

Request for Applications (RFA)

Funding Opportunity Title	Supporting Children, Youth, and Families Affected by the Drug Crisis: Recruiting and Developing Peer Recovery Coaches
Due Date for Applications	Monday, February 19, 2024, by 11:59 pm ET
Anticipated Total Available Funding	\$2,000,000
Estimated Number of Awards	Up to ten (10)
Estimated Award Amount	Ten (10) awards of up to \$200,000 each
Length of Project Period	Up to 28 months
Eligible Applicants	<p>Eligible applicants are direct service providers and community-based organizations that participate in multidisciplinary, community response activities that (1) specialize in substance use treatment and services and (2) support direct services to children, youth, and adolescents who are crime victims affected by the Nation’s drug crisis and their families. Reference the Eligibility Information section of RFA for additional information.</p> <p>JBS International, Inc. (JBS) will consider applications where two (2) or more entities would carry out the proposed project. However, only one (1) entity may be the applicant; any others must be proposed as subrecipients (subgrantees).</p> <p>Funded projects must:</p> <ol style="list-style-type: none"> 1. Identify and advance innovative, family-centered, peer recovery services that are based on best practice, replicable, and sustainable and address the complex needs of child victims and their families/caregivers 2. Establish organizational practices that adequately prepare, compensate, and support family-centered, peer recovery coaches 3. Support Executive Order 13985, Advancing Racial Equity and Support for Underserved Communities through the Federal Government, by developing these service models in communities historically underserved, marginalized, and adversely affected by inequality

	To achieve this purpose, JBS will fund subawards and collaborate closely with subawardees to develop, deliver, and advance innovative, community-based, family-centered, peer recovery services in nontraditional (i.e., nonclinical), community-based settings.
Informational Webinar for Potential Applicants	<p>An informational webinar is scheduled for January 19, 2024, from 2 pm–3 pm ET. Interested parties can register for the webinar by emailing the following email address and including the following information: name, organization, and contact information.</p> <p>peerrecoverycoaches@jbsinternational.com</p>

Program Description

Introduction

To assist those victimized by neglect, abuse, or violence because of a family member or caregiver’s substance use, the U.S. Department of Justice (DOJ), Office of Justice Programs (OJP), Office for Victims of Crime (OVC), in collaboration with JBS International, Inc. (JBS), and with funding provided by the Bureau of Justice Assistance's (BJA) [Comprehensive Opioid, Simulant, and Substance Use Program \(COSSUP\)](#), is seeking applications to implement a family-centered, peer recovery coach (FC-PRC) model that supports children, youth, and families, including kinship- and grandfamilies.

- OJP is committed to advancing work that promotes civil rights and racial equity, increases access to justice, supports crime victims and individuals affected by the justice system, strengthens community safety, protects the public from crime and evolving threats, and builds trust between law enforcement and the community.
- OVC’s mission is to enhance the Nation’s capacity to assist crime victims and to provide leadership in changing policies and practices to promote justice and healing for all victims of crime. It achieves this mission, in part, by administering discretionary award programs, supported by the federal Crime Victims Fund, to develop innovative training and technical assistance (TTA) and to provide direct services to improve the overall quality of victim assistance.
- The purpose of BJA’s [COSSUP and its resources](#) is to assist states, Native American and tribal governments, cities, counties, municipalities, townships, special districts, and other units of local government in developing, implementing, or expanding efforts to identify, respond to, treat, and support those affected by illicit opioids, stimulants, and misuse of other drugs. A component of OJP within DOJ, BJA is responsible for leading and assisting local criminal justice programs in improving and strengthening the criminal justice system.

JBS is committed to its mission of creating sustainable change—in health care, social services, education, and society—that improves people’s lives. We have been privileged to serve as the national TTA provider for OVC since 2018 for four cohorts of grantees serving child and youth victims of the drug crisis and their families. Our success during this time is largely due to building our TTA strategies and approaches upon the solid foundation of 38 years of experience supporting federal TTA initiatives of national scope and importance.

Through a cooperative agreement with OVC, award number **15POVC-23-GK-01565-MUMU**, JBS is soliciting applications for the **Supporting Children, Youth, and Families Affected by the Drug Crisis: Recruiting and Developing Peer Recovery Coaches** initiative (the Initiative). Its purpose is to recruit, train, certify, and deploy paid peer recovery coaches (PRCs) to assist people seeking recovery from substance misuse. At the same time, it will also provide focused and intentional support to improve the well-being of children and youth experiencing victimization as a result of the substance use, as well as the broader family unit. For this program, the following definitions apply:

- Drug or substance use or misuse refers to a person misusing a legal substance in a way other than intended or prescribed or using an illegal or controlled substance.
- Peer recovery coach refers to a person who brings **lived experience** of recovery, combined with training and supervision, to assist others in initiating and maintaining recovery and to enhance their quality of personal and family life in long-term recovery, while reducing the amount of maltreatment affecting children, youth, and families. PRCs provide many different types of support, including emotional, informational, instrumental, and affiliation (e.g., connections to recovery community supports, activities, and events) support. (See the Substance Abuse and Mental Health Services Administration’s webpage on [Peer Support Workers for Those in Recovery](#) and [Peer Recovery Center of Excellence](#).)

The Initiative's goal is to address a gap in PRC services by expanding and enhancing them to address the complex needs of children and youth crime victims due to the substance misuse of a family member or caregiver. With funds awarded by BJA’s COSSUP, in partnership with OVC, to JBS (as award recipient), the Initiative will fund up to 10 subawards to eligible applicants (i.e., subawardees) to implement a **workforce development model that supports the recruitment, training, certification, and deployment of paid PRCs**, establishing an FC-PRC model that supports those affected by the family member or caregiver’s substance use. Additionally, these services will be available in nontraditional (i.e., nonclinical) settings.

