

# MEDICAL ADVOCACY PROJECT Q&A INFO SESSION



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2.21.23

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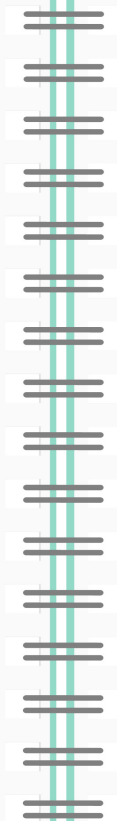
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# One Quick Note . . .



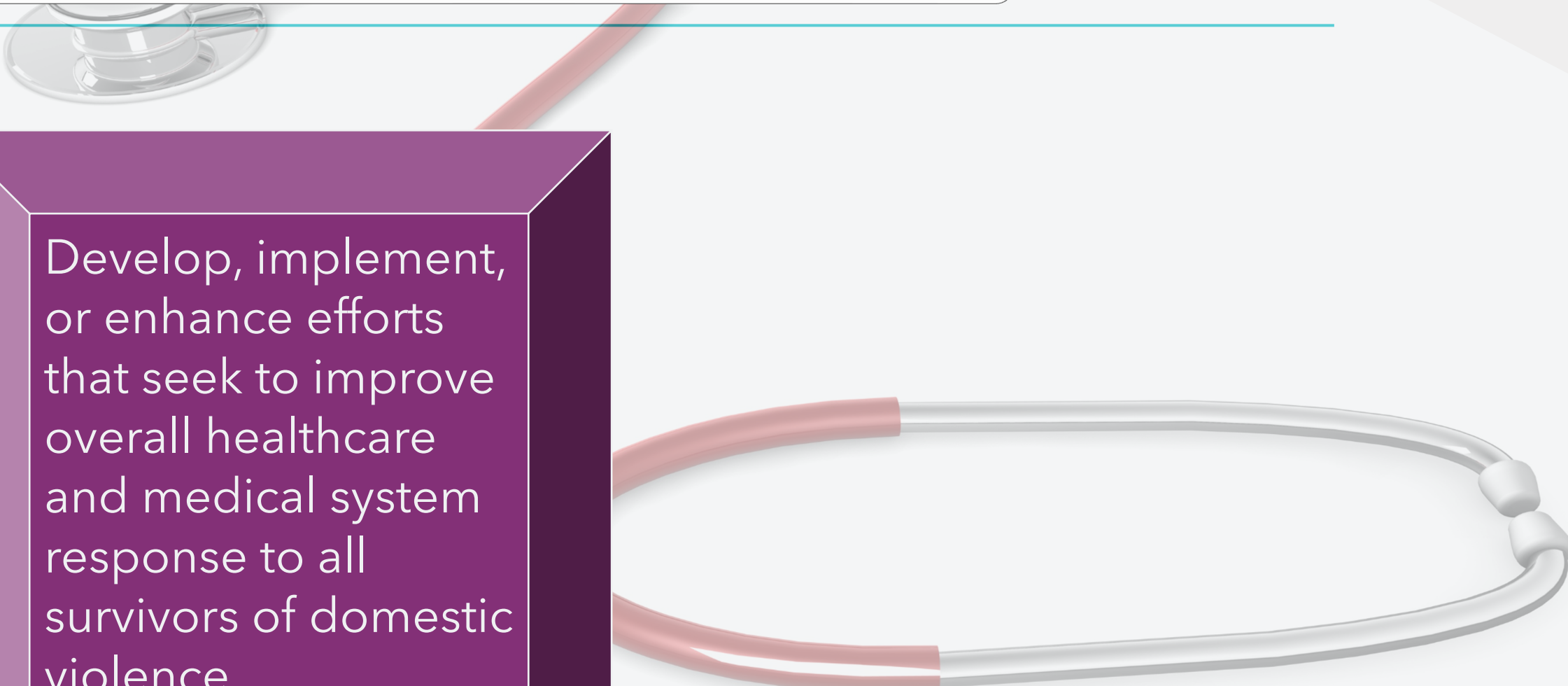
The provision of direct service to survivors in healthcare systems is a Core service.

MAP has a different purpose.



The Medical Advocacy Project (MAP) is a funding source intended to provide the supports needed to engage in systems advocacy, education, training and relationship building with healthcare and health-care related systems.

## The Medical Advocacy Project (MAP)'s Purpose



Develop, implement, or enhance efforts that seek to improve overall healthcare and medical system response to all survivors of domestic violence.

