



Leveraging Opioid Settlement Funds for Housing Supports: Strategies for Counties

NACo Webinar | June 8, 2026

Agenda



1. The role of housing in addressing substance use disorder
2. Addressing housing needs with opioid settlement funds
3. Moderated county panel
 - Madison County, N.Y.
 - McCracken County, Ky.
 - King County, Wash.

Disclaimer

Funding for this workshop was made possible by the
Centers for Disease Control and Prevention.

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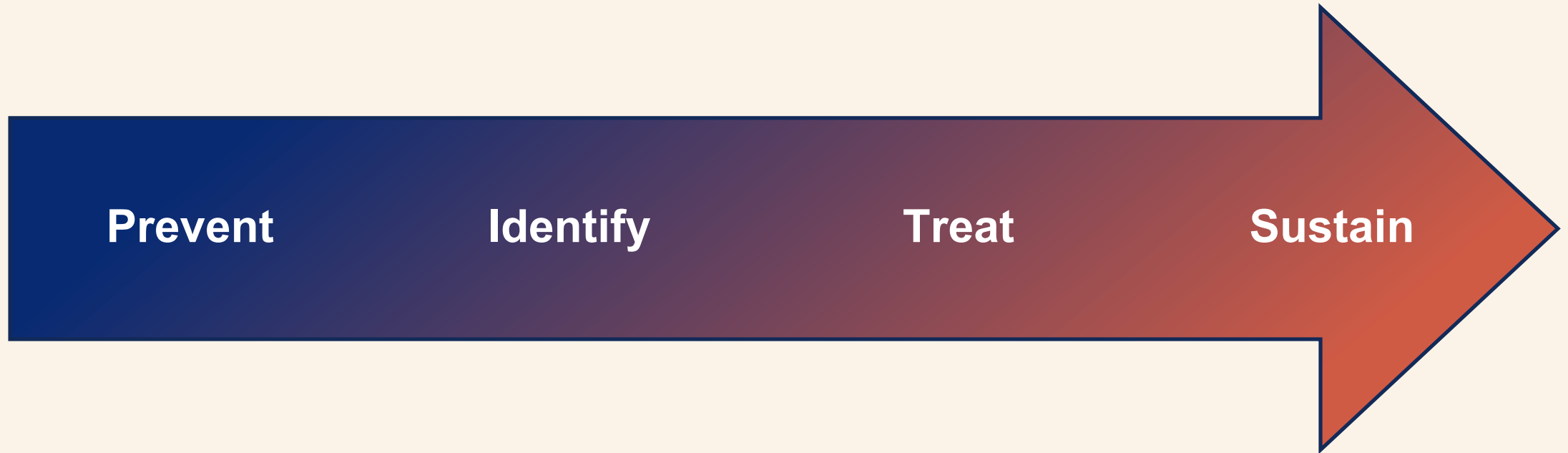
Our Mission

To build prevention and health equity into key policies and actions at the federal, state, local, and organizational level to ensure that the places where all people live, work, play and learn foster health, safety, and wellbeing.

