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Organization Information

Organization Address and Contact Information

Organization Name:	Berkshire Medical Center
Address (1):	725 North Street
Address (2):	Not Specified
City, State, Zip:	Pittsfield , Massachusetts 01201
Web Site:	www.berkshirehealthsystems.org
Contact Name:	Michael Leary
Contact Title:	Director
Contact Department:	Media Relations
Telephone Num:	413-447-2788
Fax Num:	413-447-2066
E-Mail Address:	mleary@bhs1.org
Contact Address (1): (If different from above)	Not Specified
Contact Address (2):	Not Specified
City, State, Zip:	Not Specified , --None- Not Specified

Organization Type and Additional Attributes

Organization Type:	Hospital
For-Profit Status:	Not-For-Profit
DHCFP ID:	Not Specified
Health System:	Berkshire Health Systems
Community Health Network Area (CHNA):	Community Health Network of Berkshire County(CHNA 1)
Regional Center for Healthy Communities (RCHC):	1
Regions Served:	County-Berkshire

CB Mission

Community Benefits Mission Statement

Furthering our charitable purpose, the Berkshire Health Systems' Community Benefit Mission is to identify, prioritize and invest in our community's health needs by pursuing needed initiatives and programs. The Community Benefit goals include satisfying unmet needs in the Berkshires and improving the health status of our community with a particular focus on access to healthcare and "at risk" populations. Recognizing the value of BHS's partnership with our community, BHS will seek input and meaningful collaboration in our effort to meet community need.

Target Populations

Name of Target Population	Basis for Selection	
Medically Underserved	Berkshire County has one of the highest populations of underserved residents in the state.	
Medically Underserved	Berkshire County has one of the highest populations of underserved residents in the state.	
Uninsured	Due to its economic and employment status, Berkshire County has a significant number of individuals and families who are uninsured or underinsured	
Senior population	Berkshire County has one of the largest elderly populations in the state	
Racial and ethnic populations	The Berkshires is experiencing a steady rise in immigrant population, particularly Latin American and Russian immigrants	
Entire geographic population of Berkshire County	Berkshire County is the most rural county in the state and is geographically isolated from larger communities. As a result, BMC is the primary provider of healthcare services to the region.	
Economically vulnerable	Berkshire County has one of the highest unemployment and underemployment rates in the state and low median income	
Youth	Local healthcare statistics on youth at risk	
Pregnancy and Childbirth	Local healthcare statistics on Maternal Child Health	
Populations with health disparities	Local health data	

Publication of Target Populations

Marketing Collateral, Annual Report, Website

Hospital/HMO Web Page Publicizing Target Pop.

http://www.berkshirehealthsystems.org/community

Key Accomplishments of Reporting Year

Critical shortage education program for Doctorate of Nursing Practice in collaboration with Elms College, to enhance primary care services in region in wake of physician shortage. Neighborhood for Health grant completed in fiscal 2017, with many of its services added to or incorporated into existing programs. Continuation of Life Enhancement Program in collaboration with not for profit Canyon Ranch Institute, addressing community health challenges, led County Health Initiative in partnership with numerous other health providers and community agencies and organizations developing a strategy to improve health and wellness throughout the community by targeting specific areas, such as diabetes, hypertension, tobacco use and falls risk. Facilitate access to care through comprehensive physician recruitment, nursing and technologist education and advancement programs, filling critical shortages; outreach program/van with direct on-site health screenings and blood pressure clinics; Get Cuffed Berkshires program targeting high blood pressure with education and free electronic blood pressure cuffs; Advocacy for Access providing insurance enrollment to nearly 6,000 uninsured/underinsured; comprehensive cancer treatment/prevention, focusing on colorectal, breast, prostate and other cancers, colonoscopy patient fund to help those with financial barriers to be screened and direct and open access program for people to make their own appointments for screening colonoscopy; continuation of Heart Failure Clinic, aiding heart failure patients in managing their illness to help prevent hospital readmission; Patient Care Navigation program and toll-free Link Line, connecting patients directly to nurses and other specialists who can answer questions about their care or address concerns; cardiovascular disease efforts reducing mortality rate, recognized by American Heart Association for achievements in coronary artery disease, stroke, heart failure; HIV/AIDS program for those afflicted, providing access to services and education for health maintenance; walking program with over 3,000 participants designed to encourage exercise; school partnerships; expansion of childhood obesity program; smoking cessation program; worksite wellness initiative; diabetes education program; emergency preparedness in collaboration with community police, fire and public health agencies; suicide prevention program; pain management initiative, care transition program for seniors to help prevent hospital readmission; Prevention Wellness Trust Fund with collaborative partnership among local providers and social service agencies; free lung cancer screening program targeting those who are at higher risk for lung cancer, designed to promote early detection and prevention of this deadly disease; expansion of wellness and integrative service for cancer care. Provided NARCAN to local pharmacies for people to use in the event of an overdose of a loved one.

Plans for Next Reporting Year

Develop new Substance Abuse Disorder clinic through primary care practice to better evaluate and care for those with behavioral health issues related to substance abuse. Continuation of BHS Canyon Ranch Institute Life Enhancement Program in all sections of the county. Continuation of critical shortage education program in collaboration with Elms College of Chicopee and other educational institutions. Continuation of program funded through the Prevention and Wellness Trust Fund, generated through collaborative partnership with local providers and agencies engaged in the County Health Initiative. Continuation of outreach through community programs on risks associated with prostate cancer, colorectal cancer, breast cancer and lung cancer and promotion of cancer screenings. Continue working with other local organizations collaboratively on program designed to help improve literacy among young children in Pittsfield. Further expansion of suicide prevention program with community education programs focusing on risks for youth and adults. Continued expansion of cardiovascular disease and diabetes prevention and treatment programs and pain management project. Continued intensive recruitment of new physicians, registered nurses, radiologic/lab technologists in critical shortage program. Continued system-wide efforts to serve uninsured/underinsured through enrollment in MassHealth and Commonwealth Care programs through outreach program/van and Advocacy for

Access. Health screenings & education in local communities with a focus on health disparities and at risk populations; continuation of health and wellness partnerships with Pittsfield schools through new grant.

Community Benefits Process

Community Benefits Leadership/Team

Ruth Blodgett, BHS Senior Vice President; Michael Leary, Director of Media Relations; Cathie McHugh, Planning Analyst; Deborah Delaney, Vice President of Fiscal Administration; Program Directors of Community Benefit Programs.

Community Benefits Team Meetings

The BHS Community Benefits and Access Committee of the Berkshire Health Systems Board of Trustees meets monthly to discuss community benefits programs, potential new initiatives, community needs and outcomes. Throughout the year, internal community benefit and program leaders meet to coordinate the Community Benefit Plan and programs.

Community Partners

Pittsfield Public Schools, Pittsfield Board of Health, Head Start, Berkshire Community Action Council, Center for Ecological Technology, Ecu Health Care, Teen Parent Program, Brien Center for Mental Health and Substance Abuse Services, Pittsfield Police and Fire, Massachusetts Coalition for Suicide Prevention, Massachusetts DPH, American Heart and Stroke Associations, American Diabetes Association, Elder Services, Local Councils on Aging, Greylock Federal Credit Union, Pittsfield YMCA, SHINE program, Berkshire Immigrant Center, Berkshire Community College, Elms College, Berkshire Sheriff's Dept., Berkshire Breast Health Team, Community Health Programs, Healthy Communities Access Program, Berkshire United Way, Berkshire Youth Development Project, CHNA, local business community, Canyon Ranch Institute, Northern Berkshire Community Coalition, Berkshire Opioid Task Force, Fairview Hospital, Tri-Town Health Dept., Berkshire County Boards of Health Association, Berkshire Regional Planning Commission, Canyon Ranch Institute Life Enhancement Program. North Adams police and fire departments, ambulance services in North Berkshire.

Community Health Needs Assessment

Date Last Assesment Completed and Current Status

A comprehensive Community Health Needs Assessment and Implementation Plan was updated in the fall of 2016, reviewed by the Community Benefits and Access Committee, and placed on the Berkshire Health Systems website.

Consultants/Other Organizations

Massachusetts DPH, University of Wisconsin Population Health Institute, Berkshire County Boards of Health Association, local school districts, Berkshire Regional Planning Commission, Berkshire United Way, Berkshire Chamber of Commerce, Massachusetts Medical Society, Regional Pain collaborative, Berkshire Regional Emergency Planning Committee, Stroudwater Report on North Berkshire Health Service Needs.

