

September 2026

**Martha's Vineyard
Substance Use Disorder
& Behavioral Health
Community Needs Assessment**



Martha's Vineyard Opioid Abatement Advisory Board

Martha's Vineyard Substance Use Disorder and Behavioral Health Community Needs Assessment

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The Martha's Vineyard Substance Use Disorder and Behavioral Health community needs assessment was a community-centered, participatory needs assessment that sought to understand the conditions and challenges of substance use disorder and behavioral health on Martha's Vineyard Island. This effort would not have been possible without the support and participation of the community and local partners.

We extend our heartfelt gratitude to the community members, leaders, service providers, and stakeholders who actively support substance use disorder and behavioral health initiatives on the island for their continued efforts and contributions of time, insight, and expertise to this assessment.

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It is with the dedication and collaborative efforts of everyone on the island that the first substance use disorder and behavioral health-focused community health needs assessment could succeed.

Thank you.

Executive Summary

Assessment Purpose and Approach

Martha's Vineyard Substance Use Disorder and Behavioral Health Community Needs Assessment was conducted to identify the community needs, service gaps, barriers to care, strengths, and opportunities to improve the current substance use disorder and behavioral health system on the island. This assessment was commissioned by Martha's Vineyard Opioid Abatement Advisory Board with the goal to be able to use the findings from this needs assessment to make informed decisions regarding the use of opioid abatement funds.

The assessment used a mixed-method, community-centered approach that incorporated quantitative data in the form of community members surveys, direct service provider surveys, and civic and faith-based organizational surveys. A total of 156 surveys were completed, with 132 surveys coming from community members, 10 from direct service providers, and the remaining 14 from civic and/or faith-based organizations. Quantitative data were created in the form of a stake-holder interview, which was conducted after organizations completed the initial survey, as well as two focus groups. Thematic analysis was used to analyze data from interviews and focus groups. This analysis was able to provide further context into findings from quantitative survey data.

Key Findings

The assessment found that Martha's Vineyard has an established network of SUD/BH services and community organizations, but significant barriers continue to limit access and continuity of care for community members. Both community members and stakeholders consistently identified limited provider availability, workforce shortages, cost and insurance concerns, transportation, housing and shelter support, stigma, language barriers, and difficulties navigating services as important challenges. The assessment also found that gaps in coordination and navigation can make it difficult for individuals to move between services and maintain continuity of care. Stakeholders described challenges with referral pathways and communication among other organizations, while also identifying strong existing relationships and community partnerships as important assets. Prevention, education, peer support, and stigma reduction were also identified as important areas of community needs. Community members expressed support for school-based education, peer support, and community workshops, while also identifying stigma as a frequent barrier to seeking out services. These findings suggest that Martha's Vineyard has a strong foundation of existing resources, but barriers related to capacity, access, coordination, social conditions, and community perceptions continue to affect the ability of residents to obtain and remain connected to the appropriate SUD/BH service.

Priority Populations

The assessment identified several populations of additional attention; this includes unhoused individuals, children and adolescents under the age of 18, young adults, and Brazilian Portuguese speaking individuals. Needs across these populations vary to some degree, indicating that expanding general service capacity alone may not eliminate all barriers these groups may face. Age-appropriate services, culturally responsive care, expansion of language services, increased housing and social supports, as well as improved and flexible service navigation were highlighted as areas for improvement within these populations. Quantitative data identified young adults ages 18-24 as being the most underserved

population in the community. The assessment identified gaps in services that bridge youth and adult systems, especially during transitions related to insurance, housing, education, employment, and other life events.

Key Recommendations and Areas for Actions

The assessment identified five interconnected areas for future action:

1. Improve access to and availability of SUD/BH services.
 - a. Strengthen the capacity of existing SUD and behavioral health services.
 - b. Promote culturally and linguistically responsive services.
 - c. Strengthen continuity of care for individuals accessing off-island services.
 - d. Establish ongoing monitoring of service availability and organizational capacity.
2. Expand prevention, education, peer support, and stigma reduction.
 - a. Expand accessible community education on SUD/BH.
 - b. Strengthen school-based prevention and education.
 - c. Expand harm reduction services.
 - d. Expand recovery-oriented resources and incorporate lived and living experience.
 - e. Organize coordinated stigma-reduction efforts.
3. Strengthen coordination, referral pathways, and system navigation.
 - a. Strengthen regular communication among SUD/BH, health care, and social services.
 - b. Develop clearer and more consistent referral pathways among organizations.
 - c. Maintain an accessible and regularly updated community resource directory.
4. Strengthen the SUD/BH workforce.
 - a. Expand recruitment efforts to rising SUD/BH professionals.
 - b. Invest in workforce development and cross-sector training.
5. Address equity and social determinants of health.
 - a. Address transportation as an access issue.
 - b. Improve language and cultural accessibility.
 - c. Consider affordability and insurance throughout the service system.
 - d. Monitor housing availability and promote reintegration.
 - e. Continue focus group efforts to obtain targeted supporting evidence.
 - f. Use an equity lens when allocating resources.

Table of Contents

Contact Information.....	ii
Public Health Analysts	ii
Martha’s Vineyard Opioid Abatement Advisory Board Assessment Team.....	ii
Acknowledgements.....	iii
Executive Summary	iv
Assessment Purpose and Approach	iv
Key Findings.....	iv
Priority Populations	iv
Key Recommendations and Areas for Actions.....	v
1. Introduction.....	1
1.1. Background and Context	1
1.2. Purpose of the Assessment	1
1.3. Assessment Objectives	1
1.4. Scope of the Assessment	2
1.5. Intended Use of Findings.....	2
2. Community Overview and Epidemiological Profile	3
2.1. Geography.....	3
2.2. Demographics	3
2.2.1. Age and Racial Ethnic Overview	3
2.2.2. Economic Overview	4
2.3. Epidemiologic Profile.....	4
3. Assessment Framework and Methodology.....	8
3.1 Assessment Framework	8
3.2 Assessment Phases.....	8
3.2.1. Phase One: Background Research and Partner Mapping	8
3.2.2. Phase Two: Stakeholder Identification and Community Outreach	9
3.2.3. Phase Three: Primary Data Collection	9
3.2.4. Phase Four: Data Analysis.....	10
3.2.5 Phase Five: Synthesis and Reporting.....	11
3.3 Mixed-Methods Integration	11
4. Limitations.....	12
4.1. Survey Participation.....	12
4.2. Representation	12
4.3. Stakeholder and Focus Group Limitations	13
4.4. Data Availability.....	14
4.5. Assessment Timeline	15
4.6. Implications of Findings	15
5. Community Member Findings.....	16
5.1. Survey Demographics.....	16
5.3. Community Needs and Priorities.....	21
5.4. Community Strengths and Assets.....	22
5.5. Integration With the Broader Needs Assessment	23

6. Stakeholder Findings	24
6.1. Overview of Stakeholder Engagement	24
6.2. Service Availability and Gaps	24
6.2.1. Existing Services	24
6.2.2. Unmet Needs and Service Gaps	25
6.2.3. Access and Coverage Gaps.....	27
6.3. Organizational Capacity	28
6.3.1. Workforce Recruitment, Retention, and Staffing.....	28
6.3.2. Operational Capacity, Hours of Operations, and Infrastructure	29
6.3.3. Funding and Sustainability	29
6.3.4. Coordination and Collaboration	29
6.3.5. Referral Pathways	30
6.3.6. Information Sharing.....	30
6.3.7. Opportunities for Partnership	31
6.4.1. Community Awareness and Understanding of Services	32
6.4.2. Navigating the Service System.....	32
6.4.3. Self-Advocacy and Support.....	32
6.5. Social Determinants and Access Barriers.....	32
6.5.1. Housing.....	32
6.5.2. Transportation and Distance to Care	34
6.5.3. Insurance and Cost.....	34
6.5.4. Employment and Income	34
6.5.5. Language and Cultural Barriers.....	34
6.5.6. Other Structural and Social Barriers.....	34
6.6. Strengths and Assets	35
6.6.1. Strong Existing Service Network	35
6.6.2. Strong Partnerships and Community Relationships	35
6.6.3. Peer and Recovery Support	35
6.6.4. Community-Based and Cross-Sector Capacity	35
6.7. Cross-Cutting Themes	36
6.7.1. Workforce Capacity Affects the Entire Service System.....	36
6.7.2. Housing, Transportation, and Treatment Access Are Interconnected.....	36
6.7.3. Navigation and Coordination Are Closely Linked	36
6.7.4. Existing Resources Provide a Foundation for Expansion.....	36
6.7.5. Population-Specific Needs Require Flexible Responses	36
6.7.6. Coordination Must Lead to Action	37
6.8 Integration with the Broader Needs Assessment	37
7. Focus Group Findings.....	39
7.1. Focus Groups Overview	39
7.2. Red House Peer Recovery Support Center Focus Group	40
7.2.1. Awareness of Available Services and Navigating the System	40
7.2.2. Service Availability and Gaps in Continuum of Care	40
7.2.3. Coordination and Referral Pathways	41
7.2.4. Social Networks and Recovery Support	41

7.2.5. First Responders and Community Outreach.....	41
7.2.6. Stigma and Community Perceptions	42
7.2.7. Prevention and Education to Address Misinformation.....	42
7.3. Public Health Analysts-Organized Island Organizations Focus Group	43
7.3.1. Care Coordination and Warm Handoffs	43
7.3.2. Cross-Sector Collaboration.....	43
7.3.3. Information Sharing and Confidentiality	44
7.3.4. Establishing Trust Between Providers and Community Members.....	44
7.3.5. Emergency Response for Individuals with Disabilities.....	44
7.3.6. Community Engagement to Reduce Stigma.....	45
7.3.7. Community Resource Directory and Outreach.....	45
7.3.8. Accessible Treatment Pathways	45
7.3.9. Social Determinants of Health.....	46
7.4. Cross-Focus Group Findings and Integration with the Broader Needs Assessment	46
8. Service Gaps	47
8.1. Identification of Service Gaps	47
8.2. Detoxification Services.....	47
8.3. Case Management and Care Coordination	48
8.4. Medication-Assisted Treatment (MAT)	49
8.5. Outpatient Counseling	49
8.6. Integration With the Broader Needs Assessment	50
9. Priority Populations	51
9.1. Identification of Priority Populations	51
9.2. Unhoused Individuals	51
9.3. Children and Adolescents (Under 18 Years)	52
9.4. Young Adults (Ages 18-24).....	53
9.5. Brazilian Portuguese-Speaking Individuals.....	53
9.6. Integration With the Broader Needs Assessment	54
10. Strategic Recommendations	55
10.1. Overview.....	55
10.2. Improve Access to and Availability of SUD/BH Services	55
Strategic Recommendations	55
10.3. Expand Prevention, Education, Peer Support, and Stigma Reduction	56
Strategic Recommendations	56
10.4. Strengthen Coordination, Referral Pathways, and System Navigation	58
Strategic Recommendations	58
10.5. Strengthen the SUD/BH Workforce	60
Strategic Recommendations	60
10.6. Address Equity and Social Determinants of Health	61
Strategic Recommendations	61
11. Conclusion	64
References.....	65
Appendix A: Community Partner Map (Most Updated Version)	66
Appendix B: Community Member Survey (English-Language Version)	89

Appendix C: Direct Service Provider Survey (Online Version Only)	95
Appendix D: Civic and Faith-Based Organizations Survey (Online Version Only).....	101
Appendix E: Stakeholder Interview Template	106
Appendix F: Red House Peer Recovery Support Center (Community Member) Focus Group.....	108
Appendix G: Public Health Analyst-Led (Island Organizations) Focus Group.....	109
Appendix H: Qualitative Codebook (Codes and Definitions).....	110

1. Introduction

1.1. Background and Context

Substance use disorder and behavioral health (SUD/BH) are pressing public health issues at the local, state, and national level. To combat the public health challenge, Martha's Vineyard has established a network of organizations providing prevention, treatment, recovery, and social service to the community facing this issue. In addition to the work done locally, the Massachusetts Attorney General's Office, alongside other states, filed lawsuits against the opioid distributors, manufacturers, and other organizations whose actions contributed to the current opioid crisis. The settlement resulted in Massachusetts expecting to receive over \$1 billion through 2038. These settlement funds were divided, with 60% staying with the state and the remaining 40% being divided among each participating municipality in Massachusetts.

The framework for fund distribution was created through the Massachusetts State Subdivision Agreement, which outlines the strategies, requirements, and conditions required to use funds. Within the agreement, there is a strong emphasis on the data-driven funding decisions municipalities make should be centered on the experiences of those with lived and living experience. The Martha's Vineyard Substance Use Disorder and Behavioral Health Community Needs Assessment was conducted within this context to identify locally specified needs, strengths, gaps, and priorities that can inform the use of abatement funding. For more information on opioid abatement and the running calculations, find "Guidance for Municipalities Utilizing Opioid Settlement Abatement Payment" on the official [website](#) for the Commonwealth of Massachusetts.

1.2. Purpose of the Assessment

The purpose of the Martha's Vineyard Substance Use Disorder and Behavioral Health Community Needs Assessment was to identify community priorities that can inform the Opioid Abatement Advisory Board's decisions regarding the use of abatement funds. The assessment sought to understand the current state of the island's SUD/BH system, including opportunities for strengthening coordination and collaboration as well as service and capacity gaps, barriers to care, and priority populations. This assessment also attempts to consider how organizations and services function together, rather than only focusing on individual services and organizations, to understand where strategic investments could improve the accessibility, coordination, and responsiveness of the system overall.

1.3. Assessment Objectives

Assessment objectives include:

- Explore current strengths and challenges within the current system of care, referrals, and organizational capacity.
- Hear community members on the challenges and barriers individuals face in seeking care and receiving treatment.
- Identify gaps in services and barriers on the island from the community members' perspective.
- Understand where community members feel most supported in the treatment process and where they feel underserved.

- Understand the details of the organization's role in supporting SUD/BH efforts on the island.
- Highlight priority areas for action to strengthen active community efforts.

1.4. Scope of the Assessment

The geographic scope of the assessment included the six municipalities that comprise Martha's Vineyard: Aquinnah, Chilmark, Edgartown, Oak Bluffs, Tisbury, and West Tisbury. The population and community scope extended beyond individuals with direct lived and living experience in substance use and/or behavioral health. The assessment attempted to incorporate perspectives from community members, families of those with lived and living experience, health care professionals, social service organizations, municipal and public health professionals, and faith-based leaders. Utilizing a mixed-methods approach, the needs assessment collected quantitative data in the form of community, stakeholder, and provider surveys, and data from the Massachusetts Bureau of Substance Addiction Services (BSAS) dashboard. and qualitative data from stakeholder interviews and focus groups. At the end of the data collection period, a total of 132 surveys, 17 stakeholder interviews, and two focus groups were completed. The assessment period began in April 2026, and the final report was completed in September of the same year. The findings will represent a snapshot of the community conditions and perspectives related to the current SUD/BH system. As priorities and perspectives shift, an additional needs assessment will need to be conducted in the following years.

1.5. Intended Use of Findings

The intended use of the needs assessment findings is to support the Martha's Vineyard Opioid Abatement Advisory Board in making informed decisions regarding the allocation of opioid abatement funding. The intention of these findings is to identify areas where investment may address documented community needs, strengthen existing services, build on organizational capacity, and support more cross-organizational communication and collaboration. The intention of this assessment is not to designate a single funding strategy but to highlight the interconnectedness of the current SUD/BH systems. Looking beyond immediate funding decisions, these findings are also intended to create and support long-term planning on the Island. As this is the pilot needs assessment in coordination with the Opioid Abatement Advisory Board, this process has provided an opportunity to better understand the setbacks, challenges, and time requirements needed to create a comprehensive community health needs assessment. Achievements and setbacks during this process will help to inform and equip future public health analysts and/or needs assessment collaborators on what to expect to ensure the effectiveness of needs assessment and efficiency during the needs assessment process.

2. Community Overview and Epidemiological Profile

2.1. Geography

Martha's Vineyard is an approximately 100 square mile island located seven miles off the coast off Cape Cod and comprises the majority of Dukes County. The island is composed of six towns on and the separate island of Gosnold: Aquinnah, Chilmark, Edgartown, Oak Bluffs, Tisbury, and West Tisbury. Geographically, Martha's Vineyard is commonly described as having two regions: "up-island" and "down-island" ([Martha's Vineyard Chamber of Commerce, n.d.](#)). Up-island includes the towns of Aquinnah, Chilmark, and West Tisbury. These communities are in the western portion of the island and are generally more rural and less populated. Down-island includes Edgartown, Oak Bluffs, and Tisbury. These communities are more densely populated and serve as the island's commercial and transportation hub. Most health care services, businesses, and ferry transportation are concentrated here.

2.2. Demographics

Demographic data provide important context for understanding the population and community conditions relevant to substance use disorder and behavioral health on Martha's Vineyard. For this community overview, demographic data were compiled from publicly available sources, including the U.S. Census Bureau and other population-based datasets. These data sources describe characteristics such as age, race, ethnicity, income, housing, and insurance coverage of Dukes County. Census data and other population-based data should be interpreted with some caution. Standardized categories and estimates may not capture the full racial, ethnic, socioeconomic, or cultural diversity of the population (Liang et. al., 2023). These considerations are important when interpreting the demographic findings and their implications for service needs.

2.2.1. Age and Racial Ethnic Overview

As of 2025, Dukes County had an estimated year-round population of 21,219 residents. Martha's Vineyard has a strong tourism industry; this results in an influx in population during the peak tourism season, which is generally May through September. During this time, the island population increases to approximately 94,650 people ([Martha's Vineyard Commission, n.d.](#)). This seasonal population is more than four times the size of the year-round population. The county also has one of the oldest populations in Massachusetts, with a median age of 51.4 ([UMass Donahue Institute, n.d.](#)). Individuals aged 65 and over make up 31% of the population. In comparison, 16.1% of the population is under the age of 18, including 3.8% of the total population being under the age of 5 ([U.S. Census Bureau, n.d.](#)).

According to the U.S. Census data, the racial and ethnic composition of Dukes County is predominantly White. In 2025, approximately 86.3% of residents identified as White alone ([U.S. Census Bureau, n.d.](#)). An additional 7.6% identify as Black or African American non-hispanic, 3.6% as two or more races, 1.4% as Asian alone, 1.1% as American Indian and Alaskan Native, and 0.1% as Native Hawaiian or Pacific Islander. Individuals who identify as Hispanic or Latino comprise 3.6% of the population ([U.S. Census Bureau, n.d.](#)). Individuals who identify as Hispanic or Latino comprise 3.7% of the population ([U.S. Census Bureau, n.d.](#)).

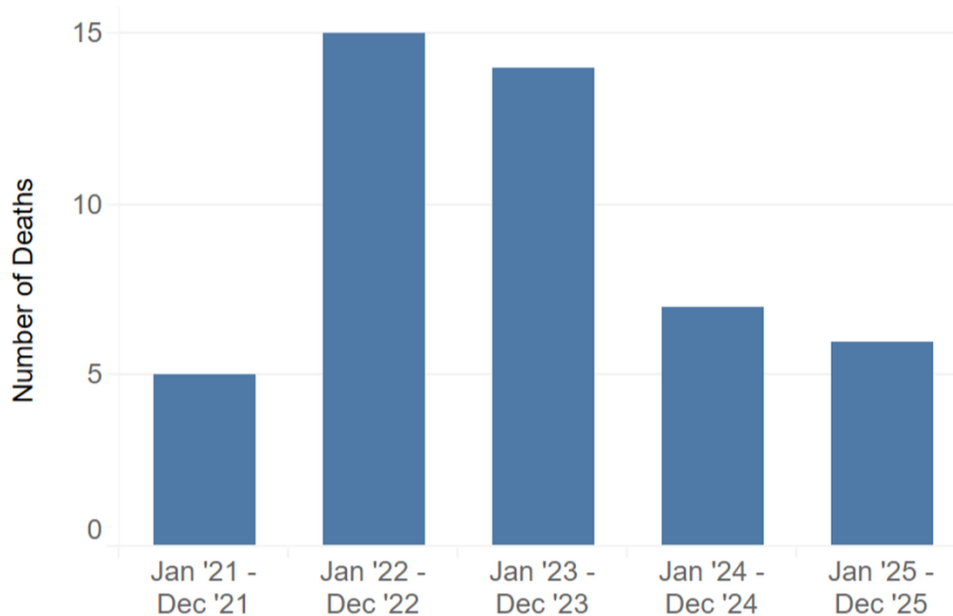
2.2.2. Economic Overview

Dukes County has a relatively high household income, compared with other Massachusetts counties. In 2024, the median household income was \$125,786 ([United States Census Bureau, n.d.](#)). Approximately 4.5% of the population below the poverty line ([Federal Reserve Bank of St.Louis, 2026](#)). This financial data demonstrates the variation in economic conditions across the island. Health insurance coverage data provides important insight when examining access to SUD/BH services. In Dukes county approximately 94.5% of residents have health insurance, the lowest county rate among the state ([Insurance Table for Massachusetts Counties, n.d.](#)). Although overall coverage is high, the remaining uninsured population may face additional barriers accessing health care. Housing represents another important social and economic consideration. Dukes County is included within the Cape Cod Island Continuum of Care (CoC), which coordinates services for individuals experiencing housing insecurity. In 202, Point-in-Time (PIT) counts identified 570 individuals experiencing homelessness across the CoC ([U.S. Department of Housing and Urban Development \[HUD\], n.d.](#)). This data provides additional context for understanding housing instability as a potential barrier to SUD/BH service access. The island's economy and population are heavily shaped by the island's seasonality. Employment is strongly connected to the tourism and hospitality industry, which experiences increased demand during the summer months. Employment levels are typically lowest during January and February and highest in August ([National Institute on Minority Health and Health Disparities \[NIMHD\], n.d.](#)). During the busy tourism months community members may experience more challenges in accessing services. As tourism peaks up in the summer community members typically face longer working hours, making it difficult to find time to schedule needed SUD/BH services.

2.3. Epidemiologic Profile

Substance-related mortality represents just one potential consequence of substance use and provides an important indicator of the burden of disease on Dukes County. Data from BSAS indicate that in 2025 there were a total of six substance-related deaths, corresponding to a rate of 25.7 deaths per 100,000 residents ([Massachusetts Department of Public Health \[MDPH, n.d.\]](#)). This compares with the state of Massachusetts' rate of 42.5 deaths per 100,000 residents, indicating that the burden of substance-related mortality in Dukes County is significantly lower than that of the Commonwealth. It is important to note that all six substance-related deaths were alcohol related. When comparing the rate of alcohol-related deaths to the state of Massachusetts, Dukes County has a slightly higher rate than the Commonwealth, whose alcohol-related death rate stands at 23.7 per 100,000 residents. Examination of year-to-year substance-related deaths highlights a significant fluctuation over the past five years of data. In 2021, the number of substance-related deaths totaled five. The following year peaked with a total of 15 substance-related deaths. Since 2022, the number of deaths has steadily declined, almost reaching the 2021 level (see Figure 1). Although the relatively small population of Dukes County can result in substantial year-to-year variation, the persistence of substance-related deaths over time demonstrates that substance use continues to contribute to preventable mortality among island residents.

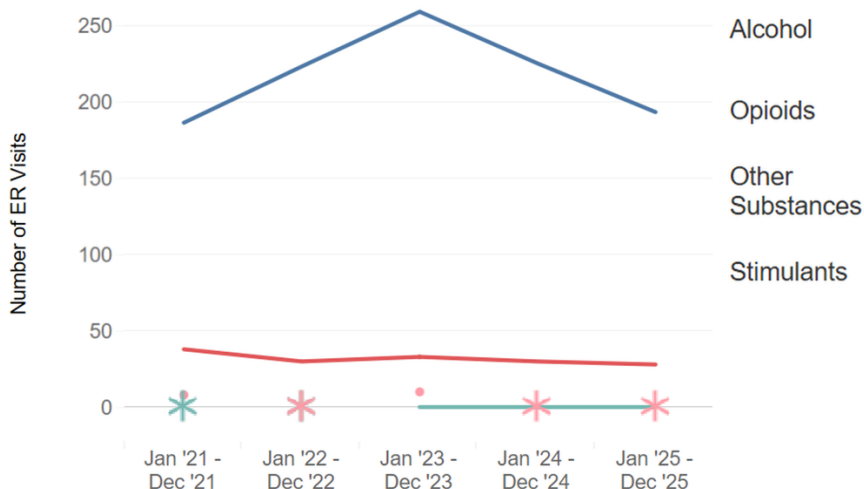
Figure 1: Number of Any Substance-Related Deaths Trend



Note: Bars represent the total number of substance-related deaths in Dukes County during each calendar year from 2021 through 2025 (MDPH, n.d.).

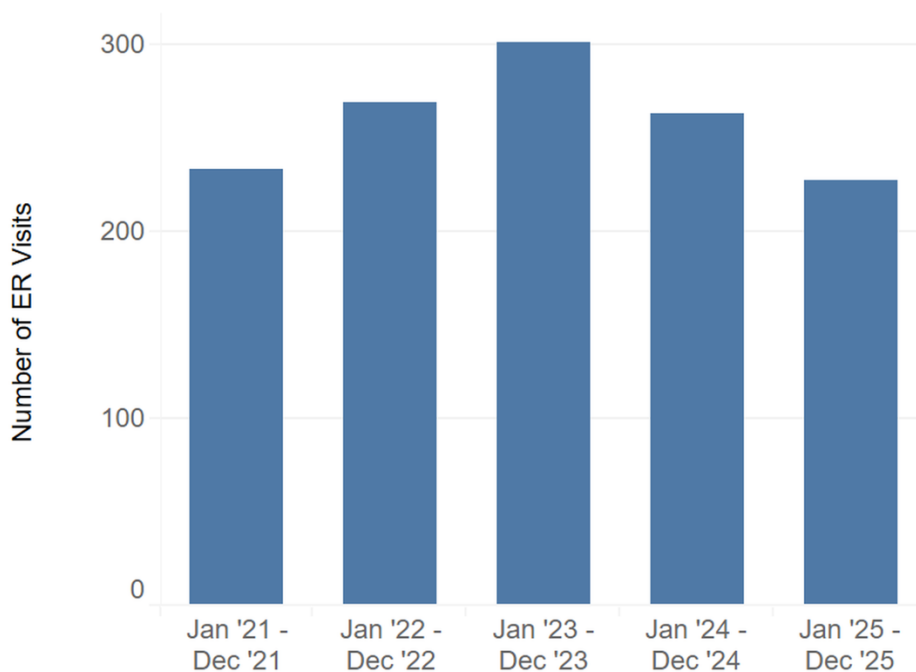
Emergency department utilization provides a complementary measure of substance-related morbidity by capturing nonfatal events that may not be reflected in mortality statistics. In 2025, Dukes County recorded 228 substance-related emergency room visits ([MDPH, n.d.](#)). Of these 228 emergency room visits, 194 were alcohol related. This established Dukes County's substance-related emergency room visit rate at 1,097.6 per 100,000 residents, lower than the state rate of 1,598.9 per 100,000 residents. Alcohol-related emergency visits in Dukes County in 2025 had a rate of 929.0 per 100,000 residents, significantly lower than the state rate of 1,291.6 per 100,000 residents. Year-to-year data helps to identify current trends regarding substance-related emergency room visits. Out of all substance-related emergency visits from 2021-2025, alcohol was the most related substance (see Figure 2). Using the same 2021-2025 period, total emergency room visits follow a similar trend to total deaths. Starting in 2021, total yearly emergency room visits were 221. Since 2021, the total emergency room visits have increased yearly, reaching its peak in 2023 with a total of 293 visits. The following years have shown a steady decline, with totals just slightly above 2021 (see Figure 3). Demographic data shows that most visits were from individuals who identified as white-non-Hispanic, following similar census data trends. The age of Emergency room visitors is spread among individuals under 20 to individuals 70 and older; however, individuals in the 50-59 and 60-69 age groups make up a large portion of visits. Within the 2025 data, the 40-49 age group has newly become the age group with the highest number of substance-related emergency room visits.

Figure 2: Number of Any Substance-Related ER Visits Trend



Note: Figure illustrates the annual trending in substance-use related ER visits in Dukes County from 2021 through 2022, categorized by alcohol, opioids, and other substances (MDPH, n.d.).

Figure 3: Number of E.R. Visits Trend

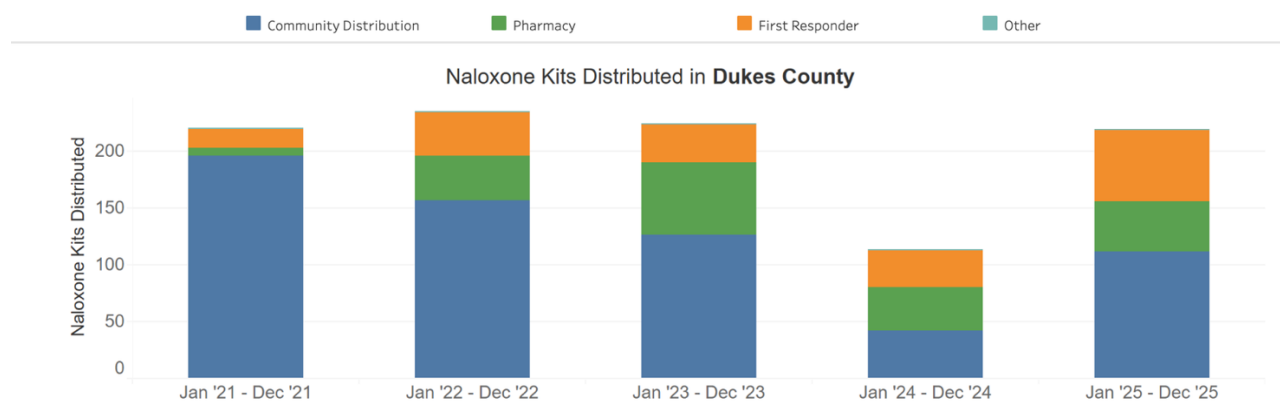


Note: Bars represent the total number of substance-related emergency room (ER) visits in Dukes County during each calendar year from 2021 through 2025 (MDPH, n.d.).

Data on treatment utilization provides an additional perspective on the SUD burden by presenting the number and demographics of individuals accessing substance use disorder services. Looking at the most recent data, in 2025 approximately 122-144 individuals were admitted to treatment services, not including medication-assisted treatment (MAT) ([MDPH, n.d.](#)). This creates a rate of 592.2 - 697.6 individuals per

100,000 admitted to treatment services, lower than the Commonwealth rate of 830.8-892.9 per 100,000. Among individuals who did access MAT, 18 received Methadone, and 142 received Buprenorphine prescriptions. Dukes County stands out significantly compared to the state concerning Methadone treatment, having a rate of individuals receiving methadone at 411.6 per 100,000 residents, almost five times the Commonwealth's rate (87.4 per 100,000 residents). Other services related to the continuum of care reported included distribution of Naloxone kits selected programs, fentanyl test strips received from selected programs, and the number of individuals admitted to community support services. In 2025, 220 Naloxone kits were distributed, and 200 fentanyl test strips were received from selected programs. When compared to the rates of the Commonwealth as a whole, both Naloxone kit distribution in Dukes County (1,068 kits distributed per 100,00 residents) and fentanyl test strips received in Dukes County (970.9 per 100,000 residents) were significantly lower than the state. Looking at yearly trends, Naloxone distribution numbers remain steady from 2021- 2025, except for 2024, which saw Naloxone distribution amounts cut by approximately 50%. An increase in diversification is also observed. In 2021, the majority of BSAS-reported Naloxone kit distributions were from community distribution; however, by 2025, distribution of kits by first responders, pharmacies, and community distribution had become more evenly distributed across the three channels (see Figure 4).

Figure 4: Naloxone Kits Distributed in Dukes County



Note: Bars represent the total number of Naloxone kits distributed in Dukes County during each calendar year, shown by distribution channel (MDPH, n.d.).

Epidemiologic BSAS data related to substance use highlights the significance of a public health issue on Martha's Vineyard. Although Dukes County has a lower rate of substance-related mortality, emergency room visits, and treatment utilization than the Commonwealth, substance-related harms remain persistent. Alcohol represents an important component of the local burden, accounting for all substance-related deaths and most of the substance-related emergency room visits in 2025. Lower treatment utilization also highlights an opportunity to improve access to and engagement with SU treatment services, particularly given the geographic and service-related barriers faced by many island residents. It is important to note that throughout much of the five-year data spanning from 2021-2026, substance-related mortality and emergency room visits had a sharp spike around the 2022-2023 period but have come down close to 2021 values. While recent trends are encouraging, the continued presence of substance-related mortality and emergency room visits demonstrates that there is still work to be done to reduce the impact of substance use on the island.