Each subaward will be for up to \$200,000 and support a project for up to 28 months. Selected subawardees will:

- Serve children, youth, and families (1) residing in communities that demonstrate elevated levels of substance-related crime and (2) in geographic areas experiencing gaps in victims’ services

- Prioritize services for target populations known to be historically underserved and adversely affected by inequality

JBS anticipates that projects will start no later than May 2024 and end no later than August 2026.



Background

On January 20, 2021, President Joseph Biden issued [Executive Order 13985](#) on **Advancing Racial Equity and Support for Underserved Communities Through the Federal Government**, stating that *“the Federal Government should pursue a comprehensive approach to advancing equity for all, including people of color and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality.”* This Executive Order demonstrates how the Federal Government can play a key role in creating opportunities that improve historically underserved and marginalized communities by addressing adverse community environments and by building community resilience. Removing barriers to access and opportunities moves systems and people closer to achieving equity when fairness in decision-making processes is guaranteed and inequities in policies and programs are addressed. While this must be ongoing with leadership and within federal agencies, it also is required at the community level for overall equity to progress and for health equity to be achieved.

Addressing Health Equity and Social Determinants of Health¹

Achieving health equity means viewing every adult and child as having equal value and ensuring them equal opportunity to achieve their best health. Focused and ongoing efforts by society, especially at the community level, are critical to address unjust physical, social, structural, and

¹ This section comes from the following: Correll, R. (2023, April 7). Health disparities: What are they and why do they matter. *Verywell Health*. <https://www.verywellhealth.com/health-disparities-4173220#Causes>; Baciu, A., Negussie, Y., Geller, A., Weinstein, J. N., & National Academies of Sciences, Engineering, and Medicine. (2017). The root causes of health inequity. In *Communities in action: Pathways to health equity*. National Academies Press. <https://www.ncbi.nlm.nih.gov/books/NBK425845/>; Braveman P. (2006). Health disparities and health equity: Concepts and measurement. *Annual Review of Public Health*, 27, 167–194. <https://doi.org/10.1146/annurev.publhealth.27.021405.102103>

economic conditions that occur in marginalized and underserved neighborhoods due to often-intentional policies and practices arising from unequal distribution of power across race, gender, and class. Rooted in systems and structures (e.g., public and private institutions, laws and public policies), disparities result in unequal access to opportunities for individuals and communities (i.e., unfair and avoidable disparities in health status, unequal distribution and availability of health resources). Reducing and eliminating health disparities is a critical step toward promoting and achieving health equity.

Addressing not only the root, but the contributing or underlying, causes of health inequities requires also focusing on nonmedical factors that influence health outcomes (i.e., social determinants of health [SDOH]). The conditions in which individuals are born, grow, live, work, and age (e.g., housing, food and nutrition, transportation, education, social and economic mobility, environmental outcomes), SDOH are influenced by overarching systems and structural drivers that shape people's daily lives (e.g., economic and social policies and systems, social norms, development agendas, political systems).

SDOH help describe how variables (e.g., discrimination, racism, social exclusion, poverty, poor education, adverse childhood experiences [ACEs]) play critical roles in people's capacity to attain and maintain health, enhance quality of life, and extend life expectancy. Health is a product of multiple determinants. Social, economic, environmental, and structural factors and their unequal distribution play crucial roles in shaping health disparities.

Responding to the Needs of Underserved and Marginalized Communities

Underserved and marginalized communities experience SDOH differently due to social and institutional inequities. Inequitable experiences in accessing social and economic opportunities have a major influence on community residents' health outcomes and quality of life throughout the life span. Despite efforts to improve adverse conditions, health inequities persist in the United States for Black people; Hispanics and Latino/a/e people; Native American and other Indigenous peoples of North America (including Alaska Natives, Inuit and Yupik People, and Aleuts); Asian Americans, Native Hawaiians, and/or Pacific Islanders (AANHPI); and LGBTQI+ populations, as well as those with disabilities and/or live in rural areas.

People in communities with increased exposure to harmful SDOH conditions (e.g., high-crime areas, limited access to healthy food, discrimination, racism, limited opportunity to talk and socially connect with others, poor-quality schools, unemployment, low-socioeconomic status) can experience higher levels of stress, which can increase the risk of substance misuse and drug overdose. ACEs are the potentially traumatic events that occur during ages 0 to 17 years and can have a long-lasting, negative effect on a person's life. Overdose is strongly associated with having experienced ACEs while growing up. Parents who misuse drugs have children who are three times more likely to be abused and more than four times more likely to experience

neglect, compared to children whose parents do not misuse substances.² Parents who have a substance use disorder (SUD) and are of lower socioeconomic status, may lack social support and access to resources, and experience mental health challenges, which often introduce additional trauma for their children.³

Impact of Household SUD on Children and Families

On average, annually, 8.7 million children aged 17 or younger living in the United States reside in households with at least 1 parent who had an SUD.⁴ Poverty, unemployment, mental illness, and lower levels of education are also associated with opioid overdoses. Additionally, having a parent with an SUD or opioid use disorder (OUD) is linked to developing a SUD as a child or adolescent (i.e., the effect of ACEs).⁵ SUD, combined with any one of these challenges, highlights the extent of prevention and treatment needs and requirements for recovery support of the entire family.