Data Sources

Community Focus Groups, Hospital, MassCHIP, Surveys

CHNA Document - PDF format Not Specified

Implementation Strategy (optional)

File Upload (optional) Not Specified

Community Benefits Programs

Enrollment and Access to Care

Program Type	Community Benefits Planning Process,Community Education,Community Health Needs Assessment,Direct Services,Health Coverage Subsidies or Enrollment,Outreach to Underserved,Prevention
Statewide Priority	Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity
EOHHS Focus Issue(s) (optional)	Not Specified
DoN Health Priorities (optional)	Not Specified
Brief Description or Objective	Facilitated enrollment or re-enrollment of 5,967 eligible applicants into MassHealth and other health coverage programs. Designed to eliminate or reduce the number of people who are uninsured/underinsured, to create awareness of different programs that help to pay for health services. Health Outreach program/van provided free health screenings and information on applying for health coverage in 2017. Also, in 2017, the Advocacy for Access program continued to provide support for the Ecu-Healthcare program in North Adams, which provides similar services to the North Berkshire population. Ecu-Healthcare was formerly part of the former North Adams Regional Hospital, which closed abruptly in 2014.
Target Population	• **Regions Served:**County-Berkshire • **Health Indicator:**Access to Health Care, Other: Uninsured/Underinsured • **Sex:**All • **Age Group:**All • **Ethnic Group:**All • **Language:**All

Goal Description	Goal Status
Provide education and enrollment support for those who are uninsured or underinsured in the community.	Ongoing
Reduce or eliminate inability to pay as a barrier for accessing health services/	Ongoing
Provide community support for Affordable Care Act enrollments through educational materials and direct assistance in accessing enrollment in state- offered programs.	Ongoing

Partners

Partner Name, Description	Partner Web Address
Local CHNA agencies	
area businesses	
Berkshire County House of Corrections	
Community Health Center Great Barrington	
Hilltown Community Health Center	
CHP Neighborhood Health Center	
Cross Cultural Action Network	
Other not for profit organizations and agencies	
Christian Center	
Salvation Army of Pittsfield and	

North Adams

Community homeless shelters

Ecu-Healthcare

Massachusetts Executive Office of Health and Human Services

Contact Information	Jason Cuddihy, Program Manager of Advocacy for Access, 510 North Street, Suite 8, Pittsfield, MA 01201, 413-447-3038, jcuddihy@bhs1.org
Detailed Description	Not Specified

Cancer Treatment/Prevention

Program Type	Community Benefits Planning Process,Community Education,Community Health Needs Assessment,Community Participation/Capacity Building Initiative,Direct Services,Health Screening,Prevention,Support Group
Statewide Priority	Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations
EOHHS Focus Issue(s) (optional)	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes
DoN Health Priorities (optional)	Not Specified
Brief Description or Objective	Comprehensive cancer treatment and prevention effort, focusing on colorectal, breast, prostate, lung and other cancers. In 2017, completed the final phase of the new BMC Cancer Center at the BMC Hillcrest Campus, providing comprehensive cancer care and diagnostic services and wellness and support services all under one roof. Recognized by American College of Surgeons with continued accreditation with commendation. Provided mammography, colonoscopy screening, lung cancer screening, public programs on cancer prevention, treatment options, nutrition education, free yoga classes, treatment side effects and more. Participate in community events related to cancer education and prevention and American Cancer Society Relay for Life programs in Great Barrington and North Adams to help raise awareness of cancer prevention and treatment options locally. Colonoscopy Patient Fund and Breast Cancer Fund helps those in our community with financial barriers to be screened for colorectal cancer through colonoscopy, including assistance in paying high co-pays or deductibles. Continued Open and Direct Access program for residents to directly schedule their screening colonoscopy, and provided BMC employees 8 hours of Earned Time for use on the day of a colonoscopy, as well as 4 hours if his or her spouse needed a screening, so the employee could be with the spouse. Breast cancer patient fund aids in providing financial assistance to those in need of annual mammography and other breast cancer prevention and treatment services. Patient Care Navigation program aids patients with cancer to obtain services needed and educational material and resources, helps patients navigate a complex healthcare system and addresses questions and concerns. Free lung cancer screenings provided to 1,162 people who were at risk for lung cancer (see Lung Cancer Screening Initiative). The Cancer Center also provided nutrition counseling, yoga, massage therapy and other integrative care services at no cost to cancer patients and cancer survivors.
Target Population	• **Regions Served:**County-Berkshire • **Health Indicator:**Access to Health Care, Other: Cancer, Other: Cancer - Breast, Other: Cancer - Colo-rectal, Other: Cancer - Prostate, Other: Nutrition, Other: Osteoporosis/Menopause, Other: Smoking/Tobacco, Other: Uninsured/Underinsured, Physical Activity, Tobacco Use • **Sex:**All • **Age Group:**All • **Ethnic Group:**All • **Language:**All

Goal Description	Goal Status
Provide community education for cancer prevention and early detection through screenings	Ongoing
Improve access to early detection programs and screenings	Ongoing
Improve compliance with	Ongoing

American Cancer Society recommended screening guidelines for prevention and early detection	
Improve screening rates for colorectal and breast cancers by addressing financial barriers to access	Ongoing
Aid cancer patients in navigating a complex health system through Care Navigation program	Ongoing
Provide cancer patients and family free access to Integrative Health programs that can aid in their treatment, recovery and survivorship through Reiki, yoga, massage therapy, nutrition guidance and other methods not often covered by insurance	Ongoing
Provide regular community lectures and seminars on nutrition for cancer patients and focusing on resilience.	Ongoing

Partners

Partner Name, Description	Partner Web Address
American Cancer Society	
Berkshire Hematology Oncology	
Urology Services of the Berkshires	
Gastroenterology Physician Practices	
Community organizations	
BMC Care Navigation Program	
BHS Prostate Cancer Support Group	
UNICO	
ITAM Lodge Pittsfield	
Pop Cares North Adams	
BMC Pulmonary Specialists	
Moments House	

Contact Information	Susan Gazzillo, RN, Director of Oncology, 165 Tor Court, Pittsfield, MA 413-447-2000, sgazzillo@bhs1.org
Detailed Description	Not Specified

Community Outreach Program and Van

Program Type	Community Benefits Planning Process,Community Education,Community Health Needs Assessment,Direct Services,Health Coverage Subsidies or Enrollment,Health Screening,Outreach to Underserved,Prevention
Statewide Priority	Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity
EOHHS Focus Issue(s) (optional)	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes

DoN Health Priorities (optional)	Not Specified
Brief Description or Objective	Community Outreach Program and mobile outreach van used to provide direct, on-site community access to healthcare for at-risk populations, uninsured/underinsured, and to improve the health of the community through preventive services and screenings. In 2017, free health screenings, including 1,844 blood pressure screenings, and 671 referrals for multiple services. Conducted over 25 health promotion and educational programs in the community, and promotional campaigns targeting specific health issues, such as cardiovascular health, preventing falls, lifestyle change, mindfulness and breast health. Distributed over 900 free home monitors to individuals with uncontrolled hypertension in order for them to be able to self-monitor their blood pressure and reach and maintain good blood pressure goals. Outreach personnel participated in nearly 170 community events across the entire county, providing free screenings and educational information. Held health education lectures on Healthy Habits, such as good nutrition, moving more and creating SMART goals and how to create a vision board in the community. Provided Matter of Balance classes in the community to help with prevention of falls.
Target Population	• **Regions Served:**County-Berkshire • **Health Indicator:**Access to Health Care, Other: Cancer, Other: Diabetes, Other: Elder Care, Other: Hypertension, Other: Nutrition, Other: Smoking/Tobacco, Other: Stress Management, Other: Stroke, Other: Uninsured/Underinsured, Overweight and Obesity, Physical Activity, Tobacco Use • **Sex:**All • **Age Group:**All • **Ethnic Group:**All • **Language:**All

Goal Description	**Goal Status**
Provide free health and wellness screenings in the community	Ongoing
Partner with local organizations to provide targeted health screenings to underserved populations	Ongoing
Refer participants in screenings to appropriate health services, such as primary care, specialty care, for treatment and follow up on blood pressure, blood glucose and other health issues	Ongoing
Provide free classes in the community covering topics such as controlling blood pressure and weight, prevention of diabetes and other health topics	Ongoing

Partners

Partner Name, Description	**Partner Web Address**
American Cancer Society	
American Heart Association	
Local community service organizations	
BHS Diabetes Education Program	
American Stroke Association	
Christian Center	

Contact Information	Kim Kelly, Community Health Educator Berkshire Medical Center 610 North St. Pittsfield, MA 01201 413-395-7976, kkelly3@bhs1.org
Detailed Description	Not Specified

