

We Care Jacksonville, Inc. – JaxCareConnect Program

FY 2024-2025 City Grant Proposal Term Sheet

Grant Recipient: We Care Jacksonville, Inc. (“Recipient”)

Program Name: JaxCareConnect (the “Program”)

City Funding Request: \$500,000

Contract/Grant Term: March 1, 2025 – February 28, 2026

Any substantial change to this FY 2024-2025 City Grant Proposal Term Sheet (the “Term Sheet”) or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

PROGRAM OVERVIEW:

JaxCareConnect is a program born of the Duval Safety Net Collaborative (**the Collaborative:** Agape Family Health, Community Health Outreach, MASS Clinic, Mission House, Sulzbacher, Volunteers in Medicine, and We Care Jacksonville, Inc.). The Collaborative’s mission is to ensure every resident of Duval County has equitable access to high-quality, comprehensive healthcare – regardless of insurance status or ability to pay. Addressing health equity through the social drivers of health (SDoH) is a key strategy in supporting uninsured neighbors living under 250% of the Federal Poverty Level access and retain a primary care medical home. JaxCareConnect employs both technology and personalized navigation, with a team of certified community health workers, social workers, and others committed to navigating neighbors to the resources they need on their health journey. Now moving into its fifth year, referrals managed have grown exponentially as hospital emergency rooms, community agencies, Healthlink JAX, and other partners refer uninsured clients and patients to the Program. In fact, year over year, inbound referrals increased 91% higher than the Program plan forecast.

PROGRAM SCOPE OF WORK AND DELIVERABLES:

Objective 1: Provide access to primary health care for a minimum of 1,500 uninsured and under-resourced neighbors within one year.

Obj. 1 - Activities:

- ✓ Review a minimum of 3,000 referrals from community partners to reach the eligible number of Program participants to reach the goal.
- ✓ Utilize dedicated Intake Screeners to ensure each referral is contacted within 48 hours of referral.
- ✓ Following intake screening, each eligible client is assigned a Patient Health Advocate (PHA) who identifies the best pathway to primary care for the client, with a target of securing first primary care appointment within seven (7) business days.
- ✓ Upon intake, a case will be assigned a priority level to identify the case as low/medium complexity or high complexity:
 - Low to medium priority cases will be connected to a primary care medical home, community resources and additional public options with touchpoints at the 3-month and 6-month mark. The case will be evaluated for closure and transition at the 6-month point.
 - For high complexity cases, the case will remain open for up to 12 months and will additional touchpoints to assist with multiple community resources and public assistance applications.

- Upon closure of a case, all clients will be provided with a transition plan from JaxCareConnect to their new medical home as primary support, with clear instructions for continuing care and accessing any SDOH resources they were connected to during their enrollment period.

Objective 2: A minimum of 50% of clients assigned to a medical home via JaxCareConnect will display an increase in individual health literacy through the acknowledgement of the importance of a primary care physician for overall health outcomes and non-emergency care.

Obj. 2 – Activities:

- During intake screening, each client will be asked about where they seek care for non-emergency care and the importance of a primary care doctor. Their responses will be recorded in the SDOH section of their chart in Salesforce.
- At the end of their enrollment period with JaxCareConnect, during their transition meeting each client will be surveyed and asked the same question regarding where they seek care for non-emergency care and the importance of a primary care doctor.
- All responses will be recorded, measured, and reported.

Objective 3: Provide application support and guidance for 10% of individuals in private or government sponsored healthcare (150 of 1,500).

Obj. 3 – Activities:

- Within the first 90 days, a PHA may identify their client as a candidate for private or government sponsored healthcare options and review options with patient.
- With patient approval, the PHA will assist the client through the application process, which may include multiple pathways at one time.
- See Objective 4 for additional activities supporting successful applications.

Objective 4: For those provided application support for private or government-sponsored healthcare, a minimum of 30% of the total applications will result in approval.

