like to do is be able to look at what
4 other communities have done to maybe turn their
5 school districts around.

6 Our school district is not bad in all
7 cases. There are a lot of great stories that
8 come out of it, but there's a basic
9 outcomes-based analysis that we should look at.
10 College preparedness, we should look at the high
11 school rate and the graduation rate and the
12 dropout rate.

13 I don't have an answer, but I would like to
14 look at whether or not it would be effective for
15 the school board members to be appointed. I
16 would like to look at whether or not the
17 superintendent should be appointed. I'd like to
18 look at whether or not the superintendent should
19 be elected. And I'd also like to look at
20 whether or not the City has the ability -- I
21 know the City has the ability -- whether it
22 would be worth the City to take some of these
23 schools that are in great need and create a
24 charter school system as an alternative to help
25 out. And the City is within its purview to do

1 that.

2 I don't have the answer, but I do know that
3 the State has done multiple -- the -- OPPAGA at
4 the State has done several studies for the
5 legislature and looked at the various school
6 districts around the state to say, based on
7 their analysis, school districts -- you know,
8 the appointed versus the elected, and the
9 different -- the different ways that those
10 school boards are managed and the outcomes of
11 those school districts.

12 So it may be helpful, and I would like to
13 hear from -- possibly someone from OPPAGA, and
14 I'm happy to -- Senator Wise, in particular, has
15 headed that up, and maybe Senator Wise can come,
16 as well as someone from Tallahassee to come and
17 talk to us about the various structures, or
18 maybe others from other counties, but I would
19 like to see -- because education -- public
20 education is such an important part of this
21 community. We have very limited authority, but
22 we do have some authority.

23 So those are my questions. I don't have
24 the answer, but I would like to explore
25 alternatives. So, as I said --

1 And as far as the appointment of certain
2 constitutional officers, I think we -- the
3 sheriff and others have made a very compelling
4 case that certain constitutional officers, it
5 may behoove us and it may be in our best
6 interest to maintain their independent
7 authority, but I think there are others maybe
8 that we haven't heard from -- the tax collector,
9 the Clerk of the Court -- where it may make
10 financial sense to have those functions -- and
11 not in a diminutive way, but more ministerial
12 functions, as appointed officials within this
13 community. It may save money, and I'd like to
14 know more about that and look into that, that --
15 those particular offices, but just in terms of
16 the pros and the cons of -- I think one of my
17 fellow commissioners mentioned, what's the other
18 side? What's the other side of the elected,
19 appointed constitutional officers? So I'd like
20 to look at that.

21 As to independent authorities, again, I
22 echo the statements of one of my commissioners,
23 clear and more consistent lines of authority to
24 the consolidated government.

25 Each of the -- it's a unique -- again, a

1 unique proposition because each are chartered in
2 some statute and have different authority, but
3 what is their relationship and what is their --
4 what is their accountability? What is their
5 measure of accountability to the consolidated
6 government?

7 It's different for each one, and I suspect
8 that has come about over time through various
9 amendments over time to the charter.

10 How can we create a more clear and
11 consistent line of authority and responsibility
12 to the consolidated government and
13 responsibility to the mayor and City Council?

14 That would include accountability for
15 outcomes and transparency in their own processes
16 and their own budgetary processes. I'd like to
17 look at that.

18 And then, finally, as to the Office of
19 General Counsel, I certainly appreciate
20 Mr. Mullaney's in-depth explanation and --
21 at our last meeting, and I think it highlights
22 the -- that the Office of General Counsel is
23 truly in many ways the nerve center of the
24 consolidated government in holding it together,
25 but it -- also, as we've heard from

1 constitutional officers, independent authorities
2 and members of the public, there are concerns.
3 And I believe Commissioner Korman at the last
4 meeting mentioned concerns from the public and
5 public confidence.

6 So I would like to look at the language
7 regarding the Office of General Counsel to
8 ensure that the office maintains its
9 independence, that it is truly an independent
10 office accountable to no one office but serving
11 all offices equally within the consolidated
12 government.

13 And I think that independence is very
14 important, particularly in the position of
15 General Counsel because of its -- because of his
16 or her quasi-judicial nature and the ability to
17 make binding legal opinions and issue those
18 binding legal opinions.

19 There's also been expressed through the
20 public comments, there -- that there is some
21 confusion or concern regarding the binding legal
22 opinion process. Let's find out -- and maybe we
23 can enhance the binding legal opinion process by
24 creating some procedural or due process methods
25 or at least something, some guidance within the

1 constitution that says this is the way the
2 decisions will be made. It doesn't mean it has
3 to change, but let's articulate the process by
4 which a -- a statement comes in, briefs are
5 prepared. How is that decision made and -- at
6 least to demystify it because I -- I don't know
7 that there's a problem with the existing process
8 as much as people don't understand it. So if
9 our job is to help create transparency, then
10 let's help people understand that.

11 And then, finally, I think if we are to
12 enhance confidence in the Office of General
13 Counsel by its clients -- because what I've
14 heard is everybody wants their own lawyer and
15 they want to feel confident in their lawyer,
16 then how do we enhance confidence by those
17 clients? And maybe that is through developing a
18 statement on conflicts of interest, and what I
19 mean by "conflicts of interest" are the legal
20 canons, the canons that govern every lawyer in
21 the Florida Bar.

22 And the Florida Bar, in private practice,
23 in most cases, lawyers couldn't do what they do
24 as a government lawyer. Government lawyers are
25 tasked with some very specific and difficult

1 decisions to make when they represent a large
2 organization and certainly an organization as
3 diverse as this organization.

4 So I would like to hear from someone about
5 that, maybe someone who has experience in
6 Tallahassee, the Attorney General's Office or
7 the Florida Bar, on conflicts of interest and
8 the specific issues that arise in a government
9 for a government lawyer, and then maybe propose
10 some procedures or some guidance to help the
11 lawyers who are in that office and really to
12 instill some confidence, hopefully, by the
13 clients that those lawyers truly are
14 representing their interest, that we can have an
15 office that is diverse, that represents diverse
16 interests of the government, but that truly can
17 be an advocate for the legal issues, not the
18 policy issues, as Mr. Mullaney explained, the
19 legal issues.

20 So those are my comments. I apologize if
21 I've gone over time, but . . .

22 THE CHAIRMAN: Thank you, Commissioner
23 Miller.

24 Questions, comments on her issues list?

25 MR. YOUNGBLOOD: Just a comment, I guess,

1 in the form of a question.

2 Through the Chair to Commissioner Miller, I
3 believe the school board -- and someone can help
4 me with this. The school board's budget is,
5 what, \$1.5 billion, just the school board --

6 MS. BARRETT: \$1.6 billion.

7 MR. YOUNGBLOOD: 1.6 billion?

8 MS. BARRETT: Uh-huh.

9 MR. YOUNGBLOOD: That agency alone rivals
10 the entire City, based on -- I think they're the
11 largest employer in the City. We could almost
12 form another commission just to look into the
13 school board, so how do we even dive into that?
14 How do we look at those elected officials that
15 are handling that huge task before them, and how
16 easy it is from the outside to look in and say
17 they could do something different.

18 I agree with you completely that -- with
19 two children of my own that will be entering the
20 school system -- that we need to make some
21 changes, but how do we look at it from the
22 charter up, I guess, at these elected
23 officials? How can we make change?

24 I think currently with that size budget,
25 based on the amount of students that are out

1 there, that's about \$12,000 per student. That's
2 quite an education. \$12,000 in the private
3 realm would get you a very sophisticated
4 education.

5 So, yeah, we should have some very strong
6 academics. How do we look at that,
7 Mr. Chairman? How do we --

8 MS. MILLER: May I respond?

9 THE CHAIRMAN: Commissioner Miller.

10 MS. MILLER: Through the Chair to fellow
11 Commissioner Youngblood. You know, in fact,
12 it -- there's always -- it's always hard to look
13 at change in an organization of that size, but I
14 don't think the budget or the size of the
15 organization should deter us.

16 One of the best things we can do is look at
17 best practices and worst practices, what has
18 worked around this state, what hasn't worked,
19 and even what has worked throughout the nation.

20 There are KIPP schools, there are lots of
21 alternatives today to a public education, and we
22 look at outcomes and we look at -- there's
23 research that shows us what works and what
24 doesn't.

25 Maybe it is that we don't change the

1 structure but we recommend or have some
2 accountability for the school board for outcomes
3 to (inaudible) the City government.

4 I don't know the answer, but I do know that
5 the State has done a lot of research. Three
6 years ago or four years ago, Jerry Holland, when
7 he was City Council president, commissioned a
8 specific commission on education, public
9 education, chaired by Ginger Soud, to look at
10 this. That research, I'm sure, through Mr.
11 Clements, is readily available on what the
12 alternatives are.

13 You know, the -- there are resources
14 available to us. I'd be happy to look into that
15 and ask, again, Senator Wise, OPPAGA and others
16 to come and talk to us about the alternatives.

17 I don't think that the magnitude of the
18 problem should deter us because it -- it is
19 large because it's so important.

20 THE CHAIRMAN: Commissioner Youngblood.

21 MR. YOUNGBLOOD: I just think that elected
22 over appointed is a huge structural change for
23 something like the school board. And I can
24 agree, let's look at it, but how far do we look
25 into it? And we'll definitely hear from

1 organizations, whether it be voucher programs,
2 charter schools or other opportunities, it's a
3 very valid point.

4 THE CHAIRMAN: Several of you have raised
5 your hands, and I've noted all of you. I just
6 want to -- and I'll call on you in the order in
7 which you raised your hands.

8 I do want to make the observation that our
9 work does not have to drill down to the fine
10 level of detail. We don't have to come up with
11 a final solution and we certainly don't have to
12 implement it. I think that frees us to dream
13 big, in whatever area.

14 So I'm sensitive to your concerns, and
15 they're real concerns. I don't anticipate we're
16 going to be able to address all the questions
17 that you have in our work, but I do think that
18 it's the very purpose of this body to look at
19 macro issues and suggest them to the legislative
20 delegation and the City Council as areas that
21 they should do more work in.

22 So I tend to come down on the side of
23 Commissioner Miller as far as, is this too big
24 for us to look at? I don't think it is. I
25 don't think there's anything that's too big for

1 us to look at because we don't have to come up
2 with the final solution. We just have to start
3 a reasoned, thoughtful discussion that we can
4 then hand off to our elected officials.

5 Commissioner Oliveras.

6 MR. OLIVERAS: Thank you, Mr. Chairman.

7 Through the Chair to Commissioner Miller, I
8 agree wholeheartedly with what you've said. And
9 I don't want to be redundant in my suggestion of
10 an advisory committee, but let me -- let me say
11 this: My graduate work is in human services,
12 and I've looked at the research. That was a big
13 part of my graduate work.

14 The research tells us the same thing every
15 time the research is done. I'm of the view, we
16 don't need more research. We don't need more
17 exploratory committees. I think that is -- that
18 is what happens so often is a great idea comes
19 along and then we say, "Let's form a committee
20 to look at it." And then they say, "That's
21 great. We have some recommendations. Okay,
22 let's form an implementation committee. Okay,
23 let's do that." And then, "All right, we're
24 going to implement it, but it's July and we only
25 have budget money to the end of September," and

1 then the -- whatever it is that's implemented
2 then dies. And then a few years later someone
3 says, "You know, I remember a thing we used to
4 do." And someone comes around and says, "Let's
5 form a committee," and nothing actually gets
6 done.

7 At the rate this community is closing the
8 achievement gap, we will all be long gone before
9 that happens, and that -- it's a shame, and I
10 just think that -- as I said earlier, the mayor
11 is a stakeholder, the council members are
12 stakeholders, and really every parent of
13 children and every taxpayer in this community is
14 a stakeholder in this process, and really what
15 we have to do is we have to have clearer lines
16 of communication. And when --

17 To be honest, if the council is unhappy
18 with progress, there should be a conduit, a
19 direct conduit to the school board to express
20 that disappointment.

21 And I'm not suggesting in any way that we
22 diminish or limit the power or the authority of
23 the school board members. By no means am I
24 suggesting that, but I think that -- and I go
25 back to my experience as a police officer. Most

1 of the dispute calls I have gone to over
2 20 years have been lack of communication,
3 somebody has miscommunicated it and now I'm
4 there to solve their problems.

5 I think we have to communicate. I think
6 that the school board members, past and present,
7 know what -- know what the research has said. I
8 think that the administrators -- I work in this
9 system. The administrators know what has to be
10 done. They know what has to be done. And, you
11 know, it's -- we're in a state now with one of
12 our high schools where we're applauding the new
13 principle for coming in and enforcing the dress
14 code. We've known that, we just haven't done
15 it.

