

Adaptive Strategic Framework

This planning framework consists of four linked components: Mission Identity, Strategy Screen, Priorities & Goals, and Measures



Mission Identity

Mission Identity defines the organization and the work we do and provides a consistent and aligned framework to ground decision making.

Vision	WeCareJax envisions a community where everyone has a fair and just opportunity to attain their highest level of health. (Adopted 2023; no revision recommended)
Mission	WeCareJax provides access to compassionate care for uninsured and under-resourced Duval County neighbors on every step of their individual health journey.
Programs & Services	- Recruiting volunteer physicians, providers, and donated healthcare services to reduce medical debt and the financial toxicity of needed health services - Managing appointments and care transitions upon referral for patients to access advanced diagnostics and healthcare providers at no cost to the patient, from preventive care and screening services through conditions as complex as cancer - Connecting patients to individualized supportive services for improved health outcomes - Supporting the work of free and charitable clinics in Duval County by managing common resources for their patients and effective processes - Administering JaxCareConnect for the benefit of the community, with support from the Duval Safety Net Collaborative
For	Uninsured adults with income at or below 300% of FPL and who live in Duval County JaxCareConnect goes to 325%; FL Statute 766.1115 amended to 300% in 2024 by the FL Legislature.
Service Partners	Specialty care providers, hospital systems, Federally-Qualified Health Centers (FQHCs), free and charitable clinics, telehealth providers, and other social service agencies
Values	We believe in: - The inherent value of all people - Patient-centered care and continuity of care - Compassion and healing - Accountability for our work and measuring its impact - Collaboration and coordinated services with our volunteers and partners
Competitive advantages	- Network perspective - Welcome all providers and health systems - Collaborative rather than competitive focus - Working within the State of Florida volunteer provider framework of sovereign immunity (Florida Statute 766.1115)
Funding	A balanced mix of corporate, foundation and government grants, individual and organizational donors, and fund-raising activities

Strategy Screen

These questions can be used to consistently question any new initiative, program or service that WeCareJax is considering. This is not a simple check list where all questions must be answered in a particular way. Instead, this framework provides a basis for critical discussion.

- Does this initiative help realize our vision? Is it consistent with our identity statement?
- Is this initiative supportive of the long-term healing / recovery process for patients?
- Is this initiative provided in a patient-centric manner?
- Does this initiative provide increased flexibility in how patients receive care? (e.g., telehealth or another alternative)
- Does this initiative fill a gap for the patients that we serve that no one else can fill?
- Does this initiative align with how our partners work? Would it require significant changes in partner processes or in how we interact with partners? Does it have any negative impact on our relationship to partners?
- Is this initiative collaborative with service provided by partner(s)?
- Do we have the skill / capability to do this initiative well? Can we deliver it with existing staff? If staff expansion is required, will the new role align with our overall staffing?
- What are space requirements & limitations? Can we deliver this initiative within existing space? Do we have control over the physical space? What are the long-term space requirements and commitments that they require?
- Does this initiative help us diversify funding? How long is funding reasonably expected to be available?
- Can we reasonably expect to cover the increased cost of a new initiative?
- Will the expected patient benefits justify the cost and time of this initiative?
- Is this service limited to Duval County?

Strategic Priorities & Goals

These priorities and goals have been agreed upon through a planning process, but implementation is subject to timing, funding, and reflection on strategy screen process.

Short Term Strategic Priorities (2025-2027)

Update Governance Policies / Practices

- **New:** Establish WeCareJax Patient Advisory Council providing lived-experience recommendations to Board and staff for service enhancement / quality improvement – target: by year end 2025 (*Note: JaxCareConnect has an established advisory council that meets quarterly; ensure alignment and voices included in advice to Board*)
- **New:** Review / update By Laws to explicitly describe obligations of Board members in service to the Mission and organization, with tracking / reporting mechanism (by 9/30/2025)
- **New:** Update organization-wide Succession Plan; ensure Board and staff training / professional development in place to plan and implement as needed (by 12/31/2025)

Improve Processes

- Optimize referral processes and reporting (ongoing)
- **Continued:** Develop **patient outcome measures** that include the full cycle of care (requires both exploration of best practices / protocols and available data – recommend staff/board ad hoc committee in calendar year 2026, utilizing updated data reporting being completed in 2025)
- Convene and coordinate safety net providers (ongoing)
- **New:** Establish a common primary care appointment referral platform for use by clinic partners, JaxCareConnect, and Healthlink Jax

