Needs Assessment: Addressing Substance Use in Androscoggin County

Community-Driven Insights to Inform Opioid Settlement Investments

July 2026

HEALTHY ANDROSCOGGIN

SURE Substance Use Research and Evaluation

Catherine Cutler Institute



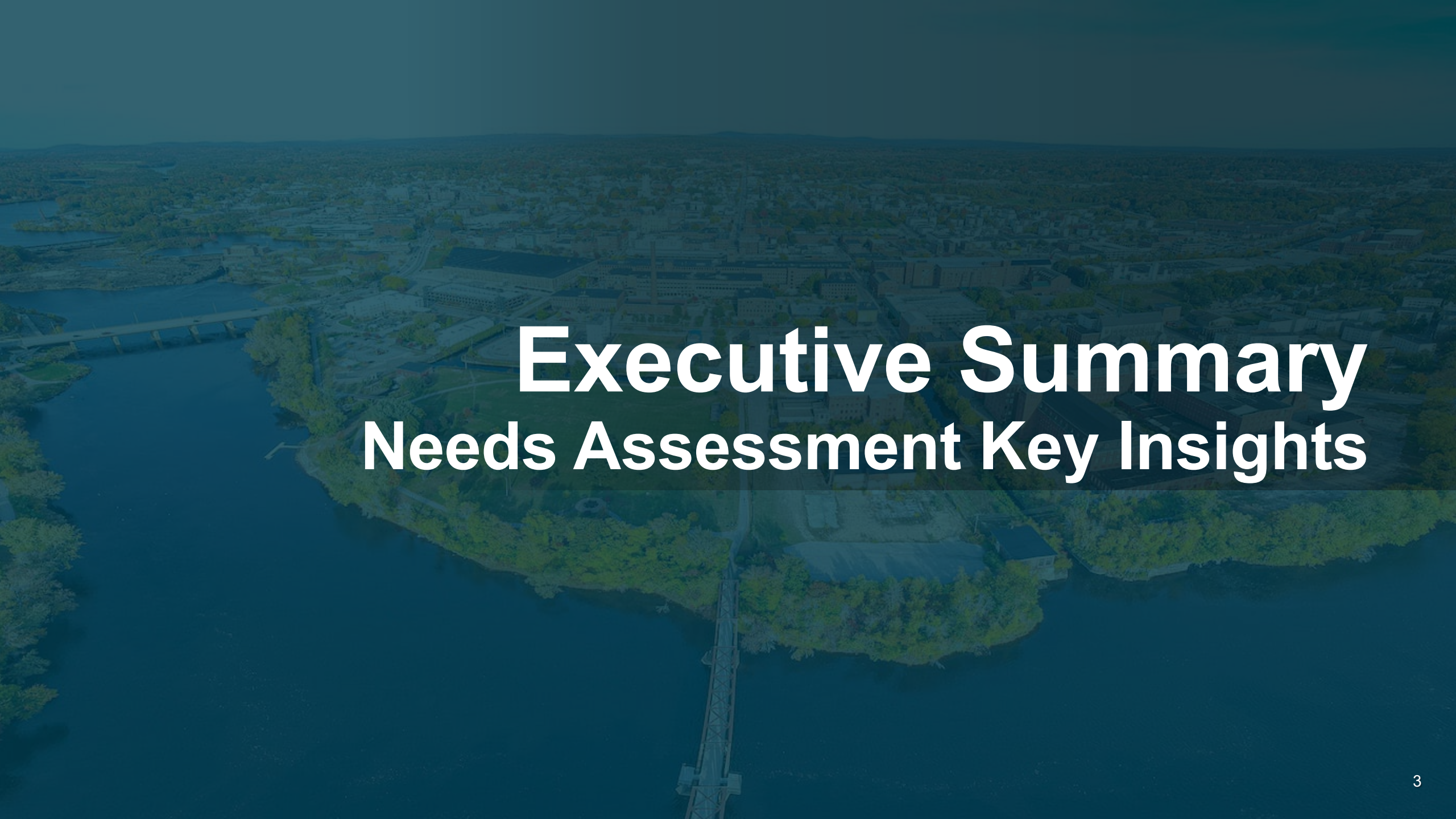
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Executive Summary
Needs Assessment Key Insights

Executive Summary

- **The biggest gaps are not in treatment availability but in continuity of care.**

  People are falling through the cracks at key transition points, especially after hospital discharge and release from jail.
- **Recovery has the strongest community foundation but the weakest infrastructure.**

  Housing, recovery spaces, and sustained supports are not keeping pace with need.
- **Outreach and peer-led approaches are the most effective ways to engage people.**

  These models build trust and reach those least likely to access traditional services but remain under resourced.
- **Housing, transportation, and other basic needs are central to recovery.**

  These are not secondary issues; they directly shape whether people can access and stay engaged in care.
- **The system relies heavily on relationships, not consistent pathways.**

  When staff or programs change, continuity breaks down, highlighting the need for stronger infrastructure.

