Organization Information

Organization Name:	Berkshire Medical Center
Address:	725 North Street
City, State, Zip:	Pittsfield, Massachusetts 01201
Website:	www.berkshirehealthsystems.org
Contact Name:	Michael Leary
Contact Title:	Director
Contact Department (Optional):	Media Relations
Phone:	(413) 447-2788
Fax (Optional):	Not Specified
E-Mail:	mleary@bhs1.org
Contact Address: (Optional, if different from above)	725 North Street
City, State, Zip: (Optional, if different from above)	Pittsfield, Massachusetts

Organization Type:	Hospital
For-Profit Status:	Not-For-Profit
Health System:	Berkshire Health Systems
Community Health Network Area (CHNA):	Community Health Network of Berkshire County(CHNA 1),
Regions Served:	County-Berkshire,

Mission and Key Planning/Assessment Documents

Community Benefits Mission Statement:

Community Benefit Mission: To identify, prioritize and invest in our community health needs by pursuing needed initiatives and programs.

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 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
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
Medically Underserved	Berkshire County has one of the highest populations of underserved residents in the state.
Substance Use Disorders	Berkshire County has among the highest rates of Substance Use Disorders in the Commonwealth.

Publication of Target Populations:
Website

Community Health Needs Assessment:

Date Last Assessment Completed:

April 9, 2019

Data Sources:

Community Focus Groups, Community Health Network Area, Consumer Groups, Hospital, Interviews, Public Health Personnel, Surveys,

CHNA Document: BERKSHIRE COUNTY HEALTH NEEDS ASSEMENT 2018 FINAL APPROVED 3-20.PDF

Implementation Strategy:

Implementation Strategy Document: COMMUNITY BENEFIT IMPLEMENTATION PLAN FY 19 20 21.

Key Accomplishments of Reporting Year:

Launched Community Health Worker initiative to aid inpatients and Emergency Department patients in a smooth transition to community care options following their discharge. 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. 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 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 6,200 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; Healthy Steps program for those afflicted with HIV/AIDS, providing access to services and education for health maintenance; walking program with over 3,400 participants designed to encourage exercise; school partnerships; childhood obesity 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; 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, and Specialty Pharmacy program with patient liaison, who helps patients in need of expensive medications, such as for Cancer Care, to reduce the cost of the medication significantly by working with pharmaceutical companies. Stop the Bleed program through BMC Trauma Center, part of a nationwide effort to reduce preventable death by hemorrhage, providing educational program for community on how to control bleeding and wounds. Sports Medicine & Wellness program in conjunction with Berkshire Orthopaedic Associates, providing free community seminars on topics such as prevention of throwing injuries for local school and league athletes and coaches.

Plans for Next Reporting Year:

Through Berkshire Fallon Health Collaborative, Dermatology program that would provide patients with ability to take pictures of skin lesions to be delivered to their primary care provider and reviewed remotely by dermatologic specialists for risk of skin cancer. Also, through Berkshire Fallon Health Collaborative, establishment of a free Nurse Assistance Line, with toll-free access to a Registered Nurse for times when it is difficult to reach a primary care provider or obtain an appointment with a physician practice. Partner with The Brien Center on the opening of Keenan House North, a Substance Use Disorder Recovery Home opening in FY 2020 in North Adams, one of the hardest hit communities in the state for Substance Use Disorder. Berkshire Medical Center funded the purchase of the building and the full renovations in FY 2019. In addition, implement Substance Use Disorder Medical Home to provide Medication Assisted Treatment providers and staff that can offer such care and supportive services, to be based in primary care settings, beginning with Lenox Family Health Center of BMC. Implement community Nurse Triage toll-free phone line for community members, free of charge, to ask questions about health issues and to receive proper referral to care, if needed. Continuation of critical shortage education program in collaboration with Elms College of Chicopee and other educational institutions. 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 and provision of free resiliency seminars in the community. Continued expansion of cardiovascular disease and diabetes prevention and treatment programs and pain management project. Continued intensive recruitment of new physicians, physician assistants, nurse practitioners, 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.

Self-Assessment Form: Hospital Self-Assessment Update Form - Years 2 and 3

Community Benefits Programs

Berkshire North Women, Infants & Children Program	
Program Type	Access/Coverage Supports
Program is part of a grant or funding provided to an outside organization	No
Program Description	WIC is a nutrition program that provides nutrition and health education, healthy food, breastfeeding education and support and other services free of charge. WIC's goal is to help keep pregnant and breastfeeding women, infants and children under 5 years old healthy. To do this, WIC provides personalized nutrition consultation; checks to buy free, healthy food; tips for eating well; referrals for medical and dental care; health insurance; child care; housing and fuel assistance; issuance of Farmer's Market Checks in the summer, and other services that benefit the whole family. WIC also offers immunization screenings and referrals, along with educational workshops on such topics as meal planning, maintaining a healthy weight, picky eating, caring for a new baby, and shopping on a budget. Women who are pregnant can receive WIC benefits before they see their obstetrician. WIC also provides benefits for 6 months for postpartum women who have miscarried.
Program Hashtags	Community Education, Health Screening, Prevention,
Program Contact Information	Susan Antil, Director, 510 North St., Suite #5, Pittsfield, MA 01201, 413-447-3495

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide nutrition and health education, healthy food, breastfeeding education and support and other services free of charge	Ongoing	Process Goal	Year 1 of 3
Provide personalized nutrition consultation; checks to buy free, healthy food; tips for eating well; referrals for medical and dental			

care; health insurance; child care; housing and fuel assistance; issuance of Farmer's Market Checks in the summer, and other services that benefit the whole family.	Ongoing	Process Goal	Year 1 of 3
Offer immunization screenings and referrals, along with educational workshops on such topics as meal planning, maintaining a healthy weight, picky eating, caring for a new baby, and shopping on a budget.	Ongoing	Process Goal	Year 1 of 3

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
DoN Health Priorities	Not Specified
Health Issues	Chronic Disease-Overweight and Obesity, Maternal/Child Health-Child Care, Maternal/Child Health-Parenting Skills, Maternal/Child Health-Reproductive and Maternal Health, Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Nutrition, Social Determinants of Health-Uninsured/Underinsured,
Target Populations	• **Regions Served:** Adams, Alford, Becket, Cheshire, Clarksburg, Dalton, Egremont, Florida, Great Barrington, Hancock, Hinsdale, Lanesborough, Lee, Lenox, Marlborough, Monroe, Mount Washington, New Ashford, New Marlborough, North Adams, Otis, Peru, Pittsfield, Richmond, Sandisfield, Savoy, Sheffield, Stockbridge, Tyringham, Washington, West Stockbridge, Williamstown, • **Environments Served:** Rural, Suburban, • **Gender:** All, • **Age Group:** Adults, Children, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Operation Better Start	Not Specified
Berkshire County Farmers Markets	Not Specified
Local Physician Practices	Not Specified
Berkshire Food Project	Not Specified

