

We Care Jacksonville, Inc. on behalf of:

JaxCareConnect

An initiative of the Duval Safety Net Collaborative

Revised for Submission January 4, 2021

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Executive Summary

Today's pandemic crisis and the resulting economic fallout will require strong partnerships engineered to marshal limited resources for maximum community benefit. The innovative **JaxCareConnect** initiative will enable Jacksonville's free and charitable health clinics and Federally Qualified Health Centers to formalize their collaborative operations as a system of health care for uninsured residents of Jacksonville.

Operating as an interdependent system will enable the Duval Safety Net Collaborative to provide primary health care for **an additional 2,000 uninsured residents** of Duval County between 2021 through 2024, resulting in an estimated **cost savings of \$4.4M in unnecessary emergency room visits**. This savings to the community is critical as the rising numbers of displaced workers who have lost their employer-provided health insurance due to the COVID-19 crisis may overwhelm local resources during the recovery period and beyond.

Extending primary care to an additional 2,000 uninsured patients will decrease emergency department utilization for conditions best treated in a primary care medical home. JaxCareConnect will deploy multiple tactics to capture its targeted census, including diverting non-critical patients from emergency rooms; capturing emergency room patients in need of a medical home at discharge; developing a centralized patient intake system; and educating individuals and businesses about the Collaborative's safety net clinics. Rather than investing in duplicative infrastructure to help additional patients, this project utilizes joint resources to maximize service capacity and health care delivery, which is the hallmark of collective impact, an organized commitment by multiple institutions to work toward a common goal for a public benefit.

The Duval Safety Net Collaborative is not aware of other communities where multiple, independent free and charitable health clinics have committed to creating a health care system within which to work interdependently. Like large primary care networks sponsored by hospital systems, JaxCareConnect will dedicate marketing resources of no less than 5% to help drive new patients to the central intake system and, in turn, to the right care provider according to location, hours and eligibility criteria for treatment at the clinic. Through the coordination of services, JaxCareConnect will enable more efficient use of available medical resources. With unemployment forecasted to soar, this is the time to invest in building a stronger and more efficient safety net health system for uninsured neighbors in our community.

DUVAL SAFETY NET COLLABORATIVE *("the Collaborative")*

- Agape Community Health Center
- WestJax Outreach (CHO)
- MASS Clinic
- Mission House
- Sulzbacher
- Volunteers in Medicine
- We Care Jacksonville, Inc.

Need Statement

According to the 2018 US Census Community Survey, 108,000 adults ages 18-64 were uninsured in Duval County. In the same time period, just over 8,000 uninsured residents sought emergency medical services like upper respiratory conditions/colds, urinary tract infections, headaches, and other conditions (*Health Planning Council of Northeast Florida*). The cost to care for these maladies in local emergency rooms was over \$50 million, an expense borne primarily by Duval County

taxpayers. Connecting our uninsured neighbors to a medical home – instead of emergency room care - could alleviate their need to seek the most expensive episodic care in the system.

Ideally, systems would be in place to capture the majority, if not all, of the uninsured persons in a community to provide them with access to preventative care, disease management, and urgent care. At present, the resources and infrastructure to do this does not yet exist: What the community does have is the Duval Safety Net Collaborative (“the Collaborative”), which has identified the capacity to serve 2,000 new, uninsured patients over three years. Pulling those 2,000 persons from the 8,000 who utilize the emergency room to care for ailments better treated in a doctor’s office represents a significant savings in utilization over three years.

Not being able to access medical care, especially when you have limited resources, contributes to poor health outcomes, and exacerbates economic hardship. The Community Health Needs Assessment, authored by the Jacksonville Nonprofit Hospital Partnership, concluded that low-wage earners living paycheck-to-paycheck are threatened by any health complication that affects their ability to pay rent, secure food, and meet other basic needs. Moreover, economic hardship is one of the biggest drivers of health disparities in Duval county where 16.6% of adults live below the poverty level. Uninsurance is not just an issue for the desperately poor – **75% of those lacking health insurance work full- or part-time.**

The economic fallout from the COVID-19 pandemic promises to increase the number of persons needing health care as unemployment soars. At the same time, any resurgence of the pandemic will require emergency room beds for critical patients as opposed to those with ailments better treated in a primary care setting. Goldman Sachs and Bank of America Merrill Lynch are forecasting the unemployment rate to soar, reaching 15-16% during 2020 as a result of the pandemic. The conflation of infectious disease, lack of health insurance, the need for ongoing health care, and limited monetary resources will strain Jacksonville’s safety net clinics. Thousands of people who have never accessed free or income-based clinics will need health care services. Today is the right time to invest in building a more effective health care system for uninsured persons in our community.

Goals, Objectives, and Outcomes

The purpose of the JaxCareConnect initiative is to make sure those in need of health services receive care while connecting any person eligible for affordable health insurance with a suitable entity. Patients will also be connected to a medical home, which facilitates access to care and improved health outcomes. As a result of these efforts, limited resources are leveraged to serve the highest number of uninsured patients possible in the most affordable and efficient ways possible.

Goal 1: Improve access to health care for uninsured persons

- Objective 1: Provide access to primary health care for 2,000 uninsured persons.
- Objective 2: Connect 80% of new patients served with a medical home (1,600 of 2,000).
- Objective 3: Connect 25% of consumers with enhanced health care resources for chronic illness through direct contact with a Patient Health Advocate (500 of 2,000).
- Objective 4: Enroll 10% of individuals in private or government-sponsored healthcare (200 of 2000).