3. Assessment Framework and Methodology

3.1 Assessment Framework

The Martha's Vineyard Substance Use Disorder and Behavioral Health Community Needs Assessment applied a community-centered and participation-driven mixed-methods approach. The assessment was designed to understand both the existing resources within the SUD/BH system on Martha's Vineyard and the service gaps, access barriers, and unmet needs affecting community members' access to substance use disorder and behavioral health services on the island. The approach collected and synthesized the perspectives of direct service providers, community members, and civic and faith-based stakeholders whose work intersects with SUD/BH, such as housing accommodations, law enforcement, education, and insurance support.

The mixed-methods procedure incorporated both quantitative and qualitative data to inform the findings of this assessment. Quantitative data from the community member, direct service provider, and civic and faith-based organizations provided information about the patterns and needs of the community. Qualitative information from open-ended survey questions, stakeholder interviews, and focus groups complemented the quantitative data with additional context of personal experiences and provided evidence of the access barriers, system strengths, and opportunities for improvement on Martha's Vineyard in greater detail. The participant-driven nature of the assessment was intended to ensure that the findings represented the experiences and perspectives of individuals and stakeholders connected to the SUD/BH systems on the island.

3.2 Assessment Phases

The assessment was conducted in five phases: (1) background research and partner mapping; (2) stakeholder identification and community outreach; (3) primary data collection; (4) data analysis; and (5) synthesis and reporting. Background research and community partner mapping informed stakeholder identification and community outreach as well as the planning and execution of the primary data collection. The survey, interview, and focus group findings were then analyzed to identify recurring themes, strengths, access barriers, service gaps, and priority areas for action.

3.2.1. Phase One: Background Research and Partner Mapping

The initial phase focused on developing a preliminary understanding of the existing SUD/BH landscape on Martha's Vineyard by reviewing information related to the demographic and geographic composition of the island, opioid settlement funds, municipal funding considerations, and the types of services and resources available on the island. Massachusetts Bureau of Substance Addiction Services (BSAS) data were used to provide additional context regarding substance use and to support the epidemiologic profile presented in the report. Publicly available online information was reviewed from the perspective of a community member seeking information or support about SUD/BH services with no prior experience or exposure to available resources on the island. This approach helped identify existing services, gaps in publicly available information, and the accessibility of information which provided an initial understanding of the circumstances community members may have to navigate through in the local system when seeking SUD/BH support.

An island-wide community partner map was developed as a living document throughout the assessment. The map included more than 70 support organizations and resources, organized into four board categories: (1) SUD/BH resources on Martha's Vineyard; (2) state and federal resources; (3) civic organizations; and (4) faith-based organizations. Information such as services provided, funding sources, mission statement, capacity, and contact information was documented as it was available online, and information was updated throughout the review process as additional resources were identified through continued research, Opioid Abatement Advisory Board meetings, and stakeholder feedback. The most recent version of the full partner map can be found in **Appendix A**.

3.2.2. Phase Two: Stakeholder Identification and Community Outreach

Phase two of the assessment aimed to identify and engage individuals and organizations with knowledge of or experience with Martha's Vineyard's SUD/BH services. Individuals contacted included direct service providers as well as stakeholders working in related sectors such as housing, law enforcement, education, faith-based organizations, and other community-based settings. Several outreach materials were developed to facilitate participation such as public presentations, informative pamphlets, and community flyers. Community outreach occurred through email, phone and text outreach, direct contact with community organizations and local businesses, physical flyers posted around town, social media, and personal and professional networks. Informal community outreach was also conducted in public settings across the island to provide information about the assessment and encourage participation. Outreach efforts sought to extend participation beyond individuals actively involved with island SUD/BH services.

3.2.3. Phase Three: Primary Data Collection

Primary data collection consisted of surveys, stakeholder interviews and focus groups. Three separate surveys were developed for community members, direct service providers, and civic and faith-based organizations. Survey questions were designed to reflect the different perspectives and experiences of each participant group while allowing common themes to be examined across groups. The community member survey was made available in both English and Brazilian Portuguese with accessibility and inclusivity in mind. A paper version of the community member survey was also made available to provide an alternative to online participation. This was especially important due to the aging population on the island that may not feel comfortable with QR codes and online surveys. The surveys were made public and collected responses from May 25, 2026, to June 22, 2026, at midnight. Stakeholder outreach and engagement continued throughout the assessment, with survey responses and community contacts helping inform follow-up interviews and focus groups.

The community member survey consisted of 17 questions organized into three sections: respondent characteristics and demographics; personal experiences with SUD and behavioral health services; and community needs, gaps, and priorities (see Appendix B). The survey received 132 responses, including 126 English-language responses and six Brazilian Portuguese responses. One response was collected on paper at the Red House Peer Recovery Support Center and entered the dataset manually by the public health analysts. The direct service provider survey collected ten responses (see Appendix C) and the civic and faith-based organizations survey received 13

final organizational responses (see Appendix D). Two submissions were received from the same organization with almost identical responses and therefore were combined for analysis.

In addition to the surveys, 17 stakeholder interviews were conducted. Participants included direct service providers as well as stakeholders from other sectors whose work was directly relevant to SUD/BH such as housing, law enforcement, and education. Interviews were conducted in a semi-structured format and lasted approximately 30 minutes to one hour (see Appendix E). Prior to each interview, each organization was asked to complete either the direct service provider or civic and faith-based organizations survey based on their scope of work. The survey responses were used to guide the interview, allowing questions to build on emerging findings from the survey.

Two focus groups were also conducted, the first one moderated by the Red House Peer Recovery Support Center (see Appendix F) and the second one led by the public health analysts (see Appendix G). The first focus group was intended to engage community members and provide an opportunity for individuals with lived and living experience to discuss barriers, service gaps, stigma, and areas for improvement. The second focus group aimed to evaluate similar topics from the systems-level perspective, particularly focusing on systems-level challenges, coordination, accessibility, and opportunities to strengthen the community response. The stakeholder focus group participants were identified and recruited through their organizational survey responses and interest in collaboration.

3.2.4. Phase Four: Data Analysis

Quantitative survey data were reviewed using descriptive statistics, including frequencies and percentages, to identify patterns in responses and areas of need. Because the surveys were voluntary and not probability samples, the results could not produce population-level findings. Survey questions were intentionally not required to reinforce that participation was voluntary and to reduce barriers to participation. As a result, the number of responses varies by question, and percentages were calculated based on the number of respondents who answered each individual question. Qualitative data included open-ended survey responses, stakeholder interviews, and focus groups. Interview and focus group transcripts were prepared in clean verbatim format before analysis.

A qualitative codebook was developed to support consistency across analysts and provide standardized definitions for topics and themes identified across the data. The codes were organized into 11 categories: Service Availability; Organizational Capacity; Coordination and Collaboration; Program Awareness; Social Determinants of Health; Community Perceptions and Stigma; Population-Specific Needs; Substance Use Disorder; Mental and Behavioral Health; Strengths and Assets; and Recommendations. Qualitative data were reviewed and coded according to the codebook. An excerpt could be coded into more than one category when it addressed multiple related topics, so analysts were particularly careful in coding to reduce irrelevant connections. The full qualitative codebook, including the codes and their definitions, is provided in Appendix H. Following coding, thematic analysis was used to identify recurring patterns and themes that emerged across data sources. Attention was given to themes that appeared consistently across interviews, focus groups, and survey responses, as well as findings that provided context for patterns identified in the quantitative data.

3.2.5 Phase Five: Synthesis and Reporting

The synthesis and reporting phase brought findings from the different data sources together to develop an overall understanding of SUD and behavioral health needs on Martha's Vineyard. Quantitative findings were considered alongside qualitative findings, and when similar themes emerged across multiple data sources or participant groups, these findings were given particular consideration in identifying priorities. Differences between community members, service providers, civic and faith-based organizations, and other stakeholders were also considered to better understand how needs and barriers may differ across perspectives. The synthesis process examined both existing strengths in the community and SUD/BH services as well as pertinent gaps and barriers, coordination and collaboration concerns, population-specific needs, social determinants of health, and other key topics identified throughout the data collection process. The findings were used to identify priority populations and areas and inform strategic recommendations to support future planning on Martha's Vineyard.

3.3 Mixed-Methods Integration

The Martha's Vineyard Substance Use Disorder and Behavioral Health Community Needs Assessment integrated quantitative and qualitative findings throughout the analysis and synthesis phases rather than treating each data source as separate. This increased the value of the findings and produced meaningful connections and themes which informed the strategic recommendations presented in this report. Survey data provided information about the prevalence or distribution of responses among participants, while interviews, focus groups, and open-ended responses provided additional context and detail. The integration of perspectives was intended to provide a more complete understanding of the island's SUD and behavioral health landscape and to support recommendations grounded in multiple forms of evidence.

4. Limitations

The Martha's Vineyard Substance Use Disorder and Behavioral Health Community Needs Assessment used a mixed-methods approach, integrating community member, direct service provider, and civic and faith-based organization surveys; stakeholder interviews; focus groups; and available secondary data. The inclusion of multiple data sources allowed the analysts to evaluate Martha's Vineyard's SUD/BH needs from different perspectives and identify key themes that emerged across stakeholders. However, the limitations of this assessment should be considered when interpreting the findings presented in this report.

4.1. Survey Participation

Survey findings should be interpreted within the context that participation in all three of the SUD/BH Community Needs Assessment surveys was voluntary, with the direct service provider and civic and faith-based organizations surveys strongly encouraged. Therefore, the survey responses were not probability samples of the Martha's Vineyard population and should not be interpreted as statistically representative of all island residents and organizations.

The assessment team conducted outreach through multiple channels including email, phone, and text outreach; physical flyers throughout the island; and connections through social circles. Recruitment to complete the survey through community organizations, professional networks, social networks, and other outreach channels may have influenced who chose to participate. Individuals with an interest in SUD/BH issues, personal or family experiences, or strong opinions about the availability and accessibility of services may have been more likely to participate in the assessment, whereas individuals who were less connected to SUD/BH care on the island may have been less likely to encounter or complete the survey. The potential for self-selection bias should also be considered during interpretation, and recall bias may affect responses when participants were asked to describe previous experiences with services, treatment, or barriers to care.

Despite the assessment team's outreach efforts, the number of community survey responses was lower than anticipated. However, the limited data collection period, which condensed outreach efforts into approximately one month, contributed to the lower response volume. The smaller number of responses limits the extent to which findings from the surveys can be generalized across all community members and organizations related to substance use disorder and behavioral health on Martha's Vineyard.

The number of incomplete responses submitted in the community members survey is also important to note. Participants were not required to complete every question; the survey was divided into sections, and no question was required to be completed in order to advance ahead or submit the Google Form. This was done intentionally to reassure community members that their responses were being collected voluntarily, anonymously, and for research and planning purposes. The length of the survey also influenced this decision slightly, as there were 17 total questions in the community member survey, and many respondents discontinued the survey before reaching the final question. Findings based on specific questions should be interpreted according to the number of respondents who answered each question.

4.2. Representation

The assessment team attempted to engage with a range of community members, leaders, and organizations in order to represent the nature of substance use disorder and behavioral health on the island

and in Gosnold as accurately as possible. However, the community member survey respondents do not necessarily reflect the demographic composition of Martha's Vineyard as a whole. Among the perspectives missing in this assessment were the tribal community members, pregnant persons, and members of the LGBTQIA+ community. Given cultural differences, varying levels of education, stigma, and concerns related to the current political climate, some non-white identifying community members may have been less likely to participate in the assessment, despite several attempts to assure them that the survey was truly anonymous and information was only being collected for research purposes. The main communities the team sought to engage were the Brazilian and Jamaican populations in efforts to more accurately represent the island's demographic composition.

Culture and identity were a challenging concept to navigate in accounting for representation. During the survey and assessment development phase, there were several discussions around how to structure the race and ethnicity question, whether the assessment should follow typical Census answer choices or be more inclusive. Ultimately, two categories were included in efforts to be more inclusive: *Brazilian* and *Other*. The *Other* option was included to allow island residents to express themselves with whatever race and ethnicity they most identified with. The structure of the race and ethnicity question limited the extent to which connections could be drawn between SUD/BH experiences and specific communities on the island.

The representation of Brazilian Portuguese-speaking community members in the SUD/BH Community Needs Assessment is an important consideration. Differences among the Brazilian Portuguese-speaking individuals on Martha's Vineyard in language, cultural norms, beliefs about substance use disorder and behavioral health, immigration-related concerns, and trust in institutions may have influenced community members' willingness to participate in surveys, interviews, and focus groups. Although several efforts were made to reach this population, the assessment team recognizes that the lack of significant survey participation from Brazilian community members means that the data collected does not fully capture the experiences of all Brazilian Portuguese-speaking residents on the island.

Individuals at different stages of life may also experience different SUD/BH needs, barriers, and levels of awareness of services and resources. Individuals under the age of 18 were not included in this assessment, given the sensitive nature of the study, therefore not all age groups have been represented in the survey responses. The majority of survey responses indicated participants fell between the ages of 25-64 years old; this suggests that while there were some respondents of older and younger age, the findings do not fully capture the experiences of all age groups and should not be considered as definitive measures of the experiences of the entire island population.

4.3. Stakeholder and Focus Group Limitations

The stakeholder interviews and focus groups provided valuable qualitative information about SUD/BH services, community needs, service gaps, system barriers, and opportunities for improvement. Participation in these components of the assessment was also voluntary and dependent on stakeholders' availability and willingness to participate. Due to the timeline of the assessment coinciding with the peak summer season on the island, the coordination and execution of interviews and focus groups was more challenging. This resulted in fewer focus group sessions, which limited the opportunity to invite more perspectives to the SUD/BH assessment.

Throughout the assessment process, the assessment team had limited opportunities to directly engage with community members who were actively navigating SUD/BH treatment or recovery outside of the professional SUD/BH fields. The Red House Focus Group was therefore intended to provide an opportunity to hear directly from individuals with lived and living experience of SUD/BH and to better understand how community members not working in SUD/BH experience the local treatment and recovery system. Community members with no professional connections to SUD/BH fields were sought after for this focus group in order to understand the experiences of navigating the system as someone without detailed knowledge of the systems, structures, and influential contacts in the field. However, the participant composition did not fully align with the intended target population, as most attendees were working professionals or individuals with professional connections to SUD/BH services. While the discussion provided valuable insight into community and recovery perspectives, it cannot be interpreted as representative of all community members with lived and living experience of SUD/BH on Martha's Vineyard.

The original assessment plan envisioned multiple focus groups representing different populations and stakeholders including direct service providers, faith-based leaders, civic organizations, Brazilian community members, and general community members with lived and living experiences. Due to time constraints and organizational challenges, only two focus groups were conducted, which resulted in perspectives that were not captured in the assessment. Additionally, focus groups are qualitative methods to provide depth, context, and varying perspectives rather than statistically generalizable findings. Participants' comments represented their individual or professional experiences, understandings, and recommendations. Therefore, the findings from the focus groups should not be interpreted as numerical measurements of SUD/BH concerns on the island.

Despite these limitations, the stakeholder interviews and two focus groups identified several notable themes that supported the broader needs assessment. The topics raised around service navigation, continuity of care, coordination, stigma, and social determinants of health strengthen the relevance of the findings for future planning.

4.4. Data Availability

The assessment was limited by the availability and consistency of local SUD/BH data. Prior to this community health needs assessment, there had never been an in-depth study of the substance use disorder and behavioral health conditions and needs on Martha's Vineyard. This meant that the assessment methodology was not guided by any previous comprehensive island-wide initiative, nor was there structured information available specific to the island. While the assessment team reviewed secondary data and existing information, some data were not available at the local level, were not collected consistently across organizations, or were not detailed to support island-specific analysis.

The availability of data also varied across SUD/BH topics. Although substance use disorder and behavioral health challenges often overlap, with individuals frequently navigating both simultaneously, the available data focused more on substance use disorder statistics than behavioral health conditions, and records did not distinguish clearly between substance use disorder, behavioral health, and co-occurring conditions. This created challenges in drawing evidence-based conclusions around prevalence, service utilization, and unmet needs of the community, and required the analysts to interpret available

information within the context of these data limitations. These limitations should be considered when interpreting the findings presented throughout the report.

4.5. Assessment Timeline

The timeline of the SUD/BH assessment posed several challenges with coordination, participation, and execution that should be considered in future planning. The original timeline for the assessment was from the beginning of March 2026 to the end of May 2026, which was extended multiple times throughout the process to ultimately end in September 2026. The analysts were developing the framework for the data collection portion of the assessment based on the preliminary research and partner mapping, which itself took longer than originally anticipated to complete. By the time of community and stakeholder outreach in May, organizations on the island had already begun preparing for the summer season, which created more barriers to engagement, scheduling, and participation, further delaying the process.

For future assessments of this magnitude, it is recommended to develop a timeline of at least one year, with at least three months allocated to outreach and data collection. This will allow for more effective community outreach and relationship building among harder to reach populations and ultimately produce a stronger, more informed assessment. This assessment will also serve as a foundation to build upon for future studies, which may help reduce some of the limitations identified in this report.

4.6. Implications of Findings

The Martha's Vineyard Substance Use Disorder and Behavioral Health Community Needs Assessment represents a snapshot of community conditions during the assessment period of March 2026 to September 2026. Service availability, staffing, funding, organizational capacity, community needs, regulatory policies, and treatment pathways can change over time and will continue to impact the local SUD/BH landscape on the island after the completion of this assessment.

Despite the limitations identified for this assessment, the mixed-methods approach employed provides a substantial body of information regarding substance use disorder and behavioral health needs on Martha's Vineyard. No single data source was expected to provide a complete representation of the island's strengths, barriers, needs, and overall health systems. Instead, the qualitative and quantitative strategies were used together to identify pertinent trends in the system, differences in perspectives, and areas in need of targeted attention. The recurrence of themes across different types of data collection methods and participants provides greater confidence that the assessment findings report meaningful factors for consideration, even where individual data sources present limitations.

The limitations also highlight opportunities to strengthen future research, including improving demographic representation, increasing participation, strengthening information documentation and reporting, and improving consistency of SUD/BH-related data and infrastructure across island organizations. The assessment provides documented evidence of priority areas for action while also recognizing the strengths and achievements of service organizations and providers. It also recognizes the need for continued community engagement, monitoring, and data collection, therefore, the strategic priorities and recommendations presented later in this report should be viewed as responsive to the evidence collected and as opportunities for continued evaluation and refinement as additional information becomes available.

5. Community Member Findings

5.1. Survey Demographics

The community member survey for the Martha’s Vineyard Substance Use Disorder and Behavioral Health Community Needs Assessment received a total of 132 responses. Of these, 126 responses were from the English language survey and the remaining six were from the Brazilian Portuguese survey. Responses related to demographics from the survey are comparable to current census data, with a significant number of respondents reported as White non-Hispanic (see Figure 5) and between the ages of 25-64 (see Figure 6).

Figure 5: Race and Ethnicity of Community Member Survey Respondents

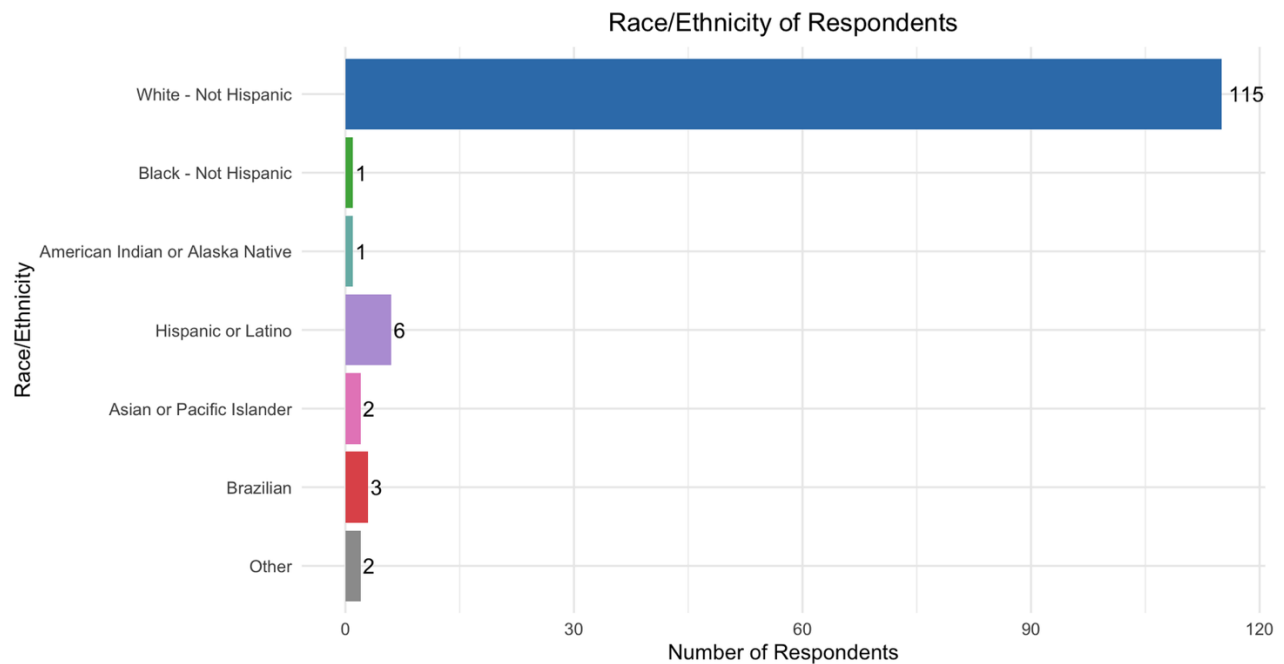
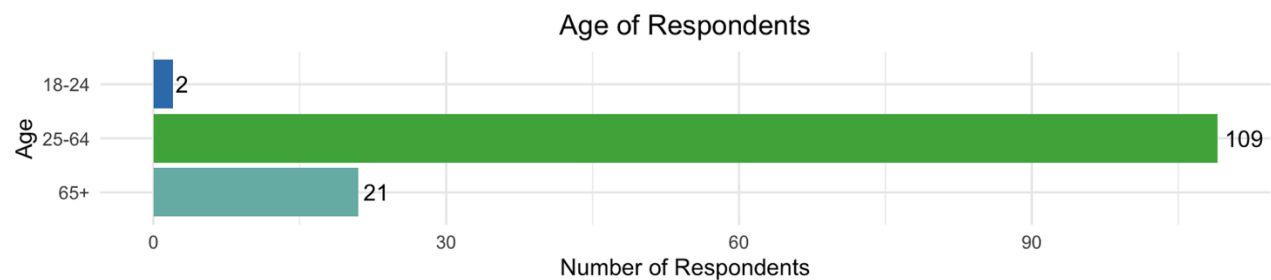


Figure 6: Age Distribution of Community Member Survey Respondents



A strong majority of community member survey takers were identified as female; no respondents identified as gender non-binary (see Figure 7). Additionally, the survey collected information on individuals’ current living situations, with the majority of the 131 responses reporting that they were housed full-time residents (see Figure 8). Individuals currently in an “island shuffle” were the second most frequent, making up a total of ten of the responses. There was also a relatively even distribution of

respondents from all towns on the Island. The majority of 132 community member responses stated they lived in Oak Bluffs, closely followed by Vineyard Haven and West Tisbury (see Figure 9).

Figure 7: Gender of Community Member Survey Respondents

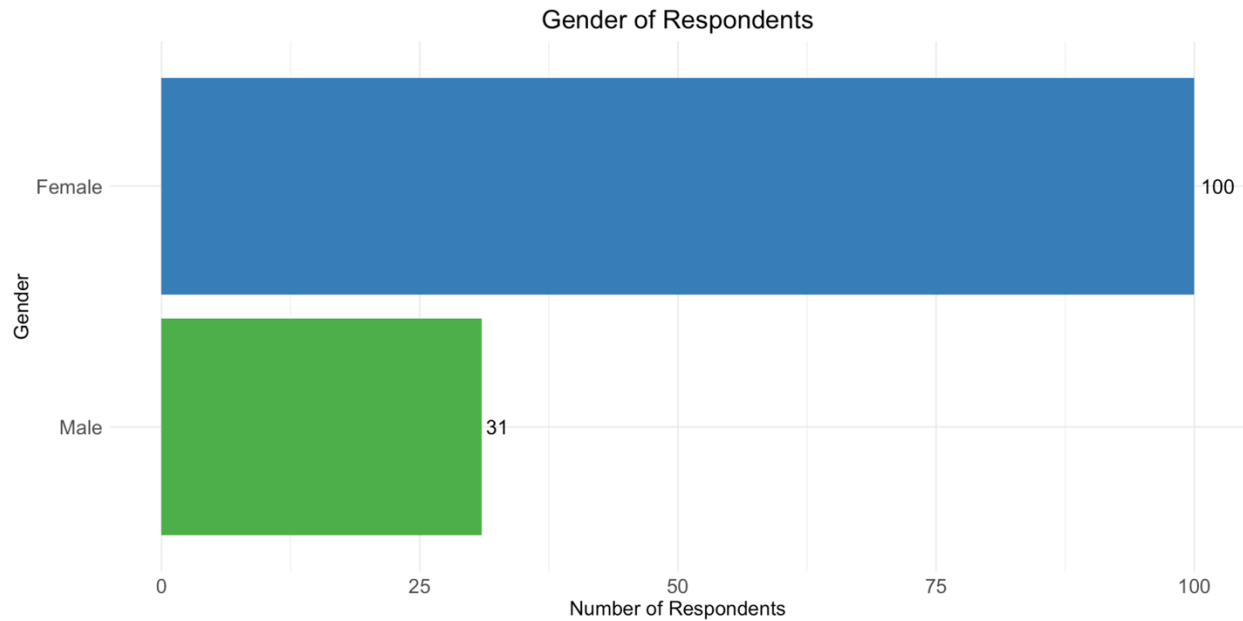


Figure 8: Housing Status of Community Member Survey Respondents

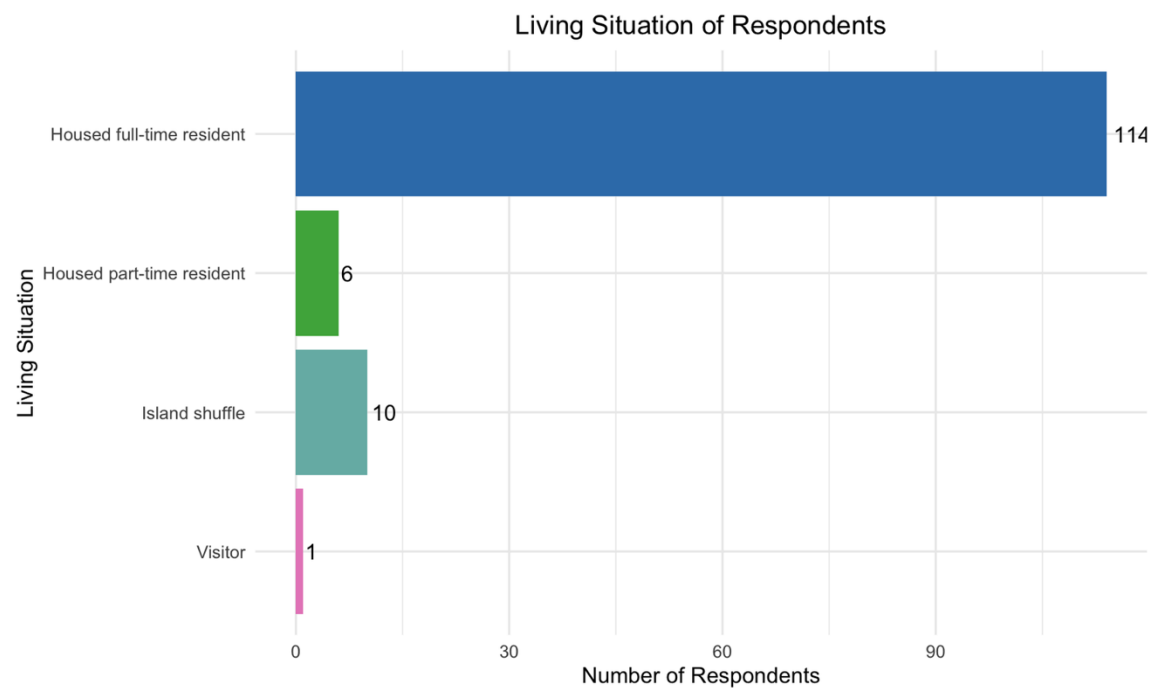
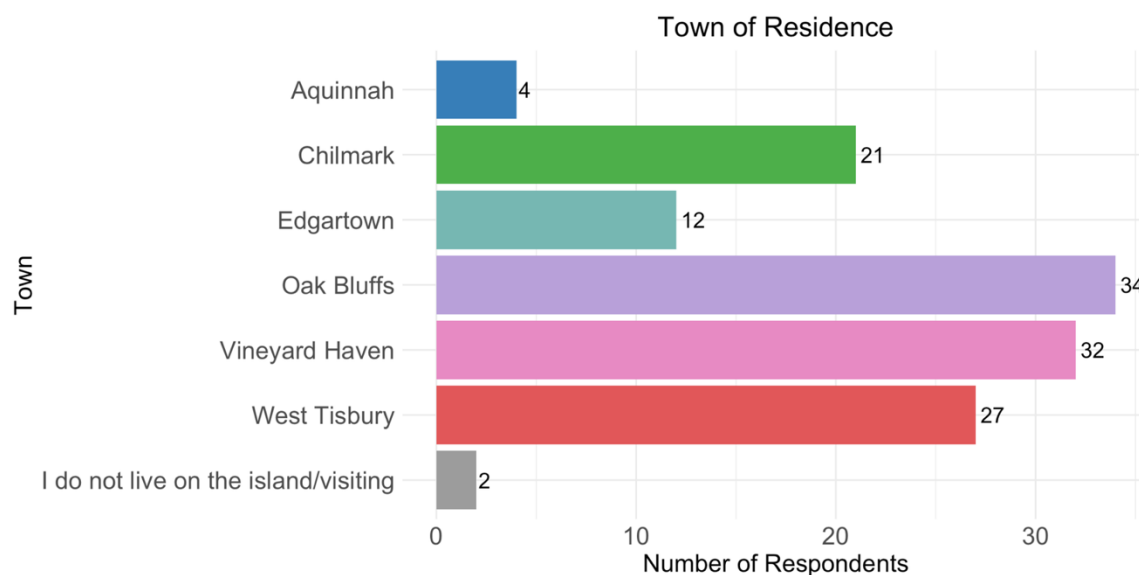


Figure 9: Town of Residence of Community Member Survey Respondents

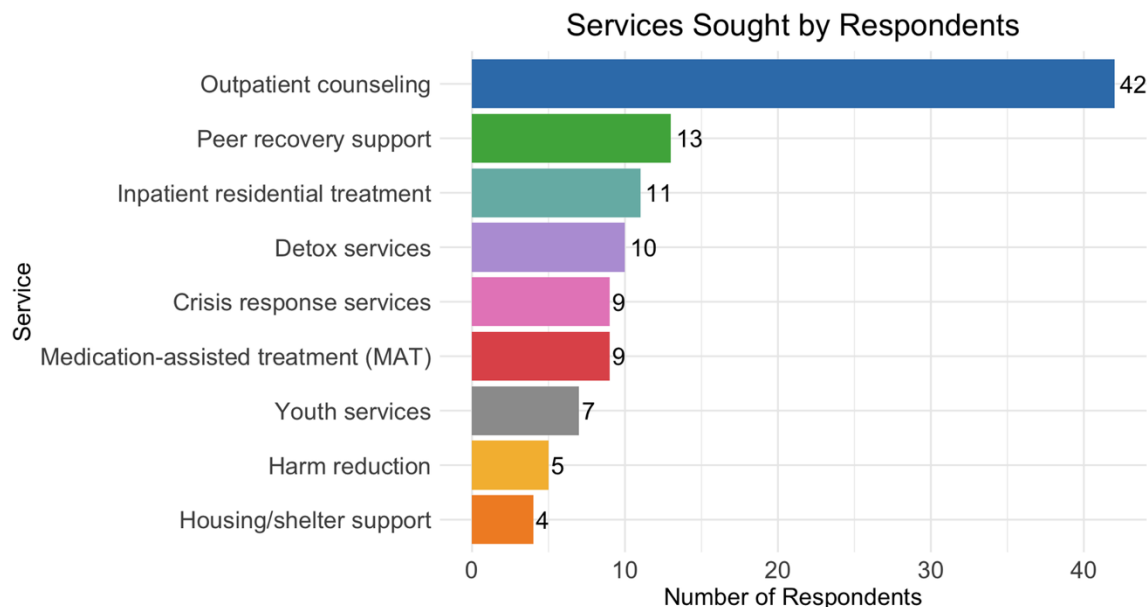


5.2. Experience With Services

The second section of the community member survey explored community members' experiences with substance use, behavioral health, and any related services. Among community members, experiences with substance use varied across substances. Cannabis, alcohol, nicotine/tobacco, and prescription drugs were the substances most frequently reported as being used by respondents or someone close to them in the past 12 months. For cannabis, 16 respondents reported daily use, 15 monthly use, ten weekly use, and 11 use once or twice. For alcohol, 7 respondents reported daily use, 16 weekly use, 13 monthly use, and 19 use once or twice. Nicotine/tobacco use included 23 respondents reporting daily use, while 19 reported daily use of prescription drugs. Although less frequently reported, some respondents also reported use of opioids, stimulants, depressants or sedatives, and other substances on a weekly or daily basis.

