



MEDICAL ADVOCACY PROGRAM REQUEST FOR PROPOSALS

Important Dates

Letter of Intent
March 15, 2019

Application Due
April 19, 2019

Submission Open
March 15, 2019

INTRODUCTION

Request for Proposals

The Pennsylvania Coalition Against Domestic Violence (PCADV) seeks proposals for the creation or ongoing maintenance of a Medical Advocacy Program (MAP). It is anticipated that each MAP will be funded for a three-year period, July 1, 2019 through June 30, 2022. However, PCADV reserves the right to renew or extend the contract for two additional one-year contract periods thereafter based on evidence of progress on the program's objectives and the availability of funding to PCADV.

PCADV: Brief History

The Pennsylvania Coalition Against Domestic Violence (PCADV) is a statewide collaborative membership organization committed to ending intimate partner violence and all forms of violence against women. A private, nonprofit 501(c)(3) organization with a statewide office in Harrisburg, PCADV was established in 1976 as the nation's first state domestic violence coalition. Over the years, it has grown to form a network that includes 59 local domestic violence centers providing services to victims and survivors located in all 67 Pennsylvania counties.

PCADV: Roles and Responsibility

PCADV serves as the educational and advocacy arm of the domestic violence network in Pennsylvania. Coalition staff works with the local domestic violence centers to provide a broad range of domestic violence services to meet the needs of victims, survivors and their children by ensuring that services meet high standards of quality and relevance. Staff conduct skills-based training for service providers and volunteers, create new models of service delivery, and provide on-going technical assistance to assure the quality and integrity of services are culturally-appropriate and accessible to all victims and survivors of domestic abuse.

For over 40 years, PCADV has advocated for victims and survivors of domestic violence through the development and passage of legislation, strengthening legal protections; the promotion of public policies that meet the needs of victims, survivors, and their children; and the pursuit of additional funding and support for domestic violence agencies to adequately respond to the ever-increasing requests for services and safety.

DESCRIPTION

The Pennsylvania Coalition Against Domestic Violence (PCADV) issues a competitive RFP to provide programs with funding to create, manage and/or expand current Medical Advocacy Programs (MAP). MAP initiatives shall develop, implement, or enhance efforts which seek to improve overall healthcare and medical system response to all victims and survivors of domestic violence.

The Medical Advocacy Program is comprised of three overarching areas.

1. Systems Advocacy

Medical Systems Advocacy will make up the majority of a funded Medical Advocacy Program. Medical Advocates will be expected to regularly engage in activities that create, promote, or sustain relationships with hospital and healthcare-based community partners. These activities will seek to improve healthcare response to domestic violence within individual healthcare programs, and systemically throughout the funded program's healthcare community. Activities may include: healthcare related task force/team creation, leadership, or attendance; participation in policy or procedural change within healthcare systems that improve awareness of and response to domestic violence; interactions with teams or individual professionals outside the program that allow an advocate to build strong relationships within the healthcare community on behalf of victims and survivors of domestic violence.

2. Training

Programs funded for Medical Advocacy will be expected to provide regular training to healthcare staff and providers in order to improve institutional response to domestic violence and related healthcare issues. Initial training should focus on screening and documentation procedures, referrals to domestic violence programs, and best practices for working with victims and survivors of domestic violence. Additional trainings may include special topics and any other aspect of the health impact of domestic violence. All trainings should include trauma-informed, survivor-centered concepts and language.

3. Technical Assistance and Direct Service

Technical assistance should be provided to healthcare providers and staff by responding to questions and needs throughout the project period. Technical assistance may be focused on providing general information regarding medical advocacy or the program, policies, protocols, best practices, and individual interactions between healthcare systems and survivors of domestic violence. In some cases, technical assistance requests may lead to the provision of direct service to victims and survivors of domestic violence.

Direct service will occur any time the Medical Advocate assists a victim or survivor in a healthcare setting. This assistance may come in the form of counseling, support, and/or advocacy regarding the safety and health of the victim or survivor and their family and may be provided one-on-one or in a group setting. Provision of direct service in a healthcare/hospital setting should NOT be the sole responsibility of the Medical Advocate, and MAP funding will not cover regular hospital accompaniment or crisis response.

4. Special Topics

Consideration will be given to programs incorporating special topics into their MAP proposal and work plan. In previous years, PCADV has focused on Traumatic Brain Injury (TBI), Reproductive Coercion, and Human Trafficking as areas of special interest. While these efforts will continue to be supported, special consideration will be given to programs engaging in projects that incorporate the following topics: LGBQ+ and Transgender Health, Opioid and Substance Use, and Intimate Partner Violence in Later Life (IPVILL).

