Michigan Department of Health and Human Services

Request for Letters of Intent to Apply

Local Government Opioid Settlement Matching Initiative

Deadline to Submit Letter of Intent: Rolling, 15th of Each Month

Introduction:

The Michigan Department of Health and Human Services (MDHHS) invites county and municipal governments to submit a Letter of Intent (LOI) to participate in the Local Government Settlement Matching Initiative. This opportunity provides state matching funds for individual county, municipal, or regional opioid settlement projects led by local government(s) that align with the state's overarching strategic framework to respond to substance use, Exhibit E of the Opioid Settlement agreements, evidence-informed or promising practices, and a clear focus on opioid remediation or abatement within the larger substance use disorder system.

Interested eligible governments are encouraged to submit a letter of intent to apply for funding. The information in this document contains information regarding the funding opportunity, deadlines, requesting clarifying information, the required format of the letter of intent, and how to submit the letter of intent.

The initiative aims to support low-barrier participation, equitable access for communities of varying size and capacity, and partnership across jurisdictions, including between counties, cities, and townships.

Responses received may result in a more formal application process to be completed by select applicants in order to establish contracts.

Key Dates:

Beginning in August 2026, applicants will be able to submit their LOIs on an ongoing basis, pending funding availability. Each month, the following review timeline will be followed:

- All applications received before the 15th of the month will be included in that month's review.
- The review of applications will be completed by the end of the month, with an initial response back to applicants detailing the result of initial application review.
- Due to the nature of rolling applications, and the availability of funds, applicants may not receive a definitive decision after review and applications could be funded in future months, pending continued interest from the applicant.
- Applications submitted after the 15th will be reviewed the following month.

Questions About This Grant Program:

Interested eligible agencies may submit questions and requests for clarification about the contents of this document. Questions must be submitted to the Michigan Association of Counties at kelly@micounties.org and must be received by 11:59 p.m. on the 8th of each month to ensure an answer before that month's deadline. Depending on the nature of the question, some may not be answered before the month's deadline, but applicants will be notified when an answer will be available for future month deadlines.

Technical Assistance for This Grant Program:

Local governments seeking assistance with writing letters of interest may submit a request through MAC TA Request Form. Please note that MAC will attempt to support all technical assistance requests as promptly as possible but may experience delays in provision of support due to the number of ongoing requests.

How to Submit Letter of Intent:

Completed letters of intent must be submitted utilizing the specified letter of intent format to MDHHS-opioidsettlementhelp@michigan.gov by 11:59 p.m. on the 15th of the month. MDHHS is not responsible for technical errors that prevent the timely delivery of submissions. Interested eligible agencies are encouraged to submit their responses in advance of the deadline.

Note: Submission of a letter of intent does not constitute a formal application for grant funding. MDHHS is not obligated to award funding to any agencies that submit either a letter of intent or a grant application.

Section I

GRANT PROGRAM SPECIFICATIONS

Purpose of the GRANT PROGRAM:

This initiative aims to:

- Maximize the impact of state and local government opioid settlement dollars by identifying opportunities for mutual investment and collaboration.
- Align local or regional investments with the state's strategic substance use response framework in order to drive more significant progress towards achieving prevention, harm reduction, treatment, and recovery related goals and benchmarks
- Support sustainable, data-driven programming that expands infrastructure and services such as:
    - youth prevention programming, family support, community education
    - naloxone distribution and harm reduction service expansion
    - substance use disorder (SUD) workforce development, treatment access, and infrastructure
    - recovery housing, recovery community supports, wraparound recovery services

Match Requirements:

Local governments must commit local opioid settlement funds to be eligible for state matching dollars. Matching ratios may vary depending on project category, demonstrated need, readiness, and alignment with state priorities and Exhibit E strategies.

