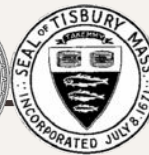


Martha's Vineyard Substance Use Disorder and Behavioral Health Community Needs Assessment

Kalasiddhi Thapa & Jaden Thackston

September 17, 2026



Acknowledgements

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.

Special recognition is extended to Sarah Toste, Frederick Hehre, Fernando Lana, and members of the Martha's Vineyard Opioid Abatement Advisory Board for their guidance and engagement. We also thank Stacy Wise for her support throughout the assessment process.

This report is a product of everyone's continued efforts and contributions of time, insight, and expertise to the community. Thank you.



Background & Purpose

- Massachusetts AG sued opioid distributors and other related players
 - Resulting a settlement of over \$1 billion
 - 40% of settlement funds distributed to participating municipalities
- Identify community priorities to help inform Martha's Vineyard Opioid Abatement Advisory Board (OAAB) decisions regarding abatement funding use
- Assessment objectives include:
 - Explore current strengths and challenges within the system
 - Identify gaps and barriers on the island from the community perspective
 - Understand the interconnected network of organizations serving the island
 - Highlight priority areas for action to strengthen active community efforts



Burden of Disease

- Mortality rate: 6 substance use-related deaths in 2025 (all alcohol-related)
 - 25.7 substance-related deaths per 100,000 vs 42.5 per 100,000 statewide
 - 25.7 alcohol-related deaths per 100,000 vs 23.7 statewide
- 228 substance use-related Emergency Room visits in 2025
 - 1,097.6 substance-related visits per 100,000 vs 15,989.9 per 100,000 statewide
- Mortality rate and ER visits peaked in 2022–2023
 - Presently, declining toward 2021 levels
- Lower treatment utilization than the state
 - 220 naloxone kits and 200 fentanyl test strips distributed in 2025

https://datavisualization.dph.mass.gov/views/BSAS_Dashboard_Phase_3_Community_Profile/CP_Overview?%3Aebed=y&%3Alinktarget=_self



Assessment Framework

The assessment was conducted in 5 phases:

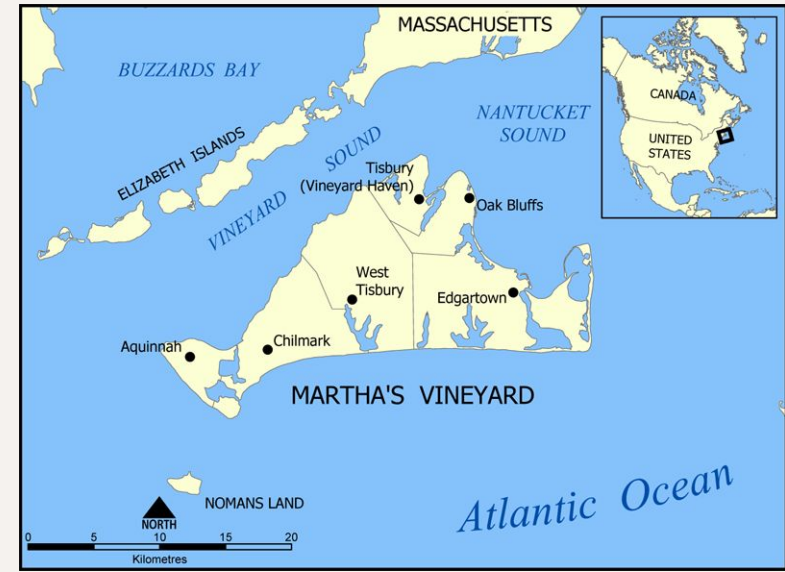
1. Background research and partner mapping
2. Stakeholder identification and community outreach
3. Primary data collection
4. Data analysis
5. Synthesis and reporting

Background research and community partner mapping informed stakeholder identification, community outreach, and primary data collection. The survey, interview, and focus group findings were analyzed to identify recurring themes, strengths, access barriers, service gaps, and priority areas for action.