16 And I think that we have to communicate the
17 importance of the success in our schools to the
18 people that are responsible for ensuring it
19 because with 40 percent of our high school
20 students not finishing, I mean, it -- it borders
21 on neglect, it really does.

22 And I -- I apologize for pontificating, but
23 I agree wholeheartedly with Commissioner Miller.

24 THE CHAIRMAN: Commissioner Miller, if you
25 will indulge me.

1 Let me allow Commissioner Barrett and
2 Commissioner Catlett to speak and then you
3 can --

4 MS. MILLER: I just would like to say I'm
5 not proposing another commission.

6 THE CHAIRMAN: Okay.

7 MS. MILLER: Okay. Not. Just that we
8 build on and learn about what -- what's already
9 been done.

10 THE CHAIRMAN: Okay.

11 MS. MILLER: That's all.

12 THE CHAIRMAN: Commissioner Barrett.

13 MS. BARRETT: Thank you, Mr. Chairman.

14 I would say that if people want to hear
15 Senator Wise and the OPPAGA folks from
16 Tallahassee, we also need to bring in Mike
17 Perrone, who's the budget officer for the school
18 system, to give a very brief and important
19 understanding of the \$1.6 billion budget,
20 understand that only about \$200,000 of that
21 budget are what we would call unfunded
22 mandates.

23 So before you start taking the school
24 system apart here in terms of the budget or
25 Senator Wise coming in and so on, you-all need

1 to have a good understanding of how that budget
2 works over at the school system. And I know
3 that Mr. Perrone would be more than happy to
4 come here and explain it and -- I call it
5 undereducationeasement, not educationeasement, but
6 simple terms of what that budget is and how it
7 is -- how it's -- what would you say -- doled
8 out. You would be surprised at --

9 I think it would be an amazing hour for you
10 to really understand that budget, and I think a
11 lot of those questions could be answered in
12 terms of understanding how that budget works
13 because most of it is State mandated. It is not
14 the school board saying, oh, let's do this,
15 let's do that. And every time the State
16 legislature passes something, understand the
17 school board, by law, has to do it. And a lot
18 of times it's not the school board that is
19 saying, we need to do this. It's the State
20 legislature who elects -- who says you must do
21 it, and the citizens get very confused as to who
22 does what.

23 Thank you.

24 THE CHAIRMAN: Commissioner Catlett.

25 MR. CATLETT: And also -- you know, the

1 school board sets policies for the most part --
2 I know all the people on the current board and
3 all the past boards for about 20 years, and I
4 personally don't think that electing them or
5 appointing them makes a whole lot of
6 difference. They've made very good decisions
7 given what they had to work with.

8 Where we did have some changes was in the
9 administration. And, you know, anybody can make
10 a bad hire. I personally have done it myself,
11 so I have nothing to talk about there. But
12 seeing that -- they had a better opportunity,
13 they've made a correction, and I think things
14 are moving along at a pretty good pace now, much
15 better than they have been for the last -- maybe
16 the last eight to ten years, that things are
17 changing more rapidly in a beneficial way. And
18 they did make a bad hire, but, you know, we all
19 have done that if we're in management.

20 THE CHAIRMAN: Commissioner Thompson.

21 MR. THOMPSON: Thanks, Commissioner.

22 I'd just like to ask a question for my
23 benefit.

24 Commissioner Miller, you're talking about
25 the General Counsel. Back since 1968, when

1 consolidated government originated, that -- we
2 never had a General Counsel that was in office
3 more than four years. However, the General
4 Counsel we have right now has been in that
5 position about nine years. Is there a time
6 limit on the General Counsel, just like is on
7 the mayor and other council members?

8 MS. MILLER: Through the Chair, in response
9 to Commissioner Thompson, I believe Mr. Mullaney
10 addressed this in his remarks last week --
11 last -- two weeks ago, but the charter
12 currently, in my understanding, does not provide
13 for a time limit or a term limit for the General
14 Counsel. It is up to the decision of each mayor
15 to make that decision.

16 Mr. Mullaney was -- went through an
17 appointment process under, I believe,
18 Mayor Delaney, and then was reappointed by our
19 current mayor, and there is a provision for
20 reappointment. But certainly if this commission
21 would like to look at the appointment,
22 reappointment process or even the selection
23 process, then that would seem to be within our
24 purview.

25 MR. THOMPSON: I think the -- the other

1 thing was that it appear that every major
2 department want to retain their own -- their own
3 attorney. Is that a reason -- or should we be
4 looking at that?

5 MS. MILLER: Well, through the Chair,
6 again, I can only speak for myself, and based on
7 what I've heard, I'm responding to concerns
8 expressed by others.

9 How do we balance the tension? We
10 understand, I think, the importance of the
11 consolidated General Counsel's Office and the
12 value it brings to our government. How do we
13 balance that tension with the specific needs of
14 our -- the various departments, independent
15 authorities, agencies of our government? How do
16 we balance that?

17 I don't have the exact answer, but what I
18 have suggested is maybe examining the language
19 of that office, ensuring it is independent and
20 that the position is truly independent because
21 of the -- part of its quasi-judicial nature, and
22 also ensuring maybe transparency in -- in how
23 binding legal opinions are delivered, and maybe
24 developing some type of -- again, I don't have
25 the answer. I'd like to hear from those who

1 have more experience or maybe greater experience
2 in representing multiple clients, like from the
3 Attorney General's Office.

4 How do we create an office or build in to
5 the office policies and procedures that will
6 instill in the clients their -- a certain level
7 of confidence? Because, as Mr. Rohan has said
8 in the past, it is true, each -- each client
9 likes their individual lawyers, they just have
10 concerns about the office.

11 How do we reinstill that confidence in the
12 clients? I don't know the answer to that, but I
13 think if we can look at the language of that
14 section of the charter, there may be ways to
15 enhance that, to enhance the independence of
16 those Assistant General Counsels when they are
17 advising on the law and advocating on the law.

18 I don't necessarily have an answer, but I
19 think it's with -- I think it's something that,
20 personally, I'd like to look into, not to
21 disassemble the office, to make it stronger, but
22 to also maybe empower those Assistant General
23 Counsels so that they feel that they're not in
24 conflict so their clients don't feel like
25 they're in conflict.

1 MR. THOMPSON: Thank you.

2 THE CHAIRMAN: Any other commissioners like
3 to go over their issues list?

4 MS. EICHNER: I can go next.

5 THE CHAIRMAN: Yes.

6 MS. EICHNER: I'll just -- I'm not going to
7 touch on everything that everybody else has
8 already talked about that's on my list,
9 including the school board.

10 A couple of the things -- and I -- and mine
11 really fall under procurement and central
12 services, but that really goes back to are all
13 the independent authorities using them, how best
14 is it that we -- that we utilize those services
15 if we are.

16 And I'll reiterate something that I think
17 Commissioner Miller pointed out, that some of
18 the sections in the charter are listed
19 differently. We do require that JEDC use all
20 central services the way that it's written in
21 the charter. Some other departments are not.
22 And so how do we look at some of those things
23 just to make sure that -- that it's fair and
24 balanced across the board.

25 A couple of the things that are on my list

1 that are not on anyone else's are the elections
2 and that process. We're all aware there are two
3 bills in council right now, one moving them
4 backwards, one moving them forward. I think
5 there can be debate on either side. I think
6 this commission should look at that because
7 there are significant challenges in that. And
8 just solely looking at whether or not an
9 election can save us money is -- to me, is not
10 the right reason to move an election cycle. We
11 are in an election cycle right now that is
12 costing money, that was not budgeted this year.

13 So to -- to look at a taxpayer and say for
14 sure we are going to save X number of dollars
15 isn't -- is not a fair and accurate statement
16 because we can only justify saving money based
17 on whether we know we're going to hold an
18 election cycle or not. And resignations,
19 deaths, all of those things play a role in
20 whether or not we move an election, and it can
21 make significant changes in the way that we
22 elect our elected officials that are already
23 there and the ones that we'll elect in the
24 future. So I'd like that to be something that's
25 considered.

1 In addition, the term of council
2 presidency. And right now, we -- they all serve
3 one year. I think the process for moving the
4 elections will change that. There's been some
5 conversation about moving the review of the
6 budget cycle up and making that a more
7 transparent piece of the puzzle.

8 I think when we do look at that, the
9 consideration for a two-term council president
10 should be considered or something that we look
11 at just based on how that plays into it because
12 right now we -- our council elects or, you know,
13 appoints our council president. They spend an
14 inordinate amount of time at the first part --
15 portion of their term in a budget cycle, and
16 whether or not they can make significant changes
17 or take on issues following the end of their
18 term, you really run into a situation where
19 you're council president, you've passed the
20 budget, and -- and once you get through the
21 holidays, the next council president is running
22 or another councilperson is trying to get enough
23 votes to be the next council president. So is
24 there enough time for you to take on some of the
25 issues that need to be addressed by the City,

1 that the council president can really run and --
2 run with and take on.

3 So that's -- that's just something that I
4 brought up for consideration.

5 And, you know, I'll reiterate some of the
6 things Commissioner Garvin said. The challenge
7 in this is not taking on all the issues, but I
8 do think that one of the biggest things that we
9 can do is really take a lot of the -- that
10 document that we got this week from Mr. Rohan,
11 which I think is really the most significant
12 change that we'll make -- that I would make in
13 this document, moving that forward, so . . .

14 THE CHAIRMAN: Thank you, Commissioner
15 Eichner.

16 Commissioner Austin.

17 MR. AUSTIN: I got a headache from trying
18 to assimilate all these great ideas that have
19 come in here this morning, and I -- they really
20 are great.

21 I've been reading over the blueprint for
22 consolidation that the people that were
23 originally empowered to write this charter -- I
24 don't know how familiar you are with the
25 history, but we should really give deference to

1 the quality of the people who put this charter
2 together originally. I'm not going to run down
3 their names, but they -- they won't mean very
4 much to you, 40, 45 years ago, but really --
5 really the backbone of this -- of our business
6 community, and I don't know that they've ever --
7 we've ever had a more thoughtful and -- group, a
8 brighter group of men and women get together
9 than we did during that particular time
10 because -- the corporate officials, the
11 newspaper, Jack Daniels, a chief operating
12 officer at a time, Burt Smith, the Prime Osborn,
13 from the newspapers, and I can go on and on,
14 some of our best lawyers.

15 And they took something like 18 months --
16 don't hold me to that, but it was a long period
17 of time, and they broke up into committees, they
18 hired a staff, and they considered everything.
19 First, what kind of a city government do we
20 want. They discussed the City Council, a strong
21 City Council. They discussed a city manager
22 system of government. They came out with the
23 conclusion that they wanted a strong mayor form
24 of government modeled on the federal system of
25 checks and balances. A strong mayor, strong

1 legislative branch from the council. And, of
2 course, you've got the judicial branch that
3 exists.

4 And they came out with that model and --
5 because they -- we had such disarray and such
6 inability -- no accountability. You never knew
7 who to look to to -- who's accountable, and so
8 they decided to make a strong mayor form of
9 government so that we would know who is
10 accountable, and they -- they came up with the
11 charter, and that's out there for us to look
12 at.

13 And they made certain recommendations, most
14 of which we accepted, but some weren't accepted,
15 and I would like to point out the ones that
16 weren't accepted because the ones that weren't
17 accepted were not accepted politically, not
18 because they weren't the best or the right thing
19 to do. They were not accepted for political
20 compromises because the legislative group
21 thought they needed to compromise them to pass
22 the thing. Actually, they didn't, but -- it
23 passed by almost 70 percent, but they thought
24 they had to do it.

25 The things that they compromised out, the

1 reason -- and they reason all of these things
2 and discuss all of these -- the reasons they're
3 doing these things.

4 They continued an elected school board. I
5 think they thought that the people had to buy
6 into the system by electing them, but they were
7 very strong on them being nonsalaried. They
8 thought they would get a -- frankly, a better
9 candidate, a more informed candidate, more
10 likely to get the candidate involved in the
11 community, as a leader in the business
12 community, to get in -- and they recommended
13 that they be nonsalaried. We didn't do that.

14 They recommended that the tax collector,
15 the property appraiser, the tax assessor, my
16 good friend the sheriff -- we talked about this
17 all the way from Pensacola and back and a number
18 of other places -- but that those folks be
19 appointed on the theory that they could get --
20 that the mayor and having to submit these things
21 to the council, that they would select people
22 with more expertise and -- certainly that is not
23 borne out in the sheriff's office because we
24 have had a remarkable and good sheriff, but --
25 but the reason --

1 But the tax collector collects taxes. The
2 tax collector makes no policy whatsoever about
3 anything. The property appraiser basically
4 makes no policy. He's required by law to assess
5 at a certain level. The supervisor of elections
6 is required by law, right down to the wire --
7 and we came up with a strong mayor form of
8 government in theory, but we left out the
9 constitutional -- so-called constitu- -- they
10 say constitutional officers. That means
11 nothing, really. I mean, it means something
12 because you might get it done, but it can be
13 changed just like anything else can be changed.