An increase in exposure to opioid, stimulant, and polysubstance use has negatively affected children and youth, many of whom have been harmed either directly or indirectly by the substance use of parents, caregivers, and other persons in positions of trust. Children living in homes where a parent is misusing a substance are at higher risk for child maltreatment; lower socioeconomic status; and problems with social, academic, and family dysfunction.

In addition, young children and children living in more rural areas are more likely to enter the child welfare system because of parental substance use.⁶ Compared with children removed from home without a parental substance use risk factor, those removed because of parental substance use are more likely to (1) experience inadequate housing and parental incarceration and (2) have

² Segal, L. M., De Biasi, A., Mueller, J. L., May, K., Warren, M., Miller, B. F., ... & Olson, G. (2017). *Pain in the nation: The drug, alcohol and suicide crises and the need for a national resilience strategy*. <https://stories.communitycommons.org/wp-content/uploads/2017/11/TFAH-2017-PainNationRpt-18-FINAL.compressed.pdf>, p. 60.

³ Stanford, S., Raja, K. S.W., Rudd, J., Gabriel, C., Mandeville, J., & Akuffo, J. (2021, August). *Identifying the root causes of drug overdose health inequities and related social determinants of health: A literature review*. National Association of County and City Health Officials and Centers for Disease Control and Prevention. <https://stacks.cdc.gov/view/cdc/114435>, p. 43; Parolin, M., Simonelli, A., Mapelli, D., Sacco, M., & Cristofalo, P. (2016). Parental substance abuse as an early traumatic event. Preliminary findings on neuropsychological and personality functioning in young drug addicts exposed to drugs early. *Frontiers in Psychology*, 7, 887. <https://doi.org/10.3389/fpsyg.2016.00887>

⁴ Lipari, R. N., & Van Horn, S. L. (2017). Children living with parents who have a substance use disorder. *The CBHSQ Report*. U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality. https://www.samhsa.gov/data/sites/default/files/report_3223/ShortReport-3223.html

⁵ Stanford et al. (2021, August).

⁶ Brewsaugh, K., Packard Tucker, L., Loveless, A., & McDaniel, M. (2023, March). *Children affected by parental substance use. Parental substance use and child welfare system involvement*. Urban Institute, U.S. Assistant Secretary for Planning and Evaluation, and NORC. <https://aspe.hhs.gov/sites/default/files/documents/09dc9fed2909506f1e7d508294ab1125/Parental-Substance-Use-and-Child-Welfare-Involvement.pdf>

longer stays in out-of-home care.⁷ Numerous children and youth harmed by caregivers' substance misuse are polyvictims (i.e., they have experienced more than one type of victimization, such as sexual abuse, physical abuse, neglect, bullying, and exposure to family violence). Young victims and their family members—some of whom may have taken on unexpected caregiving roles because of a family member's substance use—have complex needs stemming from exposure to this environment and the trauma that results from living in such conditions.

Protection of these vulnerable victims must consider individual, family, and community contexts to provide suitable intervention and to prevent further harm. Family members or caregivers' misuse of substances can reduce a child's sense of safety, stability, and bonding in a household. However, even when one or both parents/caregivers have an SUD, including OUD, opportunities exist to shield the health and well-being of children and adolescents if they are exposed to positive SDOH and childhood experiences. When these positive conditions are part of families and communities day-to-day, their health and well-being increase, while preventing and/or reducing ACEs and keeping families together.

Improved systems are needed to coordinate the services and supports available to children and families at risk, identify problems early, and ensure families receive necessary and compassionate care. Within these systems, direct service providers and community-based organizations (CBOs) have multiple intervention points from which to choose, based on the needs of the children, youth, families/caregivers, and communities they serve. For example, reports suggest that providing services encouraging parents to receive SUD/OUD treatment and focusing on their parenting skills as part of their recovery have proven to reduce the impact of parental SUDs on their children.⁸ Another intervention point addresses identified SDOH known to affect parent's substance misuse, including opioid use. Effective community responses will require expanded partnerships and cross-sector collaboration to improve outcomes for vulnerable, marginalized populations challenged by SUD/OUD. Often occurring along with mental health and social conditions, recovery from SUDs has a complex biopsychosocial, multifactorial etiology, requiring equally sophisticated solutions.

Building a Recovery-ready Nation

Recovery is “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”⁹ It is a nonlinear, complex, and dynamic process throughout the life span. When they have support, people experiencing SUD

⁷ Brewsaugh et al., (2023, March). *Adoption and Foster Care Analysis and Reporting System (AFCARS), 2019*. HHS, Administration for Children and Families, National Data Archive on Child Abuse and Neglect. <https://www.ndacan.acf.hhs.gov/datasets/dataset-details.cfm?ID=239>

⁸ Lipari, R. N., & Van Horn, S. L. (2017); Smith, J. C., Alderman, L., Attell, B. K., Avila Rodriguez, W., Covington, J., Manteuffel, B., ... & Minyard, K. (2021, June). Dynamics of parental opioid use and children's health and well-being: An integrative systems mapping approach. *Frontiers in Psychology, 12*, 2402. <https://doi.org/10.3389/fpsyg.2021.687641>

⁹ SAMHSA. (n.d.). *SAMHSA's working definition of recovery*. HHS. <https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf>, p.3.

often make the journey from hopeless disconnection to thriving participation. Just as there are multiple pathways to the development of an SUD, multiple pathways to recovery exist, with each person's pathway individualized and unique.¹⁰