Phase 1: Background Research and Partner Mapping

- Partnership mapping provided insight into the current SUD/BH systems and provided a launch pad for initial contact with stakeholders and organizations across Martha's Vineyard
- Research through Google search
 - A community member perspective
- 70+ Organizations grouped into 4 categories:
 - On-island SUD/BH services
 - State and federal resources
 - Civic resources
 - Faith-based organizations



Phase 2: Stakeholder Identification and Outreach

- Identified and engaged individuals and organizations with knowledge of or experience with Martha's Vineyard's SUD/BH services
- Outreach materials and efforts included: public presentations, informative pamphlets, community flyers, social media posts, emails, phone calls, text messages, and personal and professional networks' communication
 - Outreach efforts sought to extend participation beyond individuals actively involved with island SUD/BH services



Phase 3: Primary Data Collection

- Surveys opened from May 25, 2026 - June 22, 2026
 - 132 community member survey responses collected (6 Brazilian Portuguese)
 - 10 direct service provider and 14 civic organization surveys completed
- 17 service provider interviews
 - Semi-structured guided by survey responses
- Targeted focus groups to facilitate discussion and collaboration
 - 12 community members focus group at Red House PRSC (Red House-led)
 - 14 key stakeholder focus group conducted virtually (Analysts-led)



Target Population and Eligibility

All members of the Martha's Vineyard community were encouraged to engage

Special outreach efforts extended to:

- Community members with lived and living experiences
- Brazilian Portuguese-speaking community and leaders
- Jamaican community and leaders

Eligibility requirements:

- Community: 18+ age, employee or resident on Martha's Vineyard
- Direct/civic providers: connection to SUD/BH service sectors on the island



Phase 4: Data Analysis

- Quantitative data used descriptive statistics to identify patterns in responses
 - Results were voluntary, not population-level findings
- Qualitative data consisted of open-ended survey questions, stakeholder interviews, and focus groups
 - Clean verbatim interview and focus group transcription before analysis
 - Qualitative codebook of 80 codes organized into 11 categories
 - Thematic analysis identified recurring patterns and themes across data

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



Phase 5: Synthesis and Reporting

Consolidated findings from different data sources to develop and overall understanding of SUD/BH needs on Martha's Vineyard

- Recurring themes were given particular consideration in identifying priorities
- Differences across several perspectives noted

Synthesis 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, and social determinants of health

Final product: SUD/BH Report and Presentation



Assessment Shortcomings

1. Survey participation
2. Representation
3. Stakeholder and focus group limitations
4. Data availability
5. Assessment timeline

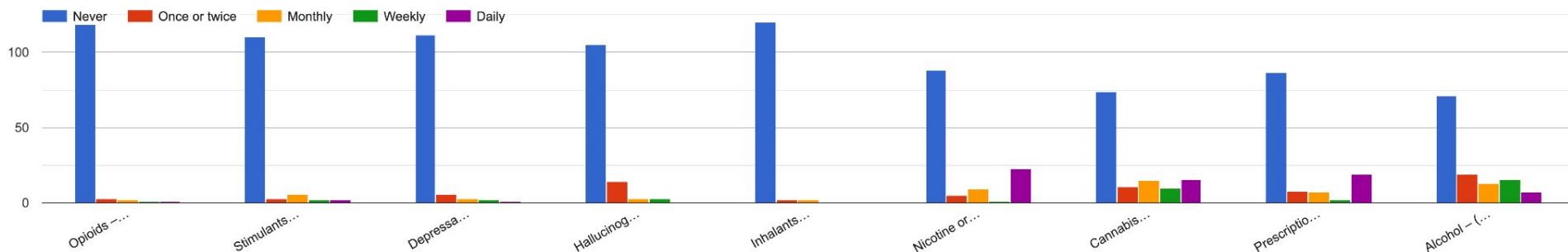
Opportunities to strengthen future research include: improving demographic representation, increasing participation, strengthening information documentation and reporting, and improving consistency of SUD/BH-related data and infrastructure across island organizations.