a. LGBQ+ and Transgender Health

In an effort to alleviate health disparities for all survivors of domestic violence, PCADV will be looking for MAP programs to include work plan objectives focused on the dissemination of best practices and advocacy with individuals who identify as lesbian, gay, bisexual, queer (LGBQ+), and transgender communities. We intentionally include the plus (+) sign to indicate that the LGBTQ community is vast with multiple communities who exist within the LGBTQ+ spectrum and outside of the spectrum as well. We intentionally separate transgender health from this acronym to bring awareness to the unique experiences that transgender, nonbinary, gender non-conforming, and others face in the healthcare industry. Medical Advocacy Programs who work with the LGBQ+ and transgender communities may include, but are not limited to, providing trainings on LGBQ+ and transgender inclusive healthcare, assisting in the creation and implementation of LGBQ+ and transgender inclusive policies and health services, and creating educational presentations to include statistics and information specific to the LGBQ+ and transgender communities.

b. Opioid and Substance Abuse

With a growing opioid epidemic nationwide, the intersection between substance abuse and domestic violence is a significant focal point for medical advocacy. Programs who wish to incorporate opioid and substance abuse into a MAP proposal may focus on objectives such as: systems advocacy, training, and technical assistance provision to rehabilitation and harm reduction programs, training and education for healthcare providers on the intersection of substance abuse and domestic violence, facilitation of resources for victims and survivors who have a substance addiction.

c. Intimate Partner Violence in Later Life (IPVILL)

PCADV recognizes that domestic violence and unhealthy relationships do not end as people age. In fact, older adults often require support that goes beyond traditional advocacy, including assistance navigating healthcare and social service systems. Programs seeking MAP funding may choose to engage in objectives that promote better understanding of intimate partner violence in later life (IPVILL) in healthcare networks, as well as in retirement communities, human service agencies, and specialized healthcare

clinics geared toward the needs of older adults. Some work plan objectives may include: participation in workgroups and task forces specific to the health and well-being of older adults, trainings for retirement community staff outlining the unique aspects of IPVILL and how to safely screen and intervene, program initiatives that create more options and resources for older adults in need of emergency shelter and/or advocacy, etc.

PROJECT REQUIREMENTS

This RFP is open to tax-exempt organizations, including nonprofit organizations and universities based in Pennsylvania. Applicants that are not domestic violence agencies must collaborate with a domestic violence program, as defined by 23 Pa.C.S. 6102, in their service area.

Priority will be given to proposals that either expand on existing Medical Advocacy Programs or seek to develop new Medical Advocacy Programs that fully incorporate the PCADV Standards relating to Medical Advocacy. Proposals that include special topic areas outlined below will also be given priority consideration. Programs are required to submit at least one (1) letter of support from a healthcare partner described in their workplan objectives.

Additionally, projects must:

1. Participate in PCADV compliance monitoring process;
2. Provide data to PCADV through ETO Case Management or Aggregate in support of identified performance measures by submitting quarterly reports as requested by PCADV. PCADV will provide training and technical assistance to all grantees on reporting requirements following the award of funding.

In addition, Medical Advocacy Project staff will be asked to provide anecdotal information annually illustrating the impact of the project;

3. Establish and implement policies and procedures for maintaining the statutory requirements of confidentiality of records pertaining to any individual provided domestic violence services. Subgrantees will not use individual identifiers on client records when providing statistical data;
4. Make 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; and
5. Utilize and report results from the ESQ-LF survey with victims served.

SUBMISSION GUIDELINES

1. Letters of Intent must be submitted to <https://webportalapp.com/appform/pcadv-map> no later than **5:00PM on March 15, 2019**.

-
2. Proposals must be submitted no later than **5:00PM on April 19, 2019**;
 3. While projects will be funded for a three-year period (July 1, 2019 and ending June 30, 2022), proposal budgets and work plans should cover the period from July 1, 2019 and ending June 30, 2020.

**Late or incomplete applications
will not be reviewed or considered for funding.**

5. The following must be uploaded and submitted along with the application:
 - A. A Memorandum of Understanding (MOU) with the Domestic Violence Agency, as defined by 23 Pa.C.S 6102, in the service area (if the applicant is not a Domestic Violence Agency)
 - B. Minimum of one (1) letter of support from service providers or community partners;
 - C. A federally approved indirect cost rate letter, if applicable.
 - D. Most recent financial statements as follows:
 - Most recently completed audit;
 - Most recently completed IRS Form 990s if applicable;
 - Most recently completed internally prepared monthly financial statements as requested

The following forms can be found on the submission site and must be completed and uploaded with the application:

- A. Workplan for FY2019/20
 - B. Budget
 - C. Cost Allocation Plan
5. PCADV will assess the merits of the proposed program in each of the following areas
 - A. Problem Description
 - B. Program/Project Description
 - C. Workplan for FY 2019/20
 - D. Organizational Capacity
 - E. Budget (reasonableness, cost effectiveness, detailed justification per line item)

Problem Description

Describe the problem to be addressed by the proposed Medical Advocacy Program and how the project would address that problem. The applicant should provide an overview of the county or counties to be served, i.e. rural, suburban, or urban, the current services available within the targeted county or counties, and any gaps in those services.