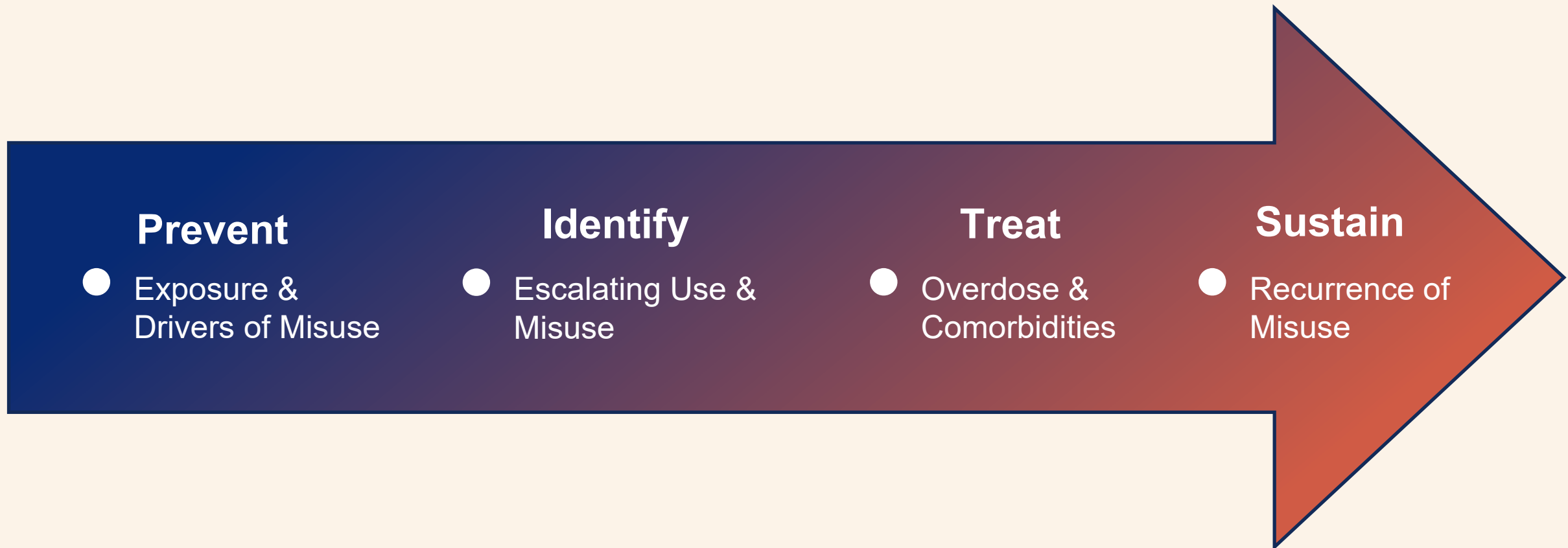


The role of housing in the Prevention Continuum

Continuum of Substance Misuse and Addiction Prevention



Prevention Continuum: What's Being Prevented?



Prevention Continuum: What's Being Created?



Pillars of Wellbeing

Belonging/Connection

Safety

Trust

Dignity

Hope/Aspiration

Control of Destiny/Self-Determination

ADDRESSING HOUSING NEEDS WITH OPIOID SETTLEMENT FUNDS

Michigan Association of Counties

Presented By: Dan Kelly, MAC



NOTICE

- Information contained is not legal advice
- Allowable funding uses may vary in your state
- Work with your local corporate counsel to determine eligibility within your jurisdiction

ARE OPIOID SETTLEMENT FUNDS ALLOWED FOR HOUSING?

- Short Answer:

Yes!

ARE OPIOID SETTLEMENT FUNDS ALLOWED FOR HOUSING?

- ⑩ Settlements outline specific strategies for utilization of funds, including:
 - ⑩ Prevention
 - ⑩ Treatment
 - ⑩ Recovery
 - ⑩ Focus on those most profoundly impacted
 - ⑩ Avoid expenditures that are punitive or coercive in nature

ARE OPIOID SETTLEMENT FUNDS ALLOWED FOR HOUSING?

- Housing is mentioned 8 times in the List of Opioid Remediation Uses (Exhibit E):

Specific mentions include to:

- “Provide...recovery housing that allow or integrate medication and with other support services”
- “Provide comprehensive wrap-around services to individuals with OUD, including housing”
- “Provide comprehensive wrap-around services to individuals in recovery, including housing”
- “Provide comprehensive wrap-around services to individuals with OUD and any cooccurring SUD/MH conditions, including housing”
- “Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing”
- “Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services. “
- “Provide support for Children’s Services, Fund additional positions and services, including supportive housing”

HOUSING MODELS COUNTIES CAN SUPPORT

Recovery Housing


Supportive Housing
(aka Permanent
Supportive Housing
(PSH))

Housing Assistance
Programs

Support Services
(aka housing
stabilization
services)

Transitional
Housing

RECOVERY HOUSING



Types of Recovery Residence Support

Current NARR Levels	New ASAM/NARR Types	Defining Characteristics
Level 1	Type P	<i>Peer-run, decisions made solely by residents.</i>
Level 2	Type M	<i>Monitored environment; house guidelines/rules, appointed resident leader.</i>
Level 3	Type S	<i>Supervised activities, staffing, life skills programming.</i>
Level 4	Type C	<i>Clinical services included.</i>

Note: No changes in NARR level definitions were made in creating this new naming convention.