Mixed-Methods Findings

Community member survey demographics:

- 82.6% of respondents were adults age 25-64 (109 of 132)
- 76.3% of respondents were female (100 of 131)
- 87.8% of respondents were white, not hispanic (115 of 131)
- 87% of respondents were full-time housed residents of Martha's Vineyard (114 of 131)

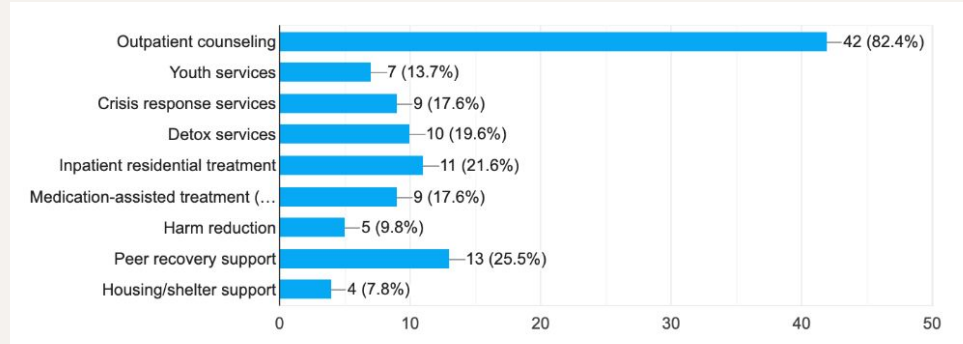


Use of Substances Outside of Intended or Prescribed Use in the Past 12 Months, Community Member Survey, Question 6

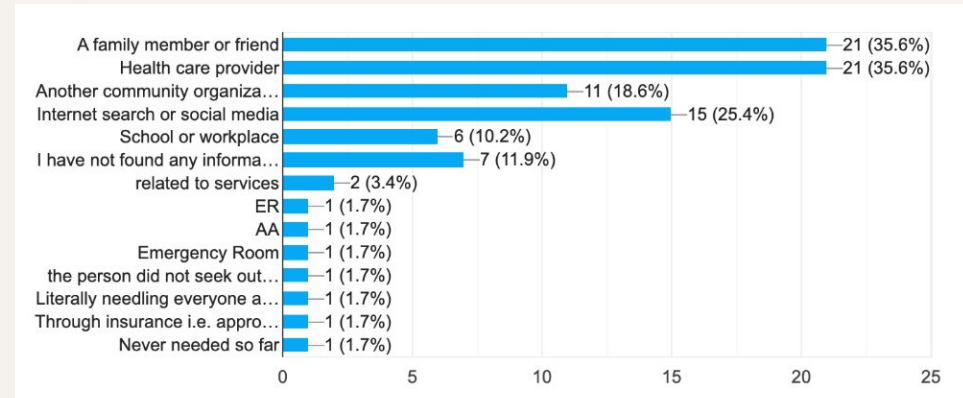


Mixed-Methods Findings

- Community members identified that family members, friends, and local service providers supported them in their health journey.
- Among SUD/BH services, outpatient counseling was most needed and sought after, with peer recovery support and inpatient residential treatment also important.



