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 01201

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:

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 Berkshire Health Systems 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:

September 2019

Data Sources:

Community Focus Groups, Community Health Network Area, Consumer Groups, Hospital, Interviews, MA Population Health Information Tool (PHIT), Public Health Personnel, Surveys,

CHNA Document: BERKSHIRE COUNTY HEALTH NEEDS ASSESSMENT 2018 2019 2020.PDF

Implementation Strategy:

Implementation Strategy Document: COMMUNITY BENEFIT IMPLEMENTATION PLAN 2020.PDF

Key Accomplishments of Reporting Year:

The first case of COVID-19 in the Berkshires was confirmed in early March, 2020, and cases rapidly increased in the following months. As a result, Berkshire Medical Center opened a continuous Command Center to provide support to all departments, manage the pandemic response, and coordinate with the Massachusetts Department of Public Health and community organizations on COVID-19 care and guidelines, implementing safety protocols for staff and public, masking requirements, testing for staff and community and preparations for eventual onset of staff and community-wide vaccination programs. Partnered with The Brien Center on the opening and operation of Keenan House North, a Substance Use Disorder Recovery Home that opened in 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. Continued 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 onsite health screenings and blood pressure clinics; 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 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. These many programs were also necessarily at times through FY 2020 curtailed due to the state's emergency guidelines for COVID-19.

Plans for Next Reporting Year:

In FY 2021, in continuing response to the COVID pandemic, BMC will work with regional partners in creating a collaborative response to the pandemic, including continuation of active tracing in the community and the development and implementation of a region-wide vaccine distribution system. We will work with the county's Board of Health Association, individual boards and public health nurses in communities, and Community Health Programs. Due to the restrictions on programs throughout the COVID-19 pandemic, several programs planned for introduction in FY 2020 were delayed, including proposal to implement a 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. BMC is seeking dermatologic specialists to participate in this effort. In FY 2021 will partner with the Berkshire County Sheriff's Department on a program to help address food insecurity in the community, providing free meals and groceries to those in need, prepared at the former county jail facility and delivered to participants. This program is being coordinated through the Physician Hospital Organization and Medicaid ACO. 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. 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 systemwide 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 grant.

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

Community Benefits Programs

Behavioral Health/Substance Use Disorder Programs	
Program Type	Access/Coverage Supports
Program is part of a grant or funding provided to an outside organization	No
Program Description	Berkshire Medical Center's Department of Psychiatry and Behavioral Health provides several programs focusing on mental health and substance use disorder care. The Partial Hospital program is designed for individuals experiencing acute psychiatric symptoms who do not require the 24-hour care of an inpatient unit. This five-day per week program provides individuals and their families with the opportunity to manage crises, identify and enhance strengths and establish and maintain self-determined goals. The McGee Recovery Center provides expert medical care for the safe withdrawal from alcohol or other drugs, the unit also provides a group treatment program anchored by the principles of safety, early recovery and relapse prevention. All referrals are medically screened in the Emergency Department of Berkshire Medical Center prior to admission. If a person meets admission criteria, he or she will be admitted without discrimination regardless of race, gender, sexual orientation, gender identity, gender expression, religion, physical disability, ethnicity, or ability to pay. The Clinical Stabilization Services program provides more intensive inpatient care and support for those who have gone through the McGee program, to aid in achieving success through eventual outpatient care programs. These programs also work hand-in-hand with the inpatient mental health units at the hospital. Many in-person programs were significantly reduced in FY 2020 due to the pandemic, but did offer online and virtual support, including telehealth psychiatric care.
Program Hashtags	Health Screening, Prevention,
Program Contact Information	Liliana Markovic, MD, Chair, Department of Psychiatry, 725 North St., Pittsfield, MA 01201, 413-447-2000

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide comprehensive community care for those suffering from mental health and substance use disorder issues.	Ongoing	Process Goal	Year 1 of 3
Through the Clinical Stabilization program provide a bridge between the McGee Recovery program and eventual outpatient care for those with substance use disorders.	Ongoing	Process Goal	Year 1 of 3