- According to SAMHSA Recovery Houses are:

“Safe, healthy, family-like substance free living environments that support individuals in recovery from addiction. While recovery residences vary widely in structure, all are centered on peer support [and] connection to services that promote long-term recovery.”

- Important to note there is a difference between recovery and sober housing

PERMANENT SUPPORTIVE HOUSING (PSH)

⑩ According to SAMSHA, PSH is:

“Permanent supportive housing is permanent housing in which housing assistance (e.g., long-term leasing or rental assistance) and supportive services are provided to assist households with at least one member (adult or child) with a disability in achieving housing stability”

⑩ Data has consistently found PSH to have high retention rates over time and reduces cost for communities when serving those with the highest need

One study found an average cost savings on emergency services of \$31,545 per person housed over two years

The State of Virginia recently studied a cohort of 2,423 individuals and found a state hospital cost reduction of more than 41.26 million for the cohort

Other studies have shown decreased costs in health care services of over \$6,000 per year per person

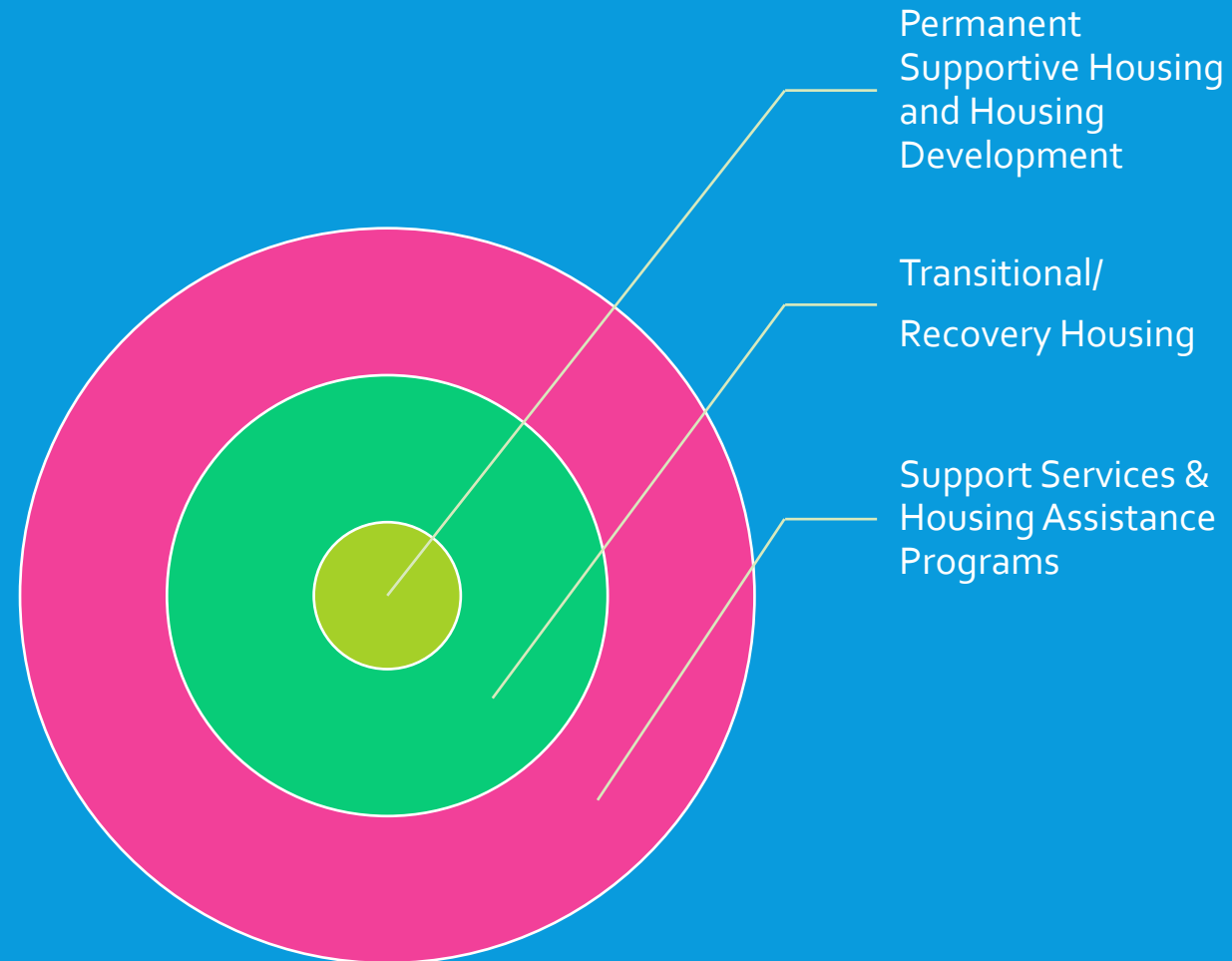
THE HOUSING CONTINUUM