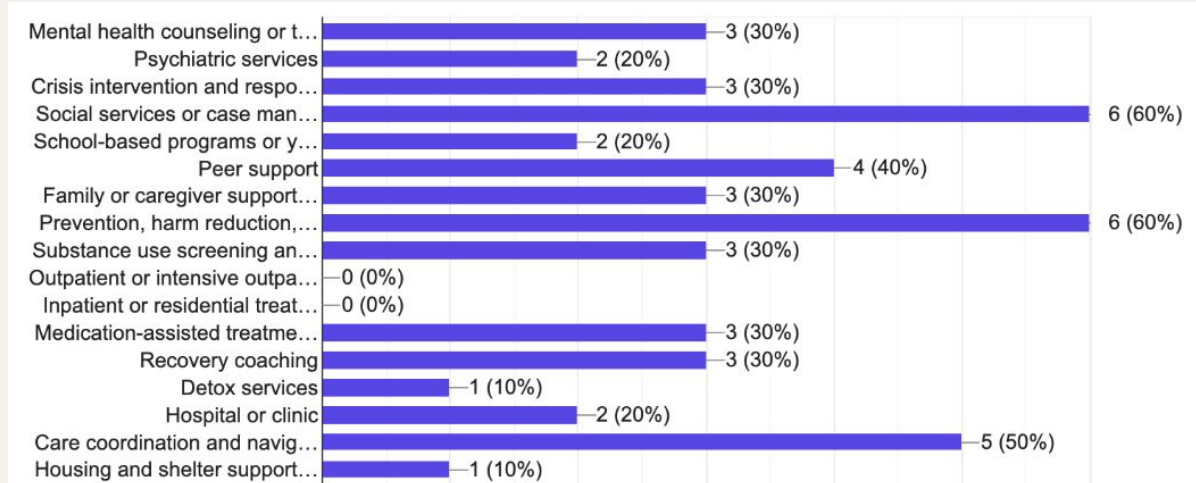
Services Sought After in Past 12 Months, Community Member Survey, Question 8



Informants of SUD/BH Services, Community Member Survey, Question 10

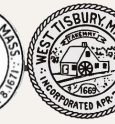


Mixed-Methods Findings

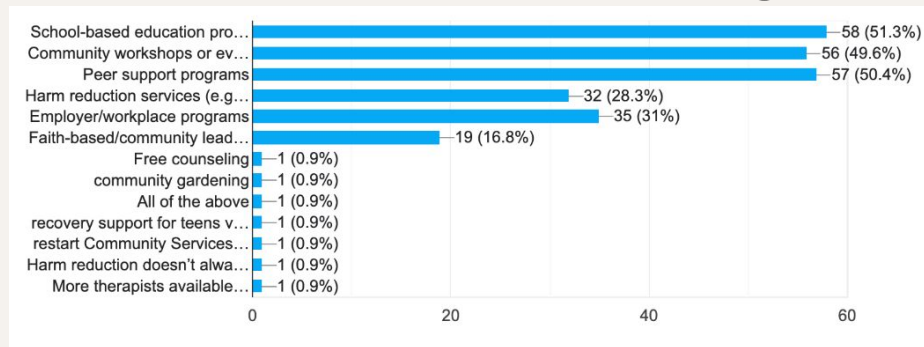


Available Services, Direct Service Provider Survey, Question 3

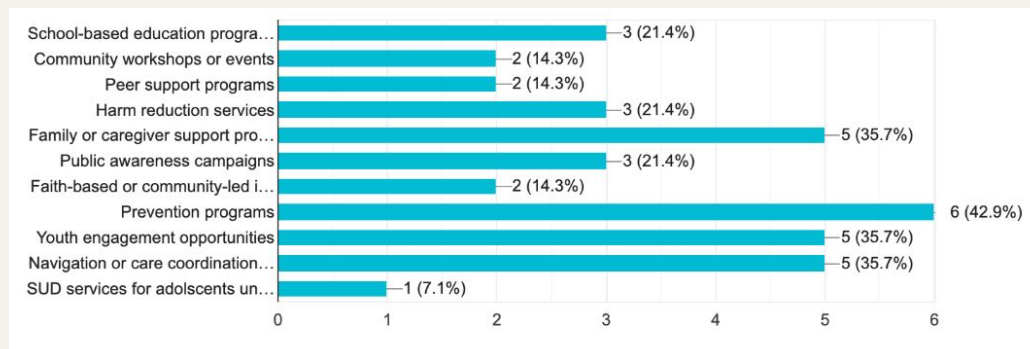
Availability of SUD/BH services has evolved over the decades to offer more than just Alcoholics Anonymous (AA) or Narcotics Anonymous (NA). However, the general community tends to believe there is no support for them on the island and they are not aware of the strong existing network.