EOHHS Focus Issues	Not Specified
DoN Health Priorities	Not Specified
Health Issues	Health Behaviors/Mental Health-Mental Health, Social Determinants of Health-Access to Health Care, Substance Addiction-Alcohol Use, Substance Addiction-Driving Under the Influence, Substance Addiction-Opioid Use, Substance Addiction-Substance Use,
Target Populations	• **Regions Served:** Great Barrington, North Adams, Pittsfield, • **Environments Served:** Rural, Suburban, • **Gender:** All, • **Age Group:** Adults, All, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Disability Status, Incarceration History, Veteran Status,

Partners:

Partner Name and Description	Partner Website
The Brien Center	Not Specified
NAMI of Berkshire County	Not Specified
Local Police Departments	Not Specified
Northern Berkshire Community Coalition	Not Specified

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. In FY 2020, Berkshire North WIC provided services to 3,000 clients, for over 10,000 encounters.
Program Hashtags	, Community Education, Prevention,
Program Contact Information	Melissa King, 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 2 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 2 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 2 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 2020 served over 3,000 area residents with 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, surgical and hospitalization recovery and IV therapy. The BVNA also provided a full range of preventive care services through wellness clinics in several communities. In addition, the Berkshire VNA provides annual flu vaccination for the community, and in FY 2020 administered 830 flu vaccinations through public clinics and at municipal facilities acting as the Public Health agency for several Berkshire communities.
Program Hashtags	, Health Screening, Prevention,
Program Contact Information	Priti Shah, PT, DPT, MBA 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 2 of 3
Promote wellness and overall health of seniors through collaborations with Elder Services and other local human service organizations	Ongoing	Process Goal	Year 2 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 2 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	No

funding provided to an outside organization	
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 2020, 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. In place of 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, the program partnered with area police departments to feature medication return boxes at each police station. 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 2020, 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	Community Education, Health Professional/Staff Training, Prevention,
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 2 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 2 of 3
Provide community resources for the proper and safe disposal of unused medications and used sharps devices	Ongoing	Process Goal	Year 2 of 3

EOHHS Focus Issues	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:** All, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population 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. Provided free seminars on nutrition for cancer survivors as well as Intuitive Painting program. In FY 2020, many of these programs were provided through Zoom or other electronic means during the COVID-19 pandemic. 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 over 1,000 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, some of which was provided online during the pandemic.
Program Hashtags	Community Education, Health Screening, Prevention, Research, 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 2 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. During FY 2020, many of these were necessarily provided through remote programs, such as Zoom, due to the pandemic's restrictions on in-person events.	Ongoing	Process Goal	Year 2 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	During FY 2020, The Care Navigation program worked with over 530 newly diagnosed patients with cancer in addition to those who were diagnosed in previous years. Each of the two full time and three part time nurse navigators had a caseload of between 150 to 200 patients. There were more breast cancer diagnoses in 2020 than in 2019 despite the pandemic. In addition to the newly diagnosed cancer patients, the program recorded an influx of 251 new high risk breast cancer patients who had contact with a nurse navigator for education. 450 patients had breast biopsies who interacted with nurse navigation for follow up and education. 171 patients participated in support groups. 2,872 participated in integrative health programs, many of which took place on Zoom during the pandemic. There were 101 calls addressed on the program's toll free link line.
Program Hashtags	Community Education, Health Screening, 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	600 patients navigated by a nurse navigator in FY 2020	Outcome Goal	Year 2 of 5
Provide access to numerous support group programs and monthly nutrition and cooking demonstrations, free to the public	333 patients who attended support groups, survivorship programs in FY 2020	Outcome Goal	Year 2 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	600 patients navigated by a nurse navigator, including over 100 through the toll free Link Line, in FY 2020	Outcome Goal	Year 2 of 5
Participate in community efforts to advance health information, such as the Relay for Life held in North Adams and Great Barrington.	Due to the COVID-19 pandemic, all Relays for Life and similar events were canceled for FY 2020	Process Goal	Year 4 of 5