# Medical Advocacy Project's 3 Overarching Components

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Medical Systems Advocacy

Education & Training

Technical Assistance & Direct Service

# Medical Systems Advocacy

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Key Point: Makes up the majority of a funded Medical Advocacy Program.

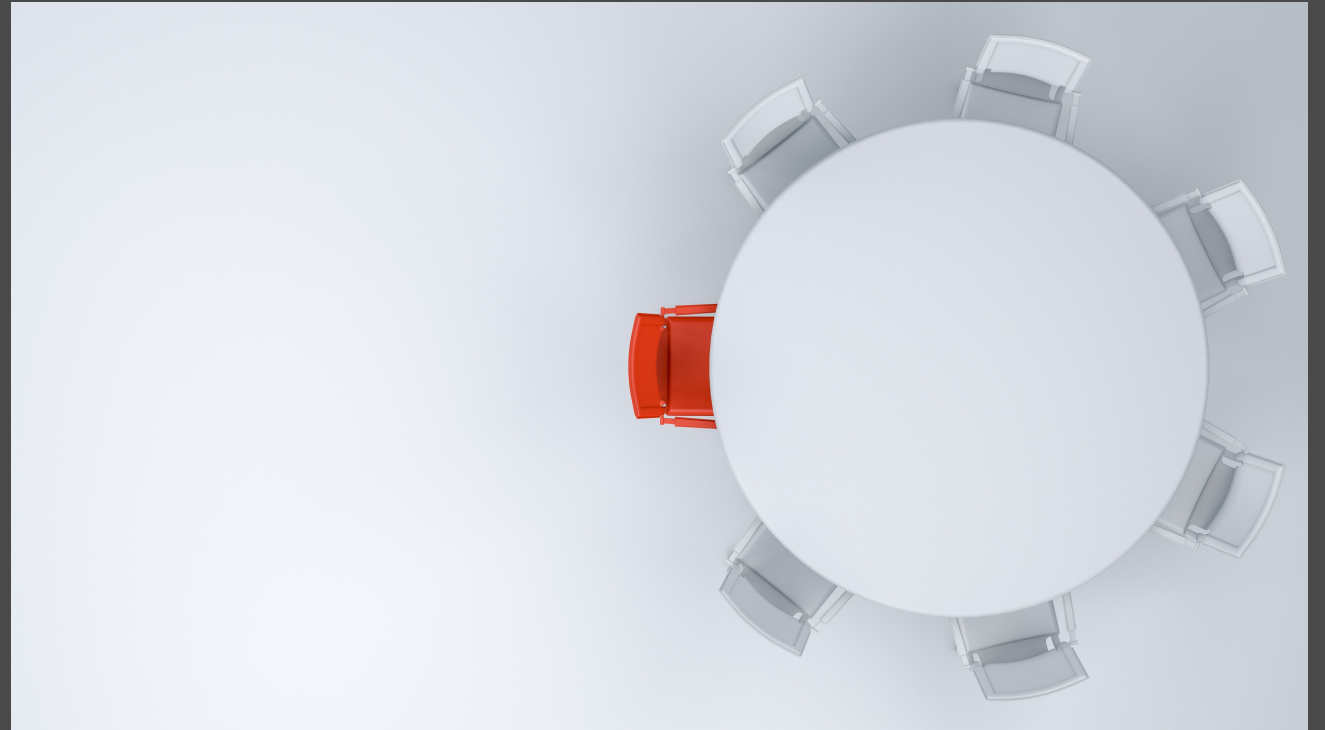
Method: Regularly engage in activities that create, promote, or sustain relationships with hospital and healthcare-based community partners.

# Education & Training

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**Key Point:** Funded programs will be expected to provide regular training and education to healthcare staff and providers to improve their response to domestic violence and related healthcare issues.

**Method:** Initial training should focus on screening and documentation procedures, information about making warm referrals to local domestic violence programs, and best practices for working with survivors. It is expected that these trainings are only one component of the skills-based trainings provided to the healthcare community. Additional education should focus on specific needs within each provider's network.



## Technical Assistance & Direct Service

Key Point: Technical assistance should be provided to healthcare providers and program staff by responding to questions and needs throughout the project period.

Key Point: Direct service will occur any time the Medical Advocate assists a survivor in a healthcare setting.

Reminder: Provision of direct service in a healthcare setting should **not** be the sole responsibility of the Medical Advocate, and MAP funding **will not** cover regular hospital accompaniment or crisis response.

## All Positions Funded in this Project Will Be Expected to:

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Participate in quarterly medical advocacy roundtables.