Build Organizational Capacity

- **New:** ensure human and other resources needed to serve higher numbers in need.
External drivers:
 - Florida LIVE HEALTHY (coordinated hospital discharge plan workplans approved by Florida Agency for Healthcare Administration no later than 7/1/2025);
 - Rollout and implementation of Healthlink Jax, which is anticipated to funnel a minimum of 3,600 new referrals to the Safety Net annually; and
 - Cuts to federal programs such as ACA Navigators, Refugee Services case workers, Medicaid, and more.
- Grow the board to include broader & strategic representation within seats limited in bylaws (ongoing)
- **New:** Add a Patient Advisory Council to the Board of Directors (organizational KPI with target delivery 9/30/2025)
- Build capacity for additional volunteer management in the qualification and connection process, including the development of a plan for recruitment and training (ongoing)

Build Financial Sustainability

- Designate healthy reserve levels (ongoing)
- Continue to improve marketing & brand awareness (ongoing)

- **New:** Explore additional partnerships / revenue enhancements for corporate sponsorship of program elements, specifically work of JaxCareConnect

Other

- **New:** Bring additional focus to addressing social determinants (drivers) of health with the patients we serve across all programs:
 - Current state: a focus of JaxCareConnect, Health & Wellness, Cancer Care Cohort, and the Complex Care Panel;
 - Explore how to address with every patient served across all specialties – who? At what point in their care journey with us? What deliverables / metrics would follow?
 - Note: as needs identified, additional funding will be required to support increasing DME, prostheses, housing, and Rx assistance.
- **New:** Explore provider / partner acceptance of expansion to 300% of FPL eligibility expansion update.
- **Continued:** Consider further replicating the Health & Wellness program in additional areas of the county – and/or revamping this Community Health Worker-driven program to better support uninsured patients being discharged from inpatient stays in more than one hospital location, as resources are identified
- **New:** Strengthen the collaborative advising JaxCareConnect, including updates to the membership process / categories of the Duval Safety Net Collaborative and joint projects undertaken (funding, operational, etc.)
- **New:** Explore collaborations with clinics and specialty care networks serving patients in neighboring counties, as we share the regional health infrastructure (major hospital systems serving Duval also serve Nassau, Clay, and (limited) St Johns

Measures Overview

People Served and Services Provided

Specialty Care (current measures):

Referral to Specialists (ongoing)

- # patients with an appointment within fiscal year (unduplicated, measures people)
- # referrals (duplicated, measures services)
- % Served (# appointments/# referrals) within time period.

Health & Wellness (ongoing)

- # H&W hospital referred patients (unduplicated, measures people)
- # H&W hospital referred patients, who are not fully enrolled (unduplicated, measures only assessed people)
- # H&W appointments (hospital, all follow up appointments & chronic care patients) (duplicated, measures services)

➔ Additions:

- **Nutrition Support** for Patient Panels
 - # patients served: Cancer Care Cohort (existing)
 - # patients served: Cancer Survivorship (existing)
 - # patients served: Hematology Panel (**new**; application(s) pending for additional funds)
 - # patients served: Health & Wellness (**new** – dependent on funding)
 - # patients served: Complex Care (**new** – dependent on funding)

- **Percentage of patient services completed**

Referral to Specialists / Supportive Services

- **Continued:** % complete = # appointments closed by claim or progress note / # appointments scheduled
- **New:** A baseline BY SPECIALTY is needed, so that data can inform process improvement(s).
 - Dependency: staff capacity / time to complete
 - By 9/30/2025, choose and report on three specialties: Cardiology, Gastroenterology, Gynecology
- **New:** report # of patients who received individual case management across all panels, with case “touches” (number of contacts)
- **New:** # patients served in nutrition program (*started tracking in Athena Q2 of FY2*).

Health & Wellness

- **Continued:** % H&W hospital referred & enrolled patients (unduplicated) that go into primary care within 60 days.

Average number of days to first appointmentReferral to Specialists

- % of specialty referrals with appointments within 15 days, 30 days & more than 30 days (ongoing)
 - **New:** Benchmark all specialties: referral to scheduled appointment – 80% within 60 days

Health & Wellness

- **Continued:** % of hospital referred & enrolled patients to first primary care appointments within 15 days, 30 days & more than 30 days

Operational, Finance, and Fund Development

Number of Months of Operating Reserves: KPI = Minimum of Three (3) Months – target fund amount established annually following 9/30 end of fiscal year identification of average monthly cost

Grant Funding as a Percent of Total Revenue: KPI = based on 9/30 end of year audit, grants should be at or below 85% of total revenue to ensure diversified income sources for long-term sustainability (measures should reflect growth in other categories of fundraising)