Looking at service accessibility, approximately one third of the 131 respondents stated that they or someone close to them needed substance use or behavioral health services within the past 12 months. Of these, 31 had received or were currently receiving services, 8 were currently seeking services, and 9 reported needing services but not seeking them. Of the 51 total responses received related to what services were sought out, outpatient counseling was the most reported service, with over 80% selecting this service type. Other commonly sought-after services included peer recovery support, inpatient residential treatment, and detox services (see Figure 10). Several respondents reported needing or seeking multiple types of services, suggesting that community members may require support across multiple areas rather than a single service.

Figure 10: Services Needed or Sought Out by Community Members



Experiences finding information and support were mixed. Among the 64 community members who answered this question, approximately one third stated that it was somewhat or very difficult to find information or support related to services. Community members most identified health care providers, a family member or friend, and internet searches or social media as key sources for information about behavioral health and substance use services (see Figure 11). However, 11.9% of the 59 respondents reported that they had not found any information, highlighting a gap in the ability to identify and navigate available resources. Barriers to accessing services were frequently related to lack of providers, cost and insurance, and stigma or fear of judgment among the 68 respondents (see Figure 12). Additional barriers included lack of information, transportation, childcare responsibilities, and language or cultural barriers. These findings suggest that barriers to care extend beyond the availability of services themselves and include financial, logistical, informational, and social factors that may prevent community members from accessing appropriate support.

Figure 11: Where Individuals go to Find SUB/BH Services

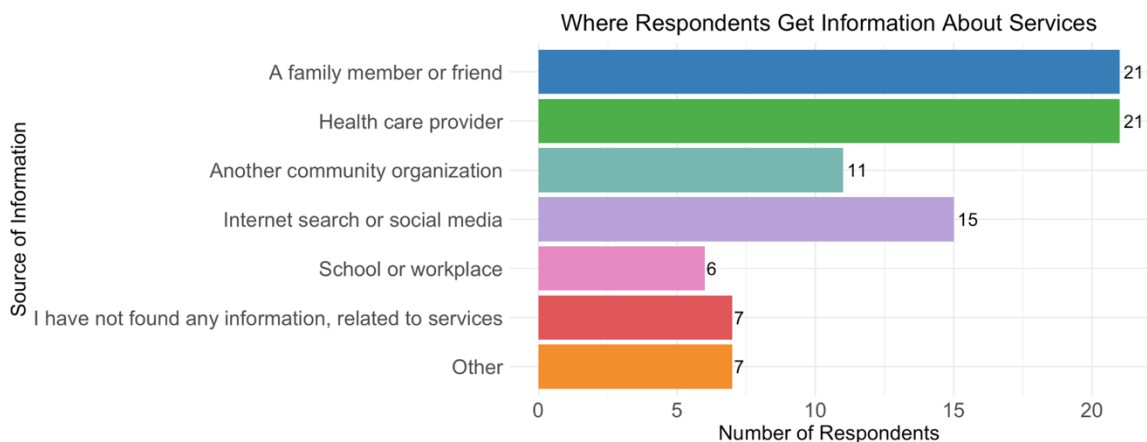
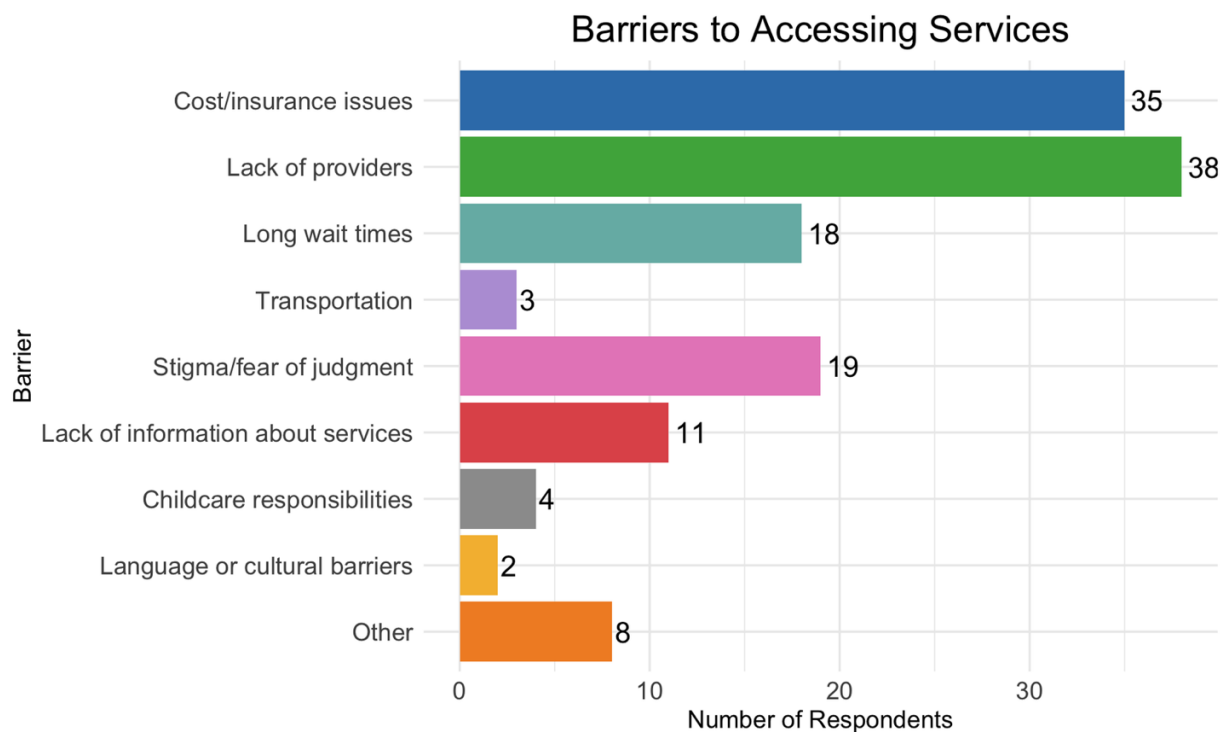


Figure 12: Reported Barriers to Accessing SUD/BH Services



Following barriers related to finding and seeking out services, wait times before appointments varied significantly. The majority of the 67 community members who answered did not receive any services; the second most frequent response was a 1-7 day wait time for services. This was followed by 1-4 weeks, within the same day, more than 3 months, and finally 1-3 months (see Figure 13). Respondents who accessed services generally viewed them as beneficial, although experiences were not uniformly positive (see Figure 14). Of the 55 who responded, 27.3% described services as very effective and highly recommended, while the majority described them as somewhat effective. 10.9% of community members reported that services were not effective. These findings suggest that existing services are able to help support the community, but there are opportunities to improve the accessibility, availability, continuity, and effectiveness of care.

Figure 13: Wait Times for SUD/BH Services

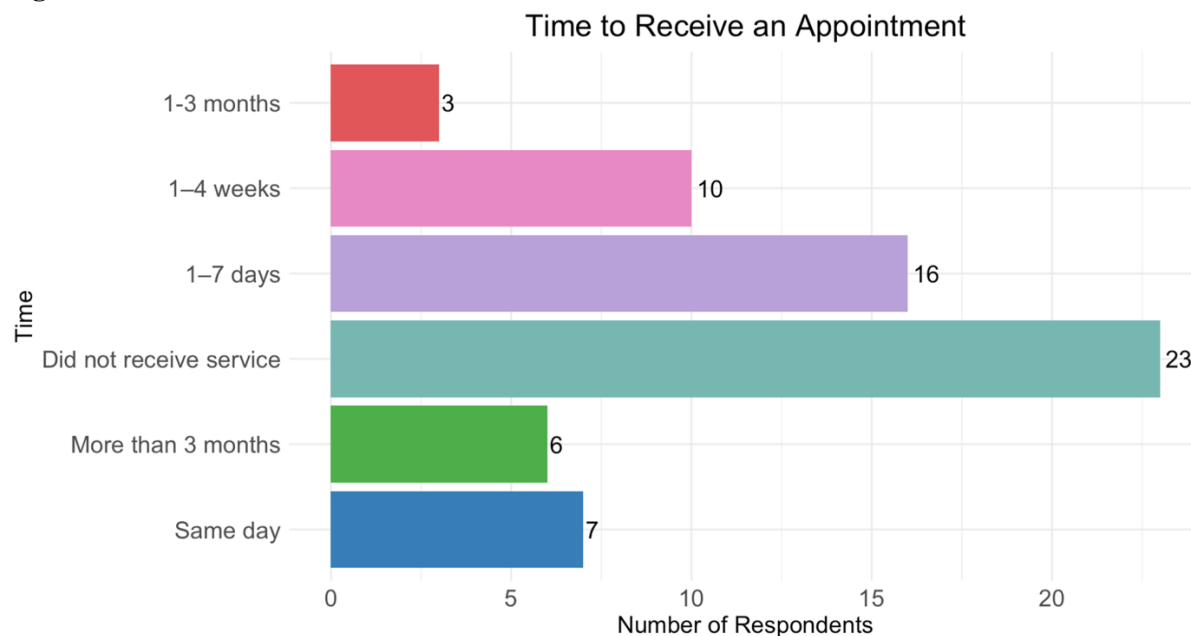
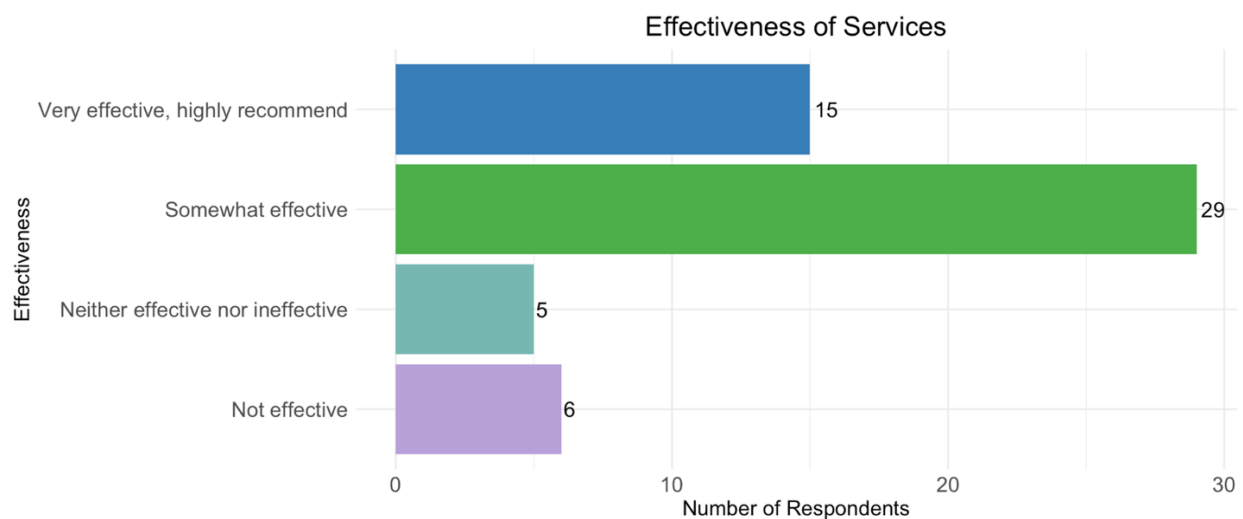


Figure 14: Perceived Effectiveness of SUD/BH Services



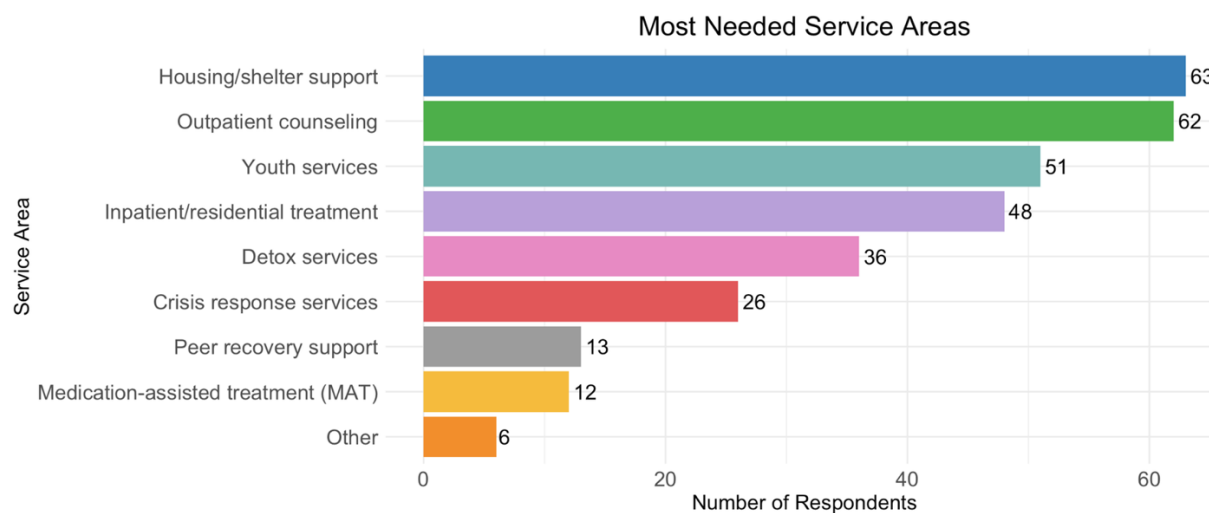
Responses related to community members' experiences with substance use and behavioral health highlight the range of behavioral health and substance use needs, while access to appropriate services remains inconsistent. The combination of unmet service needs, difficulty locating information, limited provider availability, financial barriers, and extended wait times points to the need for a more accessible and coordinated behavioral health and substance use service system on Martha's Vineyard.

5.3. Community Needs and Priorities

A diverse collection of responses was gathered related to views on behavioral health and substance use needs across the Island. Responses highlighted community organizational strengths, service gaps, barriers to care, and areas that may need greater support or investment. Through this survey section, community

members were able to highlight their top three choices for each question. When asked which services were most needed in the community, 63 out of 124 respondents identified housing and shelter support and outpatient counseling. Other commonly identified needs included youth services, inpatient/residential treatment, and detoxification services. Crisis response services were identified 21% of the time, while fewer community members identified medication-assisted treatment and peer recovery support as among the most needed services (see Figure 15). These responses from community members suggest that community needs extend beyond clinical treatment and focus on addressing social determinants of health, including housing.

Figure 15: Community-Identified Priority Substance Use and Behavioral Health Service Needs



5.4. Community Strengths and Assets

Despite the service gaps and barriers identified by community members, survey responses also highlighted several existing strengths and assets regarding the current SUD/BH system on the island. Respondents identified existing community-based organizations, recovery supports, outreach efforts, and providers as important sources of support. Much of the feedback came from the final optional open response survey question. The optional response asked community members to share any additional information or concerns they felt might be important to add. Several responses described positive experiences with specific services and organizations. One respondent described Connect to End Violence as “excellent.” Another response identified the women's health clinic as a helpful resource with minimal wait time, as well as being a welcoming and supportive environment. Community-based recovery and outreach networks were also identified as an important asset. One response described Martha's Vineyard as having a strong outreach and safety net for individuals seeking recovery from addiction, citing the availability of recovery meetings, counseling, and local health services. These open-ended community member responses suggest there are several existing assets on Martha's Vineyard, including established service organizations, recovery networks, community outreach, and providers viewed positively by residents. The presence of these stated assets demonstrates an existing infrastructure that can be strengthened and expanded through future planning and investment.

5.5. Integration With the Broader Needs Assessment

Community member survey findings provide important insight into how SUD/BH needs and services are experienced by residents of Martha's Vineyard. Throughout the surveys, respondents identified significant needs for both clinical services and broader supports, particularly housing/shelter, outpatient counseling, youth-focused services, and detoxification. Additionally, existing community organizations and recovery networks and current providers were identified as important strengths that can serve as a foundation for future planning and investment. These findings also demonstrate that access to services is influenced by factors beyond service availability alone. Insurance and costs, stigma, transportation, and lack of information on services create barriers that can prevent individuals from obtaining needed support. Collectively, survey findings highlight the importance of strengthening both SUB/BH services and the systems that help community members identify, assess, and remain connected to care. These findings will continue to support findings through the needs assessment related to identifying services gaps, priority populations, and strategic recommendations.

6. Stakeholder Findings

6.1. Overview of Stakeholder Engagement

Stakeholder engagement was a crucial component of the Martha's Vineyard Substance Use Disorder and Behavioral Health Community Needs Assessment. The stakeholder findings presented in this section draw from both the 17 stakeholder interviews as well as responses from the ten direct service providers and 13 civic and faith-based organization surveys. These sources provided perspectives from a range of organizations that regularly interact with individuals and families experiencing substance use, mental health, behavioral health, housing, financial, and other related needs through their scope of work.

Interview participants included direct service providers and organizations involved in areas related to SUD/BH such as housing, law enforcement, and youth services. Stakeholders described a community with a strong network of existing services, committed providers, and strong relationships among many organizations. However, they also identified persistent gaps in service availability, workforce capacity, housing, transportation, detoxification and medication-based treatment, and care coordination. They also emphasized that the ability to access existing services is affected by cost, insurance, language, stigma, housing instability, transportation, and the complexity of navigating multiple systems.

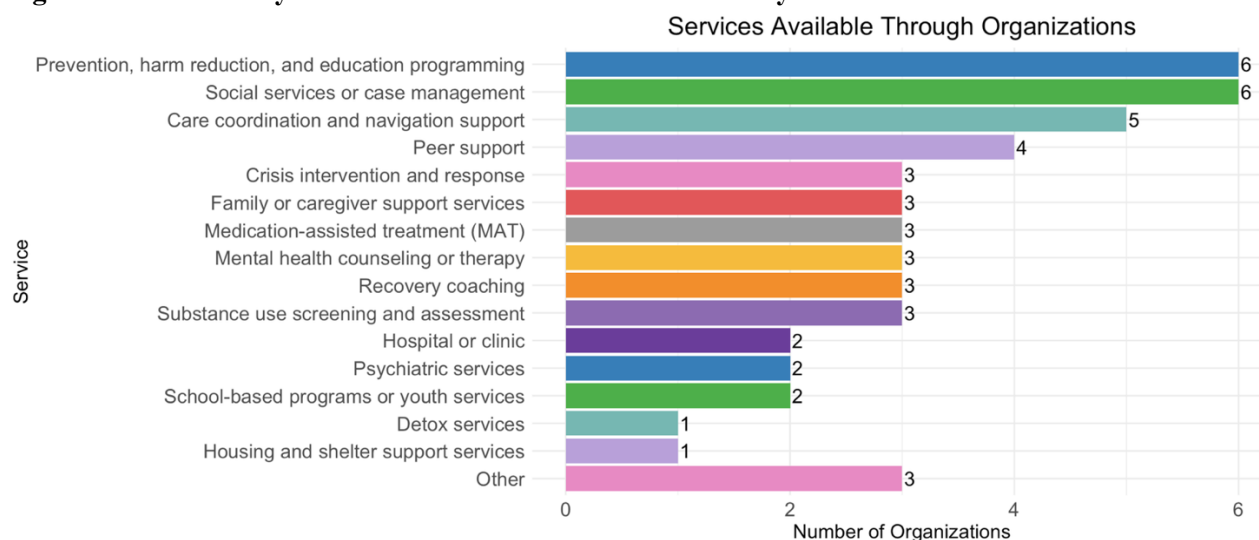
6.2. Service Availability and Gaps

Island stakeholders noted both strengths and gaps in the existing SUD/BH service system. The findings suggest that although there are several services and resources for SUD/BH available on Martha's Vineyard, the challenges revolve around matching the individuals in need with the appropriate services and providers in an accessible manner.

6.2.1. Existing Services

Stakeholders in the service providers survey self-reported a range of existing SUD/BH resources on the island including outpatient counseling, crisis services, recovery coaching, peer support, substance use screening and assessment, medication-assisted treatment, case management, prevention and harm reduction services, housing supports, and care coordination (see Figure 16).

Figure 16: Availability of SUD/BH Services on Martha's Vineyard



Several stakeholders described improvements in access associated with newer or expanded services. Some noted walk-in access, recovery coaching, and established referral relationships as important strengths as well as programs such as The Hub, which emphasizes a commitment to timely coordination for individuals at high risk of falling through the gaps of the system. Recovery coaches and peer-support programs provide a flexible point of connection for individuals who may not immediately engage with treatment for reasons including financial burden, familial obligations, job responsibilities, and geographic barriers. The existing resources on the island provide the foundational base for strengthening the SUD/BH service delivery and community response.

6.2.2. Unmet Needs and Service Gaps

Across data collection methods, stakeholders collectively identified areas where services are insufficient or unavailable altogether. For example, case management was one of the most frequently emphasized needs for SUD/BH care in the stakeholder interviews. Participants described the challenges and risks of individuals with SUD/BH needs having to navigate through the system without support, responsible for coordinating their own care. One stakeholder mentioned the need for an island-wide case management program, possibly at the county level, to ensure that individuals are not burdened with the responsibility of coordinating the complex system of services on their own. Detoxification and medication-based treatment were also identified as important gaps. Stakeholders specifically identified the lack of methadone treatment available on Martha's Vineyard as a significant limitation. The need for access to methadone was described not only as a service gap but also as an equity issue because accessing treatment off island requires additional transportation, time, and logistical resources.

The provider survey similarly identified areas organizations would like to provide or expand but currently are unable to, including detoxification, case management, care coordination, housing and shelter supports, harm reduction, peer support, youth services, and prevention and education (see Figure 17). Nine of ten direct service providers responded to this question. Among the

barriers preventing service expansion were challenges with cross-organizational collaboration, funding, and organizational infrastructure and operations (see Figure 18). Nine of the ten direct service providers' survey responses addressed these questions.

Figure 17: Organizations' Interest for SUD/BH Services Implementation and Expansion

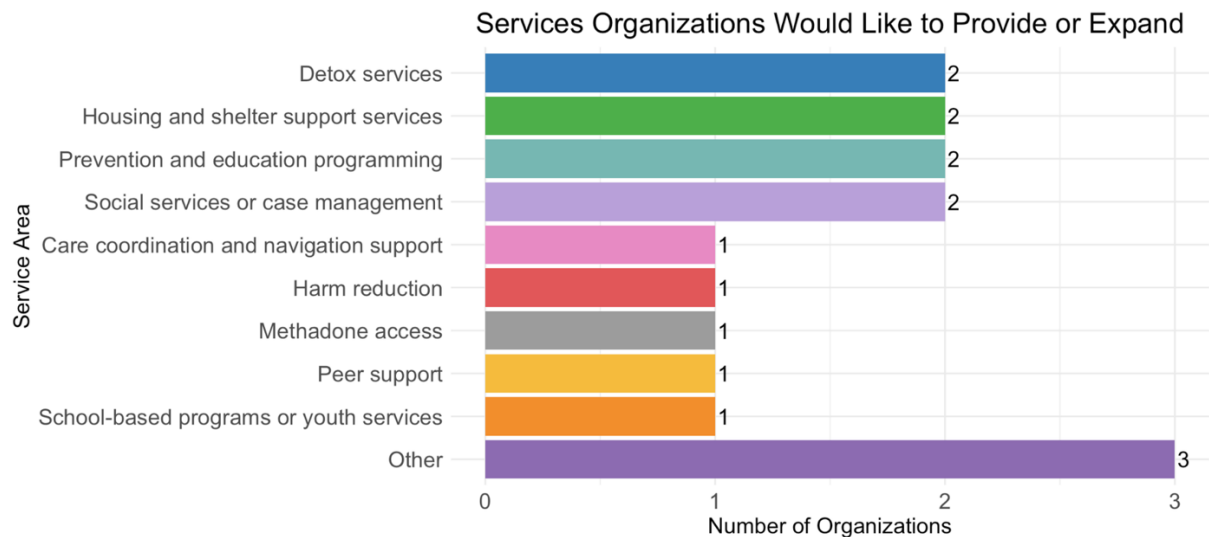
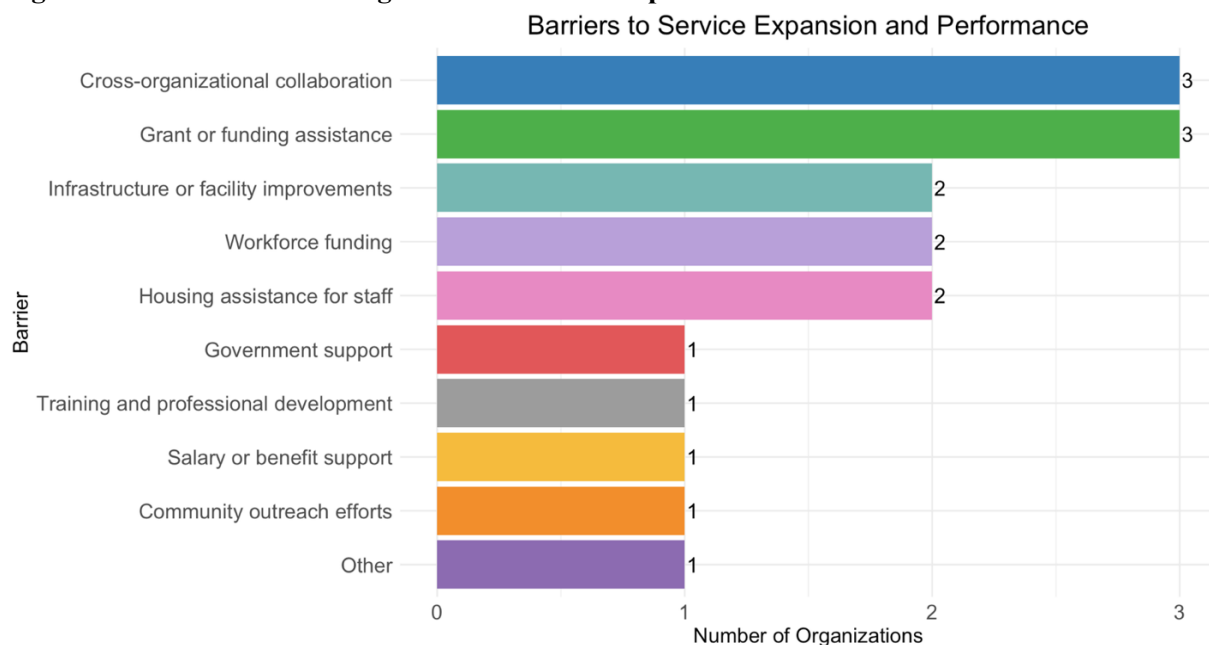
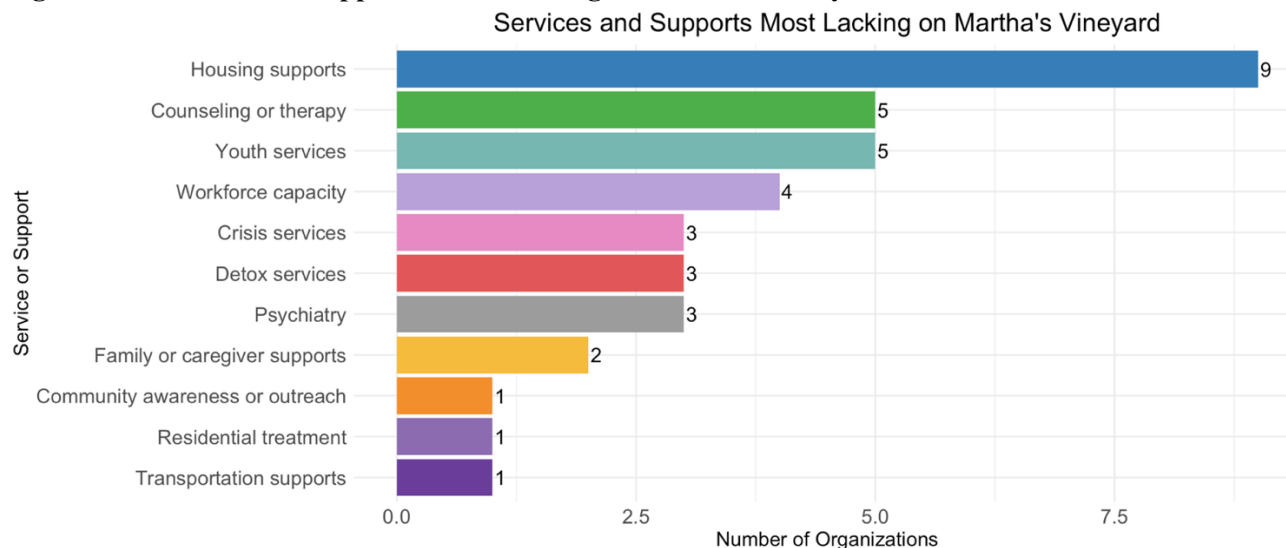


Figure 18: Barriers Preventing SUD/BH Service Expansion



The civic and faith-based organizations survey further elaborated the range of perceived service gaps. Among the 13 final organizational responses, housing supports, counseling or therapy, and youth services were identified as lacking island-wide (see Figure 19). Workforce capacity, crisis services, detoxification, and psychiatric care were also identified as areas of need.

Figure 19: Services and Supports Most Lacking on Martha's Vineyard

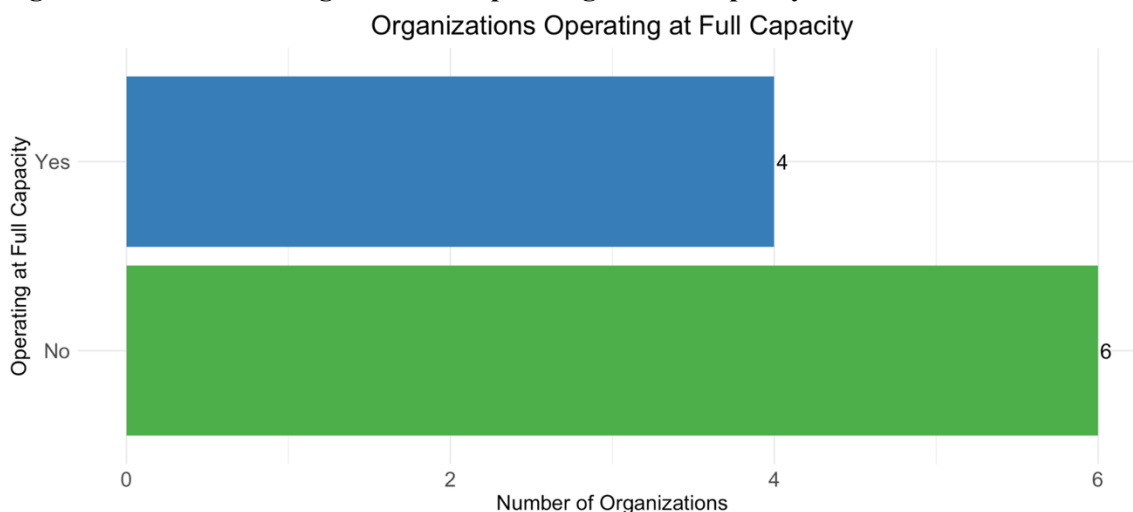


The combination of interviews and survey responses suggest that the different service gaps are interconnected, meaning limited availability of one service can cause greater stress on other parts of the system.