Definitions of Key Terms:

Cost Allocation Plan: A document describing the procedures an organization uses to allocate all expenses, including direct and indirect costs (see both definitions below for more details), to the programs or activities that benefit from them. Its primary purposes are to ensure accurate financial reporting, compliance with funder requirements, and equitable distribution of shared costs across programs or grants. A cap of 10% of the total grant award may be used to support the agency's cost allocation plan.

Direct Costs: Expenses that can be clearly and specifically tied to carrying out the approved project activities. Examples include staff time directly delivering services, construction or other cap supplies for program activities, contracted service providers, transportation for participants, and other costs that directly support the implementation of the Exhibit E-aligned project.

Evidence-informed practices: Strategies, programs, policies, or interventions that demonstrate promising, credible, and measurable impacts supported by the best available research, local data, expert consensus, or established practice guidelines.

Exhibit E: The section of the national opioid settlement agreements that lists the allowable uses of opioid settlement funds.

Harm Reduction: A set of evidence based public health strategies that empowers people who use drugs with the choice to live a healthy, self-directed life. Harm Reduction focuses on reducing the harm associated with drug use, including community level harms such as infection disease spread, hospitalization or emergency department, and overdose rates, while recognizing that all people deserve safety and dignity.

Indirect Costs: Facilities and administrative costs not directly attributable to the project of the grant (sometimes called 'overhead costs'). These are sometimes covered in a cost allocation plan (see definition for more detail). Whether included as indirect costs or in a cost allocation plan, cap of 10% of the total grant award may be used to support these types of costs.

Long-term Housing Solutions: Housing models intended to provide stable, safe, and affordable long-duration living environments for individuals with substance use conditions, often paired with supportive services. Examples may include permanent supportive housing, recovery-oriented permanent housing, and other non-time-limited housing supports.

Medications for Opioid Use Disorder (MOUD): FDA-approved medications used to treat opioid use disorder (OUD), including methadone, buprenorphine, and naltrexone. These medications reduce withdrawal symptoms, decrease cravings, lower overdose risk, and support long-term recovery when combined with counseling or supportive services.

Outcomes: The measurable, longer-term results or changes expected from a project. Examples include reductions in overdoses, increased treatment retention, improved housing stability, increased recovery capital, or reduced infectious disease transmission.

Outputs: The countable, direct products or activities of a project. Examples include the number of naloxone kits distributed, number of people served, number of trainings held, or number of outreach contacts. Outputs reflect activity, not impact.

Primary Prevention: Strategies or programs designed to prevent the initiation or escalation of substance use before it occurs. Examples include youth education, family support programs, healthy environments, prosocial activities, and community-wide prevention messaging.

Priority Populations: Groups identified as being disproportionately affected by substance use, overdose, or barriers to care. Priority populations may include people who

use drugs, individuals with OUD or polysubstance use, people experiencing homelessness, justice-involved individuals, pregnant and parenting people, youth at risk, tribal communities, and residents in areas with high overdose burden.

Recovery Capital: The internal and external resources an individual can draw upon to begin and sustain recovery from substance use disorder. Recovery capital includes social supports, housing stability, employment, health, purpose, community connections, coping skills, and access to recovery services.

Recovery Housing: Safe, healthy, substance-free housing environments that support individuals in initiating or sustaining recovery. Recovery housing may include peer-run houses, supervised housing, sober living environments, or licensed settings with recovery-oriented supports. These models promote stability, accountability, and community.

Substance Use Disorder: Substance Use Disorders (SUDs) are patterns of symptoms resulting from the use of a substance that you continue to take, despite experiencing problems as a result. A SUD occurs when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