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Mental Illness and Mental Health,
DoN Health Priorities	Education,
Health Issues	All,
Target Populations	• **Regions Served:** County-Berkshire, • **Environments Served:** Rural, Suburban, • **Gender:** All, • **Age Group:** All Adults, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Disability Status,

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	The mission of the Berkshire Medical Center Community Outreach department is to improve the health of every person in Berkshire County. In FY 2020, the Outreach department provided health screenings and education, evidence-based fall prevention classes for older adults (A Matter of Balance Program), specific health topic presentations, Family Health Education programs and appropriate clinical and social service referrals and worked as part of the Be Well Berkshires program. The Matter of Balance program uses an assessment called Timed Up and Go or TUG. It is a measure of a person's mobility. The assessment is performed in the second class and the eighth class to track improvement from increasing activity levels in participants. The Community Outreach department had to cancel community outings March through September of 2020 due to restrictions imposed by COVID-19. The team was redeployed to assist with writing the Community Health Needs Assessment and Implementation Strategy and launch a Medicaid ACO Flexible Services Program focused on improving nutrition and housing within this population. During FY 2020, Community Outreach (pre-COVID) attended 76 community events, provided free blood pressure screenings for 718 people, had over 800 encounters, provided four Matter of Balance classes, with an 84% graduation rate and 89% achieving improvements in their TUG score.
Program Hashtags	Community Education, Health Screening, Prevention,
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 but partially curtailed due to COVID-19 pandemic	Process Goal	Year 2 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 but curtailed in FY 2020 due to pandemic	Process Goal	Year 2 of 3
Provide free health and wellness screenings in the community, including blood pressure screenings, with referrals for multiple services, as needed.	Ongoing but curtailed due to pandemic	Process Goal	Year 2 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 2 of 3

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
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:** Refugee/Immigrant 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

County Health Initiative

Program Type	Total Population or Community-Wide Interventions
Program is part of a grant or funding provided to an outside organization	No
Program Description	BMC was the backbone agency of the County Health Initiative (CHI), which was developed in 2012 and continued under BMC's auspices until 2019. In late 2019 and into 2020, BMC continued as a member agency and Berkshire Regional Planning Commission on the primary role. The leadership team of the CHI includes Berkshire Medical Center, Fairview Hospital, Berkshire County Boards of Health Association, Berkshire Public Health Alliance, Tri-Town Health Department, Pittsfield Health Department, Berkshire Regional Planning Commission, Berkshire Opioid Addiction Prevention Collaborative and Northern Berkshire Community Coalition. The CHI's vision is for Berkshire County to become the healthiest county in the state and the nation, where individuals and families can thrive. The program is designed to promote healthier lifestyles, resulting in less disease and illness, a better quality of life, reduce costs to individuals, businesses, government and society. The CHI's principals include: Use best available science and information to guide us in healthcare, public health, health literacy, social science and behavioral economics; Utilize and deploy evidence-based approach whenever possible; Engage the community to incorporate and support healthy choices into individual choices and our collective environment; Empower individuals, families and neighborhoods as co-producer; Asset-based approach; and Pursue holistic approach to health, embracing an integrated health approach to a healthy lifestyle and community.
Program Hashtags	Community Education, Health Screening, Prevention,
Program Contact Information	Kim Kelly, Director of Community Outreach and Public Health Initiatives, 725 North St., Pittsfield, MA 01201, 413-395-7976

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame

To improve the health status of people in Berkshire County by fostering a healthy lifestyle environment.	Ongoing	Outcome Goal	Year 1 of 5