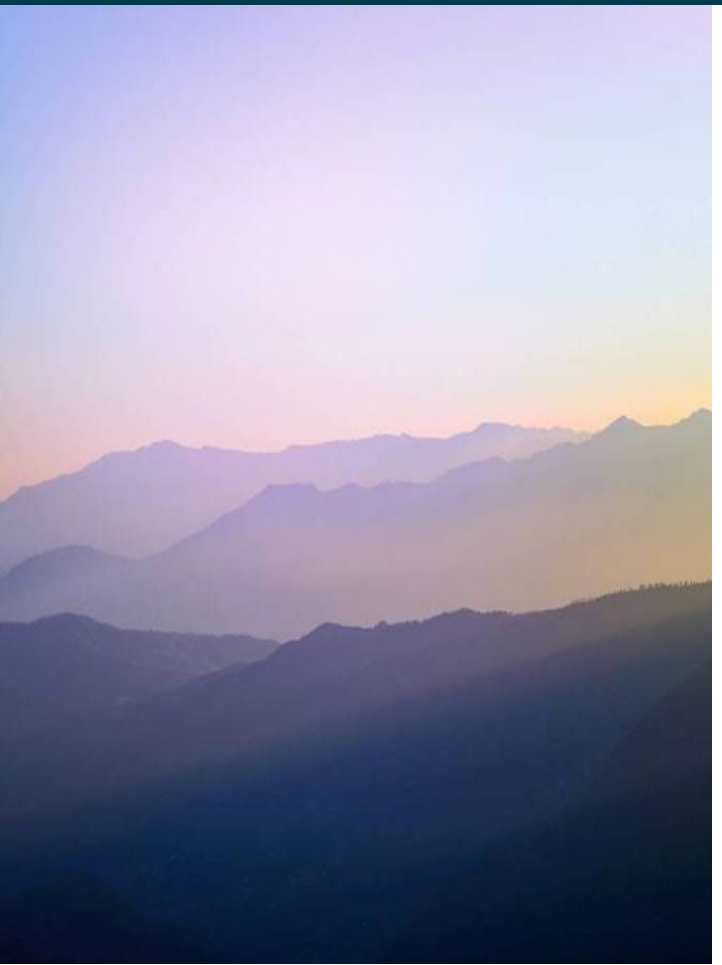
Overview
Background, Goals, and Methods



Background

- In late 2025, Healthy Androscoggin was funded by the Maine Recovery Council (MRC) to conduct a needs assessment to guide opioid settlement investments in Androscoggin County.
- This needs assessment builds directly on community priorities identified in Androscoggin County's 2024 Overdose Prevention & Response Plan, which identified six priority domains:
  - **Education and Engagement**
  - **Prevention of Overdose**
  - **Harm Reduction**
  - **Treatment**
  - **Recovery**
  - **Housing Continuum**
- The plan outlined existing assets, programs, and initiatives, and identified gaps in services.
- The Overdose Prevention & Response Plan and findings from the needs assessment will further inform the refinement of a five-year plan and guide the 2026 opioid settlement fund RFP process.

Project Overview



- Healthy Androscoggin contracted with the Substance Use Research & Evaluation (SURE) team at the University of Southern Maine to conduct the needs assessment from February – June 2026.
- The assessment process focused on identifying actionable insights to improve access to services and reduce overdoses.
- Data collection strategies were designed to gather targeted feedback from priority populations typically under-represented in strategic planning processes including:
  - Persons experiencing homelessness (PEH)
  - Youth
  - Persons with lived experience (PWLE)

Goals



The primary goals of this needs assessment were to:

1) Gain a better understanding of current gaps in the prevention, harm reduction (HR), treatment and recovery services for SUD in the region;
2) Understand community and population-specific SUD needs and barriers with an emphasis on underrepresented populations; and
3) Highlight what is working and where targeted improvements will have the greatest impact.

