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 of Media Relations
Contact Department (Optional):	Advancement
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:

We will advance health and wellness for everyone in our community in a welcoming, inclusive, and personalized environment. At Berkshire Health Systems, we know that overall wellness is the result of healthy families, healthy environments, and healthy communities, not just excellent medical care. Therefore, we support our patients beyond the hospital, clinic, or medical office. We recognize that each of our patients has unique needs and challenges. We strive to make each experience with BHS one that is welcoming, personalized, and convenient for the patient. We make connections and promote community services that give patients the tools to live healthier lives.

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
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:

August 2025

Data Sources:

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

CHNA Document: BMC CHNA 2025.PDF

Implementation Strategy:

Implementation Strategy Document: BMC CHIP 2026 2028.PDF

Key Accomplishments of Reporting Year:

In FY 2025, BMC provided significant financial commitment for the First, a new daytime resource and community center opening in downtown Pittsfield. BMC pledged $300,000 over two years to support the project start-up costs, with a portion of the pledge being designated as matching funds to encourage giving from other local individuals and organizations.
The First was developed by Hearthway, Inc., with operational leadership provided by ServiceNet, and additional support from Cathedral of the Beloved, Zion Lutheran Church, and the City of Pittsfield. The center was created in response to the growing need for safe, supportive spaces for individuals who are experiencing, or at risk of, homelessness. Located on First Street in downtown Pittsfield, The First will be open seven days a week and offer essential services such as showers, laundry, lockers, quiet rooms, access to technology, and personalized case management. Guided by a trauma informed Living Room Model, the center is designed to foster connection, reduce isolation, and help each guest take meaningful next steps in their journey.

BMC continued the Berkshire Cradle program, a collaborative project between Berkshire Medical Center, Berkshire Nursing Families (BNF), & Springfield Family Doulas that will expand culturally competent maternal health support services for Berkshire County families. Berkshire Harm Reduction continued to work with local organizations and businesses to place Nalox Boxes in numerous community locations, both indoors and outdoors, expanding the number of these boxes to over 100. These boxes allow free access to Narcan for anyone in the community and the boxes are replenished on a regular basis. Berkshire Medical Center, BMC continued Structured Interdisciplinary Bedside Rounds (SIBR), which brings the bedside nurse, care manager, physicians, and other available care team members together for a quick huddle with the patient and family members or loved ones in order to provide comprehensive care and to alleviate any issues or concerns the patient may have, creating the time, space, and scaffolding for team members to optimize care and communicate effectively. BMC marked the 4th year of its Diversity, Equity and Inclusion program under the direction of its first Diversity, Equity and Inclusion Director, Charles Redd, and also continued its membership in the Coalition of Western Massachusetts Hospitals. BMC also continued its focus on Substance Use Disorder and Behavioral Health and chronic diseases care and programming and continued to address Social Determinants of Health and general wellness for the community.

Throughout Fiscal 2025 BMC continued safety protocols for staff and the public, including masking guidelines as needed based on data showing increased COVID19, RSV and Influenza in the community, particularly during the winter months and following holidays. Staffing continued to be extremely challenging, and BMC continued its career pipeline programs to train new Medical Assistants and Nursing Assistants, while also partnering with McCann Technical School in North Adams on Licensed Practical Nurse training, and worked with local colleges on pipeline programs for those wishing to attain their Associates Degree in Nursing and Bachelor of Science Degree in Nursing. The hospital continued its Community Health Worker initiative to aid patients with a smooth transition to community care options following their discharge. The Critical shortage education program continued for Doctor of Nursing Practice in collaboration with Elms College, to enhance primary care services in region in wake of the ongoing physician shortage.

BMC also provided financial support for Volunteers in Medicine to expand its outreach to the Pittsfield area, and Thornewood, a housing project that provides temporary housing for individuals who have moved to the south Berkshire region and cannot initially find permanent housing due to escalating costs and lack of housing units.

BMC participated in the 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. BMC also facilitated access to care through comprehensive physician recruitment, nursing and technologist education and advancement programs, filling critical shortages; Advocacy for Access provided insurance enrollment to thousands of uninsured/underinsured in the region; the comprehensive cancer treatment/prevention program focused on colorectal, breast, prostate, lung and other cancers, providing a 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; continued the BMC Heart Failure Clinic, aiding heart failure patients in managing their illness to help prevent hospital readmission and also has a dedicated Heart Failure Navigator to aid patients; the Patient Care Navigation program connected patients directly to nurses and other specialists who can answer questions about their care or address concerns; cardiovascular disease efforts reducing mortality rate, and medical center efforts were recognized by the American Heart Association for achievements in coronary artery disease, stroke and heart failure. BMC also held a community walking/exercise program coordinated by the Wellness Department with over 600
participants designed to encourage healthier lifestyles; BMC continued its 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; wellness and integrative service program for cancer care. BMC's Specialty Pharmacy program continued with a patient liaison, who helps patients in need of expensive medications, such as for Cancer Care, to reduce the cost of the medication 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. Primary care substance use disorder care was provided through Hillcrest Family Health Center, with a dedicated nurse providing care to primary care patients who suffer from addiction. BMC also completed the third year of its new Youth Intensive Outpatient program, which was started in late FY 2022 and provides intensive counseling and care for youth who are facing mental health issues.

Plans for Next Reporting Year:

In FY 2026, BMC will implement its Connected Care Center, which will provide proactive, flexible, relationship-based, and comprehensive care that supports improved health outcomes, stabilizes chronic conditions, and reduces unnecessary emergency and inpatient utilization, which is essentially a primary care office with embedded support services for high utilization patients. Additionally, BMC will launch an RN Residency Program that will allow candidates to undergo extensive education on specialized nursing care; provide a remote component to the Partial Hospitalization Program in Behavioral Health; and implement a Workforce Development Soft Skills program for staff. BMC, through its Diversity, Equity and Inclusion program will also continue its work in addressing the health challenges in the county. BMC has had success in lowering incidents of uncontrolled diabetes in our MassHealth population. We expect to reach our goal by the end of FY 2026 in lowering incidents of uncontrolled diabetes in both our Hispanic and Black population. In FY 2026 BMC will also focus on maternal hypertension where we see the highest incidents among our non-white Hispanic population. Through our partnerships with our OBGYN offices, we will identify those patients at risk and provide them with our in-home blood pressure monitoring through BabyScripts. BMC will also provide its second year of financial commitment to the First, the daytime resource and community center in Pittsfield providing support for those experiencing or at risk of homelessness. Berkshire Harm Reduction will further expand on placement of Nalox Boxes in partnership with community businesses and organizations. BMC will continue the Berkshire Cradle program, a collaborative project between Berkshire Medical Center, Berkshire Nursing Families (BNF), & Springfield Family Doulas that will expand culturally competent maternal health support services for Berkshire County families.

In FY 2026, BMC will also continue its Diversity, Equity and Inclusion program; Career Pathways program will continue to provide education and training for Medical Assistants, Nursing Assistants, Registered Nurses and Licensed Practical Nurses to enhance the healthcare workforce at a time of critical shortages in many areas of care; outreach through community programs on risks associated with prostate cancer, colorectal cancer, breast cancer and lung cancer and promotion of cancer screenings, including holding in person and virtual events with providers in the community; continued expansion of cardiovascular disease and diabetes prevention and treatment programs and pain management project; continue intensive recruitment of new physicians, physician assistants, nurse practitioners and technologists through tuition reimbursement program; continue systemwide efforts to serve uninsured/underinsured through enrollment in MassHealth and Commonwealth Care programs through outreach program Advocacy for Access. BMC will continue health screenings & education in local communities with a focus on health disparities and at-risk populations; and continue health and wellness partnerships with Pittsfield schools through grants. BMC will continue its Berkshire Connections program, a support program for prenatal and postpartum women who are in recovery or experiencing Substance Use Disorder,.