The application will be evaluated as to how effectively it:

1. Describes the nature and scope of the problem, justifies the need for assistance, and relates the problem and the need for assistance;
2. Defines the population size and demographic characteristics of the population, including any relevant state and local statistics that link the need for assistance to the particular target population;
3. Identifies current barriers to services, whether the population is attempting to access services, and if not, why not;
4. Describes any prior strategies for outreach, collaboration, and partnership; and
5. Identifies other resources in the community that may be available to address the problem, and explains why existing resources are not sufficient to address the problem. If no resources exist, the applicant should discuss the gaps in services and link how the proposed project will help alleviate those gaps.

Program/Project Description

All applications must provide a detailed description of the proposed Medical Advocacy Program and its relationship with the partnering domestic violence program. The description must include:

1. The program's capacity to create, manage and/or expand a Medical Advocacy Program;
2. How the project will collaborate or work within a qualified domestic violence program;
3. How victim confidentiality will be protected;
4. How the program's policies, procedures and any requirements made of the survivor fit within a framework of culturally specific, trauma-informed, victim-centered services;
5. Any unique aspects of the MAP initiative;
6. 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;
7. A plan to strengthen or develop and implement a comprehensive and ongoing multidisciplinary domestic violence education and training program for healthcare system

personnel adapted to each location's demographics, policies, staffing patterns, and resources; and

8. A general description and plan for completion of the goals of the Medical Advocacy Program.

Workplan

A Medical Advocacy Program workplan for FY2019/20 is required of all applicants. A work plan template is provided and must be utilized. The workplan must detail the organization's goals to be accomplished during the 2019/20 fiscal year, and the activities to be utilized to accomplish the goals.

The workplan must detail the program's plan for accomplishing this work. Please include:

- A. The goals of the project;
- B. Specific and measurable objectives;
- C. Specific strategies and/or tasks for accomplishing the goals/objectives;
- D. Number of victims/survivors to be served;
- E. Amount of service to be provided;
- F. The position(s) responsible; and
- G. Timelines for completion.

All proposed activities should be presented in a way that allows a reviewer to see a logical progression of tasks and connect the tasks directly to the goals outlined in the proposal.

Tasks and activities described in the workplan should parallel the budget and the responses to questions within this Section.

Organizational Capacity

Describe how your organization's resources, capabilities and experience will enable it to achieve the goals and accomplish the tasks outlined in the proposal. Include a clear description of the program's organizational and governance structure.

Please provide detailed information regarding the following:

1. Leadership:
 - Changes in senior management at the program during the past two years;
 - Length of time the current executive director/CEO/program director has been providing leadership at the program;

-
- Whether the program has merged with another program within the previous 12 months; and
 - Any lawsuits filed against the program during the past two years, and resolutions if applicable.

2. Provisional Status:

Was the Organization placed on provisional status by any funding source within the last two years? If so, provide a description of the reason(s) that provisional status was issued, and how or whether the organization corrected the issues. Note the final outcome of the provisional status if applicable.

3. Capacity:

- Demonstrate the capacity of the organization and implementing agency if applicable. The applicant should demonstrate that they have or will have adequate resources (i.e. personnel/staff, infrastructure to support additional program, computers, software, etc.) to implement the project as proposed;
- Identify the key staff, including any volunteers that will be participating in the proposed project, including their qualifications, experience, and education.

4. Organizational and Staff Developmental Approaches Surrounding Issues of Cultural Appropriateness:

- Describe how issues of diversity and inclusivity, in outreach and services are being accounted for in planning for this program;
- If applicable, discuss how the organization addresses the issues of oppression and privilege in their policies and procedures, staff trainings, etc.

FUNDING INFORMATION

A total of \$1.6 million is available to fund Medical Advocacy Programs. The funds for the Program come from the following sources:

- Social Services Block Grant and
- Act 44, General Appropriations

Applicants may apply for a maximum of \$75,000 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.

PCADV Administrative Costs

During the fiscal year each subgrantee will be required to pay a 2% administrative cost to PCADV, which utilizes these funds to administer the statewide contract.

PCADV grant funds cannot be used to pay the administrative cost. The program may use unrestricted funds to pay the 2% cost.

Community Support Requirement/Required Match

All programs are required to provide an unrestricted cash match on the funds received. The purpose is to increase the amount of resources available to the programs supported by PCADV funds. Below is a summary of the match requirements:

- PCADV *total** allocation of less than \$100,000: a minimum of 10% of the *total** program's allocation.
- PCADV *total* allocation between \$100,000 and \$150,000: a minimum of 15% of the program's *total* allocation.
- PCADV *total* allocation of more than \$150,000: a minimum of 20% of the program's *total* allocation.

At the end of each contract year, programs must verify the expenditure of the community support/match requirement in their audit materials.

Monies received to provide services other than domestic violence services may not be used to fulfill this obligation. In-kind donated goods or services do not qualify as private funds for community support/local match purposes. Only allowable costs may be used to meet the required match.

**Community support requirements will be based on the total PCADV funds granted to a program for SFY2019/20.*

COMPETITIVE APPLICATION AND SELECTION FACTORS

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 a scope of projects outlined in this request for proposal.

CONTACTS

RFP Process Questions: Jan Davis at jdavis@pcadv.org or 717-545-6400 x 197

Technology Issues: support@pcadv.freshdesk.com