Findings are intended to support strategic, evidence-informed decisions to guide opioid settlement fund investments.

Data Collection

Data Collection

- Protocols for data collection were developed collaboratively with Healthy Androscoggin staff and the SURE team.
- Multi-pronged, partner-driven recruitment strategies were utilized.
- Participation was incentivized ($30 gift cards).
- In-person and virtual data collection strategies were used to enhance engagement.

Approach

- We heard from 97 people across the community, with a focus on voices often missing or underrepresented in planning processes.
- Focus Groups: Focus groups were conducted with PEH, PWLE, youth and community members
- Interviews: One-on-one interviews with system/organizational leadership, providers and healthcare professionals
- Survey: A community survey was fielded to gather broader input

Data Analysis

- All virtual and in-person data collection was audio recorded and transcribed verbatim for analysis.
- Notes were summarized, and transcripts were reviewed using traditional qualitative line-by-line coding. Analysis was grounded in system and community themes.
- The team then coded the data using NVivo® software to further substantiate established themes, identify any emergent themes, and characterize exemplar quotes. The team used standard techniques to independently code transcripts and resolve coding discrepancies or questions.
- For this report, patterns in the transcripts grouped into themes are further categorized into key findings by the four core opioid response strategies: **Prevention, Harm Reduction, Treatment, and Recovery**.

Summary of Data Sources

Data / Instrument	Purpose	Participants	Dates
<u>Focus Groups:</u> **Persons Experiencing Homelessness (PEH)** **Persons with Lived Experience (PWLE)**	Learn about PWLE experiences seeking, accessing, and maintaining engagement with harm reduction and SUD treatment and recovery services in Androscoggin County; understand housing and shelter gaps, needs and major barriers.	Community members experiencing homelessness, and/or have received SUD and/or mental health services in Androscoggin County N=38 (PEH); N=11 (PWLE)	2/11/26-5/20/26
<u>Focus Groups:</u> **Community*** **Youth**	Gather feedback about prevention (what is working, what isn't), the most helpful services and supports, what SUD services Androscoggin County needs more of, and how people with SUD and their families can be better supported.	Community members, and community youth (ages 13-18) N= 8 (Community); N=27 (Youth) **6 of the 8 community members could not attend a focus group; instead, these participants completed a supplemental survey.*	2/11/26-6/8/26
Key Informant Interviews	Identify where there are gaps and barriers in prevention, harm reduction, treatment and recovery services in Androscoggin County, and what is working well in these domains.	SUD prevention staff, public health & healthcare professionals, & members of organizations operating within the project catchment N=9	2/12/26-4/9/26
Healthcare Professional Interviews*	Discuss experiences treating and maintaining engagement with persons accessing harm reduction and SUD treatment and recovery services in Androscoggin County, & associated facilitators and barriers.	Healthcare Professionals, First Responders N=4	2/18/26-5/19/26
SUPPORT for ME Needs Assessment*	Identify the gaps, barriers, and facilitators to accessing and utilizing SUD treatment and recovery services in Maine's Public Health District 3, which includes Androscoggin County. ****Due to contextual issues impacting the healthcare landscape during data collection, turnout for healthcare professionals was low. We triangulated data & findings from this needs assessment to substantiate and validate summary themes.***	Health System Leadership, Healthcare Providers, First Responders	8/2020-4/2021



Key Findings
Crosscutting Themes

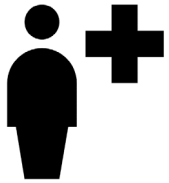
Barriers in the SUD Care Continuum

Barriers are driven by system gaps rather than issues with providers or programs.



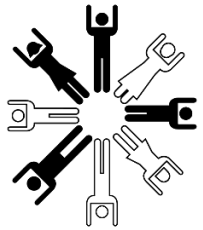
Professional Level

- Missed “windows of opportunity” due to system delays
- Health-related social needs (HRSN) pose complex access barriers that are difficult for treatment providers to address
- Need for more uniform familiarity with SUD landscape



Organizational Level

- Fragmented transition points pose serious gaps (jail, hospital discharge)
- Lack of infrastructure to make connections between organizations
- Relational referrals are too reliant on workforce stability (rather than established referral pathways)
- Fatigue with systemic changes