Self-Assessment Form: Hospital Self-Assessment Form - Year 1

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 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. Additionally, BMC's Emergency Department has a bridge program designed to help those accessing the ED with Substance Use Disorder to receive emergency treatment followed by a referral to an outpatient care program through The Brien Center, Spectrum Health or other local SUD services.
Program Hashtags	Community Education, Health Professional/Staff Training, 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 5 of 5
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 5 of 5
Provide bridge services to patients admitted through the Emergency Department suffering from Substance Use Disorder so that they can receive referrals to outpatient care programs.	Ongoing	Process Goal	Year 5 of 5

EOHHS Focus Issues	Mental Illness and Mental Health, Substance Use Disorders,
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:** Adams, Alford, Becket, Cheshire, Clarksburg, Dalton, Egremont, Florida, Great Barrington, Hancock, Hinsdale, Lanesborough, Lee, Lenox, Monterey, Mount Washington, New Ashford, New Marlborough, North Adams, Otis, Peru, Pittsfield, Richmond, Sandisfield, 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:** LGBT Status, Refugee/Immigrant Status, Veteran Status,

Partners:

Partner Name and Description	Partner Website
The Brien Center	https://www.briencenter.org/
NAMI of Berkshire County	https://namibc.org/
Local Police Departments	Not Specified

Northern Berkshire Community Coalition	https://nbccoalition.org/
Berkshire Youth Zero Suicide Initiative	Not Specified
Spectrum Health	https://www.spectrumhealthsystems.org/390-merrill-road-pittsfield/

Berkshire 150

Program Type	Total Population or Community-Wide Interventions
Program is part of a grant or funding provided to an outside organization	No
Program Description	Berkshire 150 is a community wellness program run by the Berkshire Health Systems Wellness team promoting exercise over a 5-week period. The goal is to exercise at least 150 minutes a week which is the number of minutes recommended by the Centers for Disease Control. This amount of exercise along with eating the right foods helps to maintain a healthy lifestyle. The program ran in April and May of 2025 with 689 community members participating either individually or in teams. Participants keep track of the number of minutes exercised daily on their phone, a calendar, or by using a fitness tracking app. Each week, participants submitted the total number of minutes they exercised using an online form. This system-wide program will enter its sixth year in FY 2026.
Program Hashtags	Community Education,
Program Contact Information	Maureen Daniels, Director of Wellness Services, 725 North St., Pittsfield, MA 01201 413-447-2000, ext. 9241

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide a community exercise program with the goal of encouraging local residents to walk or exercise for at least 150 minutes a week, the recommended CDC guideline for improving health and wellness.	Spring 2025	Process Goal	Year 5 of 6
Give participants the tools they need to track their weekly steps and report them to Berkshire 150.	Spring 2025	Process Goal	Year 5 of 6
Help to prevent chronic disease and improve overall health through a dedicated, free exercise program.	Spring 2025	Process Goal	Year 5 of 6

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-Chronic Pain, Chronic Disease-Diabetes, Chronic Disease-Hypertension, Chronic Disease-Overweight and Obesity, Chronic Disease-Pulmonary Disease, Health Behaviors/Mental Health-Stress Management,
Target Populations	• **Regions Served:** Adams, Becket, Cheshire, Clarksburg, Dalton, Egremont, Florida, Great Barrington, Hinsdale, Lanesborough, Lee, Lenox, Monroe, Monterey, Mount Washington, New Ashford, New Marlborough, North Adams, Otis, Peru, Pittsfield, Richmond, Sandisfield, Savoy, Sheffield, Stockbridge, Tyringham, Washington, West Stockbridge, Williamstown, Windsor, • **Environments Served:** Rural, Suburban, • **Gender:** All, • **Age Group:** Adults, Children, Elderly, Teenagers, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Berkshire business community	Not Specified
Berkshire area school districts	Not Specified
Berkshire physician practices	Not Specified
North Adams Regional Hospital	https://www.berkshirehealthsystems.org/location/north-adams-regional-hospital/
Fairview Hospital	https://www.berkshirehealthsystems.org/location/fairview-hospital/

Berkshire Connections

Program Type	Total Population or Community-Wide Interventions
Program is part of a grant or funding provided to an outside organization	No
Program Description	Established in FY 2023, Berkshire Connections is a support program for prenatal and post-partum women who are in recovery or experiencing Substance Use Disorder for up to 3 years postpartum. The program, embedded in Berkshire OB/GYN of BMC, helps patients to develop plans of safe care for after childbirth, and to aid in their communication and visits by the Department of Children and Families as well as providing support to optimize their personal growth and support of their families. Grant funded, this program has helped 124 young women in the Berkshires from FY 2022-25. Berkshire County has a high rate of infants being born with neonatal opioid withdrawal syndrome, resulting from prescribed and illicit substance use. The infant is exposed to the substances in the womb, becomes physically dependent and then potentially undergoes withdrawal after birth. The program is voluntary and free of charge. The program also operates a weekly peer support group for pregnant or post-partum women with SUD. In FY 2025 there were 65 referrals to the program and 28 deliveries, with 65% of the referrals being pregnant at the time of referral.

Program Hashtags	Community Education, Health Screening,
Program Contact Information	Ann McDonald, Clinical Project Manager, Berkshire Connections, 725 North St., Pittsfield, MA, 01201, 413-395-7546

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide support to prenatal and post-partum women who are battling substance use disorder.	Ongoing	Process Goal	Year 3 of 4
Aid in the development of safe care plans for expectant and new mothers who are in recovery from SUD.	Ongoing	Process Goal	Year 3 of 4
Provide peer support for pregnant and post-partum women with Substance Use Disorder.	Ongoing	Process Goal	Year 3 of 4

EOHHS Focus Issues	Housing Stability/Homelessness, Substance Use Disorders,
DoN Health Priorities	Not Specified
Health Issues	Maternal/Child Health-Child Care, Maternal/Child Health-Parenting Skills, Maternal/Child Health-Reproductive and Maternal Health, Social Determinants of Health-Access to Health Care, Substance Addiction-Alcohol Use, Substance Addiction-Opioid Use, Substance Addiction-Substance Use,
Target Populations	• **Regions Served:** Adams, Becket, Cheshire, Clarksburg, Dalton, Florida, Great Barrington, Hancock, Hinsdale, Lanesborough, Lee, Lenox, Mount Washington, New Marlborough, North Adams, Otis, Peru, Pittsfield, Richmond, Sandisfield, Savoy, Sheffield, Stockbridge, Washington, West Stockbridge, Williamstown, Windsor, • **Environments Served:** Rural, Suburban, • **Gender:** Female, • **Age Group:** Adults, Infants, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Incarceration History,

Partners:

Partner Name and Description	Partner Website
Berkshire OB/GYN of BMC	Not Specified
Massachusetts Department of Children and Families	https://www.mass.gov/orgs/massachusetts-department-of-children-families
Massachusetts Bureau of Substance Addiction Services	https://www.mass.gov/orgs/bureau-of-substance-addiction-services
Western Massachusetts Regional Womenâ€™s Correctional Center	https://hcsoma.org/hcso-facilities/womens-center/

Berkshire Cradle

Program Type	Community-Clinical Linkages
Program is part of a grant or funding provided to an outside organization	No
Program Description	Berkshire Cradle is a collaborative project between Berkshire Medical Center, Berkshire Nursing Families and Springfield Family Doulas that aims to improve maternal health support in Berkshire County. The program seeks to reduce health disparities along with unnecessary healthcare spending, and to expand culturally competent maternal health support services. Berkshire Cradle also offers lactation support and community resources for birthing people. The program creates plans of care to optimize health and wellbeing, offers a variety of tests throughout pregnancy, partners with Baystate Medical Center's Maternal Fetal Medicine physicians for specialized high-risk care, offers childbirth and parenting classes, including prenatal yoga, infant/child CPR, and a Big Brother/Big Sister class, and offers support for women with a history of substance use disorder.
Program Hashtags	Community Education, Prevention,
Program Contact Information	Ann McDonald, RN, Clinical Project Manager, Berkshire Connections, 413-447-2000

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Improve maternal health support services across Berkshire County.	Ongoing	Process Goal	Year 2 of 5
Reduce health disparities and lower unnecessary healthcare costs related to maternal health.	Ongoing	Process Goal	Year 2 of 5
Expand culturally competent maternal health support services.	Ongoing	Process Goal	Year 2 of 5