OTHER HOUSING MODELS

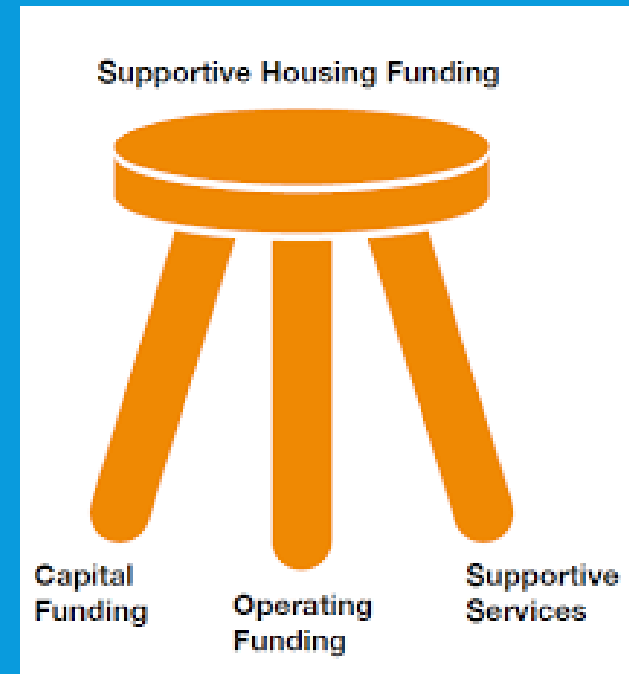
- Housing Assistance Programs
 - Providing financial assistance with rent, security deposits, utilities, and other housing costs
- Housing Stabilization Services
 - Funding case managers, housing navigators, and other similar roles to support housing stability
- Transitional Housing
 - Time-limited housing (less than 24 months typically) with supports, Short-term stabilization
 - Most effective with specific subpopulations
 - Recovery Housing considered a form of transitional housing

GENERAL COMPLEXITY BY HOUSING MODEL TYPE



LEVERAGING RESOURCES

- Due to high costs of housing programs, leveraging resources is often necessary, especially those that require more elements of the “three-legged stool”
- Funding for housing is often braided because certain funding opportunities may only pay for parts of the “three-legged stool”
- Example:
 - Capital – Housing tax credits
 - Operating – Housing and Urban Development (HUD) Vouchers
 - Services – Opioid Settlement Funds/Grants/Medicaid
- Important to think about ways to support continuation/expansion of existing resources as well (existing project needs help with one area of the “stool”)
- Settlement resources especially valuable as they are often more flexible than other funds