External/ Community Level

- Inadequate social service infrastructure (HRSN)
- Overall, insufficient capacity across all domains – workforce is key
- Insurance & grant funding gaps / funding instability
- Stigma is a pervasive structural barrier (e.g., damaging fallout & loss of harm reduction space)

Barriers

Barrier	Exemplar Quotes
Access Barriers	*"Fourteen months before you get a provider. Fourteen months of waiting."* - PEH *"[If] you have insurance, treatment is easy … if you don't, you can't get it."* -PEH *"We just don't have enough detox beds… absolutely not enough."* -Healthcare Professional *"Transportation is a huge barrier, and I'm sure you've heard that for a long time too. You know, public transportation is great; however, people have to have money for the bus ticket."* -Key Informant
Capacity Barriers	*"You know, it's hard to find -- I think any place would probably say it's hard to find people who want to do this work."* -Key Informant *"So many have died because they were lost in the shuffle."* -PWLE *"They go back on the street… beds are full… there's no sober house [immediately available]."* -PWLE

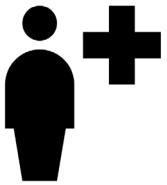
Facilitators in the SUD Care Continuum

Strong relationships and outreach efforts are driving what is working well.



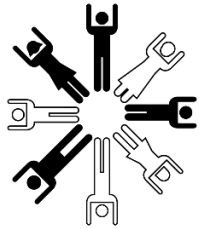
Professional Level

- Strong (though largely informal) pathways for harm reduction (OPTIONS, peers)
- Improving care coordination, via case workers and OPTIONS liaisons, for treatment
- Increased capacity for MOUD and related groups/counseling has improved access



Organizational Level

- Robust collaboration when relationships exist
- Outreach and liaison roles are critical connectors; collaboration improving
- Peer support as a philosophy & approach is becoming foundational



External/ Community Level

- Strong community-based, cross-sector collaboration (LAARC, clinicians, public health, law enforcement)
- Lived experience and peer influence/support are highly valued
- Efforts to reduce stigma, particularly re: harm reduction spaces/services

Facilitators

Facilitators	Exemplar Quotes
Collaboration & Coordination	*"…the thing that I probably noticed I think in the last probably two years in this area - there's less of the siloing effect … there's a lot of partnerships … people are joining forces."* -Key Informant *"…Resilience… We've had some big hiccups, the mass violence was horrible, what happened with [harm reduction site] was not great for behavioral health in general, it threw us into a tailspin, but I think we are slowly and gently coming back into the good graces of the broader population and will continue to do that work."* -Key Informant
Expanded Infrastructure	*"At least [community health workers] come out and try to help… they come find people."* -PEH *"MAT, we have plenty… that's really easy to find. Counseling is… around every corner."* -PWLE *"I've been able to get them in (outpatient treatment) right away… it's never been an issue."* -Healthcare Professional



Key Findings
Prevention

Prevention: What's Working

- Key Informants reported strong community partnerships (schools, coalitions, community organizations, police) in the prevention space, and a shift away from scare-based messaging towards coping, wellness strategies, and family systems.
- Healthcare professionals and Key Informants shared the philosophy that treating adults with SUD is, essentially, child and family prevention; there is shared recognition for family-integrated prevention approach.
- Most participants agreed that there is trust in community-based prevention and that there is increased efforts to include people with lived experience.
- Several participants shared enthusiasm for and awareness of prevention-centered community events.

"Our program is strengthened by collaboration… instead of duplication… we work together really well."
-Key Informant

"When we talk about the treatment of adults as a prevention strategy for children… that becomes really, really important."
-Key Informant

"Education from people with experience… lived experience [is valued] for sure."
-PWLE

Prevention: Current Gaps

"It's a lot of 'at what age is this appropriate? What information do we want to give them?' I think that [youth] can handle a lot more information than we think."
-Healthcare Professional

"Have people that experienced that… and show them what happens… I think they will listen more."
-Youth

"We need to educate the community, not just the youth."
-PWLE

- Key Informants and healthcare professionals agreed that prevention funding tends to be short-term, restrictive, event-driven, leaving it "chronically underfunded."
- Feedback from PWLE as well as professionals indicate that while school-based prevention is happening, it is not uniformly available in the region. Some feel that parents as well as administrators opt out and "sweep it under the rug."
- Youth reported school-based prevention efforts may not be the most effective for open dialogue; hearing from peers or those with lived experience is valued.
- Most participants agreed that there is value in prevention strategies for parents, family, and the community at large, outside of school-based activities.
- Community members, PWLE, and PEH agreed they would benefit from improved messaging about prevention activities in the community.