EOHHS Focus Issues	Substance Use Disorders,
DoN Health Priorities	Not Specified
Health Issues	Maternal/Child Health-Child Care, Maternal/Child Health-Parenting Skills, Maternal/Child Health-Reproductive and Maternal Health, Other-Cultural Competency, Social Determinants of Health-Access to Health Care, Substance Addiction-Substance Use,
Target Populations	• **Regions Served:** Adams, Alford, Becket, Cheshire, Clarksburg, Dalton, Egremont, Florida, Great

	Barrington, Hancock, Hinsdale, Lanesborough, Lee, Lenox, Monterey, Mount Washington, New Ashford, New Marlborough, North Adams, Otis, Peru, Pittsfield, Richmond, Sandisfield, Savoy, Sheffield, Stockbridge, Tyringham, Washington, West Stockbridge, Williamstown, Windsor, • **Environments Served:** Rural, Suburban, • **Gender:** Female, • **Age Group:** Adults, Infants, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Berkshire Nursing Families	https://www.berkshirenursingfamilies.org/
Springfield Family Doulas	https://springfieldfamilydoulas.com/
Baystate Medical Center	https://www.baystatehealth.org/locations/baystate-medical-center

Berkshire Harm Reduction Program

Program Type	Community-Clinical Linkages
Program is part of a grant or funding provided to an outside organization	No
Program Description	Berkshire Harm Reduction is a prevention, screening, and support program serving individuals with Hepatitis C, sexually transmitted infections, and substance use disorder, as well as those at risk. All services are provided free of charge and funded by the Massachusetts Department of Public Health. In FY 2025, Berkshire Harm Reduction served 3,366 unique participants. The program supports care coordination across a range of services, including mental health, medical care, nutrition, peer support and mentoring, and substance use treatment referrals. During FY 2025, Harm Reduction conducted 335 tests for Hepatitis C, HIV, Syphilis, Chlamydia, and Gonorrhea. The program distributed 6,184 naloxone (Narcan) kits, along with overdose education and training on naloxone administration. Of those kits, 582 were distributed through 23 Nalox Boxes in South Berkshire, 3,452 kits were distributed through 63 Nalox Boxes in Central County. Additionally, Harm Reduction distributed 7,322 safe smoking kits to reduce harm and prevent disease transmission. Through the syringe services program, Harm Reduction collected 336,117 used syringes and distributed 290,496 new syringes. Prior to being taken out of service due to vandalism, the Harm Reduction vending machines distributed an additional 8,550 new syringes, 735 safe smoking kits, and 25 naloxone kits. Berkshire Harm Reduction also distributes wound care kits and provides basic wound care services in-office to prevent infection, reduce complications, and connect participants to medical follow-up when needed. In FY2025, the Harm Reduction Mobile Unit continued to travel throughout Berkshire County, expanding access to services in areas where transportation presents a barrier. The program also provides direct delivery of harm reduction supplies to participants when needed.
Program Hashtags	Community Education, Health Screening, Prevention,
Program Contact Information	Sarah DeJesus, Practice Manager, 42 Summer St., Pittsfield, MA 01201 413-447-2526

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide counseling services for individuals with sexually transmitted diseases, Hepatitis C and/or facing Substance Use Disorder.	Ongoing	Process Goal	Year 2 of 5
Provide testing services for individuals who may have contracted sexually transmitted diseases or Hepatitis C.	Ongoing	Process Goal	Year 2 of 5
Provide direct outreach services to the community, including partnering with the Berkshire County House of Correction to provide services for those who have contracted sexually transmitted disease or substance abuse disorder.	Ongoing	Process Goal	Year 2 of 5
Community resource to provide Narcan and education on its use for those at risk of overdose through direct provision to clients and to the community at large through the placement of over 100 Nalox Boxes.	Ongoing	Process Goal	Year 2 of 5
Provide community resource for the disposal of syringes and all other sharps and exchange for new clean syringes through the Sharps Disposal Program and Syringe Exchange Program. Sharps disposal can be for any use of sharps, including diabetes insulin injections and substance use disorders.	Ongoing	Process Goal	Year 5 of 6
Provide harm reduction supplies in several ways, including through direct contact with the client in one of the Harm Reduction office settings, through the Mobile Unit that traverses the county and home delivery direct to clients.	Ongoing	Process Goal	Year 2 of 5

EOHHS Focus Issues	Mental Illness and Mental Health, Substance Use Disorders,
DoN Health Priorities	Not Specified
Health Issues	Chronic Disease-Diabetes, Health Behaviors/Mental Health-Mental Health, Infectious Disease-Hepatitis, Infectious Disease-HIV/AIDS, Infectious Disease-Sexually Transmitted Diseases, Infectious Disease-Tuberculosis, Social Determinants of Health-Access to Health Care, Social Determinants of Health-Access to Transportation, Social Determinants of Health-Public Safety, 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, Egremont, Florida, Great Barrington, Hancock, Hinsdale, Lanesborough, Lee, Lenox, Marlborough, Monroe, Monterey, Mount Washington, New Ashford, New Marlborough, North Adams, Otis, Peru, Pittsfield, Richmond, Sandisfield, Sheffield, Stockbridge, Tyringham, Washington, West Stockbridge, Williamstown, • **Environments Served:** Rural, Suburban, • **Gender:** All, • **Age Group:** Adults, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Incarceration History,

Partners:

Partner Name and Description	Partner Website
Berkshire Area Physician Practices	Not Specified
Berkshire County House of Correction and Sheriff's Department	https://bcsoma.org/
Berkshire Community Pharmacy	https://www.berkshirehealthsystems.org/programs-and-services/pharmacy/
Berkshire Fallon ACO	https://fallonhealth.org/berkshires
Local Public Health Departments	Not Specified
Municipal Officials, including Mayors and Boards of Selectmen	Not Specified
Berkshire Opioid Prevention Collaborative	https://boapc.org/
The Brien Center	https://www.briencenter.org/
Community Health Programs	https://chpberkshires.org/
McGee Recovery Center and BMC Clinical Stabilization Unit	https://www.berkshirehealthsystems.org/programs-and-services/behavioral-health/
Youth Zero Suicide Program	Not Specified
Spectrum Health	https://www.spectrumhealthsystems.org/390-merrill-road-pittsfield/
Berkshire Connections Program	https://www.berkshirehealthsystems.org/community-wellness/berkshire-connections-for-women/
Rural Recovery Program	Not Specified
Berkshire businesses and not for profit organizations	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	The Women, Infants, and Children (WIC) Program has supported families for 50 years by providing free nutrition and health services to pregnant and breastfeeding women, infants, and children under age five. The program promotes healthy pregnancies, positive birth outcomes, and strong child development through personalized nutrition counseling, breastfeeding education and support, EBT cards for purchasing healthy foods, nutrition and health education, and referrals to medical and dental care, health insurance, childcare, and housing and fuel assistance. These comprehensive services help families maintain their health and build long-term stability. In FY 2025, Berkshire North WIC served 2,069 participants throughout Berkshire County. The program remained a trusted community resource, providing consistent access to nutritious foods, individualized support, and essential health referrals. WIC continued to adapt to the needs of local families, ensuring that all participants received timely and appropriate services. During the 2025 holiday season, WIC served as a distribution site for the Toys for Tots program. More than 400 families benefited from this partnership, receiving approximately 900 toys for their children. This effort supported both WIC clients and community members, helping families experience a joyful and supported holiday season. Berkshire North also played an important role in addressing diaper needs across the region. Through the Berkshire Diaper Project, the program distributed more than 200,000 diapers to WIC participants and the general public. This initiative reduced financial stress on families and ensured that caregivers could meet the basic needs of their children. WIC further supported family well-being by offering seasonal benefits, including Farmers Market Nutrition Program checks during the summer, which provided access to fresh, locally grown produce. The program also continued to offer breastfeeding support, infant feeding education, and a wide range of community referrals that strengthen family stability and long-term health. Through these combined efforts, WIC remained a comprehensive, family-centered resource dedicated to promoting the health, nutrition, and well-being of families throughout Berkshire County.
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 5
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 5
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 5
Partner with the Berkshire Diaper Project to supply free diapers for families in need.	Ongoing	Process Goal	Year 4 of 5