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Attend an annual in-person medical advocacy summit.

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Attend PCADV's Conference, tentatively scheduled for 2024, staffing permitted.

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Participate in an initial check-in at the beginning of each fiscal year.

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Complete a mid-fiscal year report and participate in a mid-fiscal year check-in during each year of the project.

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Collaborate with other medical advocates from different programs across the state to enhance the overall healthcare response to survivors.

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Complete an end-of-fiscal year report.



# Project Requirements Include:

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- Participation in PCADV Compliance Monitoring Process;
- Sharing data with PCADV through ETO Case Management or Aggregate;
- Providing a Letter(s) of Support from a healthcare provider/network described in the project;
- Making services available to all eligible persons without regard to race, color, religion, national origin, ethnicity, immigration status, age, sexual orientation, gender, gender identity or expression, disability, income, or sovereignty;

**(Please refer to the RFP for a full list of requirements.)**

# Special Topics

Proposals that include a healthcare-related special topic (s) specific to the needs of survivors of your area will be given priority consideration.

Special Topics Should:

Reflect a healthcare topic and its intersection with domestic violence that your project will address.

Relate to a special need or opportunity within the areas you serve.

Be a part of your MAP for the duration of the project, with measurable outcomes related to the topic(s) reflected on your logic models and project narrative.

# Submission Guidelines

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**Due: No Later than 5pm on Friday, March 24, 2023**

## **Upload to the Submission Site:**

- Letter(s) of Support from service provider or community partner
- Federally approved indirect cost letter, if applicable
- Most recently completed audit
- Most recently completed IRS Form 990s, if applicable
- Most recently completed internally prepared monthly financial statements



# Submission Guidelines, cont.

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**PROBLEM DESCRIPTION**



**LOGIC MODEL FOR THE  
DURATION OF THE MAP**



**PROJECT NARRATIVE  
(INCLUDING  
INFORMATION ABOUT  
SPECIAL TOPIC(S), IF  
APPLICABLE)**



**BUDGET**



**COST ALLOCATION PLAN**

# Problem Descriptions Should . . .

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Concisely identify the problem(s);

Justify the need for the MAP described in your logic model and project narrative;

Explain current barriers to services for survivors, including barriers to both domestic violence programs and healthcare providers;

Form the basis of your chosen 'special topic(s)' reflected in your project narrative;

Identify other resources in the community that may be available to address the needs of domestic violence survivors seeking healthcare services and strategies to partner with these resources to address the problem(s) you are describing.

# Logic Model

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- Inputs are items needed to engage in the project (i.e.-staff time)
- Activities represent what must be done to accomplish the outcomes listed in the logic model (i.e. Participation in community health fairs)
- Short-term outcomes, which represent what will happen because of the immediate result of an activity (i.e., an increase in knowledge of the local program's services).
- Intermediate outcomes, which represent what will happen because of the activities in the weeks, months, and year after the activities; (i.e., an increase in referrals from a healthcare provider)
- Long-term outcomes, which represent what applicants will expect will happen because of the activities in the long-term (i.e., the majority of healthcare providers will share information about domestic violence with all patients).

# Project Narratives Should Include:

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The program's capacity to create, manage and/or expand a Medical Advocacy Program;

How the project will collaborate or work within a qualified domestic violence program;

How survivor's confidentiality will be protected;

How the program's policies, procedures, and any requirements made of the survivor fit within a framework of culturally specific, trauma-informed, survivor-centered services;

Specific aspects of the MAP initiative that indicate how this work expands on or creates ways for survivors seeking healthcare to receive support from local programs and how survivors connected to a local program can receive support in reaching out to the healthcare community;

A computer monitor and keyboard are visible in the background. The monitor is a dark grey or black model with 'ULTRAHD' written on the top right corner. The keyboard is a light-colored, full-sized keyboard. The mouse is a light-colored, ergonomic mouse.