14 And (inaudible) takes on the title of
15 the -- and he wants his own lawyer, he wants his
16 own purchasing -- and it doesn't make any sense
17 if you look at it businesswise.

18 General Motors wouldn't -- or General
19 Electric would -- General Motors is not a good
20 example. General Electric and some of the --
21 those are private companies, would never split
22 off and let those --

23 And the lawyer thing. They were absolutely
24 adamant about this lawyer position. We've had a
25 bump in the road with one of them -- one of our

1 General Counsels that made some bad decisions
2 and got in some trouble, but overall it's
3 probably been the strongest thing to hold and
4 make this government cohesive of any office
5 we've got.

6 I'm -- personally, I'm going to
7 interject -- and get off this, but I'm going to
8 interject my opinion on term limits. I think
9 term limits are a disaster. I think when you
10 get somebody well-qualified and can do the job
11 and you -- people know they do the job, it's an
12 insult to the people, to tell them they can't
13 elect the best person to the job. I mean, it --
14 it makes no sense to me.

15 And (inaudible) -- we had -- for 160 or -70
16 or -80 years, we had a tradition in this country
17 that we would only elect a president of the
18 United States for two terms. President
19 Roosevelt, during the war, the worst war we've
20 ever been in, ran -- he ran for a couple more
21 terms, and then they changed the law because --
22 it didn't make no sense. I mean, it had never
23 happened before, it'd probably never happen
24 again, but they changed the law because the man
25 held the office for four years. It made

1 absolutely no sense.

2 What this thing of term limits does, it
3 makes everybody lame duck the last two years or
4 the last 18 months in office. A mayor, he gets
5 elected, he gets elected another term, and in
6 the last 18 months he's ineffective because he's
7 a lame duck. If he could run again, he's always
8 got that threat and it makes him function
9 better.

10 That's Ed Austin on term limits. I
11 apologize for that.

12 But the General Counsel thing, to tamper
13 with the glue that holds the city -- this thing
14 together, in my judgment, would be an awful,
15 awful mistake, awful mistake.

16 But going back to my original (inaudible),
17 where we -- where they didn't follow the
18 original group -- the school board, some of
19 these officials -- you know, I'd elect them
20 all -- elect some -- I mean, appoint some, but
21 some of those officials ought to be appointed,
22 and we are -- recommend that they be appointed.

23 I think we should -- I think we should
24 study those things that they didn't -- that we
25 didn't do that they recommended because it was

1 such a -- really such a quality group of
2 people. Those things shouldn't be just shut off
3 forever and say they have no credibility because
4 the first group of politicians didn't adopt it.
5 The first group of politicians compromised and
6 got them out.

7 They created these authorities, and they
8 wanted the mayor to appoint most of them and the
9 council to confirm them, but there isn't, in my
10 judgment, any way for -- to create -- and the
11 mayor's office has since --

12 All these things represent people. They
13 represent the body politic. They represent all
14 of the public. They don't own anything; they
15 just represent. They own a business in trust,
16 and we need to get them to where we know who's
17 accountable and have some way that the JEA and
18 the Port Authority -- I mean, the Port Authority
19 has spent hundreds of millions of dollars. We
20 gave them a couple hundred million back in the
21 early '90s.

22 And the JEA, they tell us they're for --
23 but we need for some way to -- for the mayor to
24 report to -- report to the public periodically
25 exactly what's going on with those agencies to

1 give the sense that this thing is under control
2 of a chief executive officer, like the country
3 is run, like the states are run, like major
4 corporations are run, and -- and go ahead and
5 put the authority in there.

6 If you don't like him, you can get him out
7 of there in four years, but that's -- I think we
8 should go back to that original charter and look
9 at what they didn't do and what we could be
10 doing under that original charter -- recommended
11 charter, not charter, recommended charter, that
12 perhaps we could bring into the current -- make
13 it updated, and at the same time take a look at
14 the -- how -- I have no idea how we can create a
15 performance audit on a periodic basis to make
16 sure that we know that the JEA is producing.

17 They talk extensively in this blueprint
18 about how the JEA is supposed to produce money
19 for the -- its shareholders, who are the people,
20 but -- routing it through the government. I
21 mean, the government holds it -- and I just
22 don't sense that there's ever been an emphasis
23 on that over at the JEA. That's Ed Austin on
24 the JEA.

25 But I think we should have some way to

1 audit that, some way to look at that, that the
2 mayor is really required to look at it and
3 report to the public how they're performing, and
4 the Port Authority.

5 I think the Port Authority is a magnificent
6 asset to this community. It creates jobs, it
7 creates -- but are they really doing what they
8 should with the \$500 million or however much
9 we've given over there in the last 10, 15, 20,
10 25 years?

11 Our Port Authority, we should keep -- I
12 think they're performing well. We should keep
13 an eye on them. And there should be some way
14 that they know that the mayor and the council
15 have got a handle on it, operationally and every
16 other way. And they don't want that. That's
17 why you get all this talking on this General
18 Counsel thing. They want -- and they're not --
19 they are a part of the consolidated government.
20 Every one of them are a part of the consolidated
21 government. And the consolidated government has
22 got a head, it's called the mayor.

23 I would urge you to have somebody brief
24 that blueprint, if you haven't read it, and give
25 us an idea of what was recommended, and -- so we

1 can look at what we could do that they didn't do
2 that might improve things, and also look at
3 this --

4 I think we need -- I think the school
5 system has been a problem in Duval County, I
6 said to somebody, for -- I know for 40 years,
7 for 50 years because that's how long I've been
8 here. They said, no, it's a hundred.

9 There's -- we need -- if we don't educate
10 our children, nothing else matters as far as the
11 future of our city is concerned. And there are
12 too many dropping out, there are too many not
13 making it. And I don't know how you do that,
14 I don't know how you -- I'm not -- but I think
15 we -- I think that --

16 You create a strong -- I'm going too long.
17 I'm about to stop.

18 You create a strong mayor form of
19 government so you (inaudible), then you put the
20 school system outside of it. So you put some of
21 the important things you know you could do.
22 And, really, you put law enforcement outside of
23 it. And you've got to have law enforcement in
24 schools, who -- I mean, what is there? I mean,
25 he --

1 You say you've got a strong mayor form of
2 government. Well, we need to make a strong
3 family -- form of government so we know --
4 because you do it in -- you do it with the
5 corporations, you do it with the states, you do
6 it with the federal government, and we need to
7 do it in Jacksonville. That was what they
8 started out to do. Accountability,
9 accountability, accountability. And when they
10 start taking it out on the General Counsel,
11 they're trying to have unaccountability.

12 THE CHAIRMAN: Thank you, Commissioner
13 Austin.

14 Commissioners, we've spent more than an
15 hour and a half on our issues list. I think
16 this has been a very fruitful discussion. I
17 appreciate the time and the thoughtfulness that
18 each of you have put into this.

19 I want to -- as a courtesy to our speaker,
20 I want to move into his presentation to stay on
21 schedule, but my hope is at the end we can spend
22 some time just kind of summing up and talking
23 about where we go from here.

24 So, with that, I will invite Mr. Klepper to
25 come give his presentation.

1 Mr. Clements, where should Mr. Klepper be
2 for his presentation?

3 MS. MILLER: Mr. Chairman.

4 THE CHAIRMAN: Yes.

5 MS. MILLER: I have to leave for an
6 obligation.

7 THE CHAIRMAN: Yes, I understand.

8 Thank you for coming down today.

9 (Ms. Miller exits the proceedings.)

10 MR. KLEPPER: Oh, and it was going to be so
11 much fun too.

12 THE CHAIRMAN: Mr. Klepper is a
13 nationally-recognized expert on health care cost
14 containment.

15 And, Mr. Klepper, I invite you to give
16 whatever short bio you would like to give
17 because I, unfortunately, neglected to print one
18 off --

19 MR. KLEPPER: Oh, gosh. I'm shocked.

20 Thank you, Wyman.

21 I'm Brian Klepper. I'm a local boy. I'm
22 from Jacksonville, born here. My grandfather
23 was here.

24 I am a health care analyst, and I do work
25 around the country. I advise the White House

1 now. I am working with many, many large
2 companies, Johnson & Johnson, Microsoft, PSS,
3 organizations like that, as well as many small
4 companies. I'm one of three or four top read
5 expert health care writers in the country, and I
6 had a piece in, I guess, the paper maybe Tuesday
7 that the Times-Union asked me to write over --
8 an overview of what's actually going on in
9 health care reform, which isn't much.

10 So that -- that's who I am. I used to -- I
11 used to have a very successful health care
12 consulting practice that did work around the
13 country and internationally, and then in '99 I
14 lost my mind and I started working on national
15 health care reform. See how effective that
16 was?

17 And then I quit in 2007 when I realized
18 that, because all of Congress was on the take
19 from the health care industry, it was impossible
20 to get anything done. So one of the things that
21 I have become involved in is what I'm about to
22 show you.

23 I made a brief presentation to this body --
24 it must have been a couple of months ago, a
25 month and a half, two months ago on clinics, and

1 it was something that I was directed to by a
2 colleague out of Princeton, actually, to a
3 company that's in Orlando, in Lake Mary
4 actually. And what this will do is -- if you
5 put it into an employer environment or, for that
6 matter, an indigent care environment or a jail
7 or prison environment, your costs will drop
8 dramatically and the quality will improve, and
9 what I'm going to show you in this presentation
10 is not -- I'm not simply going to make claims.
11 I'm going to try to deconstruct it for you so
12 you can see why it does the things that I claim
13 it can do.

14 First, WeCare -- the name of the company is
15 WeCare TLC. This is a little unfortunate in
16 Jacksonville because the indigent care
17 organization in Jacksonville is also called
18 WeCare. These two organiz- -- and I also work
19 with them. They shouldn't be confused.

20 Right now we have a -- we have about
21 12 clinics. We have four more going up. The
22 largest is our newest. It's in -- it's for the
23 city and the county and the school board of
24 Toms River, New Jersey. It will end up having
25 about 4,400 employees, which is about 9,000

1 people.

2 The guy who I work with, who is a very
3 experienced health care finance guy, when I
4 first met him, he made a very off-the-cuff
5 comment to me.

6 This is turned up a little high. Is it
7 possible to turn this -- turn the game down a
8 little bit on this, Jeff?

9 Thank you.

10 Yeah, that's better, I think.

11 He made this comment to me in a very
12 off-the-cuff way, and as a longtime health care
13 guy, it rang so true to me that this was the
14 reason that I decided to work with him.

15 Basically, what he said is this: He said -- in
16 a real casual way, he said, you know, when an
17 employer sits down at the table with all of his
18 health care relationships -- the broker, the
19 health plan, the doctor, the hospital, the drug
20 company, the advice company -- everybody in the
21 room wants it to cost more except for him, and
22 they're all in a position to make that happen.

23 That is really, really true. And so as a
24 result of that, we established two goals for the
25 organization and two goals only. The first one

1 is facilitate better quality care for the
2 patients and the second is be a fiduciary for
3 the people paying the bill, and so the entire
4 organization is set up along that -- those
5 lines.

6 This is not like an old fashioned doctor's
7 office. This is not taking a doctor's office
8 that you understand and moving it on to an
9 employer campus.

10 Most doctors' offices that you go into
11 right now are from the 1950s. They're based on
12 paper. They have no decision support for expert
13 systems. Everything is in the doctor's head.
14 They don't do any disease management of chronic
15 disease, which is 70 percent of the money. They
16 have no incentives for the patients to do the
17 right thing.

18 What these organizations that are evolving
19 now are -- they incorporate the lessons of the
20 last 25 years into a single platform. That's
21 what makes them work.

22 If you think about it structurally, clinics
23 are an end around the health plan. They're a
24 covenant between an employer -- in this case it
25 would be the City -- and the doctor. And they

1 say to the doctor, "We're going to pay you more
2 money than you're currently making now." And
3 that's important because primary care physicians
4 are in dreadful -- a dreadful state right now.

5 Last year the state of Georgia's medical
6 schools graduated five people who went into
7 primary care because why should I go into a
8 field where I make a quarter or a fifth as much
9 as a specialist and work harder?

10 So we pay them more, and in exchange for
11 that, you're going to -- you know, we want you
12 to do three things. One, we want you to spend
13 more time with every patient.