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	Chronic Disease-Cardiac Disease, Chronic Disease-Chronic Pain, Chronic Disease-Diabetes, Chronic Disease-Hypertension, Chronic Disease-Overweight and Obesity, Chronic Disease-Pulmonary Disease, Chronic Disease-Stroke, Health Behaviors/Mental Health-Mental Health, 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-Language/Literacy, Social Determinants of Health-Nutrition, Social Determinants of Health-Uninsured/Underinsured, Substance Addiction-Opioid Use, Substance Addiction-Smoking/Tobacco Use, Substance Addiction-Substance Use,
Target Populations	• **Regions Served:** Adams, Becket, Cheshire, Clarksburg, Dalton, Florida, Great Barrington, Hancock, Hinsdale, Lanesborough, Lee, Lenox, Marlborough, Mount Washington, New Ashford, North Adams, Otis, Peru, Pittsfield, Richmond, Savoy, Sheffield, Stockbridge, Tyringham, Washington, West Stockbridge, Williamstown, Windsor, • **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 Regional Planning Commission	Not Specified
Berkshire County Boards of Health Association	Not Specified
Fairview Hospital	Not Specified
Pittsfield Health Department	Not Specified
Tri-Town Health Department	Not Specified
Northern Berkshire Community Coalition	Not Specified
Berkshire Public Health Alliance	Not Specified
Berkshire Opioid Addiction Prevention Coalition	Not Specified

COVID-19 Pandemic Response

Program Type	Total Population or Community-Wide Interventions
Program is part of a grant or funding provided to an outside organization	No
Program Description	The first COVID-19 positive patient admitted to a hospital in Massachusetts occurred at Berkshire Medical Center in early March, 2020. From that first diagnosis and confirmation of a positive case, Berkshire Medical Center opened its Emergency Operations Command Center, providing support to all departments across the health system in response to the pandemic. This included coordination of Personal Protective Equipment, in short supply worldwide, in order to maintain a safe environment for patients and staff, deep cleaning of all facilities on a continual basis, again despite the shortage of hand sanitizer and other cleaning supplies, staffing in a crisis and initiating testing for the staff and community at a time when testing was in its infancy and also

	had severe supply shortages. The Command Center remained open through the fiscal year and into 2021. Mandatory masking was implemented for all staff, even before that was final guidance from the CDC and DPH. The Health System established testing tents in Pittsfield, North Adams and Great Barrington and coordinated with the Massachusetts Department of Public Health in providing results. Numerous staff were infected through community transmission, which greatly impacted staff scheduling, and with the state's emergency orders closing non-essential programs, BMC was able to redeploy staff from areas that were closed to areas caring for COVID-19 patients and staffing a 7-day-a-week toll-free hotline for the public to schedule testing, ask questions and get clinical guidance if presenting symptoms. This hotline was used earlier in FY 2020 as an RN Triage line for people to call with questions about attaining care or to be informed about services. BMC also developed, early on, a public website with comprehensive information and guidance to the community, including information on how the virus is transmitted, precautions, number of inpatients who were positive, deaths in the county, testing availability, and community resources. As testing supplies increased, BMC established dedicated testing centers in Pittsfield, Great Barrington and North Adams, and these centers also joined the state's Stop the Spread program, which was vital to responding to the ongoing need for testing in the Berkshire community. Senior leaders from BMC spoke with DPH personnel on a daily basis during the initial phases of the pandemic, and when case numbers decreased, continued regular conference calls to help with the eventual planning for vaccine distribution. By the end of FY 2020, BMC had a much smaller number of cases, but continued appropriate planning for the eventual fall and winter surges in FY 2021.
Program Hashtags	Community Education, Community Health Center Partnership, Health Screening, Prevention, Research,
Program Contact Information	Darlene Rodowicz, Executive Vice President, Berkshire Health Systems, 725 North St., Pittsfield, MA 01201 413-447-2000