Operation Better Start

Program Type	Community Benefits Planning Process,Community Education,Community Health Needs Assessment,Direct Services,Health Coverage Subsidies or Enrollment,Health Screening,Outreach to Underserved,Prevention,School/Health Center Partnership
Statewide Priority	Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity
EOHHS Focus Issue(s) (optional)	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes
DoN Health Priorities (optional)	Not Specified
Brief Description or Objective	Operation Better Start is a program with a multidisciplinary team of nurse practitioners, registered nurses, and registered and licensed dietitians providing a coordinated framework of nutritional services to prenatal women, children and young adults. In 2017 Operation Better Start provided 1,446 clinical visits. Operation Better Start continues to expand services to Northern Berkshire at the North Adams campus of BMC. Operation Better Start maintains the distinction of being named by the Massachusetts Department of Public Health as one of only five Growth and Nutrition Programs in the state, and the only one serving Western Massachusetts. In this program Operation Better Start provided 239 visits for families with children demonstrating growth delay. A behavior health specialist provides expanded services to these families. Operation Better Start provides nutrition and health oversight to seven Head Start sites in Berkshire County, benefitting 386 children. In addition, asthma education was provided to 110 Head Start staff. Operation Better Start has a long standing collaborative relationship with the Pittsfield Public Schools. Through a U.S. Department of Education grant, Operation Better Start facilitated activity burst training for 500 teachers and 230 paraprofessionals, sustaining classroom activity strategies that continue to bring the time 2,706 elementary students spend in physical activity up to CDC recommended levels. Operation Better Start staff were invited to present the success of this model at the national SHAPE convention, reaching over 16,000 international physical educators. Operation Better Start has facilitated Food and Fun, a Harvard research-based program that uses a nutrition curriculum designed to help students develop healthy habits, in ten schools in Pittsfield and three in North Adams, ensuring sustainability by providing training, curriculum and equipment. Operation Better Start developed a unique partnership with Pittsfield Public School's 21st Century After School program and the Boys and Girls Club of the Berkshires, to implement an exemplary middle school course combining nutrition education and physical activity.
Target Population	• **Regions Served:**County-Berkshire • **Health Indicator:**Access to Health Care, Mental Health, Other: Child Care, Other: Dental Health, Other: Diabetes, Other: Education/Learning Issues, Other: Hypertension, Other: Nutrition, Other: Parenting Skills, Other: Pregnancy, Other: Uninsured/Underinsured, Overweight and Obesity, Physical Activity • **Sex:**All • **Age Group:**Adult, Adult-Young, All Children • **Ethnic Group:**All • **Language:**All

Goal Description	Goal Status
Improve the health of women and children through education,nutrition guidance, behavior modification and lifestyle changes	Ongoing
Provide hands-on service to young people who are, or are at-risk for obesity through individual and family counseling on nutrition and exercise	Ongoing
Improve nutritional and health education in local schools in partnership with the school district	Ongoing
Promote good health for children and families through free television programming on Pittsfield Community Television,	Ongoing

and through videos on the Operation Better Start website

Partners

Partner Name, Description	Partner Web Address
Pittsfield School System	
Local Pediatric and Obstetric/Gynecology physician practices	
National Institutes of Health We CAN Program	
Center for Ecological Technology SPROUT program	
Berkshire North Women, Infants and Children program	
Healthy Beginnings Program	
Pittsfield Family YMCA	
Pittsfield Community Television	
Berkshire County Farmers' Markets	
Massachusetts Department of Public Health	
US Department of Education	

Contact Information	Cathy Marchetto, Registered Dietitian, Berkshire Health Systems Operation Better Start, BMC Hillcrest Campus, 165 Tor Court, Pittsfield, MA 01201, 413-445-9243, cmarchetto@bhs1.org
Detailed Description	Not Specified

BMC Emergency Operations Program

Program Type	Community Education,Direct Services,Health Professional/Staff Training,Prevention
Statewide Priority	Promoting Wellness of Vulnerable Populations
EOHHS Focus Issue(s) (optional)	Not Specified
DoN Health Priorities (optional)	Not Specified
Brief Description or Objective	BMC emergency service providers work collaboratively with numerous organizations, municipalities and state and local agencies to maintain and enhance preparedness for potential disasters; hold communitywide drills and tabletop drills testing response to mass casualty, hazardous materials spills, evacuation, potential terrorist threat and other situations; provide EMS education programs. Also, help coordinate mass vaccinations, in coordination with city and town public health agencies, in the event of a pandemic event. In 2017, the Emergency Operations Team participated in several emergency drills with community collaborators, including a mock mass casualty community drill in Pittsfield, which tested the response of BMC's Emergency Department and local police, fire and ambulance services.
Target Population	• **Regions Served:**County-Berkshire • **Health Indicator:**Immunization, Injury and Violence, Mental Health, Other: First Aid/ACLS/CPR, Other: Public Safety, Other: Safety, Other: Safety - Auto/Passenger, Other: Safety - Home • **Sex:**All • **Age Group:**All • **Ethnic Group:**All • **Language:**All

Goal Description	Goal Status
Collaborate with local fire and EMS providers, law enforcement,	Ongoing

schools and municipalities in planning for response to emergencies in the community that would dramatically impact the hospital and community services	
Provide valuable training for healthcare providers and community agencies on how to best respond to disaster or emergency situations	Ongoing
Determine sustainability of health services in the event of a major disaster, including capability of providing uninterrupted care and shelter for vulnerable people	Ongoing

Partners

Partner Name, Description	Partner Web Address
Berkshire County Fire Departments	
Berkshire County Police Departments	
Massachusetts State Police	
Massachusetts Department of Public Health	
Massachusetts Emergency Management Agency	
Fairview Hospital	
County Ambulance Service	
Berkshire County Emergency Preparedness Committee	
Berkshire Visiting Nurse Association	
Massachusetts Medical Examiner's Office	
Action Ambulance Service	
Berkshire County Boards of Health	
North Adams Ambulance Service	
Adams Ambulance Service	
Village Ambulance Service	
Berkshire County School Districts	
Berkshire Regional Transit Authority	
Berkshire Gas Company	
Berkshire Community College	
Massachusetts College of Liberal Arts	

Contact Information	Lucy Britton, RN, Emergency Management Director, Berkshire Medical Center, 725 North St., Pittsfield, MA 01201, 413-447-2257, lbritton@bhs1.org
Detailed Description	Not Specified

Suicide Prevention

Program Type	Community Benefits Planning Process,Community Education,Community Health Needs Assessment,Direct Services,Health Professional/Staff Training,Health Screening,Outreach to Underserved,Prevention
Statewide Priority	Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations
EOHHS Focus Issue(s) (optional)	Mental Illness and Mental Health, Substance Use Disorders
DoN Health Priorities (optional)	Not Specified
Brief Description or Objective	BMC in 2017 continued its partnership with the Massachusetts Department of Public Health's Suicide Prevention Program on a strategy for reducing suicide within Berkshire County and identifying best practices that could be emulated by others in order to reduce the suicide rate across the Commonwealth. BMC in 2017 partnered with the Massachusetts Health Policy Commission and six primary care practices to implement an integrated care model to improve patient outcomes and reduce costs for patients with complex medical and behavioral health needs. This is accomplished through virtual team treatment using telehealth, care management and coordination and community support services. The goal is to build capabity within the primary care system to continue to serve high risk, high cost patients with cost effective care to sustain the improvement in their health and well-being. Part of the focus of the program is on educating "gatekeepers" and improving screening for depression, substance abuse and suicide risk in mental health settings, primary care settings, employee wellness programs, and the medical center's inpatient population. In addition, the program has trained hundreds of local police, firefighters, first responders, visiting nurses, elder outreach workers, pastors, parole officers and jail staff to better recognize people at-risk for suicide. In 2017, BMC, in collaboration with partner agencies, held community education programs focusing on suicide prevention and recognizing the signs of suicide potential.
Target Population	• **Regions Served:**County-Berkshire • **Health Indicator:**Injury and Violence, Mental Health, Other: Alcohol and Substance Abuse, Other: Public Safety, Other: Safety, Other: Safety - Home, Other: Stress Management, Other: Uninsured/Underinsured, Substance Abuse • **Sex:**All • **Age Group:**All • **Ethnic Group:**All • **Language:**All

Goal Description	**Goal Status**
Provide suicide risk training for medical students, medical and psychiatry residents, nurses, crisis intervention workers, fire and law enforcement personnel, county jail workers and first responders	Ongoing
In partnership with community agencies, provide community education programs on suicide prevention and risk	Ongoing
Obtain information on best practices for intervention from community gatekeepers	Ongoing
Partner with area organizations dedicated to suicide prevention in promotion of information and services to at risk populations	Ongoing

