



**Important Dates**

Application Due  
**March 24, 2023**

Submission Open  
**January 30, 2023**

# MEDICAL ADVOCACY PROGRAM REQUEST FOR PROPOSALS

## INTRODUCTION

### Request for Proposals

The Pennsylvania Coalition Against Domestic Violence (PCADV) seeks proposals for the creation or ongoing maintenance of Medical Advocacy Program (MAP). It is anticipated that each MAP will be funded for a three-year period July 1, 2023 through June 30, 2026. 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 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 survivors and their children by ensuring that services meet high standards of quality and relevance. Staff conducts skills-based training for service providers and volunteers, creates new models of service delivery, and provides ongoing technical assistance to assure the quality and integrity of services are culturally responsive and accessible to all survivors of domestic abuse.

For over 40 years, PCADV has advocated for 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 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 that 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 people experiencing domestic violence.

## 2. Training and Education

Programs funded for Medical Advocacy 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. 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 of domestic violence. It is expected that these trainings are only one component of the skills-based trainings provided to the healthcare community. Additional education for providers should focus on specific needs within each provider's network (i.e., a focus on intimate partner violence during pregnancy with birth health professionals). All trainings should include trauma-informed, survivor-centered concepts and language. They should be reviewed frequently to ensure the most up-to-date information and ideas are being presented.

## 3. Technical Assistance and Direct Service

Technical assistance should be provided to healthcare providers and program 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 survivors of domestic violence.

Direct service will occur any time the Medical Advocate assists a 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 survivor and their family. It 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.

## PROJECT REQUIREMENTS

This RFP is open to tax-exempt organizations, including nonprofit organizations 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 a healthcare-related special topic (s) specific to the needs of survivors of your area will also be given priority consideration. These special topics should reflect a healthcare topic and its intersection with domestic violence that your project will address. It should be a topic related to a special need or opportunity within the areas you serve. An example of a special topic might be developing relationships with healthcare and

---

healthcare adjacent providers to improve the response to pregnant survivors because you live in an area that does not have a birthing center and services available to pregnant people are disjointed, making it challenging for providers to routinely screen and refer. Special topic(s) are intended to 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. Applicants are encouraged to select only a manageable number of special topics. In previous MAP RFPs, these special topics were selected by PCADV but because of the dynamic healthcare landscape across the Commonwealth and the limitations that these topics may have inadvertently placed on programs, we are asking you to highlight and identify the topic(s) that are most impactful for the survivors with whom you work.

Programs are required to include at least one (1) letter of support from a healthcare partner described in their logic model.

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.
6. All positions funded in this project will be expected to:
  - a. Participate in quarterly medical advocacy roundtables.
  - b. Attend an annual in-person medical advocacy summit.
  - c. Attend PCADV's Conference, tentatively scheduled for 2024, staffing permitted.
  - d. Participate in an initial check-in at the beginning of each fiscal year.
  - e. Complete a mid-fiscal year report and participate in a mid-fiscal year check-in during each year of the project.
  - f. Collaborate with other medical advocates from different programs across the state to enhance the overall healthcare response to survivors.
  - g. Complete an end-of-fiscal year report, including but not limited to:
    - i. Information about short, intermediate, and long-term outcomes successes, and challenges
    - ii. Direct service outputs:
      - a. Number of medical advocacy accompaniments
      - b. Number of healthcare outreach events
      - c. Number of healthcare trainings done

---

Please note: The staff member(s) receiving MAP funding should be the individuals completing these reports.

## SUBMISSION GUIDELINES

1. Proposals must be submitted no later than **5:00 pm on March 24, 2023**, at the following link: [MAP Proposal](#).
2. Projects are funded for a three-year period. Problem descriptions, project narratives, and logic models should reflect the scope of the project with the full understanding that these will be updated for each year of the project to reflect challenges and successes.

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

3. 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.

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

- A. Problem Description [See attached sample]; no more than one page
  - B. Logic model for the duration of the project [See attached sample]; no more than two pages
  - C. Project narrative, including information about special topic(s)
  - D. Budget
  - E. Cost Allocation Plan
4. PCADV will assess the merits of the proposed program in each of the following areas:

- 
- A. Problem Description
  - B. Project Narrative
  - C. Logic Model
  - D. Organizational Capacity
  - E. Budget (reasonableness, cost-effectiveness, detailed justification per line item)

## Problem Description

Describe the problem(s) to be addressed by the proposed Medical Advocacy Program and how the project would address them. The applicant should provide an overview of the current issues relating to healthcare and domestic violence in the county or counties in which your organization provides services. Please note, while the program description can include the impact of the COVID-19 pandemic; the pandemic itself should not be the primary problem your description addresses. This section is limited to 1,000 words or approximately 2 pages, single-spaced.