Goal 2: Increase medical home utilization by uninsured persons, resulting in improved health outcomes and reduced inappropriate use of emergency room services over three years

- Objective 1: 50% of patients enrolled in a medical home via JaxCareConnect will forego use of the emergency room for primary health care during the pilot, an estimated \$4.4 Million savings to the community.
- Objective 2: 50% of patients assigned to a medical home via JaxCareConnect will come back for at least one annual wellness check.
- Objective 3: Ensure care coordination across the health care spectrum (primary care, specialty care, hospital services, diagnostics, and rehabilitation) measured by JaxCareConnect Patient Health Advocates in coordination with the primary care medical home team via periodic case review.

Goal 3: Publish results and share best practices with other communities

- Objective 1: During the pilot project period, gather information from consumers pre- and post-enrollment about emergency department utilization, and share results at six months, one year, and three years.
- Objective 2: At the pilot project's end, author a final report on the initiative with lessons learned and steps to replicate effective tools and strategies.

Outcomes: The JaxCareConnect activities detailed above will promote improved individual health, greater consumer knowledge, and better use of the community's safety net clinics among people who are uninsured in Duval County.

- 75% of patients will report improved health outcomes as a result of finding a medical home.
- 75% of patients will report improved knowledge regarding the use of emergency room care vs. primary care.
- 75% of patients will report their medical home as the first choice for care as opposed to the emergency room.
- The Collaborative will report a 40% increase in the efficient use of donated services.

Program Overview

The Duval Safety Net Collaborative will oversee JaxCareConnect, an initiative to systemize health care access for uninsured residents of Duval County, Florida. The Collaborative, consisting of free clinics and federally qualified health centers, can serve an additional 2,000 patients over three years. JaxCareConnect aims to capture potential patients before they need emergency room care through marketing and outreach efforts. For those first seen in emergency care, JaxCareConnect will secure medical homes upon discharge. A centralized intake system is integral for qualifying patients and routing them to the right safety net clinic based on work and/or income requirements. While driving traffic directly to Collaborative member clinics, JaxCareConnect will raise awareness about the clinics and provide care coordination. We Care Jacksonville, Inc. will serve as the comprehensive fiscal agent for the project.

The primary components of the JaxCareConnect initiative are as follows:

- **Centralized intake:** JaxCareConnect will employ a web-based intake process utilizing an "always-on" online application that allows residents or referral resources to plug in their demographic information and health care needs. This information will be automatically transmitted to the clinic where the patient is eligible. Instead of calling multiple clinics, the patient will complete one intake form. Additionally, two Patient Health Advocates will be hired

to help consumers locate insurance coverage, complete evaluations for insurance eligibility, and guide those with chronic and complex health care issues to resources needed for improved health. Activating available coverage for even a small percentage of consumers would assure donated services are used with much greater prudence. Some consumers will not have access to the Internet, and others may have limited practice using online systems. Therefore, anyone who shows up to a safety net clinic - for which they are not eligible - will need support getting to the right place for care. Helping these consumers will require a dedicated terminal to complete the intake application and, when needed, a staff member with the time to walk the consumer through the process if a patient health advocate is not available. Consumers may also need help with the following - understanding information about the safety net clinics, locating the right safety net clinic, and acquiring transportation to access the correct physical location in addition to other supports for overcoming barriers to care.

- **Post emergency room follow-up:** No matter the plan or project, some uninsured persons are going to utilize emergency room care. JaxCareConnect proposes to prevent those same patients from going back to the emergency room when they need follow-up, preventative, or primary care. Working with hospital social workers and discharge planning personnel within the hospital setting is critical. Program success requires building relationships with these key staff members, followed by an agreement to share information and provide literature about JaxCareConnect. Hospital social workers already make follow-up appointments for uninsured patients with complex health issues before discharge unless the patient refuses assistance. Working with these members of the health care team is vital since social workers make calls to safety net clinics based on receptivity, relationships, and patient requests. Some hospitals also provide uninsured patients with community resource packets listing health and human services organizations that provide support services, which offers JaxCareConnect an existing process for information distribution.
- **Community education and outreach:** Persons without insurance will only utilize free and reduced income clinics if they understand the mechanisms for accessing health care, and trust the resources available. Marketing the safety net clinics to uninsured persons was one of the recommendations from LaPiana Consulting to the medical community in 2019. JaxCareConnect must make the case that having a medical home is preferable to seeking primary care through an emergency room as well. The use of print literature, community meetings, partnerships with human services agencies, and electronic communication (radio, television, and social media) are essential for success. Furthermore, uninsured persons must be encouraged to seek regularly scheduled care as well as urgent care when they are ill. The reality that the safety net clinics can serve an additional 2,000 persons is indicative of barriers to service that make use of the emergency room preferable. These include, but are not limited to, the stigma of utilizing a free or income-based clinic, lack of transportation, limited knowledge about available services, equivocating going to the doctor with the emergency department, etc.
- **Developing private-sector business partnerships:** Seventy-five percent (75%) of uninsured persons are employed either full- or part-time. Some employers forgo providing coverage because they are not required to do so - for example, small businesses with fewer than 50 employees. Other companies use business structures that require their employees to be independent contractors responsible for acquiring their own health insurance. Understandably, some employers are focused on the expense of providing coverage. Still, these firms can also consider the negative impact of uninsurance, including the unexpected absences and lack of productivity due to illness. The Covid-19 pandemic highlights this reality where uninsured

workers must work to pay their bills, but doing so places them at risk for both contracting the disease and spreading it. Instead, essential staff like food industry workers face such choices each day – 40% of whom work part-time with limited access to health insurance. JaxCareConnect offers employers an opportunity to support their employees’ good health, which is beneficial to business success and a critical lifeline for workers.

To do this work well requires JaxCareConnect to sustain the flow of information to We Care Jacksonville, Inc. (the comprehensive fiscal agent) and the Duval County Safety Net Collaborative (managing entity) by:

- coordinating system-wide responses to address emerging and unmet needs;
- managing the development of new services, programs, and market messages;
- facilitating regularly scheduled meetings of all the stakeholders; and
- connecting with health care and other health and human services providers beyond the Collaborative (i.e., housing, nutrition, transportation, elder services, etc.) to:
 1. Collect information about high-need areas, service utilization, and service availability / “service deserts,” and;
 2. Gain knowledge about tools to minimize service duplication and maximize resources.