Annual Staff satisfaction survey: KPI = 80% participation by all front-line service team members; annual survey conducted each September by an independent party to allow anonymized response and comment

New: Enhance Claims Processes to reduce inappropriate bills to patients

New: Implement Trauma Informed Workplace Standards

2025 KPIs (Metrics) Tracked / 2024 Baselines:

Patient Services

- A. Patients Served:
 - a. 1,800; stretch 2,100
 - i. 2024 Baseline: 2,046
- B. Cancer Care Cohort:
 - a. New Patients Served: 24; stretch: 34
 - i. 2024 Baseline: 42 (dependent on diagnosis and referral from safety net clinics)
- C. Elapsed Time to Care:
 - a. Referral to Scheduled Appointment: 80% within 60 days; stretch 85%
 - i. 2024 Baseline: 88%
- D. Health & Wellness:
 - a. Assess 150 referrals from Baptist Beaches
 - i. 2024 Baseline: 140
 - b. Complete PRAPARE (SDOH) assessment for 80% of enrolled clients
 - i. 2024 Baseline: 69%

JaxCareConnect

- A. Review and assess inbound referrals
 - a. Goal 3,800; stretch goal 4,000
 - i. 2024 Baseline 2,308
- B. Number of Clients Successfully Served within 12 months in intake
 - a. Goal 49%; stretch goal 51%
 - i. 2024 Baseline 60%
- C. Patients Assisted with public health options outside safety net for primary care
 - a. Goal 25%
 - i. Baseline 10%
 - b. Of those assisted, successful applications result
 - i. Goal 30%
 - 1. 2024 Baseline: 45%
- D. Operational Standard to be added to reportable performance metrics: Newly referred clients contacted within 48 business hours
 - a. In 2025, purchasing technology supports to create report(s) and key data elements in Salesforce to verify
 - b. Goals and baseline to be established by 9/30/2025 for following year

Fund Development

- A. Implement established annual Fund Development Plan
 - a. Raise \$255,500 in unrestricted operating funds
 - i. Baseline: \$244,551
- B. Establish performance metrics beyond dollars raised:
 - a. Donor Recapture Rate of 8% (22 donors) (double national average)

- i. 2024 Baseline: 12% (34 donors)
 - b. Retain 40% (109 donors) of existing donors year over year; stretch of 43% (118 donors)
 - i. 2024 Baseline: 45% (123 donors)
 - c. Grow the Give Every Month (GEMS) membership to 2% (6 donors) of all donors, 2.5% (7 donors) stretch
 - i. 2024 Baseline: 1% (4 donors)
 - d. Grants as a percent of revenue target of 82.9%; stretch is 80%
 - i. 2024 Baseline 84.46%
- C. New: Increase Community Engagement / Volunteerism
 - a. Baselines to be established by 9/30/2025 for goal-setting the following year
 - i. Activities:
 1. Bloomerang optimization / cleanup to best support volunteer enrollment, tracking, outreach
 2. Volunteer Appreciation Events
 3. Engage and steward using segmentation strategies, anniversary recognition, hours served recognition, etc.

Finance, Human Resources, and Operations

- A. Months of strategic cash reserve
 - a. Goal 3 Months by 9/30/2025: \$362,012
(Defined by end of FY24 avg. monthly costs: \$120,670 * 3)
 - i. 2024 Baseline: \$107,665
- B. Grant Funding as a Percent of Total Revenue
 - a. Goal: Maintain 85%; stretch goal 80%
 - i. 2024 Baseline 84.5%
- C. Participation in Annual Staff Satisfaction Survey
 - a. Goal: 80% of frontline staff participate; stretch 90%
 - i. 2024 Baseline 92%
- D. **New:** Enhance Claims Processes to reduce inappropriate bills to patients, relationships with providers, and reporting
 - a. Goal(s) – to be determined by 9/30/2025 for following fiscal year
 - i. Activities:
 1. Establish updated communications plan with provider billing departments, including entry in Bloomerang to ensure eNews and other contacts to keep them engaged and up to date on WeCareJax
 2. Modernize in-kind letter process (with support from current Claims Contractor)
 3. Update patient-provided claim process to include entering Case in Athena record for tracking and recording steps to resolution
 4. Work with Data team to establish quarterly reporting
- E. **New:** Implement Trauma Informed Workplace training and establish standards
 - a. Goal(s) – to be determined by 9/30/2025 for following fiscal year
 - b. Agency-wide training on or before 9/30/2025