Prevention: Key Insights

What's Working

- Strong cross-sector collaboration
- Shift toward wellness and family-based approaches
- Growing inclusion of lived experience to guide programming

Current Gaps

- Short-term, restrictive funding
- Inconsistent school-based prevention
- Limited parent and/or community engagement

Key Insights

Prevention is valued but structurally underfunded and inconsistently implemented.



Key Findings
Harm Reduction

Harm Reduction: What's Working

- Healthcare professionals, PEH, and PWLE report the use of informal harm reduction access pathways through emerging networks (MAPS, shelters, peer sharing). OPTIONS is also used and is the most formal linkage.
- Harm reduction outreach (on foot when available, integrating services with other needs such as food, shelter) is most the effective approach, according to feedback from PEH and PWLE. They report that these models build trust faster than compliance-driven or punitive approaches.
- The loss of physical space for harm reduction services is acutely felt in the community, indicating brick-and-mortar service delivery continues to be impactful.
- Almost all Key Informants, professionals, community members, PEH and PWLE reported knowing how to access and use naloxone.

"Harm reduction kept me alive until I was ready to get sober. I'm a survivor because of harm reduction."
-PWLE

"Lewiston … saw a much higher reduction [in overdose deaths], and I think it has everything to do with the number of folks we have out on the street and the work that we're doing."
-Key Informant

"We're required to carry [Narcan]… we always have it."
-First Responder

Harm Reduction: Current Gaps

"There's so much disinformation about [harm reduction] in this community… that education isn't there."
-PWLE

"[Losing brick-and-mortar site] was a huge setback… and [public fallout] didn't leave a good taste in people's mouths."
-Healthcare Professional

"There is only one clinic- and it's hard to access."
-Community Member

"A mobile van with harm reduction would be huge."
-Healthcare Professional

- Stigma remains a driving factor that limits infrastructure and access, ranging from insufficient information and signage to service instability, program closures, and setbacks.
- Participants reported either not knowing about harm reduction spaces/services or reported difficulty in finding information about where and/or when they operate.
- Feedback indicates reduced service ability and poor geographic accessibility.
- There was strong agreement among healthcare professionals, PWLE and PEH that there is a need for a regular mobile unit that includes outreach.

Harm Reduction : Key Insights

What's Working

- Expanded use of outreach-based models
- High naloxone awareness and access
- Integration of first responders

Current Gaps

- Loss of brick-and-mortar harm reduction sites
- Limited access to harm reduction services in rural areas of the county
- Persistent stigma

Key Insights

Harm reduction is highly effective, particularly for reaching highly vulnerable populations, when delivered through outreach and peer networks. That said, it remains structurally fragile due to stigma, loss of physical infrastructure, and inconsistent funding.



Key Findings
Treatment

Treatment: What's Working

- All adult participants agree that low-barrier, "meet people where they are" approaches to SUD treatment are the most effective and is the prevailing philosophy of the SUD service community in the county.
- Professionals and Key Informants describe successful emergency-department practices of MOUD initiation in Lewiston-Auburn. There is hope that a soon-to-open crisis center that will be staffed 24/7 will increase capacity and ease the burden on emergency departments.
- All adult participants noted there are local withdrawal management services within the hospital system ("detox").
- Healthcare professionals reported that outpatient services are accessible in the larger communities and towns.
- Participants noted that peer supports and re-entry navigation (at service step-down or transition points) defer people from "slipping through the cracks", but more is needed.

"Suboxone treatment… you can get in same day and get the same day meds."

-PEH

"When someone decides … [starting treatment] needs to happen today … it was actually yesterday."

-Healthcare Professional

"They've opened up a bigger facility that offers groups and support meetings… we've got to give them that."

-PWLE

Treatment: Current Gaps

"I've been detoxed four times… where's the after plan?"

-PEH

"Rehab to sober living… it's just always, you might have one, not the other."

-PWLE

"You're always up against waitlists. I think you're always up against people having, you know, MaineCare [inadequate coverage] and what not."