JaxCareConnect Action Plan

1. **Hire a Program Administrator and two professional Patient Health Advocates** (*August - October 2020*)
 - Refine job descriptions.
 - Search for viable candidates using health care networks and online search firms.
 - Identify and recruit the best candidates.
 - Telephone screen the candidates with the best credentials and experience.
 - Conduct face-to-face interviews.
 - Carry out background checks and hire candidates.
 - Onboard candidates.
 - Provide position and organization-based training as needed.
2. **Program Administrator: Carries out three months of research, development, and planning activities in preparation for project launch in January 2021** (*November 2020 – January 2021*)
 - Develop a project plan for launch, implementation, and evaluation.
 - Develop a marketing and outreach plan for JaxCareConnect.
 - Hire a marketing firm or utilize expertise within the Collaborative.
 - Determine the target audiences and key messages.
 - Develop a campaign schedule.
 - Determine which communication vehicles are most effective to inform the target audience (i.e., press releases, social media, community meetings, earned media, etc.)
 - Establish and plan for community events to launch JaxCareConnect.
 - Put measures in place to track the results.
 - Determine the best methods for celebrating and communicating successes throughout the pilot and at its end.
 - Build relationships with organizations and individuals that offer access to uninsured persons, including those responsible for emergency room discharge planning, businesses that do not provide employees with insurance, safety net service providers, United Way 2-1-1, etc.

- Sign Memorandums of Understanding with health and human services providers to distribute information, engage in outreach activities, and engage consumers regarding JaxCareConnect.
 - Develop a clear understanding of the barriers uninsured persons in Duval County face in their efforts to access health care using primary research methods (i.e., interviews, focus groups, surveys, etc.)
 - The JaxCareConnect Administrator and Patient Health Advocates will support education, outreach, and organizational activities necessary to begin the pilot's implementation.
3. **Hire Patient Health Advocates** (*November 2020 – January 2021*)
4. **Program Administrator: Researches all options to put a web-based common application/central intake system into practice by June 2021** (*December 2020-April 2021*)
- JaxCareConnect Administrator will manage information collection processes and planning committee convenings.
 - Establish shared mission, goals, and outcomes for centralized intake acceptable to the Collaborative.
 - Determine the budget to design or purchase the central intake system technology.
 - Design or purchase a system that meets the stated shared mission, goals, and outcomes for JaxCareConnect.
 - Decide where the intake system is going to live and who will manage its data and maintenance.
 - Develop a communication plan that relays JaxCareConnect particulars, including the central intake process to all stakeholders (funders, providers, government, partners, and consumers).
 - Anticipate and plan for resistance to the central intake system.
 - Train personnel to input information into the central intake system and how to extract reports to support consumers and report on project outcomes.
 - Prepare for inadequate community infrastructure such as Internet, cell phone service, and transportation systems.
 - Focus on collective impact to build a coordinated system that helps uninsured persons received preventative and urgent care in their medical home.
5. **The Duval Safety Net Collaborative meets at least monthly to manage the administrative details for the JaxCareConnect initiative** (*Ongoing*)
- Establish regularly scheduled meetings.
 - Decide on policies and procedures for the safety net collaborative's oversight of JaxCareConnect.
 - Determine a process for cataloging decision making.
 - Discuss concerns and problems as they occur.
 - Focus on how JaxCareConnect impacts the entire community even if some decisions may not benefit all the partners.
 - Keep the best interest of uninsured persons in mind at all times.
 - Ensure that all levels of personnel within the participating organizations (managers, direct service providers, board members, etc.) are onboard with JaxCareConnect.
6. **Project Team: Prepare for JaxCareConnect soft launch in the first quarter of calendar year 2021**

- Review the Collaborative MOU and make any changes based on operational issues upon JaxCareConnect launch.
- Determine protocol for addressing issues that might arise within the first 90 days and how those will be handled.

Evaluation

JaxCareConnect will be evaluated quarterly to document its success in meeting its objectives, achievement milestones, and to assess its impact on uninsured community members. As discussed below, the evaluation is designed to ensure that: a) implementation is monitored systematically and on an ongoing basis; b) specific progress measures will be used to assess the quality and completeness of project activities; and c) specific progress measures are aligned with the goals, targets and expected outcomes outlined in the application narrative.

The Duval Safety Net Collaborative will contract with an external evaluator to ensure that an extensive evaluation is conducted for JaxCareConnect. The qualified third-party evaluator will provide objective summative and formative evaluation services for the program. Services will likely include monitoring, development of summative evaluation reports, development of an annual progress report, and establishment of the formative evaluation system. The external evaluator will collect and analyze all project data every quarter, and report findings within one month of the close of each quarter.

The evaluation will include both formative (process) and summative (impact) performance measures. Formative evaluation methods will relate to the effectiveness of the project's procedures, practices, and activities. A key reason for the formative evaluation will be to collect, analyze, and disseminate data throughout the project to stay "on track" in implementing JaxCareConnect activities and promote ongoing project improvement. To this end, formative evaluation data will be shared among Duval Safety Net Collaborative members and staff on an ongoing basis for the project.

The critical formative evaluation questions are: a) Are project partners carrying out project activities with fidelity to the proposed design and management plan (*i.e., Has the project met its targets for implementing activities related to each goal and objective? Has the project met its annual targets for staffing, training, service delivery, and market outreach?*) b) Has project staff used information effectively throughout the project—including formative evaluation data—for program assessment and improvement?; c) Has the project met its targets regarding technology implementation and program marketing?; d) Are the project's procedures, policies, and management effectively aligned with the project's activities and milestones?; e) Are project activities focused on achieving the objectives and conforming to timelines outlined in the project proposal?; and f) Do the policies and feedback mechanisms support ongoing review and program improvement?