Partners

Partner Name, Description	**Partner Web Address**
Brien Center for Mental Health and Substance Abuse Services	

Pittsfield Police Department

Massachusetts Department of Public Health

Massachusetts Coalition for Suicide Prevention

Pittsfield Fire Dept

Berkshire County House of Correction

Local lockup facilities

Ambulance personnel

Berkshire Visiting Nurse Association

Elder Services

Northern Berkshire Community Coalition

Berkshire NAMI

North Adams Police

Williamstown Police

Adams Police

Contact Information	Dr. Alex Sabo, Chairman, Department of Psychiatry and Behavioral Science, Berkshire Medical Center, 725 North St., Pittsfield, MA 01201 413-447-2000, asabo@bhs1.org
Detailed Description	Not Specified

Walk with Me in the Berkshires

Program Type	Health Screening,Prevention
Statewide Priority	Chronic Disease Management in Disadvantage Populations
EOHHS Focus Issue(s) (optional)	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes
DoN Health Priorities (optional)	Not Specified
Brief Description or Objective	This highly popular BHS community walking program entered its 15th year in 2017 and recorded over 3,200 participants, who all benefited from increased exercise through walking or running. Walk with Me in the Berkshires provides free pedometers and an online step-reporting system for teams that participate in the program. In 2017, nearly 3,200 people participated in Walk with Me, recording over 900 million steps. This included 2,400 participants in a community program, and over 800 participants in a Berkshire Health Systems employee parallel program, run through the BHS Wellness at Work program. BHS is the largest employer in the region, and the employee program was open to all employees and their family members, at no charge.
Target Population	• **Regions Served:**County-Berkshire • **Health Indicator:**Other: Cardiac Disease, Overweight and Obesity, Physical Activity • **Sex:**All • **Age Group:**Adult, Adult-Elder, Adult-Young, Child-Preteen, Child-Primary School, Child-Teen • **Ethnic Group:**All • **Language:**All

Goal Description	**Goal Status**
Provide structured health and wellness program for the community, focusing on increasing movement	Ongoing
Help prevent or improve cardiovascular issues in population through increased activity	Ongoing

Provide access to online system that automatically tabulates steps per week of walking team members	Ongoing

Partners

Partner Name, Description	Partner Web Address
Berkshire Health Care Systems Long Term Care Facilities	
General Dynamics, Pittsfield	
Greylock Federal Credit Union	
Troy's Promotions	
iBerkshires website/Boxcar Media	www.iberkshires.com
BHS Wellness at Work program	
Fallon Health	
Berkshire Eagle	
Bennington Banner	

Contact Information	Michael Leary, BMC Community Relations Office, 725 North St., Pittsfield, MA 01201, 413-447-2788, mleary@bhs1.org
Detailed Description	Not Specified

BHS Pain Management Initiative

Program Type	Community Participation/Capacity Building Initiative,Outreach to Underserved
Statewide Priority	Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations
EOHHS Focus Issue(s) (optional)	Mental Illness and Mental Health, Housing Stability/Homelessness, Substance Use Disorders
DoN Health Priorities (optional)	Not Specified
Brief Description or Objective	For over a decade, Berkshire Health Systems has led a community Pain Management Initiative, a collaboration among local healthcare providers, social and law enforcement agencies, schools and the court system and other stakeholders. The program is designed to help prevent the misuse and/or diversion of pain medications in the community. In 2017, the program included several primary care practice partners in Central and Southern Berkshire County, including over 50 clinical providers. The three-prong approach is directed to improve care for patients with chronic pain and substance use disorder, with a specific focus on opioid addiction or dependence being cared for by participating primary care practices. Also, the program again collaborated with local law enforcement and the federal Drug Enforcement Agency on medication roundups, where the community was given the opportunity to bring unused or outdated medications - prescription or over the counter - to a location for proper disposal. This program also accepted used sharps devices. Program representatives also met with local and state officials to discuss strategies on curbing the abuse of opioid medications in the community. In 2017, BMC continued to provide care through its Clinical Stabilization Services Unit, which helps those suffering from addiction to opioid and other substances to achieve sobriety through a long-term program that includes counseling, nutrition, exercise, group therapy, individual therapy and other services designed to improve the chance for long-term recovery.
Target Population	• **Regions Served:**County-Berkshire • **Health Indicator:**Environmental Quality, Injury and Violence, Mental Health, Other: Alcohol and Substance Abuse, Other: Chronic Pain , Other: Hepatitis, Other: HIV/AIDS, Other: Public Safety, Other: Safety, Other: Safety - Home, Other: Sexually Transmitted Diseases, Substance Abuse • **Sex:**All • **Age Group:**All • **Ethnic Group:**All • **Language:**All

Goal Description	Goal Status
Assuring safe and effective treatment of those suffering from chronic or acute pain	Ongoing
Prevent individual and community harm from misuse or diversion of prescribed pain medications or potentially dangerous over-the-counter medications	Ongoing
Provide a community resource for the proper and safe disposal of unused medications	Ongoing

Partners

Partner Name, Description	Partner Web Address
Berkshire County District Attorney's Office	
Pittsfield Police Department	
Berkshire County Court System	
Local physician practices	
US Drug Enforcement Agency	
Berkshire County Sheriff's Office	
Massachusetts State Police	
Local pharmacies	
North Adams Police Department	
BMC Clinical Stabilization Services Unit	
Berkshire Opioid Abuse Prevention Collaborative	

Contact Information	Ann McDonald, Berkshire Medical Center, Bishop Clapp Building, 725 North St., Pittsfield, MA 01201, 413-395-7546, amcdonald@bhs1.org
Detailed Description	Not Specified

Wellness at Work

Program Type	Community Education,Direct Services,Health Screening,Prevention
Statewide Priority	Chronic Disease Management in Disadvantage Populations, Reducing Health Disparity
EOHHS Focus Issue(s) (optional)	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes
DoN Health Priorities (optional)	Not Specified
Brief Description or Objective	A comprehensive employee wellness program developed for area businesses and Berkshire Health Systems employees and their spouses and family members (as BHS is the county's largest employer). Wellness at Work provides health risk analyses and screenings and a range of programs to support healthier lifestyles, improve health ststus and to help reduce health coverage costs for employers. In 2017, the program provided wellness services to over a dozen local companies, reaching over 10,000 employees, including large employers such as Crane and Co., Hillcrest Education Centers, Williams College and others. It also served the employees of several municipalities and school districts through the Berkshire Health Group. Within BHS, the program serves over 2,900 employees. In 2017, Wellness at Work professionals continued to team with the non-profit Canyon Ranch Institute on the Life Enhancement Program through Berkshire Health Systems. This unique program targets inidividuals facing significant health challenges, and through an intensive program gives them the tools and resources needed to transform their lifestyles and achieve better, long-lasting health. Wellness at Work provided a Health Literacy workshop for the Berkshire Insurance Group, worked in the public schools providing workshops on health and wellness,

	sponsored and participated in numerous health fairs and workshops that were free to the public.
Target Population	• **Regions Served:**County-Berkshire • **Health Indicator:**Access to Health Care, Immunization, Other: Cancer, Other: Cardiac Disease, Other: Diabetes, Other: Hypertension, Other: Nutrition, Other: Pulmonary Disease/Tuberculosis, Other: Smoking/Tobacco, Other: Stress Management, Other: Stroke, Other: Uninsured/Underinsured, Other: Vision , Overweight and Obesity, Physical Activity, Tobacco Use • **Sex:**All • **Age Group:**Adult, Adult-Elder, Adult-Young • **Ethnic Group:**All • **Language:**All

Goal Description	Goal Status
Reduce the risk of cardiovascular disease, diabetes, pulmonary disease and stroke in the workplace population of the Berkshires	Ongoing
Help to reduce costs and lost work time associated with preventive illness through employee screenings, health risk assessments, education and early intervention	Ongoing
Provide community access to free educational programs and workshops designed to help prevent chronic illness and to improve overall wellness	Ongoing

Partners

Partner Name, Description	Partner Web Address
American Heart Association	
American Diabetes Association	
American Cancer Society	
Berkshire Chamber of Commerce	
Local business community	
Local physician practices	
BHS Diabetes Education program	
Canyon Ranch Institute Life Enhancement Program	
Area Public School Systems	

Contact Information	Carol Nixon, RN, Wellness at Work, BMC Hillcrest Campus, 165 Tor Court, Pittsfield, MA 01201, 413-445-9350., cnixon@bhs1.org
Detailed Description	Not Specified