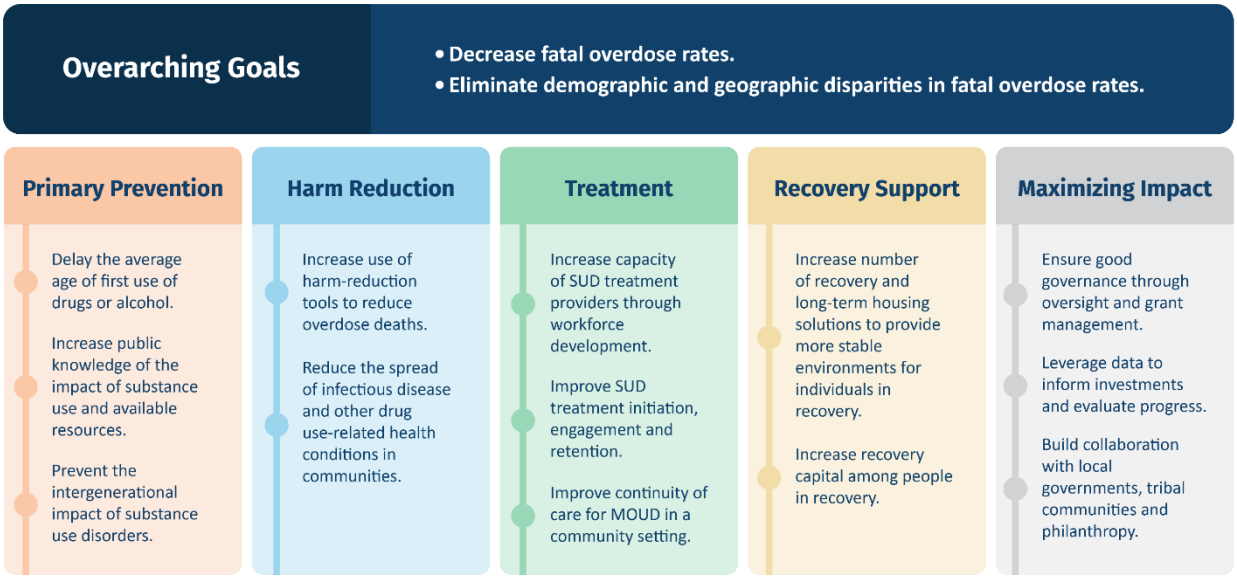
Funding Priorities:

MDHHS will prioritize proposals that:

- Demonstrate strong alignment with the statewide strategic framework.
- Address identified gaps in local service delivery or infrastructure.
- Build capacity and sustainability in the local prevention, harm reduction, treatment, and recovery ecosystems.
- Use public health and behavioral health data to support planning and to justify investments.
- Demonstrate how the project will move the needle on key metrics associated with the state overarching or pillar specific goals.
- Propose local-government led collaborations between local units of government, community organizations, health systems, or tribal partners.

Proposals must directly address one or more of the state's strategic SUD framework goals, either overarching or within specific pillars. All proposals must align with Exhibit E eligible activities.

Michigan Department of Health and Human Services Statewide Overdose Strategy



Source: Michigan's Crisis Response

Unallowable Expenses:

All settlement funds from the Opioid Settlements must be spent on opioid remediation, as defined by the settlement agreements.

Local governments spending opioid settlement funds should be able to identify provisions of Exhibit E that match their spending. If there is not an Exhibit E provision, the activity or program should be evidence-based or evidence-informed with information that can be referenced.

The following are likely not considered opioid remediation or opioid abatement, as identified by the Michigan state Attorney General office:

- Activities or programs that are not indicated in Exhibit E or otherwise evidence-based or evidence-informed. For example, Fatal Vision Goggles.
- Activities, programs, equipment, software, or databases for the purpose of crime detection, apprehension, or the development of evidence for criminal prosecution, including but not limited to: spectrometers (e.g. TruNarc, NarcRanger), K-9 units, Narcotics Enforcement Teams, DEA Patrol Officers, electronic information from data brokers.
- Law enforcement equipment, including but not limited to: vests, guns, bullets, BolaWrap, hand cuffs, body cameras, batons, rifle suppressors, uniforms,

vehicles, tasers, pepper spray, parking ticket books, tow away signage, fuel for drug incinerators, cell phone extraction software, drones, fingerprint scanners, surveillance cameras, license plate cameras.