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
To provide the community with rapid care for those infected with the COVID-19 virus, including intensive care, ventilator care as needed, and vital information on, and access to testing when available, and educational information to aid in preventing transmission of the virus in the Berkshire community.	March 2020 to September 30, 2020	Process Goal	Year 1 of 3
Collaborate with local community organizations to facilitate contact tracing for those who may have had contact with infected individuals or groups.	March 2020 to September 30, 2020	Process Goal	Year 1 of 2
Provide extensive information and guidance to the community through online resources, a toll-free telephone hotline and direct contact with patients and community collaborative organizations.	March 2020 to September 30, 2020	Process Goal	Year 1 of 2
Develop and implement virtual healthcare resources for the community so that people could still attain their needed healthcare services from physicians and other providers. Provide virtual resources for BMC staff to aid in reducing stress arising from the pandemic.	March 2020 to September 30, 2020	Process Goal	Year 1 of 2
Provide virtual educational sessions and seminars to the			

community and staff to help cope with the mental health pressures that arose from the pandemic and necessary isolation to help prevent further spread of the virus.	March 2020 to September 30, 2020	Process Goal	Year 1 of 2
Collaborate with the Massachusetts Department of Public Health and the Governor's office on numbers of individuals impacted by the virus, the care being provided, development of various treatment options, testing availability and eventual planning for vaccine distribution.	March 2020 to September 30, 2020	Process Goal	Year 1 of 2

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	Health Behaviors/Mental Health-Bereavement, Health Behaviors/Mental Health-Depression, Health Behaviors/Mental Health-Immunization, Health Behaviors/Mental Health-Mental Health, Health Behaviors/Mental Health-Stress Management, Infectious Diseaseâ€"COVID-19, Other-Emergency Preparedness, 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-Language/Literacy, Social Determinants of Health-Public Safety, Social Determinants of Health-Uninsured/Underinsured,
Target Populations	• **Regions Served:** Adams, Becket, Cheshire, Clarksburg, Dalton, Florida, Great Barrington, Hinsdale, Lanesborough, Lee, Lenox, Monroe, Mount Washington, North Adams, Otis, Pittsfield, Savoy, Sheffield, Stockbridge, Tyringham, Washington, West Stockbridge, Williamstown, Windsor, • **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 Department of Public Health	Not Specified
Federal Centers for Disease Control	Not Specified
Municipal government leaders in the Berkshire region	Not Specified
Emergency Response Agencies	Not Specified
Berkshire County Board of Health Association	Not Specified
Public Health Nurses	Not Specified
Physician and provider organizations across the county	Not Specified
Community organizations providing virtual and in-person resources	Not Specified
Community Health Programs	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	Advocacy for Access is a program that helps to connect those who are uninsured or underinsured to health coverage programs. In FY 2020, Advocacy for Access had 8,120 visits, and facilitated enrollment or re-enrollment of 4,230 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 2020, though the screenings were limited due to the pandemic.
Program Hashtags	Community Education, Community Health Center Partnership, Health Screening, 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 2 of 3
Provide education and enrollment support for those who are uninsured or underinsured in the community.	Ongoing	Process Goal	Year 2 of 5
Reduce or eliminate inability to pay as a barrier for accessing health services/	Ongoing	Process Goal	Year 2 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, Suburban, • **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
Christian Center	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 FY 2020, Healthy Steps provided tests for Hepatitis C, HIV/AIDS, Syphilis, Chlamydia and Gonorrhea. The program provided testing for 377 clients, which was lower than the previous year due to in-person restrictions from the pandemic and the fear associated with in-person interactions. The program also provided 923 Narcan kits in addition to overdose education and administration guidance on the use of Narcan. Additionally, the program aided in the collection of used needles and syringes, with over 182,000 collected throughout the year and operated a needle exchange program, providing nearly 160,000 syringes. At the end of FY 2020, Healthy Steps also assumed Tapestry Health's North Adams harm reduction program, maintaining the downtown location to ensure that North Berkshire residents have continued access to services including syringe exchange and education.
Program Hashtags	Community Education, Health Screening, Prevention,
Program Contact Information	Sarah DeJesus, Practice Manager, 510 North St., Pittsfield, MA 01201 413-447-2526

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 2 of 3
Provide testing services and referrals for those with Hepatitis C or sexually transmitted diseases, or those at risk.	Ongoing	Process Goal	Year 2 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 2 of 3
Resource for providing overdose education and for distribution of Naloxone to help prevent death from overdose.	Ongoing	Process Goal	Year 2 of 3
Provide resource for community members to dispose of used sharps devices in a safe manner and to discourage reuse of	Ongoing	Process Goal	Year 2 of 3

needles and syringes.			