Obj. 4 – Activities:

- PHA will assist patient in completing the often high-barrier applications for care, including support for obtaining required identification, financial documentation, and other materials needed.
- PHA will assist patient in preparing for any required interviews, provide transportation as needed, offer translation service as needed, and accompany patient if requested and allowed.
- PHA will follow-up with patient and plan sponsors periodically through approval or denial

PROGRAM COSTS/PAYMENT TERMS:

The budget form is attached and reflects \$500,000 to operate the Program coming from the City budget for the term period. Support from additional local foundations and partners, including the Riverside Hospital Foundation and the Jessie Ball duPont Fund, are also shown.

PROGRAM IMPACT & REPORTING:

- i.) As during the Pilot, both process and outcome measures will be used to demonstrate achievement of the Program's goals and objectives. As described in the activities for each objective, the team utilizes survey methods (both electronic and via phone / face-to-face meetings) to ensure Program outcomes are measured, recorded, and can be used for continuous process improvement. For example, during the pilot, the team uncovered multiple processes and workflow improvements from the original workplan. While the initial plan relied more heavily on computer-based forms and self-directed needs assessments, we have learned that rapport and trust are the pivotal foundations required for clients to disclose their full needs, accept recommendations, establish and retain a primary care medical home. Adding evening and weekend staffing, testing shifts within emergency departments for PHAs, utilizing a National Health Corps member to complete follow-up evaluation calls at one-year post enrollment, creating a Client Advisory Council, implementing SMS communications, subscribing to a live medical translation line, and so many more adaptations to the initial plan have improved connection, efficacy, and impact. Moving forward, these connection and retention strategies will continue to bring more neighbors into care. The initial assessment, vital to understanding patient needs, also measures patients' understanding of the role of primary care. At the end of the patient's enrollment period with JaxCareConnect, this will be re-assessed, and the change measured and reported.
- ii.) In addition to connecting uninsured, under-resourced neighbors to a primary care medical home and helping remove barriers to access this care for a minimum of 700 new clients as described above, the JaxCareConnect team will use its proven techniques to increase health literacy for every client enrolled. During the pilot, 54% of clients reported a decrease in utilization of an emergency department during their enrollment with JaxCareConnect, and 29% demonstrated increased awareness about seeking non-emergency care with a primary care provider. The team will build on this success to attain and demonstrate proposed outcomes.
- iii.) A minimum of 3,000 neighbors will receive initial assessment support following referral, and a minimum of 1,500 will be enrolled and retained in primary care for at least one year following enrollment.

ADDITIONAL GRANT REQUIREMENTS AND CONDITIONS:

Recipient's expenditure of City funds for the Program and the provision of services shall be subject to Chapter 118, Parts 1 – 5 of the *Jacksonville Ordinance Code*, and the terms and conditions of any contract entered into between the City and Recipient. Recipient shall use the City funds for the Program in accordance with the City Council approved Term Sheet and Program budget. The City's Grant Administrator may amend this Term Sheet or the approved Program budget consistent with the Program's needs, provided that any substantial change to this Term Sheet or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