14 Right now the average primary care
15 physician spends eight-and-a-half minutes with a
16 patient. We spend 20, which is two-and-a-half
17 times as long.

18 During that 20 minutes, the doctor not only
19 takes care of the patient, but they schmooze a
20 little bit, they chat. And as result of that
21 personal time, it turns out that the patient
22 comes to trust the doctor more and they're more
23 likely to do what the doctor asks them to do.
24 And we have the data now to show that. So you
25 get better outcomes.

1 The second thing is we want the doctor to
2 use modern informational decision support
3 tools. I'll give you an example of that in a
4 minute, but there's a whole bunch of them in
5 health care, just like there's a whole bunch of
6 them in everything else, and they're very
7 important.

8 And, third, we want the doc- -- we want the
9 primary care physician to not be lower cast but
10 to be able to reach out to the specialist and
11 say, "We're going to decide together what
12 happens to my patient" because in the current
13 system, which is a gatekeeper system, that's an
14 untenable model for the primary care physician.

15 What happens is this: I'm the doctor. I'm
16 the primary care physician. I get a patient who
17 really should be referred because they're --
18 because they need a specialist. I send the
19 patient to the specialist. The specialist no
20 longer communicates with me. I lose touch with
21 what's going on with the patient.

22 And the specialist has a perverse financial
23 incentive. They get paid every time they do
24 another procedure to that patient, so they do a
25 lot of unnecessary procedures. This is very,

1 very well documented in health care. If you
2 want to know where the waste is in health care,
3 it's in the specialists and it's in the
4 inpatient settings. So if you don't have a
5 check and balance, your costs go out of
6 control.

7 Right now, while I'm thinking about it, how
8 many employees right now does the City have,
9 about 8,000, something like that?

10 MR. CLEMENTS: Eight thousand.

11 MR. KLEPPER: Okay. So let's say
12 they're -- you've got 8,000. Let's say you're
13 spending ten grand apiece for our contribution
14 to their health plan, so we're talking about
15 \$80 million, about, right now on health care,
16 but it's probably higher than that. It's
17 probably more like \$100 million.

18 Does that sound right for health care in
19 Jacksonville?

20 Those are probably about the right
21 numbers. I do a lot of groups, so -- so that
22 would be my guess.

23 So -- let me see. So I want them to spend
24 more time, I want them to have tools, and I want
25 them to collaborate with the specialists to be a

1 check and balance on the waste. And in
2 exchange, I'm going to pay them really, really
3 well. And that's what we do.

4 There are six things that this is really
5 based on. And, by the way, I'm going to go
6 through the -- through a short version of this.
7 You'll have the presentation. I'm going to give
8 you the basics, and then we can open it up for
9 discussion, and then I'll be out of here.

10 There are six things, and these six things
11 really do matter:

12 The first is empowering the primary care
13 physician. I already described that.

14 The second is incentives. In our clinics,
15 the patients go to the doctor for free. They
16 get all their -- if they go to the clinic, they
17 get all of their drugs for free, they get all of
18 their labs for free, which sounds like it's
19 wasteful, you're not -- you're not trying to
20 discourage them from going to the doctor, but it
21 turns out primary care is the cheap part of
22 health care. That's the part -- that's the
23 place where you want to spend the money. And if
24 you do that, you can get control of everything
25 else that's going on downstream, where the --

1 where the real money is. So you want to do
2 that.

3 And the other incentive is we pay the
4 doctors really well. How well? If the average
5 doctor in Jacksonville, Florida -- if the
6 average primary care physician makes a hundred
7 and a half, we start them at 200. You, as the
8 employer, would pay that difference, but you
9 would make it back many, many, many times in the
10 way that your patients are managed.

11 Third, on-site, face-to-face health
12 management. Seventy percent of all the money
13 that any health plan spends is on chronic
14 disease, and the vast majority of that is on
15 lifestyle-induced chronic disease. So if you
16 want to be effective in driving down health care
17 costs while making your population healthier,
18 one of the things you want to do is make sure
19 that they get appropriate disease management and
20 other kinds of coordination of care that will
21 make the system work better.

22 In our clinics, all the hours that the
23 clinic is open we have a nurse, and that's her
24 job. Her job is to work face-to-face,
25 repeatedly, with people who have chronic disease

1 to try to help them learn how to manage their
2 own condition, lose weight if they need to do
3 that, stop smoking, learn to cook, learn to eat
4 right, let's all walk, whatever it is. So
5 there's a whole range of programs. And that
6 nurse, working in collaboration with a doctor,
7 through the electronic health record and talking
8 to each the old fashioned way, that's what makes
9 better health management.

10 Fourth, comprehensive health information
11 technology. We use a lot of health information
12 technology. And it's new technology. It's not
13 client server. It's all web based, which means
14 it's cheap and it's abundant and it's fast.

15 So, for example, the very first thing that
16 you would do if we got involved in a
17 relationship, or you would do with another
18 similar company, is we would ask you for all of
19 your historical claims data. We would be able
20 to analyze that claims data and identify two
21 kinds of people. First are the people who have
22 chronic disease. Who's costing you money, who
23 needs to be managed so that they can be
24 healthier and cost less? The minute we identify
25 those, we pair them with a nurse and they do

1 regular face-to-face interventions.

2 Then there's 3 percent of your population
3 that the analytics can identify who will have a
4 major acute event, like a heart attack or a
5 stroke, over the course of the next year. We
6 can identify those, we pair them with the
7 doctor. We say, pull out all the stops, spend
8 whatever you need to. If you need to spend
9 15 grand on diagnostics, it's okay because it's
10 better than spending 150 grand. So get them
11 into the system, try to head it off at the
12 pass.

13 Next, analytics on who are the good doctors
14 in the community and which ones, frankly, are
15 lousy. If you look at any community --
16 Jacksonville is not excepted from this law of
17 the universe -- there will be an eightfold
18 difference in cost to get the identical outcome
19 between the most expensive doctor within a
20 specialty and the least expensive doctor in a
21 specialty, consistently, because that reflects
22 their practice patterns.

23 So you have doctors within a specialty who
24 will be very efficient and get the right outcome
25 and those who will be very inefficient because

1 they're making a lot more money on every
2 patient. We want to steer to the high
3 performers, the ones who get better outcomes at
4 lower cost. We want to steer away from the low
5 performers, those who get lousy outcomes at very
6 high cost.

7 And despite what you may believe, when you
8 go to a doctor and you assume that he or she is
9 going to do exactly what every other doctor
10 would do for your situation, the data shows that
11 that's simply not true. Doctors are
12 differentiated in how they perform, just like
13 the rest of us. It's just that there has been a
14 barrier to being able to see what they do for
15 many, many, many years, and we're gradually
16 tearing down those walls.

17 All of our doctors use electronic health
18 records so we can track everything that's going
19 on with all of our patients and there are all
20 kinds of alerts that come up, but here's a good
21 example of why it's important to have decision
22 support. Last year in America we spent
23 \$200 billion -- 192- -- on diabetes and its
24 related conditions. That number is going up
25 because we have a -- because we have an

1 overweight epidemic, and I think we all know
2 that.

3 It turns out that of the patients in
4 America who were known diabetics, who did see a
5 doctor regularly -- that's about two-thirds of
6 the population. One-third of the population are
7 poor, they don't see a doctor regularly, they
8 get their care through the emergency room.

9 Of the two-thirds who see a doctor
10 regularly, half did not get a core test,
11 Medicine 101, called a Hemoglobin Alc, half. So
12 you want to go to those doctors and say, "What's
13 wrong with you? Did you miss doctor school that
14 day?" I mean, this is really elemental.
15 Doctors are just sloppy, many of them, so they
16 just don't do them.

17 When they don't get that test, then we
18 can't monitor where their blood sugar is and
19 they get acute events and they land up in the
20 emergency room. It's very expensive and they
21 suffer. There's -- they have unnecessary
22 suffering because they're not being managed
23 properly.

24 So when a patient walks in to see one of
25 our doctors, the electronic medical record

1 recognizes that she's a diabetic and an alert
2 goes up on the screen and it says, Ms. Jones is
3 a diabetic. Have you checked her eyes? Have
4 you checked her feet? Has she had a
5 Hemoglobin Alc? And it will not release that
6 alert until the doctor does that.

7 And using that mechanism -- it's a simple
8 checklist mechanism. There's a lot of -- a lot
9 of work about that right now in health care.
10 Using that kind of approach, you make sure that
11 your patients get all the right care at the
12 right time for the right cost, and they don't
13 have a lot of unnecessary care and exacerbated
14 conditions.

15 This is simply industrial mechanics brought
16 to health care. This is stuff that other
17 industries did 25 years ago. Now it's finally
18 coming to health care, and we're on the leading
19 edge of that curve.

20 Creative purchasing arrangements. I can
21 buy all my drugs from wholesalers and
22 prepackagers for about 10 to 15 percent of what
23 Wal-Mart can buy their drugs for. I can buy
24 them very, very effectively, and -- and so I
25 pass that along to the -- to all of my clients,

1 so -- and the same with labs.

2 Let me give you example of the labs.
3 Everybody here has been to the doctor and
4 they've had what's called a Smack 28 done. It's
5 a 28-panel blood draw. And you got a charge
6 from your doctor's office, which was then sent
7 to your insurance company, and the charge was
8 probably somewhere around \$135. And then the
9 insurance company probably paid 40 to \$45 of
10 that.

11 That test costs \$6.50 from LabCorp, so when
12 I -- so the employer gets a bill for \$6.50 and
13 now you're done, and that's a typical --

14 Now, let's stop a minute and talk about
15 wouldn't my insurance company do this? We're
16 not suggesting that you get rid of your
17 insurance company. This does not replace the
18 insurance company. It sits in front of the
19 insurance company so that patients who go beyond
20 the primary care now go on to the health plan,
21 but for the last ten years -- and I have
22 exhausted writings about this. For the last ten
23 years, insurance companies have not been in the
24 business of doing things for less. They have
25 wanted health care costs to be higher, and they

1 have wanted health care costs to be higher
2 because they make a percentage of the whole.

3 Now there are so many people who are being
4 priced out of the coverage marketplace that
5 they're finally turning it around. So
6 Blue Cross is now putting in a clinic for their
7 own employees. Not for their enrollees yet,
8 but for their own employees. Cigna is now
9 putting -- is now going to all of their clients
10 with a thousand or more employees and saying,
11 put in a clinic. It's more a effective,
12 efficient way to deliver health care.

13 Finally, the last thing is, if you're going
14 to do this, you should contract with a vendor
15 that has a completely transparent business
16 relationship with you so you can see all of the
17 invoices that they're paying.

18 In our model, we have two blocks of money.
19 We ask our clients to pay for what it cost to
20 run the clinic. Here's the bill for what it
21 costs to pay our doctor and our nurses, and
22 here's the drugs that we bought, and here are
23 the invoices for that, and here's the labs, and
24 everything else. At the end of the month,
25 here's what you need to pay us for that, and

1 then there's a \$17 management fee that's built
2 inside -- that's separate from that, and that
3 covers the cost of my medical director and the
4 cost of my accounting department and the cost of
5 my IT and my boat. All of that is in the
6 management fee. The boat is the most important
7 part.

8 Okay. These six things produce four huge
9 impacts. The first one is you're replacing
10 higher costs out on the health plan for lower
11 costs inside the clinic in three big areas,
12 drugs, labs, and the doctor. You bought the
13 doctor's time, so that one makes a lot of
14 sense.

15 We do several different things to drive
16 down the cost for our drugs. First, we start
17 with a generic formula. So let me give you an
18 example. I'm actually a good example. Seven
19 years ago, I had open heart surgery. I had -- I
20 have very high cholesterol, so I am on a
21 blockbuster statin called Crestor. I'm on the
22 highest statin.

23 If I were a regular employee, I'd get
24 started in this clinic and they would put me on
25 Zocor, which is the generic. And then two weeks

1 later they would test me with a blood draw
2 because blood draws are cheap. So we'd do the
3 blood draw, I would fail. I would get cranked
4 up to Lipitor. I would -- two weeks later, we
5 test me, I'd fail. And up and up and up until I
6 hit Crestor. That's called step therapy.
7 That's what we do. So we use the drug, we
8 test. We use the drug, we test.

9 Now, I have clients -- I've got a union
10 client in St. Mary's Georgia, where they came to
11 us, they said, oh, you know, our patients can't
12 have Prilosec. They really need Nexium. So --
13 Prilosec is, you know, one-tenth the cost of
14 Nexium and it's 99 percent equivalent and it
15 only is -- it only makes a difference for about
16 a half of a percent of the population. They had
17 to have it, so we spent another \$30,000 on their
18 behalf for something that we didn't believe that
19 they needed after we argued with them, and then
20 we finally gave in.