Berkshire VNA Senior Health/Elder Services

Program Type	Infrastructure to Support CB Collaboration
Program is part of a grant or funding provided to an outside organization	No
Program Description	The Berkshire VNA in 2019 served nearly 4,000 area residents with over 65,000 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 1,500 vaccinations. A special emphasis continued on outreach to Northern Berkshire following the 2014 closure of North Adams Regional Hospital, including weekly health clinics at the Food Pantry, among other free outreach programs.
Program Hashtags	Community Education, Prevention,
Program Contact Information	Samuel Ilesamni, RN, Berkshire VNA, BMC Hillcrest Campus, 165 Tor Court, Pittsfield, MA 01201, 413-447-2000, ext. 3053

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Improve management of chronic diseases and promote wellness in vulnerable senior population	Ongoing	Process Goal	Year 1 of 3
Promote wellness and overall health of seniors through collaborations with Elder Services and other local human service organizations	Ongoing	Process Goal	Year 1 of 3
Provide immunization services for influenza to senior and adult populations to aid in prevention of the spread of the disease	Ongoing	Process Goal	Year 1 of 3

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
DoN Health Priorities	Education, Housing, Social Environment,
Health Issues	Access to Health Care, Immunization, Other: Elder Care, Other: Hypertension, Other: Osteoporosis/Menopause,
Target Populations	• **Regions Served:** County-Berkshire, • **Environments Served:** Rural, Suburban, • **Gender:** All, • **Age Group:** Adults, Elderly, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Disability Status,

Partners:

Partner Name and Description	Partner Website
Elder Services of Berkshire County	Not Specified
Local Councils on Aging	Not Specified
Pittsfield Housing Authority	Not Specified
Public Health agencies in local municipalities	Not Specified
Senior housing projects	Not Specified
North Adams Food Pantry	Not Specified

BHS Pain Management Initiative

Program Type	Direct Clinical Services
Program is part of a grant or funding provided to an outside organization	No
Program Description	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 2019, the program continued to work with 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, and the program provides used sharp device repositories through public agencies, including local police departments and the State Clinics at BMC. Program representatives also met with local and state officials to discuss strategies on curbing the abuse of opioid medications in the community. In 2019, 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.
Program Hashtags	Not Specified
Program Contact Information	Katie Henault, RN, Berkshire Medical Center, 725 North St., Pittsfield, MA 01201, 413-447-3051

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Assuring safe and effective treatment of those suffering from chronic or acute pain	Ongoing	Process Goal	Year 1 of 3
Prevent individual and community harm from misuse or diversion of prescribed pain medications or potentially dangerous over-the-counter medications	Ongoing	Process Goal	Year 1 of 3
Provide community resources for the proper and safe disposal of unused medications and used sharps devices	Ongoing	Process Goal	Year 1 of 3

EOHHS Focus Issues	Housing Stability/Homelessness, Mental Illness and Mental Health, Substance Use Disorders,
DoN Health Priorities	Not Specified
Health Issues	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,
Target Populations	• **Regions Served:** County-Berkshire, • **Environments Served:** Rural, Suburban, • **Gender:** All, • **Age Group:** Adults, Elderly, Teenagers, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Disability Status, Incarceration History,

Partners:

Partner Name and Description	Partner Website
Berkshire County Court System	Not Specified
Berkshire County District Attorney's Office	Not Specified
Berkshire County Sheriff's Office	Not Specified
Berkshire Opioid Abuse Prevention Collaborative	Not Specified
BMC Clinical Stabilization Services Unit	Not Specified
Local pharmacies	Not Specified

Local physician practices	Not Specified
Massachusetts State Police	Not Specified
North Adams Police Department	Not Specified
Pittsfield Police Department	Not Specified
US Drug Enforcement Agency	Not Specified
Healthy Steps Program	Not Specified

Cancer Center Health Education

Program Type	Community-Clinical Linkages
Program is part of a grant or funding provided to an outside organization	No
Program Description	Comprehensive cancer treatment, education and prevention effort, focusing on colorectal, breast, prostate, lung and other cancers. Provided mammography, colonoscopy screening, lung cancer screening, public programs on cancer prevention, treatment options, nutrition education, free yoga classes, treatment side effects and more. Monthly provide free seminars on nutrition for cancer survivors as well as Intuitive Painting program. 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. Lung cancer screenings provided to 1,156 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.
Program Hashtags	Community Education, Health Screening, Prevention, Support Group,
Program Contact Information	Susan Gazzillo, RN, Director of Oncology, 165 Tor Court, Pittsfield, MA 413-447-2000

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Support local initiatives that promote health and wellness across all age groups, focusing on adults.	Ongoing	Process Goal	Year 1 of 3
Provide free cancer education programs, including seminars, presentations, support groups, integrative health programs like Yoga, Reiki, Intuitive Painting and others to cancer patients and their caregivers.	Ongoing	Process Goal	Year 1 of 3

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
DoN Health Priorities	Not Specified
Health Issues	Cancer-Breast, Cancer-Cervical, Cancer-Colorectal, Cancer-Lung, Cancer-Multiple Myeloma, Cancer-Other, Cancer-Ovarian, Cancer-Prostate, Cancer-Skin, Social Determinants of Health-Access to Health Care, Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Access to Transportation, Social

	Determinants of Health-Nutrition, Social Determinants of Health-Uninsured/Underinsured,
Target Populations	• **Regions Served:** Great Barrington, North Adams, Pittsfield, • **Environments Served:** Rural, Suburban, • **Gender:** All, • **Age Group:** Adults, Elderly, Teenagers, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
BMC Physician Practices	Not Specified
BMC Care Navigation	Not Specified
Dana Farber Cancer Institute	Not Specified
Fairview Hospital	Not Specified
Various support groups	Not Specified
Berkshire Breast Health Team	Not Specified
Oncology and Social Work programs	Not Specified

Care Navigation Program

Program Type	Community-Clinical Linkages
Program is part of a grant or funding provided to an outside organization	No
Program Description	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 2019, the BMC Care Navigation Program assisted nearly 600 patients and helped 120 callers to the Link Line. In addition, it provided numerous support groups, including one for prostate cancer, Women Facing Cancer, and for cancer patient caregivers. In addition, programs were held on interactive nutrition and cooking, free, to the community. The program participated in 11 free community events, provided information on breast health, and scheduled nearly 50 mammograms. An annual Cancer Survivor Thriver Day was held, drawing over 20 people. In FY 2019, the program established a new initiative called Moving Forward, designed to help cancer survivors transition into a better quality of life during the survivorship phase of the cancer journey.
Program Hashtags	Community Education, Prevention, Support Group,
Program Contact Information	Kathy Hart, RN Care Navigation Program Manager Berkshire Medical Center 725 North St. Pittsfield, MA 01201 413-395-7956

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
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	Process Goal	Year 1 of 5
Provide access to numerous			

support group programs and monthly nutrition and cooking demonstrations, free to the public	Ongoing	Process Goal	Year 1 of 5
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	Process Goal	Year 1 of 5
Participate in community efforts to advance health information, such as the Relay for Life held in North Adams and Great Barrington.	Ongoing	Process Goal	Year 3 of 5