Injury Prevention

Program Type	Community Benefits Planning Process,Community Education,Health Professional/Staff Training,Prevention,School/Health Center Partnership
Statewide Priority	Promoting Wellness of Vulnerable Populations
EOHHS Focus Issue(s) (optional)	Not Specified
DoN Health Priorities (optional)	Not Specified

Brief Description or Objective	With leadership from its Trauma program, BMC has identified key areas where preventive programs can help to reduce the number of injuries caused by participation in risk-associated activities. These programs include Teens at Risk, which works with local teens on the dangers of drinking and driving; and Think First, a program aimed at youth and adolescents, stressing the importance of injury prevention through the wearing of seatbelts and helmets.
Target Population	• **Regions Served:**County-Berkshire • **Health Indicator:**Injury and Violence, Mental Health, Other: Alcohol and Substance Abuse, Other: Drunk Driving, Other: Gambling, Other: Public Safety, Other: Safety, Other: Safety - Auto/Passenger, Other: Safety - Sports, Physical Activity, Responsible Sexual Behavior, Substance Abuse • **Sex:**All • **Age Group:**Adult-Young, All Children • **Ethnic Group:**All • **Language:**All

Goal Description	Goal Status
Promote understanding of injury consequences to teens and other vulnerable populations	Ongoing
Help local residents to understand the dangers of at-risk behavior	Ongoing

Partners

Partner Name, Description	Partner Web Address
Berkshire County Juvenile Court	
Berkshire County Public Schools	
Local law enforcement agencies	
Local emergency management agencies	
Local EMS providers	

Contact Information	Tracy DiSilva, Director, BMC Trauma program, 725 North St., Pittsfield, MA 01201, 413-447-2755., tdisilva@bhs1.org
Detailed Description	Not Specified

Berkshire VNA Senior Health/Elder Services

Program Type	Community Education,Community Health Needs Assessment,Community Participation/Capacity Building Initiative,Direct Services,Health Screening,Outreach to Underserved,Prevention
Statewide Priority	Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations
EOHHS Focus Issue(s) (optional)	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Housing Stability/Homelessness
DoN Health Priorities (optional)	Not Specified
Brief Description or Objective	The Berkshire VNA in 2017 served nearly 4,000 area residents with over 67,000 visits by Registered Nurses, Physical, Occupational and Speech Therapists, medical social workers and home health aides. The agency provided specialty programs for patients with heart failure, chronic lung disease, complex wound issues, joint replacement therapy, high-risk pregnancy, pediatric needs, balance problems and IV therapy. The BVNA also provided a full range of preventive care services through wellness clinics in several communities, and provided over 1,600 vaccinations. A special emphasis continued on outreach to Northern Berkshire following the closure of North Adams Regional Hospital, including weekly health clinics at the Food Pantry, among other free outreach programs.
Target Population	• **Regions Served:**County-Berkshire • **Health Indicator:**Access to Health Care, Immunization, Other: Elder Care, Other: Hypertension, Other: Osteoporosis/Menopause • **Sex:**All

	• **Age Group:**Adult-Elder • **Ethnic Group:**All • **Language:**All

Goal Description	Goal Status
Improve management of chronic diseases and promote wellness in vulnerable senior population	Ongoing
Promote wellness and overall health of seniors through collaborations with Elder Services and other local human service organizations	Ongoing
Provide immunization services for influenza to senior and adult populations to aid in prevention of the spread of the disease	Ongoing

Partners

Partner Name, Description	Partner Web Address
Elder Services of Berkshire County	
Pittsfield Housing Authority	
Local Councils on Aging	
Senior housing projects	
Public Health agencies in local municipalities	

Contact Information	Patricia Tremblay, Berkshire VNA, BMC Hillcrest Campus, 165 Tor Court, Pittsfield, MA 01201, 413-447-2000, ext. 3053, ptremblay@bhs1.org
Detailed Description	Not Specified

BHS Diabetes Self Management and Education Program

Program Type	Community Benefits Planning Process,Community Education,Community Health Needs Assessment,Direct Services,Health Screening,Outreach to Underserved,Prevention
Statewide Priority	Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity
EOHHS Focus Issue(s) (optional)	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes
DoN Health Priorities (optional)	Not Specified
Brief Description or Objective	The BHS Diabetes Self-Management Program, certified by the American Diabetes Association, provides essential support and care to those with type 1 or type 2 diabetes, and works in the community and with local physician practices to promote education aimed at prevention for those with pre-diabetes, individuals who are at risk for developing diabetes. The program offers expertise in the newest technology for glucose testing, continuous glucose sensing and insulin pump therapy. In 2017, this program helped 1,312 people diagnosed with Diabetes. Of those, 80% had Type 2, 13% Type 1 and the remaining 7% had pre-diabetes or gestational diabetes. The program has a Diabetes Patient Need Fund, which assists qualified individuals wih co-pay and deductible support, as well as emergency insulin. A Diabetes Walk was held in the spring, with funding supporting the Patient Need Fund. In addition, a Diabetes Support Group meets regularly, with nearly 10 people per meeting discussing important topics related to managing their disease and improving their health. In FY 2017, the Diabetes Education Program also sponsored and held its annual Diabetes Expo, a free event drawing over 200 people, who received education and guidance on managing diabetes. The program also continued to provide free community education classes for people with diabetes and those at risk for the disease.

Target Population	• **Regions Served:**County-Berkshire • **Health Indicator:**Access to Health Care, Other: Diabetes, Other: Elder Care, Other: Hypertension, Other: Nutrition, Other: Uninsured/Underinsured, Overweight and Obesity, Physical Activity, Tobacco Use • **Sex:**All • **Age Group:**All • **Ethnic Group:**All • **Language:**All

Goal Description	**Goal Status**
Provide counseling and education to people diagnosed with diabetes, from lifestyle and nutrition changes to the use of daily blood glucose monitors and provide long-term support structure for those with diabetes	Ongoing
Partner with primary care physicians to coordinate ongoing care and education so that those with diabetes can effectively manage their condition	Ongoing
Provide outreach and education through public programs and presentations on diabetes and how to prevent it	Ongoing

Partners

Partner Name, Description	**Partner Web Address**
Local physician practices	
BHS Primary Care practices	
BHS Endocrinology & Metabolism practice	
American Diabetes Association	
Crowne Plaza Pittsfield	
BHS Wellness Program	
Berkshire Eagle	

Contact Information	Candace Lusa, RN, CDE 777 North St. Pittsfield, MA 01201 413-395-7942, clusa@bhs1.org
Detailed Description	Not Specified

Get Cuffed Berkshires

Program Type	Community Benefits Planning Process,Community Education,Community Health Needs Assessment,Direct Services,Health Coverage Subsidies or Enrollment,Health Screening,Outreach to Underserved,Prevention
Statewide Priority	Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity
EOHHS Focus Issue(s) (optional)	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes
DoN Health Priorities (optional)	Not Specified
Brief Description or Objective	In 2017, Berkshire Health Systems continued its initiative promoting the dangers of hypertension and how to prevent it or control it. Get Cuffed Berkshires provides monthly blood pressure screenings in the community at various locations throughout the Berkshires, educational programs and a blood pressure education class. Each participant in the class receives a free electronic blood pressure cuff to measure their

	blood pressure on a regular basis. In all, the program provided over 1,800 blood pressure screenings, gave 12 community lectures on blood pressure and provided over 900 blood pressure monitors to people with high blood pressure, so they can learn to self-monitor and better control their hypertension. The program provides the tools people need to get to goal for blood pressure and stay there. Nearly 20% of the Berkshire population experiences high blood pressure, and many are unaware of it.
Target Population	• **Regions Served:**County-Berkshire • **Health Indicator:**Access to Health Care, Other: Cardiac Disease, Other: Diabetes, Other: Elder Care, Other: Hypertension, Other: Nutrition, Other: Smoking/Tobacco, Other: Stroke, Other: Uninsured/Underinsured, Overweight and Obesity, Physical Activity, Tobacco Use • **Sex:**All • **Age Group:**Adult • **Ethnic Group:**All • **Language:**All

Goal Description	**Goal Status**
Provide education and direct support for people with hypertension or those at risk	Ongoing
Provide free monthly blood pressure screenings in the community at numerous locations and businesses	Ongoing
Provide educational programs, through free community classes and lectures, on the risk of high blood pressure	Ongoing

Partners

Partner Name, Description	**Partner Web Address**
Tri-Town Health Department	
Area businesses and civic organizations	
BHS Wellness at Work Program	
Elder Services	
Pittsfield Community Television	