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, Female, • **Age Group:** Adults, Children, Infants, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Operation Better Start	https://www.berkshirehealthsystems.org/location/operation-better-start/
Berkshire County Farmers Markets	Not Specified
Local Physician Practices	Not Specified
Berkshire Food Project	https://berkshirefoodproject.org/
Berkshire Diaper Project	https://berskshirecommunitydiaperproject.org/
Toys for Tots Program	https://westernmass.toysfortots.org/local-coordinator-sites/lco-sites/default.aspx?nPageID=0&nPreviewInd=0&nRedirectInd=3
Local grocery stores	Not Specified

BHS Nurse Line

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 Berkshire Health Systems Nurse Line grew out of a toll-free hotline that had been available throughout the COVID-19 pandemic, originally used for phone triaging with patients who had questions about the virus, where to get vaccinations, masking guidelines, and treatment options. When the pandemic lessened, the phone line was converted to the BHS Nurse Line, operated daily from 8 am to 4 pm out of Berkshire Health Urgent Care's Pittsfield location. In FY 2025, the Nurse Line, staffed by nurses, provided answers to general questions about health and well-being, recommendations for care options, and also served as a hotline for patients who were prescribed Warfarin, to keep tabs of their usage and to determine if the patient required any adjustments. The Nurse Line keeps in regular contact with the Warfarin patients' primary care providers. Additionally, the Nurse Line has taken a role in assisting BHS emergency departments and urgent cares when certain follow-up care or information is required. In FY 2025, the BHS Nurse Line handled 12,690 calls.
Program Hashtags	Health Screening, Prevention,
Program Contact Information	Robert Shearer, RN, Director of Urgent Care and Occupational Health Services, 413-997-0930

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame

Provide the community with a toll-free call center to help with questions about general care.	Ongoing	Process Goal	Year 2 of 5
Provide nurse level expertise for questions arising in the community about where to obtain care, whether Urgent Care or Emergency Department level care.	Ongoing	Process Goal	Year 2 of 5
Provide patients on Warfarin with regular check-ins by phone to determine whether adjustments should be made to their medication regimen.	Ongoing	Process Goal	Year 2 of 5

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
DoN Health Priorities	Not Specified
Health Issues	Chronic Disease-Chronic Pain, Chronic Disease-Diabetes, Chronic Disease-Hypertension, Health Behaviors/Mental Health-Immunization, Health Behaviors/Mental Health-Physical Activity, Infectious Disease-COVID-19, Injury-First Aid/ACLS/CPR, Injury-Home Injuries, Injury-Sports Injuries, Other-Hearing, Social Determinants of Health-Access to Health Care,
Target Populations	• **Regions Served:** Adams, Alford, Becket, Cheshire, Clarksburg, Dalton, Egremont, Florida, Great Barrington, Hancock, Hinsdale, Lanesborough, Lee, Lenox, Monterey, Mount Washington, New Ashford, New Marlborough, North Adams, Otis, Pittsfield, Richmond, Sandisfield, 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:** Disability Status,

Partners:

Partner Name and Description	Partner Website
Berkshire Health Urgent Care	https://www.berkshirehealthsystems.org/programs-and-services/urgent-care/
Berkshire Medical Center Emergency Department	https://www.berkshirehealthsystems.org/programs-and-services/bhs-emergency-departments/
Berkshire area primary care providers	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	Berkshire Health Systems leads 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 2025, 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 Berkshire Harm Reduction Program. Program representatives also met with local and state officials to discuss strategies on curbing the abuse of opioid medications in the community. In 2025, 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. The program also includes an Emergency Department Alert component, with goal of improving care to patients with pain while reducing opioid prescribing. Care improvements include an opioid sparing order set, teaching analgesia-based procedures and helping patients to implement follow-up recommendations.
Program Hashtags	Community Education, Prevention,
Program Contact Information	Ann McDonald, RN, MSN, Berkshire Medical Center, 725 North St., Pittsfield, MA 01201, 413-447-2000

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 5
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 5
Provide community resources for the proper and safe disposal of unused medications and used sharps devices	Ongoing	Process Goal	Year 2 of 5
Provide an Emergency Department			

Alert program that allows providers to recommend the use of non-opioid medications for pain management and follow up care.	Ongoing	Process Goal	Year 2 of 5

EOHHS Focus Issues	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:** Disability Status,

Partners:

Partner Name and Description	Partner Website
Berkshire County Court System	Not Specified
Berkshire County District Attorney's Office	https://www.mass.gov/orgs/berkshire-district-attorneys-office
Berkshire County Sheriff's Office	https://bcsoma.org/
Berkshire Opioid Abuse Prevention Collaborative	https://boapc.org/
BMC Clinical Stabilization Services Unit	https://www.berkshirehealthsystems.org/programs-and-services/behavioral-health/
Local pharmacies	Not Specified
Local physician practices	Not Specified
Massachusetts State Police	https://www.mass.gov/orgs/massachusetts-state-police
North Adams Police Department	https://www.northadams-ma.gov/government/departments_offices/public_safety/police_department/index.php
Pittsfield Police Department	https://www.pittsfieldma.gov/552/Police-Department
US Drug Enforcement Agency	https://www.dea.gov/
Berkshire Harm Reduction Program	https://www.berkshirehealthsystems.org/community-wellness/berkshire-harm-reduction/

Cancer 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 2025, the Nurse Navigation program worked with 713 newly diagnosed patients with cancer in addition to those who were diagnosed in previous years. The program uses oncology nurse navigators to provide guidance at the diagnostic phase and continues through treatment and survivorship phases to end of life. Nurse Navigation provided a Women with Cancer support group and a Prostate Cancer support group. In addition, Care Navigation participated in several community events, including the Pittsfield Pride Festival, Festival Latino and the American Cancer Society's Relay for Life. The program also provided wigs to numerous patients, as well as hats and caps, scarves, while Lymphedema patients were assisted with garments to help stem their illness. Also in FY 2025, Care Navigation featured a garment fitting service for mastectomy patients. We also provide Nutrition cooking demonstrations to provide alternative healthy recipes to our patients. The Phelps Cancer Center at BMC is a member of the Dana-Farber Cancer Care Collaborative.
Program Hashtags	Community Education, Health Screening, Prevention,
Program Contact Information	Jennifer Hall, RN, Director of Operations, Phelps Cancer Center at Berkshire Medical Center 725 North St. Pittsfield, MA 01201 413-443-6000

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide patients access to oncology nurse navigators to counsel patients at the prevention stage and diagnostic phase and continue through treatment and survivorship phases to end of life.	Ongoing	Process Goal	Year 2 of 5
Provide support groups for Women with Cancer and Prostate Cancer patients.	Ongoing	Process Goal	Year 2 of 5
Aid patients in navigating the complexity of the health system so they can better access needed services.	Ongoing	Process Goal	Year 2 of 5
Participate in community efforts to advance health information, such as the annual Pride Festival, Festival Latino and American Cancer Society's	Ongoing	Process Goal	Year 2 of 5

Relay for Life programs held locally.			