FY 2025 PSG/ City Grant - Program Budget Detail

Lead Agency:
We Care Jacksonville, Inc.
Program Name:
JaxCareConnect

Agency Fiscal Year:
March 1, 2025 thru February 28, 2026

BUDGET

Categories and Line Items	Prior Year Prg Funding FY 2023-2024	Current Year Prg Budget FY 2024-2025	Total Est. Cost of Program FY 2025-2026	Agency Provided Funding	All Other Program Revenues	Funding Partners		
						City of Jacksonville (City Grant)	Federal/ State & Other Funding	Private Foundation Funding
I. Employee Compensation								
Personnel - 01201 (list Job Title or Positions)								
JCC Director	\$65,000.00	\$80,064.34	\$85,000.00	\$0.00	\$0.00	\$65,000.00	\$0.00	\$20,000.00
JCC Administrative and Marketing Specialist	\$39,953.87	\$47,199.28	\$46,350.00	\$0.00	\$0.00	\$43,888.00	\$0.00	\$2,462.00
JCC Lead Patient Health Advocate	\$45,000.00	\$50,846.20	\$58,656.00	\$0.00	\$0.00	\$48,000.00	\$0.00	\$10,656.00
JCC Patient Health Advocate (3)	\$20,000.00	\$43,814.58	\$109,720.00	\$0.00	\$0.00	\$60,622.78	\$0.00	\$49,097.22
JCC Intake Screener (2)	\$15,840.00	\$40,484.15	\$65,832.00	\$0.00	\$0.00	\$50,427.32	\$0.00	\$15,404.68
JCC Health Advocacy Navigator	\$0.00	\$9,790.40	\$46,888.00	\$0.00	\$0.00	\$0.00	\$0.00	\$46,888.00
WCJ Executive Director (30% FTE)	\$3,900.00	\$33,000.00	\$33,000.00	\$0.00	\$0.00	\$33,000.00	\$0.00	\$0.00
WCJ Director Business Operations (12% FTE)	\$3,900.00	\$7,540.00	\$7,540.00	\$0.00	\$0.00	\$7,540.00	\$0.00	\$0.00
WCJ Director of Development (12% FTE)	\$0.00	\$9,792.00	\$9,792.00	\$0.00	\$0.00	\$9,792.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Subtotal Employee Compensation	\$193,693.87	\$322,530.95	\$462,778.00	\$0.00	\$0.00	\$318,270.10	\$0.00	\$144,507.90
Fringe Benefits								
Payroll Taxes - FICA & Med Tax - 02101	\$16,609.86	\$21,009.47	\$31,552.20	\$0.00	\$0.00	\$23,851.00	\$0.00	\$7,701.20
Health Insurance - 02304	\$34,178.18	\$34,442.73	\$58,116.90	\$0.00	\$0.00	\$49,398.90	\$0.00	\$8,718.00
Retirement - 02201	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Dental - 02301	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Life Insurance - 02303	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Workers Compensation - 02401	\$0.00	\$1,697.00	\$1,697.00	\$0.00	\$0.00	\$1,697.00	\$0.00	\$0.00
Unemployment Taxes - 02501	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Benefits - Payroll Processing Fees	\$8,145.62	\$9,005.95	\$11,000.00	\$0.00	\$0.00	\$9,000.00	\$0.00	\$2,000.00
Subtotal Taxes and Benefits	\$58,933.66	\$66,155.15	\$102,366.10	\$0.00	\$0.00	\$83,946.90	\$0.00	\$18,419.20
Total Employee Compensation	\$252,627.53	\$388,686.10	\$565,144.10	\$0.00	\$0.00	\$402,217.00	\$0.00	\$162,927.10
II. Operating Expenses								
Occupancy Expenses								
Rent - Occupancy -04408	\$10,800.00	\$12,000.00	\$12,000.00	\$0.00	\$0.00	\$12,000.00	\$0.00	\$0.00
Telephone, Internet & Cellular Allowance 04181	\$5,870.04	\$9,502.04	\$8,400.00	\$0.00	\$0.00	\$8,400.00	\$0.00	\$0.00