21 So you have entitlement personalities
22 that -- entitlement characteristics with certain
23 groups that you have to deal with. That's part
24 of the -- that's part of politics. You deal
25 with that.

1 Higher costs. To give you an example,
2 right now we're going -- we're working with
3 Toms River, New Jersey. We just did the
4 analysis on their drug costs last year. They
5 spent \$3,300 per employee just on drugs last
6 year. The average in the country for a
7 commercial health plan was \$767 per employee,
8 per year for drugs. Inside the clinics, it was
9 \$140. Okay? That's the kind of money that you
10 can save while actually making the quality
11 better.

12 Secondly, you -- now that you've got this
13 clinic infrastructure in-house, you can use it
14 as a platform to really work on the people who
15 have chronic disease, which is where the money
16 is. So you can really work with them. That's a
17 really great thing.

18 The third thing is, now you have a platform
19 where the doctor can exert his or her authority
20 in working with the specialist, in working with
21 the inpatient settings to say, this is what my
22 patient needs or my patient really doesn't need
23 that. And by doing that, you can exert enormous
24 control over the waste and abuse that goes on
25 throughout health care.

1 And then the third -- the fourth area is
2 something I haven't even touched on yet, but
3 it's approximately two to three times as big as
4 everything I've talked about so far.

5 There are five areas of occupational
6 health: Workers' Comp, disability management,
7 retention and recruitment, HR testing, and
8 productivity, meaning lost hours.

9 Workers' Comp. As long as you have the
10 clinic there already, you can do Workers' Comp
11 primary care. In a group like the City, you
12 have lots and lots of different kinds of
13 employees, lots of occupational health costs.
14 That would be a huge savings.

15 Disability management, very protocol
16 driven. Again, you can operate that from inside
17 the clinic, save huge amounts of money.

18 HR testing, this is something a lot of
19 people aren't familiar with. Those of you who
20 run businesses know that you're constantly doing
21 tests on your employees, preemployment screens,
22 drug screens, Department of Transportation
23 exams, hazardous waste tests, and so on. All
24 kinds of costs which can typically cost between
25 50 and \$150 a pop, per test.

1 Now that you have the clinic, you can do
2 all that stuff in-house. Now the cost drops to
3 somewhere between and 15 and \$40. You can
4 imagine the cost savings in that kind of -- that
5 kind of environment.

6 Finally, you have productiv- -- well, no,
7 you have retention and recruitment. Every time
8 we turn over an employee, a City employee, we're
9 spending 25 to 30 grand. If we can hold on to
10 the employees, because we've got something that
11 they really want, it turns out our costs go
12 down.

13 The best example of this is Rosen Hotels in
14 Orlando. Rosen Hotels has had its own clinic
15 for about six or seven years. Their turnover
16 rate is 8 percent. All the other hotels, who
17 pay exactly the same thing, they're in the
18 triple digits. Savings is enormous.

19 And then, finally, productivity. If an
20 employee goes to the doctor, he typically -- he
21 or she is typically going to be gone five hours
22 off campus. If the clinic is on campus, they'll
23 be gone an hour.

24 In our clinics, they can go up online, they
25 can make the appointment themselves on the

1 scheduler. In our clinics, if they come in for
2 a blood draw, the blood draw goes out to
3 LabCorp. LabCorp does the analysis, LabCorp
4 sends us back the results that night. The
5 results populate the electronic health record.
6 The electronic health records results are
7 reflected over to a personal health record, and
8 the patient can see exactly what their own chart
9 is the next morning.

10 I wish I could do that with my doctor. I
11 can't.

12 That is -- this is what I mean by a
13 21st Century platform. This is way beyond what
14 we see with doctors out in the field.

15 The results are this: Consistently we get
16 a three-to-one return on investment. This ends
17 up costing about \$60 per employee, per month.
18 You will get back on this, on the group health
19 side, about 180 to \$200 per month. On the
20 occupational health side, you will probably get
21 back a bigger number than that.

22 So let's just use the group health numbers
23 to begin with. On the way in, I heard on the
24 radio that we're facing a \$50 million
25 shortfall. We're undoubtedly spending somewhere

1 close to \$100 million just on our employee
2 health plan. There is no question that we could
3 save 20- to \$25 million just by moving to a
4 system of this type.

5 Lots and lots of -- all the Fortunes are
6 moving to this. All the Fortune 500 companies
7 are moving to this model. There was just a
8 survey that said that -- that something like
9 70 percent of all the Fortune 500 companies will
10 have on-site clinics by the end of 2010. Many,
11 many midsize companies now are moving to it.

12 I'm inundated. I wanted to move forward,
13 and I -- the way that I'm here is I made a
14 presentation -- it must be six months ago now --
15 to Leadership Jacksonville, and Wyman was in the
16 audience.

17 The -- and I wanted to do this because this
18 is my hometown, so I do a -- I try to do
19 whatever I can do in Jacksonville even though
20 I'm spending most of my time around the country.

21 I'm working with the governor's office of
22 Georgia on this. Georgia is facing a similar
23 shortfall. They had \$21 billion in revenues.
24 This year they're expecting \$14-and-a-half
25 billion in revenues next year. And they called

1 me in and they said, okay, it's time to get
2 serious on health care.

3 So of all the things that you can do in
4 health care -- and there are a lot to drive down
5 costs -- this is by far the biggest bang. This
6 will produce the biggest return. You don't have
7 to do it with my company. I think my company is
8 way out ahead, but there are a number of very
9 good, reputable companies in the field,
10 including one based -- another one based in
11 Jacksonville, IMC Health Care. Excellent
12 company, a little old guard, but very, very
13 strong.

14 So that's the concept, and I hope that
15 you'll consider it, keeping in mind that no
16 matter what we think here, departments like the
17 purchasing departments, the benefits departments
18 are very political. They're very politically
19 driven. This was presented to benefits about a
20 year ago, and, you know, it was different, so --
21 at the time, they weren't interested. But given
22 the fact that we're looking at facing dramatic
23 shortfalls, dramatic cuts in staff --

24 I was with the city manager for Orlando
25 yesterday afternoon. They have 1,600

1 employees. They're planning to cut 400. Boom,
2 just like that.

3 So this is a serious solution. It is a --
4 it's an advance. It's a dramatic advance in the
5 way things work.

6 Do people in health care like this?
7 Absolutely not. Why? Because it drives down
8 utilization specialists, it drives down
9 inpatient care. It's all unnecessary, but
10 nobody likes to have their money taken away from
11 them.

12 So the question is whether we're going to
13 keep on moving with the past or move to the
14 future.

15 That's everything that I know. Thank you
16 for your time.

17 Any questions?

18 THE CHAIRMAN: Yes.

19 Thank you very much, Mr. Klepper. I
20 appreciate you coming down and sharing this
21 information with us.

22 My question is, what would this concept
23 look like in real life for the City? I mean --

24 MR. KLEPPER: If you've got 8,000
25 employees, you'd probably have somewhere around

1 16,000 total lives that you're covering. And
2 then if you add in -- what you would want --
3 what you would really want to do if -- I mean,
4 if I were -- if I were king -- but I think
5 you're on the paths to being king, I'm not.

6 If I were king, I would try to create a
7 collaborative with the school board, with the
8 utilities, with the port, with all the community
9 colleges, and the -- you know, it's a big
10 community. The more people that you can get
11 into the group, the more convenience you've
12 got.

13 So the way that this thing would actually
14 look is you would set up probably a central
15 clinic and then you would put in a lot of
16 satellites. It turns out that the bricks and
17 mortar for these things is very, very cheap, so
18 it costs almost nothing to put up a clinic.

19 I can put up a pretty fancy clinic for
20 100 grand. With an X-ray, I can do it for
21 200 grand. And the X-ray will pay for itself
22 within a year. Actually, with a group this
23 size, it would probably pay for itself within
24 seven or eight months.

25 And what you do is you look at your claims

1 data and you look and see where you're spending
2 your money. It may turn out that if you really
3 wanted to save money, you would add a dentist.
4 You might want to add a physical therapist.

5 You would want to look very carefully at
6 where the money is going and where there are
7 opportunities to do it better yourself and drop
8 that functionality in, and then you would set up
9 satellite clinics so that nobody in the
10 community who works for any of these
11 organizations has to travel more than 15 minutes
12 to get to primary care.

13 Now, I mean, that would be the most
14 efficient way to do it.

15 We're getting approached by a lot of
16 collaboratives now, so -- I'm working with the
17 Georgia Association of Counties to do a
18 collaborative for all the counties in metro
19 Atlanta.

20 Last week I was in Dalton, Georgia, which
21 turns out is the intergalactic carpet
22 headquarters. Who knew? Where they have very
23 rich benefits, but they're all going to go to
24 this and they're all going to collaborate on
25 their -- on the clinics because their fortunes

1 are diminished as the building market has
2 declined, and so on.

3 So what you would do is you would set up a
4 centralized operation and you'd set up
5 satellites. Your clinical staff would go from
6 site to site.

7 We typically use -- we use a doctor model
8 rather than a nurse model. We always have our
9 operations run by doctors. There's a very good
10 reason for that.

11 If you have a nurse-run model, you are
12 supplementing the care that's delivered out on
13 the health plan network. If you have a
14 doctor-run model, you're trying to replace the
15 care that's delivered on -- out on the network.

16 No matter how good your doctor is -- and my
17 doctor is very good. No matter how good,
18 chances are the care that we're giving in the
19 clinic is vastly superior because we're not
20 doing it all out of our heads. We're doing it
21 all out of the latest science. So our doctors
22 are following evidence-based, science-based
23 practice as opposed to what I learned 30 years
24 ago in medical school, which is the way that
25 most medicines [sic] still practice,

1 unfortunately.

2 So, you know, all of this -- all of this
3 comes together. Very, very forward. Very, very
4 advanced.

5 Any other questions?

6 THE CHAIRMAN: Commissioner Oliveras.

7 MR. KLEPPER: Yes, sir.

8 MR. OLIVERAS: Pardon my back.

9 Have you surveyed the patients'
10 satisfaction in your -- in the programs you --

11 MR. KLEPPER: Very high.

12 In the first year -- last -- if I go back
13 two years, when we opened up a clinic -- when
14 you open up a clinic, you always get some
15 pushback, particularly in employee populations.
16 People will go, "Well, they're putting this in
17 there because they don't want me to have my own
18 doctor."

19 And, by the way, it's always completely
20 voluntary. You can continue to go to your own
21 doctor on the health plan at any time. This is
22 very voluntary. But if you're making \$35,000 a
23 year, free is pretty strong. You know, it's
24 not -- this is not a hard sell.

25 So last year, we were getting -- during the

1 first year about 67 percent of any population
2 was coming to the clinic and starting to use the
3 clinic regularly.

4 If they don't like it, they'll walk with
5 their feet.

6 During this year, it's 80 percent. And I
7 think that's for two reasons. One is the
8 concept has become more mainstream, and the
9 other is because -- because the economy. Things
10 are a little down in the mouth and this is a way
11 to not spend a lot of money.

12 It's a good question, but if you -- if you
13 build it correctly, you get very, very high
14 participation because it's so strong.

15 The people who tend to not be willing to do
16 it are people who make a lot of money, and --
17 but word -- people go in, they see the
18 environment --

19 We have one that's actually very charming,
20 and it's in St. Mary's, and it's for the
21 Transport Workers Union. These are all
22 tradespeople on the Kings Bay submarine base,
23 about 400 employees and their families. It's
24 cute as a button. It's 565 feet.

25 This is worth -- actually, this is worth

1 mentioning. Five hundred and sixty-five feet is
2 about a third of the size of this room on this
3 side of the pillars. I mean, it's little.

4 Inside that, we have two exam rooms, a waiting
5 room, a bathroom, a nurse's station, a
6 dispensary, and a lab. It's got everything you
7 need.

8 So it's small, but I want you to consider a
9 couple of things. One is there's no money that
10 changes hands, so you don't need a billing and
11 collections department, which typically doubles
12 the size of a doctor's office. There's no space
13 for charts because they're all electronic.

14 The doctors and nurses who come to work for
15 us wouldn't -- I mean, after about a month they
16 go, "I don't ever want to work in another
17 environment again," because the single biggest
18 pull for them, aside from the fact they get
19 well-paid, is that they don't have to deal with
20 money. They -- and clinicians really like
21 that. If all they have to think about is the
22 patient care, that's what they care most about.
23 So not having the money environment is huge for
24 the staff.

25 Lots of programs over the web to help

1 people manage their own care. You know, lots of
2 very, very current stuff. So, for example, we
3 always connect with the walk-in center because I
4 want to make sure that if somebody has a baby at
5 10 o'clock at night, or a fever, that they have
6 someplace to go. We always just make sure that
7 they'll share their data with us.

