

CRITICAL ISSUE E:

PARTNERSHIPS



Initiative 1: Acknowledge the need to work with a wide range of partners to serve the community and develop local strategies to create new approaches to providing services more effectively.

Strategies:

1. Inventory and leverage the allied services (law enforcement, health, social services, non-governmental organizations) in the community to provide more effective and efficient services.
2. Partner with insurers and health providers to innovate existing response strategies, improve patient outcomes, and reduce system costs.

Initiative 2: Promote a symbiotic relationship with other internal departments and outside agencies that are routinely allied responders to an incident.

Strategies:

1. Routinely meet, train, develop standardized operational response plans, and share real-time intelligence of what is happening in communities with allied responders to increase response capability and coordination during a homeland security event.
2. Develop goals and outcomes with a wide array of agency stakeholders, both internally and externally, to meet the objective of providing for a safe and healthy community.
3. Promote regular communication between all stakeholders on strategic issues, while continuing to handle operational issues through the established chain of command.
4. Develop opportunities for stakeholders to appreciate the roles and responsibilities of all other stakeholders toward better alignment of service delivery.



Initiative 3: Continue to expand community emergency response capabilities.

Strategies:

1. Promote individual and neighborhood self-sufficiency through existing programs (e.g. community emergency response teams, the radio amateur civil emergency service, volunteers in patrol, and senior Medicare patrol volunteers) to create greater resiliency in the community.
2. Focus on creating personal accountability in preparation for community-wide emergencies.
3. Identify and support community functions that are critical for recovering from and adapting to community-wide disasters.
4. Facilitate hazard-focused community preparedness, risk management, and mitigation actions that reduce long-term community vulnerabilities.
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Case Study: Rockford Fire Department (RFD)

Location: Rockford, IL

Coverage area: 147,000 residents over 65 square miles

No. of Employees: 318

Annual Calls for Service: 29,000



Identifying the increase in EMS calls and understanding that collaboration would benefit the department and community, RFD partnered with Swedish American Health System to develop a mobile integrated health (MIH) program. Twelve patients with chronic illnesses were selected for the 2015 pilot. As a result, ER visits were reduced by 54 percent, hospital admissions by 28 percent, and ambulance transports by 38 percent for this group. Enrollment in the program has grown with visits, admissions, readmissions, and transports continuing to be reduced. The MIH program scope expanded through a partnership with Winnebago County Health Department to train community members to recognize opioid overdoses and treat with them naloxone kits. In a one-year period, 1,500 people were trained, and more than 1,200 naloxone kits were distributed.