Summative evaluation methods will address project implementation and consequent changes in outcomes regarding access to health care by uninsured persons. Key summative evaluation questions are: a) Is the project achieving its objectives and performance targets? And b) What is the project's impact on access to care among the uninsured, reduced use of emergency room care, community awareness about the safety net clinics, effective distribution of donated resources,

central intake utilization, and Patient Health Advocate utilization? Formative and Summative evaluation methods require ongoing data collection using the following tools:

- participation census
- intake system utilization reports
- patient surveys measuring experience and process satisfaction
- patient surveys that ascertain process knowledge and changes in behavior
- secondary data regarding service utilization (i.e., hospital data, etc.)
- patient Health Advocate service and utilization records
- the Duval Safety Net Collaborative accounting reports

Sustainability

Throughout the JaxCareConnect pilot, additional partners in care will be engaged, including donors, grantmakers (public, private, corporate), health insurers, health care providers, and private employers. Co-branding /cause-marketing sponsors are potential supporters for the future costs of operating the initiative's cloud-based technology tools. The most significant expense for JaxCareConnect is people – success depends on human resources to develop the project; market the project to drive adoption at all intake points; grow the network of collaborators; and serve patients and clinics during the pilot period. As the project takes shape and demonstrates its worth, cost-sharing (for the Patient Health Advocates) and project-specific knowledge transfer within the Collaborative will engender processes and embed technology inside the safety net clinics beyond the pilot. Success is sure to yield community support due to positive patient impacts, and more efficient use of public dollars. Focusing on sustainability is one of the key points for exploration during the pilot period.

JaxCareConnect has been successful in garnering support for the initial workplan from the following sources:

- Riverside Hospital Foundation: Seed funder for planning period + three years of project pilot (\$225,000)
- Baptist Health: Support for three years of pilot (\$150,000)
- Community Foundation for Northeast Florida: Support for planning period plus 1st year of pilot (\$75,000)
- duPont Fund: support for first year of operations (\$75,000)

To accelerate the project and ensure long-term sustainability of the effort centrally and at each clinic site, additional capacity building elements could be folded in with appropriate funding. Support of \$200,000 from the City of Jacksonville in Pilot Year 1 would be allocated to:

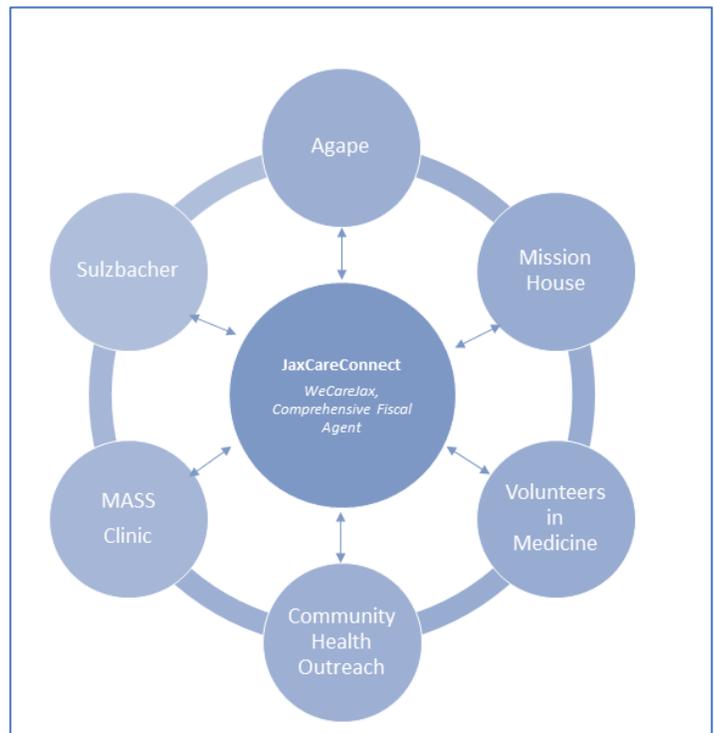
- Add a third Patient Health Advocate in Year 1 (Salary + Benefits + Equipment @ \$50,000)
 - Adding to the PHA team would provide additional hours in central triage for new patients, improving time to care for referrals
 - The rotation of PHAs between clinic sites would give each partner more hours for patients to receive support with complex applications to Medicaid, the UF Shands program, or marketplace insurance options, making room for more uninsured patients ineligible for those supports to enter the free and charitable network system

- Enhance interoperability in collaborative member Electronic Health Records systems (\$30,000)
 - Two of the seven partners are able to participate in federal programs that support electronic health record optimization. The remaining partners, who do not accept public or private insurance, have no avenues of support for fully interoperable systems.
 - Without insurer or federal support (such as Meaningful Use incentives), patient referral documents, progress notes, and other communications travel between partners via secure fax, with time-consuming document indexing and re-keying data, which could lead to transcription errors.
 - With approximately \$5,000 per partner per year, the current systems in place at the majority of free clinics in the Collaborative be moved from a “free” stand-alone version to a subscriber model EHR, supporting the flow of secure patient data between partners as patients move through the system to the best medical home for their unique needs.
- Support capacity building at each clinic site to optimize clinic workflows, offer training, and add staffing hours to smoothly engage with the project’s PHAs and to help retain resulting new patients in care beyond the initial referral (\$20,000 per clinic = \$120,000)
 - Each clinic partner has identified the need to retool space, staff hours, and processes to optimize the work of the PHAs on site and through electronic referrals
 - Capacity building dollars at each clinic site would support their unique gaps in creating the seamless network envisioned by the project faster and with more accuracy as the pilot unfolds

Organizational Overview

The Duval Safety Net Collaborative is a consortium of six free and federally qualified clinics that serve uninsured persons in Duval County. These clinics have evolved together over the past twenty years and have been working in support of each other to make sure Duval County’s most vulnerable residents can receive health care services. In addition to primary care services, several partners also provide shelter, case management, meals, and other social services. Together the safety net collaborative’s clinics currently serve nearly 30,000 uninsured persons annually.