Contact Information	Kim Kelly, Community Health Educator 610 North St. Pittsfield, MA 01201 413-395-7976, kkelly3@bhs1.org
Detailed Description	Not Specified

Care Navigation Program

Program Type	Community Education,Direct Services,Outreach to Underserved
Statewide Priority	Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations
EOHHS Focus Issue(s) (optional)	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Mental Illness and Mental Health
DoN Health Priorities (optional)	Not Specified
Brief Description or Objective	The BMC Care Navigation program helps to simplify the patient's individual experiences by providing access for them to one-on-one support, services and resources. Originally created to aid patients diagnosed with breast and prostate cancers, the program is now available to help all patients. The program helps with questions about insurance coverage, education, coordination of care among specialties and specialists, transportation and general support. In addition, there is a toll-free Link Line, which is available for patients to call with any questions about the system and their experience in navigating through it. The program is staffed by nurses who respond directly to all inquiries. In 2017, the BMC Care Navigation Program

	assisted nearly 400 patients and helped 192 callers to the Link Line. In addition, it provided numerous support groups for people facing cancer, and interactive nutrition and cooking programs, free, to the community, educating on good nutrition. In all, 240 people attended support group sessions and 250 went to nutrition and cooking demonstrations.
Target Population	• **Regions Served:**County-Berkshire • **Health Indicator:**All • **Sex:**All • **Age Group:**All • **Ethnic Group:**All • **Language:**All

Goal Description	**Goal Status**
Provide one-on-one support and communication for patients in need of information on care services, navigating a complex health system, insurance coverage options, transportation and other issues	Ongoing
Provide access to health professionals who can answer questions about services or aid in referral to services and programs through Link Line toll free phone number	Ongoing
Provide access to numerous support group programs and monthly nutrition and cooking demonstrations, free to the public	Ongoing

Partners

Partner Name, Description	**Partner Web Address**
BMC Women's Imaging Center program	
BHS Prostate Cancer Support Group	
Area businesses and civic organizations	
American Cancer Society	
Local physician practices	
BMC Cancer Center	
BMC Nutrition Services	

Contact Information	Kathy Hart, RN Care Navigation Program Coordinator Berkshire Medical Center 725 North St. Pittsfield, MA 01201 413-395-7956, khart@bhs1.org
Detailed Description	Not Specified

Healthy Steps

Program Type	Community Education,Direct Services,Health Coverage Subsidies or Enrollment,Health Screening,Outreach to Underserved,Prevention
Statewide Priority	Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity
EOHHS Focus Issue(s) (optional)	Mental Illness and Mental Health, Substance Use Disorders

DoN Health Priorities (optional)	Not Specified
Brief Description or Objective	Previously called Project Empowerment and the State Clinics at BMC, Healthy Steps is a prevention and screening program for those with Hepatitis C and sexually transmitted diseases or at risk for developing these illnesses. This program helps clients to coordinate their care with a range of services, including mental health, nutrition, medical care, peer support and mentoring and substance abuse. In 2017, Healthy Steps provided over 600 tests for Hepatitis C, HIV/AIDS, Syphilis, Chlamydia and Gonorrhea. The program saw 186 clients at the main office, and provided outreach to the Berkshire County House of Correction, seeing 221 clients there, and another 243 clients through additional outreach in the community.
Target Population	• **Regions Served:**County-Berkshire • **Health Indicator:**Access to Health Care, Mental Health, Other: HIV/AIDS, Other: Nutrition, Other: Sexually Transmitted Diseases, Other: Uninsured/Underinsured • **Sex:**All • **Age Group:**All • **Ethnic Group:**All • **Language:**All

Goal Description	**Goal Status**
Provide testing services and referrals for those with Hepatitis C or sexually transmitted diseases, or those at risk.	Ongoing
Provide counseling services for those being tested and self-management assistance for those who have developed one of the illnesses	Ongoing
Reach into the community through direct outreach and in partnership with the local house of correction to reach people in the community	Ongoing

Partners

Partner Name, Description	**Partner Web Address**
Massachusetts Department of Public Health	
Berkshire County House of Correction	

Contact Information	Michael Perreault, RN, Director of Infection Control, 725 North St., Pittsfield, MA 01201 413-447-2654, mperreault@bhs1.org
Detailed Description	Not Specified

BHS/Canyon Ranch Institute Life Enhancement Program

Program Type	Community Health Needs Assessment,Health Screening,Outreach to Underserved,Prevention,Support Group
Statewide Priority	Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity
EOHHS Focus Issue(s) (optional)	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Mental Illness and Mental Health
DoN Health Priorities (optional)	Not Specified
Brief Description or Objective	Berkshire Medical Center and its parent Berkshire Health Systems in 2013 launched an initiative to improve the health and wellness of the Berkshire community with its new partner, the non-profit Canyon Ranch Institute (CRI). BHS invested an initial $500,000 in funding and support for professional staff time to establish the most comprehensive initiative to date to bring the Canyon Ranch Institute Life

	Enhancement Program (CRI LEP) to a community. Since that time, significant additional funding has been invested in expanding the program, totaling over $1.5 million. The CRI Life Enhancement Program with BHS is an evidence-based, multidisciplinary program that transfers the best practices of Canyon Ranch, through BHS health professionals, to underserved members of the Berkshire community to prevent, diagnose and address chronic diseases. The program initially started in Pittsfield only, and was expanded to Great Barrington and North Adams. The CRI Life Enhancement Program uses the integrative health approach to advance health literacy and improve health outcomes through physical activity, healthy nutrition, positive behavior change, and stress management techniques. BHS has a proven history of developing comprehensive community health and wellness programs, including Wellness at Work, which is used by BHS and several other local companies, to provide highly effective prevention and wellness services for employees. In addition, BHS provides a strong network of outreach services in the community, including health screenings, collaborations with community agencies and health education programs. The participants in this program are facing significant health challenges, and often suffer from chronic disease, obesity, high blood pressure and other co-morbidities that negatively impact on their overall health and wellness. In 2017, three program sessions were held, with 66 new participants in the unique program. This included 36 three-hour workshops and nearly 265 hours of individual consultations by BMC clinical staff with participants. Following the program, a series of reunions are held for participants to share their positive results. Post assessments of these programs, held at the three month mark after participation, shows that participants continue to adhere to their new lifestyles, embracing better health and well-being, experiencing weight reduction and chronic disease improvement. In addition, the participants use this experience to promote better health to their own friends and family, and many have stated that their experience has had an impact on others in their lives.
Target Population	• **Regions Served:**County-Berkshire • **Health Indicator:**Access to Health Care, Mental Health, Other: Diabetes, Other: Hypertension, Other: Nutrition, Other: Smoking/Tobacco, Other: Stress Management, Other: Stroke, Other: Uninsured/Underinsured, Overweight and Obesity, Physical Activity, Tobacco Use • **Sex:**All • **Age Group:**Adult • **Ethnic Group:**All • **Language:**All

Goal Description	**Goal Status**
Provide underserved individuals access to life enhancement skills in order to improve health and reduce health risk, including diabetes, obesity, heart disease and other chronic illness	Ongoing
Promote community health and wellness through outreach to individuals who lack health resources, and provide education on methods to improve health and well-being	Ongoing
Promote the community expansion of life-learning activities through CRI LEP participants, who bring their own learned skills to their friends and family, helping them to also reduce their health risks and improve wellness	Ongoing

Partners

Partner Name, Description	**Partner Web Address**
Canyon Ranch Institute	
BHS Wellness at Work	
Community Service Organizations	

Fairview Hospital

North Adams Campus of BMC

Contact Information	Maureen Daniels, Health Educator, Wellness at Work, BMC Hillcrest Campus, 165 Tor Court, Pittsfield, MA 01201, 413-447-3100, mdaniels@bhs1.org
Detailed Description	Not Specified

County Health Initiative

Program Type	Community Benefits Planning Process,Community Education,Community Health Needs Assessment,Direct Services,Health Coverage Subsidies or Enrollment,Health Screening,Outreach to Underserved,Prevention
Statewide Priority	Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity
EOHHS Focus Issue(s) (optional)	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes
DoN Health Priorities (optional)	Not Specified
Brief Description or Objective	BMC is the lead organization in the County Health Initiative, made up of healthcare providers and community service organizations throughout Berkshire County. The CHI leadership group holds semi-annual meetings with community stakeholders to provide focus and networking for agreed-upon community health priorities. The group applied for and was approved for a grant through the state Prevention and Wellness Trust Fund, with funds being disbursed in 2014 and continuing in 2017. Working together, municipalities, healthcare systems, community organizations, businesses, regional planning organizations and schools are providing community-specific programs addressing issues such as: hypertension, falls prevention among older adults and diabetes. Berkshire Medical Center also implemented evidence-based initiatives to address hypertension, falls among the elderly and diabetes in Berkshire County. This partnership has identified key populations in the country and has selected the most appropriate health conditions to align with these groups. In addition, the best outcomes will be realized by prioritizing key areas in the county, involving community health workers, and developing plans to link primary care.
Target Population	• **Regions Served:**County-Berkshire • **Health Indicator:**Other: Diabetes, Other: Elder Care, Other: Hypertension, Other: Safety, Other: Safety - Home, Other: Smoking/Tobacco, Overweight and Obesity, Physical Activity, Tobacco Use • **Sex:**All • **Age Group:**All • **Ethnic Group:**All • **Language:**All