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Mental Illness and Mental Health,
DoN Health Priorities	Not Specified
Health Issues	All,
Target Populations	• **Regions Served:** County-Berkshire, • **Environments Served:** Rural, • **Gender:** All, • **Age Group:** All Adults, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
American Cancer Society	Not Specified
Area businesses and civic organizations	Not Specified
BHS Prostate Cancer Support Group	Not Specified
BMC Cancer Center	Not Specified
BMC Nutrition Services	Not Specified
BMC Women's Imaging Center program	Not Specified
Local physician practices	Not Specified
Dana Farber Cancer Institute	Not Specified
Integrative Services	Not Specified
Berkshire Breast Health Team	Not Specified

Community Outreach Program and Van

Program Type	Total Population or Community-Wide Interventions
Program is part of a grant or funding provided to an outside organization	No
Program Description	Community Outreach Program 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 2019, free health screenings, including over 2,000 blood pressure screenings, and more than 1,200 referrals for multiple services. Conducted over 30 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 300 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 over 175 community events across the entire county, providing free screenings and educational information. Held several mindfulness activities in the community, such as coloring relaxation, word searches, Valentine's Day card-making and a self-reflection exercise. Provided four Matter of Balance classes in the community to help in fall's prevention.
Program Hashtags	Community Education, Health Screening, Prevention, Support Group,
Program Contact Information	Kim Kelly, Director, Community Health and Public Health Initiatives, Berkshire Medical Center 610 North St. Pittsfield, MA 01201 413-395-7976

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Partner with local organizations to provide targeted health screenings to underserved populations	Ongoing	Process Goal	Year 1 of 3
Provide free classes in the community covering topics such as controlling blood pressure and weight, prevention of diabetes and other health topics	Ongoing	Process Goal	Year 1 of 3
Provide free health and wellness screenings in the community, including blood pressure screenings, with referrals for multiple services, as needed.	Ongoing	Process Goal	Year 1 of 3
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	Process Goal	Year 1 of 3

EOHHS Focus Issues	Not Specified
DoN Health Priorities	Not Specified
Health Issues	Chronic Disease-Cardiac Disease, Chronic Disease-Diabetes, Chronic Disease-Hypertension, Chronic Disease-Overweight and Obesity, Chronic Disease-Stroke, Health Behaviors/Mental Health-Depression, Health Behaviors/Mental Health-Immunization, Health Behaviors/Mental Health-Mental Health, Health Behaviors/Mental Health-Physical Activity, Other-Senior Health Challenges/Care Coordination, Social Determinants of Health-Access to Health Care, Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Access to Transportation, Social Determinants of Health-Education/Learning, Social Determinants of Health-Environmental Quality, Social Determinants of Health-Homelessness, Social Determinants of Health-Income and Poverty, Social Determinants of Health-Language/Literacy, Social Determinants of Health-Nutrition, Social Determinants of Health-Uninsured/Underinsured, Substance Addiction-Smoking/Tobacco Use,
Target Populations	• **Regions Served:** County-Berkshire, • **Environments Served:** Rural, Suburban, • **Gender:** All, • **Age Group:** All, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Disability Status, Domestic Violence History, Incarceration History, LGBT Status, Refugee/Immigrant Status, Veteran Status,

Partners:

Partner Name and Description	Partner Website

Age Friendly Berkshires	Not Specified
Berkshire Family YMCA	Not Specified
Berkshire Regional Planning Commission	Not Specified
Be Well Berkshires	Not Specified
Community Health Programs	Not Specified
Get Cuffed Program	Not Specified
Healthy Steps	Not Specified
Food Pantries	Not Specified
Northern Berkshire Community Coalition	Not Specified
Operation Better Start	Not Specified
Berkshire North WIC	Not Specified
Volunteers In Medicine	Not Specified

Enrollment and Access to Care

Program Type	Access/Coverage Supports
Program is part of a grant or funding provided to an outside organization	No
Program Description	Facilitated enrollment or re-enrollment of 6,200 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 provided free health screenings and information on applying for health coverage in 2019.
Program Hashtags	Prevention,
Program Contact Information	Jason Cuddihy, Program Manager of Advocacy for Access, 510 North Street, Suite 8, Pittsfield, MA 01201, 413-447-3038

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide community support for Affordable Care Act enrollments through educational materials and direct assistance in accessing enrollment in state- offered programs.	Ongoing	Process Goal	Year 1 of 3
Provide education and enrollment support for those who are uninsured or underinsured in the community.	Ongoing	Process Goal	Year 1 of 5
Reduce or eliminate inability to pay as a barrier for accessing health services/	Ongoing	Process Goal	Year 1 of 3

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
DoN Health Priorities	Not Specified
Health Issues	Access to Health Care, Other: Uninsured/Underinsured,
Target Populations	• **Regions Served:** County-Berkshire, • **Environments Served:** Rural, • **Gender:** All,

- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Incarceration History, Refugee/Immigrant Status,

Partners:

Partner Name and Description	Partner Website
area businesses	Not Specified
Berkshire County House of Corrections	Not Specified
CHP Neighborhood Health Center	Not Specified
Christian Center	Not Specified
Community Health Center Great Barrington	Not Specified
Community homeless shelters	Not Specified
Cross Cultural Action Network	Not Specified
Hilltown Community Health Center	Not Specified
Local CHNA agencies	Not Specified
Massachusetts Executive Office of Health and Human Services	Not Specified
Other not for profit organizations and agencies	Not Specified
Salvation Army of Pittsfield and North Adams	Not Specified

Get Cuffed Berkshires

Program Type	Total Population or Community-Wide Interventions
Program is part of a grant or funding provided to an outside organization	No
Program Description	In 2019, 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 2,000 blood pressure screenings, participated in over 150 community events and provided over 300 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.
Program Hashtags	Community Education, Health Screening, Prevention,
Program Contact Information	Kim Kelly, Director, Community Health and Public Health Initiatives, 610 North St. Pittsfield, MA 01201 413-395-7976

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide education and direct support for people with hypertension or those at risk	Total percentage of people 18 to 64 who had a diagnosis of hypertension and whose blood pressure was adequately controlled based on age and condition-specific criteria.	Outcome Goal	Year 1 of 3
Provide educational programs,			

through free community classes and lectures, and participation in numerous community events, on the risk of high blood pressure	Ongoing	Process Goal	Year 1 of 3
Provide free monthly blood pressure screenings in the community at numerous locations and businesses	Ongoing	Process Goal	Year 1 of 3

EOHHS Focus Issues	Not Specified
DoN Health Priorities	Not Specified
Health Issues	Chronic Disease-Hypertension,
Target Populations	• **Regions Served:** County-Berkshire, • **Environments Served:** Rural, Suburban, • **Gender:** All, • **Age Group:** Adults, Elderly, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Berkshire Physician Practices	Not Specified
Berkshire Fallon ACO	Not Specified
Community Health Programs FQHC	Not Specified
Local Councils on Aging	Not Specified
Fairview Hospital	Not Specified