-Key Informant

- There is widespread agreement that the breakdown in the continuum of care in Androscoggin County is at service transition points, particularly jail and hospital discharge.
- Key Informants and clinicians noted that post-hospital discharge is especially vulnerable for persons with moderate complexity (i.e., still needing stabilization but unable to be admitted). There are very limited options for these individuals.
- Feedback suggests that care transitions are overly dependent on staff's interpersonal and/or organizational relationships rather than standardized pathways.
- Further exacerbating breakdowns in the continuity of care are waitlists, eligibility issues with insurers (including MaineCare), housing, transportation and childcare issues. Several Key Informants and PWLE noted that workforce turnover interrupts care, as well.

Treatment : Key Insights

What's Working

- Low barrier, same day access to MOUD
- ED-based indication has improved rapid access to MOUD
- Emerging peer and reentry supports

Current Gaps

- Breakdowns at transition points disrupt continuity of care
- Long waitlists
- Limited countywide capacity for transitioning individuals to the most appropriate level of care, including step-down and stabilization options

Key Insights

Continuity of care, not treatment quality, is the primary pressure point in the SUD continuum of care.



Key Findings
Recovery

Recovery: What's Working

- Several participants noted that over the last several years, there have been some innovative recovery housing models (MARR, LGBTQ+, women with children).
- The recovery community feels that there is strong peer leadership and reentry-focused recovery work.
- PWLE and Key Informants agree that the best approach to recovery is that it is long-term and holistic, and they believe that the area's recovery community adopts this philosophy.

"There are… sober houses… re-entry center… online peer support."
-Healthcare Professional

"There is a recovery community here … lots of meetings."
-Healthcare Professional

"I have never seen a recovery community as strong as the one in Androscoggin County… we all work together."
-PWLE

Recovery: Current Gaps

"We need housing… and resources in the building for people with addiction." -PEH

"We need a recovery community center that deals with support and education… from youth to elderly" -PWLE

"Transportation is huge. It's huge!" -Key Informant

"Our executive director is the only full-time staff… the rest of us are volunteers." -Key Informant

"Funding has been atrocious … we're just trying to apply for grants … to build our units" -Key Informant

- All adult participants reported a severe shortage of transitional and recovery-supportive housing, and a sizeable population of persons experiencing homelessness who need SUD services.
- There was overwhelming agreement that the lack of a fully resourced recovery community center in the region is a major gap for recovery.
- HRSN: PWLE and PEH reported lack of sober social spaces and employment pathways, and that transportation is always an issue, even if living in the city centers; it is worse for more rural areas of the county.
- Key Informants noted an over-reliance on volunteer labor and single-staff programs, and a scramble for funding streams. They perceive that this manifests the most in the recovery space.

Recovery: Key Insights

What's Working

- Strong peer-led recovery community
- Emerging specialized housing models

Current Gaps

- Severe shortage of safe and stable housing
- Lack of a recovery community center
- Limited resources and infrastructure to address HRSN

Key Insights

Recovery supports require the most infrastructure and coordination yet remain under resourced.



Key Findings
Priority Populations

Youth Perspectives



Challenges Youth Face

The normalization and visibility of substance use in schools, parks, and public spaces was identified as a factor contributing to substance use.

The lack of safe, youth only spaces were highlighted by youth, and existing parks were described as feeling unsafe.



Supports Youth Need

Guidance based in evidence rather than punishment for youth was emphasized. Youth stressed that change must be self-motivated, and invoking shame is counterproductive.

Improved substance use education opportunities for parents & caregivers, as family attitudes and behaviors often shape youth substance use norms.



How Youth Want to Engage

Social media was identified as the most effective way to share information and prevention messaging. Brief, visual, peer driven content through short-form videos or "stories" were identified as more effective than institutional messaging.

Youth want a seat at the table in the development of services and resources, and not to just be the recipients.

"There are not enough safe, fun and healthy places … they need more places and activities."
-Youth

Perspectives from Persons Experiencing Homelessness

Most PEH agreed that, for them, there are few options for long-term residential treatment or recovery housing, on top of what many described as an affordable housing crisis. Stigma is a major barrier to access for PEH, and service access can feel insurmountable without considerable help.

Housing

"There are houses out there, but they've been shut down… abandoned buildings not being used."

"I'm stuck… rapid rehousing won't help until I have a job, but how do I get a job carrying all my stuff?"

Recovery or Sober Living Houses

"Is there sober housing?… Not here… we're on a waiting list."

"Need housing—sober housing, safe housing."