The safety net clinics that make-up the Collaborative serve individuals across Jacksonville from the Beaches to the urban core, and from rural neighborhoods to the suburbs that ring-around Duval County. The executive leadership also brings to the partnership abundant talents and diverse experiences.



Organizational Chart for implementing JaxCareConnect

Duval Safety Net Collaborative: Organizational Detail

Partners Contact Information	Agency Mission Statements	Executive Leader BioSketches
<p>Mission House 800 Shetter Avenue Jacksonville Beach, FL 32250 (904) 241-6767 X114</p>	<p>Empowers individuals affected by homelessness in the Beaches area by providing food, clothing, medical care, and support services with an avenue to self-sufficiency.</p>	<p>Carina Saladino has recently moved into the role of Executive Director for Mission House, but she has been serving the community in various roles for over 17 years. She is a Florida licensed Assisted Living Administrator and is Extended Congregate Care certified. She is not new to the service area either, as she serves on the Board for the Beaches Council on Aging and served as the Event Chair for the Dial-A-Ride flagship program for the organization.</p>
<p>Sulzbacher 611 East Adams Street Jacksonville, FL 32202 (904) 923-0433</p>	<p>Funded through the Health Resources and Services Administration, offers comprehensive healthcare to anyone in the community who needs care. Sulzbacher’s Health Centers are classified as Federally Qualified Health Centers (FQHCs) and as such, are designed as the Collaborative providers that serve medically underserved areas and populations. Services are provided on a sliding fee scale based on the patient’s ability to pay, and all insurances are accepted.</p>	<p>Cindy Funkhouser is the President and CEO of Sulzbacher, the largest and most comprehensive homeless resource provider in Northeast Florida. Before joining Sulzbacher as the Chief Program Officer and then the VP of Health Services, she served as the Executive Director of Beaches Emergency Assistance Ministry, a faith-based organization that provides emergency assistance for families in crisis. In her first career, Funkhouser was a Sales and Marketing Executive for a Fortune 500 company for over 20 years. She is also the co-founder of a nonprofit organization, Positive Kids, Inc., that dealt with bullying and violence in schools. Funkhouser has a master’s degree in Clinical Social Work and an undergraduate degree in Psychology. She currently sits on the following boards: Deans Council for UNF Brooks College of Health, Executive Committee United Way Agency Directors, Beaches Watch Board, and Jacksonville Day Resource Center Board. Originally from the Washington, DC suburbs, Cindy moved to her home in Jacksonville 22 years ago.</p>
<p>Agape Community Health Center, Inc. dba Agape Family Health 120 King Street Jacksonville, FL 32204 (904) 800-6191</p>	<p>Provides comprehensive healthcare services with compassion and love to the entire community. Agape strives to provide care that is unconditional, of high quality, and readily accessible. Services are provided on a sliding fee scale based on the patient’s ability to pay, and all insurances are accepted.</p>	<p>Mia Jones is the Chief Executive Officer of AGAPE Community Health Center, Inc., a Federally Qualified Health Center (FQHC) in Duval County. From 2004 until 2016, Agape was a Co-Applicant with the Department of Health, but opened its doors in 2016 as an independent FQHC in April 2016 under Jones’ leadership. She has been recognized by Volunteers in Medicine (VIM) as a 2017 Woman with Heart and serves on the boards of Duval Medical Society Foundation, Wolfson Children’s Hospital, Feeding</p>

Duval Safety Net Collaborative: Organizational Detail

Partners Contact Information	Agency Mission Statements	Executive Leader BioSketches
		<p>Northeast Florida, and Tiger Academy. Mia Jones served as Special Assistant to the Mayor/Director of Boards and Commissions and was appointed as Jacksonville's first Health Commissioner under Mayor Alvin Brown (2011-2015). Additionally, Jones served eight years in the Florida House of Representatives, representing the state's 14th District, where she is a life-long resident. Jones previously served on the Jacksonville City Council from 2003 to 2008 after working as the Director of Minority Business Affairs for the Duval County Public Schools. Jones began her career in public service in 1992, working with Jacksonville's then Mayor Ed Austin in the Office of Equal Employment until 1995. Jones attended Florida A&M University, where she graduated with her B. S. in Accounting and later attained her MBA.</p>
<p>Volunteers in Medicine 41 East Duval Street Jacksonville, FL 32202 (904) 399-2766 x 123</p>	<p>Seeks to improve the health of the Northeast Florida community by providing free outpatient medical services to those who are employed but cannot afford health insurance or health care for themselves and their families. Eligibility extends to those who are living at 250% of FPL or below.</p>	<p>Jennifer Ryan is the CEO of Volunteers in Medicine, a nonprofit clinic that serves the working uninsured. Ryan is a fifth-generation North Floridian with a proven reputation in building and sustaining community partnerships, with experience in health care at the national, county, and hospital levels. She is recognized for being innovative, creative, outgoing, team-oriented, adaptable, and professional with multiple areas of expertise. In the role of Chief Executive Officer, Ryan is responsible for providing leadership of the organization's medical operations, program development, staff, and volunteer management, as well as fundraising. Ryan most recently served as the Executive Director of the Ponte Vedra YMCA. Before that, she held positions with the Centers for Disease Control, Duval County Health Department, Brooks Rehabilitation, and Northeast Florida Healthy Start Coalition. She was recently elected to the Board of Directors of the Florida Association of Free and Charitable Clinics (FAFCC), a statewide organization supporting clinics that offer comprehensive care to more than 230,000 Floridians annually.</p>
<p>Muslim American Social Services Clinic 2251 St Johns Bluff Road South</p>	<p>Aims to provide free social and medical service to anyone in need, regardless of age, race, national origin, ethnicity,</p>	<p>Faisal Sayed is the Executive Director at the Muslim American Social Services (MASS) Clinic. He has been active in the Jacksonville community for more than 15 years. Mr. Sayed</p>