Healthy Steps

Program Type	Community-Clinical Linkages
Program is part of a grant or funding provided to an outside organization	No
Program Description	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 2019, Healthy Steps provided tests for Hepatitis C, HIV/AIDS, Syphilis, Chlamydia and Gonorrhea. The program saw 583 clients, including providing outreach to the Berkshire County House of Correction and additional outreach in the community, with 2,672 total encounters. Additionally, the program aided in the collection of used needles and syringes, with 67,786 collected throughout the year and operated a needle exchange program, providing 69,164 syringes. Healthy Steps also provides Overdose Education and Naloxone Distribution, and in 2019 enrolled 770 new clients, issued 394 Naloxone refills, for a total distribution of 2,488.
Program Hashtags	Health Screening, Prevention, Support Group,
Program Contact Information	Michael Perreault, RN, Director of Infection Control, 725 North St., Pittsfield, MA 01201 413-447-2654

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide counseling services for			

those being tested and self-management assistance for those who have developed one of the illnesses	Ongoing	Process Goal	Year 1 of 3
Provide testing services and referrals for those with Hepatitis C or sexually transmitted diseases, or those at risk.	Ongoing	Process Goal	Year 1 of 3
Reach into the community through direct outreach and in partnership with the local house of correction to reach people in the community	Ongoing	Process Goal	Year 1 of 3
Resource for providing overdose education and for distribution of Naloxone to help prevent death from overdose.	Ongoing	Process Goal	Year 1 of 3
Provide resource for community members to dispose of used sharps devices in a safe manner and to discourage reuse of needles and syringes.	Ongoing	Process Goal	Year 1 of 3

EOHHS Focus Issues	Mental Illness and Mental Health, Substance Use Disorders,
DoN Health Priorities	Not Specified
Health Issues	Access to Health Care, Mental Health, Other: HIV/AIDS, Other: Nutrition, Other: Sexually Transmitted Diseases, Other: Uninsured/Underinsured,
Target Populations	• **Regions Served:** County-Berkshire, • **Environments Served:** Rural, Suburban, • **Gender:** All, • **Age Group:** All, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Disability Status, Domestic Violence History, Incarceration History, LGBT Status, Refugee/Immigrant Status, Veteran Status,

Partners:

Partner Name and Description	Partner Website
Berkshire County House of Correction	Not Specified
Massachusetts Department of Public Health	Not Specified
Berkshire Community Pharmacy	Not Specified
Local Physician Practices	Not Specified
Berkshire Fallon ACO	Not Specified
Berkshire Opioid Addiction Prevention Collaborative	Not Specified
The Brien Center	Not Specified
Community Health Programs FQHC	Not Specified
McGee Recovery Center & BMC Clinical Stabilization Unit	Not Specified
Spectrum Health	Not Specified
Youth Zero Suicide Program	Not Specified

Hospital-Based Community Health Worker Program

Program Type	Infrastructure to Support CB Collaboration
Program is part of a grant or funding provided to an outside organization	No
Program Description	In 2019, BMC initiated a program to hire numerous Community Health Workers (CHW), to provide transitional education and engagement for patients in the hospital or Emergency Department. The CHWs are dedicated to visiting patients when they are hospitalized or in the ED setting in order to connect with them and provide a smooth transition to a team of caregivers and providers who can help with ongoing care management and engagement.
Program Hashtags	Community Education, Health Screening, Prevention,
Program Contact Information	Kim Kelly, Community Outreach, 610 North St., Pittsfield, MA 01201 413-395-7976

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Recruit and hire Community Health Workers to help engage inpatients and Emergency Department patients in regard to further care and ongoing care management	Ongoing	Process Goal	Year 1 of 3
Community Health Workers provide smooth transition for inpatients and ED patients who need ongoing care by working with them while in the hospital, the ED, and after discharge to connect them to follow-up care programs and providers.	Ongoing	Process Goal	Year 1 of 3

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Housing Stability/Homelessness, Mental Illness and Mental Health,
DoN Health Priorities	Not Specified
Health Issues	Chronic Disease-Alzheimer's Disease, Chronic Disease-Cardiac Disease, Chronic Disease-Chronic Pain, Chronic Disease-Diabetes, Chronic Disease-Hypertension, Chronic Disease-Osteoporosis, Chronic Disease-Overweight and Obesity, Chronic Disease-Pulmonary Disease, Chronic Disease-Stroke, Infectious Disease-Hepatitis, Infectious Disease-HIV/AIDS, Infectious Disease-Sexually Transmitted Diseases, Infectious Disease-Tuberculosis, Other-Senior Health Challenges/Care Coordination, Social Determinants of Health-Access to Health Care, Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Access to Transportation, Social Determinants of Health-Affordable Housing, Social Determinants of Health-Education/Learning, Social Determinants of Health-Language/Literacy, Social Determinants of Health-Nutrition, Social Determinants of Health-Uninsured/Underinsured, Substance Addiction-Smoking/Tobacco Use, Substance Addiction-Substance Use,
Target Populations	• **Regions Served:** Great Barrington, North Adams, Pittsfield, • **Environments Served:** Rural, Suburban, • **Gender:** All, • **Age Group:** All, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Refugee/Immigrant Status,

Partners:

Partner Name and Description	Partner Website
Berkshire Bounty	Not Specified
Local physicians and other	Not Specified

providers	
Berkshire Regional Housing Authority	Not Specified
Berkshire Immigrant Center	Not Specified
Child Care of the Berkshires	Not Specified
Community Health Programs FQHC	Not Specified
Diabetes Education Program	Not Specified
Western Massachusetts Food Bank	Not Specified
Get Cuffed Program	Not Specified
Healthy Steps	Not Specified
Operation Better Start	Not Specified
Volunteers in Medicine	Not Specified
Berkshire North WIC	Not Specified
ServiceNet	Not Specified

Language Services

Program Type	Access/Coverage Supports
Program is part of a grant or funding provided to an outside organization	No
Program Description	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 2019, this program had 11,778 encounters. The Language & Translation Services Department (LTS) continues to work very closely with the Outreach Department. We participated on school event in south county in September of 2019 to educate the Latino community about the right to an interpreter and advocacy for access information about insurance. The department participated in several immigrant events held in churches and other settings. When unable to participate with a face to face outreach person to community events, the department sent information in the target language when available.
Program Hashtags	Community Education, Physician/Provider Diversity, Prevention,
Program Contact Information	Veronica Torres-Martin, Manager, Language & Translation Services, and Spiritual Care, BMC, 725 North St., Pittsfield, MA 01201, 413-881-5489.