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: 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,

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
Tapestry Health	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 2020, BMC continued 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 but curtailed by pandemic	Process Goal	Year 2 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 2 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 providers	Not Specified
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

Keenan House North SUD Recovery

Program Type	Infrastructure to Support CB Collaboration
Program is part of a grant or funding provided to an outside organization	No
Program Description	In FY 2020, Berkshire Medical Center partnered with The Brien Center on the opening of Keenan House North, a substance use disorder residential home in North Adams, one of the hardest hit communities in the Berkshires for the opioid epidemic. Berkshire Medical Center funded the purchase of the residential property and all exterior and interior renovations. Keenan House North provides comprehensive services and connections to community support for individuals living with both mental illness and addiction. On-site counseling, group treatment, nursing and case management are all offered. The enhanced care supports individualized pathways to recovery in a home-like setting.
Program Hashtags	Community Education, Health Screening, Support Group,
Program Contact Information	Mary Murphy, The Brien Center, PO Box 4219, Pittsfield, MA 01202 413-499-0412

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide support for residential treatment center for individuals with mental illness and/or substance use disorder through the development of a recovery home in North Berkshire	Ongoing	Process Goal	Year 1 of 1
Fund the purchase and renovation of a residential home in North Adams, located centrally in the downtown area, to provide critical substance use disorder services.	FY 2020	Process Goal	Year 1 of 1

EOHHS Focus Issues	Mental Illness and Mental Health, Substance Use Disorders,
DoN Health Priorities	Not Specified
Health Issues	Health Behaviors/Mental Health-Depression, Health Behaviors/Mental Health-Mental Health, Substance Addiction-Alcohol Use, Substance Addiction-Opioid Use, Substance Addiction-Substance Use,
Target Populations	• **Regions Served:** Adams, Cheshire, Clarksburg, Florida, North Adams, Williamstown, • **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
The Brien Center	Not Specified
City of North Adams	Not Specified
Northern Berkshire Community Coalition	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 2020, this program had 10,614 encounters, including 6,103 in-person and 4,511 through video or phone. The department participated in several immigrant events held in churches and other settings, prior to the gathering restrictions imposed following the onset of the COVID-19 pandemic. 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,
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 2 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 2 of 3
To provide free medical interpretation services to immigrants living and working in the Berkshires.	Ongoing	Process Goal	Year 2 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, Suburban, • **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

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 FY 2020, Operation Better Start provided 1,223 clinical visits with 137 unduplicated clients. The program also worked with Berkshire Head Start to provide health and nutrition consultation services to six Head Start sites, benefiting 456 children. OBS staff partnered with the Boys and Girls Club of the Berkshires, Pittsfield Public Schools 21st Century Community Learning Center program, and Pittsfield Community Television to provide an after-school cooking program for 90 middle school students. Some of the in-person guidance and activities were curtailed in FY 2020 due to the restrictions imposed by the pandemic.
Program Hashtags	Community Education, Health Professional/Staff Training, Health Screening, Prevention,
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 2 of 3
Improve the health of women and children through education,nutrition guidance, behavior modification and lifestyle changes	Ongoing	Process Goal	Year 2 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 2 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 2 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,