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
DoN Health Priorities	Not Specified
Health Issues	All,
Target Populations	• **Regions Served:** County-Berkshire, • **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
American Cancer Society	https://www.cancer.org/
Area businesses and civic organizations	Not Specified
BHS Prostate Cancer Support Group	Not Specified
BMC Cancer Center	https://www.berkshirehealthsystems.org/programs-and-services/hematology-oncology/
BMC Nutrition Services	https://www.berkshirehealthsystems.org/programs-and-services/nutrition
BMC Women's Imaging Center program	https://www.berkshirehealthsystems.org/programs-and-services/radiology/
Local physician practices	Not Specified
Dana-Farber Cancer Care Collaborative	https://www.dana-farber.org/about/collaborations
Integrative Services	Not Specified
Berkshire Breast Health Team	Not Specified
Pride Festival organization	Not Specified
Festival Latino	https://festivallatino.org/

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	The Phelps Cancer Center provides comprehensive, compassionate cancer care through education, prevention, and integrative health services. As part of our commitment, we provide cancer prevention and education programs to both Phelps Cancer Center patients and the broader Berkshire community. We also provide treatment-related education, and education and access to genetic testing for Cancer Center patients. Prevention includes educating patients and community members, including marginalized populations about the importance of regular health screenings such as mammograms, colonoscopies, and low dose lung cancer screenings. Integrative health services, offered at no cost, include nutrition education, yoga, exercise classes, intuitive painting, acupuncture, meditation, support groups, and Style and Smiles (supporting body image concerns). These evidence-based services help manage treatment side effects and support patients through active treatment and survivorship. In FY2025, Integrative Health programs had 3,300 participants visits. Our Patient Care Assistance Fund assists patients with financial barriers to cancer screening and treatment such as co-pays and deductibles, and access to emergency living expenses. Oncology Nurse Navigators guide patients from diagnosis through survivorship and collaborate with Dana-Farber Cancer Institute for specialized care.
Program Hashtags	Community Education,
Program Contact Information	Jennifer Hall, RN, Director of Operations, Phelps Cancer Center at BMC, 165 Tor Court, Pittsfield, MA 413-447-2000

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide comprehensive, compassionate cancer treatment, education and prevention efforts inclusive of Integrative health care.	Ongoing	Process Goal	Year 2 of 5
Address financial challenges for patients through the Phelps Cancer Center Patient Needs Fund, which helps those in our community with financial barriers to be screened for cancer through mammography or other screenings, including assistance in paying high copays or deductibles.	Ongoing	Process Goal	Year 2 of 5
Provide patients with funding assistance for those in need of annual mammography and other breast cancer detection and treatment related services such as wigs, caps, lymphedema garments.	Ongoing	Process Goal	Year 2 of 5

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:** Adams, Alford, Becket, Cheshire, Clarksburg, Dalton, Egremont, Florida, Great Barrington, Hancock, Hinsdale, Lanesborough, Lee, Lenox, Monterey, Mount Washington, New Ashford, New Marlborough, North Adams, Otis, Peru, Pittsfield, Richmond, Sandisfield, Savoy, Sheffield, Stockbridge, Tyringham, Washington, Williamstown, Windsor, • **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
BMC Physician Practices	Not Specified
BMC Care Navigation	Not Specified
Dana Farber Cancer Institute	https://www.dana-farber.org/
Fairview Hospital	https://www.berkshirehealthsystems.org/location/fairview-hospital/
Various support groups	Not Specified
Berkshire Breast Health Team	Not Specified
Oncology and Social Work programs	Not Specified
North Adams Regional Hospital	https://www.berkshirehealthsystems.org/location/north-adams-regional-hospital/

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 initiated the County Health Initiative in 2012 and was the main organization behind the program until 2019, when it transitioned to leadership of the Berkshire County Regional Planning Commission. In late 2019 and through 2025, BMC continued as a member agency. The CHI Advisory Committee include Berkshire Health Systems, Southern Berkshire Rural Health Network, Tri-Town Health Department, Pittsfield Health Department, Volunteers in Medicine, Berkshire Regional Planning Commission, 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 using best available science and information to guide in healthcare, public health, health literacy, social science and behavioral economics. The goal of the CHI is to collaboratively improve the overall well-being of all people in Berkshire County by taking a holistic approach to building a more healthy, vibrant, and inclusive community.
Program Hashtags	Community Education, Health Screening, Prevention,
Program Contact Information	Maureen Daniels, Director of Wellness and Community Health, 725 North St., Pittsfield, MA 01201, 413-395-9241

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	Process Goal	Year 5 of 6

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, Egremont, Florida, Great Barrington, Hancock, Hinsdale, Lanesborough, Lee, Lenox, Marlborough, Monterey, Mount Washington, New Ashford, New Marlborough, North Adams, Otis, Peru, Pittsfield, Richmond, Sandisfield, 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:** Disability Status, Refugee/Immigrant Status,

Partners:

Partner Name and Description	Partner Website
Berkshire Regional Planning Commission	https://berkshireplanning.org/
Berkshire County Boards of Health Association	https://berkshireplanning.org/
Fairview Hospital	https://www.berkshirehealthsystems.org/location/fairview-hospital/
Pittsfield Health Department	https://www.pittsfieldma.gov/294/Health-Department
Tri-Town Health Department	https://www.lee.ma.us/tri-town-health-department
Northern Berkshire Community Coalition	https://nbccoalition.org/
Berkshire Public Health Alliance	https://berkshireplanning.org/initiatives/berkshire-public-health-alliance/
Berkshire Opioid Addiction Prevention Coalition	https://boapc.org/

Diversity, Equity and Inclusion Program

Program Type	Community-Clinical Linkages
Program is part of a grant or funding provided to an outside organization	No
Program Description	In August of 2022, Berkshire Health Systems implemented a Diversity, Equity and Inclusion Program, and created the new position of Diversity, Equity and Inclusion Officer for Berkshire Health Systems. Charles Redd, RN, assumed that role with the goal of furthering the hospital's mission of advancing the health and wellness of everyone in our community in a welcoming, inclusive, and personalized environment. The Diversity, Equity and Inclusion Officer reports directly to the President and CEO and works closely with leaders across the health system to advance its mission, identify and reduce health disparities, create welcoming environments for patients, and supports a diverse workforce. In FY 2025, BMC earned the Joint Commission Excellent Outcomes for All Certification. BMC was recognized for its work in identifying and addressing differences in outcomes across patient populations but also their continued work in partnering with the community to help continue to close the gaps in health outcomes across Berkshire County. BMC also continued its work in addressing the health challenges in the county. We continue to see success in lowering incidents of uncontrolled diabetes in our MassHealth population. We expect to reach our goal by the end of FY 2026 in lowering incidents of uncontrolled diabetes in both our Hispanic and Black population. BMC will also focus on maternal hypertension where we see the highest incidents among our non-white Hispanic population. Through our partnerships with our OBGYN offices, we will identify those patients at risk and provide them with our in-home blood pressure monitoring through BabyScripts. BMC continues to work with community partners and organizations across the county to address the challenges the people in our community face. They are part of our vision to be the regional trusted healthcare partner and community advocate for improving overall quality of life.
Program Hashtags	Community Education, Health Screening, Prevention,
Program Contact Information	Charles Redd, RN, Director of Diversity, Equity and Inclusion, 725 North St., Pittsfield, MA 01201, 413-44702023

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Build community relationships in order to build a stronger partnership between the community and the organization.	Ongoing	Process Goal	Year 4 of 5
Build a more diverse workforce by supporting opportunities to advance through education and mentorship.	Ongoing	Process Goal	Year 4 of 5
Support educating and training the workforce on how to care for a growing diverse population.	Ongoing	Process Goal	Year 4 of 5
Recognizing the health challenges of our community and working with the many community organizations to address the health issues that affect all the different groups and populations in Berkshire County.	Ongoing	Process Goal	Year 4 of 5
Attaining Joint Commission Health Equity Certification for all BHS hospitals.	Ongoing	Process Goal	Year 3 of 3
Work with local organizations on lowering incidents of uncontrolled diabetes in the MassHealth, Hispanic and Black populations locally.	Ongoing	Process Goal	Year 1 of 5

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Housing Stability/Homelessness,
DoN Health Priorities	Not Specified
Health Issues	Cancer-Breast, Cancer-Cervical, Cancer-Colorectal, Cancer-Lung, Cancer-Prostate, Chronic Disease-Cardiac Disease, Chronic Disease-Chronic Pain, Chronic Disease-Diabetes, Chronic Disease-Hypertension, Chronic Disease-Sickle Cell Disease, Health Behaviors/Mental Health-Mental Health, Infectious Disease-COVID-19, Infectious Disease-Hepatitis, Infectious Disease-HIV/AIDS, Infectious Disease-Sexually Transmitted Diseases, Other-Cultural

	Competency, Social Determinants of Health-Access to Health Care, Social Determinants of Health-Income and Poverty, Social Determinants of Health-Public Safety, Social Determinants of Health-Racism and Discrimination, Substance Addiction-Opioid Use, Substance Addiction-Substance Use,
Target Populations	• **Regions Served:** Adams, Becket, Cheshire, Clarksburg, Dalton, Florida, Great Barrington, Hancock, Hinsdale, Lanesborough, Lee, Lenox, Marlborough, Monroe, Monterey, Mount Washington, New Ashford, New Marlborough, North Adams, Otis, Peru, Pittsfield, Richmond, Sandisfield, 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:** Disability Status, LGBT Status, Refugee/Immigrant Status,