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
To provide access to over 140 languages for patients in need of interpretation services.	Ongoing	Process Goal	Year 1 of 3
To provide access to those who are deaf or hard of hearing to easy access to medical interpretation services.	Ongoing	Process Goal	Year 1 of 3
To provide free medical interpretation services to immigrants living and working in the Berkshires.	Ongoing	Process Goal	Year 1 of 3

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Housing Stability/Homelessness,
DoN Health Priorities	Not Specified
Health Issues	Access to Health Care, All,
Target Populations	• **Regions Served:** County-Berkshire, • **Environments Served:** Rural, • **Gender:** All, • **Age Group:** All, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** LGBT Status, Refugee/Immigrant Status,

Partners:

Partner Name and Description	Partner Website
Local immigrant social organizations	Not Specified
Massachusetts Commission for the Deaf & Hard of Hearing	Not Specified
BMC Patient Navigation Link Line Program	Not Specified

Lung Cancer Screening Initiative

Program Type	Direct Clinical Services
Program is part of a grant or funding provided to an outside organization	No
Program Description	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. The Centers for Disease Control reports that in 2017, the latest year for data, that over 220,000 people were diagnosed with lung cancer, with nearly 146,000 deaths attributed to the disease. Beginning in 2014 and continuing in 2019, 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 2019, 1,525 people were screened for lung cancer, and of that, 15 new lung cancer cases were diagnosed in early stage and were referred to follow up care based on eight significant or incidental findings. For those patients who were self-pay for this screening, a reduced rate was provided.
Program Hashtags	Health Screening, Prevention,
Program Contact Information	Kellie Milne, RN, MSN, Vascular and Thoracic Service Line Manager, BMC, 725 North St., Pittsfield, MA 01201, 413-447-2846

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Collaborate with local physician practices to refer patients who may be at higher risk for lung cancer to be screened and seek treatment	Ongoing	Process Goal	Year 1 of 3
Detect lung cancer through screening those at high risk, and hope to find it in early stages in order to improve the chance for effective treatment and longer survival	Ongoing	Process Goal	Year 1 of 3

Provide CT-guided lung cancer screening for individuals at risk for developing the disease	Ongoing	Process Goal	Year 1 of 3
For patients who use self-pay for this screening, provide a reduced rate.	Ongoing	Process Goal	Year 1 of 3

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
DoN Health Priorities	Not Specified
Health Issues	Access to Health Care, Environmental Quality, Other: Cancer, Other: Cancer - Lung, Other: Smoking/Tobacco, Other: Uninsured/Underinsured, Tobacco Use,
Target Populations	• **Regions Served:** County-Berkshire, • **Environments Served:** Rural, Suburban, • **Gender:** All, • **Age Group:** Adult, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
American Cancer Society	Not Specified
Berkshire Hematology Oncology	Not Specified
BMC Cancer Center	Not Specified
Primary Care Physician Practices	Not Specified
Radiation Oncology	Not Specified
Berkshire Surgical Services of BMC Physician Practice	Not Specified
Lung Cancer Alliance	Not Specified
Pulmonary Practices	Not Specified

Operation Better Start

Program Type	Direct Clinical Services
Program is part of a grant or funding provided to an outside organization	No
Program Description	Operation Better Start is nationally recognized for its nutrition services as well as health and fitness programs serving young people from Berkshire County and surrounding areas. OBS provides the services of registered nurses, and registered and licensed dietitians with advanced certifications in fitness and national certifications in adolescent and adult weight management. OBS staff work with clients and families, with no out of pocket cost, to address health issues, including obesity, failure to thrive, eating disorders, hypertension, food allergies, gastrointestinal disorders, high cholesterol, pre-diabetes, diabetes and sports nutrition. The OBS nurse practitioner works directly with the registered dietitian and the family to generate a comprehensive treatment plan with individualized, achievable goals for each client. In 2019, OBS provided 1,338 clinical visits and helped over 153 new families with nutrition education and support. OBS is offered throughout Berkshire County, including at the BMC, BMC North Adams Campus, and FVH. OBS also works with Berkshire Head Start to provide health and nutrition oversite to seven Head Start sites countywide, benefiting more than 399 children. In addition to these services, OBS, through its Growth and Nutrition Program, provides nutrition counseling, case management, physical assessment, and behavior health services to up to 65 Massachusetts families. Operation Better Start has facilitated a partnership with the Pittsfield Public Schools and its 21st Century Community Learning Centers (CCLC), the Boys and Girls Club of the Berkshires, and Pittsfield Community Television (PCTV) to present Berkshire Healthy Students. Berkshire Healthy Students is an exciting program at the Boys and Girls Club of the Berkshires. The program combines

	Food and Fun After School with Triple Play. Food and Fun After School is a Harvard research-based program that uses a hands-on nutrition curriculum designed to help our students develop healthy habits during out of school time. Triple Play is a Boys and Girls Club of America dynamic wellness program that demonstrates how eating right, keeping fit and forming positive relationships add up to a healthy lifestyle. The Boys and Girls Club of the Berkshires provides each middle school student with a complementary membership for a year so they can choose to be at the club whenever they wish. Students are invited to a dinner meal each day they participate, and can stay at the club for evening activities with family permission. OBS produces You CAN Cook, a student-centered cooking show at PCTV that is broadcast to over 16,000 households in Berkshire County. Berkshire Healthy Students provides a comprehensive community after school program to improve the health of our youth.
Program Hashtags	Not Specified
Program Contact Information	Cathy Marchetto, Registered Dietitian, Berkshire Health Systems Operation Better Start, 510 North St., Pittsfield, MA 01201, 413

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Improve nutritional and health education in local schools in partnership with school districts throughout Berkshire County	Ongoing	Process Goal	Year 1 of 3
Improve the health of women and children through education,nutrition guidance, behavior modification and lifestyle changes	Ongoing	Process Goal	Year 1 of 3
Promote good health for children and families through free television programming on Pittsfield Community Television, and through videos on the Operation Better Start website	Ongoing	Process Goal	Year 1 of 3
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	Process Goal	Year 1 of 3

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
DoN Health Priorities	Not Specified
Health Issues	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,
Target Populations	• **Regions Served:** County-Berkshire, • **Environments Served:** Rural, Suburban, • **Gender:** All, • **Age Group:** Adult, Adult-Young, All Children, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** LGBT Status, Refugee/Immigrant Status,

Partners:

Partner Name and Description	Partner Website
Berkshire County Farmers' Markets	Not Specified

Berkshire North Women, Infants and Children program	Not Specified
Center for Ecological Technology SPROUT program	Not Specified
Healthy Beginnings Program	Not Specified
Local Pediatric and Obstetric/Gynecology physician practices	Not Specified
Massachusetts Department of Public Health	Not Specified
National Institutes of Health We CAN Program	Not Specified
Pittsfield Community Television	Not Specified
Pittsfield Family YMCA	Not Specified
Pittsfield School System	Not Specified
US Department of Education	Not Specified
Berkshire Food Project	Not Specified
Boys & Girls Club of the Berkshires	Not Specified
Fallon Health	Not Specified

Population Health in Primary Care

Program Type	Total Population or Community-Wide Interventions
Program is part of a grant or funding provided to an outside organization	No
Program Description	In 2019, 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, vulnerable 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.
Program Hashtags	Health Screening, Physician/Provider Diversity, Prevention,
Program Contact Information	Ann McDonald, Bishop Clapp Building, 742 North St., Pittsfield, MA 01201 413-447-2000

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Better coordinate overall care with a focus on high risk populations	Ongoing	Process Goal	Year 1 of 3
Improve care and outcomes for patients with chronic but manageable illness, such as diabetes.	Ongoing	Process Goal	Year 1 of 3
Integrate mental health and nutrition care into primary care management	Ongoing	Process Goal	Year 1 of 3

Monitor and manage chronic pain to ensure pain management and avoid medication overuse and abuse	Ongoing	Process Goal	Year 1 of 3