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 2020, BMC continued to support local primary care physician practices as they work under the 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. In-person visits with providers were challenging during COVID-19 and many such visits and follow-up care were instead conducted through remote, telehealth interactions.
Program Hashtags	, Health Screening, 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 2 of 3
Improve care and outcomes for patients with chronic but manageable illness, such as diabetes.	Ongoing	Process Goal	Year 2 of 3
Integrate mental health and nutrition care into primary care management	Ongoing	Process Goal	Year 2 of 3
Monitor and manage chronic pain to ensure pain management and avoid medication overuse and abuse	Ongoing	Process Goal	Year 2 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:** 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
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	Access/Coverage Supports
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 continued to provide financial support to recruit new providers across the county, for both internal BMC practices and community private practices. In 2020, BMC recruited or helped a local practice to recruit a total of 45 new providers - including over a dozen primary care physicians, nurse practitioners and physician assistants and four Emergency Medicine specialists. The Provider Recruitment and Workforce Development program also continued to give BMC/BHS employees tuition/fees for nursing training, radiologic technologist or lab technician training, while also partnering with Elms College on an RN to BSN program and a Doctor of Nursing Practice program, where BMC pays full tuition and fees for BMC RNs in the program. In 2020, BMC invested over $636,000 for tuition

	reimbursement, textbooks, certifications and continuing education support.
Program Hashtags	, Community Health Center Partnership, Health Professional/Staff Training, 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
Expanding specialty care for the prevention and treatment of chronic illness, such as diabetes, heart failure and others	Ongoing	Process Goal	Year 2 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 2 of 3
Aiding primary care practices in recruitment efforts at a time of national shortage	Ongoing	Process Goal	Year 2 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:** 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
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	Not Specified

FQHC	

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 2020, 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 $12.4 million in co-pay and cost reductions for 411 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	Not Specified
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 2 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 2 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 2 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:** Rural, Suburban, • **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

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 2020, BMC's stroke program continued to provide resources through community outreach on stroke risk factors, warning signs, calling 9-1-1 and treatment options. Some of these were curtailed due to the pandemic, such as in-person programs in the community, but the program did continue to air a radio talk show on stroke signs, symptoms and treatment during Stroke Awareness Month in May of 2020. Programs in the community that were conducted in previous years, including a Stroke Awareness Night at the Pittsfield Suns baseball program were necessarily canceled due to the pandemic.
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 2 of 3
Partner with community organizations to provide opportunities for outreach on stroke.	Ongoing	Process Goal	Year 2 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:** Disability Status,

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	In fiscal 2020, BMC 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 continued 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 continued to partner with 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. The telehealth component of this program was essential during FY 2020 due to the restrictions that resulted from the COVID-19 pandemic. 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 2020, BMC, in collaboration with partner agencies, held community education programs focusing on suicide prevention, resilience and recognizing the signs of suicide potential, prior to the gathering restrictions from the pandemic.
Program Hashtags	, Community Education, Health Professional/Staff Training, Health Screening, 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 but limited due to the COVID-19 gathering restrictions.	Process Goal	Year 2 of 3
Obtain information on best practices for intervention from community gatekeepers	Ongoing	Process Goal	Year 2 of 3
Partner with area organizations dedicated to suicide prevention in promotion of information and services to at risk populations	Ongoing	Process Goal	Year 2 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 2 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 2 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:** Rural, Suburban, • **Gender:** All, • **Age Group:** All, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** LGBT Status, Veteran Status,

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 funding provided to an outside organization	No

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 2020, the program reached 253 community members with instruction done in 10 locations, considerably lower than the previous year due to necessary program cancellations from the COVID-19 pandemic. The program continues to reach out and work with local agencies, schools and ski groups, given the number of ski resorts located in the Berkshires. These included Wahconah Regional High School, Becket Washington, Craneville, Clarksburg, Kittredge and other Elementary schools, and Butternut Ski area and others.
Program Hashtags	Community Education, 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 with postponements due to COVID pandemic	Process Goal	Year 2 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 with postponements due to COVID pandemic	Process Goal	Year 2 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:** 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
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
Local school districts across the Berkshire region	Not Specified
Local ski areas in the Berkshires	Not Specified