One evidence-based way to support recovery at any point in the journey is the use of PRCs, who help others on their recovery journey by lending support and by assisting them in building sustainable recovery capital (i.e., internal and external resources supporting a person's recovery). Also known in the field as peer specialists, peer support specialists, and peer mentors, PRCs are people with lived experience (i.e., have themselves experienced substance use and who have successfully gone through the recovery process) and, therefore, are uniquely equipped to address the barriers faced by individuals with low incomes and by racial/ethnic minorities (e.g., stigma, lack of health insurance, housing instability, challenges navigating services).¹¹ Walking side by side with people seeking recovery from SUDs,¹² PRCs help them create their own recovery plan and develop their own recovery pathway. Peer recovery plans are customized and build on each individuals' strengths, needs, and recovery goals.¹³

Benefits and positive outcomes for people who engage in peer support include fewer re-hospitalizations, lower service costs, higher services utilization, higher treatment engagement, better quality of life, better overall functioning, and fewer behavioral symptoms.¹⁴ One study found that parents with an SUD, who were involved in the child welfare system and received recovery coaching, were significantly more likely to achieve and maintain stable reunification with their children, compared to the parents who received the usual services.¹⁵ Stable reunification then promotes a safer and healthier environment for the children and youth.

The Biden-Harris Administration's 2022 [National Drug Control Strategy](#) (NDCS) is the first to specifically highlight "building a recovery-ready nation" as one of its key elements. In alignment

¹⁰ Sheedy C. K., & Whitter M. (2009). *Guiding principles and elements of recovery-oriented systems of care: What do we know from the research?* HHS Publication No. (SMA) 09-4439. Center for Substance Abuse Treatment (CSAT), SAMHSA, HHS.

https://www.naadac.org/assets/2416/sheedyckwhitterm2009_guiding_principles_and_elements.pdf, p.15.

¹¹ AddictionResource.net. (n.d.) *Not equal: Racial disparities in addiction/substance abuse treatment*. <https://www.addictionresource.net/?s=racial+disparities>

¹² CSAT. (2009). *What are peer recovery support services?* HHS Publication No. (SMA) 09-4454. SAMHSA, HHS. <https://store.samhsa.gov/sites/default/files/d7/priv/sma09-4454.pdf>

¹³ Reif, S., Braude, L., Lyman, D. R., Dougherty, R. H., Daniels, A. S., Ghose, S. S., ... & Delphin-Rittmon, M. E. (2014). Peer recovery support for individuals with substance use disorders: Assessing the evidence. *Psychiatric Services*, 65(7), 853–861. <https://doi.org/10.1176/appi.ps.201400047>

¹⁴ SAMHSA. (2022, June). Peer support services in crisis care. *SAMHSA Advisory*. HHS. <https://store.samhsa.gov/sites/default/files/pep22-06-04-001.pdf>; SAMHSA. (n.d.). *Peer support* [Infographic]. HHS. https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peer-support-2017.pdf; Health America. (2018, May). *Effectiveness of peer support*. <https://www.mhanational.org/sites/default/files/Evidence%20for%20Peer%20Support%20May%202018.pdf>

¹⁵ Ryan, J. P., Victor, B. G., Moore, A., Mowbray, O., & Perron, B. E. (2016). Recovery coaches and the stability of reunification for substance abusing families in child welfare. *Children and Youth Services Review*, 70, 357–363. <https://doi.org/10.1016/j.childyouth.2016.10.002>

with the NDCS, achieving this is dependent on recruiting, training, and deploying paid PRC who have lived experience with recovery, child welfare, and other systems.

Evidence is emerging that when core peer service principals are intact, PRCs can be successful in a variety of diverse settings, including community centers, recovery fitness centers, recovery housing, and recovery high schools. They are increasingly available in hospital emergency departments, CBOs, community recovery organizations, law enforcement/criminal justice deflection and diversion initiatives, child welfare, and other settings.¹⁶

Goals and Objectives

OVC's stated goal for this initiative is to support children, youth, and families who have suffered victimization, resulting from a family member or caregiver's SUD, by recruiting, training, and certifying FC-PRCs with lived experience, who would serve in nontraditional (i.e., nonclinical), community-based settings. Strengthening linkages between peer recovery and community-based services and supports, including addressing SDOH, can have a profound effect on an individual's recovery. This support can also bolster [protective factors](#) (e.g., parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need) across the four dimensions of wellness (health, home, purpose, and community).¹⁷ Research supports the benefits of addressing equity and of ensuring culturally responsive services that respond to the disproportionate needs of marginalized and historically underserved communities. Literature reviews¹⁸ show that peer work, with shared identity, based upon gender, race, socioeconomic class, age, religion, or other cultural aspects of "identity," is more successful compared to situations where the peers do not share and identify with the person in recovery.

Objectives

JBS expects subawardees to meet the needs of the target population by recruiting, training, and deploying paid FC-PRCs who will assist family members or caregivers' recovery from substance misuse, while supporting the well-being of youth who have experienced victimization because of the substance use and all members of the family.

¹⁶ Peer Recovery Center of Excellence (PRCE). (2023, March). *Peer recovery support: Evolving roles and settings. A literature review—year 2 update*. <https://peerrecoverynow.org/wp-content/uploads/2023-APR-03-prcoe-yr2-lit-review.pdf>

¹⁷ SAMHSA. (n.d.).

¹⁸ PRCE. (2023, March), p. 8.