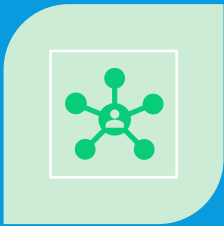


UTILIZING OPIOID SETTLEMENT FUNDS FOR HOUSING IN YOUR COMMUNITY STEPS

- Engagement/Assessment:
 - Identify and engage with potential local housing and SUD/ODD partners
 - Identify opportunities for partnership with state or federal entities
 - Assess and Prioritize local housing gaps
 - Look for opportunities to leverage existing resources
- Intervention:
 - Design and implement housing program(s) in alignment with allowable settlement uses
- Evaluation:
 - Evaluate and make continuous quality improvements to local efforts



COMMON POTENTIAL PARTNERS



HOMELESS CONTINUUM OF CARES (COC) AND LOCAL PLANNING BODIES (LPBS)



LOCAL RECOVERY HOUSING PROVIDERS



RELEVANT STATE HEALTH/HUMAN SERVICES DEPARTMENT(S)



LOCAL PUBLIC HOUSING AUTHORITIES (PHAS)



RELEVANT STATE DEPARTMENT(S) FOR HOUSING



REGIONAL HEALTH AND BEHAVIORAL HEALTH ENTITIES



LOCAL HEALTH CARE PROVIDERS/HOSPITAL SYSTEMS



LOCAL/REGIONAL ADVOCACY ORGANIZATIONS

REFERENCES

- [National Academy for state health policy, Housing Supports for People with SUD/OD: The opportunity of opioid settlement funds](#)
- [National Opioids Settlement Exhibit E: List of Opioid Remediation Uses](#)
- [National Low Income Housing Coalition: The Gap, A shortage of affordable homes report](#)
- [National Academy for State Health Policy, Cross-Sector Strategies for addressing homelessness: Three State Programs Leading the Way for Targeted Populations](#)
- [2024 Homelessness Annual Report: Ending Homelessness in Michigan](#)
- [John Hopkins Bloomberg School of Public Health, How stable housing supports recovery from substance use disorders](#)
- [SAMHSA: Housing Supports Recovery and Well-Being: definitions and shared values](#)
- [Center on Budget and Policy Priorities, Supportive Housing Helps Vulnerable People live and thrive in the Community](#)
- [Commonwealth of Virginia; Permanent Supportive Housing Outcomes and Impact Report 2025](#)
- [Office of the Assistant Secretary for Planning and Evaluation \(ASPE\), Housing Options for Recovery for Individuals with Opioid Use Disorder: A Literature Review](#)
- [2024 Michigan Statewide Housing Needs Assessment](#)

THANK YOU

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- MAC - <https://micounties.org/opioid-settlement-resource-center/>

For additional information and resources

Visit our
Resource Hub



<https://bit.ly/4IGLkE9>



Peer learning events scale county-driven solutions



2026 NACo Annual Conference

July 17-20, 2026 | Orleans Parish, La.

Thu, July 16,
1:00-5:00 p.m.

Pre-
Conference
Event: Opioid
Settlement
Summit



NOTE: You must be registered for NACo's Annual Conference to attend this no-cost summit



Seeking **county teams** to apply for a **no-cost event** exploring strategies to support children and families affected by substance use disorder

e.g., County team of elected official, Dir. Behavioral Health, Dir. Human Services

NACo Peer Exchange on Supporting Families Impacted by Substance Use

September 23-25, 2026 | Union County, N.J.

NACo's Opioid Solutions Center supports counties



Strategy Briefs

Research summaries and county considerations for 15 high-impact eligible expenditures of opioid settlement funds

Quick Guides

Custom guidance for counties to apply nationally-recognized planning principles

Case Studies

Stories of best practice deployment of opioid settlement funds in counties from across the nation



"Medication-assisted treatment works. The evidence on this is voluminous and ever growing... [F]ailing to offer MAT is like trying to treat an infection without antibiotics."