The application will be evaluated as to how effectively it:

1. Concisely identifies the problem(s);
2. Justifies the need for the MAP described in your logic model and project narrative;
3. Explains current barriers to services for survivors, including barriers to both domestic violence programs and healthcare providers;
4. Form the basis of your chosen 'special topic(s)' reflected in your project narrative;
5. Identifies 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.

## Project Narrative

All applications must provide a narrative of the proposed Medical Advocacy Program and its relationship with the partnering domestic violence program. This section is limited to 2,000 words or approximately 4 pages, single-spaced. The narrative should 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 survivor's 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, survivor-centered services;
5. 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;

- 
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, specific to healthcare;
  7. 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
  8. If you identified a 'special topic(s)', a concise explanation of how your project will address that topic(s).
  9. A general description and plan to evaluate the outcomes identified in the MAP logic model.

## Logic Model

A Medical Advocacy Program logic model is required of all applicants. A logic model template is provided and may be utilized. The logic model should reflect short, intermediate, and long-term outcomes related to the project. Logic models should be succinct as they are meant to provide the flexibility needed in undertaking this type of work. It is encouraged that logic models are appropriately ambitious but not so specific that the work related to the project cannot pivot when necessary. Outcomes should be measurable. It is, however, not necessary to have measurement tools in place before the start of the project. We encourage applicants to collaborate with healthcare partners in the development of the logic model.

The logic must detail the program's vision for accomplishing this work. Please include:

- A. Inputs are items needed to engage in the project (i.e.-staff time by position/role, travel, a laptop, a Zoom account, etc.);
- B. Activities represent what must be done to accomplish the outcomes listed in the logic model;
- C. 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).
- D. 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)
- E. 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 respond to all survivors of domestic violence in a trauma-informed, survivor-centered manner). Please note that many long-term outcomes may not be evidenced at the conclusion of the project. These are the changes you are working towards.

All proposed activities should be presented in a way that allows a reviewer to see a logical progression of the inputs and activities to connect them to the outcomes described in the logic model and project narrative.

Inputs, activities, and objectives in the logic model should parallel the information provided in the problem description, project narrative, and budget.

## 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. This section is limited to 500 words, or approximately one page single-spaced.

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 and Debarment:

- 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 outcome of the provisional status.
- Whether the organization has ever been suspended or debarred from accessing federal or government grant awards or funds. If so, please list the year and term of the suspension or debarment.

3. Capacity:

- Demonstrate the capacity of the organization and implementing agency if applicable. The applicants should demonstrate that they have or will have adequate resources (i.e., personnel/staff, infrastructure to support additional programs, 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.
- We encourage applicants to use this funding to devote at least 80% of one staff member's time to this project. The nature of medical systems advocacy work requires a consistent presence within healthcare networks and organizations, therefore, while dividing the medical advocacy work among multiple staff members has the potential to be successful, it limits the necessary relationship-building that is crucial to medical systems work. It is recommended that the majority of the funding for this project go to the salary and benefits for this staff person, including, but not limited to significant travel, supplies, and staff development time.
- Individuals supervising a person in this role can be included in the salary and benefits. The role of this supervisor must be clearly explained in the project narrative. As a reminder, while this project allows for some direct-service work when related to providing technical assistance, the primary function of this project is to enhance healthcare's response to survivors.

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

- Describe how issues of diversity, equity, and inclusivity, in outreach and services, are being accounted for in planning for this program;
- Discuss how the organization addresses the issues of oppression and privilege in their policies and procedures, staff training, 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 \$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.

### 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 of 10% of the funds received. The purpose is to increase the resources available to the programs supported by PCADV funds.

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 SFY2023/24.*

## 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 the scope of projects outlined in this request for proposal.



---

## CONTACTS

RFP Process Questions: Jenifer Thompson at [jthompson@pcadv.org](mailto:jthompson@pcadv.org) or 717-545-6400 x 132.

Technology Issues: [support@pcadv.freshdesk.com](mailto:support@pcadv.freshdesk.com)