8 However, there's a new service, web-based,
9 where there's a doctor in every -- on call
10 24 hours a day in every state in the union so
11 that they can meet the state medical
12 requirements.

13 We now are contracting with them for all of
14 our patients, so if they -- if you call the
15 service, that's an intermediate step before
16 going to a walk-in center and the doctor who is
17 on call can pull up their electronic health
18 record and work with you as though they're
19 part -- you're part of their practice, and then
20 we get the data back.

21 So we're doing all kinds of things like
22 that that make a lot of sense.

23 I'm droning on. Any other questions?

24 MR. YOUNGBLOOD: I'm sure you answered
25 this, but I'll ask it again.

1 So if you have 8,000 employees and you're
2 almost \$100 million, you're saying a 25 percent
3 reduction --

4 MR. KLEPPER: Oh, absolutely.

5 MR. YOUNGBLOOD: -- in cost? Twenty-five
6 percent?

7 MR. KLEPPER: Yeah. And that comes in a
8 bunch of different areas. It comes on -- on
9 your group health costs -- I mean, the --

10 Let me give you an example. The group in
11 St. Mary's is exemplary, but they're also our
12 only fully-insured client.

13 Now, for those of you who are not familiar
14 with the el-bizarro world of health care, there
15 are two kinds of insurances. There's being
16 fully insured where you just pay the insurance
17 company a premium and then there's self-funded,
18 which means that you are paying the premium --
19 you're paying all the health care costs
20 yourself, you're paying an administrator, and
21 then you pay for what's called reinsurance.
22 Most large organizations are self-funded because
23 it creates a lot of -- it creates a lot of
24 flexibility. You can design your own benefit
25 package and you can do what you'd like.

1 And if you are fully insured, there's a
2 number that comes out every month. It's called
3 your claims ratio. Your claims ratio is the
4 amount of money that the insurance company spent
5 on claims divided into the premium. So, you
6 know, in a -- if things are a little bit ugly,
7 your claims ratio will be 100 percent or more.
8 If you're managing really effectively, it might
9 be 75 to 80 percent.

10 The Transport Workers Union, for the last
11 five years, their claims ratio was between 78
12 and 85 percent. Five years running, stable as a
13 rock. Within five months of putting in the
14 clinic, it dropped to 42 percent, and now it's
15 hovering between about 40 and 45 percent.

16 Will Montoya, who's the local broker for
17 that client and put the clinic in, went to
18 Blue Cross of Georgia, which is their carrier,
19 and asked for a 15 percent premium reduction.
20 Blue Cross of Georgia, not surprisingly,
21 declined and said, "Well, there are not 500 or
22 more lives, so we won't do it, but we'll give
23 you a 4-and-a-half percent premium reduction and
24 we'll re-underwrite it again in six months."

25 That was unprecedented. I mean, that was a

1 very big deal, and it goes to -- that health
2 plans are beginning to get this and they're
3 beginning to see how powerful it is.

4 So, yes, you will save 25 percent. Some of
5 it will be on your group health costs; some of
6 it will be on your occupational health costs,
7 reductions in sick time and paid time off,
8 things like that; some of it will be in
9 reductions in other occupational health costs,
10 where -- which is two to three times the group
11 health premium.

12 MR. YOUNGBLOOD: Outside of this
13 conversation, have you already been in
14 correspondence with the City implementation --

15 MR. KLEPPER: Yeah. We were, but they
16 weren't interested.

17 MR. YOUNGBLOOD: Where's the resistance?

18 MR. KLEPPER: Probably Aetna.

19 You know, if we drive down -- health plans
20 make a percentage of the total, important thing
21 to remember. You've got a relationship with
22 Aetna. Aetna wants the cost to be higher.
23 Aetna has a relationship with the benefits
24 managers, and they're all tight.

25 So it has to do with change, it has to do

1 with -- with, you know, hanging on to what you
2 know. And, you know, that -- the way that
3 things change -- not only with this, with
4 everything -- with health care reform is when
5 things really start to get painful, and right
6 now everybody is feeling a little pinch.
7 Actually, everybody is feeling a lot pinched.

8 So this is -- we are at an inflection point
9 with this. And I'm seeing this, you know, not
10 just in my hometown, I see it everywhere. Lots
11 and lots of folks are interested in this. The
12 school board is interested in this. FCCJ is
13 about to let a -- now it's Florida State
14 College. Florida State College is letting an
15 RFP on this and so on.

16 So people have made the leap to knowing
17 that this is the new new thing. Now they're
18 trying to figure out what the differentiators
19 are within the market.

20 Thank you very much for your time.

21 MS. GARVIN: (Indicating.)

22 MR. KLEPPER: Yes, ma'am.

23 MS. GARVIN: Maybe you said this and I
24 missed it. Does this clinic cover just the
25 employees or does it --

1 MR. KLEPPER: The families.

2 MS. GARVIN: -- cover the families also?

3 MR. KLEPPER: So you want to set it up so
4 that you have extended hours and so that you're
5 close enough to where people live so that they
6 can access it.

7 We typically will not hire in -- we
8 typically will not take care of children, unless
9 there's a critical mass, so that we can hire on
10 a pediatrician for a certain number of hours.
11 We believe that children need to be seen by
12 pediatricians.

13 We will do emergency visits for kids down
14 to -- down to two, but not below that.

15 Thank you.

16 This is actually a lot of fun and I
17 appreciate it. And good luck with your work.
18 This is important work.

19 THE CHAIRMAN: Thank you, Mr. Klepper.

20 I really appreciate you coming down and for
21 the work that you're doing on this concept here
22 and around the country.

23 MR. KLEPPER: Appreciate it.

24 THE CHAIRMAN: And he has sent me his
25 presentation. I will forward that to Jeff, who

1 can distribute it to each of you in PowerPoint
2 form so that you will have everything that you
3 saw today.

4 MR. KLEPPER: And for those of you that for
5 some reason are defective and care about this
6 sort of thing, go look on my web site,
7 BrianKlepper.net, and you'll see that there's a
8 lot of background.

9 Thank you.

10 THE CHAIRMAN: Thank you, Mr. Klepper.

11 And now, as I mentioned to you -- by the
12 way, Mr. Klepper's name is on the agenda,
13 BrianKlepper.net, so you'll know how to spell
14 it.

15 As I mentioned at the beginning, we're
16 going to hear from John Kaegi of Blue Cross
17 Blue Shield of Florida, who is their chief
18 strategy officer. He has a BS in journalism
19 from the University of Oregon and an MBA from
20 the University of Memphis and he's a member of
21 the Harvard/Kennedy School Health Care Delivery
22 Policy Program, and he's going to talk to us
23 about how Blue Cross' experience in implementing
24 this on-site work clinic has worked out.

25 Mr. Kaegi, thank you.

1 MR. KAEGI: Thank you, Wyman.

2 I really appreciate the invitation to be
3 here and talk about our experience. You know,
4 as Brian is leaving -- we're good friends. We
5 agree on about 99 percent of the things that I
6 heard him talk about. I just found the one
7 thing we disagree on. I don't think Aetna wants
8 to maximize its revenue. It wants to maximize
9 its profits, and the best way to do that is to
10 get the costs down, not up, so -- and the same
11 thing with any other insurer. We're going to
12 want to be able to take the steps that are
13 necessary to reduce health care costs and reduce
14 medical costs because in so doing we can
15 actually maximize our business model. So that
16 is the one thing I would disagree with him on.

17 But I do appreciate the opportunity to be
18 here. And Brian, actually, and WeCare,
19 influenced us quite a bit in the decisions that
20 we made. We didn't go with them ultimately, but
21 in terms of the rationale and the design of our
22 center, a lot of that started with discussions
23 with Brian and -- and have the highest
24 credibility, in my opinion.

25 Is this button here the one I --

1 MR. CLEMENTS: Yes.

2 MR. KAEGI: So what you see here is our
3 little slide show. It's probably a little small
4 for you back in the back, but this is a picture
5 of our Better Now Health Center.

6 And so I -- I'm sure Brian covered this, so
7 I'll just -- I'll allude, again, to the -- the
8 point I'm trying to make here is that
9 affordability of health care is a big issue, and
10 it's causing people to be -- to lose their
11 insurance, to be unable to cover themselves the
12 way they'd like to. We're having an increase in
13 the number of uninsureds. It's just imperative
14 that we have some type of new delivery model.

15 Now, I -- I don't know what your politics
16 are, but the health care reform is about access
17 and it's about insurance reform. It's not about
18 lowering cost. There's nothing in it that's
19 about lowering cost. Lowering cost has to start
20 with the root causes. The root causes are
21 lifestyles and the way we deliver care. And,
22 you know, over 70 percent of all health care
23 costs are traced back to behavioral issues,
24 overeating, smoking, drinking, et cetera.
25 Seventy percent of our costs trace back to

1 that. So until we address those issues, we're
2 really not going to be addressing the root
3 causes of the cost of health care.

4 A friend of mine recently joined a health
5 club, and he said, "It cost me 600 bucks." He
6 said, "I haven't lost a pound." And then he
7 said, "I guess you have to go there." And
8 that's the whole point. You have to go there.
9 You have to be where the people are and help
10 them, intervene in their lives and work with
11 them or they just won't do it. Most people --
12 I'm speaking in generalities.

13 So wellness is where it's at, and we're
14 trying to make health care more affordable
15 through wellness and intervention, and we're
16 piloting that on our own campus here at
17 Blue Cross Blue Shield of Florida.

18 You know, our mission, in a nutshell, is to
19 advance the health and well-being of Florida
20 citizens. We're focusing on wellness to do
21 that, a number of other initiatives as well, and
22 we're trying to make sure that we're all
23 empowered to make cost quality --
24 cost-efficient, high-quality health care
25 decisions.

1 So what we're trying to do, in a nutshell,
2 is to help our members identify their health
3 status, to manage their own health care needs,
4 and to control the cost and quality.

5 So why a health center? Well, here's the
6 short list:

7 First of all, we wanted to improve our
8 employees' health, and we do that through more
9 consistent care and sooner, getting to care
10 sooner. Some employees don't go to care, they
11 delay it because they have work on their desk,
12 or wherever it takes a half a day to go to a
13 doctor somewhere. We can do it in 30 minutes
14 with this on-site center.

15 We want to get them involved in
16 prevention. If they have prime diseases, how do
17 they control that better, keep them from going
18 to the next stage? If they don't, they're on
19 their way to chronic disease. How do we fix
20 that? And wellness, keeping people healthy and
21 happy and higher morale and productivity.

22 So essentially that's what this page says.

23 We use personalized health coaching. We
24 want to try to reduce the health care cost not
25 only for the employee but also for the employer,

1 reduce it all around, and we want to reduce
2 absenteeism and attack presenteeism and higher
3 productivity.

4 Presenteeism, if you don't know, is people
5 are at work, but they're having -- they're
6 dealing with a health issue that causes them to
7 be less productive. So they have migraines or
8 they have back problems or they have carpal
9 tunnel syndrome. Those are the kinds of
10 illnesses that are not attacked by disease
11 management programs, but yet they affect an
12 employer's bottom line because of the
13 productivity issues.

14 Some of the details of ours -- you know,
15 first of all, on-site clinics are growing in
16 popularity. I'm sure Brian covered this. The
17 last we heard, 26 percent of employers with
18 1,500 or more employees have some type of health
19 care delivery on their campus.

20 Most recently, the trend has been to go
21 toward the model that we're going to talk about
22 today which incorporates both the acute care for
23 illnesses but also for wellness and prevention.

24 We have 6,000 employees. Most of them are
25 at corporate headquarters in the Deerwood campus

1 area. You know, our business objective here is
2 to improve the health and productivity of our
3 employees and thereby reduce our costs, so we
4 piloted this on-site center.

5 First of all, it's located right on our
6 campus at a very convenient location. It was
7 opened just two months ago. Our operations are
8 about 60 hours a week, 12 hours a day times
9 five. Appointments are recommended, but we take
10 walk-ins. Our vendor is Healthstat, which is a
11 competitor to WeCare, but they're pretty strong
12 in the areas we want them -- help with. They
13 have worked with 90-plus companies at 300-plus
14 clinics nationwide.

15 Our staff includes two physicians,
16 part-time both -- both of them part-time, but
17 they cover 40 hours a week; two nurse
18 practitioners who cover 40 hours a week, so
19 we've got some overlap during busy times; and
20 two medical assistants, plus a receptionist.