- Alex Azar II, Secretary of the U.S. Department of Health and Human Services, 2018-2021

"We all have the power to make a difference when it comes to substance misuse prevention."

- Dr. Miriam Delphin-Rittmon, Assistant Secretary for Mental Health and Substance Use, U.S. Department of Health and Human Services

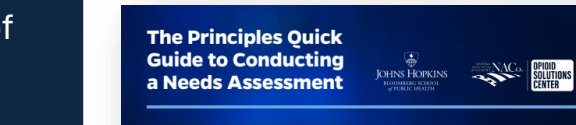
What does effective youth-focused prevention look like?

Adverse childhood experiences (ACEs), such as poverty, childhood abuse or neglect, and family rejection are associated with increased risk of mental health concerns and substance use in adulthood. Youth-focused programs, including school-based programs, may help support young people and their families, strengthen community connections and mitigate the long-term negative impacts of ACEs.

Youth-focused programs may involve a variety of components, including, but not limited to:

- Health education (e.g., on the impacts of substance use)
- Skills training for youth (e.g., life skills or socio-emotional learning)
- Skills training for parents and caregivers (e.g., behavioral management and socio-emotional development)
- Peer education (e.g., teaching social norms)
- Mentoring strategies (e.g., qualified counselors in school settings)
- Classroom-based programming (e.g., structured behavioral management strategies)
- Afterschool programming (e.g., whole-family events)

Scan the QR code to watch a brief video about how to prevent ACEs and their consequences.



The Principles for the Use of Funds from the Opioid Litigation are nationally recognized guidance for states, counties, and cities receiving money from the lawsuits against entities that contributed to the opioid epidemic. These planning Principles, coordinated by faculty at the Johns Hopkins Bloomberg School of Public Health, can help jurisdictions create a foundation for effective spending of the monies to save lives from overdose.

The Principles for the Use of Funds from the Opioid Litigation encourage governments to use data to determine areas of need (indicators) and direct funding to programs supported by evidence (outcomes). As discussed in a separate Quick Guide, counties can get started by conducting a needs assessment to inform initial funding decisions. From there, counties can establish a set of indicators to monitor if the funded programs, services, and interventions are producing the intended results.

Scan the QR code to access the Principles Quick Guide to Conducting a Needs Assessment.

What are indicators?

Indicators are the foundation of evaluation. The quick guide describes indicators as measurable outputs that can be used to determine if a program is being implemented as intended and achieving its expected outcomes. In the context of opioid settlement spending, indicators are a tool that counties can use to count the outputs of their investments. For the purpose of this resource, outputs are defined as activities that have taken place, products that have been distributed, and services that have been delivered as a result of settlement expenditures.

How can counties use indicators?

Counties can use indicators to count the outputs of their opioid settlement investments. For example, imagine that County A conducted a needs assessment and found that access to naloxone (i.e., overdose reversal medication) is a top area of need. Based on this information, County A decides to purchase a bulk order of naloxone for distribution in the community. County A can then select one or more indicators to monitor how much of this naloxone has been distributed in the community (e.g., number of naloxone kits distributed at community events and/or number of naloxone kits dispensed by harm reduction vending machines).

Where does the data come from?

Much of the data involved in monitoring opioid settlement investments already exists. For example, county coroners or medical examiners can provide data on opioid-involved deaths, emergency medical services agencies can provide data on overdose-related calls for service, and county health departments can provide data on screenings for opioid use disorder. Counties may also request data from private health systems, correctional facilities, and schools, as appropriate.

In addition to existing data sources, counties can obtain new data through the information reported by funded entities. For example, counties can incorporate indicators into requests for proposals and require that grantees report on specified outputs.



Promising Practices for Collaboration on State and Local Opioid Settlement Spending

Case Studies from Colorado, Indiana, Minnesota, North Carolina and Virginia