Utilities - 04301	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Maintenance and Repairs - 04603	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Insurance Property & General Liability - 04502	\$0.00	\$4,400.00	\$4,400.00	\$0.00	\$0.00	\$4,400.00	\$0.00	\$0.00
Other - Technology Services	\$32,645.00	\$23,182.30	\$21,730.80	\$0.00	\$0.00	\$21,730.80	\$0.00	\$0.00
Office Expenses								
Office and Other Supplies - 05101	\$2,202.66	\$2,024.95	\$2,338.00	\$0.00	\$0.00	\$1,900.00	\$0.00	\$438.00
Postage & Printing - 04101	\$352.28	\$152.09	\$350.00	\$0.00	\$0.00	\$350.00	\$0.00	\$0.00
Marketing & Outreach Supplies	\$2,845.00	\$1,023.00	\$2,500.00	\$0.00	\$0.00	\$2,500.00	\$0.00	\$0.00
Printing and Advertising - 04801	\$0.00	\$0.00	\$4,185.00	\$0.00	\$0.00	\$4,185.00	\$0.00	\$0.00
Staff Training - 05401	\$174.76	\$217.95	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Professional Fees & Services (not audit) - 03410-Tech Support/Consulting	\$0.00	\$2,700.00	\$2,670.00	\$0.00	\$0.00	\$2,670.00	\$0.00	\$0.00
Bus & Strategic Planning	\$0.00	\$4,050.00	\$6,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,000.00
Accounting & Audit	\$3,075.00	\$3,545.50	\$3,533.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,533.00
Background Screening - 04938	\$0.00	\$0.00	\$500.00	\$0.00	\$0.00	\$500.00	\$0.00	\$0.00
Other - Equipment under \$1,000 - 06403	\$1,629.36	\$2,322.25	\$3,060.00	\$0.00	\$0.00	\$3,060.00	\$0.00	\$0.00
Other-Program Evaluation & Patient Education	\$1,200.00	\$7,500.00	\$20,000.00	\$0.00	\$0.00	\$18,000.00	\$0.00	\$2,000.00
Travel Expenses								
Local Mileage - 04021	\$1,062.20	\$907.56	\$1,350.00	\$0.00	\$0.00	\$1,350.00	\$0.00	\$0.00
Equipment Expenses								
Rental & Leases - Equipment - 04402	\$1,488.00	\$1,488.00	\$1,488.00	\$0.00	\$0.00	\$1,488.00	\$0.00	\$0.00
Vehicle Fuel and Maintenance - 04216	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vehicle Insurance -04502	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Direct Client Expenses - 08301								
Client Medical	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Educational	\$0.00	\$42.45	\$500.00	\$0.00	\$0.00	\$500.00	\$0.00	\$0.00
Client Other (Please describe): SMS Communications	\$0.00	\$125.00	\$500.00	\$0.00	\$0.00	\$500.00	\$0.00	\$0.00
Client Other (Please describe): Medical Translation Service	\$0.00	\$3,963.57	\$6,204.20	\$0.00	\$0.00	\$6,049.20	\$0.00	\$155.00
Client Other (Please describe): Transportation	\$0.00	\$6,359.00	\$6,500.00	\$0.00	\$0.00	\$6,200.00	\$0.00	\$300.00
Client Other (Please describe): Transportation	\$0.00	\$2,025.17	\$2,000.00	\$0.00	\$0.00	\$2,000.00	\$0.00	\$0.00
Total Operating Expenses	\$63,344.30	\$87,530.83	\$110,209.00	\$0.00	\$0.00	\$97,783.00	\$0.00	\$12,426.00
III. Operating Capital Outlay (OVER \$1,000)								
Machinery & Equipment - 06402	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Computers & Software - 06427	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Capital Outlay	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Direct Expenses Total	\$315,871.83	\$476,216.93	\$675,353.10	\$0.00	\$0.00	\$500,000.00	\$0.00	\$175,353.10
Percent of Budget	-	-	100.0%	0.0%	0.0%	74.0%	0.0%	26.0%