Wellness at Work & Community Wellness

Program Type	Community-Clinical Linkages
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 FY 2020, Wellness at Work continued to offer our staff and spouses wellness screenings, coaching and various activities to help support and improve their health. Online workshops were successful in engaging staff and spouses to learn more about Building their Immune Systems. Wellness designed, implemented and evaluated wellness programming within five area businesses throughout Berkshire County and one Joint Purchase group that covers 12 town and school systems. A variety of Wellness programs were offered to most of the 32 cities and towns throughout Berkshire County; varying from biometric screenings in the early winter (pre-COVID-19), multi-week challenges and our new virtual Healthy Living workshops. Successful program themes from 2020 ranged from Improving Resiliency, Building our Immune Systems, Mindful Meetups and Tobacco Treatment Hypnosis. The Wellness team added a You Tube channel with over 60 health and wellness videos available to the public. Videos range from short, 4-minute Breath work, to 60 minute webinars to improve health and wellness. County-wide participation through Wellness programming included over 10,500 Berkshire County residents were offered some type of Wellness intervention/programming through BHS Wellness at Work services; approximately 1,000 Biometric Screenings were offered at worksites; due to COVID-19, Healthy lifestyle workshops were offered via Zoom and added to the You Tube platform; and Wellness Coaching continued, via phone to Berkshire County residents to improve lifestyle health and wellbeing. In January 2020, BHS Wellness partnered with the Berkshire Eagle to provide a community health fair at the Holiday Inn in Pittsfield. The one-day event was attended by over 200 community members. The event offered healthy living booths along with 3 Clinical workshops. The health fair was staffed by 8 BHS staff, along with 3 Clinical staff presenting members. In the Fall of 2019 and Winter of 2020 an 8-week Journey to Health Workshop series was offered to the community with continued Integrative Health messaging on Nutrition, Exercise, Meditation, and others. The workshops, held at Zion Church Community room in Pittsfield had an average of 80 members in attendance each week. The Winter 2020 series was cut short due to COVID-19 restrictions and safety protocols. A Heart Health Fair was held in early 2020 in Great Barrington with education displays tables and two lectures on Hearth Health with members of Wellness presenting to about 75 community members. In May 2020 the SuperGenarians Program was offered to 250 Seniors in Berkshire County with Dr. Mark Pettus and Alex Sabo presenting workshops on improving health and well-being in our Senior years. This event was held virtually due to COVID-19 Safety.
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 intervention	Ongoing	Process Goal	Year 2 of 3

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. In FY 2020 some programs were either curtailed or offered virtually due to the pandemic.	Ongoing	Process Goal	Year 2 of 3
Reduce the risk of cardiovascular disease, diabetes, pulmonary disease and stroke in the workplace population of the Berkshires	Ongoing	Process Goal	Year 2 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
Pittsfield Zion Community Church	Not Specified

Expenditures

Total CB Program Expenditure **$12,935,716.38**

CB Expenditures by Program Type	Total Amount	Subtotal Provided to Outside Organizations (Grant/Other Funding)
Direct Clinical Services	$7,899,589.35	Not Specified
Community-Clinical Linkages	$1,551,341.41	$86,630.00
Total Population or Community-Wide Interventions	$490,470.04	Not Specified
Access/Coverage Supports	$1,707,729.58	Not Specified
Infrastructure to Support CB Collaborations Across Institutions	$1,286,586.00	Not Specified

CB Expenditures by Health Need	Total Amount
Chronic Disease with a Focus on Cancer, Heart Disease, and Diabetes	$2,136,839.55
Mental Health/Mental Illness	$4,593,383.00
Housing/Homelessness	Not Specified
Substance Use	$3,011,282.80
Additional Health Needs Identified by the Community	$3,194,211.03

Other Leveraged Resources	$1,028,105.88

Net Charity Care Expenditures	Total Amount
HSN Assessment	$2,040,577.61
HSN Denied Claims	$39,180.00
Free/Discount Care	$147,196.00
Total Net Charity Care	$2,226,953.61

Total CB Expenditures:	$16,190,775.87

Additional Information	Total Amount
Net Patient Service Revenue:	$425,358,581.00
CB Expenditure as Percentage of Net Patient Services Revenue:	3.81%
Approved CB Program Budget for FY2021: (*Excluding expenditures that cannot be projected at the time of the report.)	$14,000,000.00
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