



Implementation Profile: Berkshire Regional Planning Commission

Case Study Snapshot

Unlike almost all other states, most Massachusetts counties delegated administrative responsibilities to individual municipalities in the 1990s. To step into the former county-wide role, public entities such as the [Berkshire Regional Planning Commission](#) (BRPC) were established to help coordinate activities that call for broader collaboration and partnership. One of BRPC's core roles has been to convene and facilitate the Berkshire Overdose and Addiction Prevention Collaborative (BOAPC), an initiative that brings together diverse partners to plan, coordinate, and provide overdose prevention and response services in Berkshire County, a rural region in western Massachusetts that has historically experienced the highest overdose death rates in the state. Launched in 2013, BOAPC is made up of members such as health systems, harm reduction providers, EMS, the legal system, behavioral health providers, and community-based organizations. By jointly coordinating service planning and provision, the Collaborative can more efficiently allocate resources and maximize impact across their rural and sparsely populated service area. The impact of this collaboration can be seen in the 24% decrease in overdoses recorded in Berkshire county between 2021 and 2023, a time during which overdoses were rising state-wide and nationally.

BRPC partners with other BOAPC members to implement numerous overdose prevention activities, including:

- Naloxboxes
- Public Communications Campaigns
- Mobile outreach
- Mobile integrated health (MIH)¹
- Street outreach and linkage to care utilizing peer recovery and other outreach specialists.

Berkshire County, Massachusetts²

Overdose Fatalities (2023): 45

Population (2023): 126,818

Square Mileage: 926.9

¹Mobile Integrated Health (MIH) is a community-based model of care that brings healthcare services directly to people in their homes or other non-hospital settings, using specially trained EMS providers. It is designed to improve access to care, reduce unnecessary emergency room visits, and better manage chronic conditions or urgent health needs outside of traditional medical facilities.

Program Description

Berkshire County spans a wide geographic area and faces many rural public health challenges, including low provider capacity, transportation barriers, visible wealth inequities, rural isolation and loneliness, and persistent stigma. BRPC is the central convener of BOAPC, but most services are provided directly by other partners. The collaborative includes more than 80 partners: 15 EMS agencies, 25 police departments, 32 municipal governments/boards of health, and many hospitals, community-based organizations, behavioral health providers, harm reduction organizations, higher education institutions, supportive housing providers, and faith-based institutions. By focusing on the strengths of each partner, the Collaborative has an impact beyond the sum of its parts. Major BOAPC partners include:

- Berkshire Harm Reduction (BHR), a harm reduction organization and program of Berkshire Health Services (BHS), the largest local medical provider.
- County Ambulance, Northern Berkshire EMS, Southern Berkshire Ambulance Squad and other partner EMS agencies.
- The Brien Center, a behavioral health and addiction services provider, and their THRIVE team of outreach specialists.
- Sherriff's Department.
- 2nd Street, Second Chances, a local re-entry organization.

Harm reduction services are anchored by Berkshire Harm Reduction. BHR operates two primary service locations in the larger cities of Pittsfield and North Adams and a mobile unit that covers the entire county to provide services and resource delivery to people in remote areas. Both fixed locations host 24/7 harm reduction vending machines that offer supplies like sterile syringes, naloxone, and safer

use materials. Additionally, they operate and maintain more than 100 naloxoboxes countywide.

Participating EMS agencies and the Brien Center's THRIVE Initiative have planned and implemented post-overdose outreach, where EMS and peer-recovery specialist teams conduct outreach to provide support, resources, and linkages to care and other services for individuals who have recently experienced an overdose. Additionally, BRPC is working with County Ambulance to train their staff as community paramedics, which will allow them to offer MIH services in the field and provide a crucial safety net for residents who may face barriers to healthcare access in traditional settings. This program is set to launch in 2025.

Additionally, many community-based organizations participate in BOAPC and provide crucial services. Partners such as the George B. Crane Memorial Center provide wraparound services like connection to housing providers and other services, resource navigation, and facilitation of the monthly Women's Table and BIPOC Voices in Recovery groups to better inform the strategies of the BOAPC partners and city leadership.

Peer Programs and Strategies

Peer recovery specialists and other partners with lived or living experience play an important role in BOAPC overdose prevention and response activities. Beyond the work with EMS agencies, collaborative members such as the Brien Center, Crane, Habitat for Humanity and the Pittsfield Health Department provide peer navigation for community members through their recovery centers and street outreach. BRPC also partners with the county sheriff's office and 2nd Street, Second Chances to provide peer support during reintegration following incarceration. Peers in this program begin working



with individuals two months before release and continue to provide post-incarceration support.