Objectives

1. Elevation. Elevate the voices of people with lived experience through development of a FC-PRC workforce that maintains the authenticity of peer support services and increases its value, prominence, and capacity in the community
2. Integration:
 - A. Provide collaborative, strengths-based, and culturally responsive peer recovery services (PRSs)
 - B. Develop organizational infrastructure to solidify the FC-PRC role and provide a working environment that adequately recruits, trains, supervises, deploys, compensates, and supports the workforce
 - C. Collaborate in FC-PRC integration into community and nonclinical settings through outreach, partner engagement, memoranda of understanding, and supportive infrastructure
3. Specialization:
 - A. Incorporate specialized, family-centered, and intergenerational FC-PRC model curriculum, training, and support
 - B. Integrate a child-victim lens into FC-PRC workforce training and services
4. Certification. Train and certify a culturally responsive FC-PRC workforce according to state and national certification (e.g., Nationally Certified Peer Recovery Support Specialist) standards and processes
5. Accreditation. Demonstrate organizational infrastructure necessary for an effective FR-PRC workforce and validate recovery support organizations. *(Note: National accreditation standards for organizations will be available.)*

Target Population

The target population for this initiative are children, youth, and families who:

- Have suffered crime victimization, including exposure to substance use, because of a family member or caregiver's substance use or misuse
- Are crime victims affected by the drug crisis in their communities, including those experiencing polyvictimization and, therefore, have complex service needs, as well as the potential need for support services to their families and caregivers
- Reside in communities that:
 - Demonstrate elevated levels of substance-related crime,¹⁹ including:

¹⁹ Bureau of Justice Statistics. (1994, September). *Fact sheet: Drug-related crime*. Office of Justice Programs, U. S. Department of Justice. <https://bjs.ojp.gov/content/pub/pdf/DRRC.PDF>, p. 1.

- Drug-defined offenses (e.g., violation of laws prohibiting or regulating possession, use, distribution, or manufacture of illegal drugs)
 - Drug-related offenses (i.e., offenses motivated by the user’s need for money to support continued use and/or drug distribution)
 - Lifestyle that includes misuse of drugs or alcohol (i.e., drug use and crime as common aspects of lifestyle)
- Are geographic areas with gaps in crime victim services
- Are members of target populations marginalized, historically underserved, and adversely affected by inequity

Expectations and Requirements

As a result of this award, subawardees will be required to meet the following deliverables:

- Recruit, train, certify, and deploy paid peer recovery coaches
- Implement replicable and sustainable FC-PRC services provided in nontraditional (i.e., nonclinical), community-based settings
- Enhance knowledge and build the capacity of certified FC-PRCs to address more effectively the needs of youth, families, and caregivers affected by substance use
- Ensure equitable, just, and culturally responsive service access and delivery
- Use the [key dimensions](#) of recovery-oriented services (health, home, purpose, and community),²⁰ as well as any new federal model standards for youth, family, and adult peer support
- Build collaborative arrangements with other organizations or partners to guarantee program success
- Create organizations that provide supportive environments for PRCs
- Work in collaboration with JBS throughout the implementation period to meet all deliverables, including additional deliverables OVC/JBS may require

At a minimum, OVC expects projects to collaborate with JBS on the following activities:

- Completing organizational and community readiness, strengths and needs, and capacities assessment for integrating victim-informed, FC-PRCs
- Engaging in coaching and other TTA activities
- Participating in virtual and in-person site visits and subawardee meetings
- Collecting and reporting required performance data
- Completing and submitting written quarterly and semiannual reports
- Assessing and planning for program sustainability
- Collaborating with an external project evaluation team to complete evaluation activities
- Contributing to the evolution of specialty training curriculum, certification standards, and the replication guide by embracing the specialty training curriculum and sharing their input and experience

²⁰ SAMHSA. (2023, August 11). *Recovery and recovery support*. HHS. <https://www.samhsa.gov/find-help/recovery>

Eligibility Information

Applicants are limited to state and county governments; nonprofit and for-profit organizations (including tribal nonprofit and for-profit organizations); faith- and community-based organizations; private institutions of higher education, public- and state-controlled institutions of higher education, and colleges and universities (including tribal institutions of higher education); public agencies; Native American tribal governments (federally recognized) and Native American tribal organizations (other than federally recognized tribal governments); and other (defined below).

This initiative is a **workforce development initiative**, although in assisting subawardees and their communities to build FC-PRC capacity, direct PRSs will be provided and expanded in community organizations. Applicants may or may not currently be providing PRSs; however, they must demonstrate an understanding of PRSs and organization readiness to implement and support FC-PRC services. This includes organizational knowledge of PRS delivery through direct provision of FC-PRSs or through partnerships with community organizations that provide peer PRSs.

Priority Areas

DOJ and JBS are committed to advancing work that promotes civil rights and racial equity, increases access to justice, supports crime victims and individuals impacted by the justice system, strengthens community safety and protects the public from crime and evolving threats, and builds trust between law enforcement and the community.