Stigma

" You're homeless —so [people think] you must be a drug dealer or drunk."

"They've already got us labeled… they're not giving us any opportunity…"

Accessing Services

"Sorry, we can't help you—you need a caseworker."

"There are more hoops you have to jump through… it adds to the sense of hopelessness."



Summary of Key Insights
Data to Action

Primary Programmatic-Level Insights

Prevention

What's Going Well
- Collaboration helps with de-duplication
- Shift away from scare-based strategies

Gaps and Needs
- Limited prevention for young children
- Short-term, restrictive funding
- Unsustainable school-based models; some resistance to these
- Easily accessible, judgement-free sober spaces

Harm Reduction

What's Going Well
- Outreach-based harm reduction
- Naloxone distribution, linkage to care models
- Integration with first responders

Gaps and Needs
- Limited geographic reach
- Funding instability
- Transportation barriers

Treatment

What's Going Well
- Access via outreach, new capacity w/ crisis center
- Improving justice-involved treatment
- Patient-centered approach

Gaps and Needs
- Care navigation at transition points
- Waitlists and care disruptions
- Disruption due to HRSN & insurance challenges
- Workforce shortages

Recovery

What's Going Well
- Emphasis on long-term recovery
- Valued peer supports

Gaps and Needs
- Weak recovery infrastructure
- Housing instability
- Employment & reintegration barriers
- Lack of sober social spaces

Primary System-Level Insights

Findings consistently point to system-level gaps, not programmatic issues, indicating a need for coordinated infrastructure-focused solutions. Below is a summary of key insights:

1. Prevention is widely supported but structurally underfunded leading to inconsistent access.
2. Recovery has the greatest infrastructure needs but the least investment.
3. Outreach and peer-led models are the most effective, particularly for reaching underserved populations but are often lacking sufficient resources to support comprehensive programming and services.
4. The current SUD continuum of care largely depends on relationships, not durable infrastructure.
5. Breakdowns in care transitions, not the quality of treatment or supports, are a vulnerable gap.
6. Workforce sustainability has become a system-level issue, instead of an organizational one.
7. Lack of infrastructure to adequately address HRSN, especially housing and transportation constraints, has a significant impact on access, engagement and long-term recovery.
8. The most effective treatment models (patient-centered, boots on the ground) are the least structurally supported; current funding structures seem to work against what evidence shows is effective.

High Impact System Investment Priorities

Build the Infrastructure Needed to Sustain Continuity of Care and Support Recovery

Priority System Investments

- Provide flexible, multi-year funding for coordination and system-building activities
- Embed transportation supports across the continuum of care
- Develop durable referral and cross-sector collaboration systems
- Strengthen peer and behavioral health workforce infrastructure
- Create standardized pathways for hospital and jail discharge
- Expand recovery and transitional housing capacity
- Establish a recovery community center

Why These Investments Matter

- Findings suggest the greatest barriers are not deficiencies in individual programs, but weaknesses in the infrastructure that connects people to services and supports long-term recovery. Investments that strengthen continuity of care, housing stability, transportation access, workforce capacity, and coordination are likely to have the greatest impact on access, engagement, and long-term recovery.

High Impact Program Investment Priorities

Invest in Services that Directly Engage and Support Individuals

Priority Program Investments

- Invest in family-based and early prevention programming
- Increase mobile harm reduction services
- Expand outreach and peer-led engagement models
- Support re-entry and transition navigation programs
- Expand recovery coaching and peer recovery supports
- Develop sober social, recreational, and recovery-supportive spaces

Why These Investments Matter

- These programs were consistently identified as effective, trusted, and capable of reaching individuals who are least likely to engage with traditional service systems.