# Project Narratives Should Also Include:

A plan for active collaboration between the program and the hospital(s), health center(s), or clinic(s) participating in the project, as well as any other planned partnerships with community organizations, specific to healthcare;

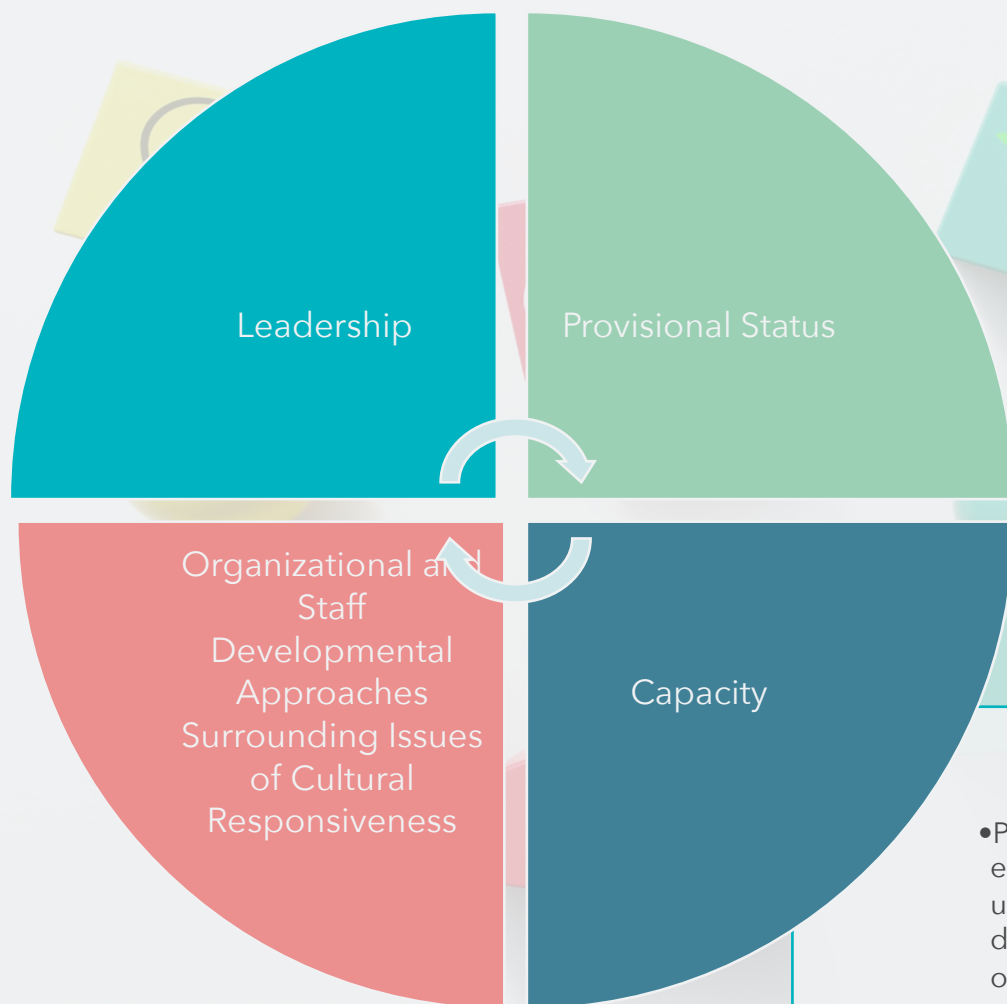
A plan to strengthen or develop and implement a comprehensive and ongoing domestic violence education and training program for healthcare system personnel adapted to each location's demographics, policies, staffing patterns, and resources; and

'Special topic(s)', a concise explanation of how your project will address that topic(s), if identified;

A general description and plan to evaluate the outcomes identified in the MAP logic model.



# Organizational Capacity



•Please note: We encourage applicants to use this funding to devote at least 80% of one staff member's time to this project.



# Funding Information

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Applicants may apply for a maximum of \$65,000 to develop and implement a Medical Advocacy Program or enhance/expand a current one. Depending upon the number of applicants and the Independent Review Committee's scores of the proposals submitted, maximum funding levels may be adjusted.



# Competitive Application and Selection Factors

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PCADV will be utilizing an Independent Review Committee (IRC) to evaluate and score all proposals. The IRC will evaluate and score each proposal for completeness, accuracy, and responsiveness to the requirements enumerated herein. In addition to the application review by the IRC, PCADV fiscal staff will review each applicant's financial and budget information.



The IRC may seek clarification from the applicant on a proposal, including requesting additional information.



PCADV reserves the right, in its sole discretion, to reject any and all responses and to waive any irregularity or informality in any response. PCADV shall not be liable for any losses and/or expenses incurred by the respondents in the course of this process. The selected program will be responsible for delivering the scope of projects outlined in this request for proposal.

A horizontal wooden plank is the central focus, with the word "Questions?" written in a black, sans-serif font. The plank is surrounded by a dense collection of colorful sticky notes in shades of yellow, pink, light blue, and light green. Each sticky note has a large black question mark printed on it. The background is a light-colored wooden surface with a visible grain.

Questions?