- Law Enforcement or Local Government Custom Phone apps or Community Engagement Software and equipment that is not specifically for prevention, treatment, harm reduction or recovery services.
- Education and training expenses not focused on opioid use disorder, substance use disorders, or mental health topics.
- Law Enforcement recruitment, hiring, and police academy, except to the extent police academy training addresses opioid use disorder, substance use disorder, and related mental health conditions.
- Developing infrastructure or investing in equipment not directly related to prevention, treatment, harm reduction, or recovery services.

More information can be found here: Attorney General: Settlement Spending Guidance and Non-Remediation List

Program Requirements:

Successful applicants will be required to comply with all requirements in the grant agreement language, in addition to the following requirements:

- Coordinate with state staff to plan and implement approved programs.
- Submit expenditure and outcomes reporting.
- Meet state and federal compliance and monitoring expectations.
- Measure and report progress toward outcomes.

Credentials:

Successful applicants must ensure that staff performing work funded through this grant program, including employees and subcontractors, are appropriately credentialed and trained.

Expected Performance Outcomes:

Successful applicants should be able to describe the measurable changes, improvements, or impacts that the proposed project is expected to produce. These outcomes should reflect both the outputs and the outcomes associated with activities funded under this initiative.

Projects may identify short-term, intermediate, and/or long-term outcomes depending on the proposed scope, but should always connect to the statewide strategic priorities and/or Exhibit E.

A non-exhaustive list of outcomes and measures are listed below. Applicants should only identify and propose outcomes directly relevant to their proposal as part of a statement of work.

Prevention:

- Outputs:
    - Number of youth or families engaged in services
    - Number of educational prevention events hosted
    - Number of people reached by communications campaign
    - Number of prevention materials or toolkits distributed

- Outcomes:
    - Reduced 90-day use of drugs or alcohol among youth
    - Increased protective factors among youth or families
    - Number and percent of youth showing improved coping/decision-making skills
    - Improved knowledge or skills related to substance use prevention
    - Reduced risk factors for opioid misuse among targeted youth or adults

Harm Reduction:

- Outputs:
    - Number of overdose or infectious disease prevention tools distributed
    - Number of referrals made from harm reduction to treatment or recovery services
    - Number of mobile harm reduction outreach shifts conducted
    - Number of overdose prevention trainings delivered
    - Number of individuals reached through harm reduction outreach

- Outcomes:
    - Reduced rates of fatal overdoses in targeted areas
    - Reduced rates of infectious in targeted areas
    - Increased linkages from harm reduction programs to treatment or recovery services

Treatment:

- Outputs:
    - Number of individuals screened for SUD or OUD
    - Number of new MOUD providers trained or supported
    - Number of telehealth treatment appointments provided
    - Number of transportation supports provided to access treatment
    - Number of clinical staff trained in evidence-informed SUD treatment practices

- Outcomes:
    - Reduced time between help-seeking and treatment initiation
    - Number of individuals who initiated MOUD

    - Increased retention in treatment at 30, 60, or 90 days

Recovery:

- Outputs:
    - Number of individuals receiving peer recovery support
    - Number of recovery coaching sessions provided
    - Number of recovery housing beds created or supported
    - Number of individuals supported with benefits navigation or employment services
    - Number of transportation supports provided for recovery activities

- Outcomes:
    - Increased engagement with recovery community organizations
    - Improved housing stability for individuals in recovery
    - Increased recovery capital among participants

Planning or Maximizing Impact:

- Outputs:
    - Completion of a planning document or strategic plan that defines county strategies for achieving goals with the statewide framework locally
    - Completion of procurement or RFP process to fund local programs that achieve the goals of the statewide framework
    - Number of new cross-jurisdictional partnerships developed

- Outcomes:
    - Improved coordination across county, municipal, and regional partners
    - Improved data collection or reporting capacity

Section II

LETTER OF INTENT TO APPLY

Complete the form below, providing complete responses to each topic. Submission of a letter does not guarantee funding; MDHHS may require additional information prior to issuing grant awards, up to and including the submission of a full competitive grant application.