21 What we do there. Well, first of all, we
22 start with wellness programs, smoking cessation,
23 weight management programs, chronic illness
24 management, preventative care, health education
25 and promotion, acute episodic medical care

1 services. That's where if somebody has the flu
2 or they have sinusitis or they come in with a
3 fever, sore throat. A lab station and then
4 pharmaceutical dispens- -- we actually dispense
5 about 55 of the most common and popular generic
6 drugs at \$4 each.

7 So one of the big issues, particularly in
8 chronic disease, but all health issues, is
9 people won't go buy their pharmaceuticals or
10 they won't take them or they won't refill them,
11 and that's a big, big issue. With diabetes,
12 half of the people are advanced in diabetes
13 because they will not use their prescription
14 drugs.

15 This is a picture of the waiting area
16 (indicating). We've designed it purposely to be
17 very warm and accommodating and friendly, and it
18 doesn't look like a sterile doctor's office. It
19 has wood floors, but it wasn't expensively
20 designed. Our total buildout on this was less
21 than \$100,000.

22 This is one of the exam rooms
23 (indicating). It does look pretty much like a
24 typical doctor's office. Exam room -- we have
25 four or five exam rooms altogether and a number

1 of other rooms that we use.

2 We are integrating through this center a
3 number of things that we do at Blue Cross.
4 We've integrated our plan design, so we have --
5 our plan benefits are attached to this. So if
6 you go to the center, we waive your copay. If
7 you don't go to the center, you pay the copay.
8 So it makes it a lot less expensive to come to
9 the center. The copay in our case is \$25 for
10 illness -- chronic -- an illness like sinusitis,
11 acute care, and it's free for any preventative
12 or wellness visits.

13 We have also started the idea of developing
14 a disincentive. If we work with you -- we
15 discover you have a chronic disease and we
16 insist that you get involved in some type of
17 program to maintain or control that chronic
18 disease, if you don't do it we're going to
19 increase your deductible next year. So that's
20 the kind of integration we're thinking about
21 here. That particular approach worked very well
22 with a number of other companies around the
23 country, including Safeway.

24 We have engaged in education and incentive
25 programs. We have care and wellness programs

1 that range from health fairs to face-to-face
2 contact. We have provider programs. Our
3 (inaudible) care profile is a very well known --
4 number two in the country in terms of
5 connectivity between providers and payers to
6 make that more efficient in the realm of the
7 famous HIT, or health information technology,
8 work that's being done.

9 And then human resource policies that we
10 have. People can come to our center, and it's
11 on the clock. They don't have to log off the
12 clock to come to the center.

13 This is kind of a general operating model.
14 It just shows that -- a member identifies a need
15 either through an assessment -- a health risk
16 assessment that identifies that they might have
17 high blood pressure or whatever it might be. We
18 give them incentives to overcome that. And then
19 also one of the incentives is that they will
20 work face-to-face with a doctor or a nurse
21 practitioner in controlling and managing that
22 disease.

23 If they have an illness and they're really
24 incented by the low cost and the convenience of
25 our center, they will come in and have it taken

1 care of right away.

2 The bottom column or row is really
3 important, reporting and account management.
4 You know, we're always tracking to make sure it
5 is returning what we think it should from an ROI
6 perspective. We are tracking health and
7 wellness. We are tracking the specific
8 reporting that our company needs about the
9 performance of its employees and their health
10 costs.

11 So let's get into the meat of this. This
12 actually shows a comparison of two -- not
13 WeCare, but two others. Healthstat could do
14 this a lot less expensively. We liked their
15 approach, so we went with Healthstat for
16 158,000. As I said, we spent about \$100,000 on
17 the building, so we had about a \$300,000
18 start-up cost on this.

19 Now, we had a room already designed for
20 this, and some companies don't, so they might be
21 more expensive to build out their room than ours
22 was.

23 Our return on investment. We're looking
24 for a five-year return on investment. The
25 bottom one is where we're really tracking it,

1 the -- what we call Level 4 Hard Dollar
2 Productivity and Medical Outcomes. There, we're
3 saying we expect to see an 8 to 42 percent
4 return on the investment over the next five
5 years. There's a big range there because we
6 just really don't know about the assumptions we
7 put into the model.

8 But I'll call your attention to the -- it's
9 not even on here.

10 We also have a soft dollar one. I thought
11 I had a page here, but that is the improvements
12 in productivity that we'll be measuring, and we
13 expect that to be even more significant than the
14 hard dollar savings that come from more
15 efficient care.

16 In terms of measuring our results, you
17 know, first of all, right now this is a pilot
18 for us, although it is a commitment for five
19 years. And it's a test and learn approach.
20 We're closely tracking our costs and our
21 utilization and developing an employee
22 productivity matrix, such as the presenteeism
23 that I mentioned earlier and the baselines.

24 After two months in operation, which isn't
25 a very long time, but we already see that we're

1 exceeding our model. We have modeled them for
2 60 percent participation, which our actuaries
3 thought we were crazy. They thought it would be
4 more like 30 percent. We're actually getting
5 70 percent participation of our employees.

6 Our capacity utilization. We were hoping
7 to have 130 appointments per week, which
8 includes both wellness and illness, and we're
9 getting 150 per week. Wellness patients are a
10 little lower than we had hoped, but we think
11 that's a function of people just shifting, right
12 now, their primary care over to this.

13 So we're getting 50 percent right now
14 wellness patients and 50 percent illness. We'd
15 really rather have it 40 percent illness and
16 60 percent. We don't want to reduce the
17 illness, we just want to increase the wellness,
18 so that changes the proportion.

19 And then the anticipated ROI. We had hoped
20 for a two to one. We're looking like a three to
21 one right now over the five-year period. And,
22 in fact, we expect to have that in 18 months,
23 three to one.

24 This particular slide just illustrates the
25 attention that we're giving to refining the

1 (inaudible), attacking the root causes of our
2 issues. We're identifying the high risk
3 populations. We're -- we have goals around
4 reduction of employees identified in critical
5 biometric values and that sort of thing.

6 So that's a quick view of the Better Now
7 Health Center that we have at Blue Cross and
8 Blue Shield of Florida, and be happy to take any
9 questions that you might have.

10 THE CHAIRMAN: Commissioners.

11 Commissioner O'Brien.

12 MS. O'BRIEN: Are you piloting this in
13 order to see if this is something you wish to
14 roll out to your prospective clients?

15 MR. KAEGI: Yeah. Very perceptive, yes.

16 We -- and it really ties back to my very
17 opening comment. We do want to lower the health
18 care costs of our clients, our accounts.

19 Now, Brian is right, most of our accounts
20 over 1,000 employees are self-funded and it
21 really gives them a direct benefit because if --
22 if this is done right, it lowers their costs
23 quite a bit, about 25 percent of their health
24 care costs.

25 Now, if you have 1,000 employees, health

1 care costs could be -- oh, I don't know,
2 \$10 million a year, 25 percent is two-and-a-half
3 million, and you put a million into it, so
4 you're immediately getting a two-and-a-half to
5 one return.

6 But it's not the return on the investment
7 that's important, it's the health of the
8 employees that's important, and so we want to
9 have a valued proposition for our accounts that
10 improves their health and their productivity,
11 and that solidifies our relationship with them.
12 That's why we want their costs to go lower and
13 their health to be better.

14 MS. O'BRIEN: And just simply in follow up,
15 I believe -- and I may be wrong -- Blue Cross
16 Blue Shield of Florida is an entity? Blue Cross
17 Blue Shield of Georgia is an entity?

18 MR. KAEGI: Right.

19 MS. O'BRIEN: I'm not sure if you're in
20 Alabama, whereas our company spreads across all
21 that.

22 How do you do -- where employees are in
23 different locations, they're not all in one big,
24 tall building or campus such as your model?

25 MR. KAEGI: Well, two parts to that

1 question.

2 You know, first of all, when you have
3 multistate companies, multistate employees, we
4 really can only do this in the state of Florida,
5 for those employees, but we can work with the
6 other plans, do it wherever they might have
7 another large satellite office or something like
8 that.

9 The second part of the question is, if you
10 have fewer than 500 employees, it probably
11 doesn't pay to have your own clinic. Five
12 hundred to a thousand is iffy. It really --
13 we're really focused on a thousand or more. We
14 have 150 clients with a thousand or more, so
15 that's quite a large number of employees.

16 But what we're also planning to do in
17 phase two, once we get this rolled out and make
18 it available to a large group -- large employer
19 accounts, we're planning on building
20 freestanding centers that would be only accessed
21 by our individual members or our small group
22 members that can't have their own clinics.

23 So this wouldn't go into competition with
24 providers for general business. It's really for
25 the benefit of our members in communities. So

1 our long-range view, in ten years from now we
2 might have 5- or 600 of these around the state,
3 serving all four million of our members.

4 THE CHAIRMAN: John, are you aware of any
5 reason why this concept would not work at a
6 municipal level in --

7 MR. KAEGI: Well, actually, in municipal
8 levels is where it's been most popular. In
9 fact, one of the first ones I ever saw was in
10 Springfield, Oregon, and it was -- I was out
11 there for an Oregon Ducks football game, and I
12 went by and -- I heard about this one. It has
13 been a very (inaudible) three to one return on
14 investment, and they only had -- I think it was
15 490-something employees. They were actually
16 under the 500 mark, and they're still doing very
17 well because they incorporated the wellness
18 part.

19 You know, the original worksite clinics
20 were only illness oriented. And you can get a
21 return on investment through that because,
22 instead of sending your employees to a
23 fee-for-service doctor who is doing the best
24 they can, but at the same time they've got
25 defensive medicine issues and they're going

1 to -- they're likely to overtreat sometimes in
2 order to avoid litigation or the words about
3 litigation.

4 We don't have to worry about that with
5 Healthstat taking that malpractice liability, so
6 our doctors -- and they're paid salary, not fee
7 for service, so our doctors are focused on
8 keeping them well and not worried about making
9 money on treating illnesses.

10 So the -- getting back to your question,
11 municipalities are the ones that first saw the
12 advantage of this.

13 Now, what we have done for some
14 municipalities -- we've already worked with
15 Take Care and WeCare and a couple of places
16 where we own the account, but they're working
17 directly with the account, where we have set up
18 satellites for some of their employees.

19 So -- just like us, we have about a
20 thousand employees in the city of Jacksonville
21 that are not in our account. So what are we
22 going to do about that? Well, we're probably
23 going to open one downtown and we're probably
24 going to open one down -- in south Jacksonville,
25 and that will -- and then we'll open it up to

1 their dependents. And that way it's not just
2 employees and dependents, it's more like 12,000
3 to 14,000 instead of 6-. So that justifies the
4 opening of a couple of satellites.

5 So in the case of a municipality, a school
6 board, or -- you know, when you have employees
7 spread around, we can open logistically-,
8 strategically-planned satellite centers that
9 would be convenient for them to go to.

10 Now, one might say, well, if it's not on
11 campus, is it really convenient? Toyota Motor
12 Company in San Antonio is one of the -- the
13 pioneers in this area. The guy who runs that,
14 by the way, is named Ford.

15 But, anyway, they opened -- they opened a
16 brand new clinic in San Antonio, and it occupied
17 100 percent of the land that they had available
18 to them and they wanted to do a clinic and they
19 had nowhere to put the clinic in that area. It
20 was seven miles away, and they have -- they have
21 over 80 percent participation of their employees
22 and dependents. So people are willing to drive
23 for the convenience of getting in easy, lower
24 cost, and what we --

25 I didn't mention this earlier. We took a

1 lot of precaution and went to a lot of trouble
2 to make sure that the experience that people had
3 in the clinic was the very best they could
4 possibly have so the first time that they go in
5 they want to go back there and not back to their
6 original doctor, so that we could make sure that
7 we had a relationship building with those
8 employees so that we can understand how to treat
9 them and how to keep them from getting sick in
10 the future.

11 THE CHAIRMAN: Thank you.

12 Commissioner Garvin.

13 MS. GARVIN: Do you have appointments and
14 walk-ins? And is it hard for your employees to
15 get in?

16 MR. KAEGI: Not at all.

17 You know, like I said, there's 70 percent
18 capacity right now. So there's still 30 percent
19 open for walk-ins. We've had maybe two or three
20 walk-ins a day. Almost everybody else has made
21 appointments. And the wait time is about three
22 minutes, so -- and we do the appointments via
23 our e-mail system, and so people are -- you
24 know, when it comes time for their appointment,
25 they get a little reminder, it's time to go to

1 the health center, get up and go.

2 So we have a lot of people who are on the
3 clock, who are service personnel and we can't
4 afford to have them gone too long, so we put
5 that in place and it works very well for us. We
6 have a constant stream in and out.