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Mental Illness and Mental Health,
DoN Health Priorities	Not Specified
Health Issues	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,
Target Populations	• **Regions Served:** County-Berkshire, • **Environments Served:** Not Specified • **Gender:** All, • **Age Group:** Adult, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
BMC Behavioral Health Department	Not Specified
BMC Get Cuffed Program	Not Specified
Community Organizations	Not Specified
Community Primary Care Practices	Not Specified
Hillcrest Family Health Center	Not Specified
Lenox Family Health Center	Not Specified

Provider Recruitment and Workforce Development

Program Type	Infrastructure to Support CB Collaboration
Program is part of a grant or funding provided to an outside organization	No
Program Description	Given substantial shortage of providers, both physicians and advance practice providers, and chronic access issues creating significant community need, BMC provided financial support to recruit new providers across the county, for both internal BMC practices and community private practices. In 2019, BMC recruited or helped a local practice to recruit 2 new Psychiatrists, 6 primary care physicians, 2 Emergency Department physicians and one Cardiologist. 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 2019, 25 RNs entered the program, and in all nearly 200 have graduated from the program since its inception. In addition, BMC sponsors a similar program with Elms for candidates for Doctor of Nursing Practice, fully funded by the hospital for eligible candidates. 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 2019 exceeded $1.5 million.
Program Hashtags	Community Health Center Partnership, Physician/Provider Diversity,
Program Contact Information	Patrick Borek, Vice President, Human Resources, BMC, 725 North St., Pittsfield, MA 01201 413-447-2784

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Improve community access to primary care, emergency medicine and critical shortage specialty physicians and advanced practice providers	Ongoing	Process Goal	Year 1 of 3
Expanding specialty care for the prevention and treatment of chronic illness, such as diabetes, heart failure and others	Ongoing	Process Goal	Year 1 of 3
Expanding access and timeliness of patients being seen for primary care through increased recruitment of primary care physicians and advanced practice providers	Ongoing	Process Goal	Year 1 of 3
Aiding primary care practices in recruitment efforts at a time of national shortage	Ongoing	Process Goal	Year 1 of 3

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Mental Illness and Mental Health, Substance Use Disorders,
DoN Health Priorities	Not Specified
Health Issues	Access to Health Care, Mental Health, Other: Alzheimer Disease, Other: Arthritis, Other: Asthma/Allergies, Other: Bereavement, Other: Cancer, Other: Cancer - Breast, Other: Cancer - Cervical, Other: Cancer - Colo-rectal, Other: Cancer - Lung, Other: Cancer - Multiple Myeloma, Other: Cancer - Other, Other: Cancer - Ovarian, Other: Cancer - Prostate, Other: Cancer - Skin, Other: Cardiac Disease, Other: Child Care, Other: Chronic Pain, Other: Colitis/Crohn Disease, Other: Cultural Competency, Other: Dental Health, Other: Diabetes, Other: Elder Care, Other: First Aid/ACLS/CPR, Other: Hearing, Other: Hepatitis, Other: HIV/AIDS, Other: Hospice, Other: Hypertension, Other: Lyme Disease, Other: Nutrition, Other: Osteoporosis/Menopause, Other: Parkinsonâ€™s Disease, Other: Pregnancy, 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,
Target Populations	• **Regions Served:** County-Berkshire, • **Environments Served:** Not Specified • **Gender:** All, • **Age Group:** All, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Community physician practices	Not Specified
Berkshire Community College RN Program	Not Specified
Elms College	Not Specified
BMC Physician Practices	Not Specified
Springfield Technical Community College	Not Specified
Community Health Programs FQHC	Not Specified

Specialty Pharmacy Prescription Cost Reduction Program

Program Type	Access/Coverage Supports
Program is part of a grant or funding provided to an outside organization	No
Program Description	In Fiscal 2019, the BMC Specialty Pharmacy continued to provide pharmacy patient liaisons to work directly with patients who have medications that are very costly to help them reduce the cost of their prescriptions. Working through programs offered by pharmaceutical companies, these liaisons provided over $3 million in co-pay and cost reductions for nearly 1,000 patients facing the decision on whether to continue their medications or stop them due to high cost. These medications included chemotherapy and infusion medications for patients with cancer and other critical ailments. This service is available to patients 24-hours a day, seven days a week.
Program Hashtags	Prevention,
Program Contact Information	David MacHaffie, Director, BMC Specialty Pharmacy, 725 North St., Pittsfield, MA 01201, 413-447-2000

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
With the cost of specialty medications soaring, provide a personal liaison between the patient and the pharmaceutical company to aid in significant cost reduction on co-pay and deductible.	Ongoing	Process Goal	Year 1 of 3
Give the pharmacy patient around the clock access to advice and assistance in aiding in cost reduction for their medications.	Ongoing	Process Goal	Year 1 of 3
Work directly with the pharmaceutical companies to ensure the patients are given access to any and all discounts for medications that are often very costly, including chemotherapy and infusion medications for cancer and other patients.	Ongoing	Process Goal	Year 1 of 3

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
DoN Health Priorities	Not Specified
Health Issues	Access to Health Care, Other: Alzheimer Disease, Other: Cancer, Other: Cancer - Breast, Other: Cancer - Cervical, Other: Cancer - Colo-rectal, Other: Cancer - Lung, Other: Cancer - Multiple Myeloma, Other: Cancer - Other, Other: Cancer - Ovarian, Other: Cancer - Prostate, Other: Cancer - Skin, Other: Cardiac Disease, Other: Colitis/Crohn Disease, Other: HIV/AIDS,
Target Populations	• **Regions Served:** County-Berkshire, • **Environments Served:** Not Specified • **Gender:** All, • **Age Group:** All Adults, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
BMC Specialty Pharmacy	Not Specified
Shields Pharmacy Solutions	Not Specified

Pharmaceutical Companies	Not Specified
BMC Cancer & Infusion Center	Not Specified
Area physician practices	Not Specified

Sports Medicine & Wellness Program

Program Type	Community-Clinical Linkages
Program is part of a grant or funding provided to an outside organization	No
Program Description	Through Berkshire Orthopaedic Associates, an affiliate of BMC, this program provides free educational sessions, documents and seminars on injury prevention, such as knee, shoulder, ankle and hip injury prevention techniques for athletes in local school programs or the weekend warrior. Also provides information on nutrition, concussion management and care and other issues that can challenge athletes of all ages.
Program Hashtags	Community Education, Prevention,
Program Contact Information	Priti Shah, PT, Berkshire Orthopaedic Associates, 24 Park St., Pittsfield, MA 01201 413-499-6600

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide free events and seminars to local athletes, whether playing sports at the school level or the weekend warrior, on injury prevention, nutrition, concussion prevention and management and other issues.	Ongoing	Process Goal	Year 1 of 3
Partner with local school districts and their athletic programs on providing access to free educational programs, and in-person sessions with teams by board certified and fellowship trained orthopaedic specialists and rehabilitation specialists.	Ongoing	Process Goal	Year 1 of 3