Completed letters of intent must be submitted to the following email address by 11:59 p.m. on the 15th of the Month: MDHHS-opioidsettlementhelp@michigan.gov. MDHHS is not responsible for technical errors that prevent the timely delivery of submissions, and interested eligible agencies are encouraged to submit their responses in advance of the deadline.

Note: Submission of a letter of intent does not constitute a formal application for grant funding. MDHHS is not obligated to award funding to any agencies that submit either a letter of intent or a grant application.

1. Application Information
    - Name of county, municipality, or group of local governments
    - Contact person title, phone, email
    - Lead organization (county, multi-county region, county–city partnership, township–county partnership, etc.)

2. Summary of Proposed Use of Funds (1 page limit)

3. Describe intended activities (planning, implementation, or both). (5-page limit)

    For planning projects:
    - Project goals for the grant period
    - Why a planning period is justified beyond what has currently happened
    - Anticipated output of the planning process (e.g., strategic spend plan, a data-informed request for proposal)
    - How will the output of the planning process directly set the county up to align with Exhibit E and/or statewide strategic priorities

    For implementation projects the following:
    - Project goals for the grant period
    - Problem statement supported by data (see Appendix 1)
    - Target numbers of people served or supported
    - Implementation timeline of project activities
    - Evidence-informed practices used
    - Alignment with Exhibit E and/or statewide strategic priorities
    - Expected outputs and outcomes

4. State Matching Funds Request
    - Amount of local funds committed
    - Amount of state match requested

5. Budget and Budget Justification (See Appendix 2 for format)

Section III

CERTIFICATIONS

I, the undersigned, am authorized to submit this document on behalf of my agency. I certify that the contents above are true to the best of my knowledge as of the time of my signature below.

Name (typed):

Title (typed):

Organization (typed):

Signature:

Date (typed):

Appendix 1: Data Sources

Local overdose and related data

- Michigan Overdose Data to Action Dashboard

Data on overdose deaths, emergency department visits and emergency medical services (EMS) calls and Substance Use Vulnerability Index

- Michigan Department of Health and Human Services Opioids Webpage - EMS Responses

"Public Use Dataset EMS Responses to Probable Opioid Overdose", found under "Overdose Reports"

- Michigan Substance Use Disorder Data Repository (SUDDR) and Data Visualizations

Suspected fatal overdoses and emergency medical services naloxone administration data

- University of Michigan Injury Prevention Center System for Opioid Overdose Surveillance (SOS)

County-level data on overdose deaths, emergency department visits and emergency medical services (EMS) calls

- Overdose Detection Mapping Application Program (ODMAP)

Appendix 2: Recommended Budget Format*

Direct Expense	**Comments**	**Total Budget Costs**
Salary & Wages	(e.g., position titles, number of positions)	
Fringe Benefits for Employees		
Travel and Training		
Supplies and Materials		
Proposed Subawards or Subcontracts	(e.g., subcontracting entity, organizational roles & responsibilities)	
Communications		
Capital Expenditures		
Direct Assistance		
Total Direct Costs		
Indirect Cost Calculation		
Cost Allocation Plan Rate		
Total Indirect Costs		
Source of Funds		
Committed Local Dollars		
Requested State Dollars		
Federal Dollars		
Philanthropic Dollars		
Fees & Collections		
In-Kind		
Other		
Total Source of Funds		

*This above table gives an example of expense and source of fund lines, but not all listed may be relevant to all applicants. Meanwhile some categories of budget may not be included, such as breaking out different forms of direct assistance (e.g., rent, transportation) into separate line items to make clear planned expenditures. This format should be adapted as needed to provide sufficient detail for state review of the proposed project.