Last Modified: 03/16/2023

All City Grant items listed must be included in the narrative section of the budget.

Budget Narrative for Selected Items of Cost
FY 2024 City Grant Application
Program Budget Narrative (Max. 2 Pages)
Proposed Funding Period: March 1, 2024 thru February 28, 2025
COJ Funding Only

Agency: We Care Jacksonville, Inc.

Program Name: JaxCareConnect

EXPENSES: Please provide narrative description for all categories listed below for which you are seeking **City Funding Only**.

We have included those required elements in the spaces below. See instructions when listing personnel expenses.

Please feel free to add additional lines as necessary to provide explanations using the line insert feature.

I. Employee Compensation - (not related to costs of the office of the governor of a state or the chief executive of a political subdivision)

Salary & Wages

Director of JaxCareConnect	1 FTE (40 hours/wk)	\$ 85,000.00	0.76	\$ 65,000.00
Administrative & Marketing Specialist	1 FTE (40 hours/wk)	\$ 46,350.00	0.95	\$ 43,888.00
Lead Patient Health Advocate	1 FTE (40 hours/wk)	\$ 58,656.00	0.82	\$ 48,000.00
Patient Health Advocate (3 Positions)	3 PTE (Variable hours/wk)	\$ 109,720.00	0.55	\$ 60,622.78
Intake Screener (2 Positions)	2 PTE (Variable hours/wk)	\$ 65,832.00	0.77	\$ 50,427.32
WCJ Executive Director (30% FTE)	.3 FTE (12 hours/wk)	\$ 110,000.00	0.30	\$ 33,000.00
WCJ Director Busines Operations (12% FTE)	.12 FTE (4.8 hours/wk)	\$ 62,830.00	0.12	\$ 7,540.00
WCJ Director of Development (12% FTE)	.12 FTE (4.8 hours/wk)	\$ 81,600.00	0.12	\$ 9,792.00

Payroll Taxes & Benefits	Effective Tax Rate	Total COJ Salary Request	COJ Amount Requested
Payroll Taxes - FICA & Med Tax - 02101	0.075437	\$ 318,270.10	\$ 23,851.00
Health Insurance	85% of Full Time Employee Health Insurance Premium plus Proportional Expense for back-office employee support		\$ 49,398.90
Workers Compensation	Proportional to Employee Allocation		\$ 1,697.00
Payroll Processing Fees	Monthly Cost for Payroll / PEO Expenses		\$ 9,000.00

II. Operating Expenses

Occupancy Expenses

Rent - Occupancy -04408	Office Suite includes utilities, maintenance	\$ 12,000.00
Telephone & Cellular Allowance 04181	Monthly Expense: Mobile allowance for remote / offsite work; GoTo VOIP Phone Access & App; Comcast Internet	\$ 8,400.00
Insurance Property & General Liability - 04502	Coverage for office & local travel	\$ 4,400.00
Other-Technology Services	Website Design/Maintenance (\$600); Office 360 subscription (\$1,000); Database - Salesforce licenses & support (\$20,000); Server Update/Repair/Maintenance (\$3,878)	\$ 21,730.80

Office Expenses

Office and Other Supplies - 05101	General Supplies	\$ 1,900.00
Postage & Printing - 04101	Patient letters	\$ 350.00
Marketing & Outreach	Event supplies	\$ 2,500.00
Printing and Advertising - 04801	Patient brochures, business cards, flyers	\$ 4,185.00
Professional Fees & Services (not audit) - 03410-Tech Support/Consultant	Monthly service plan - IT contracted support for six workstations: \$222.50 X 12 months	\$ 2,670.00
Background Screening - 04938	New Hire background screen plus ed verification	\$ 500.00
Other - Equipment under \$1,000 - 06403	Laptop(s) repair / replace	\$ 3,060.00
Other- Program Evaluation & Patient Education	\$18,000 - Americorps National Health Corps Admin Fee for 10 months' volunteer member placement & service - providing patient education, conducting patient evaluation calls for outcome data at one year of enrollment	\$ 18,000.00

Travel Expenses

Local Mileage - 04021	Staff Travel to Client/Patient Sites	\$ 1,350.00
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Equipment Expenses

Rental & Leases - Equipment - 04402	Copier Lease	\$ 1,488.00
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Direct Client Expenses - 08301

Client Medical	Reimbursement for out of pocket prescription costs while awaiting primary care placement	\$ 500.00
Client Educational	Incentives to participate: Inreach patient education events, Client Advisory Council Meetings	\$ 500.00
Client Other (Please describe): SMS Communications	Annual Expense - Mogli SMS (Text) Patient Communication Platform (HIPAA-secure, messages stored within client database)	\$ 6,049.20
Client Other (Please describe): Medical Translation Service	Annual Expense - Jeenie On-Demand Medical Translation Service (HIPAA-secure, live video translation in 180 languages)	\$ 6,200.00
Client Other (Please describe): Transportation	Annual Expense - Appointment Transportation: Medical Lyft; Jax Care Specialty Transportation (for those in wheelchair or stretcher)	\$ 2,000.00