6.2.3. Access and Coverage Gaps

Service availability does not necessarily mean that services are accessible to everyone with needs. Factors such as eligibility requirements, insurance coverage, age restrictions, geographic location, scheduling, and the availability of providers determine whether an individual can receive care. This complexity is reflected on the island as six of the ten direct service providers reported not operating at capacity (see Figure 20). The main reason behind this was the lack of workforce support and capacity limiting their operations.

Figure 20: Number of Organizations Operating at Full Capacity



Stakeholders also described differences in access based on insurance status, with private insurance holders receiving greater and better care options than those on government-funded or public insurance plans. Insurance coverage creates greater barriers for individuals relying on public insurance, as many private health practitioners do not accept MassHealth, Medicaid, or Medicare. Limited availability of bilingual and bicultural providers, specialized services for LGBTQIA+ individuals, and age-appropriate services for children and adolescents also further heighten the challenges of navigating a system where substance use funding streams do not cover children and adolescents, creating additional gaps for younger populations.

6.3. Organizational Capacity

Organizational capacity emerged as a major factor influencing the availability and accessibility of services. Stakeholders described workforce shortages, high costs of living, housing challenges, limited funding, physical space constraints, and administrative demands as factors that can limit an organization's ability to expand services.

6.3.1. Workforce Recruitment, Retention, and Staffing

Workforce capacity was one of the most consistent themes across the stakeholder interviews and organizational surveys. Stakeholders described difficulty recruiting and retaining qualified clinicians, counselors, case managers, recovery coaches, and other behavioral health professionals. The high cost of living and limited housing availability on Martha's Vineyard hinders workforce recruitment and retention. Stakeholders noted that salaries may not be sufficient to offset the cost of living, making it difficult for organizations to attract and retain staff who can afford to live on the island. Telehealth psychiatry was identified as one strategy that has helped address provider shortages, but stakeholders emphasized that telehealth cannot fully replace in-person behavioral health services. The provider survey reinforced the importance of workforce capacity. Workforce or staffing support was one of the most frequently identified areas where provider organizations needed additional support or collaboration (see Figure 21).

Figure 21: Areas Where Providers Need the Most Support or Collaboration



6.3.2. Operational Capacity, Hours of Operations, and Infrastructure

Operational factors such as hours of operations and service models affect service accessibility. To improve the accessibility of services, strategies such as extended hours or flexible service model were offered as improvements worth exploring. This would especially support individuals working nontraditional schedules, particularly during the peak summer months since standard weekday operating hours complicate individuals' ability to attend appointments without missing work. Physical space was another capacity concern. Stakeholders described the benefit of having permanent or accessible space on Martha's Vineyard for services that previously required individuals or families to travel off island. The need for appropriate space for behavioral health crisis care was also identified, including efforts to create dedicated behavioral health rooms within the hospital. Administrative capacity can also affect an organization's ability to coordinate with other organizations. Communication and coordination are often competing with more immediate organizational responsibilities on the island; however, they lack dedicated staff time or resources to maintain those relationships.

6.3.3. Funding and Sustainability

Funding was identified as an important underlying factor affecting organizational capacity and service expansion. Stakeholders described funding restrictions, limited organizational budgets, reimbursement challenges, and the need for sustainable funding rather than short-term investments. The provider survey identified grant or funding assistance, workforce funding, salary and benefit support, and infrastructure improvements among barriers to organizational expansion. Stakeholders similarly described how additional funding could support additional staff, expanded services, physical space, education, and coordination. Several stakeholders also noted that limited funding can contribute to duplication of services when organizations independently develop programs that address similar needs. More coordinated use of existing resources was therefore identified as an opportunity to increase the impact of available funding.

6.3.4. Coordination and Collaboration

Stakeholders described collaboration as both a major strength of the island's SUD/BH response and an area requiring continued improvement. Many organizations have established relationships with one another, but coordination is not consistent across the entire system. Organizations to consider in strengthening relationships for coordination include Martha's Vineyard Community Services, Island Health Care, Martha's Vineyard Hospital, recovery organizations, law enforcement, the school system, and other community organizations involved in connecting individuals with SUD/BH services.

The Hub was frequently described as a particularly useful example of cross-sector coordination. Stakeholders explained that the informal collaboration allows organizations to respond quickly when someone is experiencing an immediate crisis or is at risk of falling through the cracks. Law enforcement was specifically identified as an important partner in locating and connecting individuals to services. Referral relationships within Community Services were also described as particularly effective because multiple services are available within the same organizational network. Stakeholders described successful relationships between Vineyard House and the Island Counseling Center's New PASS program, as well as collaboration among recovery coaches.

These examples demonstrate that effective coordination already exists in several parts of the island's system and can provide models for strengthening collaboration more broadly.

At the same time, stakeholders described gaps in coordination between organizations. Some stakeholders reported that individuals may move between housing, healthcare, behavioral health, and other systems without receiving coordinated long-term support. Independent behavioral health providers were also identified as a potential gap in the broader coordination network. Stakeholders noted that many clinicians are not affiliated with Community Services, the hospital, or another large organization, making it more difficult to maintain a comprehensive island-wide network. Stakeholders also described challenges related to organizational participation in collaborative efforts. In some cases, efforts to coordinate have resulted in additional committees or meetings without corresponding progress toward concrete action. Stakeholders emphasized the importance of moving from communication and discussion toward sustained coordination and implementation.

6.3.5. Referral Pathways

Referral practices varied across organizations. Several stakeholders described strong referral processes that involve a warm handoff, in which a provider directly connects an individual to the next service rather than simply providing a phone number. Warm handoffs were viewed as particularly important because individuals seeking help may already be experiencing stress, stigma, housing instability, transportation challenges, or other barriers that make it difficult to initiate contact independently.

Other stakeholders described challenges with referrals, particularly when organizations cannot determine what happens after a referral is made. One stakeholder described the absence of a consistent “closed loop” in which the referring organization receives information about whether an individual successfully connected with the receiving service. The provider survey reflected this mixed experience. Among respondents who rated on-island referral efficiency, three described the process as somewhat efficient, two as neither efficient nor inefficient, and two as not very efficient. Off-island referrals were more commonly rated as neutral, with five respondents selecting neither efficient nor inefficient and one selecting somewhat efficient.

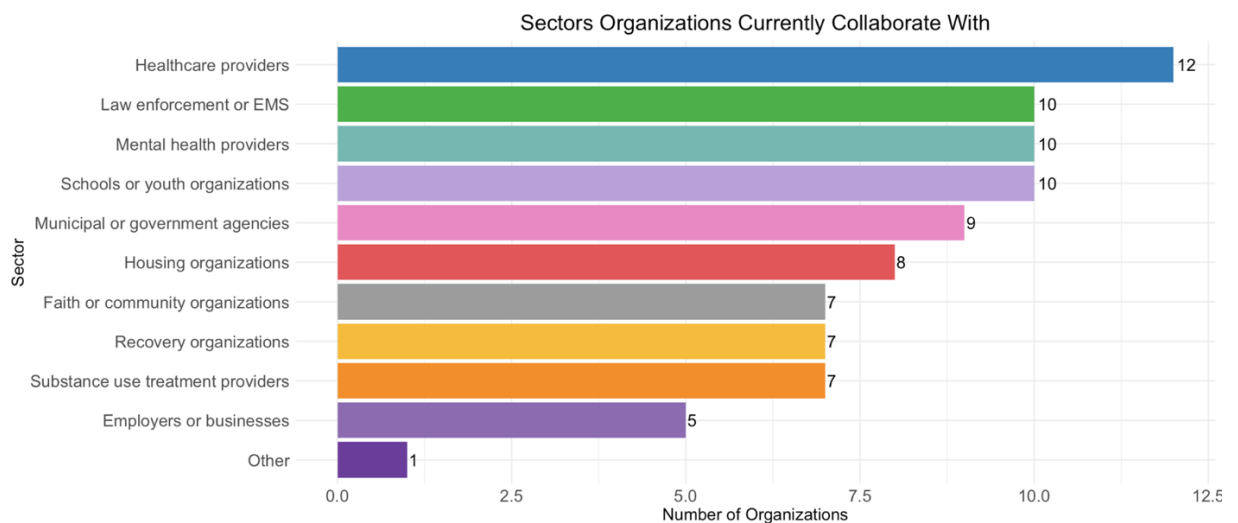
6.3.6. Information Sharing

Information sharing was emphasized as a challenging but critical component of effectively coordinating individuals' needs and services. It requires maintaining confidentiality and patient consent, which can frequently bar providers from providing the best support in a timely manner. Stakeholders described differing interpretations or applications of privacy requirements as a barrier to communication in some circumstances as well. Within organizations with established consent and information-sharing procedures, coordination was described as easier. Outside those networks, separate permissions and communication requirements can make coordination more difficult. The findings suggest that improving information sharing does not necessarily mean reducing privacy protections. Rather, stakeholders emphasized the need for clearer processes that allow organizations to coordinate appropriately while maintaining confidentiality.

6.3.7. Opportunities for Partnership

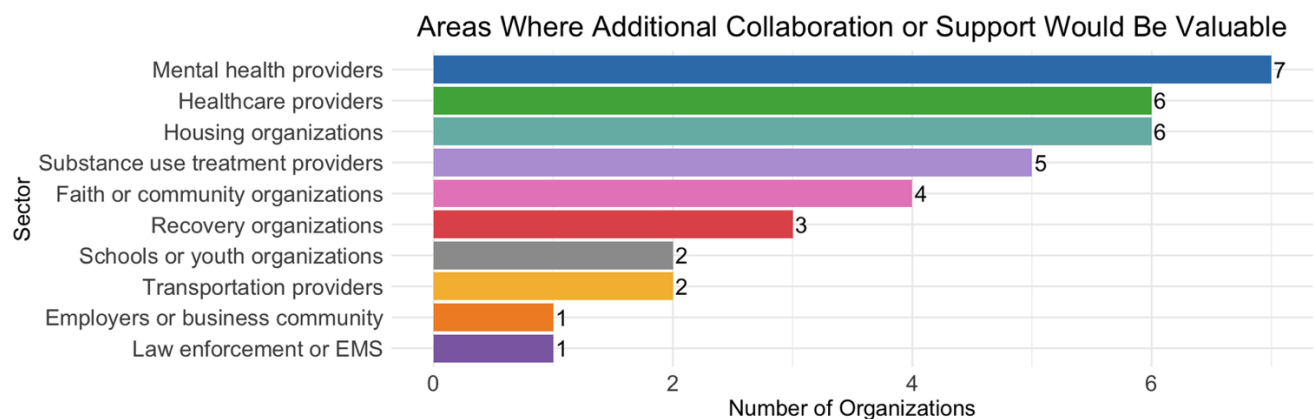
Stakeholders consistently identified opportunities to strengthen cross-sector partnerships (see Figure 22). These included greater involvement from organizations addressing housing, transportation, schools, law enforcement, Elder Services, healthcare, employers, and other social determinants of health. The civic and faith-based organization survey reflected this broad network of existing partnerships. Respondents reported collaboration with healthcare providers, mental health providers, schools and youth organizations, law enforcement or EMS, government agencies, housing organizations, substance use treatment providers, recovery organizations, faith and community organizations, and employers.

Figure 22: Sectors Currently Collaborating on Martha's Vineyard



However, organizations also identified areas where additional collaboration would be valuable. Mental health providers, housing organizations, healthcare providers, and substance use treatment providers were among the most frequently identified potential partners (see Figure 23).

Figure 23: Areas for Additional Collaboration on Martha's Vineyard



6.4. Program Awareness and Navigation

Stakeholders described service navigation as an important barrier even when appropriate services exist. The complexity of the service system, multiple referral points, eligibility requirements, insurance issues, transportation, and the need to contact multiple organizations can make it difficult for individuals and families to successfully connect with care.

6.4.1. Community Awareness and Understanding of Services

Stakeholders described a community with many existing resources, but awareness and understanding of those resources do not always translate into service utilization. Recovery coaching was one example: stakeholders reported that community members may be aware of the service but do not necessarily use it to its full potential. Stakeholders also emphasized that awareness needs to extend beyond knowing that a service exists. Individuals may need to understand how to access it, whether they qualify, whether their insurance is accepted, and what steps are required to begin services.

6.4.2. Navigating the Service System

Several stakeholders described the process of navigating services as burdensome. Individuals may be expected to make multiple phone calls, wait for return calls, complete paperwork, arrange transportation, and manage referrals while simultaneously dealing with housing instability, employment, family responsibilities, or behavioral health concerns. Stakeholders described warm handoffs and case management as strategies that can reduce these burdens. Directly connecting an individual to a provider while they are already engaged with a trusted organization was viewed as more effective than simply providing contact information. The hospital and other organizations similarly described a difference between having services available and being able to successfully navigate the outpatient system. Stakeholders noted that individuals can become lost after discharge or referral if they are expected to manage the next steps independently.

6.4.3. Self-Advocacy and Support

Stakeholders noted that service navigation often requires a level of self-advocacy that may be difficult for individuals experiencing a crisis or other significant challenges. Individuals may be anxious about asking for help, unfamiliar with the system, or uncertain about what services they need. Recovery coaches, case managers, social workers, and other trusted providers were identified as important supports because they can help individuals understand their options, make connections, and remain engaged over time.

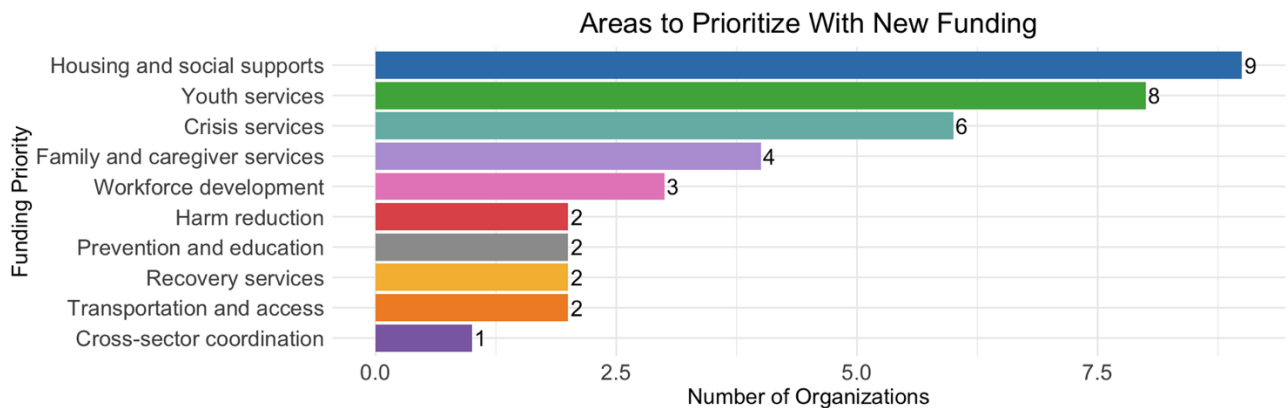
6.5. Social Determinants and Access Barriers

Stakeholders consistently emphasized that SUD and behavioral health needs cannot be separated from the broader conditions in which people live. Housing, transportation, insurance, employment, income, language, and seasonal demands all influence whether individuals can access and remain engaged in services.

6.5.1. Housing

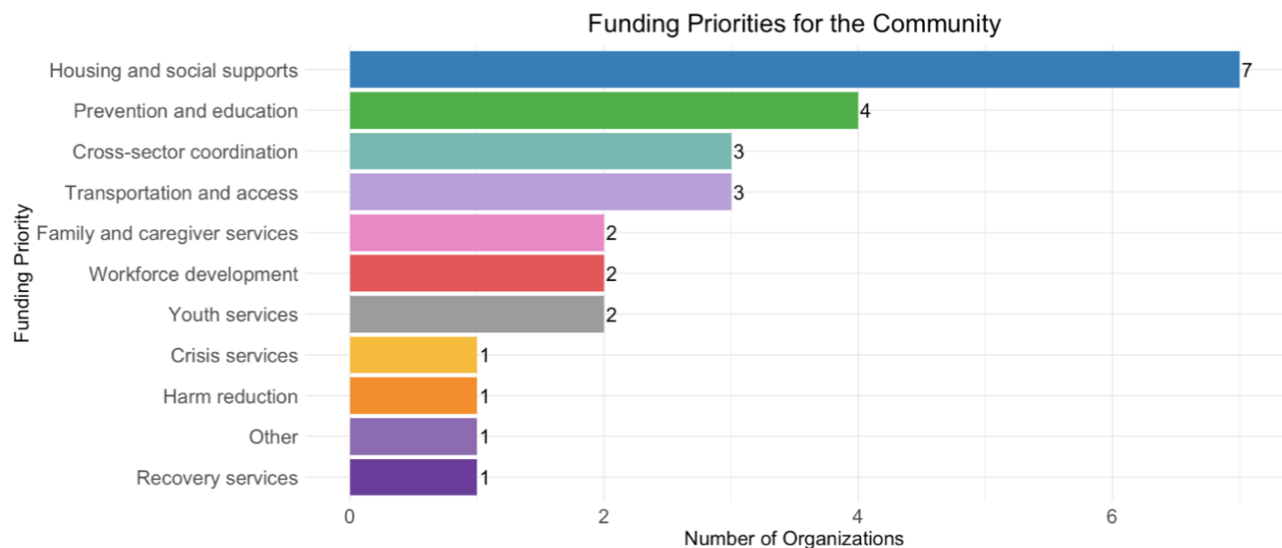
Housing emerged as one of the strongest cross-cutting barriers identified by stakeholders (see Figure 24). Stakeholders described housing instability as affecting individuals' ability to attend appointments, maintain treatment, recover from substance use, and remain connected to services. The civic and faith-based organization survey reinforced this finding. Housing supports were the most frequently identified service lacking on Martha's Vineyard, and housing and social supports were the most frequently selected priority for new funding among civic and faith-based organizations.

Figure 24: Priority Areas for New Funding from Civic and Faith-Based Organizations



Provider organizations similarly identified housing and social supports as the most frequently selected priority for new funding (see Figure 25).

Figure 25: Priority Areas for New Funding from Direct Service Providers



Stakeholders described housing as particularly important following detoxification or treatment. Without stable housing and ongoing support, individuals may return to the same conditions that contributed to their difficulties in the first place.

6.5.2. Transportation and Distance to Care

Transportation was repeatedly identified as a barrier, particularly for services that are not available on Martha's Vineyard. Off-island treatment can require ferry travel, additional ground transportation, time away from work, and coordination around appointments. Stakeholders specifically identified transportation as a major barrier to detoxification and methadone treatment. Even when an off-island service is technically available, the logistical burden may make it inaccessible in practice. Stakeholders also described how providing services directly on Martha's Vineyard can reduce this burden. For example, having a permanent island location for services was described as significantly reducing the amount of time families spend traveling.

6.5.3. Insurance and Cost

Insurance status and affordability were also identified as significant barriers. Stakeholders reported that many private behavioral health providers do not accept public insurance or require out-of-pocket payment. This limits options for individuals who rely on MassHealth, Medicaid, Medicare, or other forms of public coverage. Insurance issues can also delay access to detoxification or longer-term treatment when an individual's current coverage does not meet program requirements. Stakeholders described situations in which organizations must help individuals change insurance coverage before treatment can proceed.

6.5.4. Employment and Income

Employment and income intersect with both service access and workforce capacity. Stakeholders described residents working long or nontraditional hours who may have difficulty attending services offered during standard business hours. Missing work may also have direct financial consequences. The seasonal economy creates an additional challenge. Stakeholders described longer work hours and increased demands during the summer as contributing to missed appointments and reduced engagement. These patterns do not necessarily indicate reduced need for services; rather, they may reflect the difficulty of accessing services during the busiest period of the year.

6.5.5. Language and Cultural Barriers

Stakeholders identified language access as a significant barrier for members of the Brazilian and Portuguese-speaking community. Multiple stakeholders described a shortage of behavioral health and SUD providers who speak Brazilian Portuguese, as well as limited availability of in-person interpreters. Stakeholders emphasized that using an interpreter or translation technology may not provide the same level of comfort as communicating directly with a provider who shares a person's language and cultural background, particularly when discussing sensitive behavioral health or substance use concerns. At the same time, stakeholders described existing efforts to improve language access, including bilingual staff, translated materials, telephone interpretation, and other interpretation services. These resources were identified as important strengths that could be further expanded.

6.5.6. Other Structural and Social Barriers

Stakeholders also described food insecurity, lack of reliable phone access, homelessness, caregiving responsibilities, and limited social support as factors that can interfere with treatment engagement. For individuals experiencing homelessness, for example, maintaining an appointment may be difficult when basic needs such as food and shelter are not secure. Stakeholders described outreach approaches that meet people where they are as one strategy for addressing these barriers. These findings reinforce that improving SUD and behavioral health outcomes requires attention to both clinical services and the social conditions that influence people's ability to access and remain engaged in those services.

6.6. Strengths and Assets

Despite the identified gaps, stakeholders consistently described Martha's Vineyard as having substantial community assets that can serve as a foundation for future improvements.

6.6.1. Strong Existing Service Network

Stakeholders described numerous organizations and professionals working to address SUD and behavioral health needs. Existing resources include healthcare, behavioral health treatment, substance use services, recovery coaching, peer support, harm reduction, crisis response, housing, case management, and community-based programs. Several stakeholders emphasized that the island is not starting from a lack of resources. Rather, the opportunity is to strengthen existing services, address specific gaps, and improve how organizations work together.

6.6.2. Strong Partnerships and Community Relationships

Established partnerships were repeatedly identified as a strength. Examples included collaboration among Community Services, Island Health Care, Vineyard House, law enforcement, schools, healthcare providers, housing organizations, and recovery programs. The Hub was identified as an example of how organizations can coordinate around individuals with complex needs. Recovery coaches were also described as having strong relationships with one another and as being able to coordinate referrals across programs. The civic and faith-based survey similarly demonstrated the breadth of existing cross-sector relationships, with organizations reporting collaboration across healthcare, behavioral health, schools, law enforcement, housing, government, recovery, faith and community organizations, and employers.

6.6.3. Peer and Recovery Support

Recovery coaching and peer support were identified as important community assets. Stakeholders described recovery coaches as providing flexible, relationship-based support that can help individuals connect to treatment and remain engaged in recovery. The availability of free recovery coaching that does not require insurance was identified as particularly valuable for individuals who may otherwise face financial or insurance barriers. Stakeholders also identified peer-support settings as opportunities to build trust and connection. Informal engagement, including meals and community spaces, may provide an entry point for individuals who are not yet ready to pursue formal treatment.

6.6.4. Community-Based and Cross-Sector Capacity

Stakeholders described a strong willingness among many organizations to participate in collaborative efforts. Civic and faith-based organizations also expressed interest in contributing through prevention, education, youth engagement, family support, navigation, and connections to community resources. This broad willingness to participate represents an important asset for future implementation. Strengthening coordination, clarifying roles, and providing adequate resources may allow existing organizations to contribute more effectively without requiring every organization to independently develop new services.

6.7. Cross-Cutting Themes

Several themes cut across the stakeholder findings and demonstrate how individual barriers and system-level challenges interact.

6.7.1. Workforce Capacity Affects the Entire Service System

Workforce shortages were not identified as an isolated organizational issue. Stakeholders described a chain of effects in which difficulty recruiting and retaining staff limits organizational capacity, which contributes to fewer available appointments and services, which can increase referral challenges and delay access to care. Housing costs and the overall cost of living further compound workforce challenges. As a result, investments in workforce recruitment and retention may have effects across multiple areas of the SUD and behavioral health system.

6.7.2. Housing, Transportation, and Treatment Access Are Interconnected

Housing and transportation were repeatedly connected to treatment access and continuity. An individual may technically have access to a treatment program but still be unable to participate if they do not have stable housing, reliable transportation, or the ability to travel off island. These barriers can be especially significant for detoxification, residential treatment, and other services that require travel away from Martha's Vineyard.

6.7.3 Navigation and Coordination Are Closely Linked

Stakeholders frequently connected difficulties navigating services with gaps in coordination. When organizations do not have clear referral pathways or communication processes, individuals may be required to coordinate their own care. Conversely, warm handoffs, case management, recovery coaching, and established organizational relationships can reduce the burden on individuals and improve continuity.

6.7.4. Existing Resources Provide a Foundation for Expansion

Stakeholders did not describe the island's SUD and behavioral health system solely in terms of deficiencies. Many described effective programs, strong relationships, committed professionals, and organizations already addressing significant community needs. The findings therefore point toward opportunities to strengthen and connect existing resources while addressing specific gaps, rather than viewing service development solely as the creation of entirely new programs.

6.7.5. Population-Specific Needs Require Flexible Responses

Stakeholders identified needs that vary across populations, including youth, older adults, individuals experiencing homelessness, LGBTQIA+ individuals, Brazilian and Portuguese-speaking community members, individuals with co-occurring conditions, and people involved with the justice system. These differences suggest that expanding general service capacity alone may not address all access barriers. Culturally responsive care, age-appropriate services, language access, specialized supports, and flexible navigation may also be needed.

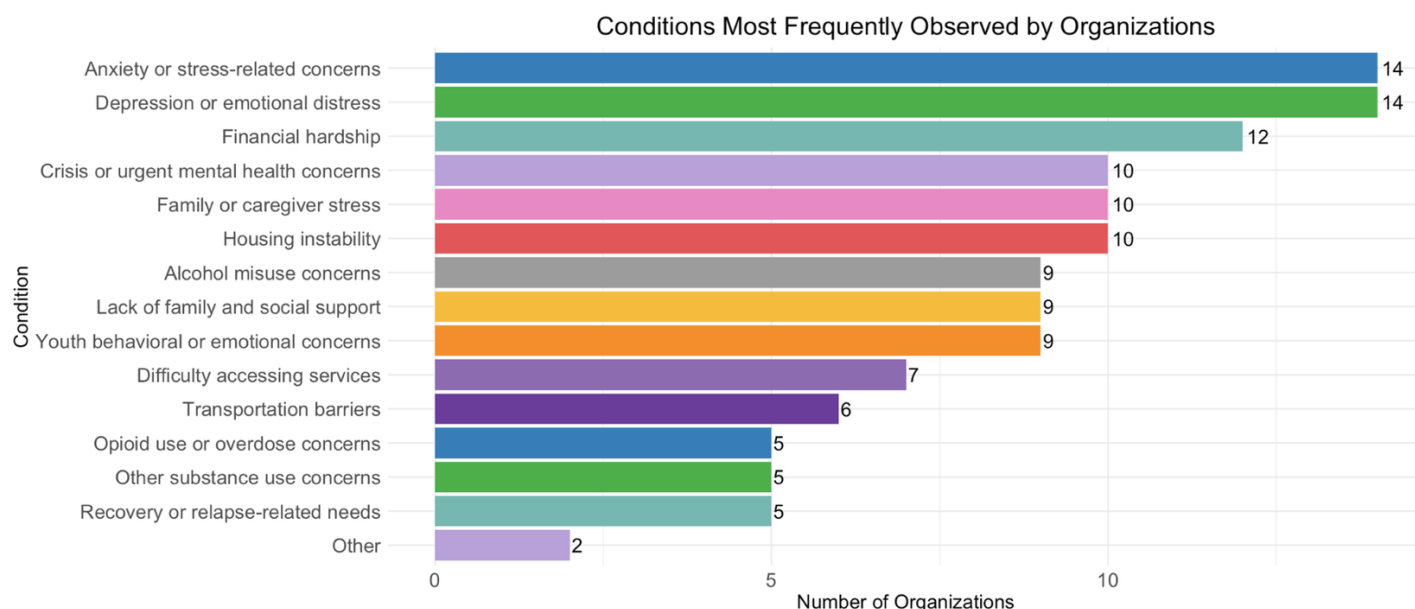
6.7.6. Coordination Must Lead to Action

Stakeholders expressed interest in stronger collaboration but also cautioned against creating additional meetings or committees without clear implementation. The findings suggest that future coordination efforts may be most effective when they have defined responsibilities, dedicated capacity, clear communication processes, and measurable goals.

6.8 Integration with the Broader Needs Assessment

Stakeholder findings were considered alongside the community member survey, direct service provider survey, civic and faith-based organization survey, focus groups, and available secondary data. Across these sources, several areas of consistency emerged. Housing and social support were repeatedly identified as priorities across stakeholder groups. Youth needs, behavioral health services, crisis services, workforce capacity, transportation, and prevention were also recurring concerns. Civic and faith-based organizations reported frequent observation of anxiety and stress-related concerns, depression or emotional distress, financial hardship, crisis or urgent mental health concerns, family or caregiver stress, housing instability, alcohol misuse, and youth behavioral or emotional concerns. All 13 final civic and faith-based organizational respondents reported encountering or observing mental health, behavioral health, or substance use-related concerns among community members (see Figure 26).

Figure 26: SUD/BH-Related Concerns Observed by Civic and Faith-based Organizations



The provider survey similarly identified workforce support, referral coordination, housing and supportive services, data sharing and communication, and cross-sector coordination as areas where organizations need additional support. Together, these findings indicate that Martha's Vineyard has a substantial network of existing services and organizations, but that service availability alone does not fully address community needs. Capacity limitations, workforce shortages, housing and transportation barriers, insurance and cost, language access, stigma, and difficulties navigating and coordinating services can limit the effectiveness of existing resources. Strong organizational relationships, recovery and peer support, community-based programs, existing referral partnerships, and willingness among civic and faith-based organizations to participate provide a foundation for strengthening the local SUD and behavioral health response.

Overall, stakeholder findings reinforce the broader assessment conclusion that the most significant opportunities are not limited to adding individual services. They also include strengthening workforce capacity, improving care coordination and navigation, expanding access to housing and transportation supports, addressing population-specific and culturally responsive needs, improving referral and information-sharing processes, and building on existing community partnerships and resources. These findings inform the priority areas and recommendations presented later in the report.

7. Focus Group Findings

7.1. Focus Groups Overview

Two focus groups were conducted as a part of the Martha's Vineyard Substance Use Disorder and Behavioral Health Community Needs Assessment during the data collection process. The original plan was to host several focus groups, with each group focusing on a different target population (direct service providers, faith-based leaders, civic organizations, Brazilian community members, general community members, etc.), however, time constraints and organizational challenges limited the number of focus groups to two. The focus groups provided an opportunity to explore organizational experiences and perspectives in greater depth to identify strengths, barriers, service gaps, and opportunities for future investment of opioid settlement funds. Across both groups, participants were already aware of the SUD/BH Community Needs Assessment, and most had interviewed and completed the stakeholder survey on behalf of their organization individually prior to the meeting. They were also encouraged to complete the community members survey after the focus groups and many supported the assessment process by distributing the community member survey through their workplaces and to their friends, family members, and within their social circles.

The first focus group was organized in collaboration with the Red House Peer Recovery Support Center at the Center on Friday, June 5, 2026, from 4 pm to 5 pm. The public health analysts joined the meeting via Zoom, while the moderator and other participants attended in person. This focus group was intended to gather community perspectives on experiences seeking SUD/BH services, barriers to care, gaps in the local system, and opportunities to strengthen existing community efforts. Participants included community stakeholders, direct service providers, recovery advocates, residents, and individuals with personal or family experience with addiction. However, participants of the focus group did not align with the analysts' intended target group of individuals. The goal of this focus group was to interact with and collect information about SUD/BH services, systemic gaps, challenges, and areas for improvement from local community members with lived and living experiences who were not working in the fields of SUD/BH themselves. This was to gather the experiences of the public, those who were not influenced by the nature of their work. Despite the differences between the intended and actual participants, the level of depth achieved in the discussion provided valuable insights into the strengths and persistent gaps within Martha's Vineyard's SUD/BH system.

The second focus group was organized by the public health analysts on Wednesday, June 17, 2026, from 1pm to 2:30pm to engage representatives from several island organizations and social services who had expressed interest in collaborating with other relevant organizations. This session was conducted virtually, with participants from local government, health care, behavioral health organizations, law enforcement, the court and probation systems, tribal services, disability services, and community organizations. Participants were recruited based on the responses they provided in their individual stakeholder survey. The purpose of the focus group was not to extract new information from individual organizations, rather it was to engage different stakeholders in conversation to initiate potential collaborations and continue the conversations around improving the system to better serve the community. The discussion focused on system-level issues related to access, referral pathways, care coordination, emergency response, trust, stigma, communication, and social determinants of health.