Goal Description	**Goal Status**
Operate a program aimed at reducing the incidence of diabetes, high blood pressure and falls.	Ongoing
Work hand in hand with other providers and community organizations to reach those in the community who suffer from or are at risk for diabetes, high blood pressure, and falls risk	Ongoing

Partners

Partner Name, Description	**Partner Web Address**
Berkshire County Boards of Health	
Berkshire United Way	
Berkshire Regional Planning Commission	

Northern Berkshire Community Coalition

Fairview Hospital

Pittsfield Health Department

Tri-Town Health Department

Local physician practices

Contact Information	Kim Kelly, Community Health Educator, Community Outreach Program, 610 North St., Pittsfield, MA 01201, 413-447-3100. , kkelly3@bhs1.org
Detailed Description	Not Specified

Lung Cancer Screening Initiative

Program Type	Community Education,Community Health Needs Assessment,Direct Services,Health Screening,Outreach to Underserved,Prevention
Statewide Priority	Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations
EOHHS Focus Issue(s) (optional)	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes
DoN Health Priorities (optional)	Not Specified
Brief Description or Objective	Lung cancer incidence continues to grow nationally, and according to the American Cancer Society, it is the leading cause of cancer death among both men and women, by far. Beginning in 2014 and continuing in 2017, in an effort to help people who are at higher risk for lung cancer to detect the illness early and to receive treatment leading to a better chance for recovery, BMC provided a lung screening program. In 20176, 1,162 people were screened for lung cancer, and of that, 291 were referred to follow up care based on eight significant or incidental findings.
Target Population	• **Regions Served:**County-Berkshire • **Health Indicator:**Access to Health Care, Environmental Quality, Other: Cancer, Other: Cancer - Lung, Other: Smoking/Tobacco, Other: Uninsured/Underinsured, Tobacco Use • **Sex:**All • **Age Group:**Adult • **Ethnic Group:**All • **Language:**All

Goal Description	Goal Status
Provide free lung cancer screening for individuals at risk for developing the disease	Ongoing
Collaborate with local physician practices to refer patients who may be at higher risk for lung cancer to be screened and seek treatment	Ongoing
Detect lung cancer in its early stages in order to improve the chance for effective treatment and longer survival	Ongoing

Partners

Partner Name, Description	Partner Web Address
Primary Care Physician Practices	
BMC Cancer Center	
Berkshire Hematology Oncology	
Radiation Oncology	
American Cancer Society	

Contact Information	Kellie Milne, RN, MSN, Vascular and Thoracic Service Line Manager, BMC, 725 North St., Pittsfield, MA 01201, 413-447-2846, kmilne@bhs1.org
Detailed Description	Not Specified

Population Health in Primary Care

Program Type	Community Benefits Planning Process,Community Health Needs Assessment,Community Participation/Capacity Building Initiative,Direct Services,Health Screening,Outreach to Underserved,Prevention
Statewide Priority	Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity
EOHHS Focus Issue(s) (optional)	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Mental Illness and Mental Health
DoN Health Priorities (optional)	Not Specified
Brief Description or Objective	In 2017, BMC continued to support several local primary care physician practices as they work under the new medical home model. This was done to better meet population health and chronic disease management needs of high risk and vulnerable patients, many of which are underserved. The practices include BMC's Hillcrest Family Health Center, which has disproportionately high volume of underserved, low income, vunerable and high risk patients, and Lenox Family Health, which serves a community that has a large shortage of primary care providers. The medical home helps to ensure the promotion of prevention and wellness for underserved populations in the region. This is an improved model of primary care medicine that enhances the efficiency and safety of healthcare and strengthens the relationship with the patient's primary care physician. Hillcrest Family Health and Lenox Family Health are comprised of physician-led teams that include primary care physicians, case managers, registered nurses, medical assistants, health educators and other support staff who work together to coordinate all of the primary care patient's healthcare needs.
Target Population	• **Regions Served:**County-Berkshire • **Health Indicator:**Access to Health Care, Mental Health, Other: Alcohol and Substance Abuse, Other: Chronic Pain , Other: Diabetes, Other: Education/Learning Issues, Other: Elder Care, Other: Hypertension, Other: Nutrition, Other: Smoking/Tobacco, Other: Stress Management, Other: Uninsured/Underinsured, Overweight and Obesity, Physical Activity, Substance Abuse, Tobacco Use • **Sex:**All • **Age Group:**Adult • **Ethnic Group:**All • **Language:**All

Goal Description	Goal Status
Improve care and outcomes for patients with chronic but manageable illness, such as diabetes.	Ongoing
Monitor and manage chronic pain to ensure pain management and avoid medication overuse and abuse	Ongoing
Better coordinate overall care with a focus on high risk populations	Ongoing
Integrate mental health and nutrition care into primary care management	Ongoing

Partners

Partner Name, Description	Partner Web Address
Community Primary Care Practices	

Hillcrest Family Health Center

BMC Get Cuffed Program

BMC Behavioral Health Department

Community Organizations

Lenox Family Health Center

Contact Information	Ann McDonald, Bishop Clapp Building, 742 North St., Pittsfield, MA 01201 413-447-2000, amcdonald@bhs1.org
Detailed Description	Not Specified

Neighborhood for Health

Program Type	Community Benefits Planning Process,Community Health Needs Assessment,Community Participation/Capacity Building Initiative,Direct Services,Health Coverage Subsidies or Enrollment,Health Screening,Outreach to Underserved,Prevention
Statewide Priority	Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity
EOHHS Focus Issue(s) (optional)	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Housing Stability/Homelessness, Substance Use Disorders
DoN Health Priorities (optional)	Not Specified
Brief Description or Objective	Upon the closure of the former North Adams Regional Hospital in 2014, Berkshire Medical Center responded immediately by establishing or restoring numerous healthcare services, so that the community would have continued access to essential services. In 2015, BMC opened the Neighborhood for Health, with the assistance of a state Health Policy Commission grant. The program is located on the 2nd floor of the former hospital, now the North Adams Campus of BMC. It provides care for individuals who were seen in the Emergency Department or had been hospitalized and discharged and require help to regain their health, stay healthy and prevent further hospitalization. The programs include Diabetes Education and Management, Heart Failure clinic, nutrition counseling, mental health services, substance abuse treatment, including an outpatient detox program, and smoking cessation. The Neighborhood not only houses services designed for this, but is also the hub for coordination of care and communication among all providers. In 2017, the final year of the Neighborhood for Health, the program helped 514 patients and had 2,616 encounters. While the program officially ends with the end of FY 2017, components of the program continue through individual departments or partner agencies, including Diabetes Education, Falls Prevention and Substance Abuse treatment and prevention. Though the grant ended in 2017, in 2018, BMC is using the Neighborhood for Health as home to the core group of healthcare providers associated with our new Medicaid ACO, and will use lessons learned from the Neighborhood for Health to improve care.
Target Population	• **Regions Served:**Adams, Clarksburg, County-Berkshire, Florida, Monroe, North Adams, Williamstown • **Health Indicator:**Access to Health Care, Mental Health, Other: Alcohol and Substance Abuse, Other: Diabetes, Other: Hypertension, Other: Nutrition, Other: Pulmonary Disease/Tuberculosis, Other: Smoking/Tobacco, Other: Stress Management, Other: Uninsured/Underinsured, Overweight and Obesity, Physical Activity, Substance Abuse, Tobacco Use • **Sex:**All • **Age Group:**Adult • **Ethnic Group:**All • **Language:**All

Goal Description	Goal Status
Provide comprehensive care for individuals who have been discharged from the Emergency Department or hospital to prevent re-hospitalization for issues such as diabetes, obesity, mental health issues and other health risks	Throughout FY 2017
Coordinate the ongoing care	Throughout FY 2017

between the Neighborhood for Health and the patient's primary care or specialty physician with the goal of improving self-care and reducing risk of hospitalization	
Manage the individual patient's many health needs in one location, providing strong clinical and community collaboration	Throughout FY 2017
Eliminate barriers to care, such as transportation issues or access to healthy food or a safe environment	Throughout FY 2017