Duval Safety Net Collaborative: Organizational Detail

Partners Contact Information	Agency Mission Statements	Executive Leader BioSketches
<p>Jacksonville, FL 32246 (904) 419-8006 x 2</p>	<p>gender, disability, sexual orientation, political affiliation, or religious belief. MASS operates in a manner that reflects the moral values of Islam and correlates to the ethical foundations prevalent in America.</p>	<p>volunteers his time working closely with providers and support staff to ensure the clinic runs as smoothly as possible. He has served on the boards of several nonprofit organizations and mentors high school and college-age youth. Mr. Sayed has been working as an IT professional for almost 30 years. He has worked as Software Developer in Banking, Consulting, Pharmaceutical, Petro-Chemical Industries, Transportation, Health Insurance, Finance, and Human Resources. At present, he is employed with Rimini Street Inc., where he is a member of a technical team providing payroll support to 150 clients. Mr. Sayed holds a Bachelor of Science Degree with a Concentration in Manufacturing Technology and Computer Science.</p>
<p>WestJax Outreach dba Community Health Outreach 5126 Timuquana Road Jacksonville, FL 32210 (904) 573-1333 x 105</p>	<p>Serves those in need through the scriptural call to feed the hungry, heal the sick, and clothes those in need, with medical and dental services, a food assistance program, and maternal and children’s health support program. Services are provided free of charge to those eligible</p>	<p>Meredith Smith is the Executive Director of WestJax Outreach / Community Health Outreach (CHO). A former employee of Baptist Health Center’s cardiovascular progressive care unit and licensed health care worker, Meredith prioritizes evidence-informed care and long-term health for patients with chronic health issues. She brings a depth of experience from volunteering in large metropolitan areas—women’s homeless shelter in New York City, a food bank in Toronto, and a medical clinic in Nashville—to the services in food assistance, maternal and children’s health support, and medical and dental care at CHO. Meredith previously worked fifteen years in editorial acquisitions for corporate publishing, employed by global corporations that included Men’s Health Magazine and Hachette Livre.</p>
<p>We Care Jacksonville, Inc. 4080 Woodcock Drive Suite 130 Jacksonville, FL 32207 (904) 674-6456 (Comprehensive Fiscal Agent)</p>	<p>Improves healthcare access by developing and coordinating a community-wide network of specialty medical volunteers and donated healthcare services to compassionately care for adult residents of Duval County who are uninsured, living at 200% or less of Federal Poverty Level (FPL), and are referred by a primary care provider.</p>	<p>Angela Strain, WeCareJax Executive Director, brings over twenty years of experience in Nonprofit management to her role. Her previous experience includes serving as the Organizational Advancement Director for The Center for the Advancement of Health IT and as inaugural Director of Development for JASMYN, Inc. She attended the University of Memphis, where she earned her BA with a major in Public Administration. She was a long-time consultant for the Alliance for Nonprofit Excellence based in Memphis. She graduated in the 2018 class of</p>

Duval Safety Net Collaborative: Organizational Detail

Partners Contact Information	Agency Mission Statements	Executive Leader BioSketches
		Leadership Jacksonville and maintains certification through the Grant Professionals Credentialing Institute (GPCI). Day to day, she is responsible for ensuring patients referred for specialty care are provided with the highest quality health care services available through the WeCareJax volunteer network of over 520 physicians and the major hospital systems in Jacksonville.

Hiring of JaxCareConnect Staff has commenced, and the project Administrator (Jenny O'Donnell) was hired in the first week of November 2020. The Administrator reports to Executive Director Angela Strain at We Care Jacksonville, Inc., the comprehensive fiscal agent. About O'Donnell:

For the past 20 years, Jenny O'Donnell served in program management for non-profit organizations locally as well as internationally. She has vast experience in the areas of volunteer and community engagement as well as launching program start-ups and new initiatives. She spent 10 years as the Director of Community Engagement with HandsOn Jacksonville. When the organization dissolved in 2017, she led the transition of the organization's key programs and Points of Light Affiliate designation under the United Way of Northeast Florida, where she served as the Manager of Volunteerism. As an AmeriCorps Alum, she is very passionate about AmeriCorps and National Service programs and had the opportunity to serve as an AmeriCorps Program Manager for Episcopal Children's Services' Head Start Program, where she launched a new AmeriCorps State and National Program serving Head Start classrooms in Central Florida. She is also a dedicated Guardian Ad Litem volunteer and advocates for children in the dependency court system.

In her role as JaxCareConnect Administrator, O'Donnell is actively recruiting Patient Health Advocates to the project, who she will manage through soft launch and the planned three-year pilot. The Patient Health Advocate position is detailed below.

Patient Health Advocate

The Patient Health Advocate (PHA) will report to the JaxCareConnect Administrator. PHAs will be co-located within the safety net clinics on a rotating basis to assist consumers with the central intake system and for the support of patients needing assistance accessing care for chronic and complex health issues. A successful PHA will build working relationships with safety net clinic staff, solve problems, and support patients in navigating the health clinic system. The Patient Health Advocate will also help patients understand their rights and responsibilities concerning the medical care delivered within the safety net clinics. The PHA will also meet one-on-one, as needed, with patients to verify current eligibility for services, evaluate current insurability options, and help them understand the care coordination plan outlined for them. Also, the PHA will assist patients in accessing social services needed to improve their health outcomes.