Partners:

Partner Name and Description	Partner Website
Berkshire NAACP	https://www.naacpberkshires.org/
Blackshires	https://blackshires.net/
West Side Legends	https://www.westsidelegends.org/
Volunteers in Medicine	https://www.vimberkshires.org/
Berkshire Stonewall Community Coalition	https://berkshirestonewall.org/
Northern Berkshire Community Coalition	https://nbccoalition.org/
Southern Berkshire Rural Health Network	https://www.sbruralhealth.org/
Roots and Dreams and Mustard Seeds, Inc.	https://www.rootsandmustardseeds.com/
Manos Unidas Coop	https://manos-unidas.wixsite.com/manos-unidas-
Berkshire Alliance to Support Immigrant Community	https://basicberkshires.org/
Berkshire Black Economic Council	https://berkshirebec.org/
Berkshire Regional Planning Commission	https://berkshireplanning.org/
BRIDGE	https://www.multiculturalbridge.org/
Berkshire United Way	https://www.berkshireunitedway.org/
HEALing Communities Coalition	Not Specified
Berkshire County District Attorney's Office	https://www.mass.gov/orgs/berkshire-district-attorneys-office
Local police departments	Not Specified
LGBTQ+ Health Collaborative	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 2025, Advocacy for Access had nearly 8,600 patient encounters, and facilitated enrollment or re-enrollment of 5,750 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. The Health Outreach program also provided free health screenings and information on applying for health coverage in 2025.
Program Hashtags	, Community Education, 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 4 of 5
Provide education and enrollment support for those who are uninsured or underinsured in the community.	Ongoing	Process Goal	Year 5 of 5
Reduce or eliminate inability to pay as a barrier for accessing health services.	Ongoing	Process Goal	Year 4 of 5
Help those previously enrolled in			

MassHealth prior to COVID-19 to re-enroll if eligible for continued coverage, as many could lose their benefits if they fail to go through the reapplication process.	Ongoing	Process Goal	Year 3 of 5

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	https://bcsoma.org/
CHP Neighborhood Health Center	https://chpberkshires.org/
Christian Center	https://christiancenterpittsfield.org/
Community Health Center Great Barrington	https://chpberkshires.org/locations/great-barrington-health-center/
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	https://www.mass.gov/orgs/executive-office-of-health-and-human-services
Other not for profit organizations and agencies	Not Specified
Christian Center	https://christiancenterpittsfield.org/

Flexible Service Program Health Related Service Needs

Program Type	Community-Clinical Linkages
Program is part of a grant or funding provided to an outside organization	No
Program Description	In FY2025, Berkshire Medical Center (BMC) continued our Flexible Services Program partnerships with Fallon Health, Community Health Programs, Berkshire County Sheriffs Office and Upside 413 (formerly Berkshire County Regional Housing Authority) to provide housing and nutrition services to Berkshire Fallon Health Collaborative members through December 2024. In January 2025, Mass Health introduced a new framework for Health-Related Social Needs (HRSN), moving away from grant-based funding to one that utilizes claims and billing for services. This new framework included stricter eligibility criteria focused on complex physical health, behavioral health, high ED utilization, and very low food security. Mass Health approved BMC for a tenancy preservation program with Upside 413 and CSA shares program with a new partner, Just Roots out of Greenfield, MA. This Farm to Family program includes delivery service to benefit individuals with transportation barriers. In June 2025, Just Roots subcontracted with Berkshire Bounty to provide local CSA shares to Berkshire Fallon members residing in our south county region. In FY 2025, five individuals were provided with tenancy prevention services to maintain current housing status and 251 individuals received services to support their nutritional needs.
Program Hashtags	Community Education, Health Screening, Prevention,
Program Contact Information	Karen Vogel, Community Health Education Coordinator, BMC Medicaid ACO, 413-553-9090

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide housing and nutrition services to underserved populations through partnership with Berkshire County Sheriff's Office, Community Health Programs and Fallon Health.	October 2024 to December 31, 2024	Process Goal	Year 4 of 4
Provide affordable housing assistance and farm to family nutrition services to underserved populations in the Berkshires.	January 2025 to September 30, 2025	Process Goal	Year 4 of 4
Provide a Farm to Family program that includes delivery service to benefit individuals with transportation barriers.	Ongoing	Process Goal	Year 1 of 5

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Housing Stability/Homelessness,

DoN Health Priorities	Not Specified
Health Issues	Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Affordable Housing, Social Determinants of Health-Homelessness, Social Determinants of Health-Income and Poverty, 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, Monterey, Mount Washington, New Ashford, New Marlborough, North Adams, Otis, Pittsfield, Sandisfield, Savoy, Sheffield, Stockbridge, Tyringham, Washington, West Stockbridge, Williamstown, Windsor, • **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
Berkshire Fallon Medicaid ACO	https://fallonhealth.org/berkshires
Community Health Programs	https://chpberkshires.org/
Berkshire County Sheriff's Department	https://bcsoma.org/
Upside 413	https://upside413.org/
Just Roots, Greenfield MA	https://justroots.org/
Berkshire Bounty	https://www.berkshirebounty.org/

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 2025, BMC continued its program to hire numerous Community Health Workers (CHWs), 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	Karen Vogel, Community Health Education Coordinator, 725 North St., Pittsfield, MA 01201, 413-447-2000

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 5 of 5
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 5 of 5

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Housing Stability/Homelessness, Mental Illness and Mental Health, Substance Use Disorders,
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:** Adams, Becket, Cheshire, Clarksburg, Dalton, Egremont, Florida, Great Barrington, Hancock, Hinsdale, Lanesborough, Lee, Lenox, Monterey, Mount Washington, New Ashford, New Marlborough, North Adams, Otis, Peru, Pittsfield, Richmond, Sandisfield, Savoy, Sheffield, Stockbridge, Tyringham, Washington, West Stockbridge, Williamstown, Windsor, • **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

Berkshire Bounty	https://www.berkshirebounty.org/
Local physicians and other providers	Not Specified
Upside 413	https://upside413.org/
Berkshire Immigrant Center	https://www.berkshireic.org/
Child Care of the Berkshires	https://www.ccberkshire.org/
Community Health Programs	https://chpberkshires.org/
BHS Diabetes Education Program	https://www.berkshirehealthsystems.org/programs-and-services/endocrinology/
Western Massachusetts Food Bank	https://www.foodbankwma.org/
Berkshire Harm Reduction	https://www.berkshirehealthsystems.org/community-wellness/berkshire-harm-reduction/
Operation Better Start	https://www.berkshirehealthsystems.org/location/operation-better-start/
Volunteers in Medicine	https://www.vimberkshires.org/
Berkshire North WIC	https://www.berkshirehealthsystems.org/location/women-infants-and-children-program-wic-2/
ServiceNet	https://www.servicenet.org/

Language Services

Program Type	Access/Coverage Supports
Program is part of a grant or funding provided to an outside organization	No
Program Description	The BMC Language and Translation Services Department provides language assistance around the clock to all patients who have Limited English Proficiency (LEP), 365 days a year. These services are provided at no cost for all patients and their families. The department provides services through its different modalities, VRI, telephonic, in-person, and in-house interpreters. Also available are interpreting services for the deaf through the Massachusetts Commission for the Deaf and Hard of Hearing, and through VRI, Video Remote Interpreting. For FY 2025 the department had 29,116 encounters in all modalities combined. This included: In- person 10,401 encounters; Telephonic 7,181; and Video VRI 11,534. The department participates in several immigrant and outreach events held in churches and other settings throughout the year. When unable to participate with a face-to-face outreach person to community events, the department sends information in Spanish and other languages when requested.
Program Hashtags	Community Education, Health Screening, 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
Provide those with Limited English Proficiency access to health interpretation services in a variety of modalities, including in-person, telephone, and video services.	Ongoing	Process Goal	Year 2 of 5
Providing interpretation services to individuals and families who are deaf or hard of hearing in order to enhance access to care services.	Ongoing	Process Goal	Year 2 of 5
Work with the local organizations that provide services to the immigrant population through participation at various community programs and events.	Ongoing	Process Goal	Year 2 of 5