The two focus groups were presented with slightly different questions based on the expected participants and overall objectives of the groups. However, both groups described a community with meaningful existing recovery resources, strong relationships among local organizations, and a commitment to support individuals struggling with substance use disorder and behavioral health concerns. At the same time, they identified continued gaps in the ability of community members to learn about available services, navigate the system, transition between care providers, and maintain a continuum of care during recovery.

7.2. Red House Peer Recovery Support Center Focus Group

The first of the two focus groups conducted at the Red House Peer Recovery Support Center brought together a range of perspectives, including personal experiences with recovery, family experiences with addiction and recovery, health care experience, youth-focused community work, and professional experience providing recovery services. At the system level, participants described barriers and gaps in seeking care, the importance of trust in relationships, how individuals struggling with SUD/BH concerns might feel supported or underserved, and potential priority areas for action. Across the four questions posed to the group, the major topics discussed included: (1) awareness of available services and navigating the system; (2) service availability and gaps in continuum of care; (3) coordination and referral pathways; (4) social networks and recovery support; (5) first responders and community outreach; (6) stigma and community perceptions; and (7) prevention and education to address misinformation.

7.2.1. Awareness of Available Services and Navigating the System

There is a significant gap between the services that exist on Martha's Vineyard and the community awareness of those services. One participant described that the community has a general perception that there are no services available on the island despite the growth of the recovery system over the years. The group noted the expansion of the local recovery services, noting that Alcoholics Anonymous (AA) was one of the primary options in earlier decades and there were few alternative pathways to recovery. The availability of alternative pathways is important, especially since not everyone identifies with the religious and spiritual beliefs of AA. Program awareness and navigation pose distinct challenges on the island as participants felt many community members continue to view the system as it existed 15 or 20 years ago, failing to recognize the expansion and range of services available now. While resources exist, knowledge that multiple treatment and recovery pathways exist, determining which services are most appropriate for specific circumstances, and understanding how to move between different forms of support are points generally lacking in the community. Residents also may not recognize that they have options for treatment and care, and they are not tied to just one recovery path.

7.2.2. Service Availability and Gaps in Continuum of Care

Gaps in the continuum of care, particularly for individuals transitioning from acute treatment off-island to longer-term recovery, either on or off-island, contribute to the challenges individuals face in the treatment and recovery process. Participants with hospital experience explained how individuals referred off island during periods of urgent need due to the limited local treatment services faced challenges in or upon returning to the Martha's Vineyard after receiving treatment. The group described the risks of relapsing upon returning to the same circumstances and lifestyle without proper access to appropriate sober housing and other recovery supports on the island to

emphasize the need for a transitional support between detoxification and sober living. Participants expressed concern that existing sober housing on the island may not provide the appropriate level of structure for someone immediately after detox or in-patient treatment. One participant provided an example of collegiate housing outside of Massachusetts which offered housing, structured meetings, life-skills development, education, and employment expectations as a model to consider for an on-island transitional recovery program.

7.2.3. Coordination and Referral Pathways

The focus group recognized that substantial inter-agency coordination among island organizations already occurs, however there are barriers to the level of effectiveness of communication efforts. Participants recognized that there is considerable coordination within the local SUD/BH system but also noted that organizations such as Martha's Vineyard Community Services and Martha's Vineyard Hospital operate through different internal systems, sometimes complicating inter-agency communications and delaying collaborative efforts. Despite structural barriers, they commended organizations' ability to connect with one another to serve the community in times of crisis. The concern with coordination was raised particularly for individuals who may not fit neatly into existing service categories. In some cases, an individual's circumstances, situation, and condition may place them between organizations and programs creating the need for a unique and "nontraditional" recovery pathway for that person. Stronger coordination among treatment providers, recovery coaches, sober housing programs, and local organizations will help improve outcomes for individuals in recovery on the island and those returning after off-island treatment.

7.2.4. Social Networks and Recovery Support

The importance of relationships and trusted individuals at entry points to care was a central theme of the discussion. Participants identified family members, friends in recovery, police officers and other law enforcement officials, hospitals and other first-line workers, recovery programs, and community organizations as trusted guides and support in times of crisis. Some participants explained that their recovery processes began through informal connections rather than formal referrals. One participant described turning to others in recovery when their significant other relapsed, while another was directed toward AA in the early stages of their recovery. The group also presented the idea that an individual's ability to access care could be influenced by whether they have relationships with others familiar with or able to support them in navigating through the SUD/BH systems. Social networks and peer support are invaluable at the foundation of an individual's recovery journey and should be well integrated into the Martha's Vineyard SUD/BH care infrastructure. The interconnected nature of recovery resources such as AA, recovery coaches, sober housing, and other community supports is also important to note. The discussion reflected an understanding that recovery is an ongoing process of several interconnected factors which looks for peer support and social networks at all stages of the recovery process.

7.2.5. First Responders and Community Outreach

Participants identified first responders as an important population for outreach, education, and general information sharing considering the proximity to SUD/BH cases through the nature of their work. If first responders lack information about available resources and navigating the

system, they are less equipped with the knowledge and ability to connect community members to those resources. This is relevant for situations where the professional is looking for services for themselves. Previous collaborative efforts between recovery coaches and law enforcement in training were successful in spreading awareness of services on the island and serve as an example of how these relationships can be strengthened in the community. Participants also mentioned the availability of multiple AA meetings and flexible meeting locations as an existing strength.

Employment was identified as an opportunity for greater community outreach. Participants suggested enlisting the support of restaurants, bars, and other businesses to spread awareness and information among employees who may be struggling with substance use or behavioral health concerns. Fear of law enforcement, deportation, and legal concerns may discourage individuals from seeking help during a crisis, especially from law enforcement and government agencies directly. To address such fears and concerns, participants suggested engaging pastors, faith leaders, and other trusted community leaders to reach particularly closed-off communities, specifically the Brazilian population on Marth's Vineyard. Family and social networks within the Brazilian community are especially important, so tapping into trusted individuals within the network may be more effective for targeted outreach. These findings emphasize the importance of implementing innovative, culturally sensitive outreach strategies beyond the traditional healthcare settings to reach populations less likely to engage with direct formal services.

7.2.6. Stigma and Community Perceptions

Stigma related to SUD/BH impact, care, and treatment was emphasized during the discussion as one of the most prominent barriers influencing community members' help-seeking behaviors. Several participants described their own experiences and strategies to combat the effects of SUD/BH stigma, which mainly focused on the importance of personal storytelling to challenge misguided beliefs. Storytelling as a strategy can demonstrate that recovery is possible while addressing the negative and misinformed assumptions the community may have towards individuals with SUD/BH struggles. The group discussed that some of the stigma results from the perception that substance use disorder is a choice or "moral failing" rather than a nuanced health condition with complex challenges and barriers. Judgement toward individuals who relapse can also occur within recovery environments, and not in the community. The group also identified stigma around treatment options, particularly those who follow medicated treatment pathways such as Vivitrol, Suboxone, and Naltrexone, explaining that many question the individual's "sobriety" in such cases. Accurate and transparent public health education about addiction, recovery, and medication treatment alongside personal storytelling can help reshape the community's understanding of substance use disorder and increase support and empathy from the community for those struggling.

7.2.7. Prevention and Education to Address Misinformation

Participants considered public education to be a key strategy in advancing prevention and stigma reduction efforts on the island. The group discussed previously implemented programs which brought speakers into the community through schools to engage both students and families with information about the science of addiction. Evidence-based education could help families and especially young individuals to better understand the realities of substance use and encourage

active, early prevention strategies. Participants also expressed concern about the quality of information available online considering the high volume of individuals who rely on quick internet searches as their main source of information, without considering the accuracy and validity of the information found online.

7.3. Public Health Analysts-Organized Island Organizations Focus Group

The second focus group of the assessment organized by the Opioid Abatement Advisory Board Public Health Analysts conducted virtually invited professionals from island-wide organizations involved in substance use disorder, behavioral health, public safety, local government, tribal, disability, and community systems work. The discussion provided a systems-level perspective of how agencies interact with one another and how the broader system responds to community members in need of care. Across the four questions posed to the group, the major topics discussed included: (1) care coordination and warm handoffs; (2) cross-sector collaboration; (3) information sharing and confidentiality; (4) establishing trust between providers and community members; (5) emergency response for individuals with disabilities; (6) community engagement to reduce stigma; (7) community resource directory and outreach; (8) accessible treatment pathways; and (9) social determinants of health.

7.3.1. Care Coordination and Warm Handoffs

Care coordination and referral challenges were among the leading themes discussed in the analysts-led organizations focus group. Participants described gaps intensified when individuals return to Martha's Vineyard after being sent off island for detoxification, mental health treatment, or other SUD/BH services. On-island providers and organizations likely lose communication once the individual leaves the island, meaning they often do not know when the individual is being discharged or returning to the island. This can leave service providers on the island with insufficient time to arrange housing, treatment, and other recovery support for the returning individual, especially when they are notified as close as the day before discharge. Findings indicate a need to establish a warm handoff during the return process, in which the individual is actively supported through the transition back to the island, rather than having to face reintegration into the community on their own with no continued treatment plan or identified support. The group proposed several strategies to implement this, including: (1) earlier discharge notification; (2) active collaboration of off- and on-island providers in discharge planning; and (3) a trained island-wide multidisciplinary team model that holds regular meetings and follows a clear care-pathway flowchart to support community members with SUD/BH challenges.

7.3.2. Cross-Sector Collaboration

The group identified interdisciplinary coordination as a valuable potential strategy to target some of the existing barriers to SUD/BH care. Participants suggested modeling the existing justice system's Recovery Court or neighboring Barnstable County's structure to engage multiple organizations in coordinating treatment and planning for individuals' return to the island before the individual returns to the island from treatment. Discussion of using de-identified information to maintain privacy protections in island-wide coordination arose within the group on the topic of implementing such roundtable models. Group members highlighted the strengths in existing

cross-sector partnerships while discussing the opportunities to expand those relationships and strengthen island SUD/BH care.

7.3.3. Information Sharing and Confidentiality

Continuing the topic of cross-sector collaboration, the analysts-led focus group identified misunderstandings about HIPAA regulations, and consent as barriers to information sharing across island organizations and providers. The concern was focused on the uncertainty of what information can appropriately be shared across organizations without violating anyone's rights and protections. Participants suggested implementing shared training on consent and regulatory requirements for the potential interdisciplinary team's members to reduce misinformation and increase effective coordination, using de-identified information sharing when appropriate for further protection.

7.3.4. Establishing Trust Between Providers and Community Members

Trust in provider-patient relationships is a fundamental component of effective SUD/BH care, with consistency and immediacy among the most important characteristics of trustworthy, reliable services. When providers are proactive and consistently demonstrate their commitment to supporting the community through their actions and care, individuals struggling with SUD/BH concerns may be more willing to cooperate and engage with services. A failed referral can not only delay necessary care but also damage an individual's trust in both the receiving organization and referring provider. Group members also emphasized the importance of trust between organizations, complementing the Red House discussion of trusted relationships as important pathways into recovery.

Among the several common entry points into SUD/BH services identified according to different levels of urgency were emergency departments, schools, primary care facilities, and direct community outreach. Participants recognized the emergency department as particularly important in connecting individuals to services during active crises, and primary care offices serve as a significant referral source, with many providers recommending and connecting individuals to care based on their evaluations. Community health workers, peer recovery coaches, and community members also shape referrals and treatment pathways. Schools serve as a crucial connection to support services for youth and families as they facilitate direct outreach to the community through awareness, education, and some level of SUD/BH care. The group concluded that individuals enter the SUD/BH system through several pathways, making trust and relationship building among all entry points essential.

7.3.5. Emergency Response for Individuals with Disabilities

The analysts-led focus group discussed emergency response for individuals with behavioral health challenges, such as autism. One participant proposed a voluntary identification system for households that could alert first responders when a household member has behavioral health needs. However, other participants raised concerns about increased stigma and assumptions among providers responding to the scene because of a public-facing identifier. While the group was not able to reach a definitive conclusion on the proposed identification system, the discussion highlighted the need for appropriate information sharing among first responders and

organizations in order to ensure individuals with developmental or behavioral health challenges, or substance use disorder, receive proper care according to their needs.

7.3.6. Community Engagement to Reduce Stigma

Participants highlighted community presence and awareness as an impactful strategy for reducing stigma, with findings like the Red House focus group. Examples of community engagement included law enforcement and probation staff visiting recovery organizations, introducing and normalizing resource materials in community settings, and creating opportunities for youth and families to directly interact with public service organizations. Such efforts were believed to normalize community-wide conversations and increase awareness, as well as make service organizations more approachable and accessible to community members to reduce any fears or misconceptions that might presently exist. Additionally, participants noted the significant impact shifting the narrative from relapse, crisis, and negative outcomes to sharing positive recovery stories could have on changing community perceptions.

7.3.7. Community Resource Directory and Outreach

The focus group identified the lack of a centralized and regularly updated Martha's Vineyard resource directory as a significant barrier to program awareness and navigation. Participants proposed developing a central website, an initiative already underway, where island health and human service organizations could provide updated current information about services, contact information, and other important information related to SUD/BH and general health care. This directory would have to be monitored and regularly updated to reflect the real-time changes in community services. The need was reinforced by the analysts' own difficulties in researching and mapping services and organizations through publicly available information as well as the recognition that many long-term island residents are unaware of available services, especially considering SUD/BH service expansion. Social media was also discussed as a potential mechanism for increasing awareness and accessibility to providers through tactics such as short provider and service introductory videos with links to centralized resource information. However, participants also noted that building and maintaining that social media presence would require dedicated management and thoughtful, modern communications strategies.

7.3.8. Accessible Treatment Pathways

Treatment accessibility calls for more than just the existence of a particular service in the area. Participants in the analysts-led focus group discussed a "treatment circle" in which individuals struggling with SUD issues might repeatedly move through familiar treatment options with no awareness of alternative treatment pathways and difficulty identifying options that best align with their circumstances. Providers in the group encouraged greater awareness of options such as partial hospitalization programs, which could be accessed remotely for those who need greater flexibility with services due to family obligations, employment restrictions, financial barriers, and other circumstances limiting their ability to commit to off-island in-person programs. It is important for care providers and treatment coordinators to consider the conditions and circumstances of the individual before placing them into demanding treatment pathways that might neglect their situational needs in trying to address their SUD concerns.

7.3.9. Social Determinants of Health

The focus group discussed housing availability, cost of living on the island, employment conditions, and the seasonal economy among the important factors to consider in the context of consistent treatment engagement. Participants noted that individuals facing SUD/BH concerns may have familial responsibilities, financial burdens, job stress, and transportation barriers that interfere with participation in recommended SUD/BH services. Seasonal employment was among the highly recognized challenges to accessing and following through with SUD/BH care particularly on Martha's Vineyard. Several providers noted that service participation declines during the peak summer season as much of the island works substantially longer hours, hindering their ability to commit to appointments and programs. Furthermore, housing instability and the high cost of living on the island serve as major barriers underrecognized when assessing treatment access, especially since such factors cannot be addressed and mitigated through clinical services. These findings indicate the need to adopt a holistic, inclusive approach to SUD/BH treatment and recovery planning.

7.4. Cross-Focus Group Findings and Integration with the Broader Needs Assessment

Despite differences in participant composition and discussion emphasis, several overlapping themes emerged across the two groups, including service availability and treatment pathways, organizational capacity and outreach, coordination and referral challenges, program awareness and navigation, social determinants of health, trust and stigma, recovery supports, and population-specific needs. Both groups described an expanding network of recovery resources, strong peer relationships, and examples of effective cross-sector collaboration. The most consistent areas of concern were service gaps in establishing a continuum of care, referral and coordination challenges, lack of awareness of available services and resources, stigma, and social determinants of health including housing, employment, insurance and cost of treatment, cost of living, and geographic isolation. The focus groups also brainstormed opportunities for future action, including developing a centralized resource directory, strengthening warm handoffs and discharge planning, increasing community outreach, implementing professional training opportunities, strengthening interagency communication, and expanding evidence-based education and stigma-reduction efforts. These ideas are consistent with the strategic recommendations outlined later in the report.

The focus group findings reinforce and contextualize the data gathered through the other components of the SUD/BH Community Needs Assessment. They add an important qualitative dimension to the assessment by demonstrating how system-level barriers are experienced across different organizations. Importantly, the findings indicate that strengthening SUD/BH support on Martha's Vineyard requires close attention to more than whether services exist on the island, but also how individuals find services and information, how organizations connect individuals throughout treatment, and whether community and environmental conditions allow individuals to remain engaged in the treatment and recovery process.

8. Service Gaps

8.1. Identification of Service Gaps

For this needs assessment, a service gap refers to areas where existing SUD/BH services and supports do not fully meet the needs of an individual or broader community. A service gap may reflect the absence of a needed service but can also represent when an existing service has limited capacity, accessibility concerns, or does not adequately address the needs of the community or population the service is meant to serve. Identification of service gaps was based on several factors, including survey responses related to personal experience and needs, gaps, and priorities, as well as interview and focus group responses related to service availability, accessibility, capacity, and affordability.

Analysis from community surveys, stakeholder interviews, and focus groups were used to identify areas in which community needs may not be fully addressed by the existing SUD/BH system on the island. These findings provide insight into both services that are needed but limited or unavailable and barriers that may prevent access to existing services. The presented service gaps in this section are intended to identify opportunities to strengthen the current SUD/BH system on Martha's Vineyard. The identified service gaps are not meant to disparage current services on the island but instead to highlight areas for improvement to create a more accessible and holistic SUD/BH system on the island.

8.2. Detoxification Services

A major service gap for Martha's Vineyard is the lack of inpatient detoxification services on the island. Inpatient detoxification is a medical treatment in which an individual stays in a facility for a period to become free of any substances. During the period of an individual's treatment, they are monitored for immediate withdrawal symptoms as well as to treat any additional comorbid or psychiatric needs. This service was identified by 29% of community members as a service that is most needed by their communities. Stakeholder interviews provided additional context into the current limitations regarding detox services. Transportation was identified as one of the greatest barriers for accessing this service. To access off-island detox services, an individual will need to coordinate transportation, obtain an available open bed placement, and leave the island to receive care. These challenges may be particularly significant when an individual is experiencing withdrawal or any other urgent substance use-related need. Having no detox service on the island may also create a barrier to the continuity of care. Individuals leaving the island for treatment may become separated from their social support networks, including their family and local providers. In one stakeholder interview, it was noted that there can be a concern when an individual leaves detox and returns to the same circumstances because there is limited support upon their return. It can also be difficult to track a patient and set up an aftercare plan once they leave the island, as communication between on-island organizations and off-island detox services can become limited or delayed due to potential privacy concerns or breakdowns in the communication chain.

Currently, there are organizations that can assist individuals with referrals, insurance navigation, and transportation related to seeking detox services. However, the current system on the island relies heavily on accessing detox services outside of Martha's Vineyard. This creates an important gap between the identification of an immediate need for detox and/or withdrawal management and the individual's ability to access timely care. The lack of any local detox service has numerous implications for the timeliness

and continuity of care. The feasibility of creating some sort of detox service on the island or strengthening pathways for immediate off-island detox should be explored after the needs assessment process.

8.3. Case Management and Care Coordination

Case management can help individuals navigate multiple services and address needs that affect their ability to engage in treatment. Care coordination supports communication and collaboration among providers involved in an individual's care. Although case management appears to be a service within numerous health care and social service organizations, gaps in referral assistance, navigation, and coordination were still identified in the needs assessment. These findings suggest the current state of case management services may not be able to support the consistent demand of individuals with complex or multiple needs.

In both quantitative and qualitative findings, the need for additional case management and care coordination was identified. Among civic organizational surveys, five organizations (35.7%) stated navigation or care coordination would be most helpful to the community. Stakeholder interviews provide further insight into this service gap. Stakeholders described case management as one of the most significant needs on the island. There was also mention of a more coordinated approach to case management across organizations on the island. These findings demonstrate that there are some case management services on the island; however, an expanded and more coordinated cross-organizational approach would need to be established to meet the demand of the community. This demand for case coordination is particularly relevant given the range of services and individuals may interact with throughout treatment and recovery. Individuals may need to seek housing support, medical care, legal services, and other social services all at the same time. Stakeholders described the importance of communication between hospital and community-based providers, particularly when individuals transition from emergency or inpatient care back into the community. The assessment also identified some examples of this cross-organization collaboration currently in place, including the Recovery Court. Recovery Court provides individuals involved in the criminal justice system access to treatment of SUD related issues as an alternative to incarceration, through the collaboration of numerous organizations, including Martha's Vineyard Community Services, Gosnold Behavioral Health, and the District Attorney's office.

Although there is some form of multi-organization collaboration and care coordination already in place on this island, numerous barriers were identified as to why case management and care coordination is still highlighted as a service gap among stakeholders. Existing case managers and other coordination staff have multiple responsibilities and limited time to provide the most comprehensive navigation or follow-up for a potential high volume of caseloads. The number of organizations involved in an individual's care can also make communication and referral follow-up difficult. Privacy and confidentiality concerns were mentioned by numerous stakeholders as a potential barrier to communication across organizations. Efforts to maintain confidentiality extend beyond HIPAA, as confidentiality protections may still be required regardless of whether insurance billing is involved. Without sufficient dedicated capacity for caseworkers and coordination staff, individuals may become responsible for their own coordination, which may result in delays in care or complete patient drop-off. These identified gaps appear to be primarily related to the capacity of current casework and cross-organizational communication. Strengthening these areas could improve the ability for individuals to navigate the SUD/BH system, complete referrals, and have a more efficient and effective transition between service organizations.

8.4. Medication-Assisted Treatment (MAT)

Medication-assisted treatment (MAT) was identified as an area where additional access and capacity may be needed on the island. MAT is a type of SUD treatment that incorporates medication in addition to counseling and behavioral health therapies ([Medication-Assisted Treatment FAQ, n.d.](#)). Medications used in MAT include methadone, Suboxone, and Vivitrol. Among community member survey responses, only 9.7% of individuals listed it as a most needed service area for their community. However, within stakeholder interviews, focus groups, and surveys, MAT was a well-mentioned theme among a wide range of organizations on the island. Stakeholders provided additional detail regarding the availability of MAT on the island, including the need for greater access to methadone. One stakeholder stated that increasing access to MAT would require more physical space to be able to provide treatment at the hospital, highlighting that physical space and service capacity are among the considerations with expanding access. Access to this service may also be affected by the broader behavioral health workforce shortage. MAT treatment often requires ongoing clinical monitoring and coordination with counselors and other SUD/BH service workers. Limited provider capacity would be an additional barrier to an individual's ability to access or maintain this service.

These findings from this assessment suggest that the primary gap in MAT services on Martha's Vineyard is not due to the complete lack of services, but the limited access to certain medication and limited infrastructure to provide MAT within the current SUD/BH system on the island. Strengthening this service might require both expansion of existing services and increased coordination with off-island detox to insure continuum of care.

8.5. Outpatient Counseling

Outpatient counseling was another service gap strongly identified among community member surveys. Outpatient counseling is a service that can be found among multiple organizations on the island, including Martha's Vineyard Hospital, Island Health Care, Martha's Vineyard Community Services, and private practices. Community member findings also showed that it was the most sought-after SUD/BH service among respondents who did seek services, with 82% of community members stating this. Although there are numerous outpatient counseling services available and many community member survey takers have used these services, this assessment found that the existing services still may not have sufficient capacity or accessibility to meet the needs of the community. The initial identification that outpatient counseling was a potential service gap first appeared in the community member survey. Findings showed that 50% of community responses stated outpatient counseling being the most needed service on the island, second only to housing support by one.

As outpatient counseling accounted for most of the reported service use among respondents (82.4%), subsequent questions regarding service access, barriers, and experiences are interpreted primarily in relation to outpatient counseling rather than services in general. Community respondents reported several barriers that affect access to services; lack of providers and cost or insurance issues were among the most frequently reported barriers, with respondents also identifying long wait times as a significant barrier. These findings suggest that the challenge is not necessarily the complete absence of outpatient counseling on the Island, but rather the ability of individuals to find an available provider who is accessible based on their insurance, financial circumstances, and timing of need. Wait times further demonstrate limitations in the current capacity of the outpatient behavioral health system. Among respondents who reported how long it took to receive an appointment, 23 respondents indicated that they did not receive the service. Of

those who did receive services, 16 reported receiving an appointment within one–seven days, ten within one–four weeks, three within one–three months, and six reported waiting more than three months. Although appointment experiences varied, the proportion of respondents who did not receive services and the number reporting extended waits indicate that timely access remains a concern.

Open-ended survey responses provide additional context regarding the accessibility and affordability of outpatient counseling. One community member described counseling services for youth outside of the school system as particularly difficult to access, especially for individuals limited by MassHealth. Another respondent reported that many therapists on the Island do not accept insurance and instead require private payment, creating a financial barrier to accessing care. A separate respondent described having trouble obtaining appropriate behavioral health treatment and reported that the only psychologist they could access charged a substantial out-of-pocket fee, while the provider who accepted insurance was not accepting new patients. These experiences illustrate how the availability of providers does not necessarily translate into accessible care for individuals who rely on insurance or have limited financial resources. Stakeholder interviews further identified provider capacity as a limitation within the local behavioral health system. Stakeholders described difficulties finding providers who are accepting new clients and noted that clinicians can quickly reach capacity. Workforce recruitment and retention were also identified as challenges, with stakeholders connecting the difficulty of maintaining an adequate behavioral health workforce to the high cost of living and limited housing availability on Martha’s Vineyard. These broader workforce conditions can constrain the number of outpatient counseling appointments available to community members.

Findings indicate that the outpatient counseling gap is primarily an issue of capacity and accessibility rather than complete service absence. Existing providers and organizations provide important counseling services, but community members may still have trouble obtaining timely, affordable, and appropriate care. This gap has implications for early intervention, treatment engagement, and continuity of care, particularly when individuals must wait extended periods or are unable to identify a provider who accepts their insurance. From this analysis, future planning should consider opportunities to expand outpatient counseling capacity on Martha’s Vineyard, with particular attention to increasing the number of providers accepting public and private insurance, reducing wait times, and expanding access to providers accepting new clients. Workforce recruitment and retention strategies should also be considered, including approaches that address the Island’s high cost of living and limited housing availability.

8.6. Integration With the Broader Needs Assessment

The service gaps identified through this assessment reflect the interconnected limitations within the broader SUD/BH system on Martha’s Vineyard. Findings across the assessment demonstrate how factors such as transportation, language, workforce capacity, and coordination can influence an individual’s ability to engage in care. Consequently, addressing individual service gaps in isolation may not fully resolve the barriers identified throughout the assessment and vice-versa. The identification of these service gaps also reinforces the importance of continuity in the SUD/BH continuum of care. Individuals may require different services at different points of treatment and recovery; gaps or limited capacity at one point may affect an individual’s ability to transition to or engage with another service. Strengthening connections between services may be as important as expanding individual services. Some service gaps identified through the assessment are also closely associated with priority populations identified in future sections. These population-specific needs are explored in the priority population section.

9. Priority Populations

9.1. Identification of Priority Populations

For this assessment, priority populations were identified based on evidence of disproportionate barriers, unmet needs, reduced access, elevated vulnerability, or insufficient services and support. Priority populations were identified through a combination of quantitative survey findings and qualitative findings from stakeholder interviews and focus groups. In the surveys, respondents were explicitly asked which populations they believed were most underserved. This supported the identification of potential priority populations. Demographic data from the surveys were then used to examine the experiences of potential priority populations with services and identify helpful resources. This helped to establish an understanding of the barriers these populations currently face and the supports that are currently available to them. Additionally, analyzing codebook themes within the population-specific needs category helped to gather further details related to population-specific needs, barriers, challenges, or service gaps for individuals within specific populations. Qualitative data analysis also helped with the initial identification of priority populations by showing how frequently specific populations were discussed across stakeholder interviews and focus groups. Repeated discussion of these populations provided further evidence of their unique needs, barriers, and challenges.

The identification of priority populations reflects the overall findings of the assessment. It is intended to highlight populations that may experience greater challenges in accessing or benefiting from SUD/BH service. By highlighting these populations, the assessment can help inform more targeted strategies. These efforts can address identified barriers, strengthen service access, and ensure that supports are responsive to populations experiencing greater levels of need or vulnerability. It is important to note that these are not the only population groups experiencing barriers to SUD/BH services and support on Martha's Vineyard. Instead, their identification reflects areas where the assessment findings revealed a particular need for focused attention and system-level improvements.

9.2. Unhoused Individuals

Unhoused individuals include people who are experiencing homelessness or housing instability. Unhoused individuals were initially identified as a potential priority population after 35% of community member survey responses stated unhoused individuals as being most underserved. This tied as the third most reported population group. Additionally, housing and shelter support were stated as the most needed service in the community. Qualitative findings further reinforced the significance of the relationship between housing stability and SUD/BH outcomes. Stakeholders described housing as closely connected to treatment engagement, stigma, transportation, and recovery. In one interview, a stakeholder mentioned they were unsure which comes first: being unhoused or mental health challenges, highlighting the complex and potentially cyclical relationship between housing instability and mental and behavioral health. Other barriers for unhoused individuals seeking services for this include communication. From a stakeholder perspective, it was mentioned that oftentimes members of the unhoused community may have a disconnected phone, hindering the ability to get a hold of them. It was also reported that when working with unhoused individuals, it can be a challenge just to find them, requiring the collaboration of law enforcement.

Existing support for unhoused individuals included organizations providing housing-related assistance, like Harbor Homes. Recovery coaching, case management, and outreach services also may not be specifically targeted to this population but still provide necessary support. Some organizations have adapted their outreach approaches to meet individuals where they are rather than relying exclusively on office-based services and/or visits. Addressing the needs of individuals unhoused or facing housing instability will require the support and coordination between both SUD/BH services and broader social services including housing and nutrition. When considering recovery planning, housing should be considered as a crucial component rather than a separate issue; this is especially important for those considered unhoused.

9.3. Children and Adolescents (Under 18 Years)

Children and adolescents represent an important priority population for substance use disorder and behavioral health, especially as it relates to prevention and early interventions. Children and adolescents make up a significant proportion of community members on the island at approximately 17% of total residents ([U.S. Census Bureau, n.d.](#)). Individuals under 18 were the second most frequently listed population thought to be underserved, with 40% of community members stating it as an underserved population. Qualitative findings also identified youth as an area requiring additional attention. Stakeholders described concerns regarding access to services for young people, including limited access to services outside of the school setting. Stakeholders also mentioned a need for prevention-focused programming. Youth-specific services were also identified as a service area community members think is most needed. Approximately 40% of respondents listed it as a needed service, making it the third most frequently stated service need for the community.

One significant concern for this population was the limited number of youth-specific SUB/BH services on the island. Responses described difficulties accessing counseling for youth outside of the school system, particularly for individuals relying on public insurance. Stakeholders also identified challenges associated with accessing higher levels of care. Young people may need to leave the island to access inpatient, stabilization, or residential behavioral health services. Leaving the island can separate adolescents and youth from their families and existing support systems during periods when continuity and family support may be most important. Initial prevention was also identified as an important component of youth services. This includes opportunities for young people to engage in substance free activities and develop strong interpersonal relationships with peers and with supportive adults. Although gaps have been identified for this population, there are some services and support already in place to reach individuals under 18. School-based services, youth-serving organizations, and behavioral health providers that work explicitly with children and families are approaches currently in use on the island. Community organizations, such as the Youth Task Force, can also contribute to these efforts through current youth programming, education, and family support. Prioritization of accessible, developmentally appropriate SUD/BH services for children and adolescents both in and out of school settings was identified. Opportunities to strengthen school-based prevention, early interventions, family supports, and connections to off-island higher levels of care should also be considered to best meet the needs of this population.

9.4. Young Adults (Ages 18-24)

Young adults ages 18-24 represent a population navigating a period of significant change that may occur during the transition from child to adult. Changes include but are not limited to insurance status, housing, employment, and other social and economic transitions that occur during the shift from one age category. These transitions may create challenges for individuals attempting to access or maintain SUD/BH services. These potential concerns were also identified during the community member survey findings, which say young adults ages 18-24 are identified as the population most underserved on the island. Young adults were reported as most underserved by 66 individuals; approximately 56% of all respondents.