Mixed-Methods Findings



Most Helpful Community Programs, Community Member Survey, Question 16



Most Helpful Community Programs, Civic and Faith-Based Survey, Question 11

School-based educational programs, community workshops and events, and peer support programs were identified as most beneficial to the community.

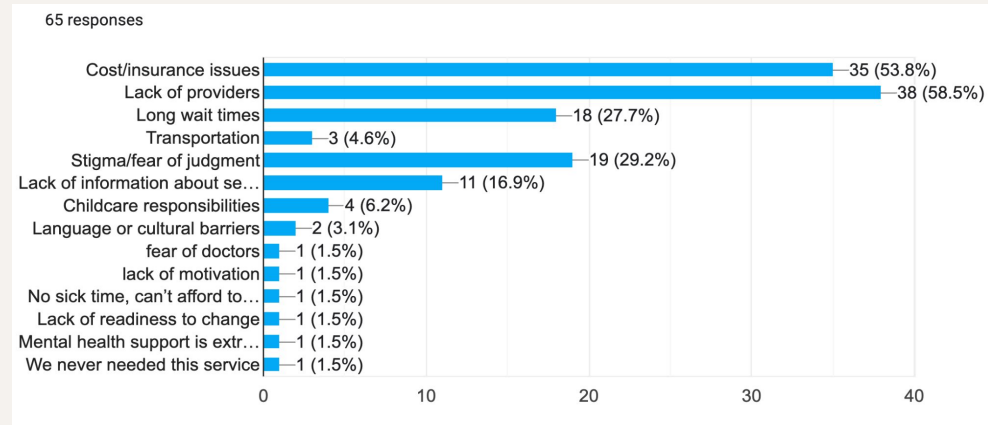
However, service providers highlighted service expansion and implementation barriers including: cross-sector collaboration, funding, workforce capacity, and infrastructure.



Service Gaps

- Case management and care coordination
 - Heavy workload, limited staff capacity, long wait times, HIPAA concerns
- On-island detoxification services
 - Barriers related to transportation, bed availability, continuity of care
- Medication-assisted treatment (MAT)
 - Limited access and capacity of existing services, particularly for methadone
 - Restricted by infrastructure and workforce capacity
- Outpatient counseling
 - Provider availability, cost and insurance, long wait times

Addressing individual service gaps in isolation may not fully resolve the barriers identified throughout the assessment. Gaps or limited capacity at one point of service may disrupt continuum of care, negatively impacting an individual's ability to successfully transition to or engage with another service.