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

Partners:

Partner Name and Description	Partner Website
Berkshire Immigrant Center	https://www.berkshireic.org/
Massachusetts Commission for the Deaf & Hard of Hearing	https://www.masshv.org/
BHS Nurse Line	https://www.berkshirehealthsystems.org/programs-and-services/nurse-line/
BHS Diversity, Equity and Inclusion 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 and licensed dietitians with advanced certifications in fitness and national certifications in adolescent and adult weight management, pediatric and family nurse practitioners, and a licensed clinical social worker. 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, prediabetes, 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 2025, Operation Better Start provided 1,559 clinical visits with 266 unduplicated clients. The program also worked with Berkshire Head Start to provide health and nutrition consultation services to six Head Start sites, benefiting 276 children. OBS staff partnered with the Pittsfield Public Schools 21st Century Community Learning Center program, and Pittsfield Community Television to provide an afterschool cooking program for 40 middle school students.
Program Hashtags	Community Education, 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
Provide nutritional and health education in local schools in partnership with school districts throughout Berkshire County and recording videos to be played on Pittsfield Community Television showing how to make healthy and nutritious meals.	Ongoing	Process Goal	Year 2 of 5
Improve community education and guidance on nutrition, behavior modification and lifestyle changes for better health.	Ongoing	Process Goal	Year 2 of 5
Provide one on one counseling to children and adolescents, and their families, on how to achieve weight loss goals through good nutrition and exercise.	Ongoing	Process Goal	Year 2 of 5

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:** Adults, Children, Infants, Teenagers, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Berkshire County Farmers' Markets	Not Specified
Berkshire North Women, Infants and Children program	https://www.berkshirehealthsystems.org/location/women-infants-and-children-program-wic-2/
Local Pediatric and Obstetric/Gynecology physician practices	Not Specified
Massachusetts Department of Public Health	https://www.mass.gov/orgs/department-of-public-health
National Institutes of Health We CAN Program	https://newsinhealth.nih.gov/2010/03/we-can
Pittsfield Community Television	https://pittsfieldtv.org/
Berkshire Family YMCA	https://bfymca.org/
Pittsfield School System	https://pittsfield.net/en-US
Berkshire Food Project	https://berkshirefoodproject.org/
Boys & Girls Club of the Berkshires	https://www.bgcberkshires.org/
Berkshire Fallon Health Collaborative	https://fallonhealth.org/berkshires
Berkshire County Head Start Program	https://berkhs.org/

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 2025, BMC continued to support local primary care physician practices as they work under the medical home model. The patient-centered medical home (PCMH) model is an approach to delivering high-quality, cost-effective primary care. Using a patient-centered, culturally appropriate, and team-based approach, the PCMH model coordinates patient care across the health system. The PCMH model has been associated with effective chronic disease management, increased patient and provider satisfaction, cost savings, improved quality of care, and increased preventive care. The practices include BMC's Hillcrest Family Health Center, which has a 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 model 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. Hillcrest Family Health also provided substance use disorder services to primary care patients through its Substance Use Treatment Program, where a Registered Nurse works one-on-one with patients to aid in access to recovery and treatment services.
Program Hashtags	Community Education, Health Screening, Prevention,
Program Contact Information	Christa Gariepy, 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 5 of 6
Improve care and outcomes for patients with chronic but manageable illness, such as diabetes.	Ongoing	Process Goal	Year 6 of 6
Integrate mental health and nutrition care into primary care management	Ongoing	Process Goal	Year 6 of 6
Monitor and manage chronic pain to ensure pain management and avoid medication overuse and abuse	Ongoing	Outcome Goal	Year 6 of 6
Provide direct access to patients experiencing Substance Use Disorder with healthcare specialists and outpatient treatment through Medication Assisted Therapy and counseling services.	Ongoing	Outcome Goal	Year 5 of 6
Coordinate recommended screenings for primary care patients, such as colonoscopy, mammography and others.	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, Substance Use Disorders,
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:** Adults, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Disability Status,

Partners:

Partner Name and Description	Partner Website
BMC Behavioral Health Department	https://www.berkshirehealthsystems.org/programs-and-services/behavioral-health/
Community Organizations	Not Specified
Community Primary Care Practices	Not Specified
Hillcrest Family Health Center	https://www.berkshirehealthsystems.org/location/hillcrest-family-health-center-of-bmc/
Lenox Family Health Center	https://www.berkshirehealthsystems.org/location/lenox-family-health-of-bmc/
The Brien Center	https://www.briencenter.org/

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 the national and regional shortage of providers and chronic access issues creating significant community need, BMC continued to provide significant financial support to recruit new providers across the county, for the hospital and its associated provider practices. In FY 2025, BMC continued its Career Pathways Program, which provides on-the-job training for Nursing Assistants and Medical Assistants, and funds tuition and related expenses for Licensed Practical Nurses, Registered Nurses and other clinical positions. BMC invested $4,828,920 for tuition, fees, books, supplies, certifications and school release wages. The Associate Degree in Nursing program at Berkshire Community College (BCC) had enrolled 104 candidates in FY 2025 with 26 graduated, while 2 students were enrolled at Hudson Valley Community College, both having graduated. The BCC LPN to RN Bridge Program had 4 enrolled and all graduated. BMC also provided funding for startup of the Massachusetts College of Liberal Arts Bachelor's of Science Nursing program, the only four-year nursing program in the Berkshires. The LPN program at BCC had 20 enrolled, while the LPN program at McCann Technical School had another 7 enrolled. The Respiratory Therapist program at BCC had 6 enrolled. Other programs included 2 students in the Nuclear Medicine program, 2 in the Echocardiography program, 7 Biomedicine students and 1 surgical tech student. In 2025, BMC funded the training for 57 Nursing Assistants. 75 Medical Assistants were also trained and are practicing as the first contact for patients at BHS provider practices across the county.
Program Hashtags	Health Professional/Staff Training, Physician/Provider Diversity,
Program Contact Information	Patrick Borek, BHS Chief Human Resources Officer, 725 North St., Pittsfield, MA 01201 413-447-2784

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Expanding access and timeliness of patients being seen for primary care through increased recruitment and training of new Medical Assistants, who are the front line for patient care.	Ongoing	Process Goal	Year 4 of 5
Reduce barriers to employment by providing financial assistance and either in-house training or external educational opportunities for those interested in becoming a Registered Nurse, Licensed Practical Nurse, Medical Assistant, Nursing Assistant, Nuclear Medicine, Echocardiography, Biomedicine and Surgical technicians.	Ongoing	Process Goal	Year 4 of 5

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: 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:** Adults, Teenagers, • **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	https://www.berkshirecc.edu/
BMC Physician Practices	Not Specified
Community Health Programs	https://chpberkshires.org/
McCann Technical School	https://www.mccanntech.org/
BHS Education Department	Not Specified
Hudson Valley Community College	https://www.hvcc.edu/
Maria College	https://mariacollege.edu/
Massachusetts College of Liberal Arts	https://mcla.edu/

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 2025, 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 in house and by pharmaceutical companies, these liaisons provided $5.3 million in co-pay

	and cost reductions for 1,041 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	Community Education, 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
Provide customers of the BMC Specialty Pharmacy with cost reductions on highly expensive medications, including those to treat cancer and other critical illnesses through cost reduction programs in collaboration with pharmaceutical companies.	Ongoing	Process Goal	Year 2 of 5
Provide BMC patients with 24-hour pharmacy consultations.	Ongoing	Process Goal	Year 2 of 5

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, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Disability Status,

Partners:

Partner Name and Description	Partner Website
BMC Specialty Pharmacy	Not Specified
Shields Pharmacy Solutions	https://content.shieldshealthsolutions.com/shields-specialty-pharmacy-ga2026/p/1?utm_source=adwords&utm_medium=ppc&utm_term=shields%20pharmacy%20solutions&utm_campaign=&hsa_cam=23456157276&hsa_mt=p&hs
Pharmaceutical Companies	Not Specified
BMC Cancer & Infusion Center	https://www.berkshirehealthsystems.org/programs-and-services/hematology-oncology/
Area physician practices	Not Specified