Job Responsibilities and Duties

- Reports to the JaxCareConnect Administrator.
- Meet with staff within the *Collaborative* to review care plans.
- Meet with patients to explain treatment plans and assess barriers such as transportation, childcare, etc. by utilizing a standardized assessment tool such as a self-sufficiency matrix.
- Evaluate patients' qualifications for insurance, including UF Health – City Contract, Medicaid, and Affordable Care Act Insurance Plans.
- If qualified for UF Health – City Contract, assist patients in completing the required documentation.
- Assist patients in completing a Medicaid application.
- Assist patients in completing applications for patient assistance programs of major pharmaceuticals companies.
- Based on self-sufficiency assessment, evaluate barriers to improving access to healthcare, medication compliance, etc. and referrals to appropriate social services.

Skills and Qualifications

- College degree (Associates or above) or equivalent work experience.
- Experience with patient advocacy in the health care industry preferred.
- Experience as Affordable Care Act Navigator a plus.
- Excellent written and verbal customer service skills.
- Organizational, decision-making, and problem-solving abilities.
- Ability to work independently and on a team.
- Capability to maintain and respect confidentiality and HIPAA guidelines.
- Excel, Word, and PowerPoint skills required.
- Electronic Medical Records experience.
- Reliable personal transportation

Project Budget – Pilot Year One Acceleration

Note: items requested to accelerate first year pilot are shown below.

PROJECT ACCELERATION REQUEST: ADDITIONAL CAPACITY BUILDING SUPPORT		PILOT YEAR ONE			
PERSONNEL					
Patient Health Advocate (1 FTE)		\$38,000.00			\$38,000.00
Fringe (@.23)		\$8,740.00			\$8,740.00
Payroll Processing		\$275.00			\$275.00
Mileage Reimbursement		\$865.00			\$865.00
Laptop & Licenses		\$1,400.00			\$1,400.00
Internet / Phone / Cell Allowance		\$720.00			\$720.00
				<i>Subtotal</i>	\$50,000
ENHANCED EHR					
Portal Design / Programming for Health Information Exchange		\$30,000			\$30,000
				<i>Subtotal</i>	\$30,000
CAPACITY BUILDING					
Site-Specific Optimization, Safety-Net Clinic Partner (6 @ \$20,000) See Attachment A for detailed budgets per partner, to be contracted separately)		\$120,000.00		<i>Subtotal</i>	\$120,000.00
PROJECT ACCELERATION TOTAL REQUEST				TOTAL	\$200,000.00

Attachment A: Site-Specific Capacity Building Budgets per Clinic Partner

DUVAL SAFETY NET COLLABORATIVE PARTNER: Agape Community Health Center, Inc.

PROJECT ACCELERATION REQUEST: ADDITIONAL CAPACITY BUILDING SUPPORT		PILOT YEAR ONE			
PERSONNEL					
Case Worker/Navigtor (@.5 FTE)	New position responsible for assisting patients with enrolling in Medicaid/ Medicare or Affordable Care Act; Provides assistance to patients in need of social services.	\$16,774.00			\$16,774.00
Fringe (@ 12 %)	Payroll taxes	\$2,026.00			\$2,026.00
Payroll Services Cost		\$0.00			\$0.00
Mileage Reimbursement		\$0.00			\$0.00
Internet / Phone / Cell Allowance		\$0.00			\$0.00
Other		\$0.00			\$0.00
				Subtotal	\$18,800
EQUIPMENT					
Describe		\$0.00			\$0.00
Describe		\$0.00			\$0.00
Describe		\$0.00			\$0.00
				Subtotal	\$0
OFFICE SUPPLIES					
Laptop	Equipment	\$1,200.00			\$1,200.00
Describe		\$0.00			\$0.00
Describe		\$0.00			\$0.00
				Subtotal	\$1,200
OTHER					
Describe		\$0.00			\$0.00
Describe		\$0.00			\$0.00
Describe		\$0.00			\$0.00
				Subtotal	\$0
PROJECT ACCELERATION TOTAL PARTNER REQUEST				TOTAL	\$20,000.00

DUVAL SAFETY NET COLLABORATIVE PARTNER: WestJax Outreach dba Community Health Outreach

PROJECT ACCELERATION REQUEST: ADDITIONAL CAPACITY BUILDING SUPPORT					
		PILOT YEAR ONE			
PERSONNEL					
Patient Care Coordinator (1FTE @ \$10/hr x 30 hrs x 50 wks)	<ul style="list-style-type: none"> New patient intake/processing for both medical and dental new patient applications Liaise with JaxCareConnect for accepting and scheduling new patients 	\$15,000.00			\$15,000.00
Referrals Manager (12 FTE @ \$30,000/yr)	<ul style="list-style-type: none"> Responsible for the completion of all patient referrals to specialty services and training of Patient Care Coordinator 	\$3,660.00			\$3,660.00
Fringe (@7.65%)	<ul style="list-style-type: none"> Payroll taxes 	\$1,148.00			\$1,148.00
Payroll Services Cost	<ul style="list-style-type: none"> Payroll services (\$8.00/mo. per employee) 	\$192.00			\$192.00
Mileage Reimbursement		\$0.00			\$0.00
Internet / Phone / Cell Allowance		\$0.00			\$0.00
Other		\$0.00			\$0.00
				Subtotal	\$20,000
EQUIPMENT					
Describe		\$0.00			\$0.00
Describe		\$0.00			\$0.00
Describe		\$0.00			\$0.00
				Subtotal	\$0
OFFICE SUPPLIES					
Describe		\$0.00			\$0.00
Describe		\$0.00			\$0.00
Describe		\$0.00			\$0.00
				Subtotal	\$0
OTHER					
Describe		\$0.00			\$0.00
Describe		\$0.00			\$0.00
Describe		\$0.00			\$0.00
				Subtotal	\$0
PROJECT ACCELERATION TOTAL PARTNER REQUEST				TOTAL	\$20,000.00