Priority Considerations Supporting Executive Order 13985

In support of this [Executive Order](#), JBS will provide priority consideration when making award decisions to the following:

Consideration A. Applications that propose project(s) designed to promote racial equity and the removal of barriers to access and opportunity for communities that have been historically underserved, marginalized, and adversely affected by inequality

To receive this consideration, the applicant must describe how the proposed project(s) will:

- Address potential racial inequities
- Contribute to greater access to services and opportunities for communities historically underserved, marginalized, and adversely affected by inequality
- Identify how the project design and implementation will specifically incorporate the input or participation of those communities and populations disproportionately impacted by crime, violence, and the criminal justice system overall

Examples addressing this requirement include, but are not limited to, the following:

- Budgeted project planning and/or implementation meetings with community stakeholders representing historically underserved and marginalized communities
- Outreach and/or public awareness campaigns specifically tailored to historically underserved and marginalized communities to encourage participation in the proposed project(s)
- Budgeted incorporation of members representing historically underserved and marginalized communities in program evaluation, surveys, or other means of project feedback
- Partnership with organizations that primarily serve these communities

Consideration B. To receive this additional priority consideration, applicants must:

- Be a culturally specific organization (or fund a culturally specific organization(s) as a subrecipient)
- Describe how this will enhance its ability to implement the proposed project(s)
- Specify which populations are intended or expected to be served or to have their needs addressed under the proposed project(s)

Culturally specific organizations are defined for purposes of this solicitation as private, nonprofit or tribal organizations, whose primary purpose as a whole is to provide culturally specific services to, among others, Black people, Hispanics and Latino/a/e people, Native American and other Indigenous peoples of North America (including Alaska Natives, Inuit and Yupik People, and Aleuts), and AANHPI.

Note: Applicants applying for one of the priority considerations are required to explicitly state for which of these priority considerations they are applying/qualifying. Addressing these priority areas is one of many factors JBS will consider in making funding decisions. Receiving priority consideration for one or more priority areas does not guarantee an award.

Other

For purposes of this solicitation, “state” means any state of the United States, District of Columbia, Commonwealth of Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, and Commonwealth of the Northern Mariana Islands. JBS will consider applications where two or more entities would carry out the award. However, only one entity may be the applicant; any others must be proposed as subrecipients (subgrantees). For additional information on subawards, see the [OJP Grant Application Resource Guide](#).

JBS may elect to fund applications submitted under this solicitation in the future, dependent on, among other considerations, the merit of the applications and the availability of appropriations. Awardees will be required to participate in a program assessment if OVC elects to conduct an evaluation of this program.

Award Information

Award Amounts and Duration

JBS anticipates making up to ten (10) subawards of up to \$200,000 each. Each award will support the implementation of a project designed to last up to 28 months maximum. JBS anticipates that projects will start in May 2024 and end no later than August 2026.

Application and Submission Information

Application Contents. The application must include the items listed below:

1. **Applicant Organization’s General Information.** The general information should include the following:
 - A. Organization name, primary physical address, telephone number, and web address
 - B. Type of organization and services provided. If seeking priority consideration as a “culturally specific organization” (Consideration B), please indicate that here, including a statement about your qualification as a culturally specific organization.
 - C. Name, title, and email address of primary contact person from the lead organization
 - D. Contact information and brief description of roles and responsibilities for collaborative partners/organizations named in submission
2. **Project Abstract.** The Abstract should (1) highlight the purpose, goals, and objectives of the proposed project, including primary activities, expected outcomes, service area, and intended beneficiaries; (2) not exceed 400 words; and (3) be double-spaced, using 12-point standard font. Abstracts for subawards will be used to highlight projects in media announcements, project snapshots, and other materials.
3. **Project Narrative.** The Project Narrative should be (1) double-spaced, using a standard 12-point font; (2) have no less than 1-inch margins; and (3) not exceed 20 pages, which should all be numbered. If the proposal narrative fails to comply with these requirements, JBS and OVC may consider the application noncompliant, which could affect final award decisions. Please include the section headers listed below in the Project Narrative, along with your responses to the prompts that correspond to each section.

The Project Narrative must include the following sections:

- A. Statement of the Problem. Describe the following:
 - I. Impact of substance use and related problems in the community, including how it has contributed to increased rates of child and youth victimization/polyvictimization
 - II. Current gaps in victim services for children and youth affected by substance-related crime and their families and caregivers in the community(ies) you propose to serve, including a description of identified

- health inequities and associated disparities among historically underserved and marginalized community members
- III. Strengths and challenges of the communities served based on SDOH
 - IV. History and current practices of peer recovery services in your organization and community and how these practices are accepted and integrated into existing community organizations, including challenges and barriers (e.g., stigma, training and supervision, organizational support)
 - V. Why a workforce development initiative is important to your community and how you plan to integrate people with lived experience to enhance the community response to services and supports for families
- B. Project Design and Implementation
- I. Describe the strategy for:
 - a. Recruiting, training, certifying and deploying paid PRCs
 - b. Addressing the needs identified in the statement of the problem, including how FC-PRCs will be integrated into nontraditional CBOs organizations
 - c. Engaging community partners
 - II. Describe the:
 - a. Approach to centering the family and meeting the needs of child and youth victims
 - b. Project design, activities, and actions you will undertake to fulfill the programs objectives and to reach the program goals
 - III. Provide a:
 - a. Detailed description of the methods you will use to carry out each activity
 - b. Timetable (e.g., Gantt chart) by month that clearly identifies the goals, objectives, core activities, deliverables, products, and timeframe for accomplishing each (*Note: The timetable can be placed in an appendix and will **not** be counted against the 20-page limit.*)
- C. Capabilities and Competencies
- I. Detail the lead applicant's capacity and capability to implement and to provide oversight for the proposed project, including employing a Project Coordinator at a level of at least .25 full-time equivalent. Include a description of the project's staff, resources, and capacity to implement innovative FC-PRSs that can support child and youth victims of substance-related crime, including those experiencing polyvictimization, and their families/caregivers.
 - II. If you are requesting to be considered under priority Consideration A, please explicitly state that here and describe your organization's experience serving underserved and under resourced communities and addressing inequities, including those that experience high levels of crime

related to substance use and geographic areas with gaps in crime victim services.