One identified barrier is the transition between youth and adult systems. Services and funding structures may differ based on age, potentially creating disruptions in care as individuals transition out of youth-serving systems. In one stakeholder interview, adults who don't have children and are not old enough to qualify for elder services often don't have access to the same level of case management or support that families and older adults have. There is not the same amount of programming or funding that is directed toward this population which could, in some way, make it more difficult to receive services or have less options for services. Remaining gaps for this population include age specific services designed for individuals that fall in this early adult age group, particularly services that bridge youth and adult systems. Additional attention may be needed for individuals who are in between the island and off island for schools, employment, or other related reasons. Services that are accessible, flexible, and designed around the transitional period of this population rather than current more traditional youth and adult services may be most beneficial for this population.

9.5. Brazilian Portuguese-Speaking Individuals

Martha's Vineyard holds a large and growing Brazilian community. This is demonstrated in the estimated 20 percent of year-round residents on the island who identify as Brazilian, as well as Brazilian Portuguese being the second most spoken language on Martha's Vineyard. To meet the needs of this important population, the assessment's community member survey was interpreted in Brazilian Portuguese to gather some of the community's perspectives on SUD/BH services on the island. This population was identified as a priority based on qualitative findings describing language barriers, limited availability of bilingual providers, cultural stigma, and concerns regarding trust in the service systems. Within the separate Brazilian/Portuguese language survey, service needs related to outpatient counseling, detoxification, and housing/shelter support were identified. It was noted from stakeholder interviews that some local organizations have bilingual staff and provide written materials and communication in multiple languages, and community outreach has also been conducted through organizations and community leaders serving the Brazilian population; however, with such a large and growing community, the need for these initiatives outweighs the current infrastructure to support this community.

The primary gaps from this analysis include limited access to Brazilian Portuguese-speaking SUD/BH providers, insufficient bicultural services, limited access to in-person interpretation, and persistent stigma surrounding substance use. Future involvement to support this population should consider expanding services that are culturally responsive to this community. Including recruitment and retention strategies for bilingual/bicultural clinicians, recovery coaches, and other providers would help to achieve this need. Continuing outreach with community institutions and local leaders would help to continue to build the necessary trust in the SUB/BH system.

9.6. Integration With the Broader Needs Assessment

The priority populations identified reflect broader patterns of unmet needs and barriers to SUD/BH services identified in this needs assessment. While each population experiences unique challenges related to substance use disorder and behavioral health, several themes were consistent across priority populations. Consistent themes included affordability, transportation, limited on-island availability or resources, and gaps in care coordination across SUD/BH and social service systems.

Addressing these needs will require both population-specific strategies and broader systemic improvement. Strengthening provider coordination, referral pathways, and connections between SUD/BH services with other social services may help to reduce barriers across multiple priority populations. It is important to also understand that individuals may belong to more than one priority population and experience overlapping barriers to care. The identification of these priority populations provides a framework for directing attention and resources toward groups experiencing these stated barriers. Continued engagement with community members and leadership, service providers, and individuals with lived and living experience will be important to ensure that future efforts remain responsive to community needs.

10. Strategic Recommendations

10.1. Overview

The Martha's Vineyard Substance Use Disorder and Behavioral Health (SUD/BH) Community Needs Assessment identified several interconnected areas of need that can inform future planning, program development, resource allocation, and community investment. Rather than treating individual service components as isolated concerns, the assessment findings emphasize a need for a coordinated multi-pronged approach that addresses factors including access to care, workforce and system coordination, prevention, community support, and the broader social conditions that influence behavioral health and recovery. The following five priorities synthesize the major areas identified through the assessment: (1) improve access to and availability of SUD/BH services; (2) expand prevention, education, peer support, and stigma reduction; (3) strengthen coordination, referral pathways, and system navigation; (4) strengthen the SUD/BH workforce; and (5) address equity and social determinants of health. The priorities are intended to provide a strategic framework for future action by the Martha's Vineyard Opioid Abatement Advisory Board (OAAB), service providers, community organizations, and other partners.

10.2. Improve Access to and Availability of SUD/BH Services

Access to appropriate and timely substance use disorder and behavioral health services is a central concern identified through the assessment. Community member findings indicate that the existence of a service does not necessarily mean that the service is accessible to all individuals who need it. Provider availability, operational capacity, and other barriers can prevent individuals from obtaining care or create delays in accessing appropriate support, especially those of the identified priority populations. The assessment also examined service availability and workforce capacity through stakeholder interviews, providing additional insight into the organizational factors that affect access to care. Taken together, these findings suggest that improving access will require both strengthening the capacity of existing services and addressing barriers that prevent community members from reaching those services.

Strategic Recommendations

10.2.1. Strengthen the Capacity of Existing SUD and Behavioral Health Services.

Prioritize budget allocations, investments, or other funding opportunities that allow existing organizations and providers to increase their capacity to meet identified community needs. Based on the gaps identified through the assessment, this may include expanding appointment availability, increasing service hours, hiring seasonal providers, supporting additional programming, or strengthening services for individuals within the highlighted priority populations. Considering the seasonal nature of the island's economy, implementing non-traditional service hours to accommodate the non-traditional working hours of individuals on the island can ensure that those in need are able to access care during the busy season. To offset the operational challenges this may cause, direct-service providers may consider temporarily modifying providers' hours or hiring seasonal providers, for example through the Wellhart organization, currently being explored by the Wampanoag tribe to meet their health needs.

10.2.2. Promote Culturally and Linguistically Responsive Services.

Support efforts to strengthen the diversity, cultural responsiveness, and language accessibility of

the local SUD/BH workforce and services on Martha's Vineyard Island. This may include efforts such as cultural events within the organization to celebrate diverse cultures, cultural competency training sessions for staff, or incentives to learn a new language. Culturally and linguistically responsive services on the island are particularly important given the assessment's unsuccessful efforts to engage the Brazilian Portuguese-speaking community and the limited participation of Brazilian Portuguese-speaking respondents in the community survey. To reduce the barriers of language in care, organizations might consider implementing translation services to aid them in communicating with non-English speaking individuals. Children's Cove, for example, has implemented a translation service which provides translation support for approximately 200 languages, which they described as "easy to use" and "an extremely valuable resource." Knowing there are different solutions to overcome the linguistic barriers, the lack of Brazilian Portuguese-speaking staff cannot be used as an excuse for the lack of accessibility.

10.2.3. Strengthen Continuity of Care for Individuals Accessing Off-Island Services.

Prioritize establishing secure communication between off-island inpatient and detox facilities with on-island SUD/BH service organizations to ensure individuals who go off-island for treatment do not return without a proper plan of action. Strengthening referral processes, transportation, communication, and follow-up processes when connecting individuals to off-island providers and services will require establishing a plan of support for before, during, and after the individuals' transfer of care, eliminating potential drop offs in community members seeking care. This could also increase trust and credibility in providers' and community members' relationships.

10.2.4. Establish Ongoing Monitoring of Service Availability and Organizational Capacity.

Develop a tracking mechanism for periodically monitoring service capacity, wait times, referral patterns, and emerging gaps so that future funding and planning decisions can respond to changing community needs. An actively managed in-house tracking system adapted to individual organization's needs could identify these key operational trends related to service availability and provide valuable data, de-identified where necessary, to improve inter-organizational planning and collaboration.

10.3. Expand Prevention, Education, Peer Support, and Stigma Reduction

The assessment identified opportunities to strengthen prevention, education, community awareness, and recovery-oriented supports. In the community survey, respondents identified school-based educational programs, peer support programs, community workshops or events, and harm reduction services among the community resources or initiatives they believed would be most helpful. Providers in the needs assessment focus group also identified community engagement and education as critical components to expanding awareness and stigma reduction. Stigma was identified as one of the most frequently reported barriers to accessing care among community members. These findings suggest that strengthening the community response requires more than increasing formal treatment capacity. Investments in prevention, education, peer support, and stigma reduction can help individuals recognize concerns earlier, understand available resources, and feel more comfortable seeking support.

Strategic Recommendations

10.3.1. Expand Accessible Community Education on SUD/BH.

Support community-based educational opportunities that increase understanding of substance use, behavioral health, early prevention, treatment, recovery, and available services. Earlier engagement may create additional opportunities for prevention and recovery support. Host two to four community-focused initiatives per year for community members of different age groups to interact with service providers and local organizations, increase awareness of the opioid crisis in the community, and promote information and skills to support healthy decision-making. Implementing different communications methods, such as health fairs, virtual and in-person workshops, social media campaigns, community events, pamphlets, posters, flyers, etc., targeting specific demographic groups and populations on the island will be most effective in island-wide information sharing.

10.3.2. Strengthen School-Based Prevention and Education.

Given community support for school-based educational programs, explore opportunities to strengthen age-appropriate SUD/BH curriculum and healthy decision-making skill building within schools and other youth-serving settings. School-based efforts can work in collaboration with other yearly community efforts to target families and students. Culturally relevant and linguistically accessible efforts are extremely important to remove communication barriers and have the highest impact.

10.3.3. Expand Harm Reduction Services.

Support accessible harm reduction strategies that reduce overdose and other substance-related harms, such as naloxone distribution, overdose prevention education, and safer-use resources including needle exchange services and drug-checking tools. Pairing harm reduction services with harm reduction education can address common misconceptions and emphasize the benefits harm reduction strategies have on reducing substance related morbidity and mortality. Consider collaborating with community partners or partnering with local AIDS Support Group Cape Cod or similar organizations with mobile capacity to advance community harm reduction and education efforts.

10.3.4. Expand Recovery-Oriented Resources and Incorporate Lived and Living Experience.

Explore opportunities to increase the availability, visibility, and accessibility of peer support programs and other recovery-oriented community resources through creating meaningful opportunities for people with lived and living experience to participate in program development, community planning, outreach, and evaluation with SUD/BH organizations on the island. This could also include increasing partnerships between current peer support resources with the network of SUD/BH and civic organizations on the island. Peer support should be considered a complement to, and not a replacement for, expert guidance and clinical treatment. Positive peer influence, because of peer support programs, should serve as emotional support and encouragement for individuals struggling with SUD to follow the path of sobriety. Such programs meet individuals at their level of need, providing individualized support rather than forcing users into strict programs which they may not be interested in or ready for.

10.3.5. Organize Coordinated Stigma-Reduction Efforts.

Support community messaging that presents SUD/BH as a health and community concern. Messaging should encourage individuals to seek help without fear of judgment. Schools, faith-based and civic organizations, health care organizations, community groups, and other trusted institutions can serve as important partners in disseminating accurate information, reducing stigma, and connecting individuals to services. This also involves encouraging individuals with lived and living experience to share their journeys of using, seeking treatment, and following through with care. Promoting awareness through storytelling in safe and trusted environments can reduce the general level of sensitivity to the topic and reshape misinformed community perceptions, which can increase the likelihood of information sharing reaching prime audiences.

10.4. Strengthen Coordination, Referral Pathways, and System Navigation

Throughout the course of help-seeking and treatment, individuals experiencing SUD/BH concerns may interact with multiple organizations and systems. Effective coordination among these organizations is essential to ensuring that individuals can identify appropriate services, move between providers, and establish continuity of care. It is especially important to recognize the role and importance of different types of organizations and providers in ensuring the individual receives the care they need. For example, social support in housing accommodations and transportation services might work with recovery coaches and off-island inpatient facilities to create the best personalized treatment plan for one individual. Communication and collaboration were explicitly examined through the stakeholder interviews, and the stakeholder focus group was designed in part to promote dialogue and build partnerships among civic and direct service organizations. Both the direct service provider and civic and faith-based organizations surveys examined potential areas for cross-sector collaborations, asking respondents about current partnerships and ones they would be interested in pursuing. These components highlight the importance of examining not only individual services but also the connections between organizations.

Strategic Recommendations

10.4.1. Strengthen Regular Communication Among SUD/BH, Healthcare, and Social Services.

Create or strengthen ongoing opportunities for organizations to communicate about available services, emerging needs, referral challenges, and opportunities for improving collaboration. Encourage partnerships between SUD/BH providers and organizations addressing housing, transportation, employment, food security, and other social needs by organizing monthly or biweekly interdisciplinary provider and local partner meetings to discuss pertinent topics to SUD/BH care on the island. Ongoing collaboration can provide a mechanism for identifying new gaps, coordinating resources, sharing information, and responding collectively to emerging community needs. Following privacy regulations when appropriate and necessary, active organizations involved in an individual's care plan may use this space to coordinate next steps and important notes. These meetings may follow previously established initiatives, such as the Hub table or the neighboring Barnstable DA's Office roundtable model, adapted to best meet current needs.

Like the monitoring and tracking systems recommended for individual organizations, developing a centralized tracking system shared among island organizations, including those providing social

supports such as transportation and housing, could significantly reduce challenges with communication and coordination highlighted in the assessment findings. Privacy and HIPAA-related concerns arise with this solution, however, upon discussion with participants during the OAAB-organized stakeholder focus group, it seems possible to navigate these barriers and establish inter-agency communication and information sharing. This is where the importance of de-identified information sharing is emphasized to ensure all regulations are being followed to protect the patient. A shared training for the interdisciplinary team meetings on HIPAA, consent, and 24 CFR regulations was proposed during the OAAB focus group to reduce misinformation and enable stronger communication.

10.4.2. Develop Clearer and More Consistent Referral Pathways Among Organizations.

Individual organizations have identified their effective referral pathways and established partners in treatment and care after consistent interactions with one another. Now, it is important to consolidate this information regarding effective referral pathways and where individuals experience delays, confusion, or difficulty connecting to services. Develop a clearer referral structure with easily accessible information about eligibility, referral procedures, contact information, expected wait times, and alternative resources for providers and organizations directly involved in SUD/BH care. This would require collecting and combining information from the individual organizations' monitoring systems to create a straightforward "pathway flowchart" that would reduce the likelihood of treatment gaps and increased barriers for individuals seeking SUD/BH support. Consider establishing a remote (in-person when needed) county-level case management position to coordinate referrals across organizations, reduce duplication of efforts, and redirect organizational resources toward service expansion and accessibility. Better communication between the coordinator and involved organizations in the individual's care may reduce duplication, improve referrals, and support continuity of care.

10.4.3. Maintain an Accessible and Regularly Updated Community Resource Directory.

Maintain a centralized resource directory that can be used by community members, providers, civic organizations, and other stakeholders. Information should be updated regularly to reflect changes in services, availability, eligibility, and contact information. Ensure that community members can easily understand what services are available, who can access them, how to initiate services, and where to go when their first point of contact cannot meet their needs. This directory should be made available in different formats and languages, disseminated across several platforms and mediums to ensure that all demographic groups and communities on the island obtain access to this valuable information. Electronic versions of the directory may be more regularly updated, however, physical directories are just as important to the community and should also be updated periodically. Some methods of dissemination include a virtual directory on the Dukes County Website and other direct service providers' pages, a physical poster format pasted outside of major health facilities, town halls, justice centers, housing accommodations, etc., and features on local news sites with updates to services. Adopting virtual methods for dissemination such as the virtual directory or establishing a Martha's Vineyard Substance Use Disorder and Behavioral Health Support AI Chatbot will target individuals more inclined to use technology in their daily lives, while physical copies of the directory will target older individuals, or those less comfortable with using technology. Providing the directory in the identified priority languages of the island will ensure no community is left behind in the updates. The partner

mapping resource created by the public health analysts for the SUD/BH Needs Assessment could be used to support any action taken to execute this recommendation.

10.5. Strengthen the SUD/BH Workforce

A lack of providers was listed as the top barrier to accessing services among community members. This issue was further expressed through stakeholder and provider interviews, which produced further context into the challenges related to recruitment, retention, and staffing capacity for organizations on Martha's Vineyard. These challenges highlight the significance a sustainable workforce has on responding to community demands and maintaining and expanding access to SUD/BH services. Challenges related to recruitment, retention, staffing capacity, and specialized expertise can affect an organization's ability to provide services, respond to demand, and expand programming. On Martha's Vineyard, workforce challenges extend beyond individual organizations as a limited number of providers can affect the capacity of the broader service system. Strengthening the workforce should therefore be viewed as both an organizational and community-level priority.

Strategic Recommendations

10.5.1. Expand Recruitment Efforts to Rising SUD/BH Professionals.

Organizations should try to diversify their recruitment strategies and broaden the types of positions available to attract a wider range of candidates. One avenue toward this recommendation includes changing position formats from in-person to remote/hybrid. Creating remote or hybrid positions where individuals do not need to live on the island could address the cost-of-living burden for prospective employees. Seasonal employment is another pathway to diversifying the recruitment process for organizations. Seasonal positions can improve access to services for community members by allowing organizations to offer services during non-traditional working hours. This would be most relevant during the summer season when many community members are working longer hours. Creating intern positions for qualified students and early career SUD/BH professionals could be a mutually beneficial opportunity for both employer and employee. Organizations can acquire new talent at a lower cost while students and early career professionals gain mentorship and experience within the field of substance use and behavioral health. Recruitment of students and new professionals can improve job retention as these initial positions can translate into long term positions.

10.5.2. Invest in Workforce Development and Cross-Sector Training.

Support opportunities for behavioral health, substance use, health care, and community-based professionals to strengthen relevant knowledge and skills. Training opportunities should respond to locally identified needs and may include SUD recognition and response, behavioral health, trauma-informed approaches, prevention, recovery, referral processes, and other areas identified through the assessment. These training opportunities can strengthen the skills of current providers and frontline workers, helping to respond to the needs of the community. Investing in workforce development may also help organizations maximize utilization of current staff and reduce the need for additional hiring of positions.

Developing cross-sectoral training opportunities can bring together clinical providers, social service organizations, schools, civic organizations, and other community partners. Shared training

can improve understanding of available services and strengthen the ability of organizations to recognize needs and make appropriate referrals. Having a collection of professionals from a wide range of services on the island can further support partnerships and collaboration among organizations on the island.

10.6. Address Equity and Social Determinants of Health

Access to SUD/BH services are influenced by factors that extend beyond the clinical care system. Insurance, services costs, and language were among the most frequently identified barriers in the community survey. The broader assessment also considered factors including, housing, transportation, and other social and structural determinants that may affect access to care. These factors can influence an individual's ability to seek treatment, attend appointments, maintain continuity of care, and sustain recovery. Addressing SUD and behavioral health therefore requires consideration of the broader conditions that shape people's ability to access and benefit from services.

Strategic Recommendations

10.6.1. Address Transportation as an Access Issue.

Where transportation is identified as a barrier, explore strategies that improve individuals' ability to reach local services and maintain connections to off-island care. Transportation directly impacts an individual's ability to attend initial appointments as well as continue with potential ongoing services. Potential strategies may include increasing transportation assistance, strengthening coordination between provider and transportation resources and offer services that require little to no travel. This could take shape in the creation of mobile pop-up services which community members where they are. Telehealth and expansion of virtual services is another strategy to consider when addressing transportation barriers as it releases services. Partnership with larger governmental and non-governmental organizations could help to bring services currently unavailable on the island, whether that be through temporary or pop-up events or the establishment of a permanent service on the island.

10.6.2. Improve Language and Cultural Accessibility.

Continue efforts to make outreach, information, and services accessible to populations who may experience language or cultural barriers. All individuals should be able to access information about available services in format or language that is understandable to them. Online translation tools may be one way to help to expand this accessibility. In addition to improvements in translation services, recruiting individuals with the needed cultural knowledge and/or background of a priority community may help improve community members' trust in services and willingness to access those services. Additionally, making efforts to reach out to and gain feedback from leadership in island communities helps to further build relationships and credibility of services on the island. The assessment's Brazilian Portuguese survey option represented an important step toward broader engagement, while the relatively small number of Portuguese-language responses indicates an opportunity for continued outreach and engagement. The assessment process also highlighted the need to be persistent and that building trust and communication with different communities on the island takes persistence and time.

10.6.3. Consider Affordability and Insurance Throughout the Service System.

Insurance and cost were among the most frequently reported barriers to care. Future planning should consider the financial accessibility of services and identify opportunities to reduce or mitigate cost-related barriers. Out-of-pocket costs, time loss from work, and co-pays are a few of the financial barriers individuals might navigate if seeking SUD/BH services. Efforts should identify opportunities to help alleviate these barriers related to cost and insurance. Clear and accessible information can help individuals better understand the resources and current support systems available to them. Consider collaborations with state and non-governmental organizations to try to create visits or workshop dates that bring services onto the island monthly or semiannually to provide free or lost cost service to community members.

10.6.4. Monitor Housing Availability and Promote Reintegration.

Housing stability can play an important role in an individual's ability to engage or seek out services. Housing instability creates additional challenges for community members to reach the SUD/BH services they might need. As emergency housing options are limited on the island, creating a centralized tracking system, like those proposed for SUD/BH organizations, could create a simpler, more streamlined process to identify when spots open for individuals in need of housing support. Creation of specialized availability options for individuals in needs of transitional support immediately after detox or off-island in-patient services would also help provide and to anchorage reintegration for individuals going through the recovery process.

10.6.5. Continue Focus Group Efforts to Obtain Targeted Supporting Evidence.

Qualitative data from previous focus groups helped provide further insights into current conditions with the SUD/BH system and related strengths and barriers to care. Gathering additional qualitative evidence from populations that were under-represented or difficult to reach during the assessment process would be integral to further addressing equity and underlying social determinants of health. Future focus groups should prioritize individuals with lived and living experience related to substance use disorder and behavioral health conditions, as well as priority populations identified through the assessment. Creating opportunities for community members to share their experiences without professional or organizational influence can provide a safe space where additional context regarding barriers to care, unmet needs, and cultural considerations that may not be able to be fully captured from quantitative surveys alone. Continuation of focus groups may also build a pathway for a trusting collaborative relationship between community members and local government.

10.6.6. Use an Equity Lens When Allocating Resources.

This assessment has identified multiple social and environmental factors impacting accessibility to services as well as priority populations where initiatives would be most helpful. Future steps after the needs assessment process should actively work to support interventions that do not reduce or inadvertently reinforce existing disparities. Promote training focused on social justice for current stakeholders to ensure efforts are made to enhance equity lens within current leadership. Uplift community voices within priority communities through collaboration and create potential leadership positions within the current SUD/BH system to help maintain an

equity lens. Set up safeguards to ensure that an equity lens is continuously used. Potential safeguards during planning processes include documenting clear equity goals and indicators for funded initiatives. Including periodic reviews to monitor whether indicators are met will also help to reinforce sustainability and longevity.

11. Conclusion

Martha's Vineyard has an established substance use disorder and behavioral health system on the island. Over 30 organizations were identified as providing direct SUD/BH-related services. In addition to these organizations, the system includes a key network of community partners recognized through partnership mapping. Together, these existing resources and relationships provide an important foundation for addressing SUD/BH needs in the community. This assessment sought to understand the current needs of the community and examine how effectively the existing SUD/BH system can meet those needs, coordinate across organizations, and function as a connected system.

The five priorities identified through this assessment are deeply interconnected and should be considered as components of a broader community SUD/BH strategy rather than as individual, isolated factors. The major areas of focus identified in the assessment are outlined as: (1) improve access to and availability of SUD/BH services; (2) expand prevention, education, peer support, and stigma reduction; (3) strengthen coordination, referral pathways, and system navigation; (4) strengthen the SUD/BH workforce; and (5) address equity and social determinants of health. Improving access to services requires sufficient workforce capacity; workforce capacity is strengthened when organizations can effectively coordinate and collaborate; effective coordination is more meaningful when community members can navigate services and access prevention, education, and peer supports; and all of these efforts are influenced by social and structural conditions such as cost, transportation, housing, and language accessibility. The assessment therefore supports a strategic approach that balances investment in direct services with investment in the systems and community infrastructure that make those services accessible and sustainable.

The strategies and recommendations presented have been crafted from the data, discussions, and findings of the Martha's Vineyard Substance Use Disorder and Behavioral Health Community Needs Assessment. The Opioid Abatement Advisory Board and community partners should consider these findings and recommendations as a framework for translating the assessment into specific actions, funding decisions, partnerships, and measurable objectives which support those affected by substance use disorder and behavioral health in the community. Implementation should remain responsive to community needs and should incorporate continued input from service providers, civic organizations, community members, and people with lived and living experience. The findings from this assessment represent only a snapshot period, therefore, it is of utmost importance that the Martha's Vineyard Opioid Abatement Advisory Board and community partners continue to follow-up on the needs, barriers, and changes in the community to implement effective and necessary interventions.

The assessment also provides a baseline for future evaluation. As the first assessment conducted on community SUD/BH conditions and concerns, the assessment establishes a foundation upon which future studies and assessments can revisit and reassess the conditions and barriers of substance use disorder and behavioral health challenges on the island. With this information, establishing mechanisms to monitor service availability, workforce capacity, referral and coordination processes, access barriers, and community priorities will allow the community to assess whether investments are addressing identified needs and where additional action may be required.

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Appendix A: Community Partner Map (Most Updated Version)

Martha's Vineyard SUD/BH Resources

No inpatient or psychiatric facilities available, need off island referrals								
Organization	Type	Services	Funding	Mission Statement	Constructs	Capacity	Hours of Operation	Contact Person
AdCare (Worcester)	Nonprofit	Detox, inpatient, outpatient, partial hospitalization program, intensive outpatient (IOP),	Program services, investment income	Our purpose and passion are to inspire wellness and long-term recovery to those suffering from addiction by empowering them through the highest quality, individualized and effective treatment founded on clinical excellence within a safe and supportive community.	Disease Prevention	114 inpatient beds	Mon-Sun 1200am-1200pm	General contact Detox center (508) 799-9000
AIDS Support Group of Cape Cod-Martha's Vineyard Program	Nonprofit	Syringe services, Narcan distribution and training, overdose prevention, harm reduction	Philanthropy, state and federal grants, endowment	"Saves lives through prevention, education, and life-sustaining services that address public health crisis to build healthy communities across the Cape and Islands"	Health Protection		Weekly on Thurs 0900-0400	(774) 994-7935
Charles River Recovery (Weston)	Private for-profit	Residential treatment, outpatient day treatment, addiction & trauma treatment for veterans and active-duty military (Boston), detox, evening treatment		"Our mission is to provide the highest quality substance use treatment services, directed by evolving physical, emotional, and spiritual needs of our patients, delivered in an environment that fosters well-being and compassionate care, driven by the continuous pursuit of improvement."	Disease Prevention	110 beds (44 detox + 66 clinical stabilization)	Mon-Sun 1200am-1200pm	Admissions (844) 606-7652
Edgartown District Court & Criminal Justice System	Public	Recovery Court Program	State and federal grants, partnerships	"Provide judicial intervention, treatment, and intensive supervision to individuals who have committed criminal acts as a direct or indirect result of their substance use disorder"	Health Protection		Mon-Fri 0830-0430	Clerk's Office (508) 627-3751
Gosnold Behavioral Health (Falmouth)	Nonprofit	Inpatient, outpatient, virtual, community, partial hospitalization	Medicaid, Medicare, private insurance, state grants, philanthropy	"Gosnold's mission is to excel in addiction and mental health treatment, to serve individuals and families affected by these illnesses, and to promote lasting recovery."	Disease Prevention	Inpatient services 48-50 beds		(800) 444-1554

Harbor Homes	Nonprofit	Congregate housing, transitional housing support, winter shelter, hotel respite program, case management, community outreach, resource support	Municipal funds, state grants, philanthropy, donations	Vision: "Every Islander has access to safe shelter, essential resources, and the support they need to build a thriving, self-sufficient life." Mission: Our mission is to provide housing opportunities for individuals and families who are—or who are at risk of becoming—unhoused. We do this by creating supportive services and partnering with community organizations to expand programs that focus on our clients' health and wellness, leverage resources, and advocate for lasting solutions to the structural causes of homelessness. Our ultimate goal is to make homelessness on Martha's Vineyard brief, rare, and non-recurring."	Disease Prevention			General contact (508) 338-2050 hello@harborhomesmv.org
Healthcare Access Program	Public	Related to health insurance access; provides information, application & enrollment services, advocacy, troubleshooting, and referrals	6 towns provide 75% of program budget; remaining from public + private grants including from Mass health connector, MV Hospital, Island Health care	"Improve the health and well-being of low-income or vulnerable families and individuals in Southeastern Massachusetts"	Health Promotion	7 member team (6 are health care access specialist)	Mon -Thurs 0900-0400	Health and Human Services Director, HHS@dukescounty.org
Health Imperatives Martha's Vineyard Sexual and Reproductive Health	Nonprofit	Medication for Addiction treatment (MAT) including naltrexone and buprenorphine, overdose education, Narcan distribution, provides connections to other services	Federal and state grants, donation, service revenue	"To enhance the health and well-being of Martha's Vineyard, Nantucket, and Gosnold residents by fostering cooperation among local governments and professionals"	Disease Prevention	(at full capacity)	Mon 0900 - 0400 Tue 1100-0600 Wed 0900 - 0400	(508) 693-1208

High Point Treatment Center (New Bedford)	Nonprofit	detoxification unit (group + individual counseling, family support and education, after care planning, 24 hour treatment team of physicians and nurses, case management, psychiatric services), Clinical stabilizations services (24 hour rehab program incorporating individual + group counseling, 12-step education, opioid overdose workshops)	contributions , program services	"High Point's mission is to prevent and treat substance use and mental health disorders. Our goal is to help an individual achieve personal change and accept responsibility toward an improved quality of life."	Disease Prevention		Outpatient & Urgent Care Hours Mon-Thurs 0800am-0800pm Friday 0800am-0400pm Saturday 0800am-1200pm	General contact (774) 628-1000
Inter-Island Public Health Collaborative	Public collaborative	Substance use prevention, treatment and rehabilitation services, support and recovery	Massachusetts Department of Public Health, state and federal grants	"Provide equitable, high-quality, and affordable comprehensive health services and support to all community members, regardless of their ability to pay"	Health Protection			Martha's Vineyard and Nantucket BOH Directory
Island Health Care	Private, Nonprofit federally qualified	Behavioral health counseling, triage, prevention	State and federal grants, payments, insurance, philanthropy	"Founded to end violence against Native people by supporting and increasing the capacity for tribal communities to heal from respond to and prevent violence using methods that are deeply rooted in culture and traditions that have existed since prior to colonization"	Disease Prevention	Approx. 20% year-round residents	Mon-Thurs 8am-8pm Fri-Sat 8am-4pm no walk-ins	Main Phone: (508) 939-9358 Appointment s/ Nurse Line: (508) 939-9358 (Option 3) Referrals Department: (339) 215-3779 Dental Center: (508) 939-8597

Kinship Heals	Nonprofit	Advocacy, crisis intervention, short-term emergency shelter, relocation assistance, transition assistance, support groups, education and healing events, side-by-side encouragement	Contribution s/donations	"Commit our unique experiences, expertise and compassion to help our entire community be as vibrant, strong, and healthy as can be"	Health Promotion			
Martha's Vineyard Area of Narcotics Anonymous	Nonprofit	Recovery meetings, educational material, peer accountability and long-term support	Contribution s/donations	"We are recovering addicts who meet regularly to help each other stay clean. This is a program of complete abstinence from all drugs. There is only one requirement for membership, the desire to stop using. We suggest that you keep an open mind and give yourself a break. Our program is a set of principles written so simply that we can follow them in our daily lives. The most important thing about them is that they work."	Disease Prevention			1-866-MVNA-NOW (866) 686-2669
Martha's Vineyard Community Services	Nonprofit	SUD/BH focus services: Outpatient mental health, SUD treatment (outpatient and intensive outpatient), medication-assisted treatment (MAT-suboxone and vivitrol), crisis intervention, urgent behavioral health care, recovery coaching, peer recovery center, court-mandated programs, Island Counseling Center, CORE	Overall MVCS: MA Dept of Public Health contracts, Medicaid, Medicare, private insurance, state and federal grants, philanthropy, town funding, program revenue	"Our team understands that a substance use disorder does not define a person – and no two paths to recovery are the same. We help identify the internal strengths and assets of each person and offer assistance at every juncture. Whether someone is contemplating the recovery process, considering ‘cutting-back’, or is in active recovery, we meet individuals where they are and assist each person on their path toward recovery."	Disease Prevention			MV Family Center (508) 687-9182 Community Services (508) 693-7900