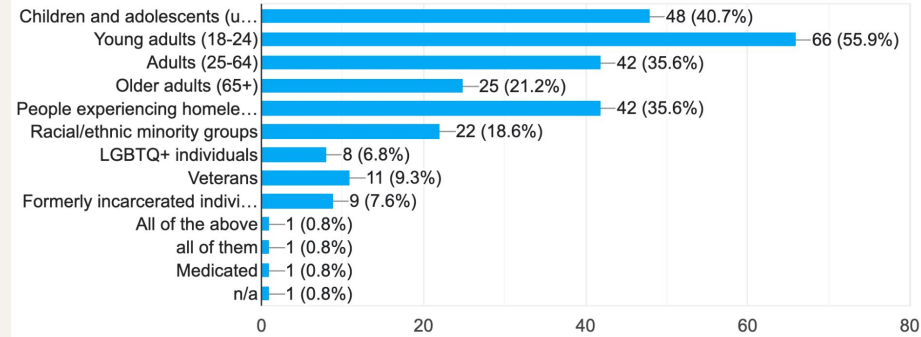


Barriers to Service Access, Community Member Survey, Question 11

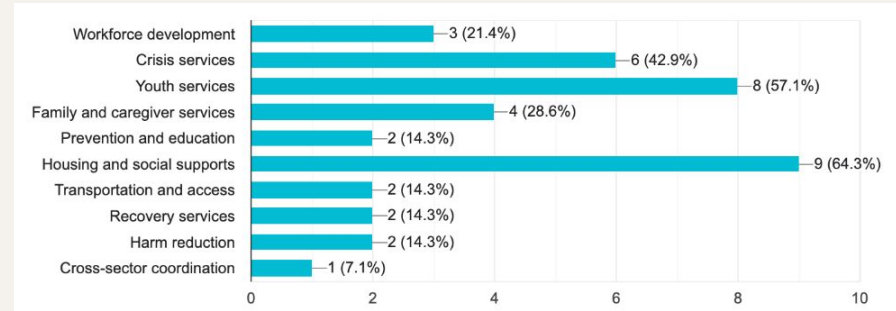


Priority Populations

- Children and adolescents (under 18 years)
 - Limited access to youth-centered SUD/BH services
- Young adults (age 18-24 years)
 - Gaps in service support during transition from youth to adult
- Unhoused individuals
 - Challenges maintaining communication and continuity of care
- Brazilian Portuguese-speaking individuals
 - Language, cultural stigma, and concerns of trust



Underserved Populations, Community Member Survey, Question 15



Priority Areas, Civic and Faith-Based Survey, Question 12

These are not the only population groups experiencing barriers to SUD/BH services and support on Martha's Vineyard. Their identification reflects areas where the assessment findings revealed a particular need for focused attention and system-level improvements.



Strategic Recommendations

Several interconnected areas of need that can inform future planning, program development, resource allocation, and community investment:

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
5. Address equity and social determinants of health

Assessment findings emphasize a need for a coordinated multi-pronged approach that address the interconnected factors related to SUD/BH care. The priorities identified are intended to provide a strategic framework for future action by the Martha's Vineyard OAAB, service providers, community organizations, and other partners.



1. Improve access to and availability of SUD/BH services
 - a. Non-traditional service hours during peak economic season
 - b. Seasonal workforce support through Wellhart or other organizations
 - c. Cultural competency training, workplace events, language incentives
 - d. In-house tracking system for monitoring and evaluation
2. Expand prevention, education, peer support, and stigma reduction
 - a. Community-focused education initiatives (i.e. health fairs, workshops, social media campaigns, posters, etc.
 - b. Harm reduction services and education with support of AIDS Support Group Cape Cod or other mobile groups
 - c. Invite individuals with lived/living experience to participate in program development, community planning, etc.
3. Strengthen coordination, referral pathways, and system navigation
 - a. Interdisciplinary partner meetings with a centralized inter-agency tracking and coordinating system
 - b. De-identified information sharing and interdisciplinary HIPAA training
 - c. Centralized resource directory available in different mediums
4. Strengthen the SUD/BH workforce
 - a. Remote/hybrid roles and seasonal employment and internship opportunities
 - b. Cross-sector training
5. Address equity and social determinants of health
 - a. “Pop-up” mobile services when possible
 - b. Linguistically inclusive documents and resources
 - c. Designated housing slots for post-detox individuals in need
 - d. Continued focus groups for more comprehensive information



Report Dissemination

Full Martha's Vineyard Substance Use Disorder and Behavioral Health Community Needs Assessment Report is in the final review process:

- Report will be made available for the public read by request after Sept 21st

In the coming weeks, the report will be made available on the county website:

<https://www.dukescounty.gov/departments/mv-opioid-abatement>

For more information, contact Sarah Toste or Frederick Hehre.

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- Frederick Hehre, Tisbury Board of Health Assistant Health Agent
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