Summary

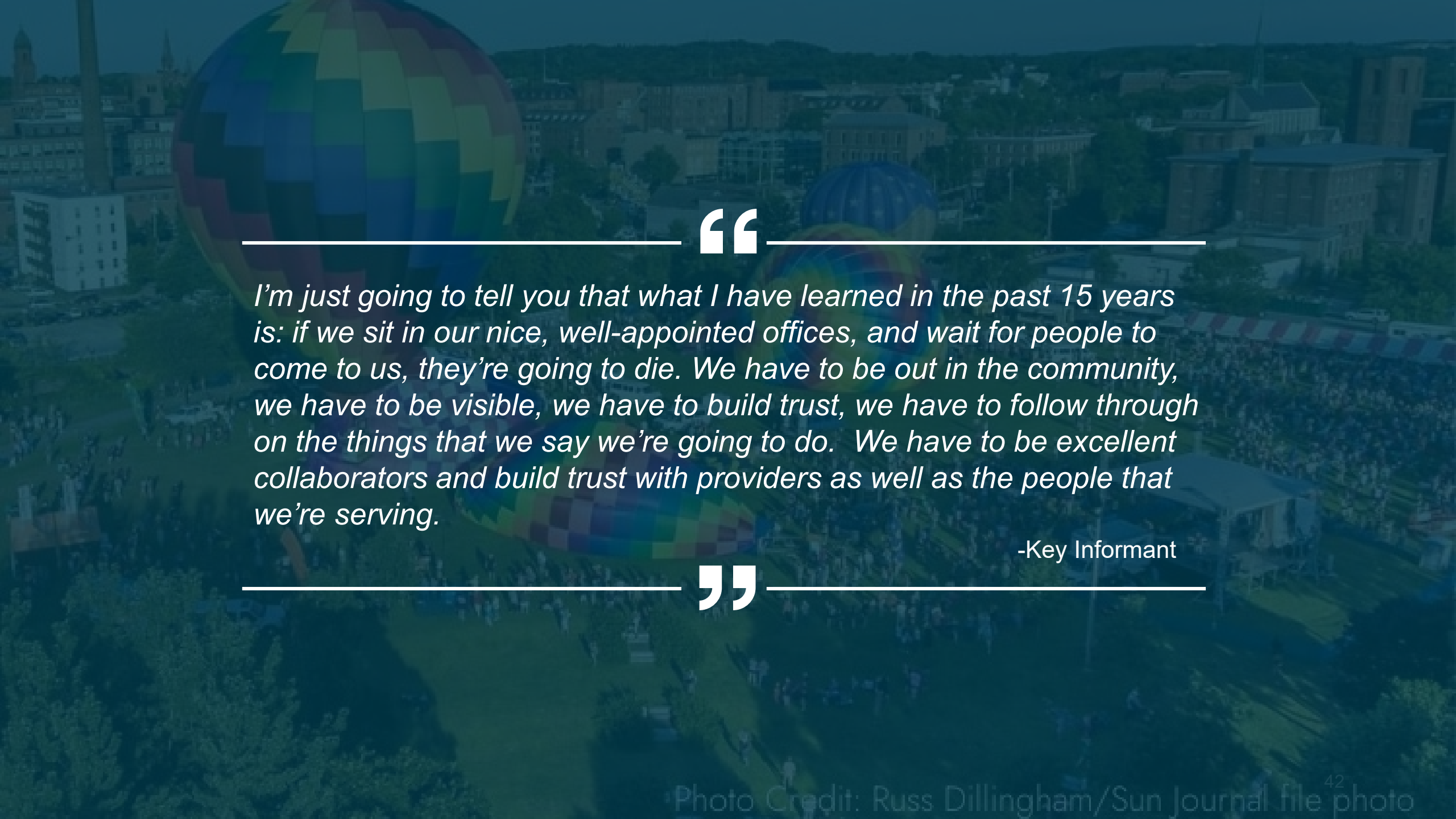
Sustainable impact will require focusing on both programmatic-level activities and system-level investments that improve continuity, access, and long-term stability. Based on assessment feedback priorities include expanding or implementing:

- Outreach and peer-led models
- Recovery infrastructure (e.g. housing, workforce, recovery center/spaces)
- Transition supports (e.g. jail to community, hospital to community, inpatient treatment to community)
- Embedded transportation supports across services
- Expanded access to safe and stable housing
- Flexible funding that compensates for care coordination and continuity across the care continuum

Investments that improve continuity of care and promote long-term stability through enhanced engagement and retention with services across the care continuum will produce the greatest reductions in overdose risk.

"And so, [prioritize] anything that puts people on the streets, whether it's Project Support You style or the mobile harm reduction unit …"

–Key Informant



I'm just going to tell you that what I have learned in the past 15 years is: if we sit in our nice, well-appointed offices, and wait for people to come to us, they're going to die. We have to be out in the community, we have to be visible, we have to build trust, we have to follow through on the things that we say we're going to do. We have to be excellent collaborators and build trust with providers as well as the people that we're serving.

-Key Informant

Photo Credit: Russ Dillingham/Sun Journal file photo

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