		SUD services: New Paths Group Recovery Program, recovery coaching, peer recovery support center, medication assisted treatment (MAT), support groups, court mandated programs, MV SUD coalition	"The mission of CONNECT to End Violence is to reduce domestic and sexual violence on Martha's Vineyard by changing the social norms through education, advocacy, and community mobilization, and providing crisis intervention services including advocacy, counseling, and support services for victims."				Administrative coordinator/case manager (508) 693-7900
		Domestic and sexual violence services: CONNECT to End Violence, 24/7 crisis hotline. survivor advocacy, counseling, community education, supervised visitation, child witness to violence services	"Our clinical team is committed to helping adults, seniors, families, children and adolescents deal with day-to-day challenges, stress, trauma, mental health, substance use, and behavioral issues. All staff are skilled, sensitive professionals who work as a multidisciplinary team to assess a wide array of emotional/behavioral issues and provide client-centered, goal-oriented, evidenced-based approaches to problem resolution. We strive to empower individuals, children and families to achieve and maintain meaningful and healthy lives."				24/7 Crisis Hotline (508) 696-7233
		Mental health services: counseling, open access for urgent care (assessment, brief intervention, care coordination), Clubhouse Day Program, Senior Care, health forms (treatment initiation, referrals)	"Disability Services promotes community integration and independence of Island residents with disabilities. Everyone deserves the opportunity to live full, active and engaged lives regardless of physical or intellectual ability. We support the participation of individuals with intellectual, mental, physical or developmental disabilities within our community and throughout their lifetime. We are here for families every step of the way."		Over 16,000 visits each year serving approximately 600 island families		Open access UC: (508) 693-7900 (Option 1) Central office: (508) 693-7900 Ext. 225 General outpatient, intake/admission: (508) 693-7900 Ext. 290

		Disability services: The Family Support Center, Daybreak Clubhouse, Island Employment Services, collaborations (Beach within Reach)		"We strive to educate the community on needs of Veterans and their families and partner with other organizations so we can offer a broad range of services to enhance their physical, emotional and economic well-being."				
		Veterans services: veterans support group discount card program, weekly food distribution, immunization clinics, medical services with island VA PCP (coordination, consultation, referral), outreach, acupuncture and chiropractic reimbursements, veteran visitations help		"When we accept seriously the idea that children and their care are the most important clue to future possibilities and real values, we will be on a new road to civilization of a higher order." – Helen Maley, Early Childhood Programs Founder From mental health services and parent education programs to playgroups, affordable childcare and teen support groups – we recognize the importance of investing in our youth.				Bob Tankard, Veterans Outreach Coordinator: (508) 693-7900 Ext. 272 rtankard@mvccommunityservices.org Tom Bennett, support group: (508) 639-7900 Ext. 216
		Youth and family services: Early Education and Care Center (childcare), Head Start program, MV Family Center connections and resources, Island Wide Youth Collaborative resources and services		"To safeguard the health of island residents and visitors by providing and arranging high-quality, accessible medical care. This care will be provided to all, regardless of ability to pay, in an atmosphere that fosters respect and compassion"				
Martha's Vineyard Hospital (Mass General Brigham)	Private, not-for-profit community hospital	Referrals and placement assistance, education programs, assessments, crisis intervention, individualized SUD treatment	Philanthropy, state and federal grants, program revenue, MGB affiliation	"Committed to innovation and quality care, ensuring that our Island residents and visitors receive the medical attention they have come to expect, close to home."	Disease Prevention	25 licensed beds (at full capacity)		General contact (508) 693-0410

Martha's Vineyard Medical	Private, for-profit medical practice	Primary care, Chronic care managements, remote patient monitoring, tick-borne illness & allergy treatment, same day appointments and walk-in care, police DOT and coast guard exams, employment & sports physicals, chain-of-custody testing	Insurance reimbursements, patient payment	"We are committed to innovation and quality care, ensuring that our Island residents and visitors receive the medical attention they have come to expect, close to home."	Disease Prevention	Staffing: 14 medical providers (Dr., RN., MA., etc.)	Outpatient services Mon-Fri 08:00 - 06:00	
Martha's Vineyard Public Schools	Public schools	Mental health counseling, prevention, identification and referrals	State and federal grants, school system funding	"To reduce stigma, raise awareness and bridge service gaps. The SUD Coalition accomplishes this through education, prevention, treatment and recovery initiatives."	Health Promotion			
Martha's Vineyard Substance Use Disorder Coalition	Island-wide coalition (Martha's Vineyard Community Services)	Resources and connections to information, support groups, treatment, recovery coaching	State and federal grants, MVCS funding	Community Development Corporation: "Organize to engage in activities that will promote the social welfare, economic security, and community development of the Mashpee Wampanoag Tribe and its enrolled citizens that will enable the Tribe to be self-sufficient and to provide economic support for its tribal citizens." 360 Project: "Seeks to address the opioid epidemic by decreasing the stigma and misuse of all substances and increasing holistic and cultural wellness with a strong focus on self-education, self-empowerment and self-sustaining."	Health Promotion			

Mashpee Wampanoag Tribe	Tribal government	360 Project (Conducting Community Wellness/Needs Assessment, improving education /access to MAT, providing direct peer recovery coaching), opioid education/marketing campaign	Federal funding, state and federal grants	"Reduce substance use and other risk behaviors by promoting community-wide health and wellness for youth and families through a cooperative integrated network of youth, parents, health practitioners, health and social service organizations, public officials, educators, law enforcement officers, and other community members"	Health Protection	Serves approx. 3,200 Mashpee Wampanoag citizen		360 Project Coordinator, Naomi Frye (508) 477-0208 Ext. 139 MWT
Martha's Vineyard Youth Task Force	Nonprofit	youth behavior risk survey, SAFE homes pledge, speaker series, parent dinners	Contributions, program services	"Our services are designed to empower and encourage building fulfilling, sober lives and to connect with others in the recovery community."	Health Promotion	6 staff and board members 50 approx. volunteers (at full capacity)		
Spectrum Health Systems Inc. (Westborough)	Nonprofit	Clinical stabilization services, inpatient detoxification, residential treatment	Program services, investment income	"Our mission is to provide the highest quality of services to individuals seeking treatment for substance use and/or mental health disorders. We assist our clients in achieving sobriety, sustaining recovery, and fulfilling personal goals in order that they may lead healthier, more productive lives"	Disease Prevention		Mon-Sun 1200am-1200pm	General contact (877) 697-3422
The Red House Peer Recovery Support Center	Community, peer	Recovery events, community building, referrals, prevention, lifestyle	State and federal grants, MVCS funding, MVH support	"Provide a safe, sober, stable and supportive transitional home for individuals primarily from Martha's Vineyard who are in early recovery from alcohol and/or drug dependence. Our goal is to foster health, independence, and long-term recovery by offering a mutually supportive environment that empowers residents to rebuild their lives and achieve lasting well-being."	Health Promotion	(not at full capacity)		

Vineyard House	Nonprofit	Recovery living, NA support, AA support, resource connections	Resident fees, philanthropy, state and federal grants	"The mission of Vineyard House is to provide a safe, sober, stable and supportive transitional home for individuals primarily from Martha's Vineyard who are in early recovery from substance use disorder. Our goal is to foster health, independence, and long-term recovery by offering a mutually supportive environment that empowers residents to rebuild their lives and achieve lasting well-being."	Health Promotion	Staffing: Accommodates max. 18 men, 6 women (at full capacity)		
Wampanoag Tribe of Gay Head (Aquinnah)	Tribal government	Direct care services (RN for urgent care and health related questions, Md clinic once a month)	Federal funding, state and federal grants		Disease Prevention	(not at full capacity)		

State and Federal Resources

No inpatient or psychiatric facilities, need off island referrals								
Organization	Type	Services	Funding	Mission Statement	Constructs	Capacity	Hours of Operations	Contact Person
Mashpee Wampanoag Health Service Unit	Federal Clinic	Medical services (including behavioral health counseling, substance abuse screening + counseling), diabetes program, pharmacy program, community health (immunizations, medication/drug storage, in home safety assessment)	Federal funding, insurance reimbursement, grants	"The mission of the Indian Health Service is to raise the physical, mental, social, and spiritual health of American Indians and Alaskan natives to the highest level"	Disease Prevention			(508) 477-6967 After hours/triage: (855) 216-3638
Narcotics Anonymous: Wave of Recovery	Community, peer	Recovery meetings, educational material, peer accountability and long-term support	Self-supporting, voluntary member donations	"Held every Sunday, this 12-step gathering provides a warm and welcoming environment for individuals in recovery. You can find this NA meeting hosted at Martha's Vineyard Hospital."	Health Promotion			
National Alliance on Mental Illness (NAMI) Massachusetts	Nonprofit	Compass helpline, crisis navigation, mental health education, outreach and community, family support groups, peer-to-peer, recovery support groups	Philanthropy, private and federal grants (SAMHSA), individual contributions, corporate partnerships	"We seek to improve the quality of life for people living with mental health conditions, their families, and their caregivers. We work to ensure that all people impacted by a mental health condition receive the support they need when they need it. We use our voices as people and families with lived experience to challenge discrimination and advocate for a more equitable and just world."	Health Promotion			Executive director, Eliza T Williamson Courtney Campbell (community outreach and education) General contact (617) 580-8541 info@namimass.org

The Massachusetts Substance Use Helpline	state program	Provide referrals to harm reductions treatment and recovery services, provide info + answer questions related to substance use disorders, treatment and recovery	Bureau of Substance Addiction Services (Mass. Dep. of Public Health)	Goal: "help you connect with the right harm reductions, treatment, and recovery services and support for you."	Health Promotion		Available 24/7 via call, text, online chat	
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Martha's Vineyard Civic Resources

Organization	Type	Services	Funding	Mission Statement	Constructs	Capacity	Hours of Operation	Contact Person
A Cup of Karma	Non-profit Community	Public storytelling, community building workshops, podcast		"Cup of Karma public storytelling events are a meaningful way to gather, tell stories and celebrate the people that matter in our lives." "Our podcast Grateful for you is all about exploring our most significant relationships and celebrating the people who are most important to our journey."				
American Legion Post 257	Non-profit	Fundraise for veterans and charitable organizations		"The American Legion has operated with a clear and enduring purpose; to serve those who have served, strengthened the nation, and uphold the values that define American democracy"	Health Promotion			508-693-9257
American Red Cross: Southeastern Massachusetts Chapter	Non-profit			"To prevent and alleviate human suffering in the face of emergencies by mobilizing to power of volunteers and the generosity of donors"				
Big Brothers and Big Sisters of Eastern Massachusetts	Non-profit	one-on-one mentoring with adult mentor (big), connect families to community resources	contributions, investment income, sales of assets	"The mission of Big Brothers Big Sisters of Eastern Massachusetts is to partner with families to provide their children with transformational, one-to-one professionally supported relationships with caring adult mentors, so that their children will thrive."				
Children's Cove The Cape & Islands Child Advocacy Center	Non-profit	referrals to community resources, provides victim advocacy, on-site pediatric medical care, community education, professional training	contributions, investment income	"Children's Cove provides hope and healing for survivors of abuse and exploitation. We work to create a community where families have a voice that is heard and they can live healthy, safe and empowered lives."	Health Promotion			Director, Stacey Gallagher sgallagher@childrenscove.org

Cottager's Inc.	Non-profit	Philanthropy, community service, education towards improving island quality of life	contribution s, investment income, net fundraising	"To promote a sense of cultural pride by fundraising to support charitable, educational, and community service projects that help improve the quality of life in the Martha's Vineyard community"				
Councils on Aging	Public	Social activities, outreach, essential services, health clinics, transportation	Town funding, state and federal grants, funding from local organizations, funding from Mass General	"Our mission is to ensure we have the infrastructure and services in place to serve our growing Older Adult population."	Health Protection			(508) 618-5134 ctrich@hamv.org
Deaf Inc.	Non-profit	1 on 1 identify personal goals and establish plans to achieve, provides information resources skill training and guidance	contribution s, program services, investment income	"DEAF, Inc. inspires people to achieve personal and professional goals through accessible programs and services. We build bridges across communities by increasing communication access and awareness"				General Contact (617) 505-4823 hello@deafincma.org
Dukes County Veteran Services	Public	Connect veterans with qualified benefits, organizes programs honoring veterans and promoting patriotism, provides guidance and counseling (regarding benefits)	State reimbursement, federal funding (VA)	"The Dukes County Veteran's Service Department serves the veterans of all seven towns within Dukes County. The Veteran's Service Officer helps veterans obtain all the benefits to which they are entitled, keeps records of living and deceased veterans, and conceives programs to honor vets and promote patriotism. Veterans Services provides for the provision of Federal Veterans Administration and general laws governing the financial support of local veterans, including the determination of eligibility, the disbursement of veterans benefits and assisting	Health Protection			Director of Veterans Service ,George Pimentel (508) 693-6887 vso@dukescounty.org

				local veterans and their families in obtaining financial & other counseling, advice and assistance."				
Elder Services under MVCS	Non-profit	Caregiver support group, counseling, outreach, CORE program (55+)	State and federal grants, MVH funding, Executive Office of Elder Affairs	"We believe everyone, regardless of age, background, or ethnicity deserve to have access to the services they need. We understand that as we get older our needs and lifestyles evolve. We provide individual, couple and family therapy services for seniors. We strive to reduce isolation, support functioning, make connections and increase independence among our senior population."	Health Protection			MV Director, Megan Panek (508) 693-4393. Megan.Panek@esci.org
Harbor Homes Homeless Shelter	Non-profit	Winter shelter, hotel respite program, congregate housing, case management, homeless prevention program (on and off island shelter referrals, assistance in housing and rental applications)	Contributions, program services	"Our mission is to provide housing opportunities for individuals and families who are—or who are at risk of becoming—unhoused. We do this by creating supportive services and partnering with community organizations to expand programs that focus on our clients' health and wellness, leverage resources, and advocate for lasting solutions to the structural causes of homelessness. Our ultimate goal is to make homelessness on Martha's Vineyard brief,		Winter shelter capacity: 25 beds		Director of Homeless Services, Sharon Brown (774) 563-3687 Homelessprevention@harborhomesmv.org

				rare, and non-recurring."				
Island Autism	Non-profit	Residences, community micro farming, adult community support programming, young adult after-school programming, littles after-school programming	Contributions, investment income	"We strive for the lifelong independence, confidence, and happiness of autistic individuals and their families on Martha's Vineyard, through housing, life skills, enrichment, job training, and therapies."	Health Promotion	(not at full capacity)		General contact (508)533-7509
Island Grown Initiative	Non-profit	Island food pantry, community lunches, community gardening, gleaning, csa, serving kits, prepared meals	contributions, program services, investment income, net inventory sales	"Growing community on Martha's Vineyard through the power of food.... Island Grown initiative has worked to build a strong local food system for all on Martha's Vineyard"				General contact (508)687-9062 office@igimv.org
Martha's Vineyard Community Foundation	Non-profit	Providing scholarships, bringing together partners/ tapping local, state and federal resources for current initiatives (food security, language access, transportation for older adults)	contributions, investment income, sales of assets	"... bring together local non-profits, organizations, donors- the people who live on and love our Island - to ensure our diverse, interdependent community thrives. We support initiatives that promote a sound quality of life, create a rich cultural community, and protect healthy and sustainable environments. HERE FOR GOOD since 1982"				General contact (508)338-4665
Martha's Vineyard Commission								General contact (508) 693-7894 Executive Director, Adam Turner (508)

								338-7321 turner@mvcom mission.org
Martha's Vineyard Meditation Program	Non-profit	help resolve disputes in business + nonprofits, court cases. consumer, debt + collection, elder affairs, estate + properties, landlord/tenant, workplace, housing + neighborhood, family/child-custody/divorce	contributions program services	"To serve our community by providing education, outreach, mediation, conflict coaching, facilitation and related services to help prevent and resolve conflicts"				(508) 693-2999
Media Voices for Children	Non-profit	educational material regarding global children's rights (curriculum, films, seminars), support international aid programs	contributions	"... to promote children's rights through the power of education and media. Guided by a human rights-based approach, we amplify kids' voices, uphold their dignity, and help build a world free from child labor and modern slavery."				General contact mediavoicesforchildren@gmail.com
MV Social Justice Leadership Foundation	Non-profit	funding for island organizations, educational material/ resources for immigrants and allies		"To empower island groups and individuals to transform racial and social injustices through grant making, education, and advocacy."				

MV Swell	Non-profit	abortion access funds, provide menstrual products to island food pantry + MV family planning clinic, education funding (for individuals seeking certifications in sexual health-related support systems), vasectomy reimbursement program, offers support/collaborates w. programs+ providers focused on sexual wellness and health (MV Hospital, Island Health Care, etc.)	contribution s, program services, investment income	"... supports individuals and organizations that foster inclusive sexual and reproductive health care, education, and access for all people in our community"				
NAACP of Martha's Vineyard	Non-profit	Plan and conduct fund-raising activities for local and national purposes within the scope of Associations program, assess community health needs, sponsors health related activities, advocacy training, and solicit youth members. Study housing conditions of local community, investigate	donations, investment income, sales of assets	"The mission of the MVNAACP is to promote an inclusive environment that embraces, respects, and values the diversity in the island community. Today, we have adapted our agenda to address the civil rights issues of our time for all people: unequal education; economic and political empowerment; criminal justice reform; health-care access and quality of treatment; civic engagement and voting rights."				General contact naacpmvbranch@gmail.com. 508-538-1509

		complaints of discrimination						
Vinfen	Non-profit	Adult Community Clinical Services, Program for Assertive Community Treatment, Community Support Program), youth and young adult employment, peer, and housing and homeless services	program services, contributions	"Vinfen transforms lives by building the capacity of individuals, families, organizations, and communities to learn, thrive, and achieve their goals. Our services and advocacy promote the recovery, resiliency, habilitation, and self-determination of the people we serve. As a human services leader, we strive to be the provider, employer, and partner of choice."		327 programs + services (statewide MA+CT)		General contact (617)-441-1800 info@vinfen.org 24-hour Crisis Line (866) 388-2242
You've Got a Friend	Non-profit	Provides funds to aid individuals in need and charitable organizations	donations	"to aid Islanders in need, suffering from catastrophic events or illnesses, and to aid other charitable organizations that serve the Island of Martha's Vineyard."				(508) 693-7733 Gillian O'Callaghan gocallaghan@bfmlegal.com
Island Housing Trust	Non-profit	build and/or renovate homes which are sold below-market rates, leases homes at a permanently affordable rate	contributions, program services	"The Island Housing Trust creates, promotes, and stewards permanently affordable homes to support a diverse and sustainable community on the island of Martha's Vineyard."				General contact (508) 693-1117 info@ihtmv.org

Martha's Vineyard Faith-Based Organizations

Organization	Type	Services	Mission Statement	Hours of Operation	Contact Person
A Igreja Que Cresce The Growing Church	Faith-based				
Baha'i Faith	Faith-based				
Beacon of Hope	Faith-based				General contact (774) 368-8927 beaconofhopepastormv@gmail.com
Bodhi Path Buddhist Center	Faith-based	Group meditation (Tuesday, Thursday, Sunday), Dharma Discourse Sessions (Saturday)	"Bodhi Path is an international organization of Buddhist centers founded by the 14th Shamarpa (Shamar Rinpoche). Bodhi Path centers provide authentic teachings presented in a contemporary manner. Bodhi Path teachers provide instruction in Buddhist meditation and philosophy and offer guidance for practicing Buddhism."	Group meditation: Tuesday and Thursday 6pm - 7pm and Sunday 10 am-11am Dharma Discourse: Sundays 10am-11:30am	General contact (508) 696-5929 marthasvineyard@bodhipath.org
Chilmark Community Church	Faith-based	Community suppers, Worship, Bible study, Sunday school, music and light series	"We will act justly, love mercy and humbly walk with our God and with each other to be a community of love. We will provide for and gather for worship, teaching and the sacraments. We will encourage and pray for each other and our mission to bring God's love into the lives of all we encounter."	Sunday worship: Sunday 9am Pizza nights: Tuesday 6pm (April -Mid-May, Mid-September - Mid-November)	Rev. Janet Stoddard (508) 645-3100 chilmarkchurch@gmail.com
Christian Science Society	Faith-based	church service, testimonial meetings, reading nook		Church service: 1st and 3rd Sunday 10am Testimonial Meetings: 1st Wednesday 7:30pm	General contact (508) 560-2233 CSSOCMV@gmail.com
Church of Christ	Faith-based				

Church of Jesus Christ of Latter Day Saints	Faith-based	English classes, emotional resilience class, personal finance classes, sunday service	"The Church of Jesus Christ of Latter-day Saints on Martha's Vineyard operates under the global church mission to help all of God's children come unto Jesus Christ. This is achieved by living the gospel, caring for those in need, inviting others to receive the gospel, and uniting families through temple and family history work"		General contact (508) 693-8642
Covenant on the Rock Ministry	Faith-based				
Faith Community Church	Faith-based (church)				Paston Joseph Lukins pastorjoe@fccmv.org

Federated Church	Faith-based (church)	Sunday service, sunday school, youth group (activities, community service project), community lasagna lunches	"The Federated Church of Martha's Vineyard offers members and visitors a chance to become part of something greater. To grow in their love of God and for one another within our beautiful community. We are committed to helping create a community and world that are more caring, just, and embracing of diversity. We believe worship is something that can be expressed in everything we do. Our philosophy is founded on the life and teachings of Jesus Christ. No matter who you are or where you are in your faith journey, there's a special place for you at our church. Get in touch today or come and visit us in person."	Sunday worship: Sunday 10am Office hours: 9am - 3pm	General contact (508) 627-4421 officefederatedchurchmv@gmail.com
First Baptist Church	Faith-based	Serving hands food distribution, men's bible study, women's bible study, prayer meeting, youth group		Service time: Sunday 10:30 am	General contact (508) 693-1539 firstbaptistvh@gmail.com Rev. Dr. Leo D. Christian oldcolonypastor@gmail.com
Gay Head Community Baptist Church	Faith-based				General contact communitybaptistaquinnah@gmail.com
Grace Episcopal Church	Faith-based (church)	community suppers, Sunday worship service, healing ministry (once a month)		Service: Sunday 10:00 am. Community Suppers: Friday 5:00pm - 5:30 pm (pick up). 5:30pm - 6:30pm (dine in)	parishadmin@graceepiscopalmv.org
Good Shepherd Parish	Faith-based				Parish Secretary, Beth Mello (508) 693-0332 bethmello@goodshepherdmv.com
House of Prayer	Faith-based		"Our mission has been to provide the diverse community of Martha's Vineyard with the means to achieve physical and spiritual wellness by attending to the needs of the whole man or woman in mind, body and soul through reconciliation unto GOD, the Father, through OUR SAVIOR, THE LORD JESUS CHRIST."		General contact (508) 696-9916

Kabbalah & Healing	Faith-based				
Kingdom Hall	Faith-based				
Martha's Vineyard Bible Church	Faith-based				
Martha's Vineyard Camp Meeting Association	Faith-based				
Martha's Vineyard Hebrew Center	Faith-based (non-profit)	Hebrew schooling, adult education, Shabat services with weekly lunch, summer institute (events for being able to learn, be entertained, and to engage with the issues of the day)	"We seek to deepen our connection to Judaism through celebration, music, study, pursuit of justice, meditation and prayer. Wherever you are on your Jewish journey, the Martha's Vineyard Hebrew Center welcomes you to pray, share, and build with us."		General org. contact (508) 693-0745
Martha's Vineyard Hospital Chapel	Faith-based				
Mission Calvary Church	Faith-based				
Religious Society of Friends	Faith-based			Meeting for Worship: Wednesday 12pm - 12:30 am , Sunday 12pm- 1pm	Presiding clerk, Bob Laskowski (302) 584-3709 laskowskirj@gmail.com Recording clerk, Bruce Nevin (508) 524-2549 brucenevin@gmail.com
Revival Church for the Nations/ Igreja do Avivamento para as Nações	Faith-based				
St. Andrew's Church	Faith-based	Sunday service, community suppers, supports various local organizations (Island food pantry, Vineyard house, etc.)		Sunday Service: Sunday 9:00 am Food Pantry: Saturday 10:00am - 12:00pm, Monday & Wednesday 2:00pm - 4:00pm	General contact (508) 627-5330 office@standrewsmv.org
Trinity Episcopal Church	Faith-based				

Unitarian Universalist Society of Martha's Vineyard	Faith-based	fundraises for the Family to Family MV Crop Walk for Hunger and the Red Stocking Fund, Social Action Knitwork (quilting to be given to individuals going through illness, hospice, and/or difficult times), men's alliance, project connect	"We are intentionally welcoming congregations of diverse faiths and share values fostering spiritual growth community action, racial equity and universal justice"	Service: Sunday 10:00am	General Contact (508) 693-8982 uu.society.mv@gmail.com
United Methodist Church of Martha's Vineyard	Faith-based	clothes to go (clothing donation), worship services, community suppers	"As a part of the connectional body of the New England Conference of the United Methodist Church, we continue to grow as a healthy disciple-making congregation, in which everybody is welcomed, respected, cared about, and embraced."	Service: (September - June) Sunday 10:00am, (July - August) 11:00 am. Clothes To Go: Monday 3:00 pm - 6:00 pm, Wednesday & Fridays 10:00am - 12:00pm, Saturday 10:00am - 1:00pm Community Suppers (January 10 - March 28) Saturday 5:30pm	General contact (508) 693-4424 umcmv@outlook.com
Vineyard Assembly of God	Faith-based	faith service, Christian counseling	"Our goal is to represent Jesus Christ with excellence to our Island and to our World."	Service: Sunday 10:30am, Monday 6:30pm, Wednesday 6:30pm	General contact (508) 696-7576 vineyarddag@gmail.com.
Vineyard Chabad	Faith-based	Educational (speaker series on Jewish thought, weekly speaking from Rabbi), Cultural (Jewish culture festival, women's circle,), Shabbat dinners, Shul	"Our mission is to enrich Jewish life and community on Martha's Vineyard by offering educational programs, cultural events, and traditional services, all infused with the warmth and joy of Judaism. People of eclectic backgrounds come to Martha's Vineyard to repose, reflect, and rejuvenate. They come to Chabad on the Vineyard for the same reasons."	Services: Friday 7:30pm, Shabat 10:00am Foundations (speaker forum): Various Tuesdays Summer 2026 5:45pm Shabbat Dinner: Various Fridays Summer 2026 7:00pm	Co-Director, Rabbi Tzvo Alperowitz Rabbi@VineyardChabad.org Co-Director, Hadassah Alperowitz Hadassah@VineyardChabad.org

Appendix B: Community Member Survey (English-Language Version)

Substance Use Disorder and Behavioral Health Community Health Needs Assessment

Community Members Survey

Martha's Vineyard Opioid Abatement Advisory Board

This anonymous community member survey is designed to better understand the current status of mental health, behavioral health, and substance use disorder support, services, and community needs on Martha's Vineyard Island. At no point will you be asked for identifiable information, and your responses will not be tracked to you. Your participation will help shape planning and decision-making for substance use disorder and behavioral health programs island-wide.

Section 1: Demographics

1. How old are you? **(Select one)**
 - a. Under 18
 - b. 18-24
 - c. 25-64
 - d. 65+
2. What is your gender identity? **(Select one)**
 - a. Female
 - b. Male
 - c. Non-binary
 - d. Other: _____
3. What is your Race/Ethnicity? **(Select one)**
 - a. White - Not Hispanic
 - b. Black - Not Hispanic
 - c. American Indian or Alaska Native
 - d. Hispanic or Latino
 - e. Asian or Pacific Islander
 - f. Brazilian
 - g. Other: _____
4. What is your current living situation? **(Select one)**
 - a. Housed full-time resident
 - b. Housed part-time resident
 - c. Island shuffle
 - d. Unhoused
 - e. Visitor
 - f. I commute to the island for work
5. Please select your town of residence. **(Select one)**
 - a. Aquinnah
 - b. Chappaquiddick
 - c. Chilmark
 - d. Edgartown
 - e. Oak Bluffs
 - f. Vineyard Haven
 - g. West Tisbury
 - h. I do not live on the island/visiting

Section 2: Personal experiences with services

These questions ask about your experiences with behavioral health and substance use disorder services on Martha's Vineyard island.

6. In the past 12 months, how often have you or someone close to you used the following substance (outside of its intended or prescribed use)? (*Answer each category separately*)

Opioids – (*i.e. heroin, morphine, oxycodone, fentanyl, codeine, etc.*)

Never / Once or twice / Monthly / Weekly / Daily

Stimulants – (*i.e. cocaine, methamphetamine, adderall, etc.*)

Never / Once or twice / Monthly / Weekly / Daily

Depressants or sedatives – (*i.e. xanax, valium, ambien etc.*)

Never / Once or twice / Monthly / Weekly / Daily

Hallucinogens or psychedelics – (*i.e. LSD, mushrooms, PCP, etc.*)

Never / Once or twice / Monthly / Weekly / Daily

Inhalants – (*i.e. paint thinners, aerosol sprays, glue, etc.*)

Never / Once or twice / Monthly / Weekly / Daily

Nicotine or tobacco – (*i.e. cigarettes, cigars, chewing tobacco, e-cigarettes or vapes*)

Never / Once or twice / Monthly / Weekly / Daily

Cannabis (marijuana)

Never / Once or twice / Monthly / Weekly / Daily

Prescription drugs

Never / Once or twice / Monthly / Weekly / Daily

Alcohol – (*more than 4 drinks for females or 5 drinks for males at one time*)

Never / Once or twice / Monthly / Weekly / Daily

7. In the past 12 months, have you or someone close to you needed behavioral health or substance use services? **(Select one)**
- a. Yes, received or currently receiving services
 - b. Yes, currently seeking services
 - c. Yes, but did not seek services
 - d. No
8. Which types of services were needed and sought out? **(Select all that apply)**
- a. Outpatient counseling
 - b. Youth services
 - c. Crisis response services
 - d. Detox services
 - e. Inpatient residential treatment
 - f. Medication-assisted treatment (MAT)
 - g. Harm reduction
 - h. Peer recovery support
 - i. Housing/shelter support
 - j. Not applicable
9. How easy was it for you or someone close to you to find information and support related to services? **(Select one)**
- a. Very difficult
 - b. Somewhat difficult
 - c. Somewhat easy
 - d. Very easy
10. How did you or someone close to you find information about behavioral health and/or substance use services? **(Select all that apply)**
- a. A family member or friend related to services
 - b. Health care provider
 - c. Another community organization
 - d. Internet search or social media
 - e. School or workplace
 - f. I have not found any information
 - g. Other
11. Which barriers most affected access to services? **(Select up to 3)**
- a. Cost/insurance issues
 - b. Lack of providers
 - c. Long wait times
 - d. Transportation
 - e. Stigma/fear of judgment
 - f. Lack of information about services
 - g. Childcare responsibilities
 - h. Language or cultural barriers
 - i. Other:
12. How long did it take to get an appointment after seeking services? **(Select one)**
- a. Same day
 - b. 1–7 days
 - c. 1–4 weeks
 - d. 1–3 months
 - e. More than 3 months
 - f. Did not receive service

13. How effective were/are the services in supporting you or someone close to you throughout the treatment process? **(Select one)**

- | | |
|--------------------------------------|-------------------------------------|
| a. Not effective | d. Very effective, highly recommend |
| b. Neither effective nor ineffective | |
| c. Somewhat effective | |

Section 3: Community needs, gaps, and priorities

The following questions ask about your views on behavioral health and substance use needs across the island, including community organizational strengths, service gaps, barriers to care, and areas that may need greater support or investment.

14. Which service area do you think is most needed in your community? **(Select up to 3)**

- | | |
|--|-----------------------------|
| a. Outpatient counseling | f. Crisis response services |
| b. Inpatient/residential treatment | g. Peer recovery support |
| c. Detox services | h. Housing/shelter support |
| d. Medication-assisted treatment (MAT) | i. Other: _____ |
| e. Youth services | _____ |

15. Which population do you think is most underserved? **(Select up to 3)**

- | | |
|--|--------------------------------------|
| a. Children and adolescents (under 18) | g. LGBTQ+ individuals |
| b. Young adults (18-24) | h. Veterans |
| c. Adults (25-64) | i. Formerly incarcerated individuals |
| d. Older adults (65+) | j. Other: _____ |
| e. People experiencing homelessness | _____ |
| f. Racial/ethnic minority groups | _____ |

16. What type of community resource or initiative would be most helpful? **(Select up to 3)**

- | | |
|--|---|
| a. School-based education programs | f. Faith-based/community leader initiatives |
| b. Community workshops or events | g. Other: _____ |
| c. Peer support programs | _____ |
| d. Harm reduction services (e.g., naloxone distribution) | _____ |
| e. Employer/workplace programs | _____ |

17. Please describe your experience navigating services and any other details you'd like to share regarding strengths, barriers, and areas for support. **(Optional)**

Thank you for your time and participation in completing this survey. Your contribution to the substance use disorder and behavioral health community health needs assessment is deeply valued.