EOHHS Focus Issues	Not Specified
DoN Health Priorities	Not Specified
Health Issues	Injury-First Aid/ACLS/CPR, Injury-Other, Injury-Sports Injuries,
Target Populations	• **Regions Served:** Great Barrington, North Adams, Pittsfield, • **Environments Served:** Rural, Suburban, • **Gender:** All, • **Age Group:** All, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Berkshire Orthopaedic Associates	Not Specified
Berkshire Sports & Rehabilitation Program	Not Specified
Local High School Athletic Departments	Not Specified

Berkshire Running Center	Not Specified
Pittsfield Suns baseball team	Not Specified
Berkshire Community College	Not Specified
Berkshire Councils on Aging	Not Specified
Berkshire County School Nurse Board	Not Specified
Local YMCAs	Not Specified
Local gyms and fitness centers	Not Specified
Jacob's Pillow Dance Festival	Not Specified
Williams College	Not Specified
Massachusetts College of Liberal Arts	Not Specified

Stroke Education Program

Program Type	Community-Clinical Linkages
Program is part of a grant or funding provided to an outside organization	No
Program Description	In 2019, BMC provided resources through community outreach on stroke risk factors, warning signs, calling 9-1-1 and treatment options.
Program Hashtags	Community Education, Prevention,
Program Contact Information	Darlene Boyce, NP, Stroke Program Coordinator, 725 North St., Pittsfield, MA 01201 413-447-2000

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide community outreach on stroke, including symptoms, risk factors, contacting EMS immediately and treatment options.	Ongoing	Process Goal	Year 1 of 3
Partner with community organizations to provide opportunities for outreach on stroke.	Ongoing	Process Goal	Year 1 of 3

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
DoN Health Priorities	Not Specified
Health Issues	Chronic Disease-Stroke,
Target Populations	• **Regions Served:** Great Barrington, North Adams, Pittsfield, • **Environments Served:** Rural, Suburban, • **Gender:** All, • **Age Group:** Adults, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Stroke Units at BMC and Fairview Hospital	Not Specified

Pittsfield Suns baseball team	Not Specified
Neurology practices	Not Specified
WBEC Radio	Not Specified

Suicide Prevention

Program Type	Direct Clinical Services
Program is part of a grant or funding provided to an outside organization	No
Program Description	BMC in 2019 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, and also launched the Youth Zero Suicide Team. The Zero Youth Suicide Team helps to identify youth between the ages of 10 and 24 who are at risk for suicide, and provides evidence-based support for those people. BMC in 2019 continued to partnerwith the Massachusetts Health Policy Commission and six primary care practices to continue 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 capability 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 2019, BMC, in collaboration with partner agencies, held community education programs focusing on suicide prevention, resilience and recognizing the signs of suicide potential.
Program Hashtags	Community Education, Prevention,
Program Contact Information	Dr. Liliana Markovic, Department of Psychiatry and Behavioral Science, Berkshire Medical Center, 725 North St., Pittsfield, MA 01201 413-447-2000

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
In partnership with community agencies, provide community education programs on suicide prevention and risk	Ongoing	Process Goal	Year 1 of 3
Obtain information on best practices for intervention from community gatekeepers	Ongoing	Process Goal	Year 1 of 3
Partner with area organizations dedicated to suicide prevention in promotion of information and services to at risk populations	Ongoing	Process Goal	Year 1 of 3
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	Process Goal	Year 1 of 3
Provide Youth Suicide program to work with people between ages 10 and 24 at risk for suicide, providing evidence-based support.	Ongoing	Process Goal	Year 1 of 3

EOHHS Focus Issues	Mental Illness and Mental Health, Substance Use Disorders,
DoN Health Priorities	Not Specified
Health Issues	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,
Target Populations	• **Regions Served:** County-Berkshire, • **Environments Served:** Not Specified • **Gender:** All, • **Age Group:** All, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Adams Police	Not Specified
Ambulance personnel	Not Specified
Berkshire County House of Correction	Not Specified
Berkshire NAMI	Not Specified
Berkshire Visiting Nurse Association	Not Specified
Brien Center for Mental Health and Substance Abuse Services	Not Specified
Elder Services	Not Specified
Local lockup facilities	Not Specified
Massachusetts Coalition for Suicide Prevention	Not Specified
Massachusetts Department of Public Health	Not Specified
North Adams Police	Not Specified
Northern Berkshire Community Coalition	Not Specified
Pittsfield Fire Dept	Not Specified
Pittsfield Police Department	Not Specified
Williamstown Police	Not Specified
18 Degrees	Not Specified
Berkshire Coalition for Suicide Prevention	Not Specified
Berkshire Fallon ACO	Not Specified
Berkshire Pathways	Not Specified
Louison House	Not Specified
Keenan House	Not Specified
Brenton House	Not Specified
Pomeroy House	Not Specified

Trauma Program - Stop the Bleed

Program Type	Direct Clinical Services
Program is part of a grant or	No

funding provided to an outside organization	
Program Description	Stop the Bleed is a national awareness campaign and call-to-action that was adopted by Berkshire Medical Center's Trauma Program. Stop the Bleed is intended to cultivate grassroots efforts that encourage bystanders to become trained, equipped, and empowered to help in a bleeding emergency before professional help arrives. The BMC Trauma Team worked with local fire, state and local police, EMT's, first responders, nurses and doctors to bring the program to members of the community. In all in FY 2019, the program reached over 1,1000 community members with instruction done in over 25 locations. The program continues to reach out and work with local agencies, schools and most recently, ski groups, given the number of ski resorts located in the Berkshires.
Program Hashtags	Community Education, Health Professional/Staff Training, Prevention,
Program Contact Information	Tracy DiSilva, Director, BMC Trauma program, 725 North St., Pittsfield, MA 01201, 413-447-2755.

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Through the use of a nationally recognized program, provide the Berkshire community with an instructional program to help community members to 'stop the bleed' in times when someone is injured and before a first responder arrives.	Ongoing	Process Goal	Year 1 of 3
Partner with local first responders, including municipal police and fire departments, ambulance services and the Massachusetts State Police in providing important health information programs to the community at large and organizations.	Ongoing	Process Goal	Year 1 of 3

EOHHS Focus Issues	Not Specified
DoN Health Priorities	Not Specified
Health Issues	Injury-Auto/Passenger Injuries, Injury-First Aid/ACLS/CPR, Injury-Home Injuries, Injury-Other, Injury-Sports Injuries, Other-Emergency Preparedness,
Target Populations	• **Regions Served:** Pittsfield, • **Environments Served:** Rural, Suburban, • **Gender:** All, • **Age Group:** All, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Massachusetts State Police	Not Specified
Local Police Agencies across the Berkshires	Not Specified
Pittsfield and North Adams Fire Departments	Not Specified
Ambulance Services Across the Region	Not Specified

American College of Surgeons Stop the Bleed Program	Not Specified

Walk with Me in the Berkshires

Program Type	Community-Clinical Linkages
Program is part of a grant or funding provided to an outside organization	No
Program Description	In 2019, Berkshire Medical Center continued its popular Walk with Me in the Berkshires program, in its 17 year, providing a walking/exercise program for area residents designed to help increase physical activity each week throughout the program. The program is run each spring over a six-week period and provides each walker with a free stepcounter. Walkers form teams of between 2 and 20 people and record their steps each week through an online tabulation program that measures increases or decreases in step count from the week 1 baseline week to the end of the program. During 2019, over 3,400 people participated in the program, walking over 900 million steps.
Program Hashtags	Prevention,
Program Contact Information	Michael Leary, Director of Communications, 725 North St., Pittsfield, MA 01201, 413-447-2788