The First

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, a new daytime resource and community center opening in downtown Pittsfield, received a major commitment from Berkshire Medical Center. BMC has pledged $300,000 over two years to support the projectâ€™s start-up costs, with a portion of the pledge being designated as matching funds to encourage giving from other local individuals and organizations. The First was developed by Hearthway, Inc., with operational leadership provided by ServiceNet, and additional support from Cathedral of the Beloved, Zion Lutheran Church, and the City of Pittsfield. The center was created in response to the growing need for safe, supportive spaces for individuals who are experiencing, or at risk of, homelessness. Located on First Street in downtown Pittsfield, The First will be open seven days a week and offer essential services such as showers, laundry, lockers, quiet rooms, access to technology, and personalized case management. Guided by a trauma informed â€œLiving Room Model,â€ the center is designed to foster connection, reduce isolation, and help each guest take meaningful next steps in their journey.
Program Hashtags	Community Education, Prevention,
Program Contact Information	Service Net, 21 Olander Drive, Northampton, MA 01060, 413-585-1300

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide community support for those experiencing or at-risk for homelessness in the Central Berkshire region.	FY 2025 and FY 2026	Process Goal	Year 1 of 2
Partner with community organizations to improve services and safety for			

those experiencing or at-risk for homelessness, including a safe location for daytime activities, improved hygiene and nutrition and other important services.	FY 2025 and FY 2026	Process Goal	Year 1 of 2

EOHHS Focus Issues	Housing Stability/Homelessness, Mental Illness and Mental Health,
DoN Health Priorities	Not Specified
Health Issues	Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Homelessness, Social Determinants of Health-Nutrition, Social Determinants of Health-Public Safety,
Target Populations	• **Regions Served:** Dalton, Lanesborough, Pittsfield, • **Environments Served:** Rural, • **Gender:** All, • **Age Group:** All, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Disability Status,

Partners:

Partner Name and Description	Partner Website
Hearthway, Inc.	https://hearthway.org/
ServiceNet	https://www.servicenet.org/
City of Pittsfield	https://www.pittsfieldma.gov/
Zion Lutheran Church	https://zionlutheranpittsfield.org/

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	An employee and community wellness program developed by Berkshire Health Systems for our employees, spouses and family members (as BHS is the county's largest employer) to help improve health through lifestyle programming, interventions and education. The wellness program also designs wellness initiatives, education and interventions available for local businesses in the community. The wellness program offers numerous free community-based Wellness education events for the public and targeted audiences, such as the senior population. In FY 2025, the Wellness Department presented well-being workshops, healthcare information, and screenings at local non-profit organizations such as Childcare Resources of the Berkshires, Elder Services, housing authorities, public community events, local colleges and councils on aging.
Program Hashtags	Community Education, 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 5 of 6
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, smoking cessation, ways to thrive, improving overall health and well-being, and senior health.	Ongoing	Process Goal	Year 5 of 6
Reduce the risk of cardiovascular disease, diabetes, pulmonary disease and stroke in the workplace and general population of the Berkshires through partnership with local businesses, and community programs.	Ongoing	Process Goal	Year 5 of 6

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, 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:** All, • **Race/Ethnicity:** All, • **Language:** All,

- **Additional Target Population Status:** Disability Status,

Partners:

Partner Name and Description	Partner Website
American Cancer Society	https://www.cancer.org/
American Diabetes Association	https://diabetes.org/
American Heart Association	https://www.heart.org/en/
Area Public School Systems	Not Specified
BHS Diabetes Education program	https://www.berkshirehealthsystems.org/programs-and-services/endocrinology/
Local business community	Not Specified
Local physician practices	Not Specified
1Berkshire	https://1berkshire.com/
Hillcrest Educational Centers	https://hillcrestec.org/
Pittsfield Zion Community Church	https://zionlutheranpittsfield.org/
Local Councils on Aging	Not Specified
Berkshire Community College	https://www.berkshirecc.edu/
Massachusetts College of Liberal Arts	https://mcla.edu/
Childcare Resources of the Berkshires	https://www.ccberkshire.org/

Youth Intensive Outpatient Program

Program Type	Community-Clinical Linkages
Program is part of a grant or funding provided to an outside organization	No
Program Description	Launched in the fall of 2021, the Youth Intensive Outpatient Program (IOP) at BMC is a time-limited, structured outpatient behavioral health treatment program for youth ages 12 to 17 years old. Staffed by a multidisciplinary behavioral health team, the Youth IOP utilizes strength-based and trauma informed group therapy with an emphasis on skill-building, interpersonal connection, psychological safety and growth. Referral sources include local pediatrician and primary care offices, area emergency departments, the crisis team and outpatient behavioral health providers. In May 2024, the program expanded programming from three to five days a week. In FY 2025, 115 unique participants received care at the Youth IOP.
Program Hashtags	Community Education, Health Screening, Prevention,
Program Contact Information	Brenda Bahnson, MSW, LICSW, Ambulatory Behavioral Health Services Manager, 725 North St., Pittsfield, MA 01201, 413-447-2213

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide intensive outpatient mental health services for youth aged 12 to 17	Ongoing	Outcome Goal	Year 4 of 5
Aid in the prevention of youth suicide and at-risk behavior through outpatient counseling and therapies	Ongoing	Outcome Goal	Year 4 of 5

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, Health Behaviors/Mental Health-Stress Management, Social Determinants of Health-Access to Health Care, Substance Addiction-Alcohol Use, Substance Addiction-Driving Under the Influence, Substance Addiction-Opioid Use, Substance Addiction-Smoking/Tobacco Use, Substance Addiction-Substance Use,
Target Populations	• **Regions Served:** Adams, Alford, Becket, Cheshire, Clarksburg, Dalton, Egremont, Florida, Great Barrington, Hancock, Hinsdale, Lanesborough, Lee, Lenox, Monroe, Monterey, Mount Washington, New Ashford, New Marlborough, North Adams, Otis, Peru, Pittsfield, Richmond, Sandisfield, Sheffield, Stockbridge, Tyringham, Washington, West Stockbridge, Williamstown, Windsor, • **Environments Served:** Rural, Suburban, • **Gender:** All, • **Age Group:** Children, Teenagers, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Berkshire Medical Center Department of Psychiatry and Behavioral Health	https://www.berkshirehealthsystems.org/programs-and-services/behavioral-health/
The Brien Center	https://www.briencenter.org/
Community youth organizations	Not Specified

Expenditures

Total CB Program Expenditure	**$18,726,256.86**

CB Expenditures by Program Type	Total Amount	Subtotal Provided to Outside Organizations (Grant/Other Funding)
Direct Clinical Services	$15,104,458.38	Not Specified
Community-Clinical Linkages	$1,688,220.49	$296,979.00
Total Population or Community-Wide Interventions	$119,382.97	Not Specified
Access/Coverage Supports	$1,764,949.69	Not Specified
Infrastructure to Support CB Collaborations Across Institutions	$49,245.33	Not Specified
CB Expenditures by Health Need	**Total Amount**	
Chronic Disease with a Focus on Cancer, Heart Disease, and Diabetes	$2,314,780.66	
Mental Health/Mental Illness	$8,429,689.00	
Housing/Homelessness	Not Specified	
Substance Use	$5,310,926.19	
Additional Health Needs Identified by the Community	$2,670,861.01	
Other Leveraged Resources	$2,448,956.14	

Net Charity Care Expenditures	Total Amount
HSN / Payor Assessment	$2,727,198.00
HSN Denied Claims	$77,274.85
Free/Discount Care	$239,063.93
Total Net Charity Care	$3,043,536.78

Total CB Expenditures:	$24,218,749.78

Additional Information	Total Amount
Net Patient Service Revenue:	$552,078,396.00
CB Expenditure as Percentage of Net Patient Services Revenue:	4.39%
Approved CB Program Budget for FY2026: (*Excluding expenditures that cannot be projected at the time of the report.)	$20,000,000.00
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