Appendix C: Direct Service Provider Survey (Online Version Only)

Substance Use Disorder and Behavioral Health Community Health Needs Assessment

Direct Service Provider and Healthcare Professionals Survey

Martha's Vineyard Opioid Abatement Advisory Board

This direct service provider organization survey is designed to better understand the current status of mental health, behavioral health, and substance use disorder gaps, services, and community needs on Martha's Vineyard Island from the service provider's perspective. Your participation is integral to community-wide substance use disorder and behavioral health program planning and opioid abatement funding distribution in compliance with the MA State Subdivision Agreement.

****If you are a member of multiple organizations, please fill out a separate form for each organization and only submit ONE survey per organization. Please answer the survey questions to the best of your ability using information from the past 12 months.***

Section 1: Organization Profile

The following questions focus on your organization's services and populations served.

1. Organization name _____
2. How long has your organization been operating on or serving Martha's Vineyard? ***(Select one)***
 - a. Less than 1 year
 - b. 1-5 years
 - c. 6-10 years
 - d. More than 10 years
3. Which services does your organization currently provide? ***(Select all that apply)***
 - a. Mental health counseling or therapy
 - b. Psychiatric services
 - c. Crisis intervention and response
 - d. Social services or case management
 - e. School-based programs or youth services
 - f. Peer support
 - g. Family or caregiver support services
 - h. Prevention, harm reduction, and education programming
 - i. Substance use screening and assessment
 - j. Outpatient or intensive outpatient treatment
 - k. Inpatient or residential treatment
 - l. Medication-assisted treatment (MAT)
 - m. Recovery coaching
 - n. Detox services
 - o. Hospital or clinic
 - p. Care coordination and navigation support
 - q. Housing and shelter support services

- r. Other: _____
4. Which populations does your organization primarily engage with or serve? *(Select all that apply)*
- a. Children and adolescents (youth 12-17)
 - b. Young adults (ages 18-24)
 - c. Adults (ages 25-64)
 - d. Older adults (ages 65+)
 - e. Families and caregivers
 - f. Veterans
 - g. LGBTQIA+ individuals
 - h. People experiencing homelessness
 - i. Formerly incarcerated individuals
 - j. Racial or ethnic minority populations
 - k. Individuals with co-occurring conditions (SUD/behavioral/mental/chronic illnesses)
 - l. Other: _____
5. Which racial and ethnic demographics groups seek your services? *(Select all that apply)*
- a. White - Not Hispanic
 - b. Black - Not Hispanic
 - c. American Indian or Native Alaskan
 - d. Hispanic or Latino
 - e. Asia or Pacific Islander
 - f. Brazilian
 - g. Other: _____

Section 2: Organization Capacity and Reach

The following questions focus on your organization's operational capacity and community reach.

6. Approximately how many individuals does your organization serve annually? *(Select one)*
- a. Fewer than 50 individuals
 - b. 50-100 individuals
 - c. 100-300 individuals
 - d. 300+ individuals
7. Is your organization currently operating at full capacity? *(Select one)*
- a. Yes
 - b. No
8. Please explain your answer to question 7:

9. What is the typical wait time for seeking/receiving services with your organization? **(Select one)**
- a. No wait time/ immediately
 - b. Less than 1 week
 - c. 1-4 weeks
 - d. 1-3 months
 - e. More than 3 months
 - f. Other: _____
10. How effective are your services in supporting individuals throughout the treatment process?
(Select one)
- a. The services are effective, they do not reach out afterward
 - b. The services are effective, they continue to follow-up after care
 - c. The services are not effective, they need more support and services from us
 - d. The services are not effective, they need to be referred to other facilities
 - e. The services are not effective, and we lose contact
 - f. Unknown
 - g. Other: _____

Section 3: Service Gaps, Barriers, and Referral Pathways

The following questions aim to understand current barriers and areas for growth, as well as your observed unmet needs of the community.

11. Are there services your organization would like to provide or expand on but currently cannot?
(Select up to 3)
- a. Mental health counseling or therapy
 - b. Psychiatric services
 - c. Crisis intervention and response
 - d. Social services or case management
 - e. School-based programs or youth services
 - f. Peer support
 - g. Family or caregiver support services
 - h. Prevention and education programming
 - i. Harm reduction
 - j. Substance use screening and assessment
 - k. Outpatient or intensive outpatient treatment
 - l. Inpatient or residential treatment
 - m. Medication-assisted treatment (MAT)
 - n. Recovery coaching
 - o. Detox services
 - p. Hospital or clinic
 - q. Care coordination and navigation support
 - r. Housing and shelter support services
 - s. Transportation support services

- t. Other: _____
12. What are the organization's greatest barriers preventing service expansion and performance?
(*Select the top 3*)
- a. Community outreach efforts
 - b. Cross-organizational collaboration
 - c. Government support
 - d. Workforce funding
 - e. Salary or benefit support
 - f. Housing assistance for staff
 - g. Training and professional development
 - h. Infrastructure or facility improvements
 - i. Technology or telehealth support
 - j. Transportation support
 - k. Administrative support
 - l. Grant or funding assistance
 - m. Other: _____
13. How many referrals do you receive annually? (*Select one*)
- a. 0 - 10
 - b. 11-25
 - c. 26-50
 - d. 51-100
 - e. 100+
14. How many referrals do you send out annually? (*Select one*)
- a. 0 - 10
 - b. 11-25
 - c. 26-50
 - d. 51-100
 - e. 100+
15. How efficient is the referral process for on-island substance use and behavioral health services?
(*Select one*)
- a. 1– Very inefficient, unorganized, difficult to manage and facilitate
 - b. 2– Not very efficient
 - c. 3– Neither efficient or inefficient
 - d. 4– Somewhat efficient
 - e. 5– Very efficient, highly organized, easy to manage and facilitate (no issues with referral/transfer)
16. How efficient is the referral process for off-island substance use and behavioral health services?
(*Select one*)
- a. 1– Very inefficient, unorganized, difficult to manage and facilitate

- b. 2– Not very efficient
- c. 3– Neither efficient or inefficient
- d. 4– Somewhat efficient
- e. 5– Very efficient, highly organized, easy to manage and facilitate (no issues with referral/transfer)

Section 4: Collaboration Across the Island

The following section aims to understand potential areas for collaboration across the island.

17. In which areas does your organization need the most support or collaboration? *(Select up to 3)*

- a. Referral coordination
- b. Workforce or staffing support
- c. Mental health services
- d. Behavioral health services
- e. Substance use services
- f. Crisis response coordination
- g. Housing or supportive services
- h. Transportation or access support
- i. Youth or family services
- j. Prevention or education efforts
- k. Funding or grant support
- l. Data sharing or communication
- m. Cross-sector coordination
- n. Training or professional development
- o. Other: _____

18. Please list the potential organizations you would consider collaborating with: _____

19. With new funding, what areas should be prioritized first for the community? *(Select up to 3)*

- a. Workforce development
- b. Crisis services
- c. Youth services
- d. Family and caregiver services
- e. Prevention and education
- f. Housing and social supports
- g. Transportation and access
- h. Recovery services
- i. Harm reduction
- j. Cross-sector coordination
- k. Other: _____

20. If you have any additional information, ideas, questions, or concerns, please use this space to express your thoughts. (*Optional*) _____

Thank you for your time and participation in completing this survey. Your contribution to the substance use disorder and behavioral health community health needs assessment is deeply valued.

Appendix D: Civic and Faith-Based Organizations Survey (Online Version Only)

Substance Use Disorder and Behavioral Health Community Health Needs Assessment Civic and Faith-Based Organizations Survey Martha's Vineyard Opioid Abatement Advisory Board

This civic and faith-based organization survey is designed for civic, faith-based, educational, nonprofit, public sector, and community organizations that engage with or observe mental health, behavioral health, and substance use needs on Martha's Vineyard. The goal is to better understand the current status of mental health, behavioral health, and substance use disorder gaps, services, and community needs on Martha's Vineyard Island from the community stakeholder's perspective. Your participation is integral to community-wide substance use disorder and behavioral health program planning and opioid abatement funding distribution in compliance with the MA State Subdivision Agreement.

****If you are a member of multiple organizations, please fill out a separate form for each organization and only submit ONE survey per organization. Please answer the survey questions to the best of your ability using information from the past 12 months.***

Section 1: Organization Profile

The following questions focus on your organization's services and populations served.

1. Organization name _____
2. How long has your organization been operating on or serving Martha's Vineyard? ***(Select one)***
 - a. Less than 1 year
 - b. 1-5 years
 - c. 6-10 years
 - d. More than 10 years
3. What type of organization are you representing? ***(Select one)***
 - a. Faith-based organization
 - b. Civic or community organization
 - c. School or educational institution
 - d. Youth-serving organization
 - e. Municipal or government agency
 - f. Law enforcement or EMS
 - g. Advocacy organization
 - h. Nonprofit or community-based organization
 - i. Employer or business organization
 - j. Other: _____
4. Which populations does your organization primarily engage with or serve? ***(Select all that apply)***
 - a. Children and adolescents (youth 12-17)
 - b. Young adults (ages 18-24)

- c. Adults (ages 25-64)
 - d. Older adults (ages 65+)
 - e. Families and caregivers
 - f. Veterans
 - g. LGBTQIA+ individuals
 - h. People experiencing homelessness
 - i. Formerly incarcerated individuals
 - j. Racial or ethnic minority populations
 - k. Individuals with co-occurring conditions (SUD/behavioral/mental/chronic illnesses)
 - l. Other (please specify): _____
5. Which racial and ethnic demographics groups seek your services? *(Select all that apply)*
- a. White - Not Hispanic
 - b. Black - Not Hispanic
 - c. American Indian or Native Alaskan
 - d. Hispanic or Latino
 - e. Asia or Pacific Islander
 - f. Brazilian
 - g. Other (please specify): _____

Section 2: Service Gaps, Barriers and Referral Pathways

The questions aim to understand current barriers and areas for growth, as well as your observed unmet needs of the community.

6. Does your organization encounter or observe mental health, behavioral health, or substance use-related concerns among community members? *(Select one; if yes, answer the next question.)*
- a. Yes
 - b. No
7. Which conditions does your organization observe most frequently? *(Select all that apply)*
- a. Anxiety or stress-related concerns
 - b. Depression or emotional distress
 - c. Crisis or urgent mental health concerns
 - d. Youth behavioral or emotional concerns
 - e. Family or caregiver stress
 - f. Alcohol misuse concerns
 - g. Opioid use or overdose concerns
 - h. Other substance use concerns
 - i. Recovery or relapse-related needs
 - j. Housing instability
 - k. Transportation barriers
 - l. Financial hardship
 - m. Lack of family and social support
 - n. Difficulty accessing services

- o. Other: _____
8. Does your organization connect or refer individuals or families to mental health, behavioral health, or substance use related services or supports? *(Select one)*
- a. Yes, frequently
 - b. Yes, occasionally
 - c. Rarely
 - d. No
9. How easily can community members find and access appropriate support services? *(Select one)*
- a. Very difficult
 - b. Somewhat difficult
 - c. Somewhat easy
 - d. Very easy
10. Which services or supports are most lacking on Martha's Vineyard? *(Select up to 3)*
- a. Counseling or therapy
 - b. Psychiatry
 - c. Crisis services
 - d. Youth services
 - e. Detox services
 - f. Residential treatment
 - g. Medication-assisted treatment (MAT)
 - h. Recovery supports
 - i. Harm reduction services
 - j. Housing supports
 - k. Transportation supports
 - l. Family or caregiver supports
 - m. Prevention and education
 - n. Workforce capacity
 - o. Community awareness or outreach
 - p. Other: _____
11. What types of efforts and resources would be most helpful to the community? *(Select up to 3)*
- a. School-based education programs
 - b. Community workshops or events
 - c. Peer support programs
 - d. Harm reduction services
 - e. Family or caregiver support programs
 - f. Public awareness campaigns
 - g. Faith-based or community-led initiatives
 - h. Prevention programs
 - i. Youth engagement opportunities
 - j. Navigation or care coordination support

- k. Other: _____
12. With new funding, what areas should be prioritized first for the community? *(Select up to 3)*
- a. Workforce development
 - b. Crisis services
 - c. Youth services
 - d. Family and caregiver services
 - e. Prevention and education
 - f. Housing and social supports
 - g. Transportation and access
 - h. Recovery services
 - i. Harm reduction
 - j. Cross-sector coordination
 - k. Other: _____

Section 3: Collaboration Across the Island

The following section aims to understand potential areas for collaboration across the island.

13. Which sectors does your organization currently collaborate with? *(Select all that apply)*
- a. Healthcare providers
 - b. Mental health providers
 - c. Substance use treatment providers
 - d. Recovery organizations
 - e. Schools or youth organizations
 - f. Law enforcement or EMS
 - g. Housing organizations
 - h. Faith or community organizations
 - i. Municipal or government agencies
 - j. Employers or businesses
 - k. Not applicable
 - l. Other: _____
14. From which areas would additional collaboration or support be most valuable for your organization and community reach? *(Select up to 3)*
- a. Healthcare providers
 - b. Mental health providers
 - c. Substance use treatment providers
 - d. Recovery organizations
 - e. Schools or youth organizations
 - f. Law enforcement or EMS
 - g. Housing organizations
 - h. Faith or community organizations
 - i. Municipal or government agencies
 - j. Employers or business community

- k. Transportation providers
- l. Not applicable
- m. Other: _____

15. Please list the potential organizations you would consider collaborating with: _____

16. If you have any additional information, ideas, questions, or concerns, please use this space to express your thoughts. (*Optional*) _____

Thank you for your time and participation in completing this survey. Your contribution to the substance use disorder and behavioral health community health needs assessment is deeply valued.

Appendix E: Stakeholder Interview Template

Substance Use Disorder and Behavioral Health Community Health Needs Assessment Direct Service Provider and Healthcare Professionals Survey Interview Questions Martha's Vineyard Opioid Abatement Advisory Board

Key takeaways:

- Understand the details of the organization's role in supporting SUD/BH efforts on the island
- Explore current strengths and challenges within the current system of care, referrals, and organizational capacity
- Identify gaps in services and barriers to access for community members
- Highlight priority areas for action and potential island-wide collaborations
- Inform future planning of community health efforts and opioid abatement funding distribution

Thank you for joining me today for the substance use disorder and behavioral health community health needs assessment direct service provider and healthcare professional interview. I will be referring to your survey responses to guide parts of our conversation today. Today we will be focusing on building on some of your responses to get a better understanding of the strengths and challenges that exist within the current systems of substance use disorder and behavioral health care, referrals, and capacity, both for your organization and the island in general.

Before we dive in, my name is ____, and I am one of the public health analysts working with the Opioid Abatement Advisory Board on this assessment. Would you mind just reiterating your role and the organization you are representing today for me please? Feel free to briefly also describe the organization's mission and purpose if you'd like.

Thank you so much, it's great to have you. I'm looking forward to hearing your insights today. I have a few questions written out that I'd love to discuss with you, but also please feel free to share any other details, experiences, or ideas you may have! To kick us off, the first questions I have focus on community needs and population-related experiences.

1. We know that substance use disorder and behavioral health challenges affect people across different backgrounds and identities on the island. Have you noticed differences in how various populations experience or interact with care?

(Probes: awareness/understanding of services, help-seeking behaviors, family involvement, cultural and language considerations, trust/perceptions of care, SDOH, stigma, seasonal/workforce populations)

2. Are there particular groups that experience greater barriers or unmet needs in accessing and continuing care?

(Probes: youth, elderly, families, immigrant populations, LGBTQIA+ populations, comorbidities, housing insecurities)

I'd like to ask about the referral and transfer processes now.

3. What does the referral and transfer process look like for your organization when sending or receiving clients for care?

(Probes: intake process, communication with partner orgs, warm handoffs, follow-up/loss to follow-up, on/off island)

4. How does this differ based on the different seasons?

Changing gears slightly now, I'd like to talk about your organizational capacity and effectiveness of your services.

5. How would you describe your organization's current capacity to meet community needs?

(Probes: workforce, funding, infrastructure, waitlists, training, staff retention, resources)

6. Are you able to accommodate the referrals you receive? Why or why not?

(Probes: service limitations, staffing, timing, referral eligibility or appropriateness, off-island needs)

7. In the survey we asked about service effectiveness. From your perspective, how effective are your services in supporting individuals through the care and recovery process?

(Probes: retention, engagement, continuity of care, outcomes, follow-up systems, measure of impact)

8. Do you currently have a process or system in place to follow-up with individuals and evaluate long-term outcomes after services are provided?

As we come to a close today, I wanted to ask, is there anything we may have missed in the survey and discussion today that you believe is important to the assessment? We're open to any emerging issues, feedback, concerns, ideas, and recommendations.

Thank you so much again ___ for taking time out of your day to meet with me. On behalf of our team, I want to appreciate your partnership and support in the assessment process. My last question looking into the future, would you be willing to join a focus group session with other organizations, including those who have highlighted your organization for potential collaboration in the future? This session would be slightly different from this personal interview as our aim is to encourage discussion and strategize actionable items that can be supported by available opioid abatement funding. This is entirely optional, and we understand if it may be difficult to manage!

Appendix F: Red House Peer Recovery Support Center (Community Member) Focus Group

Substance Use Disorder and Behavioral Health Community Health Needs Assessment

Community Member Focus Group Questions

Martha's Vineyard Opioid Abatement Advisory Board

Key takeaways:

- Hear community members on the challenges and barriers individuals face in seeking care and receiving treatment
- Identify gaps in services and barriers on the island from the community members' perspective
- Understand where community members feel most supported in the treatment process and where they feel underserved
- Highlight priority areas for action to strengthen active community efforts

*** Thank you all for taking time out of your day to be here with us today for the Martha's Vineyard Substance Use Disorder and Behavioral Health Community Health Needs Assessment. This is a safe space. We welcome individuals of all backgrounds, experiences, and beliefs. We want to hear everyone's perspective and we welcome personal stories and experiences. At no point will any identifiable information be collected from you, nor will you be penalized for anything that you share during today's focus group or at any point if you decide to follow up on this needs assessment. If you feel you have more to share after today's session, we welcome you to reach out to Stacy or John to be connected with a member of the needs assessment team!*

1. When you or someone you know needs behavioral health or substance use support, who do you typically turn to first? What makes those individuals, organizations, or resources supportive or trustworthy?

(Probes: A local go-to, trust, first steps, safe person or space, relationships)

2. What factors make it easier or harder for people on Martha's Vineyard to seek care, treatment, or support for behavioral health or substance use concerns?

(Probes: Cost, language barriers, fear of judgment, awareness of available services, housing or employment)

3. What are some of the challenges people face when trying to get help for behavioral health or substance use concerns on Martha's Vineyard? How well do you think local organizations are meeting community needs?

a. Are there any organizations, services, or community efforts that you feel are working particularly well?

(Probes: Coordination gaps, lack of providers, waitlists, long-term support)

4. How can we reduce stigma around behavioral health and substance use and create a more supportive and accessible community on Martha's Vineyard?

(Probes: Community education, role of community leaders, language)

Appendix G: Public Health Analyst-Led (Island Organizations) Focus Group

Substance Use Disorder and Behavioral Health Community Health Needs Assessment

Organizations Focus Group Questions

Martha's Vineyard Opioid Abatement Advisory Board

Key takeaways:

- Emphasize the challenges and barriers individuals face in seeking care and receiving treatment
- Identify gaps in services and barriers on the island from local organizations' perspectives
- Highlight priority areas for action to strengthen active community efforts
- Identify pathways for a more efficient and collaborative substance use disorder and behavioral health system on MV

Thank you all for joining us today for the Martha's Vineyard Substance Use Disorder and Behavioral Health Community Health Needs Assessment organizations focus group. We want to appreciate everyone for taking the time to support us along this important journey. The purpose of today's focus group is to bring together different perspectives, share our ideas, and get a sense of where we can move forward with our community efforts. You have been grouped into this session because you may have highlighted in your surveys that you would be interested in collaborating with one another, or the services you provide and communities you serve align with one another, allowing for us to have a productive discussion. We want to hear everyone's perspective and we welcome personal stories and experiences as well. To be mindful of how many of us are on this call today and to make sure we can run this as smoothly as possible, we ask that you raise your hand on Zoom and we can go in order of who's raised first so we're not talking over one another. Without further ado, let's start by introducing ourselves, our organizations, and the roles we all have within our community before we jump into the questions for today.

1. When an individual needs behavioral health or substance use support, who do they typically turn to first? What makes those individuals, organizations, or resources supportive or trustworthy?

(Probes: A local go-to, trust, first steps, safe person or space, relationships)

2. What factors make it easier for people on Martha's Vineyard to seek care, treatment, or support for behavioral health or substance use concerns?

(Probes: Cost, language support, environment, attitudes, operations/treatment processes)

3. How can we reduce stigma around behavioral health and substance use and create a more supportive and accessible community on Martha's Vineyard?

(Probes: Community education, role of community leaders, language)

4. What would a more supportive, accessible, and effective substance use disorder and behavioral health system or environment on Martha's Vineyard look like to you? *(If time)*

Appendix H: Qualitative Codebook (Codes and Definitions)

Service Availability			Code Definition
Missing services and unmet needs		SA_service gaps	References to missing services, unmet community needs, insufficient service availability, or services that do not currently exist
Participant eligibility and target population restrictions		SA_population	References to eligibility requirements, target populations, restrictions on who can access services, or populations that are excluded from services
Organizational Capacity			Code Definition
Waitlists, appointment scheduling, volume		OC_access capacity	References to waitlists, appointment availability, scheduling challenges, service demand exceeding/not meeting capacity, or limitations in the number of clients that can be served
Staff recruitment and retention		OC_staffing	References to workforce shortages, staff recruitment, staff retention, turnover, burnout, or provider availability
Patient record documentation, hours of operation		OC_operations	References to operational processes including hours of operation, documentation systems, administrative workflows, or organizational procedures
Outreach and communication efforts		OC_outreach	References to community outreach, marketing, communication strategies, public engagement, or efforts to increase awareness of services
Facility infrastructure and space		OC_infrastructure	References to physical facilities, office space, equipment, technology systems, or organizational infrastructure needed to provide services
Program sources of funding, sustainability		OC_funding	References to funding sources, financial sustainability, grant funding, reimbursement, or resource limitations

Staff/provider training		OC_training	References to workforce development, professional training, continuing education, certifications, or skill-building needs
Coordination and Collaboration			Code Definition
Strengths in collaboration coordination		CC_collaboration strength	References to effective collaboration, coordination, partnerships, or successful working relationships among organizations
Gaps in collaboration coordination		CC_collaboration gap	References to weaknesses, challenges, or missed opportunities in collaboration and coordination among organizations
Referral strengths		CC_referral strength	References to effective referral pathways, successful care coordination, or smooth transitions between services
Referral challenges and gaps		CC_referral challenge	References to barriers, breakdowns, delays, or difficulties within referral processes
Data and information sharing across organizations		CC_information sharing	References to communication, data sharing, information exchange, or coordination of client information across organizations
Island-wide cross-sector partnership		CC_partnership	References to island-wide, cross-sector, or multi-organizational partnerships and collective efforts
Culturally responsive care		CC_cultural competence	References to culturally responsive care, culturally appropriate services, language accessibility, or providers' ability to meet diverse cultural needs
Program Awareness			Code Definition
Understanding of available services		PA_understanding	References to awareness or knowledge of available services, programs, and resources
Ability to navigate programs/services		PA_navigate	References to an individual's ability or difficulty locating, accessing, and navigating services and systems

Ability to understand one's needs and advocate for oneself		PA_self advocacy	References to an individual's ability to recognize needs, seek help, advocate for themselves, or make informed decisions regarding care
Awareness of system processes (referrals, insurance, eligibility)		PA_awareness	References to understanding system processes such as referrals, insurance requirements, eligibility criteria, or service pathways
Social Determinants of Health			Code Definition
Transportation barriers		SDOH_transportation	References to transportation access, transportation costs, lack of transportation, or travel-related barriers to services
Health insurance barriers		SDOH_health insurance	References to insurance coverage, insurance eligibility, reimbursement issues, or lack of insurance
Employment and income class		SDOH_income	References to income, employment, financial stability, poverty, or economic hardship
Housing cost, security, instability, experiencing homelessness		SDOH_housing	References to housing affordability, housing stability, housing insecurity, homelessness, or housing-related barriers
Seasonal economy challenges and impacts		SDOH_season	References to seasonal employment, seasonal population changes, seasonal housing impacts, or other effects of the seasonal economy
Distance to care		SDOH_distance	References to geographic distance, travel time, geographic isolation, or location-related barriers to care
Support from social networks		SDOH_interpersonal support	References to support from family, friends, peers, social networks, or community relationships
Consistent access to food		SDOH_food security	References to access to affordable, nutritious food, food insecurity, or hunger
Educational attainment		SDOH_education	References to educational attainment, educational opportunities, literacy, or education-related barriers

Language proficiency and cultural limitations		SDOH_culture	References to cultural or language barriers, limited English proficiency, translation needs, or communication challenges related to language and culture
Childcare		SDOH_childcare	References to childcare access, childcare affordability, caregiving responsibilities, or childcare-related barriers
Technology skills and internet/telephone access		SDOH_digital access	References to internet access, phone access, technology availability, digital literacy, or barriers related to technology use
Community Perceptions and Stigma			Code Definition
Individuals' trust in providers/services		CPS_trust	References to trust or distrust in providers, organizations, healthcare systems, government agencies, or services
Social norms and attitudes		CPS_norms	References to community attitudes, social norms, cultural expectations, or beliefs that influence behaviors and service utilization
Stigma against mental health, behavioral health, or substance use disorder		CPS_stigma	References to stigma, discrimination, shame, judgment, or fear related to mental health, behavioral health, or substance use disorders
Confidentiality of information		CPS_confidentiality	References to privacy concerns, confidentiality, fear of disclosure, or concerns about personal information being shared
Population-Specific Needs			Code Definition
Needs specific to older adults		PSN_older adult	References to needs, barriers, challenges, or service gaps affecting older adults
Needs specific to youth		PSN_youth	References to needs, barriers, challenges, or service gaps affecting children, adolescents, or young adults
Needs specific to families		PSN_family	References to needs, barriers, challenges, or service gaps affecting families or family

			systems
Needs specific to unhoused individuals		PSN_unhoused	References to needs, barriers, challenges, or service gaps affecting individuals experiencing homelessness
Needs specific to LGBTQIA+ community		PSN_LGBTQIA+	References to needs, barriers, challenges, or service gaps affecting LGBTQIA+ individuals
Needs specific to veterans		PSN_veterans	References to needs, barriers, challenges, or service gaps affecting veterans
Needs specific to Brazilian/Portuguese speaking population		PSN_portuguese speaking	References to needs, barriers, challenges, or service gaps affecting Brazilian and Portuguese-speaking populations
Needs specific to any racial and ethnic minorities		PSN_racial/ethnic minority	References to needs, barriers, challenges, or service gaps affecting racial or ethnic minority populations
Needs specific to caregivers (caregiver burnout/burden)		PSN_caregiver	References to needs, barriers, challenges, caregiver burden, or service gaps affecting caregivers
Needs specific to individuals with disabilities		PSN_disability	References to needs, barriers, challenges, or service gaps affecting individuals with disabilities
Needs specific to individuals involved in justice system		PSN_justice system	References to needs, barriers, challenges, or service gaps affecting individuals involved with the criminal legal or justice system
Substance Use Disorder			Code Definition
Substance use disorder concern		SUD_concern	References to substance use as a community concern, challenge, risk, or priority issue
Co-occurring conditions (comorbidities)		SUBH_comorbidities	References to co-occurring mental health and substance use conditions or multiple concurrent health conditions
Opioids – (i.e. heroin, morphine, oxycodone, fentanyl, codeine, etc.)		SUBH_opioid	References specifically to opioid use, misuse, opioid-related harms, opioid treatment, or opioid recovery

Stimulants – (i.e. cocaine, methamphetamine, adderall, etc.)		SUBH_stimulant	References specifically to stimulant use, misuse, stimulant-related harms, treatment, or recovery
Nicotine or tobacco – (i.e. cigarettes, cigars, chewing tobacco, e-cigarettes or vapes)		SUBH_nicotine and tobacco	References specifically to tobacco, nicotine products, smoking, vaping, or related concerns
Cannabis (marijuana)		SUBH_cannabis	References specifically to cannabis or marijuana use, misuse, impacts, or concerns
Prescription drugs		SUBH_prescription drug	References specifically to misuse, dependence, or concerns involving prescription medications
Alcohol		SUBH_alcohol	References specifically to alcohol use, misuse, alcohol-related harms, treatment, or recovery
Other substances (depressants, hallucinogens, inhalants)		SUBH_other substance	References to substance categories not captured elsewhere, including depressants, hallucinogens, inhalants, or emerging substances
Narcan and fatal or nonfatal overdose concerns		SUBH_harm reduction	References to overdose prevention, naloxone/Narcan, syringe services, safer use strategies, or harm reduction approaches
Peer-supported recovery, recovery coaching, resources		SUBH_recovery support	References to recovery coaching, peer recovery services, recovery resources, recovery programs, or long-term recovery supports
Relapse risk		SUBH_relapse	References to relapse, recurrence of substance use, recovery setbacks, or relapse prevention
Detox		SUD_detox	References to detoxification services, withdrawal management, medically supervised stabilization
Mental and Behavioral Health			Code Definition
Behavioral health concern		MBH_BH concern	References to behavioral health concerns, emotional wellbeing, behavioral issues, or behavioral health service needs
Mental health concern		MBH_MH concern	References to mental health concerns, mental illness, psychological distress, or mental

			health service needs
Crisis services		MBH_crisis services	References to crisis intervention, crisis stabilization, mobile crisis services, crisis hotlines, or urgent behavioral health support
Emergency response		MBH_emergency response	References to emergency services, law enforcement response, emergency departments, or acute behavioral health emergencies
Inpatient psychiatric care		MBH_inpatient psychiatric	References to psychiatric hospitalization, inpatient mental health treatment, or residential psychiatric care
Outpatient counseling		MBH_outpatient counseling	References to outpatient therapy, counseling, psychotherapy, behavioral health treatment, or ongoing mental health services
Strengths and Assets			Code Definition
Strong community support and engagement		S_community	References to community engagement, community support, community resilience, or strong community involvement
Strong existing resources and availability		S_resources	References to existing resources, available services, organizational assets, or community strengths
Strong program implementation and execution		S_programs	References to effective programs, successful initiatives, or well-functioning services
Strong peer support		S_peer support	References to peer support networks, peer recovery services, peer mentoring, or lived-experience support
Strong island-wide partnerships		S_partnerships	References to strong partnerships, collaborative relationships, or successful cross-sector cooperation
Recommendations			Code Definition
Preventative and protective early intervention efforts		R_prevention	Recommendations related to prevention, early intervention, risk reduction, or protective strategies

Harm reduction efforts		R_harm reduction	Recommendations related to overdose prevention, safer use practices, naloxone distribution, or harm reduction services
Community education and literacy efforts		R_education	Recommendations related to community education, awareness campaigns, training, health literacy, or public information efforts
Youth prevention and school-based efforts		R_youth initiatives	Recommendations related to youth prevention, youth programming, school-based efforts, or services targeting young people
Service expansion		R_expansion	Recommendations to expand services, increase access, add programs, or increase service availability
Program funding		R_funding	Recommendations related to funding, resource allocation, sustainability, or financial investment
Workforce expansion (recruitment and retention)		R_workforce	Recommendations related to workforce recruitment, retention, training, or staffing improvements
Recovery efforts		R_recovery	Recommendations related to recovery services, recovery supports, peer recovery, or long-term recovery efforts
Cross-sector organizational collaboration.”		R_collaboration	Recommendations related to partnership development, coordination, information sharing, or cross-sector collaboration