BRPC directly contracts 18 part-time outreach specialists, many with lived experience, to conduct street outreach. This allows their outreach team to cover a wide berth and provide services to individuals in remote corners of the county. In 2025, to build off the success of lived experience-led local outreach, BRPC funded Berkshire Harm Reduction to launch a compensated peer advisory board to directly incorporate this knowledge and perspective into the partners' services.

Data

BOAPC program development is informed by a combination of quantitative and qualitative data:

- Overdose fatality maps and data on EMS calls and ED admissions

- Narrative and engagement data from peer-recovery specialists, EMS, and other outreach workers
- Data on harm reduction services and resources provided by partners

Community outreach efforts prioritize areas with high overdose response activity and unhoused populations. Data on utilization of harm reduction resources and services also informs mobile outreach locations and scheduling, as well as harm reduction vending machine contents.

Additionally, demographic data related to overdoses or other service provision is used to ensure that small, but disproportionately impacted, Black, Indigenous, and People of Color communities are equitably served. In 2023, while overdoses in Berkshire County remained stable, fatalities in the Black community rose, prompting increased and targeted outreach.

Costs and Staffing

The main costs of BOAPC programs are hiring and training outreach staff and community paramedic training and certification. This certification is required for EMS personnel before they are able to provide MIH services to individuals during emergency response calls or other outreach activities. While some partners, such as BHR, conduct activities using their own funds, joint BOAPC activities are 100% grant funded and supported by a mix of non-profit, state, and federal grants, including funding from NACCHO. In addition to convening BOAPC, BRPC is the applicant and fiscal agent for all grant funded initiatives. While funding sources are currently limited to grants, BOAPC's large and engaged membership allows individual partners to pool internal resources and share responsibilities to achieve outcomes beyond their individual means. Additionally, BRPC and other coalition members are able to source naloxone and other harm reduction resources, such as fentanyl test strips, at no cost through the state.

Barriers

Staffing: The sparsely populated and rural nature of the county is a barrier to attracting and retaining staff. The rapidly escalating cost of housing not only increases street houselessness, but also makes housing unaffordable for many staff in the medical and behavioral health fields, forcing them to leave the area or the field. Additionally, mandated salary tiers impact the ability of BRPC and several partners to pay competitive rates, even when funding is available. In some cases, unused grant funding had to be returned that could have otherwise been earmarked for staff members. BOAPC continues to explore the diversification of funding sources to mitigate this challenge.

Evaluation: Despite the collaborative nature of BOAPC's work, many of their activities, such as peer or community outreach, are provided by a patchwork of organizations and programs. Collaborative members share their outreach data and insights with one another, but there is not a central and formal repository of program data to drive comprehensive evaluation and analysis. However, a grant application with Brandeis University is pending to aggregate and standardize partner data.

Facilitators

Diverse BOAPC Membership: A strong coalition of engaged partners allows for central planning of services and efficient allocation of resources, expertise, and staffing capacity. The addition of input from Berkshire Harm Reduction's newly launched peer advisory board allows the collaborative to uplift and be responsive to the needs of people who use drugs.

Mobile and Street Outreach Initiatives: Berkshire County faces the same challenges, such as widely dispersed service locations and a lack of transportation, as other rural communities. Despite this, commitment to mobile and street outreach allows BOAPC partners to provide support to all regions of the county. The use of 18 part-time outreach specialists through BRPC allows them to stretch staffing and funding to commit personnel to areas of the county where they may only encounter a few individuals in need of support a day, while fixed location and traditional mobile outreach cover areas of higher population density. The widespread installation of naloxoboxes also ensures that overdose reversal medication is readily available at times when staff are not present in the community. Rather than focusing on bringing people to the services, the partners focus on bringing the services to the people.

Sustainability

While BOAPC has relied on grant funding to plan and implement current services, the members are exploring diverse reimbursement models, including partnerships with insurers and health systems who may see reductions in cost due to the launch of the MIH program. Additionally, BOAPC partners have been advocating for state leaders to allow Medicaid reimbursement for community health workers. Strong buy-in to BOAPC creates a structure to plan for the long term and allocate shared resources. The members have also developed and promoted education and anti-stigma campaigns, which has strengthened community support for their overdose prevention and response initiatives.

References

²Overdose Fatalities: WONDER

Population: Census, Annual Estimates of the Resident Population for Counties: April 1, 2020 to July 1, 2023 (CO-EST2023-POP)

Square Mileage: Census, Annual Geographic Table

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