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide free exercise program designed to improve health through increasing step counts each week for a six week period each spring.	May 2019 to July 2019	Process Goal	Year 1 of 3
Provide an easy online tool to allow participants to record their weekly step counts and to gauge whether they are increasing or decreasing their activity.	May 2019 to July 2019	Process Goal	Year 1 of 3
Improve health and well-being through a structured exercise program that encourages walking, running or bicycling, helping to prevent cardiovascular disease and other chronic illness.	May 2019 to July 2019	Process Goal	Year 1 of 3

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Mental Illness and Mental Health,
DoN Health Priorities	Not Specified
Health Issues	Chronic Disease-Cardiac Disease, Chronic Disease-Diabetes, Chronic Disease-Hypertension, Chronic Disease-Overweight and Obesity, Chronic Disease-Pulmonary Disease, Chronic Disease-Stroke, Health Behaviors/Mental Health-Mental Health, Health Behaviors/Mental Health-Physical Activity, Health Behaviors/Mental Health-Stress Management,
Target Populations	• **Regions Served:** Great Barrington, North Adams, Pittsfield, • **Environments Served:** Rural, Suburban, • **Gender:** All, • **Age Group:** All, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website

Berkshire Eagle and Bennington Banner newspapers	Not Specified
Fallon Health	Not Specified
Berkshire Healthcare Long-Term Care	Not Specified
Boxcar Media/iBerkshires	Not Specified
Health New England	Not Specified
Greylock Credit Union	Not Specified
BHS Wellness Program	Not Specified
Blue Cross Blue Shield of Massachusetts	Not Specified
Troy's Promotions	Not Specified

Wellness at Work

Program Type	Infrastructure to Support CB Collaboration
Program is part of a grant or funding provided to an outside organization	No
Program Description	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) that also provides numerous free community-based Wellness education events for the general public and targeted audiences, such as the senior population. In 2019, the Wellness program provided: Journey to Health - An 8-week lifestyle change, health education workshop series offered to the general public at Zion Church, centrally located in Pittsfield. The Integrative Medicine workshop themes included: Microbiome, Sleep, Mindfulness, Exercise, Thriving and Healthy Aging. Various members of the Wellness Team presented the workshops The 8-week series were held in the fall and spring of FY 18-19. Average attendance was 65-70 each week. Weight Loss Workshop Series - A 4-week weight loss workshop series was offered in the winter of 2019 at the Zion Church Common room to an average of 75-80 community members. The workshops included themes of Low-carb/higher protein, higher fat nutrition, Impact of sleep on weight, Incorporating exercise and Mindfulness techniques. The series also hosted a group Hypnosis session to support weight loss goals. Thriving Health Fair - In Jan 2019, BHS partnered with the Berkshire Eagle to design and facilitate a community health fair held at the Holiday Inn in Pittsfield. BHS Wellness sponsored the speakers, which included Mark Pettus, MD offering Hypnosis for Weight loss. BHS Wellness team offered over 100 blood pressure checks and educations, along with giving stress-free tips and tools for healthy living. O+ Festival - In 2019, BHS partnered with the Massachusetts Museum of Contemporary Art in North Adams and O+ to bring together a Festival of music & art in exchange for health care for local, underserved artists. BHS offered a wide variety of healthcare services at the May event, such as Well-Person checks, Osteopathic Manipulation Medicine, Myofascial Release, Blood Pressure checks, as well as hosting an educational health fair and outdoor yoga class for the approximate 180 attendees. SuperGenerians Workshop - In May 2019, Mark Pettus, MD and Mary O'Malley, PhD presented a Healthy Aging Conference to Berkshire County Seniors. Approximately 250 community members participated in the half-day workshop to be inspired to continue to live healthy, productive lives as they age.
Program Hashtags	Community Education, Health Screening, Prevention,
Program Contact Information	Maureen Daniels, Director of Community Health and Wellness, 725 North St., Pittsfield, MA 01201, 413-447-2000.

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Help to reduce costs and lost work time associated with preventive illness through employee screenings, health risk assessments, education and early	Ongoing	Process Goal	Year 1 of 3

intervention			
Provide community access to free educational programs and workshops designed to help prevent chronic illness and to improve overall wellness, including free programs on weight loss strategies, ways to thrive, improving overall health and well-being, and senior health.	Ongoing	Process Goal	Year 1 of 3
Reduce the risk of cardiovascular disease, diabetes, pulmonary disease and stroke in the workplace population of the Berkshires	Ongoing	Process Goal	Year 1 of 3

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
DoN Health Priorities	Not Specified
Health Issues	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,
Target Populations	• **Regions Served:** County-Berkshire, • **Environments Served:** Rural, Suburban, • **Gender:** All, • **Age Group:** Adult, Adult-Elder, Adult-Young, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
American Cancer Society	Not Specified
American Diabetes Association	Not Specified
American Heart Association	Not Specified
Area Public School Systems	Not Specified
BHS Diabetes Education program	Not Specified
Local business community	Not Specified
Local physician practices	Not Specified
1Berkshire	Not Specified
Berkshire Eagle	Not Specified
Hillcrest Educational Centers	Not Specified
Berkshire Supergenerians	Not Specified

Expenditures

Total CB Program Expenditure	**$7,084,727.00**

CB Expenditures by Program Type	Total Amount	Subtotal Provided to Outside Organizations (Grant/Other Funding)

Direct Clinical Services	$2,499,851.00	Not Specified
Community-Clinical Linkages	$1,477,896.00	$82,323.00
Total Population or Community-Wide Interventions	$632,340.00	Not Specified
Access/Coverage Supports	$1,592,055.00	Not Specified
Infrastructure to Support CB Collaborations Across Institutions	$882,585.00	Not Specified

CB Expenditures by Health Need	Total Amount
Chronic Disease with a Focus on Cancer, Heart Disease, and Diabetes	$3,322,838.00
Mental Health/Mental Illness	$708,020.00
Housing/Homelessness	$5,535.00
Substance Use	$436,140.00
Additional Health Needs Identified by the Community	$2,612,194.00

Other Leveraged Resources	$1,479,106.00

Net Charity Care Expenditures	Total Amount
HSN Assessment	$2,612,480.00
HSN Denied Claims	$53,125.00
Free/Discount Care	$185,923.00
Total Net Charity Care	$2,851,528.00

Total CB Expenditures:	$11,415,361.00

Additional Information	Total Amount
Net Patient Service Revenue:	$459,800,957.00
CB Expenditure as Percentage of Net Patient Services Revenue:	2.48%
Approved CB Program Budget for FY2020: (*Excluding expenditures that cannot be projected at the time of the report.)	Not Specified
Comments (Optional):	Not Specified

Optional Information

Hospital Publication Describing CB Initiatives:	Not Specified
Bad Debt:	Not Specified
Bad Debt Certification:	Not Certified
Optional Supplement:	Not Specified