DUVAL SAFETY NET COLLABORATIVE PARTNER: Muslim American Social Services (MASS)

PROJECT ACCELERATION REQUEST: ADDITIONAL CAPACITY BUILDING SUPPORT		PILOT YEAR ONE			
PERSONNEL					
<i>Patient Care Coordinator</i> (@ 0.62 FTE)	25 Hours / Week @ \$15 per hour	\$18,750.00			\$18,750.00
Fringe (@ %)					\$0.00
Payroll Services Cost		\$1,250.00			\$1,250.00
Mileage Reimbursement		\$0.00			\$0.00
Internet / Phone / Cell Allowance		\$0.00			\$0.00
Other		\$0.00			\$0.00
				<i>Subtotal</i>	\$20,000
EQUIPMENT					
Describe		\$0.00			\$0.00
Describe		\$0.00			\$0.00
Describe		\$0.00			\$0.00
				<i>Subtotal</i>	\$0
OFFICE SUPPLIES					
Describe		\$0.00			\$0.00
Describe		\$0.00			\$0.00
Describe		\$0.00			\$0.00
				<i>Subtotal</i>	\$0
OTHER					
Describe		\$0.00			\$0.00
Describe		\$0.00			\$0.00
Describe		\$0.00			\$0.00
				<i>Subtotal</i>	\$0
PROJECT ACCELERATION TOTAL PARTNER REQUEST				TOTAL	\$20,000.00

DUVAL SAFETY NET COLLABORATIVE PARTNER: Mission House

DUVAL SAFETY NET COLLABORATIVE PARTNER: <u>Mission House</u>					
PROJECT ACCELERATION REQUEST: ADDITIONAL CAPACITY BUILDING SUPPORT		PILOT YEAR ONE			
PERSONNEL					
Clinic Care Coordinator (@ .5 FTE)	(half of \$33,250.00 annual salary)	\$16,625.00			\$16,625.00
Fringe	\$2,000.00 for payroll taxes	\$2,000.00			\$2,000.00
Payroll Services Cost		\$0.00			\$0.00
Mileage Reimbursement		\$0.00			\$0.00
Internet / Phone / Cell Allowance		\$0.00			\$0.00
Other		\$0.00			\$0.00
				Subtotal	\$18,625
EQUIPMENT					
Describe	Subscription-based software license	\$175.00			\$175.00
Describe	laptop computer	\$1,200.00			\$1,200.00
Describe		\$0.00			\$0.00
				Subtotal	\$1,375
OFFICE SUPPLIES					
Describe		\$0.00			\$0.00
Describe		\$0.00			\$0.00
Describe		\$0.00			\$0.00
				Subtotal	\$0
OTHER					
Describe		\$0.00			\$0.00
Describe		\$0.00			\$0.00
Describe		\$0.00			\$0.00
				Subtotal	\$0
PROJECT ACCELERATION TOTAL				TOTAL	\$20,000.00
PARTNER REQUEST					

DUVAL SAFETY NET COLLABORATIVE PARTNER: J.M. Sulzbacher Center for the Homeless, Inc.

DUVAL SAFETY NET COLLABORATIVE PARTNER: <u>J.M. Sulzbacher Center for the Homeless, Inc.</u>					
PROJECT ACCELERATION REQUEST: ADDITIONAL CAPACITY BUILDING SUPPORT		PILOT YEAR ONE			
PERSONNEL					
Title (@ .48 FTE)	Patient Services Coordinator	\$15,873.00			\$15,873.00
Fringe (@ .26 %)		\$4,127.00			\$4,127.00
Payroll Services Cost		\$0.00			\$0.00
Mileage Reimbursement		\$0.00			\$0.00
Internet / Phone / Cell Allowance		\$0.00			\$0.00
Other		\$0.00			\$0.00
				Subtotal	\$20,000
EQUIPMENT					
Describe		\$0.00			\$0.00
Describe		\$0.00			\$0.00
Describe		\$0.00			\$0.00
				Subtotal	\$0
OFFICE SUPPLIES					
Describe		\$0.00			\$0.00
Describe		\$0.00			\$0.00
Describe		\$0.00			\$0.00
				Subtotal	\$0
OTHER					
Describe		\$0.00			\$0.00
Describe		\$0.00			\$0.00
Describe		\$0.00			\$0.00
				Subtotal	\$0
PROJECT ACCELERATION TOTAL PARTNER REQUEST				TOTAL	\$20,000.00

DUVAL SAFETY NET COLLABORATIVE PARTNER: Volunteers in Medicine

PROJECT ACCELERATION REQUEST: ADDITIONAL CAPACITY BUILDING SUPPORT		PILOT YEAR ONE			
PERSONNEL					
Director of Volunteers (@ 25% FTE)		\$11,000.00			\$11,000.00
CEO (5%)		\$4,000.00			\$4,000.00
Fringe (@ 30 %)		\$4,500.00			\$4,500.00
Payroll Services Cost		\$0.00			\$0.00
Mileage Reimbursement		\$0.00			\$0.00
Internet / Phone / Cell Allowance		\$0.00			\$0.00
Other		\$0.00			\$0.00
				Subtotal	\$19,500
EQUIPMENT					
Describe		\$0.00			\$0.00
Describe		\$0.00			\$0.00
Describe		\$0.00			\$0.00
				Subtotal	\$0
OFFICE SUPPLIES					
Desk		\$400.00			\$400.00
Chair		\$100.00			\$100.00
				Subtotal	\$500
OTHER					
Describe		\$0.00			\$0.00
Describe		\$0.00			\$0.00
Describe		\$0.00			\$0.00
				Subtotal	\$0
PROJECT ACCELERATION TOTAL PARTNER REQUEST				TOTAL	\$20,000.00