- III. Describe your organization's current capacity to provide PRSs specifically tailored to individuals experiencing SUDs within the family context.
 - a. If you currently provide PRSs, how do you plan to scale up your existing capacity to meet the goals of your agency or organization's proposed project?
 - b. Clearly delineate the specifics of your PRC staffing approach.
- IV. Identify:
 - a. Any anticipated capability or competency challenges that affect your organization/agency's ability to provide FC-PRC services, including local and state policies, systemic barriers, training gaps, organizational/community resources, etc.
 - b. Key organizations and individuals that will assist in implementing and supporting the project. Describe the roles, responsibilities, capabilities, and competencies of each. Include organizations that both will and will not receive funding through this award. Resumes should be included as attachments.
- V. Include letters of support/commitment from project partners as appendices. *(Note: You should **not** include these letters in the narrative, and they will **not** be counted against the 20-page limit.)*

D. Performance Data and Plan for Measuring Project Performance

Applicants are not required to submit performance data with the application. However, this application includes performance measure information as an alert that successful applicants will be required to submit performance data as part of each award's reporting requirements. During the period of performance, JBS will require each successful applicant to submit regular performance data that show the completed work's results. You can find:

- A list of resources and trainings at <https://ovc.ojp.gov/funding/performance-measures/transforming-victim-services>
- Examples of performance measure questions for this project at <https://www.ovc.gov/grants/pdf/txt/TVS-questionnaire.pdf>

JBS will provide further guidance on performance data submission processes to applicants selected for award. Applicants can visit OJP's Performance Measurement page at <http://www.ojp.gov/performance> for an overview of performance measurement activities at OJP.

In this section of your application, please respond to the following prompts to describe the process:

- I. For measuring project performance. Identify who will collect the data, who is responsible for performance measurements, and how you will use the information to guide and evaluate the impact of the project.
 - II. To accurately report data
- E. Project Budget

Award recipients are to use subaward funds for activities that meet the goals and objectives of the program, including allocation of funds to pay salaries and associated costs for peer recovery coaches. The application budget must show an efficient use of these subaward funds. Applicants proposing to leverage alternative funding sources should specify the amount of these funds and their source(s) and provide a detailed description of how they will use/leverage these funds in the Budget Detail Worksheet using the column labeled “Non-Federal Contribution,” with a corresponding description in the associated Budget Narrative section in the worksheet.

- I. **Budget Detail Worksheet.** For each year of the Project, the lead applicant will enter the budgeted items and its costs on the Budget Detail Worksheet, with a thorough **narrative** justification for all costs, including the basis for computing those costs. The budget must be complete, reasonable, and directly related to the activities proposed in the application. Tasks and activities described in the Project Narrative should be reflected in the budget.

An [OJP Budget Detail Worksheet \(Worksheet\) template](#) is available online to complete the budget and associated narrative. This worksheet is the required method for submitting a program budget. Applicants must justify the costs of individual items (e.g., personnel, travel), showing how they computed the costs.

- II. Costs must comply with the Federal Government regulations, including the [DOJ Grants Financial Guide](#) and [Office Management and Budget’s Uniform Guidance – OJP’s Uniform Requirements](#).
- III. In addition, applications containing subrecipient contracts must include detailed budgets for each organization’s proposed expenditures. (Federal rules and applicable OJP guidance determine whether a particular agreement between a subaward recipient is considered a procurement “contract,” as opposed to a “subaward.” For more information, visit [Subawards and Procurement Contracts Under OJP Awards](#).)
- IV. Federally Negotiated Indirect Cost Rate. Applicants with a federally negotiated indirect cost rate that will be used for this project must include supporting documentation as an appendix.

Application Review, Evaluation, and Selection Procedure

Review Process

JBS will screen applications to ensure they meet the basic minimum requirements prior to approving it for review in subsequent stages of the evaluation process. Although specific requirements may vary, common requirements are that the application must:

- Be submitted by an eligible type of applicant
- Request funding within programmatic funding constraints
- Be responsive to the scope of the solicitation
- Include all items necessary to meet the basic minimum requirements

Evaluation Process

JBS staff and internal and external subject matter experts will evaluate all applications that meet basic minimum requirements for technical merit, based on the following criteria.

Selection Criteria

1. **Problem Description (20%).** Evaluate the applicant's understanding of the problem to be addressed
2. **Project Design and Implementation Plan (45%).** Evaluate the adequacy of the proposal, including the goals, objectives, timelines, milestones, and deliverables
3. **Capabilities and Competencies (20%).** Evaluate the administrative and technical capacity of the applicant to successfully accomplish the goals and objectives
4. **Performance Data and Plan for Measuring Project's Performance (10%).** Evaluate the applicant's understanding of the performance data reporting requirements and the plan for collecting the required data
5. **Budget (5%).** Evaluate for completeness, cost effectiveness, and allowability (i.e., reasonable, allocable, and necessary for project activities)

Recommendations will then be made to OVC, which retains final selection authority. Pursuant to the [Part 200 Uniform Requirements](#), before making award decisions, OJP also reviews information related to the degree of risk posed by the applicant. Among other things to help assess whether an applicant with one or more prior federal awards has a satisfactory record with respect to performance, integrity, and business ethics, OJP checks whether it is listed in the System for Award Management as excluded from receiving a federal award.

Other Review Criteria/Factors

Other important considerations for JBS include geographic diversity, strategic priorities (specifically including, but not limited to, those priority areas already mentioned), and the extent to which the Budget Worksheet and Budget Narrative accurately explain project costs that are reasonable, necessary, and otherwise allowable under federal law and applicable federal cost principles.