Partners

Partner Name, Description	Partner Web Address
North Berkshire physician offices	
Northern Berkshire Community Coalition	
Brien Center for Mental Health and Substance Abuse	
BHS Diabetes Education Program	
Get Cuffed Berkshires	
Local human service organizations	
Community Health Programs	

Contact Information	Ann McDonald, Bishop Clapp Building, 742 North St., Pittsfield, MA 01201 413-447-2000, amcdonald@bhs1.org
Detailed Description	Not Specified

Language Services

Program Type	Community Education,Direct Services,Health Screening,Outreach to Underserved,Prevention
Statewide Priority	Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity
EOHHS Focus Issue(s) (optional)	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Housing Stability/Homelessness
DoN Health Priorities (optional)	Not Specified
Brief Description or Objective	BMC has 24 hour coverage for 140 foreign languages through a telephone translation system. The hospital provides in-person Spanish and Portuguese interpretation with our specially-trained medical interpreters. This service is free of charge to any patient. Also available are translation services for the Deaf through the Massachusetts Commission for the Deaf and Hard of Hearing. A remote video system is also available for 24 hour coverage of translation needs for the Deaf and hard of hearing. In FY 2017, this program had 13,334 encounters, an increase of over 2,000 from the previous year. The highest usage of the telephone interpreter Link Line service was for patients who originally came from Puerto Rico, El Salvador, Mexico and Colombia.
Target Population	• **Regions Served:**County-Berkshire • **Health Indicator:**Access to Health Care, All • **Sex:**All • **Age Group:**All • **Ethnic Group:**All • **Language:**All

Goal Description	Goal Status
To provide free medical	Ongoing

interpretation services to immigrants living and working in the Berkshires.	
To provide access to over 140 languages for patients in need of interpretation services.	Ongoing
To provide access to those who are deaf or hard of hearing to easy access to medical interpretation services.	Ongoing

Partners

Partner Name, Description	Partner Web Address
Local immigrant social organizations	

Contact Information	Veronica Torres-Martin, Language Coordinator, BMC, 725 North St., Pittsfield, MA 01201, 413-881-5489., vtorresmar@bhs1.org
Detailed Description	Not Specified

ShotSpotter Technology City of Pittsfield

Program Type	Community Education,Prevention
Statewide Priority	Promoting Wellness of Vulnerable Populations
EOHHS Focus Issue(s) (optional)	Not Specified
DoN Health Priorities (optional)	Not Specified
Brief Description or Objective	In 2016, Berkshire Medical Center donated $300,000 to the City of Pittsfield to support the purchase and implementation of ShotSpotter. ShotSpotter, which was installed in 2017, is a technology that can pinpoint gunshots through sophisticated audio recognition, with monitoring devices throughout the city. This technology will provide police with a precise location and allow for a more immediate response, as the system is hooked into the squad car fleet. While the donation was made in 2016, it supported the initial implementation and first 18 months of the service, going into 2017.
Target Population	• **Regions Served:**Pittsfield • **Health Indicator:**Injury and Violence, Other: Domestic Violence, Other: Public Safety, Other: Safety • **Sex:**All • **Age Group:**All • **Ethnic Group:**All • **Language:**All

Goal Description	Goal Status
Partner with the City of Pittsfield in providing a service to help reduce violence in the community.	Ongoing
Identify violent gun-related incidents faster so that police can respond in a more timely manner to incidents	Ongoing
Help reduce the number of gun-related incidents and admissions to the hospital	Ongoing

Partners

Partner Name, Description	Partner Web Address
City of Pittsfield Mayor's Office	

Pittsfield Police Department

City of Pittsfield City Council

Contact Information	Pittsfield Police Chief Michael Wynn, 39 Allen St., Pittsfield, MA 01201, 413-448-9709,
Detailed Description	Not Specified

Physician Recruitment/Workforce Development

Program Type	Community Health Needs Assessment,Community Participation/Capacity Building Initiative,Health Professional/Staff Training,Mentorship/Career Training/Internship,Outreach to Underserved,Physician/Provider Diversity,School/Health Center Partnership
Statewide Priority	Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity
EOHHS Focus Issue(s) (optional)	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Mental Illness and Mental Health
DoN Health Priorities (optional)	Not Specified
Brief Description or Objective	Given substantial shortage of physicians and chronic access issues creating significant community need, BMC provided financial support to recruit new physicians, providing practices with communication, advertising and office start-up assistance. 4 new primary care physicians and 4 emergency medicine physicians joined the BMC medical staff in 2017,along with over a dozen new advanced practice professionals (Nurse Practitioners, Physician Assistants), resulting in all in over 55 new members of the medical staff when specialties are included. Provided BMC/BHS employees tuition/fees for nursing training, radiologic technologist or lab technician training. Partner with Elms College on RN to BSN program, where BMC pays full tuition and fees for BMC RNs in the program. In 2017, 26 RNs entered the program, and in all 144 have graduated from the program since its inception seven years ago. In addition, BMC sponsors a similar program with Elms for candidates for Doctor of Nursing Practice, fully funded by the hospital for eligible candidates. This program in 2017 saw 10 candidates enter and has graduated a total of 7. These programs are taught by Elms at a BMC facility in Pittsfield, in order to provide more convenience for the nurses in training. Investment by BMC in the critical shortage programs in 2017 exceeded $1.2 million
Target Population	• **Regions Served:**County-Berkshire • **Health Indicator:**Access to Health Care, Mental Health, Other: Alcohol and Substance Abuse, Other: Alzheimer Disease, Other: Arthritis, Other: Asthma/Allergies, Other: Cancer, Other: Cardiac Disease, Other: Chronic Pain , Other: Colitis/Crohn Disease, Other: Dental Health, Other: Hepatitis, Other: HIV/AIDS, Other: Hypertension, Other: Lyme Disease, Other: Nutrition, Other: Osteoporosis/Menopause, Other: Parkinson's Disease, Other: Pulmonary Disease/Tuberculosis, Other: Sexually Transmitted Diseases, Other: Sickle Cell Disease, Other: Stress Management, Other: Stroke, Other: Uninsured/Underinsured, Other: Vision , Overweight and Obesity, Physical Activity, Substance Abuse, Tobacco Use • **Sex:**All • **Age Group:**All • **Ethnic Group:**All • **Language:**All

Goal Description	Goal Status
Improve community access to primary care and emergency medicine physicians	Ongoing
Expanding specialty care for the prevention and treatment of chronic illness, such as diabetes, heart failure and others	Ongoing
Expanding access and timeliness of patients being seen for primary care through increased recruitment of primary care physicians and	Ongoing

advanced practice providers	
Aiding primary care practices in recruitment efforts at a time of national shortage	Ongoing

Partners

Partner Name, Description	Partner Web Address
Community physician practices	
Berkshire Community College RN program	
Springfield Technical Community College	
University of Massachusetts	
Elms College	
BMC Physician Practices	

Contact Information	Patrick Borek, Vice President, Human Resources, BMC, 725 North St., Pittsfield, MA 01201 413-447-2784, pborek@bhs1.org
Detailed Description	Not Specified

Expenditures

Community Benefits Programs

Expenditures	Amount
Direct Expenses	$6,434,012
Associated Expenses	$1,532,341
Determination of Need Expenditures	Not Specified
Employee Volunteerism	Not Specified
Other Leveraged Resources	$3,339,665

Net Charity Care

Expenditures	Amount
HSN Assessment	$2,270,199
HSN Denied Claims	$35,810
Free/Discount Care	$71,331
Total Net Charity Care	$2,377,340

Corporate Sponsorships	$229,960
Total Expenditures	$13,913,318
Total Revenue for 2017	$442,532,202
Total Patient Care-related expenses for 2017	$415,864,949
Approved Program Budget for 2018	$8,000,000

(*Excluding expenditures that cannot be projected at the time of the report.)

Comments: Not Specified

Optional Information

Community Service Programs

Expenditures	Amount
Direct Expenses	Not Specified
Associated Expenses	Not Specified
Determination of Need Expenditures	Not Specified
Employee Volunteerism	Not Specified
Other Leveraged Resources	Not Specified
Total Community Service Programs	Not Specified

Full-Text PDF Report: Not Specified

Original Full-Text Report: Not Specified

Bad Debt: Not Specified Not Specified

IRS 990: Not Specified

Optional Supplement: Not Specified

Current Status: Published **Data as of:** 6/4/2018 12:10:21 PM