7 The average appointment, by the way, is
8 20 minutes -- actually 22 minutes, so we're
9 spending more time with them. In your normal
10 doctor's office it may be five minutes. And
11 we're spending a lot more time with them talking
12 about the causes or (inaudible). So we're
13 working on wellness all the time.

14 MS. EICHNER: John, just a comment.
15 Hurry. I'm uninsured, hurry.

16 MR. KAEGI: Well, we're excited about this
17 and we think this is what we formally ought to
18 be about, you know, wellness and prevention and
19 different ways of delivering care.

20 You know, I think everybody has vilified
21 the (inaudible) of service, methodology of
22 delivery of care. Insurance companies are at
23 fault for starting that, but that's been
24 50 years ago and that was -- made sense. Today
25 it does not make sense.

1 We really need more outcome-based
2 reimbursement methodologies, like -- global
3 capitation is what we call it, or doctors are
4 paid based on the outcomes of their patients
5 that they're treating, or salaried doctors with
6 an upside bonus for the outcome of their
7 population. And if you do either one of those,
8 you end up having -- focusing the doctors on
9 wellness instead of just on illness.

10 Any other questions?

11 COMMISSION MEMBERS: (No response.)

12 MR. KAEGI: Thank you very much.

13 THE CHAIRMAN: Thank you very much.

14 MR. KAEGI: Thank you for inviting me.

15 THE CHAIRMAN: I appreciate it.

16 Okay. Commissioners, we have about
17 15 minutes left and I'd like to bring it back to
18 our discussion earlier on the issues and how we
19 move forward from here.

20 It sounded to me like -- well, the school
21 board -- the school board got the most votes,
22 six votes by my tally. And, obviously, we had a
23 lot of the discussions about that issue today,
24 so I will suggest that at our next meeting we
25 start looking at school board issues, and I will

1 work with Commissioner Barrett. And anybody
2 else on the commission, obviously, who has an
3 idea for a speaker that you would like us to
4 talk to, e-mail it to me or e-mail it to Jeff,
5 and we'll see who we can get available two weeks
6 from now.

7 So that's my suggestion, but I'm open to an
8 alternative course of action.

9 Anybody?

10 MS. O'BRIEN: I would just reiterate -- I
11 know Commissioner Miller has -- had to leave us,
12 but that we do bring in somebody who has at
13 least a statewide perspective of systems other
14 than the Duval County system, that we bring in
15 some ideas that are being implemented across the
16 board so that we aren't just looking in a
17 vacuum, at one system, but getting some input
18 from the state.

19 THE CHAIRMAN: Absolutely.

20 MR. FLOWERS: Mr. Chairman, I would like to
21 recommend that Dr. Stan Jordan come before us in
22 terms of school board/city relationship.

23 At one point we had what we call a
24 consortium, and that consortium went pretty well
25 because it dealt with the whole child, and it's

1 a dynamic concept. And I think if he would
2 consent to just bring us -- to show how we
3 worked it here, but the differences of
4 political -- and that's probably what killed the
5 idea because as we talk about all these
6 innovations, they have been experimented right
7 here, and it could have worked if we had the
8 political commitment to it at that time.

9 THE CHAIRMAN: Thank you.

10 Commissioner Oliveras.

11 MR. OLIVERAS: Mr. Chairman, an issue that
12 school board -- "chairman" was the word --
13 Hazouri brought up in his presentation was the
14 possibility of some sort of tax through JEA. He
15 had mentioned that. And prior to his
16 presentation, the JEA gave their presentation
17 and they -- at being a nonprofit entity.

18 And so I'm wondering if we could get
19 something from the school board that would be
20 concise as possible but specific. Is that
21 doable? I mean, because, you know, the school
22 board is -- every year they're doing more with
23 less, financially. I would just like to see
24 if -- without increasing the tax burden to the
25 citizens, if some sort of increased funding for

1 the school board is possible through JEA, if
2 that -- if there's a real mechanism for that.

3 THE CHAIRMAN: Okay. Commissioner Catlett.

4 MR. CATLETT: Well, it just so happens I
5 know something about this. My partner is on the
6 JEA board. I asked him the same thing two weeks
7 ago when we were discussing the beginnings of
8 that. The answer is that they can give whatever
9 the school board wants as long as the City
10 Council authorized it because they work for the
11 City Council and their contribution is tied in
12 the City Council.

13 If the City Council wants to give the
14 school board another million dollars, then the
15 City Council can authorize that, but the JEA
16 board can't. They've got to go back to the
17 council for that.

18 So, yes, it's possible, but it isn't -- it
19 isn't the school board or the JEA board that
20 decides that but the ruling body, the City
21 Council --

22 MR. OLIVERAS: Okay.

23 MR. CATLETT: -- because I asked the same
24 thing.

25 MR. OLIVERAS: Thank you.

1 THE CHAIRMAN: Thank you, Commissioner
2 Catlett.

3 MS. EICHNER: Mr. Chairman, I'll send the
4 e-mail to you and both Jeff, but the person that
5 I would recommend that -- make a presentation to
6 us is Ken Manuel. He has done a lot of studying
7 of schools all over the state with the Southern
8 Association of Colleges and Schools, and I think
9 he'd be a really good asset for us to hear from
10 on some of these issues because he looks at it
11 wholistically and the fabric of how the
12 districts are formed and how they operate, so
13 I'll -- I'll forward that and would be happy to
14 help schedule that appointment with him.

15 THE CHAIRMAN: Thank you.

16 MS. BARRETT: Mr. Chairman, I'd also
17 recommend Mr. Perrone. He can give a very
18 overall, concise view of the budget and how that
19 all comes down and so on. It's all State and
20 very few -- State mandated and -- about \$200,000
21 worth of what you call unfunded mandates in that
22 whole budget, so I think that everyone would
23 enjoy knowing about that.

24 THE CHAIRMAN: Thank you.

25 Any other items from the commission?

1 COMMISSION MEMBERS: (No response.)

2 THE CHAIRMAN: Any public comments?

3 AUDIENCE MEMBER: Could I have a couple of
4 minutes?

5 THE CHAIRMAN: Yes, sir. Sure.

6 (Audience member approaches the podium.)

7 THE CHAIRMAN: Name and address for the
8 record.

9 AUDIENCE MEMBER: Hi. I'm Joe Andrews,
10 7198 Cypress Cove Road, Jacksonville, Florida.

11 Let me say that I'm fascinated and in awe
12 of the breadth and scope of the topic matters
13 you folks are taking on in discussion.

14 I was gratified, though, that at least two
15 of the commissioners have adopted core functions
16 as their point of interest.

17 I am the person who wrote the two-page
18 letter to you about a month ago emphasizing core
19 functions. I brought with me today a couple of
20 papers -- short papers that I will be glad to
21 give to Jeff to copy for you, if you would
22 like --

23 THE CHAIRMAN: Please do.

24 AUDIENCE MEMBER: -- that deal with core
25 functions.

1 And if somebody wants to take it up in
2 somewhat more depth, there's a real wealth of
3 material on the Internet. All you have to do
4 Google "public goods" or "core functions" and
5 you'll get more references than you can shake a
6 stick at, and I might even be drafted to help
7 you do some of the research.

8 That's all I have to say.

9 Thank you.

10 THE CHAIRMAN: Thank you, Mr. Andrews.

11 Does anybody have any questions for
12 Mr. Andrews?

13 COMMISSION MEMBERS: (No response.)

14 MR. ANDREWS: Any questions?

15 COMMISSION MEMBERS: (No response.)

16 THE CHAIRMAN: Thank you.

17 Please do provide us -- or Mr. Clements
18 with those documents.

19 Thank you.

20 Okay. Well, then I will look forward to
21 receiving your comments -- your contacts, I
22 should say, for the next meeting, and I will
23 endeavor to schedule some speakers.

24 But actually on that point, what length of
25 presentation does the commission prefer, shorter

1 with more time for questions; longer, more
2 comprehensive, but fewer speakers per meeting;
3 or more meetings? I mean, that's the other
4 option.

5 Vice Chair O'Brien.

6 MS. O'BRIEN: May I make a recommendation
7 that each presenter actually presents for a very
8 short amount of time, but that we ask them to
9 stay for the length of the meeting, and that --
10 that we reserve X amount of time as a board to
11 talk amongst ourselves to pinpoint the question
12 to the panel of speakers and say, Ms. Flight,
13 you know, could you please address this specific
14 issue? I know that's what I would like to do,
15 personally, be able to ask specific questions
16 and get an answer right then.

17 THE CHAIRMAN: Right.

18 Commissioner Oliveras.

19 MR. OLIVERAS: Mr. Chairman, would it help
20 with some of these issues if we had actually a
21 panel of speakers so that we could go from one
22 to the next without going through a lengthy
23 presentation and then going to the next one and
24 then having a question for the prior speaker?

25 Because time is of the essence, you know,

1 for us, and I think it -- it may not be
2 beneficial for all these issues, but something
3 that's as complicated and broad as the school
4 board issues appear to be, it just might be
5 helpful if we could empanel -- if it's two,
6 three, or four speakers, and then be able to
7 pinpoint who we need to ask questions of or
8 receive comments from.

9 THE CHAIRMAN: But would you envision that
10 they each make a short presentation --

11 MR. OLIVERAS: Short presentation.

12 THE CHAIRMAN: I think we're on the same
13 page there. I think that's kind of what you're
14 contemplating.

15 MS. O'BRIEN: Very much so.

16 THE CHAIRMAN: Certainly while we're in
17 this room, that's easier to do, a panel, you
18 know, where they're all sitting together, but
19 they don't necessarily have to sit together.
20 They can just come up to the podium when it's
21 their turn and stand by for questions.

22 So if there's no other discussion on that
23 issue, then that's how I'll proceed. I'll
24 suggest to our speakers that they speak for
25 maybe 15 minutes, and I'll hold them to that,

1 and then we'll have them -- so would you like
2 two hours of speakers and then an hour for
3 questions or an hour and a half of speakers and
4 then an hour for questions and then a half hour
5 for public comments and all the other stuff we
6 have to do?

7 Hour and a half of speakers?

8 MS. O'BRIEN: At most.

9 COMMISSION MEMBERS: At the most.

10 THE CHAIRMAN: Very good. All right.

11 That's what I need to know.

12 MS. O'BRIEN: And then, lastly, I just
13 wonder if -- when we look at our topics list, at
14 least the top three that got the most votes, I
15 just worry that two weeks' notice for some of
16 the speakers that we need to get -- if we should
17 then address, I guess, independent authorities
18 and OGC in advance to ensure that we get the
19 people that we need here and maybe schedule --
20 if we're saying the school board in our next
21 meeting in two weeks, you know, OGC or
22 independent authorities is our meeting following
23 and then on down the road, just to make sure
24 that we give them the lead time to ensure that
25 we've got the right speakers there.

1 THE CHAIRMAN: That's an excellent idea.

2 So you want to suggest a topic for the
3 meeting after next?

4 MS. O'BRIEN: What was the next vote
5 getter?

6 THE CHAIRMAN: Well, OGC, constitutional
7 officers and independent authorities all
8 received five votes.

9 MS. O'BRIEN: Okay. I make the
10 recommendation that we -- in two weeks we
11 address the school board with a panel, and the
12 following two weeks we address independent
13 authorities with a panel, and then followed by
14 the constitutional officers with a panel, and
15 then followed by OGC with a panel.

16 You have to tell me if that's too much.
17 That's four weeks in advance -- I mean, four
18 topics in advance.

19 THE CHAIRMAN: Any other discussions,
20 comments?

21 MS. GARVIN: We may be able to shorten that
22 time frame. Since we've heard from a lot of
23 these people already, it might be that we can
24 shorten it up.

25 I'm feeling overwhelmed with the tasks that

1 we've been charged with, of getting down and
2 making sure that we get -- get our tasks done.

3 THE CHAIRMAN: Right.

4 Okay. Well, then I'll -- if there's no
5 other discussion or objections to that approach,
6 I'll proceed on that basis, to schedule
7 speakers, with our next one focusing on the
8 school board.

9 Any other comments, items?

10 COMMISSION MEMBERS: (No response.)

11 THE CHAIRMAN: All right. I'll entertain a
12 motion to adjourn.

13 MS. GARVIN: So moved.

14 THE CHAIRMAN: All in favor.

15 COMMISSION MEMBERS: Aye.

16 THE CHAIRMAN: Thank you.

17 (The above proceedings were adjourned at
18 12:00 p.m.)

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C E R T I F I C A T E

STATE OF FLORIDA:

COUNTY OF DUVAL :

I, Diane M. Tropa, certify that I was authorized to and did stenographically report the foregoing proceedings and that the transcript is a true and complete record of my stenographic notes.

Dated this 8th day of September, 2009.

Diane M. Tropa