Appendices

Required appendices:

1. **Key Staff Resume(s)** (for staff budgeted at a level of effort of 20% or more)
2. **Letters of Support** (no less than 2)
3. **Documentation of Federally Negotiated Indirect Cost Rate** that will be used for this project, if necessary
4. **Memoranda of Understanding** with partner organizations, if applicable

How to Submit Your Application

Completed applications must be submitted directly to the JBS Peer Recovery Coach email at peerrecoverycoaches@jbsinternational.com following these guidelines:

- **Subject Line Must Include:** Application for Peer Recovery Coach Project
- **Size Limit.** The file size of the application you submit must be no more than 36,864 KB; if the email is larger than that, it will be rejected.
- **Application Submission Deadline.** Monday, February 19, 2024, by 11:59 pm ET

Grant Subaward Notification

JBS plans to make subaward selections and notifications by the first of April 2024. The selected applicants will enter into a subaward contract with JBS International, Inc.

Additional Information

Consistent with priority considerations supporting [Executive Order 13985](#), Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, the term “underserved community” refers to a population sharing a particular characteristic, as well as a geographic community, which has been systematically denied a full opportunity to participate in aspects of economic, social, and civic life or whose members have been historically underserved, marginalized, and adversely affected by inequality. Such communities include, among others, individuals who belong to communities of color, such as Black and African American, Hispanic and Latino, Native American, Alaska Native and Indigenous, Asian American, Native Hawaiian and Pacific Islander, Middle Eastern, and North African persons.

Resources

- **AddictionResource.net:** *Not Equal: Racial Disparities in Addiction/Substance Abuse Treatment.* <https://www.addictionresource.net/?s=racial+disparities>
- **Addiction Policy Forum:**
 - *Children and Families.* <https://reports.addictionpolicy.org/evidence-based-strategies/children-and-families#Children-Impacted-by-Addiction>
 - *Evidence-Based Interventions to Address the Opioid Epidemic.* <https://reports.addictionpolicy.org/evidence-based-strategies/>

- *Evidence-Based Strategies Assessment Tool.*
<https://reports.addictionpolicy.org/evidence-based-strategies/self-assessment-tool>
- Alavi, S., Nishar, S., Morales, A., Vanjani, R., Guy, A., & Soske, J.: *'We Need To Get Paid for Our Value': Work-Place Experiences and Role Definitions of Peer Recovery Specialists/Community Health Workers.*
<https://doi.org/10.1080/07347324.2023.2272797>
- Bringing Recovery Supports to Scale: Technical Assistance Center Strategy:
 - *Resources for the Supervision of Peer Workers.*
https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/guidelines-peer-supervision-3-resources-cp4.pdf
 - *Supervision of Peer Workers.* <https://www.samhsa.gov/sites/default/files/brss-tacs-peer-worker-supervision.pdf>
 - *Supervision of Peer Workers [Slide Deck].*
https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/guidelines-peer-supervision-4-ppt-cp5.pdf
 - *Supervision of Peer Workers [Slide Deck With Trainer Notes].*
https://www.samhsa.gov/sites/default/files/guidelines_peer-supervision_ppt_withpresenternotes_cp2.pdf
 - *Supervisor of Peer Workers Self-Assessment.*
https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/guidelines-peer-supervision-2-self-assessment-cp9.pdf
- Lipari, R. N., & Van Horn, S. L.: *Children Living With Parents Who Have a Substance Use Disorder. The CBHSQ Report.*
https://www.samhsa.gov/data/sites/default/files/report_3223/ShortReport-3223.html
- National Child Traumatic Stress Network: <https://www.nctsn.org/>
- Office for Victims of Crime: *Child Victims and Witnesses Support Materials.*
<https://ovc.ojp.gov/child-victims-and-witnesses-support>
- Rethink the Village: <https://www.rethinkthevillage.org/>
- SAMHSA:
 - *Family, Parent, and Caregiver Peer Support in Behavioral Health.*
https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/family-parent-caregiver-support-behavioral-health-2017.pdf
 - *Apoyo de Compañeros Para Padres y Otros Cuidadores de Niños y Jóvenes.*
https://www.samhsa.gov/sites/default/files/t24_spanishvop_familycaregiver_50883118.pdf
 - *Peer Support.*
https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peer-support-2017.pdf
 - *Apoyo Entre Compañeros.* <https://www.samhsa.gov/sites/default/files/value-of-peers-infographic-spanish.pdf>

- *Peer Support [Infographic]*.
https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peer-support-2017.pdf
- *Peers Supporting Recovery From Mental Health Conditions*.
https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peers-supporting-recovery-mental-health-conditions-2017.pdf
- *Recuperación de Problemas de Salud Mental con el Apoyo de Compañeros*.
https://www.samhsa.gov/sites/default/files/t24_spanishvop_mh_508_8_31_18_fixed.pdf
- *Peers Supporting Recovery From Substance Use Disorders*.
https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peers-supporting-recovery-substance-use-disorders-2017.pdf
- *Recuperación de Trastornos de Consumo de Sustancias con el Apoyo de Pares*.
<https://www.samhsa.gov/sites/default/files/peers-supporting-sud-recovery-spanish.pdf>
- *Value of Peers, 2017*.
https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/guidelines-peer-supervision-3-resources-cp4.pdf
- The White House: *National Drug Control Strategy*. <https://www.whitehouse.gov/wp-content/uploads/2022/04/National-DrugControl-2022Strategy.pdf>